

CS#5

A comparison of two techniques for inserting the Airtraq laryngoscope in morbidly obese patients

Anaesthesia, 2007, 62, pages 774–777.

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For the reverse manoeuvre the laryngoscope is inserted 180° opposite to that recommended, and once in place rotated into the conventional pharyngeal position.

The reverse manoeuvre did not influence tracheal intubation characteristics in the group of lean patients. In the group of morbidly obese patients, the standard technique of insertion was not satisfactory in 20% of cases and the reverse manoeuvre facilitated, speeded and secured tracheal intubation.

In conclusion, **we have demonstrated that the reverse manoeuvre of inserting the Airtraq laryngoscope was effective in facilitating tracheal intubation, shortening the duration of the procedure and reducing the risk of upper airway trauma in morbidly obese patients.**