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A Single-Operator Solution: Introducing the Maxillary Lift Technique for Difficult Airway Management

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Dear Editor,

Management of difficult airways in operating theatres necessitates innovative approaches to enhance success, overcome hurdles, reduce time, and maintain safety, especially in settings where additional personnel may not be readily available. To deal with established difficult airways using a fibreoptic bronchoscope (FOB under anaesthesia in such situations, also called sleep FOB, we have innovated the maxillary lift technique (MLT to eliminate the need for an extra person to give jaw thrust. We have performed about two hundred cases using this new innovative technique to explore the feasibility and success. This article will discuss our novel technique for managing difficult airways.

Use of MLT to manage an airway during sleep FOB-guided endotracheal intubation helps in aligning the laryngeal, pharyngeal, and oral axes, which helps smooth and unobstructed passage of FOB through the oral cavity into the trachea over which the endotracheal tube (ETT can be easily railroaded. Contrary to this, in the conventional approach of sleep oral FOB-guided intubation, an additional person is needed to give jaw thrust to lift the collapsed airway to facilitate the passage of FOB into the trachea as the person manipulating FOB cannot perform this from the other side of the patient. Using this innovative approach, we have reduced the need for another person, which is helpful when extra help is not readily available.

Our findings, derived from complications, and success rates, underscore MLT's effectiveness in enhancing airway management's safety and efficiency. While our preliminary experience using this new technique is possibly a step forward in the management of FOB-guided intubation, further research, including randomised controlled trials, is now needed to evaluate the real superiority as well as the benefit of this technique in improving the success, time to intubation over conventionally used two persons technique. After observing the instant benefits compared to a traditional approach, we felt to share our experience with our anaesthesia colleague who can reap the benefit while managing difficult airways single-handedly.

We hope our innovative technique will eliminate the need for extra personnel, improve success, and reduce complications. We welcome any constructive comments and discussion to help us refine our technique.

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Declarations of Conflicts of Interest:
None declared.

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