

Safety concerns with the use of the Maxillary Lift Technique for Difficult Airway Management

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*In response to 'A Single-Operator Solution: Introducing the Maxillary Lift Technique for
Difficult Airway Management'.*

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Dear Editor,

I read with interest the article by Bano et al.¹ Strengths of this article included a novel and practical approach to the asleep fiberoptic intubation, which will benefit those who perform this technique. I believe there are a few important points that were not mentioned in this article.

Firstly, asleep fiberoptic intubation are no longer recommended in either anticipated or unanticipated difficult intubation cases. In this article, reference is made to guidelines on the management of unanticipated difficult intubation which were published in 2004. These guidelines have been superseded by 2015 guidelines from the Difficult Airway Society (DAS).² The current guidelines do not recommend the use of asleep fiberoptic intubation technique.

The reason for this change in the guidelines is twofold:

- 1) The widespread introduction of videolaryngoscopy throughout the country, which has revolutionised the management of difficult airway intubation.
- 2) The relatively high complication rates associated with the use of asleep fiberoptic intubation techniques which include laryngospasm and aspiration.

Secondly, clarification is required on when the authors would recommend the use of asleep fiberoptic intubation techniques. In my opinion, there are very limited cases in which this technique is necessary or safe to employ.

Declarations of Conflicts of Interest:

None declared.

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