

Maxillary Lift Technique: Bridging Gaps in Airway Management for Challenging Scenarios

F. Bano, S. Lal.

Department of Anaesthesia, Critical Care Medicine and Pain Management, Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland.

In Response to:

<https://imj.ie/wp-content/uploads/2024/09/Safety-concerns-with-the-use-of-the-Maxillary-Lift-Technique-for-Difficult-Airway-Management.pdf>

Dear Editor,

We thank Dr. Brosnan for his letter and the opportunity to address the concerns raised regarding our recently published article, "Introducing the Maxillary Lift Technique for Difficult Airway Management". We welcome this dialogue, as it allows us to highlight the benefits of the Maxillary Lift Technique (MLT) and clarify its role in airway management.

Firstly, while we recognize the advancements in airway management, particularly the widespread adoption of videolaryngoscopy, it is important to emphasize that not all clinical settings are equipped with this technology or have access to additional personnel. The Maxillary Lift Technique was specifically developed to address these gaps, offering a practical, safe, and effective solution in scenarios where videolaryngoscopy is unavailable, ineffective, or not feasible. It enhances the clinician's ability to independently manage a difficult airway, a crucial feature in resource-constrained environments and emergencies.

Dr. Brosnan's reference to the 2015 DAS guidelines is noted. However, it is important to highlight that these guidelines are not prescriptive for every possible airway scenario. While the guidelines suggest limiting the use of asleep fiberoptic intubation, they do not eliminate its utility in specific clinical cases where awake intubation may be contraindicated or when other techniques have failed. In such situations, particularly when managed by an experienced anaesthesiologist, asleep fiberoptic intubation remains a viable, life-saving option, and the MLT enhances the efficacy and safety of this approach.

The safety concerns related to asleep fiberoptic intubation, including risks of laryngospasm and aspiration, are valid. However, by ensuring a deep enough level of anaesthesia to allow thorough airway examination and instrumentation, the risk of laryngospasm is minimized¹. Additionally, we stand by our data, derived from over 200 cases, demonstrating a high success rate with no significant increase in these complications. Our experience suggests that, with proper patient selection and technique, the risks associated with MLT are manageable and

comparable to those of conventional methods, if not lower, due to the improved control provided by the single-operator approach.

In conclusion, the Maxillary Lift Technique represents a valuable addition to the armamentarium of difficult airway management strategies. It is not intended to replace existing methods but to complement them in specific circumstances where it offers clear advantages, particularly in settings where personnel or equipment limitations exist. We look forward to future studies and continued discussion to further validate and refine this technique, ensuring its safe application in clinical practice.

Declarations of Conflicts of Interest:

None declared.

Corresponding author:

Shankar Lal,
Department of Anaesthesia,
Critical Care Medicine and Pain Management,
Our Lady of Lourdes Hospital,
Drogheda,
Co. Louth,
Ireland.

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