Left retromolar approach using the GlideScope® insertion: a novel technique for patients with loose or buck teeth

Buck teeth or loose teeth are always one of the difficult laryngoscopy predictors, even if there is an adequate mouth opening. Such teeth abnormalities often pose difficulties with the airway devices or techniques that are selected to prevent further harm. We routinely follow the recommended manoeuvre described by Ron Walls for ease of endotracheal tube (ETT) insertion, while using a GlideScope®.1 This technique describes the insertion of the GlideScope® from the midline of the tongue to the epiglottis, and produces a Macintosh® indirect lift of the epiglottis or a Miller lift. The ETT is then inserted from the right side, with a pre-mounted manufacturer’s stylet. Even with this manoeuvre, we encountered numerous problems when introducing the GlideScope® blade in patients with loose or buck teeth.

We describe a method which has improved the incidence of ease of insertion and the success rate of use of the GlideScope®.

The steps for the troubleshooting manoeuvre are:

• Insert the GlideScope® blade tip diagonally in the retromolar space after retraction of the left cheek, and try to visualise the epiglottis and the “target”, i.e. the glottic aperture (Figures 1 and 2).
• Insert the ETT in the mouth, pre-mounted with manufacturer’s stylet, with the stylet tip just behind the ETT distal end.
• Insert the ETT, and enter in the glottis.
• Withdraw the stylet 2.5 cm-5 cm outside, and slide the ETT further in the trachea.
• Withdraw the stylet completely, followed by the GlideScope® blade removal and secure the ETT with tape.

After our experience with more than 18 patients with buck or loose teeth, we observed that the abovementioned technique, i.e. left retromolar approach using the GlideScope® insertion, is easy to perform and improves the success rate in patients with loose or buck teeth.

References