

“Detach-Insert-Reattach” Laryngoscopy: An Approach for Morbid Obese Patients in Low-resource Settings

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Morbid obese patients are considered as one of the most critical challenges in the field of airway management and pose difficulties both throughout direct laryngoscopy and providing a proper sniffing position. Numerous techniques and devices have been suggested in order to achieve the required appropriate alignment and to have an uneventful intubation. Most of these recently-introduced devices are scarce within the developing countries. Morbid obese female patients have another problem which is difficulty in insertion of laryngoscope blade in the mouth. In these patients at supine position, large breasts lean backward toward the face leading to difficulty in laryngoscope insertion; hence,

laryngoscope's blade cannot be opened (Figure1). In our institute, we detach the blade from handle of the laryngoscope (Figure 2) then re-insert the blade of laryngoscope to patients, mouth and after that we reattach the handle of laryngoscope to the blade (Figure 3, 4). This method might be considered as an adjuvant technique for the airway management of morbid obese patients in the low-resource settings where recently-introduced devices are scarce.

Conflict of interest statement

The author have no conflict of interest to declare.

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Figure 1: Difficulty in insertion of laryngoscope



Figure 3: Attaching the handle to blade



Figure 2: Detaching laryngoscope blade and insertion of blade to the patients' mouth



Figure 4: Continue of laryngoscopy in a better way