Lateral Intubation

Dr W. A. Lesslie, SMO, Innisfail Hospital, Queensland, Australia

Dear Sir,

With reference to your Correspondence in *Update in Anaesthesia* 23, 2007:

For eight years I have been a GP-Anaesthetist in an Australian district hospital with no specialist. In February 2008 I revisited Oshakati Hospital where I worked once in Ophthalmology and spent three days in the operationg theatre with the energetic and capable Dr Polishchuk, your correspondent. I saw and practised the method he describes of visualising the glottis - 'lateral intubation'. I had never come across it during my training or reading around the subject and I feel that it ought to be better known.

Essentially, after muscle relaxation, the patient's head is rotated to the right. The jaws are opened by the right hand (crossed middle finger / thumb worked for me). The laryngoscope blade is inserted along (above) the left border of the tongue which is already displaced down, somewhat out of the way, towards the right cheek. The glottis is lifted from below into view by an assistant.

I have seen this technique make possible a visualised intubation which the standard head-neck positioning had not allowed. I saw it once fail to save the situation, simply, I believe, for the lack of a gum elastic bougie, the standard endotracheal tube being not ideal (too curved) for this side approach. (A stylet might also have made the difference).

Editor's comment

A recent letter to the *British Journal of Anaesthesia* describes the use of a 'right molar' approach to intubate a child with Pierre Robin syndrome, cleft palate and tongue tie.[1] The right molar approach has been described previously, generally using a straight-blade laryngoscope, and termed paraglossal or retromolar intubation. The technique is identical to Dr Polishchuk's lateral intubation technique, but using access from the right side of the mouth rather than the left. I feel that the term lateral intubation may be mistaken for the act of intubating a patient in the lateral position, and suggest that left paraglossal laryngoscopy is a more appropriate description of this technique, which has proven useful to me on a number of occasions.

Reference

1. Saxena KN, Nischal H, Bhardwaj M, Gaba P, Shastry BVR. Right molar approach to intubate a child with Pierre Robin syndrome, cleft palate and tongue tie (letter). *BJA* 2008; **100**: 141-2.