The Jaw Thrust Finds a Purpose During Flexible Fiberoptic Intubation

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*During oral flexible fiberoptic intubation, the jaw-thrust maneuver was more effective when patients were in a semi-erect position than a supine position.*

An unobstructed path through the airway makes fiberoptic intubation easier to perform. Patient positioning, airway adjuncts, and jaw or tongue manipulation have all been used to improve patency. The effect of the jaw thrust maneuver on airway obstruction in different patient positions has not been well studied.

Researchers randomly assigned 88 adults undergoing elective surgery to oral flexible fiberoptic intubation with jaw thrust in either a supine or 25° head up position. Patients with morbid obesity or predicted difficult airways were excluded. Two experienced anesthesiologists performed all intubations and subjectively assessed the degree of airway obstruction at the level of the soft palate and the glottic inlet. Airway clearance was better at the level of the soft palate in the semi-seated group than the supine group. The semi-seated group required significantly less time to visualize the vocal cords (mean, 4 vs. 6 seconds) and place the endotracheal tube (mean, 21 vs. 25 seconds).

**Comment:** Jaw thrust is easy to perform and requires no additional resources. Although the differences in times to visualization and tube placement between semi-seated and supine positions were minimal in these patients with non-difficult airways, they were significant. Whenever possible patients should be scoped in the semi-seated or upright position and a jaw thrust maneuver should be performed when soft tissue obstruction is present and visualization obscured.

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