

Clinical Image

A One-Handed Maneuver for Opening the Airway During Flexible Bronchoscopy Under Deep Sedation[☆]



Maniobra de apertura de la vía aérea con una mano en broncoscopia flexible con sedación profunda

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Current guidelines recommend sedation during fiberoptic bronchoscopy (FB).¹ We perform FB under deep sedation with a pulmonologist, a nurse and a nursing auxiliary.

The airway is occasionally obstructed, more frequently in the presence of obesity, SAHS, macroglossia, and retrognathism.

We describe a maneuver for opening the airway, performed by the endoscopist, which allows the bronchoscope to be advanced to the supraglottic level while the airway is being opened: the tube of the bronchoscope is advanced with the left hand, held by the thumb and the index finger, while the other three fingers lift the chin from beneath, in a backward, upward movement. The right hand controls the body of the device. Occasionally, the maneuver is insufficient, and an assistant opens the airway by raising the jaw, but this can be painful for the patient and bring him out of sedation.

The video shows the maneuver, and the view of the glottis during the procedure.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.arbr.2016.06.004](https://doi.org/10.1016/j.arbr.2016.06.004).

Reference

1. Wahidi MM, Jain P, Jantz M, Lee P, Mackensen B, Barbour S, et al. American College of Chest Physicians consensus statement on the use of topical anesthesia, analgesia, and sedation during flexible bronchoscopy in adult patients. *Chest*. 2011;140:1342–50.

[☆] Please cite this article as: Rubinstein-Aguñín P, Domenech-Alcocer ML, Leiro-Riera R. Maniobra de apertura de la vía aérea con una mano en broncoscopia flexible con sedación profunda. *Arch Bronconeumol*. 2016;52:435.

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