

Journal of Cranio- Maxillofacial Surgery

OFFICIAL PUBLICATION OF THE EUROPEAN ASSOCIATION
FOR CRANIO-MAXILLOFACIAL SURGERY

Abstracts from the XVIIIth Congress of the European Association
for Cranio-Maxillofacial Surgery
12th - 15th September 2006, Barcelona



Supported by the National Associations of :
Armenia, Austria, Belgium, Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Germany,
Great Britain, Greece, Hungary, Italy, Latvia, Lithuania, Macedonia, The Netherlands,
Poland, Portugal, Romania, Russia, Serbia and Montenegro, Slovakia, Slovenia,
Spain, Switzerland and Turkey

CHURCHILL LIVINGSTONE 

P.181 Submental intubation under fibroscope – A new technique

F. Hernandez Altemir¹, So. Hernandez Montero², E. Hernandez Montero³, M. Moros Peña⁴. ¹*Oral and Maxillofacial Surgery Department, University Hospital Miguel Servet of Zaragoza, Spain;* ²*Faculty of Dentistry-University Alfonso Xth El Sabio, Madrid, Spain;* ³*Garcia Ibañez Institution, Barcelona, Spain;* ⁴*Paediatric Private Practice, Zaragoza, Spain*

Introduction: The technique is similar in anaesthetic preparation to that of nasotracheal intubation under fibroscope, with the difference that in the submental way the fibroscope, with the ring tracheal tube goes through the tunnel designed in the submental area under local anaesthesia.

Material and Method: We use conventional bronchoscopy fibroscopes and ring tubes (Rüschelit[®] Tracheal Tube), which now can be of adequate calibre as those used for conventional orotracheal intubation, with resulting advantage, mainly for post-operative period and the units of reanimation and intensive care. First, disinfections, asepsis and drawing of submental incision line take place. Followed, through a percutaneous way, by local anaesthesia of the area, from skin to subcutaneous tissue in infra and supra milohyoid space towards the floor of the mouth. The skin is incised and subperiosteal tunnel designed. With the help of a rhinoscope to support it with the aim of allowing the ring tracheal tube inserted in the fibroscope to pass together through it, from the skin to the floor of the mouth, and reach, first with the fibroscope, the supraglottic space, introducing it in the laryngotracheal space, until glancing carine, all with adequate anaesthetic induction and relaxation, to slip ring tracheal tube to its laryngotracheal location.

Discussion: With this procedure we avoid transposition of the orotracheal tube to the submental space, this is, from a septic cavity to a sterile surface, besides the advantage of not having to release the endotracheal tube connection.