Intubation: Maybe the Sniffing Position Isn't Better After All

The "sniffing" position has long been recommended as the preferred position for oral intubation, but this notion was recently challenged by MRI analysis (see JWEM Mar 2001, p. 23, and Anesthesiology 2001; 94:83). In this crossover study, the same authors compared the sniffing position with simple neck extension for intubation during general anesthesia without paralysis.

Each of 456 elective surgery patients underwent direct laryngoscopy in the 2 positions in random order after induction with midazolam, sufentanil, and propofol. Difficult laryngoscopy (Cormack Lehane grade 3 or 4) occurred in 11.4 percent of patients in the sniffing position and 10.7 percent in the extension position; the distribution of Cormack Lehane scores did not differ between the 2 positions. The sniffing position improved glottic visualization in 18 percent of patients and worsened visualization in 11 percent, but of the 84 view improvements, 66 were from grade 2 to 1. Difficult intubation, defined as an intubation difficulty score of 5 or greater (see JWEM Feb 1998, p. 18, and Anesthesiology 1997; 87:1290), occurred in 2.6 percent of patients, with no difference between positions. Multivariate analysis showed a benefit of the sniffing position for patients with obesity or decreased neck mobility.

Comment: An editorialist points out the obvious: This study doesn't demonstrate inferiority of the sniffing position, it just fails to establish its superiority. The take-home message is that the sniffing position may provide an advantage in obese patients and in those with decreased cervical mobility. For others, operator preference should determine the position. The editorialist presciently points out that this debate may become moot if new devices, such as the intubating laryngeal mask airway and fiberoptic aids, render direct laryngoscopy obsolete.

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