Successful Intubation of Morbidly Obese Patients Using the ILMA

Morbid obesity increases the likelihood of difficult intubation and bag-mask ventilation. Failure to intubate a morbidly obese patient in the emergency department can result in a disastrous "can't intubate, can't ventilate" situation. These authors evaluated the use of the intubating laryngeal mask airway (ILMA) in 118 morbidly obese (body-mass index, >40 kg/m²) patients who presented for elective bariatric surgery.

Difficulty of intubation was assessed using several markers, including Mallampati score, mouth opening, neck mobility, thyromental distance, history of difficult intubation, and anatomic attributes. After general anesthesia was induced in each patient, an anesthesiologist performed direct laryngoscopy and recorded the Cormack-Lehane (CL) view of the glottis. A second anesthesiologist, blinded to the CL grade, inserted an ILMA and attempted to ventilate and intubate the patient. ILMA insertion and ventilation succeeded in all patients, and intubation was achieved in 114 cases (96.7%). Intubation success did not differ between patients with good (grades I and II) or poor (grades III and IV) CL views or between operators who had experience with less than or more than 5 insertions. Neither the Mallampati score (sensitivity, 47%; specificity, 71%) nor an aggregate difficult airway score (sensitivity, 68%; specificity, 53%) accurately predicted poor CL view.

Comment: These results are encouraging. Morbid obesity can be an airway-management nightmare, and emergency physicians often have minimal options and little time to wait for help to arrive. Results of prior studies have shown that intubation success with the ILMA is comparable to that with fiberoptic techniques, and this well-designed study provides solid evidence that insertion, ventilation, and intubation in morbidly obese patients can be achieved with the ILMA, even by relatively inexperienced operators.

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