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IMAGES IN CLINICAL MEDICINE

The Jaw-Thrust Maneuver



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IN UNCONSCIOUS PATIENTS, INCLUDING THOSE UNDER GENERAL ANESTHESIA, the posterior displacement of the tongue against the pharyngeal wall, soft palate, and epiglottis tends to obstruct the upper airway. The resulting hypoventilation may lead to hypercarbia and hypoxemia, potentially leading to arrhythmia or cardiac arrest. The jaw-thrust maneuver, which is taught as part of basic life support and anesthesiology, improves the patency of the upper airway. It consists of grasping and lifting the angles of the lower jaw with both hands, one on each side, while displacing the mandible forward, and is typically performed by a clinician facing the patient's head or standing near the top of the bed. If the lips close, the lower lip may be retracted with the thumbs. The jaw-thrust maneuver allows for the lifting of the epiglottis and enlargement of the laryngeal inlet and the pharynx, indicated by an increased glottic opening and resulting in improved ventilation. Moreover, this maneuver allows for better conditions for intubation when fiberoptic bronchoscopy is used. This effect can be seen on fiberoptic bronchoscopy (inset and video) in a patient undergoing elective oral and maxillofacial surgery during general anesthesia before placement of an orotracheal tube.

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