

We therefore recommend rectal temperature monitoring to serve as a guide for whole body re-warming during CPB.

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Anesthesiology  
55:190, 1981

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(Accepted for publication January 19, 1981.)

### A Modified Laryngoscope Blade for Dental Protection

*To the Editor:*—The hazards of damage to teeth, gums, dental restorations, and prostheses during laryngoscopy are well-known to all anesthesiologists. Despite an adequate preoperative assessment, many patients, especially those with protruding maxillary incisors and poor dentition, may experience damage to dental structures. The risk of this damage is increased if the maxillary incisors or alveolar ridge is used improperly as a fulcrum for the laryngoscope to visualize the larynx.

In order to guard dental structures, mouth and teeth protectors have been developed.<sup>1</sup> Their main disadvantages are that they generally decrease the opening of the mouth and may interfere with visualization of the larynx.

Recently we have introduced a strip of polyfoam to the flange of the Macintosh blade to provide a cushion for teeth and gums (fig. 1). These strips are available

precut to fit a Macintosh #3 blade (Ace Surgical, Brockton, Massachusetts). The adhesive of the polyfoam is pressure-sensitive, repositionable, and FDA approved. This cushion is easily removed for cleaning of the blade after each use. The polyfoam is extremely dense and because it is so thin (1/16 in) does not interfere with the insertion of the blade into the mouth, visualization of the larynx, and intubation of the trachea.

We apply polyfoam to the blade in cases where difficult laryngoscopy is anticipated and use it extensively in teaching laryngoscopy to the inexperienced. Although probably offering less protection than the rigid, custom-made mouth guards, it is our impression that dental damage has been reduced significantly since the introduction of this simple and inexpensive modification.

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(Accepted for publication January 26, 1981.)

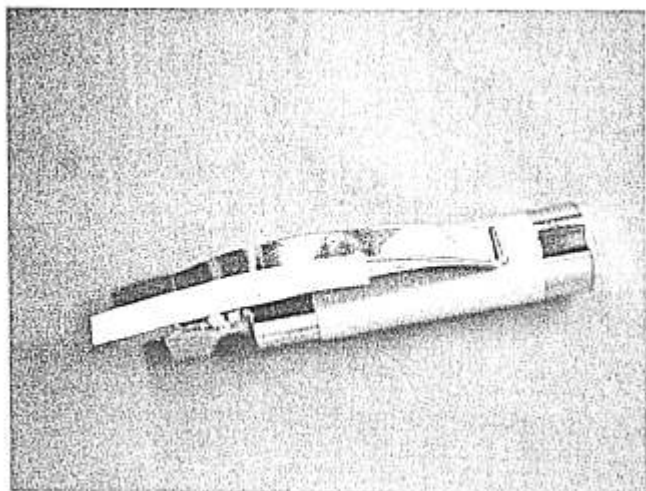


FIG. 1. Addition of a polyfoam cushion to the flange of a Macintosh blade.