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A simple method to use a self-retaining cheek retractor during oral surgery under general anesthesia with orotracheal intubation

KEYWORDS
Oral surgery;
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Cheek retractors can allow the maximum amount of light to enter the oral cavity and improve poor visualization of the oral cavity.[1] The use of cheek retractors increases the width of the visual field 1.6 times.[2] The self-retaining cheek retractors are used during oral and maxillofacial surgery,[1,3,4] and the use of the self-retaining cheek retractors can reduce the aid of the assistant's hand and prevent injuries to the corners of the mouth. Although self-retaining cheek retractors do not require manual retraction of the buccal mucosa, the cheek retractors cannot be used by interference of the tube during oral surgery under general anesthesia with orotracheal intubation. Therefore, we reported a simple method to use a self-retaining cheek retractor during oral surgery under general anesthesia with orotracheal intubation.

After orotracheal intubation, a mouth opener (Almighty Mouth Gag; YDM Japan, Tokyo, Japan) was inserted and widened (Fig. 1A). Unilateral side of the self-retaining cheek retractor was inserted between the arms of the mouth opener and the surgical field was widened (Fig. 1B and C). For patients with trismus or children, a small-sized cheek retractor is used.

Oral and maxillofacial surgery is commonly performed under general anesthesia with nasotracheal intubation, but some patients require orotracheal intubation for contraindications of nasotracheal intubation. Because the tracheal tube is secured to the corner of the mouth using adhesive tape after orotracheal intubation, it is impractical to use common self-retaining cheek retractors. Therefore, Chin[4] hollowed out the anterior and posterior lip shields of the cheek retractor with a power drill. The concave groove on the lip shields allows for the tracheal tube and secures the tube firmly. However, bilateral refinement for each size is required to apply to all cases. In contrast, our method allows the use of common self-retaining cheek retractors without refinements.

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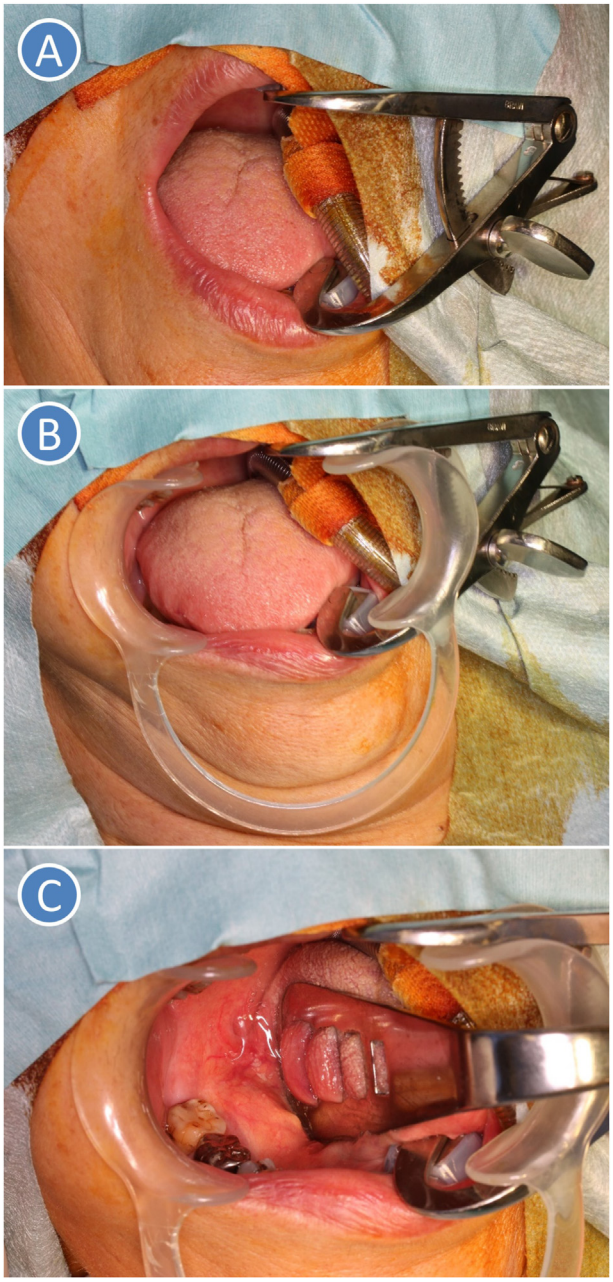

Figure 1 (A) A mouth opener was inserted and widened after orotracheal intubation, (B and C) the Unilateral side of the self-retaining cheek retractor was inserted between the arms of the mouth opener and the surgical field was widened.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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