

# External Laryngeal Manipulation

**Indication:** To improve the view of the vocal cords during laryngoscopy by directly moving the larynx.

## GENERAL CONSIDERATIONS:

- **External laryngeal manipulation (ELM) is not a replacement for optimal patient positioning and proper laryngoscopy technique.** It should be used to improve a suboptimal or partial view of the vocal cords when positioning and laryngoscopy technique are not sufficient to achieve a full view.
- **ELM is different from cricoid pressure (Sellick maneuver).** The goal of ELM is to improve the laryngoscopic view of the vocal cords. The goal of cricoid pressure is to reduce gastric aspiration.  
*NOTE: Cricoid pressure has never been proven to reduce gastric aspiration, but it may increase airway resistance and decrease tidal volumes, so it is no longer recommended.*

## PROCEDURE:

1. Optimally position the patient.
2. Insert the laryngoscope into the oropharynx with the left hand and obtain the best possible laryngoscopic view.
3. If the view of the cords is inadequate or partial, have an assistant grip the patient's larynx (approximate location of the Adam's apple). While performing laryngoscopy, the operator will then place their right hand atop the assistant's hand and direct it until the laryngoscopic view is improved.



4. The assistant will maintain this position while the operator releases their hand to complete the intubation.

