

### **Learning objectives**



Station 6a: Indirect (Video-) Laryngoscopy, adult

### After completing this station the participant:

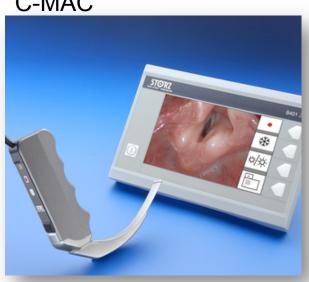
- 1. .. can name general features of VL
- 2. .. can identify the different blade shapes of VL
- knows advantages and limitations of VL compared to DL
- 4. .. is aware of the learning curve for VL
- can use several techniques for tube placement with hyperangulated blades

# **Video Laryngoscopes**

Airtraq



C-MAC



King VISION



McGrath MAC



GlideScope



### VL with channeled blade

(Airtraq)

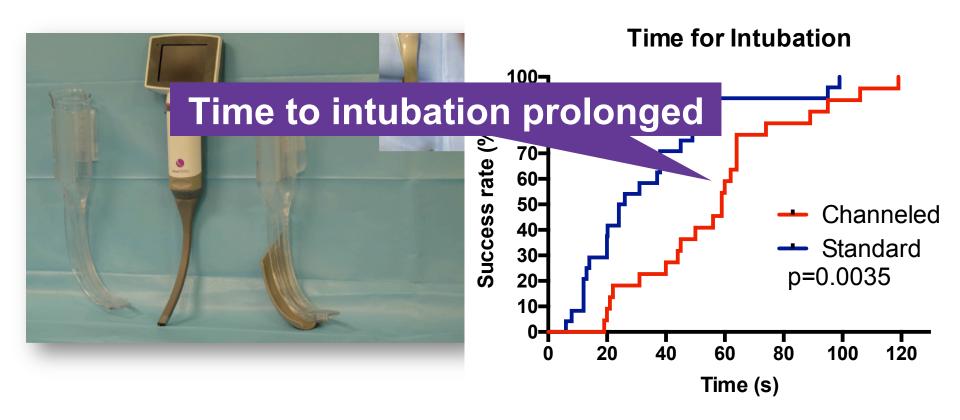


King VISION



- single use blade / instrument
- channel for endotracheal tube
- no direct line of vision

# Is tube guiding channel beneficial?



- 46 patients, general anesthesia, "normal" airway
- Visualization: no differences
- Success rate: no differences

### **VL with Macintosh blade**

McGrath MAC



Glidescope



- direct and indirect vison possible
- different shapes of Macintosh blades

C-MAC





# Use of Macintosh blade allows direct / indirect visualization

### C-MAC + Macintosh





# Video-Macintosh: out-of-hospital performance **EJA**

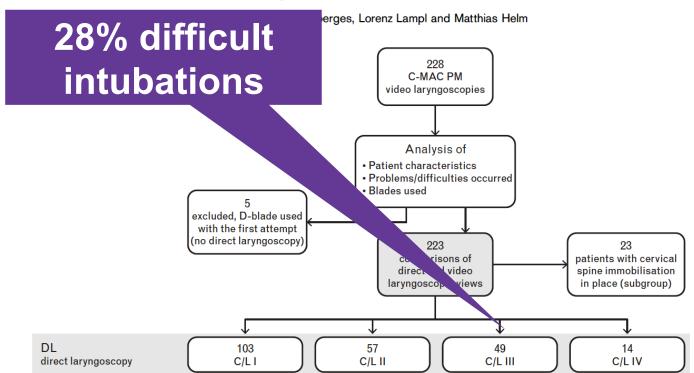


Eur J Anaesthesiol 2015; 32:425-431

#### **ORIGINAL ARTICLE**

Improvement in glottic visualisation by using the C-MAC PM video laryngoscope as a first-line device for out-ofhospital emergency tracheal intubation

An observational study



# Video-Macintosh: out-of-hospital performance



DL direct laryngoscopy	103 C/L I	57 C/L II	49 C/L III	14 C/L IV
VL video laryngoscopy	Changes to: C/L I 99	C/L II 14 C/ C/L III 0 C/	/L III 3 C/ /L IV 0 C/ *46 (94%) ↑ = 3/	LI 6 LII 5 LIII 2 LIV 1 *13 (93%) 1 (7%) none (0%)
		↑ Improved = Unchange	aded	*P < 0.001

Use of Video-Macintosh improved glottic view in 94% of patients

### VL with hyperangulated tip

C-MAC



Glidescope



- Indirect visualization only
- Blades have different shapes

King VISION

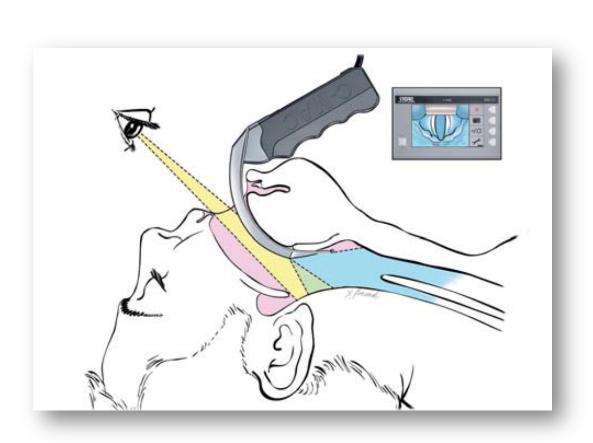


McGrath MAC





# VL with hyperangulated tip: monitor visualization only



C-MAC + dBlade

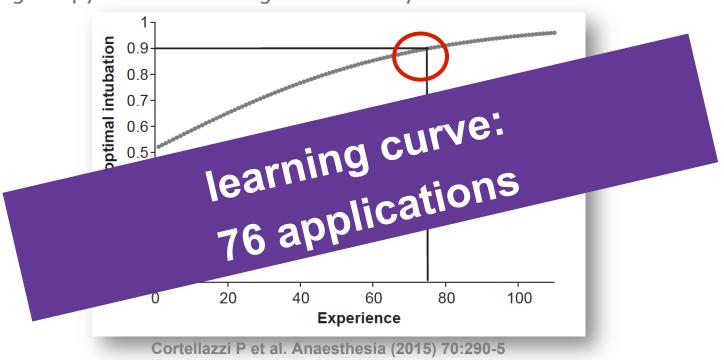




# Learning curve: GlideScope

# Original Article

Defining and developing expertise in tracheal intubation using a GlideScope<sup>®</sup> for anaesthetists with expertise in Macintosh direct laryngoscopy: an in-vivo longitudinal study



# Video laryngoscopy in the "real world"

Research

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

### Video Laryngoscopy vs Direct Laryngoscopy on Successful First-Pass Orotracheal Intubation Among ICU Patients

A Randomized Clinical Trial

JAMA. 2017;317(5):483-493. doi:10.1001/jama.2016.20603

Jean Baptiste Lascarrou, MD; Julie Boisrame-Helms, MD, PhD; Arthur Bailly, MD; Aurelie Le Thuaut, MSc; Toufik Kamel, MD; Emmanuelle Mercier, MD; Jean-Damien Ricard, MD, PhD; Virginie Lemiale, MD; Gwenhael Colin, MD; Jean Paul Mira, MD, PhD; Ferhat Meziani, MD, PhD; Jonathan Messika, MD; Pierre Francois Dequin, MD, PhD; Thierry Boulain, MD; Elie Azoulay, MD, PhD; Benoit Champigneulle, MD; Jean Reignier, MD, PhD; for the Clinical Research in Intensive Care and Sepsis (CRICS) Group

- 8 months, 7 ICUs
- 371 patients
- Direct laryngoscopy vs. McGrath MAC



# ICU: video laryngoscopy

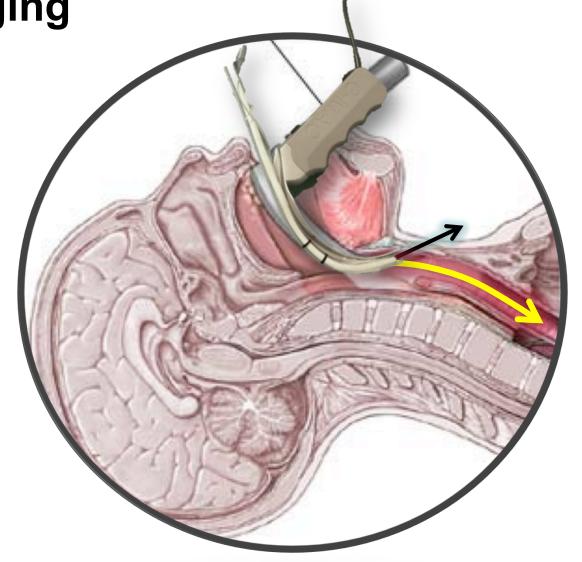
	No./Total (%) of I	No./Total (%) of Patients <sup>a</sup>		
	Video Laryngoscopy	Direct Laryngoscopy	Absolute Difference (95% CI), %	P Value
Primary Outcome: Successful First-Pa	ss Intubation			
Intention-to-treat analysis	126/186 (67.7)	130/185 (70.3)	-2.5 (-11.9 to 6.9)	.60
Per-protocol analysis	126/183 (68.9)	130/182 (71.4)	-2.5 (-12.3 to 6.4)	.54
Secondary Outcomes				
Cormack-Lehane grade <sup>b</sup>		70.30	ance	
1	1112	a difter		
2	ass: N	J G.	roved	1.001
3	uccess: no	n. imp	(-11.4 to 0.2)	- <.001
4	alisatio	(7.3)	-2.8 (-7.7 to 2.1)	
	lisualla			

### The devil is in the details:

	No./Total (%)	No./Total (%)		
	Video Laryngoscopy	Direct Laryngoscopy		
skill level of physician making first intubation attempt				
Nonexpert	157/186 (84.4)	154/185 (83.2)		
Expert	29/186 (15.6)	31/185 (16.8)		

with other video laryngoscopes. As recommended by French guidelines, <sup>18</sup> no stylet was used for the first-pass intubation attempt.

Endotracheal tube placement can be challenging









#### Prof. Dr. Volker Dörges

European Airway Management Society (EAMS) Council member, Germany Society of Emergency physicians in Northern Germany (AGNN), Board Member volker.doerges@gmail.com

### Station 6a: Indirect (Video-) Laryngoscopy, adult

Special interests: Video Laryngoscopy, Suproglottic Airways, Prehospital and Clinical Airway Management







### Ruediger Noppens, MD, PhD, FRCPC

Department of Anesthesia & Perioperative Medicine Western University, CANADA

European Airway Management Society (EAMS), Board Member: Treasurer

Canadian Airway Focus Group (CAFG), Council Member

rnoppens@uwo.ca

### Station 6a: Indirect (Video-) Laryngoscopy, adult

Special interests: Video laryngoscopy, techniques for awake intubation, novel airway techniques, experimental cerebral ischemia, neuroprotection