Need for development of face-to-face orotracheal intubation using direct (Macintosh) laryngoscopy

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Editor—Zraier and colleagues,1 based on a previous study of face-to-face orotracheal intubation (ff-f OTI) with a difficult airway manikin placed in the sitting position facing the operator,2 published a case series of patients intubated in the operating theatre using the Video-Airtraq™ laryngoscope (VAL) in difficult circumstances using a ff-f OTI technique. They reported that the airways of the seven [intubation difficulty score (IDS) >5] patients were rapidly, easily, and safely secured using the VAL-ff-f OTI technique and suggested that intubation in the sitting position is probably the safest position for airway management. They reported that clinical trials evaluating VAL-ff-f OTI as a primary airway management strategy are ongoing to confirm their observations. However, new evidence suggests that preclinical and clinical trials of Macintosh Laryngoscope (ML) ff-f OTI and video laryngoscopy (VL) ff-f OTI should also be included.

Schober and colleagues3 recently published a manikin simulation study of ‘inverse intubation’ in entrapped trauma casualties comparing ML-ff-f OTI, McGrath (McGrath, Aircraft Medical, UK) VL-ff-f OTI, and VAL-ff-f OTI, with the manikin placed in a sitting position with the neck immobilized and accessible only from the left anterolateral side. They concluded that all three techniques have a high success rate, but the usefulness of the McGrath VL-ff-f OTI is limited because of the longer duration for intubation. However, intubation was always successful and tended to be fastest with VAL-ff-f OTI, suggesting that this technique may be a promising option. They suggested that ML-ff-f OTI (or ‘inverse direct laryngoscopy’) showed reasonable intubation times and, given the widespread availability of Macintosh laryngoscopes, seems a useful technique.

Declaration of interest

None declared.

References


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