

<b>CITATION</b>	Kelly, F.E. and Cook, T.M., Seeing is believing: getting the best out of videolaryngoscopy, British Journal of Anesthesia, 117 (S1): i13-i16 (2016)
<b>PRODUCT CATEGORY</b>	Videolaryngoscopy

## WHY VL WORKS

- Nearly half of airway complications are from issues during intubation.
- More than half of those problems came from not successfully intubating quickly the first time.

## BENEFITS OF VL

It has been recommended that every anesthetist be trained in the use of, and always have immediate access to, a video laryngoscope (DAS 2015 Guidelines). Use of video enabled devices has been shown to reduce airway incidents related to laryngoscopy.

- Videolaryngoscopes give a better view of the larynx, and require less force to obtain a view of the vocal cords.
- VLS reduce both anticipated and unanticipated incidents.
- They eliminate the need to swap blades during critical phases of intubation, and they can reduce the number of intubation attempts.
- Remote screen aids in training by helping trainee optimize blade position.
- Remote screen allows entire team to see the larynx, improving communication.
- Recording capability is useful in training and can be captured in the medical record.

## “CLINICAL PEARLS” IN VL

There are many types of videolaryngoscopes including: Types with a Macintosh-like blade, those with an anatomically (or acutely)-curved blade and types with a channeled blade. Consider these concepts, often misunderstood, around VL procedures and the different blade styles:

- 1. Experience with direct laryngoscopy does not equate to skill with VL** - It will take practice to achieve competence. Hands-on training and experience is vital.
- 2. VL styles are different and require their own training** – mastery of one type doesn't necessarily translate to another VL.
- 3. View of the vocal cords doesn't guarantee successful intubation** – This is especially the case with channeled and extra-curved blades. New skills with a stylet or bougie may be needed.
- 4. A bougie isn't always the best fix when there is a problem** – modern bougies are less elastic and lack the plasticity, affecting curvature.
- 5. Different VL types are best in different situations** – Though the extra-curved blades are often best in emergency cases, training is best done with a Macintosh. Prehospital cases can benefit from the types with a screen attached to the handle, and a style allowing for both direct and VL scopes is ideal when there is blood in the airway.

## CONCLUSION

Based on this and the existing body of research, there is a robust argument **to use Videolaryngoscopy in all situations**. Given the proper training, the “potential benefits of videolaryngoscopy for patients are numerous and significant.”