

CITATION	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)
PRODUCT CATEGORY	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.”