

In reply: Confirmation of tracheal intubation time in adults

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Received: 13 January 2016 / Accepted: 18 January 2016 / Published online: 3 February 2016
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Keywords Face-to-face · Airtraq · Glidescope · Fastrach · Adult

To the Editor:

We sincerely thank Dr. Bailong and colleagues for their interest and comments on our manuscript [1]. Our study was designed to simulate a face-to-face intubation in a pre-hospital area (with no chance for confirmation by capnography). I do not agree with Dr. Bailong et al. that we must always see the vocal cords perfectly to record the endotracheal intubation time. In the Airtraq group we had a patient who had a Cormack-Lehane grade III; only a little part of the glottis was visible, such that you could imagine where you were intubating. It should be graded as Cormack-Lehane II not III. In addition, Amathieu and colleagues investigated face-to-face intubation on an adult manikin and described an intubation time that was consistent with that reported in our study. Similarly, they only visualized the glottis perfectly in 81 % of the Glidescope group and 94 % of the Airtraq group [2]. We propose that it would be more suitable to define the intubation time as the time

elapsed from the device entering the oral cavity until the confirmation of successful ventilation using a self-inflating bag connected to the tracheal tube, as previously described by Grosomanidis et al. [3].

Compliance with ethical standards

Conflict of interest None.

References

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This comment refers to the article available at doi:[10.1007/s00540-015-2103-z](https://doi.org/10.1007/s00540-015-2103-z).

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