



No reduction in fiberoptic intubation rates with universal video laryngoscopy

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To the Editor,

We read with great interest Law *et al.*'s retrospective analysis of trends in the rates of awake fiberoptic intubation (FOI).¹ We offer our own data that further confirm that the widespread use of video laryngoscopy (VL) - at even higher rates than reported by Law - does not impact the overall incidence of awake FOI. We have recently converted our anesthetic department (comprising 14 theatres) to one where the default intubation modality is VL. Although we already had access to the Storz C-MAC® VL in our theatre suites in 2012, the availability was limited, and VL was used purely as a rescue tool. By 2013, however, we transitioned to VL as the first-choice laryngoscopic modality, and throughout 2014, VL has been universally available and used in approximately 80% of in-theatre intubations. We plan to increase this to 100% in the near future.

Although we perform a smaller total number of intubations than QEII hospital (Table) and perform intubations in only a third of our general anesthetics, our rate of FOI per intubation is quite similar to that reported by Law and has not increased since our change to routine use of VL.

Law *et al.* concluded that, despite increased availability and use of VL, the rates of awake FOI had not significantly changed in their institution. Of importance, this is with a reported VL usage of only 8-10%. In a different healthcare

TABLE Rate of video laryngoscopy and fiberoptic intubation in bath vs QEII

	2012- QEII	2012- Bath	2013- QEII	2013- Bath	2014- Bath
Total Intubations	12,875	3,300	13,541	4,497	4,072
% VL	8%	≈ 10%	10%	≈ 80%	≈ 80%
Awake FOI	127	21	124	44	32
% awake FOI	0.99%	0.64%	0.92%	0.98%	0.79%

FOI = fiberoptic intubation; VL = video laryngoscopy

environment, we also discerned no change in the rates of awake FOI despite introducing universal availability and routine use of VL.

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Conflicts of interest Our department has received numerous airway devices from manufacturers (including Ambu) either free or at reduced cost for evaluation or research. None of the authors declare any personal conflicts of interest.

Reference

1. Law AJ, Morris IR, Brousseau PA, de la Ronde S, Milne AD. The incidence, success rate, and complications of awake tracheal intubation in 1,554 patients over 12 years: an historical cohort study. *Can J Anesth* 2015; 62: 736-44.

This letter is accompanied by a reply. Please see *Can J Anesth* 2016; 63: this issue.

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