



In reply: No reduction in fiberoptic intubation rates with universal video laryngoscopy

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To the Editor,

We thank Drs. Thomas, Kelly, and Cook for their interest in our publication and for sharing their experience. As they point out, in spite of a significant increase in the rate of using video laryngoscopy (VL) at our institution over the studied time period of 2002-2013, we use VL to facilitate only a small percentage of tracheal intubations (8-10% from 2012 to 2013). Granted, that figure rises slightly to 10-12% when other alternatives to direct laryngoscopy, e.g., lighted stylet, are also considered.¹ We continue to use VL chiefly for anticipated or known situations of difficult direct laryngoscopy or for teaching purposes.

It was interesting to learn that Dr. Thomas *et al.*² reported an overall incidence of awake tracheal intubation (about 1%) which is similar to ours.

We look forward to a report from Dr. Thomas *et al.* some years hence that will clarify whether their universal

use of VL has had an impact on the incidence of awake tracheal intubation over a longer time period, or, as with our results, the need for awake tracheal intubation appears to remain relatively fixed.

Conflicts of interest None declared.

References

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2. Thomas G, Kelly F, Cook T. No reduction in fiberoptic intubation rates with universal videolaryngoscopy. *Can J Anesth* 2016; 63: this issue. DOI: [10.1007/s12630-015-0487-8](https://doi.org/10.1007/s12630-015-0487-8).

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