

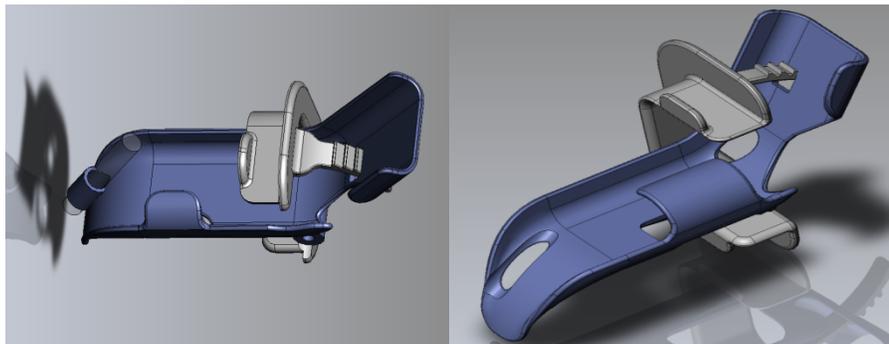
Video Assisted Oro-tracheal Intubation Device

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Video laryngoscopes have created a lot of attention in recent years in the anesthesia community as a valuable tool in managing airway intubations, especially in difficult airway cases. This has resulted in wider adoption of video laryngoscopes and also increased usage.¹ There is a need for a device that combines both fibro-optic and video-assisted airway images in one screen.

Video laryngoscopes play a significant role in the management of routine and difficult airway intubations. The same design requires the use of a stylet and introduces blind spots in the oropharynx during intubation. As a result, cases of airway trauma have been reported. Fibro-optic intubation (FOI) scope is the "gold standard" tool in difficult intubations, but not free of limitations including: Difficulties keeping the upper airway open, shortsighted, narrow-angle views, complete view obstruction caused by the presence of blood or heavy secretions.² In order to limit the disadvantages of both the video laryngoscope and the FOI scope, a combination of both methods is ideal. We have developed a video assisted oral airway mouthpiece with an adjustable angle that can combine both technologies and provide a laryngeal view of the patient's airway while allowing the endotracheal tube to be loaded on a flexible stylet/optic scope and guided to the wind pipe under direct vision of a single operator.

The Value: Limit the square footage of room space needed and reduce the number of operators (from 2 to 1), easy to use so the operator can focus on the procedure. Overcomes the limitations of both video laryngoscopy and fiber optic devices used alone, improves visualization, improves management of difficult intubations, allows inexperienced operators to perform difficult intubations and limits potential for complications and improved outcome for the patient.



References:

1. Michael Aziz et al, Routine clinical practice effectiveness of the Glide scope in difficult airway management: Anesthesiology 2011; 114: 34-41
2. Stephen Collins et al, Fibro optic intubation overview and update: Respiratory care 2014; 59 :865-880