CS#17

**Video-Assisted vs. Conventional Tracheal Intubation in Morbidly Obese Patients**

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318 morbidly obese patients scheduled for elective morbid obesity surgery received tracheal intubation with the LMA CTrach™, the Airtraq™ or Macintosh laryngoscope. Duration of apnea, time to tracheal intubation, and oxygenation quality during airway management were compared between the LMA CTrach™ and the laryngoscope groups. Our study demonstrated that, as compared to conventional direct laryngoscopy, visualization technology installed on the LMA CTrach™ and Airtraq™ laryngoscope augmented the ease of tracheal intubation, improved arterial oxygenation during airway management, and thus increased the safety of anesthesia in morbidly obese patients.

Defining the respective place of the LMA CTrach™ and the Airtraq™laryngoscope in a pre-defined algorithm in case of difficult airway [13] is of major interest for daily clinical practice of anesthesia. Based on our clinical experience in morbidly obese patients, we now recommend the Airtraq™ laryngoscope as a plan B after 2 min of failed tracheal intubation attempt with the Macintosh laryngoscope. The LMA CTrach™ is proposed as a plan B in case of difficult or unstable facemask ventilation during difficult tracheal intubation attempts with the Macintosh laryngoscope.