Evaluation of the Airtraq and Macintosh laryngoscopes in patients at increased risk for difficult tracheal intubation*

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Forty consenting patients, who were deemed to possess at least three characteristics indicating an increased risk for difficulty in tracheal intubation, were randomly assigned to undergo tracheal intubation using a Macintosh (n = 20) or Airtraq (n = 20) laryngoscope.

Four patients were not successfully intubated with the Macintosh laryngoscope, but were intubated successfully with the Airtraq. The Airtraq reduced the duration of intubation attempts (mean (SD); 13.4 (6.3) vs 47.7 (8.5) s), the need for additional manoeuvres, and the intubation difficulty score (0.4 (0.8) vs 7.7 (3.0)).

Tracheal intubation with the Airtraq also reduced the degree of hemodynamic stimulation and minor trauma compared to the Macintosh laryngoscope.



