

CS#10

C-Spine Movement Macintosh vs. Airtraq

Journal Watch Emergency Medicine June 13, 2008

Aaron E. Bair, MD, Dep. of Emergency Medicine at the Univ. of California

Twenty adult patients who required routine intubation for elective gynecologic surgery in the operating suite underwent laryngoscopy with both the Airtraq and Macintosh devices, in random order. Patients with a history of difficult intubation or C-spine injury were excluded. All laryngoscopies were performed by a single anesthesiologist who was skilled in both techniques.

Lateral radiographs were taken at baseline with the patient in a neutral position and during laryngoscopy when the best view of the larynx was obtained. Two radiologists reviewed the radiographs to measure the degree of vertebral body displacement.

C-spine extension was significantly less with the Airtraq than with the Macintosh: 29% less at the occiput–C4 segment and 44% less at the C3–C4 segment.