

# 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.