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Airtraq: new device in patients at increased risk for difficult tracheal intubation

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The authors compared the ease of awake intubation using the Airtraq against the fiberoptic bronchoscope in patients at increased risk for difficult tracheal intubation.

In this randomised, controlled, clinical trial authors enrolled patients at increased risk for difficult tracheal intubation, undergoing surgical operations requiring tracheal intubation. With ethics committee approval and written, informed consent, patients were randomly assigned to Fibroscope-guided tracheal intubation (F group) or Airtraq-guided intubation (A group). All patients, maintained in spontaneous breathing all through the procedure, received awake intubation performed by one of three anesthetists expert in difficult airway management. All patients received a topical airway anesthesia with 2% lidocaine and total intravenous anesthesia (TIVA) performed with propofol c.i. with an effecter site concentration of 1.5 µg/ml.

30 patients were enrolled, 15 in the F group and 15 in the A group. All patients were successfully intubated in both groups. In group A the authors assessed a short time and a small amount of attempts of intubation with a statistically significant difference between the two groups. No difference was noted between the two groups in hemodynamic setting, saturation, Ramsey score and airway-trauma-related side effects.

Conclusions: Our experience demonstrated that the Airtraq could be used during awake sedations and may be a promising alternative device for difficult airway management as a valid alternative to the traditional fiberoptic bronchoscope.