Nasotracheal intubation was performed by 20 anesthesiologists and 20 residents with the Airtraq or Macintosh laryngoscope. The mean (6 SD) time required for nasotracheal intubation by the residents was significantly shorter with the Airtraq laryngoscope than with the Macintosh laryngoscope (16 67 sec vs 2 26 10 sec; P .001), but no difference in intubation time was observed between Airtraq (15 6 11 sec) and Macintosh (13 6 6 sec) laryngoscopy by the anesthesiologists.

The Magill forceps was used more frequently to facilitate intubation with the Macintosh laryngoscope than with the Airtraq laryngoscope in both groups of operators (P .001).

The Airtraq laryngoscope scored better on the visual analog scale than did the Macintosh laryngoscope in both groups of operators (P .05).

The Airtraq laryngoscope offers potential advantages over standard direct laryngoscopy for nasotracheal intubation.