

CR#4

Use of the Airtraq laryngoscope for anticipated difficult laryngoscopy (assistance with tracheostomy).

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An uneventful awake nasal fiberoptic intubation was performed, and after induction of anaesthesia the direct laryngoscopic view was noted as **Cormack and Lehane grade 4**.

To assist the tracheostomy, an Airtraq was used to position the cuff of the tracheal tube at the vocal cords under direct vision. An excellent view of the larynx was obtained and the tracheostomy was performed uneventfully.

Attempted examination **with a Macintosh blade was impossible**, but with an Airtraq the surgeon was able to assess the oral cavity, pharynx and laryngeal inlet adequately.

So far our experience with the Airtraq is limited to a small number of cases. Based on this experience we agree with Maharaj et al. [1, 2] that **this device is easy to use, requires minimal training and causes minimal dental trauma**. We feel that its use should be considered as part of the **management of the difficult airway including assistance with tracheostomy**.