C-MAC Video Laryngoscope Is Superior to the Macintosh Direct Laryngoscope for ED Intubations

Isn't it about time to toss your direct laryngoscope into the cabinet of antique medical devices?

In a retrospective, observational study of 750 intubations at a single academic emergency department (ED), the authors compared success rates with the C-MAC video laryngoscope (size 3 or 4 blade) and the Macintosh direct laryngoscope (size 3 or 4 blade). The C-MAC was used in 255 cases and the Macintosh in 495.

Intubation was more successful with the C-MAC than the Macintosh (97% vs. 84%) and more often demonstrated a Cormack-Lehane grade I or II laryngeal view (94% vs. 83%). Predicted difficult airway was the reason for choosing the device in 37% of C-MAC intubations versus 2% of Macintosh intubations.

Comment: Although many studies have demonstrated the superiority of video laryngoscopy (C-MAC and GlideScope) compared with direct laryngoscopy, most of the studies were conducted in non–emergency department environments. This study showed that video laryngoscopy was superior to direct laryngoscopy not only in an ED patient population, but also in patients who had predictors of a difficult airway. Clearly, video laryngoscopy is a superior primary intubating method, is rapidly becoming standard care, and when it is available, direct laryngoscopy should not be used. If video laryngoscopy is not available, clinicians should act to bring it into their armamentarium of airway devices.

— Richard D. Zane, MD, FAAEM

Published in Journal Watch Emergency Medicine December 7, 2012

Citation(s):


- Medline abstract (Free)