Similar Intubation Success with GlideScope and C-MAC Video Laryngoscopes

Neither device proved superior for first-attempt or overall success.

Several studies have suggested that video laryngoscopy is superior to direct laryngoscopy for emergency intubation ([JW Emerg Med Jan 20 2012](https://www.jwem.com/article/10.1097/YEM.0b013e3181fb0375) and [JW Emerg Med Dec 7 2012](https://www.jwem.com/article/10.1097/YEM.0b013e3181fb0375)), but is one video laryngoscope superior to another? Glottic views are excellent with the GlideScope because of the substantial anterior angulation of the blade, but some reports have suggested that tube passage can sometimes be challenging because of this design feature ([J Emerg Med 2010; 39:86](https://www.sciencedirect.com/science/article/pii/S0749927010000583)).

Investigators at a single academic emergency department retrospectively analyzed emergency intubation data to compare success rates for intubations performed with the GlideScope versus the C-MAC video laryngoscope during a 3-year period.

For 230 GlideScope intubations and 233 C-MAC intubations, first-attempt success rates were 82.2% and 84.1%, respectively, and overall success rates were 96.1% and 96.6%. There were no significant differences in success rates between groups in analyses controlling for potential patient and operator confounders.

**Comment:** The similarity in success rates for these quite different video laryngoscopes suggests that the proportion of patients for which one of these devices might be better than the other is very small. That said, video laryngoscopes vary in their ergonomics, advantages and disadvantages, and blade sizes and shapes. Providers should consider which device or devices are best for their practices.

— Daniel J. Pallin, MD, MPH

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