

The C-MAC Video Laryngoscope Is an Effective Rescue Device

Glottic views improved in 94% of patients who had poor views by Macintosh laryngoscopy.

German researchers evaluated the C-MAC video laryngoscope ([JW Emerg Med Jan 29 2010](#)) as a rescue device for patients with failed Macintosh laryngoscopy. Of 1151 consecutive elective surgery patients during a 7-month period, 52 with Cormack-Lehane grade III or IV glottic views on as many as three attempts with a Macintosh laryngoscope were switched to a C-MAC video laryngoscope for subsequent intubation attempts. Patients with a history of difficult bag-mask ventilation, expected difficult endotracheal intubation, pregnancy, or emergency surgery were excluded. Operators had performed at least 20 prior C-MAC intubations.

Use of the C-MAC improved glottic views by 1, 2, and 3 Cormack-Lehane grades in 62%, 31%, and 2% of patients, respectively, and did not improve views in 6%. Grade I or II views were achieved with the C-MAC in 95% of patients. The first intubation attempt was successful in 42 patients (81%) and the second in 7 patients (13%). Three patients with failed C-MAC intubations were successfully intubated with a rigid or flexible endoscope.

Comment: The C-MAC laryngoscope improved glottic views and facilitated successful intubation in nearly all patients with unanticipated grade III or IV glottic views. It is increasingly perplexing that operators make the initial laryngoscopic attempt with a conventional laryngoscope and then switch to a video laryngoscope when difficulty is encountered. Why not just use a video laryngoscope in the first place?

— [Cheryl Lynn Horton, MD](#), and [Ron M. Walls, MD, FRCPC, FAAEM](#)

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Piepho T et al. Performance of the C-MAC video laryngoscope in patients after a limited glottic view using Macintosh laryngoscopy. *Anaesthesia* 2011 Dec; 66:1101.

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