GlideScope Outperforms Direct Laryngoscopy for Urgent Intubations


**Intubations with the GlideScope were more successful and had fewer complications.**

To determine whether GlideScope laryngoscopy is superior to direct laryngoscopy for urgent intubation, researchers compared success and complication rates for 50 direct-laryngoscopy intubations performed in 2006 and 78 GlideScope intubations performed in 2010, all by pulmonary and critical-care medicine fellows at one academic center in New York. Most intubations were performed by first-year fellows. Neuromuscular blockade was not used routinely, per division policy. All fellows completed at least 20 hours of didactic and simulation-based training.

Baseline characteristics were similar between groups. The GlideScope cohort had a significantly higher first-attempt intubation success rate (91% vs. 68%), fewer intubation attempts (mean, 1.2 vs. 1.7), and lower rate of multiple (>3) intubation attempts (4% vs. 20%). There were no esophageal intubations in the GlideScope group, compared with 14% in the direct-laryngoscopy cohort. The two groups had similar intubation times and rates of hypoxia <80%, hypotension with systolic blood pressure <70 mm Hg, and need for intervention by the attending physician.

**Comment:** Although the use of a historical control group and the lack of neuromuscular blockade are certainly limitations of this study, these results add to those of prior studies, demonstrating yet again the superiority of video laryngoscopy over direct laryngoscopy, notably in this cohort of urgent intubations by relatively inexperienced operators.

**Citation(s):** Kory P et al. The impact of video laryngoscopy use during urgent endotracheal intubation in the critically ill. Anesth Analg 2013 May 17; [e-pub ahead of print].
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