

Direct Laryngoscopy or Video Laryngoscopy: Which is Better for Performing Endotracheal Intubation?

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Abstract

Endotracheal intubation is known as the best and challenging procedure to airway control for patients in shock or with unprotected airways. Failed intubation can have serious consequences and lead to high morbidity and mortality of the patients. So, many clinical criteria have been introduced with regard to evaluation of the patient's airway before induction of anesthesia. One of them is, the Cormack-Lehane Grading (CLG) which assists in predicting difficult intubation performed under direct laryngoscopy. Failure to view any portion of the glottis is classified CLG 4 and is considered as a difficult airway. The Gold Standard (Traditional) Laryngoscope (Macintosh) and Video laryngoscopes are the subject of research in this review. Data collection obtained from Currently available evidence, PubMed, Google scholar, Cochrane Evidence Based Medicine, of new anesthesia books, published conferences and cited articles from journals, were matched with the base forms of reviews related to laryngoscopy and tracheal intubation within the interval of 2013 to 2021. The comparative studies of different video laryngoscopes showed that DL compared with VL, reveal that video laryngoscopes reduced failed intubation in anticipated difficult airways. The main goal of this review is to compare the direct laryngoscopy with the (indirect) video laryngoscopy in terms of increased first success rate and good vision of the larynx to find a smooth induction of endotracheal intubation in the hands of both the experienced and novice in different health settings.

Biography

Haithem M. Almamoori is an anesthesiologist by profession and works with one of the general teaching hospitals in Iraq. He holds a MSc in Anesthesia and Intensive Care and currently pursuing a PhD degree in Anesthesiology at one of Schools of medical sciences in UK. Haithem has 19 years of practice in anesthesia swing in different sectors of practice in operating theaters and

intensive care units in Iraq. He has also been involved in investigations of obstacles of the work flow after complete a program of TOT in the competence. He has presented lectures in Health Institutes and multiple training plenaries on anesthesia safety and nursing anesthesia care in the Training and Developing Health Center in Iraq. Haithem grew up in one of small Iraqi cities. He is passionate about updating and advancing of anesthesia.