

# Glidescope Use

In Paediatric Cardiac Anaesthesia Department  
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When looking at using video-laryngoscopy, our anaesthetic practice varies, whether using it as a **rescue** gadget, for **all** or for **none** of patients.

Our project was to use the glidescope as a **first-line** intubation method for 6 months in order to:

- gain **experience**.
  - overcome **difficulties**.
  - get proper **equipment**.
  - decide to use it as a **primary** technique or a **rescue** tool.
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- We managed to do 110 cases over 6 months.
  - Lopro, DVM, and Miller single-use blades were used.
  - Six paediatric Cardiac anaesthetic Consultants and the 2 Fellows were actively engaged in our mini-project.

Category		Number	%
<b>Weight</b>	<20 kg	39	35
	>=20 kg	71	65
<b>Airway Problem</b>	No	100	91
	Yes	10	9
<b>Intubation</b>	Nasal	24	22
	Oral	86	78
<b>Blade Type</b>	Miller	2	2
	LoPro	88	80
	DVM	20	18

Category		Number	%
<b>View</b> Cormack-Lehane SS describing glidescopic view	Grade 1	100	91
	Grade 2	6	5.5
	Grade 3	4	3.5
	Grade 4	0	0
<b>Success</b>	Yes	107	97.2
	No	3	2.8
<b>Total</b>	110		

## Negative comments:

### 1. Nasal intubation difficulties?

- There is no space to see the **tube and the Magill forceps** together.
- A **slimmer** Magill forceps or a soft **bent stylet** to guide the tube into the larynx without using the Magill forceps can help.

### 2. right-size blade was the biggest challenge.

- **Size 2.5 blade** is needed.
- The glidescopic view is very **sensitive** to using the correct size blade.
- **Manufacturer's** size recommendation was not always the best.

## Positive comments:

- ✓ The glidescope gave a **better view**.
- ✓ The Glidescope was a helpful **difficult intubation** tool in known difficult cases.

- Glidescope provides a better **laryngoscopic view** (1,2) and a high success rate in both primary and rescue airway management (3).
- **Nasal glidescopic intubation** is challenging, our suggestions made it easier.
- The correct **size** blade is crucial.
- The glidescope as a **first-line** is controversial (4).
- Glidescope should have a bigger role in **Difficult airway algorithms**.
- With Glidescope, The indications for **fiber-optic** intubation has shrunken (5).
- Providers should maintain **competency** with alternate methods of intubation (3).
- Modern technology make airway management safer. However, **non-technical aspects** of airway management of communication, situation awareness and decision making are still critically important (6).

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