

# Does a Flexible Blade Improve Direct Laryngoscopy?

*The Flexiblade flexible laryngoscope outperforms the Macintosh.*

Intubation success during direct laryngoscopy directly correlates with the view of the glottis. The Flexiblade is a new laryngoscope blade that mounts on a traditional laryngoscope handle. The distal half of the blade can be flexed up to 30 degrees during intubation by an attached lever. In this study from Hong Kong, the Flexiblade was compared with the standard Macintosh blade in 200 elective general anesthesia patients, aged 18 to 65, without anticipated difficult intubation.

After patients received general anesthesia and neuromuscular blockade, direct laryngoscopy was performed with a size 3 Macintosh laryngoscope blade and a similarly sized Flexiblade, in random order. Intubation was performed using the second blade and was supplemented by laryngeal manipulation or devices, such as the gum-elastic bougie, as needed. With the Flexiblade, the laryngoscopic view was noted first with the blade unflexed and then with the blade flexed. The Cormack-Lehane system was used to grade the glottic view.

Glottic views with the unflexed Flexiblade were inferior to those obtained with the Macintosh blade in 42% of patients. In no case was the view worse with the Macintosh blade than with the unflexed Flexiblade. Views with the flexed Flexiblade were superior to those with the Macintosh blade in 19% of patients and to those with the unflexed Flexiblade in 60%. In no case did flexing the blade worsen the view compared with either of the other two techniques. Of views that were not grade 1 (full glottis), 58.5% improved with the Macintosh compared with the unflexed Flexiblade, 39.6% improved with the flexed Flexiblade compared with the Macintosh, and 84.5% improved with the flexed Flexiblade compared with the unflexed Flexiblade. All patients were intubated successfully, and use of adjuncts was similar in the two groups.

**Comment:** In the endless search for a better view of the cords, the Flexiblade might provide some help. It is time, however, to ask why we persist with direct laryngoscopy when video and fiberoptic intubation devices are readily available, simple to use, and clearly superior.

— *Ron M. Walls, MD, FRCPC, FACEP, FAAEM*

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## CITATION(S):

Cheung RW et al. A clinical comparison of the Flexiblade and Macintosh laryngoscopes for laryngeal exposure in anesthetized adults. *Anesth Analg* 2006 Feb; 102:626-30.