Intubation Rescue: Intubating Laryngeal Mask Airway and Flexible Lightwand Combined

Unanticipated intubation failure requires prompt rescue with an alternative device. The inventors of the flexible lightwand (FL) evaluated the use of the intubating laryngeal mask airway (ILMA) as an aid to FL-guided intubation in 44 patients with unanticipated intubation failure after 3 attempts at laryngoscope-guided intubation for general anesthesia.

Of 16 anesthetists who participated in the study, all had experience with the ILMA; 10 had not used the FL, but they received training on at least 1 patient. Inability to view the vocal cords was the reason for failed intubation in all patients; difficult mask ventilation occurred in 5 (11%). ILMA insertion with ventilation was successful on the first attempt in 40 patients (91%) and on the second attempt in the remainder. FL-guided intubation via the ILMA was successful in 38 patients (86%) on the first attempt, in 3 (7%) on the second attempt, and in 2 (5%) on the third to fifth attempt. One patient who could not be intubated was successfully ventilated.

Comment: In this study, the 44 cases of unanticipated failed intubation arose from 11,621 patients (0.4%), and all patients could be ventilated with a bag and mask. These findings underscore that the likelihood of encountering a "can't intubate, can't ventilate" patient is extremely small if a pre-intubation assessment of intubation and mask ventilation is done. The intubation success rate with the FL via the ILMA in this study was not notably greater than that achieved with the ILMA alone in previous studies. This study highlights the potential value of the ILMA as a rescue device in the emergency department, but suggests that the FL may not add value.

— Ron M. Walls, MD, FRCPC, FACEP

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