

Awake intubation with Ambu® aScope™

Review of the article "A disposable, flexible intubation videoscope, the Ambu sScope, and the first experiences with awake intubation in patients with difficult airways". Kristensen M, Fredensborg B, Hansen C, and Tvede M. Accepted for publication in Anaesthesia and Anaelgesia.

The article presents 5 retrospective cases where aScope was used to intubate patients with predicted difficult airways.

All cases were classified as difficult airways at the preoperative evaluation presenting: Mallampati class 3 in 3 of the cases (2 not reported), Cormack-Lehane grades 3 and 4 (report from 4 cases, 1 not reported), in 3 cases limited neck-extension and decreased ability to prognath, and in one case mask ventilation was not possible. The clinical cases consisted of oral and oropharyngeal tumors, and in one case an intra-thoracic goitre severely compressing the trachea. After receiving sedation and local anaesthesia to maintain spontaneous ventilation, awake, oral intubation was performed using aScope.

ET-tubes with internal diameters of 6, 7, 8mm were used across the 5 cases. The injection port was successfully used to inject lidocaine during the "spray-as-you-go" technique.

One patient presented copious secretion so suctioning was performed before starting the intubation procedure by using a conventional suction catheter. It is reported that in one case extubation was performed 3 weeks later by using aScope, and

in another case, the intubation procedure was performed by a first-year resident.

The discussion emphasises these first experiences with the device in patients presenting predicted difficult airways are positive. The advantages of a disposable, flexible scope, mainly its availability, elimination of repair costs and maintenance, elimination of post-use cleaning procedures and elimination of any risk of cross-contamination, combined with an acceptable clinical performance offer a valuable supplement, or alternative to the flexible, reusable fiber- and video-scopes.

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