Reviewer's report

Title: A randomised, controlled crossover comparison of the C-MAC videolaryngoscope with direct laryngoscopy in 150 patients during routine induction of anaesthesia

Version: 5 Date: 5 January 2011

Reviewer: Richard Cooper

Reviewer's report:

The authors have demonstrated, for the first time, that the laryngeal exposure seen using a (Macintosh-configured) VL is occasionally worse than that obtained by conventional direct laryngoscopy. BURP was frequently required with the C-MAC but has rarely been required in other studies using more angulated VL such as the McGrath and GlideScope.

The authors have suggested that the use of a stylet or intubation guide should be avoided if possible and that such avoidance confers a safety advantage. I remain unconvinced of this contention.

I believe that soft tissue injuries are more likely to result from failure to directly observe the insertion of the endotracheal tube into the patient's oropharynx rather than the device that is chosen to intubate the trachea. Direct observation is possible with any of the non-channelled video laryngoscopes such as the GlideScope, McGrath and EVO Truview.

Laryngoscopy that requires additional lifting is not only a concern with respect to the force applied to the maxillary incisors (as mentioned by the authors) but also to the lifting force applied to the tongue. This may manifest itself as a greater stress on the patient (hemodynamically or hormonally) and a reduced laryngeal view.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

The reviewer is an unpaid consultant to Verathon Medical, the manufacturer of the GlideScope Videolaryngoscope.