Author's response to reviews

**Title:** Comparison of the Glidescope, CMAC, Storz DCI with the Macintosh Laryngoscope: A Manikin Study

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**Author's response to reviews:** see over
Re: Comparison of the Glidescope, CMAC, Storz DCI with the Macintosh Laryngoscope During Simulated Difficult Laryngoscopy: A Manikin Study. MS 7097858856864760

Dear Dr

Thank you for giving us the opportunity to revise our manuscript, and resubmit, in the light of feedback from the review process.

I must say we were delighted with the feedback from Dr Boedeker, suggesting that our manuscript had outstanding merit and interest in its field, and that it should be accepted for publication without revision.

We additionally, took Dr Turnbull’s feedback very seriously and have accepted all of his excellent points and revised the manuscript accordingly. We feel each of his points improved the manuscript significantly and appreciate the time and effort he took to give us such detailed and considered feedback.

We will now go through each of his points and explain how we revised the manuscript:

1. Concept of Subjective Confidence of correct endotracheal tube placement should be removed. Agreed and amended. Removed all data and graphs related to this concept, and removed all reference to this concept in the discussion and conclusions.

2. Statement of manikin use and limitations. Agreed and amended. Added an explanation of why a simulated difficult laryngoscopy manikin was used in the introduction, and additionally emphasized the limitations of transfer to clinical practice.

3. Comparative efficacy of videolaryngoscopy in true difficult laryngoscopy. Agreed and amended. Added explanation regarding difficult laryngoscopy in the introduction, removed all instances of the term “difficult airway” when we really meant “difficult laryngoscopy”, we clarified our explanation of difficult laryngoscopy and referenced to the ASA guidance.

4. Standardized methodology for reproducing a difficult laryngoscopy. Agreed and amended. We have clarified in the text the precise methodology used, and the point that only data from the difficult laryngoscopy was collected, analyzed and presented.
5. The statistical not clinical significance of the time to intubation outcome. Agreed and amended. The reservations regarding the clinical implication of performance differences in an airway manikin has now been emphasized throughout the text. As the subject of interest was solely true difficult laryngoscopy the 120 seconds was chosen, based on that most providers would move to an alternate method of laryngoscopy / airway support after 2 minutes. We did not study difficulty in bag-mask ventilation so we assume this would be maintained during intubation attempts.

6. Confusion in our text regarding 2 scenarios. Agreed and amended. This has now been clarified throughout the text, and it is now clear that performance data were only recorded during simulated difficult laryngoscopy. We are especially grateful to the reviewer for bringing this confusion to our attention.

7. The performance of Macintosh laryngoscopy. Agreed and amended. We have now re-emphasized the excellent performance of direct laryngoscopy with the Macintosh blade, compared with the videolaryngoscopic devices. We have suggested reasons for this in our discussion.

8. Opening sentence of discussion inaccurate. Agreed and amended. As discussed previously we have taken the opportunity to clarify the terms throughout the manuscript, removing the term difficult airway and replacing it with difficult laryngoscopy where appropriate.

9. Overall value of the article. During our extensive review of the literature, in preparation of the study and manuscript we found little evidence to the study devices in a side by side comparison in true difficult laryngoscopy (by one common definition of difficulty). This study is a first step in the investigation of these devices in true difficult laryngoscopy. It demonstrated some interesting performance differences between the devices, which may frame future clinical investigations. The study provided produced some thought-provoking observations regarding camera position on the blade, which may focus future device development.

10. Specific editorial points. Consent: statement added regarding the voluntary participation of the study subjects. Author contribution section added. Acknowledgements section added. General formatting: references reformatted according to journal style.

Again, thank you for allowing us the opportunity for us to improve on, and resubmit our manuscript for your consideration.

Best wishes

David

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