Author's response to reviews

Title: A Systematic Review of the role of Videolaryngoscopy in Successful Orotracheal Intubation

Authors:

David W Healy (dhealy@med.umich.edu)
Oana Maties (omaties@gmail.com)
David Hovord (d_hovord@hotmail.com)
Sachin Kheterpal (sachinkh@med.umich.edu)

Version: 5 Date: 27 November 2012

Author's response to reviews: see over
11/27/2012

Dear Sir / Madam,

Please find enclosed our revised manuscript, “An Evidence Based Review of Rigid Indirect Videolaryngoscopy in the Successful Orotracheal Intubation of Adults” by David W Healy et al., which we would like to submit for consideration for publication as a review article in BMC Anesthesiology.

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. I have detailed the level of contribution of each author in the manuscript. I confirm that the PRISMA guidelines were reviewed and help guide the development of the review, and reporting in the manuscript. It complies with the PRISMA guidelines. All permissions for the device photographs were sought and approved. I can confirm there are no competing interests, financial or otherwise. All authors have approved the manuscript and agree with its submission to BMC Anesthesiology.

Many thanks, again, to each of the reviewers who took the time to review and provide their thoughtful comments to improve our study and manuscript. We enclose a point-by-point response to each:

**Reviewer:** Konstantinos Stroumpoulis - Accepted as stands
**Reviewer:** Jochen Hinkelbein - Accepted, no further remarks
**Reviewer:** Richard Cooper (Discretionary revisions).

**Title:** The title is unclear. Perhaps “A Systematic Review of Orotracheal Intubation Success using Videolaryngoscopy”
- agreed, changed to “A Systematic Review of the role of Videolaryngoscopy in Successful Orotracheal Intubation”

**Introduction:** Page 5: “However, even given this broad definition of difficult laryngoscopy, this still suggests an impressive overall [intubation] success rate of >95% for direct laryngoscopy among patients thought to be suitable for this technique.”
- agreed, changed, thank you

**Discussion:** Page 11—“Failed direct laryngoscopy”: was this direct laryngoscopy that failed to achieve orotracheal intubation? If yes, would suggest that this read “...subjects upon whom direct laryngoscopy failed to achieve tracheal intubation.”
- agreed, changed, thank you

Page 12: I presume that IVL refers to indirect video laryngoscopy but it does not appear to have been defined as such.
- thank you, changed IVL to VL and defined VL as Videolaryngoscopy at the 1st instance

Page 13: consider adding the underlined phrase “...but intubation can remain successful and timely despite a limited view of the glottis and with IVL, a good laryngeal view does not ensure successful intubation.”
Page 13, paragraph 2: please correct the typographical error: “The review of videolaryngoscopy revealed an overall success rate ...to 100% for all of the devices...”
- thank you, corrected

Page 14: it should be acknowledged that whereas there is no evidence for benefit of the Bonfils and Bullard for patients predicted to be a difficult intubation, there is evidence in patients who in fact are difficult direct laryngoscopies. In the Discussion, the reader should be cautioned that the absence of evidence for use of a device is not the same as evidence against the use of these devices.
- agreed, we have added some clarification of the above in the discussion.

Page 15: The reference (25) describes the morbidity associated with multiple laryngoscopies specifically involving emergency intubations performed outside the operating room. The reference is appropriate but the statement should be restricted.
- agreed, amended

Page 15: Two subsequent sentences appear to be contradictory: “The current review demonstrates a high level of overall success, following direct laryngoscopy, when using the Airtraq®, Bonfils, Bullard, CTrach, GlideScope, McGrath, and Pentax AWS...no evidence for success for the Bullard or V-MAC in this clinical setting.” Please clarify or correct. I would also suggest that the first of these sentences could be improved with the addition of “failed direct laryngoscopy...”
- thank you, agreed, corrected - removed Bullard from 1st sentence (incorrect)

Page 16: Suggest the addition of “the various predictors of difficulty with DL are variably...”
- thank you, agreed, added

Page 17: There is more than one modified Cormack-Lehane Score. Both this and the Percent of Glottic Opening scores should be referenced. The intent of including the name of the device used is laudable, however the term “difficult” is vague. I would suggest GlideScope C/L II, Tracheal Tube Introducer required” (bougie is commonly used but the term is not appropriate since the device is not in fact a bougie and the manufacturer of the most popular device refers to it as a tracheal tube introducer).
- changed bougie to tracheal tube introducer, We agree the term difficult is vague - but hopefully defined by the type of intervention used to rescue the intubation

Page 18: A word appears to be missing “in practice or the number of previous intubations does not give any idea...” The importance of operator experience is clearly identified in a study the current authors participated in (ref 88 where performance at two centers differed in proportion to the amount of operator experience with the GlideScope).
- thank you, changed the wording to make more sense.

Page 20: I strongly encourage that all the recommendations state that the laryngoscopist should have reasonable prior experience with the chosen device. In addition, a statement like this might be used when the device is chosen as a primary tool for a patient with a suspected difficult DL. “Such election does not preclude the possibility of awake intubation, in accordance with the ASA Difficult Airway Guidelines [14].”
- Amended and added accordingly, thank you
Thank you again for your consideration,

Yours Sincerely,
David

David Healy MD MRCP FRCA
Assistant Professor
Director, Head and Neck Anesthesia
Department of Anesthesia, University of Michigan