Reviewer’s report

Title: A Comparison of Blind Intubation with the Intubating Laryngeal Mask FASTRACH™ and the Intubating Laryngeal Mask Ambu Aura-i™ A Prospective Randomised Clinical Trial

Version: 0 Date: 12 Nov 2018

Reviewer: Jacek Smereka

Reviewer’s report:

I congratulate the Authors on a very well conducted survey. I think that the paper deserves to be published. I would, however, ask to consider small improvements, which may facilitate the reception of the article and ensure the unification of the way in which the data are presented.

1. The authors mentioned "The study investigators were three anesthesiologists experienced in using laryngeal mask devices (BB, MS, JH). "

I would suggest adding the approximate experience of each anesthesiologists participating in the study in using specific types of LMA including Intubating Laryngeal Mask FASTRACH and Ambu Aura-i™.

Was the experience of each of the anaesthesiologists participating in the study in using FASTRACH comparable to experience in the case of endotracheal intubation with the use of Ambu Aura-i™?

2. "Primary endpoint was the overall success rate of blind intubation with either mask after maximum of two attempts two attempts". Please remove the doubled „two attempts"

3. "Normally distributed data were analysed by one-way-Anova, followed by Bonferroni correction for multiple comparisons if appropriate. Non-normal data were analysed by Kruskal-Wallis-Test. Data were analysed regarding normal distribution by D'Agostino and Pearson Test (omnibus normality test).... Proportions were compared with Fisher's Exact test or the Chi-squared test, as appropriate."

I would suggest using correct test names including one-way ANOVA, Kruskal-Wallis test, Fisher's exact test etc.

4. "The LMA Fastrach could be placed after 15.9 seconds (SD 7.0) " Maybe it would be better to use ± instead of SD. "15.9 (± 7.0) seconds "

5. Table 2 Clinical predictors of difficult airway.

I would suggest revision of Table 2 using percentage in brackets (for example (37%/47%/16%)) and Interincisor distance (cm). It is necessary to add cm for Interincisor distance and Thyromental dist.
Thyromental dist. (Patil) - I would suggest „Thyromental distance (Patil test) [cm]”

6. Table 3 Attempts (successful and failed) of blind intubation in each subgroup, including attempts of crossover-design.

I would suggest to add percentage (%) of successful and failed attempts.

7. Have you controlled the cuff pressure using LMA Aura-i?

8. Have you analyzed the hemodynamic response to LMA insertion?

9. Have you included diagnosis of gastroesophageal reflux disease (GERD) as the contraindication to LMA placement taking into account that finally the patient was intubated

10. I would suggest using "chest rise" instead of "thorax excursions"

11. In my opinion the type of surgery should be included in the material and methods sections.

Generally the article is well written and after minor revisions should be published.

Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?  
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?  
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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