Author’s response to reviews

Title: Intubation of non-difficult airways using video laryngoscope versus direct laryngoscope: a randomized, parallel-group study

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Response to the reviewers’ comments

Mohamed Ismail, FEBA, ABHSA, DESA, FCAI (Reviewer 1):

It's an interesting topic. There is a lot of debate going on now, regarding the traditional direct laryngoscopy. Many studies showed that video-assisted laryngoscopy is superior, however, in general it is still been used in case of difficult intubation.

There are some issues needs clarification in the manuscript.

1. Video laryngoscopes have different designs. Blade design affects the glottic visualisation. If the authors used Glidescope®, Verathon, I recommend adding the registered trade mark symbol. If not, please, mention what specific scope was used and change the term Glidescope to video assisted laryngoscope.

Response: The video laryngoscopes used in our study were produced by TOSIGHT, Shanghai Jingshen Electronic Technology, China. We have added this information in the Anesthesia protocol section in the third paragraph. We changed the term glidescope to video laryngoscope throughout the text.
2. P4 L88. "Vein channels" substitute with IV access or cannula.

Response: It has been changed to “an intravenous access was established”.

3. P5 L91. Please explain why the authors used reinforced ETT.

Response: The common endotracheal tubes are harder than the reinforced endotracheal tubes and may cause larger compression of the glottis. Some patients in our study were positioned with lower head and higher feet for gynecological endoscopic procedures. These patients required the reinforced endotracheal tubes. To avoid the differences caused by different types of endotracheal tubes, we intubated all patients using the reinforced endotracheal tubes.

4. The anaesthetists can't be blinded they know what modality they used intubating the study subjects. The term double blinded indicates that the observer bias is eliminated. I understand that the researchers and patients were blinded. However, the operators weren't, and they are key players in the intubation process. I suggest avoiding the use of the term double blinded as it might cause confusion.

Response: You are right. We have removed the term “double blinded”.

5. Some sentences are long and make the manuscript difficult to read.

Response: We have checked the manuscript and made proper revisions.