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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Author’s response to reviews:

Dear Dr Ahmed Abdelaal Ahmed Mahmoud,

We are grateful to the very constructive comments raised by the reviewers. The manuscript has been revised according to these comments and marked with MS Word track changes. The point-by-point responses to the reviewers are enclosed with this letter. We are willing to address any further concerns of the reviewers and editors.

Best regards,

Zhaoqiong Zhu
Editor Comments:

After reading the manuscript, I have the following concerns:

1. The title of the study mentions clearly non-difficult airway, however only 63.5% of direct laryngoscope patients had glottic view of I-II, this means 36.5% of the patients in the direct laryngoscope patients were grade III or more and here the following questions must be answered clearly;

   - Were these patients predicted during preoperative assessment as difficult airway or not?

Response: These patients were not predicted as difficult airway despite that we have implemented exclusion criteria to exclude patients with difficult airways. The flow chart (Fig. 1) of patient inclusion/exclusion process showed that 13 patients were excluded for difficult airway.

   - Were any of the patients in the glidescope group predicted to have a difficult airway or not?

Response: All the patients were screened to excluded those with a difficult airway before the randomization.

   - No clear inclusion or exclusion criteria written clearly in your methodology regarding the prediction of airway difficulty. As this is related to the primary outcome of your study, it must be stated clearly

Response: We have added the prediction criteria of difficult airway in the Methods section. “Patients with any of the following conditions were predicted to have a difficult airway: (1) thyromental distance <6 cm; (2) mouth opening <3 cm; (3) cervical ankylosis; (4) a class IV Mallampati score.

   - What was the management plan for the 36.5% of the patients in the direct laryngoscope group who had grade III or more view? These are difficult airway patients; how did you manage them and were these patients expected or non-expected difficult airway?

Response: These patients had been screened using our prediction method for difficult airway. Anyway, they were still found to have a difficult airway during the surgery. The study protocol has the following rules concerning this situation. In the direct laryngoscope group, a video laryngoscope was used upon two consecutive intubation failures with the direct laryngoscope. If the video laryngoscope also failed, intubation with an additional fiber bronchoscope is considered. In the video laryngoscope group, an additional fiber bronchoscope is used upon two consecutive intubation failures. We have added this information in the revised manuscript (Anesthesia protocol section, paragraph 4).
2. As the study is not blinded as you mentioned in your methods, please correct this in the title of the study.

Response: The title is “Intubation of non-difficult airways using video laryngoscope versus direct laryngoscope: a randomized, parallel-group study”.

3. There is a confusion on what video laryngoscope you used especially when you responded to the previous review. Please add a clear figures or videos for the video laryngoscopy you have used during your study. It is very important to give the readers the right message about the device used.

Response: We have added a new figure 2 showing the video laryngoscope.

4. Please, when you respond to any corrections required, make relevant changes in the manuscript and make these changes in a different color to enable us to follow the corrections you make to the manuscript.

Response: Thanks for the instruction. The changes were marked using the MS Word track changes function.