Reviewer's report

**Title:** Comparison of Videolaryngoscope-guided versus Standard Digital Insertion Techniques of the ProSealTM Laryngeal Mask Airway: A Prospective Randomized Study

**Version:** 0  **Date:** 11 Nov 2019

**Reviewer:** Rita Cataldo

**Reviewer's report:**

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the paper is well written and the protocol well designed and performed. Compliments

however some criticisms appear

1 I declare from the beginning and frankly that in my opinion the concept itself of SAD, for its important input to the story of airway management, excludes the laryngoscopy/video techniques. But probably I'm a purist...nevertheless something bothers me.

2 In effet if we consider a II generation SAD as a possible RESCUE device (see DAS guidelines and more), I have to be able to insert it quickly and without adjunctive devices. Using SAD in routine anesthesia will make me able to handle it skillfully and to insert it in a simply way in case of a difficulty ; I would appreciate a comment on this matter in the paper, maybe in the discussion?

3 please read and cite : Sorbello M, Petrini F Turk J Anaesthesiol Reanim. 2017 Apr;45(2):76-82. This paper is just about the concept of positioning and SAD; please comments this topic in light of your paper

4 please explain page 4 line 10 "folding over the distal cuff"

4 in my opinion some difficulties during SAD positioning are related and consequence of a light anesthesiological plan with some reflexes still present. Mioresolution can help to obtain the best conditions to introduce a SAD. Do you think that a deeper induction (more than 2 mg/kg of propofol) and/or mioresolution could improve the positioning scores? Please I'd appreciate your considerations about it

5 why did you choose a D-Blade instead of a Macintosh one?
6 Personally I disagree about your choice to deflate the cuff before PLMA removal; generally remove the LMAs still cuffed consent to remove with them secretions potentially able to trigger reflexes as laryngospasm. Please explain your protocol.

7 I find using "recommended" for fiberoptic assessment of LMA placement is a bit too strong. What is your opinion?

8 I think the Paper message could be that Videolaryngoscopy can be a help in case of difficult positioning of a PLMA and can improve the LMA performance in some circumstances, but digital insertion remains more easy, time saving, less expensive, be used everywhere, with training and educational value.

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.

No

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.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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