Reviewer’s report

**Title:** Comparison of C-MAC D-Blade videolaryngoscope and McCoy laryngoscope efficacy for nasotracheal intubation in simulated cervical spinal injury: a prospective randomized comparative study

**Version:** 0  **Date:** 27 Mar 2020

**Reviewer:** Sheila Myatra

**Reviewer's report:**

Thank you for the opportunity to review your work. The authors have conducted a prospective randomized study comparing C-MAC D-Blade videolaryngoscope and McCoy laryngoscope efficacy for nasotracheal intubation in simulated cervical spine injury. This is an interesting study where two devices have been compared for nasotracheal intubation, which has not been much studied in patients receiving a neck collar.

I have the following comments and queries

**Major**

1. Comparing a videolaryngoscope (VL) with a direct laryngoscope and that too a device with a hyperangulated blade (D Blade) is like comparing apples with oranges. What was the rationale for doing this?
2. Using a single operator for all the cases is a serious limitation of this study. This is not only due to a potential for bias, but the influence of familiarity with a device. This could significantly affect the results

**Other comments**

3. What matters is the first pass success and time to intubation without complications when comparing two devices for tracheal intubation. What was the rationale to split this into 3 timelines, especially the first one with the tracheal tube passage from the nostril in to the oropharynx. Were you expecting this to be different between the two groups?
4. Having a better CL grade with VL use means nothing clinically, as this will not necessarily facilitate passage of the tracheal tube, especially in case of a D blade
5. Why was the SpO2 dropping below 95% considered as your criteria for failure to intubate? Desaturation should have been noted as a complication
6. The D blade is a hyperangulated VL blade, which is known to give you an excellent view especially in difficult airway cases. However, negotiating the tracheal tube is usually difficult. I am surprised you have less use of Magill's forceps in this group.
7. The introduction is too long and not focused. Please give your rationale for comparing these two devices.
8. The discussion is rambling. The results need to be discussed more systematically.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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?
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No

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