To the Editor:—I am the Vice-President of a large anesthesia practice based in Massachusetts. Our group provides services to a number of community hospitals, surgery centers, and an academic medical center. During the past 3 yr, our practice has acquired a number of GlideScopes (Verathon Medical, Bothell, WA), and we are using them with increasing frequency. It is now common for the GlideScope to be used as the first-attempt intubation device in patients who clinically present as a potential difficult airway. This is very much the case for patients undergoing bariatric surgery. A number of studies have shown that the GlideScope and other video airway devices, such as the Airway Scope (Pentax, Tokyo, Japan) and the Airtraq (King Systems, Nobles-ville, IN), have a higher successful intubation rate than that of direct laryngoscopy.1–3 so our approach is founded on the principle that the GlideScope and other video airway devices, such as the Airway Scope (Pentax, Tokyo, Japan) and the Airtraq (King Systems, Noblesville, IN), have a higher successful intubation rate than that of direct laryngoscopy.1–3 so our approach is founded on the principle that

References


Support was provided solely from institutional and/or departmental sources.

References


To the Editor:—I am the Vice-President of a large anesthesia practice based in Massachusetts. Our group provides services to a number of community hospitals, surgery centers, and an academic medical center. During the past 3 yr, our practice has acquired a number of GlideScopes (Verathon Medical, Bothell, WA), and we are using them with increasing frequency. It is now common for the GlideScope to be used as the first-attempt intubation device in patients who clinically present as a potential difficult airway. This is very much the case for patients undergoing bariatric surgery. A number of studies have shown that the GlideScope and other video airway devices, such as the Airway Scope (Pentax, Tokyo, Japan) and the Airtraq (King Systems, Noblesville, IN), have a higher successful intubation rate than that of direct laryngoscopy.

Support was provided solely from institutional and/or departmental sources.

References


Is It Time for a GlideScope Letter?