

# Glidescope Titanium Orientation

We are replacing our first generation Glidescope with the new Titanium version. Mac DL remains the dominant device in our department (>85% of cases). Our 1st attempt success rate is 85%. The challenge in an academic setting is how do you allow relatively inexperienced learners participate in airway management in acutely ill and injured patients when we know that morbidity and mortality increases with the number of ETI attempts. The quality benchmark standard for first attempt success is 85% (as demonstrated in large registry data sets). VL does allow experienced oversight. Mac VL can be done directly or indirectly. Direct Mac VL reinforces the conventional approach, one that remains a critical primary or backup go to for many. These blades are somewhat narrow and some have commented on the Titanium's lighting being inadequate. Indirect Mac VL may enhance success for several reasons: 1. Bigger is better and having a large screen image helps. 2. The screen view provided by a distal camera gives a frameless image void of surrounding distractions created by teeth, tongue, blade and proximal oral mucosa. 3. The glottic view is somewhat better on the screen (~10%) than through the mouth.

The difficult airway blade (usual hyperacute angled GVL blade) is more widely available. Many are seduced by the consistently better views offered by these blades. Unfortunately despite having a favourable learning curve (~70 ETIs to become competent) success has not yet reached the historical benchmark of 85% 1st attempt success. Part of this relates to a poor understanding of the mechanics required for optimal VL using a hyperacute angled blade.

There is an addendum and a second brief video at the end so stay tuned in. Finally my apologies for the lack of edutainment in this video.



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