

Macintosh Video Laryngoscopy: Why does it add value?

7 Reasons why Mac VL adds value:

Congrats John Sakles, Jarod Mosier and others on their publication examining CMAC use for DL in the ED

[The Utility of the C-MAC as a Direct Laryngoscope for Intubation in the Emergency Department.](#)



It's a great read. Here are 7 reasons we teach why Mac VL provides value:

1. Bigger is better. Simply having larger screen target improves success.
2. Lack of 'framing distraction': The distal camera gives you view of target directly without the proximal distractions of teeth, facial hair, tongue, lips, blade etc.
3. Camera angle: The camera angle determines view and they all seem to have an anterior tilt that gives a better screen POGO. This is a device specific screen vs direct view mismatch phenomenon with the greatest difference (screen view > direct view with the McGrath Mac).
4. Easier tube delivery: Axis alignment is occurring with Mac VL allowing the use of a less acute angled styletted ETT. We use the same straight to cuff 30-40* bend for Mac VL as we would for DL leading to a lower incidence of anterior tracheal wall hangup.
5. Skill transfer: Head lift, ELM and bougie use are all skills known to benefit Mac DL and will work equally well with Mac VL.
6. Teaching: Mac VL provides significant educational value in an acute care scenario that many would challenge may be an inappropriate venue for learning because of patient safety concerns ("Don't learn on me when my life depends on it").
7. Mental model sharing: In high acuity situations with multiple team members performing a complex task such as airway management (an RSI as over 250 steps), we shouldn't assume everybody knows what and when they are supposed to do certain tasks. Seeing what's happening on the screen during intubation will allow for better real time assistance from team members.



