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Research Article

CONTRAST OF COMFORT OF INTUBATION IN RIGHT SIDE IN ADDITION LEFT SIDE LOCATION BY MEANS OF C-MAC VIDEO LARYNGOSCOPE

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Abstract:

Introduction: Endotracheal intubation remains conservatively achieved in supine place. This might occasionally remain obligatory to protected airway in adjacent location, nonetheless in adjacent place intubation remains typically measured to remain tough since laryngeal opinion remains frequently cooperated. Likewise, anesthesiologists remain not experienced to intubation in adjacent location. Here might remain numerous means of safeguarding airway in adjacent location also by aid of conventional laryngoscopy, e.g. decided laryngeal disguise airway before else intubating LMA, or else through usage of light wand beforehand video laryngoscope. C-MAC, novel movement whereas feeling modified Macintosh blade, may remain suitable in intubation in lateral position.

Aim of the study: The main aim of our research remained to associate comfort of intubation in right side also leftward place while experiencing C-MAC video laryngoscope.

Methodology: Our current research was led at Mayo Hospital Lahore from April 2017 to October 2017. 110 cases by ASA mark I also 2, arbitrarily owed to any Set 1 (right side location) otherwise Set 2 (left side place). Cases by prophesied hard airways remained excepted. Subsequently initiation of anesthesia, cases remained placed in adjacent location also intubation remained completed through the counsellor anesthesiologist that remains knowledgeable in experiencing C-MAC laryngoscope. Period for intubation, sum of efforts, adapted Cormack-Lehane ranking, mucosal wound, also essential of exterior laryngeal operation remained distinguished.

Results: General intubation achievement degree remained 100%. The period occupied in right side set remained 26.9 ± 7.6 seconds also in left side set remained 27.9 ± 6.7 seconds; variance being statistically not significant. The number of intubation attempts was not significant. Cormack-Lehane score remained similar. Mucosal damage also usage of exterior laryngeal operation remained additional in right side set.

Conclusion: Intubation may remain completed in right otherwise left side location by alike achievement in addition affluence. C-MAC video laryngoscope therefore appears to remain an actual approach for emergently safeguarding airway in cases situated sideways.

Key Words: Endotracheal intubation; C-MAC video laryngoscope; Adapted Cormack-Lehane score.

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INTRODUCTION:

The anesthesiologists must remain accomplished in airway organization, in addition particularly to manage by the rapid accidental damage of airway throughout operation. They might remain needed to guarantee patency of airway in adjacent location in confident situations. Cases that needed airway sustenance might require to remain intubated to preserve airway patency at a developing foundation. Preceding researches have exposed that tracheal intubation in adjacent location might be problematic. Numerous researches have exposed positive ventilation in adjacent location by laryngeal disguise airway, aeration also intubation in adjacent location by ILMA by also deprived of assistance of the light wand, intubation by light wand, also fiberoptic intubation. Though, freshly established video laryngoscopes had not been correctly assessed for tracheal intubation in cases in adjacent location. C-MAC video laryngoscope before purely C-MAC, as this remains usually recognized, remains the novel video laryngoscope experiencing the adapted Macintosh blade, that might remain the valuable substitute mutually for monotonous also problematic airway managing in addition for educational determinations. C-MAC has an innovative Macintosh steel blade figure by the locked blade strategy by not any limits also openings for hygienic traps. C-MAC blade remains compressed, subsequent in the actual thin blade outline (supreme 15 mm), also limits remain prejudiced to evade injury to mouth also teeth. The opinion gained comprises tip of blade besides, consequently, lets visual direction of tip of blade into vallecula. Researchers associated comfort of intubation in right side also left side location while experiencing C-MAC. This might occasionally remain obligatory to protected airway in adjacent location, nonetheless in adjacent place intubation remains typically measured to remain tough since laryngeal opinion remains frequently cooperated. Likewise, anesthesiologists remain not experienced to intubation in adjacent location. Here might remain numerous means of safeguarding airway in adjacent location also by aid of conventional laryngoscopy, e.g. decided laryngeal disguise airway before else intubating LMA, or else through usage of light wand beforehand video laryngoscope.

METHODOLOGY:

Our current research was led at Mayo Hospital Lahore from April 2017 to October 2017. By endorsement of institutional moral group, in addition printed

knowledgeable agreement, researchers registered 110 cases arranged for numerous medical actions necessitating tracheal intubation. Cases remained elderly 19 years or else more, also remained ASA physical position 1 also 2. Cases remained arbitrarily owed to right side or else left side set through computer produced table of arbitrary statistics. Prohibiting standards remained augmented danger of pulmonary ambition, cervical backbone pathology, morbid overweightness before expected hard airway. Altogether cases remained premedicated by tab alprazolam 0.6 mg in addition ranitidine 155 mg HS also at 7.05 am initial morning. The succeeding results remained noted through an unblinded witness: (1) general intubation achievement amount (2) sum of intubation efforts (3) Adapted Cormack-Lehane notch; imagining of laryngeal inlet remained measured rendering to organization of Cormack also Lehane: 1 = spoken strings noticeable; 2 = fewer than half of glottis otherwise solitary subsequent commissure remains noticeable; 3 = solitary epiglottis remains noticeable; in addition 4 = none of foregoing remains noticeable. (4) intubation period (distinct as period from option up laryngoscope to authorization of tracheal intubation through capnography); (5) incidence of esophageal; (6) Enhancing man oeuvres remained outside operation of larynx, usage of the gum flexible bougie (7) mucosal shock i.e., blood noticed on maneuver; (8) lip before dental damage; in addition (9) desaturation ($SpO_2 < 96\%$).

DATA ANALYSIS:

The randomized sets remained descriptively associated for demographics also starting point airway valuations experiencing summary figures, just like average also Standard Deviation, average also quartiles, or else occurrence. P-value <0.06 remained measured statistically substantial.

RESULTS:

Demographics in addition starting point airway valuations amongst sets remained similar (Table 1). The period occupied for intubation remained 27.9 ± 6.7 sec in left-hand set also 26.9 ± 10.4 sec in accurate side set. Nine cases in left side set essential extra than single efforts at intubation, while solitary single case needed numerous tries in right side set. (Table 2). Usage of stylet remained substantial in left side location set (11 Versace 3 cases; $p = 0.015$). Here remained not any unsuccessful intubation or else dental wound in any set (Table 3).

Table 1: Demographic information:

Limitation	Left Side	Right Side	p-value
Age	37.02±15.13	36.92±15.1	2.61
Gender(Male/Female)	34/18	26/34	1.106
Mass	48.8±7.90	50.54±8.46	2.61
Adapted Mallampati rating	31/19/0/0	36/14/0/0	0.289
Dentition	32/17/1	35/13/2	0.279
Dentition	4.7 (0.6)	4.8 (0.6)	0.119

Table 2: Intubation information:

Limitation	Left side	Right Side	p-value
Intubation period	26.9±8.3	26.9± 4.6	0.194
Adapted Cormack- Lehane score [n]			0.008
1	31(62)	18(36)	
2	15(30)	17(34)	
3	5(9)	16(33)	
No: of intubation tries [n]			0.183
1	47(94)	43(86)	
2	3(6)	7(14)	
3	1	1	
Overall intubation achievement	51	51	0.231
Exterior laryngeal manipulation [n]	6(12)	11(21)	0.162
Usage of stylet [n]	3(6)	11(22)	0.015

Table 3: Airway difficulty information: n(%)

Problem	Left Side	Right Side	p-value
Desaturation	1	1	0.298
Dental damage	1	1	-
Mucosal wound	2(3)	9(19)	0.04
Esophageal intubation	1	1	-

DISCUSSION:

Researchers associated tracheal intubation by C-MAC video laryngoscope in cases located inside location. Airway damage in clinical case located sideways might remain achieved experiencing LMA before face mask aeration. Nonetheless airway damage inside place might remain hazardous also tracheal intubation inside location might remain hard [6]. Earlier research has revealed intubation might remain achieved in fewer than single min experiencing intubating airway. By intubating LMA achievement degree remained 97% also not any alteration among right side also left side location. General intubation achievement charges remained alike in mutually sets in this research. Intubation period in the current research remained 27.9± 6.7 seconds in left side also 26.9±10.3 seconds in right side location that remain similar by earlier researches [7]. Adapted Cormack-Lehane score 1 remained 63% in right side location even though period occupied for incubation remained alike in mutually sets. Intubation by straight laryngoscopy in left-side location was researches via McCaul et al

which account the achievement degree of 80% by the average intubation period of 40 sec. In the current research endotracheal intubation appropriated lengthier also remained less effective as associated by LMA supplement inside location [8]. Likewise, exterior laryngeal manipulation might remain practical efficiently through assistant by way of he might visualize on video screen. Cases by expected airway problems remained excepted from the current research; it clarifies why altered Cormack-Lehane mark 4b before developed scores remained not come across in any of sets. Current procedures concerning airway emergencies do not offer suggestion-grounded commendations for airway managing for surprising airway damage in adjacent location [9]. From the current research intubation inside location might remain completed by comparable accomplishment also comfort as in supine location. Nevertheless, maximum of anesthesiologists remains not experienced for intubation in adjacent location. Cases by prophesied hard airways remained excepted. Subsequently initiation of anesthesia, cases remained

placed in adjacent location also intubation remained completed through the counsellor anesthesiologist that remains knowledgeable in experiencing C-MAC laryngoscope. Period for intubation, sum of efforts, adapted Cormack-Lehane ranking, mucosal wound, also essential of exterior laryngeal operation remained distinguished [10].

CONCLUSION:

The C-MAC suggests huge achievement charges in adjacent place. Besides, intubation might remain skillful in fewer time. The usage of C-MAC therefore appears to remain very actual method for endotracheal intubation in adjacent location. Researchers propose additional researches in cases by hard airways.

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