

Use of Truview EVO 2 optical laryngoscope system in anticipated difficult airway situation

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■ Background and Goal of Study:

Detecting patients at risk of difficult endotracheal intubation and adequate preparation of additional airway devices are crucial (1). The new Truview EVO2™ system (Truphatek®, Netanya, Israel) a Macintosh-type blade with an optical lens attached is designed to improve the glottic view during intubation (2). The estimated potential advantages of Truview EVO2™ system are diminished force applied during intubation, reduced trauma, facilitated insertion of an endotracheal tube into the trachea, shortened "time to intubation" and decreased incidence of "blind intubation" in patients with difficult airway and enhanced opportunities for teaching, data collecting and archiving. We presented our experience with Truview EVO2™ system in a number of patients with anticipated difficult airway.

■ Material and Methods:

All of the patients were known as difficult intubation (Cervical stabilization n=3, Ankylosing Spondylitis n=2, short neck n=1) as they experienced a previous "can ventilate, can't intubate" situation. Anesthesia was induced with 7 mg/kg thiopental and succinylcholine 2 % was initiated after ensuring the adequate mask ventilation. All standard laryngoscopy and intubation attempts were failed. However, all endotracheal intubations were successfully performed with Truview EVO 2™ system.

■ Results:

Table 1:

Review of the cases

	#1	#2	#3	#4	#5	#6
Age (y)	48	52	50	45	47	61
Gender (M/F)	M	M	F	F	M	M
Pathology	1	1	1	2	2	3
Mallampati Score	4	3	4	4	3	4
Neck Extension- Mob. (degree)	0°	0°	14°	15°	0°	35°
Cormack-Lehane Score (Macintosh/Truview)	4/2	4/2	3/1	4/2	4/1	4/2
Time to Intubation (sec)	23	21	28	15	17	20

■ **Conclusion:** Truview EVO2™ system provides better glottic view and laryngoscopy condition which leads to successful endotracheal intubation in patients with anticipated difficult intubation.

■ References:

1. Türkan S. et al Anesth Analg 2002; 94: 1340-4
2. Matsumoto S et al. Anesth. Analg. 2006; 103: 492

