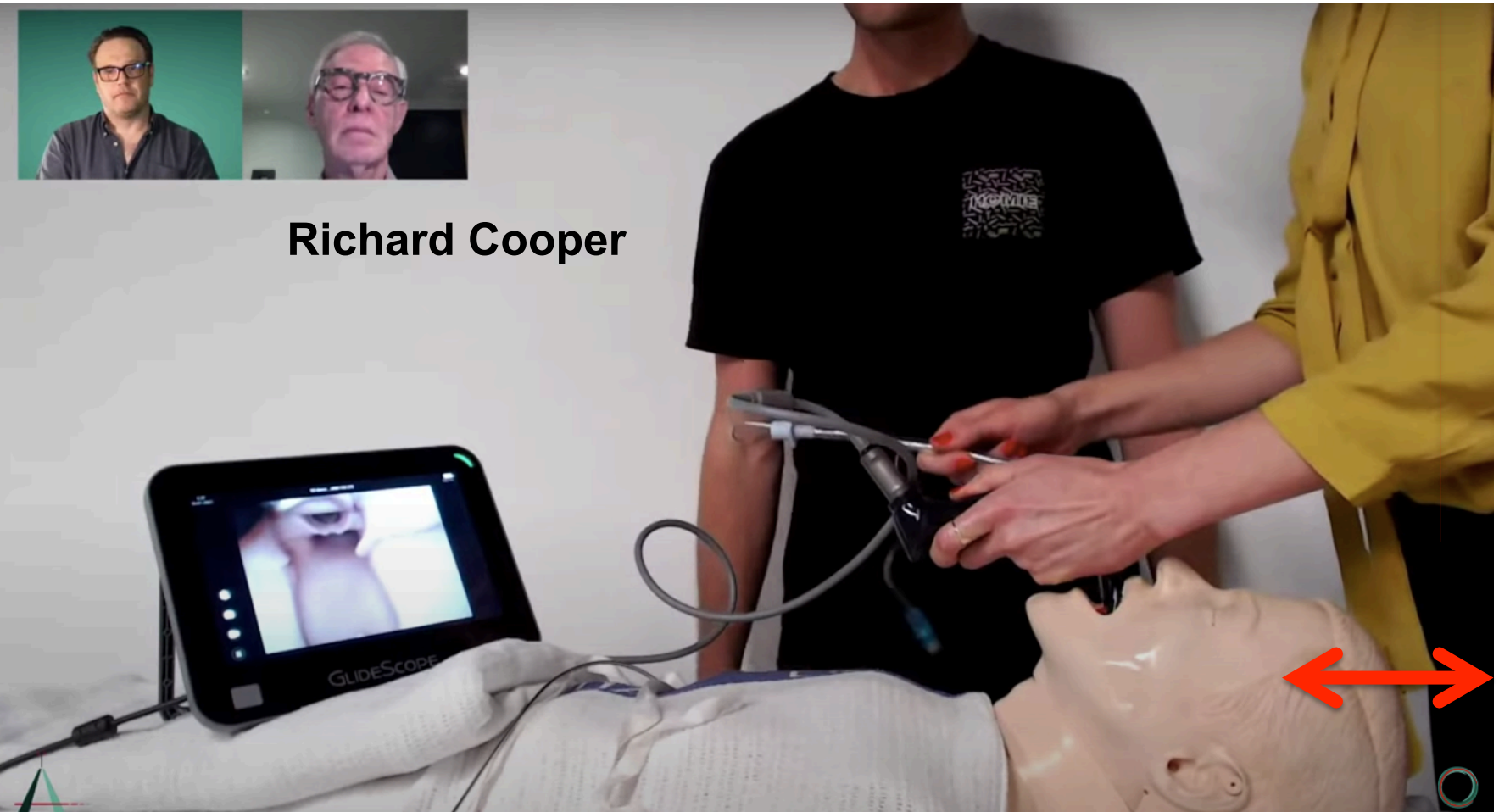
Richard Cooper: for VL the patient should be positioned *LOWER* then for DL



Rich Levitan


pick up the laryngoscope with 2 fingers
scissor the mouth open

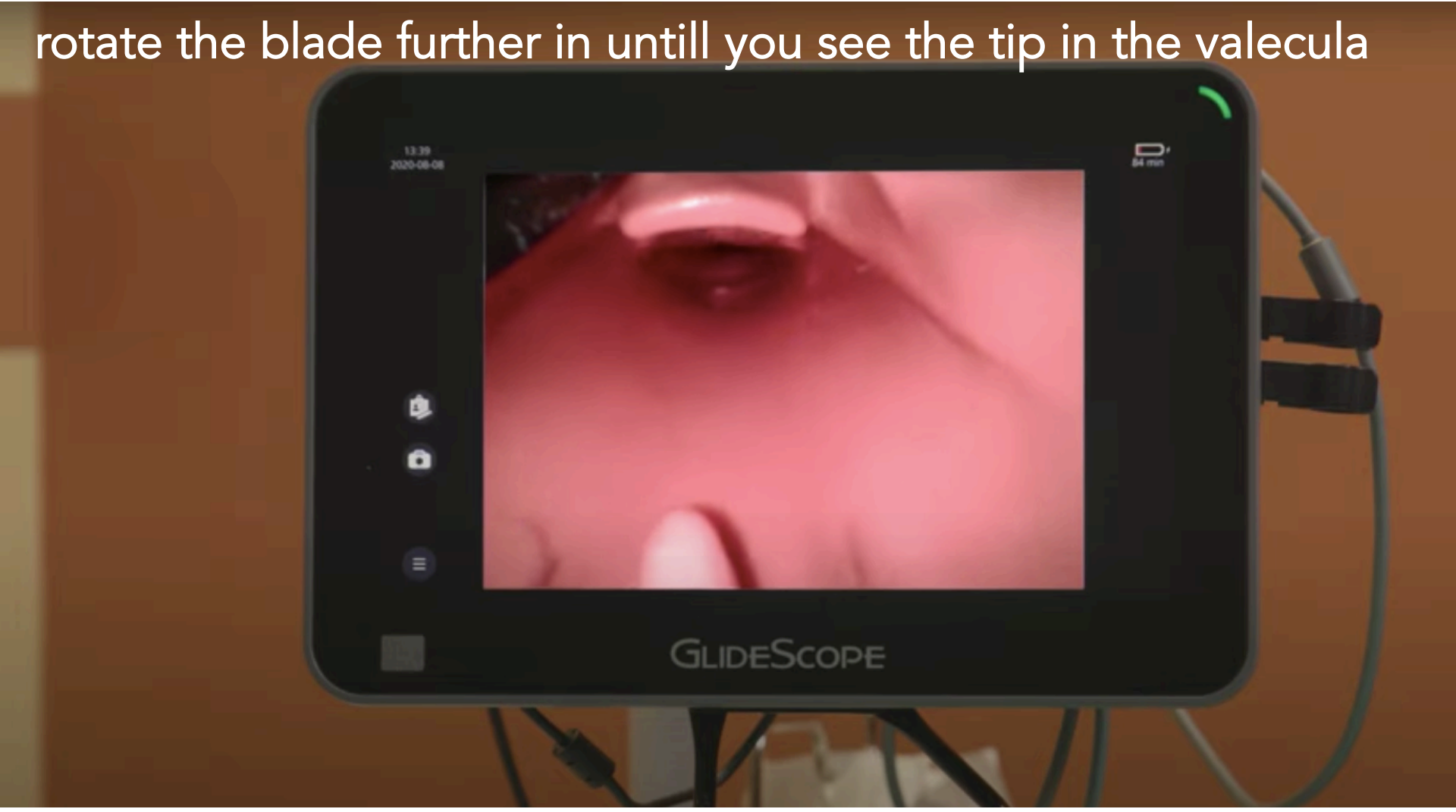
Look at the Patient Until the VL Blade Tip Appears on the Monitor

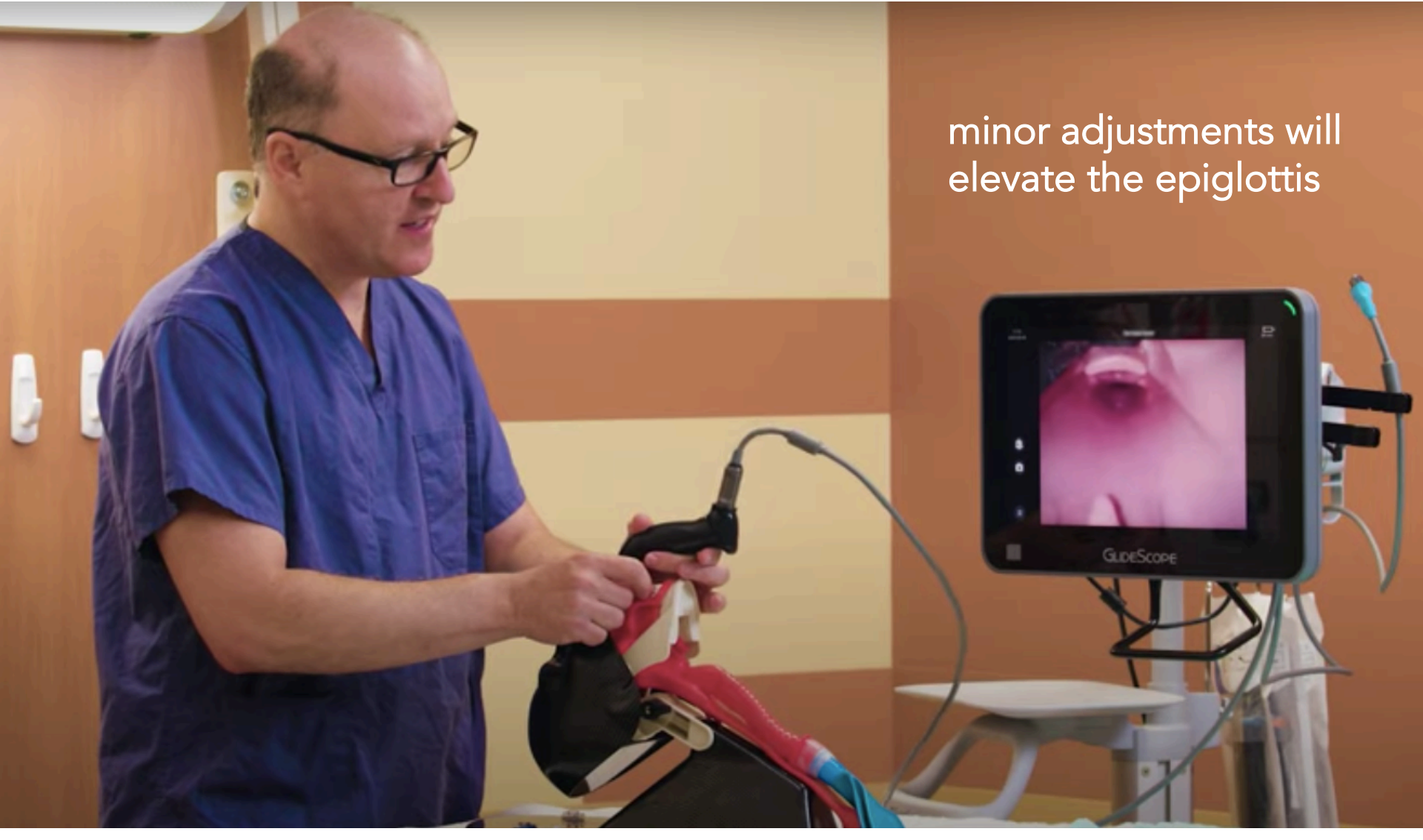
Only after the tip of the VL blade has turned the corner into the pharynx should you look at the monitor.


first landmark unter
direct vision: the uvula
Look in the mouth

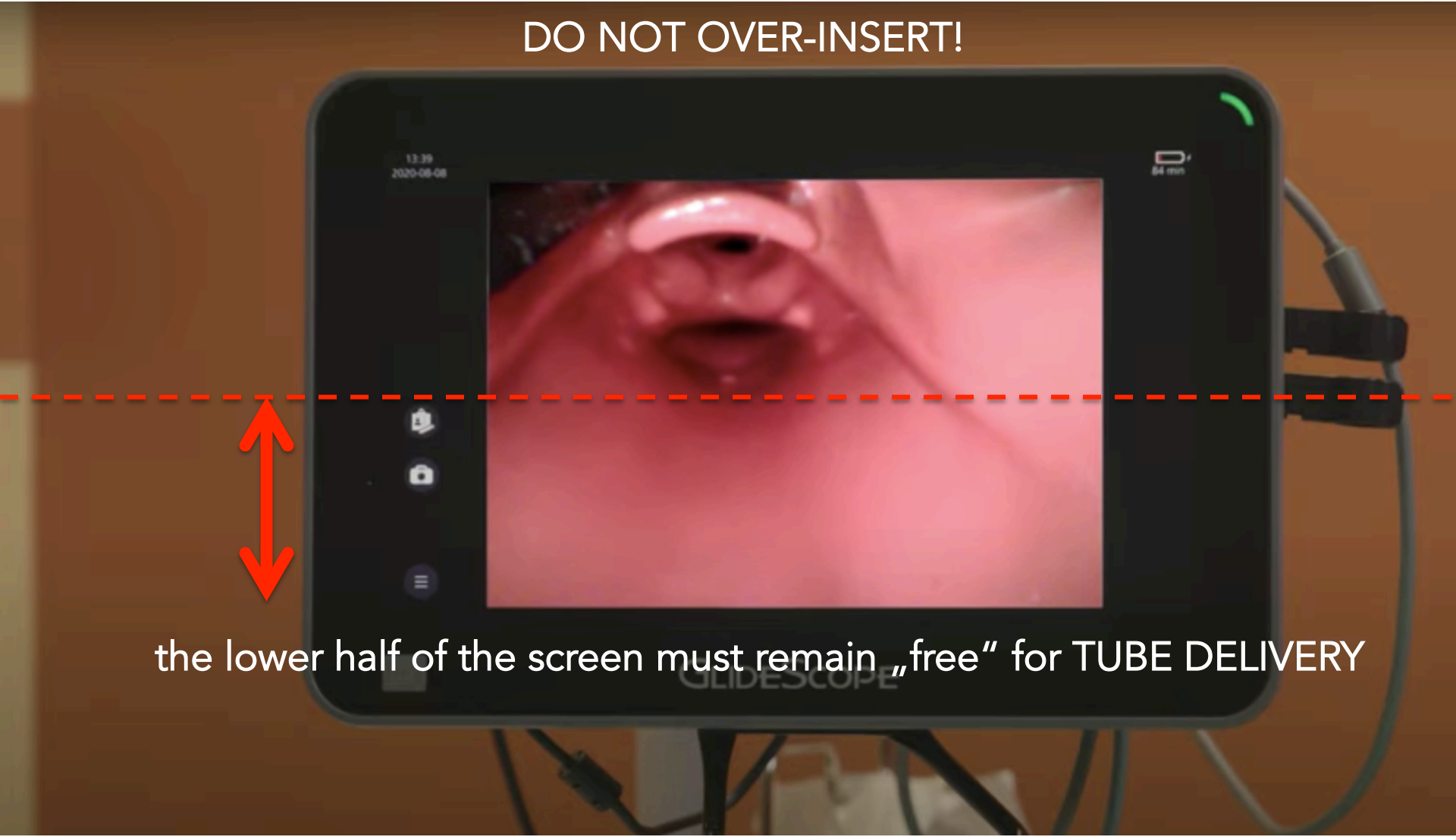

Look at the screen
GlideScope

rotate the blade further in untill you see the tip in the valecula




minor adjustments will
elevate the epiglottis
GlideScope

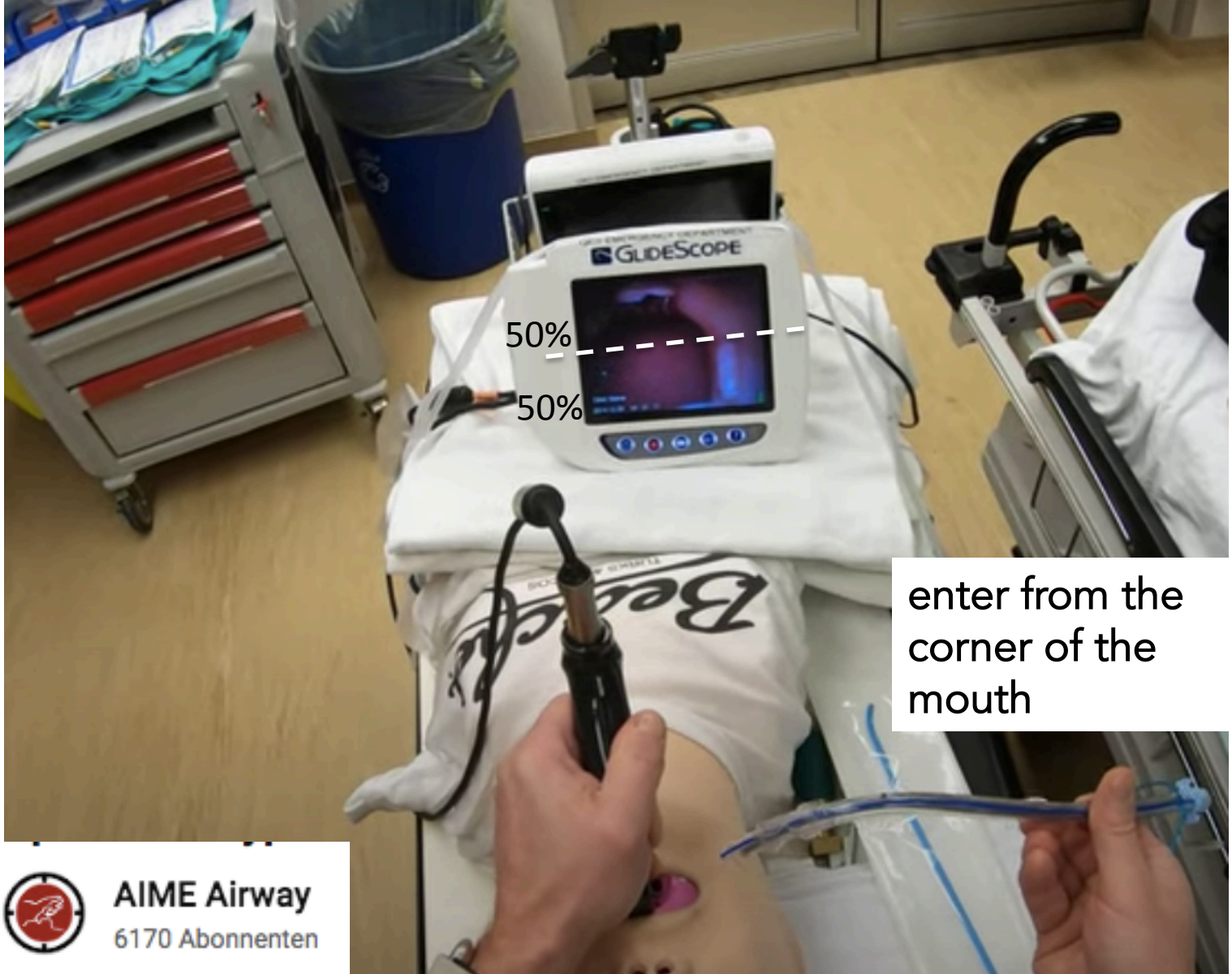

switching the grip to
„thumb up on the handle“
GlideScope


DO NOT OVER-INSERT!
the lower half of the screen must remain „free“ for TUBE DELIVERY

Don’t Forget to Lift the Blade and Jaw Upward

Video laryngoscopy gives providers such a good view of the larynx that they can forget they sometimes still need to lift.
Lifting the head and jaw *upward* changes the insertion arc that the ETT follows.

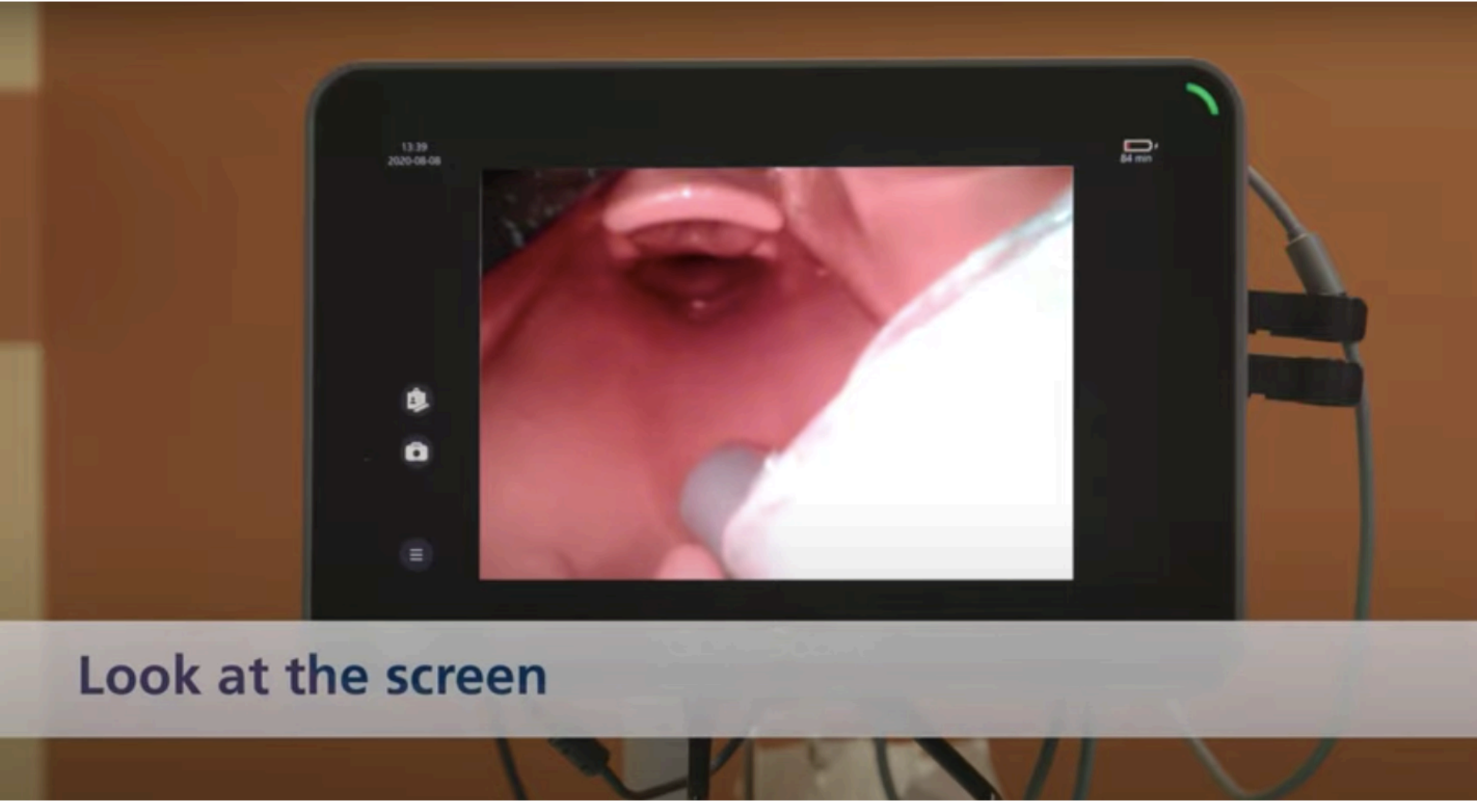

hold the tube at the top

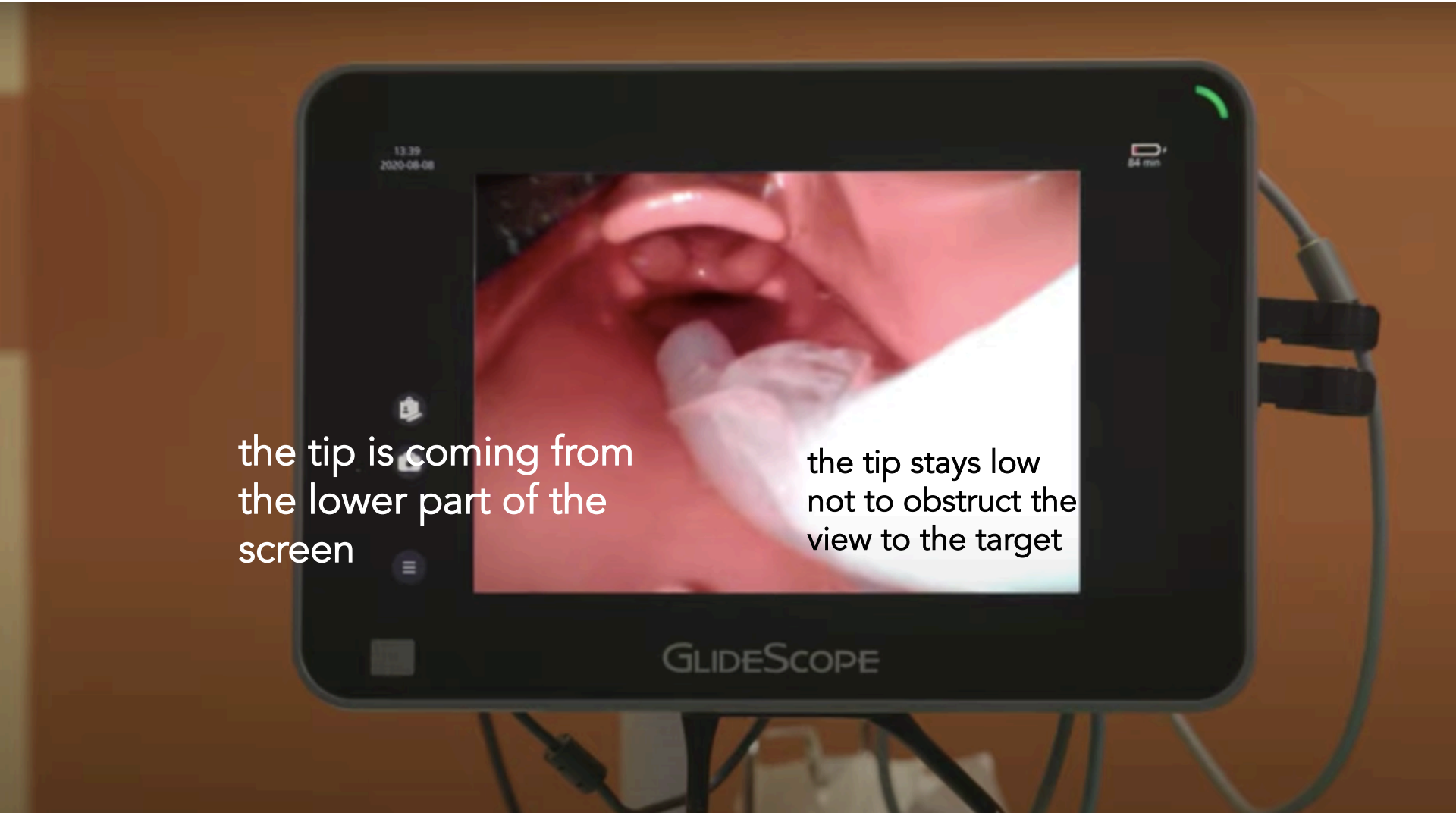


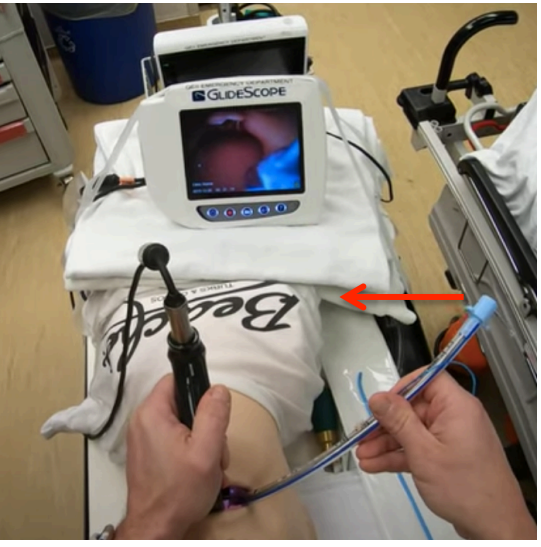
AIME Airway
6170 Abonnenten

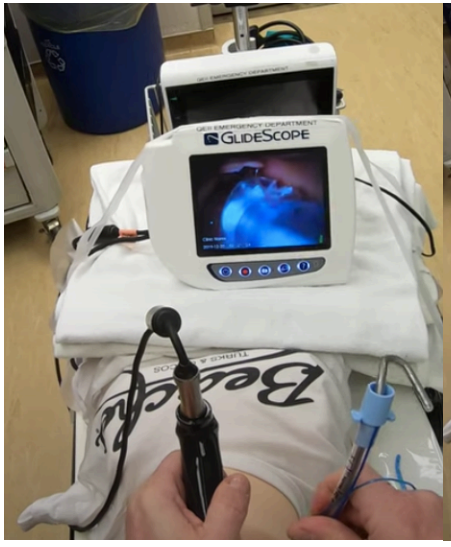
insert the tube into the mouth UNDER DIRECT VISION

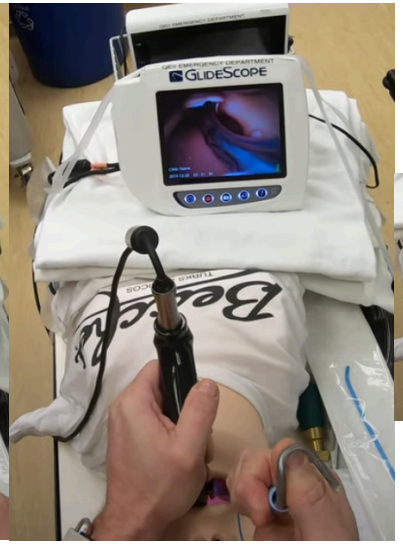
then look at the screen

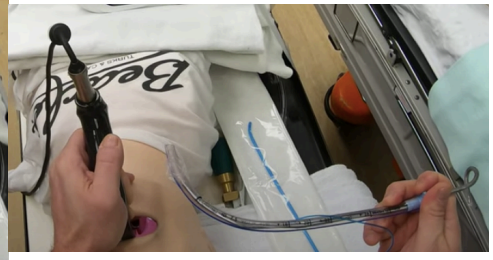



the tip is coming from the lower part of the screen
the tip stays low not to obstruct the view to the target
GLIDESCOPE









rotate anti-clockwise

Left for Larynx

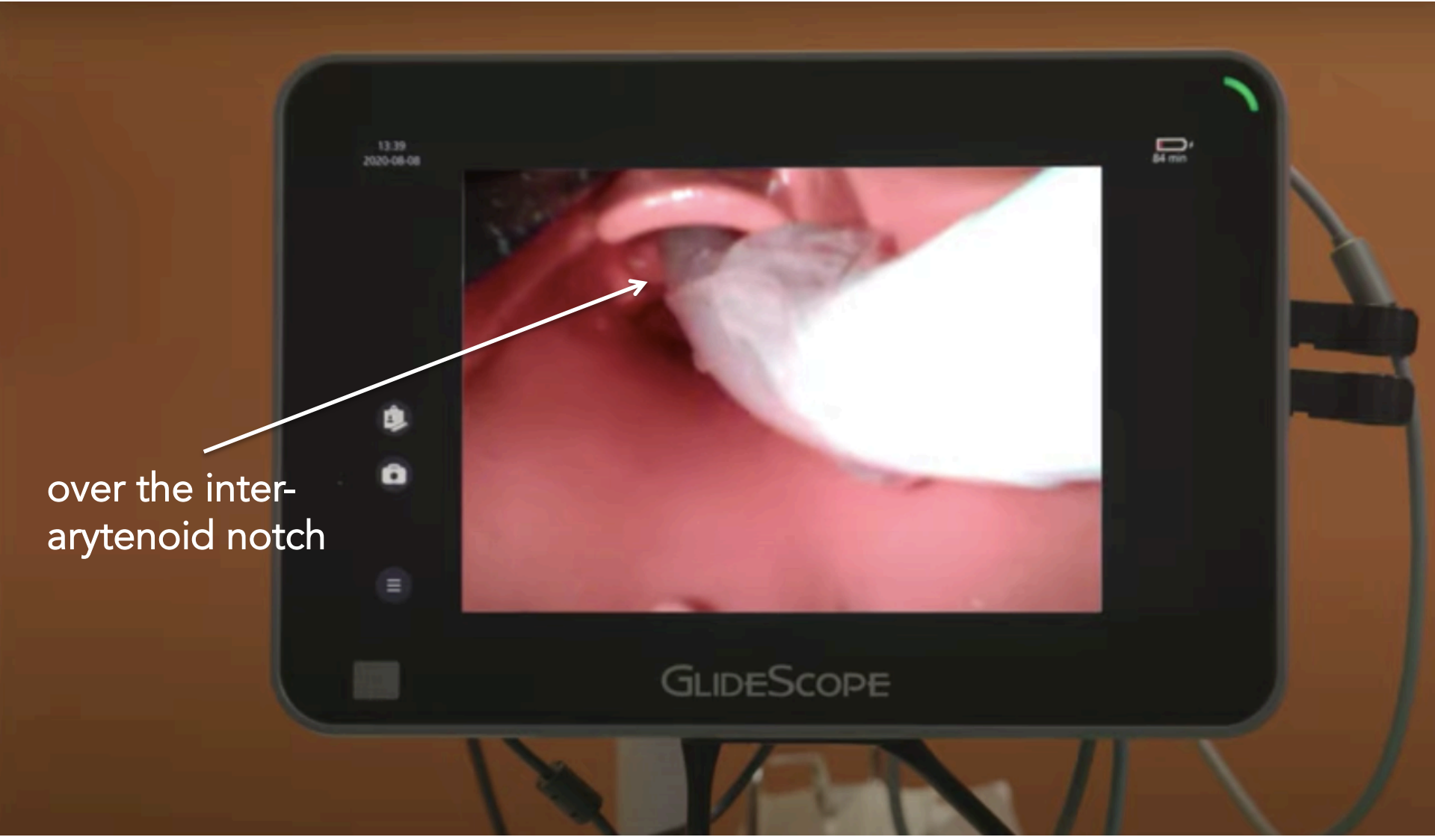
when you see the cuff disappear, pull up the stylet 3 cm to make the tip **SOFT**

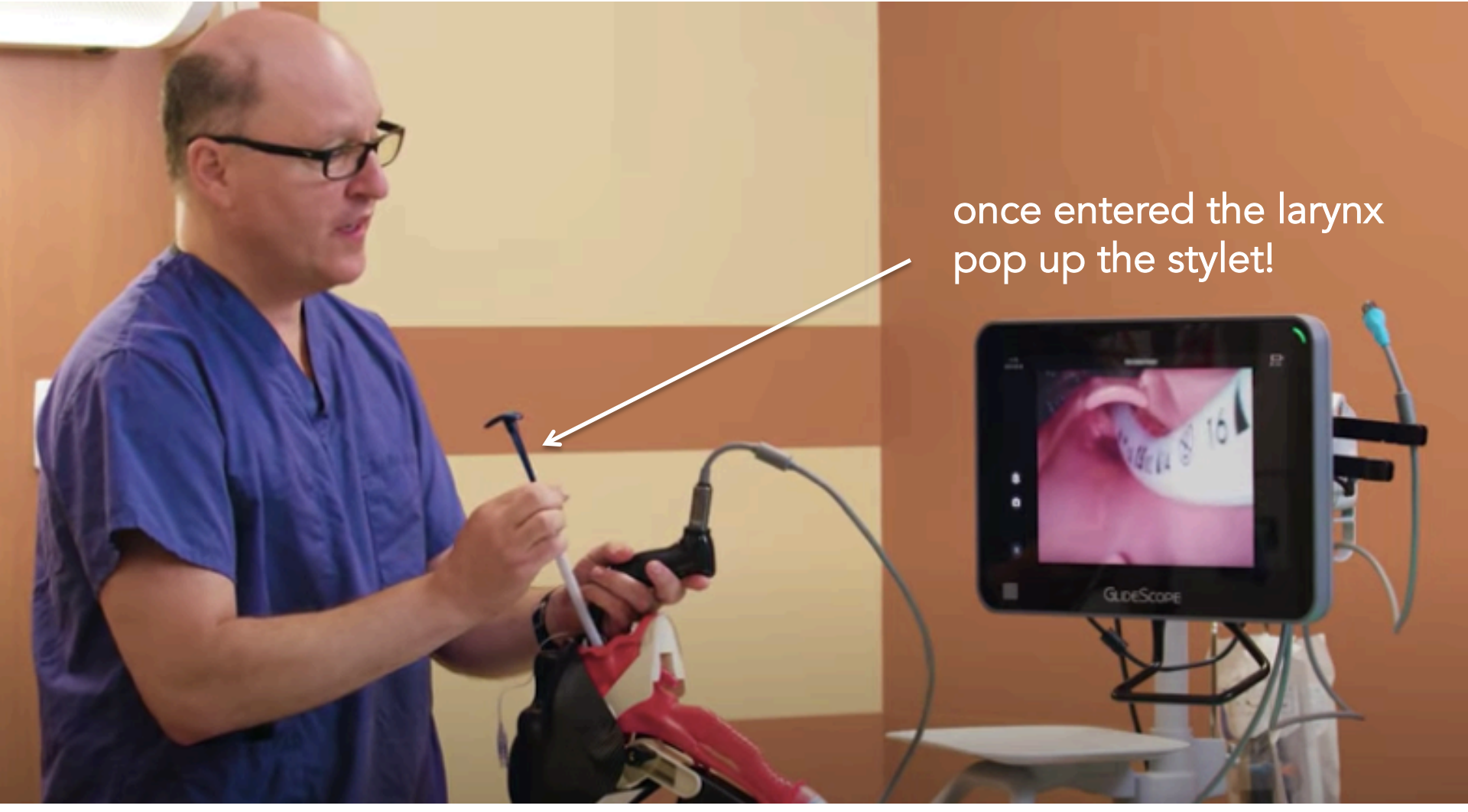
now rotate clockwise (= to the **right**)

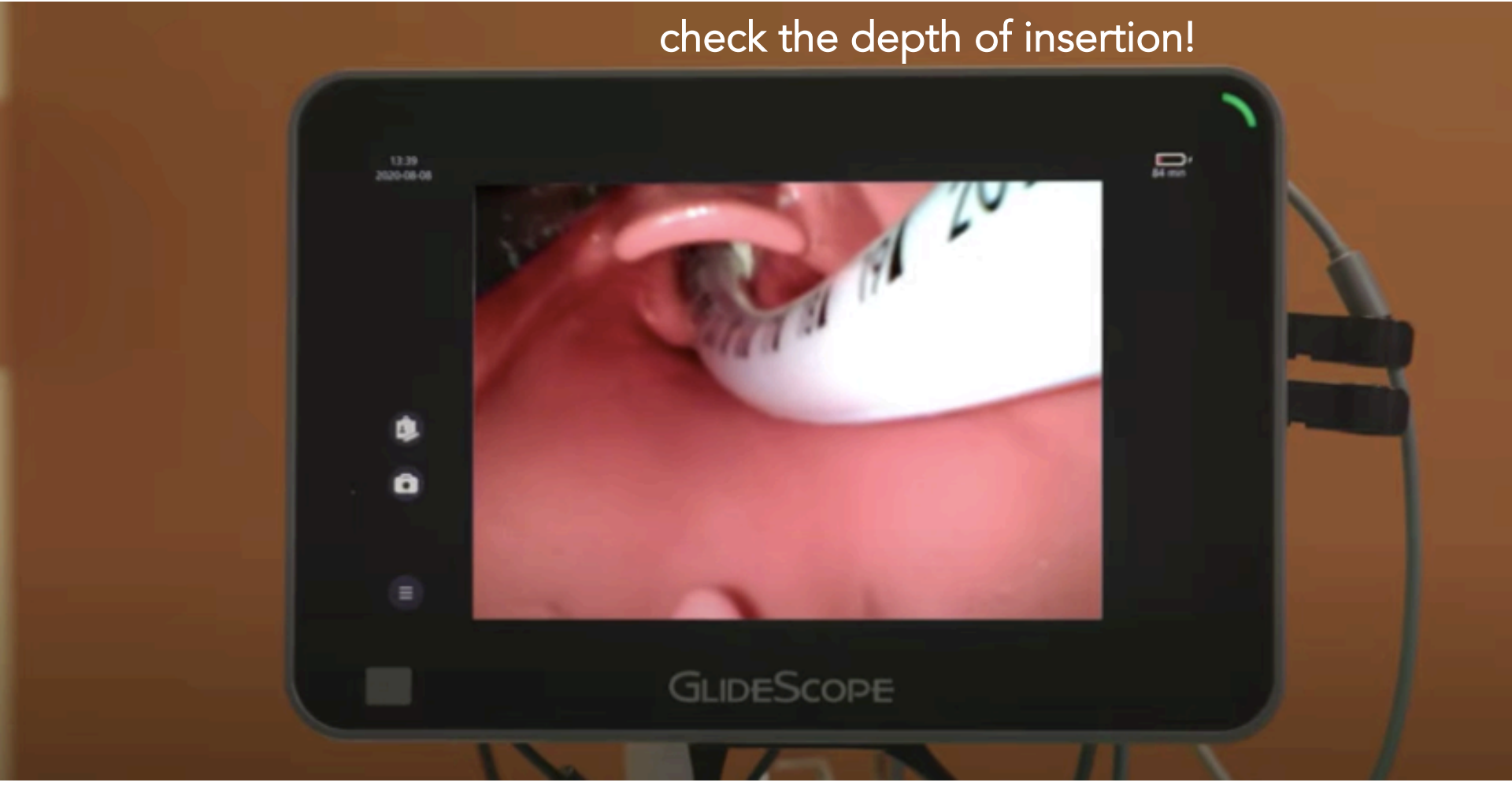
Optimized Hyperangulated VL

AIME Airway
6170 Abonnenten

Abonniert

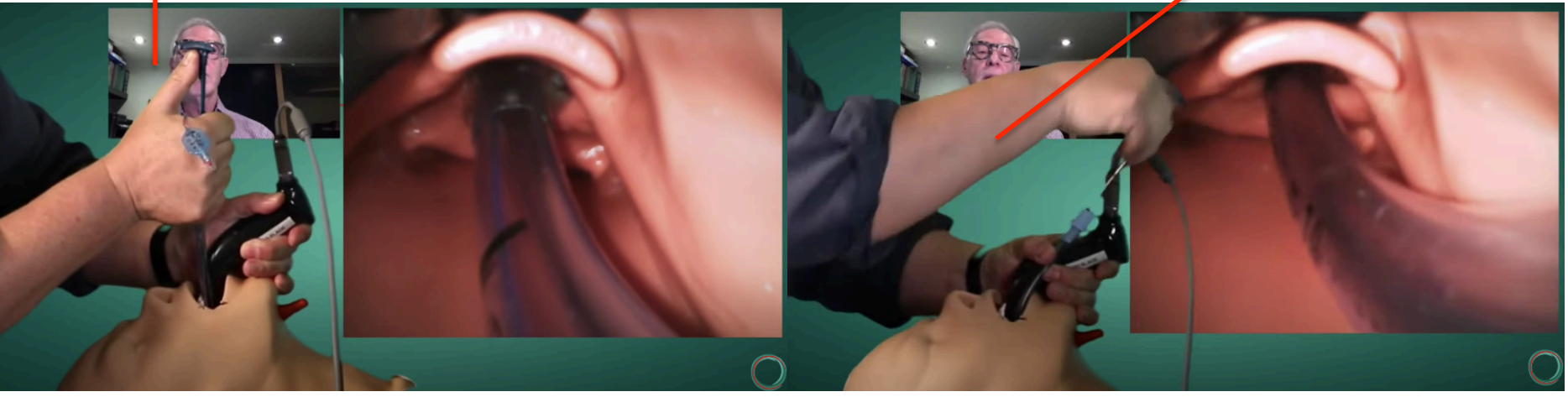

over the inter-
arytenoid notch
GLIDESCOPE

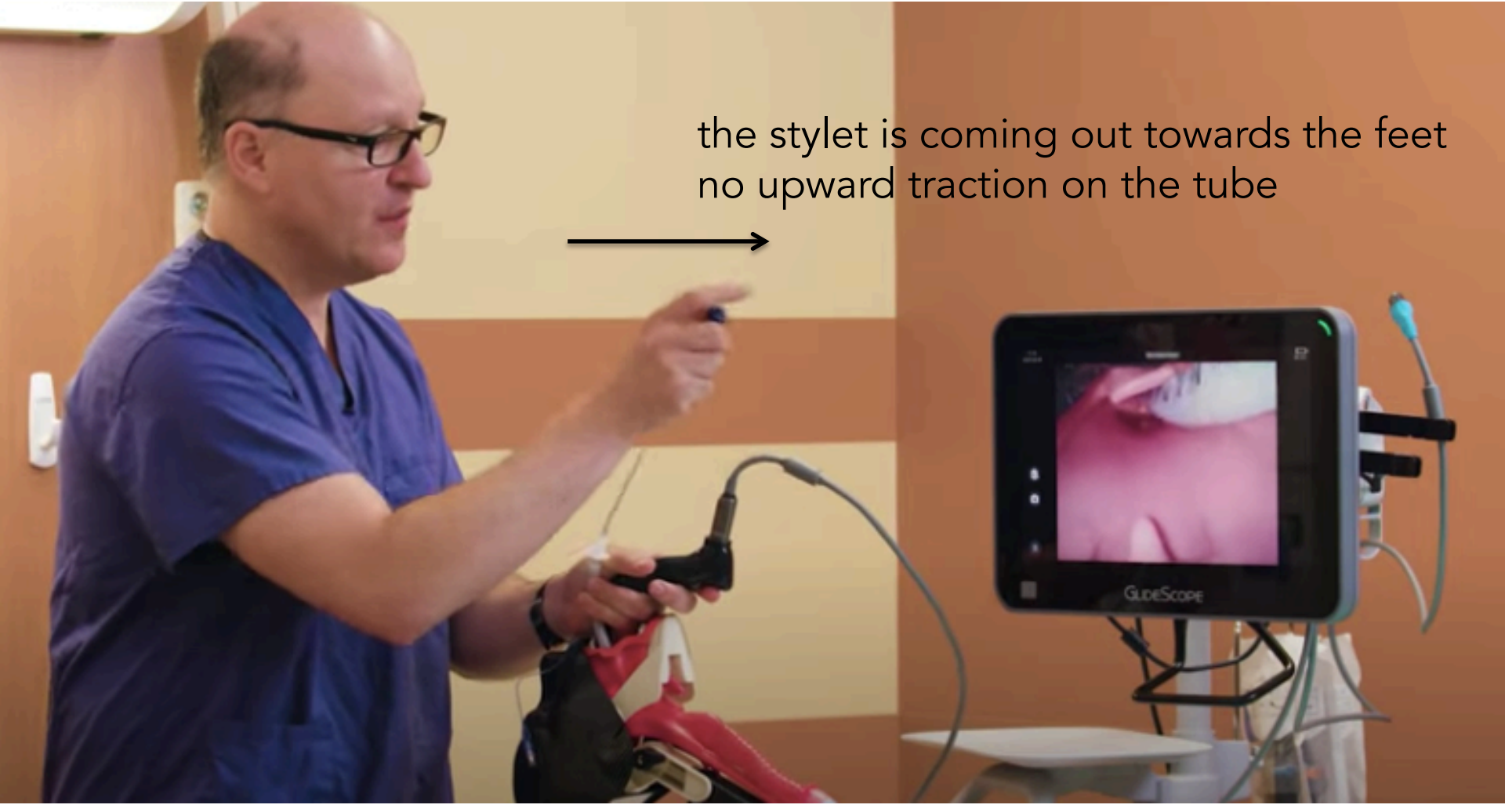

once entered the larynx
pop up the stylet!
GlideScope


check the depth of insertion!
GLIDESCOPE

retract the stylet for 3 cm,
advance the soft tube (**rotating clockwise**)

pull out the stylet as reverse rotation to the feet
(„pull the stylet to the pt's feet!")

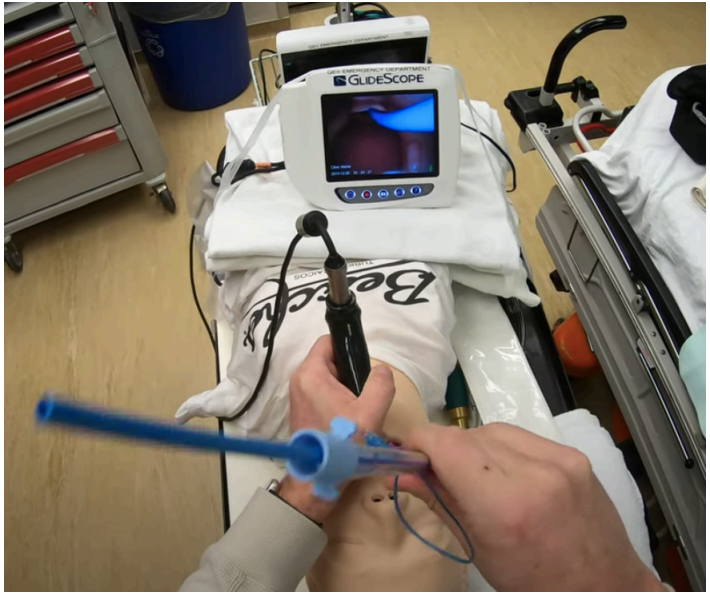



the stylet is coming out towards the feet
no upward traction on the tube
GlideScope

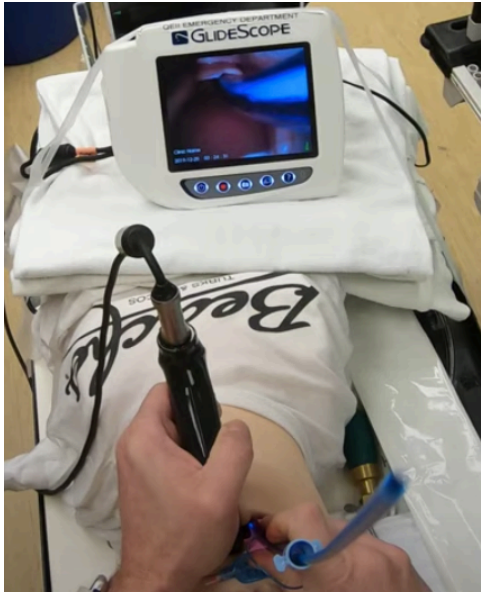

hold the tube
close to
dention

TIPS & PEARLS

Left to the Larynx
Right after the Cords



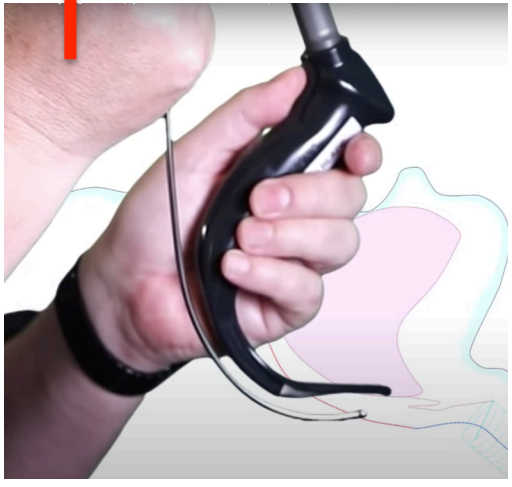
first rotate anti-clockwise (= to the Lt)

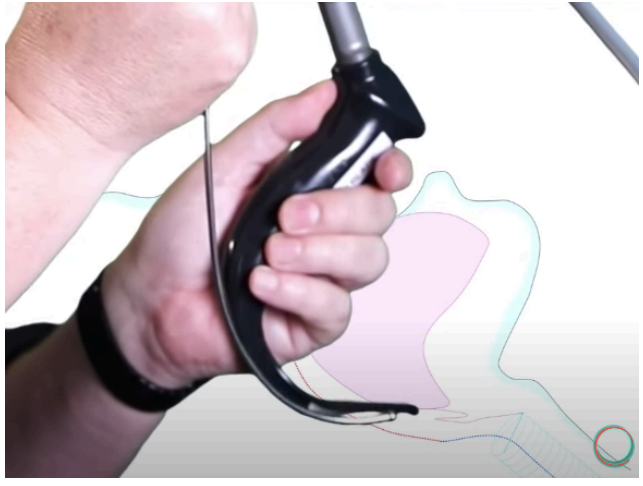


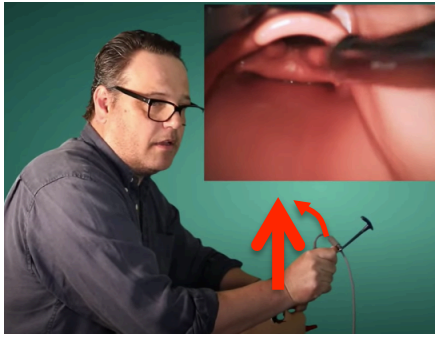
after passing the cords rotate **clockwise** (= to the Rt)

Cooper maneuvre for the right hand holding the tube

elevation (=lift up) with slight tilting up (10-15°)

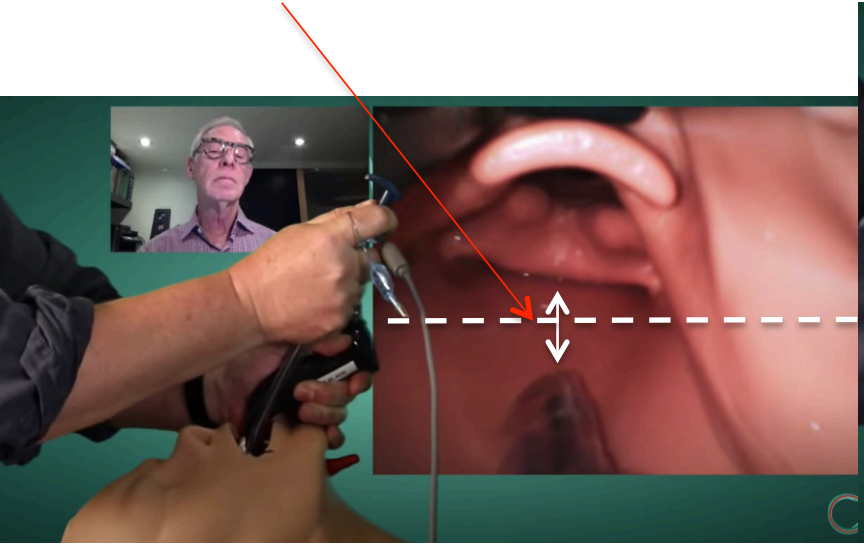




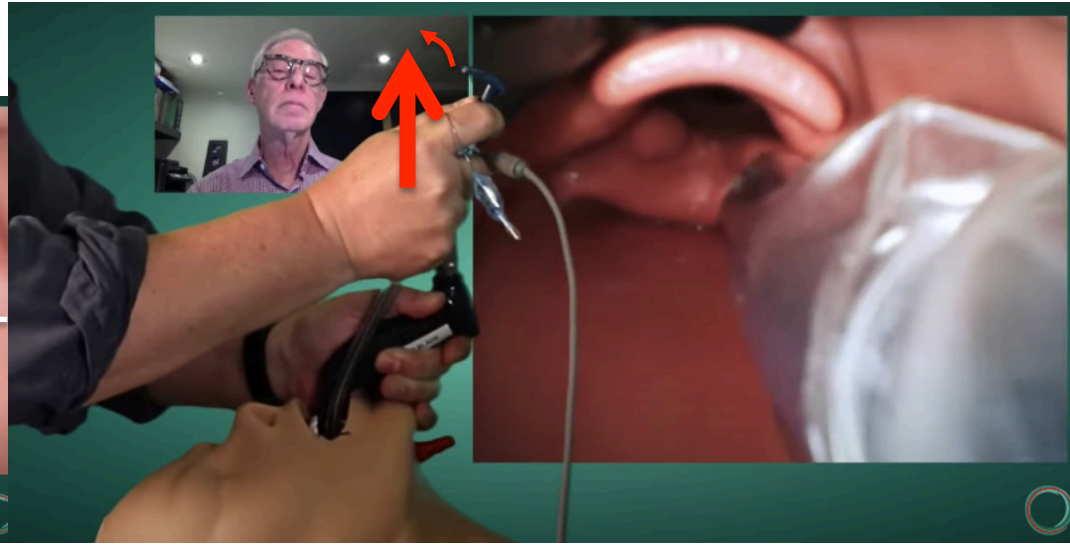


deliberately stop here or even
push back to be in the lower half

do not come too near to the arytenoids
push back so that there is some room between the tip of the tube and the arytenoids



Cooper maneuvre for the right hand holding the tube: lift with slight upwards tilt (10-15°)



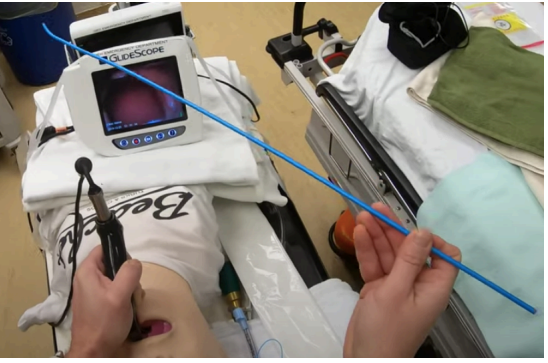
Richard Cooper's pearl:

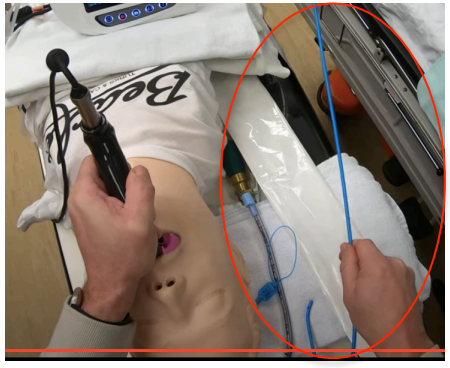
engaging the valecula with hyperangulated D-blade to fully expose larynx (C/L1) might make a tube delivery more complicated as it needs to be.

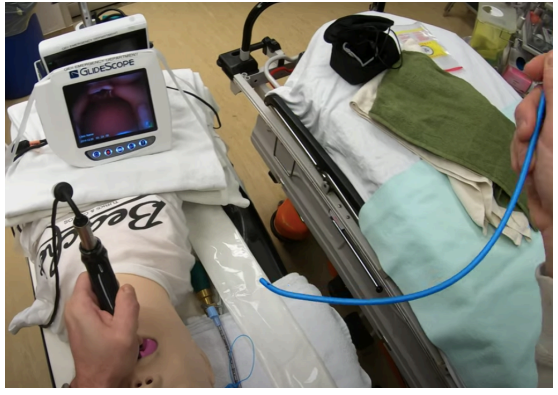
Aim for good C/L2 allowing your more space to maneuvre with the tube.

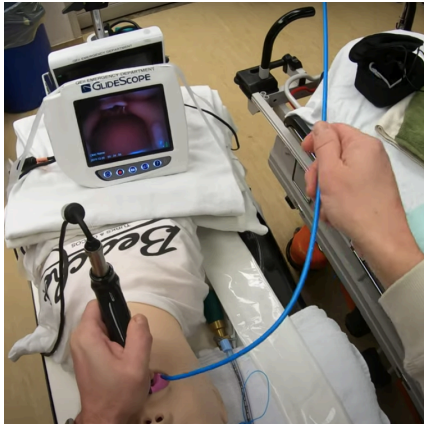
put the tip of the blade to the base of the tongue, with elevation and not angulation
DO NOT ANGULATE THE HYPERANGULATED VIEW
if necessary, pull the tip of the blade back

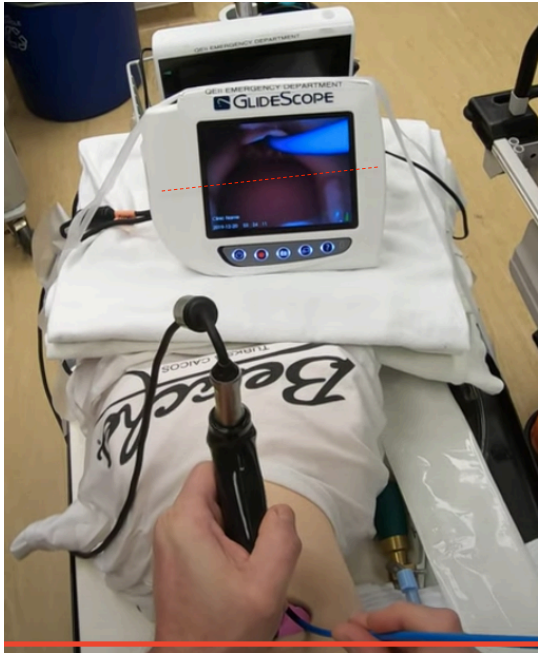
if you want to use ESCHMANN
bend the ESCHMANN to get around the corner
(however, using ESCHMANN is discouraged in VL;
if you are using a bougie, use a more rigid D-shaped bougie)

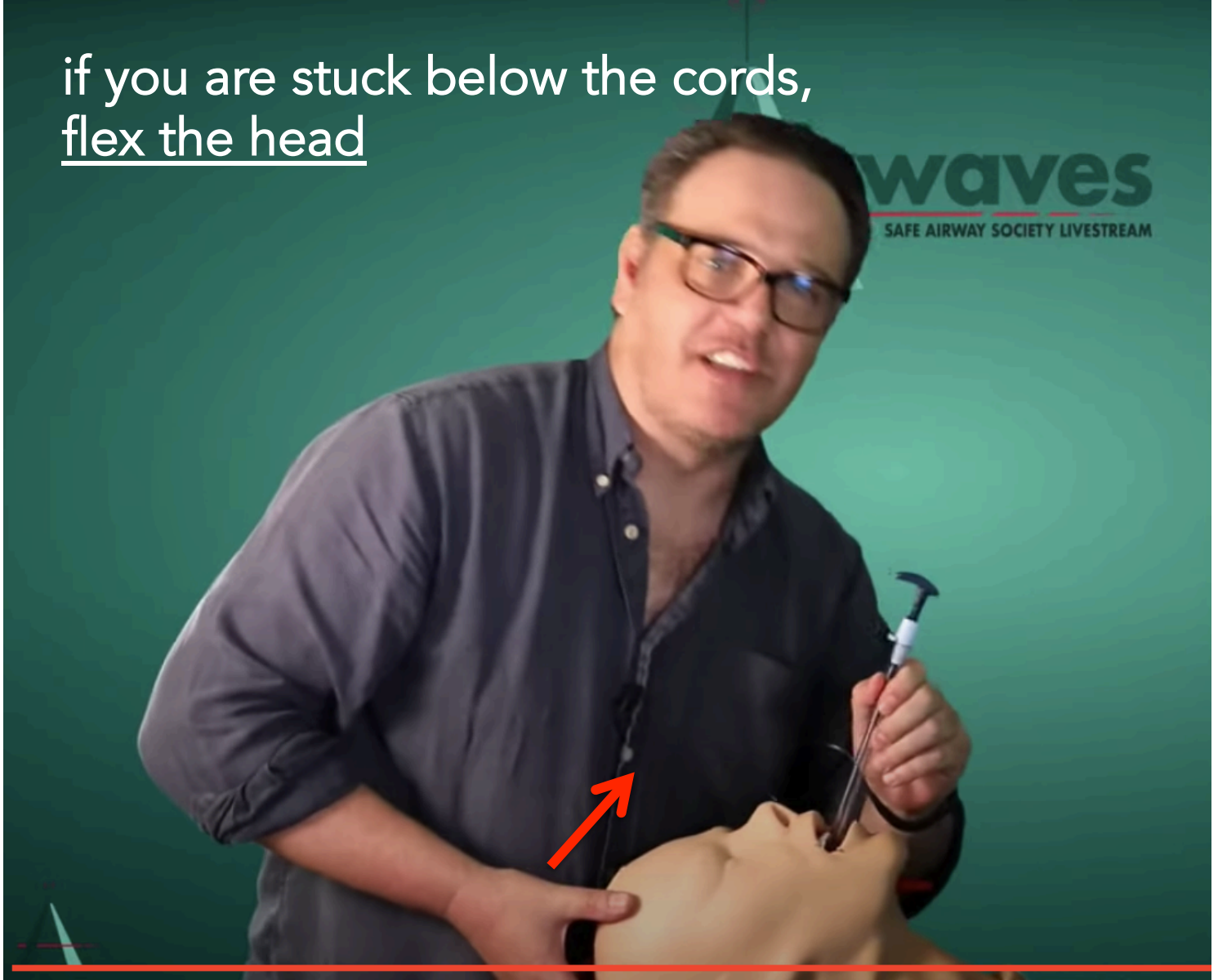











if you are stuck below the cords,
flex the head
waves
SAFE AIRWAY SOCIETY LIVESTREAM

The ease of obtaining a clear view of the larynx can fool you into forgetting you still need to get alignment between the larynx and ETT.


Christine Whitten

1. A More Neutral Head Position Helps

2. Don't Insert the Blade Too Deeply

3. Don't Insert the ETT Too Posteriorly

Do not insert the ETT too posteriorly, allowing the curve of the tube to drop against the back of the throat.

Pull the ETT back until you can just see its tip in the middle to right upper quadrant of your monitor. Rotating the tip forward from that position puts it in the correct plane and typically allows the tip to enter the glottis.

4. Don't Forget to Lift the Blade and Jaw Upward

5. Ask for Cricoid Pressure