TO THE EDITOR,

We read with great interest an article by Szarpak et al. (1) analyzing the effect of chest compressions on the quality of endotracheal intubation. This study raises an extremely important problem – airway management with minimal interruption in chest compressions. The European Resuscitation Council guidelines for adult advanced life support endotracheal intubation as the “gold standard” in airway management (2). However, due to the need to minimize chest compressions interruption the guidelines recommend that endotracheal intubation should be performed by the most experienced team member with no or only with a short interruption in chest compression allowing the insertion of the endotracheal tube through the vocal folds (fig. 1). According to the study by Szarpak et al. (1), chest compressions affect the time of the intubation procedure and reduce its effectiveness. When using videolaryngoscopy, we can avoid this problem because it is possible to visualize the glottis to a better extent and to introduce the endotracheal tube directly under the video control. Confirmation of results obtained by Szarpak et al. (1) can also be found in other studies by leading researchers in this field (3-5). Studies by Madziala et al. (6, 7) indicate that inexperienced in endotracheal intubation with direct laryngoscopy personnel, is able to perform endotracheal intubation with the use of the AirTraq videolaryngoscope with high efficiency. Szarpak et al. (1) in his study indicate limitations resulting from performed study. One of the unquestionable limitations is the availability of videolaryngoscopes. Currently, they are used in emergency units, anesthesiology and intensive care departments and on operating theatres. However, it should be remembered that difficult airway may also affect patients in pre-hospital conditions, including Emergency Medical Services teams. It is therefore important to promote direct endotracheal intubation alternatives and to search for the most effective and safe methods of airway management for the most effective and safe methods of airway management.

Fig. 1. Intubation using videolaryngoscope

BIBLIOGRAPHY