Ten years of experience of videolaryngoscopy on the labour ward

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INTRODUCTION:

In obstetric patients, general anaesthesia (GA) is associated with increased complications, including hypoxaemia and difficult or failed intubation. The Obstetric Anaesthetists' Association and the Difficult Airway Society guidelines recommend that videolarynygoscopy (VL) be available during obstetric GA [1]. However, recent studies have highlighted that VL is infrequently used in the labour ward [2]. Our hospital is a centre for head and neck surgery and there has been a VL in the labour ward theatres since 2012. We aimed to examine the utilisation of the VL over this period.

METHODS:

A local electronic database was searched to identify GA caesarean section (CS) cases between January 2012 and December 2021. The anaesthetic characteristics and procedural details of one hundred randomly selected cases equally distributed between years were randomly selected. Features assessed included category of CS, time of day performed, most senior anaesthetist present, first choice laryngoscope, number of attempts at intubation.

RESULTS:

Of the 100 cases, one was excluded due to the absence of an anaesthetic chart. The first use of VL was in 2016 (one year after publication of the OAA/DAS guidance). After that, it was the primary device in 55% of cases. The seniority of the anaesthetist did not impact upon the first choice of intubation device.

Table 1: *Direct comparison of case characteristics after the first use of videolaryngoscopy in 2016*

	Videolaryngoscopy	Direct laryngoscopy	Not documented
Total no of cases (65):	36 (55%)	24 (37%)	5 (8%)
Category of CS:			
Cat-1	19 (53%)	18 (75%)	0
Cat-2	12 (33%)	5 (21%)	3 (60%)
Cat-3	0	0	0
Cat-4	5 (14%)	1 (4%)	2 (40%)
Most senior anaesthetist:			
Intermediate SpR	4 (11%)	1 (4%)	0
Higher SpR	13 (36%)	8 (33%)	2 (40%)
Consultant	18 (50%)	14 (58%)	2 (40%)
Unknown	1 (3%)	1 (4%)	1 (20%)

DISCUSSION:

There was a clear move towards the use of VL following the publication of the OAA/DAS guidelines. Although we used VL more often than described in national studies, there were still a significant number of cases where direct laryngoscopy was the first choice. Videolaryngoscopy is now recommended as the first-line intubating device on our labour ward. To promote the use of VL in obstetrics, local education strategies are being undertaken, including improved education for trainees coming from other units with different types of VL available.

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