

# Evaluating Nasotracheal Intubation: Airtraq Laryngoscope with and without a Bougie

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## ABSTRACT

Nasotracheal intubation is a critical procedure in the field of anaesthesia and critical care medicine. It involves the insertion of an endotracheal tube through the nasal passages into the trachea to establish a secure airway in patients who require mechanical ventilation or anaesthesia. While the technique has been in practice for decades, the choice of equipment and methods for nasotracheal intubation remains a subject of ongoing research and debate. One such device that has gained attention in recent years is the Airtraq laryngoscope, which can be used both with and without a bougie. In this article, we will evaluate nasotracheal intubation using the Airtraq laryngoscope, comparing outcomes and considerations when utilizing a bougie and when not using one.

**Keywords:** Airway management, anaesthesia, intubation, laryngoscope, laryngoscopy

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## INTRODUCTION

Nasotracheal intubation is a procedure often required in cases where oral intubation is not feasible or contraindicated. This may be due to various reasons such as facial trauma, maxillofacial surgery, or the presence of foreign bodies in the mouth. When performing nasotracheal intubation, ensuring a clear view of the glottis and atraumatic tube insertion are paramount. The Airtraq laryngoscope, developed in the early 2000s, offers an alternative to traditional direct laryngoscopy and has been explored for use in nasotracheal intubation.

### The Airtraq Laryngoscope

The Airtraq laryngoscope is a video-assisted device designed to facilitate endotracheal intubation. It consists of a curved blade with an integrated camera and a screen for visualization. This device is known for its ability to provide a better glottic view and potentially improve intubation success rates compared to traditional laryngoscopes.

One of the notable features of the Airtraq laryngoscope is its versatility. It can be used for both oral and nasotracheal intubation. When it comes to nasotracheal intubation, the choice of using a bougie alongside the Airtraq laryngoscope is a matter of clinical preference and is influenced by several factors. Let's explore the advantages and disadvantages of utilizing a bougie during nasotracheal intubation with the Airtraq laryngoscope.

### Nasotracheal Intubation with a Bougie

#### Advantages

- Improved Success Rate:** Using a bougie in conjunction with the Airtraq laryngoscope can enhance the success rate of nasotracheal intubation. The bougie serves as a guide for the endotracheal tube, making it easier to navigate the nasal passages and reach the trachea accurately.
- Reduced Trauma:** Nasal passages can be delicate, and the risk of trauma during intubation is a concern. The bougie's thin, flexible design helps minimize trauma by providing a smoother path for tube insertion.
- Enhanced Control:** The bougie offers better control over the tube's direction during insertion. This can be particularly advantageous in cases where there are anatomical challenges or when the patient has a difficult airway.

### **Disadvantages**

1. **Additional Equipment**: The use of a bougie requires an extra piece of equipment, which may not always be readily available in emergency situations. This can lead to delays in intubation.
2. **Skill Requirement**: Proper placement of the bougie can be a skill that requires training and practice. Inexperienced healthcare providers may not be as adept at using a bougie effectively.
3. **Potential Complications**: In rare cases, the bougie can cause complications such as epistaxis (nosebleed) or damage to the nasal mucosa if not inserted carefully.

### **Nasotracheal Intubation without a Bougie Advantages**

1. **Simplicity**: Nasotracheal intubation without a bougie is a simpler technique that does not require an additional piece of equipment. This can be advantageous in settings where resources are limited or when rapid intubation is necessary.
2. **Faster Procedure**: Without the need to maneuver a bougie, the intubation procedure may be completed more quickly, which can be critical in emergency situations.
3. **Less Training Required**: Nasotracheal intubation without a bougie may be more accessible to healthcare providers with varying levels of experience, as it relies on the visualization provided by the Airtraq laryngoscope.

### **Disadvantages**

1. **Lower Success Rate**: Some studies suggest that nasotracheal intubation without a bougie may have a lower success rate compared to using a bougie. This is particularly true in patients with challenging airways or anatomical variations.
2. **Potential for Trauma**: Without the guidance of a bougie, there is a higher risk of trauma to the nasal passages during intubation. This can result in bleeding and discomfort for the patient.
3. **Limited Control**: Healthcare providers may have less control over the direction of the endotracheal tube, which can be problematic in cases of difficult airways.

### **Clinical Considerations**

When deciding whether to perform nasotracheal intubation with or without a bougie using the Airtraq laryngoscope, several clinical considerations come into play:

1. **Patient Anatomy**: The anatomical features of the patient's nasal passages and airway play a significant role in the decision-making process. A bougie may be more beneficial in cases with challenging anatomy.
2. **Clinical Setting**: The availability of equipment and the urgency of the procedure are essential factors. In resource-limited settings or emergency situations, a bougie may not be readily accessible, necessitating intubation without one.
3. **Provider Skill**: Healthcare providers' level of experience and training with both techniques should be considered. Skilled providers may achieve successful intubation without a bougie more consistently.
4. **Patient Comfort**: Patient comfort and safety should always be a priority. Minimizing trauma and discomfort during the procedure is crucial for patient satisfaction and recovery.
5. **Risk of Complications**: The potential for complications, such as epistaxis or tracheal injury, should be weighed against the benefits of using a bougie.
6. **Backup Plan**: It is essential to have a backup plan in case the initial intubation attempt fails. Providers should be prepared to switch techniques or consider alternative airway management options.

## CONCLUSION

Nasotracheal intubation using the Airtraq laryngoscope is a valuable technique in various clinical scenarios. The decision of whether to use a bougie alongside the Airtraq or not depends on several factors, including patient anatomy, clinical setting, provider skill, and the presence of backup plans. Both methods have their advantages and disadvantages, and the choice should be made based on a careful assessment of these factors.

In summary, nasotracheal intubation with a bougie can offer improved success rates, reduced trauma, and enhanced control during the procedure. However, it requires additional equipment and may be challenging for less experienced providers. On the other hand, nasotracheal intubation without a bougie is a simpler and quicker technique but may have a lower success rate and a higher risk of trauma.

Ultimately, the decision to use a bougie during nasotracheal intubation with the Airtraq laryngoscope should be individualized to each patient's unique circumstances and the clinical context. Providers should prioritize patient safety and choose the method that offers the best chance of successful and atraumatic intubation.

## REFERENCES

- [1]. Hall CE, Shut LE. Nasotracheal intubation for head and neck surgery. *Anaesthesia* 2003;58:249-56.
- [2]. St Mont G, Biesler I, Pfortner R, Mohr C, Groeben H. Easy and difficult intubation – a randomised comparison of Macintosh vs Airtraq laryngoscopes. *Anaesthesia* 2012;67:132-8.
- [3]. Hirabayashi Y, Seo N. Airtraq laryngoscope has an advantage over Macintosh laryngoscope for nasotracheal intubation by novice laryngoscopists. *J Anaesthesia* 2009;23:172-3.
- [4]. Gomez-Rioz MA, Pineggar S, Mantilla MDC, Vizcaino L, Barreto-Calvo P, Paech MJ. A randomised crossover trial comparing the Airtraq NT, Mcgrath MAC and Macintosh laryngoscopes for nasotracheal intubation of simulated easy and difficult airways in manikin. *Rev Bras Anesthesiol* 2016;66:289-97.
- [5]. Xue FS, Liao X, Yuan Yj, Lin Jh, Wang Q. Nasotracheal intubation using the Airtraq optical laryngoscope in patients with a difficult airway. *Can J Anaesth* 2011;58:406-7.
- [6]. Cossham PS. Nasotracheal tube placement over a bougie. *Anaesthesia* 1997;52:184-5.
- [7]. Friedman PG, Rosenberg MK, Lebenborn-Mansour M. A comparison of light wand and suspension laryngoscopic intubation techniques in outpatients. *AnaesthAnalg* 1997;85:578-82.
- [8]. Maharaj CH, Higgins BD, Harte BH, Laffey JG. Evaluation of intubation using the Airtraq or Macintosh laryngoscope-a manikin study. *Anaesthesia* 2006;61:469-77.