

## Videoscopes and The McCoy

### McCoy laryngoscope



1. Obtain the optimal position for laryngoscopy: sniffing the morning air.
2. The technique for introduction of the laryngoscope is as for the Macintosh blade but with the thumb around the lever on the laryngoscope handle.
3. When the tip of device is in the vallecula, depression of the lever allows indirect elevation of the epiglottis.
4. Insert the TT and observe chest movement. Auscultate breath sounds to confirm adequate ventilation.
5. The idea is to slightly improve the view so a bougie can be placed between the vocal cords.

## C-Mac Videoscope

### Your friend in a crisis!



1. Insert electronic module into handle of laryngoscope, check other end of connecting cord plugged in to monitor.
2. Turn monitor on using button on front of monitor, bottom left.
3. Image focus and white balance are adjusted automatically.
4. Insert blade into mouth as for Mac 3/4.
5. Direct view may be obtained as Macintosh blade (eg for teaching), or attention switched to screen, watching tip into vallecula then lifting up.
6. If poor view due to floppy epiglottis a Miller technique may be used to lift epiglottis.
7. Insert TT watching screen to guide tip and ensure correct length.
8. Bougie may be needed to pass tube through anterior larynx.
9. Buttons on module part of laryngoscope handle may be used to capture video or still images.

## D-Blade

### This needs practice



1. Set up videoscope and monitor as C-Mac.
2. Direct view unlikely to be achieved due to curvature.
3. Almost always need bougie with preformed curve in order to guide TT into larynx.