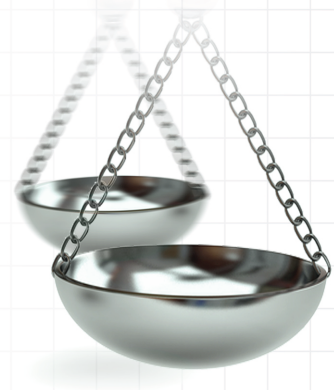
Letter in Reply

For reprint orders, please contact: reprints@futuremedicine.com



Journal of **Comparative Effectiveness Research**

Letter in reply

Felipe Urdaneta*[,1], Jianying Zhang[2] & Wei Jiang[2]

[1]Department of Anesthesiology, University of Florida College of Medicine, Gainesville, FL 32610, USA

[2]Health Economic Outcome Research, Medtronic Inc., Mansfield, MA 02048, USA

*Author for correspondence: Furdaneta1@me.com

First draft submitted: 29 June 2021; Accepted for publication: 14 July 2021; Published online: 6 September 2021

Keywords: direct laryngoscopy • intubation • video laryngoscopy

We read with interest and appreciate the Letter to the Editor on our publication 'Economic analysis of the use of video laryngoscopy versus direct laryngoscopy in the surgical setting' [1] by White *et al.* [2]. We want to echo the salient points and agree with their short video laryngoscopy (VL) review. Despite all the advantages of using VL, there is no uniform agreement nor certainty about the role of VL in and outside the surgical context. For example, should VL be considered for routine use, or should it be reserved only for high-risk patients and rescue failed intubations? Our primary motivation to conduct the study was to attempt to learn and shed some light on the use of this newer – relatively speaking – , incompletely understood technology. The use of VL is a matter of debate and something we need to understand further; there is no discussion nor debate regarding laryngoscopy and comparison of traditional direct laryngoscopy to VL, in which the economic factor is not brought up. A significant criticism toward VL throughout developed and underdeveloped countries is the perceived obstacle of higher, and in some instances, prohibitive higher costs associated with its use. Using a retrospective view of a large administrative database, our goal was to attempt to see if, indeed, the use of VL is associated with higher costs, and to our surprise, it was not. We were able to show that when VL was used, there were economic savings by decreasing total inpatient costs, decreasing the length of hospital stay, decreasing admissions to intensive care unit, and decreasing the incidence of procedurally associated complications in the context of the surgical setting. We are hopeful this publication serves as a building block for similar publications. We are aware our study findings would only be validated if future, hopefully, prospective studies that utilize administrative and clinical data show similar results. Nevertheless, we believe VL is one of the more critical advances in Airway Management, and considering its use is gathering momentum, it is highly likely that it will be recommended for routine use and as the new standard of care.

Financial & competing interests disclosure

J Zhang and W Jiang report employment with Medtronic; F Urdaneta is part of the Advisory Board for Vyaire Medical and a consultant for Medtronic and receives speaker honoraria for both. The authors have no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

References

1. Zhang J, Jiang W, Urdaneta F. Economic analysis of the use of video laryngoscopy versus direct laryngoscopy in the surgical setting. *J. Comp. Eff. Res.* 10(10), 831–844 (2021).
2. Lui B, Walsh S, White RS, Samuels JD. Video laryngoscopy – the new *de facto* standard in intubation. *J. Comp. Eff. Res.* 10(15), doi:10.2217/cer-2021-0122 (2021) (Epub ahead of print).

Future Medicine