

# A study to compare intubation conditions using the CTrach versus the Bonfils rigid fibrescope and CTrach intubating Laryngeal mask airway

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<b>Registration date</b> 28/09/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 02/09/2015	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
N0084186834

## Study information

**Scientific Title**

A study to compare intubation conditions using the CTrach versus the Bonfils rigid fibrescope and CTrach intubating Laryngeal mask airway

### **Study objectives**

Compare the airway management devices 'Bonfils' and 'CTrach' with respect to:

1. Time it takes to be placed it successfully in the throat
2. How quickly it helps to successfully place tube in windpipe for patients undergoing general anaesthesia for their operation

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Not provided at time of registration

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Surgery: Intubation

### **Interventions**

Patients are randomly selected to belong to either Bonfils group or CTrach group.

#### **Procedure**

In order to ensure that the conditions under which the study is conducted remains the same in all subjects, the following procedure will be followed at induction by the team managing the patient:

1. Pre-oxygenation for 3 minutes
2. Intravenous administration of Fentanyl 1-2 milligrams per kilogram patient weight to all patients
3. Either of two methods of induction of anaesthesia with target controlled infusion (TCI) of Propofol to target 3-7 milligrams per ml, then maintenance target (TCI) 2.5-4 micrograms per ml with 50% oxygen and 50% air, or intravenous induction of bolus dose of propofol 2-3mg/ml and then anaesthesia maintained with 50% oxygen, 50% air and sevoflurane
4. Muscle relaxation with intravenous administration of Atracurium 0.5 mg/kg to all patients to aim for TOF with 1/4 for adequate muscle relaxation

Following oxygenation, adequate manual ventilation and assessment for adequate level of anaesthesia and relaxation, the following procedure will then follow:

1. Direct laryngoscopy and airway grading by experienced anaesthetist using Macintosh blade (in absence of anaesthetist to use trial device), and using the modified Cormack and Lehane laryngoscopy grading
2. Call back anaesthetist to insert trial device

3. Pick envelope to identify device
4. Start stop clock at beginning of insertion of device and stop it at time capnograph trace is seen
5. Device insertion after appropriate positioning of subjects head

Parameters to be monitored and recorded:

1. Ctrach group
2. Bonfils fibrescope group

### **Intervention Type**

Procedure/Surgery

### **Phase**

Not Specified

### **Primary outcome(s)**

Which of the two devices will be successful and quicker in placing the device in throat and placing the tube in windpipe.

### **Key secondary outcome(s)**

To compare the easiness and quality of the windpipe view obtained, to compare performance of consultants and registrars, to find out any relation between conventional scope grading and successful placement of tube in windpipe with both devices.

### **Completion date**

01/10/2007

## **Eligibility**

### **Key inclusion criteria**

1. Age over 16 years
2. Elective surgery requiring endotracheal intubation
3. ASA status 1-3
4. Airway Mallampati grade 1-3
5. Competency to give informed consent

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

All

### **Key exclusion criteria**

1. Morbid obesity (BMI > 35)
2. Pregnancy

3. Emergency surgery or inadequate starvation period
4. Gastro-oesophageal starvation period
5. Gastro-oesophageal reflux or hiatus hernia
6. Severe respiratory disease
7. Mental incapacity
8. Coagulation abnormalities
9. Oral surgery

**Date of first enrolment**

29/09/2006

**Date of final enrolment**

01/10/2007

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Hull Royal Infirmary**

Hull

United Kingdom

HU3 2JZ

## **Sponsor information**

**Organisation**

Record Provided by the NHSTCT Register - 2007 Update - Department of Health

## **Funder(s)**

**Funder type**

Government

**Funder Name**

The North and South Bank Research and Development Consortium

**Funder Name**

Hull and East Yorkshire Hospital Trust

**Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration