

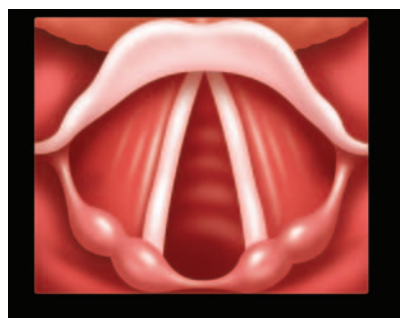
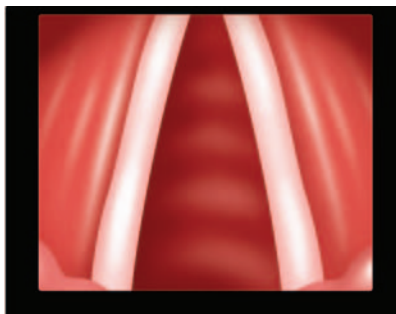
# McGRATH<sup>®</sup>

## Series 5

### How to make your McGRATH<sup>®</sup> Video Laryngoscope Most Effective

A common occurrence with new users of video laryngoscopy is to insert too deep with the blade. When this occurs a view of the esophagus and tissue of the distal hypopharynx will be seen. This will often reveal a full view of the vocal cords or a view of all but the top of the cords.

In this position, intubation is difficult because the blade of the McGRATH<sup>®</sup> is too close to the glottic opening. This is corrected by pulling back gently with the McGRATH<sup>®</sup> while applying upwards pressure.



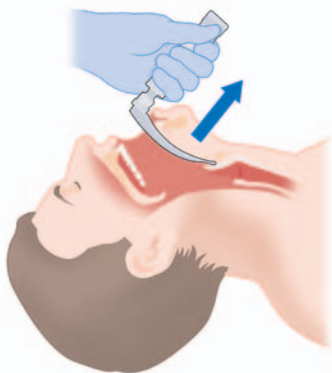
Continuing to pull gently back and upwards allows the blade to enter the vallecula. The epiglottis will be in full view and the patient is now ready for intubation.

**LMA<sup>™</sup>**

LMA North America Inc.

*Better by Design<sup>™</sup>*

# McGRATH® Series 5



Direct Laryngoscopy requires head and neck manipulation and lifting forces to obtain a direct view of the vocal cords.

In contrast, with the McGRATH® Video Laryngoscope, head and neck manipulation and lifting are minimized.



The McGRATH® essentially allows the practitioner to look “around a corner” to view the vocal cords with the camera of the device. As a result, a stylet or bougie is required to guide the tube to the view on the screen.

LMA™



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