

Fiberoptic intubation (FOI) is an effective technique for establishing airway access in patients with both anticipated and unanticipated difficult airways. First described in the late 1960s, this approach can facilitate airway management in a variety of clinical scenarios given proper patient preparation and technique.

Cervical spine movement during intubation with direct [laryngoscopy](#) can predispose to new-onset neurological deficits in patients with cervical spine instability. While [Fiberoptic intubation](#) (FI) is mostly preferred in such patients, this is not always possible. [Videolaryngoscopy](#) results in less cervical spine movement than direct laryngoscopy and may be an alternative to FI in patients with cervical spine instability. The objective of a study was to compare cervical spine movement during awake FI with those during awake McGrath videolaryngoscope intubation (VI) in patients undergoing surgery for cervical spine instability.

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