COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

FORM-S

ASSESSMENT OF SYNOPSIS

RESEARCH EVALUATION UNIT

RTMC#	ANS-2024-292-3423	SPECIALITY	ANAESTHESIOLOGY
NAME	SHAFAQ	SID, D/O, W/O	SHUJAAT ALI MEMON
DATE OF COMMENCEMENT OF TRAINING	Jul 2, 2024	RECEIVED	2025
FCPS-I	ROLL #15026	SESSION	YEAR 5-2024
SUPERVISOR	SYED ZAFAR MEHDI	INSTITUTIONS	Shaheed Mohtarma Benazir Bhutto Institute of Trauma

TITLE OF SYNOPSIS: COMPARISON OF TRACHEAL INTUBATION IN RAMP POSITION USING CUSTOMIZED PILLOW VERSUS SNIFFING POSITION WITH FIXED PILLOW BY MACINTOSH LARYNGOSCOPE; A RANDOMISED CONTROL TRIAL.

GENERAL REVIEW			
• SUBMISSION OF SYNOPSIS WITHIN:			
• SIX MONTHS OF COMMENCEMENT OF TRAINING (4 YEARS PROGRAM)			
• SIX MONTHS OF COMMENCEMENT OF SUB SPECIALTY TRAINING (5 YEARS PROGRAM)			
• COVERING LETTER DULY SIGNED & STAMPED BY SUPERVISOR	✓		
• DOES NOT EXCEED FOUR PAGES OF A-4 SIZE PAPER	✓		
• PROFORMA ATTACHED	✓		
• THE STUDY NOT BEING DUPLICATED IN THE SAME INSTITUTE (CERTIRCATE ATTACHED)	✓		
• FORMAT ACCORDING TO CPSP GUIDELINES			

EPIDEMIOLOGICAL REVIEW			
• TITLE			
• RELEVANT TO THE SPECIALITY	✓		
• DOES NOT CONTAIN ANY ABBREVIATIONS			
• REFLECTS OBJECTIVES OF THE STUDY			
• INTRODUCTION			
• RESEARCH TOPIC ADEQUATELY INTRODUCED	✓		
* BACKGROUND EXPLAINED WITH RELEVANT REFERENCES			
* RATIONALE OF THE STUDY CLARIFIED			
* IN CANDIDATE'S OWN WORDS			

Contd. on page 2

	YES	NO	
• OBJECTIVES STATED IN CLEAR, MEASURABLE TERMS			
• APPROPRIATE OPERATIONAL DEFINITIONS STATED			
• HYPOTHESIS PROPERLY PHRASED (IF REQUIRED)			
• MATERIAL AND METHODS			
• SETTING OF THE STUDY MENTIONED			
• DURATION OF STUDY NOT LESS THAN 6 MONTHS			
• SAMPLE SIZE APPROPRIATE			
• SAMPLING TECHNIQUE CORRECT			
• SAMPLE SELECTION			
* INCLUSION CRITERIA APPROPRIATE			
* EXCLUSION CRITERIA APPROPRIATE			
• STUDY DESIGN SUITABLE FOR THE OBJECTIVES			
• DATA COLLECTION			
* DURATION OF DATA COLLECTION NOT LESS THEN 6 MONTHS			
* SOURCE OF DATA CLEARLY IDENTIFIED			
* DIAGNOSTIC CRITERIA OF CASES MENTIONED			
* CONFOUNDING VARIABLES CONTROLLED			
* BIAS, IF ANY, CONTROLLED			
* ETHICAL ISSUES, IF ANY, ADDRESSED			
* INFORMED CONSENT TAKEN			
* STEPS OF DATA COLLECTION IN PROPER SEQUENCE			
* PROFORMA APPROPRIATE			
STATISTICAL REVIEW			
• STATISTICAL SOFTWARE MENTIONED			
• DATE ANALYSIS RELEVANT TO THE OBJECTIVES			
• DESCRIPTIVE STATISTICS DETAILED			
• VARIABLES UNDER STUDY MENTIONED			

Contd. on page 3

	YES	NO	REMARKS
• STATISTICS APPROPRIATE ACCORDING TO VARIABLES			
• APPROPRIATE STATISTICAL TEST MENTIONED			
• LEVEL OF SIGNIFICANCE, IF REQUIRED, GIVEN			
BIBLIOGRAPHY			
• MINIMUM OF SEVEN REFERENCES QUOTED	✓		
• REFERENCES IN VANCOUVER STYLE	✓		See Correction
• ALL REFERENCES CAN BE AUTHENTICATED	✓		
• RECENT REFERENCES MENTIONED (LAST FIVE YEARS)	✓		

IF RESPONSE TO ANY OF THE ITEMS MENTIONED ABOVE IS "NO" PLEASE GIVE REASONS AND SUGGESTIONS FOR IMPROVEMENT. (PLEASE USE ADDITIONAL SHEET, IF NEEDED)

REMARKS

☑ TO BE APPROVED

☐ CORRECTIONS: TO BE REVISED AND RE-SUBMITTED TO R&RC

☐ REJECTED

SIGNATURE _____ DATE 07/07/25

NAME _____

REVIEWER: _____ NAME: _____ SIGNATURE: _____

RESEARCH OFFICER: _____

STATISTICIAN: _____

BIBLOGRAPHER: _____

ORIGINAL - Concerned Department

Meezan Bank

Branch: Tooba Masjid Branch Customer Code: CPSP

College of Physicians and Surgeons Pakistan

Synopsis Application
Cash Deposit Bank Challan
Fee can be paid in any Meezan branch in Pakistan
Via Utility Bill Collection Menu

Center: Karachi CPSP ID: 2010-4623

Receipt #: KHI-C-25-6270 Receipt Date: 06-02-2025

Name: SHAFAQ

Form No: 2025-438

Fee Type		Amount
Synopsis Application Fee		PKR 1000
Total:		PKR 1000
Amount in words: One Thousand Only (PKR)		

RECEIVED 06 FEB 2025

CASH COLLECTION
'KHI-C-25-6270
PKR : 1,000.00
2/6/2025 11:36:48 AM
Meezan Bank - 1020:TOOBA MASJID BRANCH
User ID : UMAIR31792
Customer Code : CPSP
Customer Name : COLLEGE OF PHYSICIANS

Candidate / Depositor Signature

Receiver's Signature

Contact No: 03363750120

Note: Depositer/candidate must ensure that bank stamp is readable and signed.

Note: The amount of fee applicable at the time of depositing the challan by the candidate will be send to Meezan bank through API by CPSP.

College of Physicians & Surgeons Pakistan

7th Central Street, Defence Housing Authority Phase-II, Karachi -75500, Pakistan
Tel: 99207100-09 , Fax: 99207120, 35881444, UAN: 111-606-606
Website: www.cpsp.edu.pk

Form No: 2025-438

Application Date: 06-02-2025

Synopsis Online Application Form

Name:	**SHAFAQ**
Father's Name:	**SHOUKAT ALI MEMON**
Nationality:	Pakistan
NIC No:	41304-5501959-2
Date of Birth:	21-10-1981
CPSP ID:	2010-4623
RTMC No:	ANS-2024-292-3423

Registration Information

Speciality:	FCPS - ANAESTHESIOLOGY
Country State/City:	Pakistan, Sindh, Karachi
Institute:	Shaheed Mohtarma Benazir Bhutto Institute of Trauma
Supervisor:	SYED ZAFAR MEHDI
Training Joining Date:	02-07-2024

Synopsis Details

Synopsis Topic:	"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed pillow by Macintosh laryngoscope; a randomised control trial."

Fee Information

Fee Type:	Bank Challan	Center:	Karachi
Currency:	PKR	Amount:	1000
Receipt #:	KHI-C-25-6270	Receipt Date:	06-02-2025
Bank Name:	Meezan Bank Ltd.	Branch Name:	Tooba Masjid Branch

OATH DECLARATION

(i.) I confirm that my research work above mentioned topic, as part of this postgraduate training, will be my own original work, free from any form of plagiarism. I will not engage in any form of academic dishonesty, including but not limited to copying or using unauthorized sources without proper citation.

(ii.) I understand that any false statement or misrepresentation in my synopsis may lead to the rejection or cancellation of my synopsis as Research Evaluation Unit of CPSP reserves the right to cancel if it does not comply with the institutional academic standards and policies.

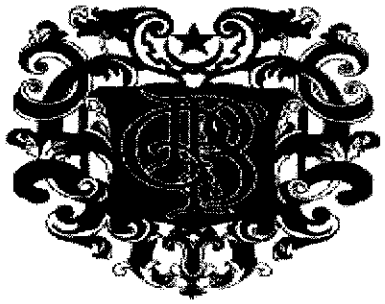
Signature of Candidate: Dr Shafaq **Dated: 06-02-2025**

RECEIVED
06 FEB 2025
CPSP KARACHI

SYNOPSIS

ON

"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"



By:

Dr. Shafaq D/O Shoukat Ali Memon

Postgraduate Student of FCPS Part II

UNDER SUPERVISION OF:

Dr. Syed Zafar Mehdi

DEPARTMENT OF ANESTHESIOLOGY AND SURGICAL ICU

SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA

To,

The Director,
Research, Training and Monitoring Cell,
College of Physician & Surgeons Pakistan,
7th Central Street Phase – II,
Defence Housing Authority, Karachi 75500.

Dear Sir,

Enclosed is a research protocol entitled: **"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"**

Prepared by:	Dr. Shafaq D/O Shoukat Ali Memon
As a pre-requisite for:	FCPS Part II
Name of Candidate:	Dr. Shafaq D/O Shoukat Ali Memon
Signature:	
Registration No.:	ANS-2024-292-3423
Name of Supervisor:	Dr. Syed Zafar Mehdi
Qualification:	MBBS, FCPS
Designation:	Consultant and Supervisor
Name of Institute:	Shaheed Mohtarma Benazir Bhutto Institute of Trauma
Department:	Anesthesiology and Surgical ICU
Signature of Head of Unit / Department	

Yours Sincerely,
Supervisor's Signature _____ Official Stamp: _____

To,

The In charge,
RTMC, CPSP Defence Phase-II
Karachi.

Subject: **CERTIFICATE OF NON DUPLICATION OF SYNOPSIS TOPIC.**

It is to certify that Dr. Shafaq D/O Shoukat Ali Memon postgraduate trainee at Department of Anesthesiology and Surgical ICU, Shaheed Mohtarma Benazir Bhutto Institute of Trauma having RTMC Registration No. ANS-2024-292-3423 is working under my supervision.

Her topic for synopsis is **"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial".** The study on this topic has not been done at our Institute by any other candidate in last five years. Therefore, I feel no hesitation in giving this non-duplication certificate of synopsis topic.

SUPERVISOR:
Dr. Syed Zafar Mehdi
MBBS, FCPS
Department of Anesthesia and Surgical ICU
Shaheed Mohtarma Benazir Bhutto Institute of Trauma

Signature: 

Official stamp:

.2010-4623 2010 - 4623

ORIGINALITY REPORT

19%	10%	6%	12%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Higher Education Commission Pakistan Student Paper	10%
2	repository-tnmgrmu.ac.in Internet Source	2%
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4	B.k., Arjun. "Airtraq Laryngoscope Versus Macintosh Laryngoscope for Airway Management: a Randomized Clinical Study", Rajiv Gandhi University of Health Sciences (India), 2023 Publication	1%
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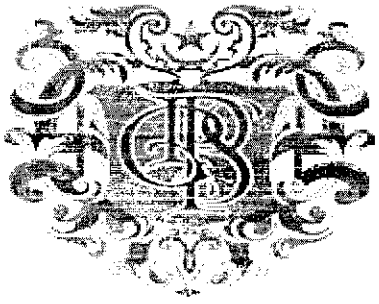
Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		

SYNOPSIS

ON

"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"



2010-4623

By:

Dr. Shafaq D/O Shoukat Ali Memon

Postgraduate Student of FCPS Part II

UNDER SUPERVISION OF:

Dr. Syed Zafar Mehdi

DEPARTMENT OF ANESTHESIOLOGY AND SURGICAL ICU

SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA

"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"

INTRODUCTION

Endotracheal intubation for airway management is a crucial skill that every clinician must master. Inadequate airway management can result in significant complications and even death for patients. [1]. One of the fundamental components for successful intubation is proper patient positioning. Correct alignment of the head and neck is vital for proper laryngeal visualization, as it keeps the oral, laryngeal, and pharyngeal axis is in line with the observer's view during direct laryngoscopy. [2] [3]. The most popular method in this area is the sniffing position, which involves the patient lying supine on a flat bed with or without a pillow, with the lower cervical spine bent and the upper cervical spine extended [4]. The most reliable explanation for this position is thought to be the three-axis alignment theory. [5].

On the other hand, to improve laryngeal visibility, especially in obese patients or those with anticipated difficult airways, The head-elevated laryngoscopy position entails raising the patient's head and neck to bring the sternal notch into alignment with the external auditory meatus. this is typically accomplished by positioning pillows or blankets beneath the patient's head and shoulders. [6] [7] to aim in ramping position. Several clinical studies have shown that the ramp position can provide better exposure of the larynx for tracheal intubation compared to other positions.

A study by Dr. Habib at Rajput India reported in 2018 concluded customizing the height of the pillow to achieve horizontal alignment between the external auditory meatus and the sternal notch can be particularly helpful for successful first-attempt tracheal intubation in patients. [8]. A study conducted by Elizabeth and Srinivasan done in December 2022 [9]The study demonstrated that In the study population, the sniffing position using a 4 cm pillow height provided improved laryngoscopic views and reduced intubation difficulty compared to a 7 cm pillow height.

The purpose of this study is to evaluate the view obtained during laryngoscopy in the sniffing position with a 4 cm fixed pillow height. versus a customized height ranging from 4 cm to 8 cm, achieved by adding sheets or pillows to elevate the head for tracheal intubation. [10] to determine whether, the ramp position improves laryngeal visualization and less time required for intubation as compared to the sniffing position with a fixed pillow size.

The study evaluates key outcomes, visualization of the glottis measured by Cormack Lehane grading, time to successful intubation and hemodynamic changes following endotracheal intubation.

We found paucity of local data for this topic, there is a need to determine whether the ramping position or the sniffing position offers greater advantages for patients undergoing endotracheal intubation. In most studies ramp position was found better for tracheal intubation in obese patients so we conducted a research study to assess whether the ramping position enhances laryngeal exposure and increases the success rate of the first intubation attempt, compared to the sniffing position, for both obese and non-obese patients undergoing endotracheal intubation. The findings of this study may have significant implications for routine anesthetic practice, potentially leading to more individualized and effective approaches to airway management with lesser morbidity and mortality.

OBJECTIVE:

To compare the outcome of ramp position with customized pillows and sniffing position with fixed pillows in terms of the time required for tracheal intubation., Cormack Lehane grading and the hemodynamic changes associated with laryngoscopy.

OPERATIONAL DEFINITONS:

Time:

Intubation time is measured from the insertion of the laryngoscope to the confirmation of endotracheal tube placement via capnography. Confirmation requires observing three complete capnographic waveforms. An anesthetist will record the time using a standard stopwatch, and tube placement will be further verified by auscultation.

Hemodynamic alterations observed during the intubation process:

Hemodynamic alterations, including pulse rate and blood pressure, will be monitored at 0, 3, and 5 minutes following intubation.

Cormack Lehane Grading:

- **Grade 1**: Visualization of entire vocal cords.
- **Grade 2**: Partial visibility of the glottis (only the posterior portion of the vocal cords is visible).
- **Grade 3**: Visualization of epiglottis.
- **Grade 4**: No glottic structures seen.

HYPOTHESIS:

NULL HYPOTHESIS: There is no significant difference between sniffing and ramp position for tracheal intubation.

METHODOLOGY:

STUDY SETTING:

This study will take place at the Department of Anesthesiology in the elective operating theaters of SMBBIT, Karachi.

DURATION OF STUDY:

Approximately 3 to 6 months after CPSP and ERC approval of synopsis.

SAMPLE SIZE:

A total of 90 participants were included, with 45 in each group. The sample size calculation was based on data from a previous study, which reported the mean intubation time in the group using a fixed pillow height with Cormack lehane grade ≥ 3 is 19.35 (SD:5.95) and for customized pillow group with Cormack lehane ≥ 3 is 15.38 (SD:5.29). The sample size was calculated by using WHO sample size calculator with 5% level of significance and 90% power of the test.[8]

SAMPLING TECHNIQUE:

Non-probability consecutive sampling.

STUDY DESIGN:

Randomized control trial

INCLUSION CRITERIA:

1. ASA I and II
2. Age group between 18-60 years.
3. Mallampatti scored 1 and 2
4. Either gender
5. Patients who will undergo elective surgery
6. BMI between 25-30 were included

EXCLUSION CRITERIA:

1. Patient with ASA III and IV
2. Patient with expected difficult intubation based on mallampatti class III and IV
3. Patient with maxillo facial trauma, or tumors or obvious malformation of neck or face
4. Pregnant patients
5. Patient with an unstable cervical spine

Data Gathering Methodology:

The study will be conducted at the Shaheed Mohtarma Benazir Bhutto Institute of Trauma after receiving approval from the CPSP (College of Physicians and Surgeons of Pakistan) and the ERC (Ethical Review Committee). This clinical trial will be registered @clinicaltrials.gov. Patients who fulfill inclusion criteria, informed written consent will be taken during preoperative assessment. Patient will be randomly allocated, aged 18-60 years who meet the inclusion criteria by computer generated randomization. Patients will be enrolled by the primary investigator (I myself will be the primary investigator), the day before surgery. They will be randomly assigned to either Group A or Group B. In group A fixed pillow size of 4 cm will be used and in group B customized pillow height between 4cm to 8cm, in order to align external auditory meatus and sternal notch will be used.

The anesthesia protocol will be uniform across all participants, with all patients undergoing ASA standard monitoring. The patients will be preoxygenated for 3-5 minutes. Anesthesia will be induced with propofol 2mg/kg, and nalbuphine 0.15 mg/kg. Once mask ventilation adequacy is confirmed, atracurium 0.5 mg/kg will be administered. Positive pressure ventilation will be applied for 3 minutes to achieve full muscle relaxation. Perform Macintosh laryngoscopy and grade the laryngeal view using Cormack-Lehane system. Record the time taken for intubation (from insertion of the laryngoscope to confirmation of endotracheal intubation) by three cycles of end-tidal CO2 measurement. In the case of multiple attempts, the total time for all laryngoscopy attempts will be recorded. Any assistance provided, such as the use of a bougie, stylet, external laryngeal pressure, or changes in pillow height, will also be documented. Patients will also be assessed for hemodynamic parameters, including heart rate and blood pressure, at 0, 3, and 5 minutes following intubation. Cormack Lehane grading will be done by primary investigator who will do laryngoscopy, another anesthetist will record the timing that is hemodynamic parameters and time for intubation, no one is kept blind in this study as the patient is informed about the procedure being performed. Data will be anonymized and confidentiality will be maintained during and after completion of study.

DATA ANALYSIS:

SPSS version 26 will be used for data analysis. For quantitative data like age and time to intubation, the mean and standard deviation will be computed. The median will be presented for quantitative variables that are not regularly distributed, such as gender, hypertension, diabetes mellitus, and Mallampatti classification, whereas the mean and standard deviation will be reported for data that is normally distributed. independent t- test will be applied to compare glottic view by Cormack Lehane classification and time of intubation. And repeated measure Anova for hemodynamic changes between 2 groups. In order to assess the impact of effect modifiers on the results, the data will be stratified by age, gender, and Mallampatti grades. Post stratification independent t-test and repeated measure Anova test will be applied, taking P-value of <0.05 will be considered statistically significant.

REFERENCES:

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2) Mookambika R, Kumar RVH, Areti A, Jaya V. Comparing the posture and comfort of anaesthesiologists during laryngoscopy and tracheal intubation in the head-elevated laryngoscopy position in supine position and with a 25° backup: A randomised clinical crossover trial. Indian J Anaesth. 2024 Jun;68(6):547-52. doi: 10.4103/ija.ija_1130_23.
3) Acharya P, Shrestha A, Gurung A, Koirala M, Shrestha GS, Marhatta MN. Effect of head elevation to different heights in laryngeal exposure with direct laryngoscopy. J Nepal Health Res Counc. 2019 Aug 4;17(2):168-72. doi: 10.33314/jnhrc.v0i0.1721.
4) Okada Y, Nakayama Y, Hashimoto K, Koike K, Watanabe N. Ramped versus sniffing position for tracheal intubation: A systematic review and meta-analysis. Am J Emerg Med. 2021;44:250-6.
5) Reddy AA, Anudeep A, Kumar V, Patel S, Sharma R. Bed-up-head-elevated position versus supine sniffing position in patients undergoing rapid sequence intubation using direct laryngoscopy in the emergency department: A randomized controlled trial. J Emerg Trauma Shock. 2024;17(2):58-65. doi:10.4103/jets.jets_109_23.
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7) Chun EH, Chung MH, Kim JE, Kim KM, Lee HS, Son JM, et al. Effects of head-elevated position on tracheal intubation using a McGrath MAC videolaryngoscope in patients with a simulated difficult airway: a prospective randomized crossover study. BMC Anesthesiol. 2022 May 30;22(1):166. doi: 10.1186/s12871-022-01706-5.
8) Dhar M, Karim HMR, Rajaram N, Prakash A, Sahoo SK, Narayan A. A randomised comparative study on customised versus fixed sized pillow for tracheal intubation in the sniffing position by Macintosh laryngoscopy. Indian J Anaesth. 2018 May;62(5):344-9. doi: 10.4103/ija.IJA_672_17. PMID: 29910491; PMCID: PMC5971622.
9) Vijayakumar EN, Ramachandran S, Hiremath VR, Kuppusamy S, Shanmugam B, Dhamodharan DB. Evaluation of glottic view and intubation conditions with sniffing position using three different pillow heights during direct laryngoscopy: A prospective
10) Acharya P, Shrestha A, Gurung A, Koirala M, Shrestha GS, Marhatta MN. Effect of head elevation to different heights in laryngeal exposure with direct laryngoscopy. J Nepal Health Res Counc. 2019 Aug 4;17(2):168-72. doi: 10.33314/jnhrc.v0i0.1721.

PROFORMA

"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"

MR Number: _____ Date: _____
Age (years): _____
Gender: _____ Group: _____
Diagnosis: _____
Co morbids:
(I) Hypertension:_____
(II) Diabetes:_____
ASA Class:_____
Mallampati: 1._____ 2._____
Weight (kg): _____
Height (m): _____
BMI (kg/m2): _____
Time of arrival: _____

1. **Time taken from introduction of laryngoscope till three complete cycles of capnograph (Time in sec).**

Group A (Ramped position with customized pillow): _____sec
Group B (Sniffing position with fixed pillow): _____sec

2. **Cormack Lehane grading**

Group A (Ramped position with customized pillow) _____.
Group B (Sniffing position with fixed pillow): _____

3. **Hemodynamic response to laryngoscopy**

Time	Time (o min)	Time (3 min)	Time (5 min)
Systolic Blood Pressure (SBP) Diastolic Blood Pressure (DPB)			
Heart Rate			

"Comparison of tracheal Intubation in ramp position using customized pillow versus sniffing position with fixed size pillow by Macintosh laryngoscope; a randomized control trial"

CONSENT FORM FOR PARTTCIPATION IN RESEARCH

Participation in this study is purely voluntary and without any pressure. You have the right to refuse participation in this study and this refusal will not result in any unfavorable consequences. You may contact the investigators if you have any queries regarding this research.

I declare that I have been informed about this research, modes of treatment and possible complications which may arise from this study and I agree to participate in this study.

DOCTERS NAME:

DOCTERS SIGNATURE:

PATIENT/ATTENDANT NAME:

PATIENT/ATTENDANT SIGNATURE:

MR NO:

DATE: