

Laryngeal Mask Airway (LMA)

i-gel

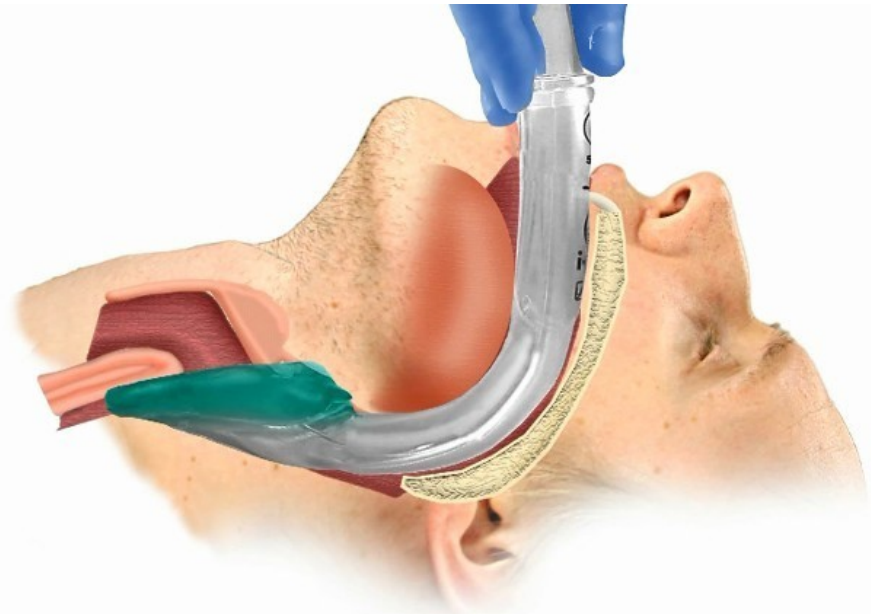


Laryngeal Mask Airway

- ETT is the optimal method of managing the airway
- However without adequate training and experience, the incidence of complications is high.
- LMA is relatively easy to insert, and ventilation using an LMA is more efficient and easier than with a bag-mask.

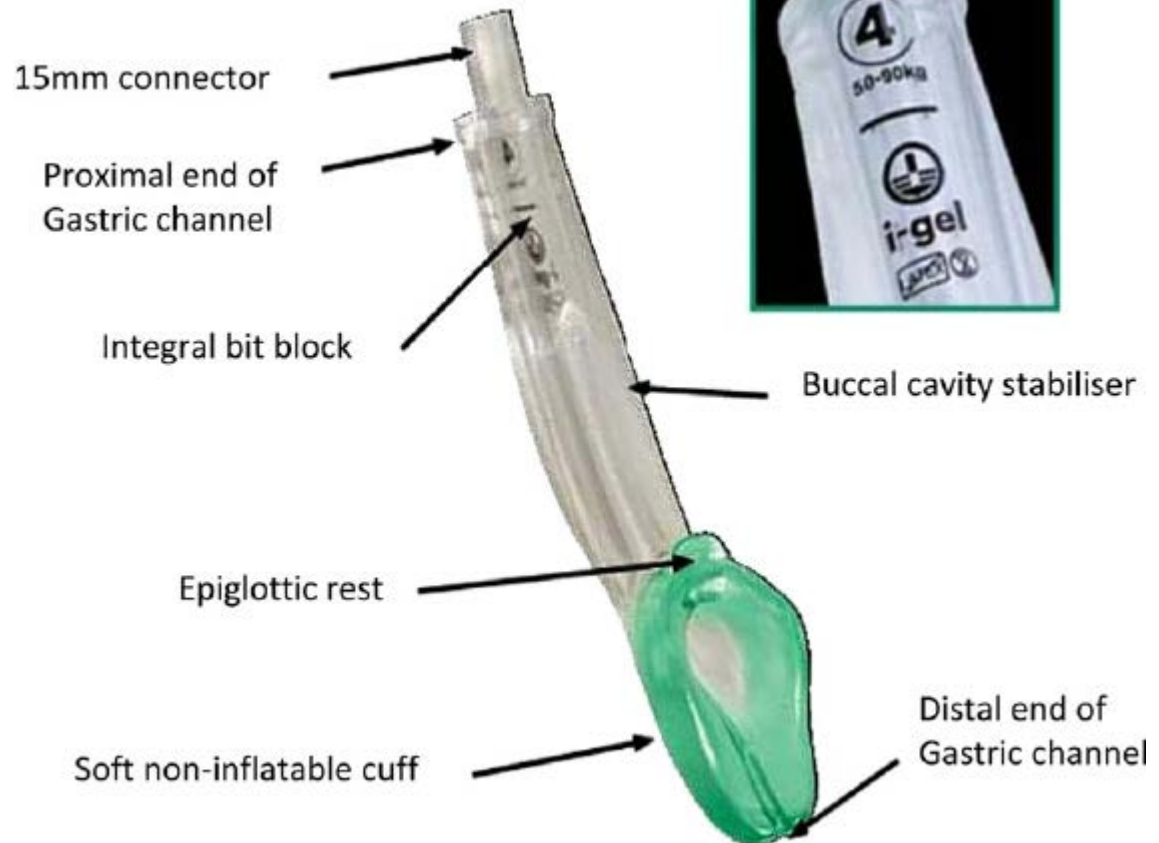
Laryngeal Mask Airway

- Does not protect the airway
- The original/classic LMA has been superseded by several second generation LMA's that have more favourable characteristics



IGEL

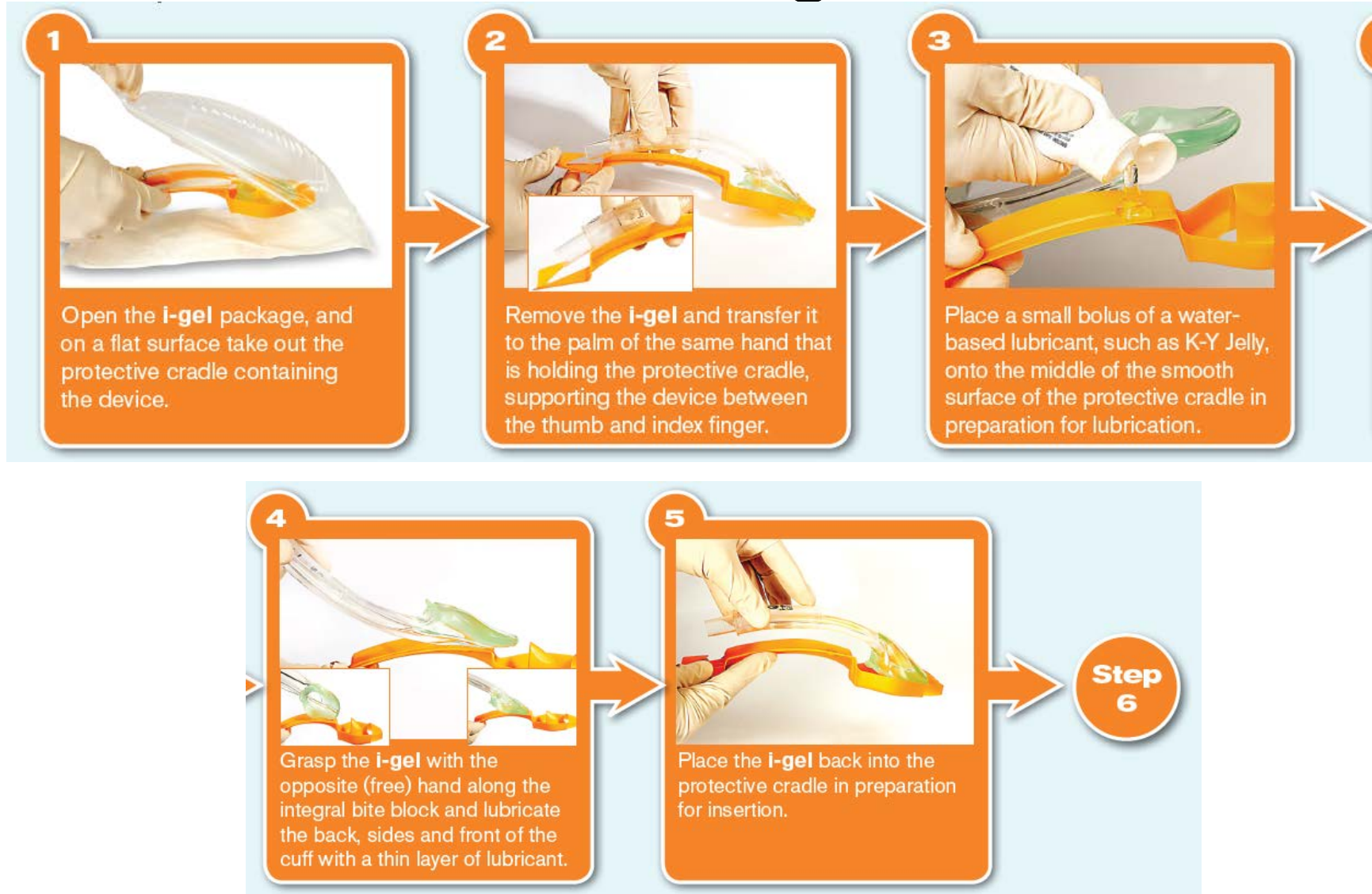
- 2nd generation LMA
- Single use



IGEL - Benefits

- The cuff does not require inflation
- The stem incorporates a bite block
- The stem incorporates a narrow oesophageal drain tube allowing insertion of NG tube/ expulsion of gastric contents
- It is very easy to insert, requiring only minimal training
- A laryngeal seal pressure of 20–24 cmH₂O can be achieved.

How to insert an i-gel



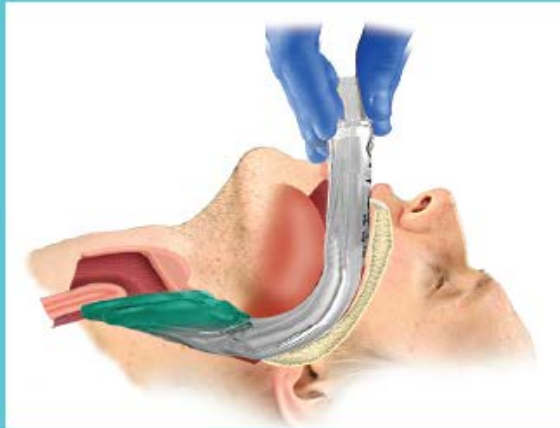
How to insert an i-gel

6



Remove the i-gel from the protective cradle. Grasp the lubricated i-gel firmly along the integral bite block. Position the device so that the **i-gel** cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing the morning air' position with head extended and neck flexed. The chin should be gently pressed down before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.

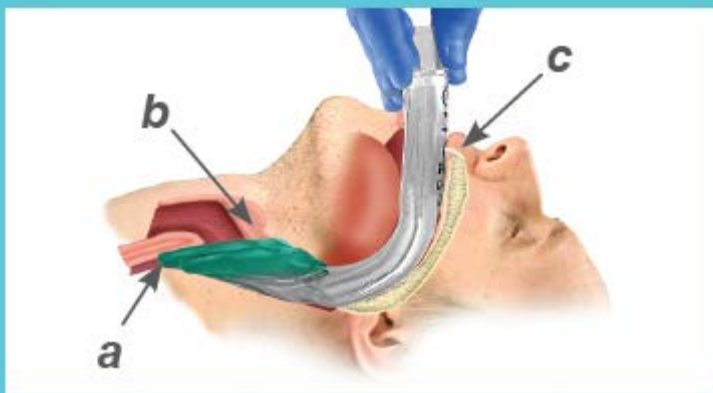
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Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a **definitive resistance** is felt .

How to insert an i-gel

8



The tip of the airway should be located into the upper oesophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite-block (c).

9



i-gel should be taped down from 'maxilla to maxilla'.

How to insert an i-gel

10



If there is early resistance during insertion a 'jaw thrust' (above) or 'Insertion with Deep Rotation' (right) is recommended.










How to insert an i-gel

- Once definitive resistance is met + teeth are located on bite block - do not repeatedly push i-gel down or apply excessive force
- No more than 3 attempts should be attempted
- Not necessary to insert fingers into the patients mouth during insertion

How to size an i-gel

- Based on weight

i-gel size	Patient size	Patient weight guidance (kg)
 1	Neonate	2-5
 1.5	Infant	5-12
 2	Small paediatric	10-25
 2.5	Large paediatric	25-35
 3	Small adult	30-60
 4	Medium adult	50-90
 5	Large adult+	90+

What to do next

- Once inserted attach BVM/Ambu bag
- Monitor patients ventilation and assist if required
- Consider inserting orogastric tube down specific port in igel and suctioning GI contents
- **CALL FOR HELP**

Resources

1. Martin PD. CYNA AM. Hunter WAH, Henry J. Ramayya GP. Training nursing staff in airway management for resuscitation. Anaesthesia. 1993;48(1): 33-37
2. Roberts I. Allsop P. Dickinson M. Curry P. Eastwick-Field P. Eyre G. Airway management training using the laryngeal mask airway: a comparison of two different training programmes. Resuscitation. 1997. 33(3): 211-214
3. Intersurgical igel Poster 03/13