



- (i) Prepare LMA (deflate – more stable, rigid, less risk of kinking)
- (ii) Stabilize head and place Index finger between tube and cuff
- (iii) Push down until soft resistance (tip in upper oerophageal sphincter)
- (iv) Inflate cuff (LMA normally comes back 1 cm)

- 1. lack of expertise for endotracheal intubation
 - 2. failed intubation
- success at placement of LMA is unaffected by Mallampati score or presence of a hard collar

- 1. prolonged positive pressure ventilation

- size 1 - neonates up to 5kg
- size 1 1/2 - infants 5-10 kg
- size 2 - infants / children 10-20 kg
- size 2 1/2 - children 20-30kg
- size 3 - children heavier than 30kg and small adults
- size 4 - normal and large adults (cuff volume 30ml)
- size 5 - large adults (cuff volume 40ml)

Laryngeal mask airway [created by Paul Young 22/12/07]

general

an airway control device that was introduced in the UK in 1988 & became available in the USA in 1992

when inserted correctly the LMA occupies the entire hypopharynx and rests against the upper oesophageal sphincter behind the cricoid cartilage at the level of C6. The sides of the device face into the piriform fossae and the upper border rests against the base of the tongue

features

- made of medical-grade latex-free silicone rubber
- has three main components:
 - 1) an airway tube which has a 15mm standard male adapter
 - 2) a mask with a specially shaped cuff
 - 3) a mask inflation line with a inflation indicator balloon & valve
- the mask is designed to conform to the contours of the hypopharynx with its lumen facing the laryngeal opening



Features:

- (i) Drain tube allows easy clinical confirmation of correct mask position
- (ii) Drain tube provides direct access to stomach contents and prevents gastric insufflation providing an escape for unexpected regurgitation
- (iii) High seal pressure - up to 30 cm H2O - Providing a tighter seal against the glottic opening with no increase in mucosal pressure
- (iv) Provides more airway security than regular LMA

LMA proseal

