LMA ProSeal™ is a re-usable second generation, gastric access device which forms an effective First Seal™ with the oropharynx (oropharyngeal seal) and an innovative Second Seal™ with the upper oesophageal sphincter (oesophageal seal).

### The most versatile re-usable airway

- **Peace of mind** – Passive regurgitation can occur unexpectedly intraoperatively. LMA ProSeal™ enables the regurgitated fluid to pass up the drainage tube without leaking into the glottis.

- **Patient comfort** – LMA ProSeal™ reduces the likelihood of throat irritation and stimulation, and reduces post-operative nausea and vomiting by as much as 40% compared to an ETT.

- **Performance** – LMA ProSeal™ achieves a high seal pressure, with a median seal pressure of 32cm H₂O.

- **Aspiration** – LMA ProSeal™ has a built-in drain tube that allows expelled gastric content to bypass the pharynx. This specific feature is designed to decrease the risk of aspiration.

Post-operative sore throat, nausea and vomiting were measured via patient interviews in a blind fashion.

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Post anaesthesia care unit outcome data up to 24 hours

- **Sore throat (%)**
  - LMA ProSeal™: ★
  - ETT: ▲
  - P<0.0001 vs. LMA ProSeal™ group.

- **Vomiting (%)**
  - LMA ProSeal™: ♦
  - ETT: ★
  - P<0.004 vs. LMA ProSeal™ group.

- **Nausea (%)**
  - LMA ProSeal™: ❤
  - ETT: ♦
  - P<0.0001 vs. LMA ProSeal™ group.
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“The LMA ProSeal™ currently has the broadest evidence to support its efficacy and safety profile.”

NAP4 report, 2011
LMA ProSeal™: Product specification

<table>
<thead>
<tr>
<th>Mask size</th>
<th>Product code</th>
<th>Patient size</th>
<th>Maximum cuff volume (air)*</th>
<th>Largest size OG tube/salem pump</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150010</td>
<td>Neonates/infants up to 5 kg</td>
<td>4 ml</td>
<td>2.7 mm / 8 Fr</td>
</tr>
<tr>
<td>1.5</td>
<td>150015</td>
<td>Infants 5-10 kg</td>
<td>7 ml</td>
<td>3.5 mm / 10 Fr</td>
</tr>
<tr>
<td>2</td>
<td>150020</td>
<td>Infants/children 10-20 kg</td>
<td>10 ml</td>
<td>3.5 mm / 10 Fr</td>
</tr>
<tr>
<td>2.5</td>
<td>150025</td>
<td>Children 20-30 kg</td>
<td>14 ml</td>
<td>4.9 mm / 14 Fr</td>
</tr>
<tr>
<td>3</td>
<td>150030</td>
<td>Children 30-50 kg</td>
<td>20 ml</td>
<td>5.5 mm / 16 Fr</td>
</tr>
<tr>
<td>4</td>
<td>150040</td>
<td>Adults 50-70 kg</td>
<td>30 ml</td>
<td>5.5 mm / 16 Fr</td>
</tr>
<tr>
<td>5</td>
<td>150050</td>
<td>Adults 70-100 kg</td>
<td>40 ml</td>
<td>6.0 mm / 18 Fr</td>
</tr>
</tbody>
</table>

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60 cm H₂O intracuff pressure.

The gastric drain tube enables confirmation of correct mask placement and sealing with the upper oesophageal sphincter. A patent drain tube reduces the risk of stomach insufflation.

**First Seal™**
Oropharyngeal seal.

**Second Seal™**
Oesophageal seal.

15 mm connector
Bite block
Wire-reinforced airway tube
Drain tube
An optimised distal tip with gastric access designed to functionally separate the digestive and respiratory tracts.

Manual vent
Make sure the manual vent is open during sterilisation to prevent herniation of the cuff.