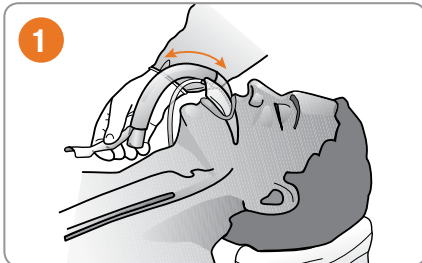
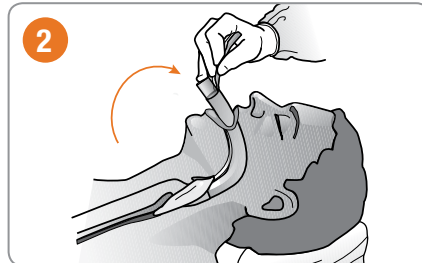


LMA Fastrach™ manoeuvres guide

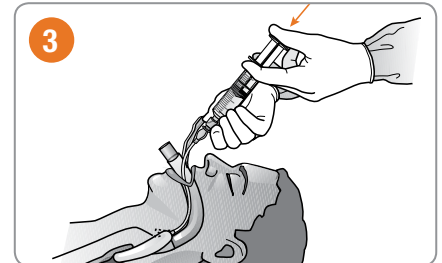
Insertion technique: To insert the LMA Fastrach™



Deflate the cuff of the mask and use a water soluble lubricant on the posterior surface. Rub the lubricant over the anterior hard palate.

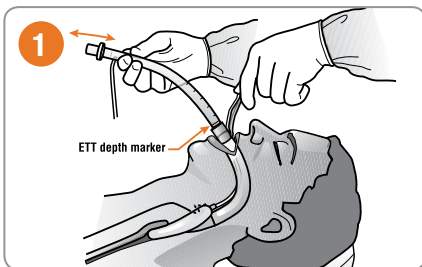


Rotate the mask into place in a circular movement, ensuring pressure is maintained against the palate and the posterior pharynx. Never use the handle as a lever.



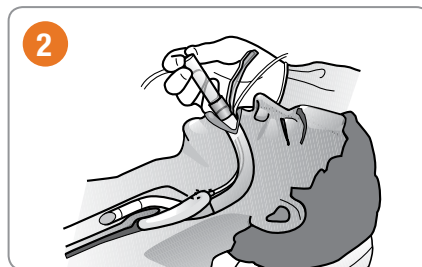
Inflate the cuff, to a pressure of approximately 60 cm H₂O.

Insertion technique: To insert the LMA™ ET tube (ETT) and remove the LMA Fastrach™

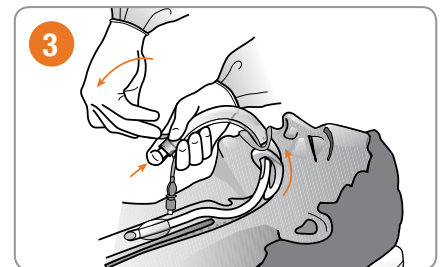


Hold the LMA Fastrach™ device handle while gently inserting the lubricated ETT into the airway shaft.

(The use of standard, curved, PVC ETT's is not recommended.)



Advance the ETT, inflate the cuff and confirm intubation.



Fully deflate the LMA Fastrach™ cuff. Remove the ETT connector and ease the LMA Fastrach™ out by gently swinging the handle caudally. Use the stabilising rod to keep the ETT in place until the tube can be grasped at the level of the incisors.



Remove the stabilising rod and grasp the ETT firmly while gently unthreading the inflation line and pilot balloon of the ETT.

Replace the ETT connector and ventilate the patient.

For the latest clinical evidence on LMA Fastrach™, register for free at www.doctorevidence.com/lma



Once the LMA Fastrach™ has been inserted:

1) Optimise the airway prior to intubation:

Position the LMA Fastrach™ for the least resistant, most compliant airway by:







- ▶ Grasping the handle of the device and gently ventilating the patient
- ▶ Grip the handle firmly and lift the device using the handle to draw the larynx forward
- ▶ Slide the ETT gently into the LMA Fastrach™. If no resistance is felt, continue to advance the ETT while holding the device steadily

2) Correct placement:



Insert the ETT and inflate the cuff. Verify end-tidal CO₂.

3) Overcoming resistance to LMA™ ET tube insertion:

Resistance felt at:					
2 cm Beyond the 15 cm mark on the ETT (transverse line):	Tube impacting on the vestibular wall	Rotating the ETT bevel may overcome this.			
2 cm Beyond the 15 cm mark on the ETT (transverse line):	Epiglottis downfolded		Without deflating the cuff, swing the device outward ~ 6 cm and re-insert.		Re-optimize and re-attempt intubation
3 cm Beyond the ETT transverse line:	LMA Fastrach™ too small		Epiglottis is out of the reach of the EEB (Epiglottic Elevating Bar).		Use larger size
Immediately With the ETT depth marker still visible, or just a few mm into the LMA Fastrach™ tube:	LMA Fastrach™ too large	In patients with normal or thin necks:			Use smaller size
4 cm – 5 cm Beyond the ETT transverse line:	LMA Fastrach™ too large	In patients with wide short necks:			Use smaller size

The Manoeuvres Guide assumes that you are using the straight, silicone, wire-reinforced ETT developed specifically for use with LMA Fastrach™.

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Consult IFU on this website:
www.LMACO.com



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