Airway Management for Endoscopic Procedures

upper-gastrointestinal (GI) endoscopies are performed annually in the US (approx)1

Overall reported adverse event rates of upper-GI endoscopy²

Cardiopulmonary complications occur in the order of:

cases per 1000 endoscopy procedures3,4*

Studies from around the world report that hypoxemia occurs in:

of endoscopy cases⁵⁻⁷

Thus, airway management with dedicated devices is needed. This clinical setting requires anesthesiological skill."8 Torino et al., 2016

> Initial evidence suggests that laryngeal masks may be a suitable alternative to endotracheal intubation for advanced upper-GI endoscopy procedures requiring general

anesthesia.9,10

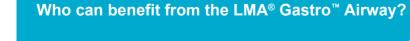
"During [deep] sedation the airway protective reflexes and respiratory function are impaired.



The LMA® Gastro™ Airway with Cuff Pilot™ Technology

general anesthesia.

The only laryngeal mask specifically designed to help clinicians manage their patients' airways while facilitating direct endoscopic access under





airway patency and direct endoscopic access.

confidence by providing



ASGE Standards of Practice Committee, Ben-Menachem T, Decker GA, et al. Gastrointest Endosc. 2012;76(4):707-718.



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* Retrospective review of morbidity associated with gastrointestinal endoscopy based on data held within the Clinical Outcomes Research Initiative (CORI) database and the computer-based management system of the American Society for Gastrointestinal Endoscopy Any quotes appearing in this material are taken from independent third-party publications and are not intended to imply that such third

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