

# LMA® Gastro™ Airway

## Case Study

### Diagnostic esophagogastroduodenoscopy performed through the LMA® Gastro™ Airway

Attending anesthesiologist: Ryan Huffman, MD  
Attending gastroenterologist: Dr. Aman Thosani



#### Background

The LMA® Gastro™ Airway with Cuff Pilot™ Technology from Teleflex is the only laryngeal mask specifically designed to help clinicians manage their patient's airway while facilitating direct endoscopic access through the integrated endoscope channel. The LMA® Gastro™ Airway is indicated for airway management in adult patients undergoing endoscopic procedures under general anesthesia.

#### Patient Demographics

|                |   |
|----------------|---|
| Age            | 71 years old  |
| Gender         | Male  |
| Weight; Height | 81 kg; 6'1"   |
| BMI            | 23.6  |
| Procedure      | General anesthesia was administered with LMA® Gastro™ Airway in place               |
| History        | Mild hemoptysis which may have raised the risk of airway management complications   |
| Findings       | All pre-operative investigations and airway assessment were within the normal range |
| Comorbidities  | None reported   |
| Fully Fasted   | Yes   |

**Mallampati Class II**  
Full range of movement  
of the head and neck

**ASA 2**

#### Patient's Baseline Vital Signs

**BP =  $\frac{130}{65}$**   
mmHg

**89/min**  
heart rate

**97%**  
O<sub>2</sub> Sat.

#### Procedure

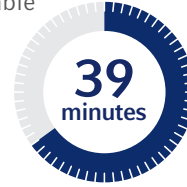
- Patient was positioned in the supine position and standard routine monitoring was initiated
- An intravenous line was secured. After pre-oxygenation with a face mask with tidal volume breathing of 100% oxygen at 1 L/min for 4 minutes
 

Anesthesia was induced with intravenous delivery of:  
 Fentanyl - 50 µg  
 Propofol - 150 mg  
 Midazolam - 2 mg
- Following induction, anesthesia was maintained with periodic bolus administration of propofol, 50 mg; spontaneous ventilation was used throughout the case

## Insertion of the LMA® Gastro™ Airway

- The patient's head was tilted and, after lubrication with a water-based lubricant, a size 4 LMA® Gastro™ Airway was inserted using a one-handed rotational movement
- The cuff was inflated with 20 mL of air to the green level on the integrated cuff pressure indicator (Cuff Pilot™ Technology) indicating a cuff pressure of 40-60 cm H<sub>2</sub>O
- Adjustments to the positioning of the device were required to achieve an optimal oropharyngeal seal
- The patient was then placed in the lateral position
- The endoscope was inserted under vision through the endoscope channel; some resistance was reported but this had no effect on the ability to perform the EGD procedure
- The remainder of the case was uneventful and patient recovery was stable

Duration of the procedure:



## Key Findings

|  |  |
|--|--|
| Ease of insertion  | Moderate, with repositioning of the device required following insertion  |
| Time to establish patent airway                                | 30 seconds   |
| Oropharyngeal seal pressure achieved                           | 20 cm H <sub>2</sub> O   |
| Ease of endoscope insertion                                    | Moderate, with some resistance felt on insertion   |
| Adverse events   | None encountered during the procedure or during device removal, and no emergency airway management maneuvers were undertaken |
| Evidence of blood on the LMA® Gastro™ Airway following removal | None   |

## Conclusion

- The attending anesthesiologist considered the LMA® Gastro™ Airway to be a beneficial device in the endoscopy setting, with the ability to perform endoscopy and manage the airway simultaneously being the main benefit of the device in this case. He would consider using the LMA® Gastro™ Airway again for this type of procedure
- The ease of placement of the device in this case was considered moderate and the anesthesiologist considered this to be the only challenge to using the device. The anesthesiologist noted that being able to manage the airway with a laryngeal mask in this case was advantageous because direct laryngoscopy and muscle relaxation were not required



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