



LMA® Protector™ Airway

with Cuff Pilot™ Technology

Revolutionizing Airway Access



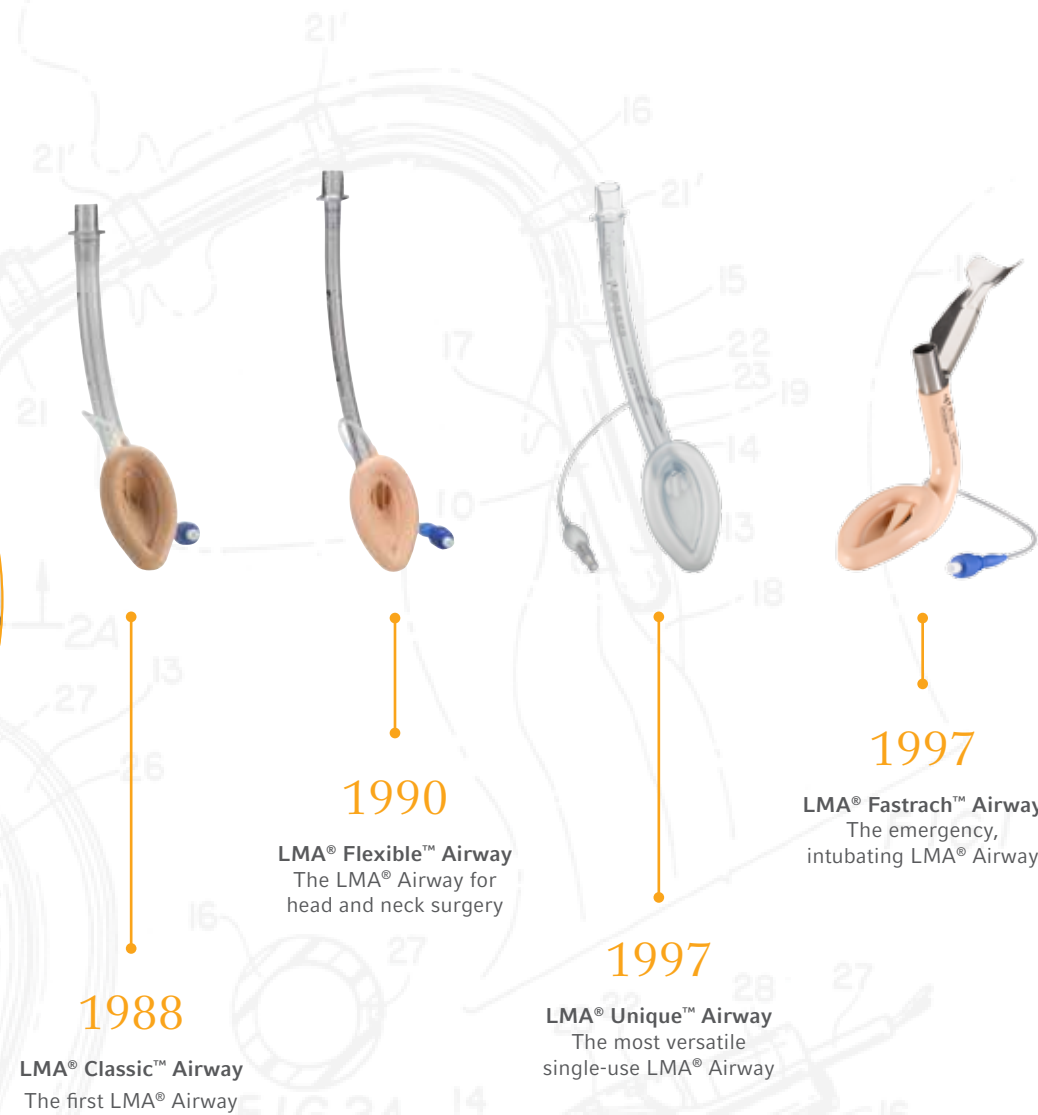
Our Past Inspiring Our Future

In 1988 the practice of anesthesia was revolutionized by Dr. Archie Brain with the development of the first LMA® Airway. Today, the LMA® Brand from Teleflex has a rich history of innovation supported by millions of global uses and thousands of clinical studies. Teleflex is continuing this legacy, driving the innovation of technologies designed to improve patient outcomes and procedural efficiencies.

5,282,464



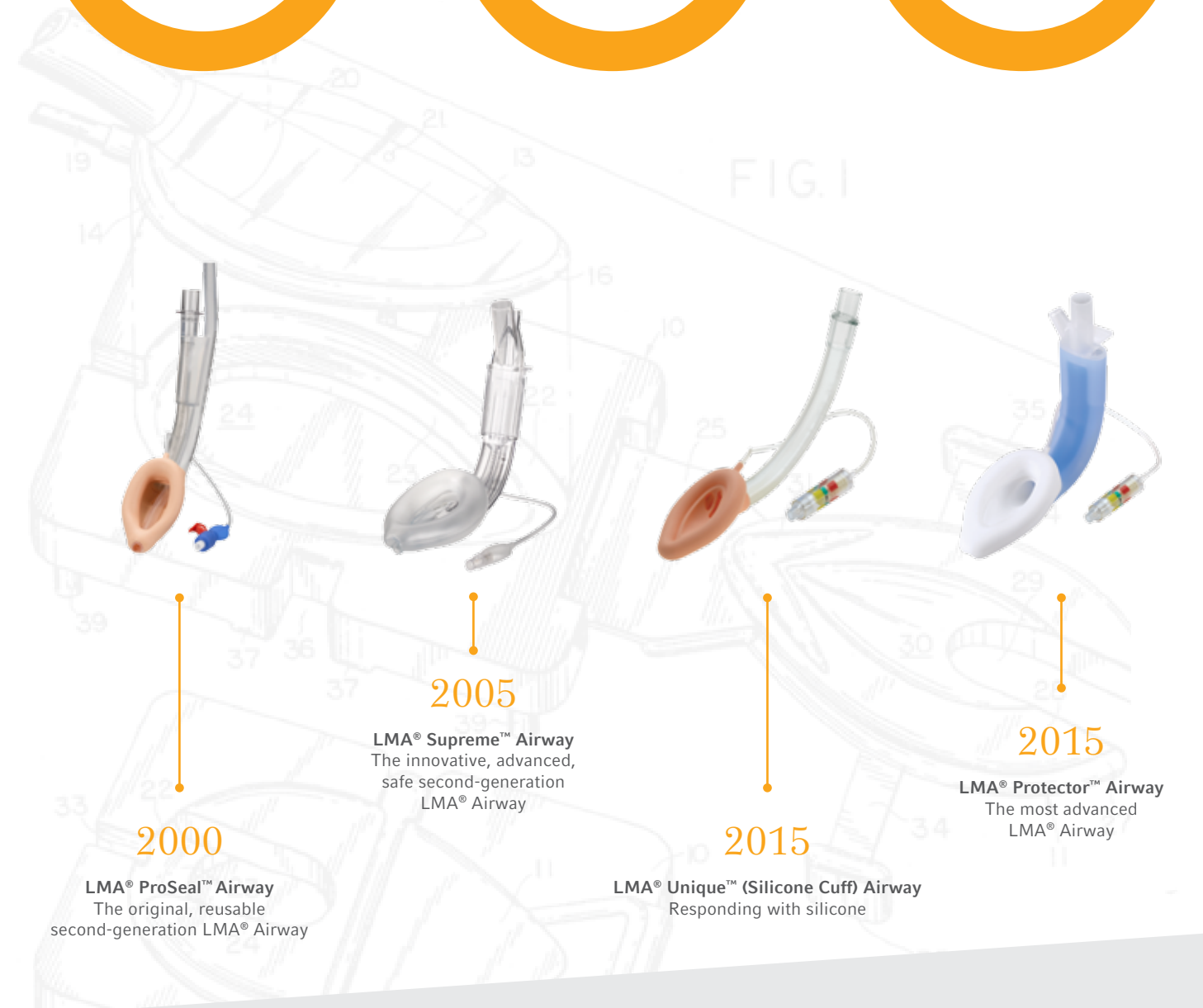
Dr. Archie Brain



3,000
published references

300
million patient uses

3 Every seconds
an LMA® Airway is used somewhere in the world



“The LMA®, a simple but brilliant idea, has made the life of the anesthetist much easier, and the life of our patients for whom we care that much safer”

T. C. R. V. van Zundert, J. R. Brimacombe, D. Z. Ferson, D. R. Bacon and D. J. Wilkinson, “Archie Brain: celebrating 30 years of development in laryngeal mask airways”; *Anaesthesia* 2012, 67, 1375–1385

There are clear benefits of using an LMA® Airway vs. an ETT which include:¹

- Improved hemodynamic stability at induction and during emergence
- Minimal increase in intraocular pressure following insertion
- Reduced anesthetic requirements for airway tolerance
- Lower frequency of coughing during emergence
- Improved oxygen saturation during emergence
- Lower incidence of sore throats in adults
- Increased speed and ease of placement by inexperienced personnel
- Increased speed of placement by anesthesiologists
- Using an endotracheal tube in place of an LMA® Airway has been shown to result in increased drug cost and higher overall costs depending on the length of the case²

Revolutionizing airway access

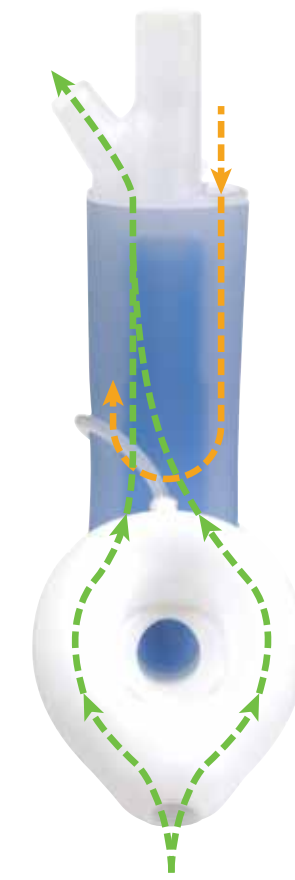
LMA® Protector™ Airway with Cuff Pilot™ Technology

The LMA® Protector™ Airway ushers in a new era in the evolution of airway management and is the most advanced, single-use, second-generation supraglottic airway device available from Teleflex. Its unique combination of innovative capabilities are designed to help clinicians reduce the risk of airway-related complications and improve patient outcomes.



Silicone cuff with First Seal™ and Second Seal™ Technology

The soft, silicone, elongated inflatable cuff is designed to conform to the contours of the hypopharynx and achieve an oropharyngeal seal (First Seal™ Technology) equivalent to the LMA® ProSeal™ Airway (>30 cm H₂O). The esophageal seal (Second Seal™ Technology) secures the distal tip at the upper esophageal sphincter and is designed to minimize gastric insufflation and facilitate gastric access.



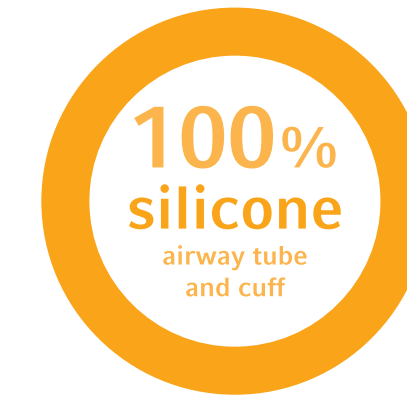
Dual gastric access

Effective gastric access is considered to be important in advanced uses where gastric content is unknown and/or there is an increased risk of regurgitation. LMA® Protector™ Airway features a proprietary dual gastric drainage channel and suction ports, combined with a high capacity gastric chamber, allowing for suction and decompression of the stomach via a gastric tube, while providing exit channels for gastric contents in the event of regurgitation.

Phthalate free

Silicone design with dynamic curve

The multipurpose, single-use laryngeal mask features a 100% silicone airway tube and cuff, with a dynamic curve that conforms to contours of the anatomy, allowing for rapid insertion and a secure fit in both routine and unexpected difficult airway situations.



Ability to intubate

The airway tube allows for effective, direct intubation with endotracheal tubes up to 7.5 mm.



MR safe*

Cuff Pilot™ Technology

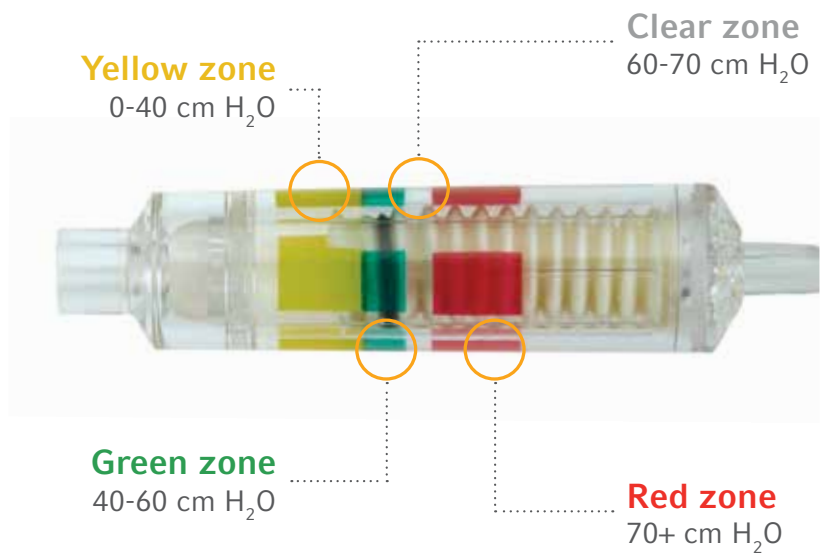
Integrated cuff pressure monitoring.

Second Seal™ Technology
(facilitates esophageal seal)

First Seal™ Technology
(facilitates oropharyngeal seal)

Cuff Pilot™ Technology Integrated cuff pressure monitoring

The LMA® Protector™ Airway is configured with Cuff Pilot™ Technology, the world's first integrated cuff pressure indicator for single-use airway management devices. This enables clinicians to ensure that the inserted cuff is correctly inflated, allows them to monitor pressure levels at a glance and adjust appropriately. Incorrectly inflated cuffs can have an adverse effect on patient safety.³



Studies show that clinicians are needlessly overinflating the cuffs of laryngeal mask airways, impairing their function and giving half of patients sore throats. In some reports, 70% of laryngeal mask airways were overinflated and, in one, a staggering 97%. It has been shown repeatedly that injecting the maximum recommended volume of air results in cuff pressures approximately twice the maximum recommended and even as high as 200 cm H₂O. Multiple studies in tracheal tubes and laryngeal mask airways have shown that clinicians, regardless of experience and seniority, are poor at judging cuff pressures manually.³

“The painful truth is that we clinicians are needlessly overinflating LMA® cuffs, impairing their function and giving half of our patients sore throats”

E. Bick, I. Bailes, A. Patel, A. I. J. Brain. Fewer sore throats and a better seal: why routine manometry for laryngeal mask airways must become the standard of care. *Anaesthesia* 2014.

* LMA Protector™ Airway with Cuff Pilot™ only

References:

1. Brimacombe J. The advantages of the LMA over the tracheal tube or facemask: a meta-analysis. *Can J Anaesth.* 1995;42(11):1017-1023.
2. Macario A, Chang PC, Stempel DB et al. A cost analysis of the laryngeal mask airway for elective surgery in adult outpatients. *Anesthesiol.* 1995;83(2):250-257.
3. Bick E, Bailes I, Patel A, Brain AI. Fewer sore throats and a better seal: why routine manometry for laryngeal mask airways must become the standard of care. *Anaesthesia.* 2014;69(12):1304-1308.

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