Preparing the endoscope channel

- Prior to inserting the device into the patient, the integrated endoscope channel needs to be prepared. Lubricate the inside of the endoscope channel, preferably using a medical-grade silicone spray.
- Insert the endoscope through the channel and pass it backward and forward to confirm smooth and free movement before removing the endoscope.

Deflation

- Hold the syringe and the LMA® Gastro™ Airway with Cuff Pilot™ Technology exactly as shown in Figure 2.
- Compress the distal end of the device between the index finger and thumb (so that it is curled slightly anteriorly) while withdrawing air until a vacuum has been obtained.
- Keep the syringe under tension while rapidly disconnecting it from the inflation port.

Standard insertion

- Apply generous lubrication to the surface of the mask and airway tube just prior to insertion.
- For gastroscopy the patient is placed in the left lateral position prior to induction. Supine may be used during insertion, however, the patient may be required to be rolled to the left lateral position for the endoscopy.
- Advance the device into the hypopharynx until resistance is felt.

Information in this document is not a substitute for the product Instructions for Use. Refer to package insert for complete warnings, indications, contraindications, precautions, potential complications, and Instructions for Use.
 Confirmation of insertion and endoscope placement

Use of the endoscope channel

Upon insertion as shown in Figure 12, some resistance is often detected as the endoscope is passed through the device. Do not use excessive force. The endoscope channel facilitates the insertion of an endoscope to the upper esophageal sphincter without the need to use the maneuvering controls of the endoscope (i.e., the endoscope should not be flexed for entry).

Fixation

- Bring the unsecured part of the strap behind and around the patient’s head and secure it to the right handle of the holder
- Secure the device to the patient’s face using the adjustable holder and strap
- With the device in place, secure the adjustable holder at one of the grooves such that the underside of the holder’s lips is flush against, but not pressing into, the patient’s lips
- Do not use a Guedel airway or any other bite block devices as the device has an integral bite block

Use of the endoscope channel

Upon insertion as shown in Figure 12, some resistance is often detected as the endoscope is passed through the device. Do not use excessive force. The endoscope channel facilitates the insertion of an endoscope to the upper esophageal sphincter without the need to use the maneuvering controls of the endoscope (i.e., the endoscope should not be flexed for entry).

**LMA Gastro Airway with Cuff Pilot Technology**

<table>
<thead>
<tr>
<th>ITEM NUMBER</th>
<th>MASK SIZE</th>
<th>PATIENT WEIGHT (KG)</th>
<th>MAX. CUFF PRESSURE (CM H2O)*</th>
<th>MAX. ENDOSCOPE SIZE (OD) (MM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E5030</td>
<td>3</td>
<td>30–50</td>
<td>60</td>
<td>14</td>
</tr>
<tr>
<td>1E5040</td>
<td>4</td>
<td>50–70</td>
<td>60</td>
<td>14</td>
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<tr>
<td>1E5050</td>
<td>5</td>
<td>70–100</td>
<td>60</td>
<td>14</td>
</tr>
</tbody>
</table>

* Cuff Pilot Technology recommendation for cuff pressure: green zone pressure range = 40 – 60 cm H2O for all sizes.

**STEP 1**
Lubricate, insert and secure the device using the recommended technique.

**STEP 2**
Inflate the mask using the recommended technique, check pressure and connect patient airway tube.

**STEP 3**
Ventilate the patient. Seal pressure should be tested at 20 cm H2O, with the cuff pressure valve of the cuff pressure indicator (Cuff Pilot Technology) in the green zone.

**STEP 4**
For gastroscopy, normal forward vision will show the endoscope passing through the endoscope channel and entering the esophagus directly if the device is correctly positioned.

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