LMA

LMA® Gastro Airway

with Cuff Pilot Technology

Proactive airway management for endoscopy procedures

Separate gastric and airway access

Hypoxemia due to respiratory depression or airway obstruction is a known risk associated with endoscopic procedures, with studies showing that hypoxemia can occur in 11–50% of cases.[1-3] The LMA® Gastro Airway with Cuff Pilot Technology from Teleflex is the first laryngeal mask specifically designed to enable clinicians to proactively manage their patients' airways while facilitating direct endoscopic access via the integrated endoscope channel. With the airway in place, clinicians can monitor end-tidal CO_2 for patient safety.

Designed to support patient safety

The single-use LMA® Gastro Airway is designed for patient comfort with a silicone cuff that is soft and flexible, and conforms to the patient anatomy to create an effective oropharyngeal seal.[4,5] Silicone cuffs have been shown to reduce risk of sore throat[6] and may achieve higher seal pressures[4] compared with PVC cuffs.

Integrated Cuff Pilot Technology

Cuff Pilot Technology is an integrated, cuff pressure indicator that constantly monitors cuff pressure, detecting changes at a glance resulting from fluctuations in temperature, nitrous oxide levels, and movements within the airway. Cuff Pilot Technology was developed to support clinicians in avoiding the known risks of cuff hyperinflation, which include sore throat, dysphagia, an increased risk of aspiration due to leakage around the cuff, and hypoglossal, lingual or recurrent laryngeal nerve palsies.[7-10]

Benefits

Clinician
Inspires confidence by supporting end-tidal CO_2 monitoring and direct endoscopic access

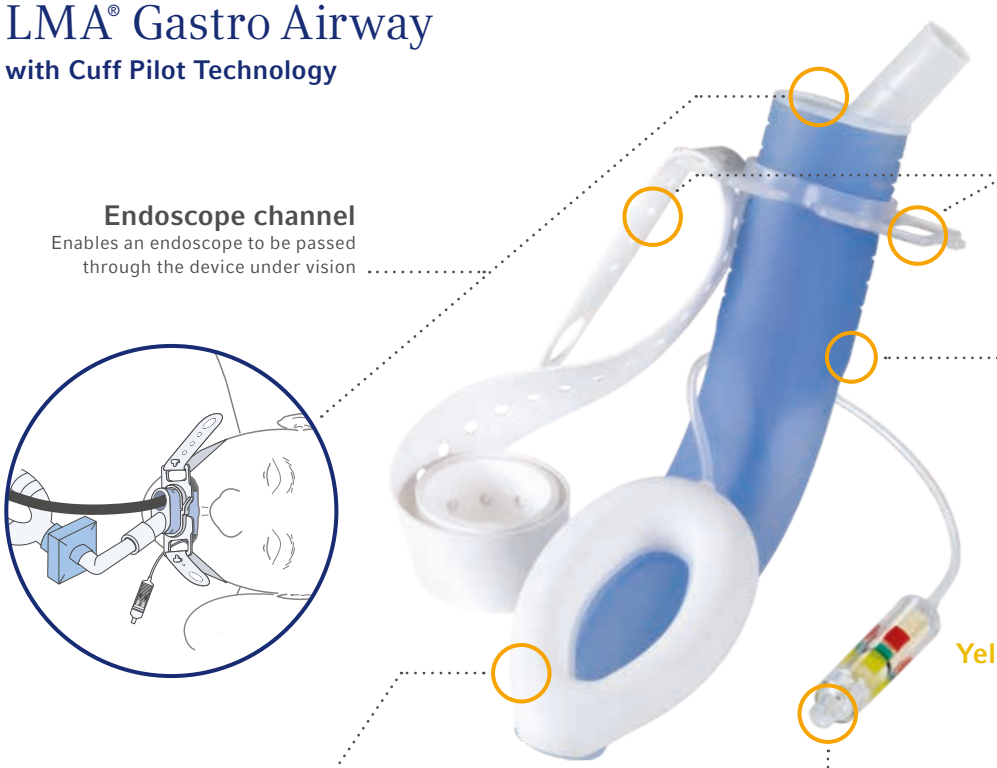
Institution
Designed to help reduce airway-related complications during endoscopy procedures

Patient
Silicone cuff and integrated cuff pressure monitoring for patient comfort

Teleflex

LMA® Gastro Airway

with Cuff Pilot Technology



Adjustable holder and strap
Maintains the device in a neutral position during endoscope manipulation

Endoscope channel
Enables an endoscope to be passed through the device under vision

Integrated bite block
Reduces the potential for damage to, or obstruction of, the airway tube or endoscope due to biting

Silicone airway tube and cuff
Designed for smooth insertion and patient comfort

Cuff Pilot Technology
An integrated, single-use cuff pressure indicator that constantly monitors cuff pressure

LMA® Gastro Airway with Cuff Pilot Technology fast facts

Designed to provide control of a patient's airway while enabling direct access to the esophagus and upper gastrointestinal tract in patients undergoing endoscopic procedures.

In an initial study of 292 patients, the LMA® Gastro Airway was placed and an endoscope inserted successfully in 99% of patients.[11]

Once placed, the LMA® Gastro Airway facilitates end-tidal CO_2 monitoring throughout the procedure to support patient safety.

LMA® Gastro Airway with Cuff Pilot Technology

ITEM NUMBER	MASK SIZE	PATIENT WEIGHT	MAXIMUM INTRACUFF PRESSURE*	MAXIMUM ENDOSCOPE SIZE (OD)
1E5030	3	30–50 kg	60 cm H_2O	14 mm
1E5040	4	50–70 kg	60 cm H_2O	14 mm
1E5050	5	70–100 kg	60 cm H_2O	14 mm

* Cuff Pilot Technology recommendation for cuff pressure: green zone pressure range = 40 – 60 cm H_2O for all sizes. Note: The LMA® Gastro Airway does not facilitate intubation.

teleflex.com/lmagastro

References.

1. Qadeer MA, Rocio Lopez A, Dumot JA, Vargo JJ. *Dig Dis Sci.* 2009;54(5):1035-1040.
2. Cote GA, Hovis RM, Ansstas MA, et al. *Clin Gastroenterol Hepatol.* 2010;8(2):137-142.
3. de Paulo GA, Martins FP, Macedo EP, Goncalves ME, Mourao CA, Ferrari AP. *Endosc Int Open.* 2015;3(1):E7-E13.
4. Maitra S, Khanna P, Baidya DK. *Eur J Anaesthesiol.* 2014;31(5):266-273.
5. Eschertzhuber S, Brimacombe J, Hohlrieder M, Keller C. *Anaesthesia.* 2009;64(1):79-83.†
6. Wong JG, Heaney M, Chambers NA, Erb TO, von Ungern-Sternberg BS. *Pediatr Anesth.* 2009;19(5):464-469.
7. van Zundert T, Brimacombe J.† *Anaesthesiol Intensive Ther.* 2012;44(2):63-70.‡
8. Burgard G, Mollhoff T, Prien T. *J Clin Anesth.* 1996;8(3):198-201.
9. Chantzara G, Stroumpoulis K, Alexandrou N, Kokkinos L, Iacovidou N, Xanthos T. *Minerva Anestesiol.* 2014;80(5):547-555.
10. Seet E, Yousaf F, Gupta S, Subramanyam R, Wong DT, Chung F. *Anesthesiology.* 2010;112(3):652-657.‡
11. Terblanche NCS, Middleton C, Choi-Lundberg DL, Skinner M. *Br J Anaesth.* 2018;120(2):353–360.

† Research sponsored by Teleflex Incorporated.
‡ Research sponsored in part by Teleflex Incorporated.

Teleflex

Distributed by: Teleflex Headquarters International, Ireland · Teleflex Medical Europe Ltd. · IDA Business & Technology Park Dublin Road · Athlone · Co Westmeath · Tel. +353 (0)9 06 46 08 00 · Fax +353 (0)14 37 07 73 · orders.intl@teleflex.com
United Kingdom Tel. +44 (0)14 94 53 27 61 · info.uk@teleflex.com
South Africa Tel. +27 (0)11 807 4887 · assist.africa@teleflex.com
www.teleflex.com