A new flexible laryngeal mask airway introducer

Sir,

The flexible reinforced laryngeal mask airway (LMA; FLMA) is an extremely useful LMA, especially during oral, ophthalmic and head and neck surgeries, as it does not interfere with the surgical field and is resistant to kinking and compression as compared with classic LMA. Although the manufacturers have suggested that it is not difficult to insert a reinforced laryngeal mask airway (RLMA) if the standard recommended technique is used, insertion remains more difficult than for a standard LMA, owing to the floppy flexometallic shaft, whereby the force is not easily transmitted along the shaft.[1]

Many devices have been described to facilitate the insertion of an FLMA, including a variation of the standard Magill forceps, a metal stylet,[2] a small tracheal tube combining a stylet, Bosworth introducer[3] and the Flexiguide introducer. The disadvantages of these devices are trauma to the larynx with the forceps and stylet, rotation or displacement of the mask on removal of the stylet and the reduced tactile feedback with the Bosworth introducer. Although the Flexiguide introducer by virtue of a distal flange reduces the tendency of the FLMA to rotate in the transverse plane during insertion, it does not completely prevent it. Moreover, the distal flange has a tendency to stick after repeated autoclaving.[4]

Here, we describe a new technique for introducing the FLMA using a modified ProSeal LMA introducer.

We designed a sheath made of acrylic that can fit well on the introducer for ProSeal LMA [Figure 1]. With the help of our senior dental colleague, we moulded the acrylic sheath over the ProSeal LMA introducer. Two smooth projections were made on either side of the distal end of the body to grip the distal most part of the shaft of the FLMA [Figure 1]. This prevented the LMA cuff from sliding over the introducer. A groove was designed on the posterior aspect of the body so as to fix the shaft of the FLMA [Figure 1]. For added stability, the shaft of the FLMA was tucked into the slot meant for the airway tube of the ProSeal LMA.

The sheath is inserted over the ProSeal LMA introducer. During insertion, the FLMA cuff was partially inflated and the distal shaft was fixed over the two projections. The shaft of the FLMA runs over the groove and the proximal shaft is placed into the slot meant for the ProSeal LMA [Figure 2]. Now, the dorsal portion of the cuff is lubricated and the FLMA is inserted by the standard technique described for the ProSeal LMA. A
slight pull on the shaft of the FLMA while insertion gives more stability.

After insertion, the cuff can be inflated and positioning of the FLMA verified. In our experience, we could successfully insert the FLMA using this device in the first attempt in a number of ophthalmic cases studied over the last 3 months.

Anand Hanumantrao Kulkami, Binu Puthur Simon¹, Joju Kalan Jose²

Department of Anaesthesiology, RIPAS Hospital, Bandar Seri Begawan, Brunei Darussalam, ¹Department of Anaesthesiology, RIPAS Hospital, Bandar Seri Begawan, ²Acting Specialist, National Dental Centre, Brunei Darussalam

Address for correspondence:
Dr. Kulkami Anand Hanumantrao,
Senior Medical Officer, RIPAS Hospital, Bandar Seri Begawan,
Brunei Darussalam.
E-mail: kulkarni1616@rediffmail.com

REFERENCES

1. Chakravarty A, Wadhawan S. A novel technique of flexible reinforced laryngeal mask airway insertion. Anaesth Intensive Care 2009;39:669-70.
2. Brimacombe J, Berry A. Stylet for reinforced laryngeal mask airway. Anaesthesia 1993;48:637.
3. Bosworth A, Jago RH. The Bosworth introducer for use with the flexible reinforced laryngeal mask airway. Anaesthesia 1997;52:281-2.
4. Cook TM, Ford P, Craft TM, McCormick B, Ryder SA. An evaluation of the flexiguide introducer with the flexible laryngeal mask airway. Anaesth Intensive Care 2003;31:193-5.

Access this article online

| Quick response code | Website: www.ijaweb.org |
|---------------------|--------------------------|
|                     | DOI: 10.4103/0019-5049.93361 |