A Modified Insertion Technique of Ambu AuraGain™ Laryngeal Airway, a Third-generation Supraglottic Airway to Reduce the Oral Mucosal Injury

Sir,

Ambu AuraGain™[1] is a new single-use supraglottic airway (SGA) device available in adult size 3, 4, and 5. It is an anatomically curved SGA with integrated gastric access and can be used as a conduit for direct endotracheal intubation assisted by a flexible scope.[1] The standard recommended insertion technique is as that of intubating laryngeal mask airway (LMA),[2] i.e., keeping the handle (Shaft) approximately parallel to the patient’s chest and then pushing the device along the hard palate after opening the mouth [Figure 1a]. With the previous experience of other faculty and residents with this device in our institute, we noticed that a higher tangential force is required for the placement due to bulky and acute angle of the device. Due to difficulty in insertion, few cases also resulted in oral mucosal injury in the form of bleeding and ulceration with inadequate sealing and higher airway pressure.

One of the advantages of Ambu AuraGain laryngeal airway is that it can be straightened to that like that of Classic or ProSeal LMA [Figure 1b].[2] We found that the guiding with the tip of the finger as that of classical LMA is more easy and convenient and required minimal pressure to overcome the resistance of the hard palate and posterior pharyngeal wall.

Figure 1: Ambu AuraGain™ (a: Standard recommended insertion, b: Modified insertion technique)
After insertion with this technique, we are getting an effective oropharyngeal seal with a leak airway pressure of 25–30 cm of H₂O and peak airway pressure and tidal exchange within normal limit for the patient. At present, various studies are going on with this device in our institute where we prefer this method of insertion of this device compare to the conventional technique. Therefore, we advocate using this method routinely and in situations when there is difficulty in placement of this device.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Sandeep Kumar Mishra, Prasanna Udupi Bidkar, Lenin Babu Elakkumanan, Satyen Parida
Department of Anesthesiology and Critical Care, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

Address for correspondence: Dr. Sandeep Kumar Mishra, Qr. No. D (II) 10, JIPMER Campus, Dhanvantari Nagar, Puducherry - 605 006, India. E-mail: jipmermishra@gmail.com

REFERENCES
1. Lopez A, Sala-Blanch X, Valero R, Prats A. Cross-over assessment of the Ambu AuraGain, LMA Supreme New Cuff and Intersurgical I-Gel in fresh cadavers. Open J Anesthesiol 2014;4:332-9.
2. Brain AI, Verghese C, Addy EV, Kapila A. The intubating laryngeal mask. I: Development of a new device for intubation of the trachea. Br J Anaesth 1997;79:699-703.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to cite this article: Mishra SK, Bidkar PU, Elakkumanan LB, Parida S. A modified insertion technique of ambu AuraGain™ laryngeal airway, a third-generation supraglottic airway to reduce the oral mucosal injury. Anesth Essays Res 2017;11:532-3. © 2017 Anesthesia: Essays and Researches | Published by Wolters Kluwer - Medknow