

Quick Step Guide



LMA Supreme™

Size Selection

- Using clinical judgement and the guidelines in Table 1, verify the correct size selection
- Always have a spare sterile LMA Supreme™ available for immediate use. Where possible, an alternative size should be available
- To initially verify the correct size of the LMA Supreme™, hold up a clean device against the patient head and neck in a position as shown in Figure 1

Airway size	Patient size	Maximum inflation volumes
3	Small Females & Children > 8 years old	30ml
4	Normal to Large Females/Males	45ml
5	Large to Very Large Females/Males	45ml

Table 1 – LMA™ airway selection guidelines and maximum inflation volumes

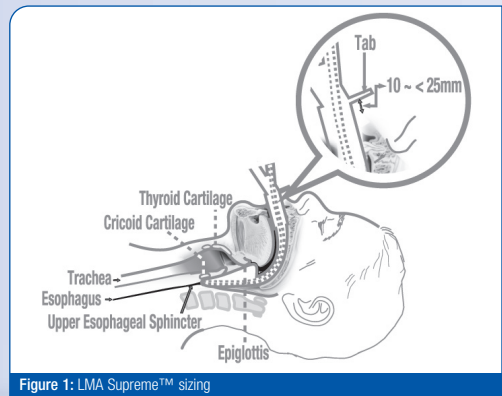


Figure 1: LMA Supreme™ sizing

Insertion and Deflation

Deflation:

- Compress the distal end of the device between the index finger and thumb while withdrawing air until a vacuum has been obtained
- While deflating, hold the device so that the distal end is curled slightly anteriorly as shown in Figure 2
- A large Luer lock syringe of at least 60ml should be used and the syringe should be held as shown so that the inflation line is under slight tension; this facilitates smooth and complete deflation of the cuff
- After achieving a complete deflation, disconnect the syringe from the inflation line

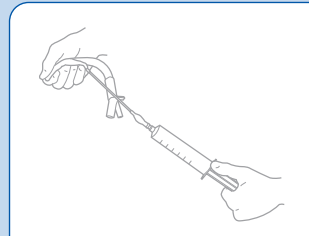


Figure 2: LMA Supreme™ deflation

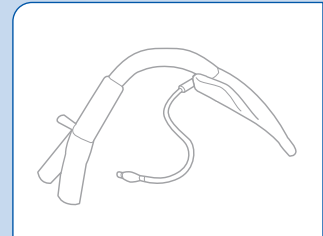


Figure 3: After achieving wedge shape cuff during deflation, disconnect the syringe from the inflation line

Insertion:

- Stand behind patient's head
- Put the head in semi-sniffing position
- Hold the LMA Supreme™ by the proximal end with the hollow side facing downwards and the distal end pointing towards you
- Lubricate the posterior surface of the cuff and the posterior surface of the airway tube

- Position the mask so that its distal end is pressed against the hard palate
- Slide the mask tip back and forth to spread the lubricant over the hard palate
- Rotate the device inwards, keeping the airway tube close to the chin
- While rotating, direct the distal part of the mask somewhat towards the left or right side of the throat
- Advance the airway into the hypopharynx until definite resistance is felt; at this point the device is normally positioned correctly

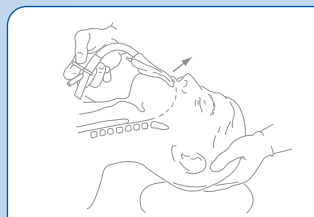


Figure 4: Press the tip of the mask against the hard palate



Figure 5: Press the cuff further into the mouth, maintaining pressure against the palate



Figure 6: Swing the device inward with a circular motion, pressing against the contours of the hard and soft palates

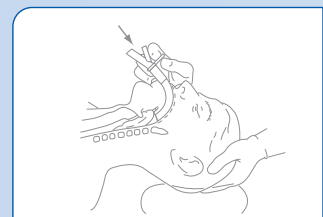


Figure 7: Advance the device into the hypopharynx until resistance is felt

Fixation

- Secure the LMA Supreme™ to patient's face using adhesive tape as follows:
 - Use a piece of adhesive tape 30-40cm long, holding it horizontally by both ends
 - Press the adhesive tape transversely across the fixation tab, continuing to press downwards so that the ends of the tape adhere to each of the patient's cheeks and the device itself is **gently** pressed inwards by the tape
 - Do not rotate the tape around the proximal end of the device
 - If after fixation the fixation tab is more than 2.5cm from upper lip, this suggests that the device might be too big for the patient

- If the fixation tab is less than 1cm from the upper lip, this suggests the device might be too small for the patient
- Do not use a Guedel airway; it is unnecessary because the device has an integral bite-block

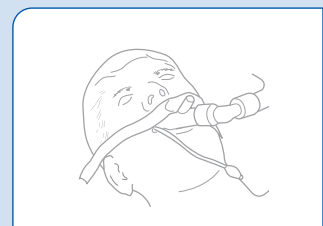


Figure 8: Fix the device in place using adhesive tape

Troubleshooting

Problem: Failure to insert LMA Supreme™

Common Causes

Inadequate anaesthesia

Suboptimal head/neck position / Incorrect mask deflation / Failure to press LMA Supreme™ into palatopharyngeal curve during insertion

Cricoid pressure (CP)

Pathology, e.g. large tonsils

Solutions

Deepen anaesthesia

Ensure correct insertion technique or try alternative technique

Temporary release CP

Try alternative insertion technique; start with diagonal approach

Problem: Laryngeal spasm and coughing

Common Causes

Inadequate anaesthesia

Tip impaction against glottis

Solutions

Deepen anaesthesia

Check LMA Supreme™ position, reinsert if necessary, paying extra attention to correct deflated shape

Problem: Mask leaks, or inability to manually ventilate the lungs

Common Causes

High airway pressure

Inadequate anaesthesia: Glottic closure / Low lung compliance

Malpositioned mask due to wrong cuff inflation volume or mask

Size of device incorrect or device inadequately fixed

Down-folded epiglottis

Solutions

Reduce airway pressure: Lower tidal volume / Lower inspiratory flow rate / Check muscle relaxation / Treat bronchospasm if present

Deepen anaesthetic

Check that intracuff pressure is approx 60cm H₂O; inserted OG tube should pass through whole length of drain tube – if not, device may be folded: remove and reinsert

Check fixation tab is between 2.5-1.0cm from upper lip and that device is securely fixed in recommended manner

Perform up-down manoeuvre (see LMA Fastrach™ Instruction manual for details)

Problem: High end-tidal carbon dioxide

Common Causes

Drug/anaesthesia induced hypoventilation

Solutions

Reduce MAC, avoid further opioids; assist ventilation

Problem: Device becomes displaced after insertion: ENSURE FIXATION

Common Causes

Inadequate anaesthetic depth / inadequate device fixation

Solutions

Deepen anaesthetic / Fix device correctly in place

Problem during recovery

Common Causes

Oral secretion entering larynx, causing laryngospasm or coughing

Adverse events when patient moved or stimulated

Solutions

Deflate LMA Supreme™ only as it is removed

Avoid patient stimulation when patient is 'light'

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Consult the instructions on indications, contraindications, warnings and precautions, or information on which LMA™ airways are best suited for different clinical applications.

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