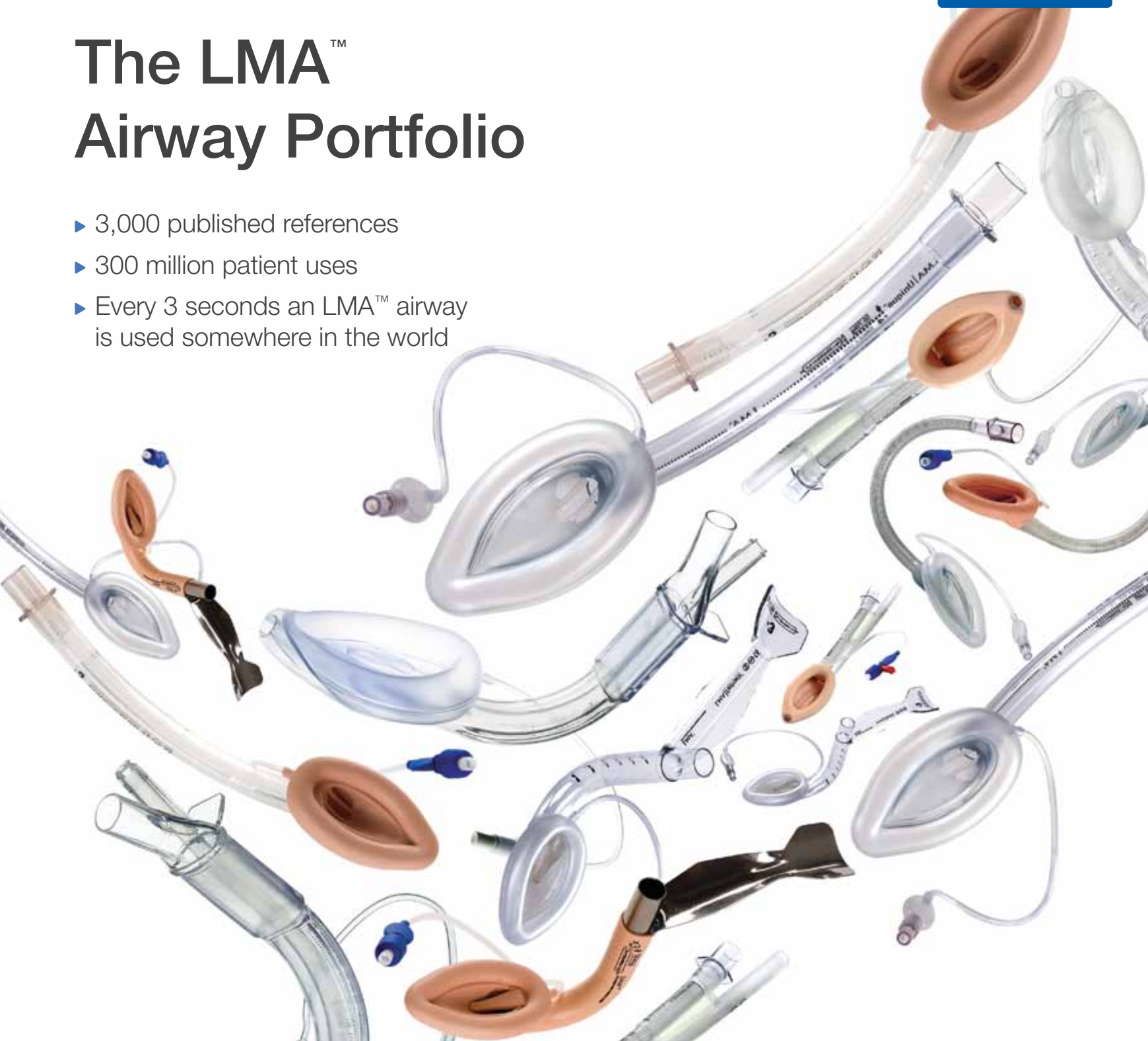
LMA™
Better by Design

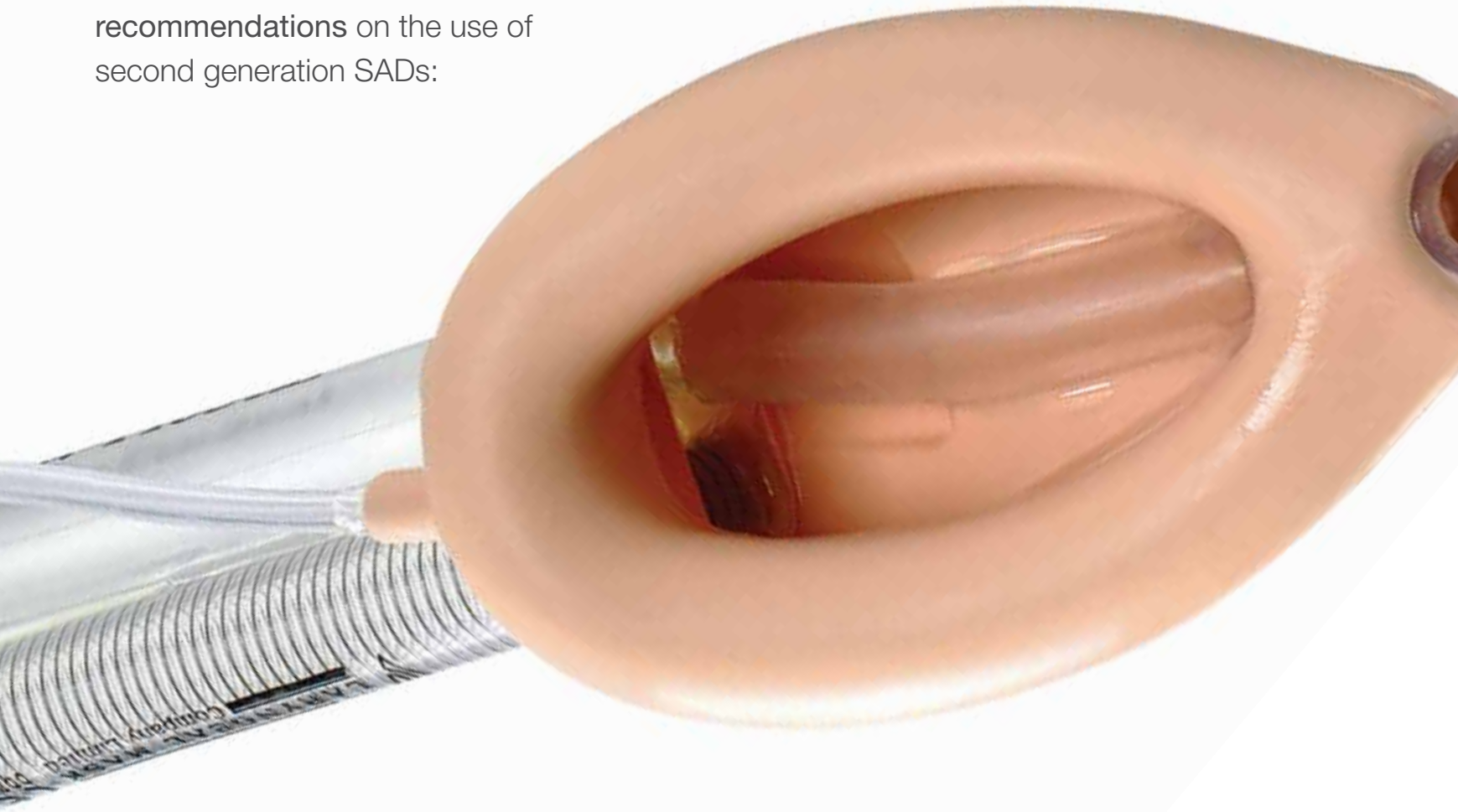
The LMA™ Airway Portfolio

- 3,000 published references
- 300 million patient uses
- Every 3 seconds an LMA™ airway is used somewhere in the world



Second generation SADs come highly recommended

The NAP4 report[1] made **three key recommendations** on the use of second generation SADs:



Recommendations:

If tracheal intubation is not considered to be indicated but there is some (small) increased concern about regurgitation risk, a second generation supraglottic airway is a more logical choice than a first generation one.

In patients considered to be at low-risk of aspiration who have other factors that mean that use of a SAD is at the limits of normality (e.g. patient position, access to the airway, patient size) consideration should be given to use of a second generation SAD.

In view of the above recommendations, and the frequency of these circumstances, it is recommended that all hospitals have second generation SADs available for both routine use and rescue airway management.

"The combination of improved sealing and the presence of a drain tube improves efficacy and creates functional separation of the gastrointestinal tract from the respiratory tract (like an artificial larynx). This is likely to improve safety (though this is very hard to prove) and several recent publications have suggested use of supraglottic airway devices (SADs) with effective drain tubes should become a 'standard of care'."[1]

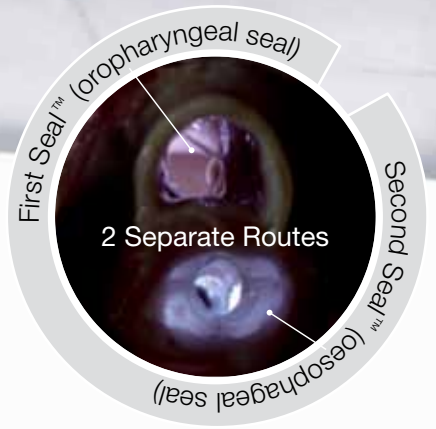
NAP4 report, 2011

A second generation SAD with an innovative Second Seal™

LMA Supreme™ is a second generation, gastric access device which forms an effective First Seal™ with the oropharynx (oropharyngeal seal) and an innovative Second Seal™ with the upper oesophageal sphincter (the oesophageal seal).

- Soft, elongated cuff designed to support an effective First Seal™ and Second Seal™[2,3,4]
- Elliptical and anatomically shaped LMA Evolution Curve™ (airway tube) facilitates insertion success[3]
- Fixation tab and integral bite block[2]

For the latest clinical evidence on LMA Supreme™ visit **www.doctorevidence.com/LMA**



First Seal™

LMA Supreme™ delivers measured oropharyngeal leak pressures up to 37cm H_2O.[5]

The First Seal™ is important for:

- Ventilation performance
- Advanced uses of the device such as in patients with decreased thoracic compliance, in mild-to-moderately obese patients and in certain procedures requiring mechanical ventilation where higher seal pressures are required

Second Seal™

LMA Supreme™ enables passive drainage or active management of digestive tract contents independent of ventilation.[4]

The Second Seal™ is designed to:

- Improve safety vs a first generation device
- Secure the distal tip of the LMA Supreme™ at the upper oesophageal sphincter to maintain the patency of the drain tube
- Reduce the risk of insufflation during ventilation
- Reduce the risk of regurgitated gastric content leaking around the tip of the mask

LMA Supreme™: Product Specification

Mask Size	Product Code	Patient Size	Maximum Cuff Volume (Air)*	Largest Size OG Tube
1	175010	Neonates/infants up to 5 kg	5 ml	6 Fr
1.5	175015	Infants 5-10 kg	8 ml	6 Fr
2	175020	Infants 10-20 kg	12 ml	10 Fr
2.5	175025	Children 20-30 kg	20 ml	10 Fr
3	175030	Children 30-50 kg	30 ml	14 Fr
4	175040	Adults 50-70 kg	45 ml	14 Fr
5	175050	Adults 70-100 kg	45 ml	14 Fr

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_20 intracuff pressure.

OG = orogastric

Consider using LMA Supreme™ for:

- Mild to moderately obese patients
- Abdominal procedures
- Controlled reflux
- Positive pressure ventilation (PPV)
- Unexpected difficult airways
- Plastic surgery procedures

LMA ProSeal™: proven versatility

LMA ProSeal™ includes all the benefits associated with an LMA™ airway:

- Fewer drugs[6]
- Fewer sore throats in adults[7]
- Reduced coughing and bucking on emergence[7]
- Improved haemodynamic stability[7]

"The LMA ProSeal™ currently has the broadest evidence to support its efficacy and safety profile."[1]

NAP4 report, 2011

For the latest clinical evidence on LMA ProSeal™ visit **www.doctorevidence.com/LMA**

The gastric drain tube enables confirmation of correct mask placement and sealing with the upper oesophageal sphincter. A patent drain tube reduces the risk of stomach insufflation.

The Most Versatile Re-usable Airway

- **Peace of Mind** – Passive regurgitation can occur unexpectedly intraoperatively. LMA ProSeal™ enables the regurgitated fluid to pass up the drainage tube without leaking into the glottis[8]
- **Patient Comfort** – LMA ProSeal™ reduces the likelihood of throat irritation and stimulation, and reduces post-operative nausea and vomiting by as much as 40% compared to an ETT[9]
- **Performance** – LMA ProSeal™ achieves a high seal pressure, with a median seal pressure of 32cm H_2O[10]
- **Aspiration** – LMA ProSeal™ has a built-in drain tube that allows expelled gastric content to bypass the pharynx.This specific feature is designed to decrease the risk of aspiration[11,12]

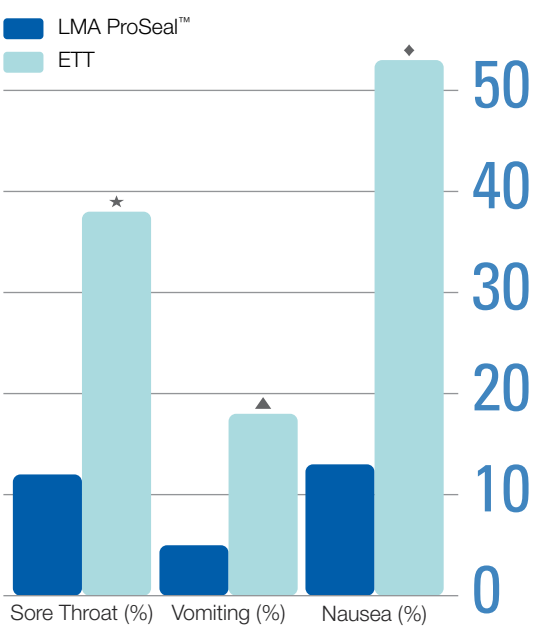
LMA ProSeal™: Product Specification

Mask Size	Product Code	Patient Size	Maximum Cuff Volume (Air)*	Largest Size OG Tube/Salem Pump
1	150010	Neonates/infants up to 5 kg	4 ml	2.7 mm / 8 Fr
1.5	150015	Infants 5-10 kg	7 ml	3.5 mm / 10 Fr
2	150020	Infants/children 10-20 kg	10 ml	3.5 mm / 10 Fr
2.5	150025	Children 20-30 kg	14 ml	4.9 mm / 14 Fr
3	150030	Children 30-50 kg	20 ml	5.5 mm / 16 Fr
4	150040	Adults 50-70 kg	30 ml	5.5 mm / 16 Fr
5	150050	Adults 70-100 kg	40 ml	6.0 mm / 18 Fr

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_20 intracuff pressure.

OG = orogastric

Post anaesthesia care unit outcome data up to 24 hours[9]



★ Sore Throat P<0.0001 vs. LMA ProSeal™ group.
▲ Vomiting P<0.004 vs. LMA ProSeal™ group.
♦ Nausea P<0.0001 vs. LMA ProSeal™ group.

Post-operative sore throat, nausea and vomiting were measured via patient interviews in a blind fashion.

LMA Unique™: the original single use laryngeal mask

- Seven sizes, from neonate to adult
- Latex free, sterile, single use
- Aperture bars designed to prevent the blockage of the airway by the epiglottis[13]
- Soft, flexible cuff
- Facilitates smooth emergence from anaesthesia[7]
- Minimal haemodynamic response[7]
- Part of the ASA difficult airway algorithm[14]

LMA Unique™: Product Specification

Mask Size	Product Code	Patient Size	Maximum Cuff Volume (Air)*
1	125010	Neonates/infants up to 5 kg	4 ml
1.5	125015	Infants 5-10 kg	7 ml
2	125020	Infants/children 10-20 kg	10 ml
2.5	125025	Children 20-30 kg	14 ml
3	125030	Children 30-50 kg	20 ml
4	125040	Adults 50-70 kg	30 ml
5	125050	Adults 70-100 kg	40 ml

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_20 intracuff pressure.

For the latest clinical evidence on LMA Unique™ visit **www.doctorevidence.com/LMA**

LMA Classic™: the classic laryngeal mask

- Eight sizes, from neonate to large adult
- Latex free and re-usable up to 40 times
- Aperture bars designed to prevent the blockage of the airway by the epiglottis[13]
- Soft, silicone cuff
- Facilitates smooth emergence from anaesthesia[7]
- Minimal haemodynamic response[7]
- Part of the ASA difficult airway algorithm[14]

LMA Classic™: Product Specification

Mask Size	Product Code	Patient Size	Maximum Cuff Volume (Air)*
1	100010	Neonates/infants up to 5 kg	4 ml
1.5	100015	Infants 5-10 kg	7 ml
2	100020	Infants/children 10-20 kg	10 ml
2.5	100025	Children 20-30 kg	14 ml
3	100030	Children 30-50 kg	20 ml
4	100040	Adults 50-70 kg	30 ml
5	100050	Adults 70-100 kg	40 ml
6	100060	Large adults over 100 kg	50 ml

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_20 intracuff pressure.

For the latest clinical evidence on LMA Classic™ visit **www.doctorevidence.com/LMA**

LMA Fastrach™: the most dependable intubating airway for difficult situations

- Proven use in difficult to intubate patients[15]
- Available as a single use device or re-usable up to 40 times
- High insertion success[15]
- Latex free
- Available in sizes 3, 4 and 5
- Dedicated single use or re-usable endotracheal tubes available for use with LMA Fastrach™

> "The LMA Fastrach™ has made the process of blind intubation highly successful, unhurried and safe."[16]
>
> Korula G. et al., 2007

LMA Fastrach™: Product Specification

Mask Size	Product Code (Re-usable)	Product Code (Single Use)	Patient Size	Maximum Cuff Volume (Air)*	Largest ETT ID (mm)**				
3	130030	135130	Children 30-50 kg	20 ml	6	6.5	7	7.5	8
4	130040	135140	Adults 50-70 kg	30 ml	6	6.5	7	7.5	8
5	130050	135150	Adults 70-100 kg	40 ml	6	6.5	7	7.5	8

LMA Fastrach™ Endotracheal Tube: Product Specification

Tube Size**	6.0 mm	6.5 mm	7.0 mm	7.5 mm	8.0 mm
Product Code (Re-usable)	131060	131065	131070	131075	131080
Product Code (Single Use)	136060	136065	136070	136075	136080

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_2O intracuff pressure. **All sizes (6, 6.5, 7, 7.5 and 8) of reusable LMA Fastrach™ ETT are compatible with LMA Fastrach™ and LMA Fastrach™ SU. However, only sizes 6, 6.5 and 7 of LMA Fastrach™ ETT SU are compatible with LMA Fastrach™ and LMA Fastrach™ SU.

For the latest clinical evidence on LMA Fastrach™ visit **www.doctorevidence.com/LMA**

Re-usable and Single Use

LMA Flexible™: truly flexible

- **Designed for Shared Airways** – airway tube can be moved out of the surgical field without displacement of the cuff, or loss of seal for the anaesthetist
- **Improved Recovery Profile** – children undergoing adenotonsillectomies with LMA Flexible™ spent significantly less time in the operating room after surgery, had a lower incidence of airway irritation and experienced lower postoperative pain in the first 4 hours vs an ETT[17]
- **Patient Protection** – LMA Flexible™ acts as a barrier, preventing soiling of the glottis or trachea by blood or secretions from above[18]

More protection than an ETT: Besides being easier on the patient than an ETT, studies have shown that the LMA Flexible™ also provides better protection from blood and secretions from above the trachea.[18]

"The LMA Flexible™ provided an unobstructed airway in all patients. The LMA Flexible™ protects the larynx from contamination during and after the operation until the return of the patient's own protective reflexes."[19]

Williams P. J. et al., 1995

LMA Flexible™: Product Specification

Mask Size	Product Code (Re-usable)	Product Code (Single Use)	Patient Size	Maximum Cuff Volume (Air)*
2	110020	115020	Infants/children 10-20 kg	10 ml
2.5	110025	115025	Children 20-30 kg	14 ml
3	110030	115030	Children 30-50 kg	20 ml
4	110040	115040	Adults 50-70 kg	30 ml
5	110050	115050	Adults 70-100 kg	40 ml
6**	110060		Large adults over 100 kg	50 ml

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60cm H_20 intracuff pressure. **Available for LMA Flexible™ re-usable only.

For the latest clinical evidence on LMA Flexible™ visit **www.doctorevidence.com/LMA**

Re-usable and Single Use

Find out more about the LMA™ airway portfolio

DOCTOR EVIDENCE

For the latest clinical evidence on the LMA™ airway portfolio, register for free at **www.doctorevidence.com/lma**

make-a-switch.com

For more information on making the switch to second generation SADs, visit **www.make-a-switch.com**

YouTube

For the latest digital case reports, educational videos and clinician testimonials on the benefits of the LMA™ airway portfolio, visit **www.youtube.com/user/LaryngealMaskAirway**

For the latest news from LMA, like us on **www.facebook.com/LMAInternational**

LMA™
Better by Design

For product information and access to product instructions for use, visit **www.lmaco.com**

References:

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Le Rocher, Victoria, Mahé, Seychelles

⚠ **READ INSTRUCTIONS BEFORE USE**

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