A NEW LARINGEAL MASK: preliminary cases

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BACKGROUND AND GOAL

The Laringeal Mask (LMA) was assembled as an "emergency" device for anaesthetists in cases of difficult intubation.(1) Our study is based on the use of a new LMA model which aims at further simplifying such an approach.(2).

MATERIAL AND METHODS

Twenty (20) class ASA I-III patients (12 males and 8 females), between the age of 26 and 74, to be submitted to surgical operations ranging from 30 and 360 minutes, were examined in the study.
Mallampati assestment, interdental space, thyromental distance.
All patients were monitored with ECG, FC, NIBP, SaO2, ETCO2, PAW, TOF and PTC.
Anaesthesia was induced with Remifentanil 0.20/0.30 mcg/Kg/min, curarization with standard dose Mivacurium or Cis-atracurium depending on the estimated time required for surgery; Propofol in TCI according to age, body weight and ASA class.
When curarization appeared through the negativization of the thumb adduction reflex, the adequate LMA AMBU was positioned depending on the patient's body weight.
Connection to the oxygen and air VAM (FiO2 0.5).

RESULTS AND DISCUSSION

With the aim of evaluating this device more accurately, the laryngeal mask was used on all the patients included in the study, simulating the emergency condition of difficult intubation: Mallampati 3-4, inter-dental space 3-4 cm; thyromental distance < 6 cm.
The mask was placed into the oral cavity without any other instrument. The presence of a ridge on the distal point, under the cuff, facilitated its introduction in the epiglottis area, avoiding flapping over. The approximately 90° angle enabled the best positioning of the device.
No gas leaks were detected after having cuffed the balloon and throughout the entire surgery act.

CONCLUSIONS

This study aims at proving how even in cases of "difficult intubation", the use of an optimal device may facilitate access to the air pathways.
After having used the traditional LMA for approximately eight years, differences were noticed when using the

AMBU model :. the 90° angle has enabled an easy positioning of the laryngeal mask on all patients included in the study, without utilizing additional devices to place it into the oral cavity and ensure its stability against the upper dental arch.(3).
The ridge on the distal point avoided the point to flap over.
The good calibre thus enables also the introduction of a tracheal tube.

REFERENCES

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