

Information in this document is not a substitute for the product Instructions for Ust Refer to package insert for complete warnings, indications, contraindications, precautions, potential complications, and Instructions for Use

Teleflex®

Preparing the endoscope channel

- Prior to inserting the device into the patient, the integrated endoscope channel needs to be prepared.
 Lubricate the inside of the endoscope channel, preferably using a medicalgrade silicone spray
- Insert the endoscope through the channel and pass it backward and forward to confirm smooth and free movement before removing the endoscope

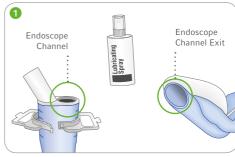


Figure 1. Endoscope channel locations

Deflation

- Hold the syringe and the LMA® Gastro' Airway with Cuff Pilot™ Technology exactly as shown in Figure 2
- Compress the distal end of the device between the index finger and thumb (so that it is curled slightly anteriorly) while withdrawing air until a vacuum has been obtained
- Keep the syringe under tension while rapidly disconnecting it from the inflation port

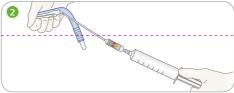


Figure 2. Deflation technique

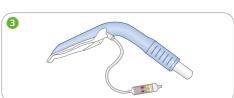


Figure 3. Correctly deflated mask

Standard insertion

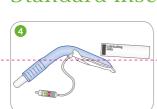


Figure 4. Apply generous lubrication to the surface of the mask and airway tube just prior to insertion

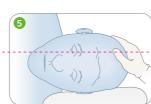


Figure 5. For gastroscopy the patient is placed in the left lateral position prior to induction. Supine may be used during insertion, however, the patient may be required to be rolled to the left lateral position for the endoscopy

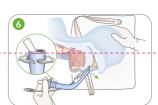


Figure 6. Press the tip of the mask against the hard palate



Figure 7. Press the cuff further into the mouth, maintaining pressure against the palate



Figure 8. Slide the device inward with a circular motion, pressing against the contours of the hard and the soft palate



Figure 9. Advance the device into the hypopharynx until resistance is felt

Fixation

- Bring the unsecured part of the strap behind and around the patient's head and secure it to the right handle of the holder
- Secure the device to the patient's face using the adjustable holder and strap
- With the device in place, secure the adjustable holder at one of the grooves such that the underside of the holder is flush against, but not pressing into, the patient's lips
- Do not use a Guedel airway or any other bite block devices as the device has an integral bite block

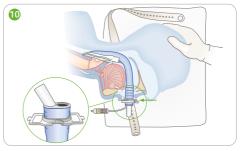


Figure 10. Correctly positioned device

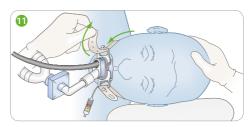


Figure 11. Securing the strap

Use of the endoscope channel

Upon insertion as shown in Figure 12, some resistance is often detected as the endoscope is passed through the device. Do not use excessive force. The endoscope channel facilitates the insertion of an endoscope to the upper esophageal sphincter without the need to use the maneuvering controls of the endoscope (i.e., the endoscope should not be flexed for entry).

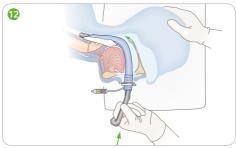
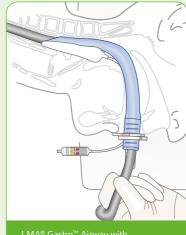


Figure 12. Passage of an endoscope through the LMA® Gastro™ Airway and into the upper esophageal sphincter

Confirmation of insertion and endoscope placement





LMA Gastro Airway with Cuff Pilot Technology

ITEM NUMBER	MASK SIZE	PATIENT WEIGHT (KG)	MAX. CUFF PRESSURE (CM H ₂ 0)*	MAX. ENDOSCOPE SIZE (OD) (MM)
1E5030	3	30–50	60	14
1E5040	4	50-70	60	14
1E5050	5	70–100	60	14

^{*} Cuff Pilot Technology recommendation for cuff pressure: green zone pressure range = 40 - 60 cm H₂0 for all sizes. Note: The LMA Gastro Airway does not facilitate intubation

Teleflex. LMA® Gastro™ Airway with Cuff Pilot™ Technology Instructions for Use. 2016.



For IFU and more information visit Imaco-ifu.com

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