Canadian Journal of Rural Medicine
Journal canadien de la médecine rurale
Fall 2001 Table of Contents

The occasional laryngeal mask airway

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CJRM 2001;6(4):278-9

Introduction

The laryngeal mask airway (LMA) has gone from being an interesting curiousity to being a standard piece of equipment in the operating room. If it follows the example set by other equipment such as pulse oximetry, CO_2 capnographs, it will become a commonly used piece of equipment for the " difficult airway " in the emergency department.

Intubation in the emergency department may sometimes be difficult. If after 2 attempts it has been unsuccessful, the LMA can be used. It is fast to insert and the probability of success is high. Sedation may be required in the alert patient, but it can be inserted without sedation in the obtunded patient, or in an emergency situation.

Equipment

- Laryngeal mask airway
- Lubricant
- 20-cc syringe
- Propofol 10 mg/mL in a 20-cc syringe


Fig. 1

Step 1

Chose the right size. Size 4 is appropriate for normal and large adults. The LMA is completely deflated (Fig. 1).


Fig. 3

Step 3

Completely deflate the LMA and lubricate on the posterior side only (Fig. 3).


Fig. 5

Step 5

With the left hand, extend the neck and flex the


Fig. 2

Step 2

Pre-oxygenate the patient (Fig. 2).


Fig. 4

Step 4

If the patient requires sedation and you are familiar with this medication, give propofol at a dose of 2.5 mg/kg (Fig. 4).


Fig. 6

Step 6

Now grasp the tube with the left hand, withdraw

chin ("sniffing" position). With the airway side of the mask oriented forward, hold the LMA like a pen, and advance it against the hard palate to the limit of your index finger (Fig. 5).

the index finger, and press gently downward with the right hand to seat the cuff in the pharynx (Fig. 6).

Step 7

Inflate the cuff with 30 cc of air.



Fig. 7

Step 8

Connect to an ambubag and oxygen (Fig. 7).

Contraindications

The LMA should not be used in nonfasting patients unless the airway cannot be safely secured by other means. Other contraindications include morbid obesity, hiatus hernia, pregnancy > 14 weeks, massive trauma, acute abdomen and thoracic injury.

In the rare instance where this technique is not successful, revert to basic bag and mask ventilation.

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