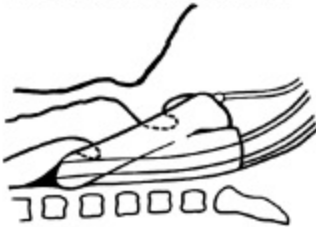





LMA ProSeal™

Steps to facilitate correct mask position.

1. After insertion, inflate the cuff to no more than 60 cm H₂O intracuff pressure.
2. Connect to anesthesia circuit and check for leaks from the drain tube and airway tube.
3. Verify position of bite block.
4. Place a small bolus of lubricant gel on the proximal end of the drain tube and gently squeeze the bag to assess movement.
5. If necessary, pass an orogastric tube to the end of the mask tip to verify the drain tube is patent.
6. Once correctly positioned, apply palatal pressure to tubes while taping in place.

	✓ Correct Placement	X Incorrect Placement	X Incorrect Placement	X Incorrect Placement
				
Mask position	Tip behind arytenoid and cricoid cartilages	Tip too high in pharynx	Tip in laryngeal vestibule	Tip folded backwards
Gas leak from drain tube	No	Yes	Yes	No
Bite block	Approximately midway between teeth	Too high	Approximately midway between teeth	Too high
Lubricant test	Slight meniscus movement	May have movement depending on position	<ul style="list-style-type: none"> • Marked up/down movement • Ejection of lubricant or spontaneous bubble formation 	No meniscus movement
Additional verification	Passing OG tube to mask tip demonstrates drain tube is patent	Pressing in further eliminates leak	Pressing in further increases obstruction	Difficulty passing OG tube indicates occluded drain tube

Tips for troubleshooting problems after LMA ProSeal™ insertion

Problems after Insertion:	Possible Cause(s):	Possible Solution(s):
Poor airway seal/Air leak (audible air leak, poor ventilation)	Mask seated too high in pharynx	Advance mask in further and re-secure airway tubes with tape
	Inadequate anesthesia	Deepen anesthesia
	Poor fixation	Ensure palatal pressure and proper fixation
	Overinflation of cuff	Check cuff pressure at start and periodically during case, especially if using nitrous oxide to ensure not > 60 cm H ₂ O (adjust if necessary)
	Herniation of cuff	Confirm cuff integrity prior to use; deflate entirely prior to autoclaving
Gas leakage up the drain tube with or without PPV	Mask seated too high in pharynx	Advance mask in further and re-secure airway tubes with tape
	Incorrect placement in laryngeal vestibule	Remove and reinsert
	Open upper esophageal sphincter	Monitor
Airway obstruction (difficult ventilation, phonation, stridor)	Incorrect placement in laryngeal vestibule	Remove and reinsert
	Distal tip of mask pressing on glottic inlet with mechanical closure of vocal cords	Ensure adequate anesthesia and correct cuff inflation pressures Place patient's head/neck in sniffing position Try PPV or add PEEP
	Folding of cuff walls medially	Consider insertion of one size smaller LMA ProSeal™ Ensure correct cuff inflation pressures
Gastric insufflation	Distal tip of mask folded backward	Remove and reinsert or digitally sweep behind the tip
	Mask seated too high in pharynx	Advance mask in further and re-secure airway tubes with tape
Migration/Rotation/Mask popping out of mouth	Overinflation of cuff	Check cuff pressure at start and periodically during case, especially if using nitrous oxide to ensure not > 60 cm H ₂ O
	Herniation of cuff	Confirm cuff integrity prior to use
	Accidental displacement	Ensure proper fixation
	Distal tip of mask folded backward	Remove and reinsert or digitally sweep behind the tip
	Poor fixation	Ensure palatal pressure and proper fixation
Resistance to OG tube insertion	Insufficient lubrication	Add lubricant and re-attempt passing OG tube
	Distal tip of mask folded backward	Remove and reinsert or digitally sweep behind the tip
	Mask seated too high in pharynx	Advance mask in further and re-secure airway tubes with tape
	Incorrect placement in laryngeal vestibule	Remove and reinsert
	Gross overinflation of cuff	Check cuff pressure at start and periodically during case, especially if using nitrous oxide to ensure not > 60 cm H ₂ O

For questions, please call (800) 788-7999.