LMA

LMA® Supreme Airway The Innovative Second-Generation LMA® Airway

The LMA® Supreme Airway from Teleflex is an innovative single-use, second-generation laryngeal mask designed to increase efficacy and safety versus first-generation devices.^{1,2} Specific design features aimed at reducing the risk of aspiration, together with extensive clinical evidence supporting its use across a broad range of procedures,³⁻⁷ make the LMA® Supreme Airway a suitable option for both routine and more challenging cases.

Reduce the risk of aspiration

Although aspiration of gastric contents is rare (Rate of 1:3886 reported in a study of over 200,000 elective surgery procedures in the US), it is a major contributor to airway-related morbidity and mortality in anesthetic practice.^{1,8} The LMA® Supreme Airway incorporates design features intended to reduce the risk of aspiration.^{1,2,9} These include improved sealing characteristics versus first-generation devices and an integrated drain tube, which supports diagnostic testing to verify mask positioning, facilitates suction or decompression of the stomach, and enables expelled gastric content to bypass the pharynx in the unlikely event of active or passive regurgitation.⁹

Benefits of a dual seal

The LMA® Supreme Airway forms an effective first seal (oropharyngeal seal) with the oropharynx, which supports oropharyngeal seal pressures >27 cm H₂O^{4,10-12} and an innovative second seal (esophageal seal) with the upper esophageal sphincter to isolate the respiratory tract from the digestive tract.⁹ This dual seal may be beneficial 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, or in cases where intubation isn't indicated but there is a small increased concern regarding regurgitation risk.¹



The Clinician Designed to reduce the risk of aspiration with an integrated drain tube and an effective dual seal¹



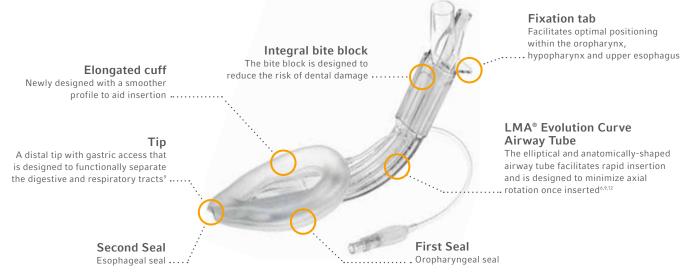
Your Institution Designed to help reduce airway-related complications



The Patient Low incidence of post-operative sore throat, dysphonia and dysphagia reported^{3,5,11}



LMA® Supreme Airway



LMA[®] Supreme Airway Fast Facts

The LMA® Supreme Airway is designed to reduce the risk of aspiration, making it a suitable option in mild-to-moderately obese patients or in patients with controlled reflux.^{1,2,6} Extensive clinical evidence supports the use of the LMA® Supreme Airway in a broad range of routine and advanced procedures.³⁻⁷

The elliptical, anatomically-shaped airway tube facilitates rapid insertion, making the LMA[®] Supreme Airway suitable for use in emergency departments, on crash carts and for pre-hospital airway management.^{9,12} With reported oropharyngeal seal pressures >27 cm H_2O , the LMA® Supreme Airway can adequately support procedures requiring positive pressure ventilation.^{4,10-12}

LMA[®] Supreme Airway

ITEM NUMBER	MASK SIZE	PATIENT WEIGHT (KG)	MAXIMUM CUFF VOLUME (AIR* IN ML)	LARGEST SIZE OG TUBE (MM / FR.)
175010	1	Neonates/infants up to 5	5	6
175015	1.5	Infants 5–10	8	6
175020	2	Infants/children 10–20	12	10
175025	2.5	Children 20–30	20	10
175030	3	Children 30–50	30	14
175040	4	Adults 50–70	45	14
175050	5	Adults 70–100	45	14

OG=Orogastric Tube

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60 cm H₃O intracuff pressure.

References

- 1 Cook TM,[†] Woodall N, Frerk C, Fourth National Audit P. Br J Anaesth. 2011;106(5):617-631.
- Cook T,⁺ Howes B. Contin Educ Anaesth Crit Care Pain. 2011;11(2):56-61.
 Abdi W, Amathieu R, Adhoum A, et al. Acta Anaesthesiol Scand.
- 2010;54(2):141-146.Yao WY, Li SY, Sng BL, Lim Y, Sia AT. *Can J Anaesth.* 2012;59(7):648-654.
- Belena JM, Gracia JL, Ayala JL, et al. J Clinl Anesth. 2012;37(7):040-034.
- 6 Sharma V, Verghese C,[†] McKenna PJ. Br J Anaesth. 2010;105(2):228-232.
- 7 Roiss M, Semrau M, Blanc I, Graefen M, Goetz AE, Reuter DA. Abstract
- and poster presentation at the Anesthesiology 2011 Annual Meeting (abstr. A1059)2011.[‡]
- 8 Warner MA, Warner ME, Weber JG. *Anesthesiology*. 1993;78(1):56-62.
- 9 Cook TM,[†] Gatward JJ, Handel J, et al. *Anaesthesia*. 2009;64(5):555-562.[‡]

10 van Zundert A, Brimacombe J.⁺ Anaesthesia. 2008;63(2):209-210.

- 11 Lopez AM, Valero R, Hurtado P, Gambus P, Pons M, Anglada T. Br J Anaesth. 2011;107(2):265-271.
- 12 Verghese C,[†] Ramaswamy B. Br J Anaesth. 2008;101(3):405-410.^s

[†]Formerly a paid consultant of Teleflex. [‡]Research sponsored by Teleflex Incorporated. [§]Research sponsored in part by Teleflex Incorporated.



Teleflex, the Teleflex Logo, First Seal, LMA, LMA Evolution Curve, LMA Supreme and Second Seal are trademarks or registered trademarks of Teleflex Incorporated or its affiliates, in the U.S. and/or other countries. Information in this material is not a substitute for the product Instructions for Use. Not all products may be available in all countries. Please contact your local representative. Revised: 05/2019. © 2019 Teleflex Incorporated. All rights reserved. MCI-2019-0075 · REV A · 05 19 PDF



Distributed by:

Teleflex Headquarters International, Ireland · Teleflex Medical Europe Ltd. · IDA Business & Technology Park Dublin Road · Athlone · Co Westmeath · Tel. +353 (0)9 06 46 08 00 · Fax +353 (0)14 37 07 73 · orders.intl@teleflex.com **Singapore** Teleflex Medical Asia Pte. Ltd. · Tel +65 6439 3000 · TMACSGroup@teleflex.com