

Using the i-gel[®] supraglottic airway

Preparations for use

Adult patient

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1 Open the **i-gel** package, and on a flat surface take out the protective cradle containing the device.
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2 Remove the **i-gel** and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.
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3 Place a small bolus of a water-based lubricant, such as K-Y Jelly, onto the middle of the smooth surface of the protective cradle in preparation for lubrication.
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4 Grasp the **i-gel** with the opposite (free) hand along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.
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5 Place the **i-gel** back into the protective cradle in preparation for insertion.

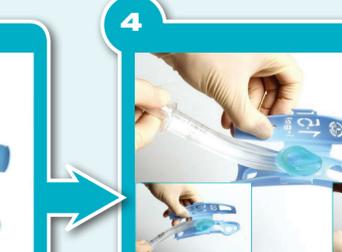
Step 6

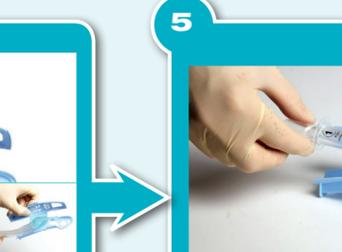
Paediatric patient

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1 Open the **i-gel** package, and on a flat surface take out the cage pack containing the device.
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2 Open the cage pack and transfer the **i-gel** into the lid of the cage.
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3 Place a small bolus of a water-based lubricant, such as K-Y Jelly, onto the middle of the smooth surface of the cage pack ready for use.
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4 Grasp the **i-gel** along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.
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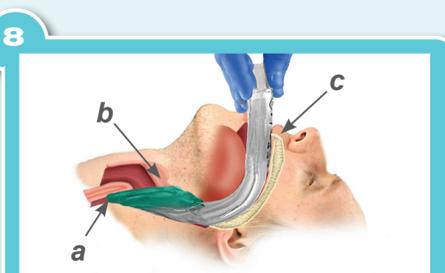
5 Place the **i-gel** back into the cage pack in preparation for insertion.

Step 6

Insertion technique

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6 Remove the **i-gel** from the protective cradle. Grasp the lubricated **i-gel** firmly along the integral bite block. Position the device so that the **i-gel** cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing the morning air' position with head extended and neck flexed. The chin should be gently pressed down before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.
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7 Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a **definitive resistance** is felt.
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8 The tip of the airway should be located into the upper oesophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite-block (c).
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9 **i-gel** should be taped down from 'maxilla to maxilla'.
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10 If there is early resistance during insertion a 'jaw thrust' (above) or 'Insertion with Deep Rotation' (right) is recommended.



Natural airway management

i-gel size	Patient size	Patient weight guidance (kg)
1	Neonate	2-5
1.5	Infant	5-12
2	Small paediatric	10-25
2.5	Large paediatric	25-35
3	Small adult	30-60
4	Medium adult	50-90
5	Large adult+	90+

Important notes to the recommended insertion technique

Sometimes a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the bowl of the **i-gel** through the faucial pillars. It is important to continue to insert the device until a **definitive resistance** is felt.

Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push **i-gel** down or apply excessive force during insertion.

No more than three attempts in one patient should be attempted.

It is not necessary to insert fingers or thumbs into the patients mouth during the process of inserting the device.

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www.i-gel.com

T: 0118 9656 300

info@intersurgical.com



Airway management has evolved

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