

SafeLM® Video Laryngeal Mask System

The First and Only Video Laryngeal Mask with an Adjustable Camera



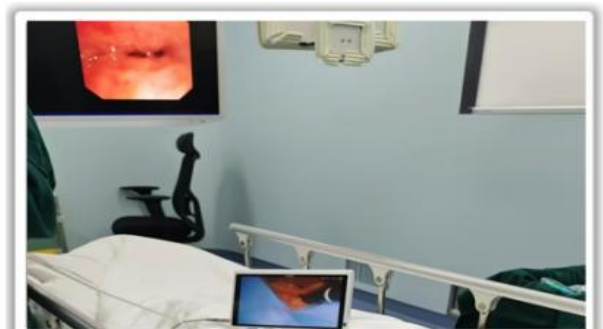
Seeing Forward and Breaking Limitations

Why SafeLM®

Laryngeal masks, also known as supraglottic airways (SGAs), have been widely used for airway management for over 30 years. Numerous studies have shown that, when properly positioned, SGAs can be as safe as endotracheal tubes (ETTs). However, in real-world clinical practice, issues such as air leakage, airway obstruction, unintentional displacement, and the risk of aspiration often limit their use to shorter and simpler procedures. A study published in the British Journal of Anaesthesia identified a key reason for these limitations: **malpositioning, which occurs in 50–80% of blind laryngeal mask insertions.**⁴ As a result, video laryngeal masks are emerging as the next generation of SGAs—and potentially the future of airway management.⁵

Advantages of SGA in Bronchoscopy

1. SGAs offer better hemodynamic stability and postoperative complications than ETTs .^{2,6,7}
2. SGAs provides good ventilation conditions to prevent intraoperative hypoxemia .⁸
3. SGAs assist bronchoscopy to enter the glottis and prevent SGAs from shifting during the operation.



Magill Medical Technology website:
www.magillmed.com email:
support@magillmed.com

For more information, please contact

SafeLM® Video Laryngeal Mask System

The First and Only Video Laryngeal Mask with an Adjustable Camera



- ① Power
- ② Multifunction
- ③ Increase Value/Image Capture
- ④ Decrease Value/Mute
- ⑤ Return/Activate (Deactivate) Image Deviation Comparison

SafeLM® A8/B8 Videoscope

Advantages of SafeLM® A8/B8 Videoscope

1. Provides continuous, real-time visualization of airway secretions and mask positioning throughout the entire procedure
2. Image deviation comparison helps detect mask displacement or signs of regurgitation early
3. Enables video-guided intubation while maintaining oxygenation—ideal for managing difficult airways
4. Supports video-assisted extubation for high-risk patients or complex procedures involving difficult extubation
5. Broadens the clinical use of SGAs, helping to avoid unnecessary intubations, lower drug costs, reduce postoperative complications, and enhance recovery times in line with ERAS protocols
6. Saves surgical time, increases operating room efficiency, and enhances overall hospital performance
7. High oropharyngeal leak pressure (OLP) of up to 35–40 cmH₂O

Image Deviation Comparison Function

During the procedure, if laryngeal mask displacement or regurgitation occurs, the real-time image captured by the A8/B8 videoscope may show noticeable deviation. This image deviation detection feature helps the operator by providing visual cues or notifications, enabling early identification of mask misplacement or regurgitation.

Notification

Image Deviation Comparison function only serves assistive and notifying purposes. Users should set parameters and take appropriate measures complying with relevant safety guidelines and regulations base on clinical needs when using this function.

Video Laryngeal Mask Size	#2	#2.5	#3	#4	#5
Videoscope	B8			A8	
Patient Weight/Kg	10-20	20-30	30-50	50-70	70 -100
Recommended Cuff Vol./ml	10	14	20	30	30
Max. Cuff Vol./ml	15	21	30	45	45
Max. Endotracheal Tube Allowed ID/mm	-	-	6.5	7.0	7.0
Max. Orogastric Tube Allow/Fr.	10	10	14	14	14

Reference

1. Park SK, Ko G, Choi GJ, et al. Comparison between supraglottic airway devices and endotracheal tubes in patients undergoing laparoscopic surgery: a systematic review and meta-analysis. *Medicine (Baltimore)*. 2016;95:e4598. PMID: 27537593.
2. Zhang J, Drakeford PA, Ng V, et al. Ventilatory performance of AMBU® AuraGain™ and LMA® Supreme™ in laparoscopic surgery: a randomised controlled trial. *Anaesth Intensive Care*. 2021;49:395–403. PMID: 34550812.
3. Ye Q, Wu D, Fang W, et al. Comparison of gastric insufflation using LMA-supreme and I-gel versus tracheal intubation in laparoscopic gynecological surgery by ultrasound: a randomized observational trial. *BMC Anesthesiol*. 2020;20:136. PMID: 32493213.
4. A. A. J. Van Zundert et al., Malpositioning of supraglottic airway devices: preventive and corrective strategies *British Journal of Anesthesia* 116 (5): 579–82 (2016)
5. A. A. J. Van Zundert et al., The case for a 3rd generation supraglottic airway device facilitating direct vision placement. *Journal of Clinical Monitoring and Computing* (2021) 35:217–224
6. Carron M, Veronese S, Gorniero W, et al. Hemodynamic and hormonal stress responses to endotracheal tube and 6 ProSeal Laryngeal Mask Airway™ for laparoscopic gastric banding. *Anesthesiology*. 2012;117:309–320.
7. Brimacombe J. The advantages of the LMA over the tracheal tube or facemask: a meta-analysis. *Can J Anaesth*. 1995;42:1017–1023. PMID: 8590490.
8. Paul A, Kvale, Prevention and management of hypoxemia during fiberoptic bronchoscopy. *Chest*, 2002, 121: 1021-2. PMID: 11948026.

- SafeLM® Video laryngeal mask system includes videoscope and disposable video laryngeal mask
- Manufacturer : Changsha Magill Medical Technology Co., Ltd. Add : No. 41, Yannong Road, Changsha, Hunan, China
- CE MDR Registration Number: Video Laryngeal Mask: HZ2248988-1 Videoscope: DE/CA20/00180441
- FDA Regulation Number : Disposable Video Laryngeal Mask: 868.5110 Videoscope : 868.5530