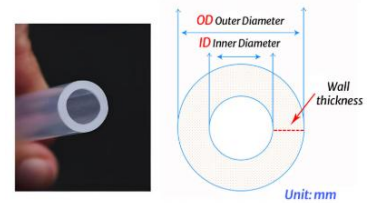


PERFORMING INTUBATION THROUGH SAFELM

Required Equipment

- SafeLM laryngeal mask (appropriate size - #3, #4, #5). Note that size #2 and #2.5 do not facilitate intubation)
- SP-6 or A8 camera system (adult)
- Water-based lubricant
- Endotracheal tube **with removable connector**. Ensure correct size (#6.5 ETT for size #3, #7.0 ETT for size #4/#5)



!Tip

Most but not all ETT brands are compatible with SafeLM –Teleflex and Rusch work best. Other brands may have a wider **outer diameter** (how much space it will take up in the airway channel). Ensure to test before intubation on a live patient, half a size smaller may be required. Armored/reinforced tubes can work but need to select half a size to 1 size smaller due to the outer wider diameter.



EJT-1

Ejection bar to exchange mask from endotracheal tube

- Ejection bar (EJT-1). If not available, use a second ETT to stabilize the intubated ETT in place during removal of SafeLM.
- Bougie
- Magill forceps
- TRI-1 connector



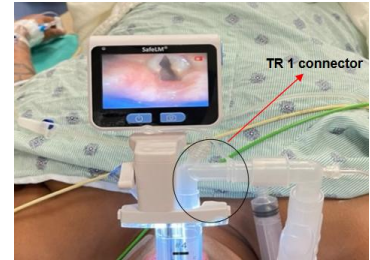
Device Preparation

- Select correct mask size (generally size #3 for females, size #4 for males)
- Check cuff integrity and video function
- Deflate cuff fully and evenly to avoid folding the cuff folds blocking the camera view
- Lubricate posterior surface of the mask only to avoid blocking the camera.
- Prepare compatible endotracheal tube with removable connector and ejection bar. Test the tube can smoothly enter the airway channel prior to insertion during the case.



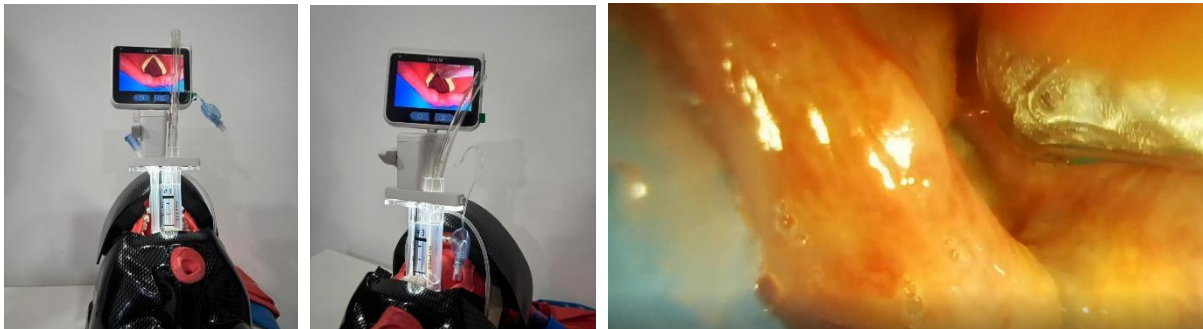
Insertion of the Video Laryngeal Mask

- Gently open the mouth and insert SafeLM along the hard palate
- Advance until cuff is seated underneath the arytenoids and full glottic visualization is achieved
- Inflate the cuff with air, check intra-cuff pressure with cuff manometer
- Connect to ventilation circuit with TRI-1 to oxygenate the patient before intubation



Intubation Through the Device

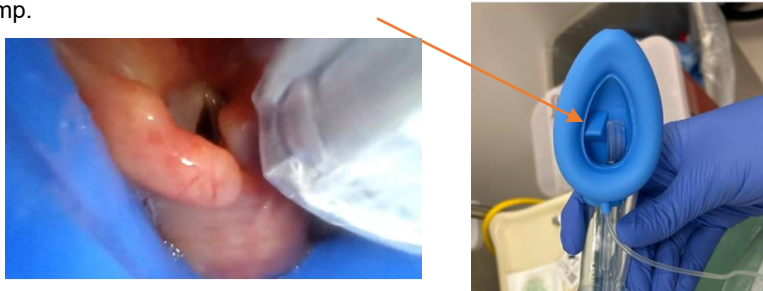
- Generously lubricate the distal half of the ETT with a water-based lubricant. **Lubricate the airway channel with the lubricated ETT prior to SafeLM insertion to ensure smooth ETT insertion.** Generous lubrication is required to ensure a smooth intubation. The airway channel has a limited space, friction from the PVC tubing can make it hard to insert.
- Advance the endotracheal tube under continuous video guidance through the vocal cords until the black line indicator has passed the vocal cords.



- Angle and depth adjustment of the laryngeal mask may be required to facilitate intubation through the vocal cords

!Tip

If the ETT is hitting the arytenoid, you may need to withdraw the mask slightly to adjust the angle of the intubation ramp.



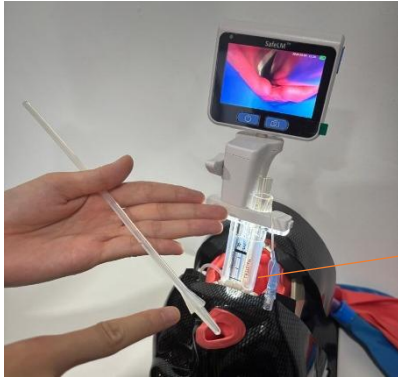
- Confirm passage through the vocal cords, with the black line indicator passing through the cords

We advise to keep SafeLM in place (no exchange) with the ETT as it offers several benefits:

1. Double sealing for protection against aspiration
2. Easier extubation

Exchange of SafeLM for ETT

- Insert the arrow end of the ejection bar into the ETT to hold the ETT in place. Do not inflate the ETT cuff.



EJT-1

Ejection bar to exchange mask from endotracheal tube



- Deflate the laryngeal mask cuff fully
- Slowly slide the mask superiorly out of the patient's airway while holding the ejection bar in place. **Stop** when the ETT balloon is at the entrance of the laryngeal mask airway channel.



Notice the ETT balloon has not yet entered the airway channel. At this point, remove the ejection bar to avoid it getting stuck with the ETT balloon in the airway channel.

!Tip

Twisting SafeLM on removal can make it easier to grasp the ETT in the oral cavity with the Magill forceps or your fingers.



Remove the ejection bar, and use **Magill forceps** to hold the ETT from the patient's oral cavity to prevent dislodgement. Remove the laryngeal mask completely.

Inflate the ETT cuff. Attach to ventilation circuit.

Confirmation of Tube Placement

- Confirm ETT placement with continuous waveform capnography or by measuring the distance outside the oral cavity.
- Secure the endotracheal tube with tape.