The i-gel LMA Is Similar to Ambu AuraOnce LMA for Pediatric Intubations

The devices performed similarly in all weight groups, but the i-gel often required taping to hold it in place.

Researchers compared performance of the pediatric i-gel laryngeal mask airway (LMA) and the Ambu AuraOnce LMA in a prospective randomized study of 208 patients (age range, 0–17 years; weight range, 5–50 kg) undergoing elective surgery at an academic hospital in Switzerland. Trained observers measured leak pressures (primary outcome), insertion and ventilation success, insertion times, and adverse events. After three failed insertion attempts with the assigned device, the alternate device was used.

Demographic characteristics were similar in the two groups. No clinically significant differences were observed between the i-gel and Ambu groups in mean leak pressures or insertion times either overall (22 and 19 cm H₂O; 27 and 24 seconds, respectively) or in subgroup analyses by weight. The mask tended to slip upward and required taping in 44 i-gel patients and no Ambu patients. Insertion of the i-gel failed in seven patients, all of whom had subsequent successful insertion of an Ambu LMA. Ambu LMA insertion failed in two patients; one patient was rescued with the i-gel and the other with a different-sized Ambu LMA. Rates of first-attempt success (91% and 93%) and overall success (93% and 98%) were similar in the i-gel and Ambu LMA groups, respectively. No serious adverse events occurred with either device.

Comment: For pediatric airway management, both the i-gel and Ambu AuraOnce LMAs are easy to insert and highly effective. The i-gel provides an additional channel for gastric intubation but often requires taping to secure placement. Operators should use the device that they prefer.

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