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Use of the laryngeal tube in 100 patients

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Acta Anaesthesiol Scand 2003; 47: 828–832
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ACTA ANAESTHESIOLOGICA SCANDINAVICA
ISSN 0001-5172

Use of the laryngeal tube in 100 patients

T. Asai[1], K. Shingu[1] and T. Cook[2]
Departments of Anesthesiology, [1]Kansai Medical University, Moriguchi City, Osaka, Japan and [2]Royal United Hospital, Combe Park, Bath, UK

Background: The laryngeal tube has a potential role during anaesthesia, but there have been only a few studies assessing its efficacy during the entire course of anaesthesia, and all previous studies used prototypes. We studied 100 patients to assess the efficacy of a new laryngeal tube during the entire course of anaesthesia.
Methods: After induction of anaesthesia, the laryngeal tube was inserted (up to two times) and adequacy of ventilation was assessed. The airway pressure at which gas leaked around the device was measured. The device was used during anaesthesia, while ventilation was controlled. The device was removed after the patient had opened the mouth to verbal command. Any complications during and after anaesthesia were recorded.
Results: Ventilation was possible at the first attempt in 90 patients, at the second attempt in another seven patients, and adequate ventilation failed after two attempts in three patients. Median (interquartile range) leak pressure was 28 (22–30) cmH_2O. In all 97 patients, the laryngeal tube was used until the end of surgery. However, in two of the 97 patients the airway was partially obstructed during anaesthesia and it was necessary to reposition the device. The laryngeal tube was tolerated well during emergence from anaesthesia. No hypoxia, regurgitation, vomiting or laryngospasm occurred in any patient. On removal of the laryngeal tube, no blood was detected on the device and no apparent ischaemic changes to the tongue were observed in any patient. Post-operatively, six patients complained of a mild sore throat, and no patient complained of difficulty in swallowing or numbness of the oropharynx.
Conclusion: The laryngeal tube can be useful for maintaining a patent airway during anaesthesia.

Accepted for publication 9 April 2003

Key words: airway; laryngeal tube.

The efficacy of the laryngeal tube (VBM, Sulz a.N., Germany) (Fig. 1), a new supraglottic airway, has a potential role during anaesthesia (1–7). Since its introduction into clinical practice, the design of the laryngeal tube has been improved on a few occasions: the

and to examine the incidence of post-operative complications.

Methods

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T Asai, K Shingu, T Cook

Department of Anesthesiology, Kansai Medical University, Moriguchi City, Osaka, Japan. asait@takii.kmu.ac.jp

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Acta Anaesthesiol Scand

PubMed ID: 12859303 Edit

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