



LMA ProSeal™

Proven versatility.

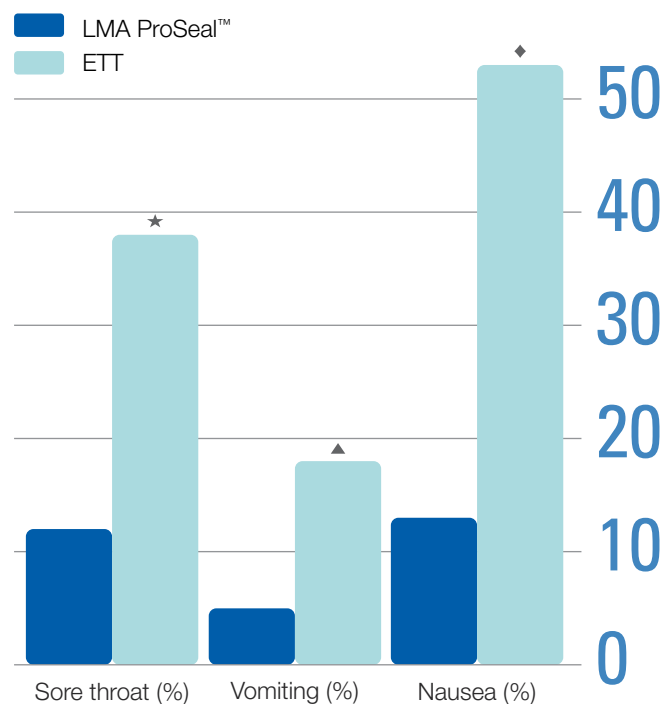


LMA ProSeal™ is a re-usable second generation, gastric access device which forms an effective First Seal™ with the oropharynx (oropharyngeal seal) and an innovative Second Seal™ with the upper oesophageal sphincter (oesophageal seal).

The most versatile re-usable airway

- ▶ **Peace of mind** – Passive regurgitation can occur unexpectedly intraoperatively. LMA ProSeal™ enables the regurgitated fluid to pass up the drainage tube without leaking into the glottis¹
- ▶ **Patient comfort** – LMA ProSeal™ reduces the likelihood of throat irritation and stimulation, and reduces post-operative nausea and vomiting by as much as 40% compared to an ETT²
- ▶ **Performance** – LMA ProSeal™ achieves a high seal pressure, with a median seal pressure of 32cm H₂O³
- ▶ **Aspiration** – LMA ProSeal™ has a built-in drain tube that allows expelled gastric content to bypass the pharynx. This specific feature is designed to decrease the risk of aspiration^{4,5}

Post anaesthesia care unit outcome data up to 24 hours²



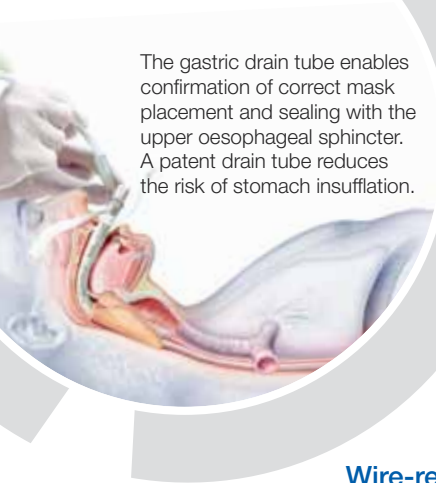
★ Sore throat P<0.0001 vs. LMA ProSeal™ group.
 ▲ Vomiting P<0.004 vs. LMA ProSeal™ group.
 ♦ Nausea P<0.0001 vs. LMA ProSeal™ group.

Post-operative sore throat, nausea and vomiting were measured via patient interviews in a blind fashion.

“The LMA ProSeal™ currently has the broadest evidence to support its efficacy and safety profile.”

NAP4 report, 2011

The gastric drain tube enables confirmation of correct mask placement and sealing with the upper oesophageal sphincter. A patent drain tube reduces the risk of stomach insufflation.

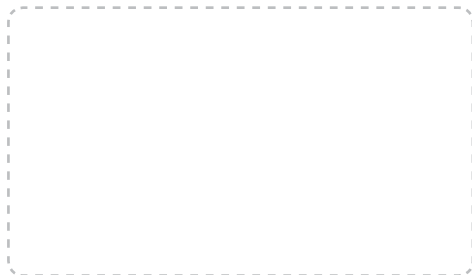


LMA ProSeal™: Product specification

| Mask size | Product code | Patient size | Maximum cuff volume (air)* | Largest size OG tube/salem pump |
|-----------|--------------|-----------------------------|----------------------------|---------------------------------|
| 1 | 150010 | Neonates/infants up to 5 kg | 4 ml | 2.7 mm / 8 Fr |
| 1.5 | 150015 | Infants 5-10 kg | 7 ml | 3.5 mm / 10 Fr |
| 2 | 150020 | Infants/children 10-20 kg | 10 ml | 3.5 mm / 10 Fr |
| 2.5 | 150025 | Children 20-30 kg | 14 ml | 4.9 mm / 14 Fr |
| 3 | 150030 | Children 30-50 kg | 20 ml | 5.5 mm / 16 Fr |
| 4 | 150040 | Adults 50-70 kg | 30 ml | 5.5 mm / 16 Fr |
| 5 | 150050 | Adults 70-100 kg | 40 ml | 6.0 mm / 18 Fr |

*These are maximum volumes that should never be exceeded. It is recommended that the cuff be inflated to a maximum of 60 cm H₂O intracuff pressure. OG = orogastric

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Consult IFU on this website:
www.LMACO.com



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1. Evans N.R. et al. CJA 2002; **49**: 413-416.
2. Hohlrieder M. et al. BJA 2007; **99**: 576-580.
3. Cook T.M., Gibbison B. BJA 2007; **99**: 436-439.
4. Mark D.A. CJA 2003; **50**: 78-80.
5. Brain A.I.J. et al. BJA 2000; **84**: 650-654.
6. 4th National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society: Major Complications of Airway Management in the United Kingdom. Report and findings: March 2011. Editors: Dr Tim Cook, Dr Nick Woodall and Dr Chris Frerk.



Clinical evidence



For the latest clinical evidence on LMA ProSeal™

www.lmaco.com/evidence

make-a-switch.com



For more information on making the switch to second generation SADs

www.make-a-switch.com



For the latest educational videos and clinician testimonials

www.youtube.com/LaryngealMaskAirway



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