Using the i-gel[®] supraglottic airway

Preparations for use

Adult sizes



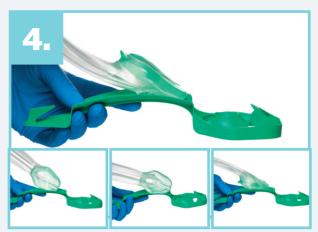
Open the i-gel package, and on a flat surface take out the protective cradle containing the device.



Remove the i-gel and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.



Place a small bolus of a water-based lubricant, such as K-Y Jelly[®], onto the middle of the smooth surface of the protective cradle in preparation for lubrication.



Grasp the i-gel with the opposite (free) hand along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.

Paediatric sizes



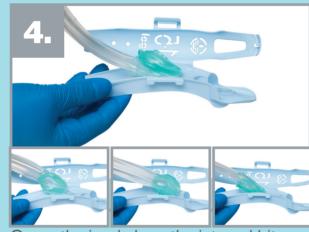
Open the i-gel package, and on a flat surface take out the cage pack containing the device.



Open the cage pack and transfer the i-gel into the lid of the cage.



Place a small bolus of a waterbased lubricant, such as K-Y Jelly[®], onto the middle of the smooth surface of the cage pack ready for use.

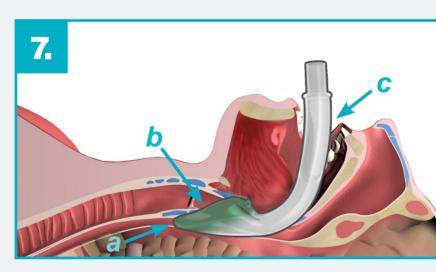


Grasp the i-gel along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.

Insertion technique



Remove the i-gel from the protective cradle or cage pack. Grasp the lubricated i-gel firmly along the integral bite block. Position the device so that the i-gel cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing the morning air' position with head extended and neck flexed. The chin should be gently pressed down before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.



Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.

The tip of the airway should be located into the upper oesophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite block (c).

This poster does NOT constitute a comprehensive guide to the preparation, insertion and use of the i-gel. The user should first familiarise themselves with the Instructions for Use supplied with the product before attempting to use the i-gel. Additionally, a User Guide is available by contacting Intersurgical or by visiting our website www.i-gel.com The i-gel must always be separated from the protective cradle or cage pack prior to insertion. The cradle is not an introducer and must never be inserted into the patient's mouth. K-Y Jelly[®] is a registered trademark of Johnson and Johnson Inc.



Inspect the device carefully, confirm there are no foreign bodies or a BOLUS of lubricant obstructing the distal opening. Place the i-gel back into the protective cradle in preparation for insertion.





	Patient Size	Size	Weight
	Neonate	1	2-5kg
	Infant	1.5	5-12kg
	Small paediatric	2	10-25kg
\bigcirc	Large paediatric	2.5	25-35kg
	Small adult	3	30-60kg
	Medium adult	4	50-90kg
	Large adult	5	90+kg



Inspect the device carefully, confirm there are no foreign bodies or a BOLUS of lubricant obstructing the distal opening. Place the i-gel back into the cage pack in preparation for insertion.

Go to step 6. for insertion technique



Important notes to the recommended insertion technique

Sometimes a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the bowl of the i-gel through the faucial pillars. It is important to continue to insert the device until a definitive resistance is felt.

Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the i-gel down or apply excessive force during insertion.

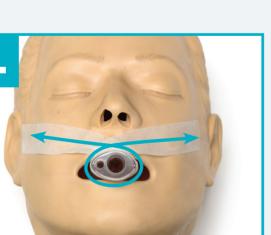
It is not necessary to insert fingers or thumbs into the patient's mouth during the process of inserting the device.

Visit the i-gel website www.i-gel.nl



The i-gel should be taped down from 'maxilla to maxilla'.

COMPLETE RESPIRATORY SYSTEMS



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