More on the ILMA for Difficult Airways

The intubating laryngeal mask airway (ILMA) has been advocated for both routine and difficult airway management (see JWEM Nov 2001, p. 83; Acad Emerg Med 2001; 8:815; and Acad Emerg Med 2001; 8:833). These authors report on use of the ILMA 257 times in 254 patients undergoing elective or emergency intubation who had anticipated difficult airways (based on prior difficult intubation, anatomic attributes, or cervical immobilization) at 4 hospitals over 3 years.

Two hundred patients had general anesthesia, 51 had topical anesthesia and sedation, and 6 were unconscious. The ILMA was successfully inserted in 89 percent, 99 percent, and 100 percent of patients in 1, 2, or 3 attempts, respectively, and all patients were successfully ventilated. Of the 200 attempted blind intubations through the ILMA, 76 percent, 90 percent, and 96.5 percent were successful in 1, 2, or up to 5 attempts. Fiberoptic intubation through the ILMA was successful on the first attempt in 100 percent of the 57 cases in which it was used as the initial technique and in all 7 of the blind intubation failures. In 108 cases in which prior laryngoscopy had failed, blind ILMA intubation was successful in 93.5 percent. Immobilized C-spine patients were intubated blindly through the ILMA in 100 percent of 67 cases, 93 percent on the first attempt. Fifty patients with known anatomic distortion of the airway were intubated successfully, primarily with the fiberoptic scope.

Comment: This study provides important information about ILMA use for emergency intubation. All patients were successfully ventilated, allowing time for a controlled intubation attempt. Success rates were high for blind intubation and 100 percent for fiberoptic intubation. The ILMA is a valuable approach for patients with C-spine immobilization or for whom laryngoscopy has failed or is anticipated to fail. This study also presents wonderful tips on ILMA insertion and intubation techniques.

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