

# The i-gel<sup>®</sup> supraglottic airway



## Preparations for use

### Adult sizes



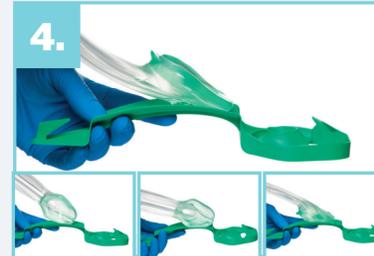
1. Open the i-gel package, and on a flat surface take out the protective cradle containing the device. Always wear gloves.



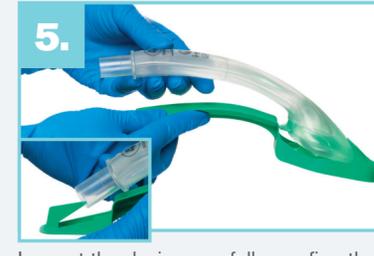
2. Remove the i-gel and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.



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



4. 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.



5. 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.

Go to step 6. for insertion technique

### Pediatric sizes



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



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



3. Place a small bolus of a waterbased lubricant, such as K-Y Jelly<sup>®</sup>, onto the middle of the smooth surface of the cage pack ready for use.



4. 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.



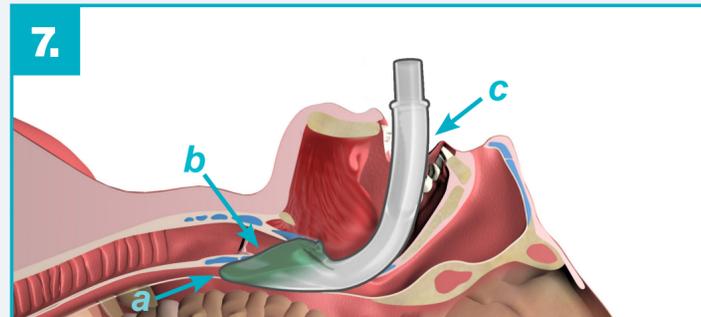
5. Inspect the device carefully, confirm there are no foreign bodies or a BOLUS of lubricant obstructing the distal opening. Place the i-gel back into the cage pack in preparation for insertion.

Go to step 6. for insertion technique

## Insertion technique



6. 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.



7. 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 esophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite block (c).



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

Visit the i-gel website [www.i-gel.com](http://www.i-gel.com)



Patient Size	i-gel <sup>®</sup> Size	Patient Weight Guidance
Large adult	5	90+kg (200 +lbs)
Medium adult	4	50-90kg (110-200lbs)
Small adult	3	30-60kg (65-130lbs)
Large pediatric	2.5	25-35kg (55-77lbs)
Small pediatric	2	10-25kg (22-55lbs)
Infant	1.5	5-12kg (11-25lbs)
Neonate	1	2-5kg (5-11lbs)

i-gel Size	Maximum size of Naso-Gastric Tube (FG)	*Maximum size of Endotracheal Tube
5	14	8.0mm
4	12	7.0mm
3	12	6.0mm
2.5	12	N/A
2	12	N/A
1.5	10	N/A
1	N/A	N/A

\*i-gel is indicated for securing and maintaining a patient airway in routine and emergency anesthetics of fasted patients, during spontaneous or Intermittent Positive Pressure Ventilation (IPPV), during resuscitation of the unconscious patient, and as a conduit for intubation under fiberoptic guidance (only sizes 3, 4 and 5) in a known or unexpectedly difficult intubation, by personnel who are suitably trained and experienced in the use of airway management techniques and devices.

### 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.