







**Airway Management** • Airway Devices



# Airway management has evolved

Introducing the pediatric i-gel®: a revolutionary single use supraglottic airway from Intersurgical®.



### i-gel and natural airway management

The i-gel is a truly unique single use, latex and PVC free airway device, representing the culmination of years of extensive research and development. Based on the original i-gel design inspired by the physiology of the perilaryngeal framework itself, everything about the pediatric i-gel has been designed to work in perfect unison with a child's anatomy, and the specific anatomical, physiological and pathological differences that make pediatric anesthesia particularly challenging.

### **Pediatrics**

i-gel is available in four pediatric as well as three adult sizes, making it applicable for use with patients from 2kg to 90+kg. Pediatric i-gel is indicated for securing and maintaining a patent airway in routine and emergency anesthetics for operations of fasted patients during spontaneous or intermittent positive pressure ventilation (IPPV) and during resuscitation of the unconscious patient.

# i-gel mirrors the anatomy

The shape, softness and contours accurately mirroring the perilaryngeal anatomy to create the perfect fit. This innovative concept means that no cuff inflation is required. The i-gel works in harmony with the patient's anatomy so that compression and displacement trauma are significantly reduced or eliminated.

### The non-inflating cuff

i-gel gets its name from the soft gel-like material from which it is made. It is the innovative application of this material that has enabled the development of a unique non-inflating cuff. This key feature means insertion of i-gel is easy, rapid and consistently reliable.

### The simple, safe and rapid solution

i-gel is incredibly easy to use. A proficient user can achieve insertion of the i-gel in less than 5 seconds. With a non-inflating cuff, i-gel provides a safe and rapid airway management solution.

# Accurate and natural positioning

i-gel accurately and naturally positions itself over the laryngeal framework, providing a reliable perilaryngeal seal without the need for an inflating cuff.

# Additional information available

An i-gel User Guide, clinical study material and other supporting documentation is available to download from the i-gel website at **www.i-gel.com**.

## **Evidence**

- Beringer RM, Kelly F, Cook TM, Nolan J, Hardy R, Simpson T, White MC. A cohort evaluation of the paediatric i-gel(™) airway during anaesthesia in 120 children. Anaesthesia 2011 Dec;66(12):1121-6
- Beylacq L, Bordes M, Semjen F, Cros AM. The I-gel, a single-use supraglottic airway device with a non-inflatable cuff and an esophageal vent: an observational study in children. Acta Anaesthesiol Scand. 2009 Mar;53(3):376-9
- Kim MS, Oh JT, Min JY, Lee KH, Lee JR. A randomised comparison of the i-gel<sup>™</sup> and the Laryngeal Mask Airway Classic<sup>™</sup> in infants. Anaesthesia. 2014 Apr;69(4):362-7
- 4. Das B, Mitra S, Jamil SN, Varshney RK. Comparison of three supraglottic devices in anesthetised paralyzed children undergoing elective surgery. Saudi J Anaesth. 2012 Jul;6(3):224-8
- Mitra S, Das B, Jamil SN. Comparison of Size 2.5 i-gel™ with Proseal LMA™ in Anaesthetised, Paralyzed Children Undergoing Elective Surgery. N Am J Med Sci. 2012 Oct;4(10):453-7
- Goyal R, Shukla RN, Kumar G. Comparison of size 2 i-gel supraglottic airway with LMA-Pro-Seal™ and LMA-Classic™ in spontaneously breathing children undergoing elective surgery. Paediatric Anaesthesia. 2012 April; 22(4):355-9
- Lee JR, Kim MS, Kim JT, Byon HJ, Park YH, Kim HS, Kim CS. A randomised trial comparing the i-gel (TM) with the LMA Classic (TM) in children. Anaesthesia. 2012 Jun;67(6):606-11
- L Theiler, R Greif. Clinical evidence for the use of the i-gel pediatric anesthesia. The i-gel supraglottic airway: Medical procedures, testing and technology. Nova Science Publishers, 2013
- Y Abukawa, K Hiroki, M Ozaki. Evaluation of the i-gel airway in children. The i-gel supraglottic airway: Medical procedures, testing and technology. Nova Science Publishers, 2013

More evidence is available online at www.i-gel.com/evidences

### Features and benefits

The i-gel® has a host of features that provide significant benefits to the patient and the clinician.

### 15mm connector

Reliable connection to any standard catheter mount or connection

# Proximal end of gastric channel

# Clearly displayed product information

For quick easy reference. Includes confirmation of size and weight guidance



# Correct taping technique

It is important that as soon as insertion has been completed, the i-gel is held until and while the device is secured in place.

The i-gel should be taped in place 'maxilla to maxilla' (upper jaw to upper jaw) as shown.



#### **Gastric channel**

The i-gel incorporates a gastric channel (except size 1). It provides an early warning of regurgitation, allows for the passing of a nasogastric tube to empty stomach contents, and facilitates venting

## Integral bite block

Reduces the possibility of airway channel occlusion

### **Buccal cavity stabilizer**

Aids insertion and eliminates the potential for rotation

### **Epiglottic rest**

Reduces the possibility of epiglottic 'down folding' and airway obstruction

# The non-inflating cuff

Made from a unique soft gel-like material allowing ease of insertion and reduced trauma

Distal end of gastric channel



# Innovative packaging

The pediatric i-gel® supraglottic airway is supplied in a fully recyclable cage pack. This unique packaging protects the i-gel in transit and ensures that it maintains its anatomical shape. i-gel is available in four pediatric sizes.



Code	Description	Size		Weight	Box Oty.	
8225000	i-gel, supraglottic airway	2.5	Large pediatric	25-35kg (55-77lbs)	10	8
8202000	i-gel, supraglottic airway	2	Small pediatric	10-25kg (22-55lbs)	10	8
8215000	i-gel, supraglottic airway	1.5	Infant	5-12kg (11-25lbs)	10	8
8201000	i-gel, supraglottic airway	1	Neonate	2-5kg (5-11 lbs)	10	8



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





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