

## Advisory 19-02 Securing the iGel Supraglottic Airway

To: All EMS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS Arculation Regional Medical Director

Date: January 14, 2019

As agencies throughout the region begin to incorporate the iGel supraglottic airway into their equipment, there is one aspect of use that warrants additional emphasis.

Supraglottic airways are not all built the same. The iGel is designed to have the distal tip of the device wedge up against the upper esophageal opening. This becomes important when we think about securing these devices. Unlike an ETT which we do not want to move in or out of the airway, migration of an iGel is only concerning if the device migrates up and out of the airway.

Knowing that, we should not be securing iGels at the level of the lips. The iGel should be secured a few centimeters above the lips to provide consistent downward (towards the posterior airway) pressure. The attached photos display the correct, and incorrect ways to secure the iGel device.

- Commercial Strap: Comes in the iGel Resuscitation Pack, not necessarily packaged with all iGels. The location of the strap is high, creating downward (posterior airway) pressure to hold the device in place.
- Correct Tape Placement: Tape application is high, creating a small amount of downward (posterior airway) pressure, and is secured to the patient's cheeks and not the lips. Standard silk tape should be fine.
- Incorrect Tape Placement: Tape is low on the iGel, pulling it only to the lips and therefore not creating any downward pressure.

There is also a new version of the commercially available Thomas Tube Holder that are built with a wider opening to accommodate supraglottic devices. Although they will hold a dry iGel at a correct depth, they do not allow for the consistent downward pressure discussed. The iGels are also prone to sliding out of that commercial device when it gets wet.

Should your agency be using the iGel, please post and distribute the attached reference sheet to your providers so they can appreciate the differences encountered to properly secure the device.

With questions, do not hesitate to contact the Division of Prehospital Medicine at the MLREMS Program Agency.

web www.mlrems.org phone (585) 463-2900 fax (585) 473-3516 office 44 Celebration Drive, Suite 2100 Rochester, NY 14620 mailing 601 Elmwood Avenue, Box 655 Rochester, NY 14642



## Securing the iGEL Supraglottic Airway Device

