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Letters to the editor

A useful method for laryngeal mask insertion

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To the editor: The efficacy of a laryngeal mask airway (LMA) is widely accepted, but there is still no consensus regarding the best method for LMA insertion [1]. Several factors are responsible for difficulties during LMA insertion [2,3]. One point at which difficulty may occur is when the tip of the LMA passes just behind the tongue as it changes direction toward the hypopharynx. The tip of the mask may impact the hard palate. Limited mouth opening may make it difficult to insert an LMA cuff into the oral cavity. The use of the following method may enable this obstacle to be overcome.

The tip of the deflated LMA cuff is directed anteriorly to prevent it folding back upon insertion (Fig. 1). A lubricant is applied only to the posterior surface of the cuff just before placement. Before placement, the patient's head is slightly extended, and the mouth is fully opened using the right hand, as for conventional tracheal intubation (Fig. 2). The mouth is kept open by the left hand. With experience, the operator can

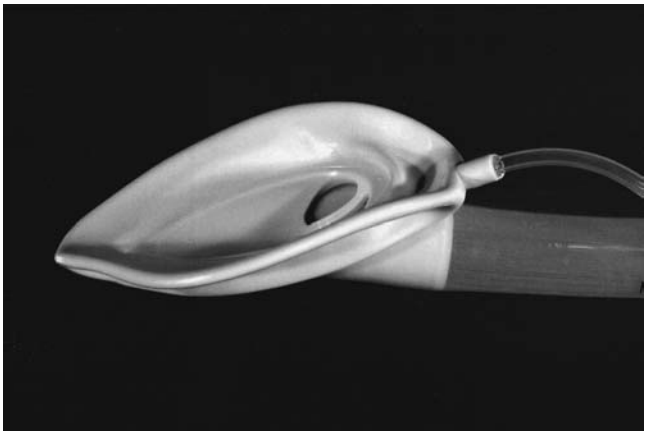

Fig. 1. Tip of the deflated laryngeal mask airway (LMA) cuff

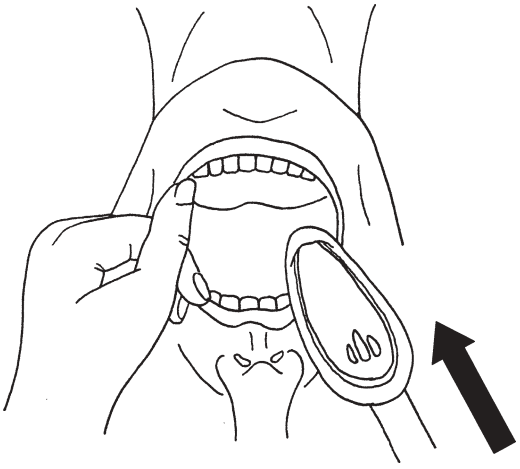

Fig. 2. Frontal view. Before placement, the patient's head is slightly extended and the mouth is fully opened using the right hand, as for conventional tracheal intubation. After that, the mouth is held open, using the left hand for LMA insertion

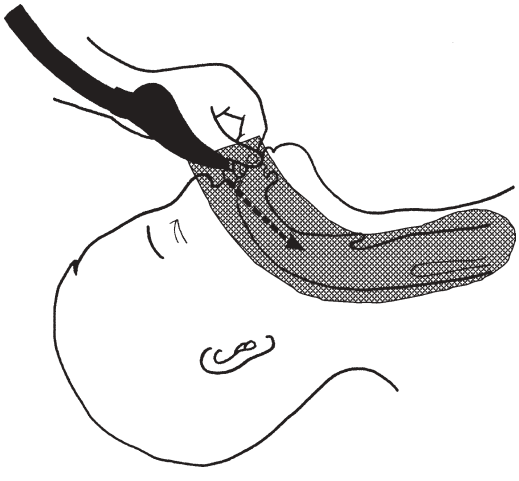

Fig. 3. Lateral view. Placing the LMA is easier if the operator imagines putting on a sock. The LMA is pushed as far as possible into the hypopharynx

open the mouth with the left hand from the beginning. Insertion is easier if the operator can produce a large mouth opening and anterior traction on the jaw. This maneuver can make the patient's throat into a sock-like cavity. Next, the operator holds the shaft of the LMA and inserts it toward the larynx. Placing the LMA is easier if the operator imagines putting on a sock (Fig. 3). The LMA is pushed as far as possible into the hypopharynx and is usually inserted without any resistance. The cuff is then inflated with an appropriated volume of air, and the LMA is connected to the anesthetic circuit. Adequacy of ventilation is then assessed.

The most advantageous part of our method is that it enables insertion of the LMA without the help of an assistant to create a large mouth opening. In addition, our method prevents accidental trauma and infection by the patient's teeth because it is not necessary to insert a finger into the mouth.

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