Correspondence

The role of the LMA?

To the Editor:

Although we were pleased to see the editorial by Fisher *et al.* which sets out to clarify the role of the LMA in airway management (Can J Anaesth 1992; 39: 1-3) we would like to comment on some conditions for which the LMA was said to be "clearly unsuitable."

Although it is imperative that the patient be either deeply anaesthetised or paralysed for insertion of the LMA under general anaesthesia, the use of topical anaesthesia should also be recognised. Brain was probably the first to self-insert the LMA¹ and this has been reported subsequently by other authors.²⁻⁴ Its application in awake patients for both difficult intubation and bronchoscopy has also been described.^{5,6}

In some patients with laryngeal problems, the LMA deserves to be considered. Its use in the diagnosis and subsequent management of stridor has been reported^{7,8} and it has also been used to treat laryngospasm where the delivery of CPAP was indicated.⁹

The LMA is unsuitable for patients requiring high airway pressure ventilation, but this should not preclude its use in those with a medical history of asthma. Indeed a strong case could be made for its preferential use over the endotracheal tube in patients with respiratory disease since less invasive, more physiological airway can be maintained.^{1,10}

Although the LMA is contra-indicated in patients whose lungs are difficult to ventilate, we disagree that it is unsuitable for patients whose tracheas are known to be difficult to intubate. Many consider that the LMA has a role in elective difficult intubation both as an alternative form of airway management and as an aid to achieving intubation.¹¹⁻¹⁶

Although there is a strong need to avoid inappropriate use of the LMA we should perhaps be cautious when trying to define the limitations of its use at this early stage.

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REPLY

We would like to thank Drs. Brimacombe and Shorney for their interest in our editorial. They refer to several instances where they seem to disagree with the points made in our editorial.