40272 - LARYNGEAL MASK AIRWAY™ PRACTICE PATTERNS IN AN ACADEMIC CENTRE

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INTRODUCTION: The objective of this survey was to determine the diversity of indications and the breadth of clinical practice patterns with the laryngeal mask airway, specifically the LMA Classic™ (LMA) in a Canadian, tertiary care, university affiliated, anesthesiology department. Adherence to manufacturer recommendations was assessed.

METHODS: REB approval was granted and the questionnaire was distributed to 50 Staff anesthesiologists in our department. The questionnaire assessed the clinical practice variation of LMA use including indications, induction drugs, insertion, ventilation practices, and removal techniques.

RESULTS: Forty-three of 50 questionnaires were voluntarily, anonymously completed and returned within a two-week period (response rate 86%).

Respondents who Indicated Use in Clinical Practice

Indications for Insertion	Use in Difficult Airway	90%
	Use in Laparoscopic Surgery	23%
	Use in a Shared Airway (i.e. ENT/Dental)	14%
	Use in Prone Position	7%
	Use in Patients with Weight >120kg	9%
	Use in Cases >2 hours	27%
Drugs Used For Insertion	Muscle Relaxant for LMA Placement	7%
	Narcotic (Minimized) for LMA Placement	77%
Insertion Technique	Use BMV Prior to Placing LMA	53%
	Use of Jaw Thrust for LMA Placement	67%
	Successful Placement (>80%) at 1st attempt	79%
Control of Ventilation	PPV (Manual BVM Only) Through LMA	70%
	PPV Using Ventilator Through LMA	23%
Emergence	LMA Removed Prior to Leaving OR	60%

Ninety-eight percent of responders use the LMA in their clinical practice. It is used in 34% of their cases (range 3–90%). Twenty-three percent use the LMA in open and laparoscopic

abdominal surgery. The majority of responders (91%) do not use the LMA in patients greater than 120 kg. Seven percent of our responders have used the LMA electively in prone surgery. Eighty-eight percent of responders use narcotics for co-induction; of those 77% try to minimize narcotic dose. Only 7% use muscle relaxants to aid the placement of the LMA. Twenty-three percent of responders routinely use mechanical ventilation with the LMA. The compliance with Dr. Brain's/manufacturer recommendations (1, 2) varied from 32 to 93% depending on the variable examined. Sixty-two percent lubricated only the posterior surface of the LMA (recommended) but lidocaine based lubricant was used by 57% (not recommended). Only 32% of respondents removed the LMA with cuff deflated, while 37% used a bite block (both recommended). Aspiration with an LMA had been reported by 37% of staff.

DISCUSSION: There was a wide range of clinical preference and practice patterns using the LMA at our institution. Knowledge of current practice patterns can help guide further resident teaching and research into clinical practice patterns involving the LMA.

REFERENCES: 1) Vitaid LMA Instructional Manual 2005 2) Anesthesiology 79:144-163, 1993