

# Using the i-gel supraglottic airway



Natural airway management

## Important notes to the recommended insertion technique

Sometimes a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the bowl of the i-gel through the faucial pillars. It is important to continue to insert the device until a **definitive resistance** is felt.

Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push i-gel down or apply excessive force during insertion.

No more than three attempts in one patient should be attempted.

It is not necessary to insert fingers or thumbs into the patients mouth during the process of inserting the device.

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## Preparations for use

1



Open the i-gel package, and on a flat surface take out the cage pack containing the device

2



Release catch and open the cage pack and transfer the device into the lid of the cage

3



Place a small bolus of a water based lubricant (such as K-Y Jelly) on to the smooth inner surface ready for use

4



Grasp the i-gel along the integral bite block and lubricate the front, back and sides of the cuff with a thin layer of lubricant

## Insertion technique

5



Place the i-gel back into the cage pack in preparation for insertion

6



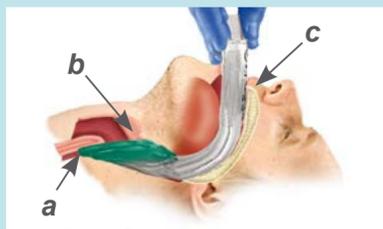
Grasp the lubricated i-gel firmly along the integral bite block. Position the device so that the i-gel cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing the morning air' position with head extended and neck flexed. The chin should be gently pressed down before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate

7



Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a **definitive resistance** is felt

8



The tip of the airway should be located into the upper oesophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite-block (c)

9



i-gel may be taped or tied down by the anaesthetic assistant as required

10



If there is early resistance during insertion a 'jaw thrust' (above) or 'Insertion with Deep Rotation' (right) is recommended

