i-gel®

Intersurgical i-gel® size guide

Note: Selection of the correct size of i-gel® should be decided according to patient weight and anatomical assessment.

Code	i-gel® size	Weight	Maximum size of gastric tube*	Maximum size of endotracheal tube**	Patient size
8203000	3	30–60kg	12FG	6.0mm	Small adult
8204000	4	50–90kg	12FG	7.0mm	Medium adult
8205000	5	90+kg	14FG	8.0mm	Large adult

* Maximum size of gastric tube that can be placed down the gastric channel of each size of the i-gel® device.
** Maximum size of endotracheal tube that can be placed down the airway channel of each size of the i-gel® device under fibreoptic guidance.

The above size guide and the instructions overleaf do NOT constitute a comprehensive guide to the preparation, insertion and use of the i-gel®. The user should first familiarise themselves with the complete instructions for use (IFU) supplied with the device before attempting to use the i-gel® and the i-gel® must always be used in strict accordance with the IFU.

The i-gel® must always be separated from the protective cradle or cage pack prior to insertion. The protective cradle or cage pack is not an introducer and must never be inserted into the patient's mouth.

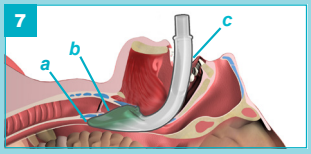
www.intersurgical.com/info/igel

Preparation for use and insertion technique

Open the i-gel® package and take out the protective cradle containing the device.

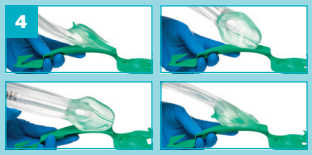
Place a small bolus of a water-based lubricant, onto the middle of the smooth surface of the protective cradle in preparation for lubrication. Do not use silicone based lubricants.

After lubrication has been completed, check that no BOLUS of lubricant remains in the bowl of the cuff or elsewhere on the device. Avoid touching the cuff of the device with your hands. Place the i-gel® back into the cradle in preparation for insertion.



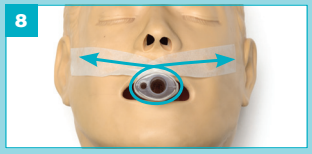
Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt. At this point, the tip of the airway should be located into the upper oesophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite block (c).

In the final minute of pre-oxygenation, remove the i-gel® and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.



Grasp the i-gel® with the opposite (free) hand along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant. This process may be repeated if lubrication is not adequate.

Remove the i-gel® from the protective cradle. 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 by an assistant before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.



The i-gel® should be taped down from 'maxilla to maxilla'.