Evaluation of the i-gel airway in 300 patients
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EDITOR:
There are many types of supraglottic airway devices currently available. The i-gel airway, manufactured by Intersurgical UK, is a new single-use supraglottic airway device with a unique non-inflatable cuff made of thermoplastic elastomer (Fig. 1). The gel-like cuff accurately mirrors the perilaryngeal anatomy to create a perfect fit and enable rapid, easy, safe and reliable application [1,2]. The stem of the device incorporates a gastric channel that allows gastric tube drainage, a bite guard that improves device patency and a widened buccal cavity stabilizer that ensures stable position [1,4]. It has a display of size and patient weight guidance. It is similar to the Pro-seal laryngeal mask airway (LMA), but has better features [3]. This report is a prospective audit of utilization and observations of the i-gel in a UK teaching hospital, as there are limited published data regarding its performance.

After audit registration and patient consent, we used the i-gel in 300 adults, with body mass index 20–40, who underwent elective surgery under propofol–fentanyl–sevoflurane anaesthesia. The surgery undertaken included perineal, limb, superficial, ear, nasal and eye surgery. The nasal and eye surgeons rated the i-gel as satisfactory and un-impeding of anatomy to create a perfect fit and enable rapid, easy, safe and reliable application. The gel-like cuff minimizes airway trauma and neurovascular compression. Although two patients had blood on the cuff at removal, there were no reports of postoperative upper airway problems. The cuff provides adequate seal for all ventilation modes. All patients underwent adequate pressure-mode ventilation with airway pressures of 10–30 cm H₂O initially and spontaneous breathing subsequently. The seal seems to improve over time probably due to the thermoplastic cuff warming to body temperature. The manufacturer recommends ventilation pressure ≤40 cm H₂O. We observed significant leak at pressures >33 cm H₂O. The i-gel is suitable for weaning patients off ventilation because of its seal, bite guard and minimal airway stimulation. An elderly patient and an obese patient with intraoperative respiratory difficulty were weaned off the anaesthetic ventilator with the aid of the i-gel.
The use of near-infrared spectroscopy (NIRS) in surgical clipping of giant cerebral aneurysm

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EDITOR:
A 49-yr-old male patient was scheduled for clipping of a giant right middle cerebral artery (MCA) aneurysm.

He presented with Grade IV subarachnoid haemorrhage (SAH) and large intracerebral haemorrhage. Upon admission, the patient's Glasgow Coma Scale score was 8 (E2V2M4) with left-sided hemiplegia. The patient was transferred to the operating room, sedated and intubated. Two 18-G peripheral intravenous lines and a left radial arterial line were placed. In addition to the routine standard monitors, electroencephalograph (EEG) electrodes were placed over the midline and left...