

## Frequently Asked Questions\*

- 1. What material is i-gel<sup>TM</sup> made from?**  
 i-gel<sup>TM</sup> is produced from a medical grade thermoplastic called SEBS (Styrene Ethylene Butadiene Styrene).
- 2. Does i-gel<sup>TM</sup> contain any natural rubber latex?**  
 No, i-gel<sup>TM</sup> is made entirely from synthetic materials.
- 3. How can i-gel<sup>TM</sup> create a satisfactory perilaryngeal seal when it doesn't have an inflatable cuff?**  
 The i-gel<sup>TM</sup> is a truly anatomical device. The soft, non-inflatable cuff fits snugly onto the perilaryngeal framework, mirroring the shape of the epiglottis, aryepiglottic folds, piriform fossae, peri-thyroid, peri-cricoid, posterior cartilages and spaces. Each receives an impression fit, thus supporting the seal by enveloping the laryngeal inlet. The seal created is sufficient for both spontaneously breathing patients and for IPPV.<sup>(1,2)</sup>
- 4. Why does i-gel<sup>TM</sup> not have any epiglottic/aperture bars like some other supraglottic devices?**  
 They are not necessary. i-gel<sup>TM</sup> has an artificial epiglottis called the 'epiglottic rest'. This helps to prevent the epiglottis from down-folding. In the very unlikely event that an epiglottis should still down-fold, the airway channel exits so deeply into the bowl of the cuff, it is very unlikely the epiglottis could interfere with the fresh gas flow.
- 5. What is the gastric channel for?**  
 When correctly inserted, the tip of the i-gel<sup>TM</sup> will be located into the upper esophageal opening, providing a conduit via the gastric channel to the esophagus and stomach. This then allows for suctioning, passing of a nasogastric tube and can facilitate venting.
- 6. What size of nasogastric tube can be inserted into the gastric channel?**  
 In a size 3 and size 4 i-gel<sup>TM</sup>, up to a size 12 (FG). In a size 5 i-gel<sup>TM</sup>, up to a size 14(FG).
- 7. What action should be taken if a patient begins to regurgitate and liquid appears in the gastric channel?**  
 If regurgitation is suspected or noticed during anesthesia, then it is recommended the patient head end of the operating table is tilted down and, if the timing of the surgical procedure allows, the patient is turned onto a left or right lateral position. The i-gel<sup>TM</sup> should then be removed, thorough suctioning of the pharynx and hypopharynx undertaken, and the patient intubated for definitive securing of the airway.

If regurgitation is anticipated during a procedure, then it is recommended that a nasogastric tube is passed through the gastric channel into the patient's stomach and the stomach emptied. The nasogastric tube may be left in-situ until the end of the anesthetic.
- 8. What is the buccal cavity stabilizer?**  
 It is the main stem of the device which contains the integral bite block and the airway and gastric channels. It is anatomically widened and concaved to greatly reduce the potential for rotation after insertion, thereby reducing the risk of malposition. It also provides vertical strength to aid insertion.
- 9. Is i-gel<sup>TM</sup> available in pediatric as well as adult sizes?**  
 Pediatric sizes are currently under development. The current sizes allow for i-gel<sup>TM</sup> to be used on patients within a weight range from 30-90 kg (65-200 lbs).
- 10. Can any liquid leak out of the i-gel<sup>TM</sup> cuff?**  
 No. The material used to produce the product is solid throughout. The product does not contain any liquid gel.
- 11. What should I do if there is an air leak up the gastric channel?**  
 A small air leak, air venting, through the gastric channel may be a useful mechanism to protect against gastric insufflation, but an excessive leak means the device is probably not seated properly. In such circumstances, remove the device and reinsert with a gentle jaw thrust applied by an assistant.

### References

1. E.Braithwaite. *Evaluation of a new supraglottic airway: The i-gel<sup>TM</sup> Intersurgical (2007)*
2. D.Gabbott, R.Beringer. *The i-gel<sup>TM</sup> supraglottic airway. A potential for resuscitation? Resuscitation (2007) 73, 161-164*

\* Please refer to the i-gel User Guide (available from Intersurgical Inc or at [www.i-gel.com](http://www.i-gel.com)) for further information and before use of the device.