The supraglottic airway with a non-inflatable cuff

Airway Management • Airway Devices
Airway management has evolved

Introducing the i-gel®: a revolutionary single use supraglottic airway from Intersurgical.

i-gel® and natural airway management
The i-gel® is a truly unique single use, latex and PVC free airway device, representing the culmination of years of extensive research and development. Everything about the i-gel® has been designed to work in perfect unison with the anatomy; the i-gel® design was inspired by the physiology of the perilaryngeal framework itself – airway management as nature might have intended.

i-gel® mirrors the anatomy
The shape, softness and contours accurately mirror the perilaryngeal anatomy to create the perfect fit. This innovative concept means that no cuff inflation is required. The i-gel® works in harmony with the patient’s anatomy so that compression and displacement trauma are significantly reduced or eliminated.

The non-inflatable cuff
i-gel® gets its name from the soft gel-like material from which it is made. It is the innovative application of this material that has enabled the development of a unique non-inflatable cuff. This key feature means insertion of i-gel® is easy, rapid and consistently reliable.

The simple, safe and rapid solution
i-gel® is incredibly easy to use. A proficient user can achieve insertion of the i-gel® in less than 5 seconds. With no inflatable cuff, i-gel® provides a safe and rapid airway management solution.

Adults
Adult i-gel® is indicated for securing and maintaining a patient airway in routine and emergency anaesthetics of fasted patients, during spontaneous or intermittent positive pressure ventilation (IPPV), during resuscitation of the unconscious patient, and as a conduit for intubation under fibreoptic guidance in a known or unexpectedly difficult intubation, by personnel who are suitably trained and experienced in the use of airway management techniques and devices.

Paediatrics
i-gel® is now available in four paediatric as well as three adult sizes, making it applicable for use with patients between 2–90+kg. Paediatric i-gel® is indicated for securing and maintaining a patient airway in routine and emergency anaesthetics for operations of fasted patients during spontaneous or intermittent positive pressure ventilation (IPPV).

Additional information available
An i-gel® user guide, clinical study material and other support documentation is available to download from the i-gel® website at www.i-gel.com.
Features and benefits

The i-gel® has a host of features that provide significant benefits to the patient and the clinician.

15mm connector
Reliable connection to any standard catheter mount or connection

Proximal end of gastric channel

Gastric channel
The i-gel® incorporates a gastric channel (except size 1). It provides an early warning of regurgitation, allows for the passing of a nasogastric tube to empty the stomach contents and facilitates venting.

Distal end of gastric channel

Clearly displayed product information
For quick easy reference. Includes confirmation of size and weight guidance

Position guide (adult sizes only)
Easy confirmation of optimum insertion depth

Integral bite block
Reduces the possibility of airway channel occlusion

Buccal cavity stabiliser
Aids insertion and eliminates the potential for rotation

Epiglottic rest
Reduces the possibility of epiglottic ‘down folding’ and airway obstruction

The non-inflatable cuff
Made from a unique soft gel-like material allowing ease of insertion and reduced trauma

The adult sizes of i-gel® can be used as a conduit for intubation under fibreoptic guidance in a known or unexpectedly difficult intubation.
Innovative packaging
The i-gel® supraglottic airway is supplied in a fully recyclable protective cradle or cage pack. This unique packaging protects the i-gel® in transit and ensures that it maintains its anatomical shape. i-gel® is available in seven sizes.

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References
6. D Haske, B Schempf, G Gaier, C Niemandt. Performance of the i-gel® during pre-hospital cardiopulmonary resuscitation. Resuscitation 2013 Sep; 84(9):1229-32