Supraglottic Airway Device - removal by PACU staff SOP

Supraglottic Airway Devices (SADs) [including first generation SADs such as the Laryngeal Mask Airway (LMA) and second generation e.g. i-Gel] are devices used to maintain the airways of those undergoing anaesthesia, allowing the anaesthetist to be 'hands free' whilst avoiding the need for tracheal intubation.

SADs are most commonly removed in the Post-Anaesthetic Care Unit (PACU) by PACU staff once the patient is showing signs of emergence from anaesthesia.

Set-up

1) All patients entering PACU with an SAD in situ must be cared for in a bay with a dedicated qualified PACU practitioner, an oxygen supply, suction equipment and physiological monitoring that **must** include capnography.

2) Other equipment required will include a Mapleson C "Waters" circuit (or other means of supplying oxygen to, and if necessary ventilating, the patient, via the SAD, such as the Mapleson E "T-piece" for paediatric patients).

3) Equipment and drugs to perform tracheal intubation should be immediately available.

4) Equipment to ventilate the patient in the event of pipeline gas failure should be immediately available (e.g. self-inflating bag & oxygen cylinders).

5) An anaesthetist should be immediately available to assist if required until the patient is breathing spontaneously.

6) There should be an anaesthetist available within the theatre block who could attend if required until the SAD has been removed uneventfully and all observations are stable.

Procedure

7) SADs should not be removed until the patient is showing signs of emergence from anaesthesia, and there is sufficient evidence that the patient's protective reflexes have returned.
   Such signs may include:-
   a. Responding to verbal commands by opening eyes and/or mouth
   b. Moving and/or lifting the head spontaneously
   c. Reaching for the SAD to remove it.

8) If the SAD is cuffed, in normal circumstances the cuff **should not be deflated** as this allows for removal of secretions. Suction equipment should be immediately available, and be switched on, to allow for further secretion removal if required.

9) Supplementary oxygen should be administered to the patient via a device such as a simple face mask.

10) Face mask oxygen with capnography can be considered according to guidelines for its use.

11) In some circumstances, a decision made be made by the anaesthetist/ anaesthetic team to remove the SGA whilst the patient is 'deep' i.e. no signs of returning reflexes are present. In this case, the anaesthetist should perform, or be present throughout, the removal, and should not leave until satisfied that the patient is

breathing normally (with or without the use of airway adjuncts and/or manual jaw thrust) with supplementary oxygen in situ. An anaesthetist should be immediately available until the patient is maintaining their own airway.