

# SafeLM<sup>®</sup> - Video LMA System

## Direct vision for supraglottic airway placement

SafeLM<sup>®</sup> is the next-generation of SGA, designed to help anaesthetists confirm placement, maintain continuous visualisation and broaden their use in appropriate cases, with confidence.



### Why SafeLM<sup>®</sup>

Supraglottic airways have an established role in modern anaesthetic practice. Yet in day-to-day use, wider adoption in longer, higher-acuity or more demanding procedures is often limited by one persistent issue: uncertainty around positioning after blind insertion.

Published literature has highlighted **malposition as a common cause of leak**, obstruction, displacement and **reduced clinical confidence** with SGAs<sup>1,2</sup>.

SafeLM<sup>®</sup> addresses that challenge by bringing **direct visualisation to SGA placement and ongoing airway assessment** throughout the case. SafeLM<sup>®</sup> has an Oropharyngeal Leak Pressure (OLP) of 35-40 H<sub>2</sub>O - making it able to be used in a variety of cases including those requiring non-supine (including Trendelenburg) positioning.

### Why direct-vision SGA matters in contemporary anaesthesia

For NHS anaesthetists aiming to support **enhanced recovery pathways**, reduce avoidable medication and airway instrumentation, whilst maintaining confidence in ventilation during selected **laparoscopic and routine general anaesthesia cases**, SafeLM<sup>®</sup> offers a helpful new approach. It can bring clear and measurable benefits to clinical practice.

By combining a **dedicated (manoeuvrable) videoscope with a disposable video laryngeal mask**, SafeLM<sup>®</sup> helps clinicians:

- Confirm positioning at insertion and **observe** gastric and above the cuff **secretions and airway changes** in real time.
- Identify possible **displacement or regurgitation** earlier.
- Support intubation (if needed) **through the device** while maintaining oxygenation.
- Confidently **broaden the use of the SafeLM<sup>®</sup> SGA** (in appropriate cases), helping to reduce complications, in-line with a modern **ERAS** focused practice.

...continued

## SafeLM<sup>®</sup> - Potential advantages in selected laparoscopic procedures

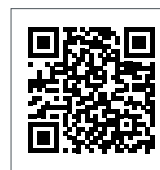
- Supports the established clinical rationale for SGA use in **selected laparoscopic** cases, including favourable haemodynamic profile versus tracheal intubation <sup>2,6,7</sup>.
- May help **reduce airway-related morbidity** associated with more invasive airway management in appropriate patients <sup>1,7,8</sup>.
- Aligns with **enhanced recovery (ERAS)** objectives by supporting efficient emergence and timely discharge pathways <sup>6</sup>.



### From blind placement to continuous monitoring

SafeLM<sup>®</sup> is designed for clinicians who want more than a seal: they want visual confirmation. Continuous airway monitoring has **the potential to change how SGAs are used** - from a device reserved mainly for shorter, simpler cases to a **more versatile airway option** in appropriately selected patients, procedures and pathways <sup>5</sup>.

See videos, or request a clinical evaluation or in-theatre demonstration.



Videos



Demo request

### Further information

Video (SafeLM <sup>®</sup> ) SGA size	#2	#2.5	#3	#4	#5
Videoscope hand held (ref code)	MGL-SPC-C	MGL-SPC-C	MGL-SPC-6	MGL-SPC-6	MGL-SPC-6
Video SafeLM <sup>®</sup> mask (ref code)	FlexiView #2	FlexiView #2.5	FlexiView #3	FlexiView #4	FlexiView #5
Recommended patient weight (Kg)	10-20	20-30	30-50	50-70	70-100
Recommended cuff vol (ml)	10	14	20	30	30
Max. cuff vol (ml)	15	21	30	45	45
Max ETT allowed ID (mm)	NA	NA	6.5	7.0	7.0
Max. Oro/Nasogastric tube (Fr)	10	10	14	14	14
Max. suction tube (Fr)	8	8	12	12	12

#### References

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3. Ye Q, Wu D, Fang W, et al. Comparison of gastric insufflation using LMA-supreme and I-gel versus tracheal intubation in laparoscopic gynecological surgery by ultrasound: a randomized observational trial. *BMC Anesthesiol*. 2020;20:136. PMID: 32493213.
4. A. A. J. Van Zundert et al, Malpositioning of supraglottic airway devices: preventive and corrective strategies *British Journal of Anesthesia* 116 (5): 579-82 (2016)
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8. Tait AR, Pandit UA, Voepel-Lewis T, et al. Use of the laryngeal mask airway in children with upper respiratory tract infections: a comparison with endotracheal intubation. *Anesth Analg*. 1998;86:706-711. PMID: 9539588.