SafeLM® - Video LMA System

Direct vision for supraglottic airway placement

The first video-assisted SGA. Confirms placement and enables continuous visualisation and real-time monitoring of the airway and secretions.

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Supraglottic airways (SGAs) are well established in modern anaesthetic practice. Despite their recognised advantages over intubation in appropriate patients, their use is still often limited to shorter, more routine procedures.

A key reason is the uncertainty associated with **blind insertion**. Published literature has highlighted suboptimal positioning as a cause of **leak, obstruction, displacement** reducing confidence in using SGAs more broadly[1,2].

From blind placement to continuous monitoring

SafeLM® addresses this challenge by bringing **direct visualisation** to SGA placement and **ongoing airway assessment** throughout the case.

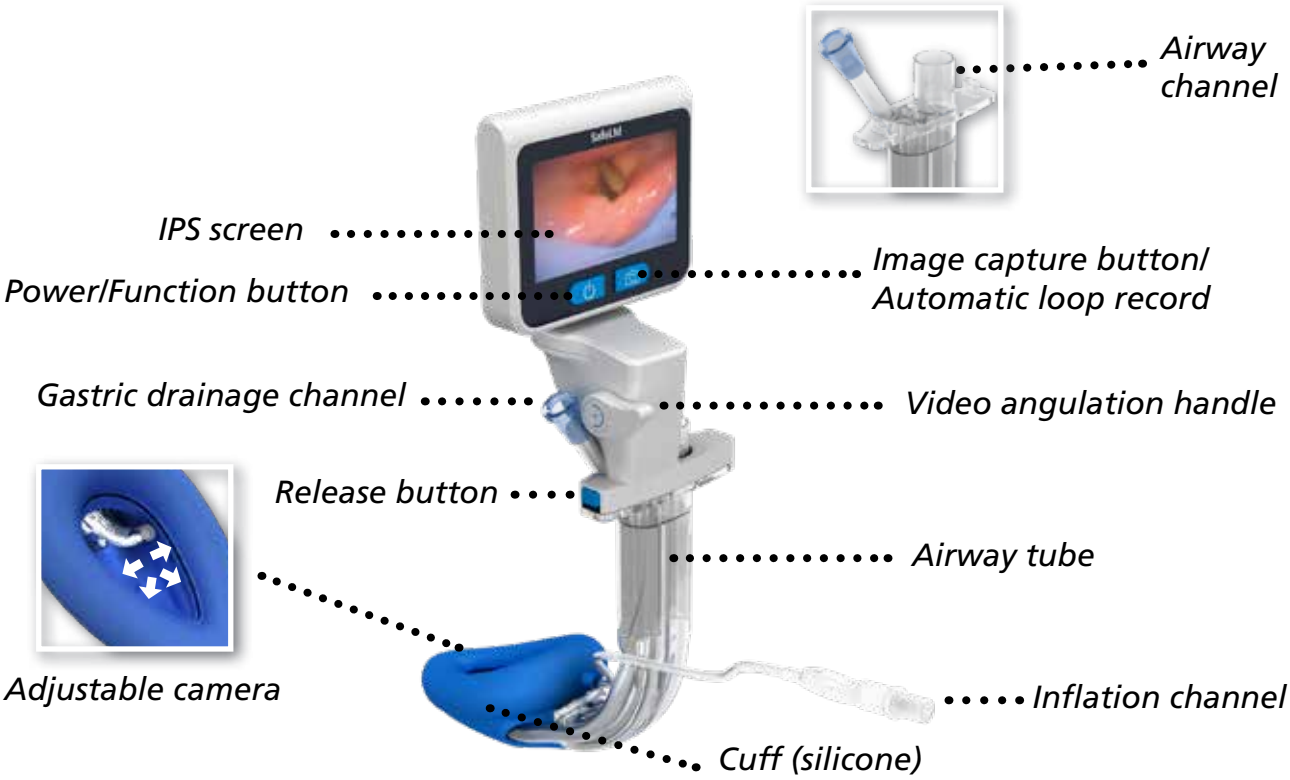
Able to accommodate an oropharyngeal leak pressure **(OLP) of 35–40 H2O**, SafeLM® can be confidently used in a wider range of selected general anaesthesia cases, including selected laparoscopic procedures and cases requiring non-supine positioning, including Trendelenburg.

The wider use of the SafeLM® can support enhanced recovery pathways by reducing avoidable airway instrumentation and unnecessary medication, whilst safely maintaining ventilation.

SafeLM® hand held videoscope
MGL-SPC-6 (adult) MGL-SPC-C (paediatric)

SafeLM® videoscope
A8 (adult) B8 (paediatric)

Pushing the boundaries of SGA use



SafeLM® can bring clear and measurable benefits to clinical practice.

By combining a dedicated **manoeuvrable videoscope** with a disposable video laryngeal mask, SafeLM® helps clinicians to:

- confirm **positioning at insertion** and **assess the airway** throughout the case
- observe and remove **gastric** and above-cuff **secretions**, along with **airway changes**, in real time, whilst oxygenating
- identify potential **displacement** or **aspiration** earlier
- support **intubation** (if needed) **through the device**
- extend the use of SGA-based airway management in selected patients with greater confidence, enhancing patient recovery
- possible option to support Plan B scenarios in difficult airways

Clinical publication extracts

"SADs [SGA] may offer a variety of benefits over ETTs in laparoscopic surgery including improved hemodynamic stability, a reduced risk of perioperative respiratory complications, reduced airway morbidity, and they may even contribute to earlier hospital discharge.[3]"

"...we found that second-generation SGAs reduce the risk of major airway complications compared with ETTs in adult patients undergoing elective abdominopelvic procedures under general anesthesia... SGAs also improve the quality of postoperative recovery by reducing the risk of sore throat, hoarse-ness, and PONV.[4]"

"Blind insertion of SADs [SGA] should become the exception and we anticipate, as in other domains such as central venous cannulation and nerve block insertions, vision-guided placement becoming the gold standard.[5]"

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

Videos

Demo request

Further information

Video (SafeLM®) SGA size	#2	#2.5	#3	#4	#5
Videoscope (ref code)	B8	B8	A8	A8	A8
Videoscope hand held (ref code)	MGL-SPC-C	MGL-SPC-C	MGL-SPC-6	MGL-SPC-6	MGL-SPC-6
Video SafeLM® 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

1. 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)
2. A. A. J. Van Zundert et al, The case for a 3rd generation supraglottic airway device facilitating direct vision placement . Journal of Clinical Monitoring and Computing (2021) 35:217–224
3. Schwartz S, Peng YG. Supraglottic airway devices (SADs) and laparoscopic surgery. APSF Newsletter. 2023;38:18–19.
4. Clístenes Crístian de Carvalhoet al. Second-Generation Supraglottic Airway Devices Versus Endotracheal Intubation in Adults Undergoing Abdominopelvic Surgery: A Systematic Review and Meta-Analysis. IARS February 2025 • Volume 140 • Number 2
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7. Carron M, Veronese S, Gomiero W, et al. Hemodynamic and hormonal stress responses to endotracheal tube and 6 ProSeal Laryngeal Mask Airway™ for laparoscopic gastric banding. Anesthesiology. 2012;117:309–320.
8. Geng CJ, et al. Use of view-adjustable video laryngeal mask versus endotracheal intubation for airway management during anaesthesia for arthroscopic surgery: a randomized trial. Annals of Medicine. 2025;57(1):2519683.

Magill Medical

About CCMed Ltd:

CCMed Ltd has been supplying the NHS, private hospitals and MoD with quality medical devices for over 60 years. We are passionate about improving the quality of life of patients via the innovative products from leading companies that we represent. We also work closely with healthcare professionals and manufacturers alike to help solve unmet clinical needs to help further improve patient comfort and clinical outcomes.

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