



RESEARCH ARTICLE

COMPARISON BETWEEN TWO SUPRA GLOTTI CAIR WAY DEVICE SI-GEL AND LMA-SUPREME IN SHORT LAPROSCOPIC SURGERIES UNDER GENERAL ANAESTHESIA

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Key words:-

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Abstract

Aims And Objectives: In short laproscopic surgeries , 2nd generation supraglottic airway devices are recommended as good and safe alternative to intubation .We compared I gel and LMA supreme in short laproscopic surgeries under general anaesthesia with respect to ease and time for insertion ,the number of attempts, seal pressure under general anaesthesia Secondary- To compare hemodynamic changes and post of complications like sore throat ,blood staining of device ,bronchospasm , laryngospasm .

Materials And Method Study Design: Randomized , prospective, single blind, comparative interventional study METHODS- Eighty patients between 18-60 years of age of either sex, BMI < 30, ASA- I and ASA- II undergoing short laproscopic surgeries of less than one hour duration under general anaesthesia were included in this study after approval of institutional ethical committee. They were randomly allocated to I gel [n=30] and supreme [n= 30] group .They were compared with respect to primary and secondary objectives ANALYSIS PLAN- Collected data were analysed using statistical package IBM SPSS version 16.

Result: Both groups were comparable with respect to demographic data , number of attempts, incidence of complications and hemodynamic response. Insertion of LMA supreme was significantly easy than I gel[p =0.038]

Conclusion: LMA-Supreme is safe and effective device which is easier to insert than I-GEL and causes less airway trauma.

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Introduction:-

The major responsibility of the Anaesthesiologist is to provide adequate ventilation to the patient. Tracheal intubation is the gold standard method to maintain patent airway during anesthesia. Laryngoscopy and endotracheal intubation produce reflex sympathetic stimulation, which could lead to hypertension, tachycardia, myocardial ischemia, ventricular arrhythmias and increased intracranial tension.

Supraglottic Airway Devices [SADs] are increasingly being used as an excellent alternative to mask ventilation and tracheal intubation with less complications. In this study two new generation SADs- LMA SUPREME AND I-GEL are compared. In short laproscopic surgeries , 2nd generation supraglottic airway devices are recommended as good and safe alternative to intubation

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Aims and objective:-**Primary**

We compared Igel and LMA supreme in short laparoscopic surgeries under general anaesthesia with respect to ease and time for insertion, the number of attempts, seal pressure under general anaesthesia

Secondary-

To compare hemodynamic changes and postoperative complications like sore throat, blood staining of device, bronchospasm, laryngospasm.

Materials and methods:-**Anesthetic Management**

Ethical committee

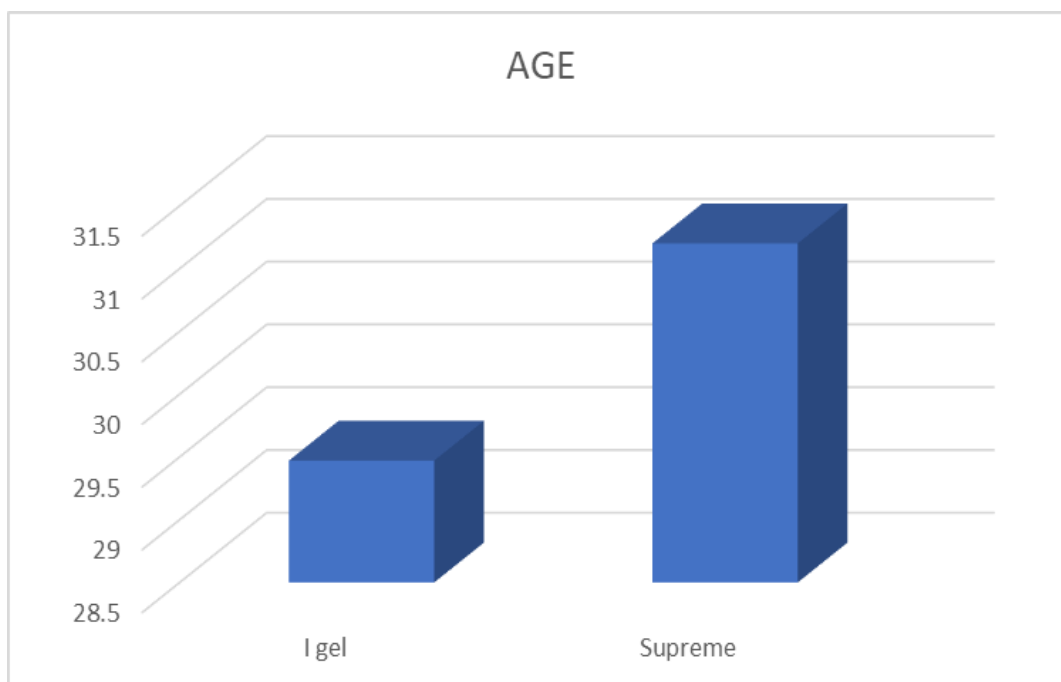
approval Patients satisfying inclusion criteria Informed consent obtained Randomization by closed envelop method IGE L group-SLMA group Premedication-inj. Glycopyrrolate 0.2mg iv, inj. midazolam 1mg iv, inj. Emset 4mg iv given. HR, BP, SPO2 Measured Preoxygenation for 3min Induction: inj. Propofol 2mg/Kg, inj. vecuronium 0.1mg/Kg Preinsertion BP, HR measured Insertion Measurement of outcome: Ease of insertion, Time taken for insertion, No. of insertion attempts, Haemodynamic response, Blood staining of devices, Incidence of complication Surgery proceeded with maintenance of Anaesthesia with N2O/O2 mixture 2:1 + sevoflurane 1MAC After Surgery patient reversed with inj. Neostigmine 50 microgram/kg + inj. Glycopyrrolate 8 microgram/kg LMA removed after oral suctioning

Statistics

All quantitative data were compared using chi square test. p value calculated for all test. p value 0 to 0.01 was considered as 1% significant 0.01 to 0.05 was considered 5% significant, greater than 0.05 considered Not significant

Table 1:- Demographic profile: age.

Group	N0:	Mean	SD	Pvalue
SUPREME	30	31.20	9.353	0.460
IGEL	30	29.47	8.681	Not significant



ObservationAndResult:-

Table 2:- DemographicProfileBMI.

Group	N0:	Mean	SD	Pvalue
SUPREME	30	21.54	2.0698	0.530
IGEL	30	21.25	1.4323	Notsignificant

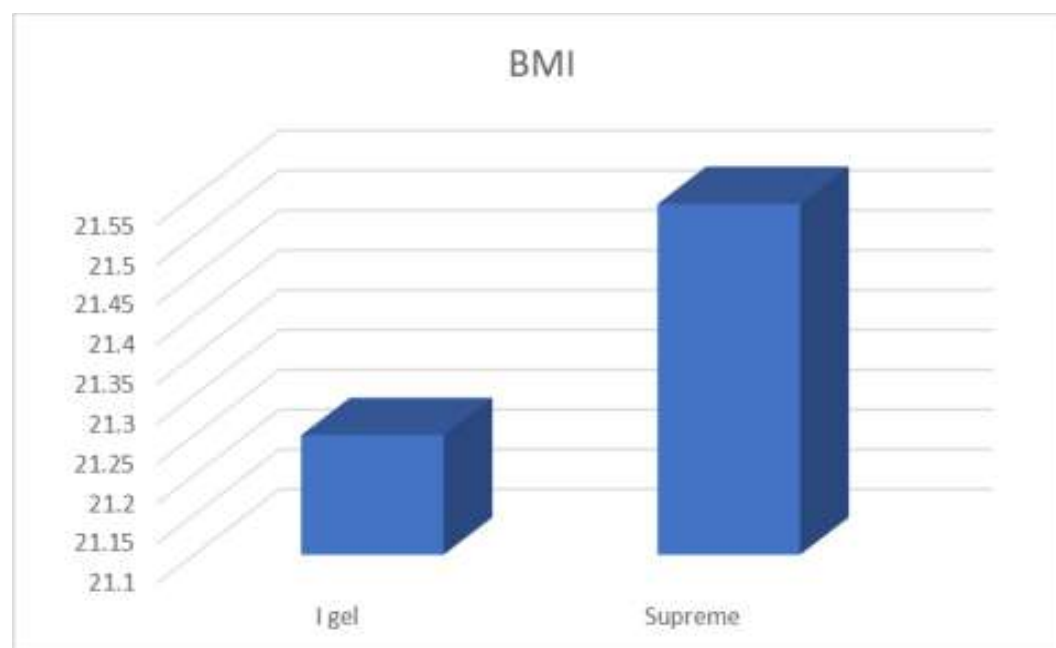


Table 3:- Ease of insertion.

Group	NO;	Easy		Difficult		Pvalue
		NO	%	NO	%	P=0.038 Significant
SUPREME	30	28	93.3	2	6.7	
IGEL	30	22	73.3	8	26.7	

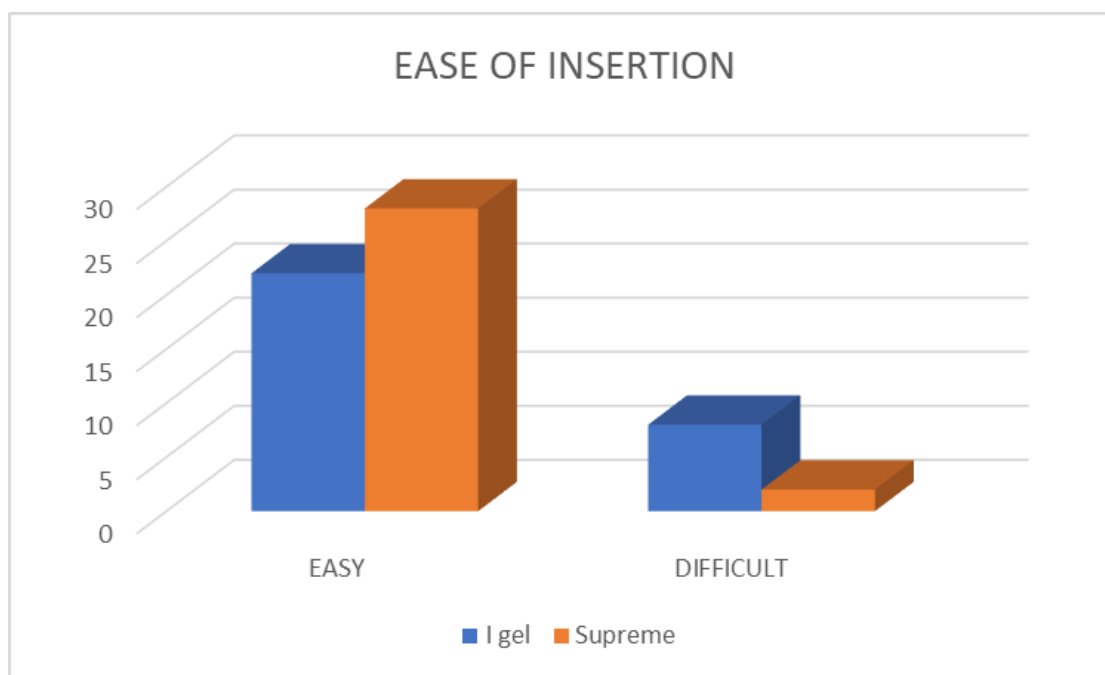


Table 4:- NumberofAttempts.

Group	No	Successin			PValue
		IstAtte mpT	IIndAtt empt	IIIRDatt empt	
SUPREME	30	28	2	-	P=0.12
IGEL	30	24	6		NONSIGN IFICANT

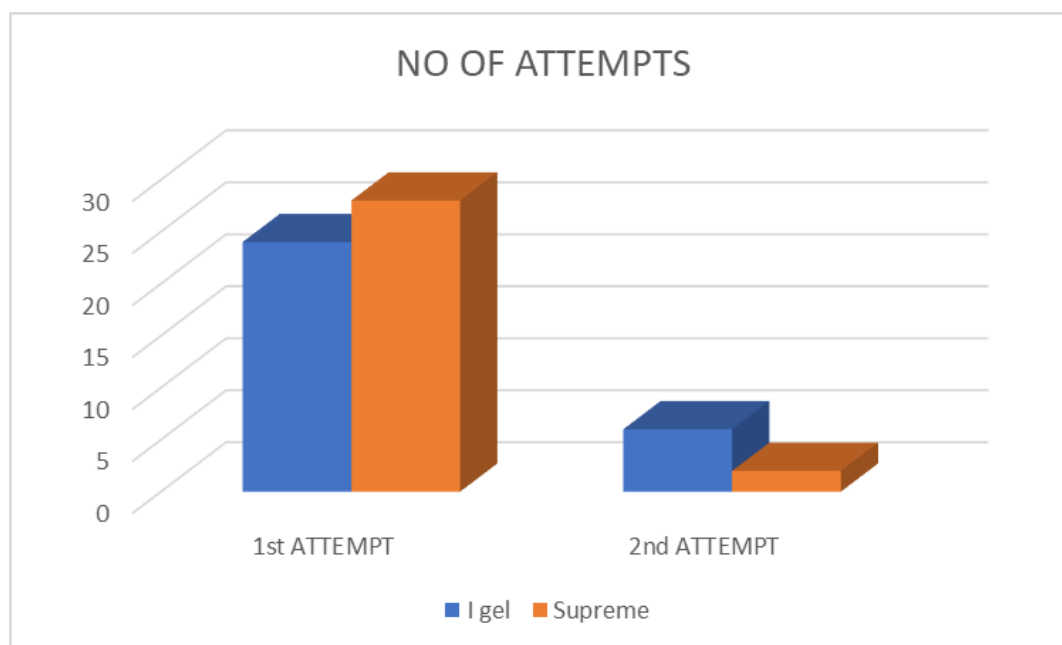
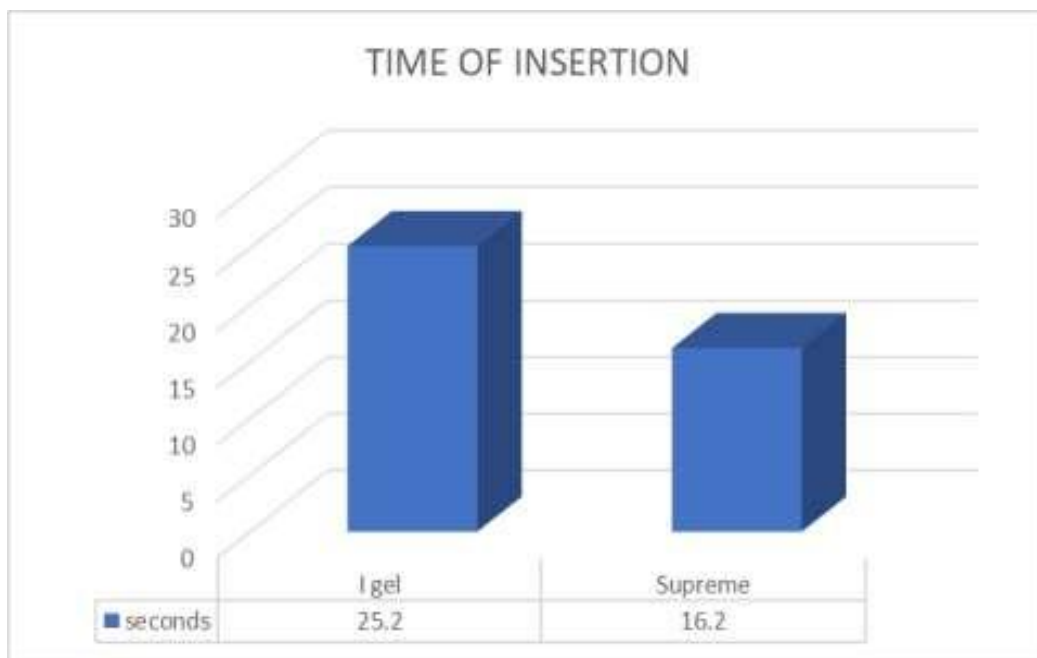


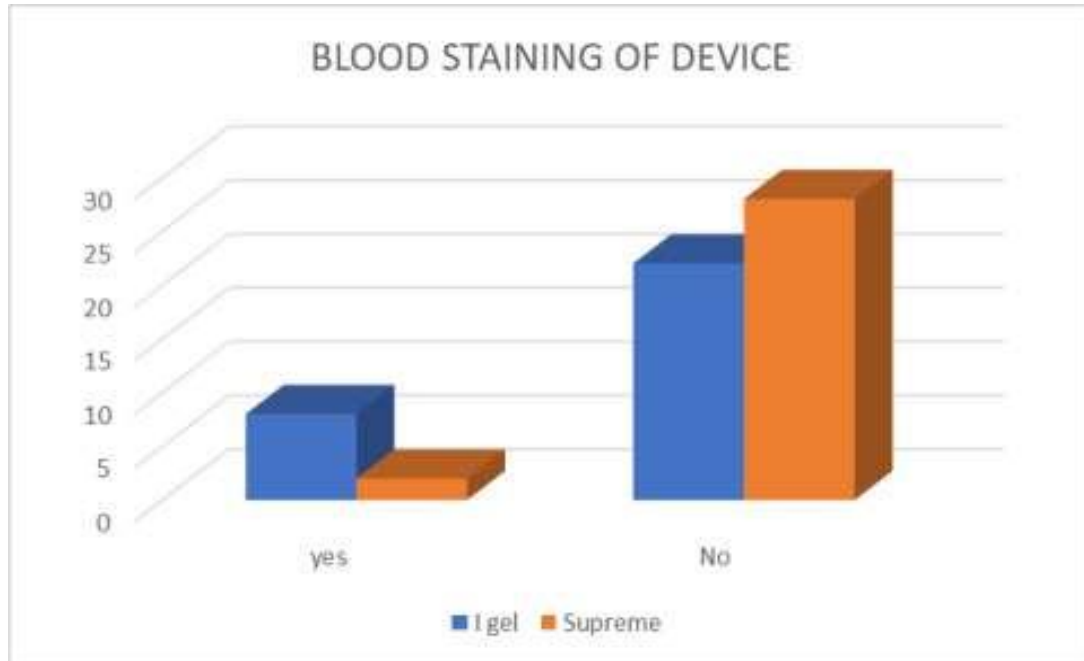
Table5:- Timetakenforinsertion.

Group	NO	Mean	SD	Pvalue
supreme	30	16.20	5.327	P=0.000
IGELMA	30	25.20	5.162	Pvalue<.001

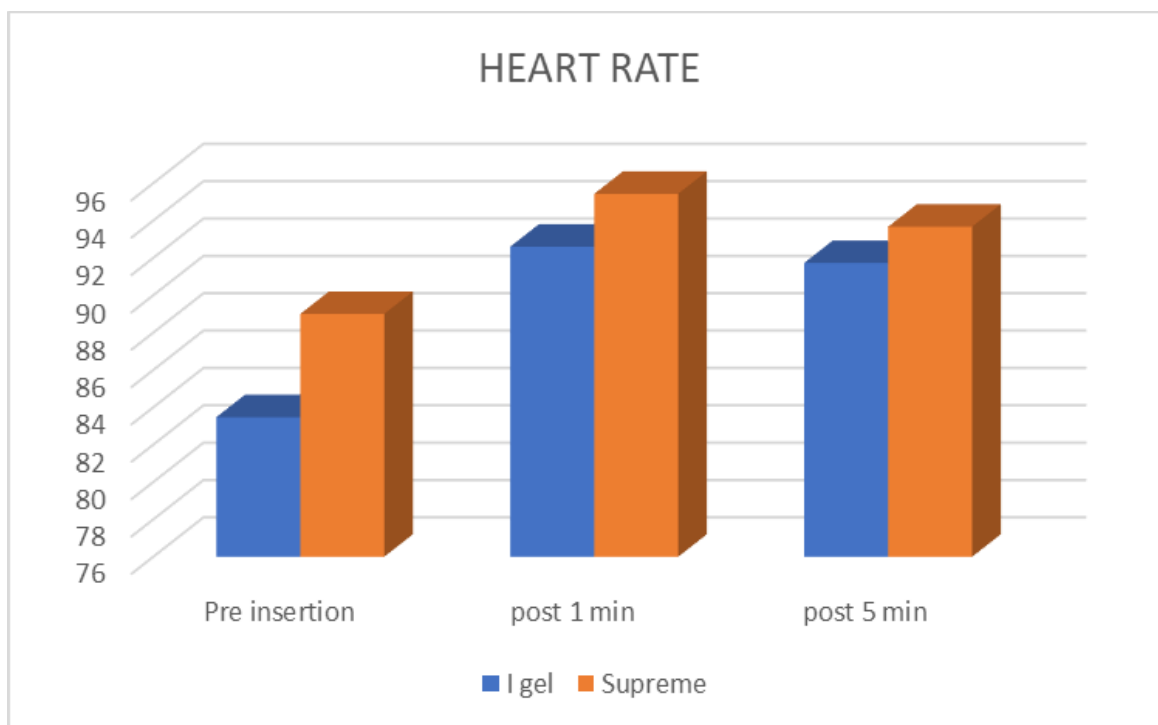
**Table6:-** Bloodstainingofdevices.

Group	No	BloodStaining		PValue
		Yes	No	

SUPREME	30	2	28	P=0.038 SIGNIFICANT
IGEL	30	8	22	T

**Table7:-** HeartRate.

	Group	No	Mean	SD	PValue
Pre Insertion	SUPREME	30	89	10.252	P=0.073 Not Significant
	IGEL	30	83.47	13.038	
PostInsertionafter1 min	SUPREME	30	95.43	10.311	P=0.353 NotSignificant
	IGEL	30	92.60	12.968	
PostInsertionafter5 min	SUPREME	30	93.67	10.672	P=0.527 Not Significant
	IGEL	30	91.73	12.774	



	Group	No	Mean	SD	PValue
PreInsertion	supreme	30	94.27	8.702	P=0.906 NotSignificant
	IGEL	30	94.03	6.312	
PostInsertionafter1min	SUPREME	30	95.63	10.620	P=0.344 NotSignificant
	IGEL	30	92.80	12.310	
PostInsertionafter5min	SUPREME	30	90.67	12.347	P=0.419 Not Significant
	IGEL	30	93.23	12.054	

Results:-

1. Both groups were comparable with respect to demographic data, number of attempts, hemodynamic response and incidence of complication.
2. Insertion of LMA supreme was significantly easier than I-gel.

Discussion:-

AUTHOR	POPULATION	INTERVENTION	OUTCOME	INFERENCE
Srivatsava, Jindal P, Rizvi A, Sharma JP	20-70 age group undergoing elective surgeries (ASA I/II)	Insertion of I-gel, SLIPA, LMA	Hemodynamic response, ease of insertion	I-gel is effective in terms of less hemodynamic changes and achieve proper position for supraglottic ventilation.
Kimbrullet al	20-70 age group undergoing laparoscopic surgeries	Insertion of I-gel, supreme	Ease of insertion Hemodynamic response	Both are similar in terms of ease of insertion

Conclusion:-

LMA supreme is a safe and effective device which is easier to insert than I-gel and causes less airway trauma.

References:-

1. Srivatsava, Jindal P, Rizvi A, Sharma JP. Is I-gel a new revolution among supraglottic airway devices? A comparative evaluation. Middle East J Anesthesiol. 2009;20:53–8. [PubMed]
2. Surya Gowthami Katika et al. Comparative study of I-gel and LMA supreme in gynaecological laparoscopic surgeries. Scientific world journal. 2015;634–320.
3. Kim, Brull SJ. L. Comparison of I-gel and LMA supreme in anaesthetized and paralysed children: anaesthetic implications. Anesth Analg. 1993;76:1120–1133.
4. Ragazzi R, et al. LMA Supreme vs I-gel – comparison of insertion success in novices. Anaesthesia 2012;67:384–388.
5. Jayashree S. Laryngeal mask airway and its variants. Indian J Anaesth. 2005; 49:275–80.
6. Miller DM. A Proposed classification and scoring system for Supraglottic Sealing Airway: A brief review anesth Analg. 2004 Nov 1; 99(5):1553–9
7. The LMA supreme™ – a pilot study: A. Van Zundert, J. Brimacombe, Anaesthesia 2008 Feb 63(2):209–10
8. Gal TJ. Airway management. In: Miller RD, editor. Textbook of anesthesia. 6th ed. Philadelphia: Elsevier; 2005. pp. 1617–52.
9. Peppard SB, Dickens JH. Laryngeal injury following short-term intubation. Ann Otol Rhinol Laryngol. 1983;92:327–30. [PubMed]
10. Singh I, Gupta M, Tandon M: comparison of clinical performance I-gel with LMA Supreme in elective surgeries. Indian J Anaesth 2009;53:302–05.
11. Theiler et al. Crossover comparison of LMA Supreme and the I-gel in simulated difficult airway scenario in anaesthetized patients. Anaesthesiology. 2009;111:55–62.
12. Wharton NM, Gibbison B, Gabbott DA, Haslam GM, Cook TM. I-gel insertion by novices in manikins and patients. Anaesthesia. 2008;63:991–5. [PubMed]
13. Shin WJ: the supraglottic airway I-Gel in comparison with LMA supreme and classic LMA in anaesthetized patients. Eur J Anaesthesiol 2010; 27:598–601
14. Helmy AM et al: comparative study between I-Gel, a new supraglottic airway device, and classical laryngeal mask airway in anaesthetized spontaneously ventilated patients, Saudi J Anaesth. 2010;4:131–36.
15. Sang Yoong Park, Jong Cheol Rim et al : comparison of I-gel and LMA supreme during laparoscopic cholecystectomy. Korean J Anaesthesiol 2015 Oct :68[5]: 455 – 461.