

# Lma gastro “cuff pilot ” during upper gastrointestinal operative endoscopy

Dott. ANGELA IUORIO (1), Dott. PIERLUIGI FUSCO (1), Dott. LUCIA MARULLO (2), Dott. MIRCO DELLA VALLE (1), Dott. FAUSTO FERRARO (1)

(1) Università degli Studi della Campania Luigi Vanvitelli, piazza Miraglia, 1, Napoli, Italia.

(2) Erasme Hospital, Brussels, Belgio.

Argomento: Altro

Introduction:

This study evaluate the feasibility of LMA Gastro “Cuff Pilot” (GLMA) during upper gastrointestinal endoscopy (uGIE) both diagnostic and operative and its improving in airways management and endoscopic access.

Sedation requirements for uGIE are dependent on patient’s characteristics, procedure peculiarity[1], besides operator experience[2]. Some endoscopy procedures requires moderate or deep sedation, that could interfere with patient’s ventilation, overall in obese ones, because anesthetist and endoscopist share operatory field[1].

GLMA is a new supraglottic device with separated respiratory and digestive via, that allows to ventilate patients (pts) during endoscopy procedure.

Methods:

80 ASA 1-3 adult pts were included in this preliminary restrospective observational study. A group “A” of 40 pts assisted with GLMA was compared to a group “B” of 40 pts with a conventional face mask (FM). 25% of patients had  $BMI \geq 25$ . Primary end point was feasibility of new LMA; secondary end points were improving of airways management and endoscopic access during uGIE with new LMA vs conventional FM. We adopted our sedation protocol(tab1). Only in control group, FM was used for assisted ventilation if SPO2 dropped below 90% discontinuing the procedure. Time of first visualization of gastric cavity was recorded ( $20 \pm 5$  "). All adverse effects were collected.

Results:

uGIE were carried out with success in both groups without prolonged apnea or laryngospasm. Case group showed a easy, safe and fast access in gastric lumen, a continuous oxygenation of patient (also obese pts), without procedure interruptions and/or prolonged recovery time. No adverse effects were recorded in case group.

Conclusion:

These encouraging results demonstrate that uGIE with GLMA can be performed safely, making easy the

procedure in all kind of pts. Other studies should be performed.

References:

1. McAlevy M.E. Out of Operating Room Anesthesia. Cham 2017
2. Torino A. J Gastrointest Dig Syst 6:377. 2016

