The first and only single use LMA™ with a built-in drain tube.

Introducing the LMA Supreme™—the next-generation airway.

**Supreme Confidence**
The LMA Supreme™ inspires confidence beyond any other laryngeal mask. The integrated drain tube is designed to channel fluid and gas safely away from the airway. Several simple and quick tests help verify accurate positioning.

**Supreme Ease**
The carefully tested design resulted in an improved curve for easy insertion. Subtle refinements in the mask make correct placement easier. And, every LMA Supreme™ comes packaged sterile, new, and ready for one-time use when you need it.

**Supreme Solution**
The LMA Supreme™ combines the best features of all previous LMA™ airways in one device. It is simply our most advanced airway device for your airway needs.

**Use it everywhere you use a mask, and in places you have been using an ET tube.**

ET tubes carry an inherent risk of patient trauma, from vocal cord damage to pharyngeal soft-tissue injury. Because of ease of insertion and reduced trauma, LMA™ airways have replaced ET tubes in many procedures. With its integrated drain tube and verifiable placement, the LMA Supreme™ is an even more effective alternative.

**Key features of the LMA Supreme™**

- Fixation tab helps maintain proper cuff depth
- Integral bite block
- The unique elliptical airway tube is stable in situ and allows for easy placement and no kinking
- Drain tube
- Larger pre-curved cuff for improved fit and effective seal
- Molded fins protect airway from epiglottic obstruction
- Reinforced tip and molded distal cuff resist folding
The following are examples of procedures where the LMA Supreme™ may be advantageous:

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Consideration</th>
<th>Product Feature</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic</td>
<td>Retained gastric contents</td>
<td>Gastric access</td>
<td>Permits active and passive decompression and suctioning of the stomach</td>
</tr>
<tr>
<td>Mild to Moderate Obesity</td>
<td>Retained gastric contents, abdominal pressure on lungs</td>
<td>Gastric access, higher seal pressure</td>
<td>Gastric access permits active decompression and suctioning of the stomach; higher seal pressure permits positive pressure ventilation</td>
</tr>
<tr>
<td>Smoker or Asthmatic</td>
<td>Reactive airway</td>
<td>Non-invasive, soft cuff</td>
<td>Less airway stimulation, less throat irritation</td>
</tr>
<tr>
<td>Controlled GERD</td>
<td>Reflux fluid</td>
<td>Higher seal pressure, gastric access tube</td>
<td>Tighter seal against glottic opening and gastric access permit active or passive decompression and suctioning of the stomach; access tube designed to channel fluid away from the trachea</td>
</tr>
</tbody>
</table>

**Insertion Technique**

1. **Figure 1**—Press the tip of the cuff against the hard palate
2. **Figure 2**—Press the cuff farther into the mouth, maintaining pressure against the palate
3. **Figure 3**—Swing the device inward with a circular motion, pressing against the contours of the hard and soft palate
4. **Figure 4**—Advance the LMA Supreme™ into the hypopharynx until resistance is felt

**LMA Supreme™ Quick Reference**

<table>
<thead>
<tr>
<th>Mask Size</th>
<th>Catalog #</th>
<th>Patient Size</th>
<th>Maximum Cuff Volume (Air)</th>
<th>Maximum Size OG Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size 3</td>
<td>175030</td>
<td>Children 30–50 kg</td>
<td>30 ml</td>
<td>14 FR</td>
</tr>
<tr>
<td>Size 4</td>
<td>175040</td>
<td>Adults 50–70 kg</td>
<td>45 ml</td>
<td>14 FR</td>
</tr>
<tr>
<td>Size 5</td>
<td>175050</td>
<td>Adults 50–100 kg</td>
<td>45 ml</td>
<td>14 FR</td>
</tr>
</tbody>
</table>

**References:**

1. MA Maktabi, RB Smith, MM Todd. *Is Routine Endotracheal Intubation as Safe as We Think or Wish?* (Anesthesiology, 2003, 99 (2), 247–8)
3. NR Evans, SV Gardner, MFM James, JA King, P Roux, P Bennett, R Nattraas, R Llewellyn, D Vieu. *The ProSeal™ Laryngeal Mask: Results of a Descriptive Trial with Experience of 300 Cases.* (BJA, 2002, 88 (4), 534–9)