Introducing the Fastrach-LMA

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Objectives

- Review Anatomy of the Upper Airway
- Review LFEMSC LMA Protocol
- Discuss Indications for LMA-Fastrach
- Discuss Insertion Steps for LMA-Fastrach
- Practice Insertion of LMA-Fastrach
Anatomy - Respiratory System

- Anatomy of the upper airway
Why the LMA?

- **Endotracheal Intubation Remains the Choice for Emergency Airways**
- Some patients are difficult to intubate
- Some patients have anatomical obstructions to direct visualizations
- Some patients have foreign bodies (blood, vomitus, etc.) obstructing visualization
Why the LMA?

- Too Many Patients in Arrest Brought to ER’s Without Protected Airways
- LMA can be placed blindly by BLS and ALS Providers
- LMA provides some protection until intubation can be effectuated
- LMA-Fastrach allows blind placement of an ET tube by ALS Providers
Remember: LMA Fastrach is a TEMPORARY Airway, a rescue airway
Equipment Information

- LMA-Fastrach consists of the LMA with handle, a special intubation tube (size 7 in LFEMSC Region), and a stabilizer rod for use with the intubation tube.
- Reusable up to 40 times
- Must be autoclaved to sterilize (do not use sterilizing chemicals)
LMA Fastrach™ Components

**Cuff**
- V-shaped ramp in aperture to guide ETT toward glottis
- Short enough to ensure passage of ETT cuff beyond vocal cords

**Airway Tube:**
- Rigid, anatomically curved to optimize alignment with glottis
- Can fit up to 8 mm ETT

**Stainless Steel Handle:**
- Facilitates one-handed insertion and removal
- Eliminates need to place finger in mouth
- Allows adjustment of device position to enhance the seal against the larynx and optimize ventilation

**Epiglottic elevating bar (EEB):**
- Distal end unattached, to elevate the epiglottis when an ETT is passed through the aperture

**Valve**
- Allows adjustment of device position to enhance the seal against the larynx and optimize ventilation

**Inflation Indicator Balloon**
- Inflation Line
Equipment Information

- Will be exchanged at Winchester Medical Center when a patient is brought in with one in place.
- Plans call for exchange at other ER’s in Region.
- Initial price $200 through Lord Fairfax EMS Council (retail price over $400).
Indications for LMA-Fastrach

- Patient in Respiratory or Cardiac Arrest
  - AND
- 2 Attempts at intubation failed
- Or, on attempted intubation visualization obscured by foreign bodies that cannot be effectively suctioned
- OR, for BLS providers, patient in Respiratory or Cardiac Arrest cannot otherwise maintain airway
Contraindications for LMA-Fastrach

- Conscious Patient
- Intact gag reflex
Steps for Insertion of LMA-Fastrach

- Ventilate patient with BVM 100% O2 for 1-2 minutes
- Suction as indicated
- Lubricate posterior mask tip
- Fully deflated cuff
- Leave head in neutral position
Steps for Insertion of LMA-Fastrach

- Hold by handle (handle is parallel to Pt chest)
- Position mask tip flat against hard palate
- Slide mask tip back along curvature of throat
- DO NOT LEVER HANDLE
Steps for Insertion of LMA-Fastrach

- Inflate cuff with up to 60 cc of air to achieve seal
- Place OP airway
- Ventilate with BVM
Steps for Insertion of LMA-Fastrach

- Auscultate for bilateral breath sounds
- Verify with capnometry
- After several minutes of adequate ventilation, ALS providers prepare to intubate
What it Really Looks Like on Insertion
Intubating Through the LMA

- Use only ET tube provided
- Preoxygenate, verify ET cuff integrity, lubricate distal tip of ETT
- Grip handle and draw larynx slightly forward
**Intubating Through the LMA**

- Pass ETT 1.5 cm past transverse (15 cm line)
- Inflate ETT cuff
- Verify silent epigastrium, presence of bilateral breath sounds.
- Use capnometry to verify placement
Chandy Maneuver:

- Grasp the handle firmly, and use it to draw the larynx forward 2-5 mm in a lifting action. This maneuver increases seal pressure and ensures optimal alignment of the axes of the trachea and the ETT.
Complications of LMA-Fastrach

- Bronchospasm, vomiting (verify no gag reflex)
- Trauma to larynx, epiglottis, arytenoid’s, pharyngeal wall (be gentle)
- Vocal cord paralysis (no levering/be gentle)
Removing the LMA-Fastrach

- LMA should ordinarily not be removed in the field
- Leave LMA in place after intubation
- Only remove LMA if patient regains gag reflex
Removing the LMA-Fastrach

- Be sure to deflate both LMA and ET cuffs first
- Have suction ready
- Turn patient to side and remove both devices in one smooth motion
For Further Information on LMA’s

On the Worldwide Web

www.LMANA.com
Questions?