Guideline for the Removal of Supraglottic Airway Devices

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Key Amendments

Date	Amendment	Approved by
January 2023	Document approved with no changes	Anaesthetics Governance/ SCSD Governance meeting

Introduction

These guidelines suggest the appropriate management for the removal of Supraglottic airway device following emergence from general anaesthesia/deep sedation for an elective procedure.
On many occasions, patients will be handed over to the recovery practitioner with a laryngeal mask airway or other supraglottic airway device in place. The person taking over direct clinical care should be specifically trained in the management of these patients and in the safe removal of the airway device (GPAS 2017).[1] Handover of care to the recovery practitioner should not take place until the patient is breathing spontaneously through the supraglottic device.
The guidelines have been produced using the manufacturer's instructions/user guide and latest AAGBI recommendations available (see references).[2-4]

Removal procedure (Children > 12 years old and Adults)

The removal should only be attempted by an appropriately trained individual.
1) Ensure patient is receiving high flow oxygen through an anaesthetic system or T-piece in theatre/recovery room.

2) Minimum monitoring must be in place:[2]
a. Pulse oximeter
b. NIBP
c. ECG
d. (Capnography)
e. Temperature

3) Once **consciousness is regained** and **protective reflexes such as coughing and swallowing have returned**, gently suction around the airway device in the pharynx and hypopharynx.

4) Once the patient is awake or easily arousable with vocal commands, the supraglottic
airway can safely be removed by asking the patient to open his/her mouth wide, allowing the supraglottic airway to remove itself.
i. DO NOT attempt to forcibly remove the device if the patient is biting on it. Wait until the patient, on vocal command, has fully opened their mouth or opens their mouth spontaneously

5) Facemask supplemental oxygen should be applied immediately after removal.

Exceptions:
In patients with the possibility of a heightened gag reflex (i.e. smokers, asthmatics or patients with COPD), consideration should be given for the removal of the Supraglottic airway in deeper planes of anaesthesia at the anaesthetist discretion. After removal, the airway should be maintained with an Oropharyngeal (Guedel) airway and oxygen mask until protective reflexes have returned and the patient becomes arousable.

Children <12 years old
The manufacturers do not offer any specific guidelines for the removal of Supraglottic airway device in children implying the same removal procedure as in adults should be used.
If a decision is made to remove the supraglottic airway device under deep anaesthesia, this must only be done by an anaesthetist.

References:
1) RCoA Chapter 4 - Guidelines for the Provision of Anaesthesia Services (GPAS) - Guidelines for the Provision of Post-operative Care 2017 (http://www.rcoa.ac.uk/system/files/GPAS-2017-04-POSTOP.pdf)
2) Intersurgical i-gel User guide UK, Issue 4 (http://www.intersurgical.co.uk/content/files/80023/1103318462)
3) AAGBI Recommendations for standards of monitoring during anaesthesia and recovery 2015 (http://www.aagbi.org/sites/default/files/Standards_of_monitoring_2015_0.pdf)
4) AAGBI Immediate Post-anaesthesia Recovery 2013 (https://www.aagbi.org/sites/default/files/immediate_postanaesthesia_recovery_2013.pdf)
5) Intersurgical i-gel 'Perioperative airway management training' video (http://www.intersurgical.co.uk/products/airway-management/i-gel-supraglotticairway# videos)
6) B Patel, R Bingham *Laryngeal mask airway and other supraglottic airway devices in paediatric practice* Contin Educ Anaesth Crit Care Pain (2009) 9 (1): 6-9