



**i-gel<sup>®</sup>**

The supraglottic airway with a non-inflating cuff



**Airway Management • Airway Devices**



**INTERSURGICAL<sup>®</sup>**  
COMPLETE RESPIRATORY SYSTEMS

Quality, innovation and choice

[www.intersurgical.com](http://www.intersurgical.com)

## Airway management has evolved

Introducing the i-gel®: a revolutionary single use supraglottic airway from Intersurgical.



### i-gel® and natural airway management

The i-gel® is a truly unique single use, latex and PVC free airway device, representing the culmination of years of extensive research and development. Everything about the i-gel® has been designed to work in perfect unison with the anatomy; the i-gel® design was inspired by the physiology of the perilaryngeal framework itself – airway management as nature might have intended.

### i-gel® mirrors the anatomy

The shape, softness and contours accurately mirror the perilaryngeal anatomy to create the perfect fit. This innovative concept means that no cuff inflation is required. The i-gel® works in harmony with the patient's anatomy so that compression and displacement trauma are significantly reduced or eliminated.

### The non-inflating cuff

i-gel® gets its name from the soft gel-like material from which it is made. It is the innovative application of this material that has enabled the development of a unique non-inflating cuff. This key feature means insertion of i-gel® is easy, rapid and consistently reliable.

### The simple, safe and rapid solution

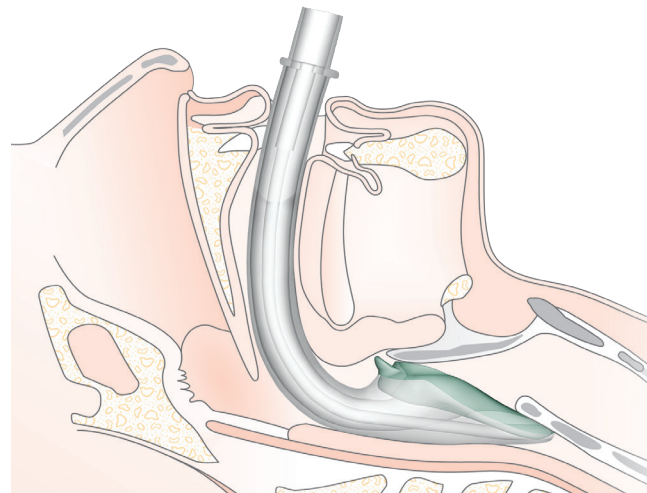
i-gel® is incredibly easy to use. A proficient user can achieve insertion of the i-gel® in less than 5 seconds. With a non-inflating cuff, i-gel® provides a safe and rapid airway management solution.

### Adults

Adult i-gel® is indicated for securing and maintaining a patient airway in routine and emergency anaesthetics of fasted patients, during spontaneous or Intermittent Positive Pressure Ventilation (IPPV), during resuscitation of the unconscious patient, and as a conduit for intubation under fiberoptic guidance (sizes 3, 4 and 5) in a known or unexpectedly difficult intubation, by personnel who are suitably trained and experienced in the use of airway management techniques and devices.

### Accurate and natural positioning

The i-gel® accurately and naturally positions itself over the laryngeal framework, providing a reliable perilaryngeal seal without the need for an inflating cuff.



### Pediatrics

i-gel® is available in four pediatric as well as three adult sizes, making it applicable for use with patients between 2–90+kg. The pediatric i-gel® is indicated in securing and maintaining a patent airway in routine and emergency anaesthetics for operations of fasted patients during spontaneous or intermittent positive pressure ventilation (IPPV) and during resuscitation of the unconscious patient, by personnel who are suitably trained and experienced in the use of airway management techniques and devices.

### Additional information available

An i-gel® user guide, clinical study material and other support documentation is available to download from the i-gel® website at [www.i-gel.com](http://www.i-gel.com).



## Features and benefits

The i-gel® has a host of features that provide significant benefits to the patient and the clinician.



### 15mm connector

Reliable connection to any standard catheter mount or connection

### Proximal end of gastric channel

### Clearly displayed product information

For quick easy reference. Includes confirmation of size and weight guidance

### Position guide (adult sizes only)

Easy confirmation of optimum insertion depth



### Gastric channel

The i-gel® incorporates a gastric channel (except size 1). It provides an early warning of regurgitation, allows for the passing of a gastric tube to empty the stomach contents and facilitates venting

### Integral bite block

Reduces the possibility of airway channel occlusion

### Buccal cavity stabilizer

Aids insertion and eliminates the potential for rotation

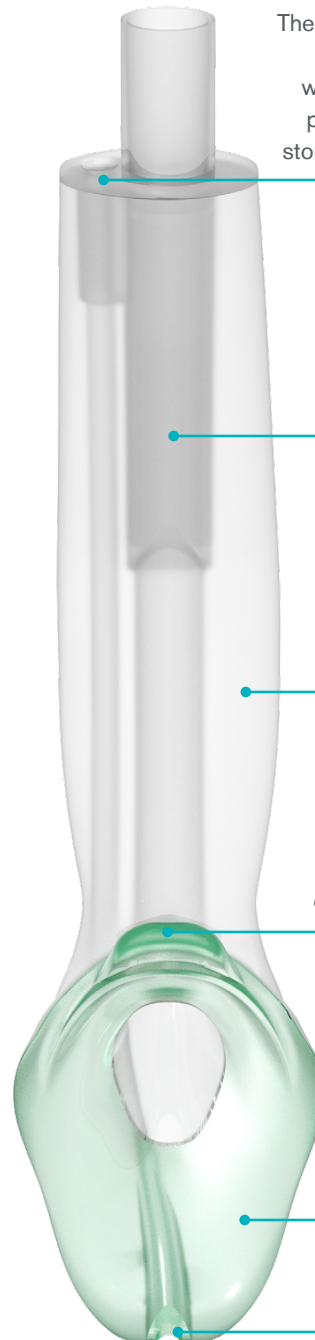
### Epiglottic rest

Reduces the possibility of epiglottic 'down folding' and airway obstruction

### The non-inflating cuff

Made from a unique soft gel-like material allowing ease of insertion and reduced trauma

### Distal end of gastric channel










The adult sizes of i-gel® can be used as a conduit for intubation under fiberoptic guidance in a known or unexpectedly difficult intubation

**Innovative packaging**

The i-gel® supraglottic airway is supplied in a fully recyclable protective cradle or cage pack. This unique packaging protects the i-gel® in transit and ensures that it maintains its anatomical shape. i-gel® is available in seven sizes.



Code	Description	Size	Weight	Box Qty.
● 8205000	i-gel®, supraglottic airway	5 large adult	90+kg (200+lbs)	25 
● 8204000	i-gel®, supraglottic airway	4 medium adult	50–90kg (110–200lbs)	25 
● 8203000	i-gel®, supraglottic airway	3 small adult	30–60kg (65–130lbs)	25 
○ 8225000	i-gel®, supraglottic airway	2.5 large pediatric	25–35kg (55–77lbs)	10 
● 8202000	i-gel®, supraglottic airway	2 small pediatric	10–25kg (22–55lbs)	10 
● 8215000	i-gel®, supraglottic airway	1.5 infant	5–12kg (11–25lbs)	10 
● 8201000	i-gel®, supraglottic airway	1 neonate	2–5kg (5–11 lbs)	10 



Visit the i-gel® website [www.i-gel.com](http://www.i-gel.com)

 Sterile

**References**

1. CD Deakin, JP Nolan, J Soar, K Sunde, RW Koster, GB Smith, GD Perkins. European Resuscitation Council Guidelines for Resuscitation 2010 Section 4. Adult advanced life support, Resuscitation 81, 1305-52
2. UK Resuscitation Council, Advanced Life Support Guide. 5th Ed., London: UK Resuscitation Council 2010
3. P Michalek, W Donaldson, L Theiler. The use of i-gel® in anaesthesia - Facts and fiction in 2013. Trends in Anaesthesia and Critical Care 2013 Oct; 3(5):246-251
4. L Theiler, M Gutzmann, M Kleine-Brueggene, N Urwyler, B Kaempfen, R Greif. i-gel® supraglottic airway in clinical practice: a prospective observational multicentre study. British Journal of Anaesthesia 2012 Dec; 109(6):990-5
5. M Kleine-Brueggene, L Theiler, N Urwyler, A Vogt, R Greif. Randomised trial comparing the i-gel® and Magill tracheal tube with the single-use ILMA® and ILMA® tracheal tube for fibre optic guided intubation in anaesthetised patients with a difficult airway. British Journal of Anaesthesia 2011 Aug; 107(2):251-7
6. D Haske, B Schempf, G Gaier, C Niederberger. Performance of the i-gel® during pre-hospital cardiopulmonary resuscitation. Resuscitation 2013 Sep; 84(9):1229-32
7. RM Beringer, F Kelly, TM Cook, J Nolan, R Hardy, T Simpson, MC White. A cohort evaluation of the paediatric i-gel® airway during anaesthesia in 120 children. Anaesthesia 2011 Dec; 66(12):1121-6
8. DA Gabbott, R Beringer. The i-gel® supraglottic airway: A potential role for resuscitation? Resuscitation 2007; 73(1): 161-2
9. P Michalek and W Donaldson (Edited by). The i-gel® supraglottic airway. Nova Science Publishers, 2013
10. RM Levitan, WC Kinkle. Initial anatomic investigations of the i-gel® airway: a novel supraglottic airway without inflatable cuff. Anaesthesia 2005; 60(10):1022-1026