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**Clinical Evaluation of BaskaMaskR. A New Generation Extraglottic Airway Device for Positive Pressure Ventilation During General Anesthesia**

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**Background and Goal of Study:** A new extraglottic airway device, with a non-inflatable self sealing cuff , a large sump cavity with dual aspiration channels and other specific features, is available for anesthesiologists(1,2). An observational study was conducted to evaluate the performance of Baska Mask airway in elective surgical procedures after induction and maintenance of general anesthesia with sevoflurane and positive pressure ventilation.

**Materials and Methods:** After informed consent, in 101 ASA I-III patients (pt), 70 women and 31 men undergoing a variety of surgical procedures, anesthesia was induced with 6% Sevoflurane in 80% O<sub>2</sub> /air , remifentanyl 0.10-0.20 mcg/kg/min, and cisatracurium 0,02 mg/kg . The number of device placement attempts ,ease of insertion and overall insertion success rates required to obtain adequate ventilation as well as adverse effects were evaluated . Positive pressure ventilation (PPV) with Sevoflurane 0.6-1 MAC in 80% O<sub>2</sub> /air, was used for maintenance. Ventilation and hemodynamic data were recorded every 5 min.

**Results and Discussion:**

One patient was excluded from intraoperative data analysis because spontaneous ventilation was finally decided after device placement.

Patient data (Data are shown as mean  $\pm$  standard deviation and range)

Age (years): 46.89 $\pm$  15.03(12-82)

Weight (kg):71.56  $\pm$  15.27 (36-116)

Height (cm): 167.05  $\pm$  8.35 (143-193)

Body mass index (kg/m<sup>2</sup>): 25.51 $\pm$ 4.45(17.40-40.26)

Insertion attempts(1/2/3): 88 /11/2

Inspiratory airway pressures(cmH<sub>2</sub>O):17.32 $\pm$  3.74 (10-31)

Airway sealing pressures(cm H<sub>2</sub>O): 39.77 $\pm$  4.85 (31-49)

Sevoflurane anesthesia induction was performed in all patients uneventfully. In 88 pt (87,1%) Baska-Mask was inserted at the first attempt. Overall placement success rate was 100% but lung ventilation was adequate in 98%. Gastric fluid was successfully vented using a 12 Fr lubricated tube, through the gastric channel,in all pt without any evidence of aspiration. Neither gastric insufflation nor major adverse reactions were observed. After removal of the airway device , blood staining on the mask was found in 6 pt (5,94%), 3 pt ( 2,97 %) complained of mild pharyngeal soreness that resolved spontaneously and 1 pt had transient lingual paresthesia.

**Conclusions:**

The use of sevoflurane inhaled anesthesia induction, together with Baska Mask for airway management with positive pressure ventilation, in elective surgical procedures , was proved to be effective. Baska mask is a safe and easy to insert single use airway device, that includes two suction channels to improve drainage of oropharyngeal contents. The absence of an inflatable cuff, simplifies insertion, reduces side effects and finally, it provides greater airway sealing pressures than those obtained with other extraglottic devices currently available (2)

References:1) Alexiev V, Salim A, Kevin LG,et al Anaesthesia 2012; 67: 640-645

2)Van Zundert T, Gatt S. J Obstet Anaesth Crit Care 2012;2: 23-30.

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