

PR27: iGel Pharyngeal Suctioning

Applicable To

- PCP and higher

Introduction

The seal of an iGel supraglottic airway may be affected by passive gastric secretions or the undetected accumulation of emesis during resuscitation. Because primary care paramedics are not authorized to perform gastric intubation, a modified approach is required to provide on-going suctioning of the pharynx to ensure an effective seal.

Indications

- Significant suctioning of emesis or gastric secretions was required prior to iGel placement
- Known or suspected presence of gastric secretions following placement of iGel
- Persistent difficult ventilation despite best efforts to manipulate the iGel

Contraindications

- Active vomiting with iGel in place, or difficulty in ventilating following an episode of active vomiting. The iGel should be removed in these cases; suction the oropharynx and replace the device as required.

Procedure

1. Ensure the iGel is appropriately sized and inserted in accordance with [PR08: Supraglottic Airway](#)
2. Secure the iGel using the included neoprene strap or Thomas tube holder
3. Unravel the suction catheter included with the Resus Pack, ensuring there are no significant kinks
4. Using the flat (label) side of the clear plastic outer iGel as a measuring guide, straighten the suction catheter, and measure along the length of the package with the distal tip of the suction catheter on one edge
5. Add approximately 2 cm to this length, and apply tape around the suction catheter to mark the depth
6. Apply lubricant (Muko gel) over the proximal end of the gastric channel of the iGel
7. Insert the suction catheter through the lubricant and into the gastric channel of the iGel, until the taped depth indicator reaches the outer edge of the channel. Do not advance any further.
8. Attach the suction catheter to the suction tubing using the connector
9. Apply suction and watch for the presence of fluid.
10. Once fluid has been cleared, or if no fluid appears after 15-20 seconds, turn the suction unit off (but leave the tubing attached). Continuous suction is not appropriate, and may be harmful.
11. If additional secretions are suspected, or the iGel seal becomes impaired, repeat suction as required.

Caution:

- Ensure the airway is appropriately decontaminated prior to placing the iGel
- Consider other causes of difficult ventilation (e.g., improper device size, incorrect depth, lack of posterior/inferior pressure, or airway obstruction) prior to attempting pharyngeal suctioning
- If the iGel becomes dislodged with a suction catheter in place, do not attempt to re-insert the iGel with the suction catheter beyond the distal tip of the iGel
- Suction should be applied at 80 mmHg, and not generally exceed 160 mmHg

Resources

