Avoiding complications in use of SLAs with particular reference to SLIPA™ safety features.
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Trauma to the airway
Wrong insertion techniques in relation to different SLA designs
Combitube – better to use laryngoscope.
Repositioning of pharyngeal cuff inflation airways.
Opposing insertion techniques of LMA and SLIPA

Aspiration protection mechanisms
Obstruction; Drainage tubes; Storage – effectiveness?

Storage for aspiration protection

Results of aspiration model lung with LMA (♦), ProSeal with drainage tube obstructed (×), ProSeal with 30 ml sec⁻¹ (■) and 15 ml sec⁻¹ (□) and SLIPA (Δ) airway.

Neuropraxias mechanisms
Hypoglossal nerve: is 1 mm from tip of hyoid bone.
Recurrent laryngeal nerve at entrance to oesophagus
Lingual nerve

Preventive strategies (more relevant to design than clinical application):
Use smaller sizes (?practicality as there is already a limited seal pressure)
Avoid high cuff inflation pressure with indiscriminate constant pressure
Avoid local pressure at vulnerable sites

Future improvements if SLAs are to advance:
• Higher seal pressures
  o Limited by gastro-esophageal insufflation with higher seal pressures
  o Neuropraxia risk increases with high cuff pressures
• Epiglottic downfolding
  o Affects airflow and tracheal tube access
• Improved comfort and tolerance for application in the ICU?
• Suitability for wider application of instrumentation