Comparison of New Generation Baska Mask[®] with I-Gel[®] and Classical Laryngeal Mask in Outpatient Urological Interventions

Mustafa Bindal, Aslı Demir, Ülkü Sabuncu, Rabia Koçulu, Gülçin Gazioğlu, Ayşegül Özgök Turkey Yuksek İhtisas Hospital, Anesthesology Department, Ankara, Turkey

Background

In this study, we evaluated and compared the performance of the Baska Mask[®] (PTY Ltd,Australia), I-Gel[®](Intersurgical Ltd,UK) and Classic laryngeal maske airway (cLMA) for use in anesthesia in adult patients undergoing a variety of outpatient urologic interventions.

Methods

One hundred fifty patients with ASA I-III physical status were enrolled for elective urological interventions without neuromuscular blocking. The patients were divided into Baska Mask, I-Gel, and classic LMA groups, each with 50 patients. We evaluated the "first attempt" success rates, insertion time, ventilation time, airway dynamics-complications and hemodynamic variables.

Results

There were no significant differences among three groups regarding demographic data, airway dynamics, complications and hemodynamic variables. The "first attempt" success rate were 98%, 92%, 88% classic LMA, I-Gel, Baska Mask, respectively. Insertion and ventilation

Figure 1: Insertion times and ventilation times of classical LMA, I-Gel and Baska Mask (insertion time cLMA-IGel p=0,001; cLMA-Bska p<0,001; IGel-Bska p<0,001), (ventilation time cLMA-IGel p<0,001; cLMA-Bska p<0,001; IGel-Bska p<0,001) times were different between groups(p<0,001 for each).Both insertion and ventilation times of classical LMA were found to be shorter than others (insertion times 5.78 ± 1.72 sec&ventilation times 11.72 ± 4.72 sec).The insertion and ventilation times in the I-Gel group were 7.28 ± 2.66 and 15.38 ± 6.7 sec.The longest insertion and ventilation times were in Baska Mask with 12.04 ± 6.25 and 21.26 ± 8.53 sec.When considering the additional maneuvering requirements during placement,2% (49/1), 8% (46/4), 20% (40/10) were found for cLMA, I-Gel and Baska Mask, respectively.

Conclusions

As a conclusion, when cLMA, I-Gel and Baska Mask are compared regarding their placement and ventilating durations, first attempt success rates and required additional maneuvers, cLMA and I-Gel are superior to Baska Mask in urological ambulatory surgical cases. In terms of complications, hemodynamic changes and adequate ventilation three airway devices were similar.

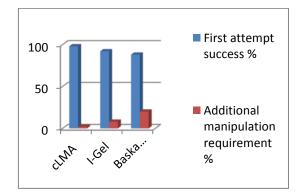


Figure 2: First attemp success p=0,155; additional manipulation requirement cLMA-I-Gel p=0,169; cLMA-Bska p=0,004; I-Gel-Bska p=0,084