

# Ambu® AuraGain™



Designed for direct intubation with standard ET tubes



AuraGain is fast becoming the safe choice for a wider range of procedures. The versatile array of integrated features, makes it a safe choice for routine as well as more advanced cases.

Use of the AuraGain in an everyday setting will inspire confidence and product familiarity for clinicians. This can be valuable in a difficult airway situation, because the clinician will have experience with the device – when it matters the most.



Soft inflatable cuff for high seal pressures

## Technical Specifications and ordering information

Item no.	Size	Patient weight	Max inflation volume cuff	Max. intra-cuff pressure	Max. gastric tube	Max. ETT tube	Connector	Material
408100000	1	<5 kg	4 ml	60 cm H <sub>2</sub> O	6 FR	3.5	15 mm	Phthalate-free PVC
408150000	1½	5-10 kg	7 ml	60 cm H <sub>2</sub> O	8 FR	4.0	15 mm	Phthalate-free PVC
408200000	2	10-20 kg	10 ml	60 cm H <sub>2</sub> O	10 FR	5.0	15 mm	Phthalate-free PVC
408250000	2½	20-30 kg	14 ml	60 cm H <sub>2</sub> O	10 FR	5.5	15 mm	Phthalate-free PVC
408300000	3	30-50 kg	20 ml	60 cm H <sub>2</sub> O	16 FR	6.5	15 mm	Phthalate-free PVC
408400000	4	50-70 kg	30 ml	60 cm H <sub>2</sub> O	16 FR	7.5	15 mm	Phthalate-free PVC
408500000	5	70-100 kg	40 ml	60 cm H <sub>2</sub> O	16 FR	8.0	15 mm	Phthalate-free PVC
408600000	6	>100 kg	50 ml	60 cm H <sub>2</sub> O	16 FR	8.0	15 mm	Phthalate-free PVC

### Disclaimer

The inclusion of the recommendations from the DAS difficult airway guidelines and Ambu products within this guide should not be taken as endorsement of Ambu's products by the Difficult Airway Society. This guide is Ambu's own interpretation of how some of the DAS difficult airway guidelines can be partially or wholly implemented using Ambu's products or services. This is a guide only.

### References:

- 1: Freck CM, Mitchell VS, McNarry AF, et al. Difficult Airway Society 2015 guidelines for the management of unanticipated difficult intubation in adults. Br J Anaesth 2015; 115: 827-48
- 2: Hagberg, C et al (2015), Difficult Airway Society 2015 guidelines for the management of unanticipated difficult intubation in adults: not just another algorithm, British Journal of Anaesthesia 115 (6): 812-814 (2015)
- 3: Data on file

[ambu.com/AuraGain](http://ambu.com/AuraGain)

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## Ambu AuraGain as *the* choice of 2<sup>nd</sup> generation supraglottic airway device

Based on the updated DAS guidelines for management of the unanticipated difficult airway 2015

# What are the DAS guidelines?

Practice guidelines for management of the unanticipated difficult airway, developed by an expert panel on cooperation with accredited Difficult Airway Society (DAS) and Royal College of Anaesthetists in the UK. The overall goal of the guidelines is to provide a structured approach to a potentially life-threatening clinical situation.

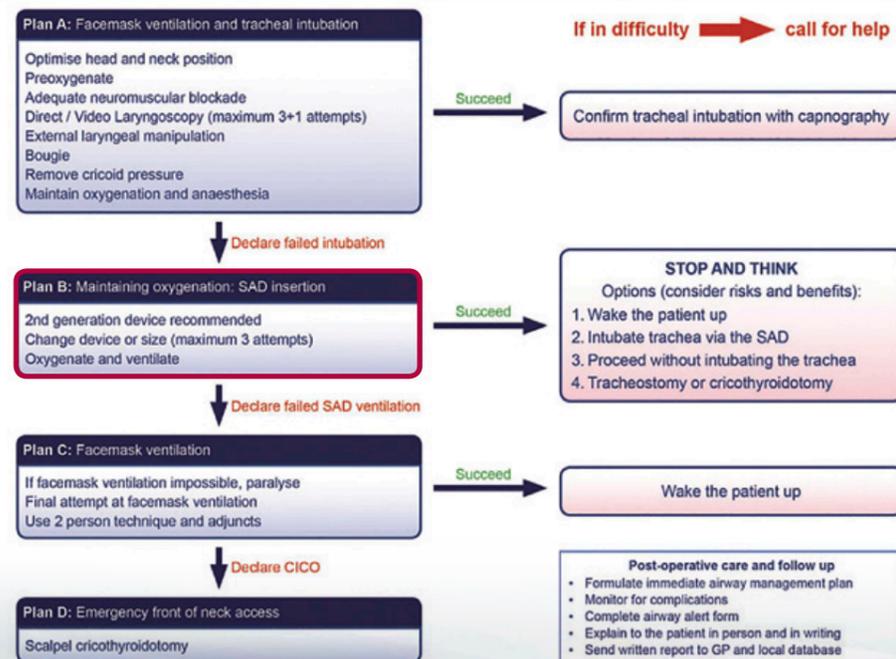
The guidelines are developed as sequential plans with dedicated focus and practice recommendations for each - built on the precondition that the anesthetist should have a formulated back-up plan in place before performing primary techniques.

Beyond the pragmatically oriented recommendations, there is a strong focus on preparedness and accountability of the practitioner, to optimise the conditions around difficult airway management.

In the case where tracheal intubation is declared unsuccessful, focus is recommended to turn to plan B - maintaining oxygenation through SAD insertion.

*The new DAS guidelines favor the use of 2<sup>nd</sup> generation SGAs in this situation, because they have specifically designed features to reduce the risk of aspiration and provide a better airway seal.<sup>(2)</sup>*

## Management of unanticipated difficult tracheal intubation in adults 2015



### Key Features of Plan B:

- Failed intubation should be declared
- The emphasis is on oxygenation via a SAD
- Second-generation SADs are recommended
- A maximum of three attempts at SAD insertion are recommended
- During rapid sequence induction, cricoid pressure should be removed to facilitate insertion of a SAD
- Blind techniques for intubation through a SAD are not recommended

# DAS recommendations to choice and use of SADs

## Recommendations on intubation through SAD

Consider intubation through SAD if necessary – clinicians should be trained in the technique.

Blind intubation not recommended.

## Ideal attributes of SAD for airway rescue;

- Reliable first time placement
- High seal pressure
- Separation of gastrointestinal and respiratory tracts
- Compatibility with FOI<sup>(1)</sup>



### AuraGain offering

Enables direct intubation with standard ET tubes, and designed with:

- Navigation marks for guiding fiber - or videoscopes
- The flattened backside of the cuff is designed with mask stability in mind, to increase mask stability and to prevent the AuraGain from rolling during bronchoscopy.



### AuraGain offering

Rapid placement, high seal pressure, gastric access, and intubation capability make the AuraGain the obvious and safe choice for every procedure where a laryngeal mask is indicated.



## Recommendation on training and accessibility

All anesthetists should be trained to use and have immediate access to 2<sup>nd</sup> generation SADs



### AuraGain offering

The AuraGain is a 2nd generation SGA with a versatile array of integrated features, making it a safe choice for routine as well as more advanced cases.

By eliminating the need for other types of masks, AuraGain helps to optimise inventory management and reduce training requirements since fewer devices are needed.

## Recommendations to choose 2<sup>nd</sup> generation SAD

Use 2<sup>nd</sup> generation SADs rather than first-generation devices, because:

- They are considered to provide better airway protection<sup>(2)</sup>
- They have specifically designed features to reduce the risk of aspiration and provide a better airway seal



### AuraGain offering

AuraGain enables rapid and correct placement due to the Ambu anatomical curve, and protects the airway by delivering seal pressures up to 40 cm H<sub>2</sub>O<sup>(3)</sup>

The mask is designed to give access to the gastrointestinal tract, and to reduce risk of aspiration, by allowing for separate management of the airway and of stomach content.

Freck CM, Mitchell VS, McNarry AF, et al. Difficult Airway Society 2015 guidelines for the management of unanticipated difficult intubation in adults. Br J Anaesth 2015; 115: 827-48

Note: The term SupraGlottic Airway Device (SAD) is used interchangeably with SupraGlottic Airway (SGA).