

# Patient information from BMJ

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## Laryngeal mask airway

This procedure is usually used to help people breathe steadily during surgery, while they are under anaesthetic. But it can be used in other situations where someone is having trouble breathing. This leaflet explains how the procedure works.

### What is a laryngeal mask airway?

The **larynx** is the medical term for the top of your windpipe, or airway. It's a tube of muscle in your throat and upper chest that connects your mouth to your lungs.

A laryngeal mask airway is a tube that passes over the tongue and along the larynx, to deliver oxygen to your lungs.

On the end of the tube that goes into your mouth is an inflatable rubber cuff. When this is inflated inside your larynx, it blocks your oesophagus (food pipe), so that the oxygen only goes into your lungs, where it's needed.

The oxygen comes through another tube at the other end of the device.

The tube that's put in your larynx is held in place by a mask that rests on your face. This mask also stops oxygen leaking before it can reach your lungs.

### Why might I need a laryngeal mask airway?

The main reason that many people need this procedure is to help them breathe steadily while under anaesthetic, during surgery.

As well as oxygen, this procedure can also be used to pump anaesthetic gas into the lungs during surgery, so that you stay asleep.

You might also need this procedure if you stop breathing for any reason, often while unconscious. It's one of several methods that can be used to help someone whose breathing has stopped or is weak.

### What will happen?

This procedure will almost always happen when someone is unconscious, either because he or she is about to have surgery, or because of a medical emergency.

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The medic performing the procedure will position your head and chin so that your airway should be open. He or she will then:

- pass the tube with the inflatable cuff at the end into your mouth, over your tongue, and down into your larynx (airway) until it is in position
- gently secure the mask over your mouth
- inflate the cuff to block off your oesophagus, to make sure that oxygen (or anaesthetic) goes into your lungs and not your stomach
- attach the mask to the tube that is supplying oxygen or anaesthetic
- check that your lungs are rising and falling steadily, and together.

### What are the risks?

If you have this procedure, the medic treating you will keep a close eye on how it is working. In particular, he or she will check that your chest is rising and falling. This shows that your airway is open and the oxygen is reaching your lungs and not your stomach.

If the oxygen flows into your stomach this can cause problems. For example, it can cause vomiting. If this happens, there is a chance that you could breathe vomit into your lungs, and that this could then block your airway.

Medics also need to take special care when treating someone who might have a spine injury. This usually involves trying to open the airway without moving the head, so that they don't disturb the spine.

### What can I expect afterwards?

This procedure continues until you don't need it any more.

But, whether you have this procedure during surgery, or because of a medical emergency, the medics treating you will keep a close eye on you for some time after you are able to breathe by yourself.

Your doctor might also want to do a blood test when you are able to breathe on your own, to make sure that enough oxygen is getting into your blood.

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