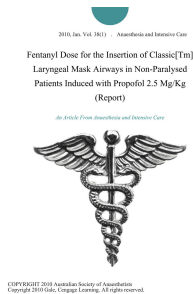


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FENTANYL DOSE FOR THE INSERTION OF CLASSIC TM LARYNGEAL MASK AIRWAYS IN NON PARALYSED PATIENTS INDUCED WITH PROPOFOL 2 5 MG KG REPORT EBOOKS 2019



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Since the introduction of the Classic[™] Laryngeal Mask Airway (cLMA, Intravent Orthofix, Maidenhead, UK) in 1983 (1), it has gained widespread popularity and has been used extensively as an airway device during general anaesthesia (2). However, a certain degree of jaw relaxation and depth of anaesthesia is required to insert the cLMA in a non-paralysed patient. Inadequate depth of anaesthesia can lead to coughing, bucking, gagging and laryngospasm³. Propofol is one of the most useful induction drugs for insertion of the cLMA, because of its superior relaxation of the jaw and suppression of airway reflexes (4,5), although adjuvants may be needed in many cases. Most anaesthesiologists would add an opioid to the induction dose of propofol to improve the conditions for insertion. Alfentanil has been studied to determine the optimal dose as an adjunct to propofol for the insertion of the cLMA (6). However, there are few data concerning the optimal dose of fentanyl for cLMA insertion. Therefore, we conducted this study to determine the optimum dose of fentanyl in combination with propofol 2.5 mg.[kg.sup.-1] for cLMA insertion. The optimum dose was considered to be the dose that provided optimal insertion conditions, as determined using a three-point, six-category scale, as used in previous studies (6-8).

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