of surgery may encourage this sequence of events and is therefore not appropriate when using the LMA. There have been three reports of LMA-related aspiration associated with light anaesthesia [7–9]. If regurgitated fluid is seen emerging from the LMA tube in a technically fasted patient, I would suggest that the patient should be placed in a Trendelenburg position of at least 30°, anaesthesia deepened and the circuit temporarily discon- nected to allow free drainage of the fluid from the LMA. It is unwise to remove the LMA in order to intubate the patient’s trachea at this stage, because LMA removal is liable to encourage aspiration. Premature deflation, removal, or both, of the LMA when reflexes are partially restored is the likely cause of aspiration, according to Griffin and Hatcher [10]. The correctly placed LMA tip does not prevent a small amount of regurgitant fluid completely, but is likely to act like a ball-valve against the upper oesophageal sphincter as when reflexes are partially restored is the likely cause of aspiration, trachea at this stage, because LMA removal is liable to encourage.

Poor patient selection has been responsible for previous incidences of aspiration associated with the LMA [7, 11–13]. The overall incidence of aspiration with the LMA would appear comparable in outpatient anaesthesia with either face mask or tracheal tube [14]. Safe use of the LMA with positive pressure ventilation requires not only exclusion of any patient at risk of regurgitation, but provision of adequate anaesthesia and neuromuscular block together with the use of tidal volumes of 8 ml kg

1 and low inspiratory flow rates to ensure peak airway pressure remains as low as possible and certainly does not exceed 25 cm

2 H2O. The use of a stethoscope taped to the side of the neck allows early detection of mask leaks which, in combination with an increase in inflation pressure, serve to alert the anaesthetist to the need for prompt remedial action before the events leading to regurgitation are set in train.

2. El Mikatti N, Luthra AD, Healy TEJ, Mortimer AJ. Gastric regurgitation during general anaesthesia in the supine position with the laryngeal and face mask airways. British Journal of Anaesthesia 1992; 69: 529P–530P.