

Minimal training saves lives with airway mask

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Virtually anyone has the skills to safely insert a laryngeal mask airway (LMA) to keep a patient's airway open during resuscitation, and medical expertise isn't required - perhaps just a familiarity with ER, House or Grey's Anatomy. A study, published in the open access journal *BMC Emergency Medicine*, also found that just two hours of training was enough to make first-responders faster and more efficient during these highly critical situations.

Whether it's a sudden [heart attack](#) or roadside accident, even minimal [training](#) can make a big difference when a rescuer tries to insert a breathing tube into someone needing cardiopulmonary resuscitation (CPR). LMAs are used to keep a patient's windpipe open and secure during life-saving CPR or mouth-to-mouth, and are far easier to insert than the intubation performed in hospitals by [medical professionals](#). This finding could greatly improve the level of [emergency care](#) in factories and public facilities where physicians or nurses are rarely the first-responders.

Johannes Bickenbach and Gereon Schälte from University Hospital Aachen, Germany conducted the study by testing 139 first-year medical students at the very beginning of their studies. They measured their speed and effectiveness with two different kinds of LMA before and after a two-hour training program. With both devices, the insertion time was cut nearly in half after the training. With the LMA-Classic, the insertion time fell from an average of 55.5 seconds to 22.9 seconds, whereas with the LMA-Fastrach device the time fell from 38.1 seconds

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The researchers recommend regular refresher courses to keep people familiar with the device. They found that after six months of non-use, the medical students became less skilled at inserting the devices, and their insertion times returned to untrained levels.

More information: The intuitive use of laryngeal airway tools by first year medical students; Johannes Bickenbach, Gereon Schälte, Stefan Beckers, Michael Fries, Matthias Derwall and Rolf Rossaint; *BMC Emergency Medicine* (in press); www.biomedcentral.com/bmcemergmed/

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