Avoiding complications in use of SLAs with particular reference to SLIPA™ safety features.
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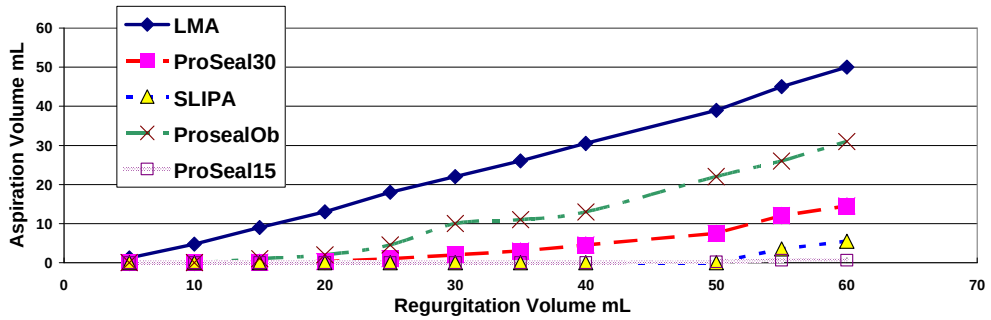
Trauma to the airway

Wrong insertion techniques in relation to different SLA designs
Combitube – better to use laryngoscope.
Repositioning of pharyngeal cuff inflation airways.
Opposing insertion techniques of LMA and SLIPA

Aspiration protection mechanisms

Obstruction; Drainage tubes; Storage – effectiveness?

Storage for aspiration protection



Results of aspiration model lung with LMA (♦), ProSeal with drainage tube obstructed (×), ProSeal with 30 ml sec^{-1} (■) and 15 ml sec^{-1}(□) and SLIPA (Δ) airway.

Neuropraxias mechanisms

Hypoglossal nerve: is 1 mm from tip of hyoid bone.
Recurrent laryngeal nerve at entrance to oesophagus
Lingual nerve

Preventive strategies (more relevant to design than clinical application):

Use smaller sizes (?practicality as there is already a limited seal pressure)
Avoid high cuff inflation pressure with indiscriminate constant pressure
Avoid local pressure at vulnerable sites

Future improvements if SLAs are to advance:

- Higher seal pressures
  - Limited by gastro-esophageal insufflation with higher seal pressures
  - Neuropraxia risk increases with high cuff pressures
- Epiglottic downfolding
  - Affects airflow and tracheal tube access
- Improved comfort and tolerance for application in the ICU?
- Suitability for wider application of instrumentation