

Dear Dr Baska:

Valencia, Monday 16th December 2013

I am really pleased to collaborate with you in spreading your new laryngeal mask.

I used the Baska Mask with about 35 patients, including advanced uses, such as laparoscopic cholecystectomy or obese patients.

First, it is highly surprising its ability to deliver large volumes tidal.

On the other hand by its original design provides a great security against the eventual regurgitation. The two large drainage tubes are two times bigger than the current reference laryngeal masks. In addition, by its genuine configuration, makes virtually impossible both an obstruction and a malposition of the tip.

Regarding the leakage pressure Baska Mask achieves a high-pressure sealing, corresponding to an average that overcomes 30 cm of water (even reaching 49 cm of water)

The less satisfactory aspect is related to the success of the first attempt insertion. According to bibliography, about 20% of our cases required adjustments and occasionally a second attempt.

In my opinion there are few reasons that could explain this fact.

Firstly, we have the need of careful choice of size due to the lack of inflatable cuff.

Then, and the most important, since the insertion process is slightly more laborious than Supreme LM, it is advisable to take special care with the anaesthetic level during the insertion process. If the previously mentioned consideration is not taken into account, it is possible that the first test concerning the functionality of Baska Mask will be performed in a patient who is under light anaesthesia.

In conclusion, I think the Baska Mask is an excellent supraglottic device, in fact, provides a significant improvement of current laryngeal masks. Regarding the insertion is assumed that better results will be achieved when the learning curve will have been overcome.

With kind regards,

Roberto García-Aguado MD, PhD

A handwritten signature in black ink, appearing to read 'R. García-Aguado', written on a light-colored background.

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