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A Comparison of the Baska Mask and i-gel Supraglottic Airway Devices in Spontaneously Ventilating Patients Undergoing Ambulatory Surgery.

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Abstract

Introduction: Supraglottic airway devices are increasingly used for airway management during ambulatory surgery because they facilitate spontaneous ventilation and may provide faster recovery than endotracheal intubation. The Baska Mask and I-gel have different design characteristics that may influence insertion, airway sealing, ventilation, and postoperative morbidity. This study compared their clinical performance in spontaneously ventilating patients undergoing ambulatory surgical procedures. ***Materials and Methods:*** A prospective comparative study was conducted in 90 adult patients undergoing elective ambulatory surgery under general anaesthesia. Patients were divided equally into two groups: Baska Mask (n=45) and I-gel (n=45). Insertion time, number of attempts, first-attempt success, ease of insertion, oropharyngeal leak pressure, ventilation parameters, haemodynamic responses, perioperative complications, and recovery characteristics were assessed. Continuous variables were compared using the independent Student's t-test and categorical variables using the chi-square or Fisher's exact test. A p-value <0.05 was considered statistically significant. ***Results:*** The mean insertion time was significantly longer with the Baska Mask than the I-gel (18.4 ± 4.6 vs. 15.2 ± 3.8 seconds; p<0.001). First-attempt insertion was successful in 93.3% and 97.8% of patients, respectively (p=0.306). Oropharyngeal leak pressure was significantly higher with the Baska Mask (24.8 ± 4.9 vs. 22.1 ± 4.2 cmH_2O; p=0.006). Adequate ventilation was achieved in all patients. Haemodynamic parameters, recovery characteristics, and perioperative complications were comparable between groups (p>0.05). ***Conclusion:*** Both devices provided effective airway management. The I-gel offered faster insertion, whereas the Baska Mask provided a higher airway seal, with otherwise comparable perioperative outcomes.

Keywords: Baska Mask; I-gel; Supraglottic airway device; Ambulatory surgery; Spontaneous ventilation.

INTRODUCTION

Supraglottic airway devices (SGAs) have become an important component of modern airway management, particularly in patients undergoing short-duration and ambulatory surgical procedures [1]. Compared with conventional endotracheal intubation, SGAs generally allow less invasive airway instrumentation, facilitate maintenance of spontaneous ventilation, and may be associated with reduced haemodynamic responses and fewer postoperative airway-related symptoms [2]. Their ease of insertion, reliability, airway seal, and postoperative morbidity are particularly relevant in ambulatory anaesthesia, where rapid recovery and early discharge are important considerations [3].

The I-gel is a widely used second-generation SGA characterized by a non-inflatable cuff made of a soft thermoplastic elastomer that conforms anatomically to the perilaryngeal and hypopharyngeal structures [4]. Its design eliminates the need for cuff inflation and may facilitate rapid insertion with relatively stable airway positioning [5]. The device also incorporates a gastric channel, providing an additional safety feature in selected patients. Despite these advantages, the effectiveness of any SGA depends on factors such as airway seal pressure, ease of insertion, ventilation adequacy, patient characteristics, and the occurrence of perioperative complications [6].

The Baska Mask is another second-generation SGA designed with several features intended to improve airway sealing and facilitate spontaneous ventilation [7]. It incorporates a self-sealing membranous cuff that is intended to dynamically increase the seal during positive airway pressure and reduce the need for cuff inflation [8]. The device also includes a gastric drainage system and an integrated bite block. These characteristics may offer advantages in maintaining airway patency and minimizing gas leakage; however, insertion characteristics, airway seal, haemodynamic responses, and postoperative complications need to be considered when comparing it with established devices such as the I-gel [9].

Although both the Baska Mask and I-gel are increasingly used for airway management, differences in their design may influence insertion time, airway seal pressure, ventilation, haemodynamic responses, and postoperative airway morbidity [10]. Evidence directly comparing these devices in spontaneously ventilating patients undergoing ambulatory surgical procedures remains relatively limited. Therefore, a comparative evaluation of their clinical performance may help determine their relative utility in routine ambulatory anaesthesia. The present study aimed to compare the clinical performance of the Baska Mask and I-gel in spontaneously ventilating patients undergoing ambulatory surgical procedures, with respect to insertion characteristics, airway seal pressure, ventilation, haemodynamic responses, recovery parameters, and perioperative complications.

MATERIALS AND METHODS

A prospective comparative observational study was conducted in the Department of Anaesthesiology at a tertiary care centre, over a period of 1 year. A total of 90 adult patients scheduled for elective ambulatory surgical procedures under general anaesthesia were included in the study. Patients were randomly/comparatively allocated into two equal groups of 45 patients each: Group B received airway management with the Baska Mask, while Group I received an I-gel supraglottic airway device.

The study was conducted after obtaining approval from the Institutional Ethics Committee and written informed consent from all participants. Patients aged 18–60 years with American Society of Anesthesiologists (ASA) physical status I or II, scheduled for elective procedures and suitable for spontaneous ventilation using a supraglottic airway device, were included.

Patients with anticipated difficult airway, significant upper airway pathology, severe pulmonary or cardiovascular disease, morbid obesity, increased risk of aspiration, gastroesophageal reflux disease, pregnancy, emergency surgery, or contraindication to supraglottic airway device use were excluded. A standard preanaesthetic evaluation was performed for all patients, including assessment of demographic characteristics, medical history, airway parameters, ASA physical status, and relevant investigations. All patients were kept fasting according to standard preoperative guidelines. On arrival in the operating room, standard monitoring including electrocardiography, non-invasive blood pressure, pulse oximetry, and end-tidal carbon dioxide monitoring was instituted.

Anaesthesia was induced using a standardized technique, and an appropriately sized Baska Mask or I-gel was inserted according to the assigned group. The device was inserted by an experienced anaesthesiologist, and spontaneous ventilation was maintained throughout the procedure.

The primary parameters assessed were ease and time of insertion, number of insertion attempts, first-attempt success rate, successful airway placement, oropharyngeal leak pressure, adequacy of ventilation, and requirement for airway repositioning. Insertion time was measured from removal of the face mask to confirmation of effective ventilation through the supraglottic airway device. Oropharyngeal leak pressure was assessed using a standardized airway pressure technique. Intraoperative haemodynamic parameters, including heart rate, systolic blood pressure, and diastolic blood pressure, were recorded at baseline, 1 minute after device insertion, and 5 minutes after insertion.

Oxygen saturation and adequacy of spontaneous ventilation were continuously monitored. Perioperative complications, including airway leak, coughing, blood staining, laryngospasm, desaturation, hoarseness, and airway trauma, were documented. Postoperatively, patients were monitored in the recovery area for time to adequate spontaneous ventilation, time to discharge readiness, postoperative nausea and vomiting, requirement for rescue analgesia, and unplanned admission.

Statistical analysis was performed using [SPSS version 24, IBM Corp., Armonk, NY, USA]. Continuous variables were expressed as mean ± standard deviation, while categorical variables were presented as frequency and percentage. Comparisons between the two groups were performed using the independent Student's t-test for normally distributed continuous variables and the chi-square test or Fisher's exact test for categorical variables, as appropriate. A p-value of <0.05 was considered statistically significant.

RESULTS

The mean age of patients was comparable between the Baska Mask and I-gel groups (36.8 ± 10.2 vs. 35.9 ± 9.8 years). Similarly, mean weight, height, and BMI were comparable between the groups. Males constituted 55.6% and 53.3% of patients in the Baska Mask and I-gel groups, respectively. ASA I patients predominated in both groups (60.0% vs. 64.4%), with no significant differences in baseline demographic or clinical characteristics between the groups. (Table 1)

Table 1. Baseline Demographic and Clinical Characteristics of Study Participants

Variable	Category	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Age (years)	Mean ± SD	36.8 ± 10.2	35.9 ± 9.8	t=0.427	0.671
Weight (kg)	Mean ± SD	61.4 ± 8.7	60.8 ± 9.1	t=0.320	0.750
Height (cm)	Mean ± SD	163.2 ± 7.4	162.8 ± 7.1	t=0.262	0.794
BMI (kg/m²)	Mean ± SD	23.1 ± 2.6	22.9 ± 2.5	t=0.372	0.711
Sex	Male	25 (55.6%)	24 (53.3%)	χ^2=0.045	0.832
	Female	20 (44.4%)	21 (46.7%)		
ASA physical status	ASA I	27 (60.0%)	29 (64.4%)	χ^2=0.189	0.664
	ASA II	18 (40.0%)	16 (35.6%)		

The distribution of surgical procedures was comparable between the two groups, with general surgery being the most common category (31.1% in the Baska Mask group and 28.9% in the I-gel group), followed by gynaecological, orthopaedic, and other minor procedures. The mean duration of surgery was also similar between the Baska Mask and I-gel groups (52.6 ± 15.3 vs. 51.8 ± 14.7 minutes). (Table 2)

Table 2. Distribution According to Type and Duration of Ambulatory Surgical Procedure

Variable	Category	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Type of surgery	General surgery	14 (31.1%)	13 (28.9%)	χ^2=0.183	0.980
	Gynaecological surgery	12 (26.7%)	13 (28.9%)		
	Orthopaedic surgery	10 (22.2%)	11 (24.4%)		
	Other minor procedures	9 (20.0%)	8 (17.8%)		
Duration of surgery (min)	mean ± SD	52.6 ± 15.3	51.8 ± 14.7	t=0.252	0.802

The mean insertion time was significantly longer with the Baska Mask than with the I-gel (18.4 ± 4.6 vs. 15.2 ± 3.8 seconds, p<0.001). First-attempt insertion was achieved in 93.3% of patients in the Baska Mask group and 97.8% in the I-gel group. Successful insertion was achieved in all patients in both groups, while the majority of devices were graded as having excellent ease of insertion. (Table 3)

Table 3. Comparison of Insertion Characteristics Between Baska Mask and I-gel Groups

Variable	Category	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Insertion time (seconds)	mean ± SD	18.4 ± 4.6	15.2 ± 3.8	t=3.598	**<0.001**
Number of insertion attempts	First attempt	42 (93.3%)	44 (97.8%)	χ^2=1.047	0.306
	Second attempt	3 (6.7%)	1 (2.2%)		
Successful insertion	Yes	45 (100%)	45 (100%)	NA	NA
Ease of insertion	Excellent	34 (75.6%)	37 (82.2%)	χ^2=0.656	0.720
	Good	10 (22.2%)	7 (15.6%)		
	Difficult	1 (2.2%)	1 (2.2%)		

The mean oropharyngeal leak pressure was significantly higher with the Baska Mask than with the I-gel (24.8 ± 4.9 vs. 22.1 ± 4.2 cmH_2O, p=0.006). Adequate ventilation was achieved in all patients in both groups, while airway leak and the need for repositioning were uncommon. Mean oxygen saturation was comparable between the groups (98.1 ± 0.8% vs. 98.2 ± 0.7%). (Table 4)

Table 4. Comparison of Airway Seal and Ventilation Parameters

Variable	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Oropharyngeal leak pressure (cmH_2O), mean ± SD	24.8 ± 4.9	22.1 ± 4.2	t=2.806	**0.006**
Adequate ventilation achieved	45 (100%)	45 (100%)	—	—
Airway leak present	3 (6.7%)	2 (4.4%)	χ^2=0.212	0.645
Need for airway repositioning	2 (4.4%)	1 (2.2%)	Fisher's exact	0.557
Episodes of inadequate ventilation	1 (2.2%)	1 (2.2%)	Fisher's exact	1.000
SpO_2 (%), mean ± SD	98.1 ± 0.8	98.2 ± 0.7	t=−0.631	0.530

Heart rate and blood pressure parameters were comparable between the two groups at baseline and following airway device insertion. A modest increase in heart rate and systolic and diastolic blood pressure was observed at 1 minute after insertion in both groups, followed by values approaching baseline at 5 minutes. None of the intergroup differences in heart rate or blood pressure at the assessed time points was statistically significant. (Table 5)

Table 5. Comparison of Hemodynamic Parameters at Different Time Points

Variable	Time point	Baska Mask (mean ± SD)	I-gel (mean ± SD)	t-value	p-value
Heart Rate	Baseline	78.4 ± 8.6	77.9 ± 8.2	0.282	0.778
	1 minute after insertion	84.7 ± 9.1	83.8 ± 8.7	0.480	0.633
	5 minutes after insertion	80.9 ± 8.2	80.1 ± 7.8	0.474	0.637
Systolic Blood Pressure	Baseline	121.6 ± 10.4	120.9 ± 9.8	0.329	0.743
	1 minute after insertion	126.4 ± 11.2	125.1 ± 10.6	0.566	0.573
	5 minutes after insertion	122.8 ± 9.9	121.7 ± 9.4	0.541	0.590
Diastolic Blood Pressure	Baseline	76.2 ± 7.1	75.8 ± 6.8	0.273	0.786
	1 minute after insertion	79.1 ± 7.5	78.4 ± 7.2	0.452	0.653
	5 minutes after insertion	76.8 ± 6.9	76.2 ± 6.6	0.422	0.674

Postoperative complications were generally infrequent in both groups. Blood staining of the device was observed in 13.3% of patients in the Baska Mask group and 4.4% in the I-gel group, while sore throat occurred in 15.6% and 8.9%, respectively.

Coughing, hoarseness, laryngospasm, desaturation, and visible airway trauma were also reported at low frequencies, with no statistically significant difference between the groups. (Table 6)

Table 6. Comparison of Perioperative and Postoperative Complications

Complication	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Blood staining on device	6 (13.3%)	2 (4.4%)	χ^2=2.195	0.138
Coughing	5 (11.1%)	3 (6.7%)	χ^2=0.549	0.459
Sore throat	7 (15.6%)	4 (8.9%)	χ^2=0.932	0.334
Hoarseness	3 (6.7%)	2 (4.4%)	χ^2=0.212	0.645
Laryngospasm	1 (2.2%)	0 (0%)	Fisher's exact	1.000
Desaturation	2 (4.4%)	1 (2.2%)	Fisher's exact	0.557
Visible airway trauma	4 (8.9%)	1 (2.2%)	χ^2=1.906	0.167

The mean time to adequate spontaneous ventilation was similar between the Baska Mask and I-gel groups (10.8 ± 2.4 vs. 10.5 ± 2.3 minutes), as was the mean time to discharge readiness (136.2 ± 18.5 vs. 134.8 ± 17.9 minutes).

Postoperative nausea/vomiting and rescue analgesic requirements were comparable between groups, while unplanned admission was required in only one patient in the Baska Mask group. (Table 7)

Table 7. Comparison of Recovery and Postoperative Parameters

Variable	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Time to adequate spontaneous ventilation (min), mean ± SD	10.8 ± 2.4	10.5 ± 2.3	t=0.605	0.546
Time to discharge readiness (min), mean ± SD	136.2 ± 18.5	134.8 ± 17.9	t=0.365	0.717
Postoperative nausea/vomiting	4 (8.9%)	3 (6.7%)	χ^2=0.156	0.693
Need for rescue analgesia	8 (17.8%)	7 (15.6%)	χ^2=0.077	0.781
Unplanned admission	1 (2.2%)	0 (0%)	Fisher's exact	1.000

Overall, both devices demonstrated high successful airway management rates, with successful insertion and adequate ventilation achieved in all patients. First-attempt insertion was achieved in 93.3% of Baska Mask and 97.8% of I-gel cases, while overall successful airway management was observed in 95.6% and 97.8%, respectively.

The Baska Mask provided a higher airway seal, whereas the I-gel demonstrated a shorter insertion time, with other device-performance outcomes being broadly comparable. (Table 8)

Table 8. Overall Device Performance

Outcome	Baska Mask (n=45)	I-gel (n=45)	Test statistic	p-value
Successful insertion	45 (100%)	45 (100%)	—	—
First-attempt insertion	42 (93.3%)	44 (97.8%)	χ^2=1.047	0.306
Adequate ventilation	45 (100%)	45 (100%)	—	—
Airway leak	3 (6.7%)	2 (4.4%)	χ^2=0.212	0.645
Device repositioning required	2 (4.4%)	1 (2.2%)	Fisher's exact	0.557
Hemodynamic instability	1 (2.2%)	1 (2.2%)	Fisher's exact	1.000
Postoperative sore throat	7 (15.6%)	4 (8.9%)	χ^2=0.932	0.334
Overall successful airway management	43 (95.6%)	44 (97.8%)	Fisher's exact	1.000

DISCUSSION

In the present study, both the Baska Mask and I-gel provided effective airway management in spontaneously ventilating patients undergoing ambulatory surgical procedures, with successful insertion and adequate ventilation achieved in all patients. The I-gel demonstrated a significantly shorter insertion time than the Baska Mask (15.2 ± 3.8 vs. 18.4 ± 4.6 seconds; $p<0.001$), although first-attempt insertion success was high with both devices. These findings are consistent with the study by Sinasamy et al., who compared the two devices in 80 patients and reported significantly shorter insertion time with the I-gel than with the Baska Mask (13.3 vs. 17.0 seconds; $p<0.001$), together with greater ease of insertion and fewer corrective manoeuvres with the I-gel [11]. Similarly, Sachidananda et al. reported high first-attempt insertion success with both devices in patients undergoing minor surgical procedures, although the difference between the groups was not statistically significant [10].

An important finding of the present study was the significantly higher oropharyngeal leak pressure with the Baska Mask compared with the I-gel (24.8 ± 4.9 vs. 22.1 ± 4.2 cmH_2O; $p=0.006$). This finding is consistent with the reported performance characteristics of the Baska Mask, particularly its self-energising membranous cuff, which is designed to improve the airway seal with increasing airway pressure. Sidhu et al., in a randomized clinical study of 70 patients, found significantly higher oropharyngeal seal pressures with the Baska Mask than with the I-gel in neutral, flexion, extension, and lateral positions [12]. Similar findings were reported by Choi et al. in patients undergoing laparoscopic cholecystectomy, where the clinical performance of the Baska Mask and I-gel was compared with particular emphasis on oropharyngeal leak pressure and respiratory parameters [13]. A recent meta-analysis of 12 comparative studies also found that the Baska Mask generally provided superior oropharyngeal leak pressure compared with the I-gel, supporting the observation that the Baska Mask may offer a stronger airway seal [14].

Despite the difference in insertion time and airway seal pressure, ventilation-related parameters were comparable between the two groups in the present study. Adequate ventilation was achieved in all patients, oxygen saturation remained satisfactory, and airway leak and the need for repositioning were uncommon. Haemodynamic responses were also similar, with modest transient increases in heart rate and blood pressure following device insertion and no significant intergroup differences. These findings are broadly consistent with Sinasamy et al., who found no significant differences in several ventilation-related parameters between the Baska Mask and I-gel groups, despite better insertion characteristics with the I-gel and higher generated airway pressure with the Baska Mask [11]. Sidhu et al. also demonstrated effective ventilation with both devices, although the Baska Mask produced higher exhaled tidal volume in flexion and maintained higher seal pressures across different head and neck positions [12]. These findings suggest that although the two devices differ in their insertion characteristics and sealing mechanisms, both can provide satisfactory ventilation during appropriately selected procedures.

Postoperative airway-related complications were relatively infrequent in the present study and none differed significantly between groups. Sore throat occurred in 15.6% of patients with the Baska Mask compared with 8.9% with the I-gel, while blood staining, coughing, hoarseness, desaturation, laryngospasm, and visible airway trauma were observed at relatively low frequencies. The numerical tendency toward greater postoperative throat symptoms with the Baska Mask is in agreement with Sinasamy et al., who reported significantly fewer patients with postoperative throat pain in the I-gel group than in the Baska Mask group [11]. The recent meta-analysis by Shen et al. similarly found that the I-gel was associated with a lower incidence of postoperative sore throat, whereas the Baska Mask demonstrated better intraoperative performance, particularly with respect to airway sealing [14]. In contrast, Shah et al., in a prospective study of 100 patients using the Baska Mask, reported a high overall insertion success rate and high sealing pressure, although postoperative sore throat and dysphagia were observed in a proportion of patients [15].

CONCLUSION

Both the Baska Mask and I-gel provided effective and reliable airway management in spontaneously ventilating patients undergoing ambulatory surgical procedures. The I-gel demonstrated a significantly shorter insertion time, while the Baska

Mask provided a significantly higher oropharyngeal leak pressure, indicating a better airway seal. Ventilation, haemodynamic stability, recovery parameters, and perioperative complications were broadly comparable between the two devices. Thus, both devices appear to be suitable options for airway management in appropriately selected patients undergoing ambulatory surgery, with the choice guided by the desired balance between ease and speed of insertion and airway sealing performance.

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