



▶ **Efficient**

Redesigned high volume, low pressure cuffs guarantee the ideal ratio of airway leak pressure to cuff pressure

▶ **Safe**

Completely reworked to be more atraumatic for the patient

▶ **Drain Tube**

Recommended as the new standard in international guidelines

▶ **Complete Range**

Available from newborn to adult

▶ **Attractive Price**

Improved manufacturing process to reduce costs

▶ **Based on Experience**

More than 16 million clinical insertions of Laryngeal Tubes world-wide

The new LTS-D

The 2nd generation supraglottic airway device – ideal for clinical use and pre-hospital environment

VBM

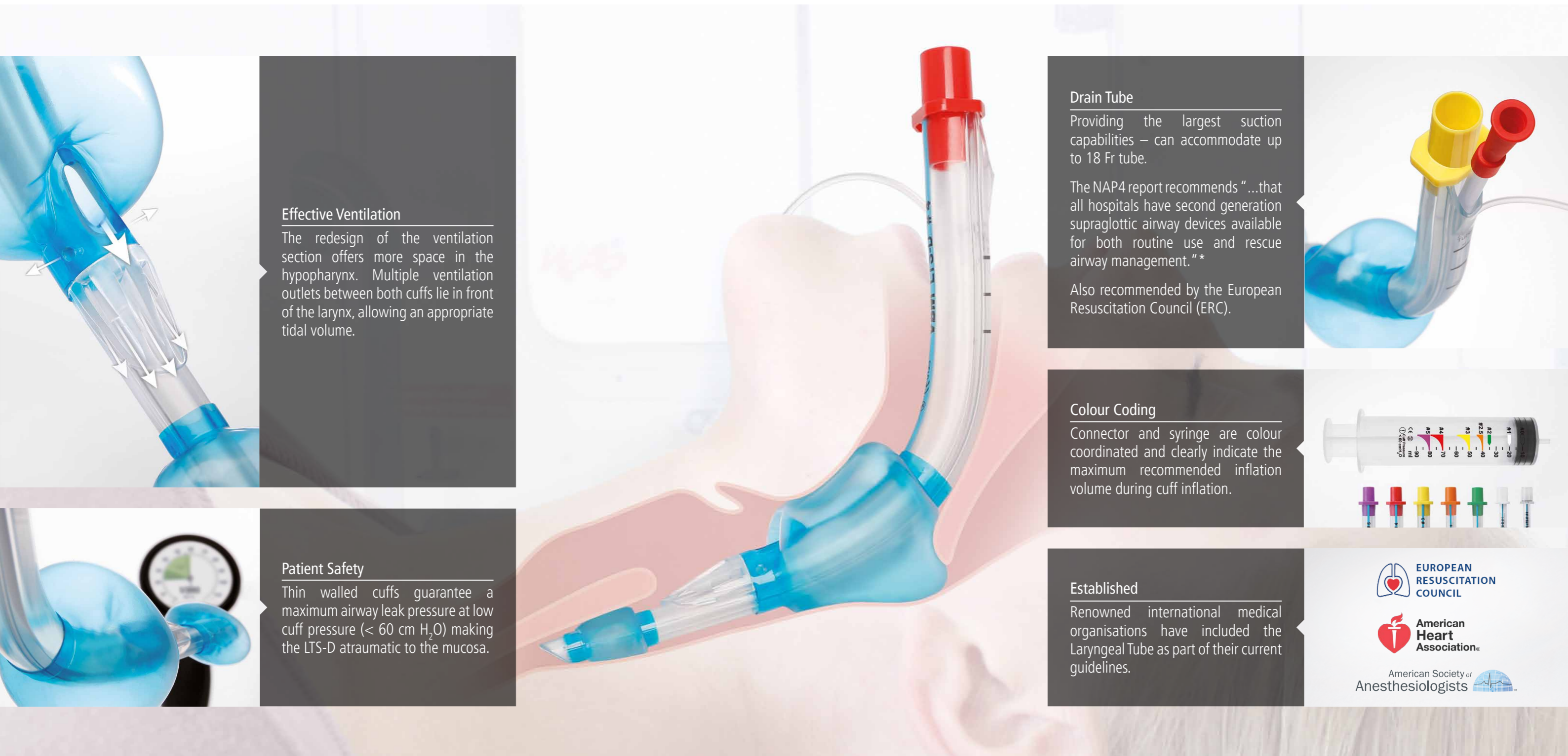
The new Laryngeal Tube Suction Disposable (LTS-D)

16 million clinical insertions worldwide – a number that relies on confidence and reliability. Our experts continue to develop the product alongside customers to maximise safety, functionality and comfort.

The LTS-D complies with international guidelines and recognised industry algorithms. The NAP4*, one of the most important international anesthesia reports, recommends using 2nd generation supraglottic airway devices that prevent the risk of aspiration by incorporating a built-in drain tube. All LTS-D's come with this feature as standard.

The new Laryngeal Tube also stands out for its unique high volume, low pressure cuffs. The extremely thin wall is atraumatic to the pharyngeal mucosa, and seals the hypopharynx reliably at low cuff pressures. Soft material and rounded edges additionally enhance patient comfort and safety.

The LTS-D is designed to be easy to use with minimal training. The colour coded system has proven invaluable in emergencies as the syringe indicates the recommended maximum inflation volume. The Laryngeal Tube allows correct ventilation - even in situations with limited space.



Effective Ventilation

The redesign of the ventilation section offers more space in the hypopharynx. Multiple ventilation outlets between both cuffs lie in front of the larynx, allowing an appropriate tidal volume.

Patient Safety

Thin walled cuffs guarantee a maximum airway leak pressure at low cuff pressure (< 60 cm H₂O) making the LTS-D atraumatic to the mucosa.

Drain Tube

Providing the largest suction capabilities – can accommodate up to 18 Fr tube.

The NAP4 report recommends “...that all hospitals have second generation supraglottic airway devices available for both routine use and rescue airway management.”*

Also recommended by the European Resuscitation Council (ERC).

Colour Coding

Connector and syringe are colour coordinated and clearly indicate the maximum recommended inflation volume during cuff inflation.

Established

Renowned international medical organisations have included the Laryngeal Tube as part of their current guidelines.



* NAP4 (4th National Audit Project of the Royal College of Anesthetists and the Difficult Airway Society) Major Complications of Airway Management in the United Kingdom, March 2011, Chapter 11, page 95

Order Information

Size	Patient	Weight / height	Colour	Single Set with colour coded syringe	Set of 10	Emergency Set with colour coded syringe	Drain tube	FOBs
0	Newborn	< 5 kg	transparent	REF 32-06-100-1	REF 32-06-000-1	Child (# 0, 1, 2, 2.5) REF 32-06-309-1	10 Fr	< 3.0 mm
1	Infant	5-12 kg	white	REF 32-06-101-1	REF 32-06-001-1		10 Fr	< 3.0 mm
2	Child	12-25 kg	green	REF 32-06-102-1	REF 32-06-002-1		16 Fr	< 4.0 mm
2.5	Child	125-150 cm	orange	REF 32-06-125-1	REF 32-06-025-1		16 Fr	< 4.0 mm
3	Adult	< 155 cm	yellow	REF 32-06-103-1	REF 32-06-003-1		Adult	18 Fr
4	Adult	155-180 cm	red	REF 32-06-104-1	REF 32-06-004-1	Adult (# 3, 4, 5) REF 32-06-209-1	18 Fr	< 6.0 mm
5	Adult	> 180 cm	purple	REF 32-06-105-1	REF 32-06-005-1		18 Fr	< 6.0 mm



- ▶ Non-clinical testing has verified the LTS-D can be used in a MRI environment. This enables the product to be used from emergency, to treatment, to diagnostics. The pilot balloon of the LTS-D may cause artifacts around the area where it is positioned, this should be taken into consideration by the doctor interpreting the scan results.
- ▶ The LTS-D is free from latex and phthalates, it is supplied sterile and for single use.



References

- ▶ **References and algorithms for supraglottic airways with suction possibilities**
 - Cook, Tim/ Woodall, Nick/ Frerk, Chris: 4th National Audit Project of the Royal College of Anesthetists and the Difficult Airway Society (NAP4): Major Complications of Airway Management in the United Kingdom, March 2011
- ▶ **International guidelines recommend the LT as an alternative device during CPR to secure the airway**
 - Neumar, Robert et al: Circulation Journal of the American Heart Association: Part 8: Adult Advanced Cardiovascular Life Support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
 - Deakin, Charles et al: European Resuscitation Council Guidelines for Resuscitation 2010, Section 4. Adult advanced life support
- ▶ **Insertion success rates and time to insertion in prehospital environment**
 - Frascione, Ralph J. et al: Comparison of prehospital insertion success rates and time to insertion between standard endotracheal intubation and a supraglottic airway, Resuscitation, Dec 2011
- ▶ **Elective Surgery**
 - Cavus, Erol et al: Laryngeal tube S II, ProSeal laryngeal mask, and EasyTube during elective surgery: a randomized controlled comparison with the endotracheal tube in nontrained professionals. Eur J Anaesthesiol. Sep 2009; 26(9)
- ▶ **Adjunct during CPR**
 - Wiese, Christoph H. R. et al: Using a laryngeal tube during cardiac arrest reduces „no-flow time“ in a manikin study: a comparison between laryngeal tube and endotracheal tube. Wiener Klinische Wochenschrift, Springer Verlag 2008, 120/7-8:217-223