

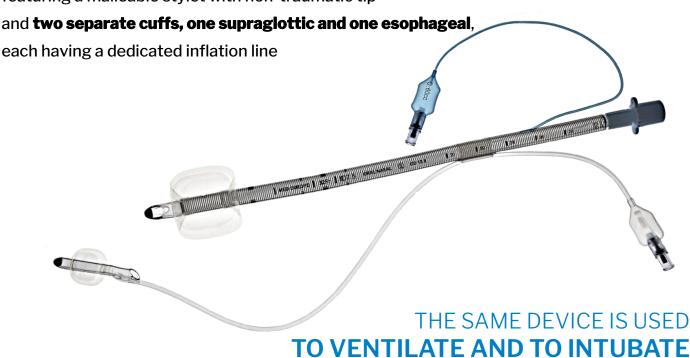


## **NEW DISPOSABLE TRACHEAL TUBE**SIMPLIFYING THE ANESTHESIOLOGIST'S JOB

Patented device for advanced and complete airway management,

that consists of a unique wire reinforced tube,

featuring a malleable stylet with non-traumatic tip



The Spritztube® allows rapid oxygenation and supraglottic ventilation, as well as subsequent **intubation with the aid of any available device** (classic or video laryngoscope, rigid or flexible fiberscope), minimizing the apnea phase

## EASY AND SAFE TO USE

**EVEN IN OUT-OF-HOSPITAL SETTING** 

Once inserted blindly or using a laryngosope, even by nursing staff, the Spritztube® ensures the patients' ventilation until their arrival in hospital setting.

Then, if intubation is required, it allows to proceed with it directly, simply by modifying its configuration.

No need for additional maneuvers to exchange the device!



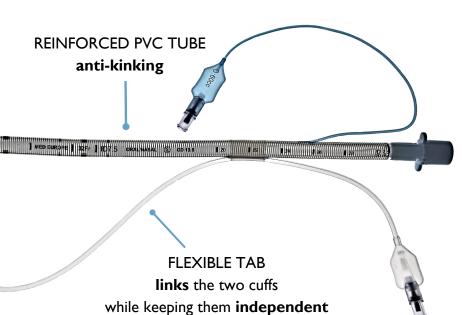


## WHAT IS SPRITZTUBE®

### Magic in simplicity: independent cuffs!

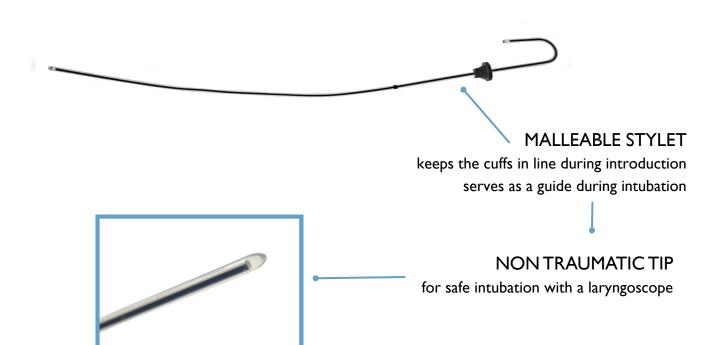
### PROXIMAL CUFF

supraglottic for ventilation
tracheal in case of intubation,
soft and non-traumatic,
ensuring low pressure on tissues



**ESOPHAGEAL CUFF** 

protects airway
from gastric contents



Spritztube® is an extraglottic airway device designed to ventilate and to allow tracheal intubation, combining ease of use, success rate and better safety of the patients, both in emergency settings and in elective surgery.

It's possible thanks to the patented flexibility of its design. It consists of a unique PVC tube with two separate cuffs, one proximal (oropharyngeal) and one distal (esophageal), linked to the tube by a flexible tab and easily removable when not needed.

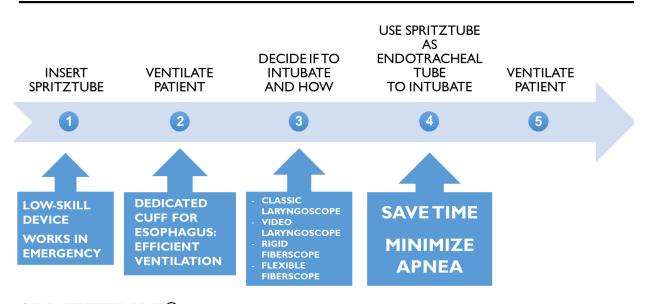
With both cuffs inflated, Spritztube® works as an extraglottic airway device and ensures the patient's ventilation, giving the anaesthesiologist time to evaluate the next steps.

If the intubation is required, the proximal cuff is deflated, and Spritztube® is advanced through the glottis with the laryngoscope or fiberoptic guidance. The latter can be inserted directly through the Spritztube®'s lumen, without interrupting the ventilation.

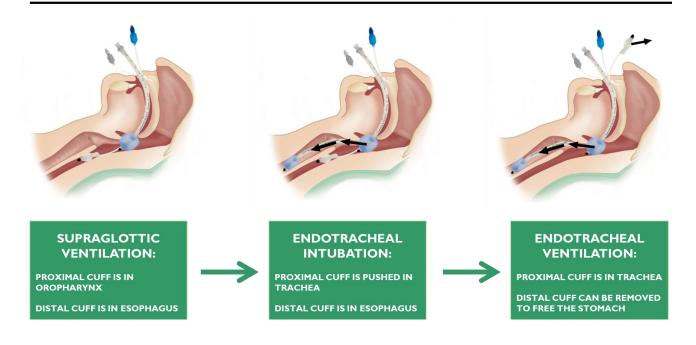
Any existing intubation technique is possible, depending on the operator's preference and skill level. The intubation procedure is simplified, since it doesn't require an external endotracheal tube or device exchange maneuvers.

In fact Spritztube® is the only existing device capable of turning from extraglottic to intraglottic because it itself acts as an endotracheal tube.

# SPRITZTUBE® vs. difficult airway challenge VENTILATE & INTUBATE with the same device!



## SPRITZTUBE® in action



## WHY SPRITZTUBE® SHOULD BE USED

**OXYGENATE QUICKLY** 

WORKS FOR LOW-SKILI OPERATORS

BOTH FOR EMERGENCY AND HOSPITAL SETTINGS

CAN BE INSERTED BOTH BLINDLY OR WITH LARYNGOSCOPE

GIVES TIME TO EVALUATE
FURTHER STEPS
WHILE VENTILATING THE
PATIENT

WORKS AS ENDOTRACHEAL TUBE DURING INTUBATION – NO NEED FOR EXTRA MANEUVRESTO EXCHANGE AIRWAY DEVICES

INTUBATION IS POSSIBLE WITH ANY EQUIPMENT AVAILABLE IDEAL COMBINED WITH FIBEROPTIC INTUBATION: APNEA PHASE REDUCED TO MINIMUM

**CLASS IIa** 

**RULE 5** 

STERILE R

#### **TECHNICAL DATASHEET**

Materials: Tube - medical grade PVC with embedded metal coil

Balloons - distal in medical grade PVC, proximal in PUR

Cuffs - medical grade PVC

Stylet - PVC coated malleable steel

Safety: Latex free

Certification: CE marked (93/42/EEC Directive)

Certificate MED 9827-A by KIWA CERMET ITALIA spa (Notified body N.0476)

Classification: Class IIa - Rule 5

#### ORDERING INFORMATION **REF** CH Ø ext. Ø int. **Shore** Length **Packaging** Box Shelf life Single sterile pouch, MED ST-28 PVC 28 9,3 mm 6,5 mm 65 330 mm 3 pcs. 5 years sterilized by gamma rays Single sterile pouch, MED ST-32 PVC 32 10,6 mm 7,5 mm 65 330 mm 3 pcs. 5 years sterilized by gamma rays

Manufactured by:



Distributed by:



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