Easy insertion
Reduction of aerosol spread
Atraumatic for patients
Efficient ventilation

LTS-D
The 2nd generation supraglottic airway device
The Laryngeal Tube LTS-D is a 2nd generation supraglottic airway (with drain tube) and an alternative adjunct to temporarily secure the airway during emergency situations, e.g. cardiopulmonary resuscitation, in hospital as well as prehospital environments. It is easy to insert and use, even with minimal training. In situations with limited space or in patients with minimal mouth opening the slim design of the laryngeal tube facilitates insertion.

**Product Features**

1. Multiple ventilation outlets for efficient ventilation
2. Drain tube to prevent the risk of aspiration
3. Thin walled cuffs allow maximum airway leak pressure and reduce the spread of aerosol thanks to efficient pharyngeal sealing. This is achieved at low cuff pressure (< 60 cm H₂O) making the LTS-D atraumatic to the mucosa.
4. Teeth mark as indicator for correct depth of insertion

**Drain Tube**
- Drain tube recommended as current standard in international guidelines. All LTS-D sizes include the drain tube as standard.
- Providing the largest suction capability with easy access can accommodate up to 18 Fr gastric tube

**Gastric Tube**
- Insertion of a gastric tube is helpful to confirm correct placement of the LTS-D
Higher Survival
- Higher 72-hour survival in adults with OHCA (LTS-D compared to ETI)

No-flow-time
- Easy to insert especially in cases of cardiac arrest without interruption of chest compressions. This leads to significant reduction in no-flow-time.

Uninterrupted Chest Compressions
- Due to a very high airway leak pressure, uninterrupted chest compressions during CPR are possible.

Exchange of LTS-D for Tracheal Tube
- Possibility of exchanging the LTS-D (in situ with deflated cuffs) for a Tracheal Tube using Video Laryngoscopy and a Bougie

Reduction of Aerosol Spread
- The application of the LTS-D in combination with a breathing system filter leads to a remarkable reduction of aerosol spread during aerosol generating procedures (AGP) e. g. chest compressions

Clinical Features

[Bar chart showing LTS-D vs ETI 72-hour survival: 18.3% for LTS-D, 15.4% for ETI]

A RANDOMIZED CLINICAL TRIAL
3004 PATIENTS
SUPERIOR OUTCOME
72-HOUR SURVIVAL

[Video animation]
[Application video]
# Order Information

**LTS-D**

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Weight / Height</th>
<th>Colour</th>
<th>LTS-D Single-Set with colour coded syringe</th>
<th>LTS-D Set of 10</th>
<th>LTS-D Emergency-Set with colour coded syringe</th>
<th>Drain tube</th>
<th>Fiber-scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Newborn</td>
<td>&lt; 5 kg</td>
<td></td>
<td>REF 32-06-100-1</td>
<td>REF 32-06-000-1</td>
<td>Child (#0, 1, 2, 2.5) REF 32-06-309-1</td>
<td>10 Fr</td>
<td>&lt; 3.0 mm</td>
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<tr>
<td>1</td>
<td>Infant</td>
<td>5 – 12 kg</td>
<td></td>
<td>REF 32-06-101-1</td>
<td>REF 32-06-001-1</td>
<td>10 Fr</td>
<td>10 Fr</td>
<td>&lt; 3.0 mm</td>
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<tr>
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<td>Child</td>
<td>12 – 25 kg</td>
<td></td>
<td>REF 32-06-102-1</td>
<td>REF 32-06-002-1</td>
<td>16 Fr</td>
<td>16 Fr</td>
<td>&lt; 4.0 mm</td>
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<tr>
<td>2.5</td>
<td>Child</td>
<td>125 – 150 cm</td>
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<td>REF 32-06-125-1</td>
<td>REF 32-06-025-1</td>
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<td>16 Fr</td>
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<tr>
<td>3</td>
<td>Adult</td>
<td>&lt; 155 cm</td>
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<td>REF 32-06-003-1</td>
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<td>18 Fr</td>
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<tr>
<td>4</td>
<td>Adult</td>
<td>155 – 180 cm</td>
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<td>REF 32-06-004-1</td>
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<td>&gt; 180 cm</td>
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<td>REF 32-06-105-1</td>
<td>REF 32-06-005-1</td>
<td>18 Fr</td>
<td>18 Fr</td>
<td>&lt; 6.0 mm</td>
</tr>
</tbody>
</table>

**Connector and syringe are colour coordinated**

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**References**

- **References and algorithms for supraglottic airways with suction possibilities**
  - International guidelines recommend the LT as an alternative device during CPR to secure the airway
  - Airway management after Emergency Department (ED) arrival
  - Emergency Airway Management
  - Adjunct during CPR

This product is manufactured without the use of natural rubber latex, unless otherwise specified.

This product does not contain phthalates which require labelling according to CLP Regulation (EC) 1272/2008.