VBM Difficult Airway Algorithm

Plan A
Initial endotracheal intubation plan

Plan B
Secondary endotracheal intubation plan

Plan C
Maintenance of oxygenation, ventilation, awakening, awake intubation technique, postponement of surgery

Plan D
Rescue techniques for “cannot intubate – cannot ventilate” situation
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**Pictogram**

- Reusable
- For single use
- DEHP free
- Latex free
The LTS-D complies with international guidelines and recognised industry algorithms. The NAP4, one of the most important international anaesthesia 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 (< 60 cmH₂O). 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.

References


Drain Tube

The LTS-D offers the largest suction possibility with easy access – up to 18 Fr.

The NAP4 report recommends “that all hospitals have 2nd generation supraglottic airway devices available for both routine use and rescue airway management.”

Also recommended by the European Resuscitation Council (ERC).

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 cmH₂O) making the LTS-D atraumatic to the mucosa.
Laryngeal Tube

intubating Laryngeal Tube iLTS-D – VBM’s 3rd generation supraglottic airway device

Up to 20% of all emergency intubations are estimated to be difficult to manage.¹ Having the right system available is the cornerstone of effective airway management in an emergency. Airway algorithms recommend the usage of supraglottic airway devices (SAD) as options to overcome difficult scenario.

In order to prevent aspiration, the NAP4 report prescribes the use of devices with gastric access. SAD with intubating capability provide a way to reach a definitive airway (ET Tube placement).

As VBM’s 3rd generation SAD the iLTS-D compiles all essential features required to achieve and protect an airway:

**Ventilation** — wide airway section to optimise gas flow and low pressure cuffs to maximise sealing performance (< 60 cmH₂O)

**Drain Tube** — allows the insertion of a gastric tube or suction catheter

**Intubation** — special design of ventilation lumen to enable fiberoptic insertion of an ET Tube


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**Features**

**Efficient sizing**

The iLTS-D is the ideal solution to save space in emergency bags and crash carts. Only two sizes match all patients ≥ 125 cm.

- Size 2.5/3: 125-155 cm
- Size 4/5: ≥ 155 cm
Ventilation
The design of the ventilation section optimises gas flow and prevents airway obstruction from a downfolded epiglottis. Thin walled cuffs guarantee a maximum airway leak pressure at low cuff pressure (< 60 cmH₂O).

Drain Tube
The drain tube can accommodate a large gastric tube or suction catheter:
Size 2.5/3:  max. 16 Fr
Size 4/5:  max. 18 Fr

Intubation
The iLTS-D secures the airway in emergency and enables fiberoptic placement of an ET Tube without compromising patency of supraglottic ventilation.
Size 2.5/3:  ET Tube max. I.D. 6.5 mm
Size 4/5:  ET Tube max. I.D. 8.0 mm

Order information

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ET Tube with Stabilizer
Armored, for single use, sterile

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Cuff Pressure Gauges

General Information

Cuff pressure gauges have been established as a standard device in many clinical institutions. More and more societies of anaesthesiology and intensive care throughout the world are endorsing the systematic control of cuff pressure in the recommendation of their guidelines. Ventilator-associated pneumonia (VAP) is the leading nosocomial cause of mortality in the Intensive Care Unit and has significant impact on hospital costs and length of stay. A leading cause of VAP is micro-aspiration of potentially infectious secretions through microchannels formed from infolding of redundant cuff material after inflation. Cuff pressure management can contribute to reduce tracheal ischemia and subsequent complications. Availability of the device and precision of the measurement are fundamental to the success of treatments.

As the inventor of the cuff manometer, VBM is committed to drive the development of cuff pressure measuring in hospitals. In developing new cuff pressure gauges VBM follows three main principles: Reliability, accuracy and ease of use.

VBM offers the largest choice of systems, covering analog, digital and automatic devices, pediatric and adult for OR, pre-hospital and ICU environment.
Cuff Pressure Gauges

Cuff Controller – Automatic Cuff Pressure Gauge

Clinical studies have proven the positive effects of a continuous control of cuff pressure in order to prevent ventilator-associated pneumonia (VAP).

VBM Cuff Controller is an electronic device that has been developed for the continuous control and monitoring of cuff pressure. It has proven showing effectiveness in maintaining cuff pressure in recommended range in ICU patients.

**Features**

**Front Side**
- Large LCD display
- Intuitive cuff pressure adjustment
- Adjustable range: 0-60 cmH₂O
- Integrated alarms for over pressure or leakage

**Back Side**
Universal clamp for fixation to standard rail

**Order information**

**Cuff Controller**
pre-adjusted to 25 cmH₂O, with battery, universal clamp and connecting tube (200 cm)

REF 55-13-500
Cuff Pressure Gauges

**Cuff Manometer – Analog Cuff Pressure Gauge**

The use of VBM Cuff Pressure Gauges in combination with High Volume Low Pressure Cuffs can reduce micro-aspiration and prevent VAP from occurring in the first place.

The devices reduce the risk of pressure necrosis and mucosal ischemia. They help preventing the risk of aspiration which can lead to the possibility of pneumonia.

The analog system with no dependence on any energy source makes the VBM cuff pressure gauges highly reliable under any circumstances (outdoor, transport, OR). The accuracy of the display as well as the pre-defined pressure ranges help users to maintain the correct pressure with any kind of airway devices.
Features

Green Range
The green ranges on the scale mark the ideal ranges for either tracheal tubes or laryngeal tubes.

Release Valve & Hook
- Pressure increase due to the diffusion of anesthetic gases can be adjusted with the red release valve
- Hook fits into standard rail

Luer Connection
For connection to the tracheal tube allowing pressure measuring and regulation.

Vacuum Valve
For connection to the tracheal tube allowing a complete deflation of the cuff by squeezing the inflation bulb.
Cuff Pressure Gauges

Cuff Manometer – Analog Cuff Pressure Gauge

**Order Information**

Analog Cuff Pressure Gauge, complete with connecting tube (100 cm)

- **Universal**
  - Ø 68 mm scale with hook
  - Scala with two green ranges
    - for tracheal tubes (22-32 cmH\(_2\)O)
    - for Laryngeal Tubes and Laryngeal Masks (32-60 cmH\(_2\)O)
  - REF 54-07-000

- **Monitor**
  - Ø 68 mm scale with hook
  - REF 54-05-000

- **Pocket**
  - Ø 50 mm scale with hook
  - REF 54-04-000

- **Sensitive**
  - Ø 50 mm scale with hook
  - REF 54-03-001
  - without hook
  - REF 54-03-000

- **Pediatric**
  - Ø 50 mm scale
  - Pressure range: 0-60 cmH\(_2\)O with hook
  - REF 54-02-001

**Accessories**

**Connecting Tube**

For single use, Material: PVC

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**References**


Cuff Pressure Gauges

AG Cuffill – Digital Cuff Pressure Syringe

AG Cuffill is the only device capable of simultaneous control of volume and pressure. It is very light and easy to use whilst providing high accuracy of cuff pressure measurement. The compact size makes it very convenient for pre-hospital environment. It allows control and adjustment of pressure for all cuffed airway devices. It is especially beneficiary for low volume cuffs such as pediatric tracheal tubes.

Features

Digital display
For ease of use and to enhance accuracy of measurement.

Measuring Cuff Pressure
When the plunger is in closed position the specific sensor technology allows cuff pressure measurement with no dead space. Indication of pressure will change during breathing cycle.

Adjusting Cuff Pressure
Immediate cuff pressure measurement and requested adjustment are made with one single hand as soon as the plunger is in motion.

Minimal Storage Space
With the small dimensions (13 x 3 x 2 cm) the AG Cuffill requires very little storage space. Therefore it is ideal for emergency bags and vehicles, helicopters, doctors’ coats and emergency cabinets.

Order information
AG Cuffill
Electronics is limited to 100 measurements, with automatic countdown function

REF 59-10-100 | Box 10
Stylets, Introducers and Tube Exchangers

General Information

Up to 3% of surgical patients have a so-called difficult airway, making laryngoscopic intubation problematic and sometimes impossible. Given that direct laryngoscopic visualisation of the glottis may not be possible, especially in a timely manner during emergency situations, intubating guides, stylets and introducers have been developed and have proved to be effective, safe and simple approaches. VBM offers a wide range of devices covering all techniques relying on the use of an intubating guide.

S-Guide – Malleable intubating guide for Difficult Airway Management

In cooperation with PD Dr. Patrick Schoettker from the University Hospital of Lausanne / Switzerland VBM has developed a new malleable intubating guide – the S-Guide.

Very versatile in its indications, the S-Guide can be used during conventional as well as video laryngoscopy. It works especially well with the non-channelled video laryngoscope blades.

The design of the S-Guide unifies all the essential specifications that are usually split between introducers and stylets. This makes it the ideal tool to overcome a difficult airway scenario.
Oxygenation
The apnea can be prolonged through oxygen flow via the $O_2$ Connector. The 23 cm of flexible segment eases connection to the oxygen source without impacting placement of the S-Guide.

Directional
The malleable segment allows the S-Guide to be adjusted to any required geometry starting after the orange tip and up to 42 cm. The hockey stick shape at the distal end and the right angle at the level of the ET Tube connector can be easily achieved without compromising oxygenation.

Multifunctional tip
Preformed, soft and coloured distal tip enhances patient safety.
3 outlets for $O_2$ administration provide oxygen flow to prevent hypoxia.

The orotracheal tube dance
The use of malleable stylets or bougies to assist orotracheal intubation is an integral part of difficult airway algorithms. Their use in routine intubation might also be on the rise with the recent development of video laryngoscopy.

The special stiffness of the S-Guide qualifies it for the technique of the orotracheal tube dance.

The S-Guide should be lubricated and shaped “straight-to-cuff” with a bend angle at the black marking approaching 35°. Its withdrawal will move the tip of the tube anteriorly while tube rotation will lead to extremity “dancing”.

Order information

S-Guide
acc. to Schoettker with $O_2$ Connector for single use, sterile

REF 33-90-650-1 | Box 5

Specifications

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<th>Size</th>
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Stylets, Introducers and Tube Exchangers

**METTS (Muallem ET Tube Stylet)**

Malleable intubation stylet
- core made of metal, malleable (maintains curvature)
- flexible preformed tip
- graduation marks
- for single use, sterile

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<td>14 Fr</td>
<td>65 cm</td>
<td>≥ 6.0 mm</td>
<td>33-14-650-1 5</td>
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**Stylet**

To preform the ET Tube
- soft, atraumatic tip
- with and without moveable silicone connector
- reusable

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**Pocket Introducer**

Ideal space solution for emergency bags and vehicles, helicopters, lab coat pockets, crash carts, etc.
- folded to 20 cm, unfolds to 65 cm
- ready for use within seconds
- preformed tip
- graduation marks
- for single use, sterile

<table>
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<td>33-80-650-1 5</td>
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**Introducer**

To facilitate endotracheal intubation
- lumen-design, O₂ Connector included
- rigid preformed tip
- graduation marks
- for single use, sterile

<table>
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<th>Size</th>
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**METTI** (Muallem ET Tube Introducer)

To facilitate endotracheal intubation
- core made of plastic, semi-rigid (flexible)
- flexible, preformed tip
- graduation marks
- for single use, sterile

**Tube Exchanger**

For extubation and exchange of ET Tubes
- lumen-design, $O_2$ Connector included
- graduation marks
- for single use, sterile

**Intubation Catheter**

For fiberoptically assisted intubation ($\leq 4.0\ mm$)
- lumen-design, $O_2$ Connector included
- graduation marks
- for single use, sterile

**References**


The Laryngobloc® system is the ideal tool for laryngoscopy. The one piece polypropylene design provides excellent resistance to flex and torsion while limiting dental injury.

The single use Laryngobloc® Handpiece eliminates the risk of cross contamination and reduces the cost of waste management.

A powerful LED light source enables clear visualisation of the pharyngeal structure. The Laryngobloc® Handpieces are available in different sizes to match different indications.

Cost-Effective

No reprocessing expense thanks to the single use concept of Laryngobloc® Handpiece.
The waste management of the Laryngobloc® system is very economical:
- The single use Laryngobloc® Handpiece is cheaper to dispose of compared to disposable metal blades.
- The Laryngobloc® Light Block is powered with standard LR6 AA batteries that can be safely disposed according to local electronic waste requirements.

Durable

The Laryngobloc® Handpieces are resistant to flex and torsion, fulfilling standards for metal laryngoscope blades (ISO 7376:2009). The smart compound helps to reduce exposure to dental injury.

Hygienic

Single use blades carry the risk of transferring prions to handles during use. The completely disposable Laryngobloc® Handpieces with safety cap protect the Laryngobloc® Light Block and eliminate the risk of cross contamination.

LED Light Source

LED Laryngobloc® Light Block enables excellent visualisation of the pharyngeal structure for a safe endotracheal intubation.
# Laryngobloc® Light Block

Reusable, material: Aluminium, box = 1

- Powered with standard LR6 AA batteries
- 1 x LR6 AA battery for short version
- 2 x LR6 AA batteries for standard and slim version

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| Short Version | #2: REF 36-25-002  |                  | #0: REF 36-45-000 |
| REF 36-15-000 | #3: REF 36-26-003  |                  |                  |
|               | #4: REF 36-26-004  |                  |                  |

| Light Block  |                     |                  |                  |
| Slim Version | #0: REF 36-37-000   |                  |                  |
| REF 36-17-000 | #1: REF 36-37-001  |                  |                  |

# Laryngobloc® Handpiece

For single use, material: Polypropylene, box = 20

- Standard and short version Ø 32 mm
- Slim version Ø 26 mm

# References

Cricothyrotomy Devices

General Information

Surgical airway is the ultima ratio for the unsuccessful arm of the emergency pathway. Identification of the cannot intubate – cannot ventilate scenario should result in immediate consideration of surgical airway access. Delays in achieving airway control and oxygenation will lead to hypoxic brain injury.

The incidence level of cricothyrotomy is estimated at approximately 1% of all emergency airway cases. In order to master a cricothyrotomy in an emergency successfully, training on simulators (see page 34) seems to be indispensable.

VBM provides specific devices for every scenario of the surgical airway, like:

▸ Surgical airway with Surgicric I and II
▸ Narrow bore cannula with Jet-Ventilation Catheters and Manujet III
▸ Wide bore cannula with Quicktrach I,II and Surgicric III

Surgicric I, II, III

The Surgicric is a cricothyrotomy set to maintain ventilation in case of obstruction of the upper airway.

With the Surgicric I VBM offers a cricothyrotomy set to perform the Rapid Four-Step Technique, Surgicric II is applied to the classical surgical technique and Surgicric III allows a cricothyrotomy according to the Seldinger technique.

The unique instrument packing system provides the following advantages to the user:

▸ Clear overview of all components
▸ Sterile application in any environment
▸ Small pack size, making it ideal for emergency bags

The main feature of Surgicric is the special combination of tube and dilator. The locking mechanism and the soft tip maximise patient safety and reduce the risk of injury.

Pack size: 24 cm (L) x 13 cm (W) x 4 cm (H)
Unfolded size / sterile area: 56 cm (L) x 39 cm (W)
Features

**Atraumatic**
Soft dilator tip, thus avoiding injury to the posterior tracheal wall. Smooth transition from dilator to the tracheal tube.

**Position check**
Checking the position of the tracheal tube thanks to aspiration through dilator.

**Patient Safety**
The thin-walled, low pressure cuff guarantees a perfect seal, allows efficient ventilation and protects against aspiration.

**Locking mechanism**
The unique locking mechanism prevents accidental dislocation of the dilator from the tracheal tube during insertion.

**Individually adjustable**
The specially designed tracheal tube is longer than a standard tracheostomy tube and with the adjustable flange allows individual adaptation to the anatomical conditions of the patient.
Cricothyrotomy Devices
Surgicric I, II, III

Surgicric I – Rapid Four-Step Technique
1 Scalpel # 20
2 Syringe 10 ml
3 6.0 mm cuffed tracheal tube with dilator
4 Extension tubing
5 Tracheal hook
6 Necktape

Surgicric I
for single use, sterile

REF 30-08-007-1 | Box 1

Surgicric II – Classic surgical technique
1 Scalpel # 11
2 Syringe 10 ml
3 6.0 mm cuffed tracheal tube with dilator
4 Necktape
5 Extension tubing
6 Tracheal hook
7 Blunt scissors
8 Speculum

Surgicric II
for single use, sterile

REF 30-08-117-1 | Box 1

Surgicric III – Seldinger technique
1 Scalpel # 11
2 Syringe 10 ml
3 6.0 mm cuffed tracheal tube with dilator
4 Necktape for tracheal tube
5 Extension tubing
6 Necktape for introducer needle
7 Introducer needle
8 Guidewire

Surgicric III
for single use, sterile

REF 30-08-227-1 | Box 1

Order information
Cricothyrotomy Devices

Manujet III / Jet-Ventilation Catheters

The Manujet III with Jet-Ventilation Catheters is recommended for emergency rooms, crash carts, ambulances and operating rooms as it guarantees a quick and efficient oxygenation of a patient.

Emergency use
As a life saving manoeuvre in the "cannot intubate – cannot ventilate" situation for oxygenation to avoid a severe desaturation of the patient.

For pre-hospital use if there is an obstruction of the upper airway. Trans Tracheal Jet-Ventilation (TTJV) is faster and simpler than surgical cricothyrotomy in emergencies with fewer complications.

Elective use
- Microlaryngoscopy
- Rigid bronchoscopy
- To assist a difficult fiberoptic intubation
- Predicted difficult extubation

Order information

Manujet III
with 4 m pressure hose, Jet-Ventilation Catheters acc. to Ravussin (13 G, 14 G, 16 G) and 100 cm connecting tube

REF 30-01-003

Jet-Ventilation Catheters acc. to Ravussin
for single use, sterile

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Jet Catheters (oral), single lumen
for single use, sterile

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</tr>
<tr>
<td>Adult</td>
<td>40 cm</td>
<td>30-07-400-1</td>
<td>5</td>
</tr>
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</table>
Cricothyrotomy Devices

Quicktrach I, II

Quicktrach I and II are two sets of percutaneous cricothyrotomy according to the technique of catheter over the needle. A quick airway access is made possible via a via one-step procedure. An incision by scalpel isn’t necessary. The sterile sets are pre-assembled and immediately ready for use.

### Order information

#### Quicktrach I in blister packaging
for single use, sterile

<table>
<thead>
<tr>
<th>Patient</th>
<th>I.D.</th>
<th>Quicktrach I</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>1.5 mm</td>
<td>REF 30-04-015-1</td>
<td>1</td>
</tr>
<tr>
<td>Child</td>
<td>2.0 mm</td>
<td>REF 30-04-002-1</td>
<td>1</td>
</tr>
<tr>
<td>Adult</td>
<td>4.0 mm</td>
<td>REF 30-04-004-1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Quicktrach I in plastic tube
for single use, sterile
ideal for emergency bags (compact and robust)

<table>
<thead>
<tr>
<th>Patient</th>
<th>I.D.</th>
<th>Quicktrach I</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>2.0 mm</td>
<td>REF 30-04-902-1</td>
<td>1</td>
</tr>
<tr>
<td>Adult</td>
<td>4.0 mm</td>
<td>REF 30-04-904-1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Quicktrach II in blister packaging
for single use, sterile

<table>
<thead>
<tr>
<th>Patient</th>
<th>I.D.</th>
<th>Quicktrach II with Cuff</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>4.0 mm</td>
<td>REF 30-10-004-1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Quicktrach II in plastic tube
for single use, sterile
ideal for emergency bags (compact and robust)

<table>
<thead>
<tr>
<th>Patient</th>
<th>I.D.</th>
<th>Quicktrach II with Cuff</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>4.0 mm</td>
<td>REF 30-10-904-1</td>
<td>1</td>
</tr>
</tbody>
</table>
Airway Devices for Endoscopy

Endoscopy Mask, Bronchoscope Airway

The Endoscopy Mask allows a safe combination of FOB intubation and ventilation. The design is made to prevent airway leak at any step of the procedure, providing excellent seals on patient’s face and during insertion of tracheal tube via fiberscope. It is especially beneficiary to patient comfort and working quality of the anesthesiologist during awake procedure.

Application
- Fiberoptic Intubation
- Bronchoscopy
- Gastroenterology
- Transesophageal Echocardiography

Order information

Endoscopy Mask  
for single use, Material: PVC

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Membrane</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Newborn</td>
<td>2.0 mm</td>
<td>30-40-000</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>Infant</td>
<td>2.0 mm</td>
<td>30-40-111</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Child</td>
<td>3.0 mm</td>
<td>30-40-333</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Child</td>
<td>5.0 mm</td>
<td>30-40-335</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Adult</td>
<td>5.0 mm</td>
<td>30-40-555</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Adult</td>
<td>10.0 mm</td>
<td>30-40-777</td>
<td>6</td>
</tr>
</tbody>
</table>

Bronchoscope Airway  
for single use, sterile, Material: EVA

The lumen is large enough to guide the fiberscope and ET Tube. The length is designed to form a path leading to the glottis. The device has a breakaway quality for easy removal after intubation. The external biteblock protects the fiberscope.

<table>
<thead>
<tr>
<th>Size</th>
<th>Length</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36 mm</td>
<td>30-40-400-1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>65 mm</td>
<td>30-40-420-1</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>85 mm</td>
<td>30-40-440-1</td>
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</tr>
</tbody>
</table>

Hook ring, Ø 32 mm  
fits for Endoscopy Masks, for single use, Material: PA

REF 30-40-266  Box 10

Fixation tape  
for single use, Material: Isoprene

<table>
<thead>
<tr>
<th>Patient</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>35-30-255</td>
<td>10</td>
</tr>
</tbody>
</table>

Fixation tape  
reusable, Material: Silicone

<table>
<thead>
<tr>
<th>Patient</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>35-70-155</td>
<td>10</td>
</tr>
<tr>
<td>Adult</td>
<td>35-70-255</td>
<td>10</td>
</tr>
</tbody>
</table>
The Gastro-Laryngeal Tube G-LT is designed for obtaining and maintaining control of airway patency during medium to long-term complex gastrointestinal endoscopic procedures performed on adults under deep sedation or general anaesthesia while maintaining spontaneous or assisted ventilation.

Application

▸ Diagnostic and therapeutic ERCP (Endoscopic Retrograde Cholangiopancreatography)
▸ Enteroscopy
▸ Percutaneous Endoscopic Gastrostomy (PEG), particularly in neurologic patients

Advantages

- Prevention and control of hypoventilation and desaturation
- Faster endoscopic procedures
- Ease insertion of duodenoscopes
- No direct laryngoscopy or muscle relaxation required
- Enables capnometry and capnography
- Less use of anesthetic drugs
- Protects the airways from gastro-oesophageal reflux and inhalation of gastric content

Order information

Gastro-Laryngeal Tube G-LT
reusable, Material: Silicone

<table>
<thead>
<tr>
<th>Patient</th>
<th>Size</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>&gt; 155 cm</td>
<td>32-90-004</td>
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References


Masks, Oropharyngeal Airways and Resuscitation Bags

Face Masks

VBM proposes a very large range of face masks with several types of materials and shapes. It covers all patient’s size from newborn to adult. There are two main product groups with reusable and single use masks.

Amongst others VBM offers masks with inflatable cushion and silicone lip.

### Order information

#### Silicone Face Masks

**Reusable**

**Bi-Mask with silicone lip**
Silicone mask with internal plastic shell (PSU)

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Connection</th>
<th>Colour code</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Child</td>
<td>I.D. 22 mm</td>
<td>green</td>
<td>35-65-222</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Adult, small</td>
<td>I.D. 22 mm</td>
<td>yellow</td>
<td>35-65-223</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Adult, medium</td>
<td>I.D. 22 mm</td>
<td>red</td>
<td>35-65-224</td>
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</tr>
<tr>
<td>5</td>
<td>Adult, large</td>
<td>I.D. 22 mm</td>
<td>purple</td>
<td>35-65-225</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Adult, extra large</td>
<td>I.D. 22 mm</td>
<td>blue</td>
<td>35-65-226</td>
<td>1</td>
</tr>
</tbody>
</table>

**Bi-Mask with inflatable cushion**
Silicone mask with internal plastic shell (PSU)

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Connection</th>
<th>Colour code</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Adult, small</td>
<td>I.D. 22 mm</td>
<td>yellow</td>
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<tr>
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<td>red</td>
<td>35-75-224</td>
<td>1</td>
</tr>
<tr>
<td>5/6</td>
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<td>I.D. 22 mm</td>
<td>purple</td>
<td>35-75-225</td>
<td>1</td>
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</tbody>
</table>
Masks, Oropharyngeal Airways and Resuscitation Bags

Face Masks

Mask with plastic dome and inflatable cushion

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Connection</th>
<th>Colour code</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
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<td>35-70-222</td>
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</tr>
<tr>
<td>3</td>
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<td>I.D. 22 mm</td>
<td>yellow</td>
<td>35-70-223</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Adult, medium</td>
<td>I.D. 22 mm</td>
<td>red</td>
<td>35-70-224</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Adult, large</td>
<td>I.D. 22 mm</td>
<td>purple</td>
<td>35-70-225</td>
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</tr>
<tr>
<td>6</td>
<td>Adult, extra large</td>
<td>I.D. 22 mm</td>
<td>blue</td>
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</tr>
</tbody>
</table>

Rendell Baker Mask

<table>
<thead>
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<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
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<td>35-60-001</td>
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<tr>
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<td>Child</td>
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<td>35-60-003</td>
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</table>

Pediatric Mask, round

<table>
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<tr>
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<th>Connection</th>
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<th>Box</th>
</tr>
</thead>
<tbody>
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<tr>
<td>1</td>
<td>Infant</td>
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<td>80-11-001</td>
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<tr>
<td>2</td>
<td>Child</td>
<td>I.D. 22 mm</td>
<td>80-11-002</td>
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</tbody>
</table>

Order information

PVC Face Masks

for single use

Mask with inflatable cushion

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient</th>
<th>Connection</th>
<th>Colour code</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
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<td>red</td>
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<td>blue</td>
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</table>
Masks, Oropharyngeal Airways and Resuscitation Bags

### Face Masks

**Fixation tape**
- **for Silicone and PVC Face Masks**
  - Material: Silicone

<table>
<thead>
<tr>
<th>Patient</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>35-70-155</td>
<td>10</td>
</tr>
<tr>
<td>Adult</td>
<td>35-70-255</td>
<td>10</td>
</tr>
</tbody>
</table>

**Hook ring, Ø 33 mm**
- Fits masks with plastic dome, reusable, Material: Metal

**Hook ring, Ø 30-33 mm**
- Fits Bi-Masks, reusable, Material: PSU

**Fixation tape**
- Reusable, Material: Isoprene

<table>
<thead>
<tr>
<th>Patient</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>35-30-255</td>
<td>10</td>
</tr>
</tbody>
</table>

### Oropharyngeal Airways

**Guedel Airway**

**Benefits and Features**
- Atraumatic device made of soft material with efficient bite block
- ET Tube guidance and fixation thanks to the open flange and lateral clamp
- Tube-guiding channel with same lumen from proximal to distal end to allow largest possible suction catheters
- Open side with smooth inner surface facilitates suctioning

<table>
<thead>
<tr>
<th>Guedel Airway</th>
<th>Guedel Airway with elastic necktape</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF 40-20-007-1</td>
<td>REF 40-26-007-1</td>
</tr>
<tr>
<td>REF 40-20-008-1</td>
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<tr>
<td>REF 40-20-009-1</td>
<td>REF 40-26-009-1</td>
</tr>
<tr>
<td>REF 40-20-010-1</td>
<td>REF 40-26-010-1</td>
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<tr>
<td>REF 40-20-020-1</td>
<td>REF 40-26-020-1</td>
</tr>
<tr>
<td>REF 40-20-030-1</td>
<td>REF 40-26-030-1</td>
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<td>REF 40-26-040-1</td>
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<tr>
<td>REF 40-20-050-1</td>
<td>REF 40-26-050-1</td>
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</table>

**Order information**

<table>
<thead>
<tr>
<th>Guedel Airway</th>
<th>for single use, sterile, Material: EVA</th>
<th>re usable, Material: PUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF 40-40-007</td>
<td>REF 40-40-007</td>
<td>REF 40-40-007</td>
</tr>
<tr>
<td>REF 40-40-008</td>
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<td>REF 40-40-009</td>
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<td>REF 40-40-010</td>
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<td>REF 40-40-007</td>
<td>REF 40-40-050</td>
</tr>
</tbody>
</table>
Masks, Oropharyngeal Airways and Resuscitation Bags

Resuscitation Bags

Manual resuscitation bags are used primarily for resuscitation and manual ventilation. The VBM devices are equipped with an intake valve that has a built-in reservoir valve. They are available in single use and reusable version.

Silicone Resuscitation Bags

reusable, with barcode and serial number

Order information

<table>
<thead>
<tr>
<th>Resuscitation Bag</th>
<th>Infant 250 ml</th>
<th>Child 500 ml</th>
<th>Adult 2000 ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 cmH₂O pressure relief</td>
<td>REF 80-10-300</td>
<td>REF 80-10-200</td>
<td>REF 82-10-100</td>
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<tr>
<td>20 cmH₂O pressure relief</td>
<td>REF 80-10-306</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>without pressure relief</td>
<td>REF 80-10-301</td>
<td>REF 80-10-201</td>
<td>REF 82-10-101</td>
</tr>
</tbody>
</table>
Silicone Resuscitator Set
supplied in a rigid transparent carrying case

**Infant**
- Resuscitation Bag 250 ml
- Pediatric Mask, round # 1
- Reservoir Bag 600 ml
- O₂ -Tubing 200 cm

**Child**
- Resuscitation Bag 500 ml
- Mask with inflatable cushion # 3
- Reservoir Bag 1800 ml
- O₂ -Tubing 200 cm

**Adult**
- Resuscitation Bag 2000 ml
- Mask with inflatable cushion # 5
- Reservoir Bag 2600 ml
- O₂ -Tubing 200 cm

---

Silicone Respiration Case
For a quick use in emergency situations. Case includes basic equipment like resuscitator, masks and Guedel airways.
Ideal for hospitals, paramedics, dentists, industry, etc.

**Infant**
- Resuscitation Bag 250 ml
- Pediatric Masks, round # 0, 1
- Mask with inflatable cushion # 2
- Guedel Airway # 00, 0, 1

**Child**
- Resuscitation Bag 500 ml
- Pediatric Mask, round # 1
- Mask with inflatable cushion # 2, 3
- Guedel Airway # 0, 1, 2

**Adult**
- Resuscitation Bag 2000 ml
- Mask with inflatable cushion # 3, 4, 5
- Guedel Airway # 3, 4, 5

---

Accessories

**Wall Fixation**
for Respiration Case

REF 30-91-001
Masks, Oropharyngeal Airways and Resuscitation Bags

Resuscitation Bags

Bestellinformation

PVC Resuscitation Bags

for single use
Dispo-Resuscitator-Kit consisting of:
- PVC-Resuscitation Bag (40 cmH₂O pressure relief)
- Face Mask
- Reservoir Bag
- O₂-Tubing 200 cm
- PEEP-Adapter (30 mm O.D.)

Infant
consisting of Resuscitation Bag 280 ml and face mask # 1

<table>
<thead>
<tr>
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<th>REF</th>
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</thead>
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<td>84-10-395</td>
</tr>
</tbody>
</table>

Child
consisting of Resuscitation Bag 450 ml and face mask # 3

<table>
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<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Adult
consisting of Resuscitation Bag 1500 ml and face mask # 5

<table>
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<tr>
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<th>REF</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Accessories

Reservoir Bag
for single use

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>1800 ml</td>
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</tr>
<tr>
<td>2600 ml</td>
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</table>

PEEP-Valve

<table>
<thead>
<tr>
<th>Pressure Range</th>
<th>Connection</th>
<th>Colour</th>
<th>PEEP-Valve for single use, Material: PSU</th>
<th>PEEP-Valve for single use, Material: PC</th>
<th>Box</th>
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</thead>
<tbody>
<tr>
<td>0-10 cmH₂O</td>
<td>22 mm O.D.</td>
<td>green</td>
<td>REF 80-13-001</td>
<td>REF 85-13-001</td>
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<td>0-10 cmH₂O</td>
<td>30 mm I.D.</td>
<td>green</td>
<td>REF 80-13-004</td>
<td>REF 85-13-004</td>
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<td>0-20 cmH₂O</td>
<td>22 mm O.D.</td>
<td>blue</td>
<td>REF 80-13-005</td>
<td>REF 85-13-005</td>
<td>1</td>
</tr>
<tr>
<td>0-20 cmH₂O</td>
<td>30 mm I.D.</td>
<td>blue</td>
<td>REF 80-13-002</td>
<td>REF 85-13-002</td>
<td>1</td>
</tr>
</tbody>
</table>

PEEP-Adapter
22 mm I.D. - 30 mm O.D. reusable, Material: PSU

REF 80-13-003 Box 1

O₂-Tubing
for single use, Material: PVC

<table>
<thead>
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<th>Length</th>
<th>REF</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 cm</td>
<td>85-17-000</td>
<td>10</td>
</tr>
</tbody>
</table>
Simulation is the ideal method for replicating clinical situation and contributes to improve patient care by enhancing proficiency of practitioners. VBM has developed a wide range of skill-trainers and mannequins with the highest possible fidelity to train all airway procedures.

**BILL**
- ET Intubation
- Supraglottic airway insertion
- Mask ventilation
- Bronchoscopy (if bronchial tree is connected)
- Fiber optic intubation
- Video laryngoscopy
- Inflatable tongue for Difficult Airway simulation

complete with base, carina with bayonet lock and carrying bag

REF 30-29-000

**Bronchial tree acc. to Dr. Nakhosteen**
for connection to simulator “BILL”

REF 30-19-400

**BOB**
- ET Intubation
- Supraglottic airway insertion
- Mask ventilation
- Fiber optic intubation
- Video laryngoscopy

complete with base and carrying bag

REF 30-30-000

**Transparent Head**
Cross section with upper airways

for demonstration and positioning of Laryngeal Tube # 3, 4 and iLTS-D # 4 / 5, in carrying bag

REF 30-16-300
Airway Management Simulators

Crico-Trainer

Crico-Trainer “Adelaide”
The new system allows training of surgical cricothyrotomy techniques such as open and wire-guided cricothyrotomy. The special concept of skin with 2 layers is simulating the subcutaneous tissue and the cricothyroid membrane. It is designed to replicate difficult scenario thanks to the moveable chin. Complete with 5 skins

Crico-Trainer “Frova”
for cricothyrotomy and percutaneous tracheostomy, complete with 10 skins and 10 tracheas

Crico-Trainer “Pediatric”
complete with 10 skins

Crico-Trainer “Pig”
for fixation of a real animal trachea
complete with 10 skins

Accessories

Skin
for Crico-Trainer “Frova” and “Pig”
REF 30-14-222 | Box 10

Skin
for Crico-Trainer “Adelaide”
REF 30-14-722 | Box 5

Skin
for Crico-Trainer “Pediatric”
REF 30-14-922 | Box 10

Larynx
for Crico-Trainer “Frova” and “Adelaide”
REF 30-14-111 | Box 1

Trachea
for Crico-Trainer “Frova”
REF 30-14-444 | Box 10
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