

Laryngeal Tubes



- 1** Laryngeal Tube LT
- single lumen
- reusable
- material:silicone
- 2** Laryngeal Tube LTS II
- dual lumen
- with drain tube
- reusable
- material:silicone
- 3** Laryngeal Tube LT-D
- single lumen
- for single use,
sterile
- material:PVC
- 4** Laryngeal Tube LTS-D
- dual lumen
- with drain tube
- for single use,
sterile
- material:PVC

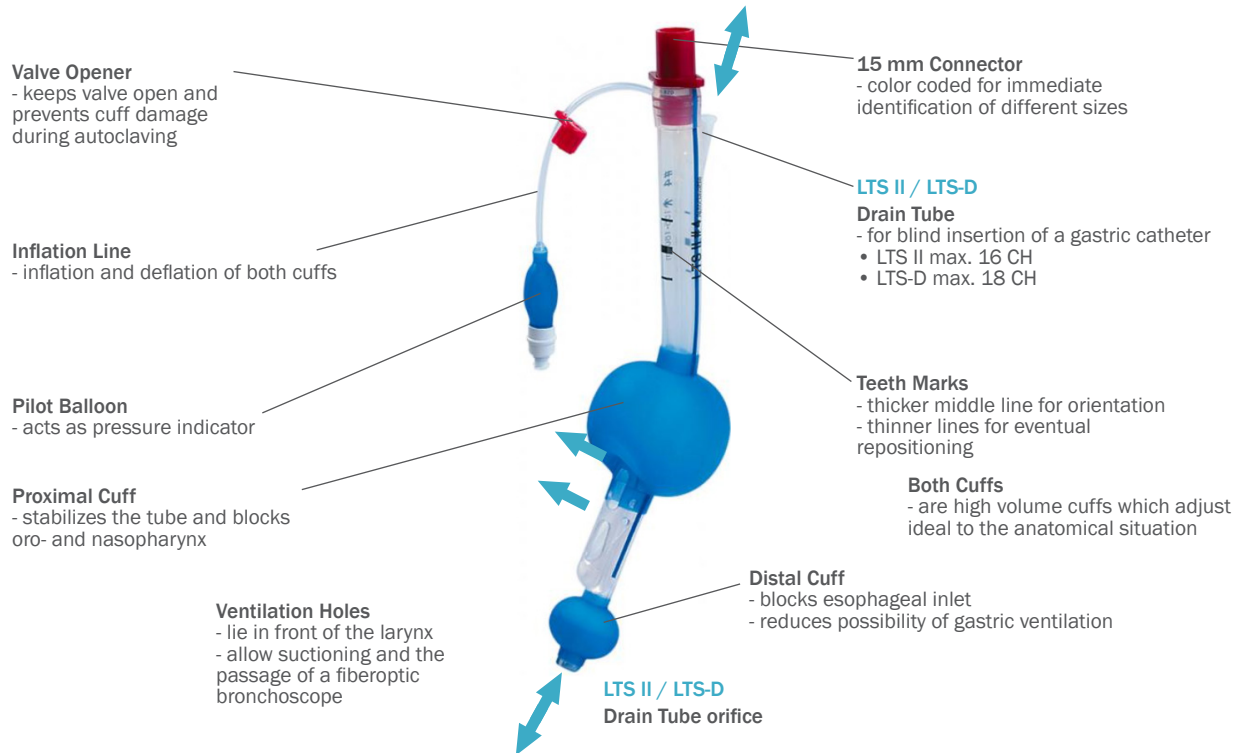
The Laryngeal Tube is a supraglottic airway device for use in general anesthesia during spontaneous or positive pressure ventilation. In emergency it is an ideal adjunct to secure the airway during difficult airway management as an alternative technique to mask ventilation and tracheal intubation.

The Laryngeal Tube is available in a single lumen version (LT + LT-D) as well as in a dual lumen version (LTSII + LTS-D). With the dual lumen version the main advantages of Laryngeal Mask (easy handling) and Combitube (aspiration protection) were combined to develop an instrument to secure the airway. Both versions are available as reusable products as well as disposable products to reduce the risk of cross infections.

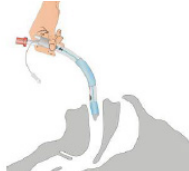
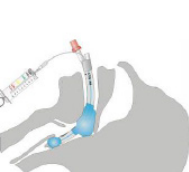
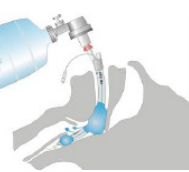
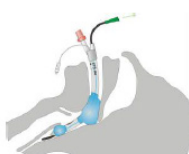
The pilot balloon is there to act as a pressure indicator

Product Number	Description	QTY
32-01-000	LT Laryngeal Tube Single Lumen Size 0 Newborn Clear <5kg Reusable	Each
32-01-001	LT Laryngeal Tube Single Lumen Size 1 Infant White 5-12kg Reusable	Each
32-01-002	LT Laryngeal Tube Single Lumen Size 2 Child Green 12-25kg Reusable	Each
32-01-003	LT Laryngeal Tube Single Lumen Size 3 Adult Yellow <155cm Reusable	Each
32-01-004	LT Laryngeal Tube Single Lumen Size 4 Adult Red 155-180cm Reusable	Each
32-01-005	LT Laryngeal Tube Single Lumen Size 5 Adult Purple >180cm Reusable	Each
32-01-025	LT Laryngeal Tube Single Lumen Size 2.5 Child Orange 125-150cm Reusable	Each
32-02-100-1	LT-D Laryngeal Tube Single Lumen Size 0 Newborn Clear <5kg Single Use	Each
32-02-101-1	LT-D Laryngeal Tube Single Lumen Size 1 Infant White 5-12kg Single Use	Each
32-02-102-1	LT-D Laryngeal Tube Single Lumen Size 2 Child Green 12-25kg Single Use	Each
32-02-103-1	LT-D Laryngeal Tube Single Lumen Size 3 Adult Yellow <155cm Single Use	Each
32-02-104-1	LT-D Laryngeal Tube Single Lumen Size 4 Adult Red 155-180cm Single Use	Each
32-02-105-1	LT-D Laryngeal Tube Single Lumen Size 5 Adult Purple >180cm Single Use	Each
32-02-125-1	LT-D Laryngeal Tube Single Lumen Size 2.5 Child Orange 125-150cm Single Use	Each
32-05-000	LTS II Laryngeal Tube Dual Lumen Size 0 Newborn Clear <5kg Reusable	Each
32-05-001	LTS II Laryngeal Tube Dual Lumen Size 1 Infant White 5-12kg Reusable	Each
32-05-002	LTS II Laryngeal Tube Dual Lumen Size 2 Child Green 12-25kg Reusable	Each
32-05-003	LTS II Laryngeal Tube Dual Lumen Size 3 Adult Yellow <155cm Reusable	Each
32-05-004	LTS II Laryngeal Tube Dual Lumen Size 4 Adult Red 155-180cm Reusable	Each
32-05-005	LTS II Laryngeal Tube Dual Lumen Size 5 Adult Purple >180cm Reusable	Each
32-05-025	LTS II Laryngeal Tube Dual Lumen Size 2.5 Child Orange 125-150cm Reusable	Each
32-06-100-1	LTS-D Laryngeal Tube Dual Lumen Size 0 Newborn Clear <5kg Single Use	Each
32-06-101-1	LTS-D Laryngeal Tube Dual Lumen Size 1 Infant White 5-12kg Single Use	Each
32-06-102-1	LTS-D Laryngeal Tube Dual Lumen Size 2 Child Green 12-25kg Single Use	Each
32-06-103-1	LTS-D Laryngeal Tube Dual Lumen Size 3 Adult Yellow <155cm Single Use	Each
32-06-104-1	LTS-D Laryngeal Tube Dual Lumen Size 4 Adult Red 155-180cm Single Use	Each
32-06-105-1	LTS-D Laryngeal Tube Dual Lumen Size 5 Adult Purple >180cm Single Use	Each

Laryngeal Tubes



INSTRUCTIONS OF USE FOR LARYNGEAL TUBE LTS

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 - Check that both cuffs are completely deflated and that the LTS has been lubricated with water-soluble lubricant.
 - The recommended technique is to hold the LTS like a pen in the area of the teeth marks.
 - With the free hand, hold the mouth open and make sure that the tongue is not folded back during the downward movement of the LTS. Never use force!
 - Place the flat edge of the LTS tip against the hard palate of the patient and slide it along the palate in the midline of the mouth down into the hypopharynx until the thick black line is level with the upper teeth. In case of insertion problems a lateral insertion might be useful.
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 - Inflate both cuffs with the volume which is indicated on the syringe. Due to the specially designed inflation line the proximal cuff is filled first which stabilizes the tube. Once the proximal cuff has adjusted to the anatomy of the patient the distal cuff will be inflated automatically.
 - In elective procedures it is recommended to use a cuff pressure of 60cmH2O which should be monitored continuously to avoid excessive cuff pressure.
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 - The LTS should now be properly positioned and the patient can be ventilated. Check lung ventilation by auscultation, capnography and chest movement. If the ventilation is not sufficient, reposition the tube by pushing it either distal or pull proximal according to the size of the patient.
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 - The drain tube allows the insertion of a gastric catheter.
 - For LTS removal, it is important that both cuffs are completely deflated with the syringe to avoid damage of the cuffs.