

Laryngeal Tube LTS-D / For single use, sterile

Size	Patient	Weight / Height	Drain tube	Fiberscope	Colour	Single-Set With colour coded syringe	Set of 10	Emergency-Set With colour coded syringe
0	Newborn	<5 kg	10 Fr	< 3.0 mm		REF 32-06-100-1	REF 32-06-000-1	Children (# 0, 1, 2, 2.5) REF 32-06-309-1
1	Infant	5 – 12 kg	10 Fr	< 3.0 mm		REF 32-06-101-1	REF 32-06-001-1	
2	Child	12 – 25 kg	16 Fr	< 4.0 mm		REF 32-06-102-1	REF 32-06-002-1	
2.5	Child	125 - 150 cm	16 Fr	< 4.0 mm		REF 32-06-125-1	REF 32-06-025-1	
3	Adult	<155 cm	18 Fr	< 6.0 mm		REF 32-06-103-1	REF 32-06-003-1	Adults (# 3, 4, 5) REF 32-06-209-1
4	Adult	155 - 180 cm	18 Fr	< 6.0 mm		REF 32-06-104-1	REF 32-06-004-1	
5	Adult	>180 cm	18 Fr	< 6.0 mm		RFF 32-06-105-1	RFF 32-06-005-1	





information

References

Order

information

Application Video

References and algorithms for supraglottic airways with suction possibilities

- T. M. Cook et al., "Major complications of airway management in the UK: results of the Fourth National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. Part 2: intensive care and emergency departments," British journal of anaesthesia, vol. 106, no. 5, pp. 86-95, 2011.
- Timmermann et al., S1-Leitlinie: Prähospitales Atemwegsmanagement. Anästh Intensivmed 2019.

International guidelines recommend the LT as an alternative device during CPR to secure the airway

- M. S. Link et al., "Part 7: Adult Advanced Cardiovascular Life Support: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care," Circulation, vol. 132, no. 18, 444-464, 2015.
- · J. Soar et al., "European Resuscitation Council Guidelines for Resuscitation 2015: Section 3. Adult advanced life support," Resuscitation, vol. 95, pp. 100-147, 2015.

Airway management after Emergency Department (ED) arrival

- R. Schalk et al., "Umintubation mithilfe des C-MAC-Videolaryngoskops," Der Anaesthesist, vol. 61, no. 9, pp. 777-782, 2012.
- B. E. Driver et al., "Emergency Department Management of Out-of-Hospital Laryngeal Tubes," Annals of emergency medicine, vol. 74, no. 3, pp. 403-409, 2019.

Emergency Airway Management

- H. Genzwürker, "Präklinischer Einsatz von supraglottischen Atemwegsalternativen," Notfall Rettungsmed, vol. 14, no. 1, pp. 21-24, 2011.

Adjunct during CPR

- C. H. R. Wiese 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, vol. 120, 7-8, pp. 217-223, 2008.
- H. E. Wang et al., "Effect of a Strategy of Initial Laryngeal Tube Insertion vs Endotracheal Intubation on 72-Hour Survival in Adults With Out-of-Hospital Cardiac Arrest: A Randomized Clinical Trial," JAMA, vol. 320, no. 8, pp. 769-778, 2018.
- M. Ott et al., "Exploration of strategies to reduce aerosol-spread during chest compressions: A simulation and cadaver model," Resuscitation, 2020.

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.

Laryngeal Tube LTS-D

The 2nd generation supraglottic airway device

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Reduction of aerosol spread

Atraumatic for patients

Efficient ventilation



/ Laryngeal Tube LTS-D

For use in emergency situations as well as for elective airway management

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.

The teeth mark is an indicator regarding the correct depth of insertion and for orientation and repositioning purposes. The colour coded system has proven invaluable in emergencies as the syringe and connectors indicate the recommended maximum inflation volume.

- 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 H_20) making the LTS-D atraumatic to the mucosa.
- 4 Teeth mark as indicator for correct depth of insertion



Drain Tube

Product

features

- 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 accomodate up to 18 Fr gastric tube

Gastric Tube

 Insertion of a gastric tube is helpful to confirm correct placement of the LTS-D

Clinical features

Higher Survival

- Higher 72-hour survival in adults with OHCA (LTS-D compared to ETI)



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



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