

Flex-Guide™ ET Tube Introducer

Description:

The Flex-Guide ET Tube Introducer is a 60 cm length of latex-free polyethylene plastic tubing, 15 French in size (5.0 mm dia.). It has a bend 2 cm from its tip. Both ends of the Flex-Guide are smooth and rounded. The tubing is flexible and can be straightened or bent as required by clinical need. It will remain in the desired shape while it is used. The Flex-Guide is similar to a "gum-elastic bougie", only more durable and economical. It is provided non-sterile. The introducer is designed to be disposable after one time use.

The properties of the Flex-Guide ET Tube Introducer allow the intubator to pass it through the opening of the larynx formed by the arytenoid cartilages even when only a glimpse of the arytenoids is visible. The short, smooth angled end allows the intubator to direct it anteriorly. When supraglottic or laryngeal edema is present it will more easily enter the trachea than a standard ET tube with or without a stylet.

Another useful property is the propensity of the angled end to vibrate over the tracheal rings as the introducer is moved down the trachea. This immediately informs the intubator that it is correctly placed. The length of the Flex-Guide is such that a change in resistance is sensed by the intubator when it encounters the carina of the trachea giving the intubator another indication that it is in the trachea.

The Flex-Guide ET Tube Introducer enables successful orotracheal intubation under emergency conditions when unfavorable anatomy or a need to limit neck motion is present. Because a difficult intubation may not be clinically evident prior to insertion of the laryngoscope blade, using the Flex-Guide for every intubation can save time. This practice will also prepare the intubator for difficult intubations when they do occur.

In a difficult airway situation, it is good practice to leave the blade of the laryngoscope in position while an assistant slides an ET tube over the introducer. This lessens the chance that the ET tube will bend the introducer so much that it will not enter the larynx.

Advance the ET tube to an appropriate depth (21 to 23 cm at the corner of the mouth) then remove the Flex-Guide. Inflate the ET tube cuff and ventilate while listening for sounds in the stomach and both sides of the chest.

Indications:

The Flex-Guide ET Tube Introducer is intended to be used during both routine and difficult orotracheal intubations when unfavorable anatomy or a need to limit neck motion is present.

Contraindications:

The Flex-Guide should not be used for nasal intubations.

Warnings:

This device should only be used by personnel trained in its use. Excessive insertion force should be avoided. When this device is tightly coiled and stored in cold weather, it may take a "coiled set" shape.

Precautions:

The introducer is intended for one-time use. Follow Universal Precautions as specified by C.D.C.

Sterility:

Non-sterile.

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Directions for Use:

The Flex-Guide ET Tube Introducer for orotracheal intubation functions in the same manner as a guide wire during vascular cannulation. Its relatively small diameter allows it to be accurately placed in the trachea.

The intubator should use standard orotracheal intubation preparation and procedures. Cricoid pressure by an assistant can be very helpful. When the laryngoscope blade is in place and exposing all or some of the laryngeal opening, the Flex-Guide is advanced into the trachea. This is facilitated if the intubator intubates at arms length, as is recommended by experienced intubators, because it allows binocular vision and depth perception as well as allowing enough space to easily maneuver the introducer without bending it. Using this procedure will allow the intubator to insert a straight ET tube introducer allowing easy passage of the ET tube. Frequently the intubator will sense a vibration of the introducer as it runs over tracheal rings.

The correct depth of placement is indicated when the thick black line on the Flex-Guide is at the corner of the patient's mouth. This assures that enough of the introducer is protruding out of the mouth to enable placement of a standard length ET tube over it and still have some of the introducer protruding from its end. A lubricated ET tube of the appropriate size (at least 6.0 mm internal diameter) is then slid over the Flex-Guide and into the trachea while twisting the ET tube counterclockwise 90 degrees. This maneuver allows the bevel of the ET tube to spread the arytenoids so that minimum force is used. Turning the ET tube clockwise increases the chance that the ET tube tip will lock on an arytenoid cartilage preventing easy passage into the trachea. If resistance is felt, back up the ET tube about a centimeter, rotate it counterclockwise and advance again.

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FLEX-GUIDE™ ET TUBE INTRODUCER

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