

ORDERING INFORMATION

Standard Endotracheal Tube

| Standard Endotracheal Tube with AccuCuff™ | | | |
|---|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-P31-65 |
| 2.5mm | ETT-P31-25 | 7.0mm | ETT-P31-70 |
| 3.0mm | ETT-P31-30 | 7.5mm | ETT-P31-75 |
| 3.5mm | ETT-P31-35 | 8.0mm | ETT-P31-80 |
| 4.0mm | ETT-P31-40 | 8.5mm | ETT-P31-85 |
| 4.5mm | ETT-P31-45 | 9.0mm | ETT-P31-90 |
| 5.0mm | ETT-P31-50 | 9.5mm | ETT-P31-95 |
| 5.5mm | ETT-P31-55 | 10.0mm | ETT-P31-100 |
| 6.0mm | ETT-P31-60 | | |

| Standard Endotracheal Tube with AccuCuff™ (High Volume, Low Pressure Cuff) | | | |
|---|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-P32-65 |
| 2.5mm | ETT-P32-25 | 7.0mm | ETT-P32-70 |
| 3.0mm | ETT-P32-30 | 7.5mm | ETT-P32-75 |
| 3.5mm | ETT-P32-35 | 8.0mm | ETT-P32-80 |
| 4.0mm | ETT-P32-40 | 8.5mm | ETT-P32-85 |
| 4.5mm | ETT-P32-45 | 9.0mm | ETT-P32-90 |
| 5.0mm | ETT-P32-50 | 9.5mm | ETT-P32-95 |
| 5.5mm | ETT-P32-55 | 10.0mm | ETT-P32-100 |
| 6.0mm | ETT-P32-60 | | |

Endotracheal Tube Oral Preformed South Facing

| Endotracheal Tube Oral Preformed with AccuCuff™ | | | |
|---|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-K31-65 |
| 2.5mm | – | 7.0mm | ETT-K31-70 |
| 3.0mm | ETT-K31-30 | 7.5mm | ETT-K31-75 |
| 3.5mm | ETT-K31-35 | 8.0mm | ETT-K31-80 |
| 4.0mm | ETT-K31-40 | 8.5mm | ETT-K31-85 |
| 4.5mm | ETT-K31-45 | 9.0mm | ETT-K31-90 |
| 5.0mm | ETT-K31-50 | 9.5mm | ETT-K31-95 |
| 5.5mm | ETT-K31-55 | 10.0mm | ETT-K31-100 |
| 6.0mm | ETT-K31-60 | | |

| Endotracheal Tube Oral Preformed with AccuCuff™ (High Volume, Low Pressure Cuff) | | | |
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| 2.0mm | – | 6.5mm | ETT-K32-65 |
| 2.5mm | – | 7.0mm | ETT-K32-70 |
| 3.0mm | ETT-K32-30 | 7.5mm | ETT-K32-75 |
| 3.5mm | ETT-K32-35 | 8.0mm | ETT-K32-80 |
| 4.0mm | ETT-K32-40 | 8.5mm | ETT-K32-85 |
| 4.5mm | ETT-K32-45 | 9.0mm | ETT-K32-90 |
| 5.0mm | ETT-K32-50 | 9.5mm | ETT-K32-95 |
| 5.5mm | ETT-K32-55 | 10.0mm | ETT-K32-100 |
| 6.0mm | ETT-K32-60 | | |

Endotracheal Tube Nasal Preformed North Facing

| Endotracheal Tube Nasal Preformed with AccuCuff™ | | | |
|--|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-B31-65 |
| 2.5mm | – | 7.0mm | ETT-B31-70 |
| 3.0mm | ETT-B31-30 | 7.5mm | ETT-B31-75 |
| 3.5mm | ETT-B31-35 | 8.0mm | ETT-B31-80 |
| 4.0mm | ETT-B31-40 | 8.5mm | ETT-B31-85 |
| 4.5mm | ETT-B31-45 | 9.0mm | ETT-B31-90 |
| 5.0mm | ETT-B31-50 | 9.5mm | ETT-B31-95 |
| 5.5mm | ETT-B31-55 | 10.0mm | ETT-B31-100 |
| 6.0mm | ETT-B31-60 | | |

| Endotracheal Tube Nasal Preformed with AccuCuff™ (High Volume, Low Pressure Cuff) | | | |
|--|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-B32-65 |
| 2.5mm | – | 7.0mm | ETT-B32-70 |
| 3.0mm | ETT-B32-30 | 7.5mm | ETT-B32-75 |
| 3.5mm | ETT-B32-35 | 8.0mm | ETT-B32-80 |
| 4.0mm | ETT-B32-40 | 8.5mm | ETT-B32-85 |
| 4.5mm | ETT-B32-45 | 9.0mm | ETT-B32-90 |
| 5.0mm | ETT-B32-50 | 9.5mm | ETT-B32-95 |
| 5.5mm | ETT-B32-55 | 10.0mm | ETT-B32-100 |
| 6.0mm | ETT-B32-60 | | |

Endotracheal Tube Reinforced

| Endotracheal Tube Reinforced with AccuCuff™ | | | |
|---|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-J31-65 |
| 2.5mm | – | 7.0mm | ETT-J31-70 |
| 3.0mm | ETT-J31-30 | 7.5mm | ETT-J31-75 |
| 3.5mm | ETT-J31-35 | 8.0mm | ETT-J31-80 |
| 4.0mm | ETT-J31-40 | 8.5mm | ETT-J31-85 |
| 4.5mm | ETT-J31-45 | 9.0mm | ETT-J31-90 |
| 5.0mm | ETT-J31-50 | 9.5mm | ETT-J31-95 |
| 5.5mm | ETT-J31-55 | 10.0mm | ETT-J31-100 |
| 6.0mm | ETT-J31-60 | | |

| Endotracheal Tube Reinforced with AccuCuff™ (High Volume, Low Pressure Cuff) | | | |
|---|------------|--------|-------------|
| Size | Code | Size | Code |
| 2.0mm | – | 6.5mm | ETT-J32-65 |
| 2.5mm | – | 7.0mm | ETT-J32-70 |
| 3.0mm | ETT-J32-30 | 7.5mm | ETT-J32-75 |
| 3.5mm | ETT-J32-35 | 8.0mm | ETT-J32-80 |
| 4.0mm | ETT-J32-40 | 8.5mm | ETT-J32-85 |
| 4.5mm | ETT-J32-45 | 9.0mm | ETT-J32-90 |
| 5.0mm | ETT-J32-50 | 9.5mm | ETT-J32-95 |
| 5.5mm | ETT-J32-55 | 10.0mm | ETT-J32-100 |
| 6.0mm | ETT-J32-60 | | |

Reference

1. Am J Respir Crit Care Med Vol 171.pp 388-416,2005.
2. Jianhui Liu, et al, Anesthesia & Analgesia, 2010,111(5):1133-1137.
3. Knowlson GTG, et al. British Journal of Anaesthesia. 1970; 42:834-837.



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Cuff-Safe® endotracheal tube range, supplied with AccuCuff™ cuff pressure indicator as standard.

- Supplied with AccuCuff™ cuff pressure indicator
- AccuCuff™ cuff pressure indicator allows for continuous visual monitoring of the cuff pressure, **eliminating the need for regular spot-checking**
- Negative pressure graduation on the AccuCuff™ indicates when the cuff is fully deflated, **reducing the risk of trauma during removal**
- **Extensive range** of standard, reinforced, preformed cuffed tubes available
- Manufactured from **transparent pvc**
- Reinforced versions available **reducing the risk of accidental occlusion**
- **Clear connectors – EGBAT compliant**
- **Murphy Eye**
- **Single Use**
- **Latex Free**
- **DEHP Free**
- 5-year shelf life allows **long term storage and reduces waste**
- Supplied in **boxes of 10**

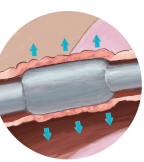
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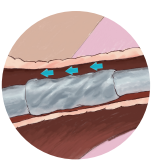


ENDOTRACHEAL TUBE CUFF PRESSURE MONITORING NO MORE NEGLECT

Cuff pressure should be maintained at 20-30cm H₂O when inflated



- Excessive cuff pressure (>30 cm H₂O):
- May lead to ischemic injury or even necrosis of airway mucosa.
 - Tracheoesophageal fistula may occur in severe cases.



- Insufficient cuff pressure (<20 cm H₂O):
(Note: except for children)
- May cause microaspiration.
 - May lead to airway leakage and reduced mechanical ventilation quality, affecting clinical treatment.

The mean ETTc pressure measured of the study group, in which cuff pressure was estimated by pilot balloon palpation, was 43 ±23.3 mmHg/58.48±cmH₂O before adjustment (the highest was 210 mm Hg/285.6cmH₂O).

(Note:1mmHg=1.36cmH₂O)

| | Control group | Study group | P value |
|-----------------|---------------|-------------|---------|
| No. of cases | 273 | 236 | — |
| Cough(%) | 37 (14) | 42 (18) | 0.187 |
| Sore throat (%) | 119 (44) | 81 (34) * | 0.033 |
| Hoarseness(%) | 30(11) | 8 (3) * | 0.001 |
| BSE(%) | 30(11) | 9 (4) * | 0.002 |

BSE=blood-streaked expectoration.
Compared with the control group,*p<0.05.

| Duration of endotracheal Intubation(min) | | | | | | |
|--|--------|---------|---------|-------------|---------|---------|
| Control group | | | | Study group | | |
| | ≤180 | >180 | P value | ≤180 | >180 | P value |
| Caese | 181 | 92 | — | 165 | 71 | — |
| Cough(%) | 26(14) | 11(12) | 0.583 | 29(18) | 13(18) | 0.892 |
| Sore throat (%) | 68(38) | 51(55)* | 0.005 | 43(26) | 38(54)* | <0.001 |
| Hoarseness(%) | 16(8) | 14(15) | 0.111 | 5(3) | 3(4) | 0.642 |
| BSE(%) | 13(7) | 17(18)* | 0.005 | 4(2) | 5(7) | 0.089 |

BSE=blood-streaked expectoration.
Intragroup comparison,*P<0.05.

Real-time monitoring of cuff pressure should be employed after intubation

Changes in patient position and head and neck movement can cause shifts in cuff pressure, leading to serious complications.

- Bending the head and neck will increase the pressure.
- Stretching the head and neck or shifting them to the left or right will lower the pressure.
- Semi-recumbent position < supine position < left lateral recumbent < right lateral recumbent.

The recommended cuff pressure is 20-30cm H₂O (IA)

—Clinical Practice Guidelines for Hospital-acquired Pneumonia and Ventilator-associated Pneumonia in Adults (USA) (2005)

ENDOTRACHEAL TUBE PRODUCED BY MEDIS MEDICAL PROVIDES VISIBLE SAFETY GUARANTEE

- The latest patented technology makes it possible to accurately display the tube cuff pressure.
- Safety and warning range of cuff pressure can be clearly seen. (Adult: 20-30 cm H₂O; Children: 10-20 cm H₂O)

VISIBLE

| Pressure | cm H ₂ O |
|----------|---------------------|
| Ideal | 20-30 |
| High | >40 |
| Low | <20 |
| Negative | |

REAL-TIME

- Real-time monitoring is helpful to detect changes in cuff pressure caused by postural changes or accidental rupture of cuffs.
- The pressure measuring system contains no metal springs, posing no contraindication for assistant examinations.

SAFE

- The ultra-thin cuff is not easily broken and can expand to 3.7 times as big as standard size.
- The thin cuff fits tightly with the trachea, which can decrease micro-leakage, prevent visual field obstruction caused by intubation and reduce damage of cuff wrinkles to the airway during extubation. Its softness provides patients more comfort.

COMPREHENSIVE

- Various types are available to meet clinical needs including standard and reinforced ones with the sizes of ID2.5-10.0mm.
- It sells well in various countries and regions worldwide and has won a good clinical reputation with international quality assurance.