



MAIN FUNCTIONS OF THE RESPIRATOR

Control of:

Volume of entry and exit of administered gases.

Pressure with which gases enter to the airway.

A tropical landscape featuring several large palm trees with thick trunks and dense green foliage. The scene is brightly lit, suggesting a sunny day. The text is overlaid on the image.

**PRODUCTS
FOR RESPIRATORY USE**

EPSA



ENDOTRACHEAL TUBE WITH SUBGLOTTIC ASPIRATION



ENDOTRACHEAL TUBE WITH SUBGLOTTIC ASPIRATION

CODE: 9219

1 PVC tube, flexible, transparent, graduated in cm., longitudinal line opaque to X-rays, polished distal orifice, atraumatic.

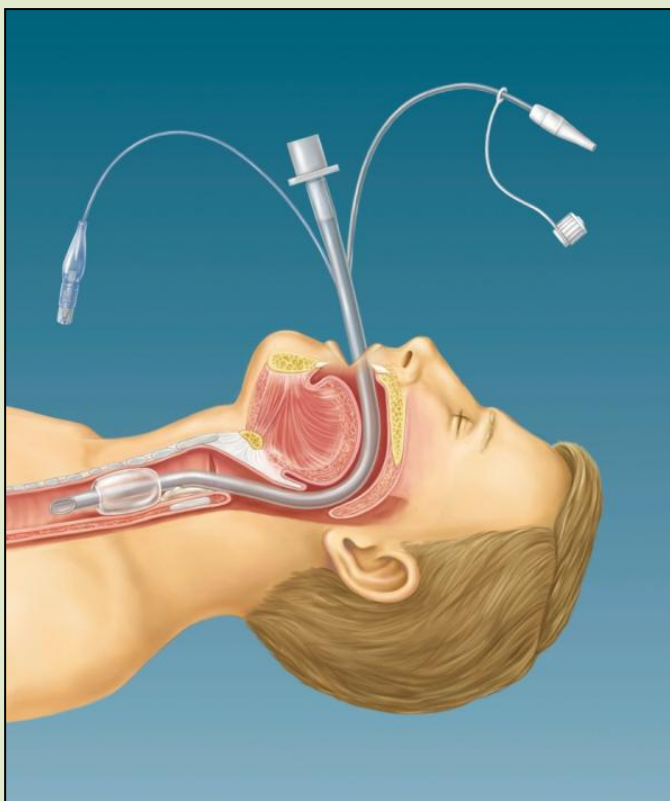
Low-pressure cuff, pilot balloon and retention valve. Suction channel incorporated, with orifice next to the upper edge of the cuff.

Semi-seated standard connector

STERILE, SINGLE PACK, SINGLE USE.

AVAILABLE SIZES

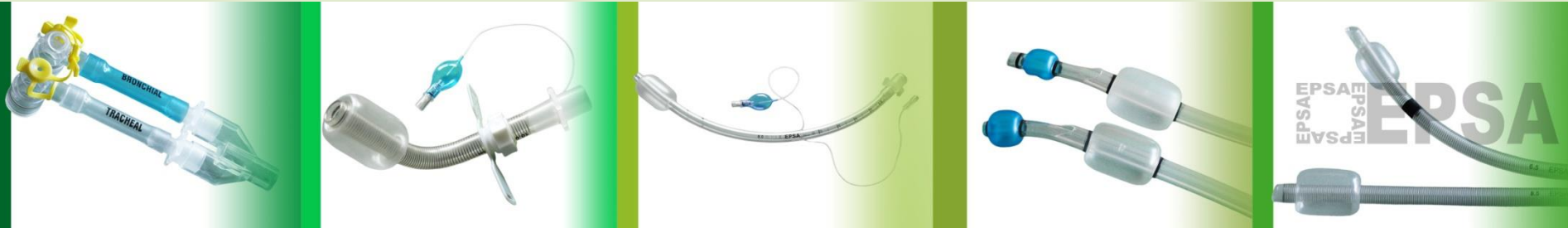
6,0 / 6,5 / 7,0 / 7,5 / 8,0 / 8,5 / 9,0 / 9,5 mm



The Endotracheal Tube with Subglottic Aspiration has a channel, with an orifice above the pneumotaponation cuff, which allows the suction of tracheal secretions that are accumulated in the subglottic space of the patient.

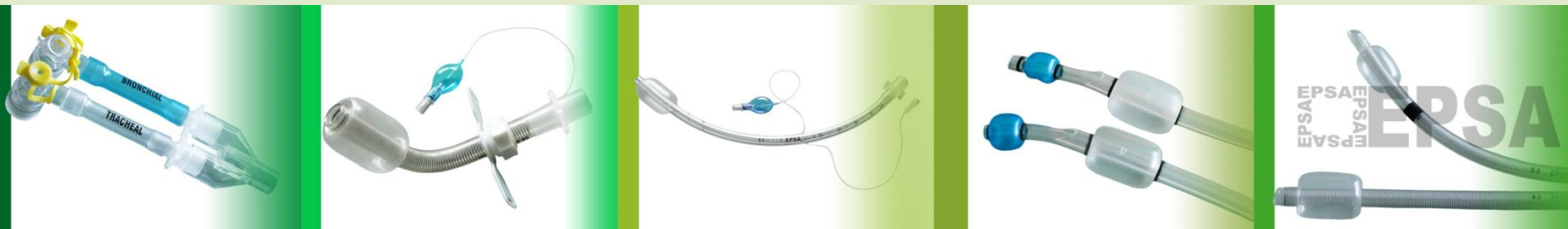


PNEUMONIA PREVENTION ASSOCIATED TO MECHANICAL VENTILATION

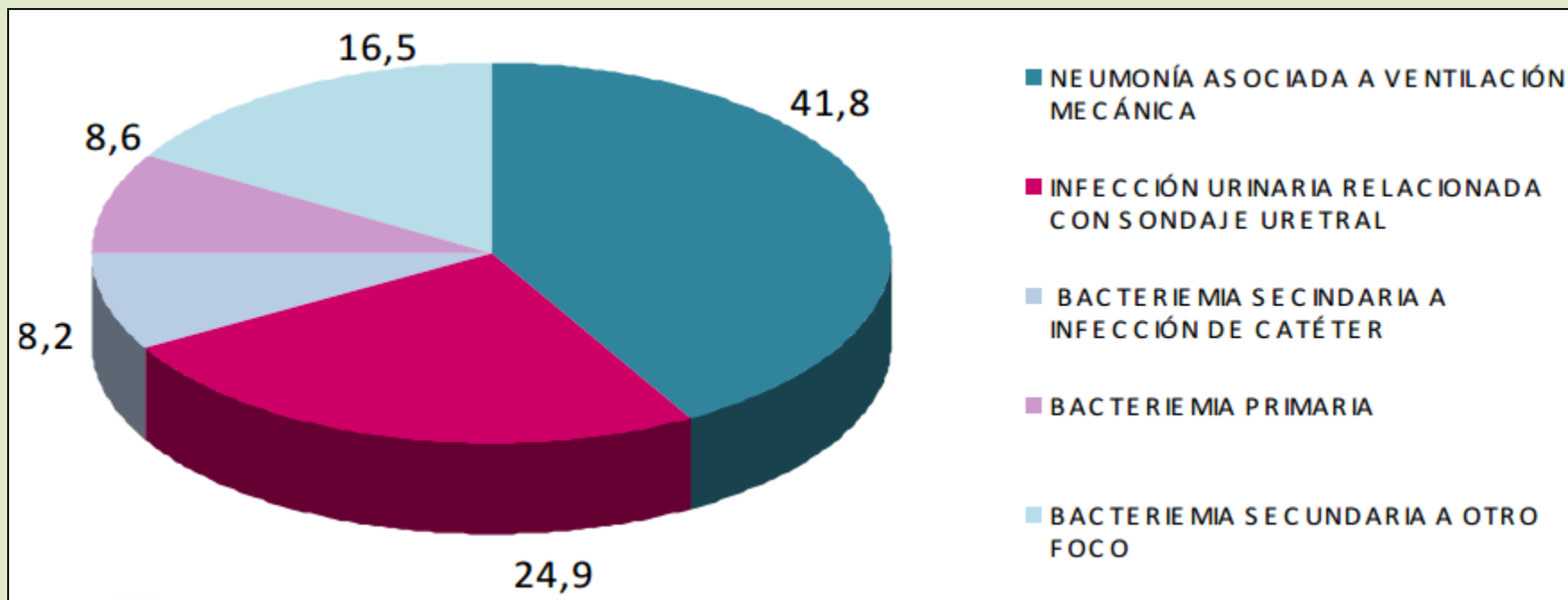


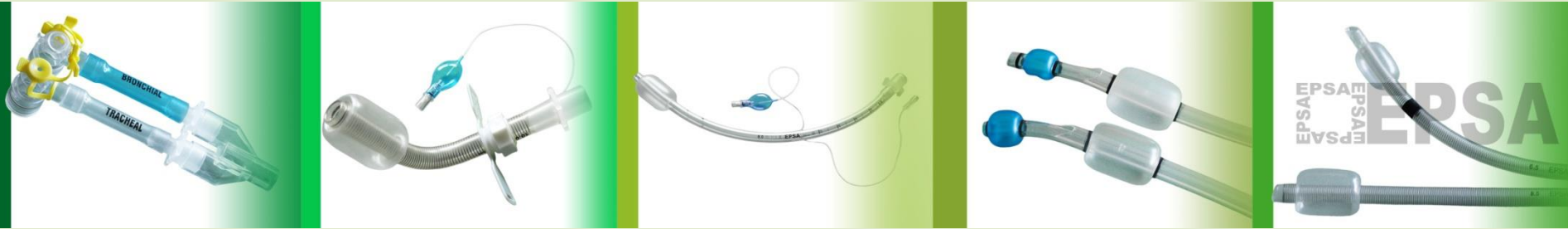
INTRODUCTION

**Ventilator Associated Pneumonia (VAP)
is the main infection acquired in the
Intensive Care Units (ICU)
(CDC, ENVIN-HELICS 2010)**



DISTRIBUTION OF INFECTIONS ACQUIRED IN ICU





PNEUMONIA ASSOCIATED WITH MECHANICAL VENTILATION (VAP)

That which occurs in patients with endotracheal intubation (or tracheostomy) and was not present nor in the incubation state, at the moment of intubation.

This definition includes pneumonia diagnosed within 72 hours after extubation or removal of the tracheostomy.



VAP IMPACT

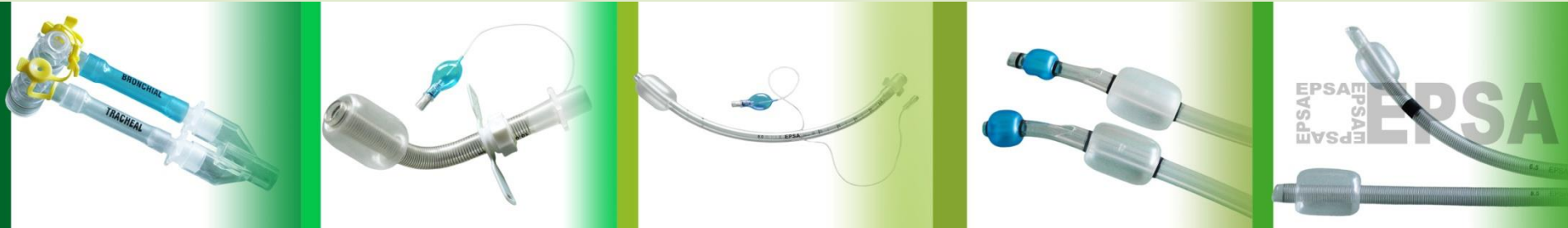
Overall mortality: between 24% and 76%

Attributed mortality: between 13.5% and 17.5%

Increase in ICU stay: between 7.3 and 9.6 days

Average cost increase: US \$ 22,875

(Chastre & Fagon, 2002; Sadfar et al. 2005;
Muscedere et al. 2010; Lambert et al. 2011)



EXTRINSIC FACTORS

Related to MV and accessories

Mechanical ventilation (MV)

Duration of MV

Tube balloon tamponade pressure <20 cm H₂O

Re-intubation or self-extubation

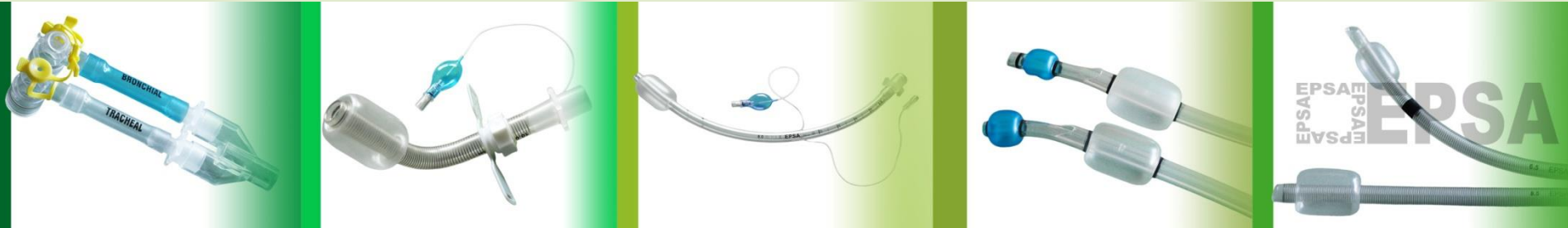
Change of MV circuits in intervals of less than 48 hours

Tracheostomy

Absence of subglottic aspiration

Instrumentalization of airways

Head in supine position (<30°)



PATHOGENIC PATHWAYS FOR THE DEVELOPMENT OF VAP

ASPIRATION PATH

By macro or micro aspiration of secretions from the oropharynx and / or stomach.

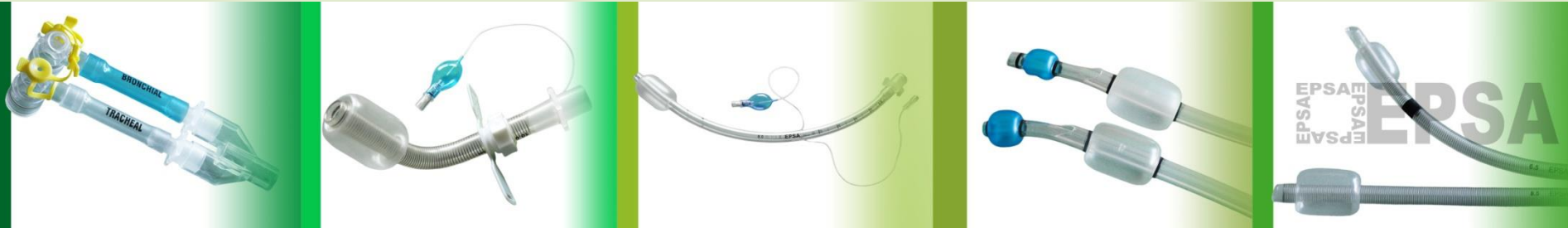
DIRECT INOCULATION

Through the endotracheal tube, during aspiration of secretions, fiberoptic bronchoscopies or nebulization's.

OTHER WAYS

Bacterial translocation.
Hematogenous route.



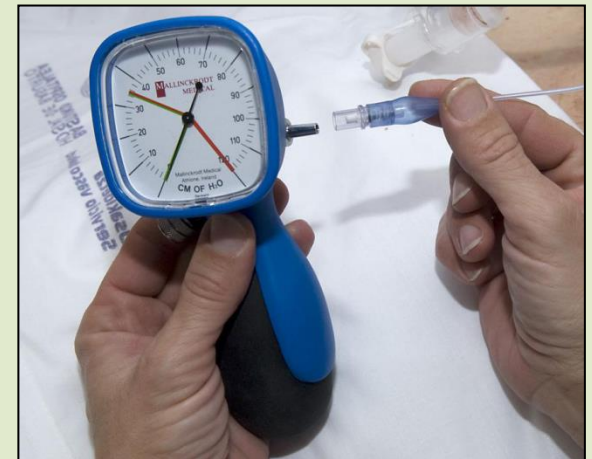


Subglottic secretions will be aspirated continuously or intermittently through an aspiration system that conducts the secretions to a reservoir.

Recommended suction pressure it should not exceed 100 mmHg.

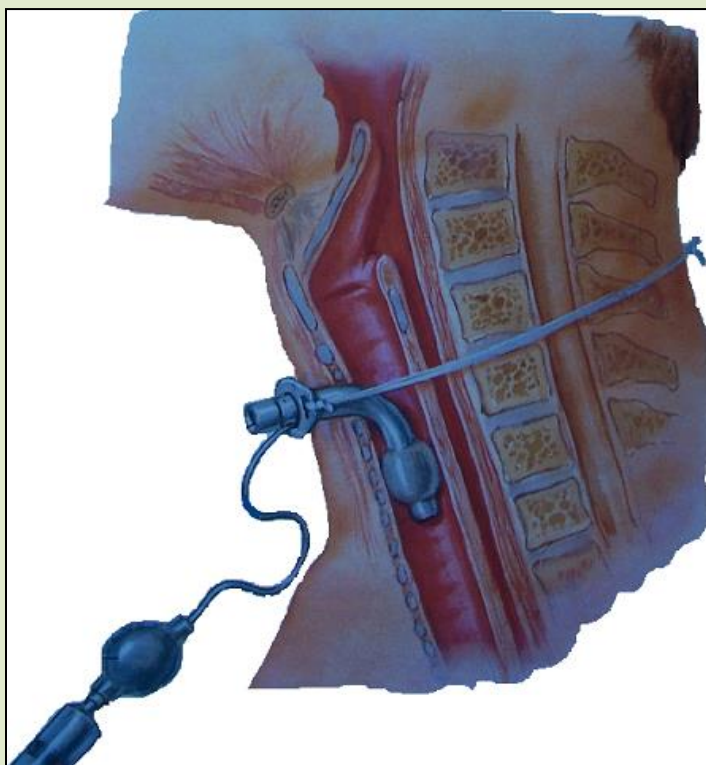
Check the permeability of the channel subglottic every 8 hours.

If it is not permeable, it can be injected through the canal 2 cc. of air, after checking the pressure of the cuff.





CANNULA FOR TRACHEOSTOMY WITH SUBGLOTTIC ASPIRATION



**Insertion and fixation of
tracheostomy tube
with low pressure cuff**



TRACHEOSTOMY CANNULA WITH SUBGLOTTIC ASPIRATION

CODE: 9245

1 PVC cannula, curved, flexible, transparent, longitudinal line opaque to X-ray, polished distal orifice, atraumatic. Standard connector at proximal end.

Low-pressure cuff, pilot balloon and retention valve.

Suction channel, with orifice next to the upper edge of the cuff.

1 insertion aid

1 velcro neck band

STERILE, SINGLE PACK, SINGLE USE

AVAILABLE SIZES

6,0 / 6,5 / 7,0 / 7,5 / 8,0 / 8,5 / 9,0 /
9,5 / 10,0 mm



ADJUSTABLE TRACHEOSTOMY CANNULA WITH SUBGLOTTIC ASPIRATION

CODE: 9258

1 PVC cannula, right angle curved, flexible, transparent, longitudinal line opaque to X-rays polished distal orifice, atraumatic. Standard connector at proximal end. Fixation flange with lock ring, repositionable and adjustable. Low-pressure cuff, pilot balloon and retention valve. Suction channel, with orifice next to the upper edge of the cuff.

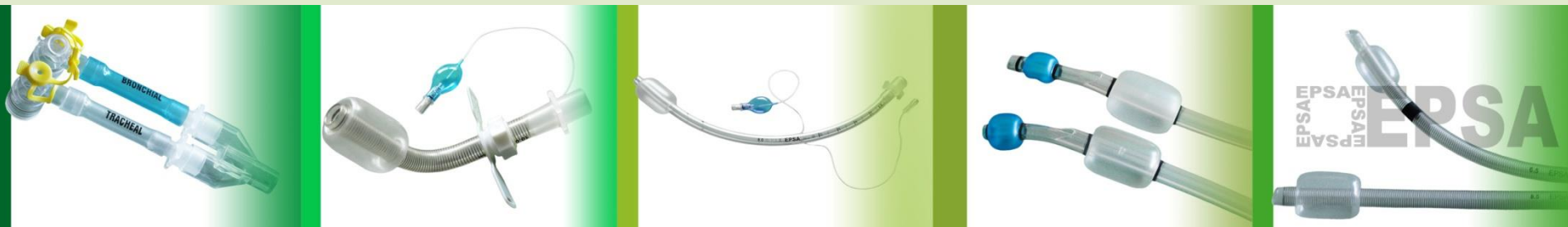
1 suction catheter.

1 velcro neck band.

STERILE, SINGLE PACK, SINGLE USE.

AVAILABLE SIZES

6,0 / 7,0 / 8,0 / 9,0 / 10,0 mm.



CC TRACHEOSTOMY CANNULA WITH CUFF AND SUBGLOTTIC ASPIRATION

CODE: 9259

1 PVC cannula, curved, flexible, transparent, conical, longitudinal line opaque to X-Rays, polished distal orifice, atraumatic. Pivoting fixation flange.

Low-pressure cuff, pilot balloon and retention valve. Suction channel with orifice next to the upper edge of the cuff.

2 inner PVC cannulas, interchangeable,

1 insertion aid.

1 cough cap.

1 standard connector.

1 velcro neck band.

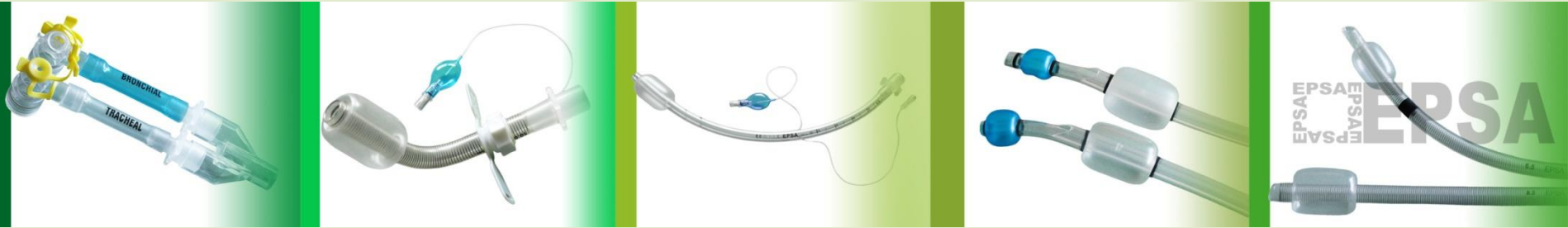
STERILE, SINGLE PACK, SINGLE USE.

AVAILABLE SIZES

5,0 / 5,5 / 6,0 / 6,5 / 7,0 / 8,0 / 8,5 / 9,0 / 9,5 / 10,0 mm.



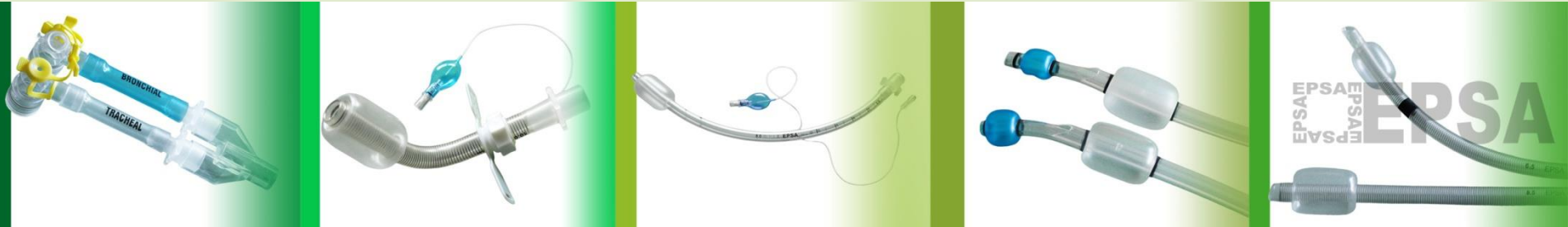
**SUMMARY OF BENEFITS
GENERATED BY THE USE OF
TUBES WITH SUBGLOTIC ASPIRATION,
IN INTENSIVE THERAPY UNITS,
IN PATIENTS WITH COVID 19.**



A) Advantages for the patient

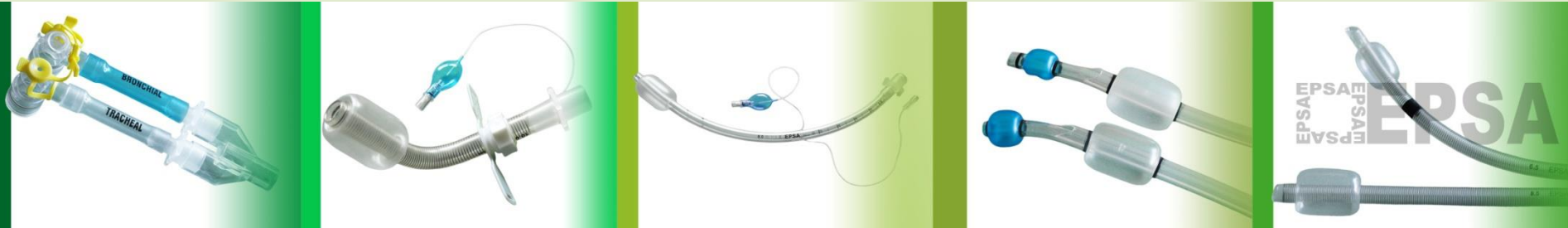
B) Advantages for health personnel

C) Advantages for the medical institution



A) Advantages for the patient

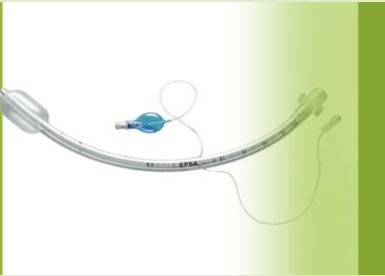
- Guarantees a timely and effective aspiration of the secretions accumulated above the cuff;
- Avoids repeated trauma to the vocal cords that are produced in each passage of a aspiration and inoculation of germs;
- It reduces the risk of developing respiratory infections in addition to the clinical status caused by COVID 19.



C) Advantages for the medical institution

It guarantees you a better management of material, human and economic resources:

- **Materials:** availability of beds, due to faster patient turnover;
- **Humans:** simplifies aspiration in maneuvers of secretions;
- **Economic:** decrease in hospitalization period, no use of high-cost antibiotics, no use of supplies for secretions aspiration.



**THANK YOU SO MUCH
BY YOUR ATTENTION**