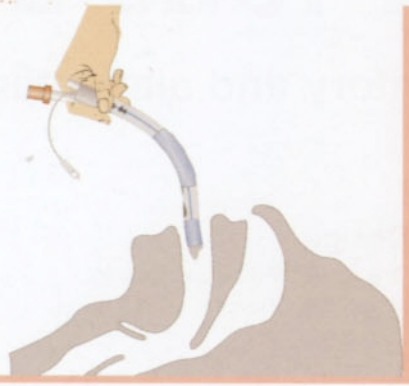
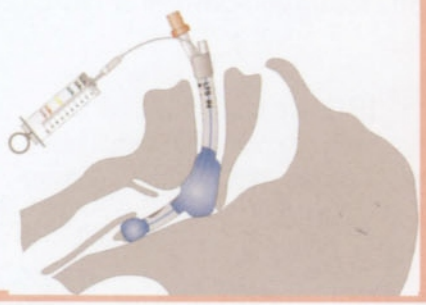
Instructions of use for Laryngeal Tube LTS

1



- 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.

2

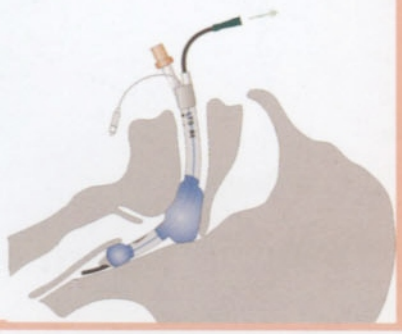


- Inflate both cuffs with the volume which is indicated on the syringe. Due to the specially designed inflation line the proximal cuff is filled first which stabilizes the tube. Once the proximal cuff has adjusted to the anatomy of the patient the distal cuff will be inflated automatically.
- In elective procedures it is recommended to use a cuff pressure of 60cmH_2O which should be monitored continuously to avoid excessive cuff pressure.

3

- 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.

4



- 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.

Laryngeal Tube LTS, single, clean packed, complete with colour coded syringe

Size	patient	height	connector	**REF**	box
3	Adult small	less than 155cm	yellow	**32-05-003**	1
4	Adult medium	155-180cm	red	**32-05-004**	1
5	Adult large	more than 180cm	purple	**32-05-005**	1

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