Connector and syringe are colour coordinated



Order information

Laryngeal Tube LTS-D / For single use, sterile

Size	Patient	Weight / Height	Drain Tube	Fiberscope	Colour	LTS-D With colour coded syringe	Box	LTS-D	Box
0	Newborn	< 5 kg	10 Fr	< 3.0 mm		REF 32-06-100-1	1	REF 32-06-000-1	10
1	Infant	5 – 12 kg	10 Fr	< 3.0 mm		REF 32-06-101-1	1	REF 32-06-001-1	10
2	Child	12 – 25 kg	16 Fr	< 4.0 mm		REF 32-06-102-1	1	REF 32-06-002-1	10
2.5	Child	125 – 150 cm	16 Fr	< 4.0 mm		REF 32-06-125-1	1	REF 32-06-025-1	10
3	Adult	< 155 cm	18 Fr	< 6.0 mm		REF 32-06-103-1	1	REF 32-06-003 -1	10
4	Adult	155 – 180 cm	18 Fr	< 6.0 mm		REF 32-06-104-1	1	REF 32-06-004-1	10
5	Adult	> 180 cm	18 Fr	< 6.0 mm		REF 32-06-105-1	1	REF 32-06-005-1	10

Laryngeal Tube LTS-D Emergency Set / With colour coded syringe, for single use, sterile

Version	REF	Box
Emergency set for children, consisting of LTS-D size 0, 1, 2, 2.5	32-06-309-1	1
Emergency set for adults, consisting of LTS-D size 3, 4, 5	32-06-209-1	1

Syringe for Laryngeal Tube / Colour coded, with Luer attachment, for single use

Size	REF	Box
20 ml	54-04-111	10
60 ml	54-04-444	10
100 ml	54-04-555	10



Biteblock / With elastic necktape, for single use, sterile

Size	Tracheal Tube	Laryngeal Tube LTS-D	Laryngeal Mask	REF	Box
4	6.5 – 8.0 mm I.D.	–	2, 2.5	40-66-040-1	20
5	8.5 – 11.0 mm I.D.	2, 2.5	–	40-66-050-1	20
6	–	3, 4, 5	3, 4, 5	40-66-060-1	20



References

(1) Genzwürker et al. „Emergency airway management by first responders with the laryngeal tube – intuitive and repetitive use in a manikin." Scand J Trauma Resusc Emerg Med 2005; 13; 212-217.
(2) Knacke, Engelhardt (Hrsg.) Fallbeispiele Rettungsdienst, Band II, S+K Verlag, 2006.
(3) Ott M, et al., „Exploration of strategies to reduce aerosol-spread during chest compressions: A simulation and cadaver model," Resuscitation, 2020.
(4) Wiese C:H.R. et al. „Reduction in no flow time using a laryngeal tube. Comparsion to bag-mask ventilation," Anaesthesist, 2008.
(5) Wang H.E. 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, 2018.

Additional information

Application video

Recommendation of use

Annotated bibliography

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.

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Connect with us:

CE 0123

VBM

- Easy insertion
- Reduction of aerosol spread
- Atraumatic for patients
- Efficient ventilation



Laryngeal Tube LTS-D

The 2nd generation supraglottic airway device

Laryngeal Tube LTS-D

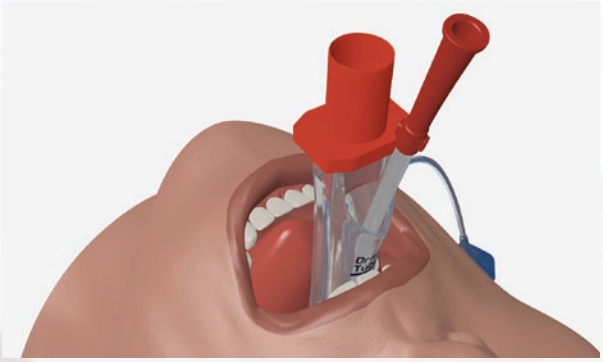
For use in emergency situations as well as for elective Airway Management

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 (1). In situations with limited space or in patients with minimal mouth opening the slim design of the Laryngeal Tube facilitates insertion (2).

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.

Features

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_2O) making the LTS-D atraumatic to the mucosa.
4 Teeth mark as indicator for correct depth of insertion



Drain Tube

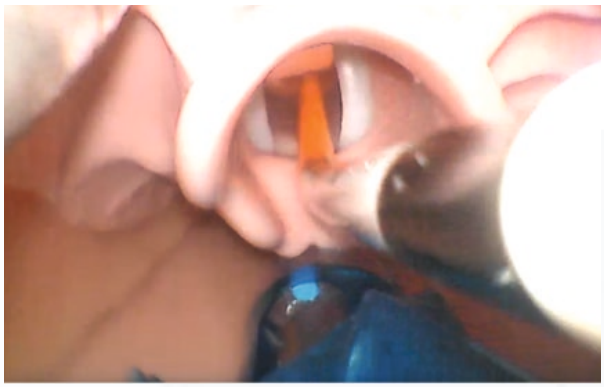
- Drain tube recommended as current standard in international guidelines. All LTS-D sizes include the drain tube as standard
- Providing the largest suction capability with easy access can accomodate up to 18 Fr gastric tube

Gastric Tube

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

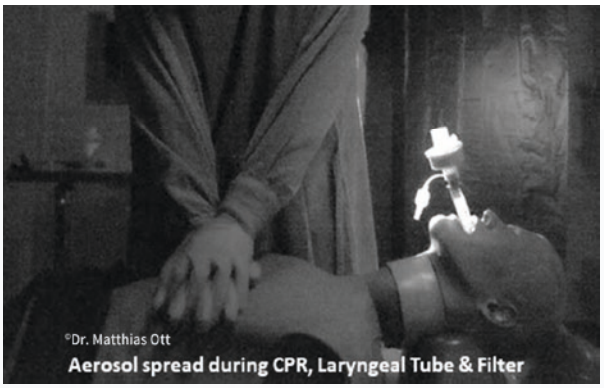
Exchange of LTS-D for Tracheal Tube

Possibility of exchanging the LTS-D (in situ with deflated cuffs) for a tracheal tube using video varyngoscopy and a bougie.



Reduction of Aerosol Spread (3)

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 (4).

Uninterrupted Chest Compressions

Due to a very high airway leak pressure, uninterrupted chest compressions during CPR are possible.

Higher Survival

Higher 72-hour survival in adults with OHCA (LTS-D compared to ETI) (5).

A RANDOMIZED CLINICAL TRIAL

3004 PATIENTS

SUPERIOR OUTCOME

72-HOUR SURVIVAL

