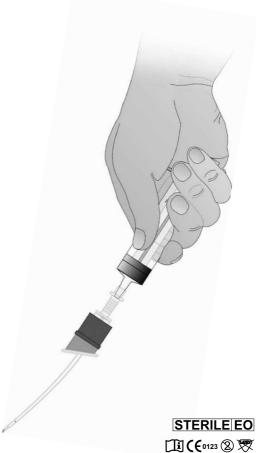
## **GB** Jet Ventilation Catheter

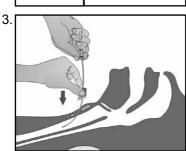


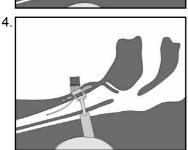
## VBM Medizintechnik GmbH Einsteinstrasse 1 | 72172 Sulz a.N. | Germany

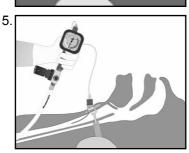
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2. Thyroid Cartilage

Cricothyroid Membrane
Cricoid Cartilage







# **English**

#### Indication

The Jet Ventilation Catheter allows a safe and atraumatic transtracheal access for oxygenation/ventilation with a manual jet (Manujet III) or an automatic High Frequency Jet Ventilator (HFJV).

#### Warning

Read the instructions for use before use.

The product must only be used by physicians trained in its use. Training material is available upon request at the manufacturer.

#### Use

- Hyperextend the head of the patient. It might be helpful to place a pillow under the patient's neck.
  Remove the Jet Ventilation Catheter from the packaging.
- For routine clinical use, we recommend to puncture and insert the catheter only under fibreoptic control.
- Locate the cricothyroid membrane by palpation of the depression between the thyroid and cricoid cartilage. Stabilise this point with forefinger and thumb for puncture. A syringe, attached to the catheter, serves as a handle and for identification for correct positioning of the cannula.
  - Puncture the cricothyroid membrane. Because of the sharp tip and conical shape of the needle, an incision is not necessary. After perforation of the cricothyroid membrane, a loss of resistance can be felt.
- Aspirate air with the syringe to determine the position of the cannula. If this is possible, the needle is in the trachea. The metal needle must not be introduced further.
- Push the plastic cannula forward along the needle until the flange rests on the neck. The metal needle serves as a guide and prevents kinking of the plastic cannula.
- 4. Now the metal needle can be removed. Check the correct positioning again for safety reasons by aspiration of air or via a syringe filled with 2-3 ml sterile saline solution. Secure the plastic cannula with the foam necktape to prevent dislocation.
- 5. Connect the patient via the Luer Lock connecting tube to the manual jet or the automatic jet ventilator. The 15 mm connector of the cannula allows connection of a breathing circuit to oxygenate in emergencies (with adjusted flow close the valve according to the volume of the rebreathing bag of the ventilator).

### ATTENTION:

- As soon as the cannula is located in the trachea, the metal needle must not be introduced further to avoid perforation of the rear tracheal wall.
- Secure the cannula safely with the necktape to prevent kinking or dislocation. In case of kinking remove the catheter, reject and replace with a new one.
- Clinically confirm position of the cannula before jetting.
   If in doubt do not jet!
- The Jet Ventilation Catheter is packed sterile (EO) and must not be reused. The product must not be used in case of damaged packaging or elapsed shelf life. Further recommendations for our single use products as well as recommended storage conditions are available at <a href="https://www.www.www.ubm-medical.de">www.ww.www.www.www.www.ubm-medical.de</a> in the download section.

CAUTION: Federal Law restricts this device to sale by, or on the order of, a physician. For USA and Canada only.