

VBM



Product Catalogue

Airway Management

VBM Difficult Airway Algorithm

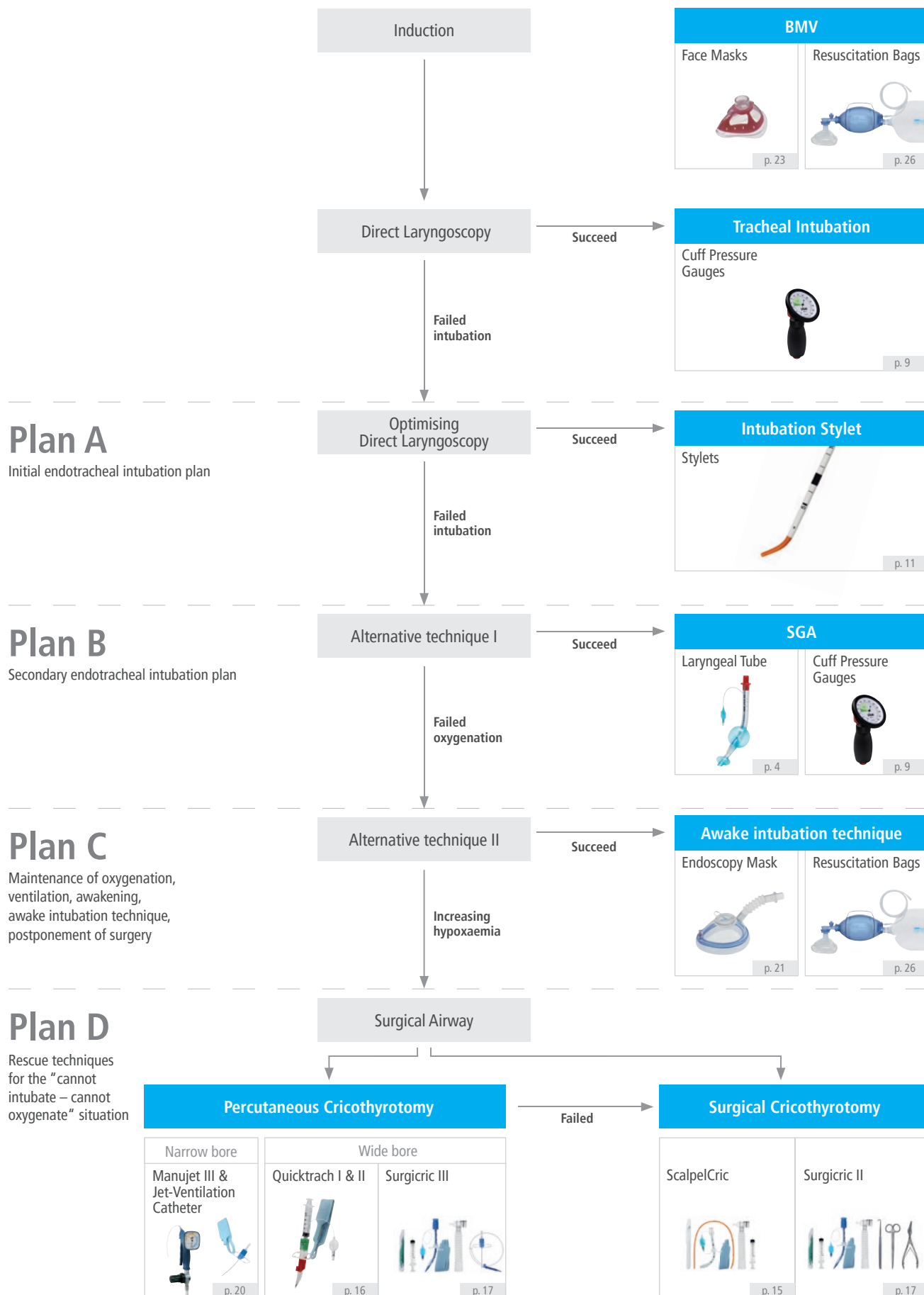


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Laryngeal Tube

Cuff Pressure
Gauges

Stylets,
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Tube Exchangers

Cricothyrotomy
Devices

Airway Devices
for Endoscopy

Masks, OPA and
Resuscitation Bags

Airway Management
Simulators

Disclaimer:

This catalog includes information of the complete VBM medical device portfolio. Whether a medical device is available in your region must be inquired. Please contact your VBM customer service.



Find our full range of products on www.vbm-medical.com.

Here you will find our media centre with additional information such as application videos, brochures, flyers etc.

The medical devices in this catalog are manufactured without the use of natural rubber latex.

The medical devices in this catalog do not contain phthalates which require labelling according to GLP Regulation (EC) 1272/2008.

Laryngeal Tube

Laryngeal Tube LTS-D –

The 2nd generation supraglottic airway device



The LTS-D complies with international guidelines and recognised industry algorithms. The NAP4, one of the most important international anaesthesia reports, recommends using 2nd generation supraglottic airway devices that prevent the risk of aspiration by incorporating a built-in drain tube. All LTS-D's come with this feature as standard.

The Laryngeal Tube also stands out for its unique high volume, low pressure cuffs. The extremely thin wall is atraumatic to the pharyngeal mucosa and seals the hypopharynx reliably at low cuff pressures ($< 60\text{cmH}_2\text{O}$). Soft material and rounded edges additionally enhance patient comfort and safety.

The LTS-D is designed to be easy to use with minimal training. The colour coded system has proven invaluable in emergencies as the syringe indicates the recommended maximum inflation volume. The Laryngeal Tube allows correct ventilation - even in situations with limited space.



Laryngeal Tube

Features



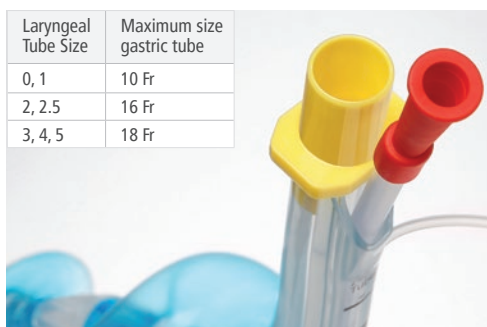
Patient Safety

Thin walled cuffs guarantee a maximum airway leak pressure at low cuff pressure (< 60 cmH₂O) making the LTS-D atraumatic to the mucosa.



Effective Ventilation

The redesign of the ventilation section offers more space in the hypopharynx. Multiple ventilation outlets between both cuffs lie in front of the larynx, allowing an appropriate tidal volume.



Laryngeal Tube Size	Maximum size gastric tube
0, 1	10 Fr
2, 2.5	16 Fr
3, 4, 5	18 Fr

Drain Tube

The LTS-D offers the largest suction possibility with easy access – up to 18 Fr.

The NAP4 report recommends “that all hospitals have 2nd generation supraglottic airway devices available for both routine use and rescue airway management.”

Also recommended by the European Resuscitation Council (ERC).

Order information

Laryngeal Tube LTS-D for single use, sterile

Size	Patient	Weight / Height	Colour	Single Set with colour coded syringe	Set of 10	Emergency Set with colour coded syringe
0	Newborn	< 5 kg	Transparent	REF 32-06-100-1	REF 32-06-000-1	Child (# 0, 1, 2, 2.5) REF 32-06-309-1
1	Infant	5-12 kg	White	REF 32-06-101-1	REF 32-06-001-1	
2	Child	12–25 kg	Green	REF 32-06-102-1	REF 32-06-002-1	
2.5	Child	125–150 cm	Orange	REF 32-06-125-1	REF 32-06-025-1	
3	Adult	< 155 cm	Yellow	REF 32-06-103-1	REF 32-06-003-1	Adult (# 3, 4, 5) REF 32-06-209-1
4	Adult	155–180 cm	Red	REF 32-06-104-1	REF 32-06-004-1	
5	Adult	> 180 cm	Purple	REF 32-06-105-1	REF 32-06-005-1	



Application video: LTS-D



Laryngeal Tube LTS-D in emergency medicine

Laryngeal Tube intubating Laryngeal Tube iLTS-D – VBM's 3rd generation supraglottic airway device

Laryngeal Tube



Up to 20% of all emergency intubations are estimated to be difficult to manage.¹⁾ Having the right system available is the cornerstone of effective airway management in an emergency. Airway algorithms recommend the usage of supraglottic airway devices (SAD) as options to overcome difficult scenario.

In order to prevent aspiration, the NAP4 report prescribes the use of devices with gastric access. SAD with intubating capability provide a way to reach a definitive airway (ET Tube placement).

As VBM's 3rd generation SAD the iLTS-D compiles all essential features required to achieve and protect an airway:

Ventilation – wide airway section to optimise gas flow and low pressure cuffs to maximise sealing performance (< 60 cmH₂O)

Drain Tube – allows the insertion of a gastric tube or suction catheter

Intubation – special design of ventilation lumen to enable fiberoptic insertion of an ET Tube

¹⁾ Walls, Ron MD et al. "Manual of Emergency Airway Management" (2012): 4th edition, chapter 2, p. 9.

Features



Efficient sizing

The iLTS-D is the ideal solution to save space in emergency bags and crash carts.

Only two sizes match all patients ≥ 125 cm.

- | | |
|----------|--------------|
| # 2.5/3: | 125 – 155 cm |
| # 4/5: | ≥ 155 cm |

Laryngeal Tube



Ventilation

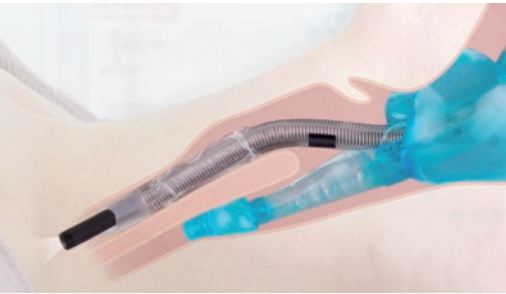
The design of the ventilation section optimises gas flow and prevents airway obstruction from a downfolded epiglottis. Thin walled cuffs guarantee a maximum airway leak pressure at low cuff pressure (< 60cmH₂O).



Drain Tube

The drain tube can accommodate a large gastric tube or suction catheter:

- # 2.5/3: max. 16 Fr
- # 4/5: max. 18 Fr



Intubation

The iLTS-D secures the airway in emergency and enables fiberoptic placement of an ET Tube without compromising patency of supraglottic ventilation.

- # 2.5/3: ET Tube max. 6.5 mm I.D.
- # 4/5: ET Tube max. 8.0 mm I.D.

Order information

intubating Laryngeal Tube iLTS-D

For single use, sterile

Size	Patient	Single Set 1x iLTS-D 1x Syringe	Set of 10 10x iLTS-D	Intubation Set 1x iLTS-D 1x ET Tube with Stabilizer 1x Syringe
2.5/3	125 – 155 cm	REF 32-08-123-1	REF 32-08-023-1	REF 32-08-309-1
4/5	≥ 155 cm	REF 32-08-145-1	REF 32-08-045-1	REF 32-08-209-1

ET Tube with Stabilizer

Armored, for single use, sterile

Size	For iLTS-D Size	REF	Box
5.5 mm I.D.	2.5/3	31-40-055-1	10
7.5 mm I.D.	4/5	31-40-075-1	10



Application video: iLTS-D

Cuff Pressure Gauges

General Information



microchannels formed from infolding of redundant cuff material after inflation. Cuff pressure management can contribute to reduce tracheal ischemia and subsequent complications. Availability of the device and precision of the measurement are fundamental to the success of treatments.

As the inventor of the cuff manometer, VBM is committed to drive the development of cuff pressure measuring in hospitals. In developing new cuff pressure gauges VBM follows three main principles: Reliability, accuracy and ease of use.

VBM offers the largest choice of systems, covering analog and automatic devices, pediatric and adult for OR, pre-hospital and ICU environment.

Cuff Pressure Gauges

Cuff Controller – Automatic Cuff Pressure Gauge

Clinical studies have proven the positive effects of a continuous control of cuff pressure in order to prevent ventilator-associated pneumonia (VAP).

VBM Cuff Controller is an electronic device that has been developed for the continuous control and monitoring of cuff pressure. It has proven showing effectiveness in maintaining cuff pressure in recommended range in ICU patients.



Features

Front Side

- Large LCD display
- Intuitive cuff pressure adjustment
- Adjustable range: 0–60 cmH₂O
- Integrated alarms for over pressure or leakage



Back Side

Universal clamp for fixation to standard rail



Order information

Cuff Controller

Pre-adjusted to 25 cmH₂O,
with battery, universal clamp and connecting tube (200 cm)

REF 55-13-500

Cuff Pressure Gauges

Cuff Manometer – Analog Cuff Pressure Gauge

The use of VBM Cuff Pressure Gauges in combination with High Volume Low Pressure Cuffs can reduce micro-aspiration and prevent VAP from occurring in the first place.

The devices reduce the risk of pressure necrosis and mucosal ischemia. They help preventing the risk of aspiration which can lead to the possibility of pneumonia.

The analog system with no dependence on any energy source makes the VBM cuff pressure gauges highly reliable under any circumstances (outdoor, transport, OR). The accuracy of the display as well as the pre-defined pressure ranges help users to maintain the correct pressure with any kind of airway devices.



Cuff Pressure Gauges

Features



Green Range

The green ranges on the scale mark the ideal ranges for either tracheal tubes or laryngeal tubes.



Luer Connection

For connection to the tracheal tube allowing pressure measuring and regulation.



Release Valve & Hook

- Pressure increase due to the diffusion of anesthetic gases can be adjusted with the red release valve
- Hook fits into standard rail



Vacuum Valve

For connection to the tracheal tube allowing a complete deflation of the cuff by squeezing the inflation bulb.

Cuff Pressure Gauges

Order information

Analog Cuff Pressure Gauge, complete with connecting tube (100 cm)



Universal
Ø 68 mm scale
with hook

Scala with two green ranges
- For tracheal tubes (22–32 cmH₂O)
- For Laryngeal Tubes
and Laryngeal Masks (32–60 cmH₂O)

REF 54-07-000



Monitor
Ø 68 mm scale
with hook

REF 54-05-000



Pocket
Ø 50 mm scale
with hook

REF 54-04-000



Sensitive
Ø 50 mm scale
with hook

REF 54-03-001



Pediatric
Ø 50 mm scale
Pressure range: 0–60 cmH₂O
with hook

REF 54-02-001

Accessories

Connecting Tube

For single use, Material: PVC

Length	REF	Box
100 cm	54-05-112	10
200 cm	54-05-113	10



References

Sultan, P. et al. "Endotracheal tube cuff pressure monitoring: a review of the evidence." J Perioper Pract. 2011 Nov;21(11):379-86. Review.

Bernhard, M. et al. "Prehospital airway management using the laryngeal tube", Der Anaesthetist 63.7 (2014): 589-596.

Stylets, Introducers and Tube Exchangers

General Information

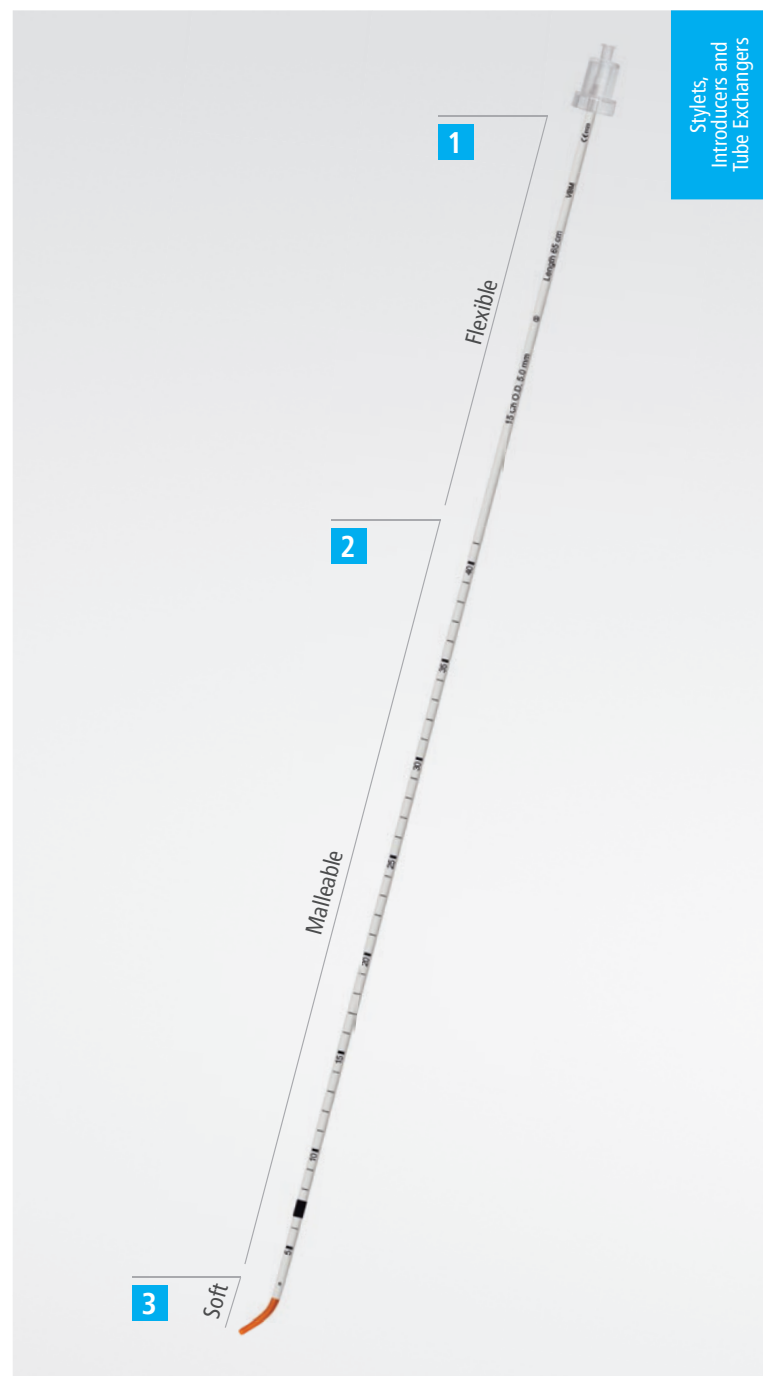
Up to 3% of surgical patients have a so-called difficult airway, making laryngoscopic intubation problematic and sometimes impossible. Given that direct laryngoscopic visualisation of the glottis may not be possible, especially in a timely manner during emergency situations, intubating guides, stylets and introducers have been developed and have proved to be effective, safe and simple approaches. VBM offers a wide range of devices covering all techniques relying on the use of an intubating guide.

S-Guide – Malleable intubating guide for Difficult Airway Management

In cooperation with PD Dr. Patrick Schoettker from the University Hospital of Lausanne / Switzerland VBM has developed a new malleable intubating guide – the S-Guide.

Very versatile in its indications, the S-Guide can be used during conventional as well as video laryngoscopy. It works especially well with the non-channelled video laryngoscope blades.

The design of the S-Guide unifies all the essential specifications that are usually split between introducers and stylets. This makes it the ideal tool to overcome a difficult airway scenario.



Stylets, Introducers and Tube Exchangers

Features

3 benefits in 1 design



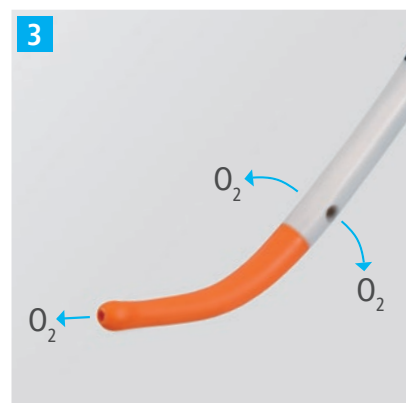
Oxygenation

The apnea can be prolonged through oxygen flow via the O₂ Connector. The 23 cm of flexible segment eases connection to the oxygen source without impacting placement of the S-Guide.



Directional

The malleable segment allows the S-Guide to be adjusted to any required geometry starting after the orange tip and up to 42 cm. The hockey stick shape at the distal end and the right angle at the level of the ET Tube connector can be easily achieved without compromising oxygenation.



Multifunctional tip

Preformed, soft and coloured distal tip enhances patient safety. 3 outlets for O₂ administration provide oxygen flow to prevent hypoxia.

The orotracheal tube dance



The use of malleable stylets or bougies to assist orotracheal intubation is an integral part of difficult airway algorithms.

Their use in routine intubation might also be on the rise with the recent development of video laryngoscopy.

The special stiffness of the S-Guide qualifies it for the technique of the orotracheal tube dance.

The S-Guide should be lubricated and shaped "straight-to-cuff" with a bend angle at the black marks approaching 35°. Its withdrawal will move the tip of the tube anteriorly while tube rotation will lead to extremity "dancing".

Order information

S-Guide

Acc. to Schoettker with O₂ Connector
For single use, sterile

REF 33-90-650-1

Box 5

Specifications

Size	15 Fr
Length	65 cm

for ET Tube ≥ 6.0 mm I.D.



Application video: S-Guide



S-Guide with portable videolaryngoscopy

Stylets, Introducers and Tube Exchangers

METTS (Muallem ET Tube Stylet)

Malleable intubation stylet

- Core made of metal, malleable (maintains curvature)
- Flexible preformed tip
- Centimetre marking
- For single use, sterile

Size	Length	For ET Tube	REF	Box
8 Fr	40 cm	≥ 3.5 mm	33-08-400-1	5
12 Fr	65 cm	≥ 5.0 mm	33-12-650-1	5
14 Fr	65 cm	≥ 6.0 mm	33-14-650-1	5



Stylet

To preform the ET Tube

- Soft, atraumatic tip
- With and without moveable silicone connector
- Reusable

Size	Length	For ET Tube	Without silicone connector	Box	With movable silicone connector (15 mm I.D.)	Box
small	34 cm	2.5 – 3.5 mm	REF 90-10-111	25	REF 90-10-001	10
medium	38 cm	4.0 – 4.5 mm	REF 90-10-222	25	REF 90-10-002	10
large	45 cm	5.0 – 6.5 mm	REF 90-10-333	25	REF 90-10-003	10
large	45 cm	7.0 – 11.0 mm	REF 90-10-444	25	REF 90-10-004	10



Pocket Introducer

Ideal space solution for emergency bags and vehicles, helicopters, lab coat pockets, crash carts, etc.

- Folded to 20 cm, unfolds to 65 cm
- Ready for use within seconds
- Preformed tip
- Centimetre marking
- For single use, sterile

Size	Length	For ET Tube	REF	Box
15 Fr	65 cm	≥ 6.0 mm	33-80-650-1	5

In robust plastic cartridge

Size	Length	For ET Tube	REF	Box
15 Fr	65 cm	≥ 6.0 mm	33-81-650-1	1



Application video: Pocket Introducer

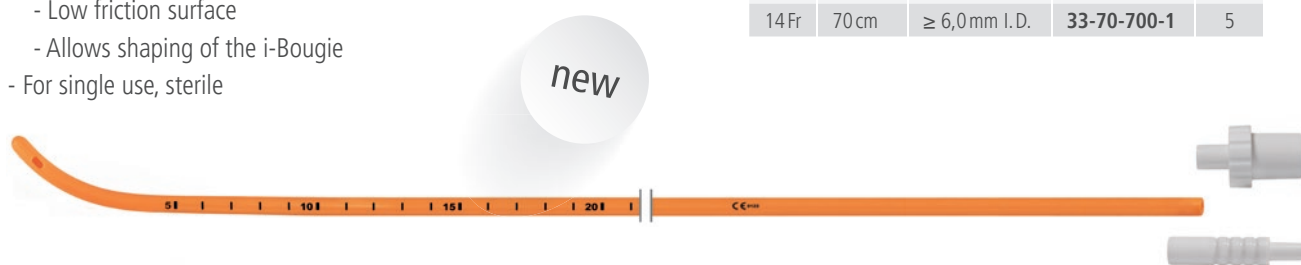
Stylets, Introducers and Tube Exchangers

i-Bougie

To facilitate orotracheal intubation

- Oxygenate, 2 types of O₂ connectors included
- Rounded, atraumatic distal tip with lateral openings
- Centimetre marking from 5 to 40 cm
- Unique material:
 - Low friction surface
 - Allows shaping of the i-Bougie
- For single use, sterile

Size	Length	For ET Tube	REF	Box
14 Fr	70 cm	≥ 6,0 mm I.D.	33-70-700-1	5



METTI (Muallem ET Tube Introducer)

To facilitate orotracheal intubation

- Core made of plastic, semi-rigid (flexible)
- Flexible, preformed tip
- Centimetre marking
- For single use, sterile

Size	Length	For ET Tube	REF	Box
12 Fr	80 cm	≥ 5.0 mm	33-12-800-1	5
14 Fr	80 cm	≥ 6.0 mm	33-14-800-1	5

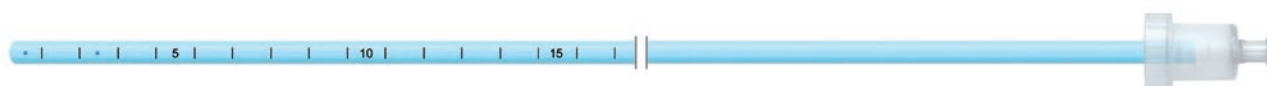


Tube Exchanger

For extubation and exchange of ET Tubes

- Oxygenate, O₂ Connector included
- Centimetre marking
- For single use, sterile

Size	Length	For ET Tube	REF	Box
11 Fr	80 cm	≥ 4.0 mm	33-45-800-1	5
14 Fr	80 cm	≥ 5.0 mm	33-46-800-1	5
19 Fr	80 cm	≥ 7.0 mm	33-47-800-1	5



References

Apfelbaum, Jeffrey, L. et al. "Practice guidelines for management of the difficult airway: an updated report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway." *Anesthesiology* 118.2 (2013): 251.

Batuwitage, Bisanth et al. "Comparison between bougies and stylets for simulated tracheal intubation with the C-MAC D-blade videolaryngoscope." *European journal of anaesthesiology* (2014).

Evans, H. et al. "Tracheal tube introducers: choose and use with care." *Anaesthesia* 65.8 (2010): 859

Cricothyrotomy Devices

ScalpelCric

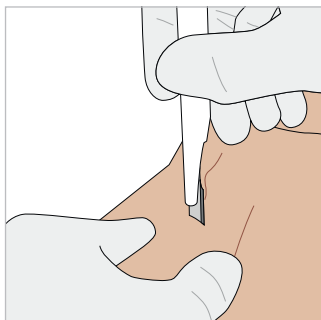
The ScalpelCric from VBM is a surgical set for cricothyrotomy according to the scalpel technique. The set has been developed to match the latest recommendations from the DAS (Difficult Airway Society) 2015 Guidelines. Based on the simple description of 'stab, twist, bougie, tube', the ScalpelCric is meant to facilitate the execution of the scalpel technique.

Each component is designed to enhance the safety and efficacy of the technique. The set is packed in a specific sterile pouch with each component organised in the order of use. This reduces the risk of confusion at the critical time of the procedure.

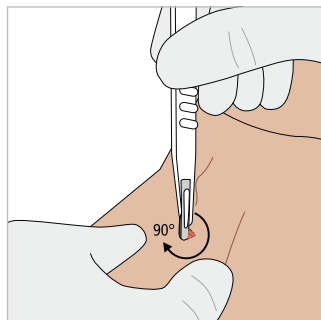
Scalpel # 10, 14 Fr bougie (40 cm) with angled and rounded tip, 6.0 mm cuffed tube with smooth tip, extension tubing with suction capability, syringe for cuff inflation and necktape for tube fixation.



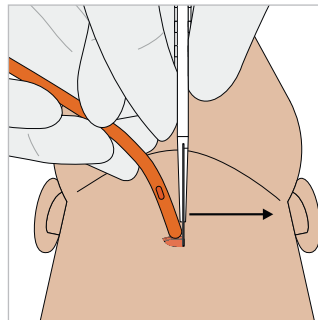
Use



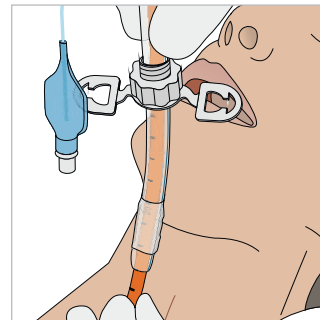
1. stab



2. twist



3. bougie



4. tube

Order information

ScalpelCric

- 1 Scalpel # 10
- 2 14 Fr bougie (40 cm)
- 3 6.0 mm cuffed tube
- 4 Extension tubing
- 5 Syringe 10 ml
- 6 Necktape



ScalpelCric

For single use, sterile

REF 30-08-447-1

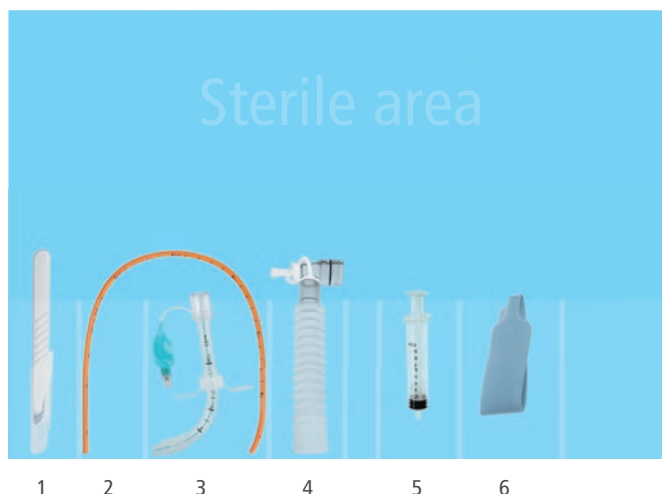
Box 1

ScalpelCric training set

Non sterile

REF 30-08-447

Box 1



Application video: ScalpelCric

Cricothyrotomy Devices

Quicktrach I, II

Quicktrach I and Quicktrach II (with cuffs) are two sets of percutaneous cricothyrotomy according to the catheter over the needle technique. A quick airway access is made possible via a one-step procedure. An incision by scalpel isn't necessary. The sterile sets are pre-assembled and immediately ready for use.

Order information

Quicktrach I in blister packaging

For single use, sterile

Patient	I.D.	Quicktrach I	Box
Child	2.0 mm	REF 30-04-002-1	1
Adult	4.0 mm	REF 30-04-004-1	1



Quicktrach I in plastic tube

For single use, sterile

Ideal for emergency bags (compact and robust)

Patient	I.D.	Quicktrach I	Box
Child	2.0 mm	REF 30-04-902-1	1
Adult	4.0 mm	REF 30-04-904-1	1



Quicktrach II in blister packaging

For single use, sterile

Patient	I.D.	Quicktrach II with Cuff	Box
Adult	4.0 mm	REF 30-10-004-1	1



Quicktrach II in plastic tube

For single use, sterile

Ideal for emergency bags (compact and robust)

Patient	I.D.	Quicktrach II with Cuff	Box
Adult	4.0 mm	REF 30-10-904-1	1



Application video: Quicktrach II

Cricothyrotomy Devices

Surgicric II, III

The Surgicric is a cricothyrotomy set to maintain ventilation in case of obstruction of the upper airway.

Surgicric II is applied to the classical surgical technique and Surgicric III allows a cricothyrotomy according to the Seldinger technique.

The unique instrument packing system provides the following advantages to the user:

- ▶ Clear overview of all components
- ▶ Sterile application in any environment
- ▶ Small pack size, making it ideal for emergency bags

The main feature of Surgicric is the special combination of tube and dilator. The locking mechanism and the soft tip maximise patient safety and reduce the risk of injury.



Pack size: 24 cm (L) x 13 cm (W) x 4 cm (H)
Unfolded size / sterile area: 56 cm (L) x 39 cm (W)



Cricothyrotomy Devices

Features



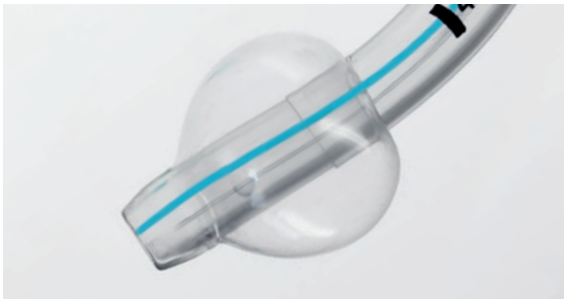
Atraumatic

Soft dilator tip, thus avoiding injury to the posterior tracheal wall. Smooth transition from dilator to the tracheal tube.



Position check

Checking the position of the tracheal tube thanks to aspiration through dilator.



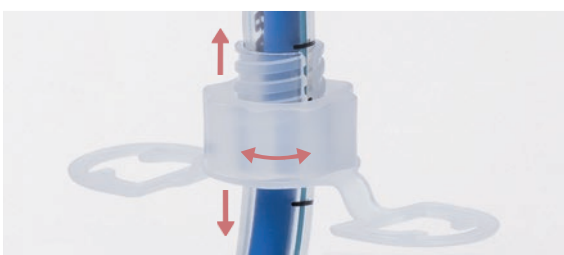
Patient Safety

The thin-walled, low pressure cuff guarantees a perfect seal, allows efficient ventilation and protects against aspiration.



Locking mechanism

The unique locking mechanism prevents accidental dislocation of the dilator from the tracheal tube during insertion.



Individually adjustable

The specially designed tracheal tube is longer than a standard tracheostomy tube and with the adjustable flange allows individual adaptation to the anatomical conditions of the patient.

Cricothyrotomy Devices

Order information



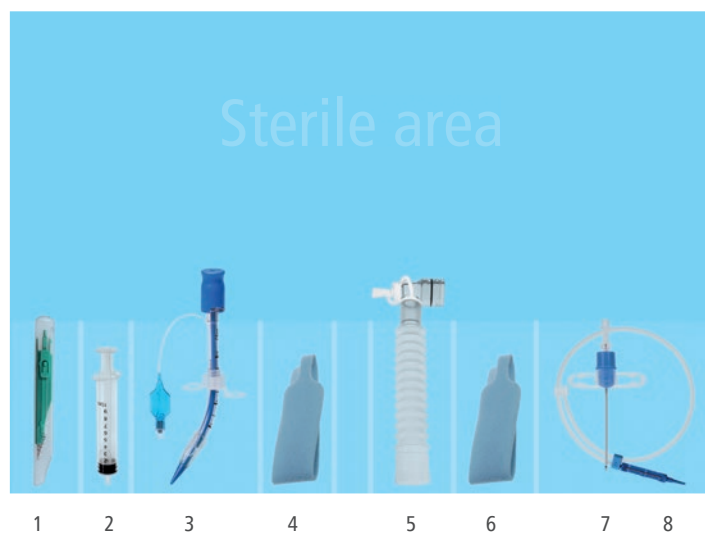
Surgicric II – Classic surgical technique

- | | |
|--|--------------------|
| 1 Scalpel # 11 | 5 Extension tubing |
| 2 Syringe 10 ml | 6 Tracheal hook |
| 3 6.0 mm cuffed tracheal tube with dilator | 7 Blunt scissors |
| 4 Necktape | 8 Speculum |

Surgicric II
For single use, sterile

REF 30-08-117-1

Box 1



Surgicric III – Seldinger technique

- | | |
|--|----------------------------------|
| 1 Scalpel # 11 | 5 Extension tubing |
| 2 Syringe 10 ml | 6 Necktape for introducer needle |
| 3 6.0 mm cuffed tracheal tube with dilator | 7 Introducer needle |
| 4 Necktape for tube | 8 Guidewire |

Surgicric III
For single use, sterile

REF 30-08-227-1

Box 1



Application video: Surgicric II



Application video: Surgicric III

Cricothyrotomy Devices

Manujet III / Jet-Ventilation Catheters



Cricothyrotomy
Devices

The Manujet III with Jet-Ventilation Catheters is recommended for emergency rooms, crash carts, ambulances and operating rooms as it guarantees a quick and efficient oxygenation of a patient.

Emergency use

As a life saving manoeuvre in the "cannot intubate – cannot oxygenate" situation for oxygenation to avoid a severe desaturation of the patient.

For **pre-hospital use** if there is an obstruction of the upper airway. Trans Tracheal Jet-Ventilation (TTJV) is faster and simpler than surgical cricothyrotomy in emergencies with fewer complications.

Elective use

- ▶ Microlaryngoscopy
- ▶ Rigid bronchoscopy
- ▶ To assist a difficult fiberoptic intubation
- ▶ Predicted difficult extubation

Order information

Manujet III

With 4 m pressure hose, Jet-Ventilation Catheters acc. to Ravussin (13 G, 14 G, 16 G) and 100 cm connecting tube

REF 30-01-003

Manujet III

Ditto but with NIST plug and without pressure hose

REF 30-01-003NIST



Jet-Ventilation Catheters acc. to Ravussin

For single use, sterile

Size	Emergency Set with syringe	Box	Anaesthesia Set without syringe	Box
16 G	REF 30-02-918-1	1	REF 30-02-018-1	5
14 G	REF 30-02-914-1	1	REF 30-02-014-1	5
13 G	REF 30-02-913-1	1	REF 30-02-013-1	5



Airway Devices for Endoscopy

Endoscopy Mask, Bronchoscope Airway



The Endoscopy Mask allows a safe combination of FOB intubation and ventilation. The design is made to prevent airway leak at any step of the procedure, providing excellent seals on patient's face and during insertion of tracheal tube via fiberscope. It is especially beneficiary to patient comfort and working quality of the anesthesiologist during awake procedure.

Application

- Fiberoptic Intubation
- Bronchoscopy
- Gastroenterology
- Transesophageal Echocardiography



Application video: Endoscopy Mask

Order information

Endoscopy Mask

For single use, Material: PVC

Size	Patient	Membrane	REF	Box
0	Newborn	2.0 mm	30-40-000	6
1	Infant	2.0 mm	30-40-111	6
3	Child	3.0 mm	30-40-333	6
3	Child	5.0 mm	30-40-335	6
5	Adult	5.0 mm	30-40-555	6
5	Adult	10.0 mm	30-40-777	6



Hook ring, Ø32 mm

Fits for Endoscopy Masks, for single use, Material: PA

REF 30-40-266

Box 10



Fixation tape

For single use, Material: Isoprene

Patient	REF	Box
Adult	35-30-255	10



Bronchoscope Airway

For single use, sterile, Material: EVA

The lumen is large enough to guide the fiberscope and ET Tube. The length is designed to form a path leading to the glottis. The device has a breakaway quality for easy removal after intubation. The external biteblock protects the fiberscope.

Size	Length	REF	Box
0	36 mm	30-40-400-1	10
2	65 mm	30-40-420-1	10
4	85 mm	30-40-440-1	10



Fixation tape

Reusable, Material: Silicone

Patient	REF	Box
Child	35-70-155	10
Adult	35-70-255	10



Airway Devices for Endoscopy

Gastro-Laryngeal Tube G-LT



The Gastro-Laryngeal Tube G-LT is designed for obtaining and maintaining control of airway patency during medium to long-term complex gastrointestinal endoscopic procedures performed on adults under deep sedation or general anaesthesia while maintaining spontaneous or assisted ventilation.

Application

- ▶ Diagnostic and therapeutic ERCP (Endoscopic Retrograde Cholangiopancreatography)
- ▶ Enteroscopy
- ▶ Percutaneous Endoscopic Gastrostomy (PEG), particularly in neurologic patients

Advantages

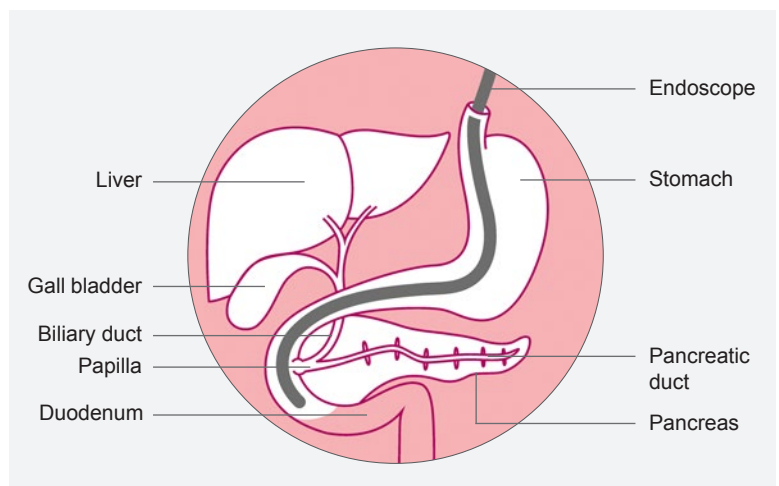
- ▶ Prevention and control of hypoventilation and desaturation
- ▶ Faster endoscopic procedures
- ▶ Ease insertion of duodenoscopes
- ▶ No direct laryngoscopy or muscle relaxation required
- ▶ Enables capnometry and capnography
- ▶ Less use of anesthetic drugs
- ▶ Protects the airways from gastro-oesophageal reflux and inhalation of gastric content

Order information

Gastro-Laryngeal Tube G-LT

Reusable, Material: Silicone

Patient	Size	REF	Box
Adult	> 155 cm	32-90-004	1



References

Gaitini, L. A. et al. "Gastro-Laryngeal Tube for endoscopic retrograde cholangiopancreatography: a preliminary report." *Anaesthesia* 65.11 (2010): 1114-1118.

Daşkaya, H. et al. "Use of the gastro-laryngeal tube in endoscopic retrograde cholangiopancreatography cases under sedation/analgesia" *Turk J Gastroenterol*, 2016

Masks, Oropharyngeal Airways and Resuscitation Bags

Face Masks

VBM proposes a very large range of face masks with several types of materials and shapes either with inflatable cushion or with silicone lip. It covers all patient's size from newborn to adult. There are two main product groups with reusable and single use masks.



Order information

Silicone Face Masks

Reusable

Bi-Mask with silicone lip

Silicone mask with internal plastic shell (PSU)

Size	Patient	Connection	Colour code	REF	Box
2	Child	22 mm I.D.	Green	35-65-222	1
3	Adult, small	22 mm I.D.	Yellow	35-65-223	1
4	Adult, medium	22 mm I.D.	Red	35-65-224	1
5	Adult, large	22 mm I.D.	Purple	35-65-225	1
6	Adult, extra large	22 mm I.D.	Blue	35-65-226	1



Masks, OPA and
Resuscitation Bags

Bi-Mask with inflatable cushion

Silicone mask with internal plastic shell (PSU)

Size	Patient	Connection	Colour code	REF	Box
3	Adult, small	22 mm I.D.	Yellow	35-75-223	1
4	Adult, medium	22 mm I.D.	Red	35-75-224	1
5/6	Adult, large	22 mm I.D.	Purple	35-75-225	1



Masks, Oropharyngeal Airways and Resuscitation Bags

Mask with plastic dome and inflatable cushion

Size	Patient	Connection	Colour code	REF	Box
2	Child	22 mm I.D.	Green	35-70-222	1
3	Adult, small	22 mm I.D.	Yellow	35-70-223	1
4	Adult, medium	22 mm I.D.	Red	35-70-224	1
5	Adult, large	22 mm I.D.	Purple	35-70-225	1
6	Adult, extra large	22 mm I.D.	Blue	35-70-226	1



Rendell Baker Mask

Size	Patient	Connection	REF	Box
0	Newborn	22 mm I.D.	35-60-000	10
1	Infant	22 mm I.D.	35-60-001	10
2	Child, small	22 mm I.D.	35-60-002	10
3	Child	22 mm I.D.	35-60-003	10



Pediatric Mask, round

Size	Patient	Connection	REF	Box
0	Newborn	15 mm O.D.	80-11-000	10
1	Infant	15 mm O.D.	80-11-001	10
2	Child	22 mm I.D.	80-11-002	10



Order information

PVC Face Masks

For single use

Mask with inflatable cushion

Size	Patient	Connection	Colour code	REF	Box
1	Newborn	15 mm O.D.	-	REF 35-40-201	10
2	Infant	15 mm O.D.	-	REF 35-40-202	10
3	Child	22 mm I.D.	Yellow	REF 35-40-203	10
4	Adult, small	22 mm I.D.	Red	REF 35-40-204	10
5	Adult, medium	22 mm I.D.	Purple	REF 35-40-205	10
6	Adult, large	22 mm I.D.	Blue	REF 35-40-206	10



Masks, Oropharyngeal Airways and Resuscitation Bags

Accessories

For Silicone and PVC Face Masks

Hook ring, Ø 33 mm
Fits masks with plastic dome,
reusable, Material: Metal



REF 80-11-266 Box 10

Hook ring, Ø 30–33 mm
Fits Bi-Masks,
reusable, Material: PSU



REF 35-60-266 Box 10

Fixation tape

For single use, Material: Isoprene

Patient	REF	Box
Adult	35-30-255	10



Fixation tape

Reusable, Material: Silicone

Patient	REF	Box
Child	35-70-155	10
Adult	35-70-255	10

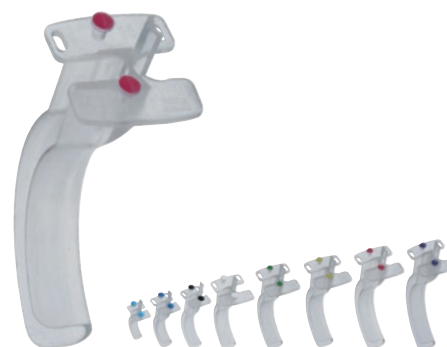


Oropharyngeal Airways

Guedel Airway

Benefits and Features

- ▶ Atraumatic device made of soft material with efficient bite block
- ▶ ET Tube guidance and fixation thanks to the open flange and lateral clamp
- ▶ Tube-guiding channel with same lumen from proximal to distal end to allow largest possible suction catheters
- ▶ Open side with smooth inner surface facilitates suctioning



Masks, OPA and
Resuscitation Bags

Order information

Guedel Airway

Size	Colour code	Length	max. ET Tube	For single use, sterile, Material: EVA			Reusable, Material: PUR	
				Guedel Airway	Guedel Airway with elastic necktape	Box	Guedel Airway	Box
000	Light blue	3.5 cm	3.0 mm I.D.	REF 40-20-007-1	-	30	REF 40-40-007	10
00	Dark blue	5.0 cm	4.0 mm I.D.	REF 40-20-008-1	-	30	REF 40-40-008	10
0	Black	6.0 cm	4.5 mm I.D.	REF 40-20-009-1	REF 40-26-009-1	30	REF 40-40-009	10
1	White	7.0 cm	6.0 mm I.D.	REF 40-20-010-1	REF 40-26-010-1	30	REF 40-40-010	10
2	Green	8.5 cm	7.0 mm I.D.	REF 40-20-020-1	REF 40-26-020-1	30	REF 40-40-020	10
3	Yellow	9.0 cm	8.0 mm I.D.	REF 40-20-030-1	REF 40-26-030-1	30	REF 40-40-030	10
4	Red	10.0 cm	9.0 mm I.D.	REF 40-20-040-1	REF 40-26-040-1	30	REF 40-40-040	10
5	Purple	11.0 cm	9.5 mm I.D.	REF 40-20-050-1	REF 40-26-050-1	30	REF 40-40-050	10

The guedel tubus is manufactured without the use of natural rubber latex, except Guedel Airway with elastic necktape.

Masks, Oropharyngeal Airways and Resuscitation Bags

Resuscitation Bags

Silicone Resuscitation Bags

Reusable, with barcode and serial number,
intake valve with built-in reservoir valve



Order information



Resuscitation Bag	Infant 250 ml	Child 500 ml	Adult 2000 ml
40 cmH ₂ O pressure relief	REF 80-10-300	REF 80-10-200	REF 82-10-100
20 cmH ₂ O pressure relief	REF 80-10-306	-	-
Without pressure relief	REF 80-10-301	REF 80-10-201	REF 82-10-101

Order information

Silicone Resuscitator Set

Supplied in a rigid transparent carrying case

Infant

Resuscitation Bag 250 ml
Pediatric Mask, round # 1
Reservoir Bag 600 ml
O₂-Tubing 200 cm

REF 80-10-390

Child

Resuscitation Bag 500 ml
Mask with inflatable cushion # 3
Reservoir Bag 1800 ml
O₂-Tubing 200 cm

REF 82-10-290

Adult

Resuscitation Bag 2000 ml
Mask with inflatable cushion # 5
Reservoir Bag 2600 ml
O₂-Tubing 200 cm

REF 82-10-190



Masks, Oropharyngeal Airways and Resuscitation Bags

PVC Resuscitation Bags

For single use

PVC Resuscitator Set consisting of:

- PVC-Resuscitation Bag
(40 cmH₂O pressure relief)
- Face Mask
- Reservoir Bag
- O₂-Tubing 200 cm
- PEEP-Adapter (30 mm O.D.)



Order information



Infant

Consisting of Resuscitation Bag
280 ml and face mask # 1

REF	Box
84-10-399	1
84-10-395	6



Child

Consisting of Resuscitation Bag
450 ml and face mask # 3

REF	Box
84-10-299	1
84-10-295	6



Adult

Consisting of Resuscitation Bag
1500 ml and face mask # 5

REF	Box
84-10-199	1
84-10-195	6

Accessories

Reservoir Bag

For single use

Size	REF	Box
600 ml	80-12-020	5
1800 ml	80-12-015	5
2600 ml	80-12-010	5



PEEP-Valve



Pressure Range	Connection	Colour	PEEP-Valve Reusable, Material: PSU	PEEP-Valve For single use, Material: PC	Box
0 – 10 cmH ₂ O	22 mm O.D.	green	REF 80-13-001	REF 85-13-001	1
0 – 10 cmH ₂ O	30 mm I.D.	green	REF 80-13-004	REF 85-13-004	1
0 – 20 cmH ₂ O	22 mm O.D.	blue	REF 80-13-005	REF 85-13-005	1
0 – 20 cmH ₂ O	30 mm I.D.	blue	REF 80-13-002	REF 85-13-002	1

PEEP-Adapter

22 mm I.D. – 30 mm O.D.
Reusable, Material: PSU

REF 80-13-003	Box 1
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O₂-Tubing

For single use, Material: PVC

Length	REF	Box
200 cm	85-17-000	10



Airway Management Simulators

Simulation is the ideal method for replicating clinical situation and contributes to improve patient care by enhancing proficiency of practitioners. VBM has developed a wide range of skill-trainers and mannequins with the highest possible fidelity to train all airway procedures.



BILL

- ET Intubation
- Supraglottic airway insertion
- Mask ventilation
- Fiberoptic bronchoscopy (if bronchial tree is connected)
- Fiberoptic intubation
- Video laryngoscopy
- Inflatable tongue for Difficult Airway simulation

Complete with base, carina with bayonet lock and carrying bag

REF 30-29-000



Bronchial tree acc. to Dr. Nakhosteen
For connection to simulator "BILL"

REF 30-19-400



Transparent Head

Cross section with upper airways

For demonstration and positioning of Laryngeal Tube LTS-D # 3, 4 and iLTS-D # 4/5, in carrying bag

REF 30-16-300

Airway Management Simulators

Crico-Trainer



Crico-Trainer "Adelaide"

For cricothyrotomy.

The special concept of skin with 2 layers is simulating the subcutaneous tissue and the cricoid hyoid membrane. It is designed to replicate difficult scenario thanks to the moveable chin. Complete with 5 skins

REF 30-14-700



Crico-Trainer "Frova"

For cricothyrotomy and percutaneous tracheostomy, complete with 10 skins and 10 tracheas

REF 30-14-000



Crico-Trainer "Pig"

for fixation of a real animal trachea
Complete with 10 skins

REF 30-14-500



Crico-Trainer "Pediatric"

Complete with 10 skins

REF 30-14-900

Accessories



Skin

For Crico-Trainer "Frova" and "Pig"

REF 30-14-222

Box 10



Skin

For Crico-Trainer "Adelaide"

REF 30-14-722

Box 5



Skin

For Crico-Trainer "Pediatric"

REF 30-14-922

Box 10

Larynx

For Crico-Trainer "Frova" and "Adelaide"

REF 30-14-111

Box 1



Trachea

For Crico-Trainer "Frova"

REF 30-14-444

Box 10



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VBM – Specialists in Airway Management



VBM Medizintechnik GmbH is a family owned business operating worldwide. We develop and produce innovative products in the area of airway management, accessories for anesthesia and intensive care medicine as well as tourniquets for surgical procedures in the bloodless field.

Our company was founded 1981 by Volker Bertram and our headquarters are located in Sulz am Neckar, Germany. Around 200 employees are working in our departments like Research and Development, Production, Quality Management, Distribution, Service and Marketing.

Our excellent service can be measured in our longtime and personal cooperation with our customers. The close contact to our suppliers and users of our products is the basis of our claim to the continual improvement of our products and the development of new solutions for your tasks. We are aware of the responsibility towards patients and users alike and we focus on the high quality of our products in our everyday work.



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