



Versatile

- Conventional laryngoscopy
- Video laryngoscopy
- Blind intubation

Patient safety

- Soft and atraumatic distal tip
- Smooth surface
- Oxygenation
- Single use

Ease of use

- Specific reference for preforming
- Coloured tip
- Malleable

S-Guide

Malleable intubating guide for Difficult Airway Management

VBM

S-Guide – 3 benefits in 1 design for Difficult Intubation

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.

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. It offers 3 important features in one piece:

1 The hollow lumen enables oxygenation after connection to an oxygen source. This is achieved via a specific O₂ connector.

2 The malleable segment has an appropriate stiffness to ease manoeuvrability. The marks indicate the position to shape the S-Guide.

3 The preformed tip is soft to avoid trauma. The orange colour indicates the soft area of the tip.

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.

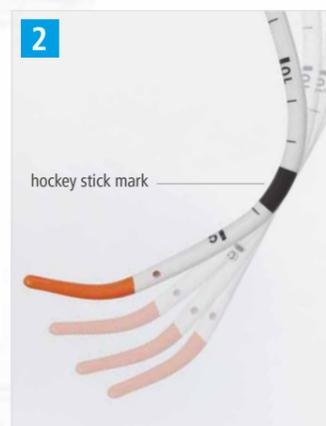
Illustration

The S-Guide remains "straight to cuff", at which point the ET Tube is bent to the desired angle, resembling a hockey stick.



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.



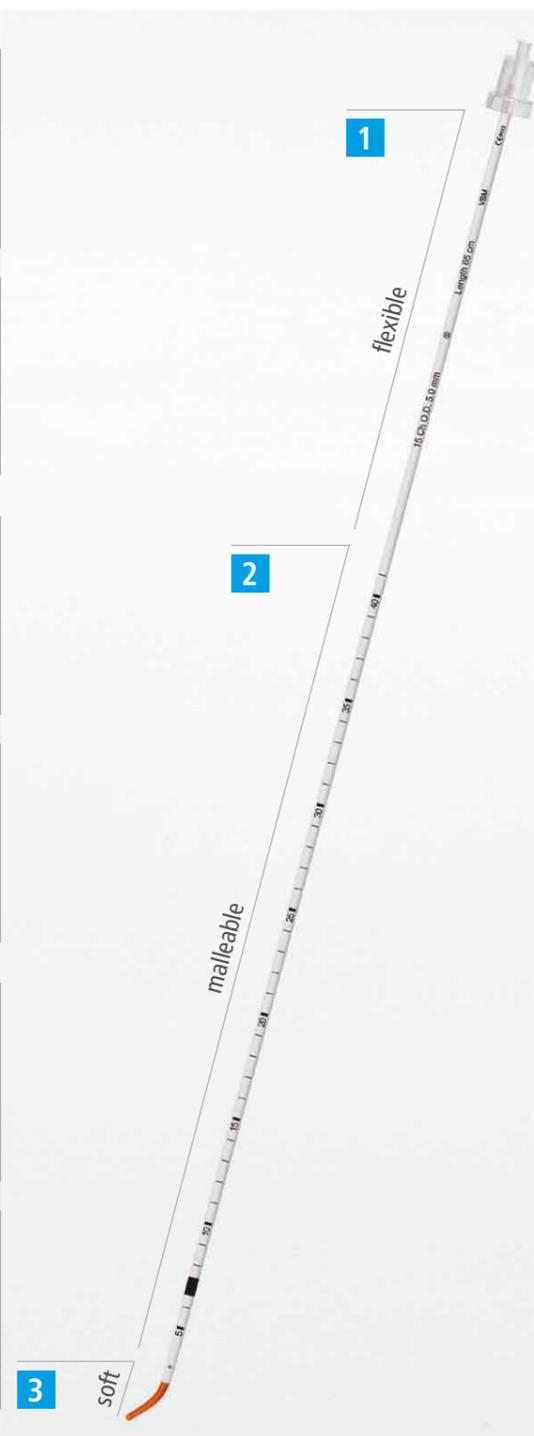
Directional

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.



S-Guide – The orotracheal tube dance



Fig. 1: Rotate tube while withdrawing S-Guide.



Fig. 2: A three-dimensional tube dance is achieved.

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. Manoeuvrability at the distal end of the orotracheal tube may be necessary to allow advancement beyond the glottic opening into the trachea.

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

By combining rotation of the orotracheal tube and withdrawal of the S-Guide, a three-dimensional dancing motion of the distal end of the tube can be achieved (Figs. 1 and 2).

The S-Guide should be lubricated and shaped "straight-to-cuff" with a bend angle at the black mark approaching 35°. Its withdrawal will move the tip of the tube anteriorly while tube rotation will lead to extremity "dancing". The orange marked tip may protrude past the distal end of the ET Tube.

These conjoint manoeuvres of dynamic S-Guide intubation under videolaryngoscopic view can be extremely helpful in tracheal intubation owing to difficulty in tube advancing beyond the glottic opening, modified anatomy or oropharyngeal tumours.

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	for ET Tube	≥ I.D. 6.0 mm
Length	65 cm		

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* (2010); 65: 859.

* Schoettker, P.: "The orotracheal tube dance." *Eur J Anaesthesiol* (2014).

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