

Optional inner cannulas



Treatment Versatility

Long length (sizes available up to 98 mm) enables use in a wider variety of patient types, from normal to those with larger necks, while a 15 mm connector on the main tube makes inner cannula use optional.

Decreased Risk of Trauma

Tapered distal tip creates a smooth transition from loading obturator to tracheostomy tube outer diameter, minimizing insertion force and the potential for tracheal wall trauma.

Ease of Use

Familiar ISO-standard sizing creates easy conversion from ETT to tracheostomy tube, and convenient color-coding system facilitates simple and efficient identification of desired tube and inner cannula size.

Enhanced Patient Comfort

Soft PVC-blend material gently conforms to patient anatomy to maximize comfort and help prevent damage to internal structures.

VersaTube Size Conversions

Current Tube		Corresponding VersaTube ISO size	Loading Dilator size Fr
Shiley®	PERC 6	7.0	21
	PERC 8	8.0	24
	Tracheosoft® 7.0	7.0	21
	Tracheosoft 8.0	8.0	24
	Tracheosoft 9.0	9.0	27
Portex®	Blue Line Ultra® 7.0	7.0	21
	Blue Line Ultra 8.0	8.0	24
	Blue Line Ultra 9.0	9.0	27
	Per-fit™ 7.0	7.0	21
	Per-fit 8.0	8.0	24
	Per-fit 9.0	9.0	27
Tracoe®	Twist 7.0	7.0	21
	Twist 8.0	8.0	24
	Twist 9.0	9.0	27

Ordering Information

Global Product Number	Order Number	Tracheostomy Tube ID mm	Tracheostomy Tube OD mm	Tracheostomy Tube Length mm	Angle degrees	Cuff Resting Diameter mm
VersaTube Tapered Tracheostomy Tubes						
G54914	C-VT-7	7	10	78	96	25
G54915	C-VT-8	8	11	86	96	28
G54916	C-VT-9	9	12	98	97	30
Global Product Number	Order Number	Inner Cannula ID mm	Tracheostomy Tube ISO size	Tracheostomy Tube Color Code		
VersaTube Inner Cannulas						
G54918	C-VTIC-7	6	7.0	green		
G54919	C-VTIC-8	7	8.0	white		
G54920	C-VTIC-9	8	9.0	blue		

For complete information, please see product Instructions For Use booklet.

Tube Preparation

1. Select the appropriately sized tracheostomy tube.
2. Test the cuff and inflation system for leakage.
3. With the cuff inflated, taper the cuff back by gently moving away from the distal tip of the outer cannula toward the swivel neck plate as the residual air is removed by deflation. This will ease insertion and guard against cuff perforation by sharp cartilage edges.

NOTE: Do not use sharp instruments such as forceps or hemostats to taper the cuff; doing so may result in cuff damage.

4. Ensure that the cuff is fully deflated.
5. Remove inner cannula. **(Figure 1)**

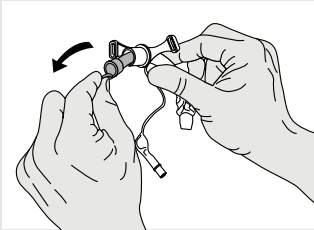


Figure 1

Insertion

6. With the inner cannula removed from the tube, insert an appropriately sized loading dilator into the tracheostomy tube. The tapered section of the loading dilator should extend from the distal tip of the tracheostomy tube by approximately 2 cm.

NOTE: Water-soluble lubricant can be applied to the outer cannula, cuff and protruding portion of loading dilator to facilitate insertion.

7. Perform the dilational tracheostomy procedure per the introducer system manufacturer's instructions.
8. Using aseptic technique, insert the inner cannula into position. **(Figure 2)**

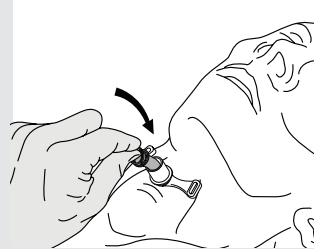


Figure 2

NOTE: Two sterile inner cannulas are provided. The outer cannula can be used independently (without the inner cannula in place).

9. Inflate the low-pressure cuff by injecting air into the Luer valve of the inflation line using a syringe. Selection of a cuff inflation and deflation method is at the discretion of the physician/hospital.
10. Switch the breathing apparatus from the endotracheal tube to the tracheostomy tube and verify adequate ventilation.
11. Secure the tracheostomy tube per hospital protocol.

NOTE: A tracheostomy tube strap is included with this device.

CAUTION: This product is composed of soft materials to conform to tracheal tissue for performance and patient comfort. Simple precautions in handling this tube during insertion and while in place will facilitate proper function and minimize tears and breaks in the inflation system. Avoid pulling or manipulating the inflation line, as it is designed to conduct and hold air as part of the cuff inflation system. It is recommended that the inflation line be maintained in a position allowing for patient mobility without placing tension on the line-to-cannula junction.

Cuff Deflation and Tube Removal

12. Before removing the tube, the cuff should be completely deflated. This will ensure that the cuff passes through the stoma with minimal resistance.

NOTE: Accumulated secretions above the cuff may need to be suctioned before deflating the cuff (with a syringe), unless suctioning is contraindicated.

13. To deflate the cuff, withdraw air slowly from the Luer valve of the inflation line using a syringe. After the cuff is fully deflated, slowly remove the tracheostomy tube.

