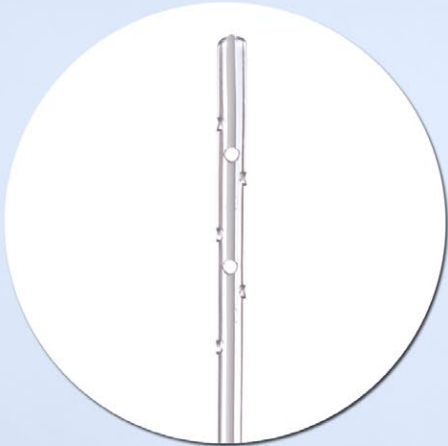


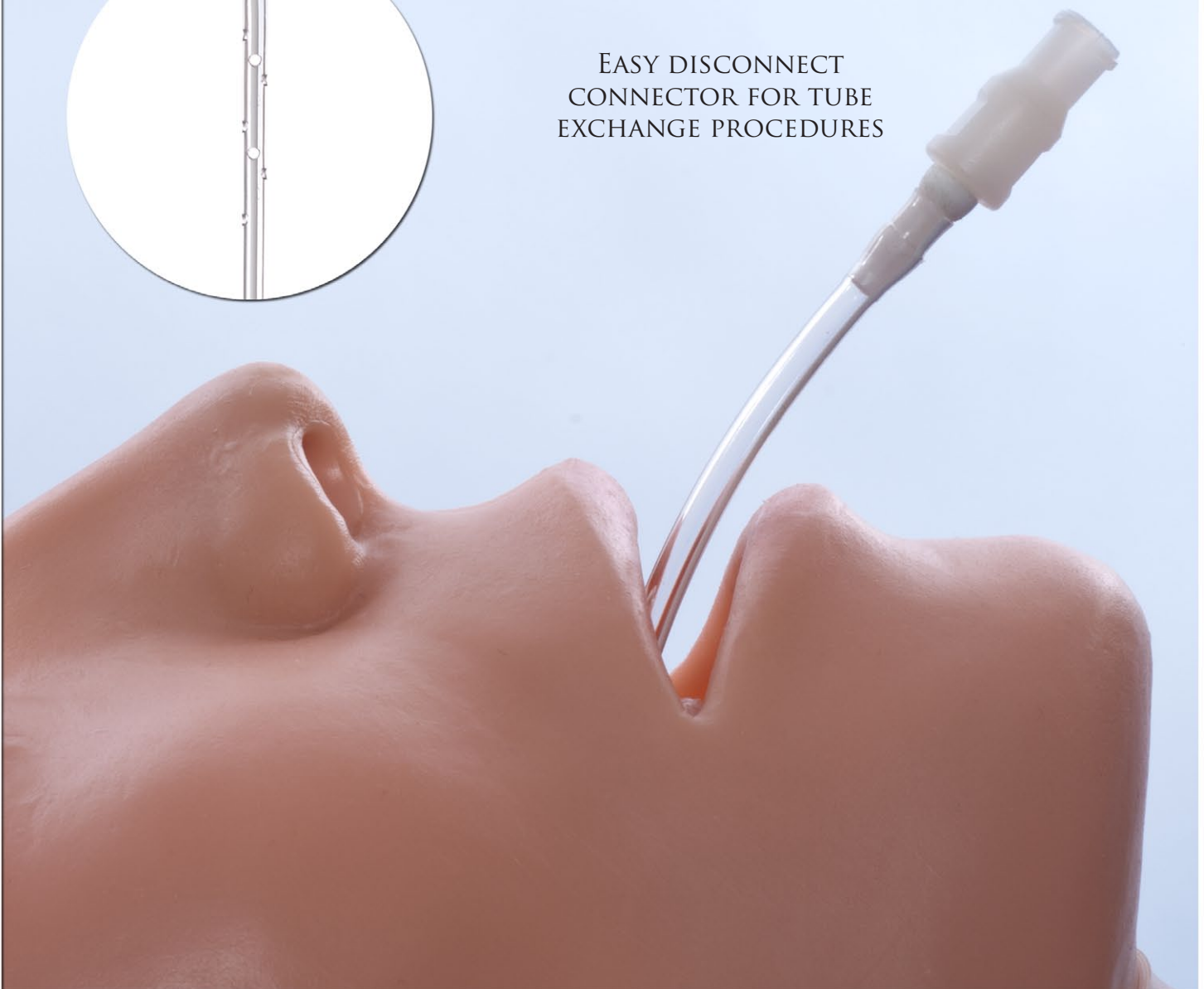
A QUICK METHOD FOR AIRWAY
EXCHANGE, OFFERING JET VENTILATION
AND EASY REINTUBATION.

THE HELICAL FENESTRATIONS
PROVIDE CATHETER STABILITY
DURING JET VENTILATION,
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Endotracheal Ventilation Catheter (ETVC)

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Extubation can be occasionally complicated by:

Airway Obstruction:

Laryngospasm, laryngeal or supraglottic edema, vocal cord dysfunction, and obstructive sleep apnea.

Hypercapnic Respiratory Failure:

Excessive sedation, inadequate reversal of muscle relaxants, splinting due to pain, central sleep apnea, severe chronic obstructive pulmonary disease, and residual anaesthesia.

Hypoxemic Respiratory Failure:

Aspiration, atelectasis, pulmonary edema, pneumonia, sepsis, and pulmonary secretions.

Inadequate Airway Protection:

Excessive sedation, and loss of protective reflexes.

The Endotracheal Ventilation Catheter (ETVC) provides prolonged intraoperative jet ventilation, maintenance of tracheal access after extubation, and establishes a clear pathway for reintubation. This device is compatible with most endotracheal tubes with an internal diameter greater than six millimeters.



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