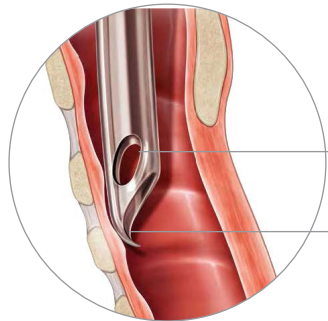


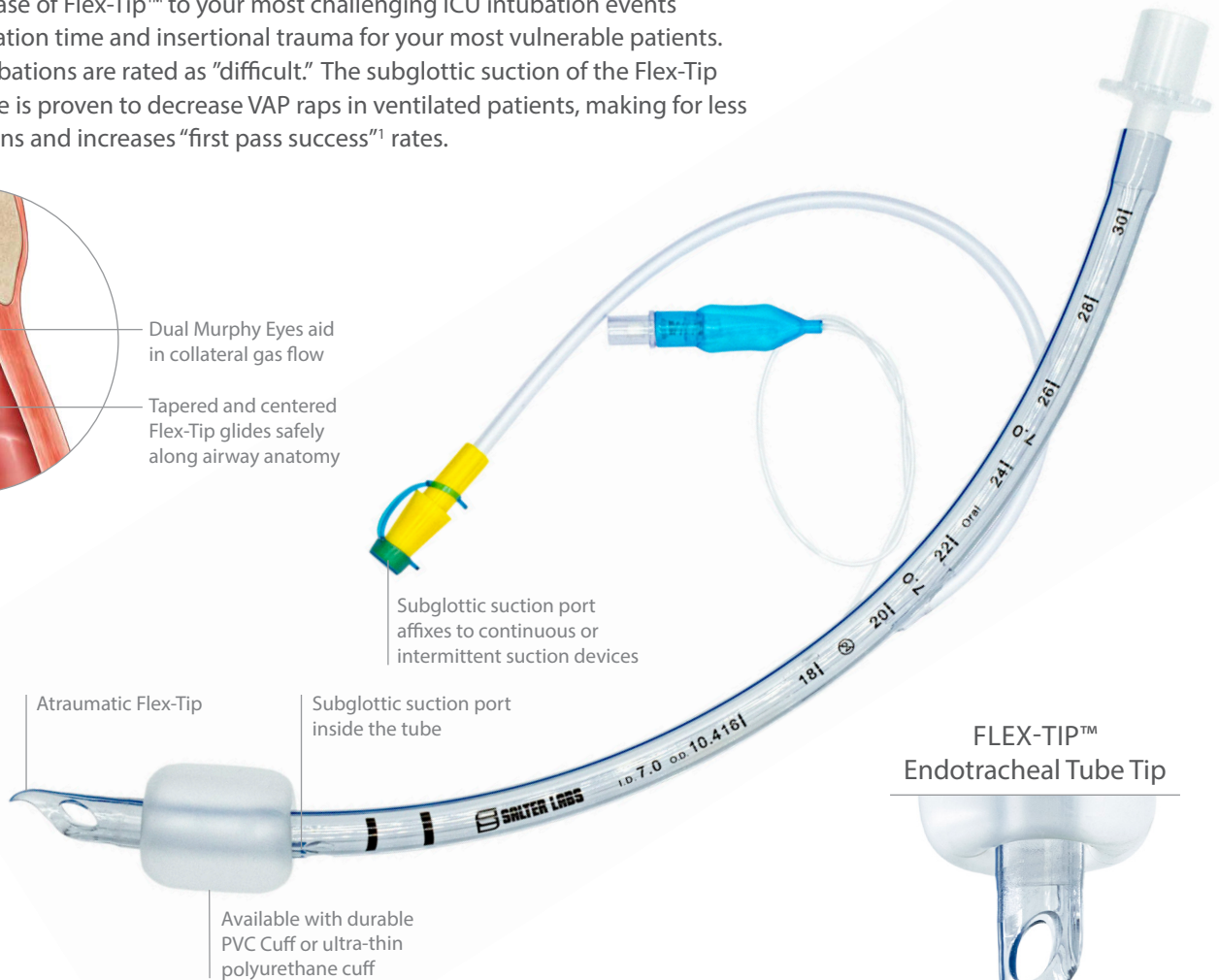
# TRACH-VAC SUBGLOTTIC SUCTION ENDOTRACHEAL TUBE WITH FLEX-TIP™

LATEX FREE | SINGLE PATIENT USE | DISPOSABLE | DEHP FREE

Incorporate the ease of Flex-Tip™ to your most challenging ICU intubation events and reduce intubation time and insertional trauma for your most vulnerable patients. 6-28% of ICU intubations are rated as “difficult.” The subglottic suction of the Flex-Tip Endotracheal Tube is proven to decrease VAP raps in ventilated patients, making for less traumatic insertions and increases “first pass success”<sup>1</sup> rates.



Dual Murphy Eyes aid in collateral gas flow  
Tapered and centered Flex-Tip glides safely along airway anatomy



Atraumatic Flex-Tip

Subglottic suction port inside the tube

Available with durable PVC Cuff or ultra-thin polyurethane cuff

FLEX-TIP™  
Endotracheal Tube Tip

STANDARD  
Endotracheal Tube Tip

ITEM	DESCRIPTION	CUFF DIA.	ID	OD	PK
I-SFTVVC-60-100	TrachVac with PVC Cuff	25 mm	6.0 mm	9.0 mm	10
I-SFTVVC-65-100	TrachVac with PVC Cuff	25 mm	6.5 mm	9.8 mm	10
I-SFTVVC-70-100	TrachVac with PVC Cuff	26 mm	7.0 mm	10.4 mm	10
I-SFTVVC-75-100	TrachVac with PVC Cuff	26 mm	7.5 mm	11.2 mm	10
I-SFTVVC-80-100	TrachVac with PVC Cuff	28 mm	8.0 mm	11.8 mm	10
I-SFTVVC-85-100	TrachVac with PVC Cuff	28 mm	8.5 mm	12.6 mm	10
I-SFTVVC-90-100	TrachVac with PVC Cuff	28 mm	9.0 mm	13.1 mm	10
I-SFTVPU-60-100	TrachVac with Polyurethane Cuff	20 mm	6.0 mm	9.0 mm	10
I-SFTVPU-65-100	TrachVac with Polyurethane Cuff	24 mm	6.5 mm	9.8 mm	10
I-SFTVPU-70-100	TrachVac with Polyurethane Cuff	24 mm	7.0 mm	10.4 mm	10
I-SFTVPU-75-100	TrachVac with Polyurethane Cuff	26 mm	7.5 mm	11.2 mm	10
I-SFTVPU-80-100	TrachVac with Polyurethane Cuff	26 mm	8.0 mm	11.8 mm	10
I-SFTVPU-85-100	TrachVac with Polyurethane Cuff	30 mm	8.5 mm	12.6 mm	10
I-SFTVPU-90-100	TrachVac with Polyurethane Cuff	30 mm	9.0 mm	13.1 mm	10

<sup>1</sup>Radesic BP, Winkleman C, Einsporn R, Klees J. Ease of Intubation with the Parker Flex-Tip or a standard Mallinckrodt endotracheal tube using a video laryngoscope (Glidescope). AANA J. 2012;80:363-372.