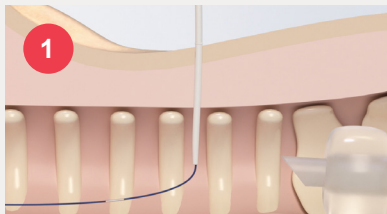


The Tracoe Twist P-tube premounted on its inserter for a minimally traumatic tube placement.



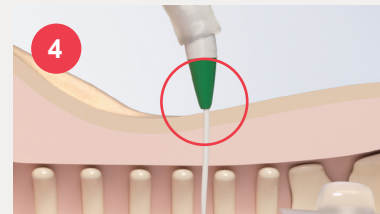
1 For the placement of a Tracoe Twist P-tube, the Experc dilator is removed and the guiding catheter remains with the Seldinger guide wire in situ.



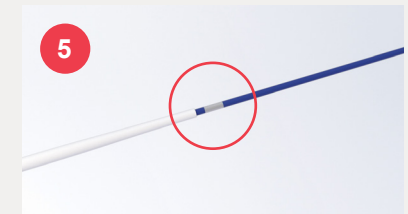
2 Check the cuff for leaks, then deflate and lubricate the tube end, silicone sleeve and cuff material with lubricating jelly before placement.



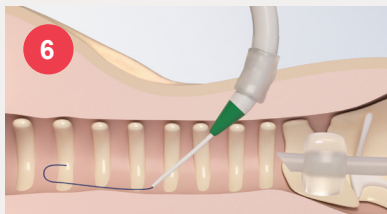
3 Introduce the inserter with the Twist tube onto the guiding catheter and guide wire.



4 Bring the tip of the inserter to the stopper ring of the guiding catheter and position it on skin level.



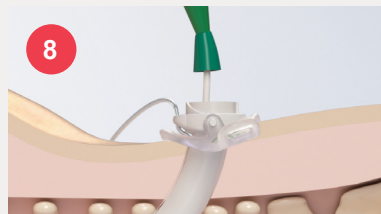
5 Visualize the mark at the end of the guide wire.



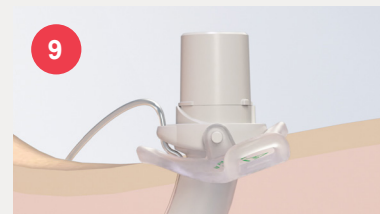
6 Start the insertion vertically and place the tube in a controlled movement until the neck flange reaches skin level.



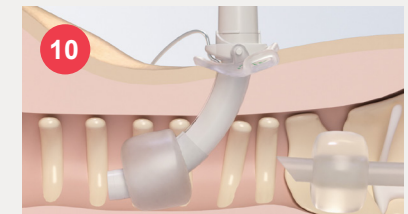
7 Hold the neck flange with two fingers and remove the inserter, guiding catheter and Seldinger guide wire.



8 While pulling the insertion system out, the silicone sleeve flips over automatically and can therefore be removed.



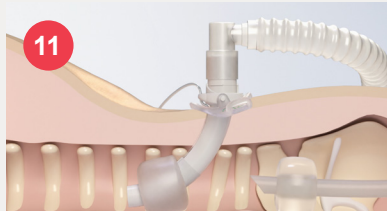
9 Insert the non-fenestrated inner cannula and fix it in the outer cannula by turning the 15 mm connector clockwise until it locks into place.



10 Then inflate the cuff of the tracheostomy tube, disconnect the ventilation tube from the ET tube and attach it to the 15 mm connector of the tracheostomy tube.

This can be done either in succession, starting with the inserter, or all together at the same time.

Ensure that the ventilator circuit has been disconnected from the ET tube before inflating the tracheostomy tube cuff.



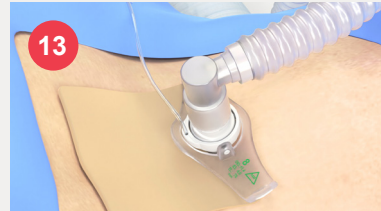
11 The position of the tracheostomy tube is confirmed via the ventilatory circuit using a fiber optic camera. In addition, another fiberoptic assessment is carried out via the ET tube.

If necessary, correct the position of the tube during the check-ups.



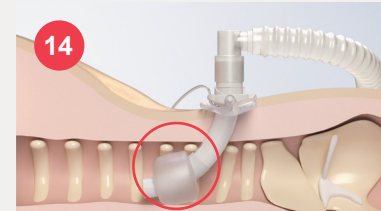
12 The cuff of the ET tube is then deflated, withdrawn and removed under control of the anatomical structures

The ventilation parameters must then be adjusted.



13 Place a dressing under the neck flange and fix the tube in place with the neck strap.

Tip: Ongoing evaluation of tube position is recommended throughout patient journey.



14 Now the cuff pressure should be checked, for example with a handheld manometer. It should be between 20 and 30 cmH₂O.



15 Alternatively, our Tracoe Smart Cuff Manager can be connected for continuous monitoring and regulation of the recommended cuff pressure.