GlideScope® Video Laryngoscope Fact Sheet

GlideScope: Designed for 1st Pass Success

Overview

Designed for "1st Pass Success," GlideScope video laryngoscopes offer significant benefits to Anesthesiology, Critical Care, Emergency and EMS markets by providing a consistently clear, real-time view of the patient's airway, enabling quick intubation.

About Intubation

Endotracheal intubation is the placement of an endotracheal tube (ETT) into the patient's trachea to enable respiration. ETTs are considered the gold standard for airway management because they provide the most effective seal for the trachea, thus allowing the lungs to be inflated with higher ventilatory pressures and preventing aspiration of airway contaminants into the patient's lungs. Traditional methods of intubation employing a direct laryngoscope (DL) involve "line of sight" maneuvers that can cause stress to patients. Because GlideScope does not require "line of sight" for view and takes less force to position, it is a significant improvement over the traditional direct laryngoscope widely used for this purpose.[i]

About Difficult Airways

Difficult airways are associated with a poor airway view, when the glottis cannot be visualized directly due to anatomical concerns or trauma to the neck or airway. The reported incidence of airways which are difficult to intubate with traditional direct laryngoscopes ranges up to 13%.[ii] GlideScope video laryngoscopes consistently provide a clear, real time view of the larynx and vocal cords on a display monitor to facilitate proper ETT placement. In fact, the GlideScope GVL® is clinically proven to provide a Cormack-Lehane (C/L) Grade I or II view 99% of the time.[iii] The patented GlideScope features a unique blade angulation, integrated camera, and unique anti-fogging mechanism.

About GlideScope Video Laryngoscopes

The GlideScope Video Laryngoscope provides a consistently clear view of the patient's airway, enabling quick endotracheal intubation (placement of a breathing tube). The GlideScope with its unique blade angle and anti-fogging mechanism is effective in routine and difficult airways (for example, acute trauma cases with blood and secretions in the airway). GlideScope requires less force than traditional direct laryngoscopy (DL) methods, and is easy to use, learn and teach.

GlideScope® Cobalt AVL and Cobalt AVL Preterm/Neonatal (both single-use)
AVL denotes advanced video laryngoscopy. The new Cobalt AVL models feature a new digital color monitor, providing a consistently clear, DVD quality view, to enable swift intubation. Five single-use options cover a wide range of patient sizes – from preterm to morbidly obese. Additional AVL features include real-time recording to confirm tube placement and facilitate teaching, an onboard video tutorial and advanced resolution output for OR theatre viewing.

GlideScope GVL® (reusable) and Cobalt (single-use)
These systems offer improved real-time view of the airway and tube placement enabling quick intubation. Easy to use, learn and teach, both systems are operational in seconds. The GVL and Cobalt systems include a high-resolution camera, anti-fogging mechanism to resist lens clouding and secretions, a non-glare color monitor and unique blade angulation. Video output for remote display or for recording is an available option.

GlideScope Ranger (single-use and reusable)
The Ranger is a portable, compact and durable video laryngoscope that provides a consistently clear, real-time view of the patient's airway enabling fast intubations in Military and EMS settings. Featuring rugged, high-impact construction, a unique blade angulation, a non-glare monitor that is easily visible in bright light, and an anti-fogging mechanism that resists lens clouding and secretions, the Ranger was designed to be dependable in an array of field conditions. It is offered in reusable and single use models and carries the U.S. Army Airworthiness Certification.

Related Technologies

The GlideScope DVR
The GlideScope DVR (digital video recorder) is designed to record intubations performed with the GVL/Cobalt or Ranger video laryngoscopes. It creates a digital record of ETT placement, helps confirm that the tube has been properly placed and serves as a valuable teaching tool.

GlideRite® Accessories

GlideRite Accessories includes products developed specifically for use with the GlideScope video laryngoscope. These stylets, endotracheal tubes and guides are designed to complement the angle of the GlideScope and to enable quick intubation.

Rigid Stylet
The GlideRite Rigid Stylet complements the GlideScope blade shape and eliminates the need to manually shape the stylet to fit down the airway, an important factor during time-critical endotracheal intubations.

GlideRite Endotracheal Tube – The GlideRite endotracheal tube (ETT) features a unique, flexible tip that is designed to flex and slide past anatomical structures that it encounters in the airway. It has been shown to reduce the risk of tube tip hang-ups on the patient's airway anatomy during intubation.[iv]

Auto Stylet
Designed for direct delivery of an endotracheal tube into the glottis, the GlideRite Auto Stylet offers enhanced maneuverability for successful intubation. It offers an ergonomic one-press design to advance the ET tube.

DLT (double lumen tube) Stylet
The GlideRite® DLT Stylet is designed to work with the GlideScope® video laryngoscope to offer improved maneuverability and to enable placement of a double lumen ventilation tube.

GlideRite Endotracheal Tube
The GlideRite endotracheal tube has been shown to help reduce the risk of damage to the patient's vocal chords and other delicate tissues during intubation, when compared with standard endotracheal tubes (ETT).[v] GlideRite features a soft, flexible, centered and tapered tip, conforming to the natural groove of the epiglottis to facilitate the smooth transition of the tube into the trachea.

GlideScope Ranger

Additional Product Information

Markets: Anesthesiology, Critical Care, Emergency, EMS, Military, et. al.

Introduction of the:

First GlideScope video laryngoscope:	Late 2001
GlideRite Rigid Stylet:	2006, June
GlideScope Ranger:	2006, October
GlideRite Endotracheal Tube:	2006, October
GlideScope Cobalt:	2007, May
GlideScope Ranger Single Use:	2007, November
GlideScope Cobalt 1-2 for Preterm and Neonatal Patients:	2008, September
GlideScope DVR:	2009, March
GlideScope Cobalt AVL	2009, October
GlideRite Guide	2009,
GlideRite Auto Stylet	2010, March
GlideRite DLT Stylet	2010, May

Verathon® Media Contact: Lorraine Silva, GlideScope Brand Director, (425) 867-1348. Ext. 5604
Jane Mueller, VP of Marketing, (425) 867-1348, Ext. 5600

[i] Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198; Sun D.A, Warriner C.B, Parsons D.G, Klein R, Umedaly H.S, Moult M. Respiration and the Airway. The GlideScope® Video Laryngoscope: randomized clinical trial in 200 patients. *British Journal of Anesthesia* 2005; 94: 381-384.

[ii] Ovassapian, A. *Fiberoptic Endoscopy and the Difficult Airway*, 2d ed, p. 185, Lippincott-Raven, 1996.

[iii] Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198.

[iv] Makino H, Katoh T, Kobayashi S, Bito H, Sato S. The Effects of Tracheal Tube Tip Design and Tube Thickness on Laryngeal Pass Ability During Oral Tube Exchange with an Introducer. *Anesth Analg. 2003;97:285-288.* Kristensen MS. The Parker Flex-Tip Tube *vs*. a Standard Tube for Fiberoptic Orotracheal Intubation: A Randomized Double-blind Study. *Anesthesiology*. 2003; 98(2):354-358. Cooper RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new video laryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198.

[v] Makino H, Katoh T, Kobayashi S, Bito H, Sato S. The Effects of Tracheal Tube Tip Design and Tube Thickness on Laryngeal Pass Ability During Oral Tube Exchange with an Introducer. *Anesth Analg.* 2003;97:285-288. Kristensen MS. The Parker Flex-Tip Tube vs. a Standard Tube for Fiberoptic Orotracheal Intubation: A Randomized Double-blind Study. *Anesthesiology.* 2003; 98(2):354-358. **3.** Cooper RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new video laryngoscope (GlideScope) in 728 patients. *Canadian Journal of Anesthesia.* 2005; 52: 2: 191-198.