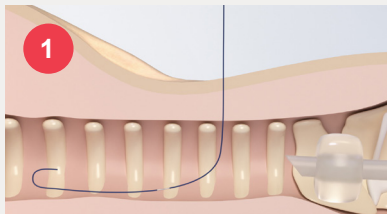


The Tracoe Vario P-tube premounted on its insertion system for a minimally traumatic tube placement.



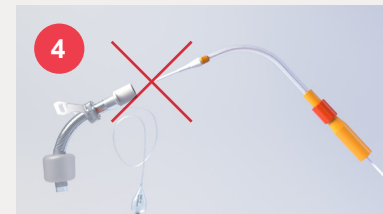
For the Tracoe Vario P-tubes, the Experc dilator and guiding catheter are removed after the tracheostomy so that only the guide wire remains in the patient.



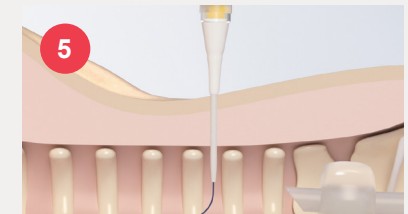
Check the cuff for leaks, then deflate and lubricate the tube end, silicone sleeve and cuff material with lubricating jelly before placement.



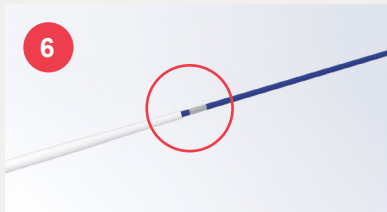
Introduce the insertion system with the Vario tube with pre-mounted guiding catheter onto the guide wire.



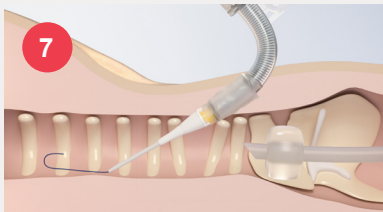
Do not disassemble the pre-assembled tracheostomy tube consisting of insertion system with guiding catheter, tracheostomy tube and inner cannula.



Bring the tip of the insertion system to skin level using the safety stopper of the guiding catheter.



Visualize the mark at the end of the guide wire.



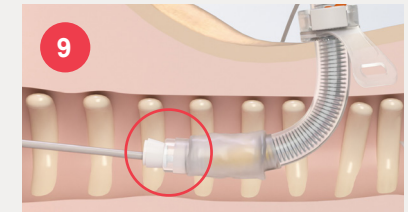
Start the insertion vertically and place the tube in a controlled movement until the neck flange reaches skin level.



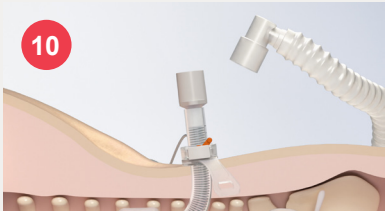
Hold the 15 mm connector - not the adjustable neck flange, as this is adjustable - with two fingers and remove inserter, guiding catheter and Seldinger guide wire.



Tip: Do not pull on the tip of the guiding catheter or silicone sleeve solely. Ensure to take hold of the complete insertion system (inserter and guiding catheter).

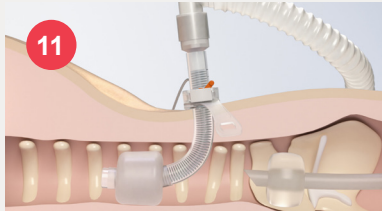


While pulling the insertion system out, the silicone sleeve automatically flips over and can therefore be removed.



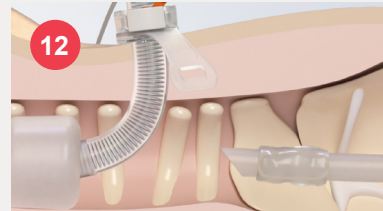
Inflate the cuff of the tracheostomy tube, disconnect the ventilation tube from the ET tube and attach it to the 15 mm connector of the tracheostomy tube.

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



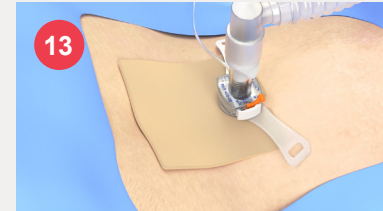
The position of the tracheostomy tube is confirmed via the ventilatory circuit using a fiber optic camera. In addition, another fiberoptic assessment is carried out via the ET tube.

If necessary, correct the position of the tracheostomy tube during the check-ups. Then lock the adjustable neck flange by pushing the orange lever upwards.



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.



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.



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

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