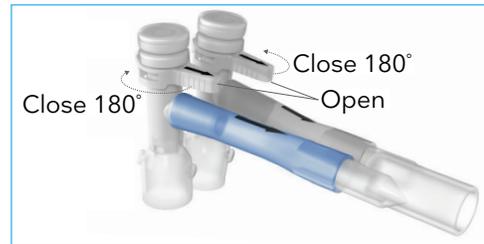


QUICK REFERENCE GUIDE

Ambu® VivaSight™ 2 DLT

Reference No.	Description
412351000	Ambu® VivaSight™ 2 DLT Kit 35 Fr - LEFT
412371000	Ambu® VivaSight™ 2 DLT Kit 37 Fr - LEFT
412391000	Ambu® VivaSight™ 2 DLT Kit 39 Fr - LEFT
412411000	Ambu® VivaSight™ 2 DLT Kit 41 Fr - LEFT

Y-Connector Operation



Operation of the Y-connector available with the VivaSight 2 DLT. In the illustration, both lumens are open for ventilation.

Before Intubation

NOTE: When using VivaSight, ALWAYS ensure that VivaSight is plugged into aView™ 2 Advance before turning on aView 2 Advance.

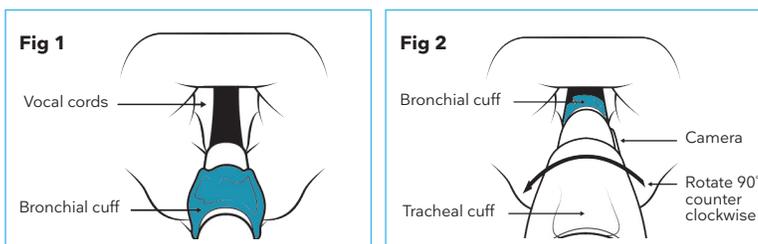
1. Select the VivaSight 2 DLT in the same manner as other double lumen endobronchial tubes. Once tube is selected, connect to the aView 2 Advance and turn on (refer to aView quick guide for proper connection of VivaSight to aView 2 Advance). Check that the two LEDs at the tip of the tube are working; replace the tube if they are not.
2. Verify that there is a stable image on the monitor and then turn off the monitor until immediately prior to intubation. Test the cuff for integrity by inflating and deflating.
3. Induce anesthesia per protocol. Suction the oral cavity and airway area before inserting VivaSight 2 DLT.
4. Prepare the patient and lubricate the tube if needed, avoiding the area around the camera lens. Use a few drops of anti-fog on the lens before intubation.

Secretion Management

If the lens becomes obscured by secretions it can be cleaned by injecting air, prescribed liquid medications, or saline, where permitted by institutional policy, into the flush port of the rinsing tube. You could also use a straight or curved suction catheter, or a combination. The recommended method is as follows:

1. Inject 2-4cc air into the injection tube port (RED), and then check image clarity.
2. If the image is not sufficiently clear, connect a 10cc syringe filled with 2-4cc of saline, to the flushing port and push the plunger. Perform this step twice (total of 4cc of saline).
3. Fill a 10cc syringe with 5-10cc of air, connect it to the flushing port and push the plunger. Perform this step twice.
4. Connect an empty 10cc syringe to the flushing port and suck the saline. Perform this step twice.
5. If secretion is still compromising the view, pass curved or coudé suction catheter down the tracheal lumen while rotating the catheter counter clockwise and suctioning.

Intubation Technique with VivaSight 2 DLT



1. Insertion of the VivaSight 2 DLT through the vocal cords with the tip facing upwards is performed with a laryngoscope in the normal manner. (Fig 1)
2. When the tip passes the vocal cords, and before the camera passes it, turn the tube 90 degrees counterclockwise until the camera is facing up, pointing toward the vocal cords. (Fig 2) In this position, the tube passes through the vocal cords with the camera on the superior portion of the tube.
3. When the camera passes the vocal cords, advance the tube slowly while watching the monitor until final positioning, without additional tube maneuvering. When in place, the proximal portion of the bronchial arm will be horizontal and on the left side.

Ambu FOREVER FORWARD

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After Procedure

1. Extubate slowly while examining the airway on the aView 2 Advance.
2. Disconnect the single-use adapter cable from the aView 2 Advance monitor.
3. Turn off the monitor.
4. Discard the single-use VivaSight 2 DLT tube, Y-connector, stylet and adapter cable in a suitable biohazard receptacle in accordance with local regulations.