



# For the Record

In the Pragmatic Airway Randomized Trial (PART) clinically and statistically significant data confirms that the LTS-D improves 72 hour survival when used as the initial airway strategy in cardiac arrest. This study, conducted on humans, not pigs,

was printed in the August 2018 Journal of American Medical Association (JAMA). In fact, the LTS-D outperformed the “Gold Standard” in airway management in all secondary outcomes as well.



## NO DIFFERENCE

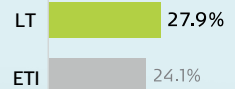
Oropharyngeal or Hypopharyngeal Injury and Airway Swelling or Edema

No difference in LT and ETI

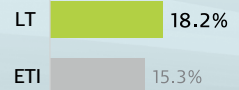


## SUPERIOR OUTCOMES

Return of Spontaneous Circulation (ROSC)



## SUPERIOR OUTCOMES 72-HOUR SURVIVAL



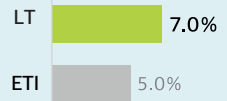
## SUPERIOR OUTCOMES

Survival to Discharge



## SUPERIOR OUTCOMES

Favorable Neurological Status at Discharges



## KNOW THE FACTS

- \* The LTS-D saves more lives than the gold standard (intubation) in cardiac arrest
- \* The LTS-D improves survival in cardiac arrest
- \* The LTS-D showed better neurological outcomes during cardiac arrest than the endotracheal tube. In fact, research presented in 2015, demonstrated that there was no obvious carotid compression on carotid arteries in humans during cardiac arrest using various supraglottic airway devices including the LTS-D
- \* The LTS-D does not have higher risks of aspiration when compared to intubation
- \* In the PART Trial, the p value for all outcomes were statistically significant < .05
- \* Other SGAs in similar studies did not improve outcomes in cardiac arrest, the LTS-D did!<sup>3</sup>

1. Wang et al. LT vs ETI in Adult OHCA: the ROC Pragmatic Airway Resuscitation Trial. JAMA 2018 2. Braude, D et al. Radiographic Evaluation of Carotid Artery Compression in Patients With Extraglottic Airway Devices in Place. Academic Emergency Medicine 2015. 3. Benger, et al. Effect of a Strategy of a Supraglottic Airway Device vs Tracheal Intubation During Out-of-Hospital Cardiac Arrest on Functional Outcome The AIRWAYS-2 Randomized Clinical Trial. JAMA 2018.