



## Flex-Tip® Technology

For almost 30 years, Dr. Jeff Parker did many intubations as a Critical Care physician. Over this time, however, he noticed that intubation was frequently slow, difficult, and often traumatic, even when performed by experienced anesthesiologists. Since nobody had identified the origin of these problems, Dr. Parker set out to determine the root cause of these unfortunate outcomes. His research identified the forward tips of standard endotracheal tubes as the underlying cause of most of these problems. To eliminate intubation difficulties and airway trauma, he completely redesigned the tips of standard endotracheal tubes. The result is the revolutionary Flex-Tip® Endotracheal Tube. Independent clinical studies demonstrate significant clinical advantages over standard tubes.<sup>1,2</sup>

FLEX-TIP®
Endotracheal Tube Tip



STANDARD Endotracheal Tube Tip



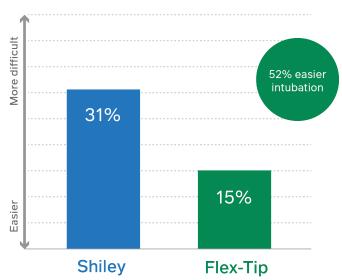




# Clinically-proven intubation experience

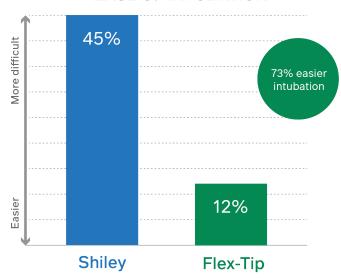
Clinical studies suggest smoother intubations across a range of situations<sup>1,2</sup>

## **EASE OF INTUBATION**



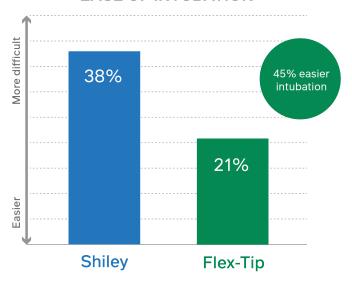
For all non-difficult airway patients intubated with GlideScope<sup>1</sup>

### **EASE OF INTUBATION**



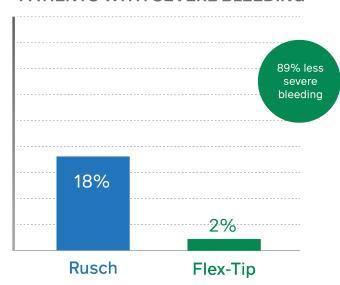
For non-difficult airway patients intubated with GlideScope where airway was difficult to visualize<sup>1,a</sup>

### **EASE OF INTUBATION**



For non-difficult airway patients intubated with GlideScope without paralysis<sup>1,b</sup>

### PATIENTS WITH SEVERE BLEEDING



For nasotracheal intubation of non-difficult airway patients<sup>2</sup>

<sup>1.</sup> Radesic BP, Winkleman C, Einsporn R, Kless J. Ease of intubation with the Parker Flex-Tip or a standard Mallinckrodt endotracheal tube using a video laryngoscope (GlideScope). AANA J. 2012;80:363-372.

<sup>2.</sup> Sanuki T, Hirokane M, Matsuda Y, Sugioka S, Kotani J. The Parker Flex-Tip tube for nasotracheal intubation: the influence on nasal mucosal trauma. Anaesthesia. 2010; 65:8-11.

a. Cormack-Lehane (CL) score. 2 indicates only partial view of glottis or arytenoid cartilage

b. Partial paralysis included any cases with muscle twitches measured using nerve stimulator with train-of-four stimuli.



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