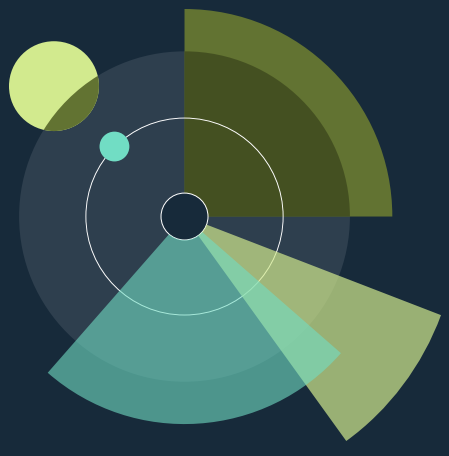
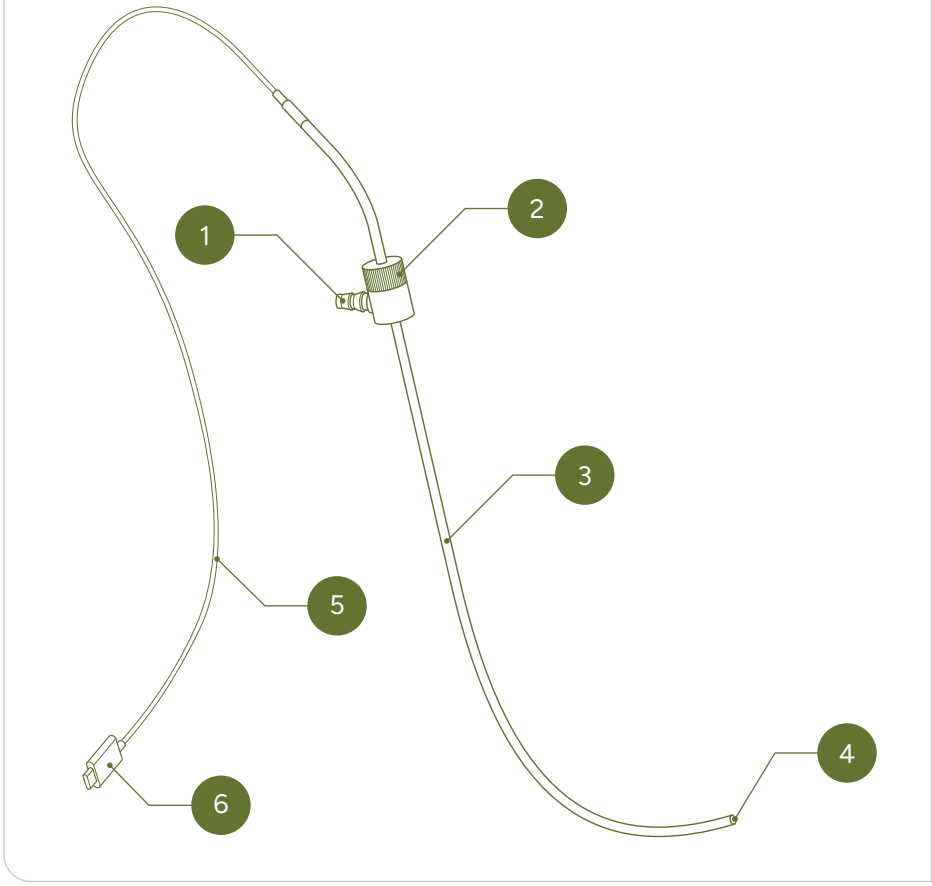
Airway Management Simplified

INSTRUCTIONS FOR USE

TOAD™ Video Wand



TOAD™ - Total Oral Airway Devices



1. Suction/Oxygenation Port
2. Position Locking Cap
3. Malleable Wand Body
4. Camera
5. Connection Cable
6. Connector

Indication for Use

- The TOAD™ Video Wand is a unique, malleable wand with integrated HD camera. Operation is similar to standard endotracheal tube with a stylet but includes vision at its tip.
- The TOAD™ Video Wand is designed to be placed within an endotracheal tube (6.0 and above) to provide continued visualization and guidance of endotracheal tube for intubation.
- It is recommended to follow ASA guidelines for airway management.

Product Number: S-VW

Contraindications

- Do not use the TOAD™ Video Wand as part of instrumentation of a surgical procedure.
- Do not use the TOAD™ Video Wand near electric cautery as this could cause harm to patient.
- Do not use the TOAD™ Video Wand if unfamiliar or not proficient in airway rescue management and techniques.

Warnings

- Do not use excessive force during placement or removal of the TOAD™ Video Wand. Excessive force may harm structural integrity, and potentially harm the patient.
- At this time it is not recommended to leave the TOAD™ Video Wand and endotracheal tube together in the patient after intubation. No studies have taken place to show safety profile in leaving both devices in the patient.
- It is recommended to use the TOAD™ Video Wand when placing an endotracheal tube.
- Always ensure clear visualization of open space/pathway while advancing. Never advance when there is no identifiable clear view as it could cause excessive trauma or life-threatening harm.
- As in all airway visualizing devices, the proper view can be compromised if debris, foreign bodies, blood or tissues obscure the camera.
- Placement of device does not guarantee proper ventilation.
- This TOAD™ Video Wand is intended to be used within the structures of a endotracheal tube.

Caution

- The TOAD™ Video Wand is intended for single use only.
- Caution: Federal (USA) law restricts this device to the sale by or on the order of a physician.
- Do not use if device or package is damaged.
- Do not reprocess, alter or reuse the TOAD™ Video Wand.
- The TOAD™ Video Wand is not MRI compatible.
- The TOAD™ LIVVE™ is MRI compatible

Adverse Events

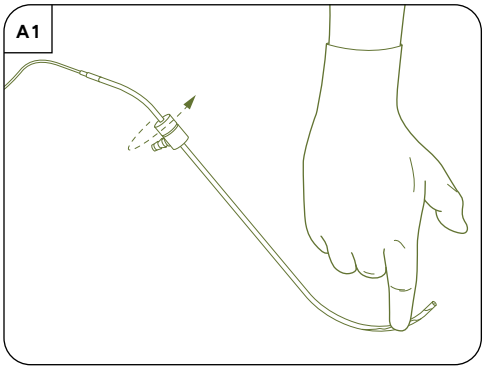
- All airway devices could stimulate patient to gag or aspirate.
- All airway devices may cause excessive pressure, ulcerations, tissue damage, nerve damage and puncture of vital airway structures.
- Misuse of this device can cause trauma, bleeding or puncture of vital tissues.
- This device may not be compatible with patients who are awake or semi-awake.

Pre-Use Checks

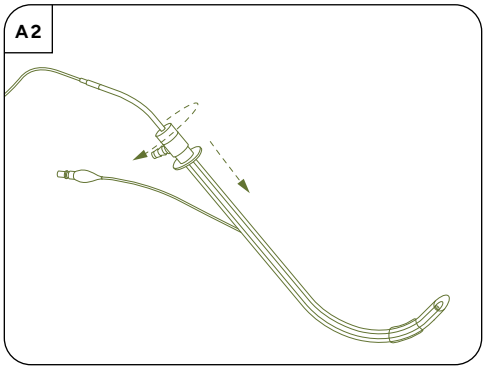
- Each individual patient medical history and present circumstances should be evaluated by a licensed practitioner prior to use. It is incumbent to be familiar with this airway device and system prior to use.
- Inspect all airway devices prior to use.
- Do not contaminate packaging with foreign objects that may adhere to the device while being inserted into patient.
- Examine all structures of the TOAD™ Video Wand to ensure it is free from blockage, loose particles, or indentations. Discard device if any defects are detected.
- Water-based lubrication must be used prior to insertion of the TOAD™ Video Wand.
- Always maintain proper vigilance in maintaining and verifying adequate ventilation.
- Always practice in accordance with recognized airway management techniques and practices.
- As in all airway devices, always have a backup plan and multiple airway rescue management devices at disposal.
- Always maintain clean technique and keep device inside packaging until just prior to use.

SECTION A

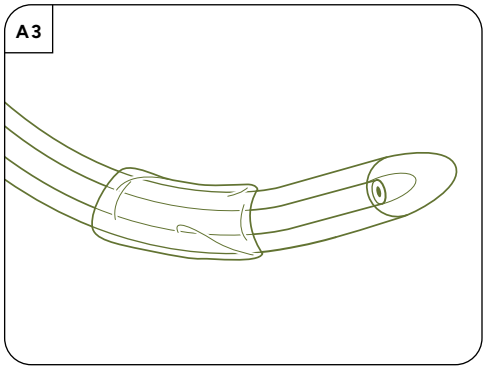
Using the TOAD™ Video Wand with the TOAD™ Video Laryngoscope



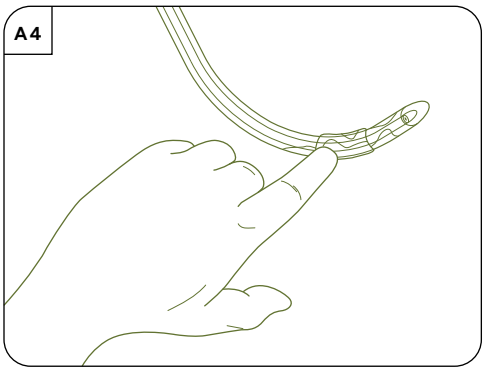
Loosen securing cap on Video Wand. Lubricate distal tip edges of Video Wand with water-based sterile lubricant. Do not get lubricant on camera lens. If camera is obscured with lubricant, gently wipe with a sterile alcohol swab.



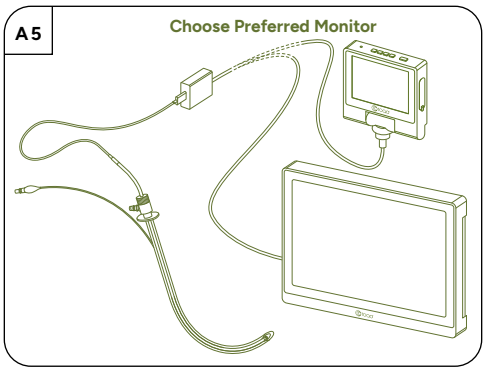
Carefully place Video Wand inside appropriate size endotracheal tube (6.0-9.0) being careful not to hit side walls. Firmly press Video Wand cap onto proximal end of endotracheal tube and tighten to secure.



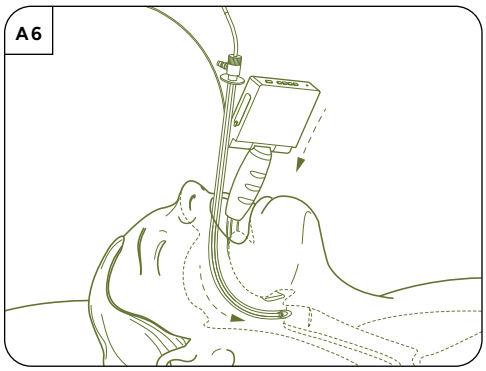
Adjust Video Wand camera to be proximal to the distal tip of the endotracheal tube making sure it is within the distal end of the endotracheal tube. (Video Wand should not be the leading device during placement).



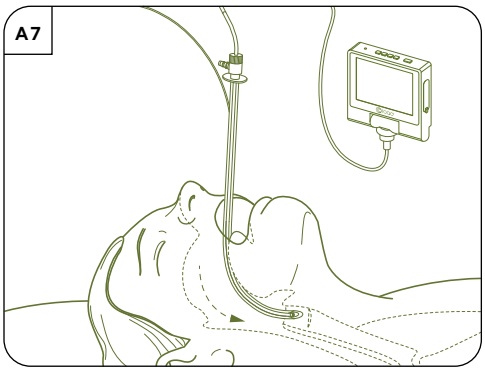
Lightly lubricate distal tip of endotracheal tube including deflated cuff prior to insertion.



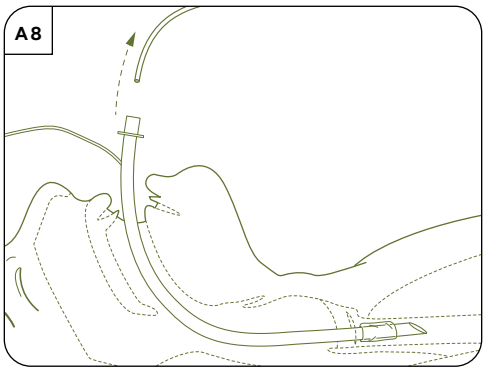
Connect the Video Wand to either the 3.5 inch monitor or 10 inch monitor using appropriate corresponding cable. Turn on monitor and make sure an adequate picture is obtained.



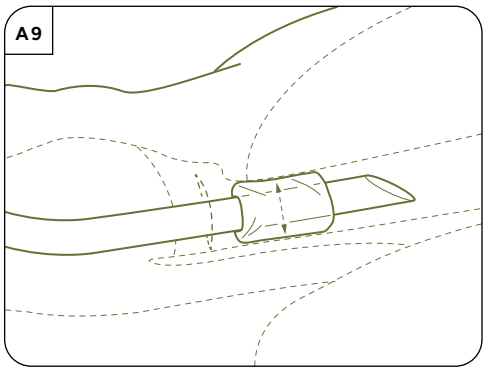
Place the Video Laryngoscope into the mouth first. Then insert the combined Video Wand/endotracheal tube along the right side following the anatomy of the patient.



Follow endoscopic technique initially with the Video Laryngoscope then place combined Video Wand/endotracheal tube beneath epiglottis, now directing your view to the selected Video Wand monitor.



Once lined up at the vocal cords, slide the endotracheal tube off the Video Wand. Carefully remove Video Wand from endotracheal tube.

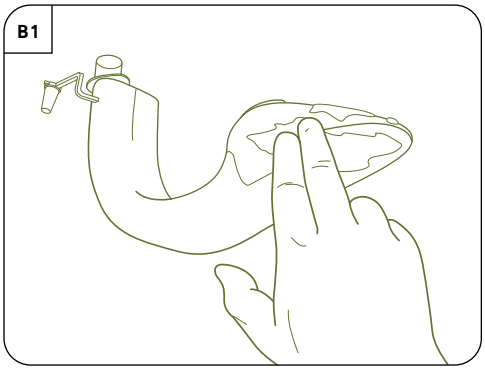


Inflate the endotracheal tube cuff, switch ventilation source to the endotracheal tube, and confirm proper placement and ventilation according to standards of care.

SECTION B

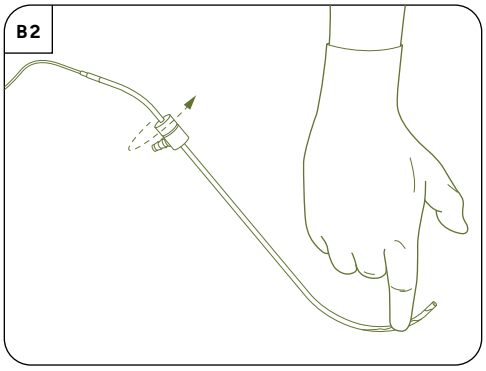
Using the TOAD™ Video Wand with the LIVVE™

B1



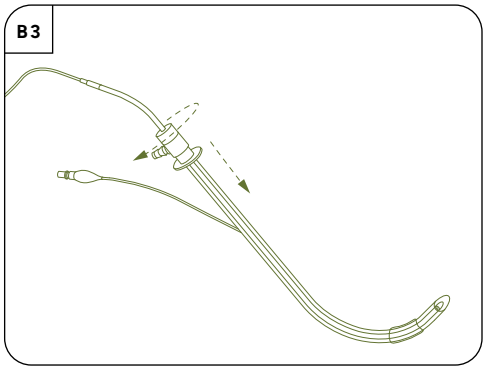
Open package and inspect for any defects. Maintain cleanliness and keep the LIVVE™ device inside its packaging until use. Just before use, lubricate anterior and posterior surfaces, distal edges and entire rim with water-based sterile lubricant.

B2



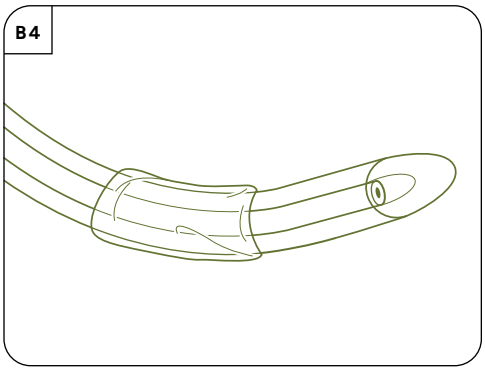
Loosen securing cap on Video Wand. Lubricate distal tip edges of Video Wand with water-based sterile lubricant. Do not get lubricant on camera lens. If camera is obscured with lubricant, gently wipe with a sterile alcohol swab.

B3



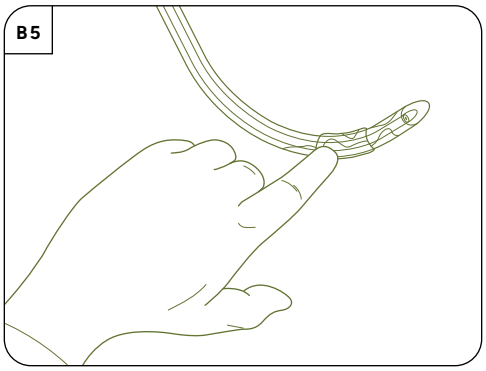
Carefully place Video Wand inside appropriate size endotracheal tube (6.0-9.0) being careful not to hit side walls. Firmly press Video Wand cap onto proximal end of endotracheal tube and tighten to secure.

B4



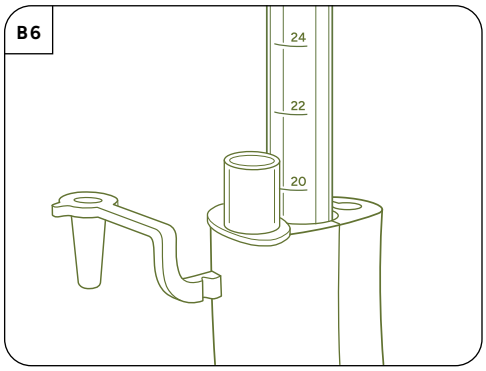
Adjust Video Wand camera to be proximal to the distal tip of the endotracheal tube making sure it is within the distal end of the endotracheal tube. (Video Wand should not be the leading device during placement).

B5



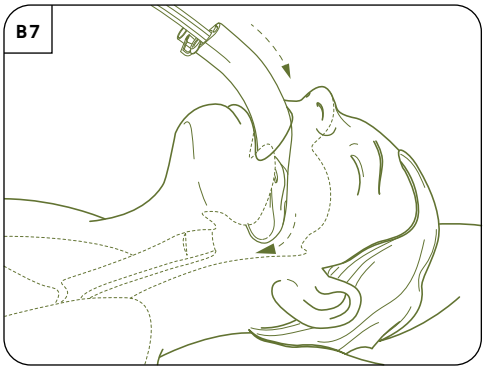
Lightly lubricate distal tip of endotracheal tube including deflated cuff prior to insertion.

B6



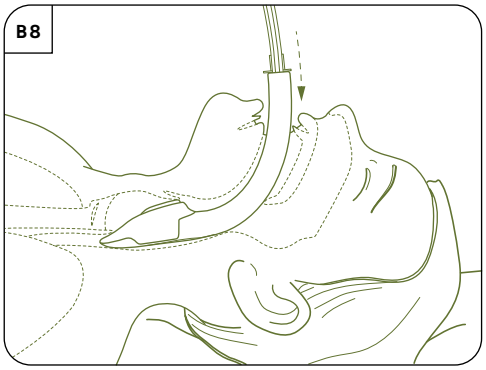
Place endotracheal tube into LIVVE™ to 19 cm at the proximal edge of the LIVVE™ endotracheal tube placement channel. Inflate 3-5 ml of air in endotracheal tube pilot balloon to secure within the LIVVE™.

B7



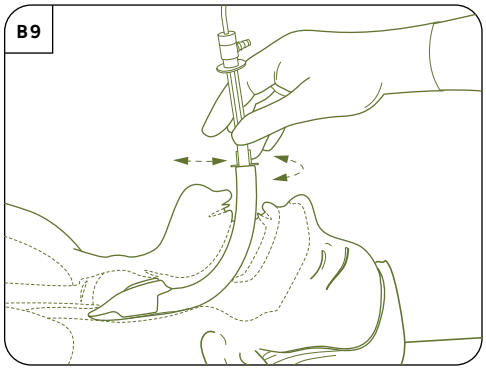
Make sure the patient's head and neck are in neutral sniffing position. Open mouth and advance the proximal end of the LIVVE™ (bowl facing anteriorly) into the mouth following curvature of the pharynx. Make sure tongue does not advance downward with the LIVVE™ device during placement.

B8

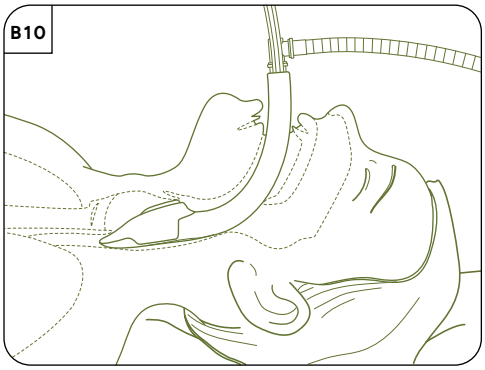


Use the Video Wand's visualization while advancing the distal tip along the hard palette downward until definitive resistance is felt. **Alternative Technique:** Hold anterior mandible and tongue forward with fingers or tongue blade, opening the mouth.

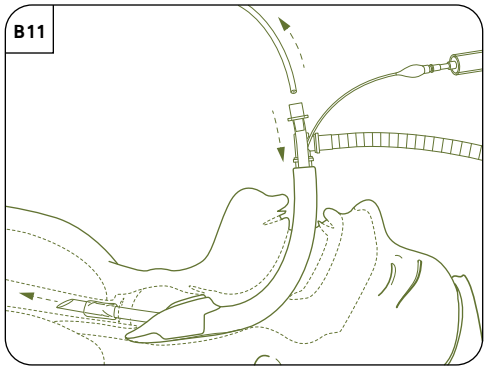
B9



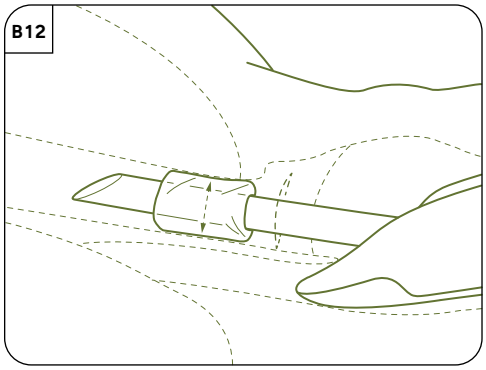
Subtle anterior, posterior, right, or left movements can help create a clear pathway to the glottis. This steerability also allows for navigation around or beneath the epiglottis for improved access.



Once the LIVVE™ device is in position, connect 15 mm ventilating cap to appropriate ventilator circuit. Follow standards guidelines for confirmation of any airway placements.



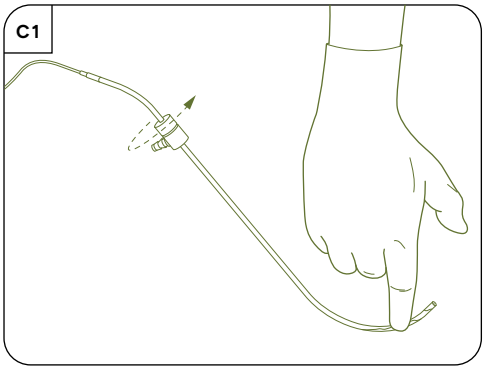
Deflate the endotracheal tube cuff and advance along with the Video Wand under direct visualization. Once the tube is in the appropriate position, carefully withdraw the Video Wand, following its natural contour.



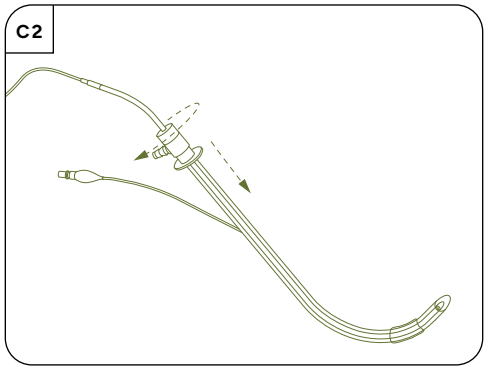
Inflate the endotracheal tube cuff, switch ventilation source to the endotracheal tube, and confirm proper placement and ventilation according to standards of care.

SECTION C

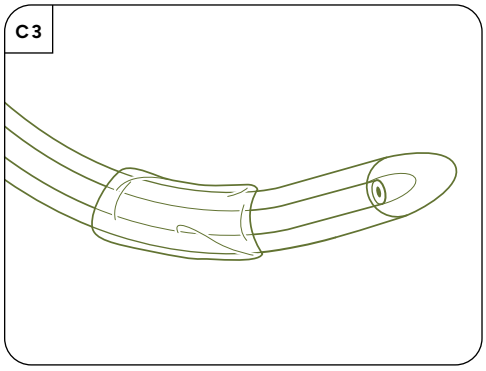
Using the TOAD™ Video Wand with an Intubating Oral Airway



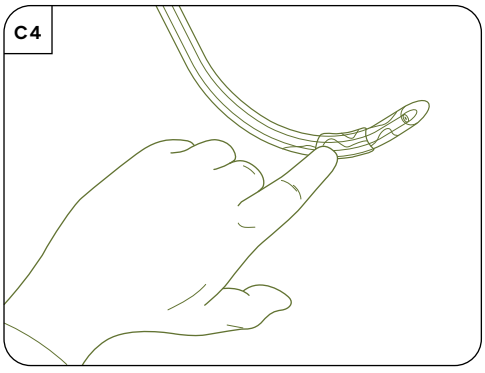
Loosen securing cap on Video Wand. Lubricate distal tip edges of Video Wand with water-based sterile lubricant. Do not get lubricant on camera lens. If camera is obscured with lubricant, gently wipe with a sterile alcohol swab.



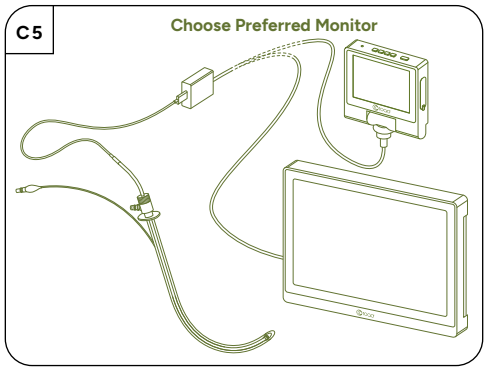
Carefully place Video Wand inside appropriate size endotracheal tube (6.0-9.0) being careful not to hit side walls. Firmly press Video Wand cap onto proximal end of endotracheal tube and tighten to secure.



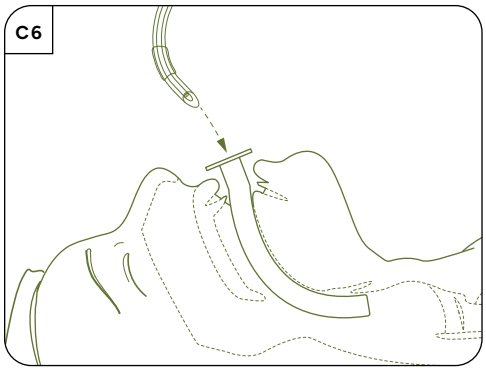
Adjust Video Wand camera to be proximal to the distal tip of the endotracheal tube making sure it is within the distal end of the endotracheal tube. (Video Wand should not be the leading device during placement).



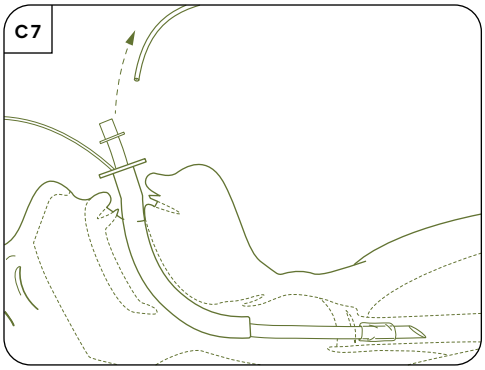
Lightly lubricate distal tip of endotracheal tube including deflated cuff prior to insertion.



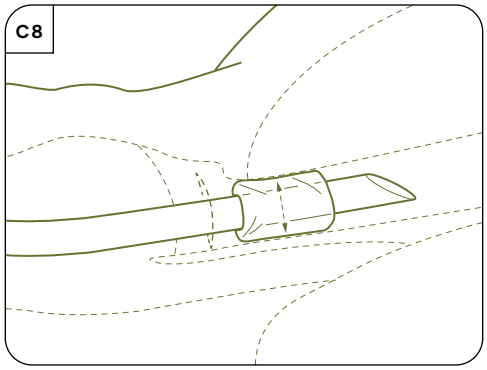
Connect the Video Wand to either the 3.5 inch monitor or 10 inch monitor using appropriate corresponding cable. Turn on monitor and make sure an adequate picture is obtained.



Place intubating oral airway in mouth and insert the Video Wand into the center. Use standard maneuvers to obtain visualization of periglottic structures. External jaw trust, lifting of the oral airway, and leading with the combined Video Wand/endotracheal tube helps with obtaining visualization of the glottis.

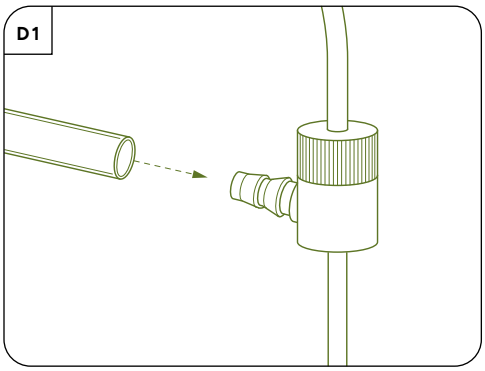


Deliver combined Video Wand/endotracheal tube through the vocal cords. Slide the endotracheal tube off the Video Wand. Carefully remove Video Wand from endotracheal tube.

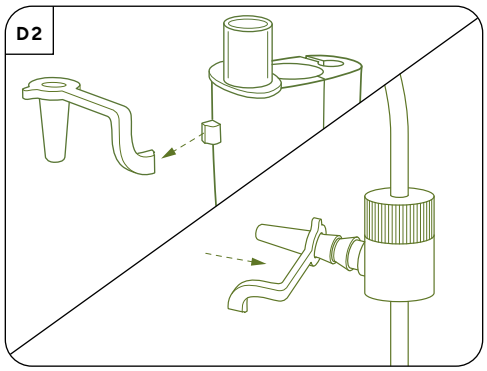


Inflate the endotracheal tube cuff, switch ventilation source to the endotracheal tube, and confirm proper placement and ventilation according to standards of care.

SECTION D
Useful Tips

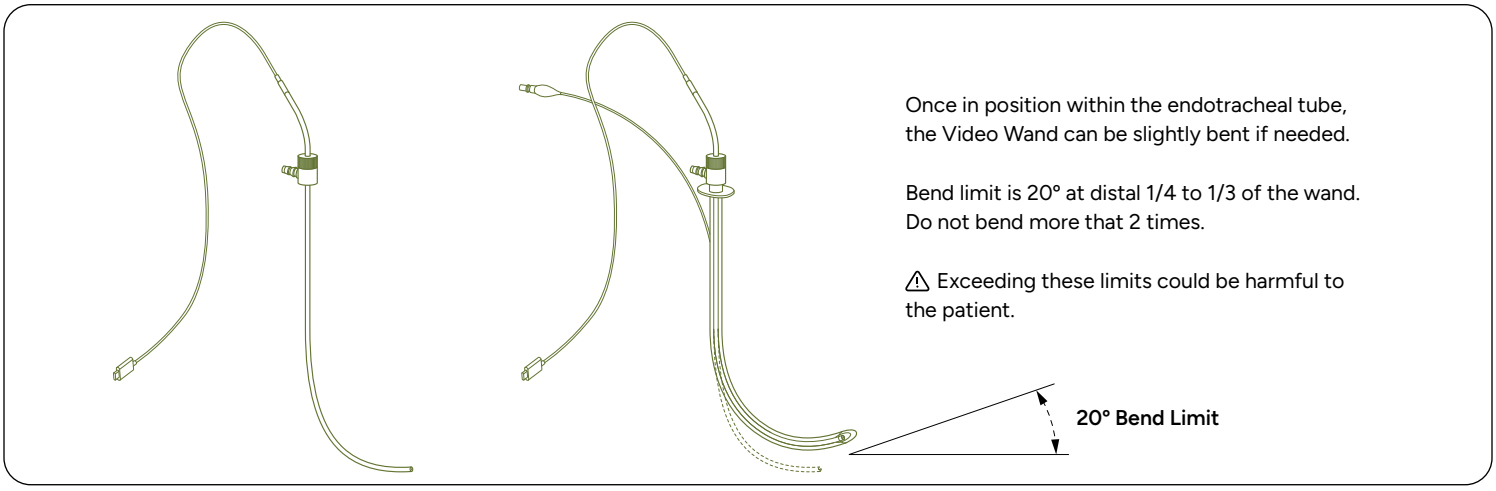


The position locking cap port can accommodate tubes for either oxygenation or suction.



The LIVVE™ ventilation lumen plug can be torn off from the body and applied to the oxygenation/ suction port on the Video Wand cap to prevent leakage while ventilating.

SECTION E
TOAD™ Video Wand Bending Tolerances



Removal

- Do not use excessive force during removal of the TOAD™ Video Wand or TOAD™ LIVVE™. Excessive force may harm structural integrity, potentially introducing foreign bodies into the patient.

Disposal

- A used TOAD™ Video Wand shall follow handling and disposal process for bio-hazard products, in accordance with all local and national regulations.

Storage

- Do not store the TOAD™ Video Wand in a damp or wet area with humidity more than 93%.
- The TOAD™ Video Wand device should be stored in conditions not less than -10° C (14° F) or greater than 55° C (131° F).

Manufacturer's Warranty

The TOAD™ Video Wand is designed for single patient use and warranted against manufacturing defects at the time of delivery. Warranty is applicable only if purchased from an authorized distributor. WM & DG DISCLAIMS ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATIONS, THE WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

STERILE EO

MD

Single Use.
Do Not Re-use

Rx only

Type BF
Applied Part

Do not use if
package is damaged

Read Instructions
for Use

Reporting Problems or Adverse Events:

info@toadairways.com

Manufactured For:

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MADE IN CHINA