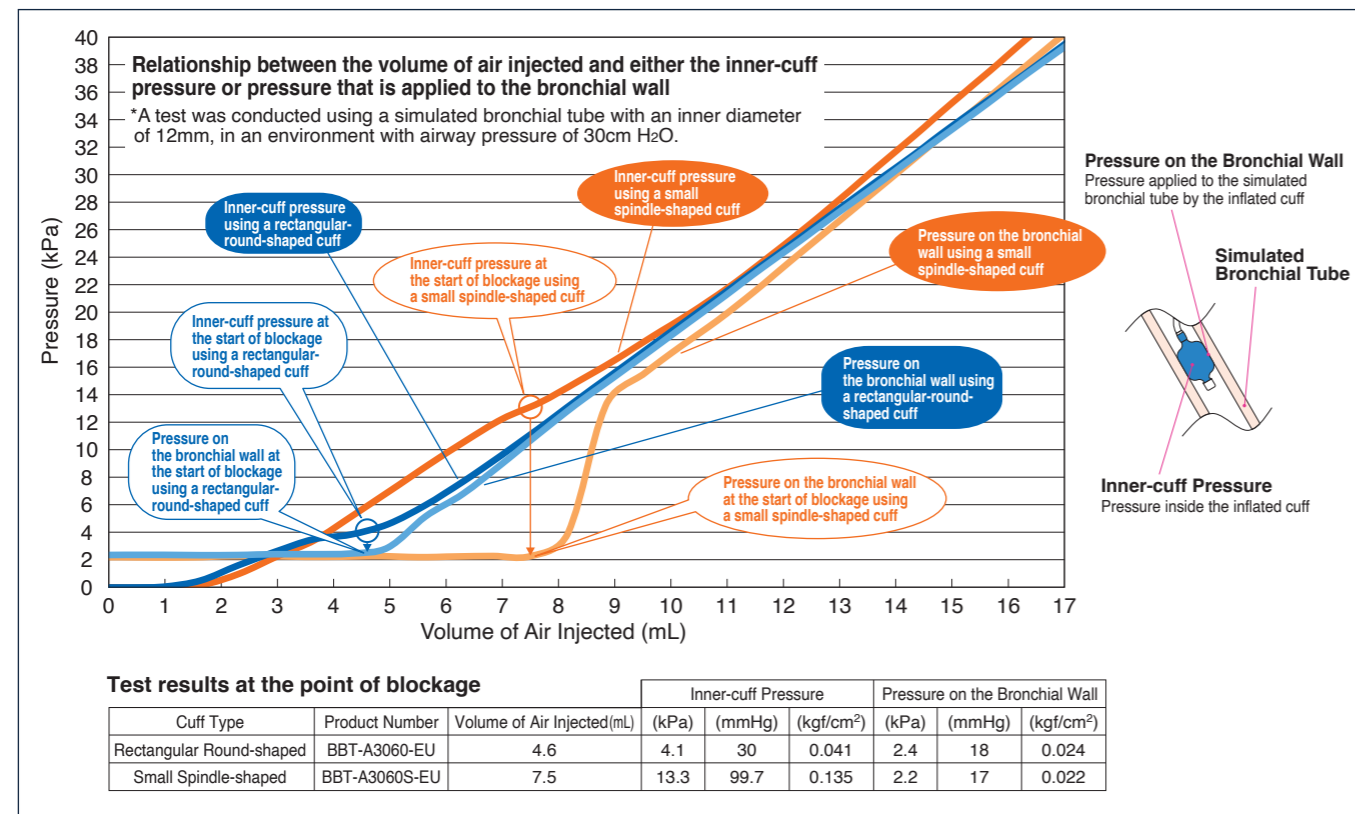


COOPDECH Endobronchial Blocker Tube • Product Composition

Type	Product Number	Bronchial Blocker Tube	Auto-inflator	Joint Connector	Cuff	Number of Items Included (set)
Type A	BBT-A3060-EU	Outer diameter 3.0mm/ Length 600mm	—	○	Rectangular round-shaped	1
Type B	BBT-B3060-EU	Outer diameter 3.0mm/ Length 600mm	○	○	Rectangular round-shaped	1
Type A	BBT-A3060S-EU	Outer diameter 3.0mm/ Length 600mm	—	○	Small spindle-shaped	1
Type B	BBT-B3060S-EU	Outer diameter 3.0mm/ Length 600mm	○	○	Small spindle-shaped	1

1set/box Sterilized

● Please note that specifications and outward appearance may change without notice for improvement purposes.



PRECAUTION FOR USE

- During the intubation of the endobronchial blocker, sufficiently exercise caution against the risk of tracheal or bronchial injury while monitoring using the fiberoptic bronchoscope.
- The endobronchial blocker tube should not be advanced if resistance is encountered.
- The markings observed in the endobronchial blocker are a rough standard to monitor the depth of intubation. The physician has to clinically determine the actual depth of intubation.
- The intubation site of the endobronchial blocker tube should be regularly monitored by fiberoptic bronchoscope.
- When the posture of the patient is changed (postural change is observed), never fail to check the location of intubated endobronchial blocker tube.
- Do not use a laser device or electrical surgical device near the endobronchial blocker tube.
- If the physician notices difficulty in ventilation during bronchial blockage, deflate the cuff promptly, check the condition of the patient and take appropriate actions.
- Keep watching and make sure that the patient is under normal status. Once it is judged that the abnormality is occurred due to the product, take appropriate actions immediately to make sure the patient safety.
- Do not use oil-based lubricants such as Paraffin oil, Olive oil and Glycerin because they may cause deterioration of the cuff.
- Do not use lidocaine aerosols for topical application because they may erase the markings.
- Do not apply the lubricant to the edge of the endobronchial blocker tube because it may cause occlusion of the cavity of the endobronchial blocker tube.
- Check if the endotracheal tube connector and the ventilation port of the joint connector are firmly connected with the endotracheal tube and the anesthetic route, respectively.
- Always monitor the status of patient by measuring the oxygen saturation using pulse oximeter, the changing of intrinsic airway pressure and expiratory carbon dioxide.
- The right upper lobe may be occluded if the right main bronchus is blocked.
- Do not use the device in an ozone-rich atmosphere.

Pioneering the future of medical society
DAIKEN MEDICAL CO., LTD.

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COOPDECH's product information is available at the corporate website.
<http://www.daiken-iki.co.jp/>

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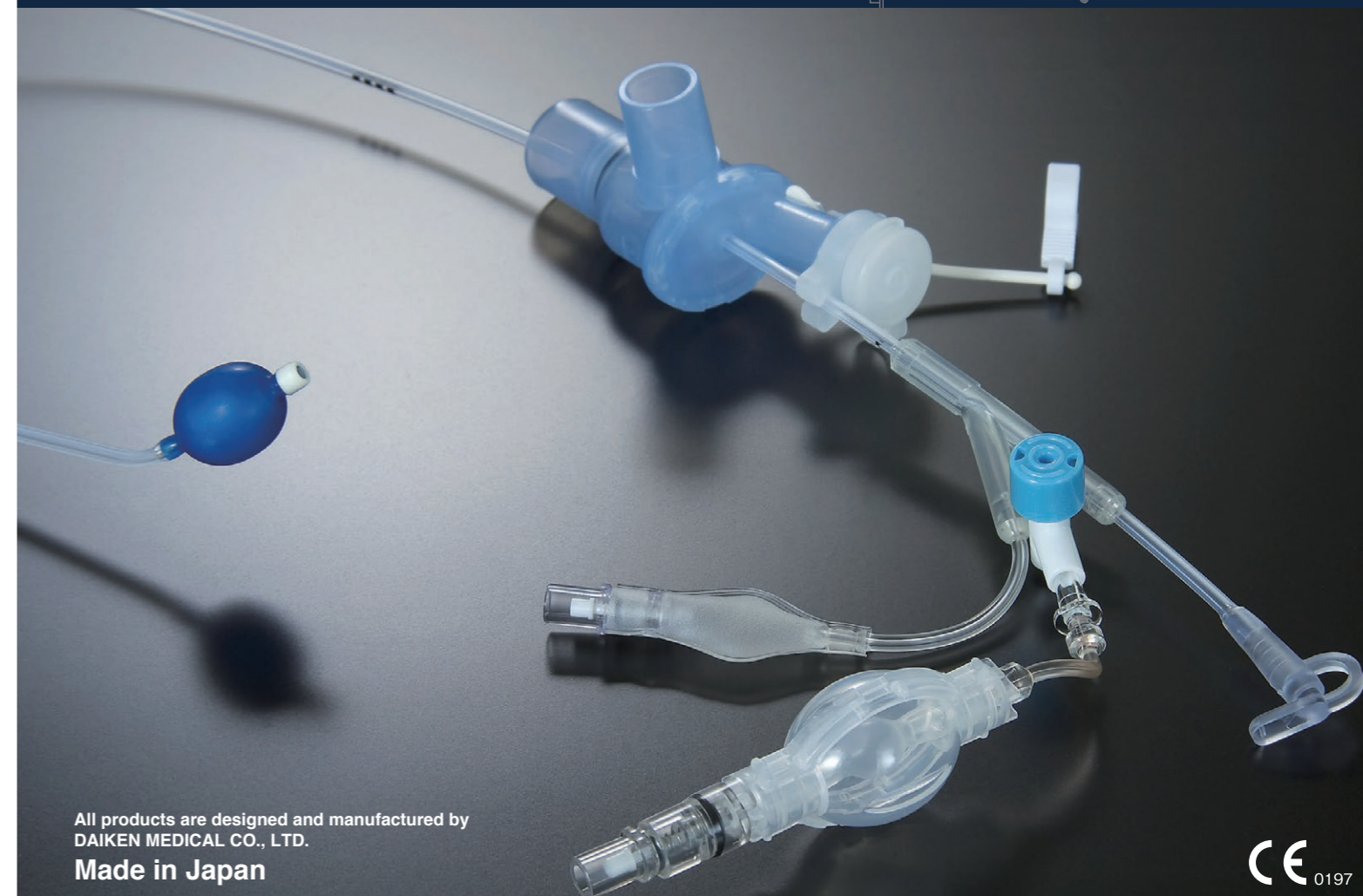
Contents of this catalog are as of December 2020.

COOPDECH

COOPDECH Endobronchial Blocker Tube

- COOPDECH Endobronchial Blocker Tube allows one-lung ventilation using a conventional endotracheal tube and a fiber optics bronchoscope.
- Upon completion of one-lung ventilation, there is no need to replace trachea tubes, deflate the balloon and remove COOPDECH Endobronchial Blocker Tube.
- COOPDECH Endobronchial Blocker Tube can be used in conjunction with tubes intubated orotracheally, nasotracheally or by tracheotomy.
- The unique automatic inflation system enables the operator to inflate the cuff with one hand and operate bronchi fiberscope simultaneously.
- Joint Connector permits simultaneous sealed introduction of a bronchoscope and blocker while maintaining ventilation.
- Since the product is used in combination with a single-lumen tube and is used for blockage of the left or right lung procedure, there is no need to stock different sizes.
- This device may be connected to various types of tracheal tubes that include spiral types, as well as tracheotomy tubes and laryngeal masks.

DAIKEN MEDICAL CO., LTD.



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Made in Japan

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Auto Inflate Button

It is used when introducing air that had accumulated inside the inflate balloon into the cuff. It features a one-touch structure: The valves open up by pressing the blue button and close by letting go off the hand from the button.
*These valves are equipped with Type B products(with automatic inflator)

Bronchoscopy Port

This is the port through which a fiberscope is inserted. The shape optimizes the angle between the fiberscope and the bronchial blocker tube for outstanding maneuverability. The port is also equipped with a packing material with a lid for use with fiber bronchoscopy. This ensures airtight operations regardless of whether a fiberscope has been inserted or not.

Blocker Tube Clamp

This anchors the bronchial blocker tube to the joint connector and minimizes the displacement of the tube during operation.

Ventilation Port

Connected to either the anesthesia or the respiratory circuit.
Size(Outside Diameter)
15mm/ISO5356-1 standard)

Endotracheal Tube Connector

Connected to various types of tracheal tubes that include spiral types, as well as tracheotomy tubes and laryngeal masks.
Size(Outside Diameter)
15mm/ISO5356-1 standard)

Auto Inflator Balloon

By injecting air into the inflator balloon in advance, users can inflate the cuffs with one hand while operating a bronchoscopes.
*These valves are equipped Type B products(with automatic inflator)

Pilot Balloon

By checking the degree of inflation of the pilot balloon, users can monitor the degree of inflation of the cuff at their fingertips.

Blocker Port

Since the bronchial blocker tube is inserted perpendicularly to the joint connector, angled tip and the cuff can be rotated to change its direction with ease. A packing material is also embedded perpendicularly, blocker tubes can be moved up and down while maintaining airtight conditions.

Suction Port

Administration of oxygen to collapsed lungs and deaeration.

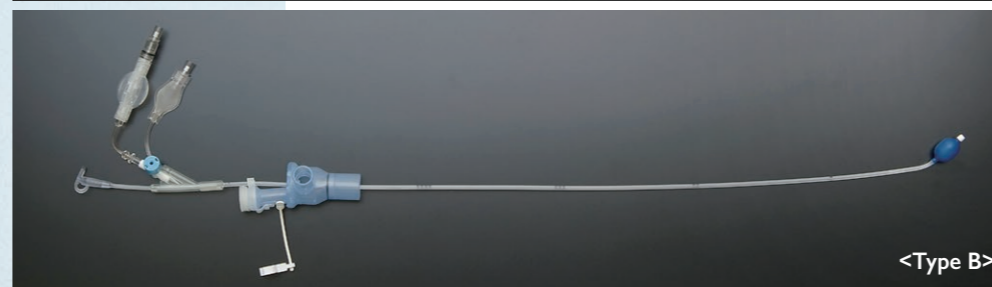
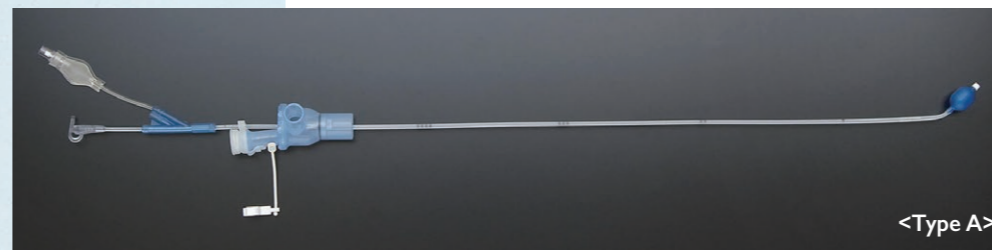
Cuff

Low-pressure barrel shaped balloon creates large cuff surface contact with the inner bronchial wall, minimizing potential trauma to the bronchus.

COOPDECH Endobronchial Blocker Tube brings simplicity to endobronchial blockade of the right or left lung for procedures requiring low invasive one-lung ventilation. Its required usage of single-lumen endotracheal tube eliminates potential loss of the airway, commonly posed during the extubation and re-intubation of a double-lumen tube. Low-pressure, high-volume balloon creates excellent cuff surface contact with the inner bronchial wall, minimizing potential trauma to the bronchus.

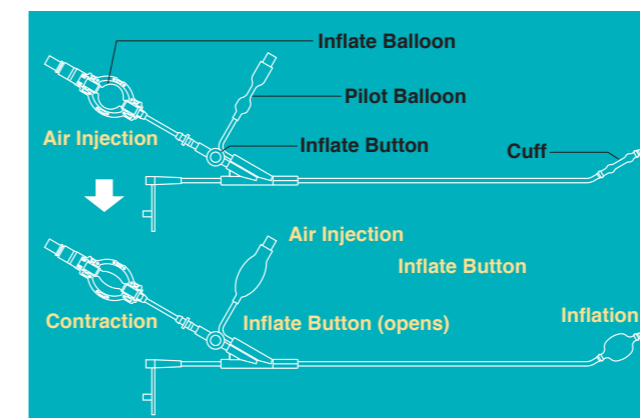
COOPDECH Endobronchial Blocker Tube

COOPDECH Endobronchial Blocker Tube is designed to achieve single-lung ventilation, and is used in combination with various other tubes inserted to secure the airways. The clinician can easily move the blocker from one lung to another. Manually torque the device on the shaft for precise placement into the desired airway. The angled tip let you easily choose sides for single-lung ventilation and provides a wide range of adjustment to precisely direct the blocker. Administration of oxygen to the collapsed lung, deaeration, and aspiration of secreted materials can be done via the suction port.



Auto Inflator

Auto Inflator (Type B) can be operated with one hand if the balloon is inflated with air beforehand. Since the cuff can be inflated with a click of a button, operators can maneuver it by themselves without any help, while working on the bronchial fibers. Since the air is not injected directly via a syringe, damage to the bronchial tissues caused by high pressure and excessive injections can be minimized.



Joint Connector

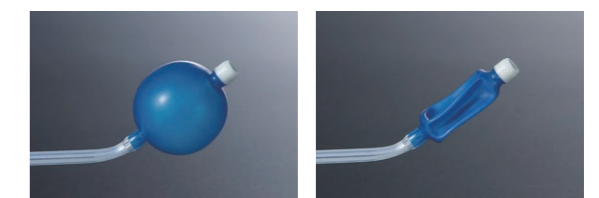
COOPDECH Endobronchial Blocker Tube does not require re-intubation at the conclusion of surgery as with a double-lumen endotracheal tube. Joint connector can be used by connecting a bronchial blocker tube to various endotracheal tubes and anesthetic circuits. COOPDECH Endobronchial Blocker Tube is placed coaxially through a conventional endotracheal tube using a bronchoscope.



Cuff

Low-pressure barrel shaped balloon creates large cuff surface contact with the inner bronchial wall, minimizing potential trauma to the bronchus. A soft light-blue colored cuff features a small outer diameter while deflated, preserving maximum airway volume for enhanced patient ventilation during thoracic procedures. Two types are available: rectangular round-shaped cuffs aimed at minimizing invasion, and small spindle-shaped cuffs that reduced airway resistance during cuff deaeration and realized even more enhanced visibility.

(Rectangular Round-shaped Cuffs)



(Small Spindle-shaped Cuffs)

