

octagon[®] OctaTrach Oval

Tracheostomy Tube with Oval Cross Section

- Less complications - Shorter rehabilitation
- Improved patient comfort
- Reduced surgical intervention
- Less risk of stenosis
- Cost savings



Simplifies the care - improves the health outcome

The OctaTrach Oval tube alleviates the need for often overly invasive tracheostomy techniques necessitated by standard curved semi-circular tubes, this is thanks to its unique shape that allows it to be introduced with only one affected cartilage. Some scarring is unavoidable, however the OctaTrach Oval tube results in scarring that will be shorter, so the adjacent intact tracheal cartilages will better support the bridging scar tissue and maintain the patency of the trachea. The risk of stenosis is dramatically reduced. Easy and convenient to use, comfortable to wear and more sympathetic to recovery, the OctaTrach Oval tube will minimise the need for costly follow-up procedures, thus freeing up valuable resources and providing cost savings.

Potential cost savings using the OctaTrach Oval

On average, the surgery for one patient as a result of complications from a tracheostomy costs € 3 400. Current research shows 5% of patients using the standard curved semi-circular tube require some type of surgery post-tracheostomy. Therefore, the cost saving for each patient using the OctaTrach Oval tube can be estimated at € 170.

Fogless in facts

Fogless[®] develops and produces medical devices to enhance the quality of life for people with respiratory problems. Fogless[®] introduces medical devices in a responsible way in co-operation with qualified partners with good reputation on the specific market.

Today we are represented worldwide in more than 30 countries.

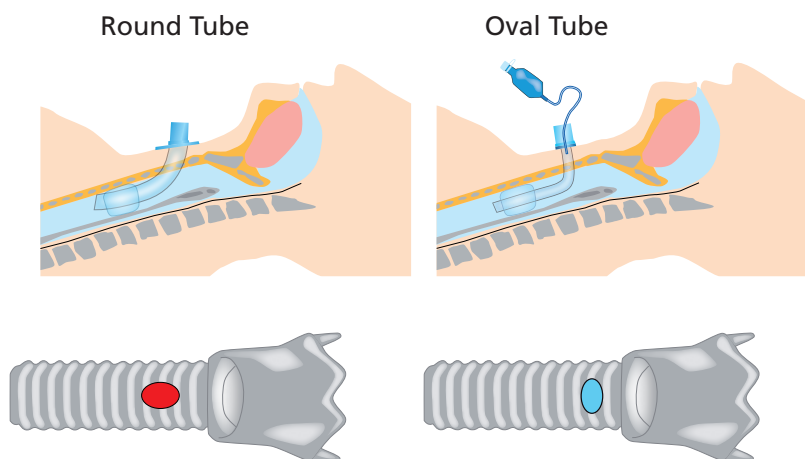
Fogless[®] is certified according to SS-EN ISO 9001:2008 and SS-EN ISO13485:2003.

"A better life with Fogless[®]"



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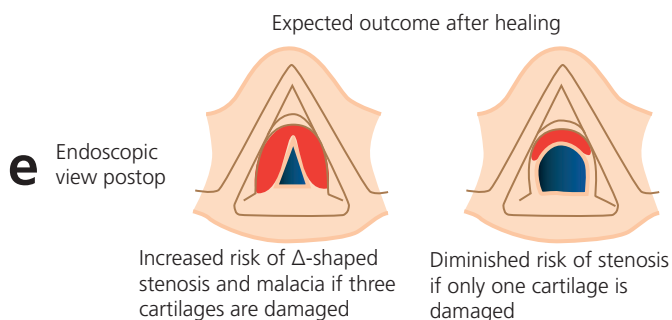
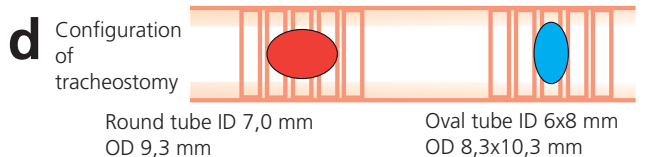
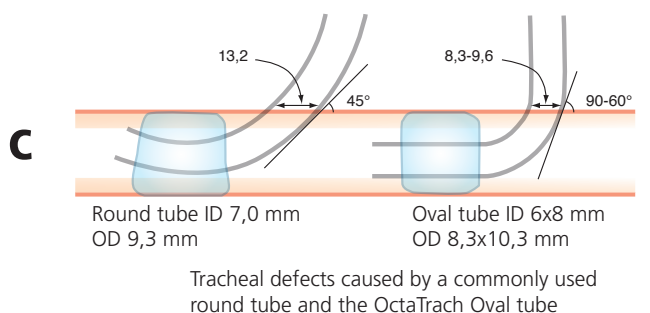
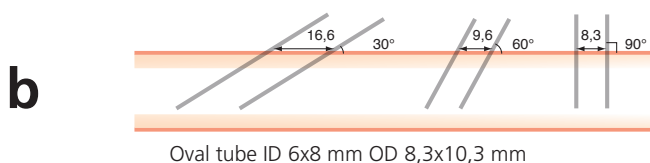
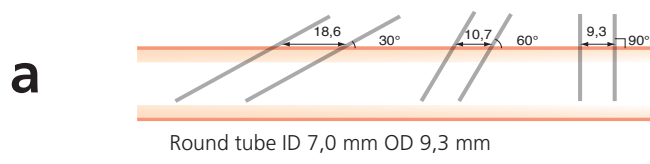
- The tube enters the trachea at an angle of almost 90°, minimising the longitudinal tracheal defect.
- With the oval cross-section of tube, the hole in the trachea will be minimised and consequently only one tracheal cartilage will generally need to be partly excised.
- The short incision in the tracheal wall permits adjacent tracheal cartilages to support the bridging soft tissue during healing. Consequently there is less risk of stenosis.
- When in situ, the straight intra-tracheal part of the tube will be centered in the trachea and will not damage the tracheal wall, thus avoiding such damage that can occur with a standard curved semi-circular tube.
- The cuff has an extremely thin wall and a diameter of 30 mm and acts as a high-volume low-pressure cuff.
- Each tube size has three different colour-coded lengths (short-white, medium-blue and long-red) to fit different neck sizes.

Patents

Sweden and most major countries.

References

1. Brantigan CO, et al. Cricothyroidotomy: Elective use in respirator problems requiring tracheostomy. J Thorac Cardiovasc Surg 71:72, 1976.
2. Greisz H, et al. Elective cricothyroidotomy: A clinical and histopathological study. Crit Care Med 10: 387, 1982.
3. Holst M, et al. Five years experience of coniotomy in intensive care. Int Care Med 11: 202, 1985



a and **b** illustrate the different lengths of the longitudinal opening in the trachea produced by round and oval tubes entering the airway at different angles.

c and **d** illustrate the lengths of the longitudinal opening and the configuration of the stoma, respectively, are shown with use of a round standard curved semi-circular tube and with the OctaTrach Oval entering the trachea almost perpendicularly.

e an endoscopic view of expected possible stenosis following the tracheal defects shown in **c** and **d**.

