



I General problem related to tracheostomy

Stenosis in the trachea following a tracheostomy is a feared and difficult problem to overcome. The commonly used semicircular tubes with a round cross section usually destroy the anterior part of three tracheal cartilages.

After removal of the tube, the tracheal wall will partly collapse and cause narrowing of the trachea, this is a consequence of the absent arch function of the destroyed cartilages in this segment.

II Advantages and unique features of the OctaTrach Oval

- **OctaTrach Oval will “sacrifice” only one cartilage** (the window made in the anterior part of the trachea effects only one cartilage – see description in pamphlet). In this case the function of the more adjacent intact tracheal cartilages will support the bridging scar tissue and importantly **prevent clinical stenosis when the stoma is healing.**
- The OctaTrach Oval has a permanently fitted high-volume low-pressure thin-walled cuff (resting diameter 30 mm), which permits capillary blood flow in the tracheal mucosa at an intracuff pressure of 20-25 cm H²O (2.0 – 2.5 kPa), consequently also preventing cuff induced stenosis.
- For cricothyroidostomy the oval cross section fits the anatomy better, giving rise to less voice problems.

These points above will result in **less suffering** for the patient and **cost savings** for the hospital.

III Recommendations

- OctaTrach Oval is suitable in all tracheostomy situations.
- As for all tubes, check that the tube is patent after it has been inserted.
- Anatomical narrow structures like the distance between the thyroid and cricoid cartilages may encroach on the lumen.

Patent: Sweden and most major countries

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octagon® Lindholm OctaTrach Oval is patented and CE marked