

UESCOPE®

TRS Series  
UESCOPE® Video Stylet  
Better solution for difficult airway intubation



Zhejiang UE Medical Corp.

## Effective tool for difficult airway intubation

UESCOPE® Video Stylet provides a fast solution for normal airway intubation, emergent airway intubation and difficult airway intubation in anesthesia department, emergency department, ICU and etc.



- Customized by professional experts

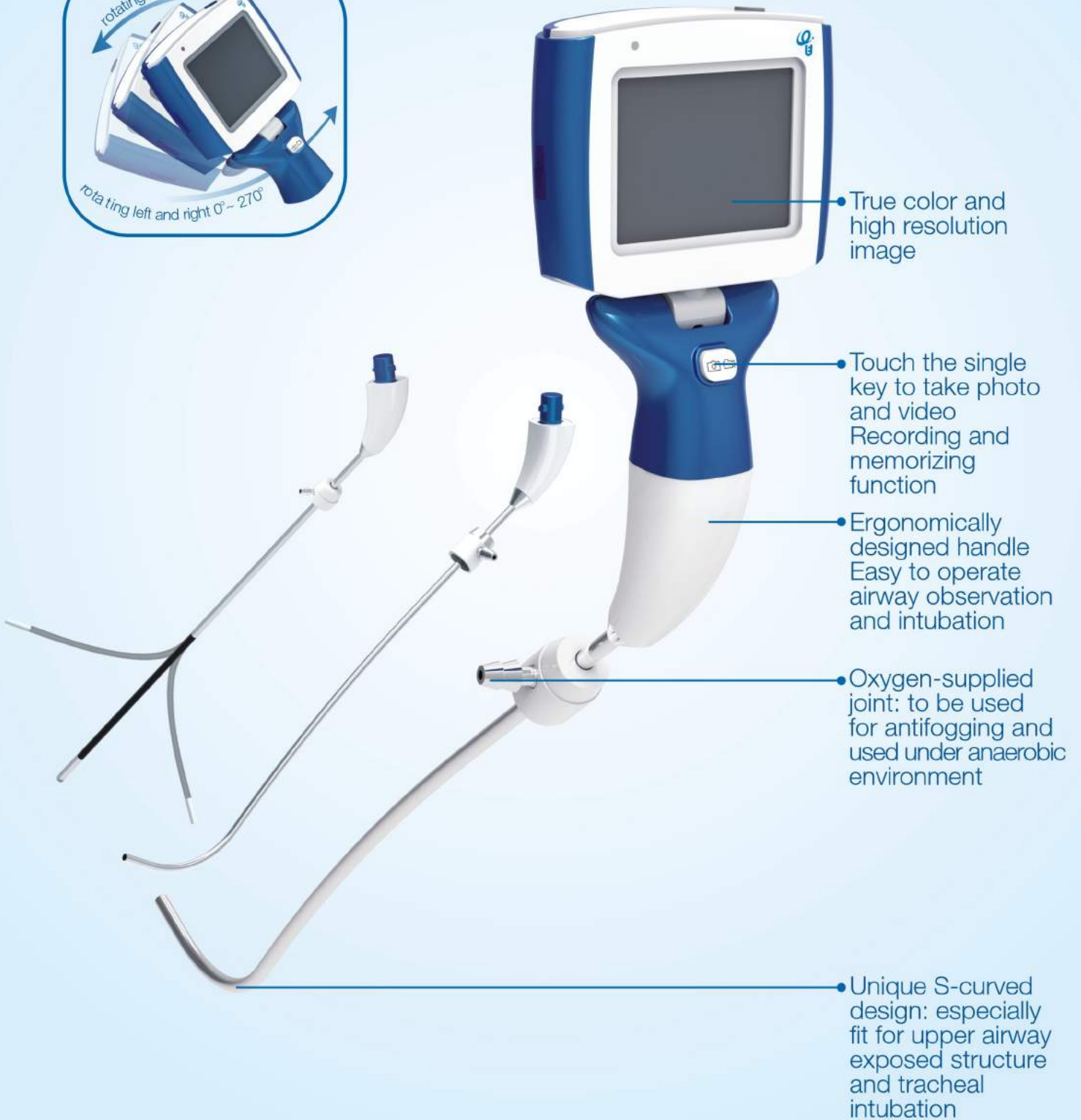
This product is the result of years of clinical research, design and verification by professional anesthesiologists and experts in order to provide a quick effective solution for airway management.

- Interchangeable monitor

The monitor can connect with the blades of UESCOPE VL300 Series (Reusable Video Laryngoscope) and UESCOPE TD-C Series (Disposable Video Laryngoscope).

- Convenient disinfection

The product can be divided into a monitor and a rigid stylet. The rigid stylet can be sterilized by soaking entirely (except high temperature and high pressure).



# Make intubation easier, faster and safer

## Before intubation

- Connect the monitor with the rigid stylet and make sure the connection is good.
- Turn on the power. After the LED light at the tip of the stylet is on, check if the monitor image works normally.
- Insert the rigid stylet into an appropriate endotracheal tube. Keep the tip of the stylet at the Murphy hole of the endotracheal tube.

## Procedures of oral intubation



### Step 1

Look directly into the patient's mouth. Lift the jaw. Insert the rigid stylet into the center of the mouth from the right side. Vertical angle is formed between the stylet and the longitudinal direction of the patient.



### Step 2

Look into the patient's mouth. Rotate the video stylet 90° clockwise to make endotracheal tube reach the center of the mouth.



### Step 3

Look at the screen. After observing the epiglottis, slowly advance the video stylet until seeing a clear image of glottis. Then keep the view of glottis in the center of the screen.



### Step 4

Look at the screen. Aim the front tip of endotracheal tube at the glottis, advance the endotracheal tube into the glottis. Then withdraw the video stylet gently along the longitudinal direct of the patient.

## Maintenance, cleaning and disinfection

- After using the device, disassemble the rigid stylet and wash it through running water.
- Wipe up the rigid stylet with a piece of aseptic lint-free cloth.
- Use disinfecting alcoholic gauze to wipe it back and forth. Use ethylene oxide to disinfect the stylet, or soak stylet (screw protective cap before soaking) in 2% glutaraldehyde solution for 20 minutes.
- Take out the rigid stylet and wash it with saline. Wipe it up with aseptic lint-free cloth and then put it in an aseptic package for backup.
- Do not scrape the camera lens while cleaning the rigid stylet, which may affect image quality of the camera.

## Caution

- Clean the patient's oral cavity and pharynx before intubation
- Avoid fog (Preheating or use defogging agent)
- Patients with pharynx tumor or hematoma are not suitable for intubation by video stylet.
- The monitor is not waterproof, which cannot be disinfected by high temperature and high pressure.

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