The hybrid video assisted intubation stylet

ACUTRONIC
Medical Systems AG
Swiss made
The SensaScope is a new hybrid video assisted intubation stylet designed to facilitate intubation under vision.

A unique feature is the S-shaped curve of the rigid part of the stylet. The technique of use is similar to a standard stylet, in that direct laryngoscopy is performed with the left hand and the stylet and tube are inserted with the right hand. The view from the tip of the device is displayed on a video screen. Thus, the user is guided by both the direct laryngoscopic view of the hypopharynx and the endoscopic image of the airway displayed on the video system.

The intubation technique of the SensaScope chip in the tip is an extension of conventional laryngoscopy. It offers an improved view of the glottis, simultaneous direct and endoscopic views, full visual control over the passage of the ET and confirmation of its final intratracheal position. When unanticipated difficult intubation occurs after induction of anaesthesia, the device can be assembled rapidly and used almost immediately.

Advantages:
• fast: Intubation in less than 8 seconds
• flexible: 180° view front and back
• efficient: Intubation at point of view
• safe: SensaSleeve patient protection cover

Unique features:
• Safe to use anywhere, at the ICU or anesthesia
• Use of the SensaScope has advantages. There is no need for extreme head-extension or forced traction of the laryngoscope which may cause dental injury or adverse
• This technique does not require additional personnel. The SensaScope has a SensaSleeve cover which can reduce patient contaminations, and avoids washing and cleaning
• The images can be captured with the SpectralView software for training purposes
SenseScope in 5 steps for easy intubation

Left hand: Macintosh laryngoscope is passed with standard technique and positioned with the tip in the valecula.
Right hand: takes the SensaScope with the tube already mounted (the most distal part of the tube tip must be facing anteriorly). The tip of the SensaScope is kept in neutral position with the thumb.

Left hand: the view of the glottis is optimized.
Right hand: The SensaScope is introduced in the midline. The tip is advanced 1 cm keeping close to the maxillary incisors and directed towards the uvula. From this point on, visual control is entirely with the video monitor. It should be possible to see the vocal cords.

Right hand: the SensaScope is advanced carefully keeping the intraoral part close to the palate. As the SensaScope is advanced, the tip is elevated by depressing the control lever with the thumb. These maneuvers are used to keep the glottis in.

Right hand: the proximal end of the SensaScope is rotated downwards as the scope is advanced into the trachea. Simultaneously the tip of the SensaScope is flexed posterior by moving the control lever upwards. These maneuvers’ are adjusted to keep the centre of the trachea in the middle of the video image. The laryngoscope can be removed now and your left hand holds the proximal end of the tube.

The tip of the tube should be positioned app. 2 cm above the carina. The tube is held firmly in this position. The thumb is removed from the control lever so that the tip returns to neutral position. The SensaScope is carefully withdrawn.
## Technical Specificationen

### Video-Version (Chip-in-the-tip)

**Connection:**
- 1x Video (CVBS) (A)
- 1x USB 2.0 (B)

**Power:**
- 100-240 V inlet 10 A

**Technical data for the camera:**
- TV System: NTSC (60 Hz) standard definition
- Resolution: 720 x 480 Pixel
- White balance: automatic
- Spectral View: Picture-Capture-Program for PC system
- Tip: Ø: 6.0 mm
- Length: 390 mm S-Optic, tip 30 mm bending
- View angle: 90°
- Distale angle: 30 mm long, 65° up / 65° down
- Temperature: 0°C till +40°C
- Humidity: max. 90%
- Maintenance: manual cleaning, mechanical cleaning, disinfection bath
- Cable length SensaScope to controller: 2.80 m

**Options:**
- Neo-X-15A Video LCD Monitor 15” screen, white
- Customized video trolley with accessories