Qualitech HEALTHCARE

Venner PneuX™ System

Engineered to protect with a multi-factorial approach

- Prevents microaspiration past the tracheal tube cuff
- Maintains the cuff seal during patient or equipment movement
- Automates tracheal tube cuff pressure control
- Permits Subglottic Secretion Drainage and irrigation

A need for change

Within **shared decision-making,** we need to address how Ventilator-associated Pneumonia (VAP) can impact a patient, their family and how this can be prevented with a system engineered to protect your patient.

"Ventilator-associated Pneumonia occurs in a considerable proportion of patients undergoing mechanical ventilation and is associated with substantial morbidity, a two-fold mortality rate, and excess cost. Given these findings, strategies that effectively prevent VAP are urgently needed." [38]

"...anyone admitted to a critical care area with a tracheostomy is likely to benefit from active humidification with a closed or open system."
(Intensive Care Society, 2020)

"A tube with a cuff can keep some secretions or aspirated material out of the airways that would otherwise enter the lungs."
(Intensive Care Society, 2020)

100% of patients in the East of England Citizens Senate in 2015, considered Venner PneuX™ System an effective choice for their benefit, safety and highest chance of recovery. [42]

"Our patients assume safe care and expect high quality care."
(Intensive Care Society, 2020)

Deaths due to drug resistant infections in 30 years' time will outnumber the current number of deaths from cancer [33]

"Equipment should include ... a system or device to measure or monitor cuff pressure."
(Intensive Care Society, 2020)

Healthcare Acquired Infections (HAIs) [27]

£1 billion

Annual cost to NHS [29] [20]

300,000

Cases per annum

≥20%

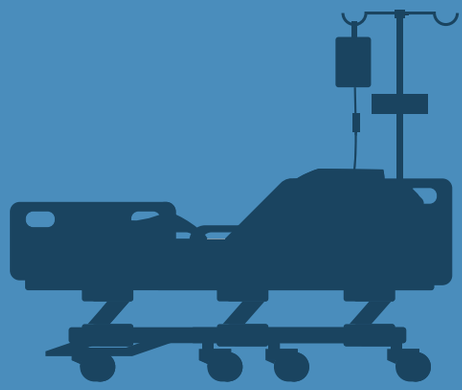
Avoidable

45.3%

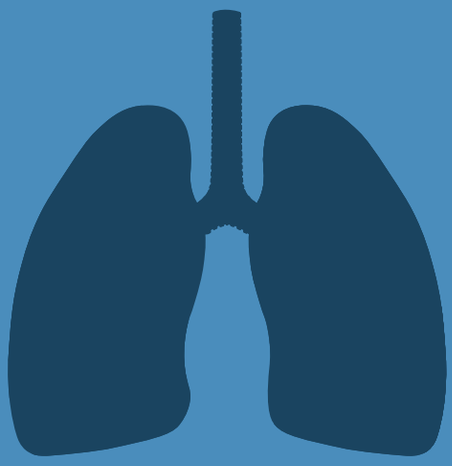
of HAIs in the ICU are made up of VAP and RTIs [28]

27%

of antimicrobial use (excluding for prophylaxis) in hospital is prescribed for the treatment of HAIs [28]



Ventilator-associated Pneumonia (VAP)



£100 million

Annual cost to NHS

100,000

Patients admitted per annum for mechanical ventilation

10-20%

of patients will develop VAP [38]

3,000 to 6,000

Patients will die from VAP

£10,000 - £20,000

Cost per patient [26] [20]

Venner PneuX™ System: Economics

"The Venner PneuX™ System is associated with a significant reduction in VAP. This can potentially lead to significant cost reductions and should be implemented as part of the VAP reduction bundle." [12]

"Venner PneuX™ is cost saving compared with standard care. The estimated total net savings for a hospital performing 300 episodes of intubation per year were £255,108. Return on investment (ROI): 668%." [27]

"Overall, findings suggest that the benefits of Venner PneuX™ exceed its additional cost, resulting in a total net benefit of £738 per patient. Venner PneuX™ resulted in lower costs and a gain in quality-adjusted life years. The results are robust to extreme values of the key parameters in the analysis." [2]

Causes of VAP and the tracheal tube

Ventilator-associated Pneumonia (VAP) continues to be a major cause of morbidity and mortality and excess cost in critically ill patients." [18]

"Subglottic secretions may accumulate above the endotracheal cuff and descend along the folds of the cuff wall to the lower respiratory tract and subsequently cause VAP." [18]

"VAP occurs in a considerable proportion of patients undergoing mechanical ventilation and is associated with substantial morbidity, a two-fold mortality rate, and excess cost. Given these findings, strategies that effectively prevent VAP are urgently needed." [38]

"The causes of VAP are usually bacteria. The primary route of pathogen entry into the trachea is through the tube or by passage of bacteria around the cuff of the endotracheal tube." [40]

VAP is predominantly caused by microaspiration

- Aspiration of gastric contents is common in critically ill patients and is a risk factor for VAP [23] [36]
- Prevention of microaspiration of contaminated oropharyngeal and gastric secretions is helpful to prevent VAP [36]
- Tracheal tubes which allow subglottic secretion drainage reduce the incidence of VAP [35]
- Endotracheal and tracheostomy tubes that can drain subglottic secretions via dedicated additional ports are increasingly recognised as one of the effective components of strategies to reduce VAP [22]
- Additional risk factors include sedation, mechanical ventilation, a PVC cuff on a tracheal tube, under inflation of the tracheal cuff [36]
- A deficient cuff seal allows contaminated secretions into the lungs [13] [44]

Subglottic Secretion Drainage is not enough to prevent aspiration past the cuff

"The use of an endotracheal tube with polyurethane cuff and Subglottic Secretion Drainage helps prevent early- and late-onset VAP." [19]

Venner PneuX™ System adds the benefit of a silicone cuff to this VAP prevention recommendation

"Subglottic Secretion Drainage (SSD's) role will need to be re-evaluated in function of the potential industrial advances - ET cuff material, finer regulation of the cuff pressure, ET's providing several orifices allowing SSD." [17]

Venner PneuX™ System low-volume, low-pressure silicone cuff with automated maintenance of cuff pressure and multiport subglottic drainage is engineered for safety and prevents aspiration past the cuff [21]

Maintaining tracheal cuff pressure can reduce aspiration risk [23]

Manually inflated ETT or TT cuffs do not maintain a seal

"There is a need to redesign the process for maintaining cuff pressure within the target range." [1]

- Patients have physiological and anatomical differences
- Manually inflated ETT or TT cuffs are not capable of continuously fitting each patient
- Manually inflated cuffs do not keep up with the movement of and to a patient
- Folds in the PVC cuff material compromise the seal in the trachea [13]
- Variations in cuff pressure are common in intubated patients [30]
- High-volume, low-pressure cuffs consistently leak [21]

Venner PneuX™ System Engineered to protect

Leakage of ETTs after 1 hour of placing in the "model trachea"

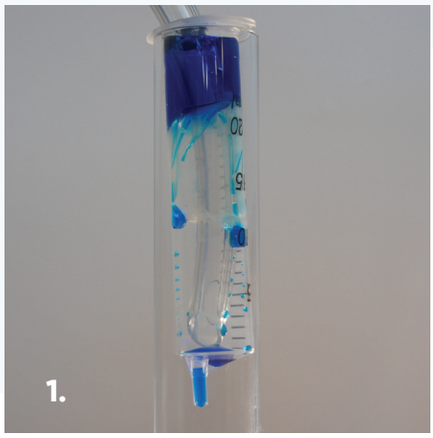
Each cuff was inflated to the correct pressure according to the manufacturer's instructions using a hand-held manometer. If continuous cuff pressure monitors were recommended, these were used to maintain cuff inflation during experiments.

1. Mallinckrodt™ TaperGuard™ Evac Oral Endotracheal Tube
2. KimVent™ MICROCUFF™ Subglottic Suctioning Endotracheal Tube
3. Mallinckrodt™ Hi-Lo Oral Endotracheal Tube, Lanz System
4. Mallinckrodt™ SealGuard™ Evac Endotracheal Tube
5. Portex Soft Seal® Cuff Tracheal Tube
6. Portex SACETT™ Suction Above ET Cuff
7. Teleflex ISIS® HVT™
8. **Venner PneuX™ ETT**

Photographs taken as part of the Mariyaselvam et al study [21]

Venner PneuX ™ (Image No. 8) low-volume, low-pressure cuff with automated maintenance of cuff pressure, prevented aspiration past the cuff. [21]

"The low volume low pressure cuffed tracheal and tracheostomy tubes reduce pulmonary aspiration in the benchtop models and in anaesthetized and critically ill patients." [46]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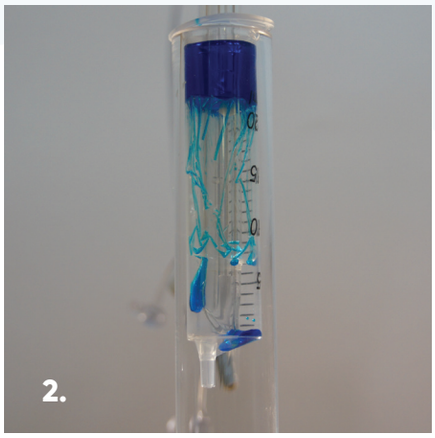
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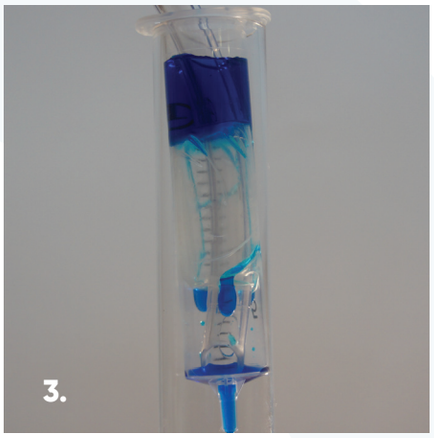
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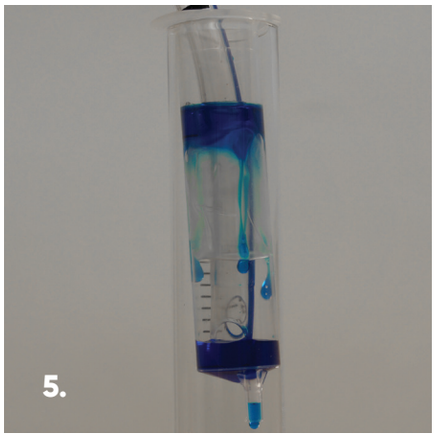
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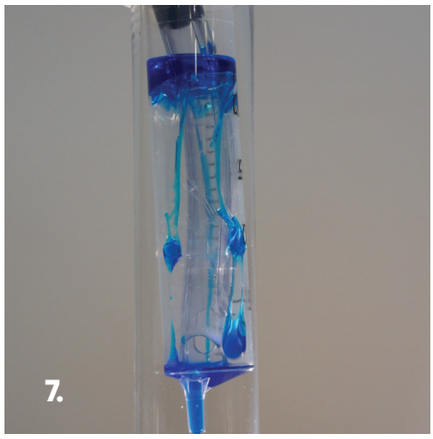
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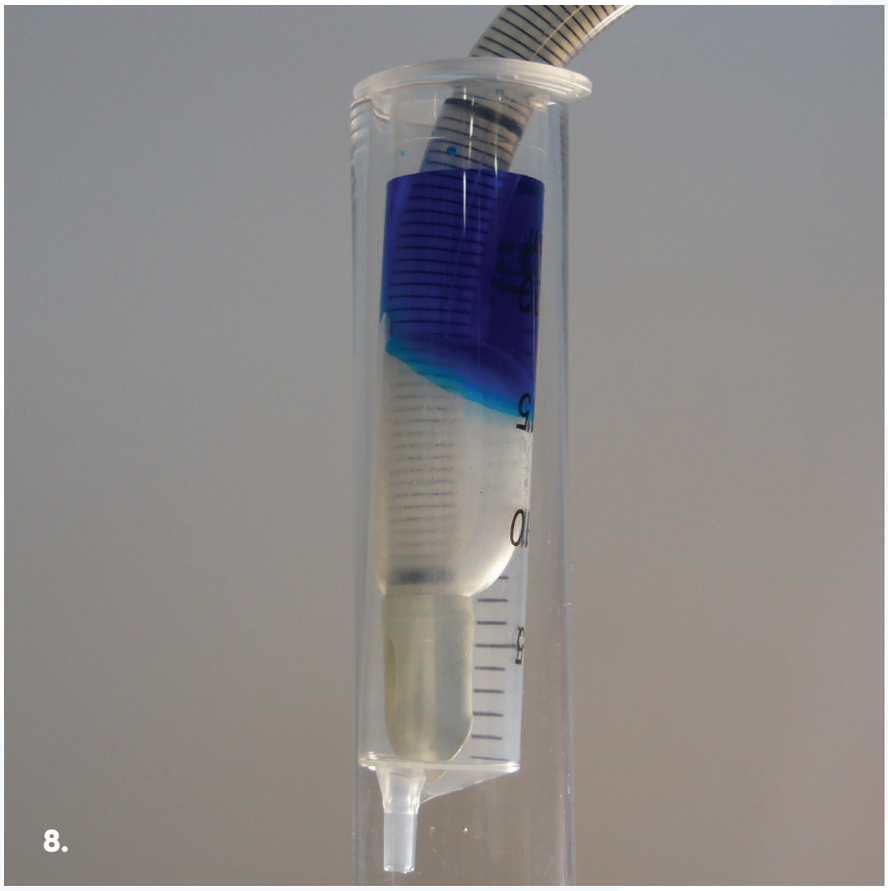
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Venner PneuX™ ETT

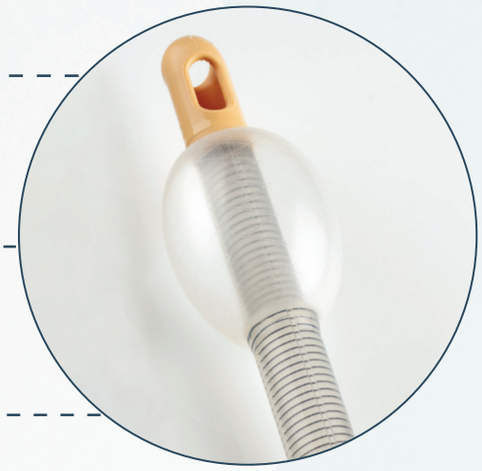
Designed to be used in conjunction with the Venner PneuX TSM™ Cuff Pressure Controller

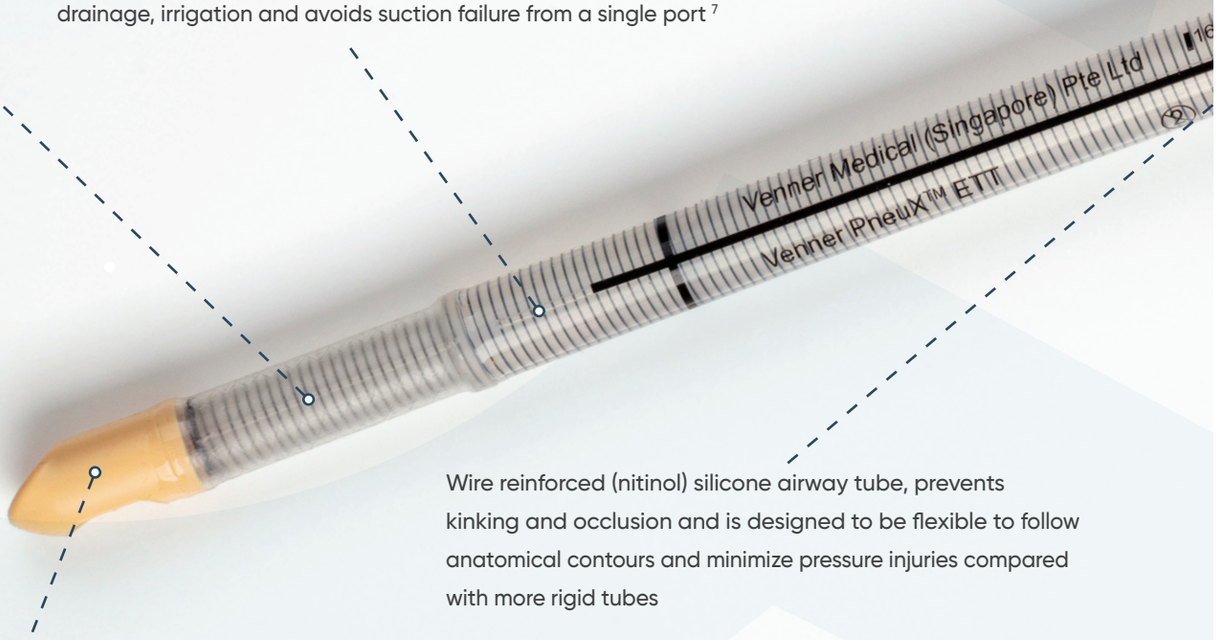
90% of artificial airway devices are ETTs in mechanically ventilated intensive care unit (ICU) admissions in the UK. [22]

The silicone cuff material of the Venner PneuX™ ETT is designed to prevent folds in the cuff wall material to help eliminate aspiration that occurs with PVC/PUC cuffs

Low Volume, Low Pressure silicone cuff ensures a low and consistent intracuff pressure is transmitted to the tracheal wall

Venner PneuX™ System allows the general recommendation that tracheal wall seal pressure be persistently maintained at 20–30 cm H_2O [18] [34]





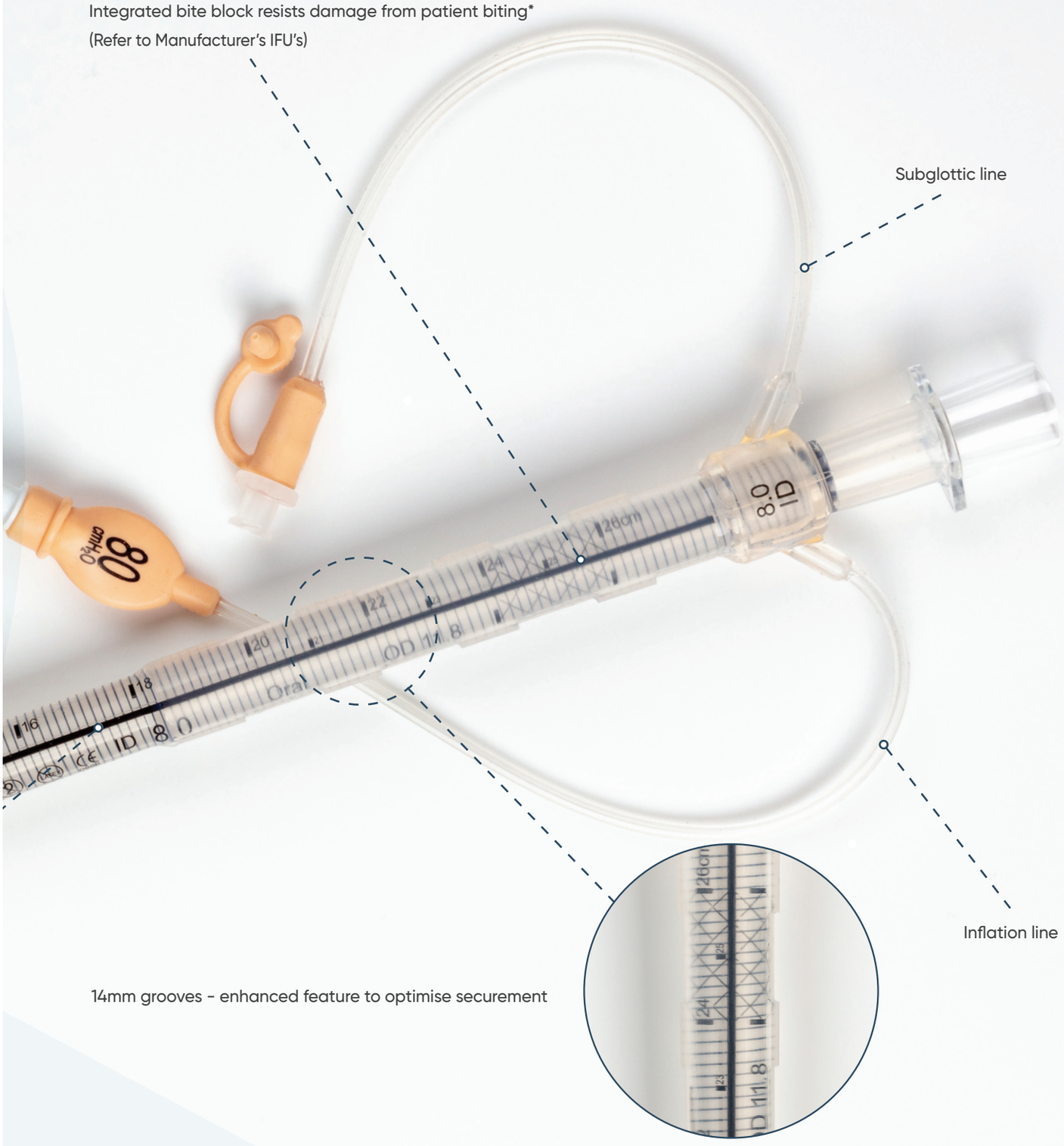
3 Subglottic Channels/Ports for routine subglottic secretion drainage, irrigation and avoids suction failure from a single port [7]

Wire reinforced (nitinol) silicone airway tube, prevents kinking and occlusion and is designed to be flexible to follow anatomical contours and minimize pressure injuries compared with more rigid tubes

Boat tip, with bevel design and murphy eye aids the passage of Venner PneuX™ ETT through the larynx into the trachea reducing the risk of airway damage or occlusion

Integrated bite block resists damage from patient biting*
(Refer to Manufacturer's IFU's)

Subglottic line



Inflation line

14mm grooves - enhanced feature to optimise securement

Can be used with the Venner PneuX™ ETT Stylet for ease of insertion

Humidification with a heated humidifier is strongly advised to help reduce luminal occlusion with any ETT [8] [43]

"There is a tendency for reduced colonization in the Venner PneuX™ ETT with longer intubation times. This may have an impact on reducing the incidence of late-onset VAP." [39]

Venner PneuX™ TT

Designed to be used in conjunction with the Venner PneuX TSM™ Cuff Pressure Controller

Tracheostomies are used as artificial airway devices in 10% of all mechanically ventilated intensive care unit (ICU) admissions in the UK. [14]

Early, compared with late or no, tracheostomy might be associated with a lower incidence of pneumonia; a finding that could question the present practice of delaying tracheostomy beyond the first week after translaryngeal intubation in mechanically ventilated patients. [41]

"An inflated tracheostomy tube cuff cannot prevent aspiration; it only slows the already aspirated bolus movement in the lungs. When water runs into the subglottic space above the inflated cuff, it almost completely disappears down the longitudinal channels caused by folds in the cuff wall material." [45]

"Sub-glottic suction tracheostomy tubes should be used as standard for new tracheostomy. These tubes can reduce the incidence of pneumonia (as part of a bundle of care) and can allow Above Cuff Vocalisation (ACV) without needing to change the tube." [15]

"Humidification is important for patients with tracheostomies and laryngectomies, especially if the cuff is inflated and therefore the natural warmth and humidification of the nose bypassed." [15]

1. Venner PneuX™ TT does not require an inner cannula, so the internal diameter of 7, 8 or 9mm is not reduced. This minimises the impact on work of breathing [6]

2. Obturator fits in the airway tube to guide placement. The tip is designed to aid the passage through the surgical opening of a tracheostomy stoma. The obturator also has a hole for a guidewire to pass through

3. The silicone cuff material of the Venner PneuX™ TT is designed to prevent folds in the cuff wall material to help eliminate aspiration that occurs with PVC/PUC cuffs

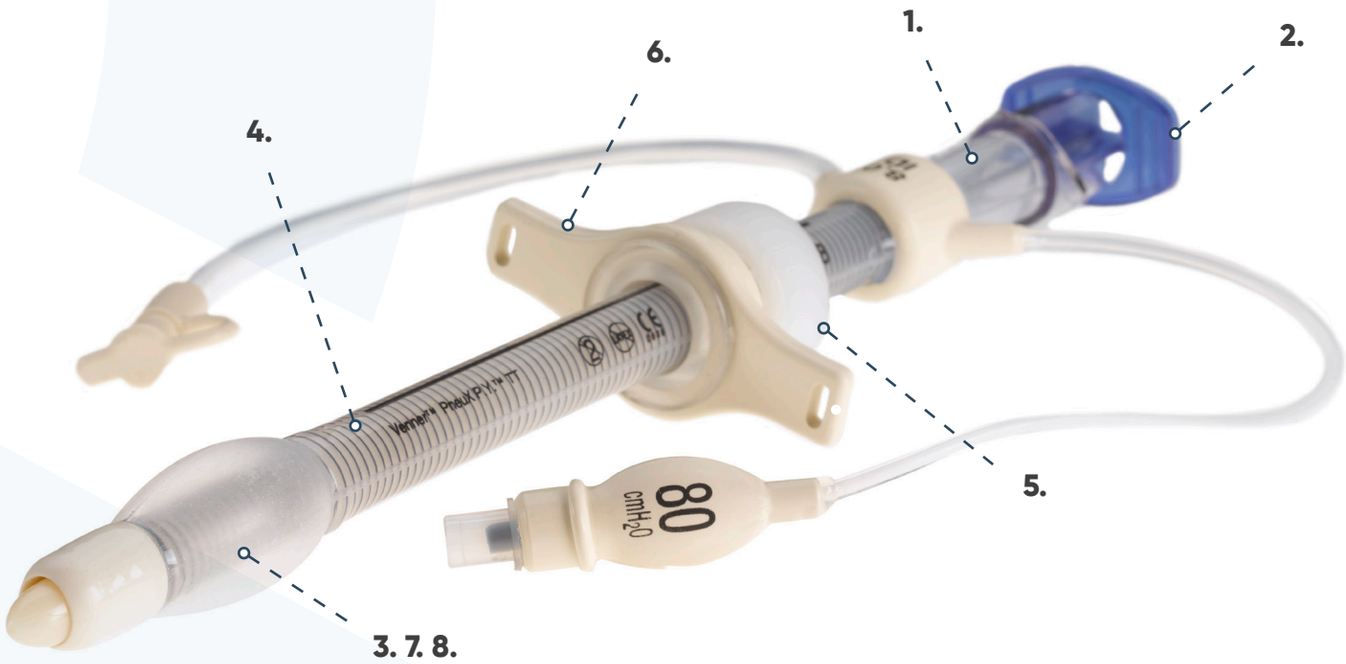
4. 3 Subglottic Channels/Ports for routine Subglottic Secretion Drainage, irrigation and avoids suction failure from a single port [7]

5. Neck plate with adjustable flange/lock nut

6. Winged tube-holder

7. Venner PneuX™ System allows the general recommendation that tracheal wall seal pressure be persistently maintained at 20–30 cm H2O [18 34]

8. The silicone cuff material of the Venner PneuX™ TT is designed to prevent folds in the cuff wall material to help eliminate aspiration that occurs with PVC/PUC cuffs



Can be used in conjunction with the Venner PneuX™ PDT Introducer Set

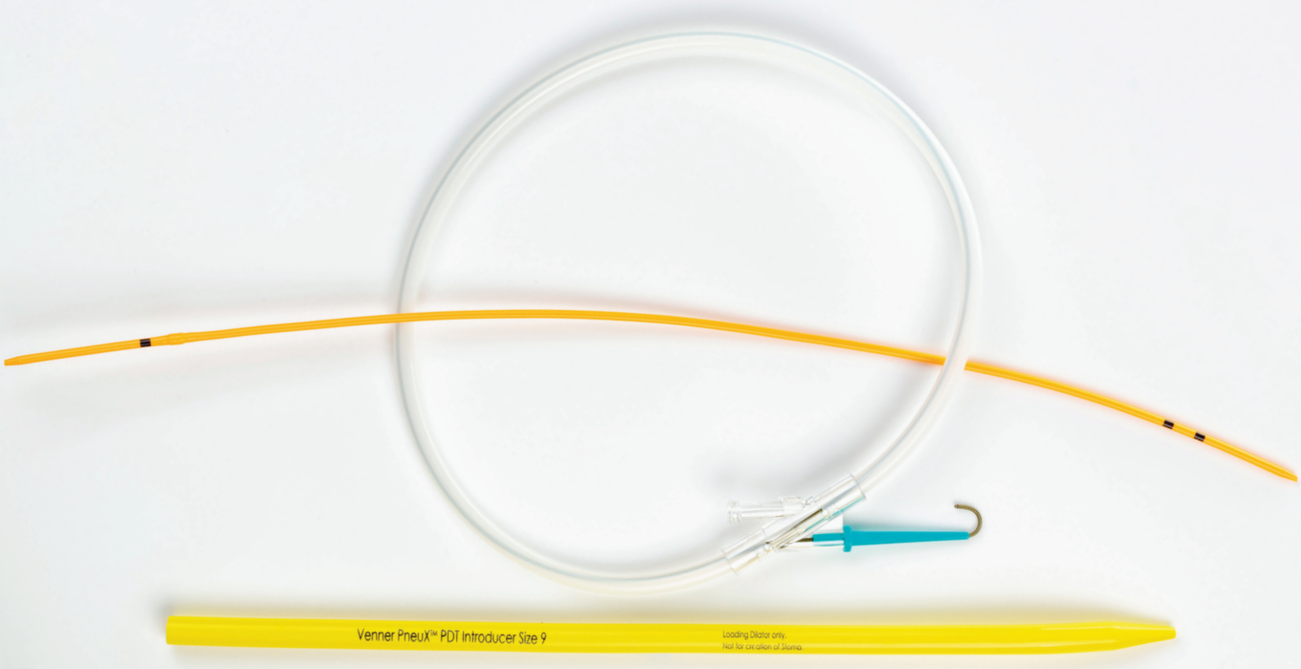
Humidification with a heated humidifier is strongly advised to help reduce luminal occlusion with any ETT [8 43]

Venner PneuX™ PDT Introducer Set

Designed exclusively for use with the Venner PneuX™ TT

An innovative advancement intended for controlled, elective, subcricoid insertion of the Venner PneuX™ TT, in combination with compatible PDT Sets.

The Venner PneuX™ TT is longer than a conventional tracheostomy tube and so the longer Venner PneuX™ PDT Introducer and Wire Stiffener is required for convenient placement.



Above Cuff Vocalisation (ACV)

ACV is particularly useful for patients who cannot tolerate or be managed with a deflated tracheostomy tube cuff.[24] With the cuff inflated the most effective protection from microaspiration can be maintained - **Venner PneuX™ TT** achieves this.

Cuff Pressure Monitoring

"It is suggested to use appropriate measurement tools (continuous cuff pressure regulator) instead of manual intermittent controlling of the endotracheal tube cuff pressure. If this was to be instigated into practice then the complications caused by increasing or decreasing the cuff pressure are thus minimized." [25]

"Continuous control of P(cuff) is associated with significantly decreased microaspiration of gastric contents in critically ill patients". [31] [32]

"Another preventive strategy for avoiding the progression of subglottic secretions into the lower respiratory tract is to maintain optimal cuff pressure." [18]

"Connecting and disconnecting manometer reduced cuff pressure on average by 4.78 cm H_2O after 1 minute and 5.89 cm H_2O after 5 minutes." [3]

"It is desirable during anaesthesia to use a continuous in-built intracuff pressure measurement technique." [16]

"Some systems can continually monitor and adjust cuff pressure within set parameters and these systems likely control cuff pressures more accurately and more safely than intermittent manual checks." [15]
– Venner PneuX™ System achieves this

Equipment should include...
a system or device to measure or monitor cuff pressure.
(Intensive Care Society, 2020)

Venner PneuX TSM™ Cuff Pressure Controller

Designed exclusively for use with the Venner PneuX™ ETT/TT and Venner PneuX™ Extension Set

The unique technology of automated maintenance of cuff pressure control is supported by first class leading benefits:

- Prevents microaspiration past the cuff
- Maintains the seal during patient/equipment movement
- Automates tracheal tube cuff pressure control

A clinical seal may be achieved at an intracuff pressure of between 80-90 cm H_2O. This corresponds to the default tracheal wall seal pressure setting on the Venner PneuX TSM™ Cuff Pressure Controller of 20 mmHg (approx. 30 cmH_2O) and does not need to be adjusted unless necessary following clinical review.

Venner PneuX TSM™ Cuff Pressure Controller is designed for the monitoring, maintenance and regulation of pressure within the cuffs of the Venner PneuX™ ETT/TT, saving time for the ICU Nurse and compensating for interactions that move the tube within the patient and create risk.

Coronavirus COVID-19 Pandemic

≥98%

of COVID-19 patients had qualifying CPIS ≥6 on Day 2 [4]

100%

of patients that spent ≥9 days on ICU acquired a bacterial co-infection [11]

40.8%

of patients developed VAP [9]

Consensus guidelines for managing the airway in patients with COVID-19 recommend to "monitor airway cuff pressure carefully to avoid airway leak." [5]
- Venner PneuX™ System achieves this

A VAP diagnosis is challenging in COVID patients as the clinical presentation is shared [10]. A device that prevents VAP saves time spent diagnosing a condition introduced by the failure of an ETT or TT cuff **- Venner PneuX™ System achieves this**

"Where available, automatic tracheostomy cuff pressure monitoring devices will minimise these risks." [37] **- Venner PneuX™ System achieves this**

References

1. Alzahrani, A. R., Al Abbasi, S., Abahoussin, O. K., Al Shehri, T. O., Al-Dorzi, H. M., Tamim, H. M., Sadat, M., & Arabi, Y. M. (2015). 'Prevalence and predictors of out-of-range cuff pressure of endotracheal and tracheostomy tubes: a prospective cohort study in mechanically ventilated patients'. BMC anesthesiology, 15, 147.
2. Andronis, L. et al. (2018) 'Is the Venner-PneuX Endotracheal Tube System a Cost-Effective Option for Post Cardiac Surgery Care?' Ann Thorac Surg 106:757–63
3. Boyle, C. et al. (2019) The changes of endotracheal tube cuff pressure during manual and intermittent controlling in Intensive Care Units.
4. Chastre, J. et al. (2020) The challenge of ventilator-associated pneumonia diagnosis in COVID-19 patients.
5. Cook, T. et al. (2020) 'Consensus guidelines for managing the airway in patients with COVID-19'. Association of Anaesthetists.
6. Cowan, T. et al. (2001) Effect of inner cannula removal on the work of breathing imposed by tracheostomy tubes: a bench study. Respir Care. 2001 May;46(5):460-5. PMID: 11309185.
7. Daniel, B et al. (2020) Comparison of single and multi-port subglottic suction endotracheal tubes in a porcine tracheal model. Critical Care Medicine: 48 (1) p 635 doi: 10.1097/01.ccm.0000645184.55800.a3
8. Doyle, A., Joshi, M., Frank, P., Craven, T., Moondi, P., & Young, P. (2011). A change in humidification system can eliminate endotracheal tube occlusion. Journal of critical care, 26(6), 637.e1–637.e6374.
9. Dudoignon, E. et al. (2020) Bacterial pneumonia in COVID-19 critically ill patients: A case series.
10. François, B., Laterre, PF., Luyt, CE. et al. (2020) 'The challenge of ventilator-associated pneumonia diagnosis in COVID-19 patients.' Crit Care 24, 289
11. Golzari, S. et al. (2020) Evaluation of bacterial co-infections of the respiratory tract in COVID-19 patients admitted to ICU.
12. Gopal, S., et al. (2015) 'Significant reduction in ventilator-associated pneumonia with the Venner-PneuX System in high-risk patients undergoing cardiac surgery: the Low Ventilator-Associated-Pneumonia study.' European journal of cardio-thoracic surgery: official journal of the European Association for Cardio-thoracic Surgery, 47(3), e92–e96.
13. Hamilton, V. A., & Grap, M. J. (2012) 'The role of the endotracheal tube cuff in microaspiration'. Heart & lung: the journal of critical care, 41(2), 167–172.
14. Higgs, A. et al. (2018) 'Guidelines for the management of tracheal intubation in critically ill adults' BJA 120(2) pp.323-352
15. Intensive Care Society (2020) Guidance For: Tracheostomy Care.
16. Kumar, C. M., Seet, E., & Van Zundert, T. (2020). Measuring endotracheal tube intracuff pressure: no room for complacency. Journal of clinical monitoring and computing, 1–8. Advance online publication.
17. Lacherade, J. C., et al. (2018). Subglottic secretion drainage for ventilator-associated pneumonia prevention: an underused efficient measure. Annals of translational medicine, 6(21), 422.
18. Lorente, L., Blot, S., & Rello, J. (2010). New issues and controversies in the prevention of ventilator-associated pneumonia. American journal of respiratory and critical care medicine, 182(7), 870–876.
19. Lorente et al (2007). 'Influence of an Endotracheal Tube with Polyurethane Cuff and Subglottic Secretion Drainage on Pneumonia' Am J Respir Crit Care Med Vol 176. pp 1079–1083
20. Luckraz, H., et al. (2017) Cost of treating ventilator-associated pneumonia post-cardiac surgery in the National Health Service: Results from a propensity-matched cohort study. J Intensive Care Soc 2018 May;19(2):94-100 doi: 10.1177/1751143717740804. E pub 2017 Nov 9.
21. Mariyaselvam, M.Z., Marsh, L.L., Bamford, S. et al. (2017) 'Endotracheal tubes and fluid aspiration: an in vitro evaluation of new cuff technologies.' BMC Anesthesiol 17(36)
22. McGrath, B. et al. (2016) 'Above cuff vocalisation: A novel technique for communication in the ventilator-dependent tracheostomy patient.' J Intensive Care Soc. 17(1) pp. 19-26. doi: 10.1177/1751143715607549
23. Modi, A.R. and Kovacs, C.S. (2020) 'Hospital-acquired and ventilator-associated pneumonia: Diagnosis, management, and prevention' Cleveland Clinic Journal of Medicine 87(10) pp. 633-639

24. NHS National Patient Safety Improvement Programme (NatPatSIP), (2020). Multidisciplinary guidance for safe tracheostomy care during the COVID-19 pandemic. McGrath B, et al. Association of Anaesthetists.
25. Nazari, R., Boyle, C., Panjoo, M., Salehpour-Omran, M., Nia, H. S., & Yaghoobzadeh, A. (2019). The Changes of Endotracheal Tube Cuff Pressure during Manual and Intermittent Controlling in Intensive Care Units. Iranian journal of nursing and midwifery research, 25(1), 71–75.
26. NHS. (2016) Innovation Tech Tariff.
27. NHS Innovation Accelerator (2017) Economic Impact Evaluation Case Study: PneuX. [online]
28. NHS Point Prevalence Survey (PPS) 2011
29. NICE. (2014) Infection prevention and control Quality Standard [QS61], April 2014, Introduction
30. Nseir, S. et al. (2009) 'Variations in endotracheal cuff pressure in intubated critically ill patients: prevalence and risk factors.' European Journal of Anaesthesiology (EJA): March 2009 – Volume 26 – Issue 3 – p 229-234 doi: 10.1097/EJA.0b013e3283222b6e
31. Nseir, S., Zerimech, F., Fournier, C., Lubret, R., Ramon, P., Durocher, A., & Balduyck, M. (2011). Continuous control of tracheal cuff pressure and microaspiration of gastric contents in critically ill patients. American journal of respiratory and critical care medicine, 184(9), 1041–1047.
32. Nseir, S., Rodriguez, A., Saludes, P. et al. (2015) Efficiency of a mechanical device in controlling tracheal cuff pressure in intubated critically ill patients: a randomized controlled study. Ann. Intensive Care 5, 12 (2015).
33. O'Neill, J. (2016) Tackling drug-resistant infections globally: Final report and recommendations.
34. Pneumatikos, I. A., Dragoumanis, C. K., & Bouros, D. E. (2009). Ventilator-associated pneumonia or endotracheal tube-associated pneumonia? An approach to the pathogenesis and preventive strategies emphasizing the importance of endotracheal tube. Anesthesiology, 110(3), 673–680.
35. Robinson, M. and Davidson, A. (2014) 'Aspiration under anaesthesia: risk assessment and decision-making' Continuing Education in Anaesthesia Critical Care & Pain, 14(4) pp. 171–175.
36. Rouzé, A., Jaillette, E., & Nseir, S. (2018). Relationship between microaspiration of gastric contents and ventilator-associated pneumonia. Annals of translational medicine, 6(21), 428.
37. Rovira, A., Dawson, D., Walker, A et al, (2020). Tracheostomy care and decannulation during the COVID-19 pandemic. A multidisciplinary clinical practice guideline. Eur Arch Otorhinolaryngol.
38. Safdar, N., Dezfulian, C., Collard, H. R., & Saint, S. (2005). Clinical and economic consequences of ventilator-associated pneumonia: a systematic review. Critical care medicine, 33(10), 2184–2193.
39. Senanayake, E.L. (2017) Incidence of endotracheal tube colonization with the use of PneuX endotracheal tubes in patients following cardiac surgery, Journal of Hospital Infection, Volume 95, Issue 1, Pages 81-86.
40. Suljevic, I., Asotic, D., Surkovic, I., Turan, M., & Spahovic, H. (2020). Frequency of Ventilator Associated Pneumonias in Patients in the Intensive Care Unit. Medical archives (Sarajevo, Bosnia and Herzegovina), 74(4), 285–288.
41. Siempos, I., Ntaidou, T., Filippidis, F. and Choi, A. (2015) 'Effect of early versus late or no tracheostomy on mortality and pneumonia of critically ill patients receiving mechanical ventilation: a systematic review and meta-analysis.' The Lancet Respiratory Medicine, 3(2), pp.150-158.
42. The Queen Elizabeth Hospital, Kings Lynn. (2016) The Venner PneuX System.
43. Venner Medical Singapore (PTE) Limited (2019). Venner PneuX™ Instructions for Use
44. Wainer, C. (2020) 'The importance of oral hygiene for patients on mechanical ventilation' British Journal of Nursing Vol 29 No 15.
45. Winklmaier U, Wüst K, Schiller S, Wallner F. (2006) Leakage of fluid in different types of tracheal tubes. Dysphagia. 2006 Oct;21(4):237-42. Doi: 10.1007/s00455-006-9047-2. PMID: 17203331.
46. Young, P. J., Pakeerathan, S., Blunt, M. C., & Subramanya, S. (2006). A low-volume, low-pressure tracheal tube cuff reduces pulmonary aspiration. Critical care medicine, 34(3), 632–639.

Venner PneuX™ System

Ordering information

Code:	Description:	ID (mm)	OD (mm)	Unit of Issue
7160PETM	Venner PneuX™ ETT Size 6.0* MR Conditional	6.0	9.9	10
7170PETM	Venner PneuX™ ETT Size 7.0 MR Conditional	7.0	10.9	10
7180PETM	Venner PneuX™ ETT Size 8.0 MR Conditional	8.0	11.8	10
7190PETM	Venner PneuX™ ETT Size 9.0 MR Conditional	9.0	12.8	10
7170PTTM	Venner PneuX™ TT Size 7.0 MR Conditional	7.0	10.9	10
7180PTTM	Venner PneuX™ TT Size 8.0 MR Conditional	8.0	11.8	10
7190PTTM	Venner PneuX™ TT Size 9.0 MR Conditional	9.0	12.8	10
7170PDTS	Venner PneuX™ PDT Introducer Set for use with Venner PneuX™ TT Size 7.0	n/a	n/a	10
7180PDTS	Venner PneuX™ PDT Introducer Set for use with Venner PneuX™ TT Size 8.0	n/a	n/a	10
7190PDTS	Venner PneuX™ PDT Introducer Set for use with Venner PneuX™ TT Size 9.0	n/a	n/a	10
7000PTSM	Venner PneuX TSM™ Cuff Pressure Controller	n/a	n/a	1
7000PEXT	Venner PneuX™ Extension Set	n/a	n/a	10
7000PSTY	Venner PneuX™ Stylet for use with Venner PneuX™ ETT (All sizes)	n/a	n/a	10

*Size 6.0 not avaliable in the UK.

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