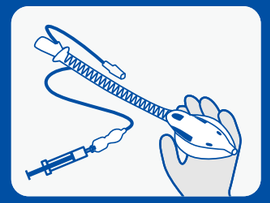
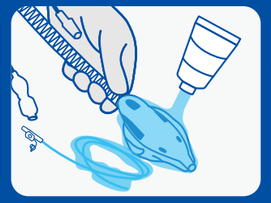
Instruction For Use

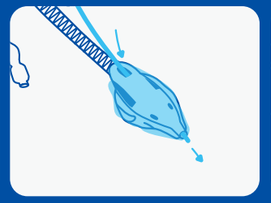


Select the appropriate size and check the cuff for leaks

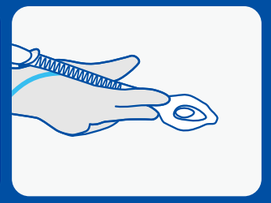
Size	Range of patients
#3	30~50kg
#4	50~70kg
#5	70~100kg



Fully lubricate the DST and the dorsal side of the laryngeal mask.

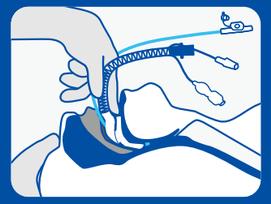


Insert the **DST into the Gastro-pharyngeal Access Channel** until its tip is aligned with the distal opening of the cuff.

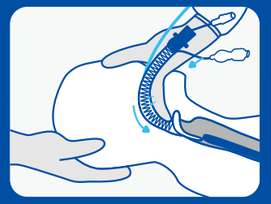


Anchor the mask at the tube-cuff junction with the tips of index and middle fingers, then hold the airway tube and DST between the thumb and the index.

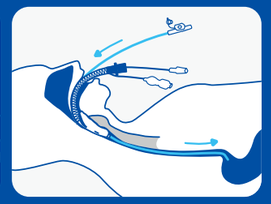
Open the patient's mouth and tilt the head back with left index on the upper teeth and middle finger on the lower teeth.



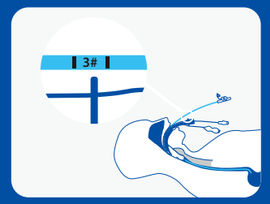
Position the tip of the mask behind the base of the tongue, adjust the entry angle and cuff volume if needed; advance the mask to pass the base of the tongue, ensuring the tongue doesn't get caught inside the cup of the mask.



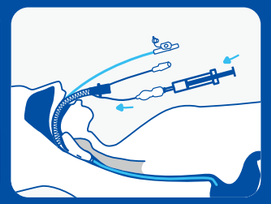
Slightly retract index and middle fingers; hold the mask on the distal part of the tube with 2 or 3 fingers; slide the mask down and toward midline until resistance is met.



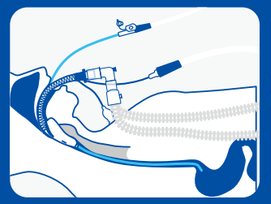
Advance the DST until the DST Control Ring engages the distal port of the laryngeal mask; remove the guide wire.



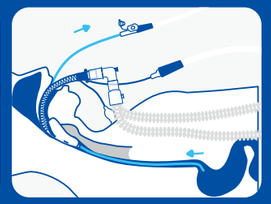
Verify intra-gastric placement of the DST by checking whether the connector lug is aligned with the scale markings on the DST.



Inflate the cuff appropriately.



Connect the airway tube to the anesthesia breathing circuit. Depending on clinical requirements, connect the Pharyngeal Suction Channel and the DST to suction.



To convert the DST from gastric suction to pharyngeal suction, withdraw the DST by about 1 cm.

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TriFlexLAM

Tri-channel Flexible Laryngeal Airway Mask

An Innovative 2nd-generation Flexible SGA for HEENT Surgeries

Pre-market

TriFlexLAM

Intended Use

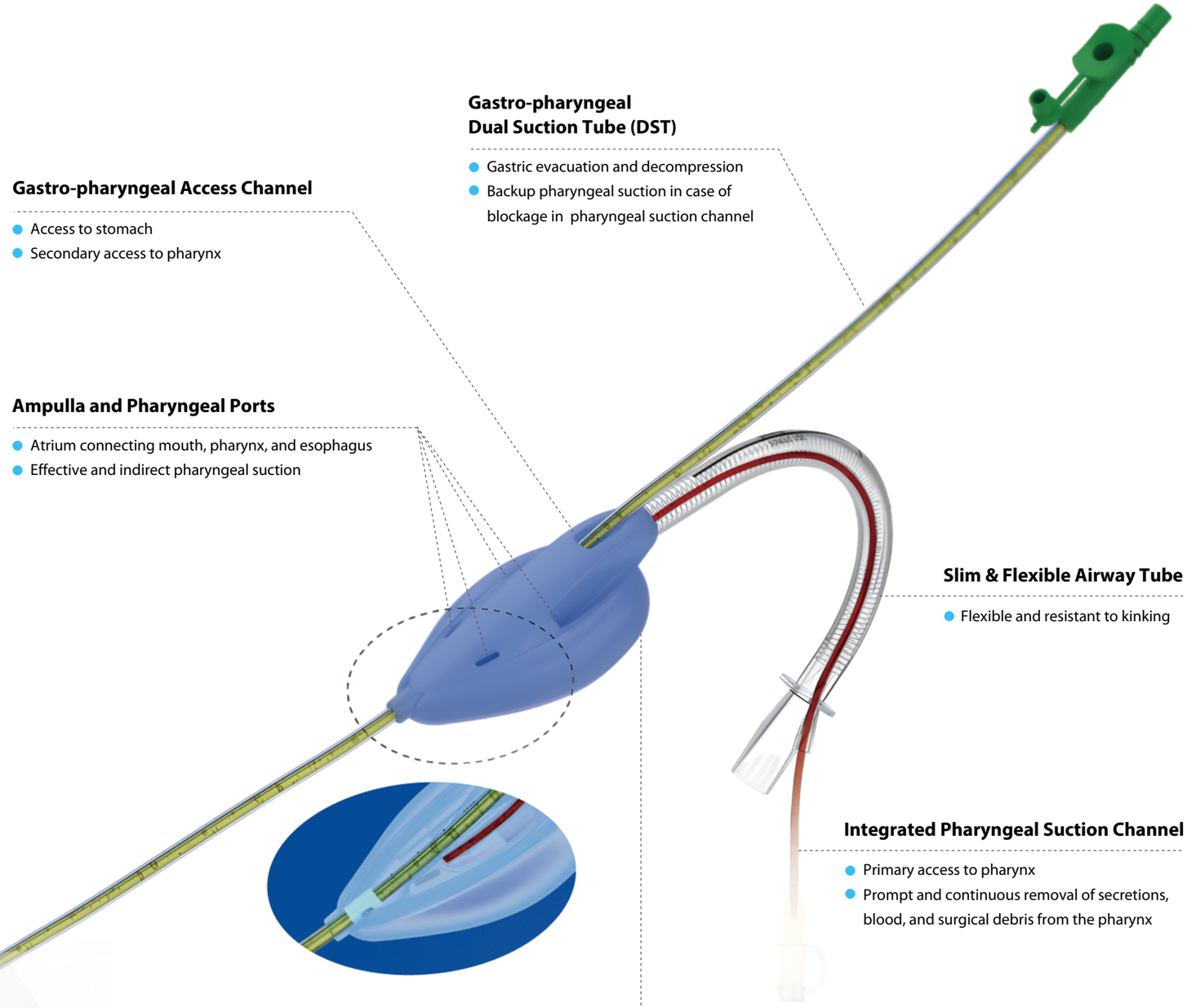
The Tri-channel Flexible Laryngeal Mask Device (TriFlexLAM) is intended for use in patients under anesthesia, as well as in patients requiring emergency airway access during resuscitation, to maintain upper airway patency.

3-in-1 Breakthrough Design

Overcoming the Limitations of Conventional SGA in HEENT Surgery

3 Channels
2 Suction targets
1 Assembly

- **Ensures pharyngeal suction**
- **Enables gastric emptying & venting**
- **Optimizes surgical access**



Gastro-pharyngeal Dual Suction Tube (DST)

- Gastric evacuation and decompression
- Backup pharyngeal suction in case of blockage in pharyngeal suction channel

Gastro-pharyngeal Access Channel

- Access to stomach
- Secondary access to pharynx

Ampulla and Pharyngeal Ports

- Atrium connecting mouth, pharynx, and esophagus
- Effective and indirect pharyngeal suction

Slim & Flexible Airway Tube

- Flexible and resistant to kinking

Integrated Pharyngeal Suction Channel

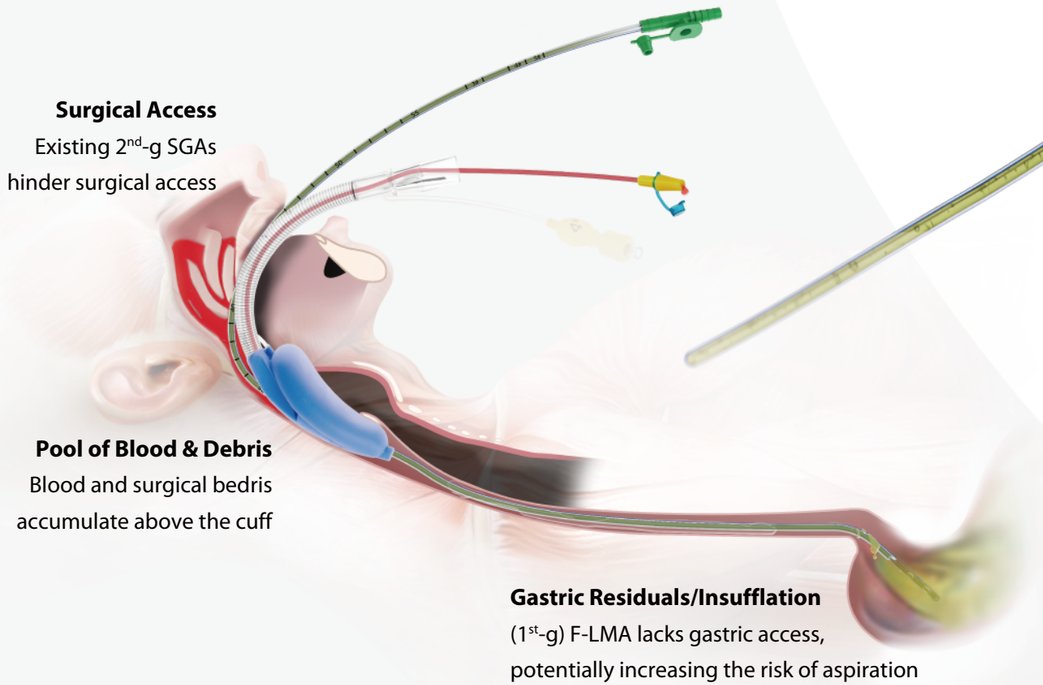
- Primary access to pharynx
- Prompt and continuous removal of secretions, blood, and surgical debris from the pharynx

Dual Suction Control Ring

- Guides DST placement
- Switches from gastric to pharyngeal suction by withdrawing DST

Elongated and Silicone Made Cuff

Better glottic seal during positive pressure ventilation



Surgical Access
Existing 2nd-g SGAs hinder surgical access

Pool of Blood & Debris
Blood and surgical bedris accumulate above the cuff

Gastric Residuals/Insufflation
(1st-g) F-LMA lacks gastric access, potentially increasing the risk of aspiration