



Thoracic surgery during the COVID-19 pandemic

Thinking of returning to planned thoracic surgery during the COVID-19 pandemic?

Read about the latest industry guidance on the use of DLTs, ETTs and bronchoscopes

"The need for timely lung resection surgery for patients with lung cancer continues through the COVID-19 pandemic. A practice-based recommendation for airway management in thoracic surgical patients, endorsed by the Association for Cardiothoracic Anaesthesia and Critical Care and the Society for Cardiothoracic Surgery in Great Britain and Ireland, has been developed."

"Clinical confirmation of DLT positioning has the disadvantage of poor sensitivity and specificity. A bronchoscopic study involving clinical confirmation of double-lumen tubes by the intubating anaesthetist found up to 39.5% were malpositioned."

"Double lumen tubes with an embedded light source and camera have been developed to provide continuous monitoring of double-lumen tube position relative to the carina. Once correctly sited, they may reduce the incidence of bronchoscopy for double-lumen tube adjustments and the risk of exposure during lung isolation."

Management of the airway and lung isolation for thoracic surgery during the COVID-19 pandemic

Thornton *et al.* (2020)¹

"In cases intubated with EET and BB, the position of the BB (and the tube) should be confirmed with a disposable flexible bronchoscope; or an ETT with an embedded camera."

"The position of the DLT should be confirmed with a disposable flexible bronchoscope; use of a DLT with an embedded camera can minimise the requirement for a bronchoscope and avoid the need to open the airway."

"Ideally, disposable bronchoscopes are the best option to avoid the need for decontamination after the procedure.... In any case, using a bronchoscope (either disposable or reusable) should not be compromised; only tubes (ETT or DLT) with an embedded camera can replace the need for position confirmation by bronchoscopy."

Thoracic Anesthesia of Patients with Suspected or Confirmed 2019 Novel Coronavirus Infection: Preliminary Recommendations for Airway Management by the EACTA Thoracic Subspecialty Committee

Şentürk *et al.* (2020)²

"In a randomised clinical trial, Ambu VivaSight-DL reduced the need for fibreoptic confirmation of the tube positioning by 86.8% and the correction of dislodgement by 92.3%, compared to conventional DLT during thoracic surgery."

A Randomized Controlled Study of the Use of Video Double-Lumen Endobronchial Tubes Versus Double-Lumen Endobronchial Tubes in Thoracic Surgery

Heir *et al.* (2018)³





Find out more at
ambu.co.uk

VivaSight

Continuous Visualisation for Faster and Safer Single Lung Ventilation

VivaSight-DL Double-Lumen Tube
VivaSight-SL Single-Lumen Tube
VivaSight-EB Endobronchial Blocker

- Single-use and sterile with no risk of cross-contamination
- Provides real time visual monitoring during placement and throughout the procedure
- Assists in overcoming modern placement and positioning challenges
- Results in faster and more effective lung isolation
- Improves patient safety

aScope 4 Broncho

Single-Use Bronchoscopes for Guaranteed Sterility

aScope 4 Broncho Slim
aScope 4 Broncho Regular
aScope 4 Broncho Large

- Single-use and sterile with no risk of cross-contamination
- Eliminates repair costs and limitations of complex reprocessing
- Available in 3 sizes



Reference number	Description	Size	Units/box
aScope 4 Broncho flexible single-use bronchoscope			
476001000	aScope 4 Broncho Slim	3.8/1.2 mm	5
477001000	aScope 4 Broncho Regular	5.0/2.2 mm	5
478001000	aScope 4 Broncho Large	5.8/2.8 mm	5
aView 2 Advance monitor (for aScope 4 Broncho)			
405011000	aView 2 Advance		1
VivaSight			
DLVT35LAS	VivaSight-DL	35 Fr	5
DLVT37LAS	VivaSight-DL	37 Fr	5
DLVT39LAS	VivaSight-DL	39 Fr	5
DLVT41LAS	VivaSight-DL	41 Fr	5
TVT70100AS	VivaSight-SL	7.0 mm	5
TVT75105AS	VivaSight-SL	7.5 mm	5
TVT80110AS	VivaSight-SL	8.0 mm	5
TVEB70100AS	VivaSight-SL & EB kit	7.0 mm, 9 Fr	5
TVEB75105AS	VivaSight-SL & EB kit	7.5 mm, 9 Fr	5
TVEB80110AS	VivaSight-SL & EB kit	8.0 mm, 9 Fr	5
EBB09700AS	VivaSight-EB	9 Fr	5
aView monitor (for VivaSight)			
405002000	aView		1

VivaSight-DL, VivaSight-SL, and VivaSight-EB are manufactured by EView Medical Ltd and are distributed by Ambu A/S

Six good reasons to use the Ambu portfolio for Single Lung Ventilation



It provides real time visual monitoring during placement and throughout the entire SLV procedure.



It makes lung isolation fast and effective.



It helps overcome today's placement and positioning challenges of SLV.



It provides reassurance and confidence for the anaesthesiologist.



It provides a clinical benefit and improved patient safety.



All products are single-use and sterile with no risk of cross-contamination.

Ambu
Ideas that work for life

Ambu Ltd.
8 Burrell Road
St Ives
Cambridgeshire
PE27 3LE

Tel 01480 498403
Fax 01480 498405
www.ambu.co.uk

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- Thornton, M. et al. (2020) 'Management of the airway and lung isolation for thoracic surgery during the COVID-19 pandemic', *Anaesthesia*, Accepted A. doi: 10.1111/anae.15112.
- Şentürk M. et al. (2020) 'Thoracic Anesthesia of Patients with Suspected or Confirmed 2019 Novel Coronavirus Infection: Preliminary Recommendations for Airway Management by the EACTA Thoracic Subspecialty Committee [published online ahead of print, 2020 Apr 11]', *Journal of Cardiothoracic and Vascular Anesthesia*. doi: 10.1053/j.jvca.2020.03.059.
- Heir, J. S. et al. (2018) 'A Randomized Controlled Study of the Use of Video Double-Lumen Endobronchial Tubes Versus Double-Lumen Endobronchial Tubes in Thoracic Surgery', *Journal of Cardiothoracic and Vascular Anesthesia*. Elsevier, 32(1), pp. 267-274. doi: 10.1053/j.jva.2017.05.016.