

Teleflex Medical Introduces the Teleflex ISIS™ HVT™ Endotracheal Tube*First Convertible Endotracheal Tube for Subglottic Secretion Suctioning**Simplifies Choice; Helps Manage Costs*

RESEARCH TRIANGLE PARK, NC — Teleflex Medical has announced the introduction of the Teleflex ISIS™ HVT™, the first convertible endotracheal tube. The Teleflex ISIS HVT features an integrated suction port and separate suction line allowing for subglottic secretion suctioning on demand. Now clinicians can be free from the burden of choosing which tube is best for the patient at the time of intubation. When needed, the suction tube attaches to the Teleflex ISIS HVT via a secure locking connection. Both connection ports can be sealed upon disconnection, reducing the risk of cross-contamination when not in use. This versatile design allows for use of one endotracheal tube to meet the needs of patients requiring both short- and long-term ventilation.

This versatile product provides flexibility in access for post-operative subglottic suctioning, a clinically proven strategy for reducing Ventilator Associated Pneumonia (VAP), the most common infection acquired by adults and children in intensive care units (ICUs) today.¹

During mechanical ventilation, secretions from the upper respiratory tract accumulate above the endotracheal tube cuff. Studies have shown that these secretions can seep past the cuff into the lower tract, causing pneumonia.² Drainage of the subglottic secretions has been proven as an effective strategy in preventing early-onset VAP.³ The clinical challenge encountered today is that the endotracheal tube chosen for initial intubation doesn't always allow for easy access to this valuable practice.

The Teleflex ISIS HVT eliminates many of the common objections to using traditional subglottic secretion suctioning (SGS) tubes, which can be up to seven times more expensive than standard tubes. Patients who need access to SGS often are not intubated with the appropriate tube, and approximately 20% of patients will require long-term ventilation. It is difficult to predict which patients will require long-term intubation, and if a SGS tube is not used at initial intubation, the patient must be extubated and re-intubated, which disturbs the airway. ISIS

solves this problem in a cost-effective manner. The attachment for subglottic suctioning is used—and paid for—only when needed.

“The mission of Teleflex is to enhance patient outcomes by providing products that are less invasive, reduce infections and improve patient safety,” said Ernest Waaser, President, Teleflex Medical. “The Teleflex ISIS HVT exemplifies this commitment by employing a convertible design that allows caregivers to expand the use of subglottic secretion suctioning, a proven strategy in VAP Prevention.¹”

For more information on Teleflex’s line of anesthesia and respiratory products, visit www.teleflexmedical.com.

About Teleflex Incorporated

Teleflex Incorporated (NYSE: TFX) is a diversified global company with a significant presence in medical technology and niche businesses serving aerospace and commercial markets. Teleflex Medical, the company’s largest business segment, designs, manufactures and distributes medical devices for critical care and surgical applications serving customers in more than 140 countries. The company is focused on medical device technology that enables healthcare providers to improve outcomes, reduce infections and improve patient and provider safety. Additional information about Teleflex can be obtained from the company’s website at www.teleflex.com.

¹Coffin S MD, MPH, Klompas M MD, Classen D MD, et al. Strategies to Prevent Ventilatory-Associated Pneumonia in Acute Care Hospitals. *Infect Control Hosp Epidemiol* 2008; 29:S31:S40.

² American Thoracic Society. Consensus Statement: Hospital Acquired Pneumonia in Adults: diagnosis, assessment of severity, initial antimicrobial therapy and preventative strategies. *Am J Respir Crit Care Med*. 1996;151:1711-1725.

³ Dezfulian C, Shojania K, Collard HR, Kim HM, Matthay MA, Saint S. Subglottic secretion drainage for preventing ventilator associated pneumonia: a meta-analysis. *Am J Med* 2005;118:11-18.

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