RÜSCH EZ-BLOCKER

Endobronchial blocker product use guide
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PRODUCT OVERVIEW

Like other bronchial blockers, the EZ-Blocker endobronchial blocker is inserted through the central lumen of an endotracheal tube to ensure isolation from the lungs, but that is where the similarity ends. Unlike one-cuff bronchial blockers, the EZ-Blocker endobronchial blocker has two cuffs which are positioned on the unique bifurcated (or Y-shaped) distal end of the blocker. The bifurcation on the EZ-Blocker mirrors the patient’s lungs at the carina. This unique, patented dual-cuff shape is designed to overcome many of the challenges associated with traditional one-cuff blockers by making placement intuitive – the device is securely seated at the carina to minimise the risk of dislodgement, and there is no danger of resorption lung collapse.
The EZ-Blocker endobronchial blocker comes in one size. The catheter is 7 Fr. (or 2.33 mm) in diameter. This small diameter enables it to fit easily into a 7.0 mm (or larger) endotracheal (ET) tube.

Depth markings printed along the length of the EZ-Blocker provide an indication of insertion depth, measured from the distal tip of the catheter.

The EZ-Blocker low-volume cuffs are made of polyurethane. The thin material conforms to the shape of the bronchial mucosa.

The two cuffs have two corresponding pilot balloons. The pilot balloon with blue stripes corresponds to the distal cuff with the blue catheter cover. The pilot balloon with yellow stripes corresponds to the distal cuff with the yellow catheter cover.

There is a port to administer oxygen at the distal end of each side of the bifurcated catheter. By means of luer connectors at the proximal end of the EZ-Blocker, these two flexible ports allow the delivery of oxygen to each lung. When not in use, the proximal luer connectors should be closed using the provided blue dust caps.

The entire catheter is radiopaque to allow for verification of placement by X-ray.

Each EZ-Blocker is supplied with an EZ-Multiport™ Adaptor. This adaptor connects directly to the 15 mm connector on the ET tube. Once the adaptor is connected to the ET tube, the circuit is connected to the side port.

When the anaesthesiologist is ready, the EZ-Blocker can be threaded through the top port of the EZ-Multiport Adaptor and secured in place using the grey screw cap connected to the catheter.

The EZ-Multiport Adaptor also has a port for bronchoscope insertion.
RÜSCH EZ-BLOCKER
ENDOBRONCHIAL BLOCKER

PRODUCT USE GUIDE

FIGURE 1: VENTILATION
• After patient intubation with a correctly sized endotracheal tube, the EZ-Multiport™ Adaptor should be connected to the endotracheal (ET) tube. The circuit should then be connected to start ventilation.

FIGURE 2: ET TUBE PLACEMENT
• To ensure proper functioning of the EZ-Blocker, the ET tube should be positioned 4 cm above the carina.

FIGURE 3: INSERTING THE EZ-BLOCKER
• After testing both cuffs for functionality, completely deflate both cuffs of the EZ-Blocker.
• Lubricate the distal cuffs of the EZ-Blocker according to standard practice. (No lidocaine or lubricant containing lidocaine should be used on the distal cuffs.)
• Remove the plug on the EZ-Multiport Adaptor, introduce the EZ-Blocker and advance the blocker into the ET tube.
• Partially secure the grey screw cap attached to the EZ-Blocker to minimise air leakage during blocker placement.

FIGURE 4: INSERTING BRONCHOSCOPE*
• Remove the other cap on the EZ-Multiport Adaptor and introduce a fibre optic bronchoscope in order to visualise the airway and the EZ-Blocker.

FIGURE 5: ADVANCING THE EZ-BLOCKER
• Advance the EZ-Blocker until both extensions are just outside the ET tube.
CENTRAL LUMENS

- allow oxygen to be administered (CPAP) to the isolated lung during procedure
- allow CO₂ flow check to ensure cuff is providing a tight seal
Under direct visual guidance, advance the device until each of the distal extensions have been introduced into one of the both main stem bronchi.
Once the EZ-Blocker is correctly positioned in the patient’s airway, the cap, which is mounted on the shaft of the EZ-Blocker, can be tightened on the port of the EZ-Multiport Adaptor until air tight.
Inflate the appropriate distal cuff by inflating the corresponding pilot balloon; the distal cuff on the blue catheter cover corresponds to the blue striped pilot balloon, and the distal cuff on the yellow catheter cover corresponds to the yellow striped pilot balloon.
To properly inflate an EZ-Blocker cuff, use the bronchoscope to visually control inflation to the minimal occlusion volume (MOV). MOV is the least amount of air required to completely occlude the bronchus. To securely occlude the bronchus, add an extra 1–2 cc of air into the cuff after initial occlusion of the bronchus. To confirm occlusion, ensure the secretions in the bronchial mucosa no longer bubble.

TIP: Note the volume of air instilled into the bronchial cuff to create the MOV and write this volume on the appropriate pilot balloon for reference when lung isolation is performed.
Fully deflate both bronchial cuffs and continue ventilation as normal.
In case of repositioning the patient or the patient’s head, check the cuff position using the fibre optic or video bronchoscope.

After repositioning the patient or the patient’s head, check the cuff position using the fibre optic or video bronchoscope.

Prior to lung collapse, prepare your patient with 100% oxygen saturation while the EZ-Blocker cuffs are fully deflated.
Just before the surgeon breaks the thoracic vacuum (i.e., enters the thorax), physically remove the circuit connector to stop ventilation.
Allow 15–20 seconds for the lung to collapse to its natural volume, then inflate the appropriate distal cuff of the EZ-Blocker to allow isolation of the targeted lung. Start one-lung ventilation by reconnecting the circuit to the EZ-Multiport Adaptor.
**TIPS FOR INSERTION**

The distal ends of the EZ-Blocker are approximately 4 cm long, so in order to ensure the Y-shape distal ends are correctly positioned, intubation should be carried out in such a way that the end of the ET tube is at least 4 cm from the carina.

Verify by “touching” the carina with the bronchoscope then pulling it back until it reaches the entrance of the distal end of the ET tube.

Keep the ET tube central. Do not rotate to either side. This will help keep the EZ-Blocker out of the main stem bronchi.

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**PRODUCT INFORMATION**

<table>
<thead>
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<th>REF.</th>
<th>SET COMPONENTS</th>
<th>LENGTH</th>
<th>SIZE</th>
<th>SMALLEST RECOMMENDED ETT*</th>
<th>QTY</th>
</tr>
</thead>
</table>
| MG-02770-002 | 1 EZ-Blocker™ Endobronchial Blocker  
1 EZ-Multiport™ Adaptor with scope lid  
1 oxygen adaptor  
2 dust caps | 75 cm  | 7 Fr. | 7.0 mm                    | 5   |

* Using small paediatric size (3.4 mm) fibre optic bronchoscope.
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