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Tracoe H₂O Cuff-filling test - Before tube insertion



Prepare an area with all necessary items. Please ensure local guidelines on handling are followed, e.g., use of gloves.



Use a sterile syringe with ml scale, 5 or 10 ml syringe recommended. Fill the syringe with sterile water and connect it to the filling tube. Fill the Tracoe H_2O Cuff with 2 – 3 ml (maximum) of sterile water.² Inspect the balloon to ensure there are no leaks and fills uniformly. Massage the cuff when it does not inflate properly.



Air should never be used to fill the cuff. Also, please do not use saline or glucose solution for filling the cuff as it has been reported to erode the cuff and result in early breakage.²



When the inspection is complete, remove the sterile water from the cuff completely by pulling back the syringe plunger. Once all the water is removed, the tube (with deflated cuff) is ready for insertion.

Tracoe H₂O Cuff-filling - After tube insertion



When the tube has been inserted and secured, remove the obturator. Then place a stethoscope over the trachea.³



Fill the Tracoe H_2O Cuff **slowly** with sterile water, using a syringe until no airflow between the cuff and the tracheal wall is audible at the end of (positive pressure) inspiration.



Then gradually withdraw very small amounts (about 0.25 ml) of the water with the syringe again until a minimal airflow can be heard. For the fine adjustment we recommend a 1 ml syringe.



After that, water is carefully and slowly added again until the point where the air leakage has just disappeared.

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Record the individual patientrelated volume used to fill the cuff. Tracheostomy cuff volume should be assessed every 12 hours, or more frequently according to local policy, or if any changes.⁴

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References

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- ⁴ Stow, J., et al. (2021). Tracheostomy Tubes. In Koutroulis, N. T. I., et al. (Ed.), Emergency Management of the Hi-Tech Patient in Acute and Critical Care (pp. 347-372). John Wily & Sons Ltd.

Head office:

Atos Medical AB Hyllie Boulevard 17 SE-215 32 Malmo, Sweden Tel: +46 (0) 415 198 00 Email: info@atosmedical.com

Manufacturer: Tracoe Medical GmbH

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