NEONATOLOGY

Surfactant administration catheter for LISA method

VYGON

Value Life

Respiratory Distress Syndrome (RDS)

RDS is a **pulmonary disorder** resulting from a **surfactant deficiency** which commonly occurs in infants whose lungs have not yet fully developped.

In Europe, RDS is observed for about **90% of babies born at 24 weeks** of gestation and for **80% of babies born at 28 weeks** of gestation.[1]

International recommendations[1]

*"Preterm infants should be managed **without mechanical ventilation** where possible"*

*"CPAP with **early rescue surfactant** is considered optimal management for babies with RDS"*

*"**LISA is the preferred mode of surfactant administration** for spontaneously breathing babies on CPAP, provided that clinicians are experienced with this technique"*

European Consensus Guidelines on the Management of RDS - 2019

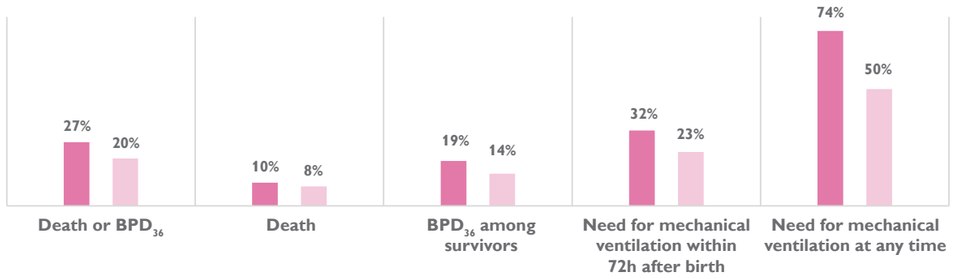
LISA method: **L**ess **I**nvasive **S**urfactant **A**dministration

LISA method consists of a surfactant administration through a **thin catheter** inserted with Magill forceps through the vocal cords while **maintaining a non-invasive ventilation.**

Clinical Evidence[2]

Objective: A systematic review of 6 randomized controlled trials, enrolling a total of 895 preterm infants, comparing LISA method with surfactant delivery methods using an endotracheal tube.

Meta-analysis of the clinical outcomes :



BPD_{36} : Bronchopulmonary dysplasia at 36 weeks

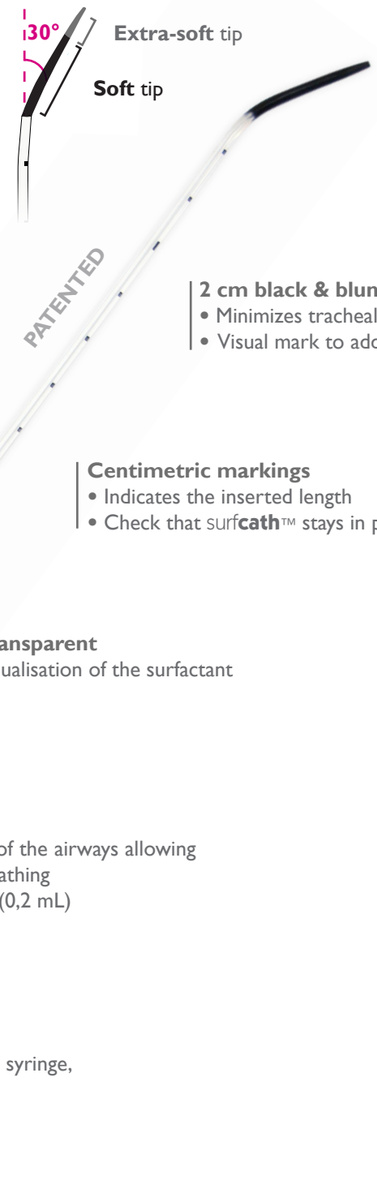
Conclusion: *"LISA technique for surfactant delivery results in a lesser need for mechanical ventilation in infants with RDS, **reduction in the composite outcome of death or BPD at 36 weeks, and BPD_{36} among survivors**"*

surfcath™: Catheter for Surfactant administration with LISA method

2 cm soft distal tip

Double softness
- Minimizes tracheal lesions risks
- Avoids kinking

Curved
- Follows the airways anatomy
- Eases the passage between the vocal cords



2 cm black & blunt distal tip
- Minimizes tracheal lesions risk
- Visual mark to address the inserted length

Semi-rigid
- No need of Magill forceps
- High maneuverability

Centimetric markings
- Indicates the inserted length
- Check that surfcath™ stays in place

Bendable
Thermosensitive material allowing the physician to curve surfcath™ prior to use it

Transparent
Visualisation of the surfactant

6Fr
- Less invasive
- No obstruction of the airways allowing spontaneous breathing
- Low dead space (0,2 mL)

20 cm length
Eases manipulation of the surfactant syringe, away from the patient head

Co-invented with Dr. Kribs from University Hospital of Cologne (Uniklinik Köln)

surfcath™: Technical features

Code	surfcath™			Quantity
	Ext. Ø Fr	Length cm	Dead vol. ml	Box/case
5590.106	6	20	0,2	10/200

Reminder

Don't forget, we also have an endotracheal tube with a secondary lumen, specifically dedicated to surfactant administration when the baby is under invasive ventilation.

Code		Tube				Secondary lumen		Distal tip marking	Quantity
Standard tube	Soft tube	Length mm	Ext. Ø mm	Int. Ø mm	Fr	Lumen int. Ø mm	Flow rate ml/min	Length mm	Box/case
5516.20	5520.20	165	3.4	2.0	10	0.5	2.15	15	20/240
5516.25	5520.25	165	4.1	2.5	12	0.5	3.35	17.5	20/240
5516.30	5520.30	165	4.6	3.0	14	0.5	5	20	20/240
5516.35	5520.35	165	5.2	3.5	15	0.7	15	25	20/240
5516.40	5520.40	230	5.7	4.0	17	0.7	35	25	20/160
5516.45	5520.45	230	6.2	4.5	18	0.7	80	25	20/160

Bibliography

1 David G. Sweet et al. ,European Consensus Guidelines on the Management of Respiratory Distress Syndrome – 2019 Update
2 Aldana-Aguirre JC, Pinto M, Featherstone RM, et al. Arch Dis Child Fetal Neonatal Ed 2017;102:F17– F23

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