

UESCOPE®

TIC series
UESCOPE® Flexible Videoscope



Photograph Video
Sputum suction Drug Delivery

Diameter of tube	2.8mm	3.8mm	4.8mm	5.2mm	5.5mm
Diameter of channel	/	/	1.5mm	2.2mm	2.4mm

Zhejiang UE Medical Corp.

High resolution
Large screen
Easy to use

Excellent quality and simple design
Innovative philosophy and manufacturing techniques
A new generation product--UESCOPE®
Flexible Videoscope (TIC series)

→ Cost-effective

UESCOPE® Flexible Videoscope
Exquisite workmanship, high quality, easy-to-use makes it cost-effective to popularize the tool of difficult airway management

→ Clear image

Intelligent digital imaging technology 3.5" high resolution screen and clear image of airway structure Help doctors to deal with all kinds of difficult airway intubation

→ High compatibility

It's more convenient for clinical use with human-machine interface and the functions of real-time photograph, video, data access

→ Full range of models

Multiple options of different sizes of tubes
Diameter of tubes: 2.8mm,3.8mm,4.8mm,5.2mm,5.5mm

→ Photograph, video, sputum suction, drug delivery

The suction port can connect negative pressure to implement the suction of airway secretions
The drug delivery port can connect syringe and convenient for clinical drug delivery
Click the button once for capturing picture
Press the button longer for taking video

→ Convenient sterilization

The monitor and the handle can be separated. It's applicable for conventional disinfection process. (Except high temperature and high pressure sterilization)



Application of the product

- It's applicable for all kinds of airway intubation, especially for difficult airway intubation

It's the intubation tool for quick solution of difficult airway. It's applicable for all kinds of difficult airway intubation

- Nasotracheal Intubation

No laryngoscope or intubation forceps is needed to implement nasotracheal intubation

- The insertion and position of bronchial occlusive device

Implement the insertion and position of bronchial occlusive device instead of fiber optical bronchoscope

- Position and check of double-lumen tube

The image of position and check is clearer than fiber optical bronchoscope

Operation Instructions

- On and off

Press and hold power switch button for 3-5 seconds, then the product is on or off

- Assemble the product

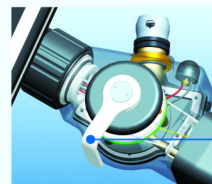
Align the connecting marks of the monitor and the handle and press. Rotate the screw hoop on the monitor, fasten the monitor with the handle, then the product assembling is done

- Power indicator

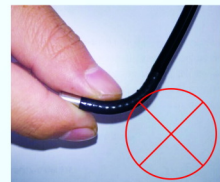
Yellow stands for full power. Red stands for low battery which needs to be recharged immediately or replace a battery

Operation cautions

- The structure of flexible videoscope is precise, therefore it should be operated meticulously and normatively
- After use, please reset the trigger
- The tip of the flexible tube cannot be bended manually
- The flexible tube cannot be bended in small angle
- Please do not scrape the camera with hard objects
- Please do not use mismatched accessories, such as biopsy forceps, cleaning brush and etc
- The flexible tube should be wiped gently, do not push back the tube
- Do not use petroleum-based lubricant to lubricate the flexible tube, which may affect the quality of the flexible tube
- The method to avoid conical protective cover crack: raise the product high when make intubation and bend flexible tube slightly
- The method of dealing with system halt and black screen: (1) click the reset button; (2) pull out the battery, then install it to restart the product



Trigger



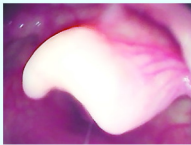
Make intubation easier, faster and safer

Before intubation

- Align the connecting marks of the monitor and the handle and press. Rotate the screw hoop on the monitor, fasten the monitor with the handle, then the product assembling is done.
- Turn on the power. After the LED light on at the tip of the flexible tube, make sure the imaging of the monitor is normal.
- Fit over a suitable type of tracheal tube to the flexible tube.

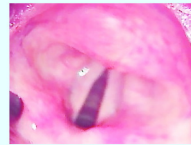
Procedures of endotracheal intubation

Step 1



Hold the handle by left hand and put the thumb on the trigger. Pinch the flexible tube at 15cm distance with the thumb and forefinger of right hand. Insert the flexible tube vertically into patient's mouth and move forward slowly. At the same time, adjust the direction of the tip of the tube till see epiglottis on the screen.

Step 2



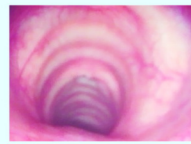
After seeing epiglottis on the screen, move forward the flexible tube from underneath of epiglottis, till seeing the camera reach glottis from the screen.

Step 3



Move forward the flexible tube into lower part of trachea, till seeing the clear image of tracheal ring and carina. Advance the intubation tube along the flexible tube with micro rotation to suitable position in the trachea and fix it.

Step 4



Withdraw the flexible tube to the middle position of tracheal tube, advance the flexible tube again. If the tracheal ring can be seen at the front end of the intubation tube, it proves that the intubation is successful. Then reset the trigger and withdraw the flexible tube.

Maintenance, cleaning and disinfection

- Inspection of leak detector: connect the protective cap with leak detector, then plug vent hole on the protect cap and press the pressure air bag. Observe the pressure gauge for 10s (pointer indicates at least at 200mmHg). If the pressure remains unchanged or become smaller slowly, it means the leak detector is qualified. Only the leak detector is qualified, and then it can be used to detect the flexible videoscope.
- Leak detection of flexible videoscope: turn off the power, separate the handle from the monitor. Connect the protective cap, leak detector with the handle, then press the pressure air bag repeatedly to make the pressure gauge indicates at 140mmHg (TIC-SD-I) or 170mmHg (TIC-SD-II/III). Observe the pressure gauge. If the pressure value remains unchanged, it proves that the handle seals well. If the pressure value becomes smaller then put the leak detector and the handle into water and observe for 30 seconds. If no bubbles come out from the handle, it proves that the handle seals well. Only the sealing of the handle is qualified, then it can be disinfected by soak.
- Method of disinfection: Soak the handle sealed by protective cap in 2% glutaraldehyde solution for 20 minutes. (If the suction channel needs to be disinfected, please use 2% glutaraldehyde solution to clean the channel repeatedly and gently.) Use saline to clean the intubation tube and suction channel.
- Warning: The monitor is not waterproof. The monitor and flexible tube cannot be sterilized by high temperature and high pressure.