



NEONATOLOGY

Surfactant administration catheter for LISA method





surfcath™



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 developed.

 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.<sup>1</sup>

### International recommendations<sup>1</sup>

“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

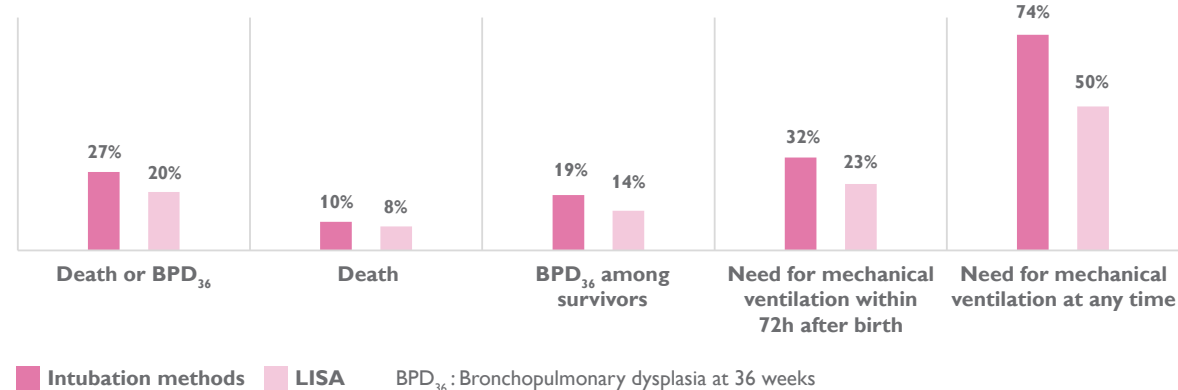
## LISA method: Less Invasive Surfactant Administration

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<sup>2</sup>

**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 :



**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<sub>36</sub> 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
- Extra-soft tip** (30° angle)
- Soft tip**
- 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
- PATENTED**
- 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)

# surf<sup>®</sup>cath™: Technical features

Code	surf <sup>®</sup> cath™			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

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

### OBSTETRICS NEONATOLOGY ENTERAL

**For further information, please contact: [questions@vygon.com](mailto:questions@vygon.com)**

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