

TRACOE aeris®

Laryngotracheal Stenosis gently treated

What does it mean?

Narrowing of the airway, the trachea or the larynx is called laryngotracheal stenosis. This may cause stridor, retractions or shortness of breath on exertion. Shortness of breath at rest implies a more severe narrowing of the airway.

Due to the reduced dimension of their airways children are at higher risk than adults. Stenosis are differentiated by their grade of constriction, their length and consistency. The TRACOE aeris® balloon dilation catheter will be your first choice with soft stenosis.

Classification of Laryngotracheal Stenosis:

- Grade I = 0-50 % constriction of airway profile (no treatment necessary)
- Grade II = 51-70 % constriction of the airway profile (dyspnoe under stress)
- Grade III = 71–99 % constriction of the airway profile (dyspnoe at rest)
- Grade IV = complete occlusion of tracheal lumen (dilation contraindicated)

How do they emerge?

- Due to scarred tissue after endotracheal tubes have been used or after an occlusion of a tracheostoma
- Due to injuries, inflammations or other ailments in the airway
- Due to radio-therapeutic treatment

How to treat them?

Typically a short, soft, young stenosis has a good chance of being treated endoscopically. This type of stenosis may be removed by balloon dilation as it is more gentle for the patient.

Even constrictions of higher grade may be removed by this method.

Surgery is often not necessary with soft and/or young stenosis. Improvement is often temporary but symptoms and quality of life will be optimised and the patient has time to decide whether a surgery should be performed by specialists.





TRACOE aeris® Balloon Dilation Catheter

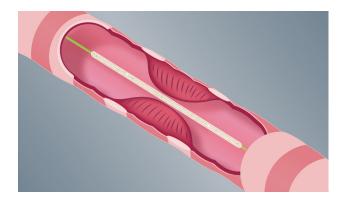
Low risk: Treatment with a Dilation Catheter

The minimal invasive balloon dilation of soft stenosis using the TRACOE aeris® balloon catheter offers an efficient, atraumatic method of treatment. It offers great benefits to the physician and patients. In many cases it may even completely replace a surgical intervention.

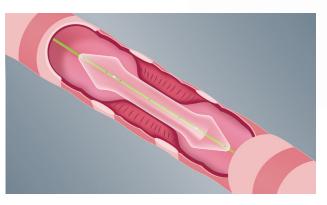
Even in cases that require further treatment, the dilation with the TRACOE aeris® balloon catheter can be used to support treatment and efficiently prevent scarring.

REF 820 TRACOE aeris® Balloon Dilation Catheter

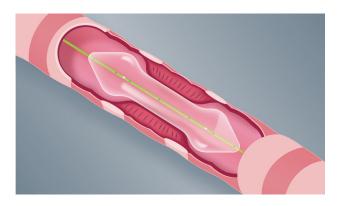
Patient Friendly Dilation



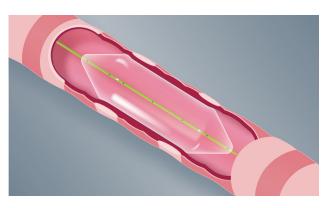
1. Under bronchoscopy surveillance the dilation catheter is introduced and placed exactly at the stenosis.



2. The physician fills the balloon of the catheter with a non-hazardous liquid. This will radially expand the balloon and dilate the stricture in a controlled manner.



3. The innovative non-slip design of the balloon provides safe, secure placement reducing the risk of slippage.



4. Applying the optimal size leads to a continual extrusion of the stenosis.

The dilation can be performed several times in a row during one treatment. The inflation is performed with the TRACOE high pressure inflation device (REF 725) which is characterised by its safe and easy application.



Ordering information for TRACOE aeris® Balloon Dilation Catheter

Sizing Guidelines according to Patient Age

REF Number	Patient Age	Dilation Goal Diameter Trachea (mm)
820 -05	Premature < 30 weeks	5
820 -05, 820 -06, 820 -07	Premature > 30 weeks	6
820 -06, 820 -07	Neonates	7
820 -07	1 year	7
820 -08	2 years	8
820 -08, 820 -09	4 years	9
820 -09, 820 -10	6 years	9 – 10
820 -10	8 years	10
820 -10, 820 -12	10 years	10 – 12
820 -12, 820 -14	12 years	12 – 14
820 -12, 820 -14	14 years	12 – 14
820 -14, 820 -16	16 years	14 – 16
820 -14, 820 -16	Adult female	14 – 16
820 -16	Adult male	16 – 18
820 -18	Adult male	17 – 18

Please note: One unit per REF number and size.

Ordering information

REF Number	Packaging unit	Description
725	1 pc.	TRACOE high pressure inflation device



Please visit www.tracoe.com/en/media-library for more information.

