

Medtronic

Shiley™ intubating stylets

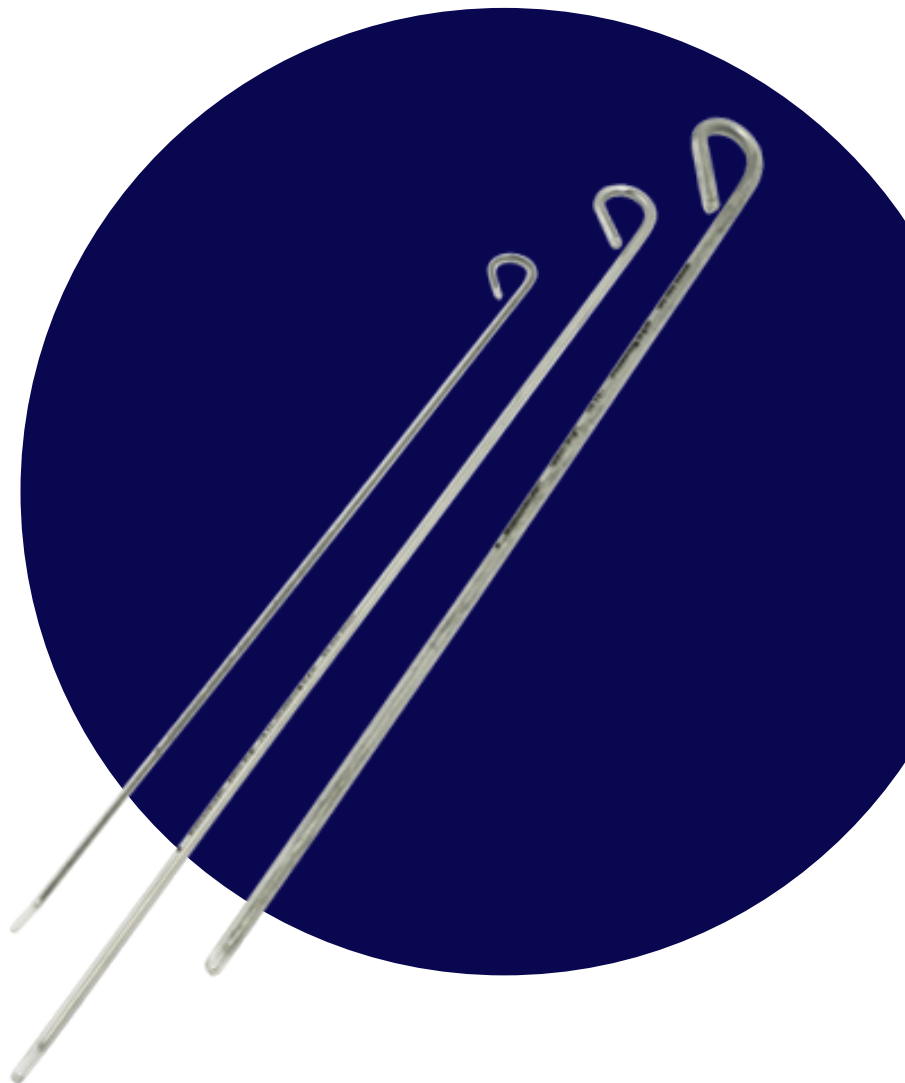
Flexible. Versatile. Styled for clinicians' needs.

Stylets help maintain the shape of endotracheal tubes (ETTs) during intubation.¹
But not all are created equal.

Discover how Shiley™ intubating stylets are optimized to meet clinicians' needs in ways that matter most. By reducing friction between the stylet and endotracheal tube, they support easy insertion and withdrawal.

Features:

- Malleable aluminum (shapeable as needed)
- Plastic sheath with lubricated Satin-Slip™ surface that helps reduce friction between the stylet and ETT during insertion/withdrawal
- Satin Slip™ sheath that extends beyond the tip, helping reduce the risk of trauma if the stylet moves beyond ETT tip
- Consistent diameter
- Disposable, single use
- Choice of three sizes fit most endotracheal tubes within 2.5 mm to 10.0 mm I.D., covering a broad range of patients
- Sterile
- Not made with natural rubber latex or DEHP



ETT products pre-packaged with stylet

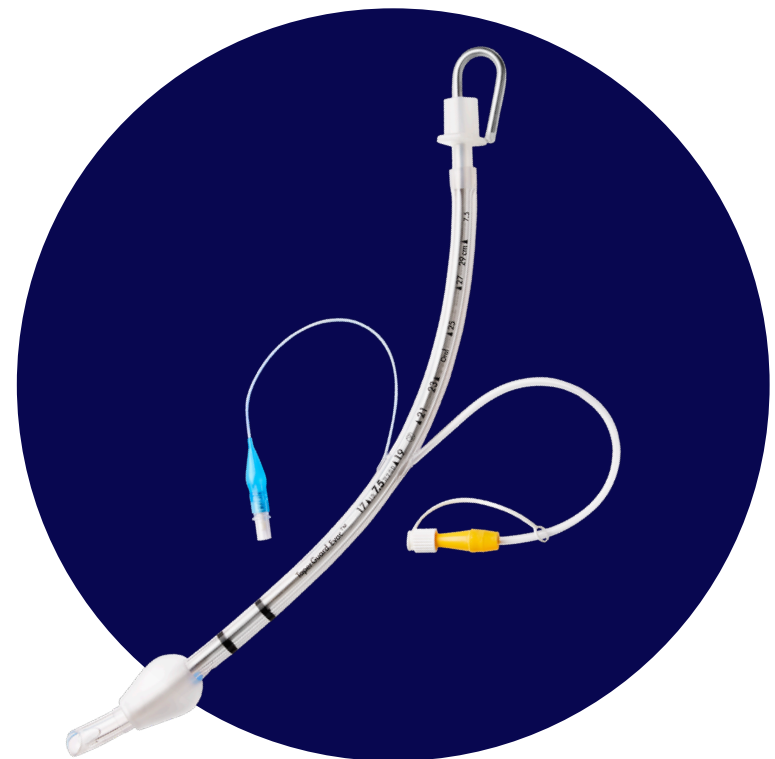
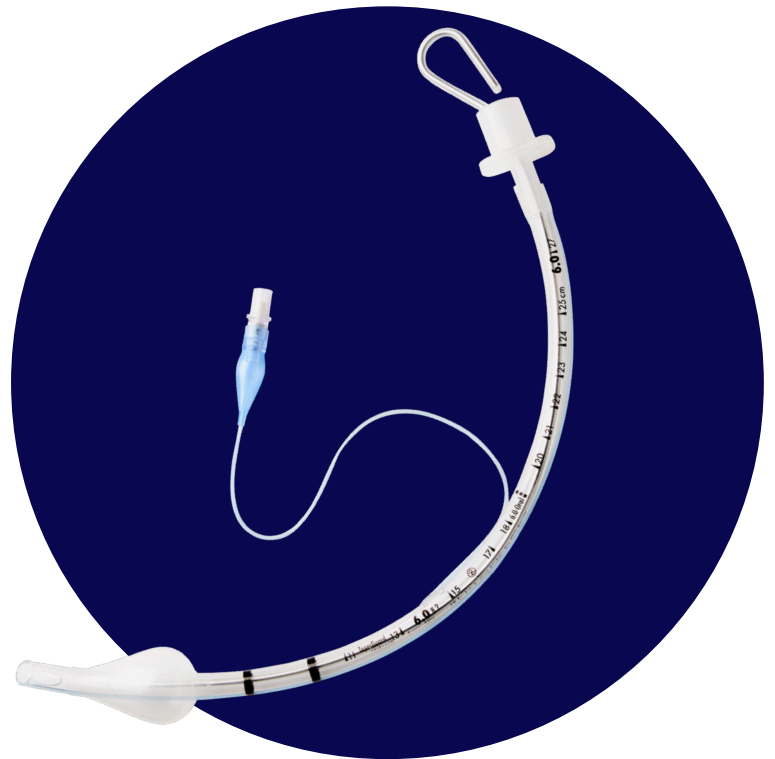
To help improve compliance, promote efficiencies, and minimize waste, the Shiley™ oral/nasal ETT with TaperGuard™ cuff with preloaded stylet and the Shiley™ evac oral ETT with TaperGuard™ cuff both come with preloaded stylets. Each is packaged in one sterile, easy-to-access pack with no preloading required.

Featuring our patented TaperGuard™ cuff technology with unique taper-shaped low-volume, low-pressure cuff, both ETTs have been shown to deliver a higher level of patient comfort and protection compared to the previous barrel-shaped cuff design.

TaperGuard™ cuff features:

- Reduces cuff pressure on the tracheal wall by 29%²
- Reduces microaspirations by as much as 90%³
- Provides more uniform pressure distribution²
- Reduces the intracuff pressure required to obtain an adequate seal⁴

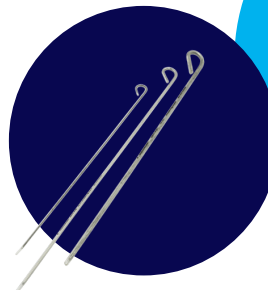
With an integrated suction lumen for subglottic secretion drainage, the Shiley™ evac ETT offers subglottic secretion drainage, which helps remove oral and gastric secretions above the ETT cuff before they can be aspirated.



Order information

Shiley™ intubating stylets

CFN	Description	Quantity
85863	Shiley™ intubating stylet, 6 Fr/Ch (2.0 mm)	Box of 20
85864	Shiley™ intubating stylet, 10 Fr/Ch (3.3 mm)	Box of 20
85865	Shiley™ intubating stylet, 14 Fr/Ch (4.7 mm)	Box of 20

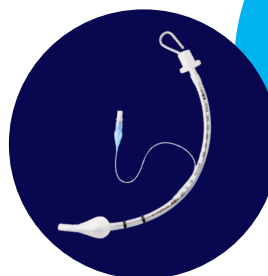


Learn more



Shiley™ oral/nasal ETT with TaperGuard™ cuff and preloaded stylet

CFN with stylet	I.D. (mm)	O.D. (mm)	Length (mm)	Cuff Ø (mm)
18750S	5.0	6.9	240	17.4
18755S	5.5	7.5	270	17.4
18760S	6.0	8.2	280	20.6
18765S	6.5	8.9	290	20.6
18770S	7.0	9.5	300	25.4
18775S	7.5	10.2	310	25.4
18780S	8.0	10.8	320	25.4
18785S	8.5	11.4	330	28.6
18790S	9.0	12.1	335	28.6
18795S	9.5	12.8	335	28.6
18710S	10.0	13.5	335	28.6



Learn more



Carton quantity 10. All tubes are delivered sterile packed, for single use only.

Shiley™ evac oral ETT with TaperGuard™ cuff and preloaded stylet

CFN with stylet	I.D. (mm)	O.D. (mm)	Length (mm)	Cuff Ø (mm)
18860S	6.0	9.0	283	20.6
18865S	6.5	9.8	292	20.6
18870S	7.0	10.4	298	25.4
18875S	7.5	11.2	313	25.4
18880S	8.0	11.8	322	25.4
18885S	8.5	12.6	322	28.6
18890S	9.0	13.1	337	28.6



Learn more



Carton quantity 10. All tubes are delivered sterile packed, for single use only.

For use by trained clinicians. The endotracheal tube and stylet are sterile, single-use patient medical devices and are not intended to be reprocessed (cleaned, disinfected/sterilized) and used on another patient. Please refer to the product manual for detailed usage and troubleshooting instructions.

1. Heuer A, Kacmarek R, Stoller J. *Egan's Fundamentals of Respiratory Care*. 12th ed. Maryland Heights, Missouri: Mosby; 2020:749.
2. Lichtenthal PR, Wood L, Wong A, Borg U. Pressure applied to tracheal wall by barrel and taper shaped cuffs. Presented at Proc Am Soc Anesth Annual Meeting; 2011:A1054.
3. Lichtenthal PR, Maul D, Borg U. Do tracheal tubes prevent microaspiration? *Br J Anaesth*. 2011;107(5):821-822.
4. Tsuboi S, Miyashita T, Yamaguchi Y, et al. The TaperGuard endotracheal tube intracuff pressure increase is less than that of the Hi-Lo tube during nitrous oxide exposure: a model trachea study. *Anesth Analg*. 2013;116:609-612.

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