



Products
for
Airway
Management

**Innovative surgical products
to improve your patients' lives**

Innovative Products for Airway Management

Hood Laboratories was founded in 1962 and continues to be a leader in introducing unique medical devices focused on managing specific medical conditions associated with the head, neck and chest. Our company was the original manufacturer of T-Tubes for the otolaryngologist and through the continual expansion of our research and development efforts Hood has introduced products to a range of health care professionals in otology, rhinology, allergy, speech therapy, laryngology and thoracic surgery.

All of us at Hood Laboratories, in production, customer service, sales, and research have enjoyed working with health care professionals, their staff and their patients. The high quality production and customer service at Hood Laboratories continues to reflect our commitment to providing products and support which will enable you to significantly improve your patient's comfort.



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Caution: Federal law restricts these devices to sale by or on the order of a physician.

With each product ordered, Hood Laboratories encloses a complete, illustrated instruction manual: **The Hood Intended Use and Instruction Manual.**

A Doyle Shark Nasal Splint

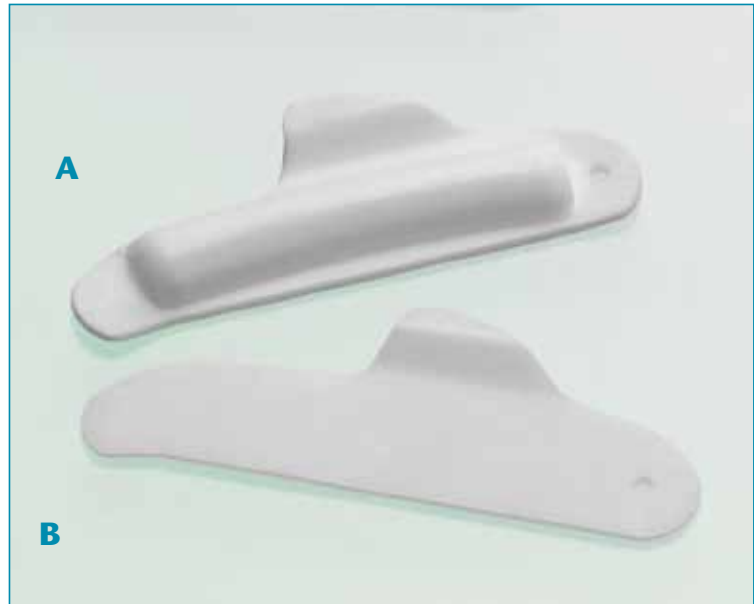
The flat partition of the Doyle Shark Nasal Splint* is designed to lie against the septum. The upper portion fits over the superior aspect of the inferior turbinate and into the middle meatus lateral to the middle turbinate.

** Designed with assistance from Donald Doyle, M.D.*

B Doyle Airwayless Nasal Splint

The Doyle Airwayless Nasal Splint* is designed for general nasal splinting. This splint has the patented Doyle Fin which easily slides under the middle turbinate. The airwayless design facilitates use with nasal sponges.

** Designed with assistance from Donald Doyle, M.D.*

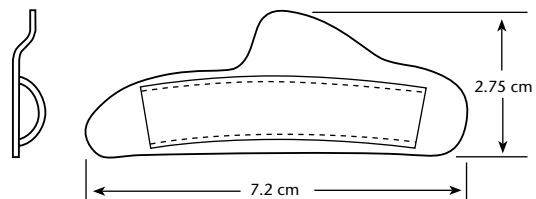


- ◆ Airway to facilitate patient breathing
- ◆ Soft medical-grade silicone facilitates patient comfort and ease of introduction
- ◆ Can be used with or without nasal packing
- ◆ "Fin" slides easily under the middle turbinate
- ◆ Radiopaque for better visualization
- ◆ Fin of Doyle Airwayless easily slides under middle turbinate



Ultra-smooth^{Plus}

All Nasal Splints have the Ultra-smooth Plus[®] surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.



Patents Applied

Ordering information

Doyle Shark Nasal Splints

Code No.

Shark -R right

Shark -L left

Shark -P pair (left and right)

Doyle Airwayless Nasal Splints

Code No.

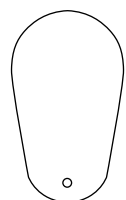
DSA -L left

DSA -R right

DSA -P pair (left & right)

Hood Nasal Splints

The Hood Nasal Splint is designed to reduce the incidence of synechiae formation between the turbinates and lateral nasal wall after nasal surgery. The shape and three varieties of thickness afford generous septal coverage. Splints can be easily trimmed to facilitate insertion.



Front view



Side view

Hood Nasal Splints are available in 3 thicknesses

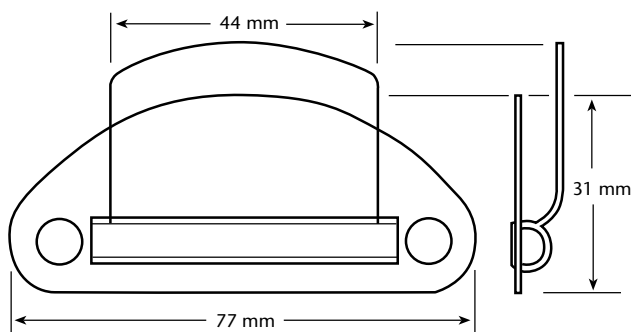


- ◆ Suture hole for easy suturing
- ◆ Radiopaque for ease of visualization
- ◆ Soft medical-grade silicone for patient comfort and easy insertion

Eliachar Nasal Splint

The Eliachar Nasal Splint* is designed to reduce, prevent or treat the occurrence of synechiae formation between the nasal septum and all three nasal turbinates. It is capable of preventing simultaneous adhesions and synechiae between the middle turbinate and the lateral nasal wall after Functional Endoscopic Sinus Surgery (FESS), polypectomy, septoplasty and turbinate surgery, particularly when these procedures are combined.

* Designed with assistance from Issac Eliachar, M.D.



- ◆ Flap can be used to provide additional airway

Ordering information

Patents Applied

Hood Nasal Splints

Code No.	Thickness (mm)
NS 1-S	1
NS 1.5-S	1.5
NS 2-S	2

Eliachar Nasal Splint

Code No.
ENS -1

Ultra-smooth Plus®

All nasal splints have been treated with Ultra-smooth Plus® surface treatment.

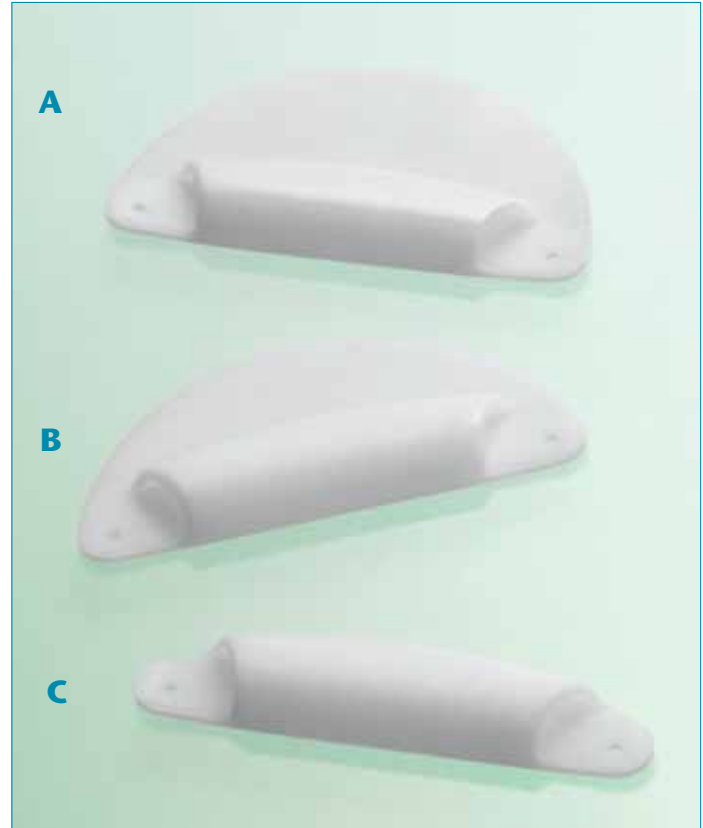
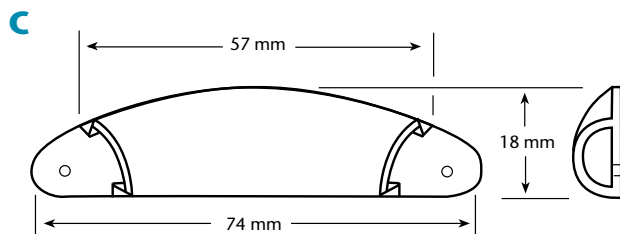
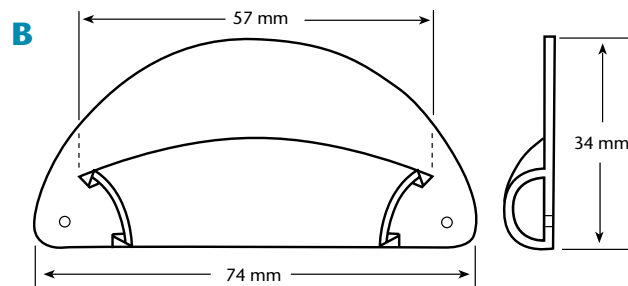
This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Tellez Nasal Splints

The general use Tellez Nasal Splints* offer the largest airways available in silicone. They are designed to ease post placement management and increase patient comfort.

These very soft, medical-grade, silicone splints have been treated with Ultra-smooth Plus® surface modification treatment which decreases both surface adhesion and airway obstruction.

** Designed with assistance from G. J. Tellez, M.D.*



- ◆ Largest airways available in silicone
- ◆ Largest airway available for general nasal splint applications
- ◆ Soft medical-grade silicone facilitates patient comfort and ease of introduction

Ultra-smooth Plus® All Nasal Splints have the Ultra-smooth Plus® surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Ordering information

Patents Applied

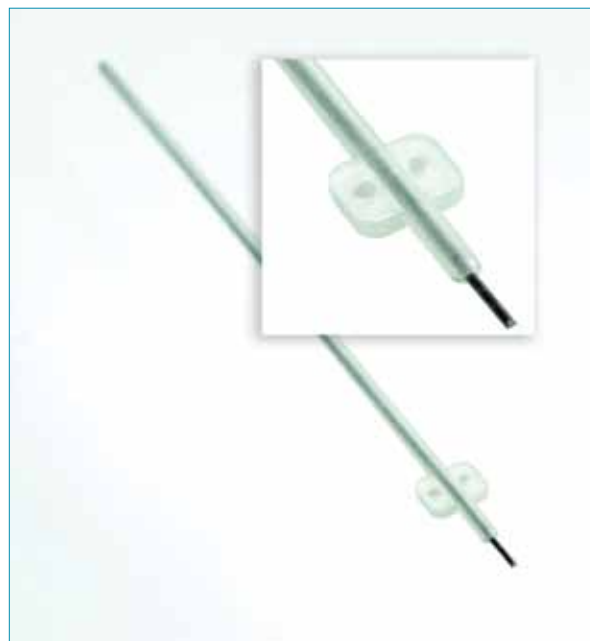
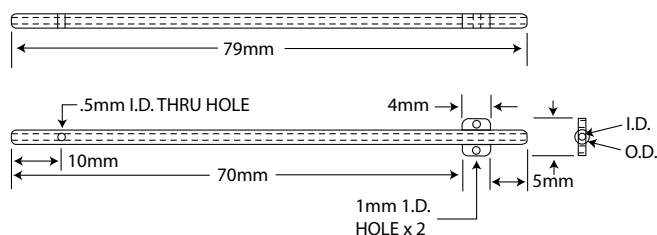
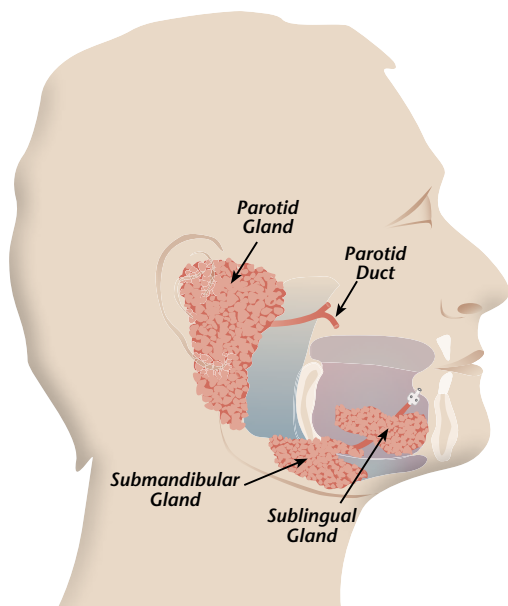
Tellez Nasal Splint

Code No.	Size	Code No.	Six Packs
A: Tellez – 3	large	A: Tellez – 3 – 6	Pack of 6 large splints
B: Tellez – 2	medium	B: Tellez – 2 – 6	Pack of 6 medium splints
C: Tellez – 1	regular	C: Tellez – 1 – 6	Pack of 6 regular splints

The Schaitkin™ Salivary Duct Cannula is designed for the short term intubation of the salivary ductal system and to hold open the ductal tissue. The tube is more than sufficient length for most patients. The cannula is placed at the end of the procedure when the surgeon is concerned about the healing of the salivary papilla or Wharton or Stenson's duct. The Ultra-smooth Plus® coating will lessen the chance of scar tissue closure of the papilla or duct.

Indications

Patients who have had more than basic dilation of the papilla may benefit from short term intubation to allow for drainage of the salivary duct. The cannula can also be placed via a sialodochotomy. Patients who have had parotid procedures done externally may have a retrograde insertion necessary to provide support for the proximal ductal opening.



- ◆ Short term stenting of the salivary papilla, Wharton's duct or Stenson's duct
- ◆ Reduces chances of scarring post endoscopic stone removal
- ◆ Allow continued saliva flow through ducts
- ◆ Convenient suture points for securing after placement
- ◆ Made of soft implant-grade silicone

Ultra-smooth Plus®

Products have been treated with Ultra-smooth Plus® surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Patents Pending

Ordering information

Schaitkin Salivary Duct Cannula

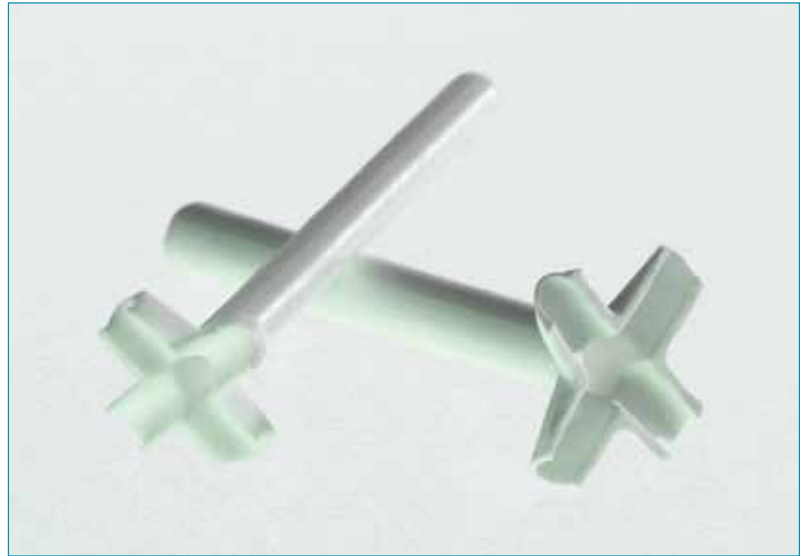
Code No.	Outside Diameter (mm)	Inside Diameter (mm)
SDC-1-S	1.5	.56
SDC-2-S	2.0	.78

The Jacobs Frontal Sinus Cannula* has been developed to provide temporary postoperative stenting of the frontal sinus outflow tract.

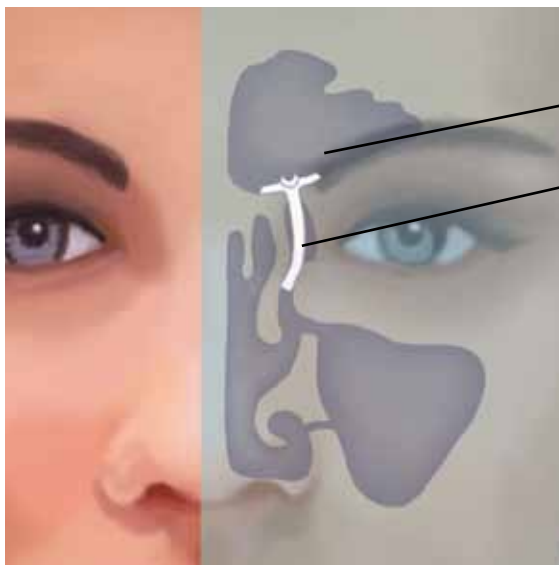
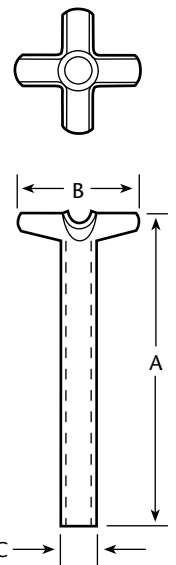
During endoscopic sinus surgery otolaryngologists are often faced with an anatomically constricted frontal sinus outflow tract, which requires removal of bone and/or soft tissue. Post operatively this often causes an intense inflammatory response, which frequently leads to stenosis.

This cannula is designed to prevent the reparative process from narrowing the neoduct. Manufactured of implant-grade radiopaque silicone, the cannula is flexible and non-reactive. It is compressible and conforms to the inner diameter of the outflow tract. The daisy flower shaped end provides substantial support for the shaft within the base of the frontal sinus. The lumen of the cannula is adequate to permit ventilation and drainage and is easily cleaned in the office setting endoscopically.

** Designed with assistance from Joseph Jacobs, M.D.*



- ◆ Helps prevent stenosis
- ◆ Conforms to outflow tract
- ◆ Flexible, compressible
- ◆ Permits ventilation, drainage and easy cleaning
- ◆ Soft, implant-grade, radiopaque silicone



Frontal sinus

Jacobs Frontal Sinus Cannula

Ultra-smooth^{Plus}

This product has been treated with Ultra-smooth Plus[®] surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thrombo-resistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Patent Applied

Ordering information

Jacobs Frontal Sinus Cannula

Code No.	A	B	C (O.D.)
FSC-1	44mm	16mm	5.0mm
FSC-PD	42mm	12mm	4.0mm
Note: Sold in pairs			

The Hood Nasal Septal Button* is designed as a nonsurgical approach to manage septal perforations. A unique conical shape seals the button, reduces movement of the flaps and accumulation of crusted epistaxis secretions, improving nasal respiration. The one piece device can be positioned on opposite sides of the nasal septum and conforms to extreme septal deviations.

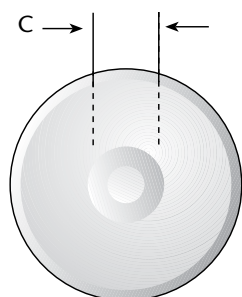
Fabricated of implant-grade silicone which will not affect, or be affected by, the nasal passages. The device lends itself to custom shaping by trimming before insertion.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

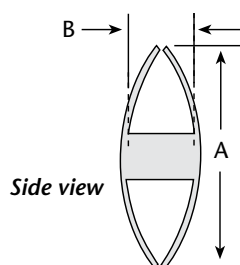
** Designed with assistance from Isaac Eliachar, M.D.,*



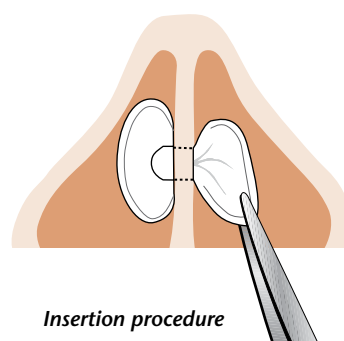
- ◆ Unique conical shape seals button, reduces movement of flaps and accumulation of crusted epistaxis secretions, improving nasal respiration
- ◆ Conforms to extreme septal deviations
- ◆ One piece device can be positioned on opposite sides of the nasal septum
- ◆ Fabricated of implant-grade silicone; material will not affect, or be affected by, the nasal passages



Front view



Side view



Insertion procedure

Ordering information

Patent Applied

Hood Nasal Septal Button

Code No.	Diameter A (cm)	Length between posts B(mm)	Post diameter C(mm)
NSB-20-S	2	3	4
NSB-30-S	3	3	4
NSB-40-S	4	3	6
NSB-50-S	5	3	6
NSBT-30-S	3	3	12
NSBT-50-S	5	3	17

Ultra-smooth^{Plus}

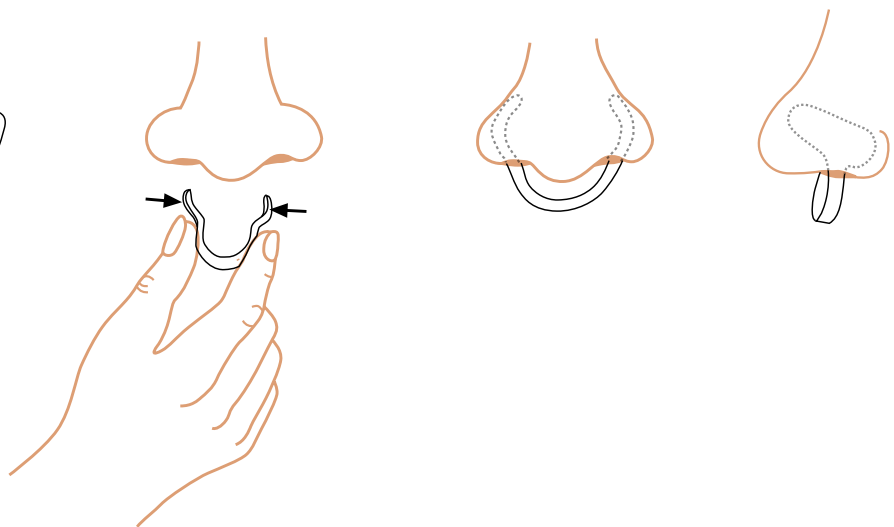
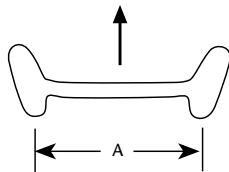
These products have been treated with Ultra-smooth Plus[®] surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Hood Quiet Night™

Snoring is an aggravating disorder that not only affects the snorer but all who attempt to sleep within earshot.

The Quiet Night™ nasal dilator exerts gentle outward pressure when placed in the vestibule of the nose. This opens the nasal valve allowing a greater flow of air.

The Quiet Night™ is easily tolerated and will ease noisy snoring without surgical intervention.



Ordering information

Hood Quiet Night™

Code No.	Size	A
QN-1	Small	53mm
QN-2	Regular	55mm

The Hood Stoma Stent* is a self-retaining device used to maintain the patency of a tracheostomy. Made of implant-grade silicone, the Stoma Stents are smooth, flexible, and nonirritating to the skin and the tracheal mucosa.

Principal indications for Stoma Stent use are:

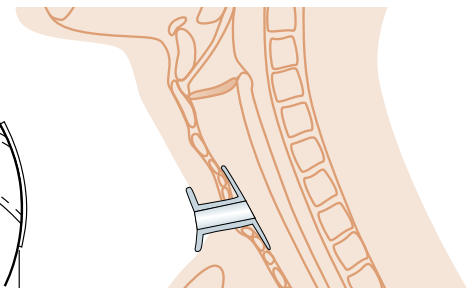
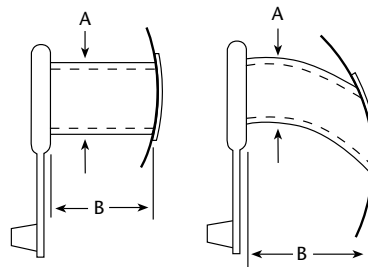
1. Maintenance of long-term or permanent tracheostomy in:
 - Sleep Apnea
 - Bilateral vocal cord paralysis
 - Laryngeal (glottic) insufficiency or stenosis due to trauma, carcinoma, radiation therapy, edema and other diseases
2. Short-term tracheostomy when assisted respiration is not required.
3. Following removal of cannula or T-Tube until adequate airway is assured or as an alternative to a T-Tube in appropriate cases.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

* Designed with assistance from Isaac Eliachar, M.D.,
Cleveland Clinic Foundation



- ◆ Minimal encroachment upon tracheal lumen
- ◆ Reinforced flange to resist spontaneous expulsion in patients with strong coughs
- ◆ Easy, safe insertion and removal for cleaning
- ◆ Small external profile for improved cosmetic appearance
- ◆ Both Straight and Curved designs are available



Ordering information

Patent Applied

(For Special Order Straight Stoma Stents, see page 33)

Stoma Stent

Straight Code No.	Curved Code No.	A O.D. (mm)	A I.D. (mm)	B Length (mm)
SS-0811		8	5.5	11
SS-0813		8	5.5	13
SS-0815		8	5.5	15
SS-0817		8	5.5	17
SS-0819		8	5.5	19
SS-0821		8	5.5	21
SS-0823		8	5.5	23
SS-1111		11	7.5	11
SS-1113	CS-1113	11	7.5	13
SS-1119	CS-1119	11	7.5	19
SS-1122	CS-1122	11	7.5	22

Straight Code No.	Curved Code No.	A O.D. (mm)	A I.D. (mm)	B Length (mm)
SS-1124	CS-1124	11	7.5	24
SS-1127	CS-1127	11	7.5	27
SS-0411	CS-0411	11	7.5	1 of each length 19,22,24,27
SS-1319	CS-1319	13	10	19
SS-1322	CS-1322	13	10	22
SS-1324	CS-1324	13	10	24
SS-0213	CS-0213	13	10	1 of each length 22,24
SS-1530		15	11.5	30
SS-1540		15	11.5	40
SS-1550		15	11.5	50

Longer lengths available upon request

Eliachar Speaking Valve (A)

The Eliachar Speaking Valve is a low profile, clear silicone speaking valve for use with the Hood Stoma Stents. It allows the wearer to speak without occluding the stoma stent opening. It has a very low resistance, flap design and is cosmetically appealing.



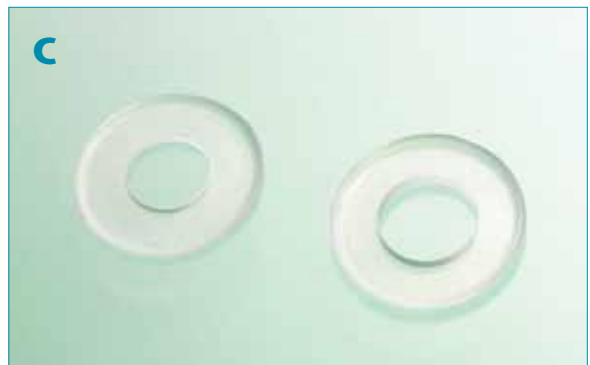
Hood Weaning Kit (B)

The Hood Weaning Kit consists of two plugs with holes of differing diameters. Once it has been determined that a patient can be relieved of a tracheostomy, this kit is useful in helping wean a difficult patient from the tracheostomy. By reducing the allowable volume of air through the stoma in a controlled fashion, the patient is forced to use the upper respiratory tract.



Hood Stoma Stent Ring Spacer (C)

The Hood Stoma Stent Ring Spacer is used to shorten the length of the Stoma Stent in increments of 1 to 2mm without having to physically alter the Stoma Stent. The rings are designed to complement the 8mm, 11mm and 13mm Stoma Stents.



Ultra-smooth^{Plus}

Speaking Valves have been treated with Ultra-smooth Plus[®] surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Ordering information

Eliachar Speaking Valve (A)

Code No.	Description
LRV- 4008-S	Fits 8mm O.D. Stoma Stent
LRV- 4011-S	Fits 11mm O.D. Stoma Stent
LRV- 4013-S	Fits 13mm O.D. Stoma Stent
LRV- 4015-S	Fits 15mm O.D. Stoma Stent

Hood Weaning Kit (B)

Code No.
WK-6000

Hood Stoma Stent Ring Spacer (C)

Code No.	A Dimension (I.D.)	B Dimension
SSR-081	8mm	1mm
SSR-082	8mm	2mm
SSR-111	11mm	1mm
SSR-112	11mm	2mm
SSR-131	13mm	1mm
SSR-132	13mm	2mm

Hood Stoma Gauge

Code No.
SG-10
SG-10-SET Set of 6

Hood Laboratories offers the largest selection of T-Tubes.

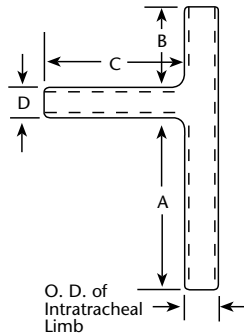
Hood Radiopaque T-Tubes permit secure placement to maintain the airway in acute injuries and to support the resected trachea.

These Tracheal T-Tubes, fabricated of implant-grade radiopaque silicone, are strong, flexible, and nonabrasive to assure patient comfort.

They are designed to maintain short-term patency of the tracheal airway and to provide respiration through the larynx. They allow normal humidification and phonation.

The Radiopaque T-Tubes meet all the indications of use as referred to in the description of Tracheal and Thoracic T-Tubes on page 11 through 13 of this catalog.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



- ◆ Enables visualization following surgery
- ◆ Verify placement and scope of device
- ◆ Soft implant-grade silicone

These products are available with
Ultra-smooth^{Plus}
surface treatment

Ordering information

Patents Applied

Radiopaque Standard Tracheal T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
RST-06-S	6	10	6	48	5
RST-07-S	7	13	9	48	6
RST-08-S	8	16	12	36	6
RST-09-S	9	19	15	40	8
RST-10-S	10	23	17	44	8
RST-11-S	11	27	20	50	9
RST-12-S	12	31	21	55	11
RST-13-S	13	31	22	60	11
RST-14-S	14	32	23	64	11
RST-15-S	15	34	24	64	11
RST-16-S	16	31	23	63	12

Shaded areas indicate pediatric sizes.

O.D. size corresponds to outside diameter of intratracheal limb in millimeters.

Radiopaque Long Tracheal T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
RLT-06-S	6	34	7	48	5
RLT-07-S	7	40	8	48	6
RLT-08-S	8	58	12	39	6.5
RLT-09-S	9	63	14	43	8
RLT-10-S	10	63	17	50	8
RLT-11-S	11	62	17	55	9
RLT-12-S	12	72	20	59	11
RLT-13-S	13	72	20	68	11
RLT-14-S	14	72	23	66	11
RLT-16-S	16	81	24	70	12
RLT-18-S	18	81	24	55	14

Radiopaque Thoracic T-Tubes (extra-long)

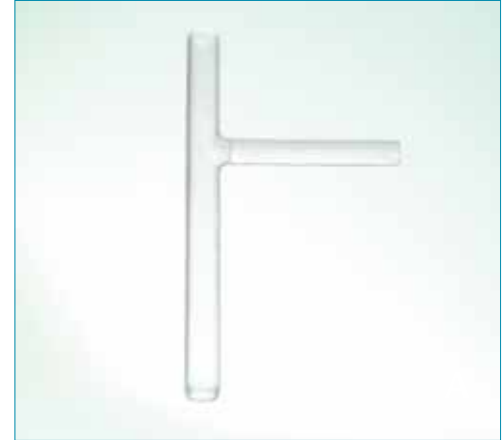
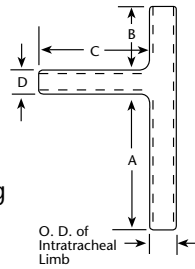
Code No.	O.D. Size (mm)	A	B	C	D
RELT-08-S	8	60	49	40	6.5
RELT-10-S	10	68	48	41	8
RELT-12-S	12	98	39	64	11
RELT-14-S	14	97	48	74	11

These tubes are designed to be cut to desired lengths but care must be taken to trim and smooth the cut edges. Custom-cut lengths are available upon request.

Pediatric and Standard Tracheal T-Tubes

Hood Tracheal T-Tubes are designed with the stopper plug attached to the extraluminal limb to ensure the most secure placement, and to offer convenience in daily cleaning, maintenance and training. The single-piece construction eliminates misplacement of plugs while medical personnel are developing routine breathing and maintenance. The Ring Flanged Plug can be detached and threaded over the extraluminal limb to fit snugly against the patient's tracheostoma, adding security by reducing excessive movement of the T-Tube. The smooth extraluminal stem provides comfort for a wide range of patients, thin and obese, and eliminates complications in cases of edema.

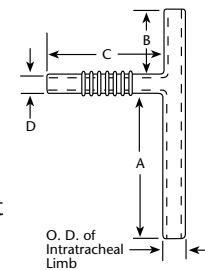
The extraluminal limb of the Pediatric T-Tubes has an enlarged tip. This allows for easier handling of the plug, improved visualization and easier access for maintenance by medical personnel.



- ◆ Safety: placement of T-Tube secured with Ring Flange ensures a no slip fit
- ◆ Ring Flange easily adjusts to neck size
- ◆ Widest range of T-Tube sizes available
- ◆ Soft implant-grade silicone

Ringed T-Tubes

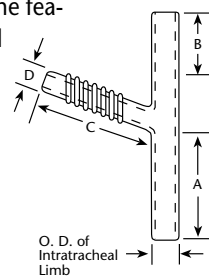
The Ringed T-Tube offers the same features of the Hood Standard T-Tube with the option of rings on the horizontal limb for a no slip fit. The Ringed T-Tube is offered in a radiopaque silicone for easy visibility during placement and post placement maintenance.



- ◆ Rings on horizontal limb insure a no slip fit
- ◆ Ring flange "slides" into position easily
- ◆ Available in high visibility radiopaque design

Angled Stem T-Tubes with or without Rings

The Angled Stem T-Tubes with or without Rings offer the same features of the Hood Standard T-Tube with an angled horizontal limb. This limb is designed to accommodate patients with angled stoma to ensure a more comfortable fit.



Ultra-smooth^{Plus}

These products have been treated with Ultra-smooth Plus[®] surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Ordering information

Pediatric and Standard Tracheal T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
ST-506-S	6	10	6	48	5
ST-507-S	7	13	9	48	6
ST-508-S	8	16	12	36	6
ST-509-S	9	19	15	40	8
ST-510-S	10	23	17	44	8
ST-511-S	11	27	20	50	9
ST-512-S	12	31	21	55	11
ST-513-S	13	31	22	60	11
ST-514-S	14	32	23	64	11
ST-515-S	15	34	24	64	11
ST-516-S	16	31	23	63	12

Ringed T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
RTR-11-S	11	93	39	60	10
RTR-12-S	12	93	39	60	11
RTR-13-S	13	93	39	60	11
RTR-14-S	14	93	39	60	12
RTR-15-S	15	93	39	60	11

Extra plugs available upon request.

Shaded areas indicate pediatric sizes.

Angled Stem T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
AST-10-S	10	23	20	38	8.0
AST-12-S	12	32	26	50	9.5
AST-14-S	14	34	32	57	11.0

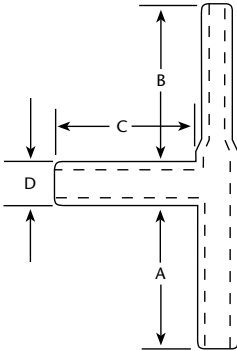
Angled Stem T-Tubes / Rings

Code No.	O.D. Size (mm)	A	B	C	D
ASTR-08-S	8	42	45	45	8.0
ASTR-10-S	10	39	39	52	8.5
ASTR-12-S	12	42	42	49	11.0
ASTR-14-S	14	47	47	51	12.0

Patents Applied

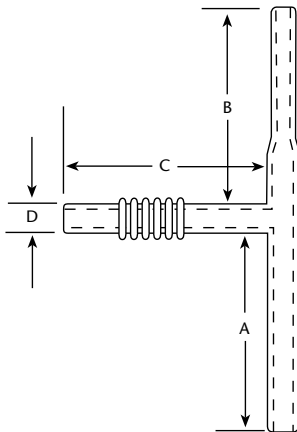
Reducing Diameter T-Tubes

Hood Reducing Diameter T-Tubes are designed to allow more options in situations where the proximal tracheal structure differs from the distal dimensions.



Reducing Diameter T-Tubes with Rings

Hood Reducing Diameter T-Tubes with Rings have rings added to provide additional support in situations where migration may be a concern.



Ultra-smooth^{Plus}

These products have been treated with Ultra-smooth Plus[®] surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Ordering information

Reducing Diameter T-Tube

Code No.	O.D. Size (mm)	A	B	C	D
HTT-11-8-S	11	38	27	53	11
HTT-12-10-S	12	43	60	53	11
HTT-13-10-S	13	31	39	52	13
HTT-14-12-S	14	25	12	49	14
HTT-16-12-S	16	15	11	49	16

Reducing Diameter T-Tubes with Rings

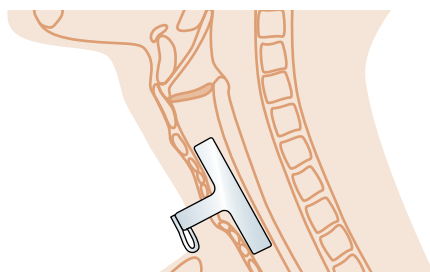
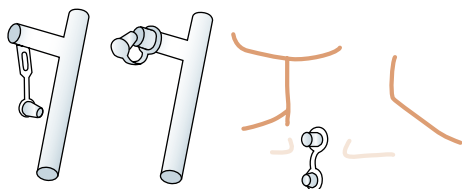
Code No.	O.D. Size (mm)	A	B	C	D
HTTR-10-8-S	10	78	78	70	8
HTTR-13-10-S	13	78	78	70	11

Hood Tracheal and Thoracic T-Tubes enable short-term surgical management of tracheal and subglottic stenosis and the reconstruction of cervical and thoracic trachea. These patented devices are designed to maintain patency of the tracheal airway and to provide respiration through the larynx.

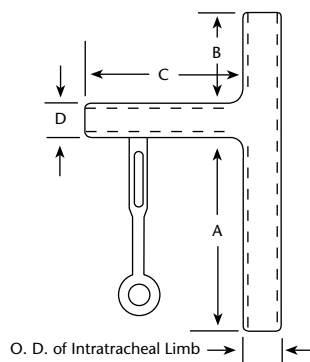
The T-Tubes, made of implant-grade silicone material, will not harden and are nonreactive and nonirritating to ensure patient comfort.

Tracheal T-Tubes with standard and long limbs serve as both a tracheotomy tube and a tracheal stent. Thoracic T-Tubes are designed with extra-long limbs to bypass and stent a tracheal stenosis between the thoracic inlet and the carina.

The **Hood Intended Use and Instruction Manual**, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



T-Tube in place, with silicone plug inserted.



O. D. of Intratracheal Limb

These products are available with
Ultra-smooth^{Plus}
surface treatment

Patents Applied

Ordering information

Long Tracheal T-Tubes

Code No.	O.D. Size (mm)	A	B	C	D
LT-506-S	6	34	7	48	5
LT-507-S	7	40	8	48	6
LT-508-S	8	58	12	39	6.5
LT-509-S	9	63	14	43	8
LT-510-S	10	63	17	50	8
LT-511-S	11	62	17	55	9
LT-512-S	12	72	20	59	11
LT-513-S	13	72	20	68	11
LT-514-S	14	72	23	66	11
LT-516-S	16	81	24	70	12
LT-518-S	18	81	24	55	14

Shaded areas indicate pediatric sizes.

O.D. size corresponds to outside diameter of intratracheal limb in millimeters.

Additional plugs available upon request.

Thoracic T-Tubes (extra-long tubes with free standing plug)

Code No.	O.D. Size (mm)	A	B	C	D
ELT-06-S	6	40	30	48	5
ELT-07-S	7	40	30	48	6
ELT-08-S	8	60	49	40	6.5
ELT-10-S	10	68	48	41	8
ELT-12-S	12	98	39	64	11
ELT-14-S	14	97	48	74	11

These tubes are designed to be cut to desired lengths but care must be taken to trim and smooth the cut edges. Custom-cut lengths are available upon request.

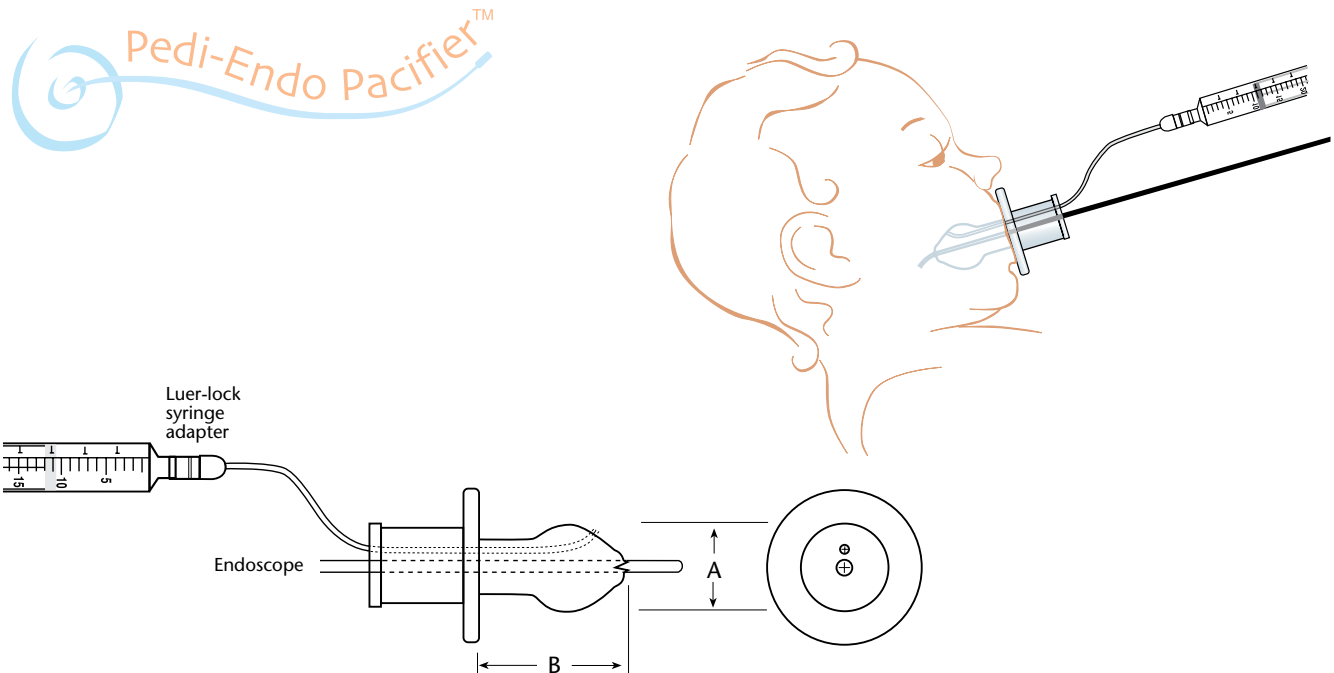
Pedi-Endo Pacifier™

The Pedi-Endo Pacifier™ is used to perform flexible esophagoscopy or bronchoscopy while an infant or toddler is sucking on, or feeding through, the pacifier. It is designed to quiet and calm a child before and during oral flexible endoscopy.

The Pedi-Endo Pacifier™ is designed to allow feeding through or sucking on, a pacifier-type device while the physician passes a 4.5mm endoscope. The pacifier has a larger than normal external cap which facilitates handling, stabilizing and passing the scope with minimal disruption to the child. Distally, the bulb incorporates an opening which forms a seal at the endoscope's entry point into the oral cavity when the scope is in place. A separate channel with a luer-lock syringe adapter allows the introduction of dye or formula for swallowing evaluations. The shaft of the endoscope is lubricated with either mineral spirits or a recommended lubricant to facilitate the introduction through the silicone pacifier into the oral cavity.



- ◆ Bulb is soft, anatomically designed silicone
- ◆ Port for the measured introduction of fluids
- ◆ Proximal hub allows easy handling



Ordering information

Patent Applied

Pedi-Endo Pacifier™

Code No.	Description	A Bulb Diameter	B Bulb Length
Pedi-Endo	Infant size pacifier bulb	17mm O.D.	30mm

The Direct Vision Stent Deployment System™ is a device used to directly visualize the endolarynx, subglottis, trachea, and proximal bronchial airways. The fiber optic scope allows for direct vision of the stent during deployment in order to maintain patency of the constructed airway. Direct visualization of the airway will allow for the assessment of tracheal and bronchial stenosis that are secondary to neoplasm or other strictures including scarring as well as tracheomalacia, and also will facilitate more accurate placement of the stent. Management of airway narrowing includes therapies to widen the airway including serial bronchoscopic dilatation or laser debulking of obstructing lesions combined with bronchial dilatation.

These management strategies can be performed in effort to prepare the airway for the placement of a silastic stent. The intended use for the device for direct visual placement of a silastic tracheal stent is to provide structural support and patency of the dilated airway. The superally positioned telescope allows direct visualization during deployment.



Ordering information

Patents Applied

Direct Vision Stent Deployment System™

Code No.

SDS-1	Sheath I.D. = 8mm Ref.; O.D = 10mm Ref.
SDS-2	Sheath I.D. = 10mm Ref.; O.D = 12.7mm Ref.
SDS-3	Sheath I.D. = 13.4mm Ref.; O.D = 16.0mm Ref.
SDS-4	Sheath I.D. = 15mm Ref.; O.D = 17.5mm Ref.
SDS-Kit	Includes all 4 sizes of Sheaths, 1 Scope, 4 Pushers

Replacement Accessories

Code No.

New Scope	
Repair/Replacement Scope	
Pusher-1	
Pusher-2	
Pusher-3	
Pusher-4	
Sheath-1	(with coordinating sizes to match SDS-1)
Sheath-2	(with coordinating sizes to match SDS-2)
Sheath-3	(with coordinating sizes to match SDS-3)
Sheath-4	(with coordinating sizes to match SDS-4)
Stent Loader available soon	



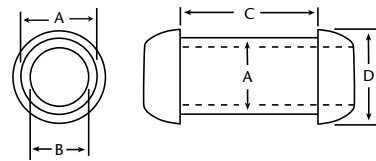
The Hood Bronchial Stent is designed to relieve airway complications such as anastomosis and stenosis following lung transplant. The stent may also be used to minimize chronic bronchial strictures due to tuberculosis and malignancies.

Inserted endoscopically, both ends of the tube are flanged to prevent movement after surgical placement in the bronchus.

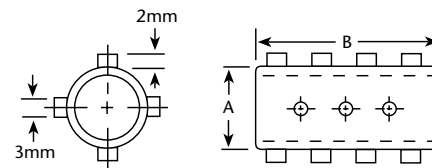
Fabricated of flexible, implant-grade silicone, the bronchial stent allows normal humidification and phonation.

Bronchial Stent with Posts (anchoring studs) are also available for physicians who prefer the anchoring studs over the rings on the original design.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



Bronchial Stent with Rings



Bronchial Stent with Posts

Ultra-smooth Plus®

These products have been treated with Ultra-smooth Plus® surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Ordering information

Patents Applied

Bronchial Stent with Rings

Code No.	A O.D. (mm)	B I.D. (mm)	C Length (mm)	D Flanged O.D. (mm)
BS-0613-S	6	4.5	13	7.5
BS-0813-S	8	5.5	13	10
BS-1013-S	10	8	13	12
BS-0619-S	6	4.5	19	7.5
BS-0819-S	8	5.5	19	10
BS-1019-S	10	8	19	12
BS-0313-S	Length 13, 1 each of O.D. 6, 8, 10mm			
BS-0319-S	Length 19, 1 each of O.D. 6, 8, 10mm			

O.D. size corresponds to outside diameter of intratracheal limb in millimeters.

Bronchial Stent with Posts (anchoring studs)

Code No.	A O.D. (mm)	B Length (mm)
BSP-1020-S	10	20
BSP-1030-S	10	30
BSP-1040-S	10	40
BSP-1220-S	12	20
BSP-1230-S	12	30
BSP-1240-S	12	40
BSP-1250-S	12	50
BSP-1430-S	14	30
BSP-1440-S	14	40
BSP-1450-S	14	50

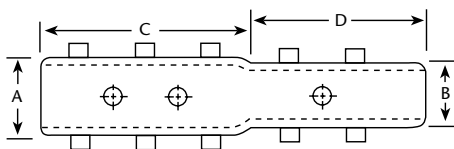
Injury of the upper airway commonly results in stenotic lesions of the larynx, subglottis, and adjacent trachea. The Hood Hour Glass Stents with Posts and Reducing Diameter Stents with posts offer physicians an excellent alternative to the traditional approach of surgical correction and YAG laser. The device is placed in the trachea at the point of stenosis as a palliative technique for tumors causing extrinsic compression of the large airway. It may also be used for patients with benign tracheo-stenosis.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

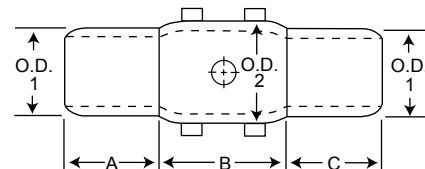


- ◆ Unique shape addresses challenges in treating tracheal stenosis
- ◆ Aids in short-term management of airway obstructions after lung transplants, tuberculosis, malignancies
- ◆ Implant-grade silicone

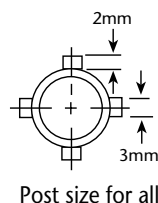
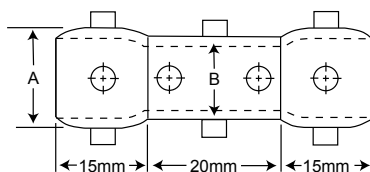
A Reducing Diameter Tracheal Stent with Posts



B Reducing Ends Tracheal Stent with Posts



C Hour Glass Tracheal Stent with Posts



Post size for all

Ultra-smooth^{Plus}

These products have been treated with Ultra-smooth Plus[®] surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Ordering information

A Reducing Diameter Stent/Posts

Code No.	A O.D. (mm)	B O.D. (mm)	C (mm)	D (mm)
RTP-10-8-S	10	8	25	15
RTP-12-8-S	12	8	25	14
RTP-12-10-S	12	10	40	17
RTP-14-8-S	14	8	31	14
RTP-14-10-S	14	10	29	20
RTP-14-12-S	14	12	22	31
RTP-16-10-S	16	10	28	19

B Reducing Ends Stent/Posts

Code No.	A & C (mm)	B (mm)	O.D. 1 (mm)	O.D. 2 (mm)
TSPR-1210-S	15	20	10	12
TSPR-1412-S	15	20	12	14
TSPR-1614-S	15	20	14	16

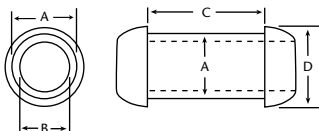
C Hour Glass Stent/Posts

Code No.	A O.D. (mm)	B O.D. (mm)
HGS-1210-S	12	10
HGS-1412-S	14	12
HGS-1513-S	15	13
HGS-1614-S	16	14

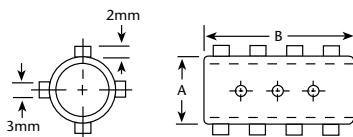
Special Order Reducing Diameter & Hour Glass Stents are available.

Injury of the upper airway commonly results in stenotic lesions of the larynx, subglottis, and adjacent trachea. The Hood Tracheal Stent with Posts offers physicians an excellent alternative to the traditional approach of surgical correction and YAG laser resection. The device is placed in the trachea at the point of stenosis as a palliative technique for tumors causing extrinsic compression of the large airway. It may also be used for patients with benign tracheostenosis.

Tracheal Stent with Rings



Tracheal Stent with Posts



- ◆ Aids in short-term management of airway obstructions after lung transplants, tuberculosis, malignancies
- ◆ Aids in normal breathing and speech
- ◆ Permits healing and prevents desiccation
- ◆ Implant-grade silicone
- ◆ Posts aid in preventing migration
- ◆ Additional lengths and diameters are available upon request
- ◆ Also available in reducing diameter configuration

Ordering information

Tracheal Stents / Rings

Code No.	A O.D. (mm)	B I. D. (mm)	C Length (mm)	D Flange O.D. (mm)
TS-1020-S	10	7.7	20	13
TS-1025-S	10	7.7	25	13
TS-1030-S	10	7.7	30	13
TS-1035-S	10	7.7	35	13
TS-1040-S	10	7.7	40	13
TS-1045-S	10	7.7	45	13
TS-1050-S	10	7.7	50	13
TS-1055-S	10	7.7	55	13
TS-1060-S	10	7.7	60	13
TS-1065-S	10	7.7	65	13
TS-1070-S	10	7.7	70	13
TS-1075-S	10	7.7	75	13
TS-1080-S	10	7.7	80	13
TS-1085-S	10	7.7	85	13
TS-1090-S	10	7.7	90	13
TS-1220-S	12	8.5	20	14
TS-1225-S	12	8.5	25	14
TS-1230-S	12	8.5	30	14
TS-1235-S	12	8.5	35	14
TS-1240-S	12	8.5	40	14
TS-1245-S	12	8.5	45	14
TS-1250-S	12	8.5	50	14
TS-1255-S	12	8.5	55	14
TS-1260-S	12	8.5	60	14
TS-1265-S	12	8.5	65	14

Code No.	A O.D. (mm)	B I. D. (mm)	C Length (mm)	D Flange O.D. (mm)
TS-1270-S	12	8.5	70	14
TS-1275-S	12	8.5	75	14
TS-1280-S	12	8.5	80	14
TS-1285-S	12	8.5	85	14
TS-1290-S	12	8.5	90	14
TS-1420-S	14	10.5	20	16
TS-1425-S	14	10.5	25	16
TS-1430-S	14	10.5	30	16
TS-1435-S	14	10.5	35	16
TS-1440-S	14	10.5	40	16
TS-1445-S	14	10.5	45	16
TS-1450-S	14	10.5	50	16
TS-1455-S	14	10.5	55	16
TS-1460-S	14	10.5	60	16
TS-1465-S	14	10.5	65	16
TS-1470-S	14	10.5	70	16
TS-1475-S	14	10.5	75	16
TS-1480-S	14	10.5	80	16
TS-1485-S	14	10.5	85	16
TS-1490-S	14	10.5	90	16
TS-1630-S	16	12.5	30	18.5
TS-1660-S	16	12.5	60	18.5
TS-1850-S	18	14.5	50	20
TS-1870-S	18	14.5	70	20
TS-2060-S	20	15.5	60	22
TS-2070-S	20	15.5	70	22

Tracheal Stents / Posts

Code No.	A O.D. (mm)	C Length (mm)
TSP-1260-S	12	60
TSP-1270-S	12	70
TSP-1370-S	13	70
TSP-1460-S	14	60
TSP-1470-S	14	70
TSP-1560-S	15	60
TSP-1640-S	16	40
TSP-1650-S	16	50
TSP-1660-S	16	60
TSP-1670-S	16	70
TSP-1680-S	16	80
TSP-1850-S	18	50
TSP-1860-S	18	60
TSP-1870-S	18	70
TSP-1880-S	18	80
TSP-1890-S	18	90

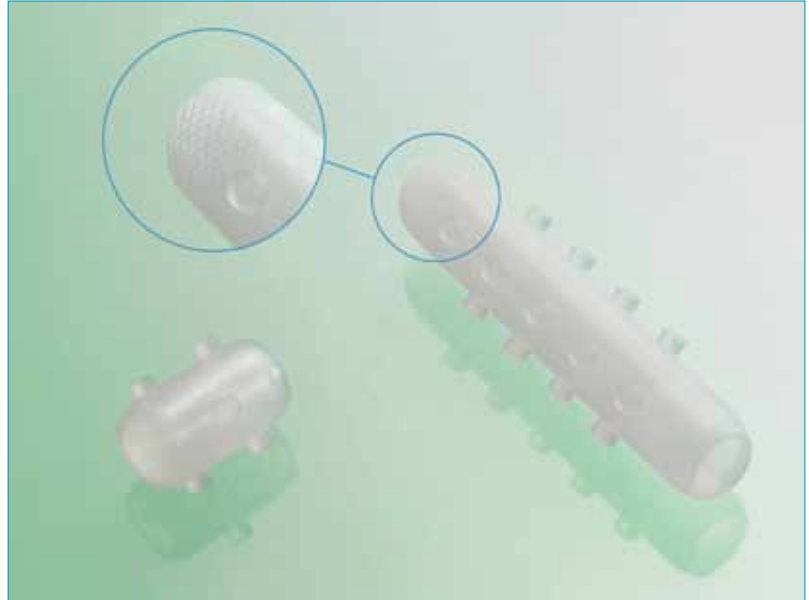
These products are available with

Ultra-smooth^{Plus}
surface treatment

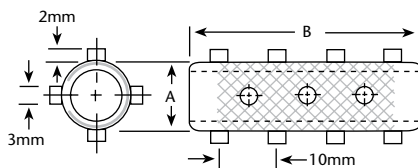
Injury of the upper airway commonly results in stenotic lesions of the larynx, subglottis, and adjacent trachea. The Hood Bronchial and Tracheal Stents with Mesh and Posts offer physicians an excellent alternative to the traditional approach of surgical correction and YAG laser resection.

The device is placed in the trachea at the point of stenosis as a palliative technique for tumors causing extrinsic compression of the large airway. It may also be used for patients with benign tracheostenosis. Additionally, the device offers the added benefit of internal mesh reinforcement, which allows for secure suturing without tearing the stent.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



Tracheal Stent with Mesh and Posts



- ◆ Internal mesh eases anchoring
- ◆ Aids in short-term management of airway obstructions after lung transplants, tuberculosis, malignancies
- ◆ Aids in normal breathing and speech
- ◆ Permits healing and prevents desiccation
- ◆ Implant-grade silicone
- ◆ Posts aid in preventing migration
- ◆ Internal mesh provides a tear resistant stent for more stable suturing

Ordering information

Bronchial & Tracheal Stents with Mesh & Posts

Code No.	A O.D. (mm)	B Length (mm)
BSP-1020-M-S	10	20
BSP-1030-M-S	10	30
BSP-1040-M-S	10	40
BSP-1220-M-S	12	20
BSP-1230-M-S	12	30
BSP-1240-M-S	12	40
BSP-1250-M-S	12	50
BSP-1430-M-S	14	30
BSP-1440-M-S	14	40
BSP-1450-M-S	14	50

Ultra-smooth Plus®

These products have been treated with Ultra-smooth Plus® surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Code No.	A O.D. (mm)	B Length (mm)
TSP-1260-M-S	12	60
TSP-1270-M-S	12	70
TSP-1370-M-S	13	70
TSP-1460-M-S	14	60
TSP-1470-M-S	14	70
TSP-1560-M-S	15	60
TSP-1640-M-S	16	40
TSP-1650-M-S	16	50
TSP-1660-M-S	16	60
TSP-1670-M-S	16	70
TSP-1680-M-S	16	80
TSP-1850-M-S	18	50
TSP-1860-M-S	18	60
TSP-1870-M-S	18	70
TSP-1880-M-S	18	80
TSP-1890-M-S	18	90

The Harrell Y Stent*, designed with James H. Harrell II, M.D., allows physicians to address airway complications such as anastomosis and stenosis. The stent may also be used to minimize chronic bronchial strictures due to tuberculosis and malignancies.

The posts help prevent migration of the stent after placement.

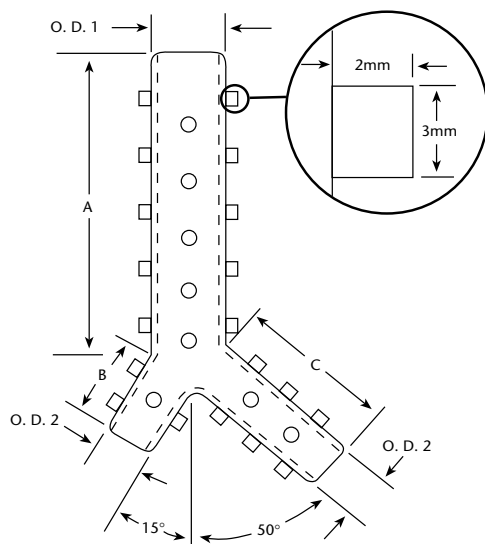
Inserted endoscopically, the specially designed bifurcated tracheobronchial tube fits snugly into the distal trachea, the carina and the proximal bronchi.

Fabricated of flexible, implant-grade silicone, the Harrell Y Stent allows humidification and phonation.

The **Hood Intended Use and Instruction Manual**, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

** Designed with assistance from James H. Harrell II, M.D.
University of California at San Diego*

O.D.1 size corresponds to outside diameter of intratracheal limb in millimeters.



- ◆ Aids in short-term management of airway obstructions after lung transplants, tuberculosis, malignancies
- ◆ Aids in normal breathing and speech
- ◆ Permits healing and helps prevent desiccation
- ◆ Implant-grade silicone
- ◆ Y-Angle anatomically designed
- ◆ Posts aid in preventing migration

Ultra-smooth Plus®

These products have been treated with Ultra-smooth Plus® surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Ordering information

Harrell Y Stent with Posts

Code No.	O.D. 1	O.D. 2	A	B	C
HYP-12-S	12	9.5	50	20	30
HYP-14-S	14	9.5	50	20	35
HYP-14-S	14	12	50	25	35
HYP-16-S	16	12	45	25	30
HYP-16-S	16	10	50	30	40

Special Order Harrell Y Stents with Posts are available.

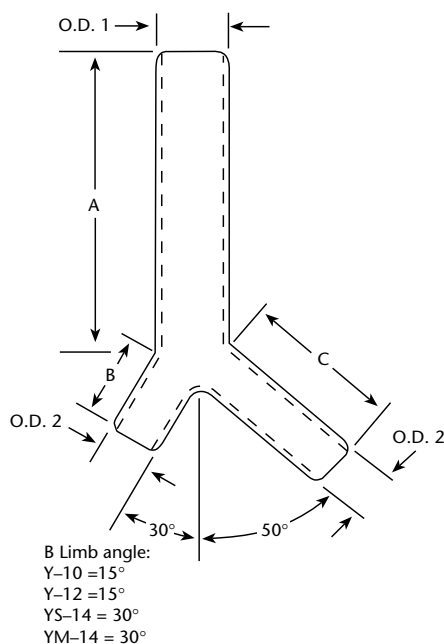
The Hood Y Stent is designed to relieve airway complications such as anastomosis and stenosis following lung transplant. The stent may also be used to minimize chronic bronchial strictures due to tuberculosis and malignancies.

Inserted endoscopically, the specially designed bifurcated tracheobronchial tube fits snugly into the distal trachea, the carina and the proximal bronchi.

Fabricated of flexible, implant-grade silicone, the Y stent allows normal humidification and phonation.

The **Hood Intended Use and Instruction Manual**, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

O.D. 1 size corresponds to outside diameter of intratracheal limb in millimeters.



- ◆ Aids in short-term management of airway obstructions after lung transplants, tuberculosis, malignancies
- ◆ Enables normal breathing and speech
- ◆ Permits healing and prevents desiccation
- ◆ Implant-grade silicone
- ◆ Y-angle anatomically designed to fit carina

Ultra-smooth Plus®

These products have been treated with Ultra-smooth Plus® surface treatment.

This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus® page for further information.

Ordering information

Y Stent

Code No.	O.D. 1	O.D. 2	A	B	C
Y-10-S	10	7	45	20	40
Y-12-S	12	9.5	65	27	50
YS-14-S	14	10	55	17	25
YM-14-S	14	10	61	15	44

Special Order Y Stents are available.

The Hood Westaby T-Y Stent* combines bifurcated and T limbs in a single tube to restore patency of major airways and to provide relief from asphyxia.

Manufactured of implant-grade radiopaque silicone, the stent is flexible, comfortable and non-reactive to tissue, ensuring safe and effective relief within the distal trachea, carina and main bronchi.

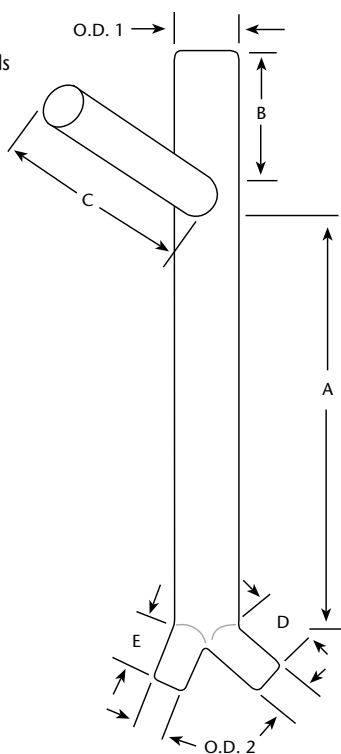
The stent has been used in patients with severe and diffuse scalding injury to the trachea and main bronchi, and with obstruction from tracheal and mediastinal tumors below the thoracic inlet.

The **Hood Intended Use and Instruction Manual**, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

* Stephen Westaby, B.Sc., M.B., F.R.C.S., M.S.
John Radcliffe Hospital, Oxford, U.K.



O.D. 1 size corresponds to outside diameter of intratracheal limb in millimeters.



- ◆ Aids in short-term management of airway obstructions from tracheal tumors, compression, burns or disease below the thoracic inlet
- ◆ Enables normal breathing through nose and mouth
- ◆ Permits healing and prevents desiccation
- ◆ Y-angle anatomically designed to fit typical carina
- ◆ 20° angle in T-stem facilitates insertion and cleaning

These products are available with
Ultra-smooth^{Plus}
surface treatment

Ordering information

Patent Applied

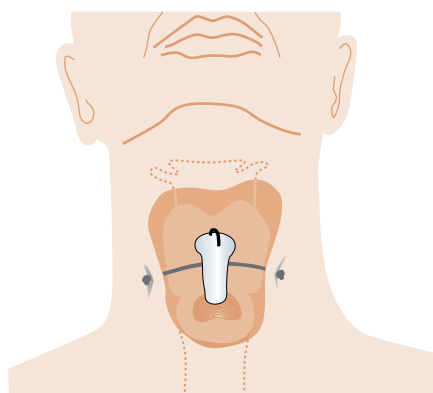
Westaby T-Y Stent

Code No.	O.D. 1	O.D. 2	A	B	C	D	E
RTY-10-S	10	7	48	20	40	18	12
RTY-12-S	12	9.5	66	27	50	31	20
RTY-14-S	14	11	79	32	57	29	24
RTY-18-S	18	14	90	16	58	42	21

Hood Laryngeal Stents provide soft, solid, conforming support for use in laryngeal fracture, laryngeal stenosis and subglottic stenosis.

Laryngeal stents are molded to a precise hardness to provide support, but not injure surrounding tissue. They bend easily, are compressible and conform to the inner contour of the larynx. Skin or mucosal grafts may be sutured directly to the stent which is then inserted and held in place by silicone surface buttons.

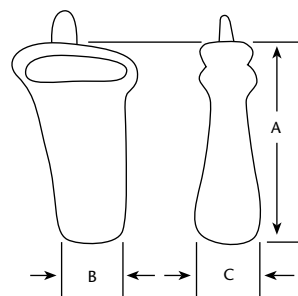
The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



Completed operation



- ◆ Prevent and treat laryngeal stenosis
- ◆ Silicone material prevents tissue reaction
- ◆ Designed to conform to normal endolaryngeal surface
- ◆ Four sizes are available for precise patient fitting
- ◆ Surface buttons provided with suture holes



Ordering information

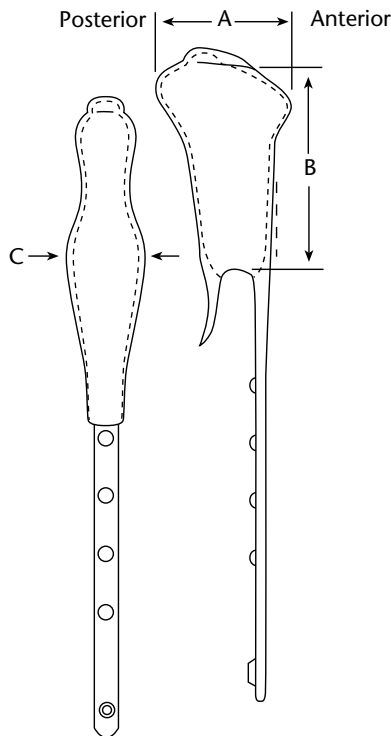
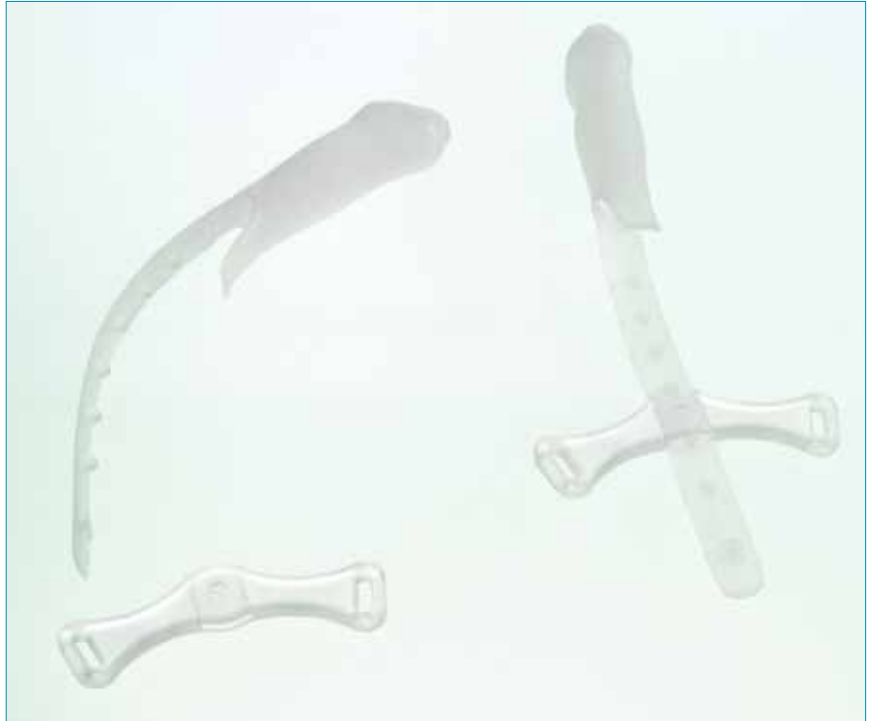
Laryngeal Stents

Code No.	Type	Size A (mm)	Size B (mm)	Size C (mm)
LSC-10	Child	33	10	9
LSA-15	Adolescent	37	10	11
LSF-25	Female (Adult)	40	12	10
LSM-30	Male (Adult)	47	15	16
LSB-50	Additional buttons			

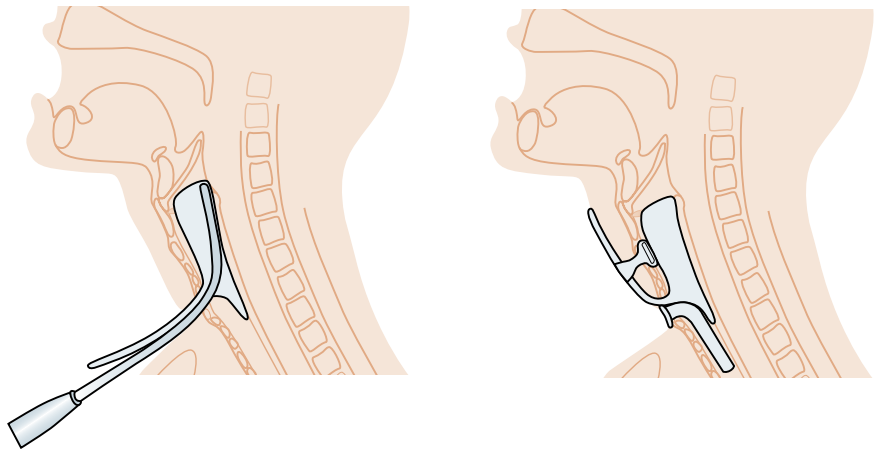
The Eliachar Laryngeal Stent* for postoperative laryngotracheal support or control of aspiration, is intended for post traumatic support or to retain a lumen after laryngotracheal reconstruction. The stent retains its position mainly through adherence to laryngeal contours. The strap adds additional control and anchoring to prevent expulsion as a result of swallowing or coughing. A soft hollow, conforming design minimizes tissue reaction. This new, physiologically designed laryngeal stent combines safety and management of aspiration in stenting.

The **Hood Intended Use and Instruction Manual** provides detailed information on insertion technique, sterilization, and postoperative care.

** Designed with assistance from Isaac Eliachar, M.D.,
Cleveland Clinic Foundation*



- ◆ Effectively supports and reshapes larynx
- ◆ Comfortable and self-conforming
- ◆ Easy to introduce
- ◆ Prevents seepage and overflow of fluids and debris into larynx
- ◆ Soft implant-grade silicone



Patents Applied

Ordering information

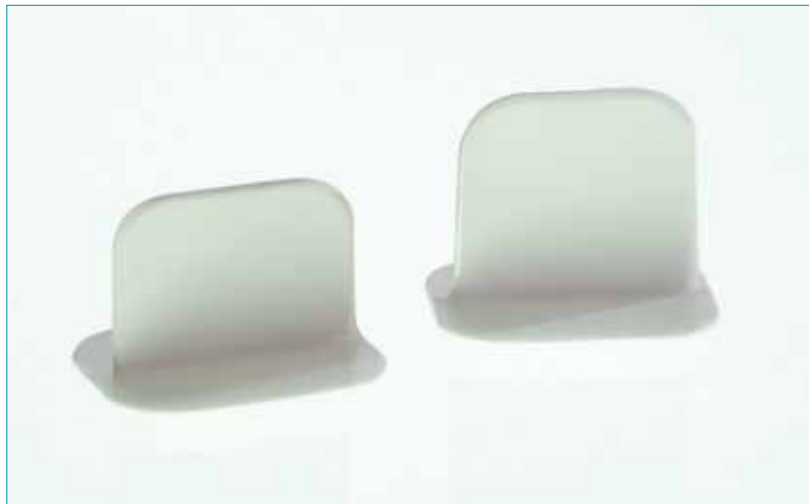
Eliachar Laryngeal Stents

Code No.	Dimension (mm)		
	A	B	C
ELL-3000	25	40	15
ELL-4000	25	52	17

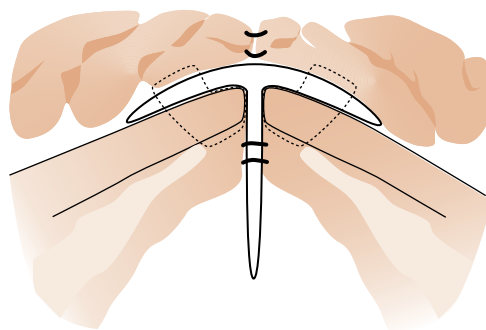
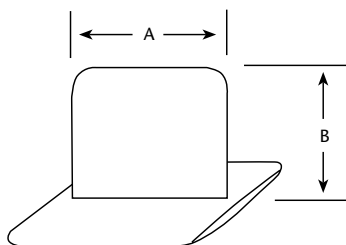
Hood Laryngeal White Umbrella Keels are designed for use following repair of anterior laryngeal stenosis, subsequent to removal of a laryngeal stent, to insure reformation of a sharp anterior commissure and to prevent formation of an anterior web. Clear umbrella keels are also available. Both are indicated for use after hemilaryngectomy to prevent stenosis.

The soft, solid conforming structure consists of an umbrella-like extralaryngeal cover and a thin intralaryngeal insert. The extralaryngeal surface is secured to the thyroid laminae to protect the thyrotomy repair. It is designed so that, with a figure-of-eight suture, the keel can be held tightly enough to inhibit synchronous motion between the intralaryngeal keel insert and the vocal cords, thus preventing granulation formation and preserving phonation.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



- ◆ Precisely molded implant-grade silicone provides for a flexible, thin and nonirritating keel
- ◆ Readily conforms to anatomy of the anterior commissure
- ◆ White umbrella keel enables easy visualization for removal
- ◆ Three sizes are available



Laryngeal Keel in position

Ordering information

Laryngeal Umbrella Keels

Code No.	Type	Size A (mm)	Size B (mm)
LK-12	Clear	17	12
LK-14	Clear	18	14
LK-16	Clear	18	16
RLK-12	White	17	12
RLK-14	White	18	14
RLK-16	White	18	16

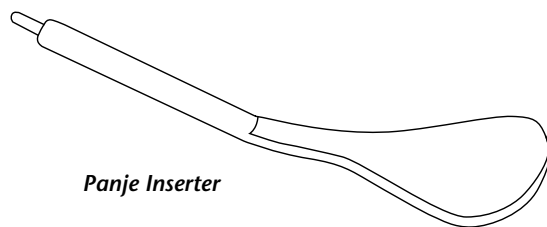
The Panje Voice Button is a biflanged silicone tube with a one-way valve designed to restore speech in laryngectomy patients. The Panje Voice Button restores speech by providing a passageway for air from the trachea to the esophagus. It is inserted into a simple tracheoesophageal fistula which is established by means of a surgical approach.

The Panje Voice Button is designed to be used for the restoration of speech in laryngectomees, provided that any radiation therapy treatment has been completed not less than three months before the tracheoesophageal fistula operation.

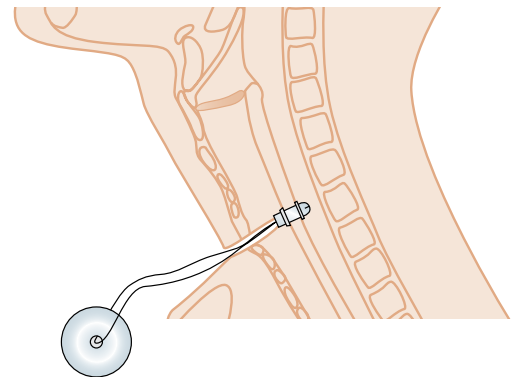
The ***Hood Intended Use and Instruction Manual***, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



- ◆ Self-contained within tracheoesophageal fistula
- ◆ Outpatient surgical procedure
- ◆ Secure, self-retaining flanges
- ◆ Soft implant-grade silicone



Panje Inserter



Patent Applied

Ordering information

Panje Voice Button

Standard Pressure

Code No.	Length	Dimension between flanges (mm)
PVP-6	Short	6
PVP-9	Regular	9
PVP-12	Long	12

Low Pressure

Code No.	Length	Dimension between flanges (mm)
PVP-06	Short	6
PVP-09	Regular	9
PVP-012	Long	12

Surgical Accessories

Tracheoesophageal Stent

Code No.

T-E STENT

Panje Inserter

Code No.

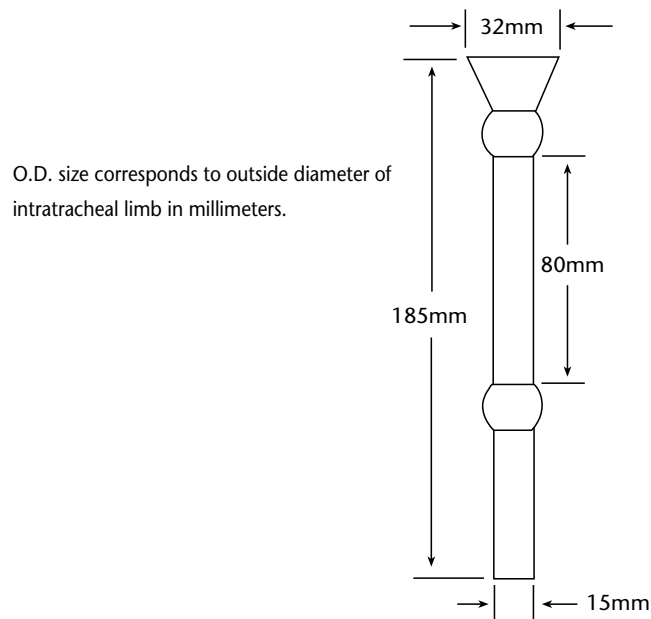
PVP-IN

The Hood Esophageal Reconstruction Tube is a special device used in reconstruction and stenting of the cervical esophagus.

The tube is used after the first-stage operation to eliminate profuse salivary leakage by way of the pharyngostoma. It maintains a wide patent pharyngostoma and creates a trough between the pharyngostoma and the esophagostoma to facilitate the second-stage procedure.

The bulbous protrusions prevent displacement of the tube upward and downward, making suturing of the tube unnecessary.

The *Hood Intended Use and Instruction Manual*, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



- ◆ Funnel shaped superior end conforms to hypopharynx
- ◆ Two firm bulbs ensure proper positioning
- ◆ Prevents leakage of saliva after laryngoesophagectomy
- ◆ Soft implant-grade silicone

Ordering information

Esophageal Reconstruction Tube

Code No.	Size
ESO-15	15mm (O.D.) One size serves all reconstruction needs

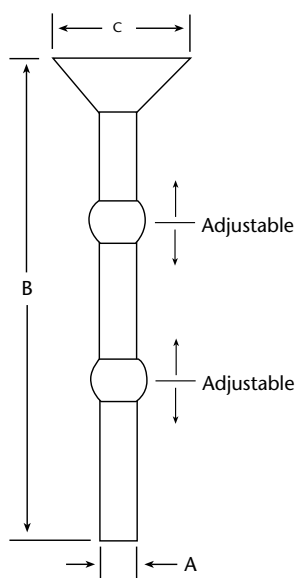
The Adjustable Esophageal Reconstruction Tube* is a modification of the original design of the Hood Esophageal Reconstruction Tube. It is used in temporary reconstruction and stenting of the cervical esophagus.

The tube is used after the first-stage operation to relieve profuse salivary leakage by way of the pharyngostoma. It maintains a wide patent pharyngostoma and creates a trough between the pharyngostoma and the esophagostoma to facilitate the second-stage procedure.

The funnel shaped superior end conforms to the hypopharynx and has been redesigned to adapt to the anatomy of the esophagus at the upper post cricoid level. The bulbous protrusions are adjustable allowing flexibility in adjustment of the tube position to prevent displacement without suturing the tube.

The ***Hood Intended Use and Instruction Manual***, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.

** Designed with assistance from Isaac Eliachar, M.D.,
Cleveland Clinic Foundation*



Ordering information

Adjustable Reconstruction Tube

Code No.	Size (mm)		
	A	B	C
ERT-12	12	185	56
ERT-14	14	187	56

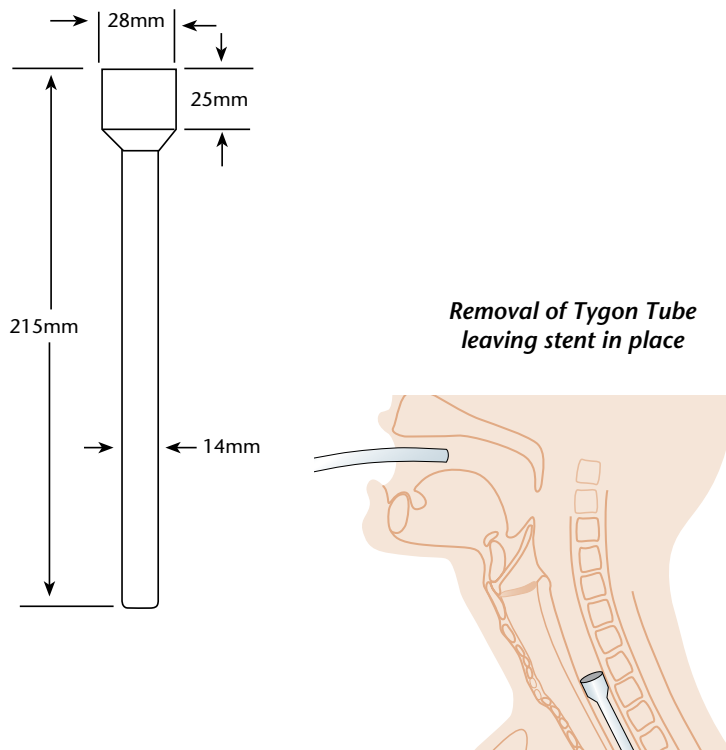
The Hood Esophageal Stent aids in management of esophageal obstructions and fistulas in irresectable carcinoma and post-radiation stenosis. Studies report quality of palliation in dysphagia equal to neodymium YAG laser therapy at substantially lower costs.

Designed for endoscopic placement, the Esophageal Stent saves expense through an outpatient procedure.

The Esophageal Stent permits passage of food and saliva and is made of soft, conforming, nonirritating, implant-grade silicone.

A tapered flange minimizes erosion and maintains patency of the esophagus with minimal migration.

The ***Hood Intended Use and Instruction Manual***, which is supplied with each product, provides detailed information on insertion technique, sterilization, and postoperative care.



- ◆ Aids management of esophageal obstructions and fistulas
- ◆ Comfortable, cost-effective alternative to laser therapy with equal palliation
- ◆ Soft implant-grade silicone

Ordering information

Esophageal Stent

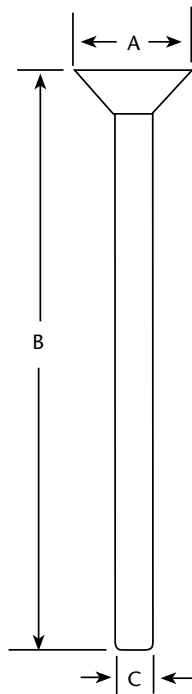
Code No.	Size
ESS-14	14mm (O.D.) — one size serves all needs

Hood Salivary Bypass Tubes are designed to control salivary leakage from the pharyngocutaneous fistula after total laryngectomy, and to stent the cervical esophagus following dilation of a stricture.

Bypass tubes are frequently used in patients with poor wound-healing due to systemic problems (e.g., poor nutritional status, metabolic disorders) or regional factors (e.g., postirradiation changes, recurrent or persistent neoplasm, chronic infection). Because of these host factors, placement of the tubes may be associated with pressure necrosis of local tissues. Therefore, patients with these tubes in place should be monitored carefully by x-ray and direct inspection if localized pressure necrosis of regional soft tissue is suspected.

The tubes are designed to fit securely in the superior esophagus and hypopharynx. However, it is possible for a loose-fitting tube to be displaced distally into the esophagus. This may be prevented by securing the tube to an indwelling gastric tube.

The **Hood Intended Use and Instruction Manual**, which is supplied with each product, provides detailed information on insertion technique, sterilization and postoperative care.



- ◆ Cost-effective alternative to laser therapy with equal palliation of esophageal carcinoma
- ◆ Funnel shaped superior end conforms to hypopharynx
- ◆ Flexible with a large I.D./O.D. ratio allowing maximum nutritional intake
- ◆ Enables spontaneous closure of a fistula
- ◆ Soft implant-grade silicone

Ordering information

Salivary Bypass Tubes

Code No.	Diameter C	Size (mm) A	Length (mm) B
SBT-08	8mm (O.D.) for use with No. 10 nasogastric feeding tube	20	188
SBT-10	10mm (O.D.) for use with No. 12 nasogastric feeding tube	24	188
SBT-12	12mm (O.D.) for use with No. 14-16 nasogastric feeding tube	24	188
SBT-14	14mm (O.D.) for use with No. 16 nasogastric feeding tube	27	188
SBT-16	16mm (O.D.) for use with No. 16 nasogastric feeding tube	30	185
SBT-18	18mm (O.D.) for use with No. 16 nasogastric feeding tube	32	188
SBT-20	20mm (O.D.) for use with No. 16 nasogastric feeding tube	34	185

Inner Ear Valved Shunt (A)

The Inner Ear Valved Shunt helps regulate endolymph pressure and establishes a conduit for excessive flow from the endolymphatic system under pressure to the mastoid cavity. By helping maintain endolymph volume and pressure at normal physiologic levels, the Inner Ear Valved Shunt helps facilitate cochlear recovery and provides the best chance of substantial hearing gains, in addition to its excellent success rate for complete elimination or substantial control of vertigo.

Both hearing improvements and vertigo control have been more frequent for patients when the shunt is implanted compared to other endolymphatic sac surgical methods.

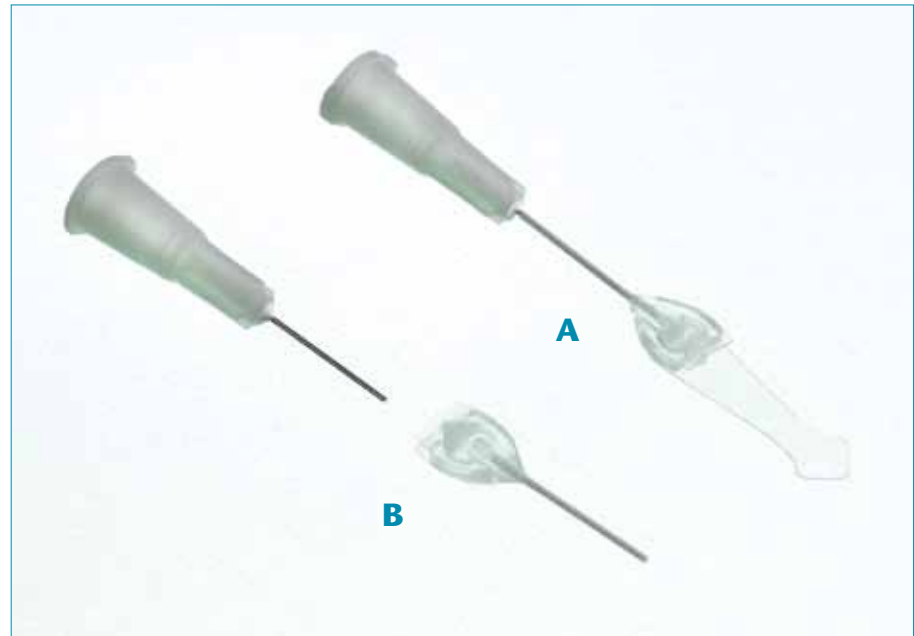
The shunt is implanted in the endolymphatic duct which is approached through a mastoidectomy using microsurgery techniques. Identification and cannulation can be a routine procedure when specialty inner ear microsurgery methods and instruments are employed. The EA-1001 is M.R.I. compatible. Methods have been developed for inner ear surgery and shunt implantation that have resulted in very low morbidity with most patients returning from the hospital in less than 24 hours.

Huang Inner Ear Shunt (B)*

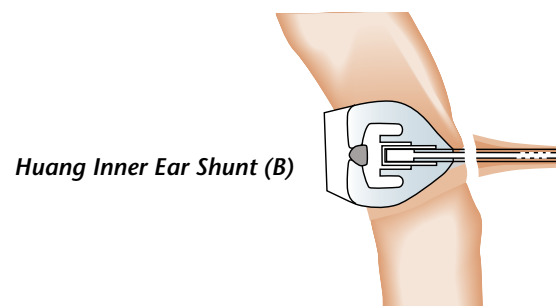
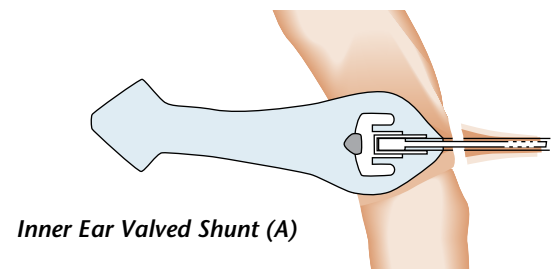
The Huang Inner Ear Shunt* is similar in design to the Inner Ear Valved Shunt. The Huang device does not include the valve. Procedures for implantation are similar and the specific instruments are available from Hood Laboratories. The Huang Inner Ear Shunt consists of a chamber, an open ended lumen, and a sponge to protect the lumen from tissue ingrowth.

*T. Huang, M.D.

Chang Gung Memorial Hospital, Taipei, Taiwan R.O.C.



- ◆ Low morbidity of surgery
- ◆ 24 hour hospitalization for most patients



Ordering information

Inner Ear Valved Shunt

Code No.

EA-1001

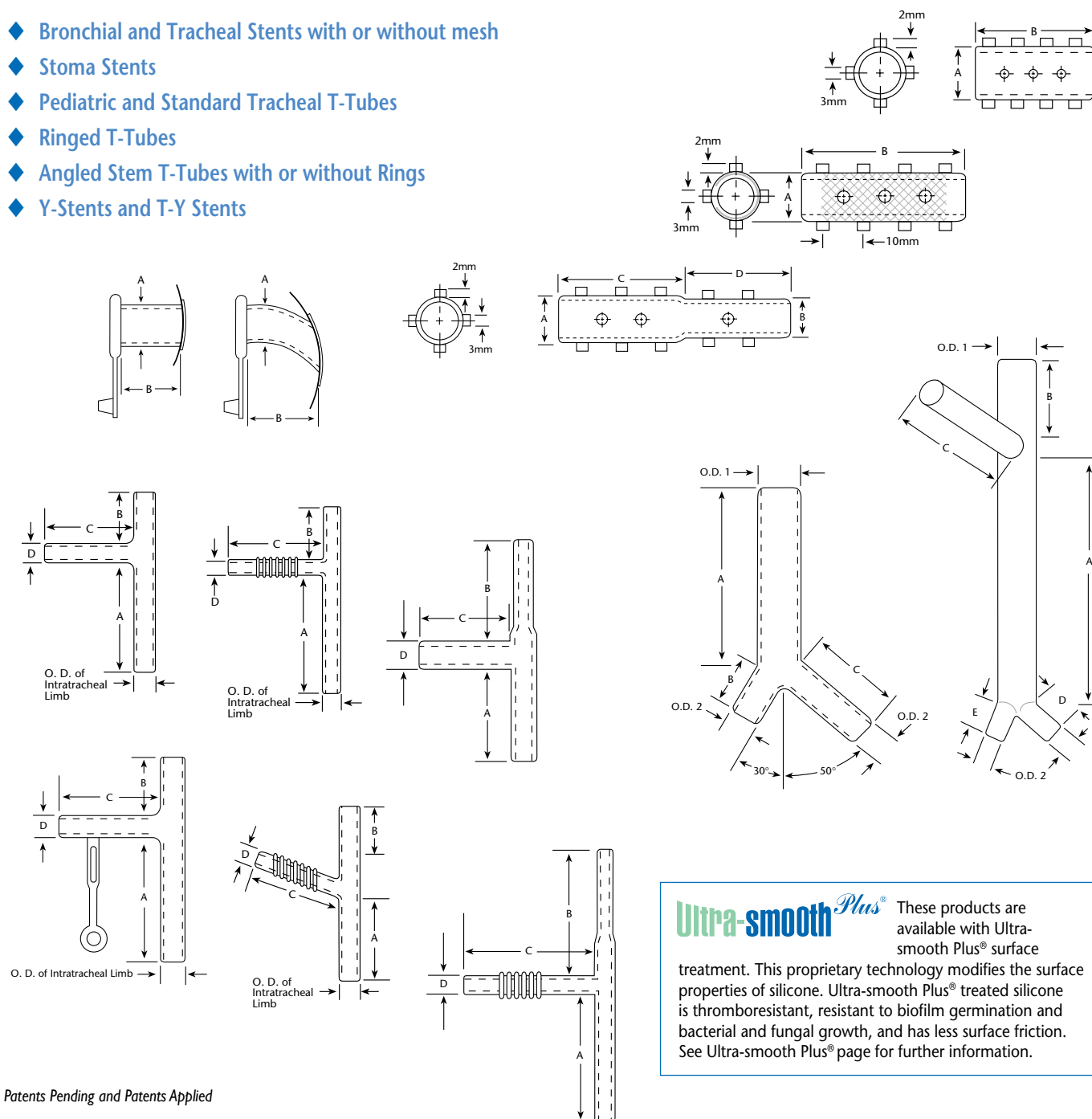
Huang Inner Ear Shunt

Code No.

GS-2000

Hood Laboratories supports physicians in solving unique surgical challenges. We have had great success in responding to the needs of physicians encountering circumstances or conditions when our standard products do not address the anatomical needs of the patient. We encourage you to take advantage of our customizing expertise. Our engineers and staff will work with you personally to design a customized product, providing diagrams, engineering drawings for your review.

- ◆ **Bronchial and Tracheal Stents with or without mesh**
- ◆ **Stoma Stents**
- ◆ **Pediatric and Standard Tracheal T-Tubes**
- ◆ **Ringed T-Tubes**
- ◆ **Angled Stem T-Tubes with or without Rings**
- ◆ **Y-Stents and T-Y Stents**



Ultra-smooth^{Plus}

These products are available with Ultra-smooth Plus[®] surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus[®] treated silicone is thromboresistant, resistant to biofilm germination and bacterial and fungal growth, and has less surface friction. See Ultra-smooth Plus[®] page for further information.

Patents Pending and Patents Applied

Terms and Conditions

E. Benson Hood Laboratories, Inc., in the case of special order products, is acting as a contact manufacturer and the physician is the developer. The special order product is not being ordered or manufactured for general distribution.

E. Benson Hood Laboratories, Inc., has warranted only that, at the time of sale, the goods sold shall be free of defects in workmanship and material. Devices are being supplied with the understanding the recipient intends to make the sole determination of use or application. Seller makes no warranty or representation, express or implied, including any implied warranty or merchantability or fitness for purpose; use at practitioner's sole risk. Seller shall not be liable for any damages physical or otherwise.

Hood offers an exceptional variety of airway management products utilizing



Ultra-smooth Plus[®] enhances the surface properties of medical grade polymers without affecting bulk properties. This proprietary technology is applied to polymer medical components of various geometries.

Smooth, thromboresistant surface treatment

Ultra-smooth Plus[®] Advantages

- ◆ Slippery surface
 - Smooth
 - Less friction than untreated products
 - No need for lubricants
- ◆ Biocompatibility
 - Thromboresistant
 - Resistant to biofilm formation
 - Resistant to bacterial and fungal growth
- ◆ Extended product life
 - Improves hydrophilicity
 - Wear resistant
 - Abrasion resistant
 - Improves fatigue strength
- ◆ Reduced rates of infection and thrombosis

Ultra-smooth Plus[®] is available on a selection of Hood products:

- ◆ Nasal splints
- ◆ T-Tubes
- ◆ Y Stents
- ◆ Hourglass stents
- ◆ Reducing diameter stents
- ◆ Nasal septal buttons
- ◆ Tracheal & Bronchial Stents

Ordering information

Please call for information

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		Nasal Splint, Doyle Airwayless, p.1	DSA-L DSA-R DSA-P	Reducing End Stents, p. 18	TSPR-S-1210-S TSPR-S-1412-S TSPR-S-1612-S
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Quality Control: All Hood products are 100% quality inspected.

Worldwide Service: Hood maintains international distribution directly and through selected surgical supply houses.

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Educational Support Material: Hood provides surgeons and supporting staff with an illustrated *Hood Intended Use and Instruction Manual* enclosed with each product for complete instructions.

