

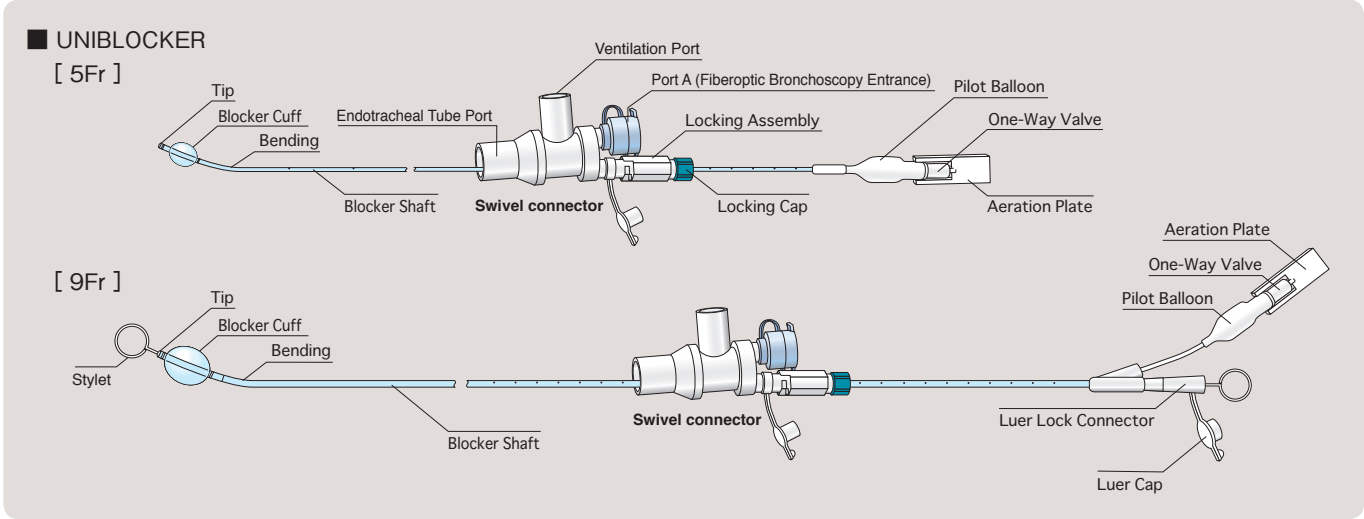
[Specifications]

■ UNIBLOCKER

Product Number	Size (Outer diameter of Shaft)	Length	Cuff Length	Maximum Cuff Volume*1	Net Volume of Swivel connector	Packing Unit
1203104	1.7mm (5Fr)	450 mm	8 mm	3 mL	20.5 mL	1Set / Box
1203105	3.0mm (9Fr)	610 mm	22 mm	8 mL	20.5 mL	1Set / Box

※ 1 Maximum cuff volumes is not the exact volume of injection.

[External chart]



[Directions]

- Remove the sterile product carefully from its package, and check for damage.
- Do not cut the blocker tube to length or open holes on the blocker tube.
- Care must be taken to avoid damage by knives, forceps or needles. The product should not be used if damaged.
- Make sure that you do not mix the fiber (lint etc.) into the valve (air injection entrance) when inflating the cuff. (The function of the valve deteriorates, and it causes the cuff deflates)
- Use only a clean syringe when inflating the cuff (Lint sticking to a syringe may get mixed into a valve)
- When connecting HFJV or an artificial respiration circuit to UNIBLOCKER, note that there is a case that a blocker shaft kinks and it causes impossibility of ventilation due to weight of a circuit
- Set the inhalation oxygen density more than 50% after blocking bronchus, and ventilate using a ventilator.
- Measure PaO2 when completed collapsing an operated lung or when passed 20 minutes after blocking bronchus.
- Always monitor once amount of ventilation with an appropriate meter and also monitor the maximum suction pressure when suctioning with a pressure gauge of the anesthetic circuit etc.
- Read a package insert before use.

[Warning and Precautions]

- (1) This product is disposable device and should not be reused.
- (2) Do not use this product for any other purpose other than as indicated.
- (3) Do not use the product if the sterile package is damaged or opened prior to use.
- (4) If the sterile package is opened but the product is unused, it should be discarded.
- (5) Expiry of the product is indicated on the product label. The product should not be used if it has expired.
- (6) Chemical disinfectant should not be used. It may deteriorate the material of the cuff.  
Use air only to inflate the cuff.
- (7) Do not use this product if any malfunction is found during the cuff test prior to use.
- (8) Depth markings on the blocker shaft are only a guideline for intubation. Actual intubation depth should be determined by the clinical judgment of the physician.
- (9) Do not use this product if there is not enough space to place the blocker tube and fiberoptic bronchoscope or suction tube into the endotracheal tube lumen.
- (10) Lubricant should be applied at the blocker cuff only. Do not apply lubricant at the blocker tip as it may occlude the inner lumen at the blocker tube.
- (11) When clamping the bronchus at the operative lung for lung dissection, make sure it does not clamp the blocker tube at the same time. It may damage the blocker cuff, blocker tube and patient's bronchus.
- (12) Do not re-intubate to the opposite lung while the blocker tube is already in place at the operative lung as the blocker tip angle may straighten and it may damage the blocker cuff, patient's trachea or bronchus.
- (13) Do not perform an MRI while the blocker tube is in use with the patient. Metal is used in this product.
- (14) Do not pull the airway tube at the pilot balloon with excessive forced of more than 9.8N(1.0kgf).



\* The specifications, configuration and other part of this product may be changed for improvement without prior notice.

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UNIBLOCKER

Fuji Systems Corporation



*UNIBLOCKER has a flexible high-torque blocker shaft.  
UNIBLOCKER is supplied with a unique swivel connector  
including a port for fiberoptic bronchoscopy while  
connected to the anesthesia circuit.*

### ■ Hi Volume GB (Gas Barrier) Cuff

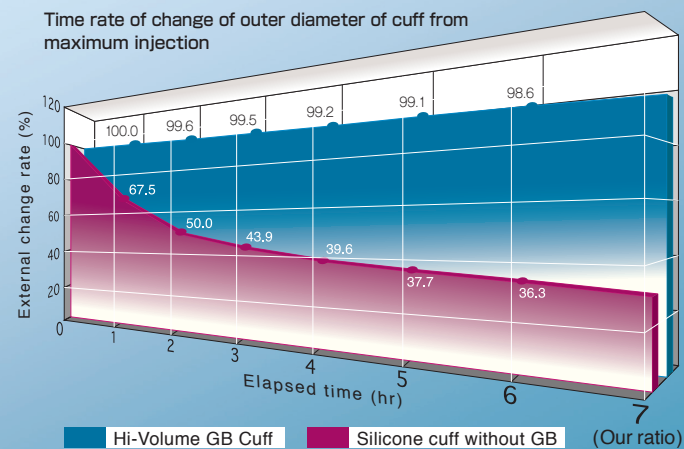
— for UNIBLOCKER 9Fr only

**Soft high volume cuff made of silicone with gas barrier properties to reduce diffusion of gas into or out of the cuff. (Refer to the graph below)**

- Cuff Profile



Time rate of change of outer diameter of cuff from maximum injection



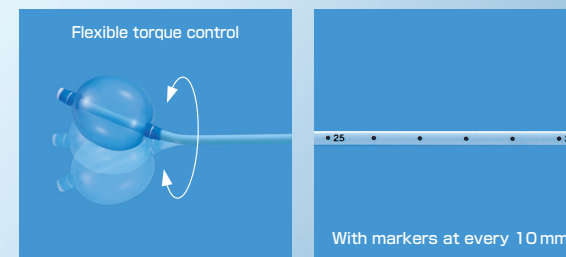
## ■ Swivel Connector

**A movable swivel connector allows rotation of the circuit if the patient is moved. It facilitates insertion of fiberoptic bronchoscope.**



### ■ Torque Control Blocker

**TCB shaft incorporates a metallic mesh which gives torque control. The mesh is radiopaque.**



### ■ Easy Removal

**The blocker is easily removed without disconnecting the swivel connector from the anesthesia circuit. Simply remove all the air from the cuff and disconnect the quick release connector.**



- **Indications**

**UNIBLOCKER** is intended for use in airway management of surgical patients through an endotracheal tube to perform one-lung ventilation for endobronchial blockade of the left or right lung in thoracic surgery, lung resection, VATS, lobectomy, etc.

- General Use

**Insert UNIBLOCKER via an endotracheal tube that has already been inserted through the mouth or nose. Position the cuff in the target part of the right or left lung. Inflate the blocker cuff to isolate the target.**

# UNIBLOCKER

UNIBLOCKER installed in an Endotracheal tube.

