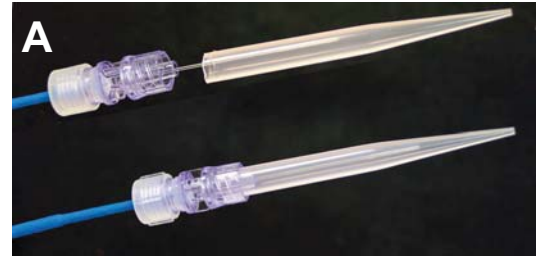


# IMPORTANT!!!! PLEASE READ BEFORE USING: CARE AND USE NOTES

## FOS (Fiber Optic Stylet)

The FOS has been shipped ready for use with the FO-Light. A protective housing has been installed on the distal end of the device to prevent damage during shipping. The housing is inserted into the coupling adapter and can be removed by pulling the housing out of the adapter **FIG A**. The proximal end also contains a black protective sleeve over the fiber optic connector **FIG B**. Both of these protective devices should always be used when storing the device.



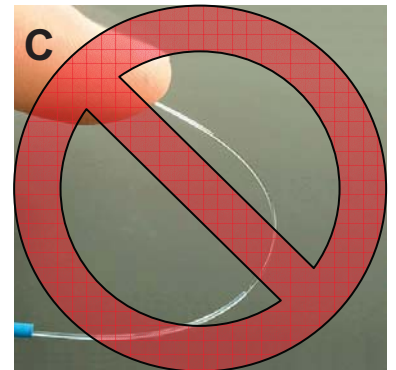
## HANDLING

The FOS is a glass fiber optic cable and must be handled with care to ensure optimum performance. Though the connector is compatible with other laser light sources, **THE FIBER SHOULD ONLY BE USED WITH THE FO-LIGHT SOURCE**. The distal end of the fiber has been stripped of its buffer coating. **DO NOT BEND THE END OF THE FIBER**. A thin protective coating is present to add support, but breakage can occur with excessive bending **FIG C**.



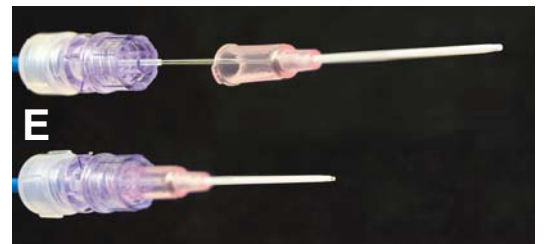
## CATHETER INTRODUCTION

The FOS has been shipped with a coupling adapter already installed on the distal end **FIG D**. Once the protective housing has been removed, the coupling adapter is ready for use. Simply insert the bare end of the fiber into the endotracheal tube (typically an IV catheter) **FIG E**. If you meet resistance, slowly spin the catheter while continuing to push the fiber. The catheter can be secured to the coupling adaptor. When fully inserted, a small section of the fiber will protrude from the end of the catheter. This can be adjusted by loosening the cap on the proximal end of the coupling adapter **FIG D** allowing the adapter to move along the fiber, and retightening the cap once in the desired location.



## CLEANING

The tip of the fiber may get dirty after continual use. The tip can be cleaned using 70% isopropyl alcohol on a clean lint free tissue. Be careful not to apply pressure to the tip during cleaning as this can result in fiber breakage.



## STORAGE

The FOS should be stored with the protective black sleeve **FIG B** over the SMA coupler and a rigid support **FIG A** over the distal end of the fiber to prevent inadvertent breakage.

# IMPORTANT!!!! PLEASE READ BEFORE USING: CARE AND USE NOTES

## FO-LIGHT (Fiber Optic Light Source)

The FO-Light has been shipped to you ready for immediate use. A red protective sleeve has been installed over the coupler **FIG F** and should be retained and used during storage to prevent debris from collecting in the coupler.

### OPERATION

The FO-Light is powered on by rotating the neck of the light source counter-clockwise with the light pointed toward the user **FIG F**. Rotating the neck clockwise powers off the light source. **DO NOT OVER-TIGHTEN** the neck in the OFF position. Maximum light intensity is observed at the initial power-on point. Continue to rotate the neck clockwise until the desired intensity is observed. Excessive clockwise rotation will result in removal of the neck from the body of the device. **DO NOT ATTEMPT TO SCREW THE NECK BACK ON**. Follow the bulb replacement directions in the maintenance section to replace the neck assembly. Improper replacement of the neck onto the body **WILL RESULT IN A BROKEN BULB**.

### MAINTENANCE

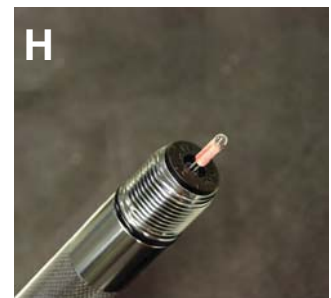
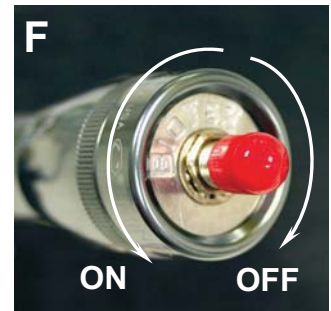
The light should not be left on for extended periods of time as it will decrease battery and bulb life. The batteries should be replaced if there is a noticeable decrease in light output. If light intensity is still diminished, replace the bulb. A replacement bulb is located in the end cap of the device where the batteries are retained. Remove the spring from the end piece and the bulb is stored in a red protective sleeve **FIG G**. With the batteries removed, unscrew the neck of the device in the ON direction until the neck is completely detached. Remove the old bulb by pulling straight out gently, being careful not to break the bulb (use of paper towel is recommended). The neck assembly can be further disassembled into three pieces, distal piece, optical system, and proximal piece.

The following steps are depicted in **FIGS H** through **K**.

Insert the prongs of the new bulb into the two holes in the top of the plastic bulb housing **FIG H**. **DO NOT INSERT FULLY**. Rotating in the OFF direction screw the proximal neck piece back onto the main body by until it is fully seated **FIG I**. Replace the optical system insert over the bulb. Rotate the proximal neck piece in the ON direction until it meets the insert **FIG J**. Holding the proximal neck piece in place, screw the distal neck piece onto the proximal neck piece **FIG K**. Replace the spring in the end piece **FIG G** and reassemble with batteries installed. **THE LIGHT WILL BE ON ONCE END PIECE IS SCREWED INTO PLACE**. Power off the FO-Light normally to complete the bulb changing process.

### STORAGE

The FO-Light should be stored in the mesh sleeve that has been included to prevent inadvertent damage from rolling around. The red protective cap should be replaced over the coupler whenever the light is not in use **FIG F**.



# IMPORTANT!!!! PLEASE READ BEFORE USING: CARE AND USE NOTES

## **LIB (Lung Inflation Bulb)**

This device provides a very **Safe** and **Reliable** method for verification of tube placement in place of the use of a dental mirror to verify respiration, which is not reliable because the exhaled air of the sized animals these products are designed for does not consistently result in the typical mirror fogging that is apparent in larger animals, along with other methods of verification where the animal is observed for several seconds with the airway obstructed looking for pronounced abdominal breathing with no visible distention of the chest.

## **HANDLING**

The **Lung Inflation Bulb** is constructed from two pieces that are bonded together with a special epoxy. The distal end is fitted with a male luer that will mate with the female luer connector on the trachea tube **FIG L**. The Proximal end is flexible bulb that when squeezed the there should be obvious distention of the chest followed by an immediate return to normal when released. Incorrect placement will not result in chest distention. Thus the animal is not deprived of oxygen for any period of time and verification is absolute and immediate.



## **STORAGE**

These devices are designed to be **Semi-Disposable** meaning they are not designed for rigorous cleaning or sterilization but are capable of **Multiple Uses** depending on your specific needs.

## **ETT (Endo Tracheal Tube)**

These are IV catheters **FIG M** that have a **Urethane** based catheter in place of the typical PTFE (or Teflon®) catheter. The Urethane catheters exhibit qualities that make them superior to the PTFE catheters in this application. They are much more **Softer** and more **Flexible** which minimizes the trauma to the animals who in most cases will be debilitated.



## **HANDLING**

These will be provided in sterile packaging **FIG N** but are **Not For Human Use** and are clearly labeled as such.

## **STORAGE**

These are disposable and intended as single use devices.

