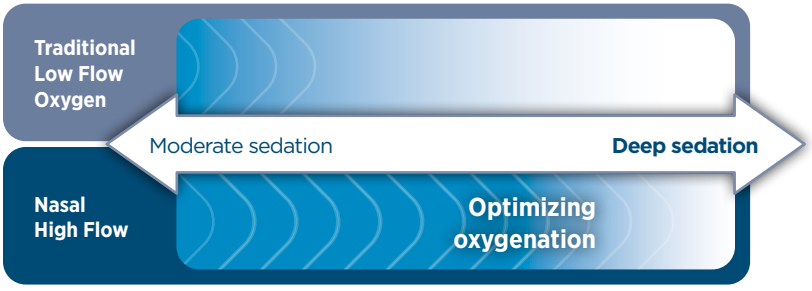
F&P Optiflow

Optimizing oxygenation during procedural sedation

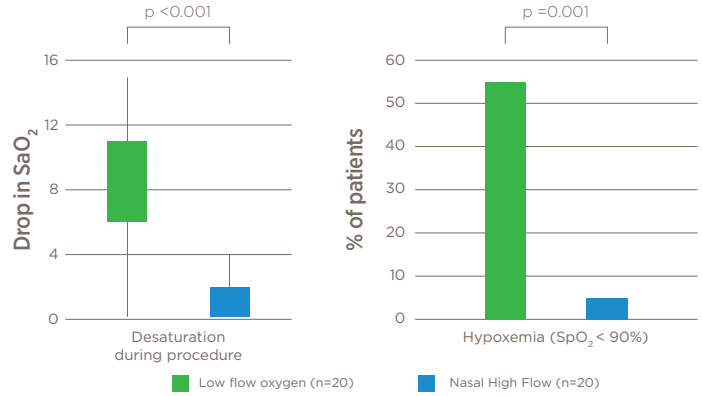
The aim of airway management during procedural sedation is to maintain oxygenation. Drugs used for sedation and analgesia can cause respiratory depression and spontaneous breathing to be impaired.

Nasal High Flow (NHF) with the F&P Optiflow™ NHF system has been shown to optimize oxygenation and maintain oxygen saturation[1-4] hence improving patient safety.



Irfan et al. 2021
Bronchoscopy

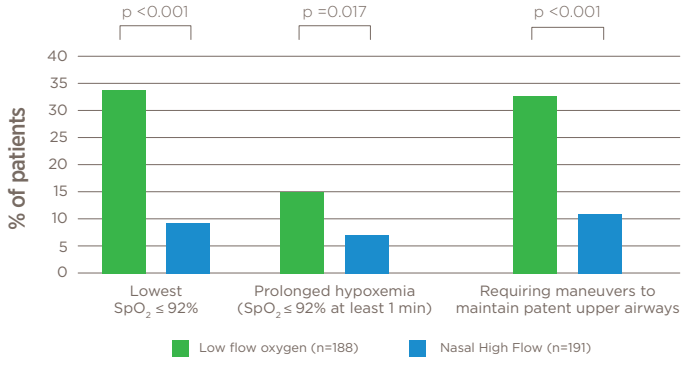
A single-center RCT by Irfan et al.[5] showed that Nasal High Flow reduced the drop in oxygen saturation and the incidence of O_2 desaturation <90% compared to low flow nasal cannula oxygen in patients undergoing EBUS-TBNA bronchoscopy under midazolam and alfentanil sedation.



Adapted from Irfan, 2021

Nay et al. 2021
GI endoscopy

A multi-center RCT by Nay et al.[6] showed that Nasal High Flow reduced the incidence of O_2 desaturation ≤95% and the need for airway maneuvers compared to low flow oxygen in patients at risk of hypoxemia undergoing gastrointestinal endoscopy under propofol sedation.



Adapted from Nay, 2021

F&P Optiflow

Nasal High Flow is a unique airway management technique during procedural sedation, which has been shown to:

Provide heated humidification

Provide effective oxygenation[1-4]

Provide positive airway pressure[7-9]

Facilitate CO_2 clearance[10-12]

- Maintain oxygen saturation[1-4]
- Reduce the incidence of airway-related interventions[1,2]
- Increase end-expiratory lung volume[9,13,14]

Improve patient safety

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F&P Optiflow Trace™ interface enables continuous sampling of exhaled CO_2 from either the mouth and nose* whilst using Nasal High Flow for oxygenation.

With the Optiflow NHF system, users can deliver:

- up to 70 L/min flow
- heated humidification
- up to 100% O_2

* For flow range applicable for this product, refer to the user instruction.

1. Lin Y et al., Gastrointest Endosc. 2019.
2. Sago T et al., J Oral Maxillofac Surg. 2015.
3. Lucangelo U et al., Crit Care Res Pract. 2012.
4. Takakuwa O et al., Respir Investig. 2018.
5. Irfan M et al., J Bronchology Interv Pulmonol. 2021.
6. Nay MA et al., Br J Anaesth. 2021.
7. Parke RL et al., Respir Care. 2015.
8. Groves N et al., Aust Crit Care. 2007.
9. Corley A et al., Br J Anaesth. 2011.
10. Möller W et al., J Appl Physiol. 2015.
11. Pinkham M et al., J Appl Physiol. 2019.
12. Onodera Y et al., Korean J Anesthesiol. 2017.
13. Yuan Z et al., Respir Care. 2020.
14. Riera et al., Respir Care. 2013.

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