

Ambu[®] aScope[™] 3 Family

- Quick Guide for bedside bronchoscopy & PDT

1. Functions

Ambu[®] aScope[™] 3 Family offers a bronchoscopic solution with 3 different sizes readily available, without having to invest in 3 expensive scopes.

Due to the single use concept and large working channels aScope[™] 3 Regular 5.0/2.2 and aScope[™] 3 Large 5.8/2.8 are ideal for bedside bronchoscopy.

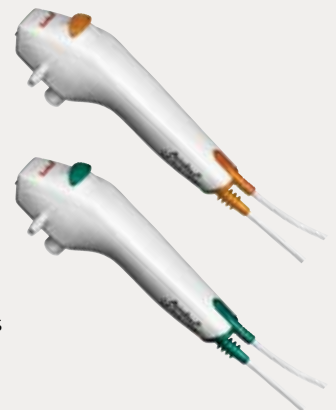
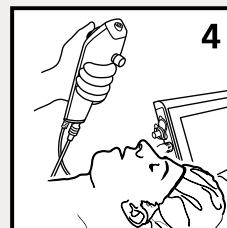
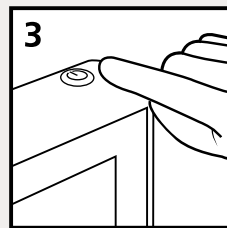
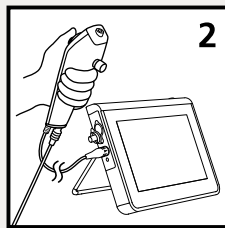
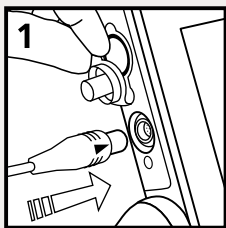
The unique colour coding of the scopes makes it easy to select the right size

- Immediate accessibility
- Portability and fast setup
- Sterile with no risk of cross-contamination
- No repair and reprocessing costs
- Cost effective with 3 sizes in one system



Warning: Read Instructions For Use before using the Ambu[®] aScope[™] 3 and Ambu[®] aView[™].

2. Connecting the system



1. & 2. Connect the aScope[™] 3 to the aView[™] monitor by plugging the aScope[™] 3 connector - white with blue arrow - into the corresponding blue female connector on the side of aView[™].

3. Push the ON/OFF button on the aView[™] to start up the system.

4. The real time image will appear on aView[™] after only a few seconds and the aScope[™] 3 system is ready to use

3. Preparation for use

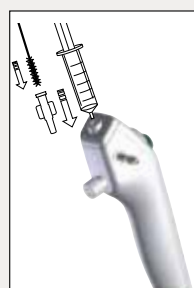
- Ensure that the aScope[™] 3 fits the ET tube of the patient.

The aScope[™] 3 Regular can be used with ET tubes size 6 and up and aScope[™] 3 Large can be used with ET tubes size 7 and up.

- A small amount of lubrication on the aScope[™] 3 cord can be used to ease the insertion of the aScope[™] 3 cord. Do not get lubrication or any other contaminant on the tip of the aScope[™] 3.
- Confirm that the bending section functions smoothly and correctly by carefully sliding the control lever forward and backward.
- Confirm that the bending section returns to a straight position.
- Attach the suction tube to the suction connector and ensure that the suction works when pressing the suction button.
- Fluids can be instilled through the working channel by inserting a syringe into the working channel port at the top of the aScope[™] 3. When using a Luer Lock syringe, use the enclosed introducer. The enclosed introducer can also be used to facilitate the

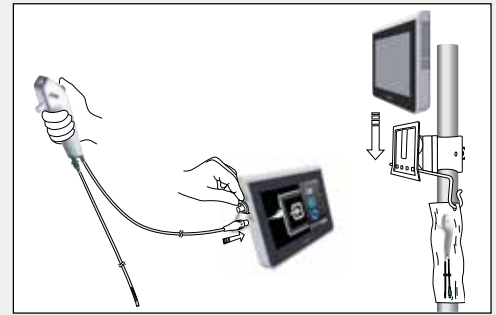
insertion of soft accessories such as microbiology brushes. Before use ensure that the accessory is compatible with the aScope[™] 3 working channel.

- Connect the aScope[™] 3 to the aView[™] and verify that a live video image appears on the screen.
- Always have an additional aScope[™] at hand as a precaution.



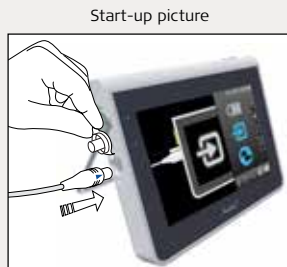
4. Preparation for use

- The aView™ monitor can be placed on a flat surface or secured to an I.V. pole using the bracket supplied. The bracket also has a hook that facilitates easy, accessible storage of the aScope™ 3 via the hole in the top of the aScope™ 3 pouch.
- Most users find the default contrast and brightness settings to be optimal but these can be adjusted if required.
- Consider dimming the room lights to see the image from the aScope™ 3 more clearly.
- Check the battery indicator on the aView™. If the time remaining is not sufficient for the procedure, charge the monitor by plugging it into the mains.



5. Icons

Real time image will appear after only a few seconds. After appr. 45 seconds the user interface is ready displaying the icons for battery status, brightness/contrast control, device usage time as well as the as snapshots and recording of videos.



When the aView™ is turned on the ON/OFF button will light up green. During charging the ON/OFF button will light orange.



Max. battery status of the aView™



Min. battery status of the aView™

The icon remains white until one block is left, after which it turns red. When remaining battery capacity is 10% the red battery icon starts flashing.



Battery is charging



Battery current capacity

Charging is shown with blocks flashing. Current capacity is shown with non-flashing blocks.

If the battery is fully charged and still connected to a charger the battery icon changes to:



6. Bedside bronchoscopy

- Insert the aScope™ 3 into the ET tube.
- Keep the cord of the aScope™ 3 as straight as possible by holding the handle of the aScope™ 3 high. This increases the range of movement of the tip and allows you more control.
- The best image is obtained by always staying in the midline and advancing the aScope™ 3 slowly, allowing the light intensity of the camera to re-adjust.
- If the tip of the aScope™ 3 comes into contact with secretions the image may become blurry. If this happens try flicking the bending control lever up or down to clear the lens or dabbing the camera tip gently on the mucosa to clear the image.
- If the above fails, remove the aScope™ 3, rub the lens clean with either gauze or an alcohol swap. Do not be afraid to exert a little pressure when doing this.
- Proceed as above not be afraid to exert a little pressure when doing this.
- When the procedure is done remove the aScope™ 3, disconnect it from the aView™ and discard it in accordance with local guidelines for collection of infected medical devices with electronic components.
- Wipe down the aView™ as per the instructions in the Instructions For Use.

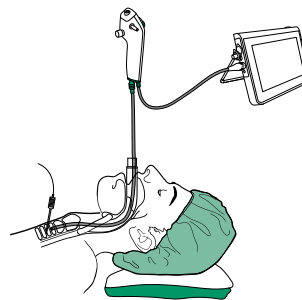
BAL/BW

To perform a BAL or a BW the wanted amount of saline is instilled through the working channel at the top of aScope™ 3. The instilled volume is aspirated by activating the aScope™ 3 suction button. Depending on the sample kit used it can either be connected directly to the suction connector or to a smaller suction tube for better adherence.

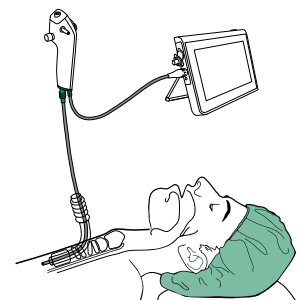


PDT

Monitoring during insertion of needle.



Checking the placement of the tracheostomy tube.



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