

BritePro Solo

AS IT
SHOULD
BE



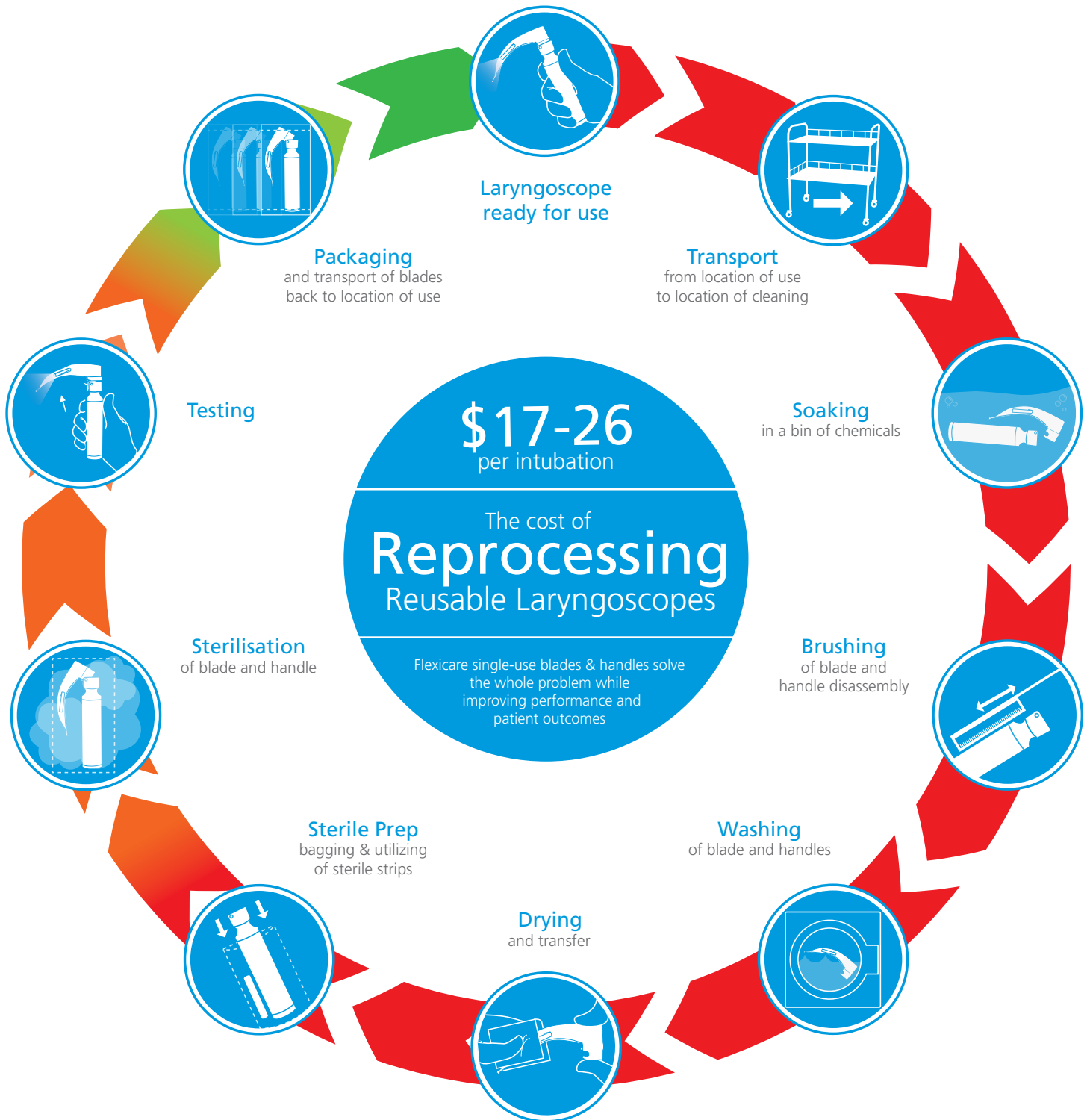
The cost of
reprocessing reusable
Laryngoscopes

flexicare
TOTAL QUALITY - TOTAL CARE

The Problem...

Reusable Laryngoscope Utilization Leads to:

- An average cost per intubation of between \$17-\$26 ¹
- Laryngoscope failure rates as high as 30-50% as a result of reprocessing ²
- Risk of cross-contamination resulting from poor cleaning or bacteria that remains following cleaning.³
- Frequent loss of product and potential time delays in product availability ⁴
- Diminished light transfer over time that can lead to lower rates of first intubation success as compared to disposable metal blades ⁵



The Solution...

BritePro Solo

The complete single-use laryngoscope system



Excellent Tissue Visualization from Advanced LED light

Increased illumination through high output LED delivers a bright focused light to where you need it most. Unlike reusable blades and handles that lose light after each cleaning, BritePro Solo is new every time, providing consistent focused light intensity without compromise.

One Size Fits All

The only handle your hospital needs. The ergonomic Solo handle features an over-moulded soft grip for superior control in all clinical settings. Unlike oversized standard handles that are built to accommodate the batteries, BritePro Solo is designed with only the comfort of the users in mind.

No Risk of Cross-Contamination

Designed for single use only, BritePro Solo laryngoscopes are 100% sterile and packaged individually, thus eliminating the risk of cross-contamination.

Quality Feel without Compromise

With 100% metal blades, BritePro Solo provides the quality and functionality of a reusable. Additionally, with a strong metal-to-metal connection between blade and handle, you can be confident that your tools will perform as well as you do.

Saving Life Economically

With the risks of cross-contamination from reusable devices rising, so too are the efforts and costs to reprocess the reusable laryngoscope blades and handles. BritePro Solo is more economical and provides better patient care as compared to reusables.

As it should be

BritePro Solo is a complete single-use fiber-optic laryngoscope solution comprised of an advanced LED Handle and a fully metal blade. This unique product is just as it should be, combining the best qualities of reusable laryngoscopes along with all of the benefits of a completely disposable solution.

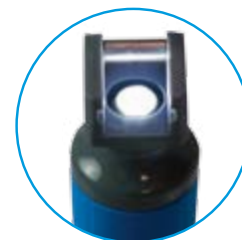


BritePro Solo

The complete single-use laryngoscope system



AS IT SHOULD BE



Handle with Integrated LED



True Fiber Optic Bundle



Completely Disposable System

BritePro Solo comes prepacked with sterile blade and handle with batteries.

| | | |
|----------|----------------------|----|
| 040-331U | BritePro Solo Mac 1 | 10 |
| 040-332U | BritePro Solo Mac 2 | 10 |
| 040-333U | BritePro Solo Mac 3 | 10 |
| 040-334U | BritePro Solo Mac 4 | 10 |
| 040-310U | BritePro Solo Handle | 20 |

| | | |
|-----------|-------------------------|----|
| 040-340NU | BritePro Solo Miller 00 | 10 |
| 040-340U | BritePro Solo Miller 0 | 10 |
| 040-341U | BritePro Solo Miller 1 | 10 |
| 040-342U | BritePro Solo Miller 2 | 10 |
| 040-343U | BritePro Solo Miller 3 | 10 |
| 040-344U | BritePro Solo Miller 4 | 10 |

¹ Vasquez C. Cost of Reprocessing Reusable Laryngoscopes. *Glendale Adventist Hospital* (2012) Whitener D. The Cost of Reusable vs. Single-Use Laryngoscopes. *Southeast Health*, (2012)

² Ibid.

³ Williams D, Dingley J, Jones C, Berry N. Contamination of Laryngoscope Handles. *Journal of Hospital Infection* (2010) 74, 123-128, Amour J, Le Manach Y, Borel M. Comparison of Single-use and Reusable Metal Laryngoscope Blades for Orotracheal Intubation during Rapid Sequence Induction of Anesthesia. *Anesthesiology* (2010) 112:325-32

⁴ Vasquez C. Cost of Reprocessing Reusable Laryngoscopes. *Glendale Adventist Hospital*, 2012 Whitener D. The Cost of Reusable vs. Single-Use Laryngoscopes. *Southeast Health*, August 8 2012

⁵ Nishiyama T. Changes in the Light Intensity of the Fiberoptic Laryngoscope Blade by Steam Sterilization. *International Anesthesia Research Society*. Vol. 104, No. 4, April 2007

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