



# Radlyn™ Stylet Endotracheal Tube Guide

Recommended for Use  
in Endotracheal Tubes  
7.0mm to 10.0 mm

LATEX  
FREE

Endotracheal tube (ETT) guides are commonly used to help navigate the ETT into the trachea when anatomical challenges are encountered. However, the ETT frequently “catches” on the laryngeal inlet anatomy as it is passed over the guide, preventing its passage into the trachea.

The RadLyn Stylet is designed to overcome this problem. It has a soft, tissue-dilating, tapered balloon incorporated onto a shapeable guide-tip that extends from the front end of the ETT.

The RadLyn Stylet is placed inside the ETT and stabilized between the inflated dilating balloon and a unidirectional endcap. The flexible guide-tip and the rest of the Stylet can be shaped as desired to facilitate insertion and placement of the ETT.

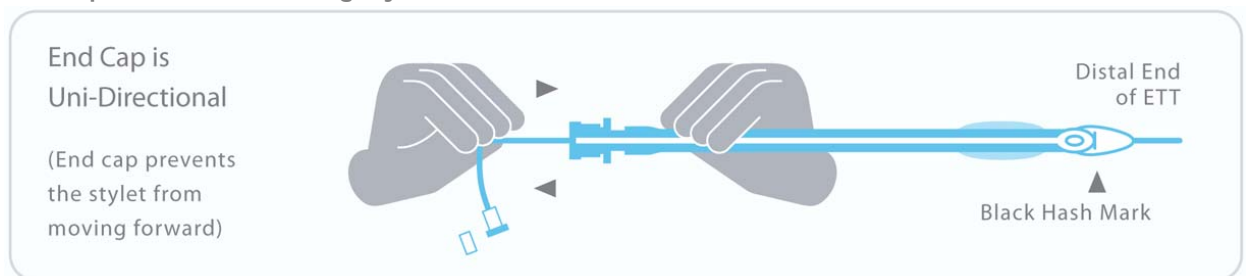
The stylet’s narrow guide-tip slips easily through the glottic opening while the tapered balloon further opens the tissue to the diameter of the ETT. A smooth, easy passage of the ETT into the airway is achieved. The new RadLyn Stylet offers greater intubation capabilities without any change in technique or the need for assistance.





### How to use the RadLyn Stylet

1. Open package. Remove from packaging by gripping stylet at 90-degree bend behind end-cap while avoiding pulling inflation line.
2. Insert syringe into inflation port to withdraw all air creating a vacuum in dilating balloon.
3. Lubricate inner lumen of endotracheal tube (ETT) with sterile water or saline to facilitate insertion of stylet into ETT.
4. Insert stylet through ETT until uni-directional end cap has engaged the ETT 15mm connector.
5. Grip stylet at 90-degree bend and withdraw stylet maintaining the end cap loosely engaged with the connector until the distal end of the ETT meets the black line on dilating balloon. Take care not to withdraw past the black line, as the end-cap is uni-directional (see diagram).
6. Inflate dilating balloon to a diameter that is equal to or slightly greater than the diameter of ETT.
7. Form the stylet and the flexible guide-tip into the desired shape. The RadLyn is now ready for intubation.
8. Use laryngoscope to expose the glottic opening. While holding the ETT, pass the distal end of RadLyn through the vocal cords into the trachea until the tip of the ETT is past the glottis.
9. After the ETT is in the correct position, completely deflate the air from the dilating balloon (pulling a vacuum) and gently remove the stylet while holding the ETT secure.
10. Dispose of the intubating stylet.



### Clinical Use Pearls

1. Use saline or water to wet the lumen of the ETT as this ensures smooth passage of the stylet. Do **NOT** use silicone based lubricants/gels as they become very sticky when dried up.
2. Many providers have recommended not advancing the white end-cap on the RADLyn stylet and prefer to just bend the remaining portion of the stylet over the end of the ETT similar to a standard stylet.
3. When intubating with the RADLyn stylet focus on the tip of the RADLyn and place it into the glottic opening. Focusing on the end of the ETT will increase the likelihood of the tip of the RADLyn moving too far anteriorly.

### About RadLyn LLC

RadLyn is a medical device company founded by Dr. Lindsey Nelson. Dr. Nelson, an anesthesiologist at the University of Cincinnati Hospital, developed the RadLyn stylet when difficulty was encountered passing an ETT over a guide in a patient with severe laryngeal edema. His desire to design an effective single-step device with simple design to be widely used by all airway professionals was reinforced after a personal tragedy. His cousin's wife, Lynette, died after emergency personnel were unable to place an ETT following an aspiration during a severe asthmatic attack. The second syllable of our company's name is a remembrance to Lynette. The first syllable is an acronym for 'Rapid Airway Device'. RadLyn's mission is to bring medical products to market that will improve patient care and save lives.