



CaStar R Up openable hood for NIV

The CaStar R Up is a comfortable, versatile and lightweight patient interface for non-invasive mechanical ventilation (NIV). The unique design of the Up allows for one operator to easily remove the upper part of the hood and have full access to the patient, while any probes or catheters can remain in position on the lower part of the hood. It can be used in both semi-recumbent and supine positions providing an ideal option for NIV therapy.



CaStar R Next hood without underarm straps for NIV

The CaStar R Next is a comfortable, versatile and lightweight patient interface for non-invasive mechanical ventilation (NIV). It is well tolerated for extended periods and can reduce the risks associated with both endotracheal intubation and facemask use. The CaStar R Next has been designed to improve patient-ventilator interaction, by reducing the inspiratory trigger delay and increasing the rate of airway pressurization, while avoiding the need for underarm straps.



CaStar Infant hood for CPAP

The CaStar Infant hood is a comfortable, versatile and lightweight CPAP patient interface for infants. It is designed to offer an alternative to traditional methods of CPAP delivery. The CaStar Infant hood is well tolerated for extended periods and can reduce the risks associated with both endotracheal intubation and face mask use. It is available in two sizes, providing an ideal option for CPAP therapy for a range of patient sizes.



CaStar Ped hoods for NIV and CPAP

The CaStar Ped is a comfortable, versatile and lightweight CPAP and NIV patient interface for paediatrics. It is designed to offer an alternative to traditional methods of CPAP and NIV delivery. The CaStar Ped is well tolerated for extended periods and can reduce the risks associated with both endotracheal intubation and face mask use. It can be used in both semi-recumbent and supine positions providing an ideal option for CPAP therapy and NIV.



Ventumask with Venturi flow driver and adjustable PEEP valve (eliminates the need for a flow driver)

The Ventumask is a unique design for CPAP therapy that is simply activated by connecting to an appropriate oxygen supply. It can be used in a hospital environment or pre-hospital use, for example in an ambulance. Ventumask is a complete and easy to use system, where the oxygen supply tubes, a Venturi flow driver and an adjustable PEEP valve are integral to a CPAP mask.



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CaStar R Up openable hood for NIV with bi-directional anti-asphyxiation valve and patient access port, inflatable neck cushion and inflation bulb, ear plugs and measuring tape

Code	Size	Neck circumference	Box Qty.
CA022XXL/2RW	Extra Extra Large	≥50cm	5
CA022XL/2RW	Extra Large	45-52cm	5
CA022L/2RW	Large	40-47cm	5
CA022M/2RW	Medium	34-41cm	5
CA022S/2RW	Small	27-34cm	5
CA022XS/2RW	Extra Small	17-27cm	5

CaStar R Next hood without underarm straps for NIV with bi-directional anti-asphyxiation valve and patient access port, inflatable neck cushion and inflation bulb, ear plugs and measuring tape

Code	Size	Neck circumference	Box Qty.
CP238XXL/2R	Extra Extra Large	48-55cm	5
CP238XL/2R	Extra Large	42-48cm	5
CP238L/2R	Large	35-42cm	5
CP238M/2R	Medium	28-35cm	5
CP238S/2R	Small	21-28cm	5
CP238XS/2R	Extra Small	≤21cm	5

CaStar Infant hood for CPAP therapy with inflatable headrest, bi-directional anti-asphyxiation valve and patient access port

Code	Description	Patient weight	Box Qty.
CP200INFHI/2	CaStar Infant High with anti-asphyxiation valve and patient access port	7 - 12 Kg	5
CP200INFLO/2	CaStar Infant Low with anti-asphyxiation valve and patient access port	3 - 7 Kg	5

CaStar Ped paediatric hoods for CPAP therapy and NIV with bi-directional anti-asphyxiation valve and patient access port

Code	Description	Patient weight	Box Qty.
CP201PED/2R	CaStar R PED for NIV with 22M/22M connections	>15Kgs	5
CP200PED/2	CaStar PED for CPAP with 22M/22F connections	>12Kgs	5
CA022LPED/2R	Openable CaStar R Up (reduced volume for Pediatric use) for NIV with 22M/22M connections		5
CA012LPED/2	Openable CaStar Up (reduced volume for Pediatric use) for CPAP with 22M/22F connections		5

Ventumask with Venturi flow driver and adjustable PEEP valve (eliminates the need for a flow driver)

Code	Description	Size	Box Qty.
CV200M	Ventumask CPAP mask with integral Venturi flow driver and adjustable PEEP valve	Small / Medium	5
CV200L	Ventumask CPAP mask with integral Venturi flow driver and adjustable PEEP valve	Large	5
CV200XL	Ventumask CPAP mask with integral Venturi flow driver and adjustable PEEP valve	Extra Large	5

Dual oxygen flow meter for use with Ventumask

Code	Description	Box Qty.
STS.15/30	Dual oxygen flow meter 15 + 30 L/min with O ₂ coupling	1



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StarMed CaStar hoods

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The StarMed range

The StarMed range of respiratory hoods has been designed for both non-invasive ventilation (NIV) and CPAP therapy, providing an alternative patient interface to traditional masks.

Offering several clinical benefits for both the patient and the care providers, the hood interface helps to overcome many of the issues experienced with both endotracheal intubation and face mask use.

The use of the hood interface has been associated with increased patient comfort and improved NIV outcome, leading to reduced total ventilation time and ICU length of stay.

Details regarding a selection of popular products from the StarMed range can be found inside. To view more options please visit:



www.intersurgical.se/info/starmed

Benefits for the patient

Patient comfort - no pressure from the rigid plastic shell of the mask on the patient's face and no headgear to tighten.

Airtight seal - the soft elastic membrane adheres to the patient's torso, providing improved patient comfort compared to a mask.

No air leakages - preventing irritation to the eyes and ventilator asynchrony.

Smooth ventilation support - the whole environment is pressurised instead of just the airways.

Minimised claustrophobia - the sensation of claustrophobia is very rare, as the hood removes the discomfort, pain and the sense of suffocation associated with ventilator asynchrony.

Interaction possible - the patient can speak, listen, drink and wear glasses whilst being ventilated.

Benefits for the care givers

Easy hood positioning - once the patient's head is in the hood the collar seals around the neck.

The hood is available in six adult sizes - allowing for the correct size to be easily selected, with the sealing membrane providing a level of tolerance within the size range.

Reduced nursing time - the hood does not need to be constantly repositioned if the patient moves as a good seal is maintained by the lower collar around the patient's neck.

Easier management of the patient - when the patient drinks or expectorates they can easily be accessed via the port with the hood staying in position meaning only short disruption to therapy. A mask needs to be completely removed and then fully repositioned.

The New CaStar Up - can be opened, quickly and easily by one person, providing full access to the patient. The lower ring of the hood can stay in position for quick reconnection.

If the patient vomits - any gastric content will move away from the airway avoiding the risk of aspiration, this risk is much higher with a mask.



Resulting in improved therapy

Prolonged NIV application - as the hood is comfortable it is well tolerated for long periods of ventilation. ^(1,2,3,4)

Reduced NIV failure and intubation rate - the most frequent cause of NIV failure, leading to invasive ventilation, is patient discomfort, which is very rare in the hood. ^(2,5,6,7,8)

Continuous NIV application - patient's often have to be relieved from mask pressure every few hours. Clinical evidence shows average ventilation tolerance periods are longer with the hood than a mask. ^(1,2,3)

Suitable for all types of patient - the hood can be used with a wide variety of adult and pediatric patients regardless of face shape, trauma, edentulism or beards. ^(9,10,11)

Lower levels of sedation - patients using NIV masks often have to be sedated to prolong the compliance with the mask interface, whereas the hood requires lower levels of sedation. ^(12,13)

Nebulised drug delivery - can be performed during hood therapy without discontinuing ventilator support.

Reduces total ventilation time and ICU length of stay - due to successful NIV outcome and uninterrupted therapy. ^(5,7,12,14, 17)

Improved NIV success and reduced costs - reduced ICU length of stay and reduced need for sedation lead to cost savings. ^(13,15)

Sealed ports for catheter access - the ports ensure there is no discomfort to the patient while using NG tubes or sensors.

Highly efficient interface for CPAP - large internal volume can provide an optimal CPAP level, with a minimal evidence of pressure changes even at low flows. ^(15,16)

References:

1. Antonelli, Conti, Pelosi, Gregoretti, Pennisi, Costa, Severgnini, Chiaranda, Proietti: New treatment of acute hypoxic respiratory failure: Noninvasive pressure support ventilation delivered by helmet - A pilot controlled trial: Crit Care Med. 2002 Mar;30(3):602-8
2. Principi, Pantanetti, Catani, Elisei, Gabbanelli, Palaia, Leoni: Noninvasive continuous positive airway pressure delivered by helmet in hematological malignancy patients with hypoxic acute respiratory failure: Intensive Care Med. 2004 Jan;30(1):147-50
3. Rocco, Dell'Utri, Morelli, Spadetta, Conti, Antonelli, Pietropaoli: Noninvasive Ventilation By Helmet or Face Mask in Immunocompromised Patients: Chest. 2004 Nov;126(5):1508-15
4. Tonnellier, Prat, Nowak, Goetghebeur, Renault, Boles, L'her: Noninvasive continuous positive airway pressure ventilation using a new helmet interface: a case control prospective pilot study: Intensive Care Med. 2003 Nov;29(11):2077-80
5. Squadrone, Coha, Cerutti, Schellino, Biolino, Occella, Belloni, Vilanis, Fiore, Cavallo, Ranieri: Continuous Positive Airway Pressure for Treatment of Postoperative Hypoxemia. A Randomized Controlled Trial: Jama. 2005 Feb 2;293(5):589-95
6. Brambilla, Aliberti, Prina, Nicoli, Forno, Nava, Ferrari, Corradi, Pelosi, Bignamini, Tarsia, Cosentini: Helmet CPAP vs. oxygen therapy in severe hypoxic respiratory failure due to pneumonia: Intensive Care Med. 2014 Jul;40(7):942-9
7. Conti, Cavaliere, Costa, Craba, Catarci, Festa, Proietti, Antonelli: Noninvasive Positive-Pressure Ventilation With Different Interfaces in Patients With Respiratory Failure After Abdominal Surgery: a Matched-Control Study: Respir Care. 2007 Nov;52(11):1463-71
8. Pelosi, Severgnini, Aspesi, Gamberoni, Chiumello, Fachinei, Introzzi, Antonelli, Chiaranda: Non-invasive ventilation delivered by conventional interfaces and helmet in the emergency department: Eur J Emerg Med. 2003 Jun;10(2):79-86
9. Codazzi, Nacoti, Passoni, Bonanomi, Rota Sperti, Fumagalli: Continuous positive airway pressure with modified helmet for treatment of hypoxic acute respiratory failure in infants and a preschool population: A feasibility study: Pediatr Crit Care Med. 2006 Sep;7(5):455-60
10. Racca, Appendini, Berta, Barberis, Vittone, Gragoretti, Ferreyra, Urbino, Ranieri: Helmet ventilation for acute respiratory failure and nasal skin breakdown in neuromuscular disorders: Anesth Analg. 2009 Jul;109(1):164-7
11. Piastra, De Luca, Pietrini, Pulitano, Arrigo, Mancino, Conti: Noninvasive pressure-support ventilation in immunocompromised children with ARDS: a feasibility study: Intensive Care Med. 2009 Aug;35(8):1420-7
12. Vaschetto, Turucz, Dellapiazza, Guido, Colombo, Cammarota, Della Corte, Antonelli, Navalesi: Noninvasive ventilation after early extubation in patients recovering from hypoxic acute respiratory failure: a single-centre feasibility study: Intensive Care Med. 2012 Oct;38(10):1599-606
13. Klein, Weksler, Bartal, Zilberstein, Gurman: Helmet Noninvasive Ventilation for Weaning From Mechanical Ventilation: Respir Care. 2004 Sep;49(9):1035-7
14. Squadrone, Massaia, Bruno, Marmont, Falda, Bagna, Bertone, Filippini, Slutsky, Vitolo, Boccadoro, Ranieri: Early CPAP prevents evolution of acute lung injury in patients with hematologic malignancy: Intensive Care Med. 2010 Oct;36(10):1666-74
15. Bellani, Patroniti, Greco, Foti, Pesenti: The use of helmets to deliver non-invasive continuous positive airway pressure in hypoxic acute respiratory failure: Minerva Anestesiol. 2008 Nov;74(11):651-6
16. Patroniti, Foti, Manfio, Coppo, Bellani, Pesenti: Head helmet versus face mask for non-invasive continuous positive airway pressure: a physiological study: Intensive Care Med. 2003 Oct;29(10):1680-7
17. Pisani, Mega, Vaschetto, Bellone, Scala, Cosentini, Musti, Del Forno, Grassi, Fasano, Navalesi, Nava: Oronasal mask versus helmet in acute hypercapnic respiratory failure: Eur Respir J. 2015 Mar;45(3):691-9