



The StarMed Range

Providing a choice of interface for your patients



Critical Care ▪ Patient Interfaces




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.com/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.

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.



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. ^(2,5,6,7,8,18)

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. ^(1,2,9)

Suitable for all types of patient - the hood can be used with a wide variety of adult and paediatric 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. ^(6,7,12,14,17,18)

Improved NIV success and reduced costs - reduced ICU length of stay and the reduced need for sedation leads to cost savings. ^(13,15,18,19)

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 hypoxemic 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 hypoxemic 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. Tonnelier, 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, Coia, 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):599-95
6. Brambilla, Aliberti, Prina, Nicoli, Forno, Nava, Ferrari, Corradi, Pelosi, Bignamini, Tarsia, Cosentini: Helmet CPAP vs. oxygen therapy in severe hypoxemic 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 hypoxemic 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, Pultano, 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, Navales: Noninvasive ventilation after early extubation in patients recovering from hypoxemic acute respiratory failure: a single-centre feasibility study: Intensive Care Med. 2012 Oct;38(10):1599-606
13. Klein, Wexler, 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 hypoxemic acute respiratory failure: Minerva Anesthesiol. 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, Navales, Nava: Oronasal mask versus helmet in acute hypercapnic respiratory failure: Eur Respir J. 2015 Mar;45(3):691-9
18. Patel, Wolfe, Pohlman, Hall, Kress: Effect of Noninvasive Ventilation Delivered by Helmet vs Face Mask on the Rate of Endotracheal Intubation in Patients With Acute Respiratory Distress Syndrome: A Randomized Clinical Trial: JAMA. 2016 Jun;315(22):2435-41
19. Kyremanteng, Gagnon, Robidoux, Thavorn, Chaudhuri, Kobewka, Kress: Cost Analysis of Noninvasive Helmet Ventilation Compared with Use of Noninvasive Face Mask in ARDS: Can Respir J. 2018 Feb;2018:6518572



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. The CaStar R Up is well tolerated for extended periods and can reduce the risks associated with both endotracheal intubation and face mask use.



CaStar R hood for NIV

The CaStar R is a comfortable, versatile and lightweight patient interface for non-invasive mechanical ventilation (NIV) designed to offer an alternative to traditional methods of NIV delivery. The CaStar R 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 NIV therapy.

▶ Video available at www.intersurgical.com



Manometer accessory for converting NIV hood to CPAP hood (SPV108)

This kit can be used to convert any CaStar R or CaStar R Up NIV hood for use in CPAP therapy, using an appropriate flow source. Simply disconnect the expiratory tube and replace with the connector with built-in manometer and the included adjustable PEEP valve.



Ventukit CPAP hood with Venturi flow driver (eliminates the need for a flow driver)

The Ventukit is a complete and easy to use system activated by connection to the O₂ source available in the hospital department. The Ventukit's unique design consists of oxygen tubes and a Venturi flow driver integral to a CPAP hood. The kit also includes an adjustable PEEP valve for immediate therapy activation.



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.

▶ Video available at www.intersurgical.com



All hoods are now phthalate free



CaStar R Up openable hood for NIV with inflatable neck cushion, bi-directional anti-asphyxiation valve and patient access port

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

CaStar R hood for NIV with inflatable neck cushion, bi-directional anti-asphyxiation valve and patient access port

Code	Size	Neck circumference	Box Qty.
CP211XXL/2R	Extra Extra Large	≥50cm	5
CP211XL/2R	Extra Large	45-52cm	5
CP211L/2R	Large	40-47cm	5
CP211M/2R	Medium	34-41cm	5
CP211S/2R	Small	27-34cm	5
CP211XS/2R	Extra Small	17-27cm	5

Cuff inflation bulb for CaStar R and CaStar R Up

Code	Description	Box Qty.
CP903	Cuff inflation bulb for CaStar R and CaStar R Up	5

Manometer accessory for converting NIV hood to CPAP hood

Code	Description	Box Qty.
SPV108	Kit for CPAP use conversion Female/Female adaptor with built in manometer and adjustable PEEP valve	10

Ventukit CPAP hood with Venturi flow driver, bi-directional anti-asphyxiation valve and patient access port, adjustable PEEP valve and ear plugs (eliminates the need for a flow driver)

Code	Size	Neck circumference	Box Qty.
CV100XXL/2	Extra Extra Large	≥50cm	5
CV100XL/2	Extra Large	45-52cm	5
CV100L/2	Large	40-47cm	5
CV100M/2	Medium	34-41cm	5
CV100S/2	Small	27-34cm	5
CV100XS/2	Extra Small	17-27cm	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 Ventukit and Ventumask

Code	Description	Box Qty.
STS.15/30	Dual oxygen flow meter 15 + 30 L/min with O ₂ coupling (manufactured by FLOW METER S.p.A.)	1



Intersurgical Ltd, Crane House, Molly Millars Lane, Wokingham, Berkshire, RG41 2RZ, UK
T: 0118 965 6300 F: 0118 965 6356 info@intersurgical.com www.intersurgical.com



Manufacturer: Intersurgical S.p.A. - Mirandola (MO) - Italy
The Intersurgical S.p.A. Organisation has a Quality Management System Certificate by KIWA CERMET ITALY S.p.A. according to ISO 9001:2015 and ISO 13485:2016

Please think before you print
Save energy and paper. If you must print this information sheet please print it double sided.

CastoroverviewINT • Issue 4 02.19