AnchorFast **Oral Endotracheal Tube Fasteners**

Patients who undergo intubation with endotracheal tubes (ETT) are at an elevated risk of developing lip ulcers, facial skin tears, ETT dislodgement/advancement, and/or ventilatorassociated pneumonia (VAP); these adverse events collectively may be associated with worse clinical outcomes, longer lengths of stay in hospital settings, higher hospital costs, and patient distress, embarrassment, discomfort, scarring, and/or pain.¹⁻³

Learn more and request a sample at hollister.com.au/en-au/criticalcare

In a recent survey, clinicians were asked approximately how much time is saved repositioning an ET tube using the AnchorFast[™] oral endotracheal tube

fastener compared with tape.4

AnchorFast



In a recent randomized controlled trial,³ compared to tape, the AnchorFast **Guard**[™] oral endotracheal tube fastener was associated with positive...

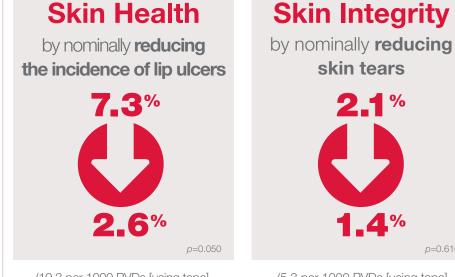
AnchorFast Guard Oral Endotracheal Tube Eastener

Tube Security by nominally **reducing** tube dislodgement



(28.1 per 1000 PVDs [using tape] vs. 11.9 per 1000 PVDs)

Skin Health



(19.3 per 1000 PVDs [using tape] vs. 6.8 per 1000 PVDs)

(5.3 per 1000 PVDs [using tape] vs. 3.4 per 1000 PVDs)

Demonstrates a statistically significant reduction vs. tape in composite of nosocomial lip ulcers, ET dislodgement, VAP, and/or facial skin tears (17.2% [using tape] vs. 7.8%; p=0.014, or 52.6 events per 1000 patient-ventilator days (PVDs) [using tape] vs. 22.0 per 1000 PVDs; p=0.020)

REFERENCES

- 1. Gefen, A., et al., Device-related pressure ulcers: SECURE prevention. Journal of Wound Care, 2020. 29(Sup2a): p. S1-S52
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- 3. Landsperger, J.S., et al., The effect of adhesive tape versus endotracheal tube fastener in critically ill adults: the endotracheal tube securement (ETTS) randomized controlled trial. Critical Care, 2019. 23(1).
- 4. Hollister data on file, ref-02403, 10/7/20

p=0.610



Critical Care

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