The Lubo is a new Airway Management device for use in medical emergencies. It is the only non-invasive upper airway opening device able to open and secure the airway by imitating the jaw-thrust maneuver, while protecting the cervical spine.

This novel device is intended to enable non-invasive airway management in cases of trauma that require immediate airway management and cervical immobilization, if needed.

**Main Features:**

- Safe and secure management of patient’s airway
- Cervical spine control
- Easy to operate by various levels of responders
- Adjustable to size, single-use
- Radio-lucent, latex free
- Serves as a bridge to intubation if needed
Abstract

Airway problems are the main cause of mortality in otherwise survivable trauma injuries. We developed a novel external airway protector in combination with a cervical collar. The new device simultaneously opens the airway and protects the cervical spine.

Materials and methods

The device called the ‘Lubo Collar’ has a chin holder that can be attached to a gliding knob on the collar. When the knob is pushed forward, the mandible moves forward, thus imitating the jaw thrust manoeuvre and opens the airway. In order to study the safety and efficacy of this new device, a two-phase clinical trial was conducted. In the safety phase 20 patients were evaluated for adverse reactions immediately, 2 h and 24 h following application of the device. The efficacy phase evaluated the ability of the device to open and maintain an airway in anaesthetised patients. In this phase, 10 patients who had undergone orthopaedic surgery under general anaesthesia were included. 7 patients had blocked airways following anaesthesia induction. The gliding knob attached to the mandible arc was pushed 1 cm forward to open the airway.

Results

No adverse events were recorded. In the seven patients with blocked airways, the external airway/collar device opened and maintained patent airways.

Conclusion

The new external non-invasive airway device (Lubo Collar) is safe and effective in opening and maintaining a patent airway in an unconscious anaesthetised patient with a blocked airway. These preliminary results may encourage assessment in the field.

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