



Verathon Inc., Maker of GlideScope® Video Laryngoscopes, Partners with Parker Medical to Provide GlideRite™ Endotracheal Tubes Designed to Reduce Patient Airway Trauma

Bothell, Wash., October 12, 2006—Verathon Inc. is pleased to announce a strategic alliance with Parker Medical to distribute the GlideRite™ endotracheal tube with patented Parker Flex-Tip® technology, which is designed to reduce the risk of damage to the patient’s airway anatomy during intubation. GlideRite™ Tracheal Tubes and the GlideScope® Video Laryngoscope (GVL®) system work together to help minimize patient airway trauma and facilitate fast and easy intubation, even in difficult airways.

“We are excited to partner with Parker Medical to distribute the GlideRite™ endotracheal tube,” said Gerald McMorrow, CEO, Founder and Chairman of the Board of Verathon Inc. “Together, the GlideRite™ endotracheal tubes and our GlideScope® Video Laryngoscopes can help anesthesiologists meet the challenge of intubating even difficult airways in a manner that minimizes trauma to the patient.”

“The use of our Flex-Tip® tubes together with the GlideScope® to facilitate the ease, speed, accuracy, and safety of intubation represents a synergistic combination that we expect will advance the state of the art,” said Dr. Jeffrey Parker, Chairman and CEO of Parker Medical. “We welcome Verathon’s recognition of the unique advantages of our tubes and the opportunity to utilize their full potential by combining them with an extraordinary video laryngoscope such as the GlideScope®. The union of these two technologies will benefit medical professionals responsible for intubation and their patients.”

Endotracheal tubes (ETTs) are considered the gold standard for airway management because they provide the most effective seal for the trachea, thus allowing the lungs to be inflated with higher ventilatory pressures and preventing aspiration of airway contaminants into the patient’s lungs. However, insertion of conventional ETTs may be associated with trauma to the vocal cords and adjacent structures in the throat. Clinical studies indicate that as many as 86% of patients show evidence of laryngeal trauma following endotracheal intubation.ⁱ

Unlike other ETTs, the GlideRite™ features the soft and flexible Parker Flex-Tip®, which is designed to flex and slide past anatomical structures that it encounters in the airway and has been shown to reduce the risk of tube tip hang-ups on the patient’s airway anatomy during intubation.ⁱⁱ The patented Flex-Tip® is centered and tapered, conforming to the central symmetry of the epiglottis and glottic opening, to facilitate smooth passage of the ETT through the larynx and into the trachea. Dual Murphy eyes (lateral openings at the distal tip of the tube) are another unique feature of the GlideRite™. GlideRite™ is available in a wide range of sizes and styles.

Designed for “1st Pass Success,” the GlideScope® Video Laryngoscope (GVL®) provides a clear picture of the larynx and vocal cords on a display monitor to facilitate proper ETT placement, even in difficult airways. GlideScope® features a patented 50 to 60 degree viewing range, integrated camera, and patented anti-fogging mechanism, and is clinically proven to provide a C/L Grade I or II view 99% of the time.ⁱⁱⁱ Because GlideScope® does not require “line of sight” for view and takes less force to position, it is a significant improvement over the traditional direct laryngoscope widely used for this purpose.^{iv} Traditional direct laryngoscopes rely on “line of sight” viewing that requires neck flexion, head extension, laryngeal depression and other movements that can cause stress to patients.

An estimated 40 million anesthesia procedures are administered each year in the United States^v, and in many of these cases it is necessary for anesthesia and emergency specialists to place an endotracheal tube to control respiration. The reported incidence of airways which are difficult to intubate with traditional direct laryngoscopes ranges up to 13%.^{vi}



About Verathon Inc.

Verathon™, formerly Diagnostic Ultrasound Corp., designs and manufactures reliable, state-of-the-art medical devices and services that offer a meaningful improvement in patient care to the health care community. The company's noninvasive BladderScan® instrument is the standard of care for bladder volume measurement. The brand is found in over 60 countries in Urology and Primary Care practices, as well as Acute and Extended Care facilities. With the January 2006 acquisition of Saturn Biomedical Systems in Vancouver, Canada, Verathon™ entered Anesthesiology, Critical Care and Emergency markets with the GlideScope® Video Laryngoscope brand. Verathon™ is headquartered in Bothell, Washington and has approximately 230 employees worldwide. For more information, please visit www.verathon.com.

About Parker Medical

Parker Medical was established in 1994. Its primary focus is on the design and development of innovative, life-saving, patented, airway management products. Parker's goal is to provide products which are faster and easier for medical professionals to use and safer for patients. In 2000, Parker Medical's Flex-Tip® tracheal tube technology received the prestigious Silver Medical Design Excellence award for new Emergency and Critical Care Medicine products. Parker is headquartered in Denver, Colorado and has research facilities in Cincinnati, Ohio. For more information, please visit www.parkermedical.com.

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ⁱ Avrahami et al., CT of minor intubation trauma with clinical correlations. *Eur J Radiol.* 1995 May;20(1):68-71.

ⁱⁱ Makino H, Katoh T, Kobayashi S, Bito H, Sato S. The Effects of Tracheal Tube Tip Design and Tube Thickness on Laryngeal Pass Ability During Oral Tube Exchange with an Introducer. *Anesth Analg.* 2003;97:285-288. Kristensen MS. The Parker Flex-Tip Tube vs. a Standard Tube for Fiberoptic Orotracheal Intubation: A Randomized Double-blind Study. *Anesthesiology.* 2003; 98(2):354-358. Cooper RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new video laryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198.

ⁱⁱⁱ Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198.

^{iv} Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198; Sun D.A, Warriner C.B, Parsons D.G, Klein R, Umedaly H.S, Moulton M. Respiration and the Airway. The GlideScope Video Laryngoscope: randomized clinical trial in 200 patients. *British Journal of Anesthesia* 2005; 94: 381-384.

^v American Society of Anesthesiologists, <http://www.asahq.org/patientEducation.htm>. Accessed Jan. 11, 2006.

^{vi} Ovassapian, A. *Fiberoptic Endoscopy and the Difficult Airway*, 2d ed, p. 185, Lippincott-Raven, 1996.