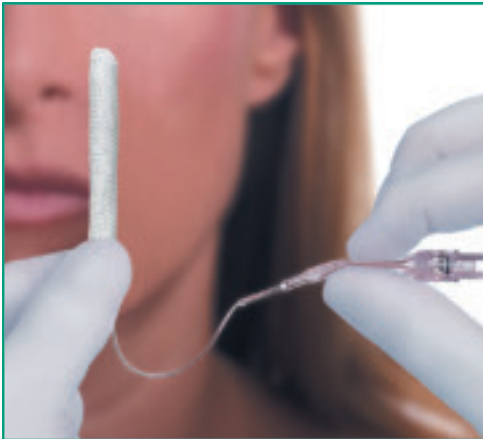




Rapid Rhino®

# Rapid Rhino Controls Epistaxis

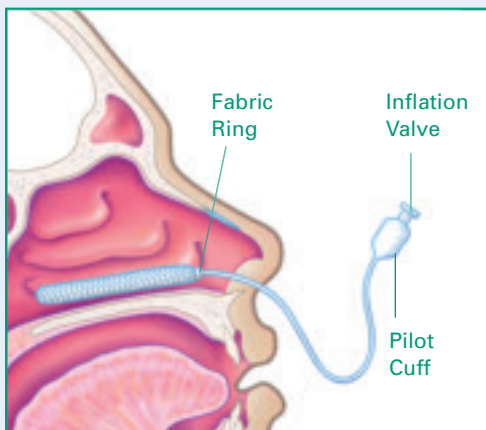
Ultra low profile and self-lubricating hydrocolloid fabric provides for unsurpassed ease of insertion and removal



Rapid Rhino is the epistaxis solution

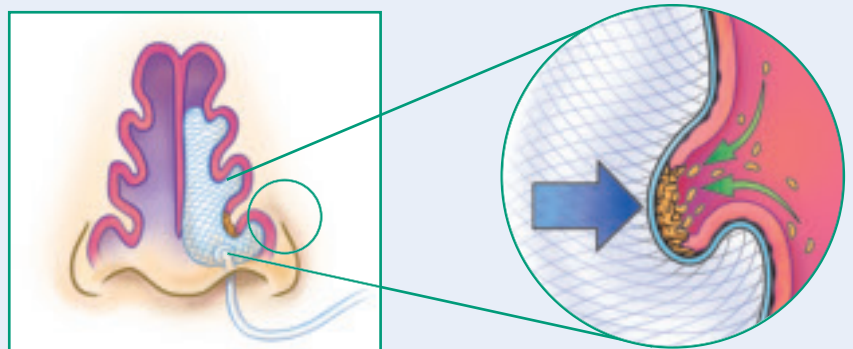
## Rapid Rhino is the epistaxis solution

- Cuff will conform to nasal anatomy and provide gentle tamponade
- Hydrocolloid fabric:
  - Has an ultra low profile and is self lubricating.
  - Provides platelet aggregation and is delivered directly to the wound site by a gentle pillow of air.
  - Provides for unsurpassed ease of insertion and removal, minimizing re-bleeds.
  - Will not stick to new clots upon removal.



Rapid Rhino Nasal Pac  
(Uninflated 5.5cm anterior shown)

## Platelet aggregation and tamponade working together



Rapid Rhino with Carboxymethylcellulose (CMC) combines platelet aggregation with tamponade.

# Rapid Rhino Placement and Removal\*

\*Does not apply to RR 120. Please refer to the RR120 Instructions for Use separately.

## Step 1

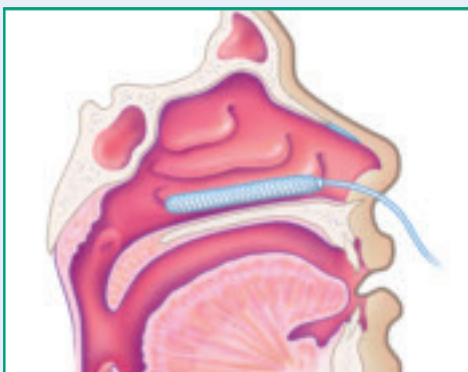


Soak for minimum 30 seconds

### Material handling

- Soak in sterile water for a **FULL 30 seconds**.
- **DO NOT use saline.** Sodium Carboxymethylcellulose (CMC) is a highly absorbent hydrocolloid fabric when wet with water; saline (salt) may inhibit these gelling characteristics.
- **DO NOT apply lubricants or antibiotic ointments to the CMC fabric.** They will inhibit the hemostatic properties of the hydrocolloid material.

## Step 2

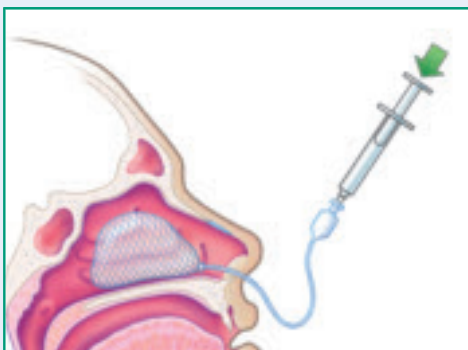


Rapid Rhino device placement

### Placement technique

- Have patient gently blow their nose to rid the nasal cavity of any excess blood and clots.
- Insert the Rapid Rhino device into the nasal cavity along the septal floor and parallel to the hard palate until the plastic proximal fabric ring is well within the nares.

## Step 3

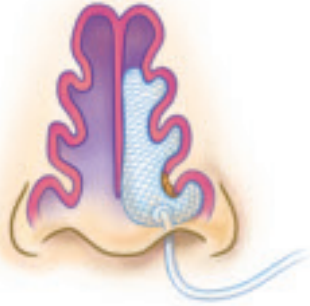


Cuff inflation

### Cuff inflation

- Using a 20ml syringe, inflate the Rapid Rhino device with **AIR only**. Monitor the pilot cuff for direct tactile feedback.
- Stop inflation when the pilot cuff becomes rounded and feels firm when squeezed. Similar to placement of an endotracheal tube.

## Step 4



Conforms to patient's unique anatomy

### Low-pressure tamponade

- As the cuff inflates, it conforms to the patient's unique anatomy, and provides a gentle, low-pressure tamponade that delivers the CMC fabric directly to the bleed site.
- The amount of air is determined by the size of the patient's nasal anatomy—that volume will result in a firm pilot cuff.

## Step 5



Patient discharge

### Patient discharge

- Simply tape pilot cuff to the side of the patient's face. Hydrocolloid fabric will remain moist allowing for early removal.
- Non-adherent surface will not stick, minimizing subsequent re-bleeds.
- **IMPORTANT:** Prior to discharge of patient, wait 10-15 minutes and squeeze pilot cuff. If pilot cuff is no longer round and firm, add air until firm. Tape the pilot cuff to cheek. This will prevent the device from migration after the turbinate swelling returns to normal.

### Removal

- Use a 20cc syringe to completely evacuate the air.
- Gently slide the deflated cuff out of the nose.

## Rapid Rhino versus Merocel

*“Rapid Rhino and Merocel are equally effective in the control of anterior epistaxis but Rapid Rhino is significantly more comfortable for the patient and easier for the healthcare worker during insertion and removal”*

Badran K, Malik TH, Beloso A, Timms MS. Randomized controlled trial comparing Merocel and Rapid Rhino packing in the management of anterior epistaxis. Clin. Otolaryngol. 2005; 30, 333-337.

## Rapid Rhino versus Rhino Rocket

*“The median pain of insertion of the Rapid Rhino group was significantly lower than Rhino Rocket as was the median pain of removal and incidence of bleeding after removal”*

Singer AJ, Blanda M, Cronin K, LoGiudice-Khwaja M, Gulla J, Bradshaw J, Katz A. Comparison of nasal tampons for the treatment of epistaxis in the emergency department: a randomized controlled trial. Ann Emerg Med. 2005;45:134-139.

## Rapid Rhino products are available in a range of sizes:

Catalog No.	Epistaxis Solution	Size	Units Per Box
	<b>Rapid Rhino Anterior Device</b> Ultra low profile provides for unsurpassed ease of insertion		
RR 450	for small anatomy/pediatrics	4.5cm	10
RR 550	for anterior adult epistaxis	5.5cm	10
RR 551	for COPD patients ( <i>airway included</i> )	5.5cm	10
	<b>Rapid Rhino Posterior/Anterior Device</b> Cuff will conform to nasal anatomy and provide gentle tamponade		
RR 750	for challenging posterior and anterior epistaxis	7.5cm	10
RR 751	for posterior and anterior epistaxis including COPD patients ( <i>airway included</i> )	7.5cm	10
RR 120	unique steer-able device with placement visual indicator for severe posterior epistaxis	12cm	10
	<b>Rapid-Pac™ Non-Inflatable Device</b> No cuff; Alternative to cold cauterly or PVA sponge		
RR 530	non-inflatable for anterior epistaxis	5.5cm	10
	<b>Rapid Rhino Bilateral Device</b> Offers simultaneous inflation via single pilot cuff		
RR 552	for anterior/bilateral epistaxis ideal for counter packing	5.5cm	10
RR 752	for anterior/posterior epistaxis	7.5cm	10

**Rapid Rhino Anterior**  
5.5cm

**Rapid Rhino Posterior/Anterior**  
**NEW!** 12cm

**Rapid Rhino Posterior/Anterior**  
7.5cm

**Rapid-Pac 5.5cm**

**Rapid Rhino Bilateral**  
5.5cm/7.5cm



### International

**ArthroCare ENT**  
Baggensgatan 25, 111 31 Stockholm, Sweden  
Tel: +46 8 546 172 00 Fax: +46 8 546 172 39  
info@arthrocare.se

### Austria

**ArthroCare ENT**  
Kaufmannstrasse 16, 6020 Innsbruck, Austria  
Tel: +43 512 361 538 Fax +43 512 361 548

### France

**ArthroCare ENT**  
9, rue Noirot, 70000 Vesoul, France  
Tel: +33 3 84 76 81 38 Fax: +33 3 84 76 74 63

### Germany

**ArthroCare ENT**  
Berghauser Str. 62, 42859 Remscheid, Germany  
Tel: +49 2191 93342 0 Fax: +49 2191 93342 49  
info@arthrocare.de

### UK

**ArthroCare ENT**  
36-38 Freemans Way, Harrogate,  
North Yorks HG3 1DH, United Kingdom  
Tel: +44 1423 888 806 Fax: +44 1423 888 816

[www.arthrocareENT.com](http://www.arthrocareENT.com)

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