

The Blom-Singer® *ClassicFlow*® HME



Blom-Singer®
ClassicFlow® HME

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Blom-Singer®

Blom-Singer® *ClassicFlow*® helps ensure you breathe warmed, filtered, and humidified air—all day, every day—to reduce respiratory symptoms after a total laryngectomy.¹ *ClassicFlow* is designed for increased moisture retention and resistance.



Research shows that long-term HME use results in:

- Less mucus¹
- Less coughing¹
- Less risk of shortness of breath, fatigue, sleep problems, anxiety, and depression^{1,2}

MucusShield™ helps protect the foam filter

With other HMEs, if mucus gets on the filter, the efficiency of the filter is reduced. Not so with the Blom-Singer *ClassicFlow* HME. The MucusShield technology guards the foam filter from direct contact with mucus to help enhance efficiency.



EasyTouch™ speech button makes speaking easier

When you want to talk, press the EasyTouch speech button to seal the valve and speak easily. Upon release, the EasyTouch returns to its open, breathing position.



24/7 heat and moisture exchange

Our HMEs are "daily-disposable" 24-hour-use devices. You simply put on a new one each day, and the benefits continue through the night.



For everyday or more active use, the choice is easy: Blom-Singer® HME

For more information about the Blom-Singer® *ClassicFlow*® HME, contact [InHealth Technologies](mailto:info@inhealth.com).

Call **800.477.5969**

Email info@inhealth.com

Visit www.inhealth.com/hme

REF	DESCRIPTION
BE 1055EZ	Blom-Singer <i>ClassicFlow</i> HME — for 24-hour use, 30 per pack

1. Ackerstaff AH, Hilgers FJ, et al. Improvements in respiratory and psychosocial functioning following total laryngectomy by the use of a heat and moisture exchanger. *Annals of Otolaryngology, Rhinology & Laryngology*. 1993;102(11):878-883.

2. Ackerstaff AH, Hilgers FJ, et al. Heat and moisture exchangers as a treatment option in the post-operative rehabilitation of laryngectomized patients. *Clinical Otolaryngology*. 1995;20:504-509.

3. Research and Product Development Study, HME Test. RD-237.

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