Intubation Aids



FIBREOPTIC LIGHTED INTUBATION STILETTE

The Fiberoptic Lighted Stilette provides safe illumination during intubation. Features a malleable fiberoptic stilette with the light source securely encased in the handle. Uses two "AA" batteries.

Applications:

- Flexible Surgical Flashlight
- Lighted Anaesthesia Stilette
- Trachea Illuminator
- Cavity Illuminator

Malleable Fibreoptic Stilette, Adult 18"	
Malleable Fibreoptic Stilette, Pediatric	

PATIL-SYRACUSE ADJUSTABLE LARYNGOSCOPE HANDLE

With this handle, the blade can be positioned and locked in four different angles: 180°, 135°, 90° (Standard), or 45° (Howland lock angle).

In the 180° position, the blade can be introduced parallel to the handle when extension of the neck is contraindicated because of cervical spine fractures or instability. Visualization of the larynx is also facilitated in obese patients or those in halo traction.

In the 45° position, all advantages of the Howland lock are achieved.

The handle accepts two "AA" batteries and fits all conventional laryngoscope blades. The overall length and weight of the handle is approximately the same as that of a conventional handle.

Adjustable Patil-Syracuse Handle STANDARD 20390

HOWLAND LOCK

Natural lifting action simplifies laryngeal exposure, making intubation possible even in the most difficult cases (receding chin, anterior larynx, protruding teeth, bull neck, facial contractures, decreased jaw mobility, etc). Built-in leverage prevents prying and reduces possibility of broken teeth. Adapts to all types of conventional laryngoscope handles and blades. Can often make an otherwise certain tracheotomy unnecessary.

Howland Lock	STANDARD		0660
For use with	Standard Blades a	nd Handles	

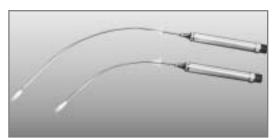
GreenLine FIBE	R OPTIC	
Howland Lock		19120

PRISM

The Anaesthesia Associates Prism is available in three sizes to fit Macintosh Laryngoscope Blade Sizes 2, 3, and 4. Clipped to the vertical wall of appropriate size Macintosh Blade, this device is used when the view of the vocal cords is impaired during nasal intubation and for post-operative examination of the larynx. It consists of an optically polished prism which provides a refraction of 30 degrees.

To prevent condensation, warm both the prism and blade before use by immersing it in water at about 48° C (120° F.)

To Fit Macintosh Laryngoscope, Size 2	19800
To Fit Macintosh Laryngoscope, Size 3	
To Fit Macintosh Laryngoscope, Size 4	
Set (Includes Size 2, 3, & 4)	



FIBREOPTIC STILETTES



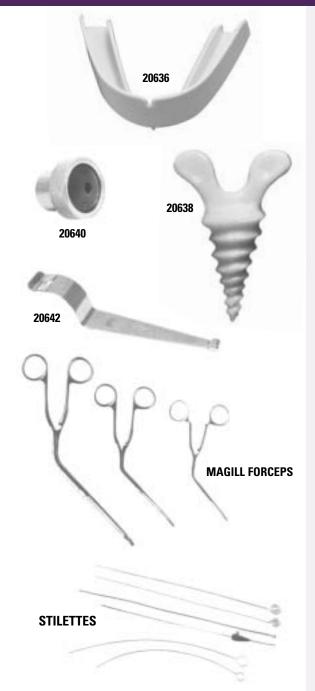


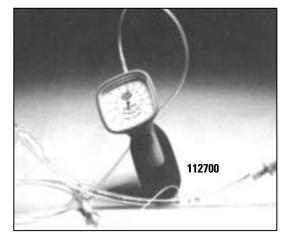
20660





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GARDENT TOOTH PRO Disposable white plast	DTECTOR tic. Adult size only.	20636
ABELSON JAW SPREA	ADER	20638
A lightweight device con female port for attachme	UIDE, AUDIBLE Isisting of a diaphragm whistle and a 1 ent to tracheal tube connector magnifie nd nasotracheal and orotracheal intub	5mm es
This instrument is used to notch and the lower bord patient positioned in full larynx can be anticipated	AUGE o measure the distance between the t der of the mandible in the midline with neck extension. Difficulty in visualizin d when the distance between the thyro is less than the length of the gauge (6.9	hyroid the g the pid
	Infant Child Adult de of highly polished stainless steel.	11065

ENDOTRACHEAL TUBE STILETTES

Endotracheal tube stilettes provide the needed rigidity for intubations with extremely flexible endotracheal tubes. Designed in four malleable varieties with rounded ends to minimize risk of distal protrusion, these stilettes provide precise guidance and proper curvature.

Stilette, copper with adjustable stop	20644
Stilette, copper with suction port	20646
Stilette, aluminum with rounded tip	20648
Stilette, aluminum with adjustable stop	
Stilette, stainless steel, pediatric	20652
Stilette, stainless steel, adult	20654
Stilette, stainless steel, infant with adjustable stop	20656

ENDOTRACHEAL CUFF MONITOR

The Endotest device is used to fill and empty the low-pressure cuffs of tracheal and tracheostomy tubes, and also to monitor cuff pressure during the time of intubation.

The function adapted design enables the device to be used with one hand only. The cuff pressure (0-120 mbar = 0-120 cm water column) can easily be read off the clearly marked face of the pressure gauge. The plastic hook can be used as a suspension device.

The Luer connector is joined to the filling port or valve of the tracheal or tracheostomy tube or to the port of the accompanying connector (Cat. No. 230100) and the cuff filled with air by pressing the air pump for about one minute at a pressure of 100 mbar. During this procedure, the red flick switch is in the upper position. On gently pressing the flick switch downwards with the index finger the cuff pressure can be adjusted to the desired value, e.g. 20 mbar. When the index finger is removed, the pointer immediately remains at the selected level.

The device may be sterilized by ethylene oxide.

AILLON TUBE BENDER

One of the most common problems associated with nasotracheal intubation is observed when the endotracheal tube is about to cross the vocal cords but stops making progress.

The tube tends to follow a course which is forward and upward while the trachea's main direction is downward.

The solution is to have a tool that will not only control the tip of the tube, but also will bend it down in order to conform with the direction of the trachea. The Aillon Forceps Tube Bender does just that.

TRACHEAL TUBE CLEANING BRUSHES

10 1/2" x 1/4" Dia	 small	2
12 3/4" x 3/8" Dia	 medium	2
17" x 1/2" Dia	 large	2

WILLIAMS AIRWAY INTUBATOR

The Airway Intubator is cylindrical on the proximal half and open on the distal half of the lingual surface.

The Airway Intubator is indicated for use as: (1) an oropharyngeal airway. (2) a means of intubating the trachea.

(3) a guide for fibreoptic laryngoscope placement.

Package of 10 (disposable)

10cm for adult males

Recommended for use with up to 8.5mm I.D. endotracheal tube.

ENDOSCOPY AIDS

Successful endoscopic intubation depends upon the ability to identify anatomical landmarks. Considerable experience can be gained in non-intubated patients ventilated by mask. The mask and oral airway illustrated permit endoscopy in anaesthetized patients with minimal interference to ventilation.

Patil-Syracuse Ora	I Airway Size 4	20
atil-Syracuse Ora	I Airway Size 2	20
atil-Syracuse Ma		
•	Child	20
	Small	
	Medium	20
	Large	
	Extra Large	

PATIL-SYRACUSE MASK-CLEAR

Clear-Mask with hook ring. Available in three sizes. For situations where visibility is important, such as fibreoptic endoscopy-aided tracheal intubation.

Child	20
Medium	
Adult	

Diaphragm, replacement for Patil-Syracuse Masks 2

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