

## Sakamoto Airway Management Trainer

Order code: **4109.M167**



Cena bez DPH	2.858,00 Eur
Price with VAT	3.458,18 Eur

Parameters

Quantitative unit ks

In securing an airway, tracheal intubation requires the highest skills and accompanies risks. In order for emergency medical staff to perform intubation, training in administering anesthetic in the operating room is a must.

However, there is a need to create a system where sufficient simulation using a mannequin can be performed before the training in the operating room.

The intubation models being used now, the sense of skin, movability of the jaw, and shape of epiglottis were not practical.

With these points in mind, as a guide model for intubation training for emergency medical staff, the was developed with the focus on the "delicacy of the living body."

The position of the pharynx, larynx, and epiglottis in relation to the cervical vertebra, and anatomical elements such as the axis of the oral cavity "pharynx" larynx have been taken into consideration. Not only durability, but also the delicacy of the human body has been considered, making it close to a real living body. Parts of the model are purposefully make to be damaged if handled roughly.

## Features

### 1. Realistic practice possible

It is possible to acquire the skill of both oral and nasal tracheal intubation.

It is possible to acquire the skill of supraglottic airway device (such as Laryngeal mask airway, the esophageal gastric tube airway).

The tongue, epiglottis and the pharynx Epharynx have been reproduced such as a real living body.

Because the tongue and mouth are soft, usage of laryngoscope and training in securing the airway can be done in a manner close to a living body.

### 2. Damage of front teeth

When using a laryngoscope, if pressure is put, using the teeth as a fulcrum, in a mistaken manner, the front teeth (upper four) are made to break. (The front teeth are exchangeable.)

### **3. Confirmation of Left and Right Air Sound With a Stethoscope Possible**

Can confirm one-lung ventilation.

Can confirm accidental esophageal intubation.

## **Practice**

### **Same movement as the human body reproduced**

Neck flexion and Head extension

Advancement of the mandible

### **Confirmation of Mistakenly Intubated Air Possible**

When correctly intubated and ventilated, you can confirm the left and right chests rise.

When intubated are ventilated one lung, you can confirm the error, as only one side will rise.

When the tracheal tube has been mistakenly intubated into the esophagus and air is sent, the abdomen will rise, making it possible to confirm the error (stomachinflation).

## **Exchangeable parts**

Exchangeable part (front teeth) 3in one set

Cover for the body (skin-colored:Yellow)

Exclusive lubricant (silicon oil)