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” ........................................ 20658
Malleable Fibreoptic Stilette, Pediatric 14” ............................... 20657

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 .............................................................. 20660
- For use with Standard Blades and Handles

GreenLine FIBER 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 .................................. 19802
To Fit Macintosh Laryngoscope, Size 4 .................................. 19804
Set (Includes Size 2, 3, & 4) .................................................. 19806
ENDOTRACHEAL TUBE STILETTES

Endotracheal tube stiletttes 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 stilettles 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 ......................... 20650
- 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) 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 returns to the selected level.

The device may be sterilized by ethylene oxide.

ENDOTEST .......................................................... 112700

GARDENT TOOTH PROTECTOR .................................. 20636
Disposible white plastic. Adult size only.

ABELSON JAW SPREADER ........................................... 20638

PATIL INTUBATION GUIDE, AUDIBLE .................. 20640
A lightweight device consisting of a diaphragm whistle and a 15mm female port for attachment to tracheal tube connector magnifies breath sounds during blind nasotracheal and orotracheal intubation.

PATIL INTUBATION GAUGE ...................................... 20642
This instrument is used to measure the distance between the thyroid notch and the lower border of the mandible in the midline with the patient positioned in full neck extension. Difficulty in visualizing the larynx can be anticipated when the distance between the thyroid notch and the mandible is less than the length of the gauge (8.5cm)

MAGILL FORCESPS

Infant ............................................................ 11064
Child ............................................................ 11065
Adult .............................................................. 11063

These forceps are made of highly polished stainless steel.

AILLON TUBE BENDER ............................................. 20600
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 moving 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 20602
12 3/4” x 3/8” Dia. .................................................. medium 20604
17” x 1/2” Dia. ...................................................... large 20606

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 fiberoptic laryngoscopy placement.

Package of 10 (disposable)

9cm for adult females ............................................ 20608
Recommended for use with up to 7.5mm I.D. endotracheal tube.

10cm for adult males ............................................. 20610
Recommended for use with up to 8.5mm I.D. endotracheal tube.

ENDOCOPY 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 Oral Airway

Size 2 .................................................. 20612
Size 4 .................................................. 20611

Patil-Syracuse Oral Airway with minimal interference to ventilation.

Patil-Syracuse Oral Airway illustrated permit endoscopy in anaesthetized patients with minimal interference to ventilation.

Patil-Syracuse Oral Airway

Size 2 .................................................. 20611
Size 4 .................................................. 20612

Patil-Syracuse Oral Airway with minimal interference to ventilation.

Patil-Syracuse Oral Airway illustrated permit endoscopy in anaesthetized patients with minimal interference to ventilation.

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