

M167



Sakamoto Airway Management Trainer

- Weight/About 14kg ● Case size/ W83×D52×H29cm
- Accessories/ Front teeth (3 sets) , Lubricant oil (Silicon oil) , Baby powder, Storage case

A model with anatomical reality
Suitable for practical training of tracheal intubation.



The closeness to a real living body, Makes realistic training possible

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.



Internal strycture▲

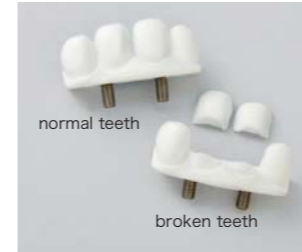
Feature

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 devise (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 possible



- Can confirm one-lung ventilation.
- Can confirm accidental esophageal intubation

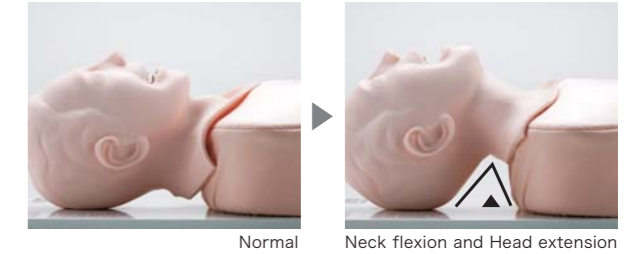
Exchangeable parts

Exchangeable part (front teeth) 3sets/one set

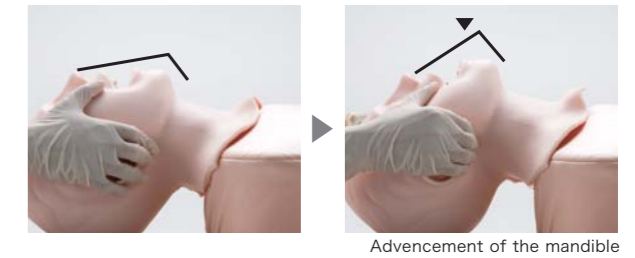
Practice

Same movement as the human body reproduced

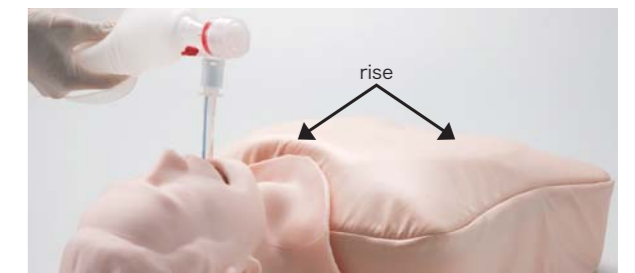
Neck flexion and Head extension



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).