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Product of Malaysia

air-Q® SP (Self-Pressurizing)

Instructions for Use

The air-Q SP Airway is an enhanced version of the standard air-Q masked laryngeal airway. As such, it is indicated as a primary airway device when an oral endotracheal tube (OETT) is not necessary or as an aid to intubation in difficult airway situations.

Thank you for purchasing the air-Q SP Masked Laryngeal Airway by Cookgas,® LLC. Due to its patented design, the air-Q SP is user-friendly. Placement is easy, air movement is outstanding, and intubation using standard oral endotracheal tubes (OETT), sizes 8.5mm - 3.0mm is straightforward and reliable. air-Q SP removal following intubation is quickly accomplished using the patented air-Q Removal Stylet, also by Cookgas, LLC.

Welcome to the Next Generation of Airway Management!
Say Goodbye to the Difficult Airway, and Hello to the air-Q.

The Only Airway You'll Want,
The Only One You'll Need!

This product is to be used by trained personnel only

Available in Single Use and Reusable

Recommendations:

Size	IBW	Max. OETT	Mouth Opening[1]	↔[2]	Volume[3]
4.5	70-100 kg	8.5mm	25 mm	20 cm	25 ml
3.5	50-70 kg	7.5mm	23 mm	18 cm	18 ml
2.5	30-50 kg	6.5mm	20 mm	16 cm	12 ml
2.0	17-30 kg	5.5mm	17 mm	13 cm	8 ml
1.5	7-17 kg	5.0mm	14 mm	10 cm	5 ml
1.0	4-7 kg	4.5mm	11 mm	8 cm	3 ml
0.5	≤ 4 kg	4.0mm	8 mm	6 cm	2.5 ml

[1] Minimum mouth opening for insertion.

[2] Distance from the external edge of the airway tube to the internal ventilatory opening.

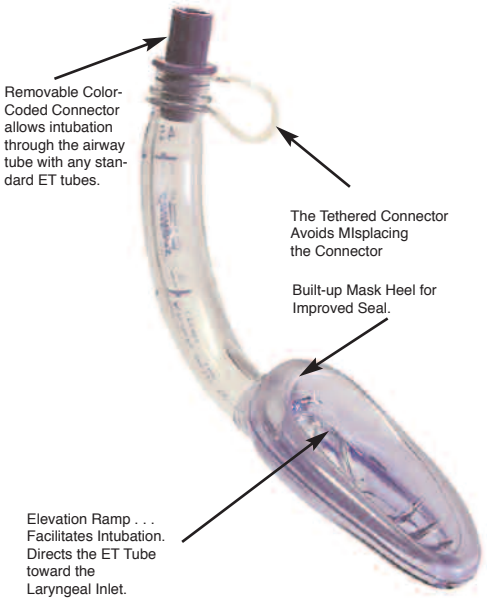
[3] Internal volume from the external edge of the connector to the internal ventilatory opening.

The air-Q SP represents a revolution in airway device design. It functions similarly to the original air-Q in that it retains the soft perimeter mask cuff. This gives the mask the ability to change its size and shape depending on each patient's pharyngeal anatomy, improving fit. Like the original, it can also be used as a conduit for intubation in difficult airway situations. It differs in that it does not contain an inflation apparatus and so is not inflatable. Instead, the air-Q SP incorporates a large aperture between the internal volumes of the breathing tube and the peripheral cuff. This aperture allows fluid communication between the tube and cuff to "self-pressurize" the cuff during positive pressure ventilation. Simply put, as the pressure rises within the breathing tube during positive pressure ventilation or the application of PEEP, the cuff is simultaneously pressurized an equal amount, improving the seal of the cuff. This increased cuff pressure occurs only during the pressurization phase of ventilation or PEEP application and falls during the decompression phase. This pulsatile increase in the intra-cuff pressure and corresponding increase in cuff seal pressure occurs at the exact time you need it: during the upstroke of ventilation. Otherwise, the cuff decompresses to the level of the PEEP applied to the circuit. This gives a safer, efficient, low-pressure seal during the majority of the case. The intra-cuff pressure cycles between the peak airway pressure, usually between 15-30 cm of H2O (well within the safe intra-cuff pressure zone of < 60 cm H2O) used during ventilation, and the level of PEEP employed (usually somewhere < 10 cm H2O), but spending most of the time in the lower pressure state. This cyclical lowering in intra-cuff pressure should help to diminish such complications as mucosal and nerve trauma seen with masked laryngeal airways that are in large part due to the excessively high constant pressure exerted on the pharyngeal anatomy by an over-inflated peripheral cuff.

The air-Q SP, by eliminating the inflation apparatus and adding the aperture, creates a self-pressurizing cuffed mask laryngeal airway. It maintains the use of the peripheral mask cuff allowing changes in mask size and shape to optimize fit. It eliminates the need for inflation and the potential for over-inflation. Utilizing the airway circuit pressure to generate pulsatile pressurization of the cuff, it optimizes the airway cuff seal, and insures safe intra-cuff pressures at overall dramatically lower levels. It reduces the potential for tissue trauma due to constant increased intra-cuff pressure. Finally, it eliminates the nitrous oxide diffusion problem, since nitrous can not increase the intra-cuff pressure in an open system. Rarely does such a small change lead to such dramatic improvements.

It is simple, safe, easy, and best of all, automatic.

Welcome to the air-Q SP!



air-Q Sp 4.5

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Patents U.S.			Patents CAN	Patents UK
5,937,860	US 6,705,321 B2		2,231,331	GB2324040B
US 6,422,239 B1	US 7,357,845 B2		2,371,435	GB2407293B
US 6,892,731 B2	US 7,780,900 B2		2,410,043	GB2405589B
US 7,331,347 B2	US 7,784,464 B2			GB2357437
US 7,934,502 B2				

Other USA & Foreign Patents Pending

Instructions for Use | Latex Free | Keep Dry | Keep Away From Sunlight

Rx ONLY By Prescription Only | EXP. Expiration Date | Single Use | STERILE EO | PHT DEHP

EC	REP

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