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air-Q® BLOCKER TUBE

INDICATIONS

The air-Q® Blocker Tube is indicated as an esophageal blocker, vent, and suction device to be used in conjunction with supraglottic airways, preferably with the air-Q® Blocker airway, when blocking, venting, and suctioning the upper esophagus is desired.

Thank you for purchasing the air-Q® Blocker Tube by Cookgas® LLC. Due to its unique combination of features, the air-Q® Blocker Tube is an outstanding addition to airway management. The air-Q® Blocker Tube is designed to efficiently and safely block, vent, and suction the upper esophagus during use in combination with supraglottic airways. It is especially useful in combination with the air-Q® masked laryngeal airways containing the guide tube feature 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.



**Rx
ONLY**

Instructions For Use:

Recommendations:

Size	IBW	Inflation Volume	Inflation Pressure
4.5	70-100 kg	≤ 14 ml	≤ 60 cm H ₂ O
3.5	50-70 kg	≤ 12 ml	
2.5	30-50 kg	≤ 10 ml	

air-Q® Blocker Tube Placement Procedure

The procedure below is intended as a guide. Many techniques can be successfully used to place the air-Q® Blocker Tube into its proper position within the upper esophagus.

- 1) Completely deflate the air-Q® Blocker Tube balloon.
- 2) Generously lubricate the blocker balloon area.
- 3) Pass the air-Q® Blocker Tube into the guide tube located on the airway device using a twisting motion to first introduce the blocker tube into the guide tube feature.
- 4) Slide the air-Q® Blocker Tube up and down while twisting to spread the lubricant within the guide tube until the blocker tube slides easily.
- 5) Pass the air-Q® Blocker Tube forward until the blocker stop contacts the upper edge of the guide tube.
- 6) Inflate the blocker balloon using the Recommendations chart as a guide.
- 7) Check proper esophageal placement by gently pulling back on the blocker tube. The air-Q® Blocker Tube should encounter resistance to further movement within 1/2 - 1 inch as it becomes obstructed by the distal tip of the airway device preventing further withdrawal. This confirms proper placement of the blocker tube just distal to the tip of the airway device and within the upper esophagus.
- 8) If the distance of withdrawal is significantly greater than 1/2-1 inch, this suggests that the blocker balloon failed to pass beyond the tip of the airway device. This obstruction occurs when the blocker balloon encounters the distal end of the guide tube. In that case, simply deflate the blocker balloon, re-insert the air-Q® Blocker Tube, and re-check for proper depth according to Steps 4-7 above.
- 9) Once the proper placement of the blocker balloon (beyond the distal tip of the airway device and into the upper esophagus) is confirmed, advance the blocker tube until the blocker stop engages firmly within the upper guide tube. This securely fastens the guide tube to the airway device for the duration of its use.

air-Q® Blocker Tube Removal

- 1) Completely deflate the blocker balloon.
- 2) Withdraw the blocker tube until it exits the guide tube.
- 3) Alternatively, connect the suction tip of the blocker tube to a suction device, occlude the suction thumb vent of the suction tip, and use the blocker tube as a suction catheter to suction the pharynx during withdrawal of the blocker tube.
- 4) Discard all used blocker tubes.

Cautions/Warnings

- 1) Discard all air-Q® Blocker Tubes with damaged packaging.
- 2) Inspect all devices prior to use. Discard all defective devices.
- 3) Do not use sharp instruments on or near the air-Q® Blocker Tube.
- 4) Confirm that the air-Q® Blocker Tube matches the correct size of the airway device.
- 5) Do not use excessive force during air-Q® Blocker Tube placement.
- 6) Always check for proper placement depth following insertion.
- 7) If regurgitation is seen within the blocker tube during use, it is highly recommended to maximize airway protection by endotracheal intubation. To minimize the risk of aspiration, it is recommended to intubate without removing the airway device or the air-Q® Blocker Tube prior to intubation.
- 8) Single patient use only. Discard following use. Re-use of Single Use Device may lead to Mechanical Malfunction and potential Micro Biological Contamination.
- 9) Maximum recommended blocker balloon pressure ≤ 60 cm H₂O. Balloon volume and/or pressure may change with the use of nitrous oxide or other medical gases. DO NOT OVERINFLATE.
- 10) The air-Q® Blocker Tube does not fully protect the patient from aspiration.
- 11) The air-Q® Blocker Tube is potentially flammable in the presence of lasers and electrical cautery.
- 12) The air-Q® Blocker Tube has been sterilized utilizing Ethylene Oxide, a known carcinogen.

Contraindications

The air-Q® Blocker Tube is contraindicated in patients with known esophageal pathology, including but not limited to esophageal strictures, lacerations, varicities, and tumors.

Adverse Effects

Possible adverse effects include but are not limited to esophageal laceration, esophageal bleeding, mucosal injury, esophageal rupture, and partial or total occlusion of the trachea distal to the cricoid ring.

Warranties

Cookgas® LLC agrees to warrant the air-Q® Blocker Tube for a period of 30 days following the invoice date. Warranty covers materials and manufacturing defects provided that the air-Q® Blocker Tube is used according to the procedures and purposes outlined in the Instructions For Use (IFU) manual. Warranty is valid only following purchase from authorized distributors.

The original package label must accompany the defective air-Q® Blocker Tube device for valid warranty returns.

Cookgas® LLC disclaims all other warranties whether expressed or implied.

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Mercury Medical®



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Manufactured by Cookgas®, LLC in Malaysia

Patent Pending



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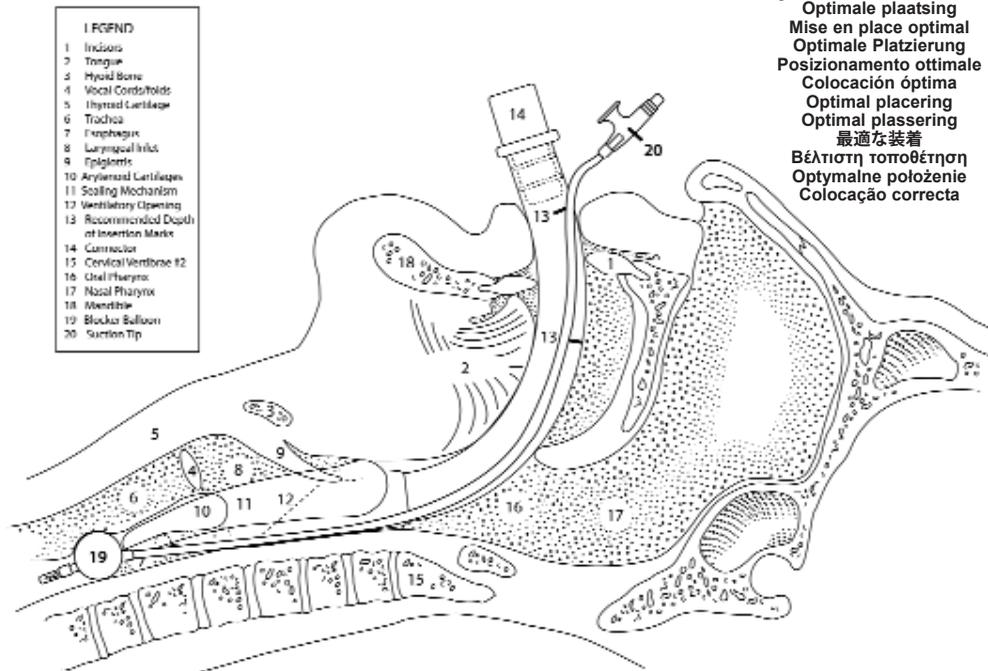
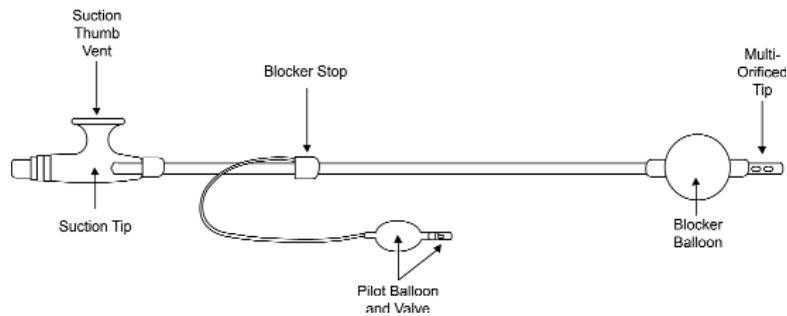
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EC REP

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