M167

Sakamoto Airway Management Trainer

● Weight/ about 14kg ● Case size/ W83×D52×H29cm
● Accessories/ Front teeth(3 sets), Lubricant oil, Baby powder, Storage case
● Supervision/ Airway Securing Education Program Study Group Koji Murashima (Kyushu Kouseinenkin Hospital, Anesthesiology)

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

Tracheal intubation is the most technically advanced and risky procedure to secure an airway.
In order for emergency medical technicians and doctors to be able to perform intubation, it is essential to practice airway management in the operating room, but it is necessary to perform sufficient simulation using a model before practicing in the operating room.
Airway management models used to date have impractical features such as skin sensation, jaw mobility, and epiglottis flipping.
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▲

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 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 parts (front teeth) 3pcs/ set

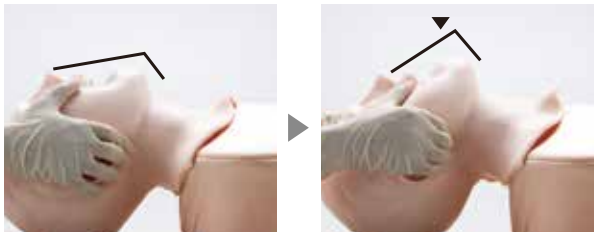
Practice

Same movement as the human body reproduced

Neck flexion and Head extension

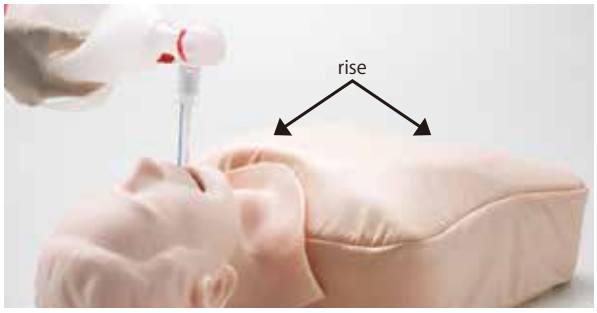
Normal　　Neck flexion and Head extension

Advancement of the mandible



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).