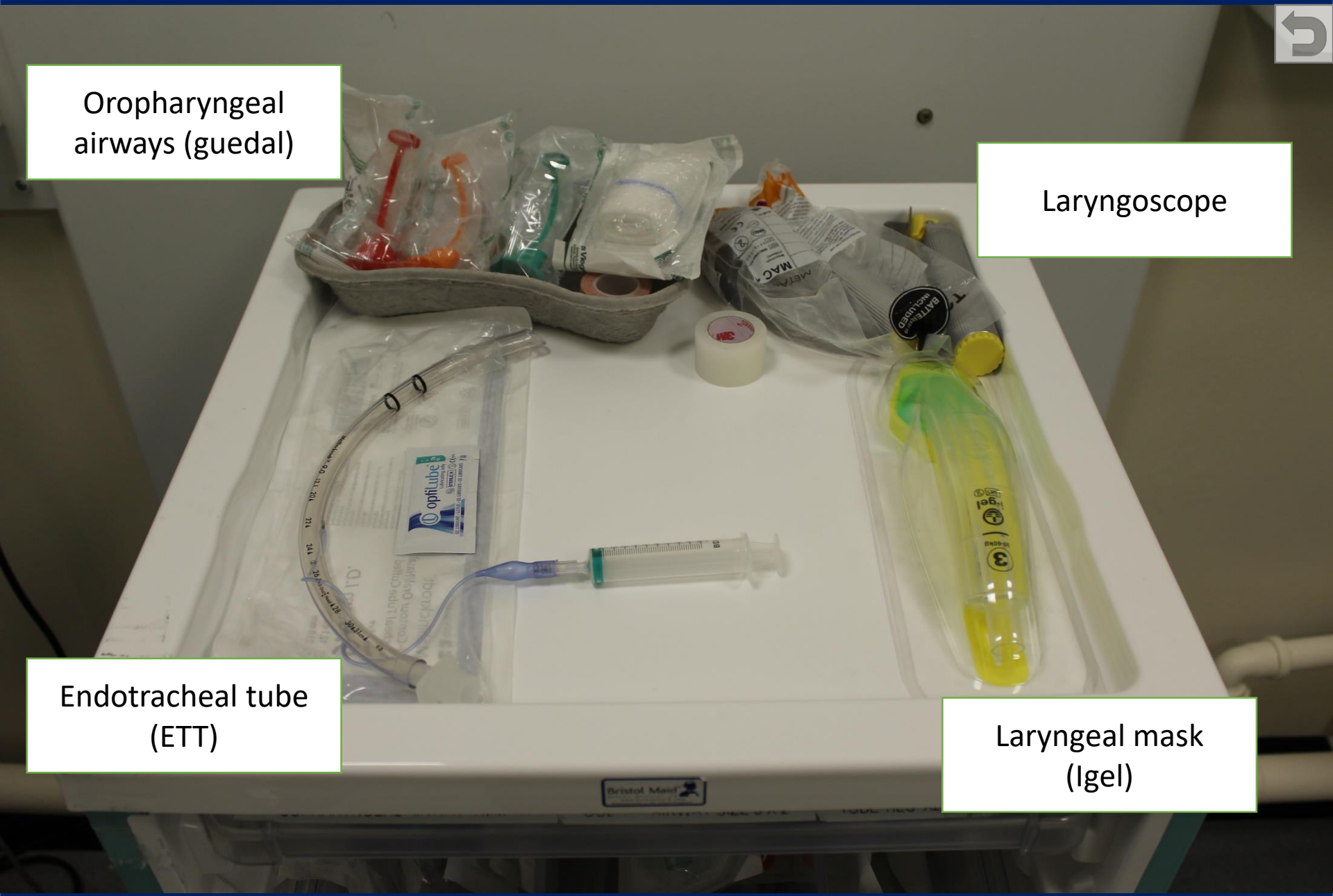
Anaesthetic Room:

Airway Equipment

Click on a drawer to access each layer


Oropharyngeal airways (guedal)
Laryngoscope
Endotracheal tube (ETT)
Laryngeal mask (Igel)

Oropharyngeal airways (guedal)

Oropharyngeal airways are used when there is the potential for the tongue to fall back in the mouth so it obstructs the back of the throat, which could prevent air getting into the lungs.

An oropharyngeal airway positions the tongue forward in the mouth which helps to stop this happening. It is used once the patient becomes unconscious as the muscles relax, the 'gag' reflex is lost, the tongue falls back and the patient is then unaware of the airway being placed.

Once the patient recovers after the operation, the airway is generally coughed out as the patient regains their 'gag' reflex.

Oropharyngeal airways (guedal)

Laryngoscope

Laryngoscopes are used to visualise (see) the back of the throat.

The curved or straight blade on the instrument helps bring the tongue forward, so the anaesthetist can visualise the throat.

This allows the endotracheal tube (ET Tube) to be carefully placed through the vocal cords. This provides a very stable way of protecting the person's airway.

Endotracheal (ETT)

(igel)

Oropharyngeal airways (guedal)

Laryngoscope

A laryngeal mask is an alternative used by the anaesthetist instead of the ET tube to maintain the airway during the operation. The mask fits over the back of the throat so does not go through the vocal cords.

It is less likely than the ET tube to cause a sore throat for the patient when they wake up.

Endotracheal tube (ETT)

Laryngeal mask (Igel)

Oropharyngeal airways (guedal)

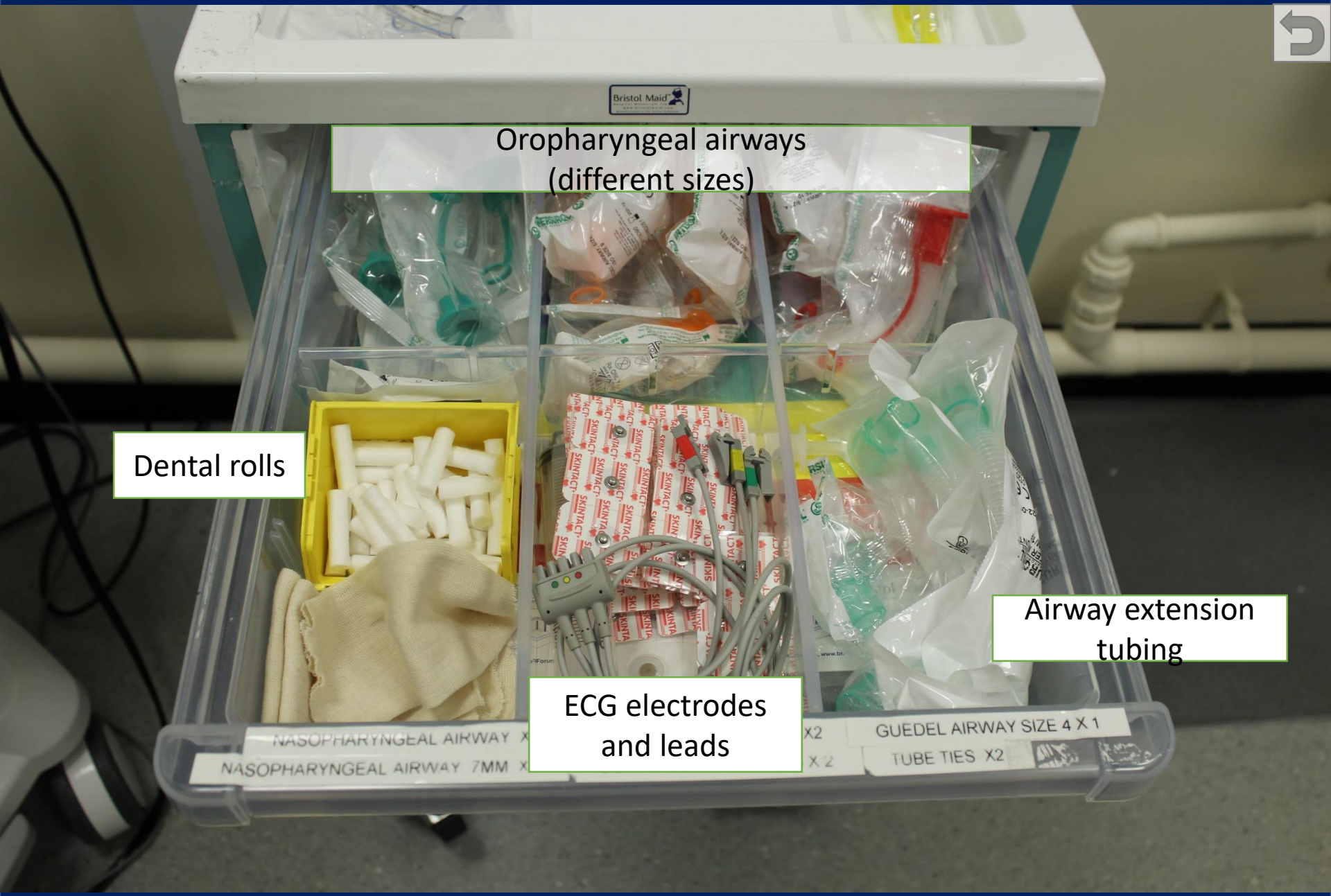
Laryngoscope

The endotracheal or ET tube (ETT) is the most reliable way of managing the patient's airway.

The tube has a small cuff (balloon) at the end that once inside the trachea, can be inflated by the syringe to fit exactly to the patient's airway.

Endotracheal tube (ETT)

Laryngeal mask (Igel)


Oropharyngeal airways
(different sizes)
Dental rolls
ECG electrodes
and leads
Airway extension
tubing
NASOPHARYNGEAL AIRWAY
NASOPHARYNGEAL AIRWAY 7MM
GUEDEL AIRWAY SIZE 4 X 1
TUBE TIES X2

Oropharyngeal airways (different sizes)

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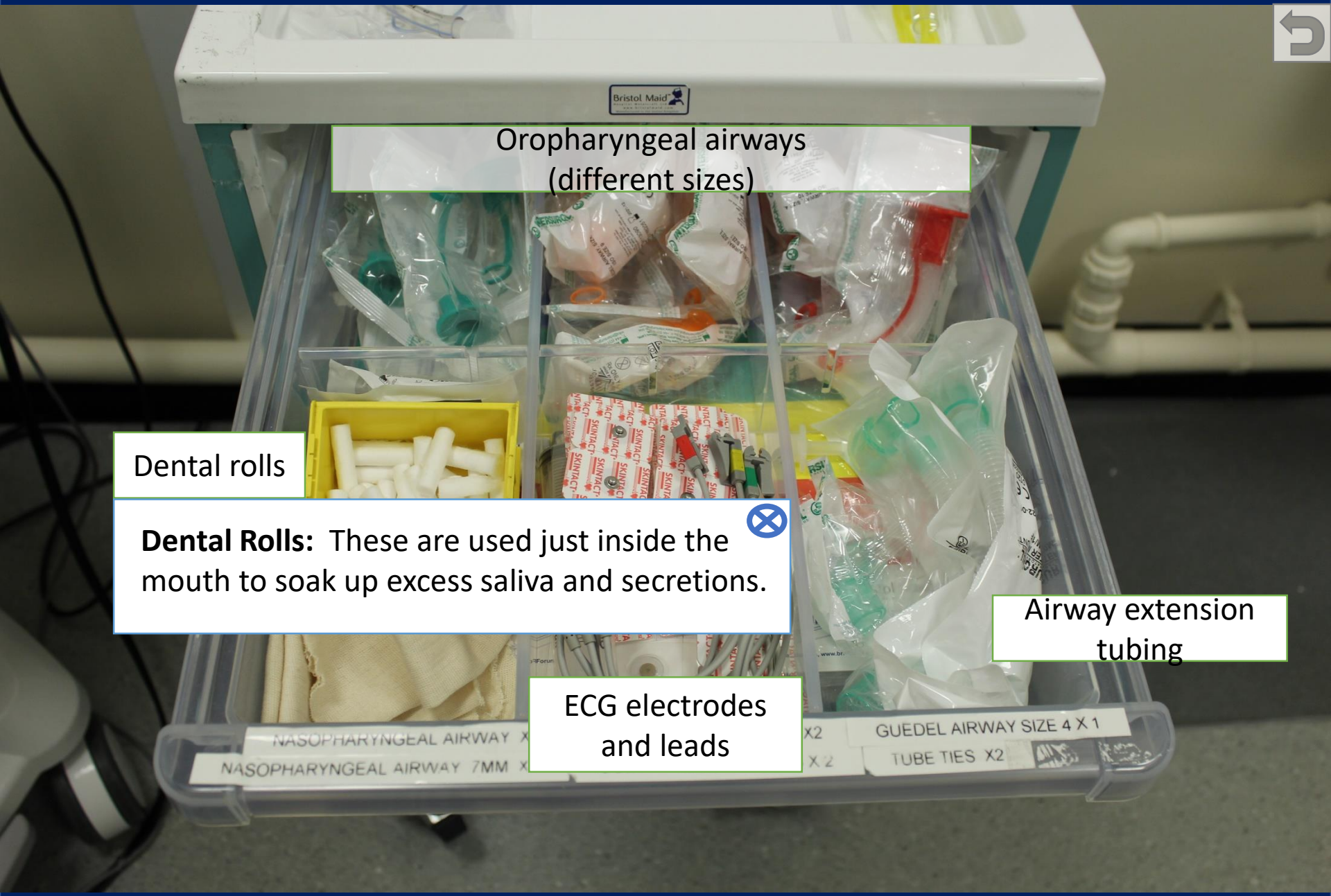
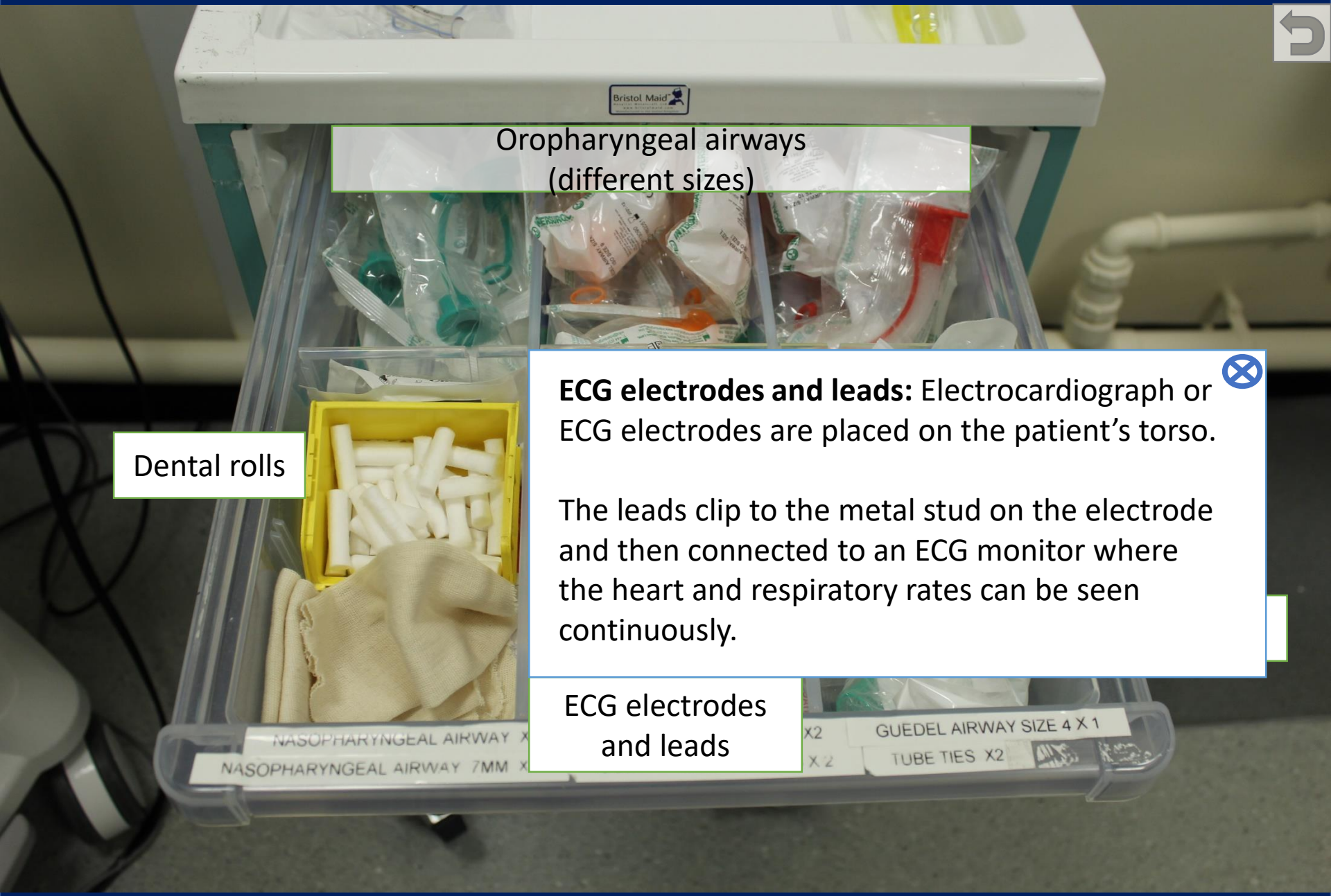

Oropharyngeal airways
(different sizes)
Dental rolls
Dental Rolls: These are used just inside the mouth to soak up excess saliva and secretions.
Airway extension tubing
ECG electrodes and leads
NASOPHARYNGEAL AIRWAY
NASOPHARYNGEAL AIRWAY 7MM
GUEDEL AIRWAY SIZE 4 X 1
TUBE TIES X2



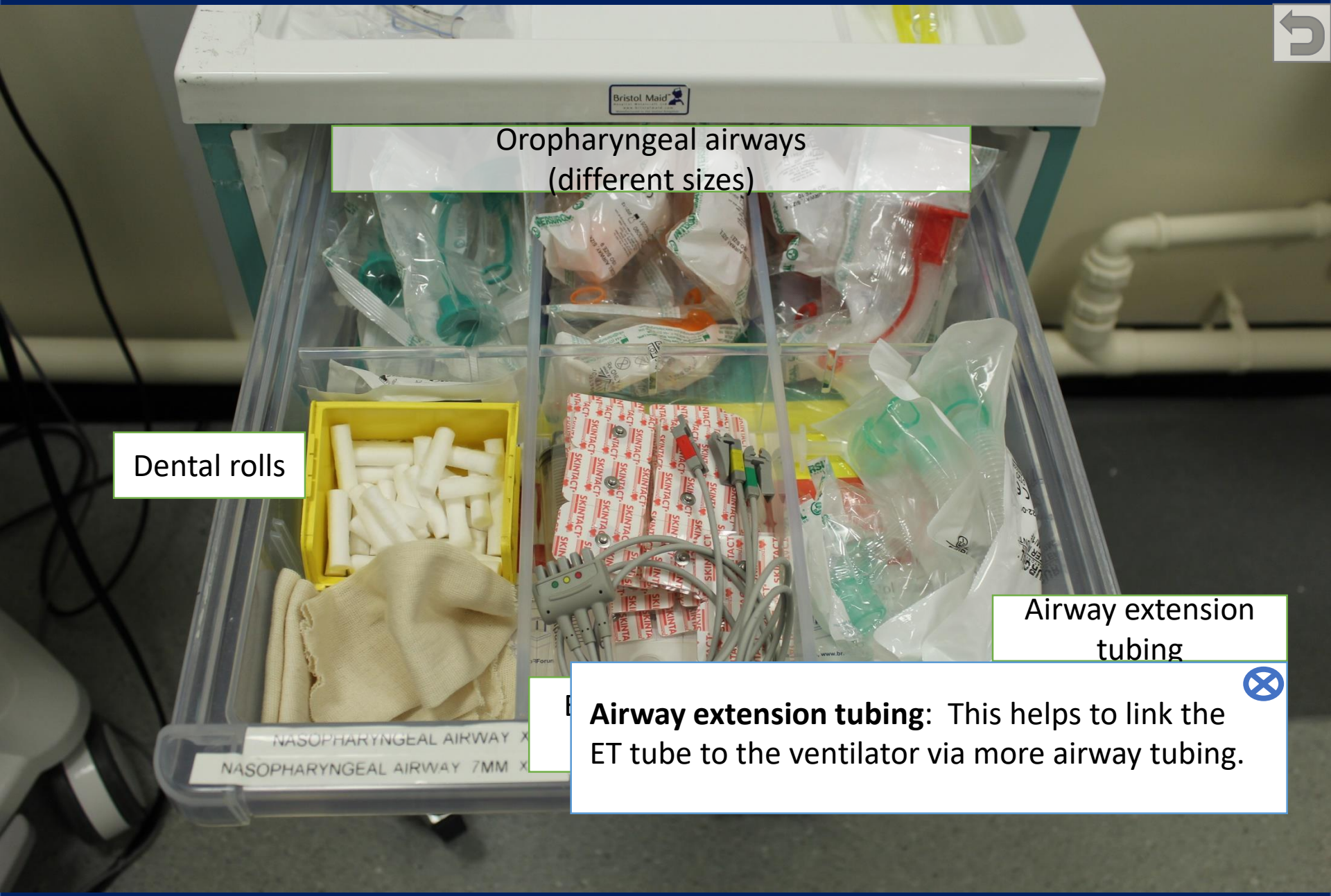
Oropharyngeal airways (different sizes)

Dental rolls

ECG electrodes and leads: Electrocardiograph or ECG electrodes are placed on the patient's torso.

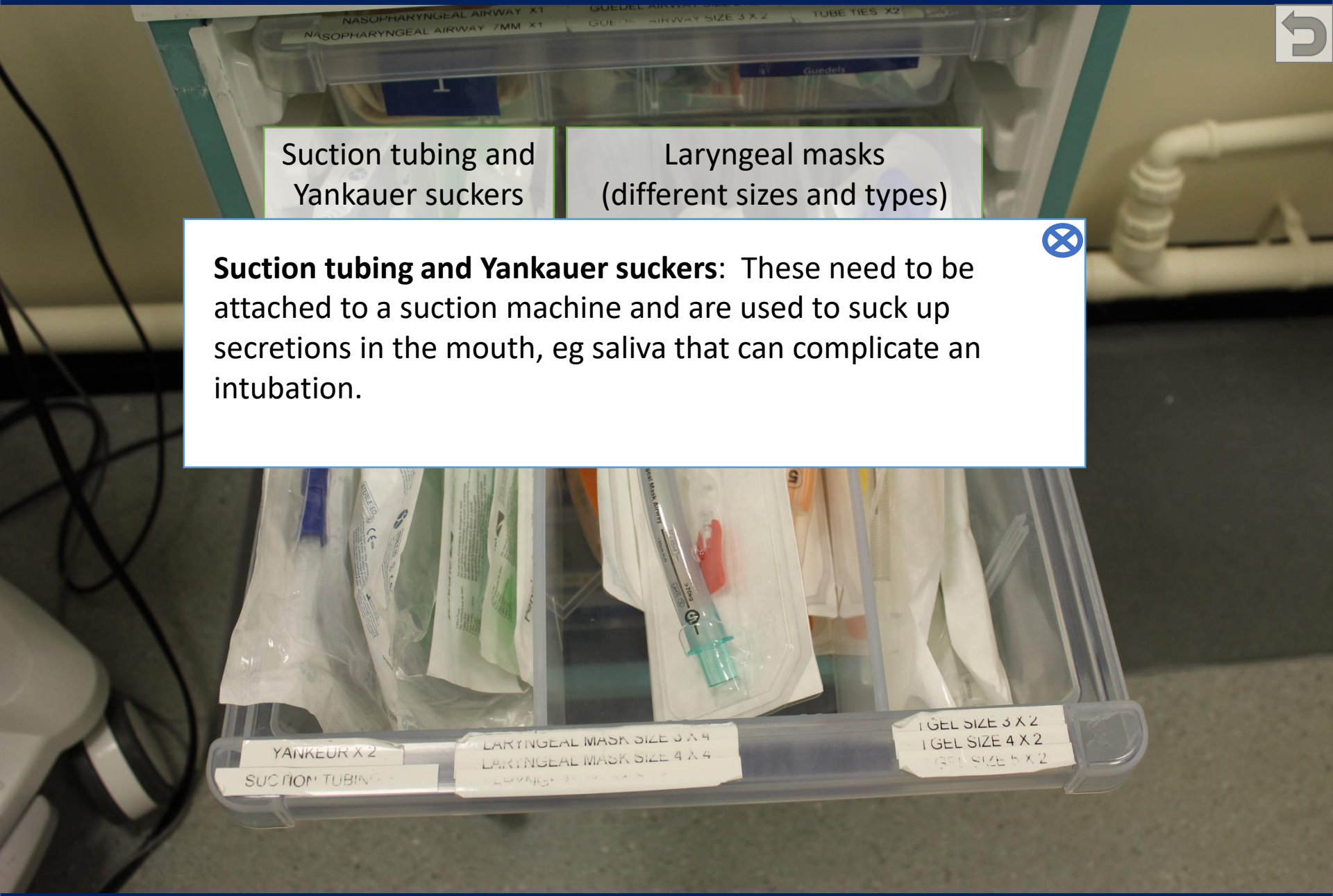
The leads clip to the metal stud on the electrode and then connected to an ECG monitor where the heart and respiratory rates can be seen continuously.

ECG electrodes and leads



Airway extension tubing: This helps to link the ET tube to the ventilator via more airway tubing.


Suction tubing and Yankauer suckers
Laryngeal masks (different sizes and types)
NASOPHARYNGEAL AIRWAY X1
NASOPHARYNGEAL AIRWAY 7MM X1
TUBE TIES X2
Guedels
YANKEUR X 2
LARYNGEAL MASK SIZE 4 X 4
I GEL SIZE 3 X 2
I GEL SIZE 4 X 2



Suction tubing and Yankauer suckers

Laryngeal masks (different sizes and types)

Suction tubing and Yankauer suckers: These need to be attached to a suction machine and are used to suck up secretions in the mouth, eg saliva that can complicate an intubation.

Suction tubing and Yankauer suckers

Laryngeal masks (different sizes and types)

A laryngeal mask is an alternative used by the anaesthetist instead of the ET tube to maintain the airway during the operation. The mask fits over the back of the throat so does not go through the vocal cords.

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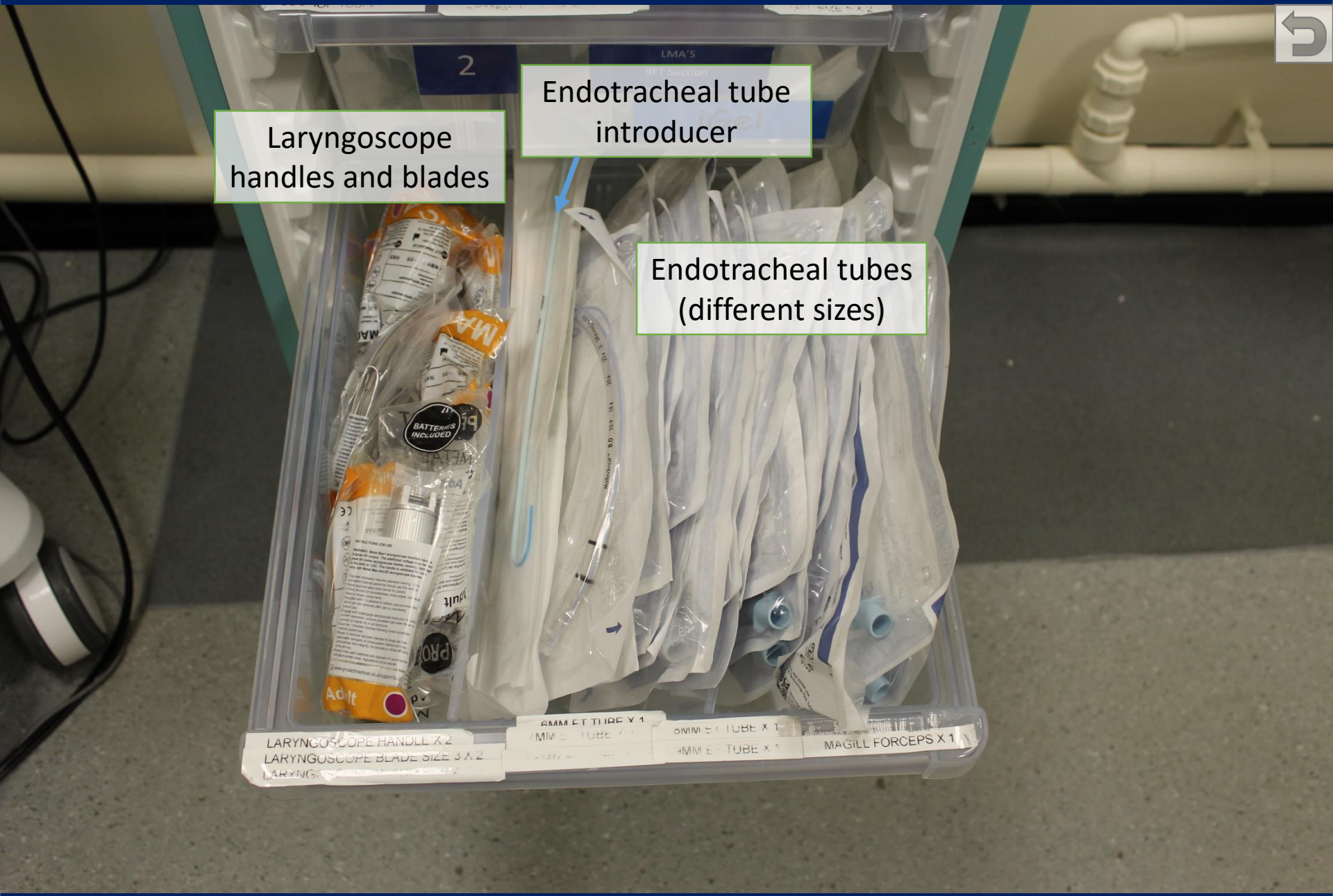
Laryngoscope handles and blades
Endotracheal tube introducer
Endotracheal tubes (different sizes)
2
LMA'S
BATTERIES INCLUDED
Adult
LARYNGOSCOPE HANDLE X 2
MAGILL FORCEPS X 1

Laryngoscope handles and blades

Endotracheal tube introducer

Larygoscopes are used to visualise (see) the back of the throat.

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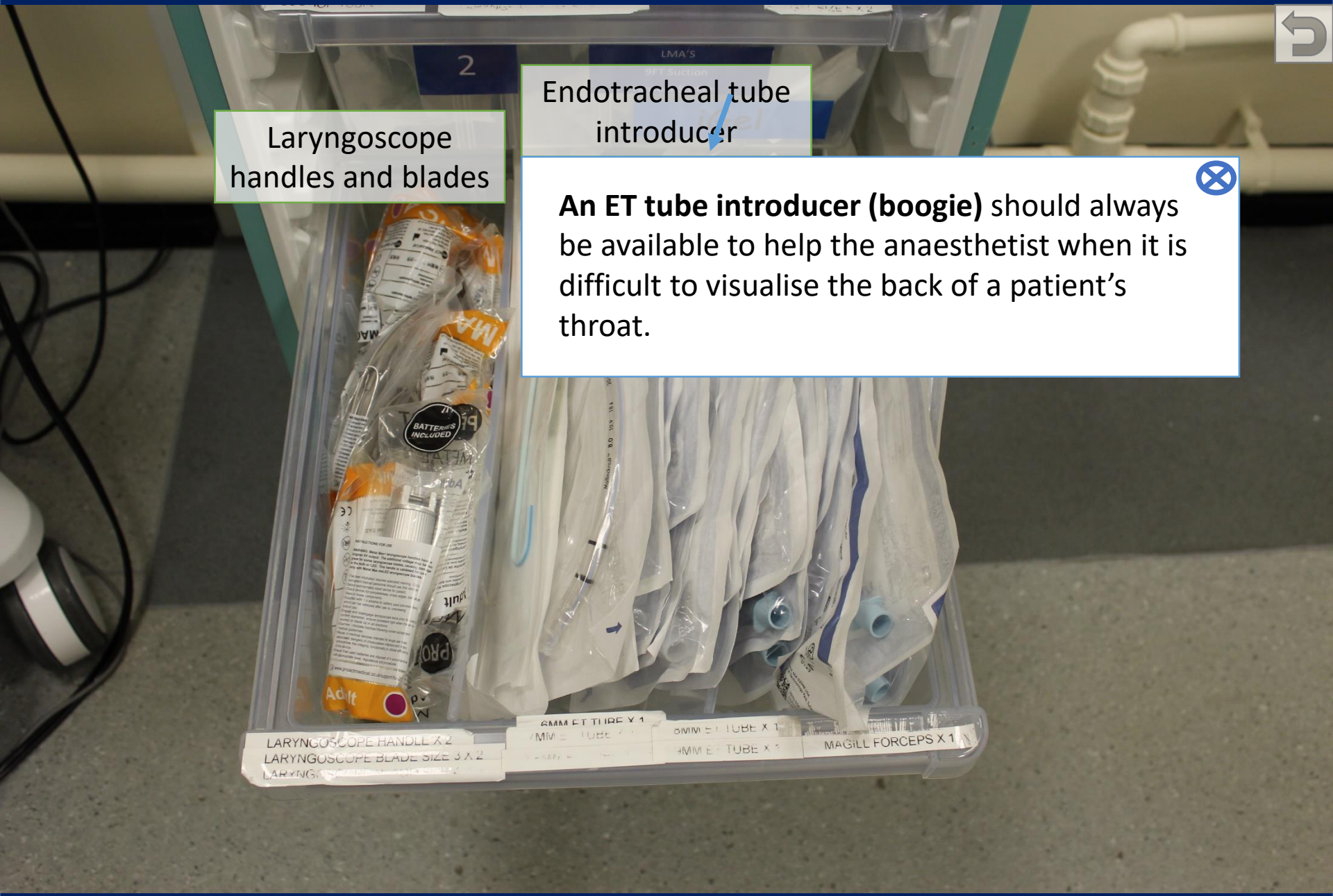

An ET tube introducer (boogie) should always be available to help the anaesthetist when it is difficult to visualise the back of a patient's throat.

Laryngoscope handles and blades

Endotracheal tube introducer

Endotracheal tubes (different sizes)

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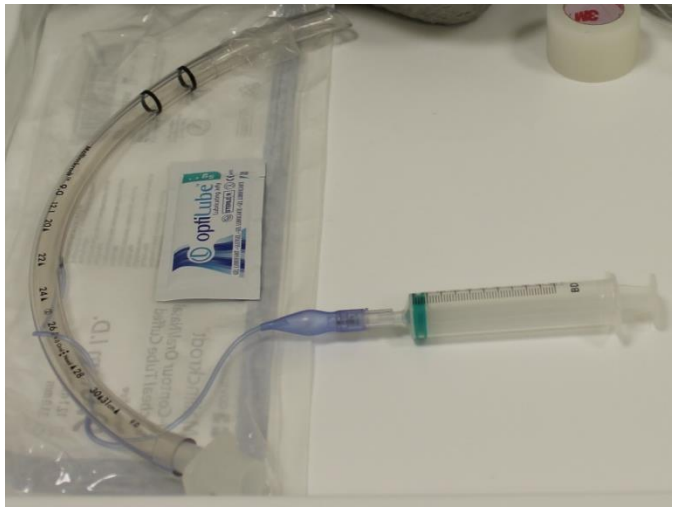
The tube has a small cuff (balloon) at the end that once inside the trachea, can be inflated by the syringe to fit exactly to the patient's airway.

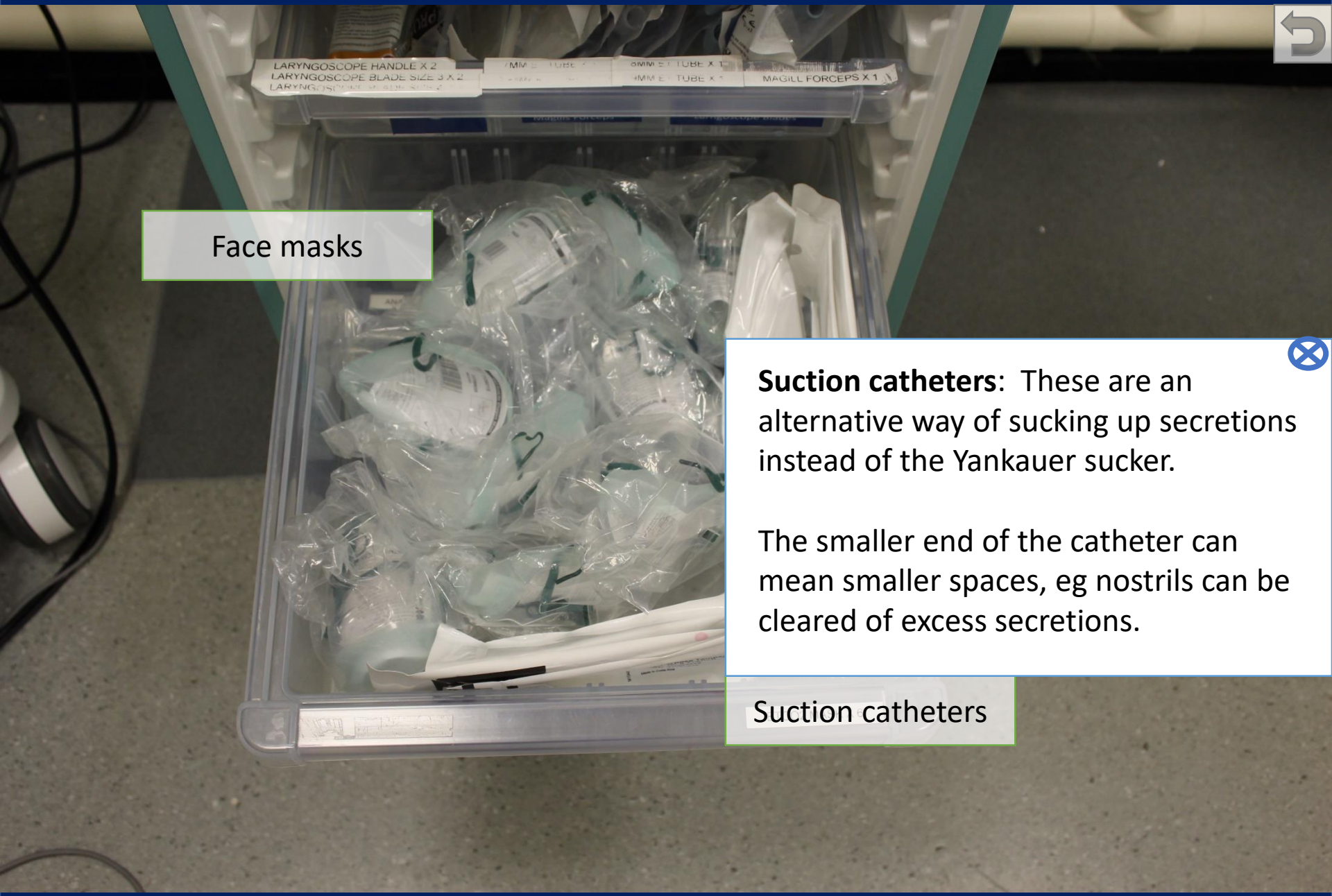



LARYNGOSCOPE HANDLE X 2
MAGILL FORCEPS X 1
Face masks
Suction catheters

Face masks

Face masks: These masks fit over the nose and mouth and come in a variety of sizes. The mask will attach to ventilator tubing or to a self-inflating bag, to maintain the patient's breathing.

Some also have an attachment to monitor the exhaled carbon dioxide level. This can indicate how well the patient is breathing.



Face masks

Suction catheters: These are an alternative way of sucking up secretions instead of the Yankauer sucker.

The smaller end of the catheter can mean smaller spaces, eg nostrils can be cleared of excess secretions.

Suction catheters

Face masks
(different types)

Face masks (different types)

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