TA100V
Animal Anesthesia Machine

TOOTOO MEDITECH CO., LTD.

PRODUCT INFORMATION

Name: Animal Anesthesia Machine TA100V

Intellectual Property Statement

Only if the following requirements are met, the company shall be responsible for the safety, reliability and performance of the products:

- Installation, expansion, readjustment, improvement and maintenance shall be carried out by qualified service personnel approved by The company;
- Product's serial number label, or manufacturers logo must be clearly visible, identified by the company and confirmed that the product is manufactured by the company.
- Using the product according to the User's Manual.
- Damage by non-human factors (such as vandalism, careless drop, etc.).

Repair and Maintenance

The standard warranty period is as below:

- Main unit: 12 months.
- Consumables: no warranty. They include disposable or short-life parts which should be replaced each time after use or periodically.

The period of warranties is from the date of original delivery to Distributor or Distributor's order.

For all products in the range of warranty regulation, the company provides free maintenance; otherwise, the company will charge for a service. Users also have to bill for the transportation charge (including frais de douane)

This warranty shall not extend to the following conditions, which even during warranty period, are not free from maintenance charge (users have to pay for repairment and replcement):

- Malfunction or damage caused by improper use or man-made failure.
- Malfunction or damage caused by force majeure such as fire and earthquake.
- Malfunction or damage caused by improper operation or repair by unqualified or unauthorized service people.
- Others not caused by the product itself.

If the warranty period expires, the company can continue to provide Charge Maintenance service.

Preface

Instructions

This manual contains the instructions necessary to operate the product safely and in accordance with its function, intended use and maintenance. Observance of this manual is a prerequisite for proper product performance and correct operation and ensures patient and operator safety.

This manual is based on the most complete configuration and therefore some contents may not apply to your product. If you have any questions, please contact us.

This manual is an integral part of the product. It should always be kept close to the equipment so that it can be obtained conveniently when needed.

Intended Audience

This manual applies only to professionally trained anesthesiologists.

Illustration

All illustrations in this manual serve as references only. They may not necessarily reflect the setup or data displayed on your anesthesia machine.

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Chapter 1 Safety

1.1 Technical Words

WARNING

- **Indication of a potential hazard or unsafe practice that, if not avoided, could cause property damage or serious injury.**

NOTE

- **Providing application tips or other useful information to ensure that you can better use your product.**

1.1.1 Warnings

WARNING

- **Before operating, the user must verify that the equipment, connecting cables and accessories are in correct working order and operating conditions.**
- **Do not to place the device in a narrow place, and an appropriate space must be ensured.**
- **To avoid fire or explosion, do not use the equipment in the presence of flammable or explosive materials.**
- **Do not open the equipment housings， all servicing and future upgrades must be carried out by the personnel trained and authorized by us only.**
- **Disposal of the package materials, accessories and out-off-service product must observe relevant loacal laws and regulations or the waste disposal regulations of the hospital and keep them out of children's reach.**
- **Fresh gas flow must never be switched off before Vaporizer switched off. Vaporizer must never be left switched on without a fresh-gas flow. Anaesthetic agent vapour at a high concentration can get into machine lines and ambient air and harm people and materials.**

- **Exhaust gas emission must be through direct vent export eduction, not indoor.**
- **Do not change the CO_2 absorption tank during ventilation.**

1.1.2Notes

NOTE

- **Install the equipment where you can easily observe, operate and maintain.**
- **Keep this manual close to the equipment so that it can be obtained conveniently when needed.**
- **This manual describes the features and options of all configurations. Your equipment may not have all of them.**

Chapter 2 The system Overview

2.1 Brief Introduction

2.1.1 Applicability

The anesthesia machine is manual ventilation, is indicated for anesthesia during surgery, specifically in the management and control of breathing anesthesia for a single patient.

The anesthesia machine must only be operated by qualified anesthesia personnel who have received adequate training.

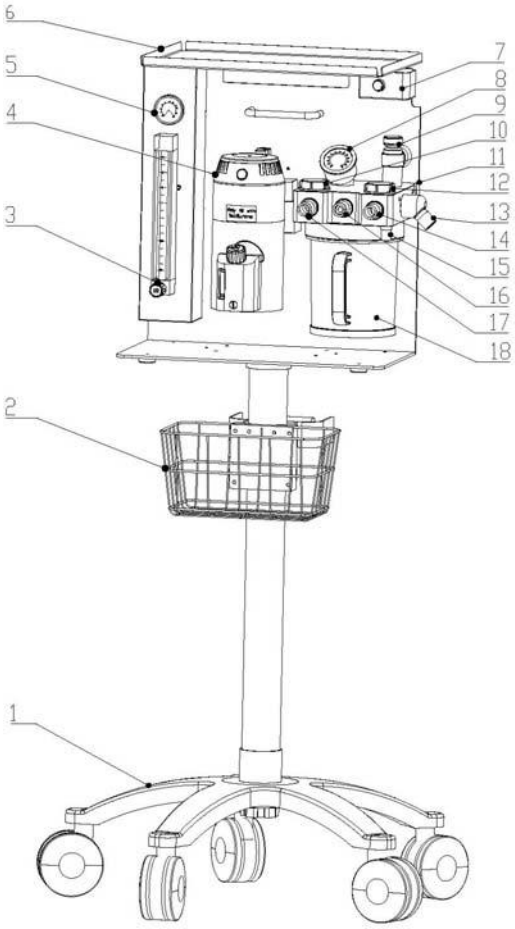
WARNING

- **This anesthesia machine is intended for use by qualified anesthesia personnel only or under their guidance. Anyone unauthorized or untrained must not operate it.**
- **This anesthesia machine is not suitable for use in an MRI environment.**

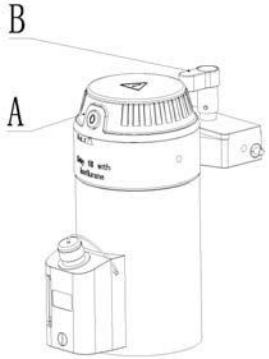
2.2 Equipment Appearance

2.2.1 Anesthesia machine schematic diagram

front view



1. Brake
2. Storage basket
3. Flowmeter control knob
   - ◆ Turn the control counterclockwise to increase the gas flow.
   - ◆ Turn the control clockwise to decrease the gas flow.
4. Vaporizer



A. Concentration control knob
Press and rotate to set the concentration of anesthetic agent.

B. Locking lever
Turn the locking lever clockwise to lock the Vaporizer in the mount.

5. O_2 pipeline pressure gauge
6. Top cap
7. O_2 flush button

   O_2+ Push this button to supply the breathing system with high flow capacity of O_2
8. Airway pressure gauge
9. APL (airway pressure limit) valve

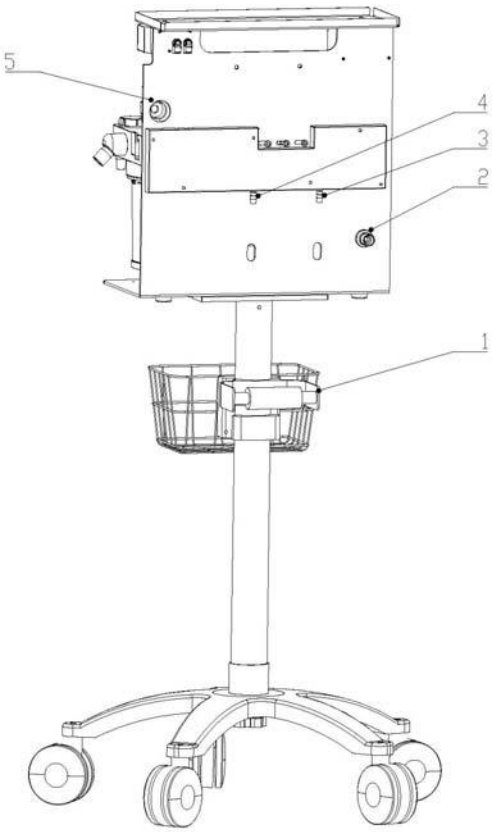
   It adjusts breathing system pressure limit during manual ventilation. The scale shows approximate pressures. Turn clockwise to increase.
10. Expiratory check valve
11. Inspiratory check valve
12. ACGO (Auxiliary Common Gas Outlet) switch

   ◆ Set the switch to the ON position. When the switch is activated, fresh gas is sent to an external manual breathing system through the ACGO.

   ◆ Set the switch to the OFF position to apply manual ventilation to the patient through the breathing system.
13. Manual breathing bladder interface
14. Inspiration connector
15. Test plug (breathing circuit leakage test)
16. ACGO connector
17. Expiration connector
18. Sodalime canister

   The sodalime inside the canister absorbs the CO_2 that the patient exhales, which enables cyclic use of the expired gas and maintains the stable CO_2 concentration in the pulmonary circulation of the patient.

Rear View



1. Handrail
2. O2 Gas supply connector (pressure range 200~400kPa)
3. Inlet port (Air inlet (connected to the air inlet of the fixed vaporator))
4. Outlet port (connect to the air outlet of the fixed vaporator)
5. AGSS Connector

   Connects to the anesthetic gas scavenging device.

Chapter 3 Installations and Connections

WARNING

- **Always ensure gas supply hose pipes and breathing circuit components non-toxic and will not cause allergic reactions in the patient's body, and will not react with anaesthetics to produce dangerous substances.**
- **Before using the machine, make sure all piping connections are correct and reliable, no winding, no knotting, not being pressured or being blocked and so on.**
- **Continuous use of desiccated sodalime may endanger patient. Adequate precautions should be taken to ensure that the sodalime in the sodalime canister does not become desiccated. Turn off all gases when finishing using the system.**
- **The equipment must be installed by the factory authorized engineer.**
- **This anesthesia machine has waste gas exhaust ports. The operator of the machine should pay attention to the disposal of the residual breathing gas.**

3.1 the Sodalime Canister Installation

WARNING

- **Avoid skin or eye touch with the contents of the sodalime canister. In the event of skin or eye touch, immediately rinse the affected area with water and seek medical assistance.**
- **Before installing a sodalime canister, inspect the color of the sodalime in the canister to determine when to replace the sodalime.**
- **Inspect sodalime color during the surgery or at the end of each case and take corresponding measures. Refer to the sodalime labelling for more information about color changes. During non-use, sodalime may go back to the original color.**

- **Clean the sodalime canister and change the sodalime canister sponge regularly. Otherwise, the sodalime powder built up inside the sodalime canister will go into the breathing system.**
- **Before installing the sodalime canister, inspect the canister mouth, canister support and seal for sodalime particles. If there are any particles, clear to prevent breathing system leakage.**
- **When installing the sodalime canister, please check whether it is installed in position.**

NOTE

- **After reinstalling the sodalime canister do a respiratory system test, be sure to bear in mind that a leak test of the breathing system should be performed.**
- **The sodalime canister should only be used with air, oxygen, nitrous oxide, halothane, enflurane, isoflurane, sevoflurane and desflurane.**
- **Before installing the sodalime canister, check the seal that between the breathing system and the sodalime canister is in good condition. If not, replace the seal immediately.**

3.1.1 Assembling the Sodalime Canister

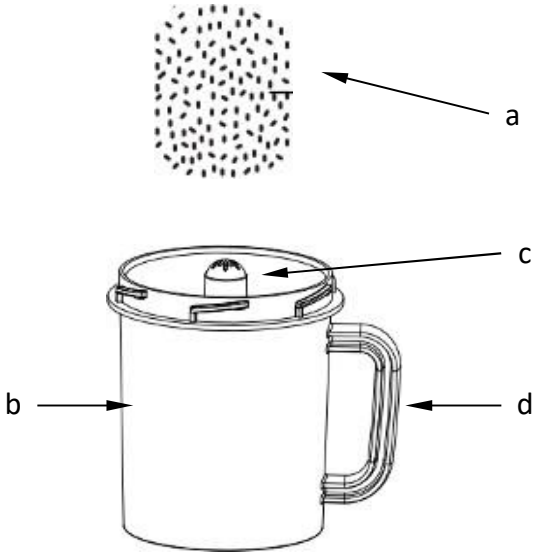
1. The following figures show the components of Sodalime Canister

a. Sodalime

b. Sodalime canister

c. Pipe

d. Handle



2. Hold the handle with your left hand，refer to figure 1, and hold the bottom of the absorber with your right hand and raise it so that the clip is in the same horizontal position as the mounting seat

Figure 1

3. Then rotate the handle anticlockwise so that it leads to the mounting seat buckle and compacts the sealing ring, refer to the figure 2.

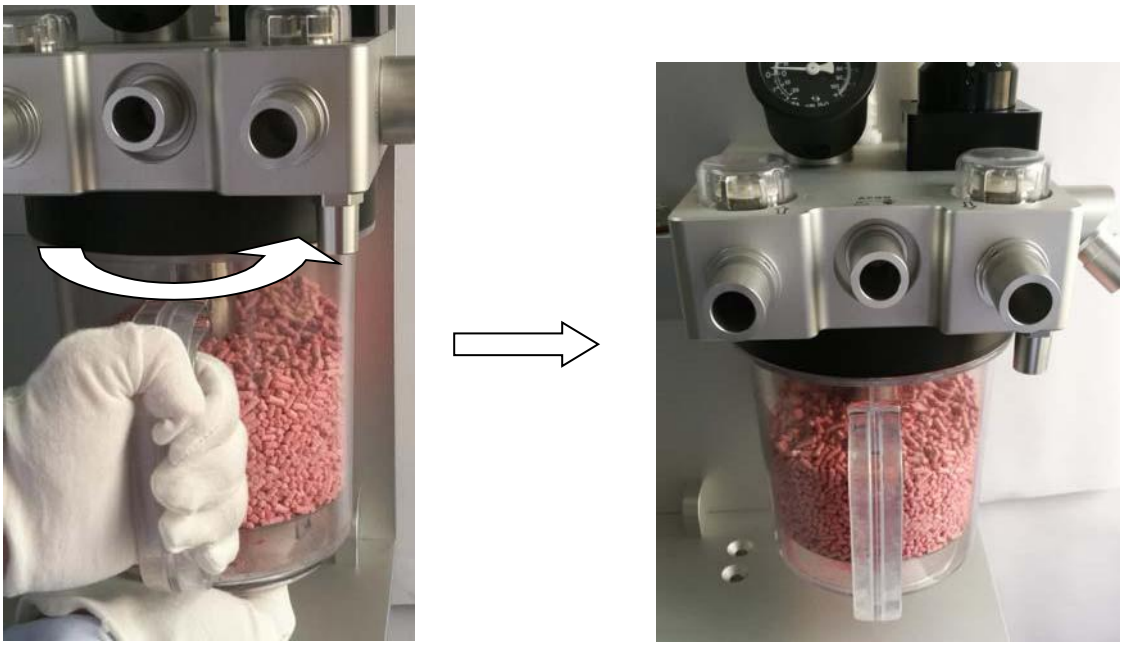


Figure 2

3.1.2 Changing the Sodalime

WARNING

- **When re-installing the sodalime canister after changing the sodalime, make sure that the canister is locked firmly and installed in position.**

NOTE

- **A gradual color change of the sodalime in the canister indicates absorption of carbon dioxide. The color change of the sodalime is only a rough indicator. Use carbon dioxide monitor to determine when to change the sodalime.**
- **Follow local regulations regarding disposal of hospital waste when the sodalime has changed color. If left alone for several hours, it may regain its original color giving a misleading indication of activity.**
- **The capacity of sodiumlime cannot exceed the MAX line in the upper platen of the sodalime canister.**

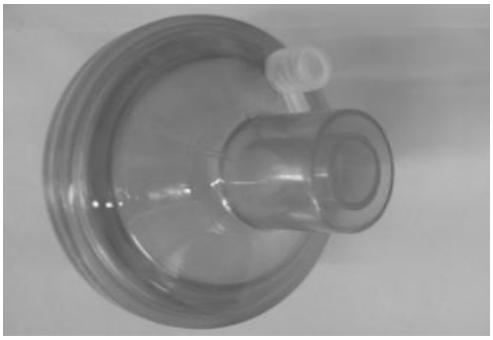
1. Disassemble the sodalime canister by referring to ***3.1.1Assembling the Sodalime Canister***.
2. Pour out the sodalime which has changed color.
3. When pouring the new sodalime to the sodalime canister, prevent that the sodalime is falling on the venthole of the canister support, which may increase airway resistance.
4. Assemble the sodalime canister.

3.2 Installation of the Breathing Tubes and Y piece

NOTE

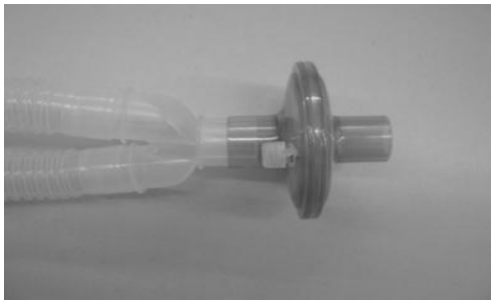
- **When installing the breathing hose, hold both ends of its connector to prevent damage of the tube.**

1. The following figure shows the filter at the respiratory



2. Connect the separate ends of two breathing hoses to the inspiration/expiration connectors in the breathing circuit.

3. Connect the filter to the parallel interface of the Y piece



3.3 Installation of the Manual Bag

1. Connect the manual bag to the manual bag port in the breathing circuit.

3.4 Vaporizer Installation

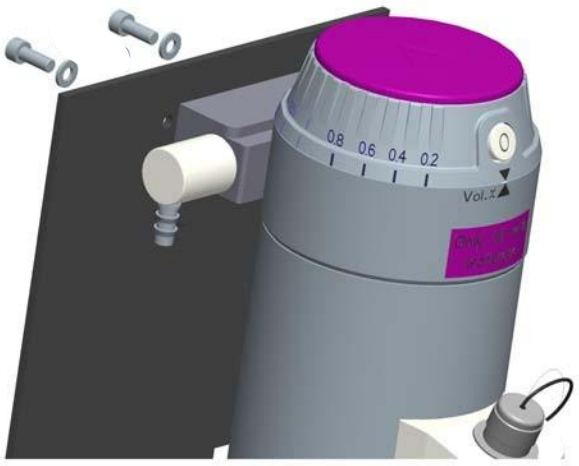
NOTE

- **For details about how to install and use the vaporizer, refer to the Vaporizer Instructions for Use.**

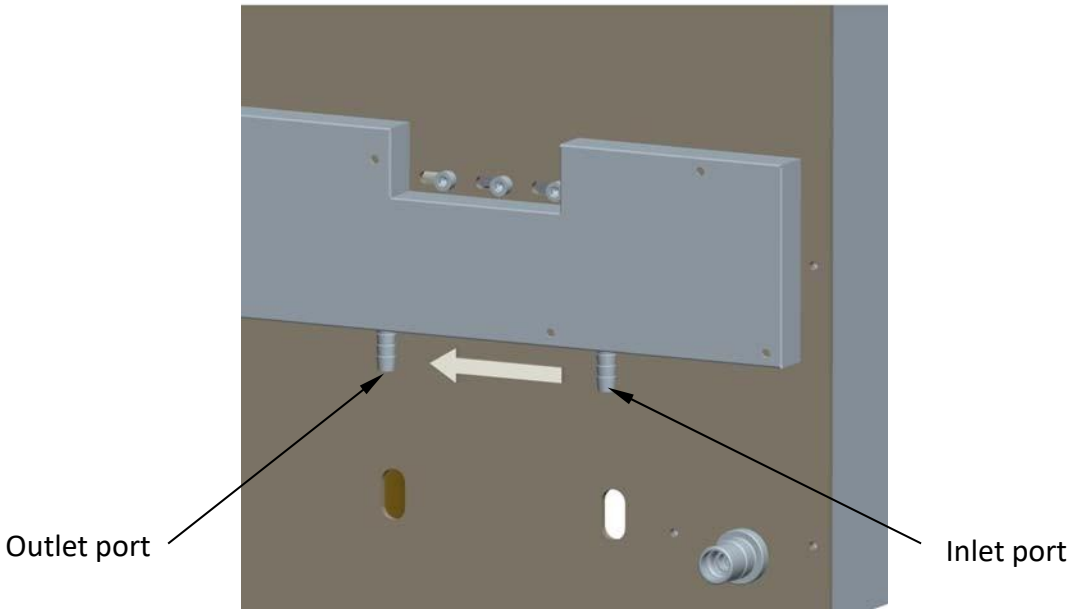
3.4.1 Assembly of the Vaporizer

Ⅰ Cagemount

1. The vaporizer is fixed to the anesthesia machine with two M6X16 soket of head cap screws.

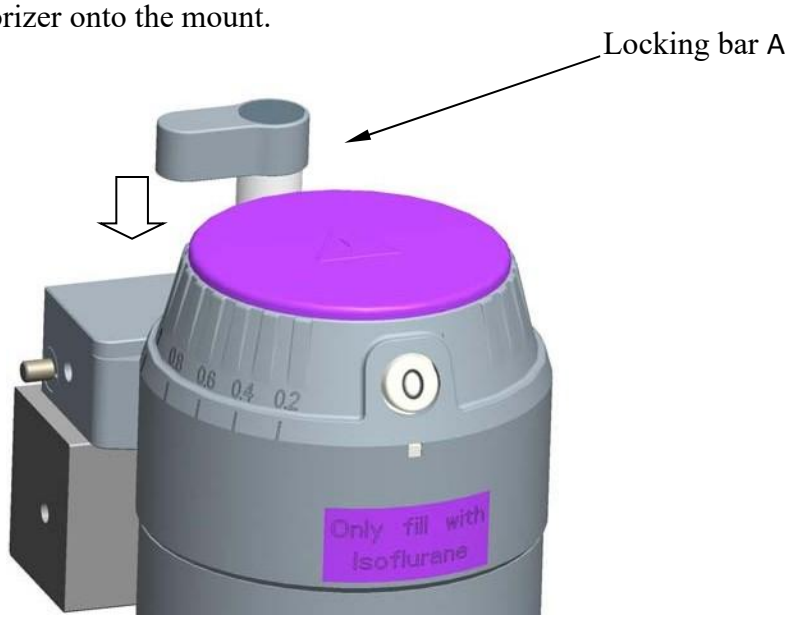


2. Connect the air inlet and outlet of the anesthesia vaporizer with the air inlet and outlet of the anesthesia machine with a silicone tube. Do not reverse, otherwise the equipment will not work properly.

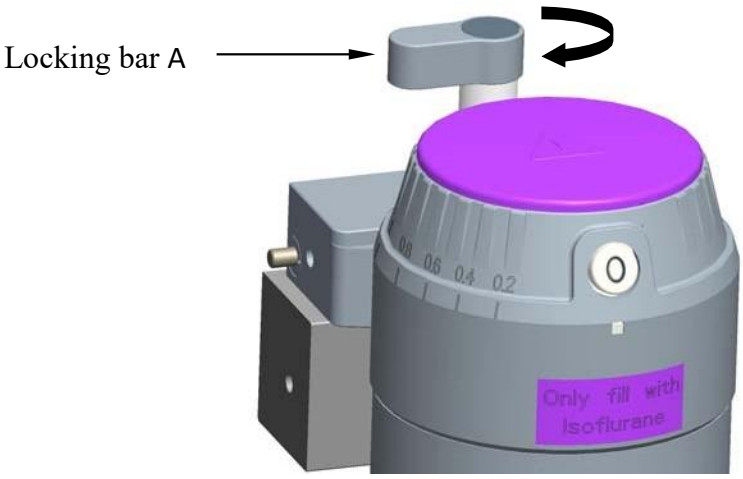


Ⅱ Selectatec compatible

1. Hook the vaporizer onto the mount.



2. Push and turn the locking bar A clockwise to lock the vaporizer in position.



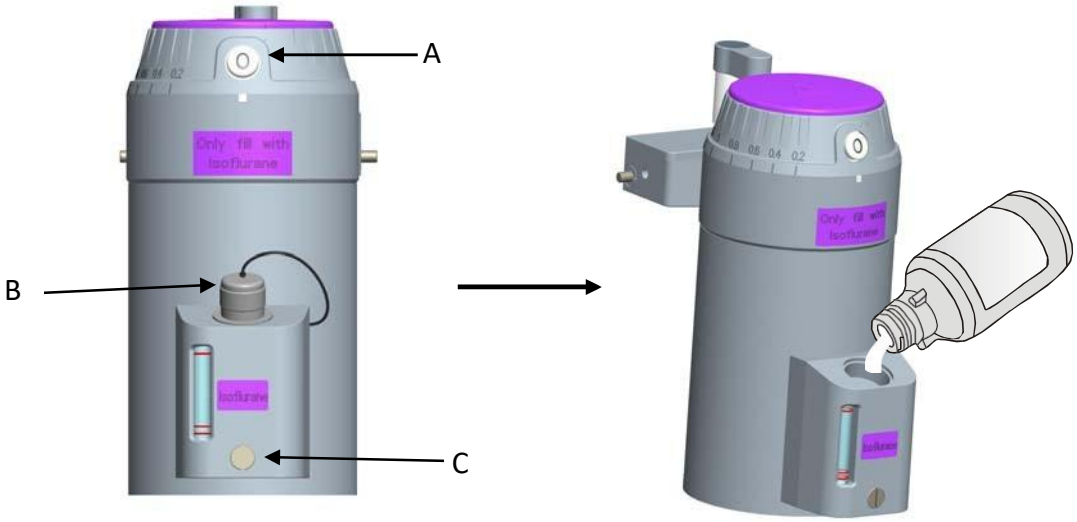
3. Make sure that the top of the vaporizer is horizontal. If not, remove the vaporizer and reinstall it.
4. In case of reinstalling the vaporizer, try to lift the vaporizer straight up off the mount rather than pulling forward. Do not rotate the vaporizer on the mount.
5. If a vaporizer lifts off the mount, install it again and complete steps 1 through 3. If the vaporizer lifts off a second time, do not use the system.

3.4.2 Filling the Vaporizer

WARNING

- Make sure that the correct anesthetic agent is added. The vaporizer is maked with the specific anesthetic agent and further indicated by color coded labelling. The actual output of the anesthetic concentration will vary if the vaporizer is filled with the wrong agent.

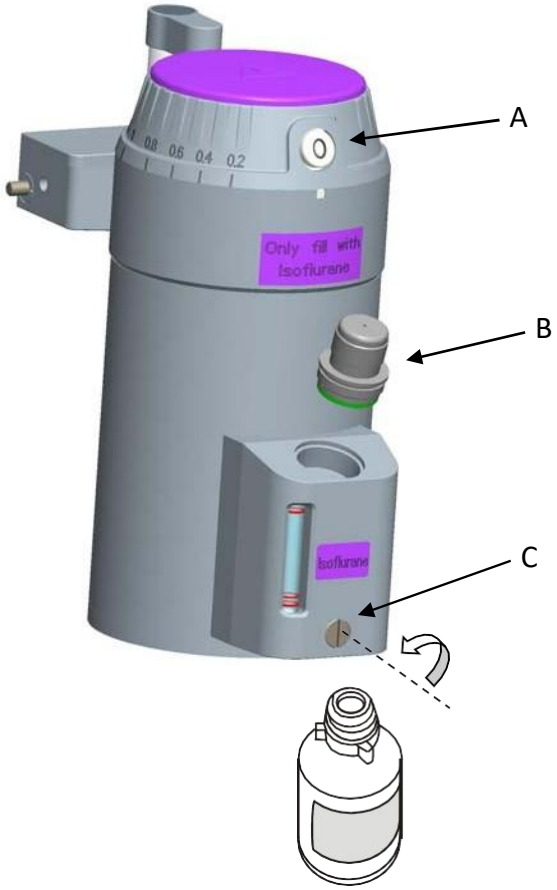
3.4.2.1 Pour Fill Vaporizer



1. Check that the control knob A is placed in the 0 (zero) position. Check that the drain screw C is fully tightened.
2. Unscrew the cap nut B.
3. Allow the anaesthetic liquid to flow into the vaporizer slowly. Pay attention to the liquid level during filling. Stop filling when the maximum level mark is reached.
4. Tighten cap nut B properly.

3.4.3 Draining the anaesthetic

3.4.3.1 Pour Fill System



1. Check that the control knob A is placed in the 0 (zero) position.
2. Unscrew the nut cap B.
3. Place a bottle marked with the name of the anaesthetic below the vaporizer, with the bottle neck direct toward the funnel of the draining tube. Undo the draining screw C to allow the liquid to run into the bottle.

NOTE

- **To avoid spillage, check that the bottle used for draining has sufficient capacity for the volume of liquid to be drained.**

3.5 Air Connectors

The anesthesia machine provides O_2 pipeline supply connectors, Connect the pipeline gas supplies as follows:

1. Check that the sealring at the tube connector is in good condition before connecting the gas supply tube. If damaged, do not use the tube. Replace the seal to avoid leakage.
2. Align the tube connector as well as the matching gas supply connector with the left side of the anesthesia machine and then insert into it.

Seal

3. Make sure that the tube is properly connected and manually tighten the lockingnut.

Lock nut

3.6 AGSS connector

AGSS connection

The outside diameter of the AGSS connector is 30 mm. with 1:20 taper ratio. Please connect to the AGSS or waste gas disposal system.

Chapter 4 Preoperative Test

4.1 Preoperative test procedures

Perform the preoperative tests in the following cases:

1. Before operating the anaesthesia machine to a patient.
2. After a maintenance or service procedure.

The following table indicates when a test must be done.

Item	Time
Pipeline tests	Every day before the first patient needs the machine
Flow control system tests	
Inspect the AGSS	
Preoperative preparations	Before each patient needs the machine
Breathing system tests	

NOTE

- **Read and understand the operation and maintenance of each component before using the anesthesia machine.**
- **Do not use the anesthesia machine if a test failure occurs. Contact us immediately.**

4.2 Checking the System

NOTE

- **The top shelf weight limit is 10 kg.**
- **Make sure that the breathing system is correctly connected and perfectly undamaged.**

Make sure that:

1. The anesthesia machine is undamaged.
2. All components are correctly attached.
3. The breathing system is correctly connected, and the breathing pipelines are undamaged.
4. The vaporizers are locked in position and filled with sufficient agents.
5. The gas supplies are correctly connected and the pressures are in normal condition. When the flowmeter knob is closed (at minimum value), the readings displayed is zero.
6. The necessary emergency equipment is available and in good condition.
7. Equipment for airway maintenance and tracheal intubation is available and in good condition.
8. Applicable anesthetic and emergency drugs are available.
9. The casters are not damaged or loose and the brake plate is locked and prevents movement.
10. Check the Sodalime color of the Sodalime Canister. If the color change oberviously, please replace the Sodalime immediately.

4.3 Pipeline Tests

1. Set the flow control in a middle level of the gauging range.
2. Make sure that the pressure values of all pipeline gauges show between 280 to 600 kPa.
3. Disconnect the O_2 supply.
4. Make sure that the O_2 pressure gauge goes back to zero position.

4.4 Breathing System Tests

1. Make sure that the breathing system is correctly connected and perfectly undamaged.
2. Make sure that the check valves in the breathing system work correctly:
   - ◆ The inspiratory check valve work correctly when it opens during inspiration and closes at the start of expiration.
   - ◆ The expiratory check valve work correctly when it opens during expiration and closes at the start of inspiration.

4.4.1 Breathing System Leak Tests in Manual Ventilation Status

1. Set the manual/ACGO switch to the manual  position.
2. Connect the manual bag to the manual bag port.
3. Turn the APL valve control knob to the maximum position (50 cmH_2O).
4. Turn the O_2 flow control to set the O_2 flow at 0.1L/min.
5. Block the the patient's outlet of the breathing system to close it.
6. Push the O_2 flush button to let the value on the airway pressure gauge increases to approximately 30 cmH_2O.
7. Release the flush button. A pressure decrease on the airway pressure gauge indicates a leak. in this case, please contact your service personnel of our service department.

4.4.2 APL Valve Tests

1. Set the manual/ACGO switch to the manual  position.
2. Connect the manual bag to the manual bag port.
3. Block the the patient's outlet of the breathing system to close it.
4. Turn the APL valve control to let the pressure of APL valve stay at 30 cmH_2O.
5. Push the O_2 flush button to inflate the manual bag.
6. Make sure that the reading on the airway pressure gauge is within the range of 20 to 40 cmH_2O.
7. Turn the APL valve control to the MIN position.
8. Set the O_2 flow at 3 L/min. Turn off other gases.

9. Make sure that the reading on the airway pressure gauge is less than 5 cmH_2O.
10. Push the O_2 flush button. Make sure that the reading on the airway pressure gauge does not exceed 10 cmH_2O.
11. Turn the O_2 flow control to set the O_2 flow to the minimum position. Make sure that the reading on the airway pressure gauge does not decrease below 0 cmH_2O.

4.5 Preoperative Preparations

1. Make sure that the equipment for airway maintenance, manual ventilation and tracheal intubation, as well as applicable anesthetic and emergency drugs are available.
2. Set the manual /ACGO switch to the manual  position.
3. Connect the manual bag to the manual bag port.
4. Turn off all vaporizers.
5. Turn the APL valve control knob to fully open the APL valve (O position).
6. Turn flow control knobs to set gases flow at minimum situation.
7. Make sure that the breathing system is correctly connected and perfectly undamaged.

WARNING

- **Flush the anesthesia machine with 5 L/min O_2 flow for at least one minute before it is connected to a patient. This operation can remove the unwanted mixtures and by-products from the system.**

Chapter 5 Ventilation Modes

5.1 Manual Ventilation Mode

1. Set the manual/ACGO switch to the manual  position.
2. Turn the APL valve control knob to adjust the pressure in the breathing system within the appropriate range.
3. Push the O_2 flush button O_2+ to inflate the manual bag if necessary.

In the manual ventilation mode, APL valve is used to adjust the surge pressure in the breathing system and gas volume in the manual bag. When the pressure in the breathing system reaches the pressure limit set for the APL valve, the valve opens to release the excessive gas.

NOTE

- **When using the anesthesia machine on the patient, make sure that manual ventilation mode is readily available.**
- **APL valve is used to regulate the pressure limit of the respiratory system during manual ventilation. Its scale displays approximate pressure value.**

5.2 Open Ventilation Mode

1. Set the manual/ACGO switch to the ACGO 

position.
2. Turn the O_2 flow control within the appropriate range.

NOTE

- **Do not use open ventilation for long periods of time. Otherwise, high concentrations of anesthetic vapor enter the surrounding air, which will cause harm to people.**

Chapter 6 User Maintenance

6.1 Maintenance principle

WARNING

- **Air source hose assemblies shall not be contaminated with grease.**
- **Be careful when moving or replacing system parts. Otherwise, the movable parts and detachable parts may at risk of being clamped or crushed.**
- **Do not use faulty equipment, please let our authorized service representatives to complete all necessary maintenance, or qualified professionals to complete the replacement and maintenance of the parts listed in this specification. The equipment should be tested after maintenance to ensure the function of the equipment is in normal condition.**

NOTE

- **Person without experience in the maintenance of such equipment may not be engaged in maintenance work.**
- **The damaged parts shall be replaced with the parts produced or sold by the Company. After replacement, test should be carried out to ensure that the equipment conforms to the manufacturer's specifications.**
- **If you need service support, please contact our after-sales service department.**
- **If you want to know more about the product, please contact our after-sales service department.**

6.2 Maintenance Schedule

Minimum frequency	Maintenance
Daily	Clean the external surfaces.
Biweekly	Draining of the vaporizers.Disposal of the residule anaesthetic
Annually	Replace the seal on the vaporizer manifold and that on the breathing system port. Contact us for details.
During cleaning and setup	Inspect the parts and seals for damage. Replace or repair if necessary.
As required	If the color of sodalime changes, replace the sodalime in the absorber.
	If the gas source hose assembly is broken, replace it.
	If the pressure deviation of the APL valve is too large, replace the APL valve.
	If the AGSS absorber hose is damaged, replace it.

1. Clean the surface of the anesthesia machine housing with a damp cloth soaked in a mild detergent (such as 70% ethanol).
2. After cleaning the housing, remove the remaining detergent by wiping with a dry, nonlinting cloth.

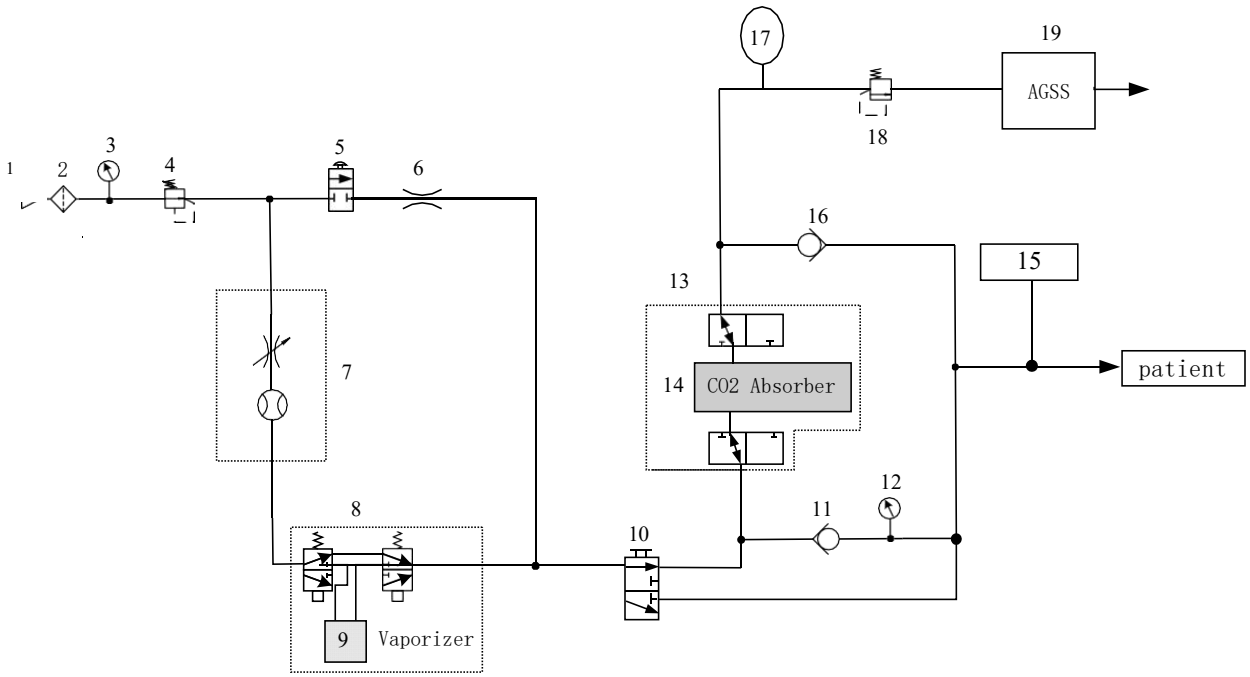
NOTE

- **Do not use organic, halogenated or petroleum solvent, glass cleaner, acetone or other harsh cleaning agents.**
- **Do not use abrasive cleaning agents (such as steel wool, silver polish or cleaner)**
- **Do not allow liquid infiltration into the equipment housings.**
- **Cleaning solutions must have a pH of 7.0 to 10.5.**

A Operating Principle

A.1 Air Circuit System

A.1.1 Gas flow chart



A.1.2 Parts list

1	Oxygen Pipe-Line Inlet	11	Inpiration Unidirection Valve
2	Filter	12	Airway pressure gauge（-20～100H_2O）
3	Oxygen Pressure Gauge	13	CO_2 Absorber mount
4	Regulator 241kPa（35psi）	14	CO_2 Absorber
5	Oxygen Flush	15	Monitor
6	Orifice	16	Expiration Unidirection Valve
7	flow meter	17	Manual air Bag
8	Vaporizer mount	18	APL
9	Vaporizer	19	AGSS system
10	ACGO Switch		

A.1.3 Principle Description

Air supply

The gas supply includes pipeline gas and cylinder gas. The input pressure of each pipeline gas supply is 0.2 to 0.4MPa. The gas supply is equipped with filter (2) and monitored by pressure gauge (3).

Fresh air part

The fresh gas is from oxygen flush (5) or from flowmeter (7) module.

Oxygen flush (5) supplies the fresh gas by non-quantitative method, but the flow rate is below 75L/min to avoid hurt, while the flowmeter could supply in quantity.

Breathing circuit system

Breathing circuit system is a closed circuit that absorbs the expired CO2 for recycling and meanwhile recycling of anesthesia gas.

During manual ventilation, ventilation is done by squeezing the manual air bag (17). APL valve (18) is used to adjust the pressure in the airway during manual ventilation.

ACGO switch (10) used for switching between open system and close system. When ACGO is on, it switches to the open ventilation.

B Product Specifications

B.1 Environmental Specifications

Main unit			
Item	Temperature (ºC)	Related humidity (non-condensing)	ATM.(kPa)
Operating	10～40	15%～95%	70～106
Transport storage	-20～55	10%～95%	50～106

B.2 Physical Specifications

Main unit	
Size	480× 450 × 1310 mm(length×width ×height)
Weight	< 18 kg (without vaporizers)
Top shelf(If there is)	
Weight limit	10 kg
Size	430 × 200 mm（length×width）
Caster Wheel	
Caster Wheel	five, diameter 75 mm，two braking vanes with band brake in the frontend; three without band brake in the backend.

B.3 Breathing System Specifications

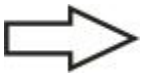
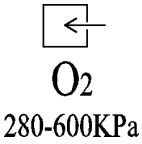
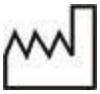
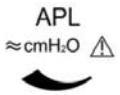
System leakage and system compliance	
System leakage	Not greater than 50 mL/min at 3 kPa
System compliance	≤3 mL/100Pa in adult mode
Sodalime canister leakage	Not greater than 10 mL/min at 3 kPa
APL valve leakage	Not greater than 20 mL/min（The scale of APL valve is 70 cmH_2O）
CO_2 absorber canister	
Volume	1500 mL
Interface and connector	
Expiratory end	Male 22 mm conical connector incorporating a coaxial female 15 mm conical connector
Inspiratory end	Male 22 mm conical connector incorporating a coaxial female 15 mm conical connector
Bag end	Male 22 mm conical connector incorporating a coaxial female 15 mm conical connector
Airway pressure gauge	
Range	-20 ～ 100 cmH2O
Accuracy	±2.5% of full range

APL valve	
Range	0 ～ 70 cmH2O

B.4 Anesthetic vaporizer

Anesthetic vaporizer (for details, refer to the vaporizer Instructions for Use)	
Type	Enflurane,Iosflurane Sevoflurane vaporizer.
Vaporizer position	Single
Mounting mode	Selectatec®, Cagemount

C Equipment Symbols

	Manual ventilation		O_2 flush button
	Flow direction		Flow control
	Lock		Unlock
	AGSS outlet		O_2 supply inlet
	Manufacture date		Serial number
	APL		Max volume of sodalime
	ACGO Open		Cyclic Resoiration Open
	Must Read the manual before use		Don’t sit on the table

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