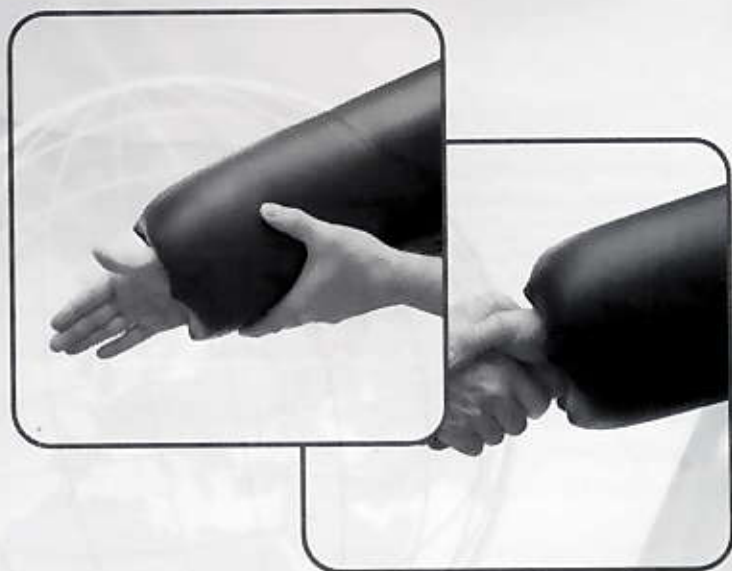


Rhys-Davies Exsanguinator

User Guide



**ANETIC
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The Theatre Equipment Specialists

www.aneticaid.co.uk

Rhys-Davies Exsanguinator

1. The patients limb is elevated for 1 minute and then the exsanguinator is rolled onto the operators arm until his comes out of the other end.



2. The operator then grasps the patients hand or foot, enclosing all digits.



3. While pulling gently on the limb the exsanguinator is rolled onto it.



4. The exsanguinator is rolled up to the level of a padded tourniquet cuff. For adult legs assistance may be required to roll the sleeve onto the wider part of the thigh.



5. Tourniquet inflated.
6. Exsanguinator rolled off the limb.

Maintenance

The exsanguinator may be washed using soap and water.

Over a period of time, typically months, the pressure exerted by the device in use can drop. This is due to slow air loss and some stretching of the elastomer with prolonged operation. An inflation kit is supplied to correct this if required.

It is strongly recommended that the Exsanguinator is replaced annually since the frequency of use, storage temperature and exposure to ozone and bright light can reduce the operating effectiveness in some conditions over this period of time.

Storage

We advise that when not in use the Exsanguinator is stored inside its polythene sleeve and cardboard box at a temperature of 15 +/- 10 C and away from electrical equipment. It should not come into contact with solvents.

IMPORTANT NOTICE

To qualify for return under warranty the serial number on the exsanguinator must still be intact.

Inflation Kit

Air may be pumped into the device through a concealed valve.

This should be done by using the dedicated inflation kit supplied. The valve is positioned centrally between the moulded crosshairs which are indicated by a yellow arrow.

ENSURE NEEDLE OF INFLATION KIT IS INSERTED IN CENTRE OF CROSSHAIRS.

- Roll the Exsanguinator until the top-up valve is at the end of the device.
- Insert the hollow needle of the inflation kit into the valve.
- Inflate using the hand pump until the Exsanguinator has an internal pressure of 60 mm/Hg.
- The pressure may be checked directly by attaching a sphygmomanometer to the T connection of the inflation kit whilst the needle is inserted into the Exsanguinator.
- Alternatively the external circumference of the Exsanguinator can be used as a guide to internal pressure. When new an external circumference of 46-47cm (18-18.5") corresponds to an internal pressure of 60 mm/Hg.

In a device which has undergone repeated use and stretched slightly a somewhat larger circumference may be needed to achieve this internal pressure.

- THE DEVICE MUST NOT BE OVER INFLATED.

THE MAXIMUM INFLATION PRESSURE IS 60 MMHG, CORRESPONDING TO MAXIMUM EXTERNAL CIRCUMFERENCE OF 47CM (18.5") OF THE DEVICE WHEN NEW.

- A simple method of checking the pressure exerted by the device is to inflate loosely a blood pressure cuff and roll it inside the Exsanguinator.
- The sphygmomanometer will then record the pressure inside the walls.

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