



Background

Circle circuit + 'out of circuit' vaporizer:

- Vaporizer output \rightarrow huge buffer that must be washed out before change in [Anes] in blood: imprecise targeting, slow, wasteful.
- Low FGF: \uparrow efficiency / longer time to change [Anes]

Solution: in-line vaporizer

- works with any anesthetic or ventilator circuit
- Rapid changes in [Anes] at any FGF

Hypothesis

In-line vaporizer + anesthetic reflector \rightarrow ideal efficiency of anesthetic delivery: lose only what is absorbed by patient

Methods

Key components:

- Inline digital target controlled vaporizer (MADM[™], TRI, Toronto, Canada)
- Anesthetic reflector (AnaConDa[™])
- Anesthetic circuit; secondary circuit

Protocol:

- 2 trials on a single pig:
- Target isoflurane 2%
- FGF 1 or 4 L/min with or without reflector

Measurements:

- anesthetic consumption from weight of vaporizer averaged over 20 min
- tidal PCO₂, PO₂, SaO₂, NIBP

References

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Digital in-line vaporizer plus anesthetic shield: maximum control and maximum efficiency of anesthetic delivery

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- CO2 rebreathing in all 4 trials
- \bullet reflector



In-line vs. out of circuit vaporizer:

- **Simple:** what you dial is what you get
- self-inflating bag

Adding reflector:

•Greatest possible efficiency of anesthesia

Limitations:



Fresh Gas Flow

PICO2 was 3-4 mmHg without reflector; 12-15 mmHg with

Discussion & Conclusions

• Efficient: direct control of inspired [Anes] independent of FGF • **Compatibility**: Works with any breathing circuit: circle, flow through,

• Versatile: small footprint; 5 Kg; use anywhere, with anything

•CO₂ rebreathing with reflector: 100 ml deadspace •May not be as big a problem with humans (pigs have high VCO2) •May need second CO2 scrubber on inspiratory limb.