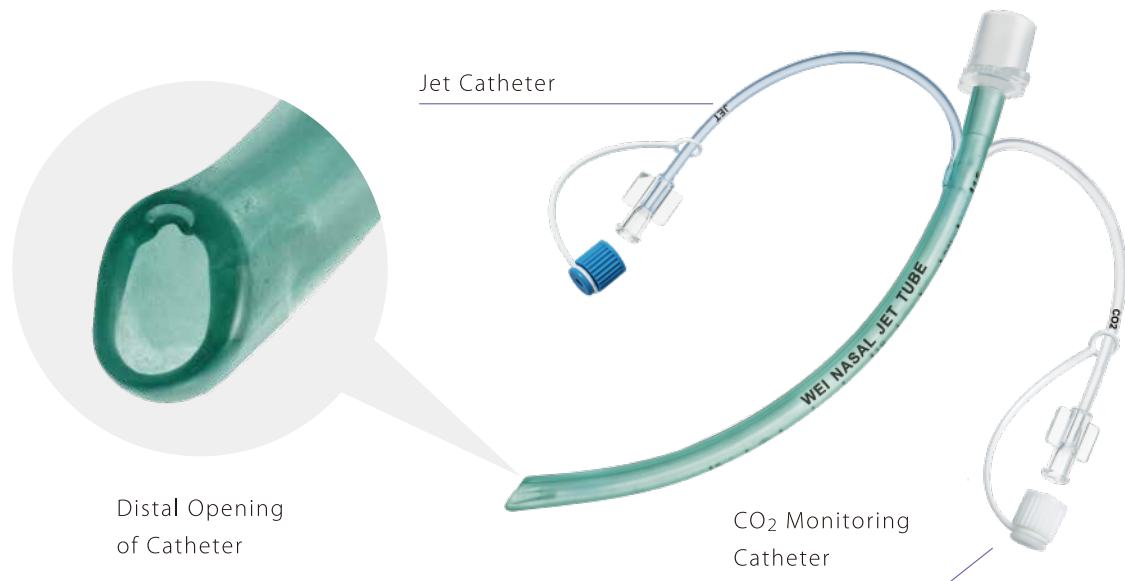


Wei Nasal Jet Tube



As new device for Supraglottic Jet Oxygenation/Ventilation, Wei Nasal Jet Tube (Wei Nasal Jet®, WNJ®) can provide active and powerful pulsatile supraglottic jet oxygenation and/or ventilation during monitored anesthesia care or during the process of various complicated or difficult airway management with minimal chance of barotraumas due to its feature of supraglottic jet ventilation and maintenance of opening feature via mouth and nose.

- Compared with TTJV, SJOV with WNJ is simple and easy to learn, convenient to practice, early to use in the difficult airway management with minimal chance of barotraumas
- Idea way for augmented oxygen diffusion to maintain oxygenation, but also powerful to ventilate patients and maintain carbon dioxide elimination
- Minimizing hypoxia and associated morbidity and mortality during upper GI endoscopy or ERCP especially in obese patients and prone position patients
- Maintaining oxygenation during direct laryngoscopy and fiberoptic intubation in apnea patients
- Providing effective oxygenation/ventilation for patients with respiratory depression
- Convenient and continuous monitoring of PetCO₂ to facilitate early diagnosis and treatment of respiratory suppression

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wellead®

Recommended Setting

- Driving Pressure: 15-30 Psi; Frequency: 15-20/min, I/E ratio: 30-40%; FiO₂: 100%
For assisting of oxygenation/ventilation during tracheal intubation in paralyzed patients without obesity
- Driving pressure: 5-20 Psi; Frequency: 10-150/min; I/E ratio: 30-40%; FiO₂: 100%
For augmenting oxygenation/ventilation during upper gastrointestinal endoscopy in patients with spontaneous breathing during intravenous propofol infusion

Literature Excerpt

Supraglottic Jet Oxygenation and Ventilation Enhances Oxygenation During Upper Gastrointestinal Endoscopy In Patients Sedated With Propofol: A Randomized Multicentre Clinical Trial ¹

BACKGROUND. Hypoventilation is the main reason for hypoxia during upper gastrointestinal endoscopy procedures with sedation. The key to preventing hypoxia is to maintain normal ventilation during the procedure. We introduced supraglottic jet oxygenation and ventilation (SJOV) through a new Wei Nasal Jet® tube (WNJ) to reduce the incidence of hypoxia in patients sedated with propofol during upper gastrointestinal endoscopy procedures.

METHODS. In a multicentre, prospective randomized single-blinded study, 1781 outpatients undergoing routine upper gastrointestinal endoscopy who were sedated with propofol by an anaesthetist were randomized into the following three groups: the supplementary oxygen via nasal cannula group [nasal cannula oxygen: O₂ (2 litres min⁻¹) was administered via a nasal cannula]; the supplementary oxygen via WNJ group [WNJ oxygen: O₂(2 litres min⁻¹) was administered through a WNJ]; and the SJOV via WNJ group (WNJ SJOV: SJOV was administered via WNJ) at three centres from March 2015 to July 2016. The primary outcome of interest was the incidence of hypoxia (peripheral oxygen saturation of 75–89%). Other adverse events were also recorded.

RESULTS. Supraglottic jet oxygenation and ventilation decreased the incidence of hypoxia from 9 to 3% (P<0.0001). No severe hypoxia occurred in the WNJ SJOV group, one instance occurred in the WNJ oxygen group, and two instances were observed in the nasal cannula oxygen supply control group. Supraglottic jet oxygenation and ventilation-related minor adverse events increased significantly within 1 min after the procedure but decreased 30 min later.

CONCLUSIONS. The use of SJOV during upper gastrointestinal endoscopy for patients who are sedated with propofol reduces the incidence of hypoxia, with minor and tolerable adverse events. Supraglottic jet oxygenation and ventilation has a favourable risk-to-benefit ratio and may improve patient safety. "

1.Y. Qin, L. Z. Li, X. Q. Zhang, Y. Wei, Y. L. Wang, H. F. Wei, X. R. Wang, W. F. Yu and D. S. Su. Supraglottic Jet Oxygenation and Ventilation Enhances Oxygenation During Upper Gastrointestinal Endoscopy In Patients Sedated With Propofol: A Randomized Multicentre Clinical Trial. *British Journal of Anaesthesia*, 119 (1): 158–66 (2017)