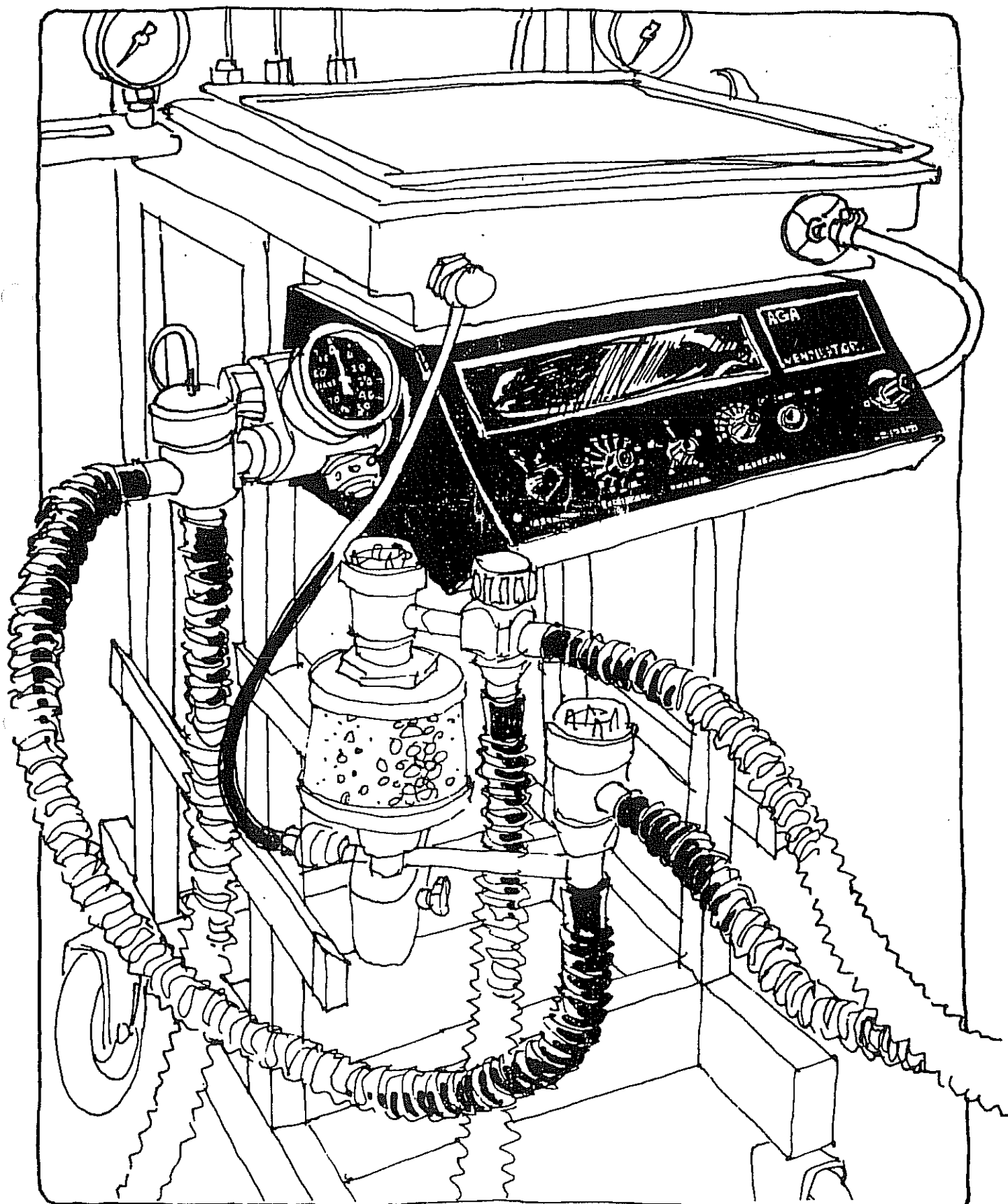
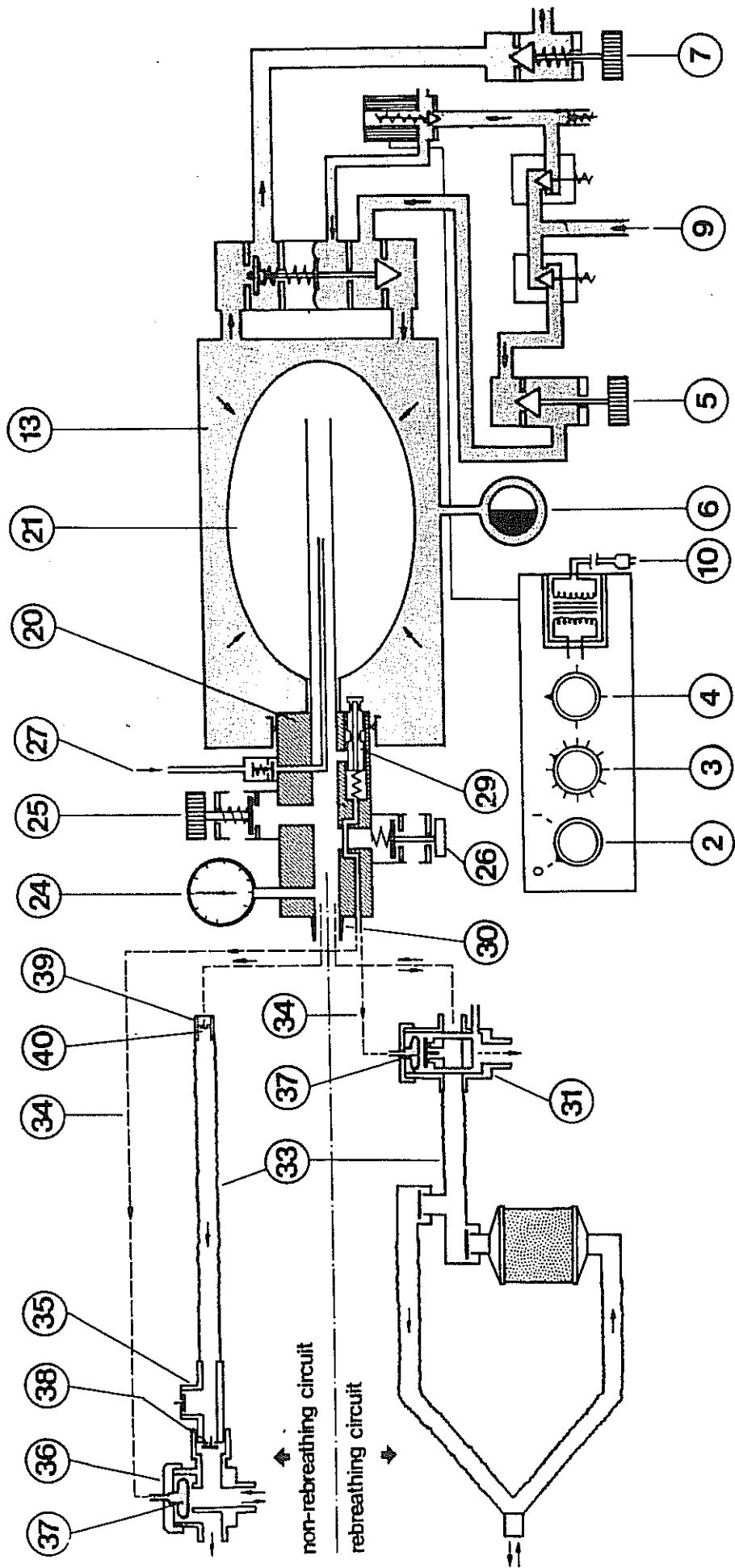


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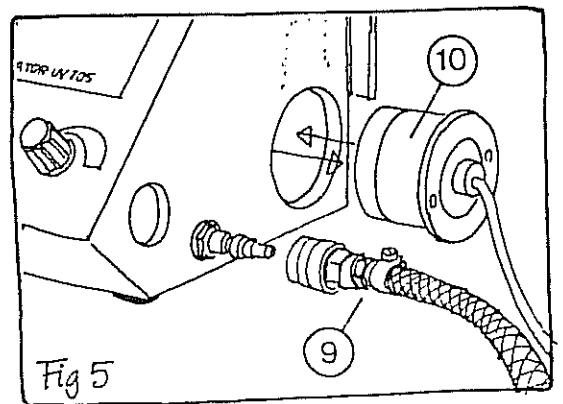
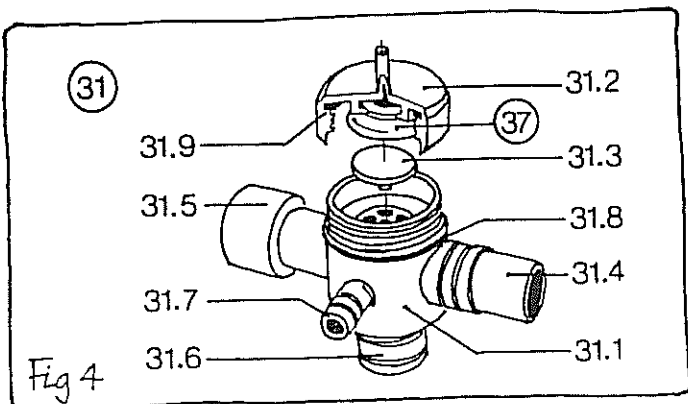
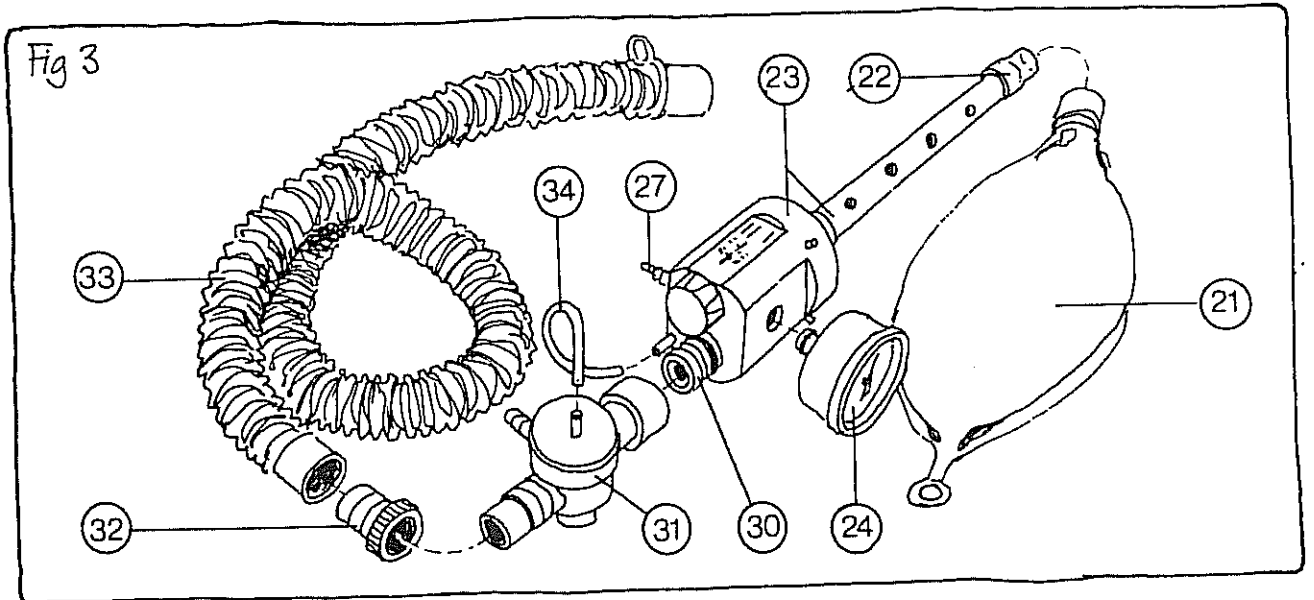
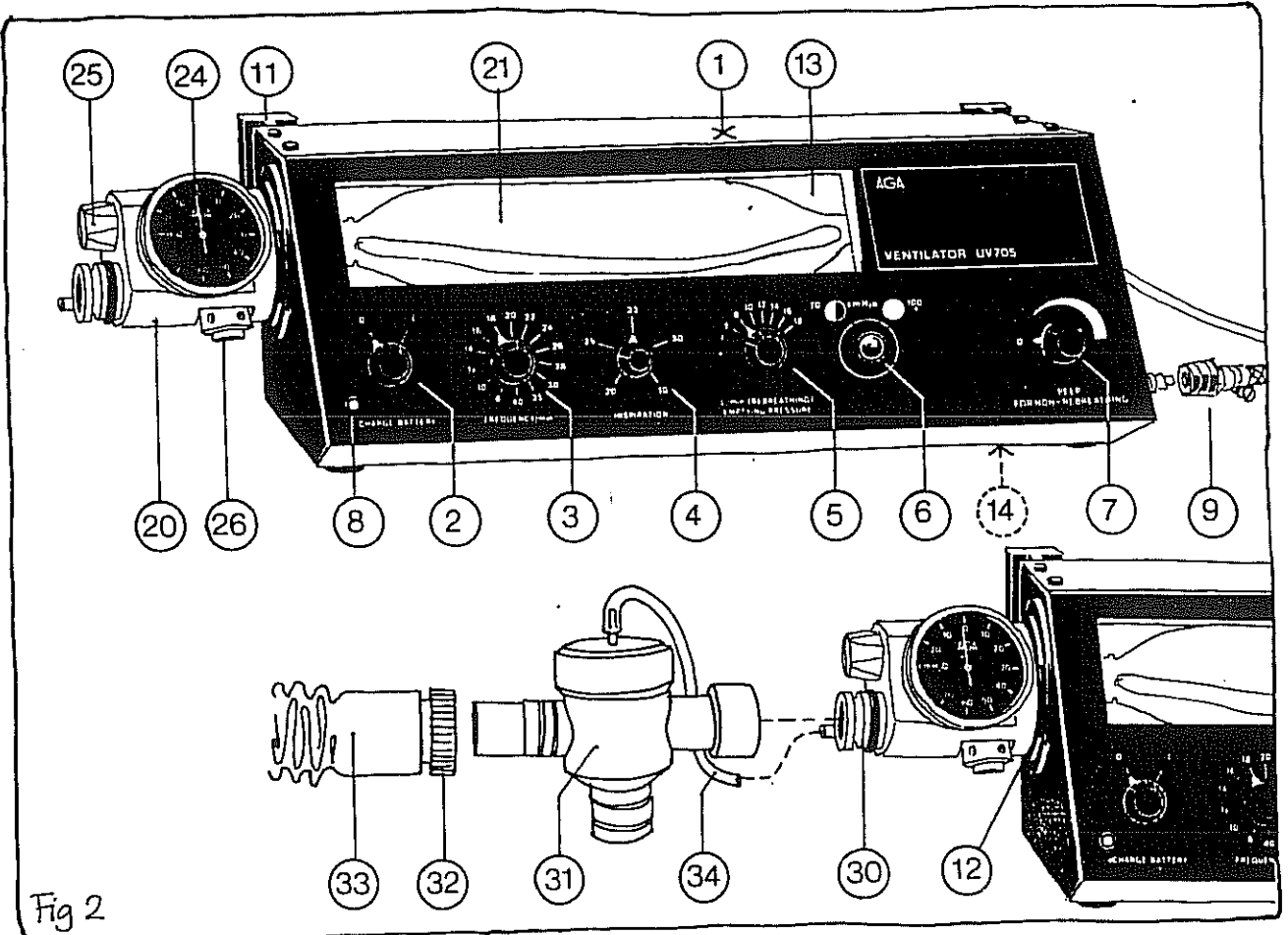
Ventilator UV 705

Operating instructions





AGA UV 705



CONTENTS

1.	GENERAL INTRODUCTION AND DESCRIPTION OF FUNCTION	2
2.	COMPONENTS	3
3.	OPERATING INSTRUCTION, REBREATHING SYSTEM	4
3.1	Working principle	4
3.2	Preparations	4
3.3	Installation	4
3.4	Test and inspection procedure	5
3.5	Connection to patient	6
3.6	Connecting the spirometer	6
3.7	Evacuation of excess gas	6
3.8	Spontaneous breathing	6
3.9	Manual ventilation	7
3.10	Pressure-limited rebreathing system	7
3.11	PEEP, (pressure-limited rebreathing system)	7
4.	OPERATING INSTRUCTION, NON-REBREATHING SYSTEM	9
4.1	Working principle	9
4.2	Preparations	9
4.3	Installation	9
4.4	Test and inspection procedure	10
4.5	Connection to patient	11
4.6	Connecting the spirometer	11
4.7	Evacuation of excess gas	11
4.8	Spontaneous breathing	11
4.9	Manual ventilation	12
4.10	PEEP	12
4.11	Humidifier	12
4.12	The UV 705 in post-operative use	12
5.	CLEANING	13
6.	PERIODIC MAINTENANCE	13
7.	TROUBLE SHOOTING	14
8.	SPARE PARTS LIST	15

1. GENERAL INTRODUCTION AND DESCRIPTION OF FUNCTION

The AGA UV 705 is a flexible, volume time-constant ventilator which can be used for anesthesia in both rebreathing and non-rebreathing systems, as well as for post-operative use. It can be connected to most anesthetic machines and systems available on the market today. The ventilator is controlled electronically and driven pneumatically, guaranteeing accurate controls and stable, reliable ventilation.

Function

The AGA UV 705 consists of two sections which are completely separate from each other — a main/drive unit with built-in pressure chamber and a patient unit with insufflation bag. The main unit is driven by compressed air. The drive gas tube is connected by means of a quick-coupling. The UV 705 has the following adjustment knobs: mains switch, adjustment of breathing frequency to 14 discrete positions from 8 to 40 breaths per minute; adjustment of inspiration time to 5 positions, graduated in percentage of total breath time; stepless adjustment of minute volume, graduated from 2 to 18 l/min (for use in rebreathing systems). In non-rebreathing systems, this knob is used for adjustment of the emptying, i.e. the working pressure of the overpressure chamber. This pressure is read off on an indicator. PEEP (positive end expiratory pressure) in non-rebreathing systems is set by means of a knob and read off on the patient pressure gauge. The UV 705 is equipped for both mains and battery power supply. A warning lamp lights up when the battery starts to lose power but no later than five hours before it is totally exhausted. The patient unit with insufflation bag is fitted into the pressure chamber by means of a bayonet mounting. A safety pressure relief valve is steplessly adjustable by means of a knob and the pressure limit is read off on an indicator (0 to 70 cm H₂O). A safety valve for emergency pressure relief is located for easy access in the patient unit. The pressure in the patient circuit is read off on a pressure gauge.

In rebreathing systems, the patient rebreaths from the insufflation bag. Ventilation is volume-controlled and the excess gas is diverted through the excess valve during the expiration phase. This valve is opened and closed via a tube from the pressure chamber — the pilot pressure tube. The patient tube is connected to the excess valve by means of an ISO taper.

In non-rebreathing systems, the patient tube is equipped with an expiratory valve which is connected to the patient unit via a pilot pressure tube. A metered gas mixture is delivered through the fresh gas nipple (quick-coupling as standard) into the insufflation bag. The insufflation bag is emptied at the same rate as the set breathing frequency. With spontaneous breathing, if the metered gas mixture is insufficient or cut off completely, the patient can obtain room air through the spontaneous breathing valve (35).

Evacuation of expiration air can be connected to the outlet side of the expiration valve (36).

2. COMPONENTS

1. Main/drive unit
2. Mains switch
3. Breathing frequency adjustment (electronic, graduated 8–40/min)
4. Inspiration time adjustment (electronic, graduated 10–50% of total breath time)
5. Adjustment of volume (rebreathing systems) or emptying pressure (non-rebreathing systems)
6. Indicator for emptying pressure in overpressure chamber. Half green =
= 70 cm H₂O, all green = 100 cm H₂O or more. Intermediate values can be set
7. Knob for stepless adjustment of positive end expiratory pressure (PEEP)
8. Indicator lamp for battery charge. Lights up when only five hours or less of battery time remain
9. Compressed air tube and tube connection
10. AC-adapter with cable for mains operation or battery charging
11. T-bracket for rail clamp. Movable
12. Bayonet mounting for patient unit
13. Overpressure chamber
14. Silicone membrane

20. Patient unit, complete with insufflation bag and patient tube
21. Insufflation bag, 3 litres, short neck
22. Protective tube of silicone rubber
23. Patient unit with bag holder
24. Patient pressure gauge
25. Safety relief valve, graduated 0–70 cm H₂O
26. Emergency relief valve
27. Fresh gas nipple
28. Outlet for safety valve (connection of evacuation nipple)
29. Pilot pressure valve
30. Connection for patient tube or excess valve
31. Excess valve
 - 31.1 Valve housing
 - 31.2 Cover with pilot pressure nipple
 - 31.3 Metal membrane
 - 31.4 Male connection, ISO
 - 31.5 Female connection
 - 31.6 Outlet for excess gas
 - 31.7 Evacuation nipple for excess gas
 - 31.8 O-ring
 - 31.9 Packing
32. Taper, ISO, male
33. Patient tube
34. Pilot pressure tube
35. Spontaneous breathing valve
 - 35.1 Valve housing
 - 35.2 Valve seat
 - 35.3 O-ring
36. Expiratory valve
 - 36.1 Valve housing
 - 36.2 Cover
 - 36.3 Threaded coupling with pilot pressure nipple
 - 36.4 Inlet, ISO
 - 36.5 Patient connection
 - 36.6 Outlet
37. Valve diaphragm
38. Valve disc
39. Connection, female with one-way valve
40. One-way valve

3. OPERATING INSTRUCTION REBREATHING SYSTEM

3.1 Working principle

For *volume-constant* ventilation in rebreathing systems, the AGA UV 705 is connected to the absorber equipment with associated valve system on the anesthesia machine (front cover). The excess valve (31) is connected to the UV 705's patient unit. Fresh gas is supplied at the usual point in the *absorber system*. The patients's expiration is delivered to the insufflation bag (21), which is filled completely. The excess gas is then diverted through the excess valve. Minute volume is then set on the ventilator (5) and the insufflation bag discharges (partly) the set volume at the same rate as the set breathing frequency. However, with a fixed setting on the ventilator and an increasing patient pressure, the delivered breathing volume will decrease. The reverse applies with decreasing patient pressure.

3.2 Preparations

Connect the compressed air tube to a wall outlet or compressor. (Min. pressure 2 bar, max. pressure 8 bar). Compressed air consumption is equal to the patient's minute volume. For mains supply: connect cable to wall outlet. For battery operation: the AC-adapter (10) can be removed (Fig. 5) and used only for charging or mains operation. *Check the batteries and charge always if necessary.* (The red lamp (8) should not light up when the UV 705 is started.) The batteries are charged continuously when the ventilator is connected to the mains. (Approx. 10 hours of charge provides more than 20 hours of operation. At least 5 hours remain when the red lamp lights up.)

3.3 Installation

Start with a dismantled and sterilized patient unit (20) (Fig. 3) and a clean drive unit (1).

1. Check the insufflation bag (21) (3 litres, short neck). If it must be changed, make sure that the silicone rubber protective tube (22) is mounted on the bag holder. (A little silicone grease applied to the inside of the neck makes it easier to put on and take off the bag.)
2. Connect the patient pressure gauge (24). Press it firmly into position and turn it to the desired reading angle.
3. Check the diaphragm (37) in the excess valve. Pull it carefully and make sure that its collar is firmly seated.
4. Shake the diaphragm to remove any water.
5. Put a finger over the nipple for the pilot pressure hose and press lightly on the diaphragm. It should give easily without changing shape. If it changes shape or collapses, it is defective and must be replaced.
6. Wipe off the metal membrane (31.3) and its seat and insert the membrane in the seat (with the short stud downwards).
7. Check that the rubber packing (31.9) is inserted in the cover.
8. Assemble the excess valve and connect it to the patient unit connection (30).
9. Connect the pilot pressure nipples with a suitable piece of tubing (34).
10. Fit the taper (32) onto the patient tube (33) and connect it to the excess valve.
11. Make sure that fresh gas is supplied at the «usual place» in the absorber system.
12. Close the excess gas valve in the absorber system.

NOTE! The patient MAY NOT be connected to the system before the following test procedure has been carried out with satisfactory results.

3.4 Test and inspection procedure

Start with an assembled and disconnected patient unit (Fig. 6).

1. Connect a 2-liter test bag to the patient Y-piece.
2. Press the pilot pressure valve (29) and keep it pressed.
3. With your other hand, press the button for emergency oxygen on the rotameter until the pressure on the patient pressure gauge (24) has reached about 20 cm H₂O. Then wait about one minute.
4. The pressure on the patient pressure gauge should now remain unchanged at the set value.
5. A pressure drop indicates leakage in the patient circuit which must be stopped. (A drop of up to 5 cm H₂O/min is permissible.) To locate the leak, the UV 705 patient unit can be immersed in water.
6. If the patient circuit does not leak, release the pilot pressure valve. Make sure that the button really returns easily to the released position.
7. Squeeze out the insufflation bag and connect the patient unit to the ventilator (bayonet mounting).
8. Remove the test bag.
9. Set the rotameter to a flow of about 10 l/min.
10. Set the safety relief valve (25) to about 30 cm H₂O (Fig. 7).
11. Start up the ventilator (2).
12. Set the volume (5) to at least 10 l/min. (yellow lettering – yellow scale markings).
13. Hold your finger over the end of the patient Y-piece.
14. Check that the patient pressure gauge indicates pressure relief. This can also be heard as a hissing sound from the patient unit.

The AGA UV 705 is now ready for use.

3.5 Connection to patient (Volume-constant ventilation)

Start with an assembled and tested AGA UV 705 (Fig. 2).

1. Set the desired breathing frequency (3).
2. Set the inspiration time to 33% – yellow numeral (4). (The volume knob (5) is calibrated to an inspiration time of 33%. If other inspiration times are used, the minute volume must be set by means of a spirometer.)
3. Set the safety relief valve (25) to the desired value (Fig. 7).
4. Set the patient's total *minute volume* with the volume knob (5) (yellow scale).
5. Set the fresh gas supply on the rotameter – *recommended flow = 4 l/min.* (The volume setting is calibrated to a fresh gas flow of 4 l/min.) Other flows besides 4 l/min can be used, in which case the total minute volume is changed as follows:

Flow: 2 l/min. = minus 0,65 l/min	Flow: 7 l/min. = plus 1,0 l/min
3 l/min. = minus 0,35 l/min	8 l/min. = plus 1,3 l/min
5 l/min. = plus 0,35 l/min	
6 l/min. = plus 0,65 l/min	
6. Start the ventilator (2).
7. Connect the patient.
8. If necessary, adjust the setting of the safety relief valve (Fig. 7). (The setting should be kept as low as possible.)

3.6 Connecting the spirometer (see Fig. 14)

A spirometer, e.g. AGA US 800, should be used and is connected to the expiration side of the absorber system (The US 800 can be connected directly to the Berner valve, which must always be closed during automatic ventilation.) If an AGA Monosorb is used, the fresh gas supply should be admitted via the fresh gas nipple (27) in the patient unit.

NOTE! Use of a spirometer is absolutely necessary if inspiration times other than 33% are used!

3.7 Evacuation of excess gas

Connect the collection tube (\varnothing 25 mm) and the evacuation tube to the excess valve.

3.8 Spontaneous breathing

Spontaneous breathing of anesthetic gas from the UV 705 is possible with the patient unit either connected or disconnected:

Turn off the ventilator. Make sure that a sufficient fresh gas flow is provided. The patient can now breathe spontaneously from the insufflation bag, which can be observed.

The excess valve (31) remains open when the ventilator is off, thereby protecting the patient against unintentional overpressure.

Resumption of automatic ventilation: Start the ventilator.

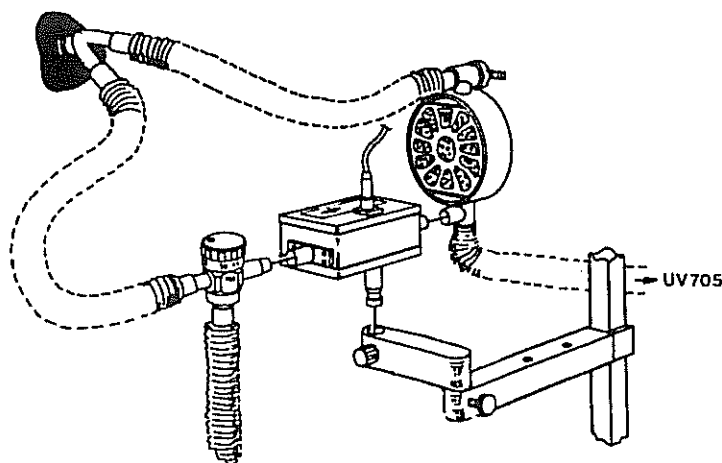


Fig 14

3.9 Manual ventilation

The easiest way to switch to manual ventilation is to disconnect the ventilator as follows:

1. Turn off the ventilator (2).
2. Remove the patient tube (33) from the patient unit (23).
3. Connect a bag for manual ventilation to the patient tube (ISO-taper).
4. Set the *excess valve in the absorber system* to the desired relief pressure.
5. If an AGA Monosorb is used, move the fresh gas connection to this unit.
6. Start ventilation.

Resumption of automatic ventilation:

1. Close the excess valve and reconnect the patient tube to the patient unit.
2. Start the ventilator.

If desired, manual ventilation can also be effected with the UV 705 patient unit:

1. Turn off the ventilator (2).
2. Remove the patient unit (bayonet mounting).
3. Press the pilot pressure valve (29) and keep it pressed.
4. Squeeze the insufflation bag at the desired rate.

For pressure relief, release the pilot pressure valve or press the emergency relief valve (26).

Resumption of automatic ventilation:

1. Connect the patient unit.
2. Start the ventilator.

3.10 Pressure-limited rebreathing system

The ventilator can be connected into the rebreathing system in the same way as described for a volume-constant rebreathing system with the exception that the excess valve (31) is removed from the patient unit, the patient tube is connected directly to the connection (30) and the pilot pressure nipple on the patient unit is sealed off in a suitable manner.

1. Set the excess valve in the absorber system to the desired relief pressure. (The UV 705's safety relief valve can also be used for this function. In this case, a nipple for excess gas evacuation is available as an extra accessory.)
2. Set the emptying pressure (5) to 70 cm H₂O. (Half of the green indicator (6) will then light up.)

3.11 PEEP (Positive end expiratory pressure), pressure-limited rebreathing system

Set the desired PEEP with the knob (7) and read the setting on the patient pressure gauge (24).

4. OPERATING INSTRUCTIONS NON-BREATHING SYSTEM

4.1 Working principle

In this system, the patient tube (33) is fitted with an expiration valve (36), spontaneous breathing valve (35), pilot pressure tube (34) and coupling piece (39). A metered patient gas mixture is delivered via the fresh gas nipple (27) to the insufflation bag (21). The bag is now emptied at the same rate as the set breathing frequency. A spirometer for measuring or tube for evacuation of the expiration gases can be connected to the outlet side of the expiration valve.

4.2 Preparations

Connect the compressed air tube to a wall outlet or compressor. (Min. pressure 2 bar, max. pressure 8 bar. Average consumption rate: 2 times the minute volume.) For mains supply: connect cable to wall outlet. For battery operation: AC-adaptor (10) can be removed (Fig. 5) and used only for charging or mains operation. *Check the batteries and charge always if necessary.* (The red lamp (8) should not light up when the UV 705 is started.) The batteries are charged constantly when the ventilator is connected to the mains. (Approx. 10 hours of charge provide more than 20 hours of operation. At least 5 hours remain when the red lamp lights up.)

4.3 Installation

Start with a dismantled and sterilized patient unit (20) (Fig. 10) and a clean drive unit (1).

1. Check the insufflation bag (21) (3 litres, short neck). If it must be changed, make sure that the silicone rubber protective tube (22) is mounted on the bag holder. (A little silicone grease applied to the inside of the neck makes it easier to take off and put on the bag.)
2. Connect the patient pressure gauge (24). Press it firmly into position and turn it to the desired reading angle.
3. Check that the one-way valve (40) in the connection piece (39) is properly fitted.
4. Connect the patient tube (33) with connection piece to the patient unit.
5. Connect the pilot pressure tube (34) to the nipple on the patient unit.
6. Check that there is a valve disc (38) on the spontaneous breathing valve (35).
7. Check the diaphragm (37) in the expiration valve. Pull it carefully and make sure that its collar is firmly seated.
8. Shake the diaphragm to remove any water.
9. Tighten the threaded coupling (36.3) if necessary.
10. Put a finger over the nipple for the pilot pressure tube and press lightly on the diaphragm. It should give easily without changing shape. If it changes shape or collapses, it is defective and must be replaced.
11. Screw together the expiration valve and connect the spontaneous breathing valve.
12. Connect the patient tube to the spontaneous breathing valve.
13. Connect the pilot pressure tube to the expiration valve nipple.
14. Connect the fresh gas tube from the rotameter or mixer to the fresh gas nipple (27) on the patient unit.

NOTE! The patient MAY NOT be connected before the following test procedure has been carried out with satisfactory results.

4.4 Test and inspection procedure

Start with an assembled and disconnected patient unit (Fig. 12 and 13).

1. Connect a 2-liter test bag to the patient connection on the expiration valve.
2. Press the pilot pressure valve (29) and keep it pressed.
3. With the other hand, press the rotameter's button for emergency oxygen until the pressure on the patient pressure gauge (24) has reached about 20 cm H₂O. Then wait about one minute.
4. The pressure on the patient pressure gauge should now remain at the set value.
5. A pressure drop indicates leakage in the patient circuit which must be stopped. (A pressure drop of up to 5 cm H₂O/min is permissible.) To locate the leak, the UV 705 patient unit can be immersed in water.
6. If the patient circuit is not leaking, release the pilot pressure valve. Make sure that the button really returns easily to the released position.
7. Squeeze out the insufflation bag and connect the patient unit to the ventilator (bayonet mounting).
8. Remove the test bag.
9. Set the rotameter to a flow of approx. 10 l/min.
10. Set the safety relief valve (25) to approx. 30 cm H₂O (Fig. 7).
11. Start the ventilator (2).
12. Set the emptying pressure (5) to at least 70 cm H₂O. (Half of the green indicator will then light up.)
13. Put your finger over the patient connection.
14. Check that the patient pressure gauge (24) indicates pressure relief. This can also be heard as a hissing sound from patient unit.

The AGA UV 705 is now ready for use.

4.5 Connection to patient

Start with an assembled and tested UV 705 (Fig. 9).

1. Set the desired breathing frequency (3).
2. Set the desired inspiration time (4).
3. Set the safety relief valve (25) to the desired value (Fig. 7).
4. Set the desired minute volume on the rotameter or mixer.
5. Start the ventilator (2).
6. Connect the patient.
7. Set the emptying pressure (5) to 70 cm H₂O (half of the green indicator will light up) or to a value which exceeds the patient pressure by at least 20 cm H₂O.
NOTE! When changing minute volume, inspiration time or breathing frequency, adjust the emptying pressure to 70 cm H₂O or to a value which exceeds the patient pressure by at least 20 cm H₂O.
8. If necessary, adjust the setting of the safety relief valve (Fig. 7). It should be kept as low as possible.

4.6 Connecting the spirometer

A spirometer, e.g. AGA US 800, should be used and is connected directly or via a tube to the outlet side of the expiration valve (36).

4.7 Evacuation of anesthetic gas

Connect an evacuation nipple directly or via a tube to the outlet side of the expiration valve (36).

4.8 Spontaneous breathing

Spontaneous breathing of anesthetic gas from the UV 705 is possible with the patient unit either connected or disconnected:

Turn off the ventilator. Make sure that the flow of anesthetic gas is sufficient. The patient can now breathe spontaneously from the insufflation bag, which can be observed. If the insufflation bag is emptied completely, the spontaneous breathing valve (35) will automatically enter into function so that the patient can breathe air. During spontaneous breathing, the expiration valve remains completely open and protects the patient against unintentional overpressure.

Resumption of automatic ventilation:

1. Press the emergency relief valve (26).
2. Start the ventilator (2).
3. Keep the emergency relief valve pressed during the first inspiration.

4.9 Manual ventilation

The easiest way to effect manual ventilation is by the use of an AGA Revivator or similar equipment.

If desired, manual ventilation can also be effected with the UV 705 patient unit:

1. Turn off the ventilator (2).
2. Make sure that the required gas flow is available.
3. Remove the patient unit (bayonet mounting).
4. Press the pilot pressure valve (29) and keep it pressed.
5. Squeeze the insufflation bag at the desired rate.

For pressure relief, release the pilot pressure valve or press the emergency relief valve (26).

Resumption of automatic ventilation:

1. Press the emergency relief valve (26).
2. Start the ventilator (2).
3. Keep the emergency relief valve pressed during the first inspiration.

4.10 PEEP (Positive end expiratory pressure)

Set the desired PEEP with the knob (7) and read off the setting on the patient pressure gauge (24).

4.11 Humidifier

A humidifier of a desired type can be connected to the UV 705 between the patient unit and the patient tube.

NOTE! Apart from what type of humidifier is used, make sure that it is connected in accordance with the operating instructions which accompany it!

4.12 The UV 705 in post-operative use

The mixture of anesthetic gases is replaced by a mixture of air and oxygen from a rotameter or a mixer. A humidifier should be used. The patient can obtain extra air through the spontaneous breathing valve (35).

5. CLEANING

All components in the patient unit of the AGA UV 705 can be cleaned and sterilised by conventional methods, i.e. decontamination in a liquid or a dishwasher, sterilisation in an autoclave (120°C), gas sterilisation etc. Reference to Fig. 15 (metal components) and Fig. 16 (rubber components) gives details of the sterilisation procedure for each component.

Warning: When autoclaving, the temperature must not exceed 120°C. All components on the patient unit can be autoclaved at 120°C. However the rubber components will be worn out somewhat less if autoclaved at 105°C. Plastic components can be deformed if they are weighted down by other components. Therefore these components should be autoclaved separately.

Caution: When cleaning aluminium with a basic cleaning agent, the ph value should be kept as neutral as possible to prevent metal discolouration.

The following code symbols are used for cleaning, disinfection and sterilisation and are detailed in Figs. 15 and 16.

		<u>Colour codes</u> <u>(Condition)</u>		
C	Cleaning	DF	Disinfection by formalin	yellow: infectious articles
R	Rinse in water	DP	Disinfection by phenolderivatives	red: dirty articles
RS	Rinse in sterilised water	A	Sterilisation by autoclaving	blue: clean articles
DC	Disinfection by chlorhexidine			green: sterile articles

6. PERIODIC MAINTENANCE

In addition to the usual test and inspection procedure undertaken prior to each use, ALL rubber and silicone components in the patient circuit should be replaced at least once a year.

Necessary parts for this purpose are listed at the spare parts list page 15.

Further the ventilator must be checked by AGA Medical AB authorized personnel at a periodic intervals of at least once per year or more often if internal rules so stipulate.

7. TROUBLESHOOTING

Symptom

1. Leakage in patient circuit
 - Check patient tube and couplings.
 - Check patient unit and valves.
 - Check insufflation bag, O-rings and valve diaphragms. Replace if necessary. See spare parts list.
 - Locate the leak by immersing the patient circuit in water (see »test and inspection procedures«).

2. Loss of volume when patient is connected
 - Check that tracheal cannula or intubation tube is correctly in place.
 - Check emptying pressure and volume setting.
 - Check valve diaphragms in expiration valve or excess valve.
 - Check rotameter settings.
 - Check that the pressure limit setting of the safety relief valve is higher than the patient pressure.
 - Check that the spontaneous breathing valve is intact.

3. Increase of volume when patient is connected
 - Check rotameter or volume setting.
 - Check that the insufflation bag is intact.
 - Check the patient's spontaneous breathing.

4. In rebreathing system: gradual pressure increase
 - Dismantle the excess valve and clean the metal membrane (31.3) and its seat carefully.

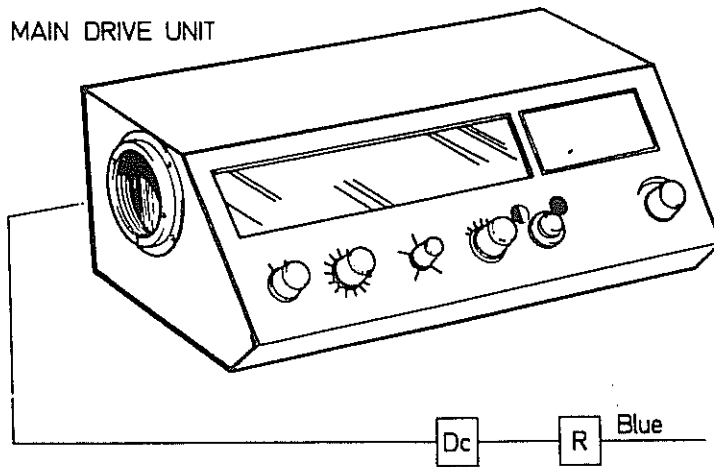
If malfunction persists – call a serviceman!

8. SPARE PARTS LIST

Description	Ref. No.	Article No.
Insufflation bag, 3-litre, short neck	21	318 900 030
Protective tube, silicone rubber	22	318 100 142
Metal membrane for excess valve	31.3	318 100 172
Valve diaphragm for excess valve or expiration valve	37	318 190 028
One-way valve, silicone rubber	40	318 100 184
Valve disc, » »	38	318 100 176
Patient tube, corrugated, 1 m, antistatic rubber, Ø 22	33	300 083 409
Pilot pressure tube, length/m	34	318 900 045
Patient tube, incl. pilot pressure tube	33/34	318 190 056
Inner taper, ISO	32	318 100 173
Outer taper, ISO, for manual ventilation bag		318 100 510
Rubber bag, 2 liters, for test or manual ventilation		311 100 053
Patient pressure gauge, autoclavable	24	318 190 043
O-ring for patient pressure gauge		944 610 308
O-ring	30.1	944 610 405
O-ring	31.8	309 130 012
O-ring	35.3	944 610 216
Packing	31.9	318 100 169
Connection, female with one-way valve	39	318 190 054
Hose clamp, stainless steel, 28 m		318 900 041
Nipple for evacuation of excess gas (non-breathing system)		318 190 072
Silicone membrane for bottom of ventilator	14	318 100 200
Excess valve, complete	31	318 190 071
<u>Expiration valve</u>	<u>36</u>	<u>318 190 050</u>
Spontaneous breathing valve	35	318 190 049
Adjustment knob	2/3/5/7	318 190 063
» »	4	318 190 055
AC-adapter with mains cable, type 231	10	318 190 034
Rubber and silicone parts which must be replaced at least once a year		
Insufflation bags, 3 liters, short neck	21	318 900 030
Valve diaphragms, silicone rubber	37	318 190 028
One-way valves, » »	40	318 100 184
Valve discs, » »	38	318 100 176
O-rings		944 610 308
Packings	31.9	318 100 169

For further information, see spare parts list for the UV 705 Ventilator.

MAIN DRIVE UNIT



PATIENT UNIT

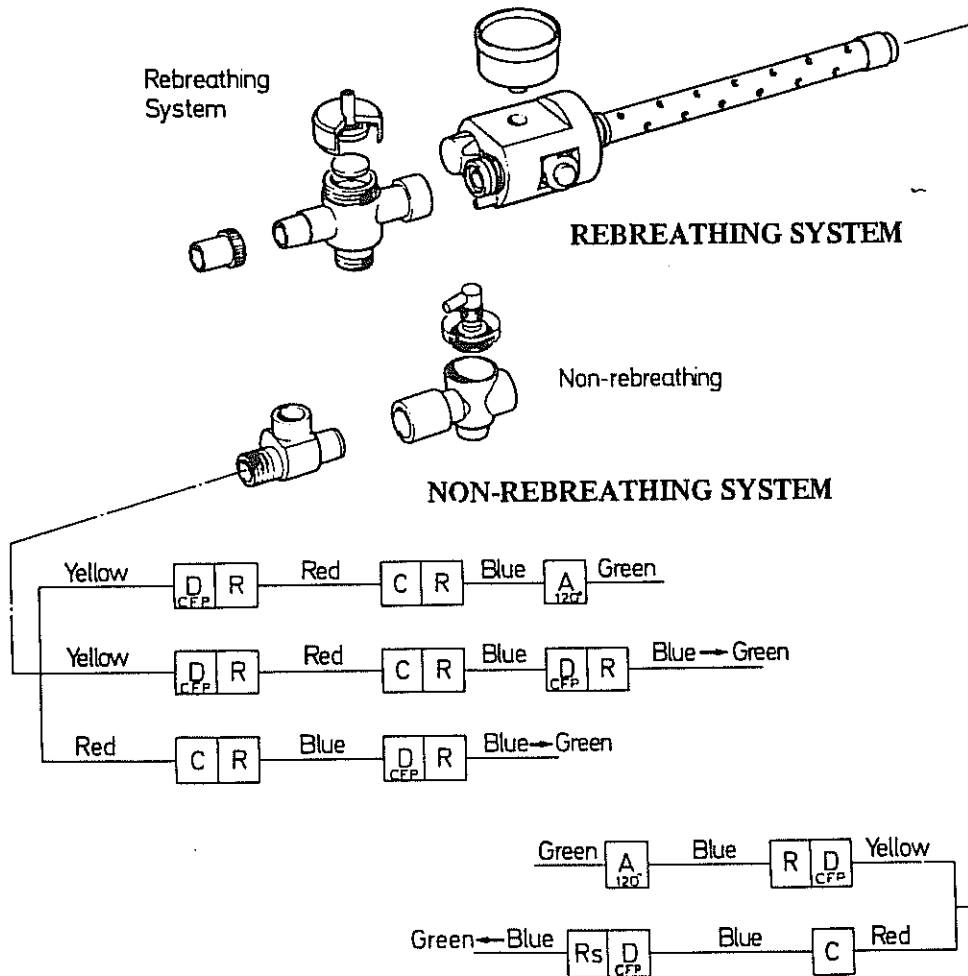
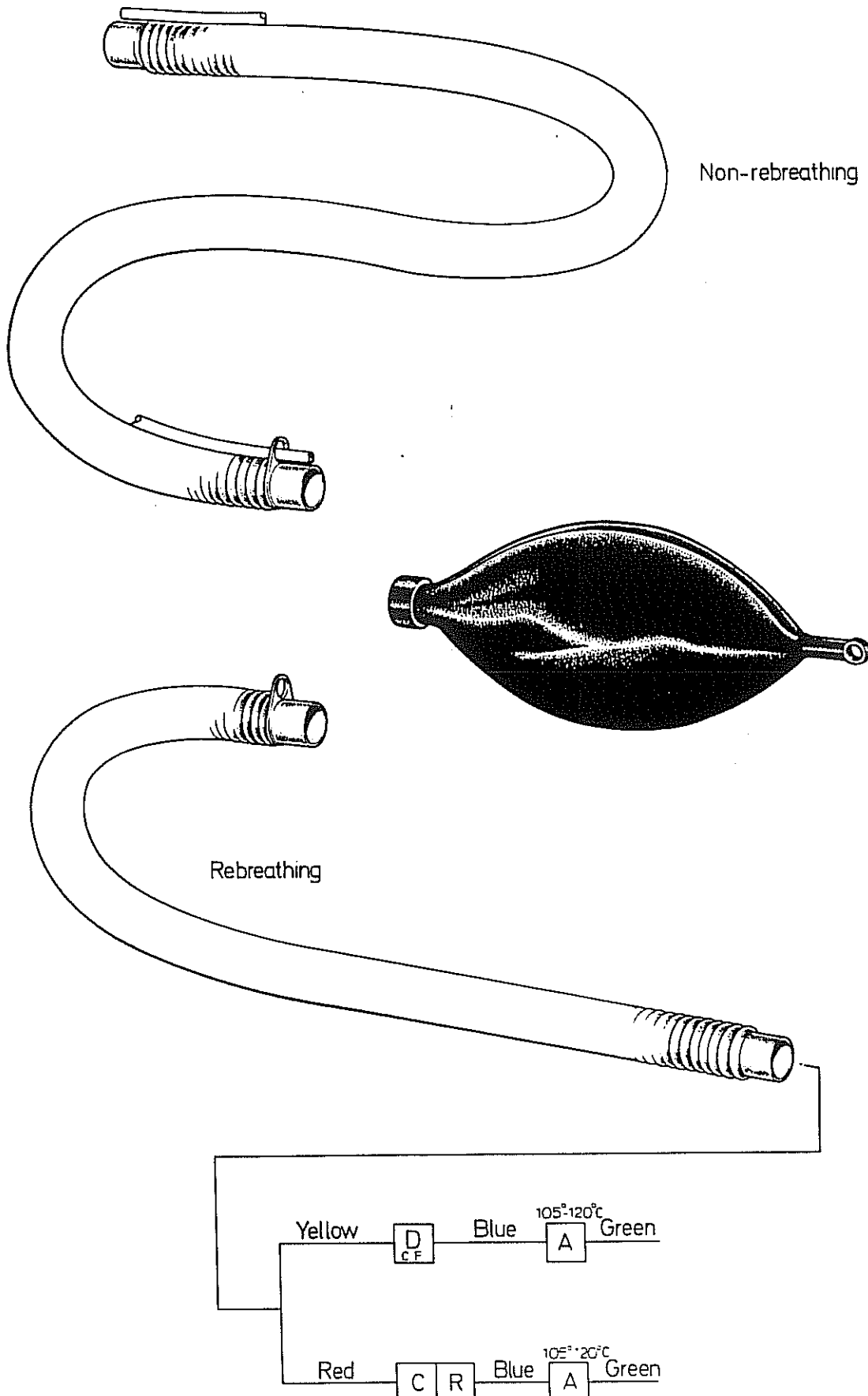


Fig. 15



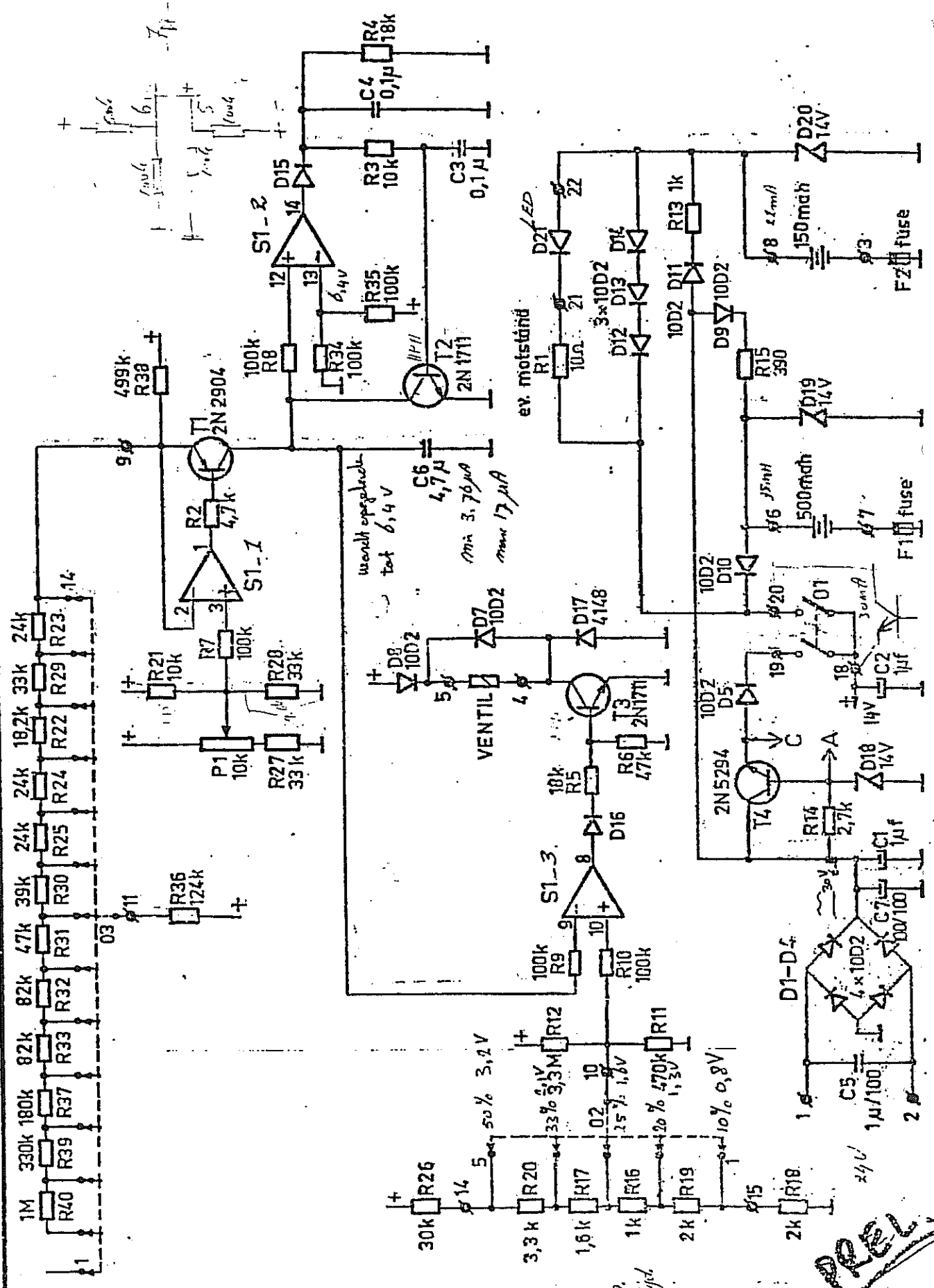
Non-rebreathing

Rebreathing

Fig. 16

... content, nor must its contents be made available to other or otherwise unauthorized users. date subject to change without notice.

förgj



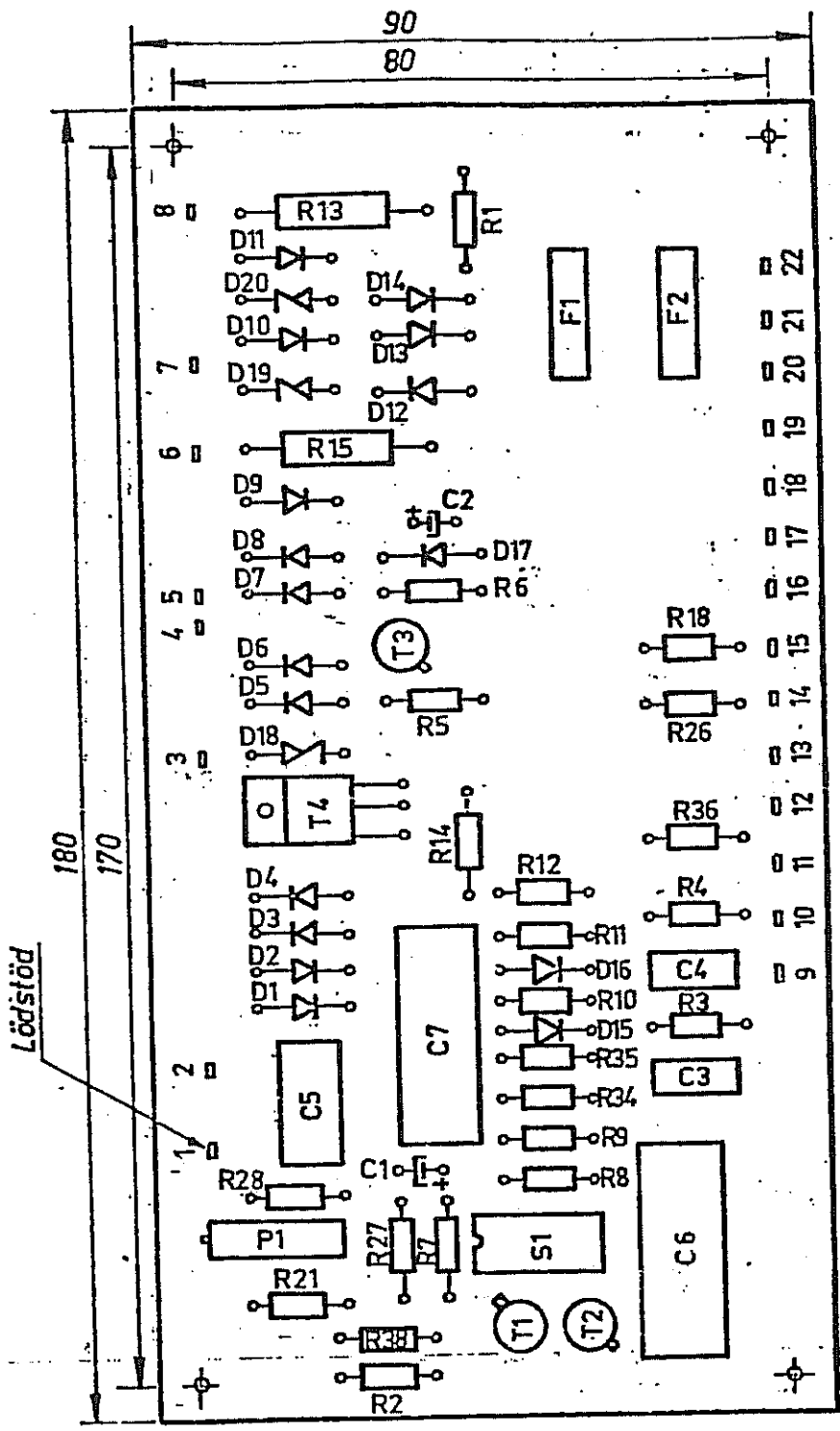
vandtt oppgjebtt
 test 6,4 V
 C6 4,7 μF
 3 mA 3,76 μA
 max 17 μA

ev. motstånd

PREL

Konstr. HL	Ritad M	Kop.	Kont.	Stand.	Gock.	Skala 1:1	Ersätter	Ersatt av
AGA MEDICAL UV 705 VENTILATOR KRETSSCHEMA							H 735	Dat. 77 02 21
							L-7703L	

consent, nor must its contents be made known to either or otherwise unauthorisedly used, date subject to change without notice.



Handling får ej behållas utan vårt medgillande och ej heller delges annan eller eljest någon annan. Rätt till ändringar utan förbehåll.

2284

Konstr. HL	Ritad M	Kop.	Kontr.	Stand.	Godk.	Skala	Ersätter	Ersatt av
AGA MEDICAL UV 705 VENTILATOR							H 735	Dat. 77 02 21
Ritn. nr								

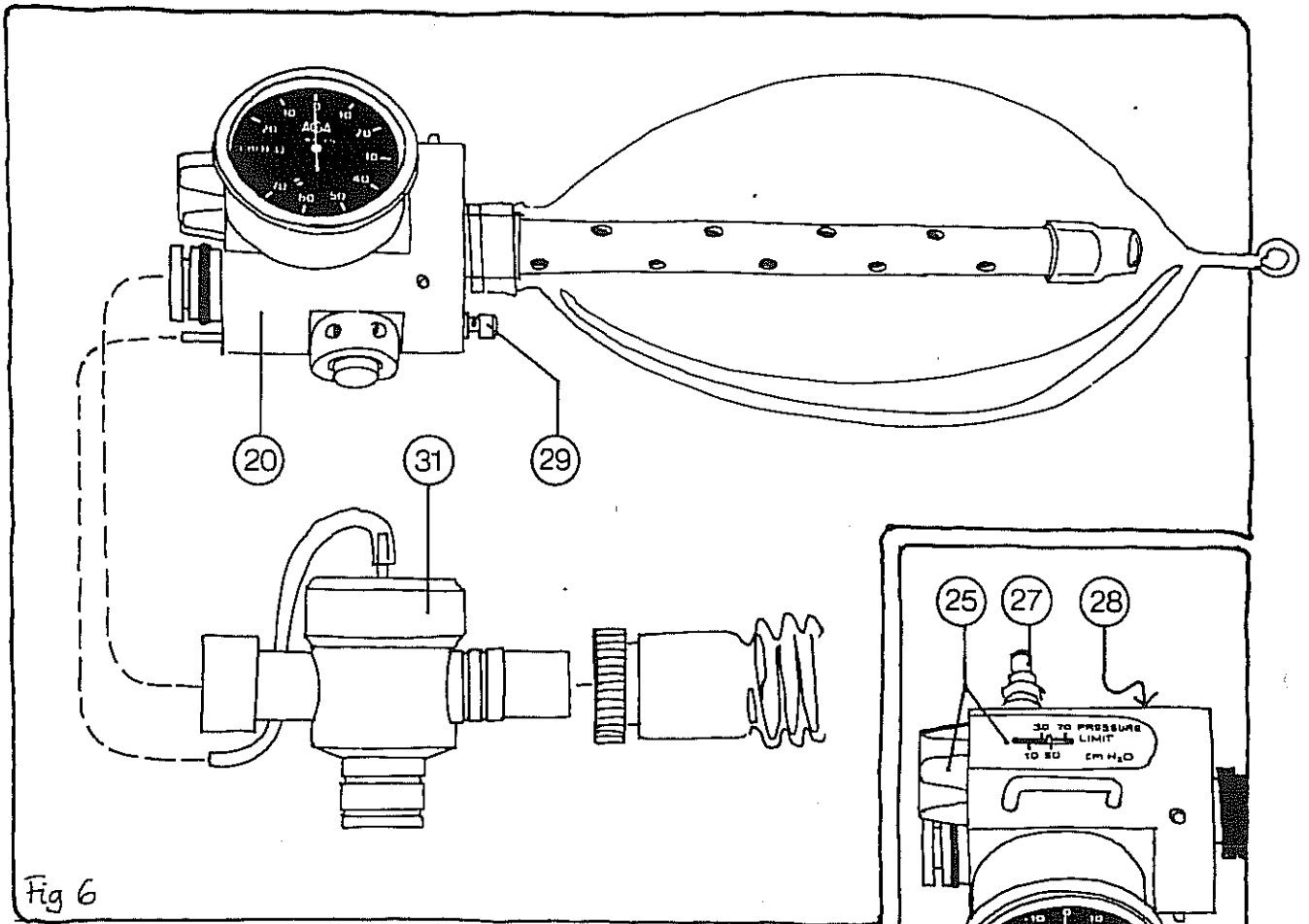


Fig 6

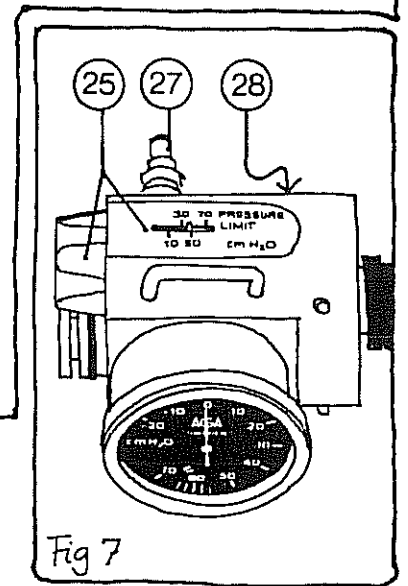


Fig 7

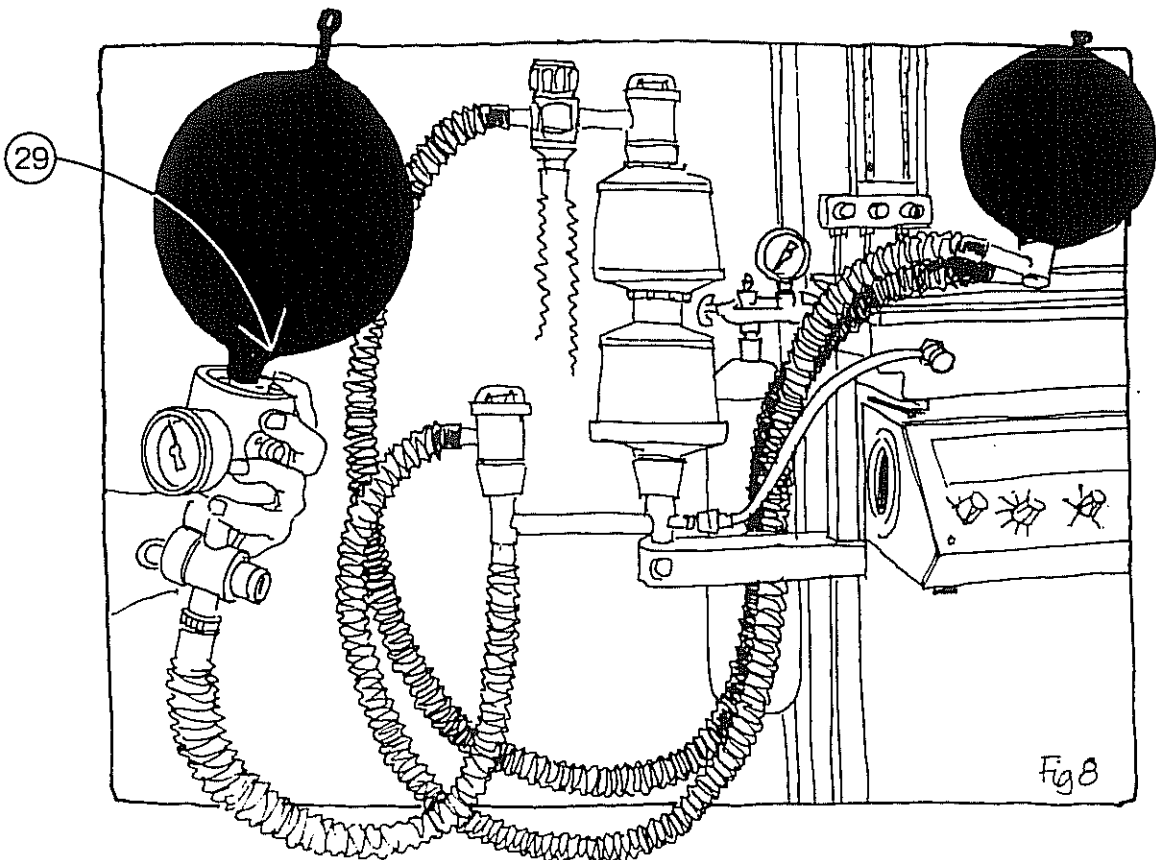


Fig 8