



# USER GUIDE

ENGLISH

sedanamedical

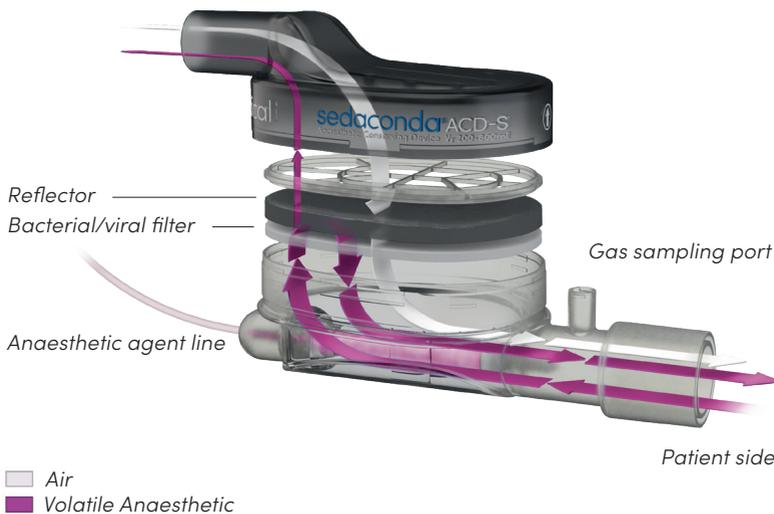
# Sedaconda® ACD – Product description

Sedaconda ACD (Anaesthetic Conserving Device) is a medical device enabling delivery of inhaled anaesthetics (isoflurane and sevoflurane) to invasively ventilated patients.

The Sedaconda ACD is inserted in the breathing circuit between the endotracheal tube (ET tube) and the Y-piece and contains an evaporator which enables vaporisation of inhaled anaesthetics.

Thanks to an effective carbon filter in the Sedaconda ACD, more than 90% of the exhaled anaesthetic is adsorbed during expiration and reflected back to the patient during inspiration, reducing the drug consumption. The Sedaconda ACD is also a very efficient Heat and Moisture Exchanger (HME) and contains a bacterial/viral filter.

*Ventilator/Y-piece side*





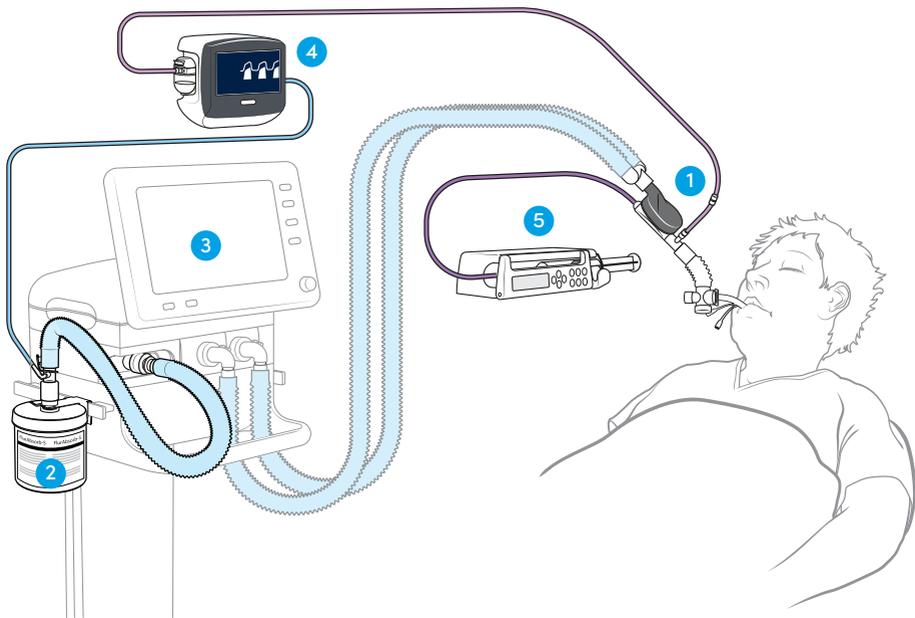
## TABLE OF CONTENTS

<b>1. Preparations</b>	<b>4</b>
<b>2. Set up the Sedaconda ACD</b>	<b>6</b>
A. Set up the passive gas scavenging system	8
B. Fill the Sedaconda Syringe	10
C. Connect the Sedaconda ACD	11
D. Start the therapy	12
<b>3. Routine changing</b>	<b>13</b>
3.1 Replacement intervals	13
3.2 Changing the Sedaconda Syringe	14
3.3 Changing the Sedaconda ACD	15
3.4 Changing the FlurAbsorb	16
<b>4. Specific situations</b>	<b>17</b>
4.1 Endotracheal suctioning	17
4.2 Bronchoscopy	17
4.3 Nebulisation	18
4.4 Patient transport	18
4.5 Humidification	18
<b>5. Ending therapy</b>	<b>19</b>
5.1 Rapid wake-up	19
5.2 Slow wake-up	19
5.3 Once the Sedaconda ACD is removed	19
<b>6. Important notes</b>	<b>20</b>
<b>7. Sedaconda ACD e-learning</b>	<b>21</b>



# 1. Preparations

Treatment with inhaled anaesthetics and the Sedaconda ACD utilises existing critical care devices with little additional equipment required.





## 1. Sedaconda ACD-S/Sedaconda ACD-L

The Sedaconda ACD-S has a dead space of 50 ml and can be used in patients with tidal volumes >200 ml. The Sedaconda ACD-L has a dead space of 100 ml and can be used in patients with tidal volumes >350 ml.

## 2. Gas scavenging

Waste anaesthetic gases are scavenged from the exhaust port of the ventilator by active or passive scavenging systems. Sedana Medical provides the passive gas scavenging filter FlurAbsorb/FlurAbsorb-S.

## 3. Ventilator

Sedaconda ACD can be used with all CE-labelled ventilators with conventional modes but not on jet and oscillator mode for intubated patients. Use ventilator circuits suitable for use with anaesthetic agents. The ventilator needs to have an open exhaust not blocked by a grid or lid. Some ventilators need an adapter to connect the gas scavenging (active or passive) to the ventilator exhaust port.

## 4. Gas analyser

When initiating treatment with Sedaconda ACD, a gas analyser which displays concentrations of volatile anaesthetics should be used. Before the setup, connect the gas monitor to a power source (warm up) and perform a selftest/calibration if necessary. Both side stream and mainstream gas analysers can be used with Sedaconda ACD.

## 5. Syringe pump

While using the Sedaconda ACD the syringe pump should be programmed for Becton Dickinson Plastipak/Sherwood Monoject 50, 50/60 or 60 ml.

## 2. Set up the Sedaconda ACD

The Sedaconda ACD set up is done in four steps: A, B, C and D (described on pages 8–12). Components needed for each step are described below.

### A. Set up the passive gas scavenging system

The following is needed:

- FlurAbsorb/FlurAbsorb-S
- Mount for FlurAbsorb/FlurAbsorb-S
- FlurAbsorb accessory kit



### B. Fill the Sedaconda Syringe

The following is needed:

- Inhaled anaesthetic bottle
- Filling Adapter
- Sedaconda Syringe



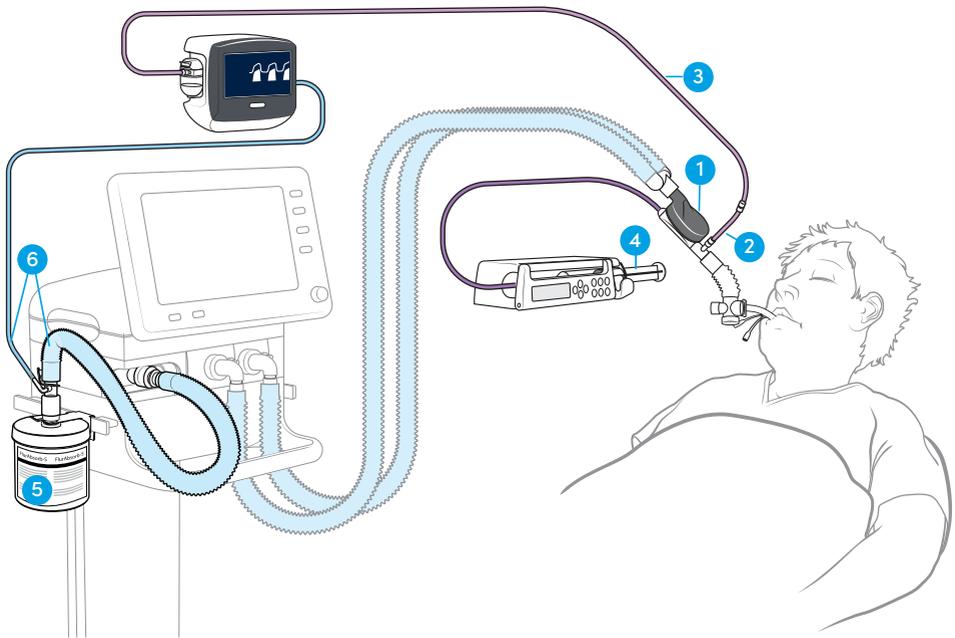
### C. Connect the Sedaconda ACD

The following is needed:

- Sedaconda ACD-S/Sedaconda ACD-L
- Gas sampling line
- Nafion dryer tubing



### D. Start the therapy



- 1 Sedaconda ACD
- 2 Nafion dryer tubing
- 3 Gas sampling line
- 4 Sedaconda Syringe
- 5 FlurAbsorb
- 6 FlurAbsorb accessory kit

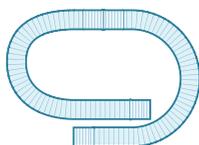
## A. Set up the passive gas scavenging system

### THE FOLLOWING IS NEEDED

- FlurAbsorb/FlurAbsorb-S
- Mount for FlurAbsorb/FlurAbsorb-S
- FlurAbsorb accessory kit



The FlurAbsorb accessory kits always contains:



*Flex tube*



*FlurAbsorb  
adapter  
(22M-22F+6mm)*



*Gas analyser  
exhaust line*



*Ventilator  
exhaust adapter  
(may be needed)*

### NOTE

The FlurAbsorb accessory kit is available in different versions depending on the ventilator adapter needed:



22M-30F, included in "FlurAbsorb accessory kit Standard", for: Hamilton G5 / S1 & Galileo (Gold), Maquet Servo-u, Servo-i & Servo-air, General Electric (GE) Carestation & CareScape



22M-22M, included in the "FlurAbsorb accessory kit Löwenstein Elisa family", for: Löwenstein Salvia Elisa 600/800

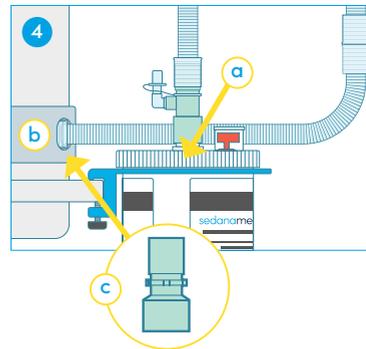
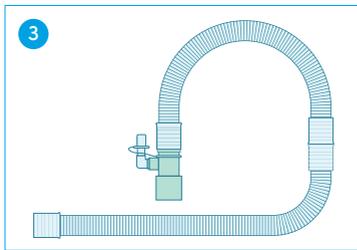


Hamilton adapter, included in "FlurAbsorb Accessory Kit – Hamilton T1/C-Series", for: Hamilton C-series & T-series

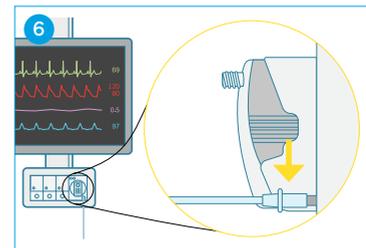
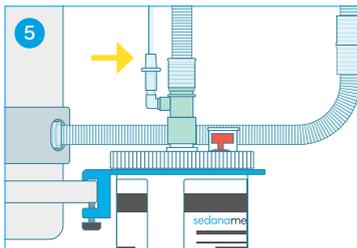


## STEPS

1. Attach the FlurAbsorb mount to a standard rail of the ventilator close to the ventilator exhaust
2. Place the FlurAbsorb in the mount and remove the cap
3. Connect the FlurAbsorb adapter (22M-22F) to the flex tube
4. Connect the flex tube between the FlurAbsorb (a) and the ventilator exhaust (b). A ventilator exhaust adapter (c) may be needed to connect the flex tube to the ventilator exhaust



5. Connect the gas analyser exhaust line to the port of the FlurAbsorb adapter
6. Connect the other end of the line to the gas analyser exhaust



## B. Fill the Sedaconda Syringe

### THE FOLLOWING IS NEEDED

- Inhaled anaesthetic bottle
- Filling adapter
- Sedaconda Syringe

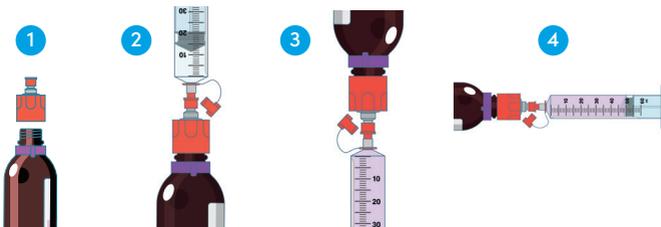


### NOTE

- Store volatile anaesthetics at room temperature
- Sedaconda Syringes can be prefilled and stored up to 5 days
- For safe filling of the Sedaconda Syringe, the correct filling adapter must be used

### STEPS

1. Open the bottle and screw the filling adapter on to the bottle
2. Unscrew the red cap from the red top of the syringe
3. Aspirate 10–20 ml of air in the syringe and connect the syringe tightly to the filling adapter
4. Turn the bottle upside down. Fill the syringe by slowly moving the syringe plunger back and forth
5. Turn the bottle and syringe horizontal or upright and unscrew the syringe from the filling adapter
6. Remove any air from the syringe and close the syringe with the red cap
7. Note on the syringe label which anaesthetic agent is used and date of filling



## C. Connect the Sedaconda ACD

### THE FOLLOWING IS NEEDED

- Sedaconda ACD-S/Sedaconda ACD-L
- Gas sampling line
- Nafion dryer tubing

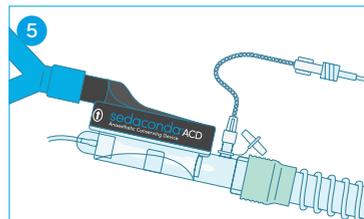
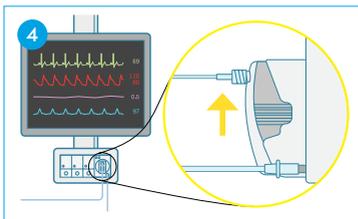


### NOTE

- Sedaconda ACD is intended for single use only and needs to be replaced every 24 hours
- The Nafion dryer tubing is not mandatory but will reduce the amount of humidity in the line and water trap of the gas analyser
- Active humidification or HME filter must not be used when the Sedaconda ACD is placed between the ET tube and Y-piece

### STEPS

1. Remove the red protective cap from the Sedaconda ACD and the purple label from the gas sampling port
2. Connect the Nafion dryer tubing to the Sedaconda ACD gas sampling port
3. Connect the gas sampling line to the Nafion dryer tubing
4. Connect the other end of the gas sampling line to the gas analyser port
5. Insert the Sedaconda ACD in the breathing circuit between the ET tube and the Y-piece. Ensure the Sedaconda ACD has the black side up and is sloped down towards the patient



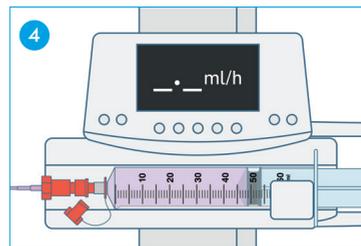
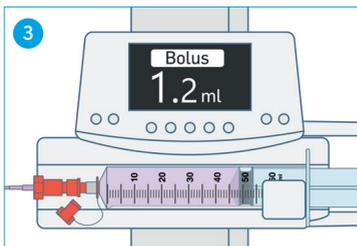
## D. Start the therapy

### NOTE

- Secure all connections before the start of the therapy
- Do not kink or clamp the anaesthetic agent line. This might damage the line
- The anaesthetic agent line connector contains a valve which prevents anaesthetic agent from escaping
- Pay attention to patient haemodynamics and avoid overdosing
- Use the bolus function with caution. Manual priming or bolus doses should never be given

### STEPS

1. Open the red syringe cap and connect the Sedaconda ACD anaesthetic agent line to the syringe
2. Place the filled Sedaconda Syringe in the syringe pump
3. Prime the agent line with a bolus of 1.2 ml. Prime with the syringe pump. Never prime manually
4. Set initial pump rate in ml/h
5. If necessary, give a bolus of 0.3 ml. Never give manual bolus
6. Thereafter the pump rate is adjusted according to clinical needs



# 3. Routine changing

## 3.1 Replacement intervals

ITEM		REPLACEMENT INTERVAL
Sedaconda ACD-S Sedaconda ACD-L		Single patient use Changed every 24 hour/or earlier if needed
Sedaconda Syringe		Single use Replaced when empty
Gas sampling line Nafion dryer tubing		Single patient use Replaced as needed in accordance to hospital hygiene regulations
FlurAbsorb-S		Capacity of up to 3 syringes of 50 ml (total 150 ml)
FlurAbsorb		Multi patient use Capacity of up to 10 syringes of 50 ml (total 500 ml)
FlurAbsorb accessory kit		Single patient use
Water trap		Single patient use. Empty the water trap when needed. (Max days of use according to the manufacturer's instructions)



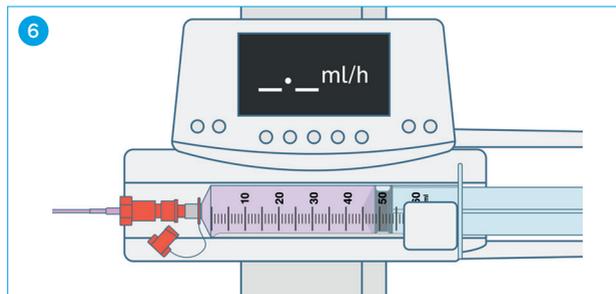
## 3.2 Changing the Sedaconda Syringe

### NOTE

- Do not kink or clamp the anaesthetic agent line. This might damage the line
- The anaesthetic agent line connector contains a valve that prevents anaesthetic agent from escaping

### STEPS

1. Prepare a new Sedaconda Syringe according to the steps in “B. Fill the Sedaconda syringe” (see page 10)
2. Stop the syringe pump
3. Remove the empty syringe from the syringe pump
4. Disconnect the anaesthetic agent line from the syringe and close the syringe with the red cap
5. Unscrew the red cap and connect the Sedaconda ACD agent line to the new syringe



6. Place the full syringe in the syringe pump
7. Start the syringe pump with the same rate as before
8. Dispose of the old syringe according to hospital protocols

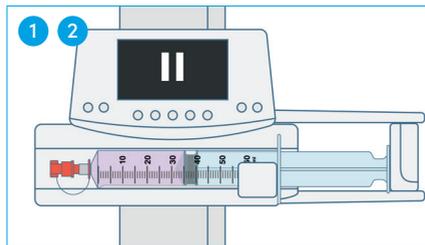
### 3.3 Changing the Sedaconda ACD

#### NOTE

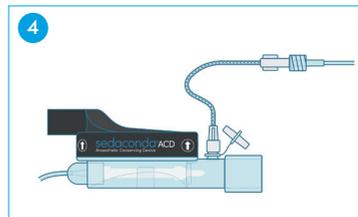
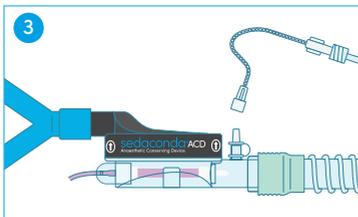
- Do not kink or clamp the anaesthetic agent line. This might damage the line
- The anaesthetic agent line connector contains a valve which prevents anaesthetic agent from escaping

#### STEPS

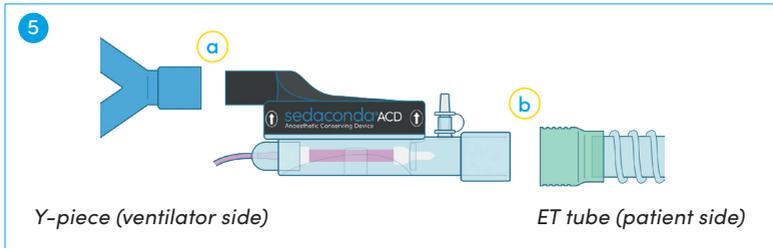
1. Stop the syringe pump
2. Disconnect the anaesthetic agent line from the syringe and close the syringe with the red cap



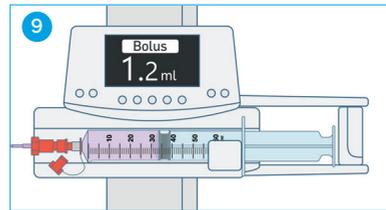
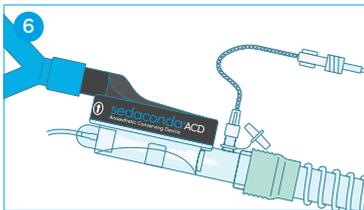
3. Disconnect the Nafion dryer tubing/gas sampling line from the old Sedaconda ACD and close the gas sampling port
4. Connect the Nafion dryer tubing/gas sampling line to the new Sedaconda ACD



5. Disconnect the old Sedaconda ACD from the Y-piece (a) first, and then from the ET tube (b)



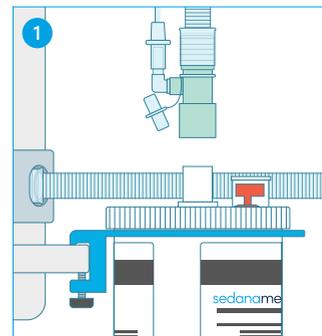
6. Insert the new Sedaconda ACD. Ensure the Sedaconda ACD has the black side up and is sloped down towards the patient
7. Connect the agent line to the syringe in the syringe pump
8. Secure all connections
9. Prime the agent line with 1.2 ml. Prime with the syringe pump. Never prime manually



10. Start the syringe pump with the same rate as before
11. Dispose of the old Sedaconda ACD according to hospital protocols

### 3.4 Changing the FlurAbsorb

1. Disconnect the FlurAbsorb adapter from the old FlurAbsorb and remove the FlurAbsorb from the mount
2. Place the new FlurAbsorb in the mount and connect the FlurAbsorb adapter
3. Close the old FlurAbsorb with the cap and dispose of according to hospital protocols





## 4. Specific situations

### 4.1 Endotracheal suctioning

- Do not use devices or components made from polycarbonate or polystyrene on the patient side when using the Sedaconda ACD
- Three ways of endotracheal suctioning is possible:
  - Closed suctioning system adapter
  - With bronchoscopy cap
  - Disconnecting the Sedaconda ACD
- If the Sedaconda ACD is briefly disconnected:
  1. Stop the syringe pump and the gas analyser
  2. Disconnect from the Y-piece first (ventilator side) and then from the ET tube (patient side)
  3. Reconnect the Sedaconda ACD to the ET tube first and then the Y-piece
- If clinically needed a bolus of inhaled anaesthetic can be given shortly before suctioning

### 4.2 Bronchoscopy

- If an adapter for bronchoscopy is inserted for the procedure, disconnect the Sedaconda ACD from the Y-piece first (ventilator side) and then from the ET tube (patient side)
- Minor leakage may occur
- Open only the smallest opening of the bronchoscopy adapter in order to minimise leakage
- Inhaled anaesthetic delivery is reduced by the bronchoscope. Additional medications should be considered to facilitate the procedure
- If the Sedaconda ACD is briefly disconnected from the breathing circuit, the syringe pump and the gas analyser should be stopped

### 4.3 Nebulisation

- The nebuliser is placed between the ET tube and the Sedaconda ACD
- Put the gas analyser in standby during nebulisation, to avoid drug entry to the gas analyser
- It is possible to use a jet/ultrasonic/mesh nebuliser with the Sedaconda ACD



- Synchronised nebulisation is preferred
- Mesh and ultrasonic nebulisers have no influence on volatile anaesthetic concentrations
- Repeated nebulisations may increase the flow resistance of the Sedaconda ACD. Pay attention to signs of occlusions
- Sticky nebulised drugs (e.g. acetylcysteine, colistin and amphotericin B) may increase the resistance of the filter and require early replacement of the Sedaconda ACD
- Always consider the increased dead space when connecting extra items

#### 4.4 Patient transport

- Inhaled anaesthetics via the Sedaconda ACD can be maintained during transport
- The syringe pump should accompany the patient
- The Sedaconda ACD and syringe are MRI compatible

#### 4.5 Humidification

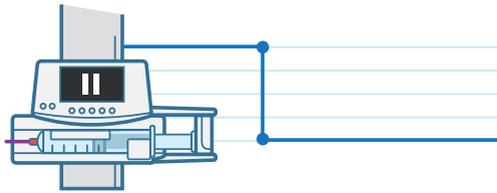
- Sedaconda ACD is a highly effective Heat and Moisture Exchanger (HME)
- Active humidification or HME filter must not be used when the Sedaconda ACD is placed between the ET tube and Y-piece



# 5. Ending therapy

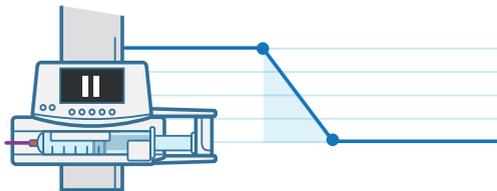
## 5.1 Rapid wake-up

- Stop the syringe pump
- Remove the Sedaconda ACD from the breathing circuit
- The concentration will decrease within minutes



## 5.2 Slow wake-up

- Stop the syringe pump and leave the Sedaconda ACD in place
- The concentration will decrease gradually due to reflection of the drug in the Sedaconda ACD



## 5.3 Once the Sedaconda ACD is removed

- Other means of humidification should be used
- All used products should be disposed of according to hospital protocols
- Ensure the syringe is closed with the cap before disposal

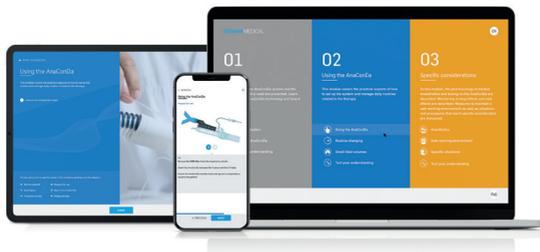


## 6. Important notes



- Do not reconnect a used Sedaconda ACD that has been disconnected and unattended.
- Do not use the manual bolus or flush function on the syringe pump.
- Active humidification or HME filter must not be used when the Sedaconda ACD is placed between the ET tube and Y-piece.
- Copious secretions may affect the efficiency of the Sedaconda ACD and may necessitate shorter replacement intervals.
- Always consider the dead space of the device vs tidal volume when ventilating the patient.
- Do not use devices or components made from polycarbonate or polystyrene on the patient side when using the Sedaconda ACD. Always follow the manufacturer's instructions or ask the manufacturer about the suitability of their product for use with volatile anaesthetics.

## 7. Sedaconda ACD e-learning



The Sedaconda ACD e-learning is an online tool for users to become familiar with the Sedaconda ACD.

The e-learning is divided into three modules. Each module will take you 10–20 minutes to complete and give you a step by step introduction to everything you need to know about the Sedaconda ACD and how to use it.

To get access to the e-learning visit the website [www.sedanamedical.com](http://www.sedanamedical.com)





For questions, please contact Sedana Medical at  
[medinfo@sedanamedical.com](mailto:medinfo@sedanamedical.com) or visit  
[www.sedanamedical.com](http://www.sedanamedical.com)

For product feedback and complaints, please contact:  
[complaints@sedanamedical.com](mailto:complaints@sedanamedical.com)

Before use, please refer to the Instructions for  
Use (IFU) for each product

P/EN/MD/210001, August 2021



CE  
2797

Sedana Medical AB (publ)  
Vendevägen 89,  
SE-182 32, Danderyd, Sweden  
Phone number: +46 (0)8 124 05200

