

The McMurray Enhanced Airway (MEA)

A fast, easy-to-use airway device to open the upper obstructed airway

The MEA is the first oral distal pharyngeal airway (DPA) device designed by an anesthesia professional to quickly and effectively open an obstructed upper airway. Today's patients often present with an increased risk of upper airway obstruction and apnea due to redundant tissue in the distal pharynx. Patients who are obese, older, or have sleep apnea are prone to distal pharyngeal tissue collapse that contributes to airway obstruction.

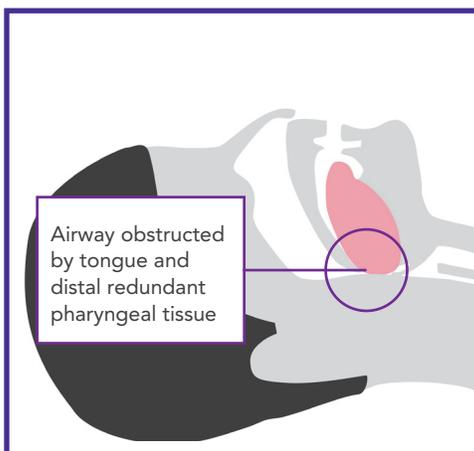
Existing airway devices have not evolved significantly over the last 100 years despite changes in the distal pharynx and redundant tissue. This results in a void in contemporary airway management.

The MEA's unique design stents open the unconscious patient's airway beyond the tongue supporting breathing, oxygenation, and ventilation. Keeping upper airway redundant tissue open at a moment's notice and maintaining positive pressure mask ventilation can be challenging during an emergency. The MEA can also provide oxygen in the distal pharynx during intubation to decrease hypoxia.

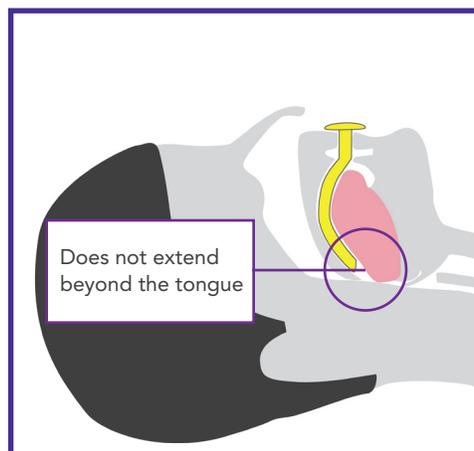
We can do better.

The MEA

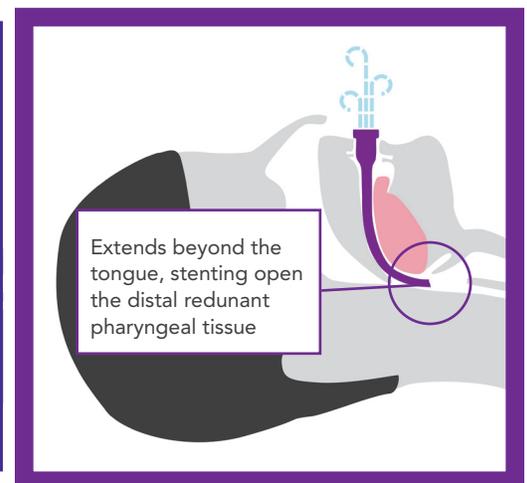
Complete Obstruction of the Airway



Traditional Pharyngeal Oral Airway



Distal Pharyngeal Airway



For more information or to place an order visit: www.mcmurraymed.com

The MEA Advantages

Intuitive, fast and easy insertion quickly opens the obstructed airway to improve breathing.

To place - No rotation, tongue depressor or lubrication needed to insert. Place midline, follow the hard palate, and slide between the molars. The narrow MEA profile also works with a narrow mouth opening.

Soft, flexible materials help prevent sore throat, gagging, coughing, and oropharyngeal structure damage.



Longer tubing displaces the redundant distal pharyngeal tissue that often blocks sedated or unconscious patients' airways. This displacement helps establish and maintain a patent airway, which helps improve ventilation and reduce hypoxia and respiratory compromise.

Integrated cushioned bite block helps avoid dental damage.

Built-in flange helps keep the device in place.

Optional connector: The MEA, when attached to a bag valve mask (BVM) or anesthesia circuit, can be used for intraoral ventilation or provide apneic oxygenation.



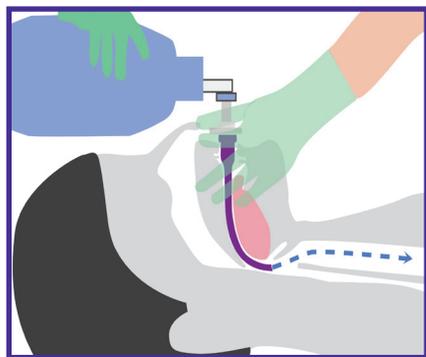
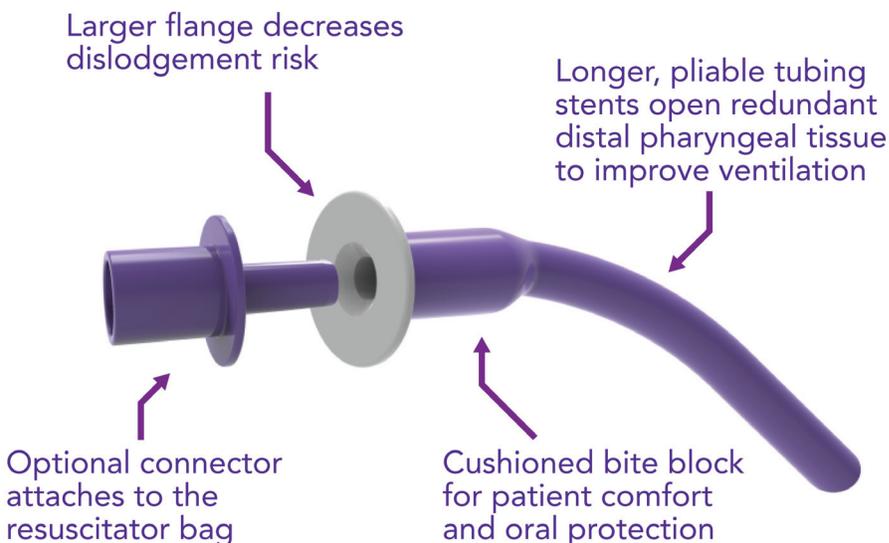
Placed orally - eliminates nose bleeds: Because many people are anti-coagulated or take aspirin, if a nasal airway is placed, the risk of a nosebleed increases.

The MEA is designed to improve outcomes, convenience and reduce hypoxia

Intraoral ventilation manually or with mask:

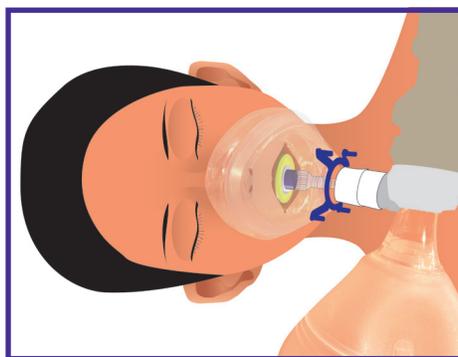
Positive pressure mask ventilation (PPMV) can be challenging in obese, OSA, edentulous, or bearded patients where creating a tight seal may be difficult.

- Intraoral ventilation bypasses PPMV difficulties
- Places oxygen closer to lungs
- Less ventilation effort
- Buys time before intubation



Intraoral ventilation manually

1. Place MEA on the right-side corner of the lips
2. Couple MEA to BVM
3. Place the patient's chin in the provider's left palm
4. While pinching nose closed with thumb and index finger, bring lips up and seal with palm
5. Apply positive pressure manual ventilation



Intraoral ventilation with mask

1. Place MEA midline
2. Attach straight connector (not included) to the MEA connector
3. Place straight connector through the mask's hole
4. Couple to manual resuscitator or anesthesia circuit
5. Apply positive pressure manual ventilation



Helps reduce oxygen desaturation during intubation

1. Place MEA on the left-side corner of the lips
2. Couple MEA to BVM with oxygen
3. Intubate