

[54] **OPERATING TABLE ACCESSORY**
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[52] U.S. Cl. **128/132 R, 128/142.5, 128/185, 211/88**

[57] **ABSTRACT**

[51] Int. Cl. **A61m 15/00**

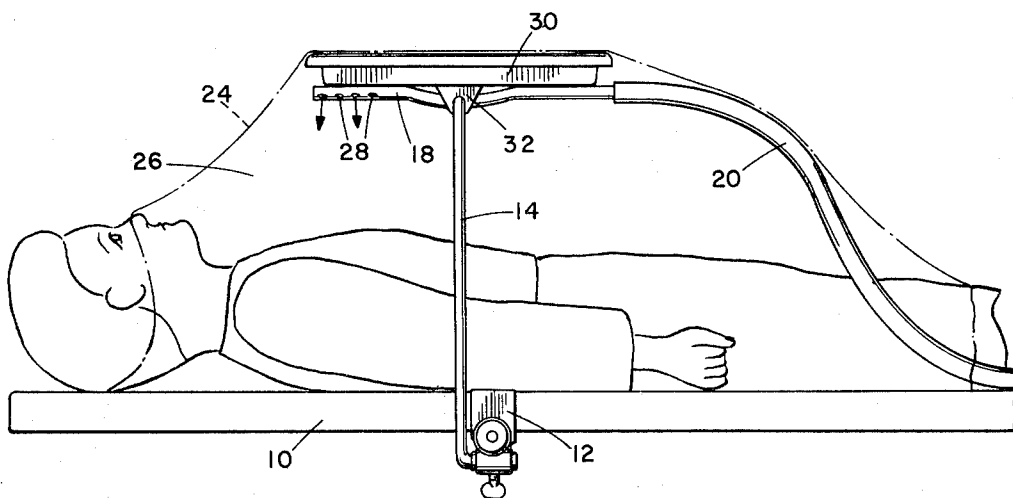
An operating table accessory for use particularly in eye surgery comprising an instrument tray and having an underlying ventilation fitting suspended over the patient's chest by an arched support member releasably and terminally mounted in sockets in the sides of the operating table. The ventilation fitting is disposed near the patient's face and is connectable to either an oxygen supply or a suction device at the election of the operating surgeon.

[58] Field of Search 128/132 R, 132 D, 140 R, 128/139, 146, 146.3, 1 R, 1 B, 142.4, 142.5, 276, 277, 287, 292, 298, 204, 188, 205, 173 R, 145.5; 211/88, 126, 127; 269/322-327

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6 Claims, 4 Drawing Figures



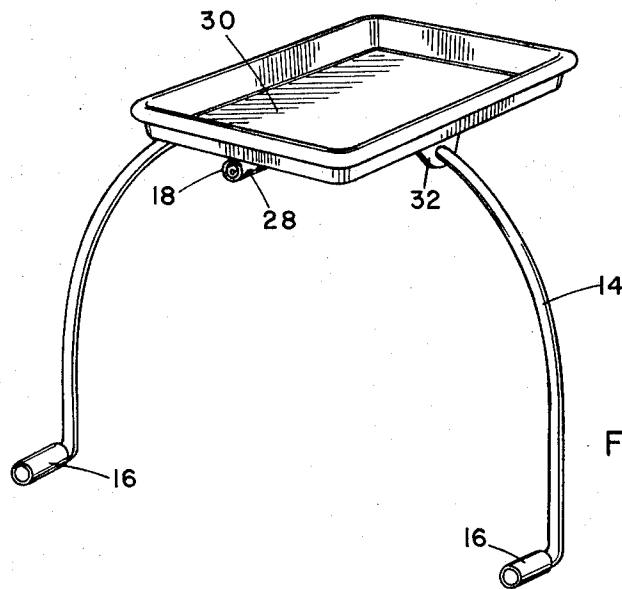


Fig. 1

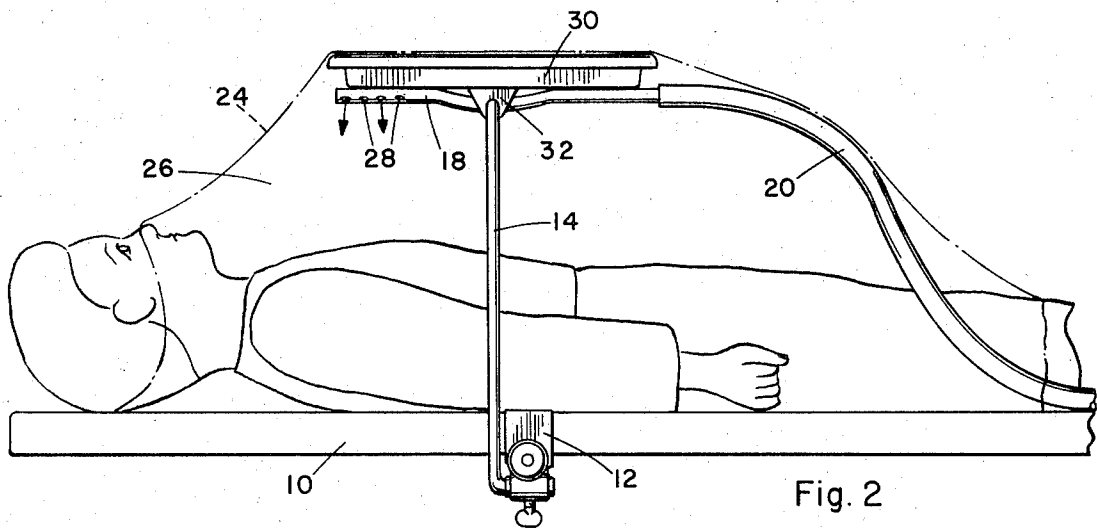


Fig. 2

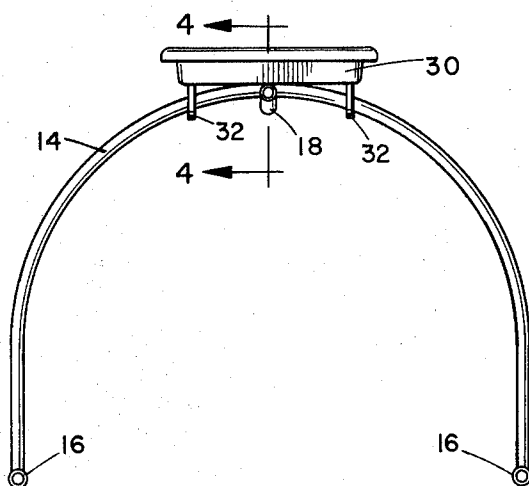


Fig. 3

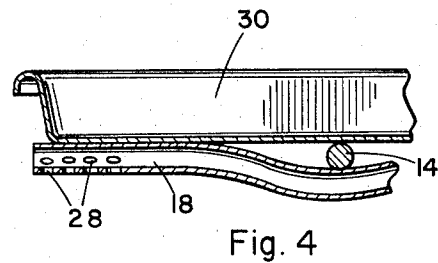


Fig. 4

OPERATING TABLE ACCESSORY

BACKGROUND OF THE INVENTION

The present invention related to operating table accessories, and particularly to a combination instrument tray and ventilation fitting.

Heretofore, patients undergoing eye surgery under local anesthesia and requiring additional oxygen or suction for ventilation have been provided with catheters attached to the face near the nose. There is a need for an anchored instrument tray in the immediate vicinity of the sphere of operation with an attached fitting which provides ventilation without the use of catheters.

SUMMARY OF THE INVENTION

The present invention fulfills such need and includes a rigid arcuate support member which is releasibly mounted by its ends on both sides of an operating table and arches over the chest of a patient lying thereon. Attached to the central portion of the support member is a tubular ventilation fitting longitudinally disposed above the operating table, the foot end thereof being attachable to a ventilation hose and the opposite or head end being open and perforate in its side portions. Mounted on the support member above the ventilation fitting is a horizontal instrument tray. The entire apparatus is covered by a surgical drape which forms a substantially enclosed space encompassing at least said head end of the ventilation fitting and the upper portion of the patient's body, including the patient's nose, but exposing the eye area. The ventilation hose is connected either to an oxygen supply or a suction device, in which latter case the enclosed space is continuously relieved of stale air and replenished with fresh air drawn from beneath or through the surgical drape.

The apparatus including the tray is of sturdy enough construction to provide an immobile armrest during indirect ophthalmoscopy of the superior retina.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of the complete unit;

FIG. 2 is a side elevation view of the unit in use, with a surgical drape indicated in broken line;

FIG. 3 is an end elevation view of the unit itself as taken from the left hand side of FIG. 2; and

FIG. 4 is an enlarged sectional view taken on line 4-4 of FIG. 3.

DETAILED DESCRIPTION OF A PREFERRED EMBODIMENT

A portion of an operating table 10 with a patient thereon is illustrated in FIG. 2. In the preferred embodiment the operating table is of the type fitted with two opposed, laterally mounted horizontal utility support sockets 12, one of which is shown in FIG. 2. A support member 14, which is preferably constructed of cylindrical steel or other suitably strong material, has two parallel, cylindrical feet 16 extending from the ends thereof and dimensioned to snugly engage in the sockets 12 as shown in FIG. 2 when the structure is mounted. The support member is arched as illustrated and when mounted extends over and in proximity to the patient's chest.

Mounted on the underside of the central portion of the support member is a ventilation fitting 18 which may be a simple rigid, open-ended tube. The foot end

of the fitting is removably connected to a ventilation hose 20.

The invention is contemplated for use especially in eye operations, and in normal use surgical drape 24 would be provided to cover those portions of the patient's body beneath eye level. The drape defines a substantially enclosed ventilation space 26 beneath the ventilation fitting which includes the nose and mouth of the patient. Normally, the ventilation hose 20 would be connected to a supply of oxygen so that the space 26 will constantly be replenished with fresh oxygen and the stale air expelled. However, not infrequently the operating surgeon will determine that more appropriate ventilation will be provided by drawing off the stale air through the ventilation fitting, causing the circulation of fresh air from beneath the edges of, or directly through, the drape, and the ventilation hose 20 will be connected to a suitable vacuum source rather than an oxygen supply. In order to prevent the ventilation fitting from inhaling the drape 24 and becoming blocked when suction is used, the head end of the ventilation fitting is provided with perforations 28 to provide alternate air passages.

A surgical instrument tray 30, preferably of stainless steel construction, is mounted atop the support member 14 and is securely anchored thereto by spotwelding or other appropriate means. The tray may also be welded to supports 32, as well as to the ventilation fitting, to provide additional support. In addition to the use of the tray as an instrument container and a steadying support, it ensures also that the drape 24 defined an adequate ventilation space 26, and it tends to hold the drape away from the patient's nose and mouth and the open front end and perforations 28 of the ventilation fitting to facilitate the uncongested flow of air or oxygen.

When general anesthesia is used, the patient receives both the anesthetic and an air supply through a tube feeding directly into the trachea, and no other ventilation is required. The endotracheal tube and the hose connections pass along the patient's chest enclosed in space 26 beneath arch 14 and attach to an anesthesia machine located at the level of the patient's waist. In this situation, the tray is used alone and the ventilation fitting need not be connected to the ventilation apparatus. When a local anesthetic is administered, however, ventilation must be provided beneath the surgical drape to prevent suffocation of the patient, and the ventilation fitting and instrument tray are of concomitant utility.

The entire structure is strong and firmly mounted. Instruments to be used during the course of the operation can be temporarily contained in the tray 30 to maximize their accessibility and promote the smooth uninterrupted progression of the operation, particularly during microsurgery. When surgery is finished, the apparatus can be very simply removed without disturbing the patient by removing the drape 24, disconnecting the ventilation hose, and removing the support member from the sockets 12.

I claim:

1. An accessory for an operating table having two opposite sides comprising:
 - a support member having attachment means for direct and rigid mounting thereof to the opposite sides of an operating table and defining a trans-

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verse arch over a forward portion of an operating table to which the support member is mounted;
 a ventilation fitting mounted on said support member so as to be near the face of a patient lying on said operating table and connectable to a ventilation hose;
 an instrument tray mounted on said support member; and
 a surgical drape overlying said tray, ventilation fitting and arch and depending from said accessory to define, together with an operating table to which the accessory is attached and portions of the body of a patient lying thereon, a ventilation space communicating with the nose of the patient.

2. The structure according to claim 1 wherein said support member is manually releasible from an operating table to which it is mounted.

3. The structure according to claim 1 and including two generally horizontal and parallel mounting sockets attached to the opposite sides of a forward portion of an operating table to which said accessory is mounted,

and said attachment means is slidably engagable in said mounting sockets.

4. The structure according to claim 1 wherein said ventilation fitting comprises a rigid open-ended tube extending longitudinally of an operating table to which said accessory is mounted and is connectable at its foot end to said ventilation hose.

5. The structure according to claim 4 wherein the head end portion of said tube is perforate to prevent blocking of the tube resulting from the inhalation therein of a surgical drape when said ventilation hose is connected to a vacuum source.

6. The structure according to claim 4 wherein said instrument tray is mounted above said ventilation fitting and the forward edge of said tray extends forwardly at least as far as the head end of said ventilation fitting to prevent enshrouding of said ventilation fitting and interference with the ventilating function thereof by said overlying surgical drape.

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