# Design for Medical

Integrated Intelligence for Medical Product.

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Abstract: In the territory of a medical product, there are no great variation and improved for recent 50 years. I have solved the question of the difficulty of using of medical equipment, and the lack of features of an instrumental by a medical doctor's strive. As one example, the "laryngoscope" which is performing the novel exploitation is an exist. This is a tool for developing the larynx in tracheal gill intubation. Unless a grip strength is strong, I cannot grip the grip part of the laryngoscope by which the presently use is carried out. A-lot-of problem is an exist to an operativity in a texture or an organization again. And there is a problem also in use in a dark place. This is a typical example of the medical equipment which has conquered the question by a medical doctor's strive. I think that I can carry out the design planning of the easyto-use medical instrument by designing a medical doctor's hand, a patient's pars laryngica, and the relationship of a laryngoscope. A bone, a muscular, a tendon, etc. which are building the human body do not restrict a future medical equipment planning. I could send the pharmacon into the depth of the lung effectively via the lung with the novel nebulizer which made the possible the pharmacon expansion in a novel human body by conducting the fluid analyze in a respiratory tract or a lung. Moreover, in order to correspond to the newborn baby who gets a uranoschisis, I analyze the uraniscus of the foetus of an antenatal by using magnetic resonance image etc., and I also think that I can design an effective palatal plate. When a designer, a medical doctor, and its three persons cooperate with an engineer, it is a consider that it is possible to obtain a novel vision and a goal. When the medical doctor expert in a medical, the engineer of an engineering thought, and each power of the designer who can imagine an artifact are unified by the novel exploitation procedure, it is a suppose that I can create an advanced human being's medical environment. In order to slip out of the state of the present medical equipment, to develop a novel instrumental and to begin to make the comfortable future, three persons' co-creation is required.

Key words: Laryngoscope, Medical Instrument, Lung, Nebulizer, Air, Flow

### 1. Introduction

In the territory of a medical product, there are no great variation and improved for recent 50 years. I have solved the question of the difficulty of using of medical equipment, and the lack of features of an instrumental by a medical doctor's strive.

#### 2. Research

#### 2.1 Research Goal

A laryngoscope is one of the medical equipment in which an innovation was not carried out for 100 years. This laryngoscope has a a-lot-of problem in that texture and form as an instrumental which man uses. All the residents were obliged to receive a traning of an airway management in a fixed duration, a narcosis, and a first-aid field by the medical-doctor clinical training system changed in the 2004 fiscal year. Moreover, the emergency life guard can obtain now a wind-pipe tubage permission at the spot by practicing a tubage under an instruction of the short course in a fire-fighting school etc., and an anesthetist. The medical doctor and emergency life guard with few experience values of not only an anesthetist but the laryngoscope came to use it. It will become impossible to clear in the habituation to an instrument which aligns with medical equipment how depending on which a medical doctor uses like a so far, and the technical acquisition by experience. When using a laryngoscope, the force of lifting about 5-km weight single hand is required, and it is not easy for a man's medical doctor.

I will compare 50-year before and, as for a presently, the rise in a female medical doctor is an exist.

It is necessary to improve a laryngoscope also from a burden being heavy to the medical doctor of the woman in which force is weaker than a man's medical doctor. A hand is an important physical interface which connects a human and device. In this study, I perform an optimum planning of the grip part of a laryngoscope by considering the relation between a human and goods through a "hand" and a "device."

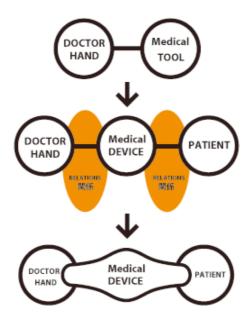


Figure.1

## 2.2 Wind-pipe tubage

After a wind-pipe tubage carries out the elevation of the operculum laryngis using a laryngoscope, usually performs a larynx expansion and secures a respiratory tract, it is the one way of the airway management which intubates a patient's wind-pipe in a tracheal tube, and supplies an oxygen. Sternum prelums (resuscitation of heart

etc.) and an asynchronous evocation are possibles by a positive airway management for the purpose of an aspiration prophylaxis in a splitting of a respiratory tract and an oesophagusu.



Figure.2

### 2.3 The trait survey of a grip part

As the point of a grip controllable in a stabile appropriate grip strength or the way to operate,

- (1) In order to move a device and a tool and to carry out the action as an intention, it is the form which had a relationship with the hand to which I can apply proper and required force.
- (2) I can perform a transmit of proper force.
- (3) There is (relation between a device and a hand) for being controllable also in what kind of way From these three viewpoints, I investigate the form of a grip, and an action.

# 2.4 3D Sketch which uses a vesication urethane specimen

With the 3D sketch procedure, I consider a syngamy of a solid sensitivity form and a functional form, and can begin to make the optimal style and design from repeating a planum sketch for a three-dimensional solid model before a perform.

Thereby, the prehension of the continuous surface form of the product which cannot be caught in a planum sketch was completed.

In this study, after repeating 3D sketch, I made the detail by planum sketch.

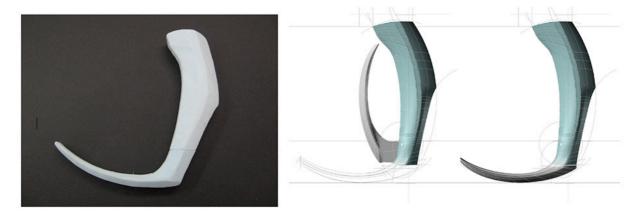


Figure.3

### 2.5. Metal trial production

In consideration of the hygienics of the laryngoscope which is receipts and payments, its waterproof organization, and semicritical instrument of units, such as a battery and a light source, I have arranged the battery and the light source in the grip part, and designed the texture where a dry cell was made as for an insertion to a smooth at the time of a dry-cell interchange, and the metal model trial production was completed.

This consists of three parts of a grip part, a slide cover, and a cap.



Figure.4

# 3. Conclusion of Lalyngoscope

This study showed that I could perform the more nearly optimal planning by considering about the following points in a design planning of a laryngoscope.

## A grip part is

(1) The control tend and before grasping, a crevice is between a grip and a vola manus.

- (2) When grasping, the wide side of a vola manus is in contact with the grip.
- (3) For a perform reason, an internal battery unit can take out a hygienics.
- (4) I shield so that a humor and a sanguis may not go into an internal unit,

### In a blade part

A salient form is not making so that a topically prelum may not occur in the region which touches a tongue and the soft tissue of an intraoral.

- (1) The thickness of a blade is using less than 30 mm.
- (2) Use the resin material which can perform a high level disinfection.
- (3) It is an effective thing that the whole blade shines because of an intraoral observation.
- (4) Use a resin with a rigor a rigor is hard and transparent and a high transmittance of light.

I have proposed the novel laryngoscope model which carried out the design planning by this study.



Figure.5

# 4. Examples Citations

[1] William A.Rutala HICPAC: Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008, Department of Health & Human Services USA