

# SOMNI C3

## VETERINARY ANAESTHETIC VAPORISER OPERATIONS MANUAL



SOMNI PRODUCT MANUAL

# TABLE OF CONTENTS

|                                     |    |
|-------------------------------------|----|
| User Responsibility                 | 3  |
| Warnings and Cautions               | 4  |
| Principles of Operation             | 5  |
| Examination and Preparation For Use | 6  |
| Installation                        | 7  |
| Operating Instructions              | 9  |
| Filling Instructions                | 11 |
| Funnel Fill                         |    |
| Draining Instructions               | 12 |
| Funnel Fill                         |    |
| Filling Procedure                   | 13 |
| Key Filled                          |    |
| Operating Instructions              | 15 |
| Key Filled                          |    |
| Specifications                      | 17 |
| Warranty and Service                | 20 |



# USER RESPONSIBILITY

The SOMNI C3 is a precision medical vaporiser designed for **Veterinary Use Only**. This vaporiser was designed to mix the vapours of specified liquid anaesthetic gas agents with anaesthetic delivery gases. The vaporiser will continue to provide reliable performance only if the manufacturer's operating and maintenance instructions are followed. The vaporiser, as with any mechanical medical device, requires periodic preventative maintenance and calibration. Any components, which become worn, distorted, or contaminated should be replaced by a factory authorised service centre. A vaporiser that requires service should not be used until it has been accurately tested and verified by a factory authorised service centre. Field-testing of vaporiser output using portable test equipment, while valuable, is not a substitute for factory authorised preventative maintenance. Factory service and calibration is recommended every two years, field-testing is recommended annually at minimum. The user assumes full responsibility and liability of any use of the vaporiser.

# WARNINGS AND CAUTIONS

- This vaporiser is intended for **Veterinary Use Only**
- **Do not** fill the vaporiser with any agent other than the one specified on the front label. Vaporisers are specifically designed dependent on agent type. Therefore, any other agent used can prove to be dangerous to a patient.
- **Do not** use this vaporiser until it is mounted upright, vertical and out of operation for a minimum of (1) hour after initial filling to allow for proper initial wick absorption. Failure to allow wicking absorption time may result with inaccurate output at the selected dial setting.
- **Do not** carry vaporiser by control dial. Handle and transport vaporiser with care by grasping the vaporiser firmly with two hands.
- **Do not** modify, tamper, or disassemble the vaporiser. There is a probable danger of damaging the vaporiser and altering the calibration accuracy.
- **Do not** put vaporiser into any liquid, including water.
- **Do not** attempt to sterilise vaporiser.
- **Do not** drain anaesthetic agent into any container other than a properly marked container.
- **Do not** tilt or tip vaporiser beyond a 45-degree angle while filled with liquid agent. If unit is accidentally tipped on its side, please call the manufacturer for specific instructions.
- **Do not** have vaporiser serviced by anyone other than a SOMNI authorised service centre.
- **Do not** operate vaporiser prior to leak testing the anaesthetic equipment, ensuring secure connections to prevent unnecessary anaesthetic exposure
- Turn the vaporiser **OFF** when not in use.
- It is recommended that the vaporiser is kept upright at all times after installation.

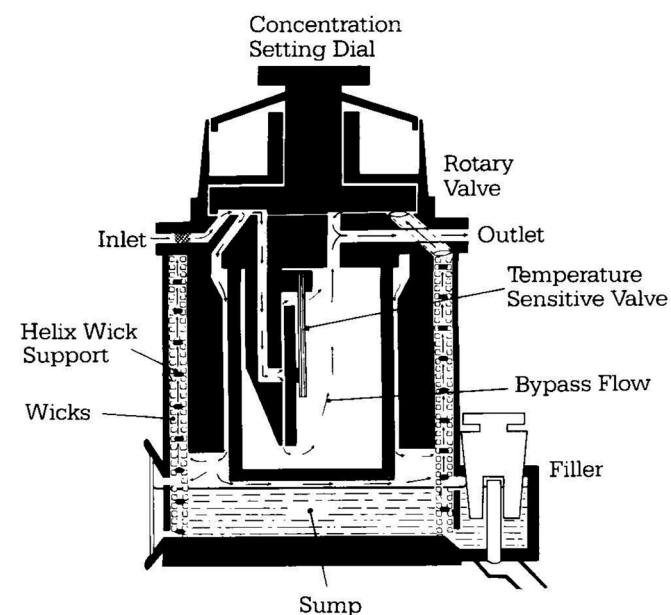
# PRINCIPLES OF OPERATION

## VAPORISER SUMP AND VALVE ASSEMBLY

This anaesthetic vapouriser is comprised of a vaporising chamber and duct system (located within the sump cover), rotary valve and concentration dial. The concentration dial is connected to the rotary valve underneath. The rotary valve contains ducts and a vapour control channel. With the concentration dial in the off position, the rotary valve links the inlet and outlet of the vaporiser, allowing carrier gas to pass through. When the concentration dial is turned on, the carrier gas is split in two: one stream flowing into the bypass and the other flowing into the vaporising chamber.

The vapourising chamber contains two concentric wicks that are in contact with the liquid anaesthetic agent. The wicks ensure the vapour is maintained at saturation of concentration in the gas that leaves the vaporising chamber. The flow through the vaporising chamber is controlled by the concentration dial.

Temperature compensation occurs automatically utilising a bi-metallic strip to keep the output of the vaporiser constant during conditions of changing temperature.



# EXAMINATION AND PREPARATION FOR USE

1. Examine shipping carton for signs of external damage.
2. Remove contents from carton and inspect for visible damage such as dents or missing parts.
3. If damage or missing parts are discovered or suspected, notify customer service immediately at 0800 0129101.
4. Check that control dial operates freely.
5. Confirm the drain valve is completely closed .
6. Remove the mounting hardware (vaporiser spacer and 3-6mm bolts with washers) and drain tube (\*not shown) from package.

# INSTALLATION

The standard mounting system requires bolting of the vaporiser directly to a rigid back bar of an anaesthetic gas machine. The vaporiser should always be mounted between the gas flow-metering unit and the breathing circuit-always upstream of any absorber or humidifier. Ensure that emergency oxygen supplies or oxygen flush enter the gas circuits downstream of the vaporiser.

The SOMNI C3 is supplied with mounting hardware consisting of a spacer and 3-6mm bolts. While supporting the weight of the vaporiser, install the spacer between the vaporiser and the mounting surface and secure the vaporiser using the mounting bolts provided. Ensure the bolts are tightly secured, but be sure not to over-tighten.

Connect the 23mm inlet and outlet adapters to the corresponding outlets on the cagemount. Twist and firmly push on for a secure, leak-free connection. It may be necessary to connect the 23mm adapters prior to mounting the vaporiser.

Complete a 10 second pressure test to confirm a leak free installation. **Instructions on Page 10.**



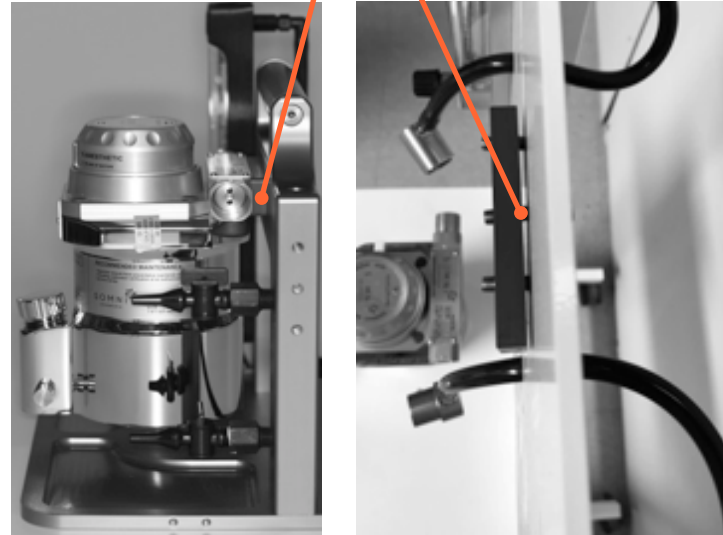
# INSTALLATION

## IMPORTANT!

- The direction of gas flow must be from “inlet to outlet” (i.e. from left to right) when viewing the vaporiser from the front.
- Ensure the liquid (which may accumulate in the breathing circuit or the CO2 absorber) can not enter the vaporiser while:
  - in use
  - during disassembly of the circuit
  - when the machine is not in use

The vaporiser is fitted with standard 23mm inlet and outlet taper connections.

## Vaporiser Spacer Placement





# OPERATING INSTRUCTIONS

1. Observe all instructions and warnings on the vaporiser.
2. Fill only with agent indicated with vaporiser in OFF position.
3. Perform a leak test prior to first use (See instructions below- “10 Second Test”).
4. Depress locking button to turn dial from OFF position.
5. Turn dial counterclockwise to desired concentration.
6. Then turn control dial counter clockwise to desired concentration.
7. Turn vaporiser to “OFF” position when not in use.



# 10 SECOND PRESSURE TEST


*Before each use, “leak test” the anaesthesia system and ensure the waste gases have a patent way through the evacuation system.*

1  Wear safety goggles or safety glasses.


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2  Turn O2 supply primary switch to “OFF”.


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3  With vaporiser in “ON” position (2% concentration), drain oxygen from line by turning “ON” fresh gas switch to induction chamber (be sure to have evac for the induction chamber “ON”).


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4  When oxygen stops flowing (flow meter will drop to zero and O2 pressure gauge will drop to zero), turn induction chamber fresh gas supply to the “OFF” position.


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5  Fill vaporiser with liquid anaesthetic.

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6  Turn vaporiser dial to “OFF” position.

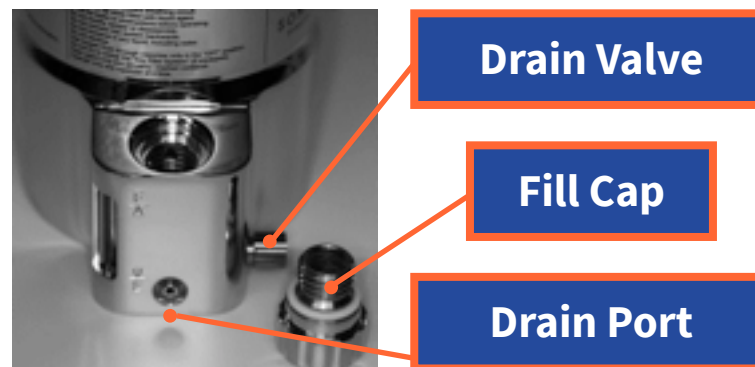
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7  Turn O2 supply primary switch to the “ON” position.

# FILLING INSTRUCTIONS-FUNNEL FILL

## CAUTION:

1. Verify that vaporsier dial and delivery gas flowmeter(s) are in the "OFF" position.
2. Verify that anaesthetic agent is the same as labeled on front of vaporiser.  
**DO NOT** fill vaporiser with any agent other than the one specified on the front label. Vaporisers are designed specifically to their respective agents. Any agent other than specified could prove to be dangerous to a patient.
3. Verify that the drain valve on the right side of the fill assembly is closed by turning clockwise until finger tight.
4. Remove the funnel cap and pour agent slowly into opening. Simultaneously, observe the agent level through the sight glass. Note: If the vaporiser is dry, the level will fall slightly as the wick absorbs the agent.
5. Replace cap by turning cap clockwise. Cap should be tight to prevent leaks.



# DRAINING INSTRUCTIONS-FUNNEL FILL

## CAUTION:

Liquid **MUST** be drained from the vaporiser into a properly labeled container.

1. Attach small drain tube to the hole in the front of the vaporiser fill assembly.
2. Hold an empty, properly labeled container under the tube.
3. Open the drain valve located on the right side of the fill assembly. After all liquid is drained, close the valve finger tight to seal.
4. Discard used anaesthetic agent per proper protocol.



# FILLING INSTRUCTIONS - KEY FILLED

## CAUTION:

The vaporiser may be pressurised. Open the dial to relieve internal pressure and then close. Unscrew the top key retaining screw slowly when removing the replica key plug on vaporisers fitted with key fill design.



- Remove the cap and seal from the anaesthetic bottle. Check that the bottle is not damaged and attach the fitted keyways of the bottle adapter to the keys of the bottle collar. Screw them together until fully secured and tightened. The bottle is now ready to fill the vaporiser. Only the correct agent-keyfill adapter can be fitted to the respected anaesthetic agent bottle.
- Ensure that the vaporiser dial control is set to the “OFF” position. Loosen the top key retaining screw on the filler assembly counter-clockwise and withdraw the replica key plug.
- Insert the keyfill bottle adapter into the fill socket.



## FILLING INSTRUCTIONS - KEY FILLED



- D. After insertion, tighten the key retaining screw clockwise to tighten and seal the keyfill adapter in the filler socket.
- E. Raise the bottle above the level of the fill socket, avoiding kinking the adapter tube. The agent should begin flowing into the vaporiser from the anaesthetic bottle within a few seconds. If this does not occur, remove the bottle and adapter from the vaporiser and remove the adapter from the bottle. Carefully shake the adapter two or three times to clear the tube, then repeat steps A through E.
- F. When the vaporiser is filled to the maximum level mark in the sight glass, lower the bottle below the level of the filler socket and wait for five seconds to allow any agent in the adapter to drain back into the bottle, then unscrew the top key retaining screw and remove the adapter from the fill socket.

Because the SOMNI C3 vaporiser sump can hold 125 ml capacity, there may be no excess agent.

If there is any excess liquid agent, allow this to escape from the filler socket completely, then insert and fully tighten the replica key plug to prevent gas from escaping through the filler.

**Note:** If the vaporiser was dry before filling, the level will decrease as the wicks absorb the agent.

# DRAINING INSTRUCTIONS - KEY FILLED

## CAUTION:

Ensure the dial is in the “OFF” position, that the recovery bottle is below the drain nozzle. The vaporiser may be pressurised, open and close the vaporiser to help relieve internal pressure.

## DRAINING PROCEDURE:

- A. Remove cap from recovery bottle and position under the drain nozzle.
- B. If needed, to allow air to vent, unscrew the top retaining screw and remove the replica key plug from the filler socket.
- C. Open the drain screw valve by turning knob counterclockwise to initiate the agent draining process. Allow agent to pour into recovery bottle.
- D. When draining has been successfully completed, close the drain screw valve by turning the knob clockwise and insert replica key plug back into filler socket and secure.



# ASSURING PERFORMANCE OF YOUR VAPORISER

To assure the continued performance of your vaporiser, the manufacturer recommends **full factory preventative maintenance** be performed every 2 years. Accurate and efficient anaesthetic gas delivery is a primary consideration in patient care. Anaesthetic agent vapours are extremely potent, and a very small error in concentration could be hazardous.

## **Preventative Maintenance Includes:**

- Disassembly of the vaporiser
- Cleaning and inspection of all components
- Replacement of internal wick and seals
- Testing of thermostat and adjusting or replacing if needed
- Reassembly and leak test
- Calibration using industry standard laser refractometer

## **Preventative Maintenance Ensures:**

- o Worn components are replaced when necessary and calibration is verified.
- o Wicks are replaced to prevent the accumulation of contaminants which can hinder anaesthetic vapourisation and interfere with efficient anaesthetic gas delivery.
- o Inspection and service can reveal accidental damage that could alter performance and allows correction.
- o Correction of vaporiser leaks and prevents the vaporiser from contributing to unnecessary personnel exposure to waste anaesthetic gas pollution.



# SPECIFICATIONS

## Calibration

Vaporisers are calibrated at 21° C. The variation in output with temperature, flow rate and duration of use is small, and the variation in output when used with Intermittent Positive Pressure Respiration is negligible.

## Resistance to Gas Flow

5cm.wg at the “OFF” setting at 5 liter/min O<sub>2</sub> at 22° C

## Duration of Use

The rate of consumption of anaesthetic agent depends primarily on flow rate and vapour output concentration. As an approximate working figure, 1.0 ml of liquid anaesthetic is required to provide 200 ml of vapour.

The rate of evaporation of anaesthetic agent may be used (with caution) as an approximate method of checking that the delivered output is not grossly in error. It may also be used as a means of estimating how often the vaporiser is likely to need refilling.

The approximate hourly consumption of anaesthetic agents can be expressed as follows:

$$3 \times \% \times F$$

Where % represents the setting of the vaporiser output percentage, F represents the input flow rate in liter/min.

Example: If a vaporiser is set to deliver 2% at 6 liter/min total input gas flow rate.

Approximate rate of agent consumption =  $3 \times 2 \times 6 = 36$  ml/hour.

The above figures are approximate and intended for clinical guidance only. Figures will vary depending on flow meter type (and other varying factors). Results will be grossly in error if the vaporiser drain port is not fully closed.

## Liquid Capacity

Amount of anaesthetic agent to fully charge the vaporiser = 125 ml.

Amount retained by Wick System = ml.

## Weight and Dimensions

Weight 6.1kg / 13.5 lb

Height 181.6 mm / 7.15 in

Depth 134.6 mm / 5.35 in

Width 109.2 mm v/ 4.3 in

Capacity 125 ml

Wicking Capacity 50 ml

Some ventilators may impose higher, steady back pressures (around 100 mmHG), producing more significant depression of the v/v percentage. Increased patient uptake of agent, along with improved ventilation can often mitigate these effects, eliminating the need to compensate for increased back pressure at the vaporiser.

## High Back Pressures

Pressures in excess of 400 mmHg could conceivably occur during procedures similar to bronchoscopy or because of occlusion of downstream tubing and piping or for other reasons. These effects on v/v percentage cannot be precisely predicted but the most likely effects will be reductions in concentration (or small increases).

# SPECIFICATIONS

## **Back Pressure Fluctuating**

Fluctuating backpressures may be imposed on the vaporiser by downstream components and assisted or controlled ventilation to the patient. This can affect the vaporiser and increase the concentration by intermittently altering the pressures, therefore altering flow distribution within the vaporiser. The greatest effects are observed in combinations of very low flow rates and low dial settings, with large and rapid pressure fluctuations. These effects become progressively less notable as the dial setting and flow rates increase, causing the magnitude and rate of cycling pressure fluctuations to decrease.

In clinical use, vaporisers are considered unaffected by fluctuating back pressures which occur frequently in most typical, clinically encountered conditions appertaining to human anaesthesia.

## **Carrier Gas Composition**

Small effects can occur when the carrier gas composition is changed (i.e., from Oxygen to air, or in a Nitrous Oxide and Oxygen mixture). As a general rule, variation of output with carrier gas compilation should be considered of low clinical significance, since the side effects (if any) are typically less than 10% of the setting.

In an instance where significant changes do occur, the usual effect is a slightly depressed output once nitrous oxide is employed (compared to the output when oxygen is the carrier gas).

## **Other Variables**

Ambient temperature, input flow rate and duration can often affect delivered concentrations, particularly when vaporisers are used at the clinical extremes of such variables.

The valve design and temperature compensation system of the SOMNI C3 vaporisers work to reduce the effects to levels considered not significant by clinical standards.

# SPECIFICATIONS

Temperature variation effects are typically negligible at common dial setting and ambient temperature combinations.

The vaporiser responds very slowly to change in ambient temperature to prevent the valve from closing completely. As an additional safety feature, the temperature sensitive valve does not respond to temperatures below the approximate range of 12-15° C.

Should the vaporiser temperature be lower than this, the output can be expected to be lower than that indicated on the dial.

At temperatures above the range shown on the performance curves, the vaporiser output may be unpredictably high- particularly if the temperature approaches the boiling point of the anaesthetic agent.

To avoid any inaccuracies due to extreme temperatures, the vaporiser should be allowed to reach a temperature within the suggested range (of the performance curves) prior to use.

## Pressure

Vaporisers are graduated in v/v percentage at 760 mm Hg.

$$\text{Equation 1} \quad D = \frac{\% \times 760}{P}$$

Where % is the nominal setting of the vaporiser.

It is generally accepted that the depth of anaesthesia depends on the inspired partial pressure of agent and not the concentration by volume of agent.

To obtain a consistent depth of anaesthesia when gross changes of barometric pressure occur, it is necessary to change the v/v percentage in inverse proportion to the barometric pressure. The vaporiser automatically performs this action. For practical and clinical purposes, the effects of barometric pressure can be ignored.

The vaporiser automatically does this and for practical clinical purposes the effects of the barometric pressure can be ignored.

# WARRANTY AND SERVICE

## Limited Warranty

Somni Scientific warrants to the original purchaser that the products, not including accessories, shall be free from defects in materials and workmanship under normal use, if maintained in accordance with our companies guidelines and used according to its labeling, for the period specified in the manual.

Warranty period is 5 years.

THIS LIMITED WARRANTY, IS IN LIEU OF AND EXCLUDES ALL OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

This warranty is void if the product has been altered, misused, damaged by neglect or accident, tampered with, not properly maintained, not installed in strict compliance with applicable codes and ordinances, or repaired by persons not authorised by Somni. This warranty does not cover normal wear and tear and maintenance items and specifically excludes accessory items and any other equipment used with the product.

## Limitation of Remedies

The only obligation under this limited warranty is the repair or replacement of the product. THIS IS THE EXCLUSIVE REMEDY. We shall not be liable for and hereby disclaims any direct, incidental, consequential or special damages or delays, including but not limited to loss of use, downtime, lost business, revenues and profits.

## Warranty Procedure

To obtain warranty service, contact Somni Scientific  
[enquiries@somniscientific.com](mailto:enquiries@somniscientific.com)

 (M) 07798 969805  
(T) 0800 0129101  
(D) 01872 248890

 [enquiries@somniscientific.com](mailto:enquiries@somniscientific.com)

 [www.somniscientific.co.uk](http://www.somniscientific.co.uk)

  
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