PEsof

Esophageal Manometry

By measuring transpulmonary pressure, Brina shows progress in the understanding of respiratory mechanics and patient-ventilator asynchrony (PVA).

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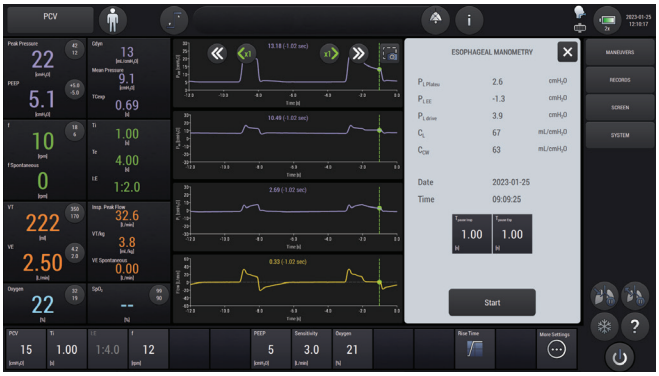
The esophageal manometry maneuver makes it possible to calculate the elastic condition of the lungs and thorax individually, providing the user with valuable information to assess respiratory mechanics.

This maneuver is done by introducing an esophageal balloon that must be positioned in the lower third of the esophagus. Brina offers a comprehensive system to validate balloon positioning easily.

Once measurements are completed, the following values are obtained:

- **Transpulmonary Plateau Pressure (PLPlateau)**
- **End-expiratory Transpulmonary Pressure (PLEE)**
- **Transpulmonary Driving Pressure (PL Drive)**
- **Lung Compliance (CL)**
- **Thorax Compliance (CWC)**



Physiological benefits

PL is the driving pressure to which lungs are exposed (PL = Alveolar - Pleural). It makes it possible to separate their mechanical conditions in relation to those of the rib cage, so that it can be observed if a protective ventilation is actually being carried out.

It is highly useful for patients with complex respiratory mechanics, such as those suffering from obesity and respiratory distress, and it is even useful for monitoring asynchronies in patients with COPD.

Use and applications

- Supporting a proper PEEP selection.
- Calculating the pulmonary distensibility level.
- Observing each component of the lung-thorax mechanics individually.
- Assessing asynchronies and inspiratory effort level in patients with spontaneous breathing.

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