

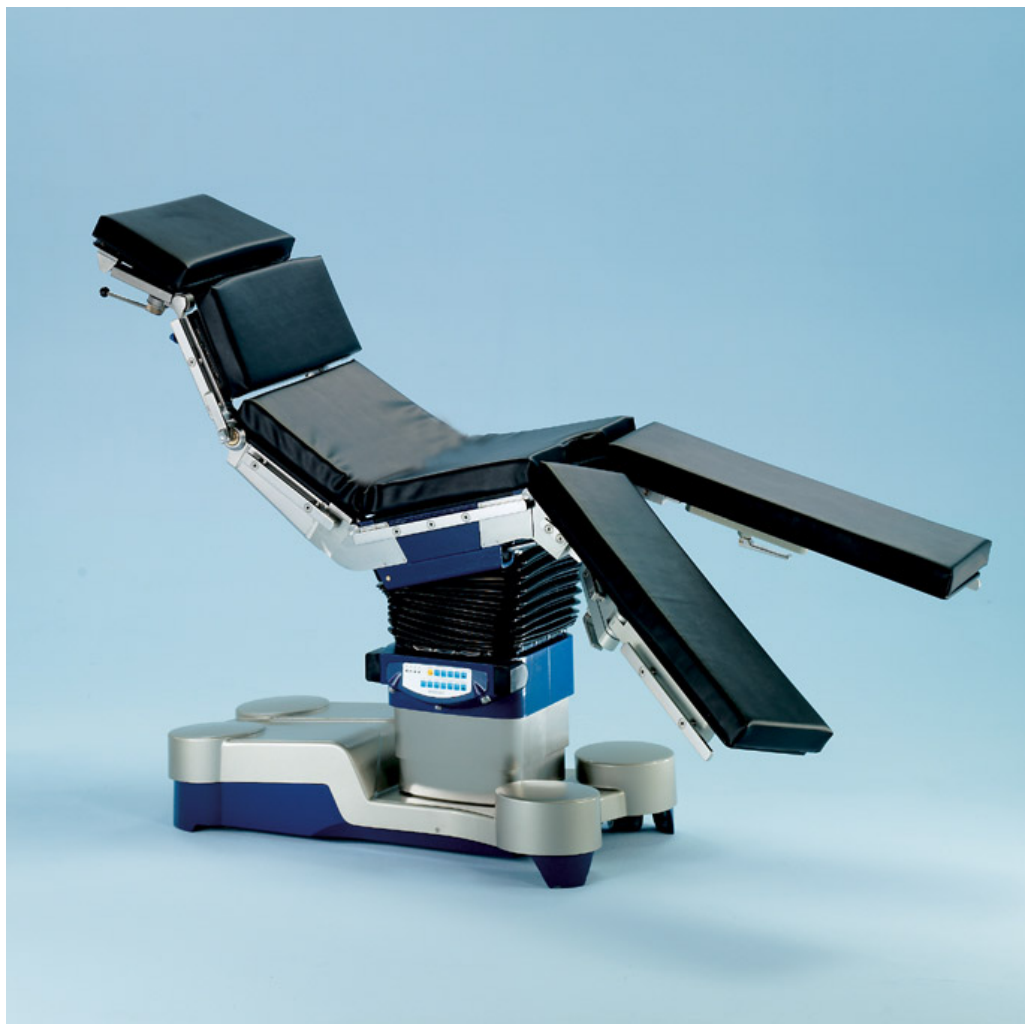
# MAQUET

ALPHAMAXX

1133.02BX/FX

Operating instructions

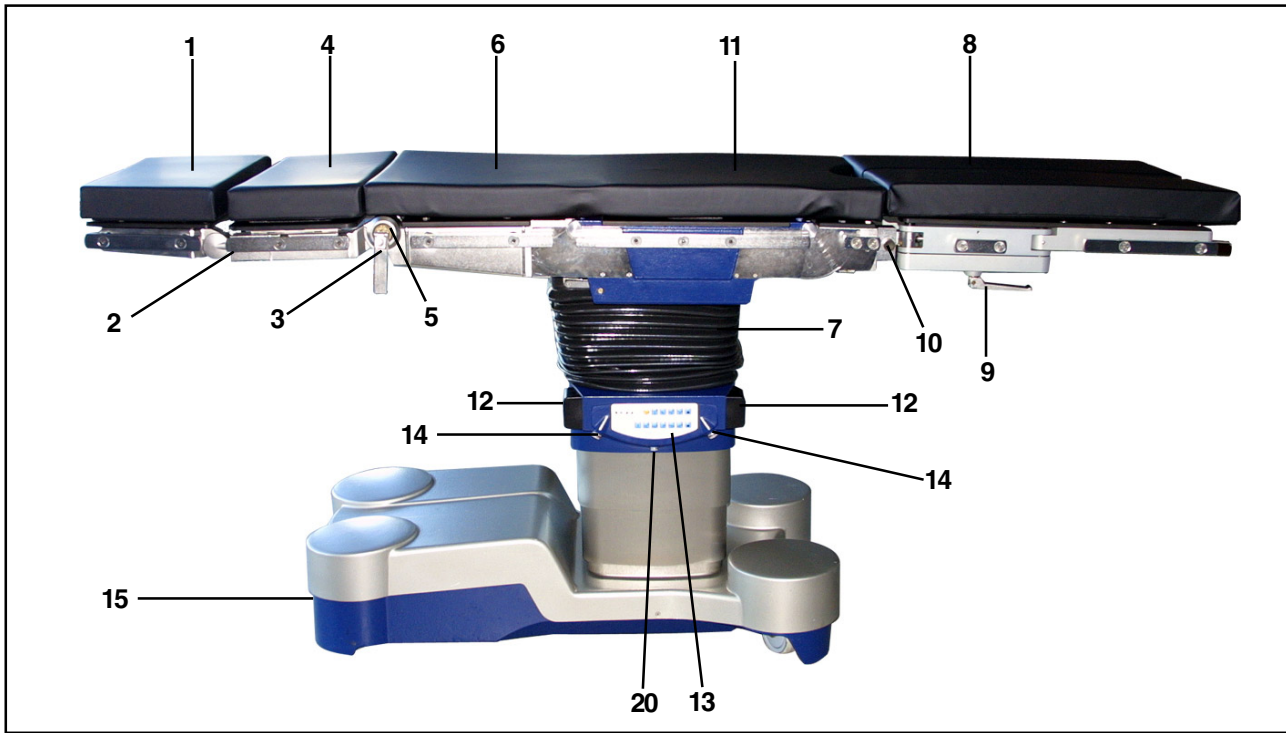
Universal operating table



English

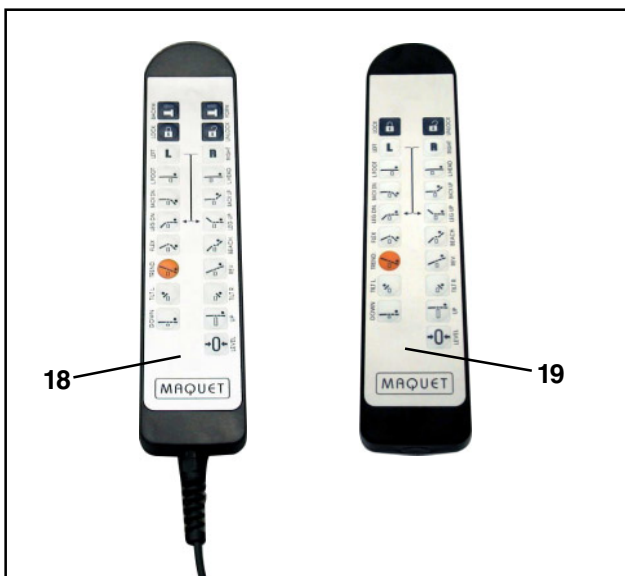
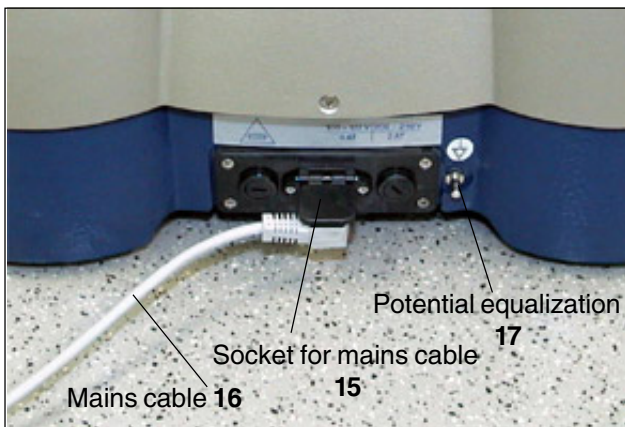
CE

GA113302GB11



**Overview**
















- 1 Head rest (e.g. 1130.64)
- 2 Fastening screws for head rest
- 3 Locking lever for upper back plate
- 4 Back plate, removable  
**1133.31X0** Back plate for general surgery
- 5 Connection point for removable back plates
- 6 Lower back plate
- 7 Bellows
- 8 Leg plates
- 9 Locking lever for leg plate abduction
- 10 Unlocking of leg plates
- 11 Seat plate
- 12 Infrared receiver and transmitter
- 13 Override system with status indicators for operating table
- 14 Sockets for cable-connected hand control and foot switch
- 15 Socket for mains cable
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- 19 IR remote control (optional)
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## I. Important safety instructions

-  Mount only the accessories listed in Chapter VIII.
-  Make sure that the operating table is set up horizontally and is stable!
-  Lock the operating table in position prior to use! Press the LOCK key!
-  Lock the operating table in position prior to transferring the patient! Press the LOCK key!
-  The patient may only be transferred from the side of the operating table.  
It is not allowed to transfer the patient from the head or foot end onto the table.  
**Danger of tipping over!**
-  **Danger of injury!** If the patient is not secured during transport, adjustments of the operating table or positioning (especially in Trendelenburg positions), he/she may slip off the operating table. Always secure and observe the patient.
-  **Danger of burns to the patient!**  
When using HF surgical equipment, defibrillators and defibrillation monitors, make sure to avoid that the patient comes into contact with the metal parts of the operating table, the table tops or the accessories. Also make sure to avoid that the patient is lying on moist underlays or sheets on the conductive pads.  
Be absolutely sure to comply with the manufacturer's operating instructions.
-  **Danger of damage!** Take care to avoid collisions between accessories and the operating table during adjustment procedures.
-  Consult MAQUET prior to using accessories produced by other manufacturers if they affect the longitudinal geometry of the table top.
-  There is no explosion protection while recharging the batteries or the operating table is on mains power.
-  When connecting and removing the mains cable, observe the correct order of the procedure! (see page 22)
-  The patient has to be positioned and observed so as to avoid hazards to respiration, the nervous system and the circulatory system.
-  The operating table's electrical conductivity has to be checked once a year by trained service personnel!
-  Unplug the operating table before opening!
-  Electrical devices (such as cellphones, radios, magnetic resonance tomographs) can interfere with the functioning of the operating table when used near the operating table.  
Please observe the Technical Description for the operating table.  
It contains information on electromagnetic compatibility (EMC) for the operating table (both radiation and resistance to interference).  
Adhere to those specifications when using electrical equipment and respond properly in the event of effects on the operating table.



**Danger of injury!**

Before aligning the leg plates horizontally, check the patient's position carefully, particularly when using knee crutches.



**Danger of crushing!**

Do not touch the side rails in the area of the joints when adjusting the operating table top!



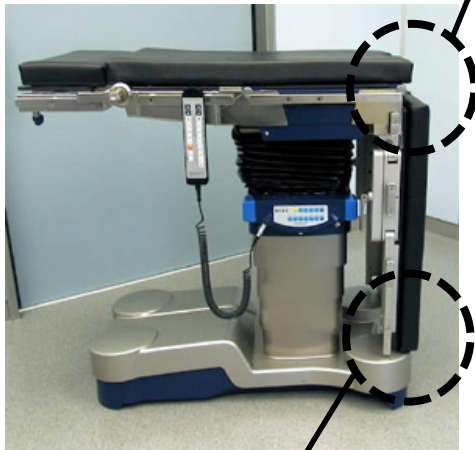
**Danger of pinching!**

Do not reach under the table top or between the table top components during adjustment procedures.



**Danger of crushing!**

When locking the operating table (LOCK), the operator's feet may be crushed or shorn. When setting the operating table, keep enough distance from the table base.



**Danger of pinching!**



**Danger of damage!**

Do not place any objects on the base of the operating table!



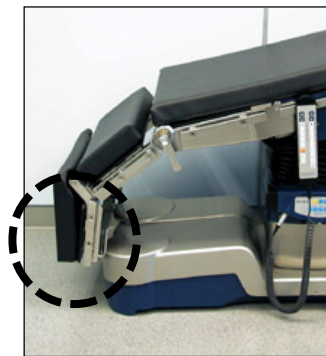
**Danger of damage!**

Do not press or pull on the covers of the joints.

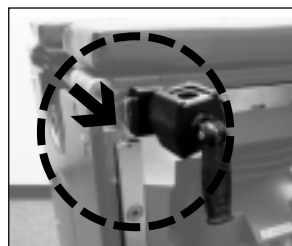
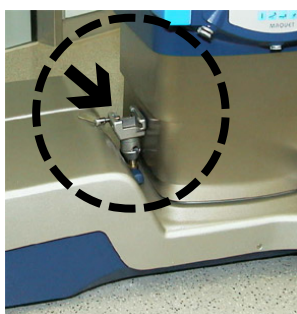


**Danger of damage!**

Make sure the cable of the hand control does not get jammed when adjusting the operating table.



**Danger of collision!**



## II. Important information

Your hospital has opted for the 1133.02 operating table. Thank you for the confidence you have demonstrated in doing so.

### 1. Important notes on these operating instructions:

- Please read these operating instructions thoroughly and carefully. They were written to make you familiar with the features of the operating table.
- Please observe these instructions at all times.
- Please keep these instructions close to the equipment for ease of reference.
- In these operating instructions we have used the following symbols:



This symbol indicates safety instructions in accordance with the prevailing international standard for medical equipment.

#### → Note

This symbol is placed before all instructions that ensure the trouble-free operation of the unit.

(X) An „X“ in the order number (e.g. 1133.53XX) stands in place of the different versions.

### 2. Using the operating table in accordance with the intended purpose

The operating tables distributed by MAQUET are to be used exclusively in the field of human medicine. The user must have been instructed in the proper operation of the table before using it. This familiarization session is confirmed in an acceptance log. The location selected for the table must satisfy the requirements set down in applicable standards and guidelines. Mandatory for utilization is the proper assembly and maintenance of the unit.

### 3. Intended purpose

The 1133.02 operating table serves to support and position patients for surgical treatment

- immediately before, during and after the operative phase
- in rooms designated for medical use and which provide the following required features:
  - equipment to protect against electric shocks
  - additional potential equalization
  - electrically conductive floor (corresponding to Group 1 or 2 as per VDE 0100 part 710);
- under medical supervision.
- Considering patient positioning a max. 450 kg (1000 lb.) patient weight is permissible.  
Avoid excentric patient positions, i.e. the patient's centre of gravity (near the navel) must be as close as possible to the centre of the column.

Due to the design of the table top, the operating table is suitable for all surgical disciplines. The patient positioning options are listed in these Operating instructions.

The operating table adjustments are made electrohydraulically using a cable-connected hand control, an IR remote control, an IR wall control panel or a foot switch.

Side rails serve to attach accessory components in accordance with the manufacturer's specifications. The radiotranslucent operating table top allows for intraoperative use of X-ray equipment.

#### → Note

Make sure to comply with the generally applicable provisions relating to hygienics, and to cover the table top of the operating table with sheets before positioning the patient.

### 4. Basic safety aspects



„CLASSIFIED BY UNDERWRITERS LABORATORIES INC: WITH RESPECT TO ELECTRIC SHOCK; FIRE AND MECHANICAL HAZARDS ONLY IN ACCORDANCE WITH UL 2601-1“

This operating table meets the requirements set forth in the IEC 601-1 international standard, which is equivalent to EN 60601-1.

The operating table is classified as Class I equipment of the Medical Device Directive.

Whenever maintenance work is required, remember that the MAQUET service is the right address in terms of quality and maintaining guarantee protection. You will certainly understand that MAQUET can be held responsible for the safety technology features of the product only if assembly, enhancements, readjustment, modifications and repairs are made exclusively by our service department or by an authorized agent and if the unit is used in full compliance with the Operating Instructions.

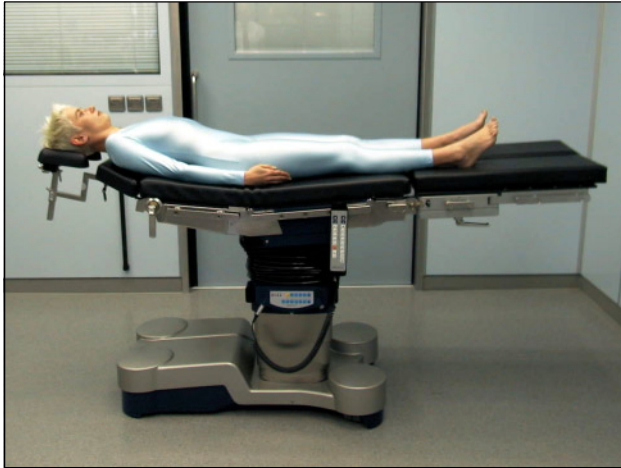


Fig. 1: Permissible patient orientation

### III. General description

#### 1. General features

In principle, the **ALPHAMAXX 1133.02** operating table is suitable for the following surgical procedures:

- < in the thorax and abdominal areas
- < in the head area
- < in gynaecology
- < in urology
- < in orthopaedics

If required, separate accessories can be attached to the operating table.

The table top is subdivided into 6 sections:

- < Head rest (removable)
- < Upper back plate (removable)
- < Lower back plate
- < Seat plate
- < Split leg plates

The lower back, seat and leg plates are adjusted under motor power.

The head rest and the upper back plate are adjusted manually.

X-ray cassettes can be inserted underneath the back plate.

The side rails are used to fix the accessories.



For patients weighing up to 135 kg (300 lb), place the operating table only on its castors (UNLOCK) up to the maximum table top height of 940 mm (37 in)! The warning sign is not seen!



For patients weighing from 135 kg up to 225 kg (300 - 500 lb), place the operating table only on its castors (UNLOCK) when the table top is in its lowest position!



Using the UNLOCK function for patient weights exceeding 225 kg (500 lb) is not permissible!



#### 2. Versions

Various versions of the 1133.02 operating table are available:

- 1133.02B1 Operating table incl. SFC pads and standard side rails
- 1133.02B3 Operating table incl. SFC pads, standard side rails and motor drive for the base
- 1133.02F1 Operating table incl. SFC pads and US side rails
- 1133.02F3 Operating table incl. SFC pads and US side rails and motor drive for the base

The cable-connected hand control, the IR transmitter and charging station for the IR transmitter as well as the head rests, upper back plates and leg plates are to be ordered separately. The order numbers are listed in Chapters VIII and IX.

## 2. Control of functions

The electrohydraulic functions of the operating table can be operated using the following control elements:

- Cable-connected hand control (see 2.1)
- Override system = emergency operation (see 2.2) or optionally:

- IR remote control (see 2.3)
- Wall control panel (see 2.4)
- Foot switch 1009.79F0 (see 2.5)

The cable-connected hand control and the IR remote control have almost the same function keys.

The override system is only used for emergency operation of the operating table.

The foot switch functions are: table height, Trendelenburg/reverse Trendelenburg position and another function (lateral tilt, longitudinal shift for the back plate or leg plate adjustment).

→ **Note:**

For safety reasons only the TRENDELENBURG/ REVERSE TRENDELENBURG functions can be used when the UNLOCK function is activated.

The sockets **14** for the cable-connected hand control and the foot switch are located on the override control panel.

→ **Note:**

If the functions are controlled simultaneously by more than one operating element, each movement of the operating table is stopped immediately.



**Danger of operating table tipping over!**

Make sure to remove any potential hindrances before adjusting the operating table!



**Danger of damage during adjustments!**

Do not place any objects on the base of the operating table!



**Danger of pinching!**

Do not reach under the table top or between the table top components during adjustment procedures.



**Danger of injury!**

If the patient is not secured during transport, adjustments of the operating table or positioning (especially in Trendelenburg positions), he/she may slip off the operating table. Always secure and observe the patient.

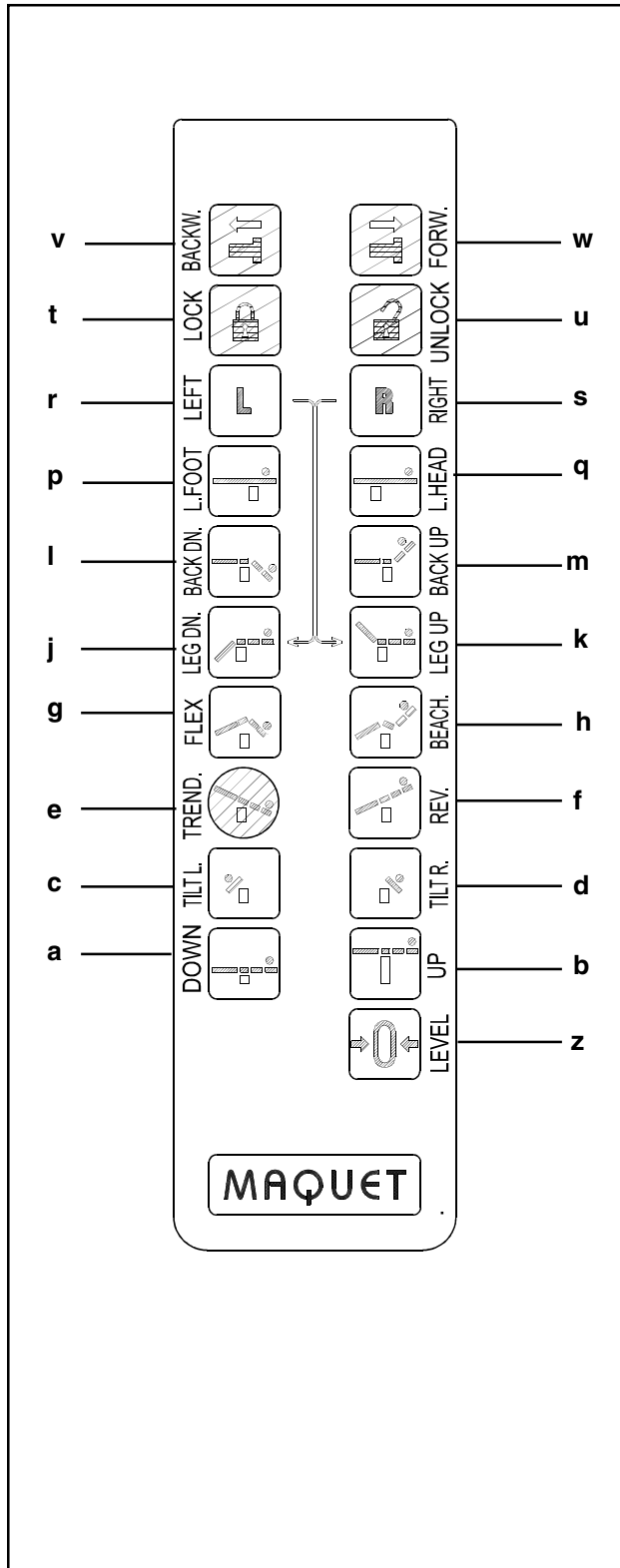


**Danger of damage!**

When not in use, hang up the cable-connected hand control at the side rail of the operating table. Make sure the cable of the hand control does not get jammed when adjusting the operating table.

## 2.1 Cable-connected hand control

The cable-connected hand control is connected to the operating table at one of the two sockets **14** at the override control panel (for simultaneous connection of cable-connected hand control and foot switch). The electric motor-powered adjustments of the operating table can be made immediately by pressing completely the corresponding function keys.



- a) **Lower** table top
- b) **Raise** table top
- c) Tilt to the **left** (view from head end)
- d) Tilt to the **right** (view from head end)
- e) **Trendelenburg position**
- f) **Reverse Trendelenburg position**
- g) **Flex** position  
operates the *reverse Trendelenburg* and *lower back plate* functions until a flex position is achieved to force the surgical field upward
- h) **Beach chair**  
raises the back plate, moves the entire table top into Trendelenburg position and lowers the leg plates. The patient is moved into a seated position.
- j) Slope (both) leg plates **downward**
- k) Slope (both) leg plates **upward**
- l) Slope (lower) back plate **downward**
- m) Slope (lower) back plate **upward**
- p) Shift the table top toward the **foot end**
- q) Shift the table top toward the **head end**
- r) Adjust the left leg plate individually  
The left leg plate can be controlled individually only together with the appropriate function key for the desired movement – downward (**r+j**) or upward (**r+k**), under two-button control
- s) Adjust the right leg plate individually  
Similar to the individual plate, by pressing the two keys for downward movement (**s+j**) or for upward movement (**s+k**) (two-button control)
- t) **Lock**  
Press the LOCK key for at least 1 second; the table will be locked **automatically**.
- u) **Unlock**  
To unlock the operating table, press the UNLOCK key for at least 1 second, then the castors will be extended **automatically** and the table can be displaced.
- v) **Motor drive for the base** for 1133.02B2 (optional)  
Displace the operating table **backward** (toward the head end).
- w) Displace the operating table **forward** (toward the foot end).  
When displacing the operating table under motor power, it must be guided with a hand.

**z) 0-position**

Resets the lateral tilt, Trendelenburg/reverse Trendelenburg, back plate and leg plate adjustments to the horizontal position. If the function key **z** is pressed, the operating table top will first reset the adjustments in the following order – lateral tilt, Trendelenburg/reverse Trendelenburg, back plate. An acoustic signal will indicate that these adjustments have been reset. Release the function key **z** and press once again to reset the back plates to the horizontal position; if the leg plates have been adjusted individually, they will be positioned parallel to one another.

**→ Notes:**

Manual adjustment functions such as those for the upper back plate, head rest and leg plate abduction will not be affected by the IR remote control (and as a consequence neither by the automatic 0-position function).

**→** The transmission power of the IR hand control is sufficient to be able to adjust the operating table even from a greater distance. If the operating table does not respond to the command even though the function key is completely depressed, either reaim the hand control or move to a slightly different transmission position. In such cases the receiver at the column is probably being blocked by a person's body.

**2.2. Override system = emergency operation****2.2.1 Override control panel**

In case of a malfunction or a defective hand control, you can control the operating table functions via the control panel **13** on the upper column casing = emergency operation.

**→ Note:**

Always press the ON key together with the desired function key.

**→ Note:**

If the operating table batteries are discharged, the override system only works if the operating table is connected to the mains.

**→ Note:**

When using the override control panel, the anticollision feature is not activated. Avoid extreme adjustments – the combination of maximum Trendelenburg/reverse Trendelenburg position and maximum lateral tilt.



The functions of the override control panel are shown in the following:

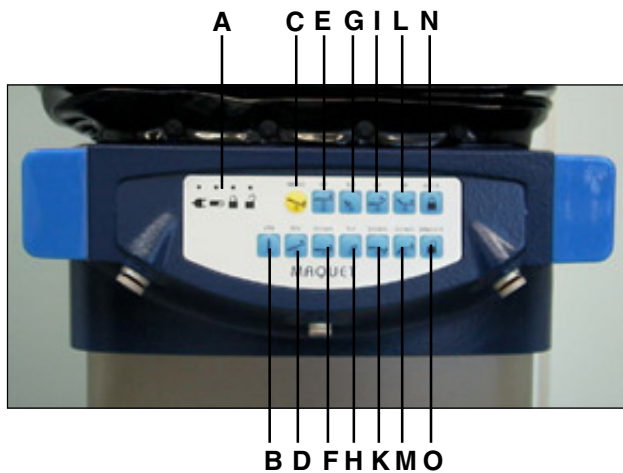
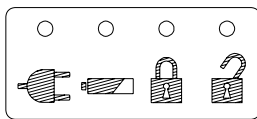
#### A) LED status indicators of operating table











##### → Note:

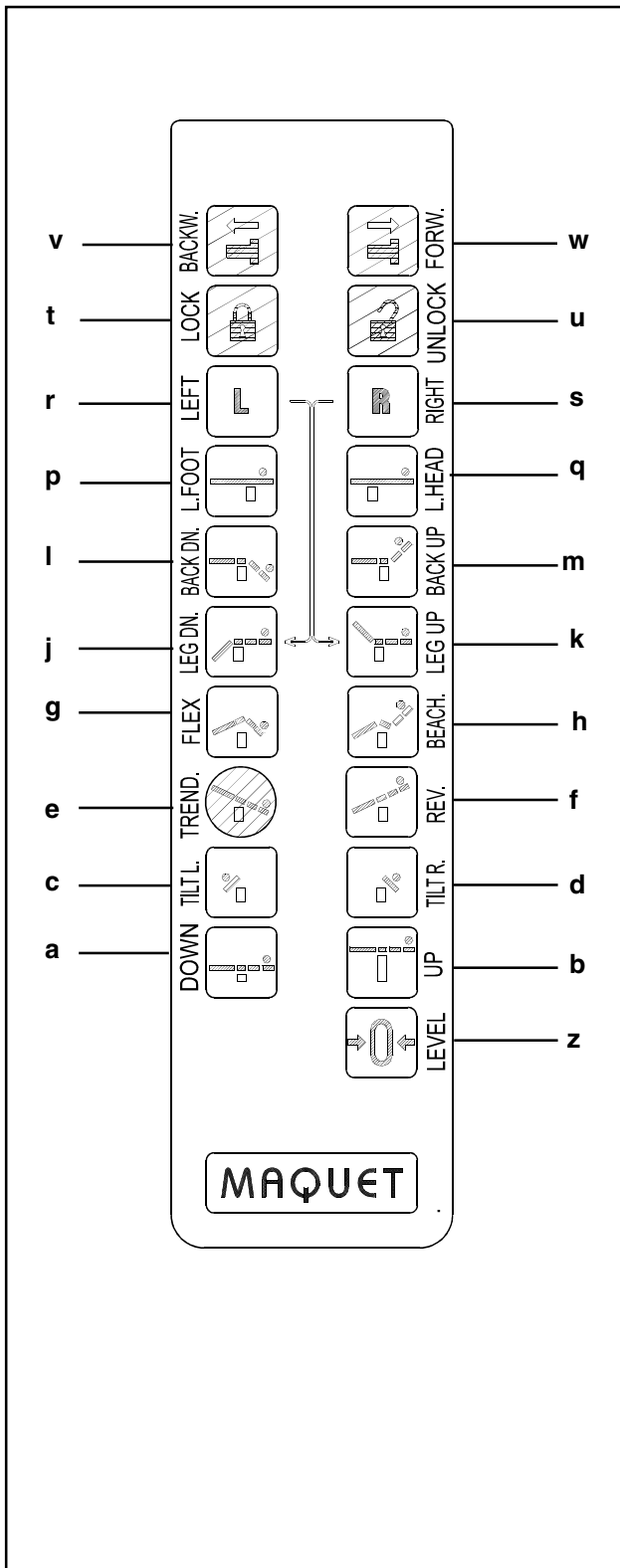
The status indicators are only active when the cable-connected hand control or IR remote control is switched on.




Description of the symbols from left to right:

- Mains connection: the green LED lights up when the operating table is connected to the mains.
- Battery charge level: the red LED flashes when the operating table batteries have to be recharged as soon as possible.
- Lock operating table: the green LED lights up when the operating table is locked, i.e. *LOCK* activated.
- Extend operating table castors: the red LED lights up when the operating table is on its castors and can be displaced, e.g. *UNLOCK* activated.



- B)  **ON**  
switches the motor ON and must be pressed **in addition** to each function key
- C)  **TREND**  
Moves table top into **Trendelenburg position**
- D)  **REV.**  
Moves table top into **reverse Trendelenburg position**
- E)  **UP**  
Move table top **up**
- F)  **DOWN**  
Move table top **down**
- G)  **TILT**  
Lateral tilt to the **left**
- H)  **TILT**  
Lateral tilt to the **right**
- I)  **UP**  
Slope back plate **upward**
- K)  **DOWN**  
Slope back plate **downward**
- L)  **UP**  
Slope leg plate **upward**



- M)  **DOWN**  
Slope leg plate **downward**
- N)  **LOCK**  
Operating table locked
- O)  **UNLOCK**  
Operating table on castors, movable

**2.3. IR remote control (optional)**

The operating table can be equipped with an IR remote control, as desired.

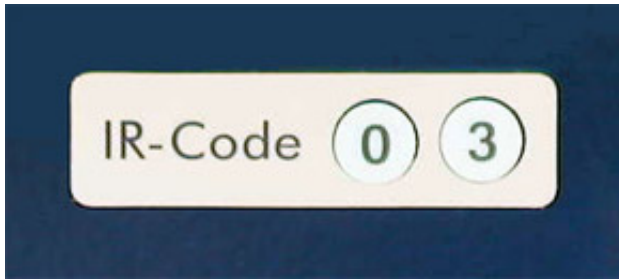
The required charging station for the IR remote control is not included with the order no. 1133.91A0.

The layout of the function keys for the operating table adjustments is the same on the cable-connected hand control and IR remote control apart from the following exceptions:

There are no function keys for the motor drive for the base. For safety reasons, you can only activate this function via the cable-connected hand control.

➔ **Note:**  
When switching on the IR remote control, the LED status indicators on the control panel on the operating table column are active (see chapter on “Override system”).

➔ **Note:**  
When using the IR remote control or the cable-connected hand control, the electronics generally avoid collisions with the floor or parts of the operating table.



### 2.3.1 IR system code

An IR remote control is clearly assigned to each operating table through a code. The operating table has the same system code as the associated IR remote control. You can see from the label at the operating table column whether the IR reception has been activated for this operating table. If the system code is crossed out, then the IR reception has been locked for this operating table. The operating table and the IR remote control are activated / locked for IR reception by authorized personnel.

The operating table and the associated IR remote control are marked by adhesive labels bearing the set system code:

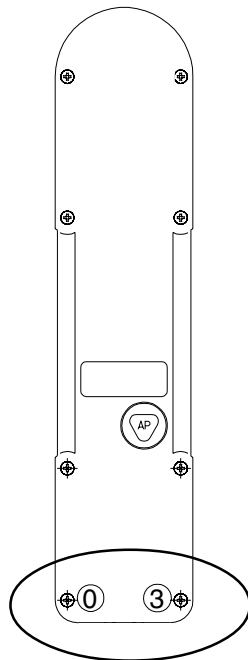
- The adhesive labels are affixed to the operating table column next to the IR receiver.
- The adhesive labels are affixed to the back of the IR remote control.

The two dot-shaped adhesive labels bear a number from **0 to 9** or a letter from **A to F**:

- left: 0, 1, 2 ...A, B, ... F
- right: 0, 1, 2 ...A, B, ... F

Examples of preset IR system code markings:

1	5
3	A
C	2
D	A



→ **Note:**

The order of the identification letters/numbers is significant, i.e. the IR system code **4 B** does not equal **B 4**.

→ **Note:**

Always leave the IR remote control in the immediate vicinity of the operating table to which it is assigned, since the operating table can only be moved via this IR remote control.

Of course, the operating table can be adjusted via a cable-connected hand control or the override system at any time, regardless of the IR remote control.

→ **Note:**

The transmission power of the IR hand control is sufficient to be able to adjust the operating table even from a greater distance. If the operating table does not respond to the command even though the function key is completely depressed, either reaim the hand control or move to a slightly different transmission position. In such cases the IR sensor at the column is being blocked by a person's body.



### 2.3.2 Charging station

Recharging the IR remote control:

- Connect the charging station to the mains.

The green LED in the charging station indicates whether the required supply voltage is available or not.

- Place the IR remote control in the charging station as follows:
  - Keypad visible, in the position for normal use, i.e. the 0-position key **x** is located at the bottom right
  - The base of the hand control is in contact with the lower limit stop of the holder.



➔ **Note:**

The rechargeable battery of the IR remote control has enough capacity to ensure several day's use of the operating table. Nevertheless, we recommend that you insert the hand control into the holder of the charging station so that the battery is recharged overnight.

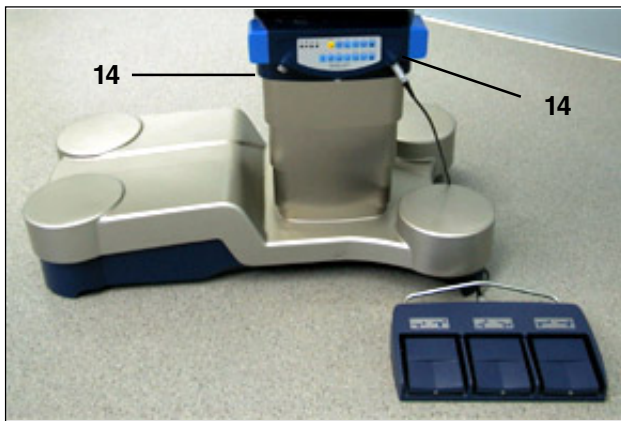


### 2.4 Control via IR wall panel

The desired adjustment functions for the operating table can be controlled by means of the function keys (1) at the wall control panel or the separate IR hand control (2).

➔ **Note:**

The IR wall control panel can be mounted to the wall at a later date. For further information, please refer to the operating instructions GA115095GBxx.



### 2.5 Control via foot switch 1009.81DX (optional)

Connect the foot switch to one of the two sockets (14) at the column head.

Three functions can be activated using the following foot switch versions:

- 1009.81D0** Foot switch for height, Trendelenburg/rev., back plate
- 1009.81D1** Foot switch for height, Trendelenburg/rev., lateral tilt
- 1009.81D2** Foot switch for height, Trendelenburg/rev., leg plates
- 1009.81D3** Foot switch for height, Trendelenburg/rev., longit. shift

#### → Note

Be sure to observe the Operating instructions for the foot switch.

### 2.6 Special functions

If requested, the MAQUET service personnel can set the NEUROLOCK function at the operating table. This function avoids adjustments of the table position due to unintentional actuation of the keys at the hand control.



**a+b)** The "Neurolock" function can be unlocked by pressing simultaneously the "table top down" key **a** and the "table top up" key **b** on the control module. The operating table can now be adjusted. If no further keys on the control module are actuated for approx. 8 sec., then the operating table is locked again.

Adjusting the operating table again is only possible after actuating the "table top down" **a** and "table top up" **b** function keys simultaneously.

#### → Note:

The "table top up" and "table top down" functions cannot be actuated simultaneously using the foot switch 1009.81X0. Use a second control module to unlock the Neurolock function.

### 3. Table top

#### 3.1 General features

The 1133.02 has been designed to meet the requirements of various surgical disciplines. Selecting from a variety of modules lets you adapt the geometry of the table top to accommodate individual patient height.

The table top is divided into a maximum of 6 sections, depending on the type of leg plate and upper back plate module selected:

- head rest
- upper back plate (extension plate)
- lower back plate
- seat plate
- leg plate(s)

The table top is equipped with a motor-powered longitudinal shift feature through 215 mm (9 inches) and motor-powered adjustment functions for the back plate and leg plates. Furthermore, the mounting sockets for the leg plates automatically detect whether one-piece components have been installed, thus increasing reliability and safety in use.

Depending on the application, the adjustment ranges for the accessories mounted at the leg plate connection point may be restricted. Please refer to the Operating instructions for the accessory in question.

Mounting various back plate modules at the upper/lower back plate connection point allow for positions matching the patient perfectly and create a favourable working environment for the surgical team and for the intervention.

Guide rails used to insert X-ray film cassettes are located below the back plate.

The side rails are intended for the attachment of accessories. Various head positioning accessories, used instead of a head rest, can be attached at the head end of the back plate modules (see Section V. Patient positioning).

→ **Note:**

According to the internationally valid standard IEC 60601-1, the operating table is designed for safe handling of a patient weight of 450 kg (1000 lb.). When using accessories, the maximum load may be restricted. Please observe the Section VIII. List of accessories.

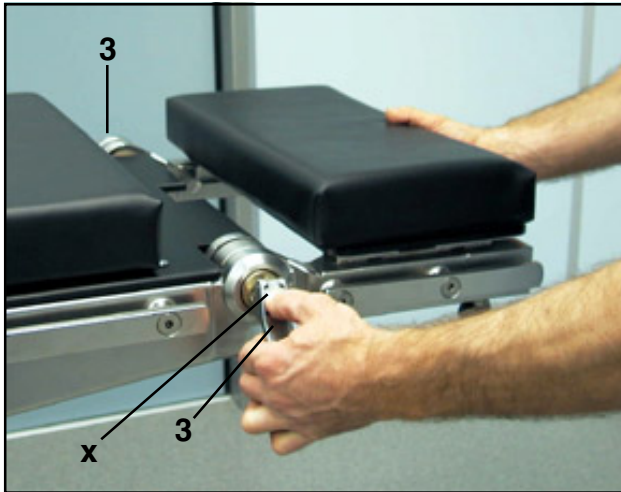


fig. 1



fig. 2

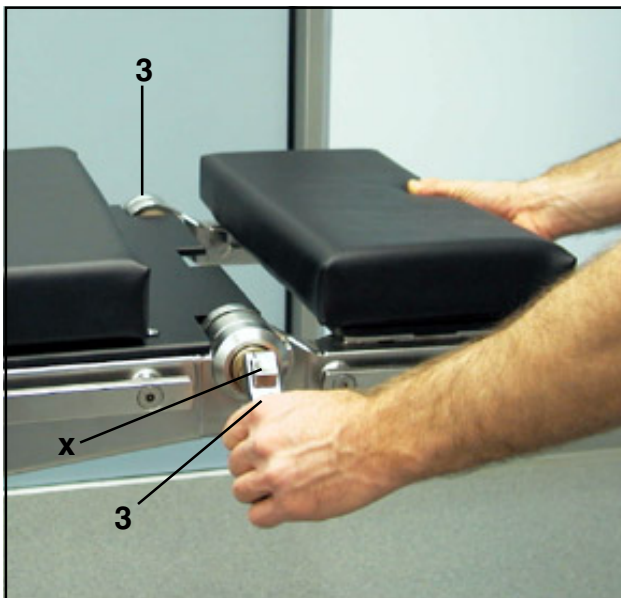


fig. 3

### 3.3 Attaching the back plate modules

- 1) • First remove the pad
- 2) • Loosen the eccentric safety levers at the right and left (3); press the safety push buttons x (fig. 1) to do so. If a back plate is already installed, hold it with one hand.
- 3) • Insert the back plate into the bars from above, holding it almost vertically and set it to the requested position (fig. 2)
- 4) • When making the adjustment, hold the back plate with one hand and re-tighten the eccentric levers (3) (fig. 3).
- 5) • Re-place the pad in the correct position.

### 3.4 Removing the back plate modules

- To remove the back plate modules, refer to section 3.3 "Attaching the back plate modules" and proceed in reverse order.

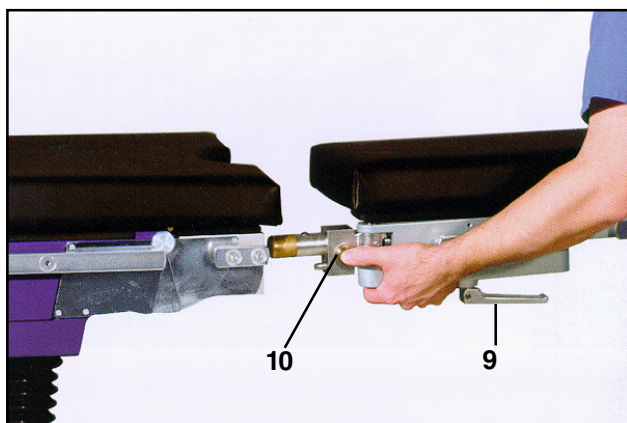


fig.5



fig.5a

### 3.5 Leg plates

#### 1133.53

- To mount the split leg plates, press the push button **10** and insert the leg plate pins into the mounting holes up to the stop (Fig. 5).
- They are locked in position automatically as soon as the button **10** is released (Fig. 5a).
- The slope of the back plate is adjusted electro-hydraulically by means of the hand control.
- To abduct the leg plates, open the eccentric lever **9** and set to the desired abduction angle.
- Re-tighten the eccentric lever after making the adjustment.
- A dual-pivot joint is used for abduction of the 1133.53 leg plates so that on the one hand the surgeon has access to the patient's body from the foot end while at the same time the patient's legs are given sufficient support.
- To remove the leg plate, press the push button **10** and pull the leg plate out of the mounting holes.

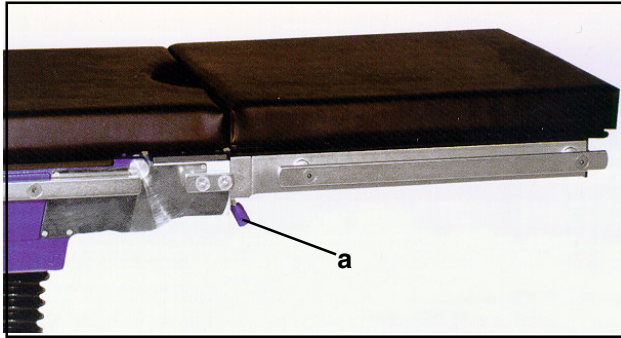


Take care that the leg plates are **not** crossed / on top of each other before aligning the leg plates for the horizontal position.

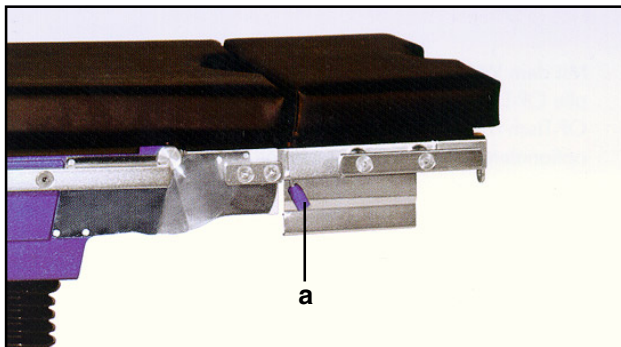
**Danger of collision! Danger of injury!**

**1133.58BC Single-section leg plate**

- To attach or remove the single-section leg plate, actuate the release lever **a** and insert the leg plate in the bore holes up to the stop or remove it.
- The single-section leg plate is suitable for surgical procedures in orthopaedics and vascular surgery where the patient's legs are to be X-rayed. It is sloped electrohydraulically by means of the control module.

**1133.55BC Seat plate extension**

- To attach or remove the seat plate extension, actuate the release lever **a** and insert the seat plate extension in the bore holes up to the stop or remove it.
- The seat plate extension is suitable for surgical procedures in gynaecology and urology.
- The downward movement for the seat plate extension is locked for safety reasons.

**3.6 Table top padding**

The table top will be supplied with table top plates and SFC padding secured with Velcro straps.

**3.7 Accessories**

Mount only the accessories listed in Chapter VIII.

Use accessory parts from other manufacturers, which can affect the table top geometry, only after consultation with MAQUET!

Accessories which are mounted on the side rails of the operating table provided for this purpose should also be drawn exclusively from the MAQUET line of accessories. MAQUET attaches great importance to careful harmonization with the operating tables in our range. This results in maximum safety for the patient and the surgical staff when used in accordance with the instructions.

Accessories (to be mounted on the side rails) which are made by other manufacturers must be particularly carefully examined to ensure that they do not represent a hazard to the patient and staff or to the operating table (due to possible collisions). Particularly accessory units with high weights or long lever arms (such as hand operating tables, retractor systems, etc.) must be expressly permitted by MAQUET.

**Danger of injury!**

Do not use worn out or damaged accessories!

**Danger of injury!**



Make sure to fasten the table top accessories properly!

**Danger of damage!**

While making adjustments, avoid collisions between the operating table and its accessories!

**4. Motor drive for the base**


The table top versions 1133.02B2/F3 are equipped with a motor drive for the base. A table equipped with a motor drive for the base starts moving slowly and slows down softly after releasing the function key (i or k).

- i)  **BACKW.**  
Move table backwards in the longitudinal direction
- k)  **FORW.**  
Move table forwards in the longitudinal direction

To move the operating table, proceed as follows:

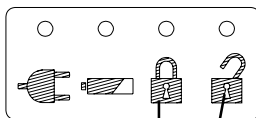
- Remove the mains cable from the operating table
- Extend the operating table castors fully (press UNLOCK key)
- Guide the operating table with at least one hand
- Press the function key (v or w) and the operating table will move in the selected direction.
- Release the function key (v or w) and the operating table will gently brake until it stops.

➔ **Note**  
If the LEDs of the LOCK and UNLOCK functions are flashing, press the UNLOCK key.

 Guide the operating table with at least one hand during displacement.

➔ **Note**  
When moving the operating table, do not press the override system keys, since this will cause several functions to be activated simultaneously and involves the risk of injuries or collisions with potential hindrances.

➔ **Note**  
The operating table can only be moved laterally if you have not activated the BACKW. or FORW. function.



## IV. Use of the operating table

### 1. General



The operating table's electrical conductivity has to be checked once a year by trained servicing personnel!

#### → Note :

In countries where potential equalization is required, the operating table has to be connected to the potential equalization system of the operating room. For this purpose, connect the potential equalization pin of the operating table to one connector of the potential equalization pin of the operating room. In countries where potential equalization is not used, it is not required to connect the operating table to the potential equalization system.

If no potential equalization cable (5 m long) with connectors at both ends is included in the scope of supply of your operating table and you are required to use PE cable during surgery please order p/n 0200 403 4 at your local MAQUET representative.

### 2. Operation on battery power

When operating the table with the integral batteries with no connection to the mains supply, the operating table satisfies the requirements of Class M for the anaesthetics test. It may be used in areas subject to explosion hazard, Zone M.

Battery operation of the operating table is always preferable to operation on mains power.

The capacity of the fully charged batteries allow approx. 1 week's use of the operating table, depending on how often adjustments are made.

If the charge level of the batteries drops below a minimum permissible value, this is indicated by the red operating table status indicator LED when the operating table is switched on.

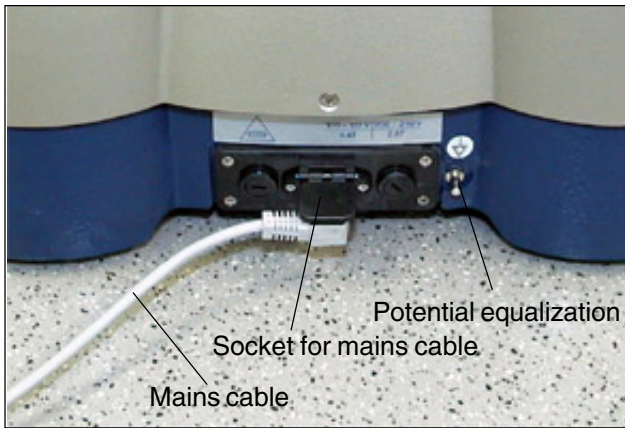
#### → Note

The operating table switches off automatically when the battery charge level drops below 10%.

### Recharging the batteries

Discharged batteries will again be 90% recharged after approx. 5 hours of charging and 100% recharged after approx. 10 hours.

The batteries are automatically recharged as soon as the operating table is connected to the mains by means of the mains cable.



→ **Note**

We recommend to recharge the batteries overnight, but at least every 2 days, even if “low charge level” of the rechargeable batteries has not been indicated yet.

Regular recharging of the batteries will not only ensure sufficient battery power available for the operation programme, it will also serve to prolong the useful life of the rechargeable batteries.

**3. Operation on mains power**

As soon as the operating table is connected to the mains via the mains cable, the batteries are recharged automatically.



There is no explosion protection while recharging the batteries or the operating table is on mains power.



The separation of the operating table from the mains is made by the mains plug.

Connect the operating table to the mains via the mains cable.



When connecting and removing the mains cable, observe the correct order of the procedure:

- When connecting the charging cable, first of all connect the operating table and then plug the cable into the socket.
- When disconnecting the charging cable, first of all pull the plug out of the socket and then remove the cable from the operating table.

→ **Note**

Damaged cables must be replaced immediately.

	100 - 127V	200 - 240V
	4AT	2AT

**When replacing the fuses please note:**

1. Unplug the operating table
2. Unscrew the two fuse holders located on the right and left next to the socket for the main plug with a coin or a large screw driver
3. Insert the appropriate fuse according to the opposite drawing
4. Reinsert the fuse holders

**4. HF surgery / Use of defibrillators**

In the field of HF surgery and when using defibrillators, be absolutely sure to observe the following safety instructions:



**Danger of burns!**

When using HF surgical equipment, defibrillators and defibrillation monitors, make sure to avoid that the patient comes into contact with the metal parts of the operating table, the table tops or the accessories. Also make sure to avoid that the patient is lying on moist underlays or sheets on the conductive pads.

Be absolutely sure to comply with the manufacturer’s operating instructions.

## V. Patient positioning

### 1. General

The 1133.02 modular universal operating table offers the possibility to use various modules as the upper back plate, thus providing the following advantages:



The operating table top which can be used for various purposes, can be adapted to meet the special requirements of diverse surgical disciplines (modules see Chapter VIII).



In accordance with generally accepted hygiene standards, the operating table is to be covered with surgical drapes during use.



Position the patient always in the *NORMAL* patient orientation, i.e. the patient's head is lying above the long end of the operating table base.



Observe the defined patient orientation. Never position the patient's upper body on the leg plate.



#### **Danger of injury!**

Risk of injury due to the operating table tipping over or material breaks when using accessories which are not approved.

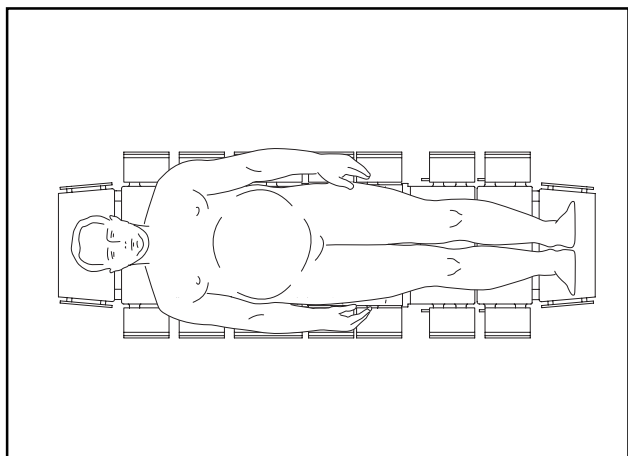
The patient positions vary, depending on the patient weight (see sketches in Chapter V Patient positioning) and the accessories which may be employed (see Accessories list, Chapter VIII) for the operating table.

Observe the specifications for positioning the patient according to his/her weight.



#### **Danger of injury!**

If the patient is not secured during transport, adjustments of the operating table or positioning (especially in Trendelenburg positions), he/she may slip off the operating table. Always secure and observe the patient.

**Danger of injury!**

If the table top width is not sufficient for an ergonomic position, the patient may be injured. The table width extenders (1001.75A0/76A0) can be mounted on the side rails to ensure an ergonomic patient position.

Only one infusion stand (1009.01C0), one anaesthesia screen (1002.57A0), one wristlet (1002.24C0) and one arm protector (1002.25A0) may be mounted to the table width extenders (1001.75A0/76A0).

When positioning the patient, be sure to observe that the patient is lying above the centre of the column in the lateral direction (see sketch).

**Danger of injury!**

It is not permissible to mount another width extender to a table width extender (1001.75A0 / 76A0).

**Danger of injury!**

The nursing staff must prevent risks to breathing, nerves and circulation by careful positioning and observation of the patient.

**Danger of injury!**

Watch the patient permanently while adjusting the knee crutches.

**Danger of operating table tipping over!**

Lock the operating table before transferring the patient! Press the LOCK key!

**→ Note:**

After standstills, actuate the table functions to check proper functioning before positioning the patient. Press the function keys table top up/down, Trendelenburg/reverse Trendelenburg, lateral tilt left/right, back plate up/down, leg plates up/down, for 2 to 3 seconds each. Finally, press the Level key (z) to align the operating table horizontally.

**The functions of the cable-connected hand control are described on page 9.**

**→ Note:**

Depending on the patient weight, the speed of the motor-powered adjustment functions will change. The speed of the downward movements will slightly increase.

The adjustment speed will be reduced during upward movements.

## 2. Positioning a patient weighing up to 135 kg (300 lb)

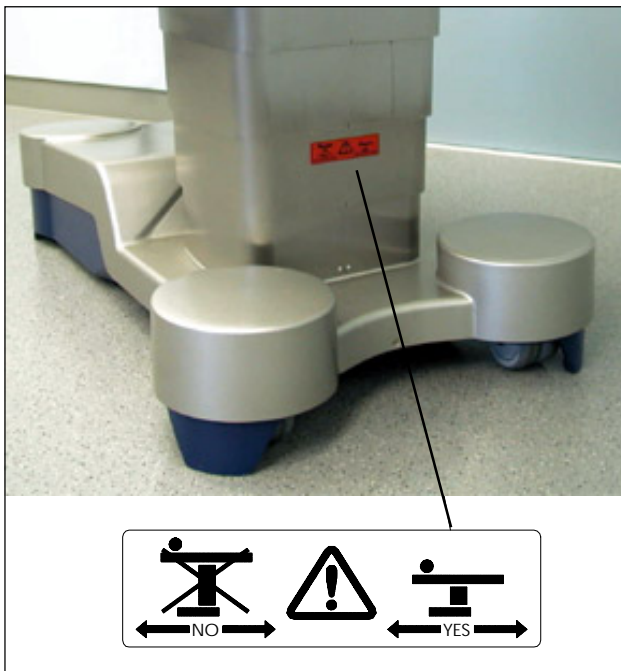
### 2.1 Approved accessories



#### **Danger of injury!**

The mounted accessories may not exceed the maximum permissible length specified in the sketch. For further accessories, please refer to the accessories list, see Chapter VIII.

### 2.2 Operating table unlocked (UNLOCK)



#### **Danger of tipping the operating table over!**

If the patient is in the wrong position, the operating table may tip over when the castors are deployed (UNLOCK).

Position the patient like Fig. V-1 shows and set the operating table to a height of less than 940 mm before deploying the operating table castors (UNLOCK). The position below 940 mm is reached when the warning sign on the column is no longer seen.

2.2 Operating table unlocked (UNLOCK)

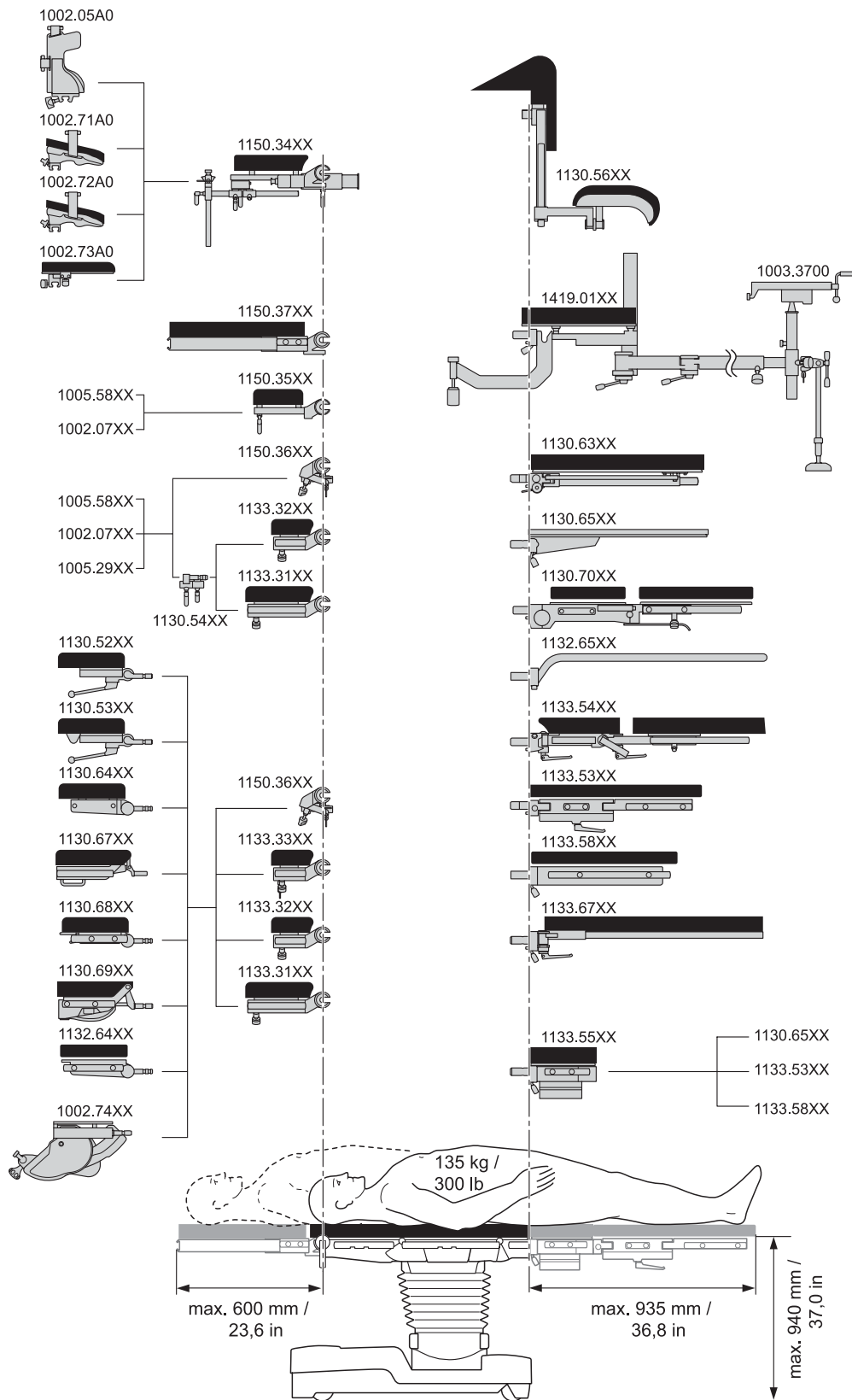


Fig. V-1  
Maximum patient weight 135 kg (300 lb), UNLOCK

2.3 Operating table locked LOCK

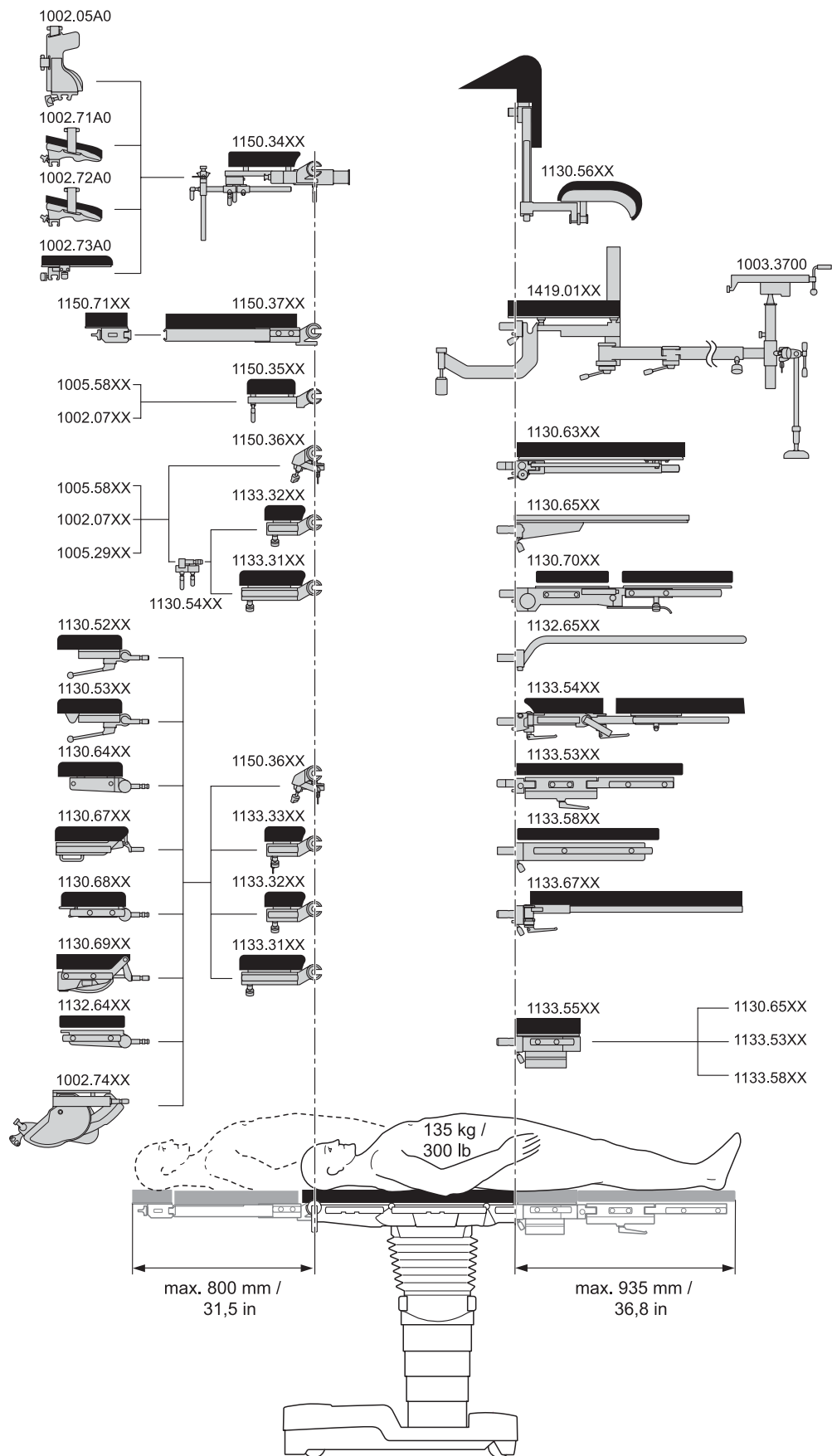


Fig. V-2  
Maximum patient weight **135 kg (300 lb)**, LOCK

### 3. Positioning a patient weighing 135 kg up to 225 kg (300 lb - 500 lb)

#### 3.1 Approved accessories

**Danger of injury!**

The mounted accessories may not exceed the maximum permissible length specified in the sketch. For further accessories, please refer to the accessories list, see Chapter VIII.

- To extend the table top at the head end by 600 mm (23.6 in) , it is recommended to use the upper back segment 1133.31xx in conjunction with the head rest 1130.67xx.
- Accessories mounted on the side rails
  - 1001.44D0 Arm posturing device 450 mm long
  - 1001.75A0 Table width extenders 100 x 300 mm
  - 1001.76A0 Table width extenders 100 x 200 mm
  - 1002.25A0 Arm protector
  - 1001.85B0 Foot plate
  - 1001.86A0/B0 Divided foot plate

#### 3.2. Operating table unlocked (UNLOCK)

**Danger of tipping the operating table over!**

If the patient is in the wrong position, the operating table may tip over when the castors are deployed (UNLOCK).

Position the patient like Fig. V-3 shows and set the operating table to its lowest position before deploying the operating table castors (UNLOCK).

3.2. Operating table unlocked (UNLOCK)

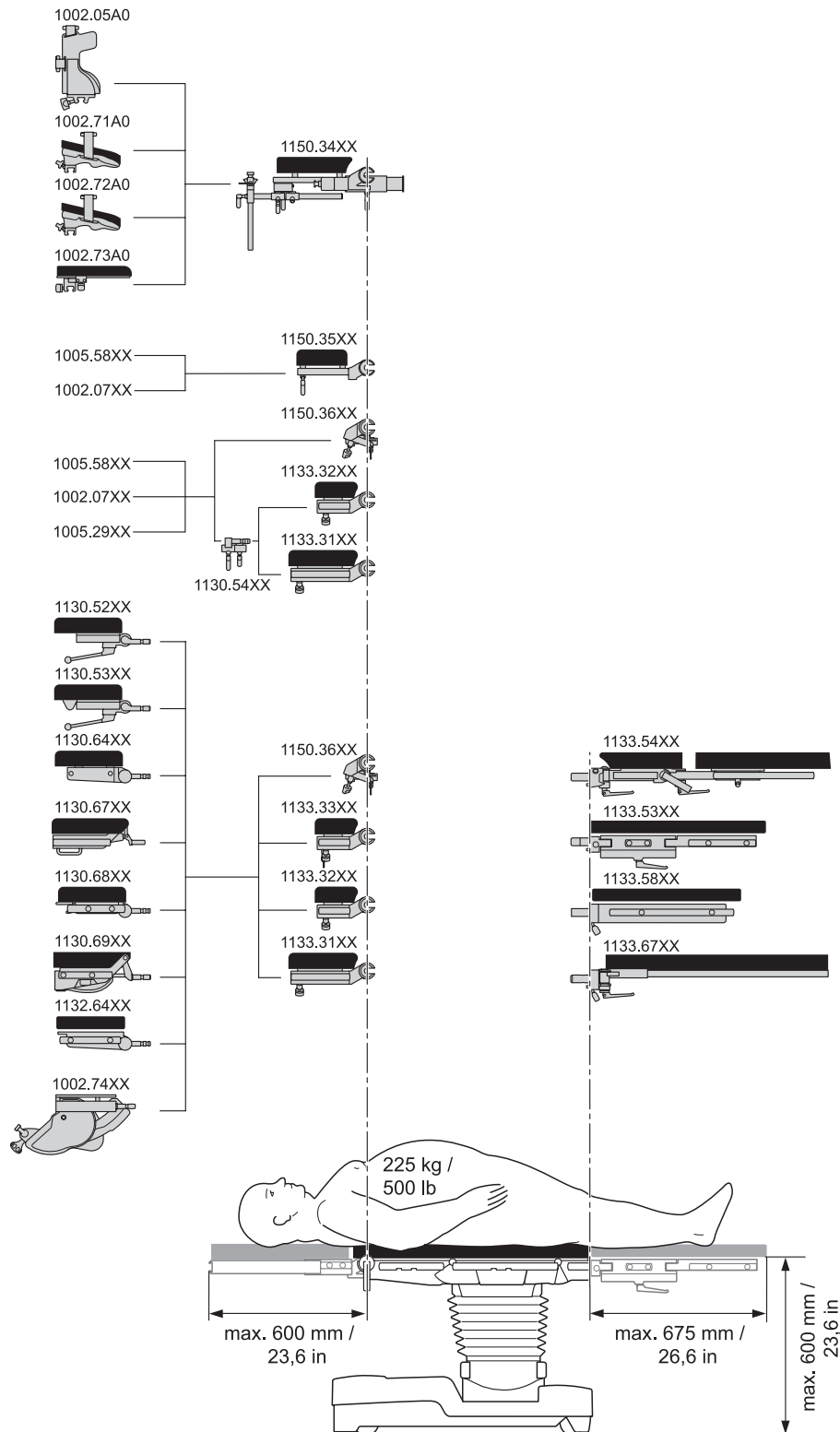


Fig. V-3  
Maximum patient weight 225 kg (500 lb), UNLOCK

3.3 Operating table locked (LOCK)

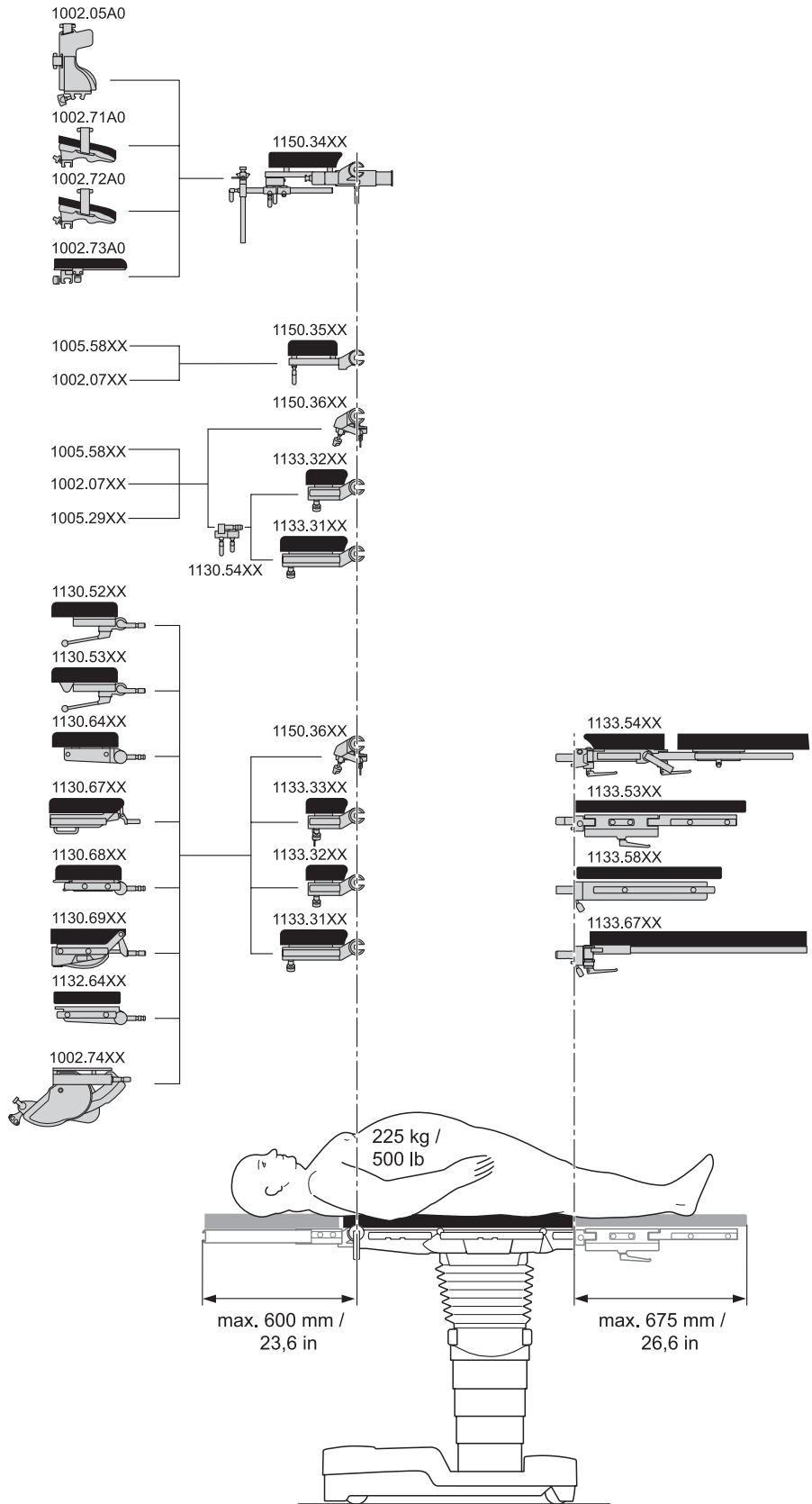


Fig. V-4  
Maximum patient weight 225 kg (500 lb), LOCK

#### 4. Positioning a patient weighing 225 kg up to 450 kg (500 lb - 1000 lb)

##### 4.1 Approved accessories



##### **Danger of injury!**

The mounted accessories may not exceed the maximum permissible length specified in the sketch. For further accessories, please refer to the accessories list, see Chapter VIII.

- To extend the table top at the head end by 380 mm (15 in) , it is recommended to use the head plate adapter 1133.36A0 in conjunction with the head plate 1130.64xx.
- The approved leg plates are: 1133.53xx abductable leg plate, max. length 670mm as well as the 1133.58xx one-section leg plate.
- Accessories mounted on the side rails
 

1001.44D0	Arm posturing device 450 mm long
1001.75A0	Table width extenders 100 x 300 mm
1001.76A0	Table width extenders 100 x 200 mm
1002.25A0	Arm protector
1001.85B0	Foot plate
1001.86A0/B0	Divided foot plate

##### 4.2 Operating table locked (LOCK)



##### **Danger of tipping the OR table over!**

Risk of injury due to the operating table tipping over when deploying the operating table castors (UNLOCK). The operating must always be locked (LOCK) for patient weights exceeding 225 kg.



##### **Danger of injury!**

Risk of injury due to the patient slipping off the table during unrestricted use of adjustment functions. Therefore, restrict the adjustment functions as follows for patient weights exceeding 225 kg:

- Longitudinal shift is not permissible
- maximum Trendelenburg/reverse Trendelenburg position  $\pm 10^\circ$
- maximum lateral tilt  $\pm 5^\circ$
- maximum slope of the back plate  $\pm 10^\circ$
- maximum slope of the leg plate  $\pm 10^\circ$

Although the operating table would be able to perform the adjustments, these restrictions should be observed in the interest of patient safety.

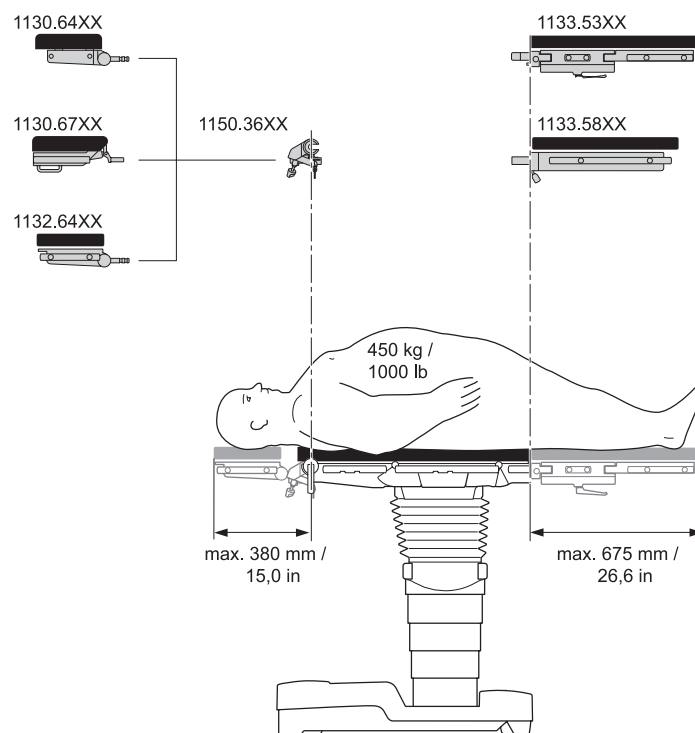


Fig. V-5  
Maximum patient weight **450 kg (1000 lb)**, **LOCK**

## VI. Care and maintenance

Cover the operating table top with sterile sheets when it is not in use.

### 1. Cleaning

Use a mild alkaline general detergent (soap suds) containing tensides and phosphates as its active cleaning agents for cleaning the operating table and its accessories.

If the surfaces are extremely dirty, a concentrated detergent should be used. This will make it necessary to wipe down the surfaces using a cloth wet with clear water.

#### → Note

Only use as much water as is absolutely necessary and immediately remove any excess water with a dry cloth.

#### → Note

Do not use pressurized jets of water or detergent. High-pressure cleaning can result in the ingress of fluid through the gaps between joints and cause corrosion.

### 2. Disinfection

Use a commercial aldehyde-based surface disinfectant in an aqueous solution for manual disinfection of the operating table top. Be sure to use agents which are included in the list published by the German DGHM\*. Refer to this list for further information on the individual components of the disinfectant.

#### → Note

The disinfectant must **not** contain the substances specified below:

- Chlorine or compounds which could liberate chlorine, since they will damage metal surfaces
- Alcohol or alcohol-containing compounds

#### **Hand disinfectants contain alcohol!**

They will damage plastic parts such as table top pads or control levers.

- They will form explosive mixtures.

#### → Note

Never spray the disinfectant directly into the joints between the sections of the operating table.

\* Deutsche Gesellschaft für Hygiene und Mikrobiologie DGHM  
c/o Institut für Hygiene und Mikrobiologie  
Universität Würzburg  
Josef-Schneider-Str. 2  
97080 Würzburg  
<http://www.dghm.org>

### 3. Maintenance

**The operating table will have to be serviced once a year by the MAQUET factory service department or by service technicians authorized by MAQUET to do so.**

Please adhere to prescribed maintenance intervals as otherwise guarantee coverage will lapse.

In so doing you also make a contribution to patient and staff safety and extend the useful life of your costly equipment.

We recommend concluding a maintenance contract with MAQUET.

Outside Germany please contact your local representative in all matters relating to service.

### 4. Malfunctions

If the operating table is defective, we recommend proceeding as follows in order to place the operating table on its castors and remove it from the operating room:

1. Use the UNLOCK function on the Override panel: press the ON key and the UNLOCK key simultaneously until the table is standing on its castors.  
If required:
2. Use the mains cable to connect the operating table to the mains supply and repeat step 1.  
If required:
3. Use the ratchet:
  - Remove the sealing cap at the base using a wide bladed screw driver or a coin.
  - Insert the ratchet (ref. no. 3113.3649, included in the delivery) into the opening.
  - Turn the ratchet (2) clockwise until the castors are extended (visual check). When the castors are fully extended, it will be very difficult or impossible to turn the ratchet (2).
  - Screw in the sealing cap without tightening.
  - Move the defective operating table to the desired location and park it on its castors (secure it, if required)
  - Inform the service department.

#### Attention:

- If the castors have been extended using the hand crank, the UNLOCK key must not be actuated, otherwise the base will be lowered and cannot be placed on its castors again.

If the operating table malfunctions, please contact the MAQUET agency. If you can describe the symptoms and have the system's serial number ready, they will be able to react and solve the problem more quickly.

#### ➔ Note

In case of malfunctions, do not attempt to repair the unit yourself and do not try to force the unit.



### 5.3. Protection of the environment

**Packaging materials:**

The materials used for packaging MAQUET products are environmentally friendly. They are made of untreated wood, cardboard, recyclable plastics or other reusable materials. If you wish, MAQUET can also dispose of them.

**MAQUET products:**

MAQUET will take back any used MAQUET products, or component parts thereof, which are no longer usable and reuse the components in a way which is not damaging to the environment. Please ring your local MAQUET service centre for more details.

**Plastic components:**

Large plastic components have a symbol to indicate what type of plastic they are made of in order to make recycling easier. Padding can be disposed of through the hospital waste system.

**(Rechargeable) Batteries:**



can be disposed of through the local waste system. You can also ask your MAQUET agency for information.

## VII. Technical data

### 1. Operating table adjustments

Length without head rest:	1900 mm	(74.8 inches)
Length with head rest:	2196 mm	(86.5 inches)
Width:	530 mm	(20.9 inches)
Width across side rails:	max. 580 mm	(22.8 inches)
Height (without pads):	594 - 1056 mm	(23.4 – 41.6 inches)
Weight:	approx. 328 kg	(723 lb.)
Trendelenburg position:	max. 30°	
Reverse Trendelenburg position:	max. 30°	
Lateral tilt left / right:	max. 20°	
Lower back plate up:	max. 80°	
Lower back plate down:	max. 40°	
Upper back plate up:	90°	(manual adjustment)
Upper back plate down :	45°	(manual adjustment)
Leg plate up:	10°	
Leg plate down:	90°	
Longitudinal shift:	230 mm	(9 inches)
Flex position:	max. 40°	
Reverse Trend. position:	20°	
Back plate down	20°	
Beach chair:		
Trendelenburg position:	25°	
Back plate up	80°	
Leg plate down	70°	
Max. patient weight:	450 kg (1000 lb)	

### 2. Electrical data

Nominal voltage:	AC100/110-115/127 200/220/230-240V
Frequency:	50/60 Hz
Power consumption:	max. 400 VA
Class:	 II (Double Insulated)
Applied part	 Type B The enclosure leakage current meets the requirements of the patient leakage current for CF conditions according to IEC 60601-1 IP X4* IPS ** SELV*** DC 24V
Duty cycle:	int. 10 min. ON / 20 min. OFF  For patients weights from 225 kg up to 450 kg (500-1000 lb): 2 min. ON / 120 min. OFF
Explosion protection:	AP for operation on battery power  When connected to the mains, the operating table is not approved for areas subject to explosion hazards (AP-M)
Rechargeable batteries:	Type A512C / 15SR 2 rechargeable batteries 12 V / 15 Ah

\* IPX 4 = protection against ingress of liquids  
 \*\* IPS = internal power source  
 \*\*\* SELV = safety extra low voltage

VIII. List of accessories

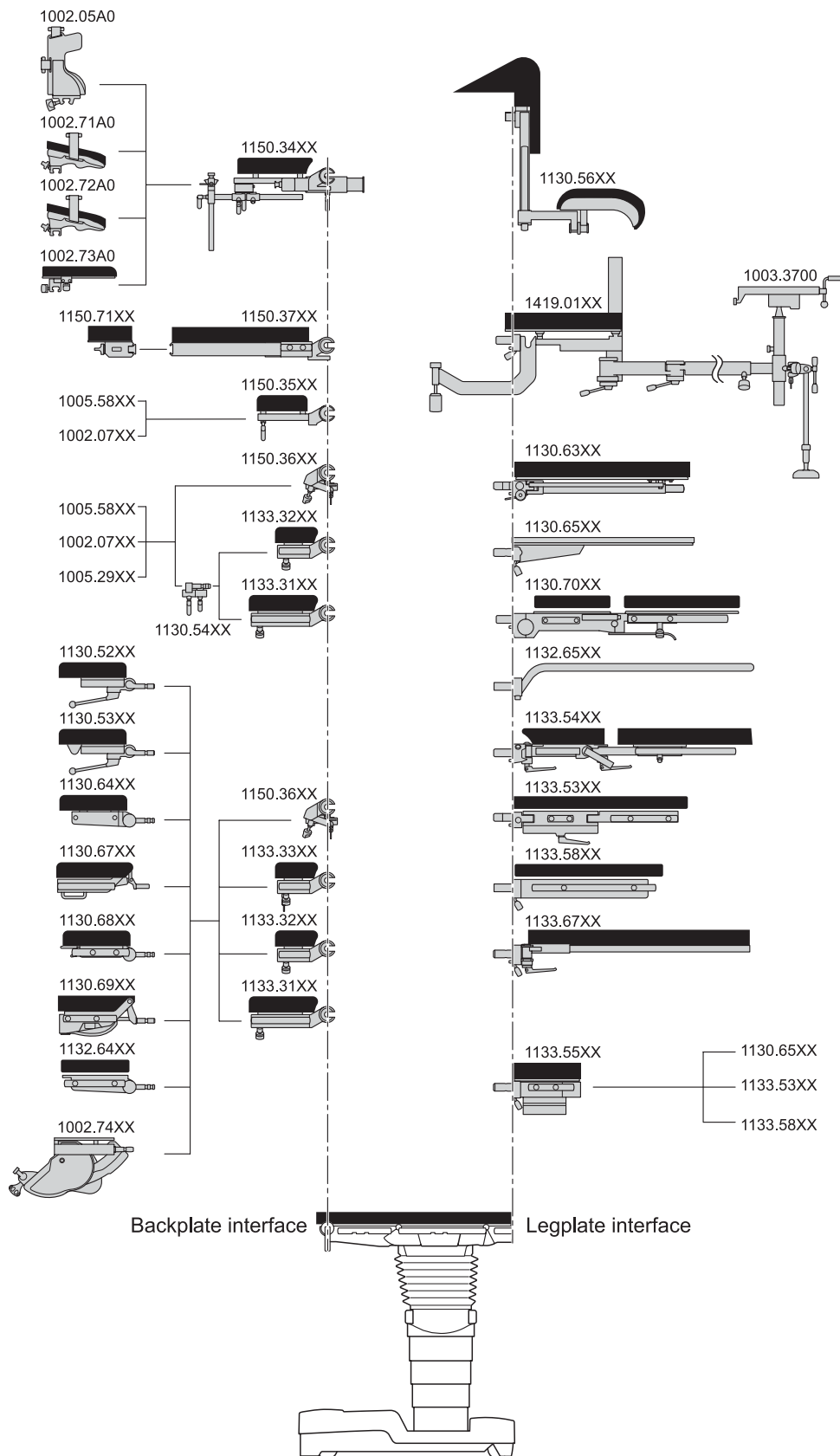


Fig.: VIII-1  
 Accessories for patients weighing up to **135 kg (300 lb)**.  
 For further accessories, please refer to the accessories list, see Chapter VIII.

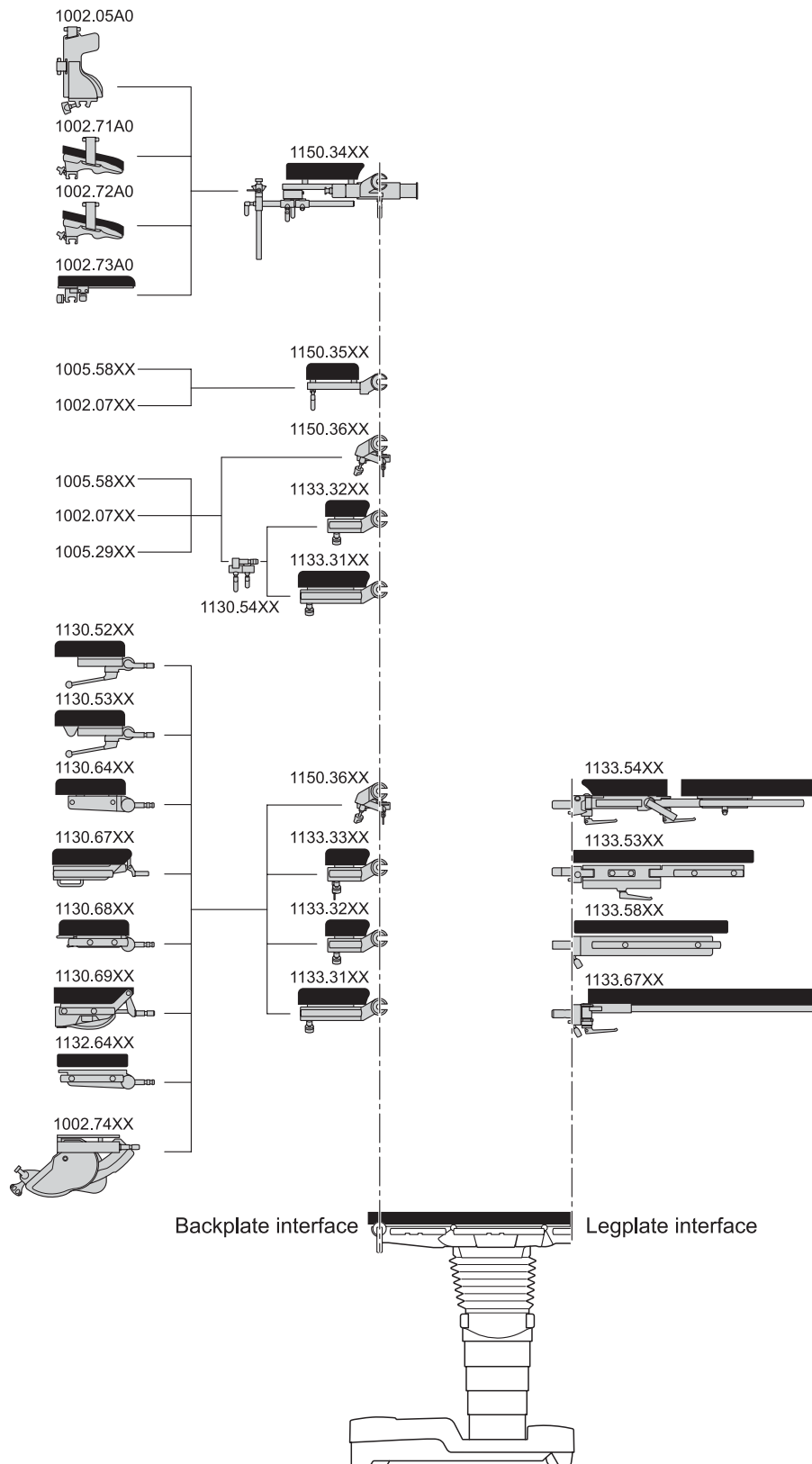


Fig.: VIII-2  
 Accessories for patients weighing up to **225 kg (500 lb)**.  
 For further accessories, please refer to the accessories list, see Chapter VIII.

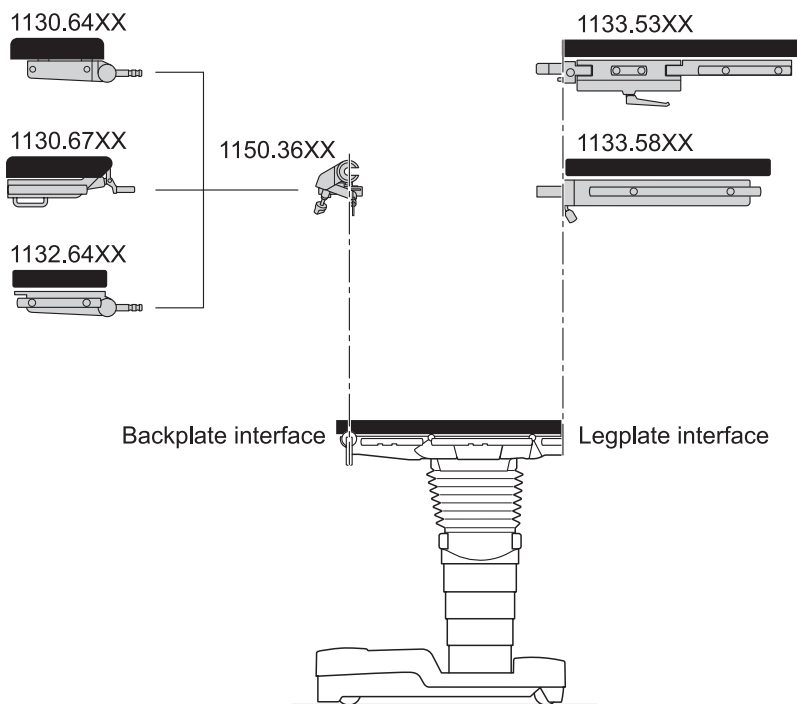


Fig.: VIII-3

Accessories for patients weighing up to **450 kg (1000 lb)**

For further accessories, please refer to the accessories list, see Chapter VIII.

**1. Accessories for the head rest interface**

**1.1 for patients weighing up to 135 kg (300lb)**

- 1150.71X0 Head rest  
approved only in conjunction with the 1150.37X0 carbon-fibre back plate for neurosurgery
- 1130.54B0 Connecting bracket
- 1005.2900 Basic unit
  - 1005.25A0 Connecting piece +
    - 1002.71A0 Horseshoe-shaped head rest
    - 1002.73A0 Head rest, flat
    - 1002.7000 Horseshoe-shaped head rest, split +
      - 1004.7500 Wrist support
    - 1002.72A0 Horseshoe-shaped head rest, split +
      - 1004.7500 Wrist support
  - 1005.3400 Clamp adaptor for skull clamp +
    - 1005.3500 Skull clamp

**In addition, the accessories listed under sections 1.2 and 1.3 are approved.**

**1.2 for patients weighing up to 225 kg (500lb)**

1130.52X0	Head rest, simple version		
1130.53X0	Head rest with double articulation		
1130.54B0	Connecting bracket		
	1002.07A0	Head plate adapter	
		1002.71A0	Horseshoe-shaped head rest
		1002.73A0	Head rest, flat
		1002.6200	Head rest, flat
		1002.7000	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1002.72A0	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1003.4700	Head support plate
	1002.65A0	Connection fixture	
		1002.71A0	Horseshoe-shaped head rest
		1002.73A0	Head rest, flat
		1002.6200	Head rest, flat
		1002.7000	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1002.72A0	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1003.4700	Head support plate +
	1000.5700	Head ring, PUR or	
		1000.5900	Gel head ring
		1005.3600	Special clamp for skull clamp +
		1005.3500	Skull clamp
	1005.5800	Supporting arm	
		1002.5800	Adaptor +
		1002.71A0	Horseshoe-shaped head rest
		1002.73A0	Head rest, flat
		1002.7000	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1002.72A0	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
1130.64X0	Head rest		
1130.67X0	Head rest, folding with gas strut, washable		
1130.68B0	Head rest long, folding with gas strut, SFC pad, with side rails, Europe		
1130.69X0	Head rest with double articulation		
1002.74A0	Motorized head plate adjusting unit		
		1002.71A0	Horseshoe-shaped head rest
		1002.73A0	Head rest, flat
		1002.6200	Head rest, flat
		1002.7000	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1002.72A0	Horseshoe-shaped head rest, split +
		1004.7500	Wrist support
		1003.4700	Head support plate

**1.3 for patients weighing up to 450 kg (1000lb)**

1130.67X0	Head rest, folding with gas strut, washable
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**2. Accessories for back plate interface****2.1 for patients weighing up to 135 kg (300lb)**

1150.37A0 Carbon-fibre back plate

**In addition, the accessories listed under section 2.2 are approved.**

**2.2 for patients weighing up to 225 kg (500lb)**

1133.31B0 Back plate for general surgery, SFC padding, Europe  
1133.32B0 Short back plate for general surgery, SFC padding, Europe  
1133.33B0 Back plate for neurosurgery, SFC padding, Europe  
  
1150.34F0 Back plate for shoulder operations, SFC padding  
1150.35F0 Back plate for ophthalmology, SFC padding  
1150.36A0 Head plate adapter

**2.3 for patients weighing up to 450 kg (1000lb)**

1150.36A0 Head plate adapter

**3. Accessories for legplate interface****3.1 for patients weighing up to 135 kg (300lb)**

1130.56D0 Rectal positioning device  
1003.3300 Knee supports, for fastening on side rails with clamps  
1130.63X0 Dual-joint leg plate with SFC padding  
1130.65X0 Transfer board  
1130.70A0 Maquetmatic leg plate with SFC padding  
1132.65A0 Transfer board  
1133.55BC Seat plate extension, coded, SFC padding  
1133.53BC Leg plate, with abduction, coded, SFC padding  
1133.58BC One-piece leg plate, coded, SFC padding  
1130.65X0 Transfer board  
1132.65A0 Transfer board  
1419.01HC Extension device, coded  
4831.001T Rectal positioning device

**In addition, the accessories listed under section 3.2 are approved.**

**3.2 for patients weighing up to 225 kg (500lb)**

1133.53BC Leg plate, with abduction, coded, SFC padding  
1133.54BC Dual-joint leg plate, manually adjustable via 2 joints, coded, SFC padding  
1133.58BC One-piece leg plate, coded, SFC padding  
1133.67BC Carbon-fibre leg plate, abductable, coded, SFC padding

**3.3 for patients weighing up to 450 kg (1000lb)**

1133.53BC Leg plate, with abduction, coded, SFC padding  
1133.58BC One-piece leg plate, coded, SFC padding

**4. Accessories to be attached to the side rails**

1001.62A0	Hand operating table, Europa
	9092.3214      Padding
	1001.28C0      Hand support
1001.44C0	Arm posturing device 300 mm
1001.44D0	Arm posturing device 450 mm
1001.45C0	Upper arm posturing plate
1001.4700	Leg restraint cuff
1001.56A0	Body strap, washable
1001.6000	Arm board with ball-and-socket joint adjustment
1001.85B0	Foot plate
1001.92C0	Axilla support, washable
1002.09C0	Shoulder supports
1002.19C0	Fixture for body supports
	1002.11A0      Back-buttocks support
	1002.11B0      Pubis-sacrum-sternum support
	1002.11C0      Lateral support
	1002.11D0      Supporting roll
1002.21C0	Lateral support
1002.24C0	Wristlet
1003.22C0	Standard clamp
	1002.57A0      Anaesthesia screen, L-shaped
	1001.4600      Arm restraint cuff
	1002.59A0      Pivot-mounted elongation tubes for anaesthesia screen
	1005.86A0      Direct placement stirrups
1003.23C0	Radial setting clamp or
1003.61A0	Radial setting clamp
	1002.2000      Thigh holder
	1002.2300      Leg holder
	1002.57A0      Anaesthesia screen, L-shaped
	1001.4600      Arm restraint cuff
	1002.59A0      Pivot-mounted elongation tubes for anaesthesia screen
	1003.1000      Iliac support
	1004.2400      Arm supports
	1005.2300      Crossbar attachment
	1005.2900      Basic unit
	1005.3400      Clamp adapter +
	1005.3500      Skull clamp +
	1005.3200      Pins for children
	1005.8700      Leg holder
	1001.65A0      Goepel knee crutches
	1009.02C0      Meniscus positioning device, radiotranslucent
1003.32C0	Mayo instrument table
1003.3300	Knee supports for rectal positioning
1004.23C0	Elbow support
1004.8000	Countertraction post for humerus
1004.91A0	Side rail extension
1004.84A0	Knee positioning device, motor-powered
1004.84B0	Knee positioning device, manual
1004.9800	Humerus positioning device
	1001.4800      Weinberger hand traction device
1009.01C0	Infusion stand

**5. Special accessories**

1000.5600	Pad
1000.5700	Head ring, PUR foam
1000.5900	Gel head ring
1000.6800	Pad, segments (for percutaneous kidney operations, spinal surgery)
1003.7400	PUR cushion for kidney operations

**6. Control modules**

1009.81D0	Foot switch for height, Trendelenburg/rev., back plate
1009.81D1	Foot switch for height, Trendelenburg/rev., lateral tilt
1009.81D2	Foot switch for height, Trendelenburg/rev., leg plates
1009.81D3	Foot switch for height, Trendelenburg/rev., longit. shift
1133.90A0	Cable-connected hand control
1133.91A0	IR transmitter
3 110 26E9	Charging station EU + US + Japan
1150.95X0	Wall panel

**IX. Spare parts list**

You can order replacement parts under the numbers specified. For further details, please refer to the spare parts lists.

**1. Operating table**

Head rest pad 1130.53B0	9092.0104
Pad for upper back plate 1133.31B0	9092.2424
Pad for lower back plate and seat plate 1133.02BX	9092.2383
Leg plate pad 1133.53BC (2 pcs. always required)	9092.0204
Mains cable	
for 1133 BX (230V)	3113.3659
for 1133.02 FX (110V)	3113.3669
Rechargeable battery (2 pcs. are always required)	0227.0154

**2. Accessories**

• Hand control with coiled cable	1133.90A0
• IR transmitter	
IR transmitter without charging station	1133.91A0
Amplified IR transmitter incl. charging station (230V)	1133.91L0
System codes numbers and letters	9801.6234
Cover for leg plate 1132.65A0	9082.1223
Control line with two plugs for foot switc	0200.4273

Use only spare parts approved by MAQUET.



All notes and technical data contained in this documentation reflect the status at the publication date. Since we constantly strive to improve all MAQUET products, however, we reserve the right to adopt modifications at any time, without giving prior notice. There might therefore be minor differences between the illustrations in this manual and the product's current design. This will, however, not impair the validity and correctness of this manual as far as the technical features herein are concerned.

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