



Department of  
Biomedical Engineering  
UNIVERSITY OF WISCONSIN-MADISON

# 3D Printing Airway Trainers

*2/20/26*

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# Problem Statement

- Standard airway trainers are somewhat limited
- Abnormal airway practice improves patient outcomes
- No established method for printing airways
- Feasible to transform MRI to STL
- Transfer requires an advanced segmentation process
- Incorporate into a fully adjustable manikin

# Background

- Dr. Kristopher Schroeder, Department of Anesthesiology
- Clinicians have 15-30 seconds before hypoxia [1]
- 12.7% of intubations fail on the first attempt [1]
- Training directly correlated to patient outcome [2]
- Trainers don't simulate varied endotracheal environments [3]
- Personalized 3D printed airways aren't used

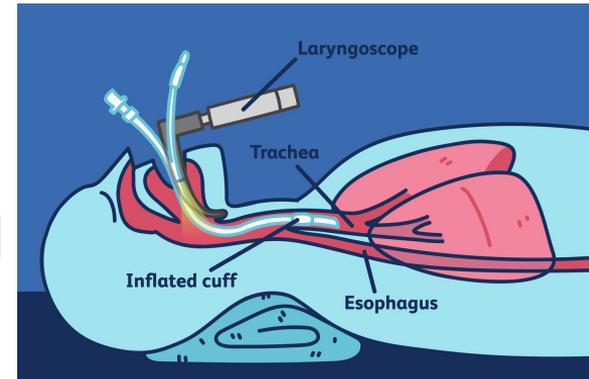


Figure 1: Intubation Diagram [4]

# Competing Designs

- A variety of airway manikins exist
  - Babies
  - Swollen craniofacial structure
  - Burn victims
- Trainers often include just one feature of a difficult airway
  - Modular mandible
  - Adjustable neck
  - Inflatable tongue
  - Induced vomiting
  - Pressure sensitive teeth
- High end trainers can cost \$1,700-3,000 [5]



Figure 2: Laerdal Airway Management Trainer [5]



Figure 3: Decent Simulators [6]

# Product Design Specifications

- Physiological Accuracy & Material Properties
  - Maintain integrity following 20,000 intubation cycles [7]
  - Match human airway in look and texture
- Rapid adjustability of neck angle, tongue size, and mandible position
- Aim to minimize process cost for marketability
- Printing process should be repeatable in under 48 hours total



# Fall 2025

## Final Design and Testing Results



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# Airway Fabrication Process

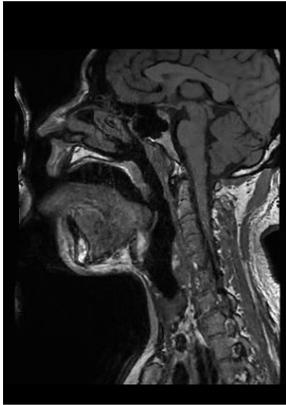
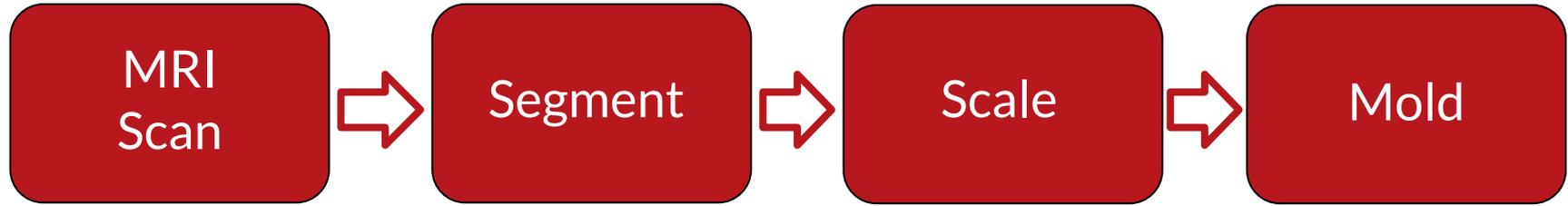


Figure 4: MRI

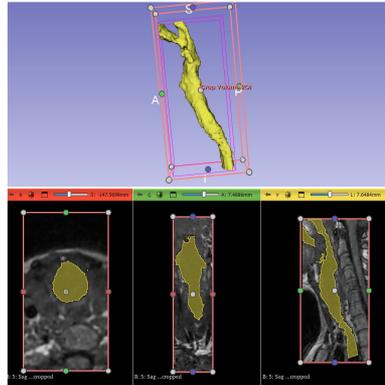


Figure 5: Segmentation

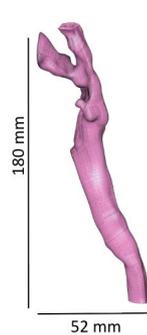


Figure 6: 3D Render

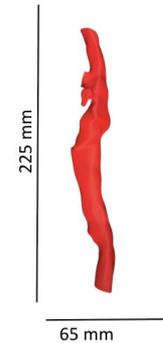


Figure 7: Scaled Render

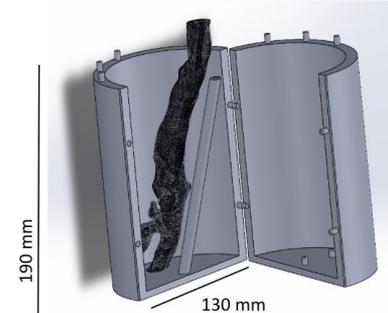


Figure 8: Mold

# Final Design: Flexible Lamp Design

- Similar to a flexible lamp rod
- Adjustable in 3 DOF
- Threaded ends that screw into the top of the neck
- Implement design 1 for stability

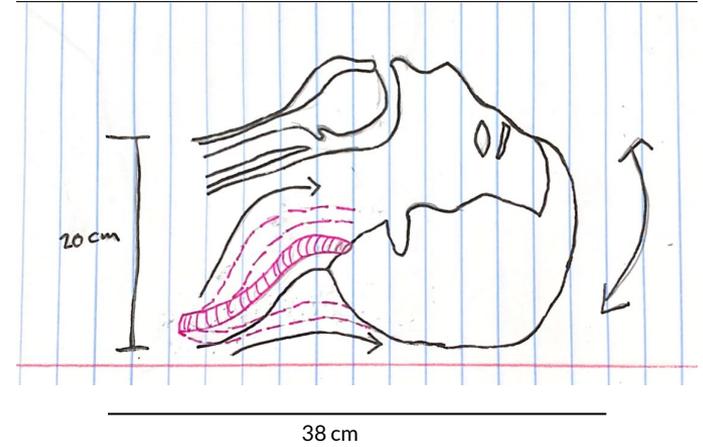


Figure 10: Sketch of Flexible Lamp Design

# Fall Semester Testing - Durability

- Durability Testing (Each material)
  - Intubation cycles until visible damage or until 50 iterations occurred
  - The rubber airway tested was part of a TruCorp manikin
  - EcoFlex 00-30 Silicone is the selected material for our manikin

Material	EcoFlex Silicone	TruCorp Rubber	Elastic Resin	Flexible Resin	TPU
Intubations until damaged	>50 - Minimal Damage	>50 - No Damage	4	7	>50 - No Damage

Table 1: Durability Results For All Materials During Intubation

# Fall Semester Testing - Compression

- Compression Testing (Each material)
  - Deformation was measured under a compressive load of 24.6 N (typical load experienced during intubation)
  - Values were converted into stiffness to compare material properties

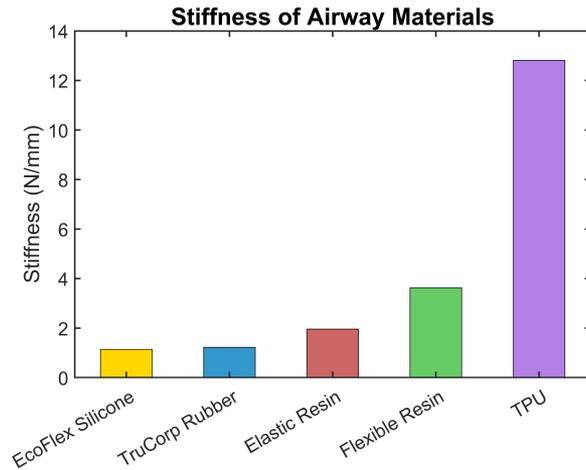


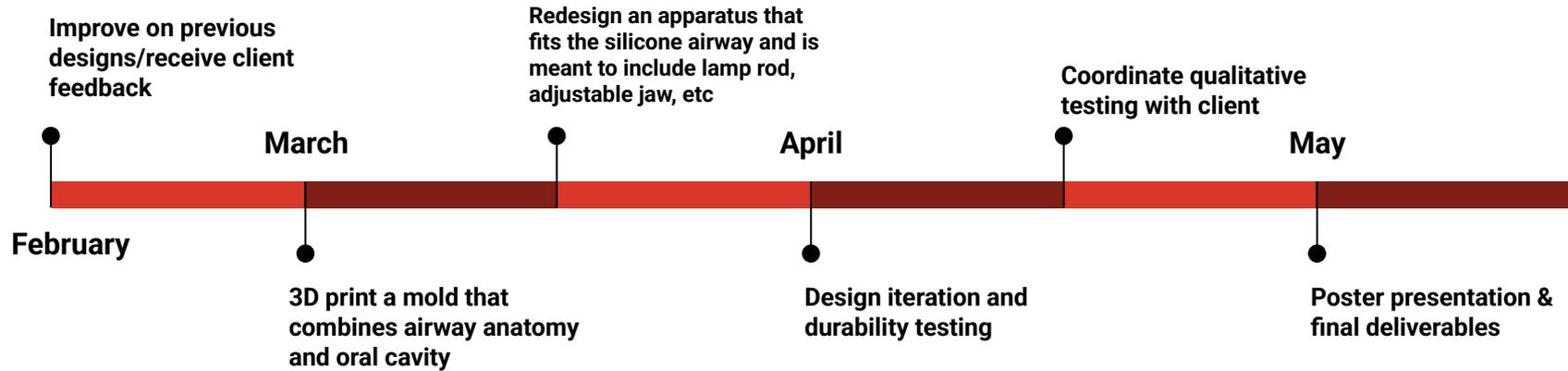
Figure 11: Stiffness of Materials During Compression Testing



# Spring 2026

Timeline, Fabrication Plan, and Testing Plan

# Timeline - Fabrication Goals



# Testing

- Neck modulation durability test
- Time to adjust manikin features/swap airways
  - Demonstrate ease of use
- Time for intubation coordinated by our client
  - Four levels of experience
  - Qualitative feedback
    - Stability, durability, and precision

# Other Information

- Final prototype will be delivered directly to our client
  - IFU
  - Maintenance recommendations
- Final prototype summary
  - Product name
  - Key features and intended use
  - Technical specifications
- Hazard identification
  - Signal words
  - Precautionary statements

# Budget

## Previous spending:

- 3D printing ~\$110
- Silicone ~\$135

## Expected spending:

- 3D printing ~\$150
  - Similar spending on molds, increase in spending will come from manikin base and features
- Silicone ~\$135
  - Expect to perform 2-3 casts, an amount similar to previous semester

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