When Cathi Galvin—the nurse manager of South Miami Hospital’s endoscopy department—received a call from their histotechnologist, Robert King, she was perplexed. Why is it, he asked, that the specimens received from South Miami were consistently small, making it difficult to prepare quality slides, whereas the specimens sent in by their Integrated Health Network (IHN) sister hospital, Baptist Hospital of Miami varied in size, but were generally better than South Miami’s? “The difference was remarkable,” says King. “Some samples from South Miami were so small that I questioned if it was the technique of the doctors.”

With an endoscopy department performing upwards of 30 procedures daily, including 12 biopsies, and a seasoned staff of physicians, Galvin knew the problem most likely lay in their current brand of disposable forceps rather than South Miami’s skill set.

To delve into the problem, she called the nurse manager at Baptist Hospital. At the time, Baptist was sampling forceps from three different companies, including Olympus. Galvin decided to invite those same three companies to furnish her with sample disposable hot and cold biopsy forceps to try out as well. “The important thing to me was not just price,” she explains. “Everyone was coming in with good pricing. But you have to have quality too, and that’s why we wanted to investigate our options.”

Once South Miami began using the three different brands of forceps, King noticed improvement in some of the samples, but it was hard to attribute the successful specimens to any particular product with all three brands in use simultaneously. Galvin and King decided to pursue a more scientific approach using blind trials. Galvin and her team would use just one brand of forceps each week and King would document and record the results without being privy to the brand on trial. “Each week, I analyzed the samples according to (1) the sample size—graded on a scale of 1 to 5—and (2) their general appearance, based on a more subjective evaluation of whether they were ‘good’ or ‘bad,’” says King.

CONTINUED ON PAGE 2 ...
In all, the trial included approximately 50 biopsy procedures for each brand. “When it was over, King called me and said that the third week (Week ‘C’) was the best—every sample was consistent and of good size,” reports Galvin. “Week ‘C’ turned out to be Olympus, so that decided it for us.” The samples obtained using the Olympus forceps were ample enough to enable King to prepare microscopic slides with a transverse demonstration of the biopsy. “This particular orientation is very valuable since it allows the pathologist to see the various layers of the sampled tissue for easier interpretation and clinical diagnosis,” explains King.

South Miami Hospital converted to an Olympus contract for the biopsy forceps, and they’ve been happy ever since. “We’ve been using the Olympus forceps for over a year now and we’re still very pleased,” comments Galvin. King concurs adding, “The treatment of patients depends directly on the quality of the pathology results. Better sampling enables us to more quickly and accurately determine those results. The standard of the samples from South Miami Hospital has been consistently excellent since the conversion.”

Brian Varnes, the Olympus EndoTherapy Specialist serving the Florida region, attributes the success of the Olympus forceps in the South Miami trial to the accessory’s superior design. Olympus disposable forceps feature a proprietary sheath exterior that reduces surface friction to enable smooth insertion through the endoscope channel. The improved flexibility of the sheath makes it easier to pass the forceps through an angled endoscope without using excessive force. These features, combined with a precision-made stainless steel cup, make Olympus disposable forceps the best choice for minimizing damage to the biopsy channel while maximizing clinical effectiveness, explains Varnes. “As a company, we’re so well known for our endoscopes that, unfortunately, our superb accessories sometimes receive less attention.”

As a result of South Miami Hospital’s trial, Galvin says that the other IHN hospitals within Baptist Health South Florida are now also utilizing Olympus disposable forceps, including hot and bronchoscopy forceps. “It isn’t often we have the opportunity to go head-to-head with two of the biggest players in the accessory industry,” says Varnes. “It was a very gratifying experience. We’re proud of our accessory products and the superior performance they deliver.”

As a leader in the development and manufacture of gastrointestinal endoscopes, Olympus also offers a wide range of EndoTherapy accessories for use in vascular and general surgery, urology, office endoscopy, gastroenterology and pulmonology. For more information, visit www.olympusamerica.com or select [A] on page 8.

Olympus disposable forceps, including hot and bronchoscopy forceps.

ATTENTION 100 SERIES USERS
If you currently own a 100 series endoscope or the CV-100 video processor, now is the perfect time to trade in your equipment prior to the discontinuation of repair parts and service for these older items. To assist your facility with an upgrade to the latest in video processors and EXERA™ endoscope technology, Olympus is offering a number of promotional programs. Contact your Olympus sales representative for details.
Olympus Provides Educational Support for SAGES

Olympus has provided an educational grant to the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) that will be used to further the society’s efforts in the advancement of healthcare through technology and education.

Greg Steigmann, MD, the president of the SAGES Education & Research Foundation, stated, “Olympus has been an avid supporter of the vision of the Foundation. That vision is a healthcare world in which all operative procedures are accomplished with the least possible physical trauma, discomfort and loss of productive time for the patient. One goal of the Foundation is to advance laparoscopic, endoscopic and other minimal access surgical methods by supporting reproducible scientific research and outcome studies, graduate and postgraduate education and public information.”

Matt Fahy, the director of marketing for Olympus Surgical Products, reported that Olympus is excited to contribute to this effort. “With our miniaturization technology and advancements in minimally invasive surgical instrumentation, Olympus is well positioned to help accelerate the convergence of technology and process with regard to therapeutic flexible endoscopy in the surgical arena,” he stated.

For more information about SAGES, visit www.sages.org.

IN PURSUIT OF QUALITY

Collaboration to Advance Urologic Instrumentation/Procedures

Olympus and The Cleveland Clinic Glickman Urological Institute (ranked in 2003 by U.S. News & World Report as one of the two best hospitals in urology in the United States) recently entered into a multi-year agreement to research and develop state-of-the-art urology instrumentation and procedures to enhance diagnosis and treatment.

“This collaboration provides another avenue through which the Glickman Urological Institute can continue to advance its knowledge and treatment of urological diseases,” stated Andrew C. Novick, MD, the chairman of the Institute. “Olympus shares our commitment to excellence and to improving the quality of life for patients, and we are pleased to work with Olympus to pursue these shared goals.”

Under the terms of the agreement, the Institute is incorporating Olympus EndoEYE™ flexible video cystoscopes into its daily practice. The EndoEYE flexible video cystoscope is a member of the award-winning family of innovative EndoEYE surgical videoscopes, which provides advanced digital image processing and output over conventional fiberscopes. Each EndoEYE videoscope features a color CCD (charge coupled device) miniaturized camera chip in the distal end where the objective lens is located. Having the CCD chip distally mounted provides uncompromised image quality and allows the surgeon to look, in effect, directly at the surgical site rather than ‘through a window,’ as is the case with conventional camera head and telescope systems.

“This relationship is a natural fit for Olympus. The Institute’s ongoing feedback will enhance our efforts to develop advanced, reliable and easy-to-use imaging and endoscopy instrumentation that delivers both superior medical outcomes and better patient care,” concluded David C. McKinley, group vice president, Medical Systems, Olympus America.

For more information about the award-winning EndoEYE, select [B] on page 8.
4 Fast Fixes to FAQs

Pascal LaFantano, Supervisor, Olympus Technical Assistance Center (TAC)

Q When I capture an image with my CV-160, why does the monitor momentarily go blank?

A Possible causes:
   a. The monitor input is set for NTSC (Line “A”).
   b. On the back of the monitor, the “Yellow” BNC connector is being used for EXT SYNC instead of the “Black” BNC. Both of these connectors are part of the CV-160 monitor cable.

Solutions:
   Select RGB as the monitor input; in most instances this will be RGB “A.” On the back of the monitor, move the “Yellow” BNC to Line “A” in and place the “Black” BNC on EXT SYNC.

Q Why doesn’t my video processor and/or light source retain its settings when the power is turned off?

A The main cause of this anomaly is a defective memory battery which can be easily replaced by a biomedical staff member with soldering skills (or you may have the device serviced by Olympus). Before you replace the battery, contact TAC to obtain the correct part number for the appropriate battery for your model of video processor and/or light source.

Q Why am I observing a “NO CONNECT CVP” (color video printer) on my CV-160 when I try to capture an image to the printer?

A Possible solutions:
   a. Press F1 on the CV-160 keyboard to enter the MENU. Use the right or left arrow keys to select the correct model number for your printer. Press ENTER and then the letter “Y” for the change to be incorporated.
   b. Check that the printer’s remote cable is secure and that one side is connected to the printer remote connector on the CV-160 and the other side to the RS232C connector on the back of the printer.
   c. Your printer baud rate must be set for 4800. The most common types of printers used with the CV-160 are the OEP and OEP-3. To check the OEP baud rate:
      1. Open the front panel on the printer.
      2. Press MENU and you will see the words “SYSTEM SETUP.”
      3. Press the down arrow key until you see the word “BAUDRATE.”
      4. There will be several numbers under this word, i.e., 12/24/4800/96. 4800 is the required setting. If it is not set to 4800, you can set it by using the left and right arrow keys.
      5. Press MENU to complete the process.

The Diagnosis on Third-Party Biopsy Channels

Ever notice how a tooth filling that is just a little too high or low can throw your whole mouth out of alignment? Space is tight, requiring everything to be a perfect fit. The same may be said for biopsy channels that are repaired or replaced by third-party vendors. A change in the channel’s diameter, thickness or elasticity can adversely impact the endoscopist’s ability to perform therapeutic procedures.

Olympus channels along with the appropriate accessories provide technological harmony—a perfect fit for flawless product performance and enhanced patient safety.

We’ve seen all sorts of third-party replacement channels, including those made of inflexible plastic, and those with a metal braid running down their entire length.

We stand by our product. But when something goes wrong, we’ll do our best to help you get back online and keep your patients in the chair.
To check the OEP-3 baud rate:
1. Open the front panel on the printer. Press MENU and you will see the words “COLOR ADJUST.”
2. Press the right arrow key until you see “PRINTER SETUP.”
3. Press the down arrow key until you see “SYSTEM.”
4. Press the right arrow key and you will see “SYSTEM SETUP.”
5. Press the down arrow key until you see “BAUDRATE.”
6. There will be several numbers under this word, i.e., 12/24/4800/96. 4800 is the required setting. If it is not set to 4800, you can set it by using the left and right arrow keys.
7. Press MENU to complete the process.

Q: Why can’t I reset the lamp life indicator on my CLV-160, no matter how many times I press the reset button?

A: Solution: The reset button must be pressed and held 10-12 seconds.

Olympus Technical Assistance Center: 800-848-9024, select option #1 for Technical Support.

OF NOTE
Avoiding Hazardous Smoke Plume

Second-hand smoke. Cigarettes, forest fires and factories are just a few of the primary culprits that come to mind. One other source of second-hand smoke that you might not have thought of is hazardous smoke plume from electrocautery devices used during minimally invasive surgery. Perioperative nurses, surgeons, other O.R. staff members and patients can all be at risk. In fact, the AORN Position Statement on Workplace Safety recommends smoke evacuation systems in the surgery suite as a measure to help ensure safe, quality patient care in open procedures. The same holds true for laparoscopic procedures.

During laparoscopy, it is necessary to provide adequate insufflation with CO2 gas so that the clinician can clearly see the surgical site to safely perform the necessary procedure. At Olympus, further safety precautions are built right in to our instrumentation, with insufflators designed to automatically minimize and evacuate smoke produced as a result of cautery. It is part of our commitment to Olympus healthcare customers and their patients to provide surgical instrumentation that can achieve safe and optimum results.

After all, whether you’re a patient or a clinician, the only thing you should be breathing during an O.R. procedure is a sigh of relief.
Now web-based, the latest release of EndoWorks delivers an integrated information management solution that spans all stages of patient care to increase productivity and efficiency. With browser-based access from any PC or wireless tablet outside the procedure room, users are afforded complete application functionality for instant access to comprehensive patient medical information and report data.

Productivity is further enhanced with intuitive system navigation to easily guide users through a full range of controls and with module features that can be turned on or off. For improved lab management, EndoWorks can compile an array of standard and custom analysis reports. Physician-specific templates and an intuitive keyword interface engine reduce physician report generation time and eliminate costly transcription costs. Pathology requests, nursing notes and referral letters are automatically generated and distributed via fax or e-mail.

With data, images and video clips stored digitally, EndoWorks can save operational expenses associated with chart storage and retrieval services. And the ability to generate accurate billing codes improves collection capabilities as well. Scalable functionality enables EndoWorks to be customized to a facility’s needs and budget with configurable on-demand modules (Image Management, Procedural Reporting, Nursing Notes) added as needed.

Most importantly, EndoWorks is supported through Olympus with 24-hour technical assistance, secure VPN remote support and local field service engineers. With a hospital’s HIPAA compliance in mind, EndoWorks 7.1 offers features such as role-based security, access and audit controls, automatic system time out and a secure e-mail notification system.

To learn more about how EndoWorks 7.1 can increase the productivity and cost-effectiveness of your facility, visit www.endoworks.com or contact your Olympus sales representative.

Gynecology

Olympus HysteroFlow/HysteroBalance

Fluid Management System Accurately Monitors Fluid Loss/Intrauterine Pressure

When performing hysteroresection, accurate fluid loss measurement is mandatory. An excess absorption of the distension medium during a procedure can result in female TUR-Syndrome, a sometimes fatal form of fluid intoxication where too much fluid is absorbed into the body or the central nervous system, potentially leading to brain damage or death.

To help closely monitor patients for fluid loss and intrauterine pressure, the new Olympus HysteroFlow/HysteroBalance assembly is a closed system. It utilizes intelligent software to account for all fluid infused throughout the integrated pump, scale, resectoscope and tubing during a procedure. The software includes automatic instrument recognition and extra large displays on both the HysteroFlow pump and the HysteroBalance weighing unit (scale) to provide clearly visible fluid loss information as well as critical intra-operative data. The automatic instrument recognition feature optimizes the fluid flow and intrauterine pressure for each specific type of equipment, which is especially important when using different resectoscope and operative hysteroscope systems. Monitoring is further augmented with a perforation alarm tone to quickly alert the hysteroscopist of rapid fluid loss.

Delivering all-in-one convenience, both the pump and scale are mounted to the HysteroBalance stand. This stable wheeled stand provides secure handling and easy set up of tubing along with ample storage space for fluid waste containers. What’s more, fluid bags and waste containers can be quickly changed without stopping the pump or disrupting the procedure.

Designed to work with any resectoscope or hysteroscope, the HysteroFlow/HysteroBalance System provides the perfect integrated fluid management solution for hysteroresection or operative hysteroscopy. For more information about this newest offering from Olympus, please select [C] on page 8, or contact your Olympus sales representative for a product demonstration.
Lehigh Valley Hospital and Health Network (LVHHN) is one of the largest teaching facilities in Eastern Pennsylvania. Recognized for the eighth consecutive year in the U.S. News & World Report’s annual ranking of “America’s Best Hospitals,” and recently designated as a National Magnet Hospital (the highest honor for excellence in nursing) by the American Nurses Association, LVHHN’s commitment to excellence is well known.

This commitment extends to its GI/Pulmonary Endoscopy Unit as well. With five procedure rooms staffed by 40 endoscopy physicians and 16 nurses and technicians, the Endoscopy Unit performs approximately 10,000 procedures annually, including bronchoscopies. As the number of procedures grows each year, the staff always seeks creative ways to deliver quality patient care more cost effectively. “Our goal is to have the procedures run smoothly, safely and efficiently at the lowest possible cost,” says Marie Porter, RN, Director of LVH’s Endoscopy Unit.

The importance of scope repair in the efficiency/cost equation became very apparent to LVH several years ago when they contracted with a third-party repair vendor. Promising expert repairs, fast turnaround and low costs, the third party seemed to deliver at first, but over time the service level deteriorated, and costs were out of control. Repaired scopes broke down quickly and had to be sent repeatedly to address the same or similar issues, quickly negating any real or imagined cost advantage.

To resolve LVH’s dilemma, Olympus worked closely with the Endoscopy Unit to find out what was needed. In response to Porter’s desire for locally based repair assistance, Olympus created a custom service solution that included training and supporting one of LVH’s biomedical engineers on factory-certified maintenance and repair protocols for Olympus scopes.

Under the auspices of its innovative Biomedical Partner Program, Olympus trained LVH biomedical engineer Todd Leibenguth. Olympus also set up a Service Agreement for LVH, which provided them with attractive discounts on service for scopes Leibenguth passed on to Olympus for more extensive repair work.

This program provided LVH with fast turnaround from on-site troubleshooting and quality repairs supported by Olympus expertise and parts. “Now I have this wonderful biomedical engineer that makes my job so much easier,” explains Porter.

As a result of the Olympus solution, the quality of LVH repairs greatly improved, and the program saved the hospital $365,855 in repair services over the three-year contract. Furthermore, average repair frequency per scope dropped from 6.1 repairs per year through the third party down to 1.4 repairs per year under an Olympus Service Agreement.

With an array of value-added benefits coupled with superior service quality, Olympus Service Agreements are surprisingly comparable in cost to third-party programs. What’s more, Olympus repair programs have proven to be more cost effective over the long term by reducing repair frequency and extending the usable life of the equipment.

For more information about Olympus Service Protection Plans or the Biomedical Partner Program, contact your Olympus sales representative or select [D], [E] or [F] on page 8. For a copy of the detailed LVH case study, select [G] on page 8.
FREE PHOTO FRAME
Help us understand a little more about your department’s accessory needs. In thanks, we’ll send you this beautiful Sweda frame to display your favorite 2”x3” photo.

1. Which department do you work in?
   ☐ G.I. ☐ O.R. ☐ Both
   ☐ Other: __________________________

2. What is your role?
   ☐ Physician ☐ Nurse ☐ G.I. Assistant
   (If one of the above, please move on to question 3.)
   ☐ Biomed
   ☐ Technician
   ☐ Administrator
   ☐ Risk Manager
   ☐ Materials Manager
   ☐ Purchasing Manager
   ☐ Other:
   (If one of the above, please skip to question 7.)

3. When using standard biopsy forceps, how many consecutive bites does the endoscopist normally take before removing the forceps from the scope?
   ☐ ________ (fill in number)
   ☐ Don’t know

4. For hemostasis, what percentage of the time do you use the following? (Percentages should add up to 100%)
   ☐ ________% Injection therapy
   ☐ ________% Thermal therapy (probes)
   ☐ ________% Clipping
   100% Total
   ☐ Don’t know

5. Which method of polyp retrieval does your facility use most often? (Select one.)
   ☐ Snare
   ☐ Net
   ☐ Tripod
   ☐ Other, please specify: ______________
   ☐ Don’t know

6. How important are each of the following features when evaluating biopsy forceps?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bite size</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cup style</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ease of use</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disposable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reusable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Price/cost</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Don’t know</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. Does your facility use the Olympus QuickClip™ device?
   ☐ Yes
   ☐ No
   ☐ Don’t know

8. What is your e-mail address?
   ____________________________________________
   ____________________________________________

☐ Add my name to your mailing list. ☐ Delete my name from your mailing list. ☐ Send In Service to me by e-mail (fill in e-mail below).

YOUR NAME ________________________________
TITLE ________________________________
FACILITY NAME ________________________________
DEPARTMENT ________________________________
FACILITY ADDRESS ________________________________
CITY/STATE/ZIP ________________________________
PHONE ( ) __________________ FAX ( )
E-MAIL ________________________________