While the use of sedation with peroral passage of conventionally sized endoscopes for upper endoscopy is still the standard practice for most endoscopists in the U.S., ultrathin videoendoscopes have made upper endoscopy without sedation feasible.

Dr. Richard Rothstein, professor of medicine at Dartmouth Medical School and chief of the gastroenterology and hepatology section at Dartmouth Hitchcock Medical Center in Lebanon, NH, recently lent his expertise on sedationless endoscopy at ASGE’s continuing medical education course in April and at Digestive Disease Week in May. He explains that while sedatives generally permit procedures to be conducted without patient discomfort, the administration of sedatives requires resources and time-consuming patient monitoring, has substantial cost, and can produce side effects and occasional complications.

“Unsedated upper endoscopy provides a cost-effective alternative to standard endoscopy, is well tolerated and can permit more efficient examinations. Sedationless upper endoscopy is ideal for increasing population screening for conditions such as Barrett’s esophagus, esophagitis, and esophageal varices in appropriate candidates.”

—Dr. Richard Rothstein

SEDATIONLESS ENDOSCOPY A TOPIC AT DDW

Super-slim videoscope makes unsedated, transnasal examination and biopsy possible

DIGESTIVE DISEASE WEEK 2006

Showcase for Olympus Innovations

Olympus’ much-anticipated high-definition (HDTV) and Narrow Band Imaging™ (NBI) capabilities, incorporated into the new GIF-H180 gastroscope and CF-H180AL wide-angle colonscope, were prominently featured at Digestive Disease Week (DDW) in May. At 1080 lines, the HDTV signal from the new CV-180 video processor more than doubles the number of scan lines produced by conventional systems, when used in conjunction with the high-definition GIF-H180 gastroscope or CF-H180AL colonscope.

NBI is a real-time, on-demand technology that Olympus has developed to enhance visualization of the capillary network and mucosal morphology during endoscopic observation of the gastrointestinal tract.

In addition, several new EndoTherapy products made their debut at the show, including the LithoCrush™ mechanical lithotriptor and the bipolar, hemostasis SolarProbe™.

Look inside this issue of In Service to learn more about these and other Olympus innovations.
**New Product News**

**ENDOSCOPIES**

**GIF-H180 Gastroscope**

**Improved diagnostic imaging**

With high-definition resolution that far exceeds conventional video and the added feature of Narrow Band Imaging™, the GIF-H180 improves diagnostic imaging, enabling you to confidently observe fine capillaries and delicate mucosal tissue.

With an improved Close Focus optical system, the need for electronic magnification is eliminated. And with a slim outer diameter, this scope maintains the handling characteristics you are accustomed to with standard Olympus endoscopes.

**CF-H180AL Colonoscope**

**Outstanding resolution and advanced functionality**

The HDTV-compatible CF-H180AL comes with an impressive suite of advanced functions including Close Focus, which lets you obtain the same effect as electronic magnification simply by bringing the scope tip close to the observation area.

Improved imaging performance also allows you to utilize Narrow Band Imaging™ to enhance visualization of mucosal morphology. And, thanks to Olympus’ exclusive extra-wide, 170-degree field of view, you may find the miss ratio is reduced, helping to cut examination times and increase efficiency.

**ENDOTHERAPY**

**LithoCrushV™**

**Improved biliary stone crushing and retrieval**

Olympus has refined mechanical lithotripsy with the introduction of the LithoCrushV™. The handle and basket of this new EndoTherapy device have been designed to quickly connect, cannulate and crush stones.

The bullet-tipped basket features a double sheath design, which eases insertion into the common bile duct. The new handle design enables rotation of the LithoCrushV basket and includes a ratchet mechanism to maintain traction on the stone.

**SolarProbe™**

**Effective hemostasis and minimized tissue adhesion**

As part of Olympus’ enhanced EndoTherapy line, the new, single-use SolarProbe™ provides bipolar hemostasis for even coagulation and minimized tissue adhesion.

Featuring a bright yellow sheath at the tip for easy endoscopic identification, the SolarProbe is bullet tipped to maintain even surface contact and balanced coagulation. Made from silver, it is designed to provide greater conductivity than other metals. It includes a hydrophilic coating and electrode pairing to help minimize the amount of tissue adhesion during procedures as well as stiff tubing for optimal tamponade and reduced kinking.

The SolarProbe, which works with most bipolar generators, enhances Olympus’ extensive hemostasis product offering.

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For more information about the new products featured on this page, please see page 6 or contact your Olympus representative.
ACHIEVING ENDOEXCELLENCE

8.2 contact hours, 6.2 GI-specific contact hours
For managers, nurses and technicians. Learn to successfully identify and develop short- and long-term goals in today’s healthcare arena.

SUMMER 2006 DATES
June 24, Chicago, IL
Aug. 5, Denver, CO
Sept. 9, Jacksonville, FL

ENDOSCOPIC ULTRASOUND (EUS)
6.9 GI-specific contact hours
For GI nurses and technicians. Get up-to-date on the most recent advances in EUS technology and equipment and learn how to prepare for and perform the procedure.

SUMMER 2006 DATES
Sept. 15, Los Angeles, CA

CARE & MAINTENANCE: Maximizing Your Endoscopic Image & Performance
Certificate course
For those working with Olympus flexible endoscopy equipment, learn about equipment design, maintenance, cleaning, repairs and video troubleshooting.

SUMMER 2006 DATES
July 21, Wichita, KS
Aug. 24, St. Louis, MO
Sept. 13, Columbia, SC

CARE & MAINTENANCE: Reprocessing Specialist Training
Certificate course
For GI/pulmonary nurses and reprocessing technicians. Develop a thorough understanding of the procedures for endoscope care and reprocessing.

SUMMER 2006 DATES
July 27, Milwaukee, WI
Aug. 30, Lehigh Valley, PA
Aug. 31, Lehigh Valley, PA
Sept. 7, Tampa, FL
Sept. 27, Cleveland, OH

24/7 Service Portal—Gateway to Convenience
Offering solutions that enable you to perform your job more efficiently and conveniently is the name of the game. Accordingly, I’m excited to inform you that we’ve developed a web-based service portal that is up and running, 24 hours a day, seven days a week.
This new tool is accessible from anywhere and at any time so that you can take care of your service-related needs quickly and at your convenience.

Instant information
The service portal also provides valuable information regarding equipment inventories and repair histories. To access this information and the site’s more advanced features, you can request a portal account and password from your Olympus representative. The secure area of the site allows you to:
• Approve your repair estimates online,
• Request loaner scopes while your equipment is being repaired,
• Access your repair histories (120-day histories online, with full histories available on request), and
• View your inventory of Olympus equipment.

Simplified service
We’ve designed the portal to be intuitive and easy to use by automating routine tasks and giving you the ability to:
• Electronically submit a service order,
• Print out an air bill (online orders include free shipping),
• Track your equipment through its repair service, and
• Receive e-mail confirmations during the repair and shipping process.

To order more information about Olympus repair service, please see page 6.
www.olympusamerica.com/serviceportal

EDUCATION

www.olympusuniversity.com
800-645-8100 ext. 6200

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www.olympusamerica.com/serviceportal
Rothstein believes the performance of outpatient screening upper endoscopy will be enhanced by the GIF-N180 endoscope. Introduced last year, the N180’s 4.9 mm diameter distal end and insertion tube offer unprecedented insertion capability that minimizes patient discomfort and allows unsedated EGD procedures, via either transnasal or transoral means.

With image quality comparable to the GIF-160, image performance is excellent and further enhanced with Olympus’ groundbreaking Narrow Band Imaging™ (NBI) capabilities.

“This new N180 videoscope... is of sufficient length and stiffness to easily intubate the duodenum, yielding a complete upper endoscopic exam,” says Rothstein. “The reduced-diameter... instrument easily passes through the nasal tract, reducing the occurrence of pain and epistaxis, and avoiding the gagging often produced by peroral scope passage.”

For more information about the GIF-N180 videoscope, please see page 6 or talk to your Olympus representative.

The identification of specific DNA markers is under way. Several key DNA marker candidates with 70-80 percent accuracy have been identified from preserved, surgically resected samples obtained by Cangen from Hyundai Hospital in Korea. These markers can be used as a hybrid with protein-based markers to improve sensitivity and specificity. This spring the collaboration was expanded to evaluate and finalize the DNA markers through a prospective study in Asia. The goal is to apply the information from the biomarkers toward the development of precision, optically based instruments to quickly and inexpensively detect the presence of biomarkers in patients. Olympus and Cangen are aiming for FDA approval after approximately two years.

Tokyo-based Olympus Corporation has been a participant since December 2002 in the activities of the international Cosmos Alliance, formed to accelerate commercialization in the bio life sciences through equity investments, joint ventures, collaborative research and technology transfer. Through Cosmos-facilitated programs, Olympus plans to accelerate the commercialization of its own range of advanced biotech-related products, which includes instruments for genome and protein analysis. The research collaboration between Olympus and Cangen represents one of these efforts.

Olympus, Cangen Collaborate on Molecular Diagnostic Test for Lung Cancer

According to the American Cancer Society, nearly 75 percent of people diagnosed with lung cancer die within two years of their diagnosis. It is the leading cause of cancer death for both men and women in the United States, with more people dying of lung cancer than from colon, breast and prostate cancers combined. In 2006 there will be about 174,470 new cases of lung cancer in the U.S. and about 162,460 people will die of this disease.1

“Sedationless Endoscopy” continued from page 1

Comparison of the ultrathin 4.9 mm GIF-N180 versus the 8.6 mm GIF-160.

In addition, the scope has an accessory channel so that mucosal findings can be biopsied during the examination and, with one up-down control knob, left-right control can be easily achieved by torquing the endoscope shaft.

For more information about Olympus News, please see page 6 or www.cancer.org/docroot/CRI/content/CRI_2_4_1x_What_Is_Non-Small_Cell_Lung_Cancer.asp?sitearea=CRI (accessed 5-12-06).
Endobronchial Ultrasound Scope Offers Advances in Diagnostic Bronchoscopy

With lung cancer ranking as the leading cause of cancer death in the United States, earlier detection along with accurate diagnosis and staging are critical to patient outcomes. As a leader in endobronchial ultrasound (EBUS), Olympus has introduced an innovative hybrid fibervideoscope (the BF-UC160F-OL8) with linear-scanning ultrasound imaging capability and a dedicated aspiration needle, specifically designed for diagnostic biopsies and staging in the lung. The scope’s hybrid design allows for a slimmer insertion tube with a diameter of only 6.2 mm and a .2 mm working channel, even with the incorporated ultrasound transducer.

**Visualization in real time**

Prior to the introduction of EBUS, bronchoscopists had to perform transbronchial needle aspiration (TBNA) “blindly,” using a CT scan as a general indicator of where to insert the needle in hopes of reaching the target lymph node.

EBUS enables the bronchoscopist to visualize the lymph node and surrounding vessels in real time through an ultrasound image display, which can be viewed simultaneously with the endoscopic image during the procedure. EBUS can be performed using a radial (rotational) ultrasound probe inserted through the instrument channel of a standard therapeutic bronroscope or by using a linear (convex) ultrasound scope like the BF-UC160F-OL8, which incorporates both endoscopic and ultrasonic imaging into the same instrument.

The disadvantage of performing TBNA with a probe is that it requires the bronchoscopist to remove the probe from the instrument channel prior to inserting the aspiration needle, thus losing the ability to view both the endoscopic and ultrasound images simultaneously while performing the biopsy. This increases the chances of missing the target site or reducing specimen yield.

**Needle aspiration under direct vision**

EBUS-TBNA with the BF-UC160F-OL8 permits visualization of the needle on the video monitor as well as on the ultrasound image in real time, enabling the physician to more accurately guide the needle into the lymph node to obtain pathology samples. Power Doppler mode, made possible by electronic linear scanning, offers bronchoscopists the ability to check blood flow conditions before needle biopsy. And a specially designed “dimpled” needle tip enhances the view of the needle on the ultrasound image, making it easier to distinguish and position for biopsy.

**EU-MA Puts the Power of EUS Within Everyone’s Reach**

**Affordable and easy to use**

As the benefits of EUS become more widely apparent and the equipment more cost-accessible, it is possible that endoscopic ultrasound will become a standard in every endoscopy suite. With the introduction of Olympus’ EU-MA Endoscopic Ultrasound Center, that time may be sooner rather than later.

By combining the latest advances in technology with a streamlined design and eliminating non-essential features, the EU-MA is a more basic version of the EU-M60, at a fraction of the cost. The result is a solution that’s simple, affordable and easy to operate. Even clinicians new to EUS will have little difficulty in mastering the simple and intuitive operations of the EU-MA to perform EUS procedures, making it a practical choice for the private practice and community hospital gastroenterologists.

**Easy integration with existing equipment**

For existing EUS customers, the EU-MA is a cost-effective option that can be used to equip another room with radial EUS. Adding a second processor adds flexibility to the EUS schedule and allows previous generation radial scopes to be used as backup instruments.

The EU-MA can be connected to EUS equipment already owned by your facility, including any GF-UM130, GF-UMQ130 or older GF-UM20 endoscopes and is compatible with MH-240 probe drive units as well as all non-DPR type probes. When used with the GF-UM130 radial scanning echoendoscopes, the EU-MA offers customers a complete radial scanning system at a very practical price.

As with the EU-M60, the EU-MA can be completely integrated with an EVIS 100 Series or 200 Series system to utilize a single monitor and a single keyboard all on one cart (PiP functionality not available) for the ultimate convenience.

For help in determining the best EUS solution for your facility, talk to your Olympus representative. To request more information about the EU-MA Endoscopic Ultrasound Center, see page 6.
More Information

1. Select your requests:
   - GIF-N180 Gastroscope
   - GIF-H180 Gastroscope
   - CF-H180AL Colonoscope
   - EBUS TBNA
   - EU-MA
   - EndoTherapy Devices
   - SolarProbe™
   - MaxPass™ for ERCP
   - V-System™
   - Olympus Repair Services
   - EndoEfficiencies™, GI Benchmarking & EndoSite® Consulting Services
   - Healthcare Purchasing News “Beyond Cleaning” Reprint

The above materials are available until September 15, 2006, while supplies last.

2. Send your requests to:
   Mail
   In Service c/o Joanne Zaun
   Olympus America Inc./MSG
   3500 Corporate Parkway
   PO Box 610
   Center Valley, PA 18034-0610
   E-mail
   inservice@olympus.com
   Fax
   800.878.3691

Did you receive your literature?
During the transition to our new corporate headquarters, some of your In Service literature requests may not have reached our facility. If you need to resubmit your request, please fill out the request form on this page. We apologize for the inconvenience and appreciate your patience.

We’ve Moved

In May, Olympus Medical Systems Group moved to the new Olympus America corporate headquarters in Center Valley, Pennsylvania. To ensure timely delivery of your correspondence and requests, below is our new address and contact information for your records:

Olympus America Inc.
Medical Systems Group
3500 Corporate Parkway
PO Box 610
Center Valley, PA 18034-0610
484.896.5000
800.645.8100

In Service’s new address is:
Olympus America Inc.
Medical Systems Group
3500 Corporate Parkway
PO Box 610
Center Valley, PA 18034-0610
484.896.5000
800.645.8100

What is Your Contact Information?
- Add my name.*
- Delete my name.
- Send In Service to me by e-mail.*

Prefix  □ Dr.  □ Mr.  □ Mrs.  □ Ms.

Your Name ____________________________________________

Title ________________________________________________

Facility Name _________________________________________

Department ___________________________________________

Facility Address _______________________________________

City/State/Postal Code _________________________________

Phone/Extension (__) _ __________ Fax (__) _ ___________

E-mail ______________________________________________________________________

*Subscriptions are offered at no charge to qualifying Olympus customers and industry partners, subject to availability.

……“Endobronchial Ultrasound” continued from page 5

EBUS-TBNA leads to more effective disease/cancer staging and to a higher confidence to have recommended the patient for the most suitable treatment.

Unlike conventional TBNA biopsies or mediastinoscopy, this system’s breakthrough combination of exceptional reliability and minimum invasiveness is expected to make it the method of choice for more accurate TBNA. To request more information, please fill out the request form on this page.