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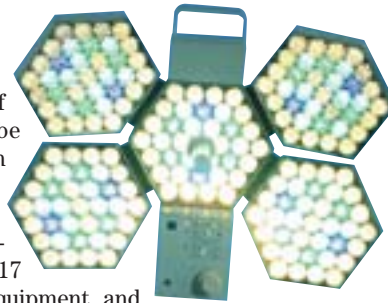


INNOVATIONS
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Medical professionals entering the maelstrom of Medica need to be totally focused on their objectives in order to resist so many alluring distractions in the 17 Halls of medical equipment and related goods. Our MAP in the centre of this publication is there to help you find your way. Our other pages will inform, interest and perhaps



also waylay you, for they are packed with new healthcare concerns and concepts, as well as exceptional products, most of which can be seen during your visit.

Our best advice is that you first head for your own medical speciality section - but that you definitely reserve time to check on the items we have highlighted, e.g. this new operating lamp (see page 26).

Why is Medica such a vital international event?

In the international IT 'village' in which we all now share our lives and work, we can exchange knowledge more rapidly, and thus improve the health services we provide. However, budgets force keen purchasing decisions. Medica is an exceptional place to learn how.

Globally, the market for medical instrument sales will soon reach 221 billion euros. In Europe alone, the market for medical devices is 2.8 billion euros. In developing areas this market is also rising rapidly - in India, for example, it could reach 1.45 billion euros in four years' time.

That is also why Medica is such an important showcase. Simply notice the number of nations represented here!

Brenda Marsh, Editor-in-Chief, European Hospital

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USA HIGHLIGHTS 16 November



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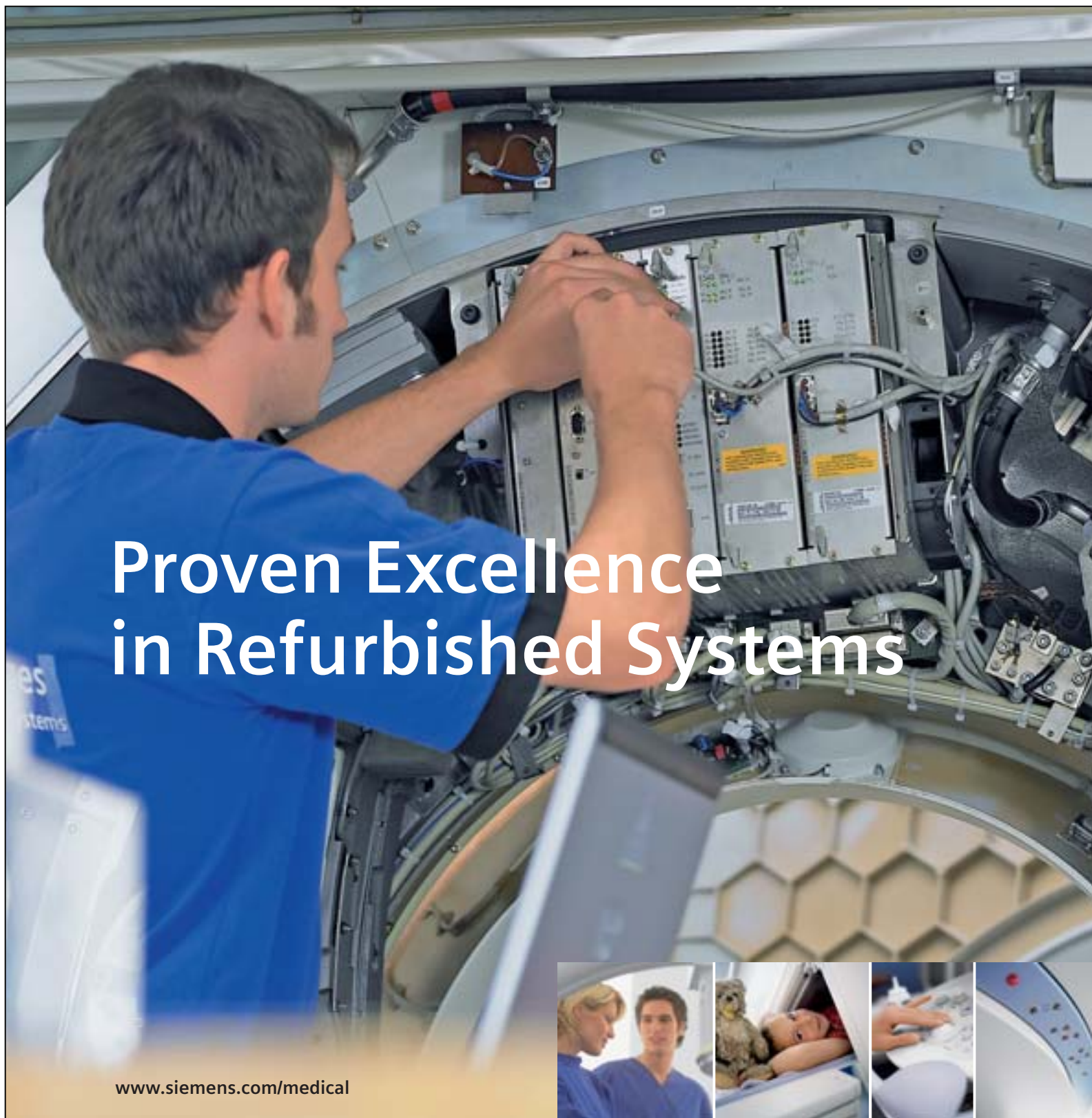
USA firms at Medica

The Corporate Executive Office

15 companies have taken advantage of an offer by the US Commercial Service of the USA's Department of Commerce, to utilise a specially set up Corporate Executive Office (CEO) at Medica, without the necessity of having an individual exhibition booth. At the CEO venue the firms' representatives are meeting visitors, partners, agents, distributors and customers, in offices in the CEO Business Centre, directly on the Medica show floor, where they have a multilingual personal assistant to schedule meetings with international clients. Hospitality is also provided.

The participating US companies are also listed on the official MEDICA portal at www.medica.de and on the websites of the US Commercial Service office throughout Europe. They also benefit from individual counselling and market strategy discussions with US Embassy commercial specialists, as part of the Showcase Europe Medical Showtime programme. Each firm and its products are featured in a brochure (English/German) that has been distributed by commercial specialists in US Embassies and Consulates, and this is also available at Medica.

Further details:
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OECD highlights health statistics

The new edition of the biennial publication Health at a Glance - OECD Indicators 2005 is packed with comparative statistics concerning health status, risk factors and healthcare resources and use, e.g.: the publication provides information about the physician workforce, including new data for about half of OECD countries on physicians' income.

The income of specialists is high (relative to average national income) in the Netherlands, the United States, Belgium and Canada, but quite low in Hungary and the Czech Republic.

General practitioners have comparatively high earnings in the USA and the Netherlands, though specialists earn more than general practitioners in every country, with the exception of Portugal. The income gap between general practitioners and specialists is notable in Belgium.

The physician workforce varies across countries, from highs of more than four doctors per 1,000 population in Italy and Greece, with fewer in Japan, Canada, the United Kingdom, New Zealand and the USA, and less than two per 1,000 population in Turkey, Mexico and Korea.

Doctor shortages are an important concern in several OECD countries. Over 20% of doctors in New Zealand, the United Kingdom, the USA and Canada in 2000 were not trained in the country in which they were practising.

Further information on Health at a Glance - OECD Indicators 2005 can be found at <http://www.oecd.org/health/healthataglance>, including the executive summary of the publication in most OECD languages.

The 1st International High Tech in Medicine congress

The 1st International *High Tech in Medicine* congress (held in October at the House of Technology (Haus der Technik), Essen), highlighted advances such as molecular imaging, micro- and nano-medicine, micro-sensors, sensor networks for patient monitoring, cochlear implants, digital developments, IT and much else in a remarkable array of present and promising technologies for patient care. However, the actual level of

general public. The per-head cost of healthcare in Japan is around €1,400, only about half of that in Germany.

'Prevention must become our utmost priority to ensure the survival not only of people but also of the German healthcare system. To achieve this we need to streamline and simplify processes in the healthcare system. Interdisciplinary co-operation, in all areas of healthcare, is the key to success.

acatech (see box) is a forerunner of such an interdisciplinary network. The organisation, which unites 250 experts from science & technology and industry considers itself a forum for the critical investigation of current engineering science questions, which are discussed in an interdisciplinary manner on a political level.'

Details: Silke Wiedemann Mülheim Radiology Institute: wiedemann@mri.de



Congress speakers (left to right): Prof. Friedhelm Brassel, Klinikum Duisburg, Prof. Patrick Eude, Centre Hospitalier Aurillac, Dr. Bas van Dijk, Cochlear Technology Centre Mechelen, Prof. Rainer Seibel, Mülheimer Radiologie Institut, Prof. Cornelius A. Grimbergen, Akademisch Medisch Centrum Delft, Prof. Andreas Melzer, Radiologie FH Gelsenkirchen, Prof. Paddy French, Delft University of Technology

Prevention is better than cure - use the technology!

uptake and use of many advances - by health ministers and healthcare authorities - is ever a thorn in the side of researchers, developers and those practicing medicine.

'It's a disgrace,' said the congress president Professor Rainer Seibel, of the Mülheim Radiology Institute, 'that 39,000 people a year still die of colon cancer, seeing how we are now able to detect polyps as small as 2mm in size. 90% of all patients could be saved. Preventive examinations, using the latest technologies, could help detect and treat pathological changes in the body at an early stage - before they can cause serious harm. The German healthcare system spends an annual €2,700 a head on curative measures, but only €2.70 a head on prevention.

'Japan has demonstrated how it is possible to cut down spending on curative measures by increasing the spend on sensible prevention,' he pointed out. 'Preventive measures such as full-body-checks with CT, MRI and ultrasound are considered standard routine examinations and are available to the

ACATECH

Among the congress organisers was the Council for Engineering Sciences at the Union of the German Academies of Science and Humanities, named *acatech* (a symbiosis between academia and technology). Founded in 2002, this non-profit organisation drew together seven of Germany's academies of engineering and technological sciences, which till then had mainly a regional focus. Under the national umbrella - *acatech* - their work aims for greater effect in four main areas:

- the provision of scientific advice for the public and policy makers
- the identification of topics of future relevance, and working on these in interdisciplinary research groups and projects
- the promotion of engineering education
- the representation of German engineering sciences and co-operation with European and worldwide science organisations, for example the European Council of Applied Sciences and Engineering (Euro-CASE), and the Council of Academies of Engineering and Technological Sciences (CAETS).

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Improving garments

Brenda Marsh, Editor-in-Chief of *European Hospital*, looks at clothing designed not only for function but also for comfort and visual appeal. Now there are even garments for hospital visitors - a good thing, she reports, in view of MRSA and other pathogens

Today's lighter brighter wear for radiology workers



Small patients prefer prettier protective gear



Medical Index GmbH



A brighter mob cap with pleated front

Pal International

this, with bodies drooping and backs aching due to the weight of lead aprons hung straight from the shoulders. The times they are a-changing...

Like all technologies, fabric creation has moved on, and although maintaining full protection, clothing has become lighter, easier to fashion - and to colour. Such up-to-the-minute items are on show at Medica. Among the X-ray protective clothing exhibitors look out for Medical Index GmbH, of Bad Rappenau, Germany. The firm produces well-designed garments that have four, instead of one stiff inflexible layer. 'We make high demands on quality and durability. Impregnation is not enough,' the firm explained. 'We use a high quality taffeta with high tensile strength, which is treated twice: a polyurethane coating inside and a silicone or fluorocarbon impregnation outside for easy

Hospital expenditure on clothing is high - whether for protective or patients' wear, washables or disposables. The physical criteria set for special clothing is also high. Will a fabric definitely hold up to an onslaught of germs, fluids, radiation, or whatever the hazards to be faced? Will it also withstand vigorous laundering, or could it really be cheap enough to discard after single use? Naturally these have long been the main considerations in the production and use of hospital garments. If wearer comfort was not been a primary consideration, cheery colouring and design certainly were not. In radiology alone, men and women have suffered considerably from

cleaning. We sew with a 100% Polyester-Multifilamenttwist, usually used in the shoe and furniture industries. A long connection is guaranteed, because of high wear and tear resistance and its well-balanced expansion characteristics. Our velcro fastenings are best known for their high tensile and shear strength.' The firm analysed their customers' activities and needs to arrive at suitable styles to suit their work, comfort and safety against X-ray scattering, which resulted in designs of conventional aprons as well as coats and skirts that certainly prevent weight strain on shoulders. To protect the thyroid area - one of the most X-ray sensitive body areas - the firm's thyroid collar is also well designed, and again pretty and comfortable, being made of metallic-lead, taffeta tissue with polyurethane coating and silicone or fluorocarbon impregnation.

Medical Index also produces delightful protection garments for patients from 3 years old upward, again in such colourful designs that certainly encourage their use.

To alleviate the weight of X-ray protection aprons, the US-based firm Burkhart Roentgen International Inc markets a 'super cinch belt' that clasps around the wearers waist, and also makes X-ray wear (handsomely named Zeus, Venus, Apollo, etc.) which are well-fitting due to shaped, weight-relieving, criss-cross backs and adjustable straps. I particularly like the deep wine colour produced for males, and pretty shades for women, and found Burkhart's protective glasses equally well-designed, with frames constructed in extremely durable, flexible, nylon, yet promising minimal potential breakage. The moulded wrap provides a comfortable shape, and has a full saddle bridge for even distribution over the nose, although peripheral vision is maintained with leaded glass side shields. Adjustable nose pads are also available.

Another manufacturer has designed neat laboratory coats with soft knitted collar and cuffs that avoid rubbing the skin during repeated working movements.

The UK firm Pal International includes in their products a pleasanter red-coloured mob cap, smart 'deluxe' overshoes, and even a beard mask, as well as disposable hospital visitors kits - an increasingly important offering, given the omnipresence of MRSA and other pathogens in all our hospitals today.

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300 Chinese exhibitors at Medica

Also presented: China Med 2006

The economic development and market opportunities in China are attracting attention worldwide. At Medica this year, over 300 Chinese exhibitors occupy over 4,000 sq m of space. Hailing mostly from China's eastern coastal regions, the companies produce medical consumables and small-size medical appliances, etc, which include famous Chinese brand names such as Beijing Wandong, Xiangsheng B-Ultrasonic, Chongqing HIFU, Ningbo Dawei, Shenzhen Mindray.

At 9 a.m. on 17 November, in Medica's reception hall, the China Med 2006 project team will present their event to exhibitors, global trade buyers, and the international trade press, and organizers from the China Med - Medical Dept of General Logistics Dept of Chinese People's Liberation Army, China World Trade Centre Co Ltd, China Hui Tong (Group) Corporation, and Messe Düsseldorf China Ltd, will introduce new developments for the event, as well as give the latest market information, admission policies and systems in the Chinese medical appliances industry.

Larry Kronick, Director of the Jytton Group US Office, will introduce the Chinese medical industry, first describing the status quo then China's medical appliances market. This is increasing at around 15-18% annually. There is an extreme imbalance in terms of consumption level in various Chinese regions. Coastal and large cities enjoy a relatively high level of consumption, featuring high potential purchasing power for state-of-the-art medical appliances. For mega-sized hospitals, when purchasing equipment, technology is the most important factor, followed by cost.

China's current production capacity: medical appliances manufacturers numbered 8,685 by the first half of 2005, an increase of 9.38% over 2004. Domestic manufacturing of medical appliances basically meet 40-50% of domestic demand, particularly in the low and middle end market, and these are mostly used for medical equipment configuration at medium to small sized hospitals.

Larry Kronick also will focus on the current medical appliances import/export market and sales channels in China. The country's total import/export value of medical appliances reached US\$6.06 billion in 2004, an increase of 28.31% over 2003. Of this, the import value was US\$3.283 billion, up 22.98% year on year; the export value was US\$2.777 billion, up 35.25%. The total import/export value accounted for 27.42%, 32.41% and 23.20% of the corresponding values for medicine and healthcare products. For medical appliances imports alone, products of relatively high technological content are mostly imported, e.g. CT, MR, etc, accounted for at least 90% of the market.

In terms of sales channels, three major forms are adopted for medical appliances sales in China: direct sales by manufacturers, agents and tenders, with the latter mostly adopted for purchasing large size hospital equipment.

For market admission of medical equipment, the Chinese Government requires China Quality Certification (voluntary certification of products) for some products. By the first half of 2005, 6,796 certificates were issued for medical appliances in the whole country, including 1,759 certificates for imported products, increasing 54.03% and accounting for 24.88% of the total. 43 certificates were granted to manufactur-

ers from Hong Kong, Taiwan and Macao, increasing 19.44% and accounting for 0.63% of the total.

Following Larry Kronick's speech, Tony Fung, CEO of Messe Düsseldorf China Ltd will introduce the latest development trends and progress of exhibitor canvassing for China Med 2006.

Contact: Messe Düsseldorf China Ltd.

Ms. Flora Wang / Ms. Nisa Ren

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The enhanced availability of information and communication via the internet, and more generally, 'the flattening of the world', in the words of Thomas Friedman, are leading to a growing international trade in healthcare services. The cross-border demand for high quality, specialty services is being fuelled not only by individual patients, but also, importantly, by multinational corporations that are increasingly globalising their business processes and presence, and seeking optimal healthcare services and solutions for their global workforces. This demand has given rise to an international

THE GLOBALISATION OF HEALTHCARE

healthcare industry dedicated to facilitating the international exchange of specialty and high quality healthcare services

Executives of many of the main players in this sector and some of their corporate clients met at the 4th annual *Healthcare Across Borders* Conference in Frankfurt, Germany (25-27 September). Participants from around the world included representatives of hospitals and other healthcare service providers; (re)-insurance companies; assistance companies; third

By Dr Joseph F. E. Straus

party administrators and cost containment firms, as well as investors and industry consultants. Multinational employers were represented by their global benefits specialists and international medical leaders. The conference addressed a broad range of international healthcare finance and delivery matters.

The meeting opened with a timely and compelling workshop on

healthcare services in China, and featured concurrent breakout tracks for international benefits specialists, and medical officers of multinational corporations. A third track was dedicated to topical issues concerning the emerging global marketplace for healthcare services.

For executives of leading hospitals and healthcare services providers, this vertically integrated business development meeting provided a unique setting in which to consider the implications of the

growing international demand for healthcare services, and the development of international markets. This international demand is creating new opportunities in terms of cross-border patient care, and also in terms of international benchmarking and collaboration in the realm of research, education, administration, and the financing and delivery of health services.

Three keynote presentations by Suneetha Reddy of the Apollo Hospitals Group, based in India; Professor Per-Gunnar Svensson, Director General of the International Hospital Federation; and Professor Jonathan Halevy, Director General of the Shaare Zedek Medical Centre in Jerusalem, highlighted future perspectives and various current issues facing the international hospital/provider sector, which is really the 'hub' of the international healthcare industry.

Professor Halevy's powerful presentation in particular, on hospital preparedness for mass casualty incidents, was an excellent example of the opportunity that the conference offered to explore global best practices in the industry. As the major medical centre closest to downtown Jerusalem, the Shaare Zedek Hospital has borne the brunt of the aftermath of the many terrorist attacks in the city, mostly in the period 2000-2004. Based on the hospital's experience, Halevy provided an authoritative and often touching overview of lessons gleaned and current hard-learned practices, which may serve as a model for hospitals elsewhere.

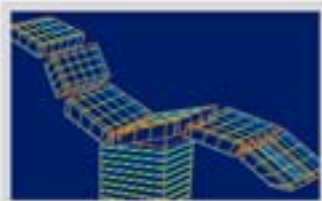
The overall conference message was that the international demand for, and delivery of specialty healthcare services will provide exciting new opportunities, in terms of markets as well as global benchmarking and collaborations.

Further information: Conference Chairman Joseph Straus MD MBA, Principal, Raphael Medical, jstraus@raphaelmedical.com.

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HEMOCARE Set for a significant rise

Germany - Homecare is set to grow in importance due to demographic developments or the reduced length of hospital stays. Therefore, the significance of homecare as an umbrella description for treatment and nursing care in a home environment lies in the management of the interface between the in- and out-patient sectors. This was a clear message from experts at the MedInform conference: *Homecare in the Future: the Players of Tomorrow* (25 October, Berlin, Germany) attended by over 100 delegates.

All four representatives from the health insurance funds made it clear that homecare is necessary. However, still unclear are 1) the political and legal framework 2) financing 3) the appropriate 'navigator' of homecare patients. Homecare companies demanded improved conditions to guarantee their operational activities. In agreement with the health insurance funds, they are also interested in establishing unified quality standards.

Health insurance fund representatives agreed that homecare services should continue to be funded out of the cost of the product. There would be no supplementary funds made available within the system.

As conference moderator, BVMed Director General Joachim M Schmitt demanded a unified approach from all healthcare partners.

VISIT US AT MEDICA 2005 · HALL 12, STAND 12 D 51/52

24/7 SHOPPING IN HOSPITALS

Smart automats get smarter

Positioning a vending machine

They are not particularly small, and not many architects incorporate recesses for such items. Fire regulations also must be followed, and these do not allow possible obstructions against escape.

In addition, vending machines need to be near electrical and plumbing connections, and not too far from main hospital corridors. The BDV (Bundesverband der Deutschen Vending-Automatenwirtschaft), based in

Cologne, naturally favours architectural designs for future hospitals that incorporate 'vending machine routes'.

If more vending machines should be required later, this also needs careful planning to meet all rules and regulations. However, as acceptance of these aids has increased, and because this method of supplies distribution

has evident advantages for hospitals, their installation is a worthwhile consideration.

Fortunately, today's vending machines tend to be better designed and illuminated, and can even help to cheer up a neglected recess or bare hospital corner.

Report: Anja Behringer



Ever since the American automats that brought about fast food living were reduced in size, people have become used to picking up a quick bite. Today, vending machines not only offer food, but also essential supplies, and the range of other possibilities is enormous. In hospitals, for example, their effects prove helpful for hard-pressed staff and resources, as well as for patients and their visitors.

Coffee dispensers, for example, have been available for ambient patients for some time. If comfortable seating is provided nearby, the area also can become a place where they communicate or at least enjoy a change of scene.

At EuVend (www.euvend.com), a specialist trade fair for the vending industries, it was clear that companies have not missed opportunities presented by healthcare settings. Today, foods, such as crisps, confectionary, sandwiches, yoghurts, are as available as in railway stations and other public places. Along with this, machines with integrated microwaves can now dispense complete menus, so if strategically placed in hospitals, they could alleviate the problem of hospital cafeteria closing times.

Another possibility to help hospital patients is the customisation of contents. Magazines, newspapers, toiletries - even fresh flowers - can be dispensed.

Finding the cash to pay is also no longer a problem. Machines allow buyers to pay by cash card, or a personal smart card to be settled with the hospital during discharge, or even via a mobile phone that itemises the cost on the user's telephone bill.

More importantly, perhaps, 'tools' machines that supply essential materials have been developed. These could be used by hospitals to dispense dressings, syringes, pills, and any other commonly used supplies, particularly those that have a habit of quickly running low. Merchandise information systems inside the machines, i.e. software that monitors sales volume and the frequency of individual items being taken out, can re-order according to demand, again saving valuable time for hospital staff.

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Optimising wards for low-care patients

A number of hospitalised patients need little nursing. However, due to the traditional, indication-based distribution of in-patients, they currently occupy beds in acute wards that are cost-intensive due to the high level of staffing. For an organisation, it is difficult to react to an inconsistent number of up to three low-care patients randomly arriving. For example, patients with coronary diseases or hypertension and awaiting diagnostic procedures, do not always need acute beds. A patient who is about to give birth needs a midwife's attendance, but later, after delivery she would be happy to have also her family's presence.

The new concept is to pool all low-care patients across interdisciplinary barriers, in a new facility that offers more comfort and a hotel-like atmosphere. Physiotherapy and a wellness area would complete the services. An emergency call system would be provided. To minimise distance and utilise medical services, the hotel-hospital would neighbour or be within a hospital. Family members could also stay in the same room as the patient, and certain nursing activities could be delegated to the family. *The patients hotel* would be offered to out-patients living some distance away, or to foreign patients. It might also serve as a representative location for congresses.

Within the DRG system, hospitals earn a fee per case, regardless of real expenses arising. Efficient processes and a slim infrastructure pay off. The concept of building a patients hotel is being evaluated at the new University Schleswig-Holstein, where member of the Board Barbara Schulte introduced the project after visiting a similar facility in Scandinavia. Countries that have had a case-fee-based refunding system for years are currently better adapted to this situation, she pointed out. In a feasibility study to compare existing hotels for patients in Scandinavian universities with the situation in



International Health Care Consultant Gregor Zehle MD MBA (International Hospital Management, Nations Health Career School of management), specialises in public/private partnerships and process management in healthcare

THE PATIENTS HOTEL



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17 Meeting with Neurologist Adams, J.

18 Call Neurologist Flander, S. 2nd Opinion

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24

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26

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OPEN MINDS

The amalgamation of the University Hospitals Kiel and Lübeck, to form the new University Schleswig-Holstein, has created Germany's second biggest university

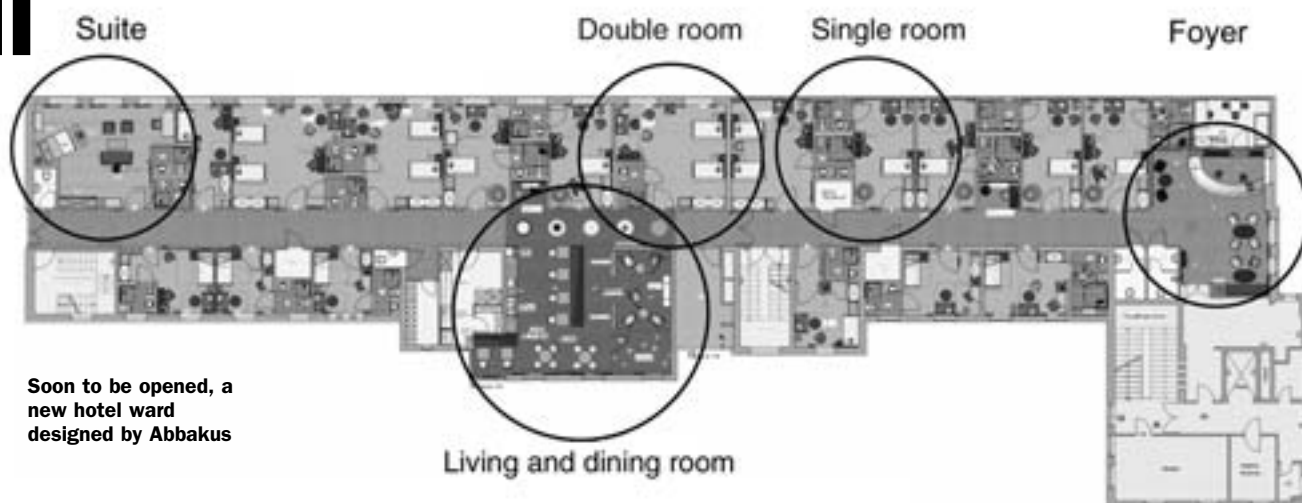
Schleswig-Holstein, the current low-care volume was evaluated by noting nursing activities and using an indication-based questionnaire for physicians. International healthcare consultant Dr Gregor Zehle, who developed the first business plan, said: 'The economic aspects of the project are promising, but most important is the integration of the new facility into efficient processes of the University Hospital. The patient is our focus. He or she will be treated like a guest. The environment will be like home and services will guarantee safety and optimal medical treatment.'

For hospitals, this project is one of the first public/private partnership models in Germany. The university plans to look for an investor, who will construct the facility. A partner from the hotels industry will provide the services. In this way, the university will gain from private partners' experience and limit the risk in construction and operation of the new facility. The first declaration of interest procedure has underlined the attraction of this project.



Scandinavian expertise for German hospitals

From top: Dr Uwe K Preusker, Franz-Josef Richter and Marcus Ahr



Soon to be opened, a new hotel ward designed by Abbakus

Abbakus GmbH, a new company focused on running hospitals and 'hotel' wards in line with DRG requirements, has been founded by Careoffice GmbH & Co. KG, of Germany, and the Finnish company Hospitel Ab oy.

Ahr has been a healthcare service provider for 30 years. Hospitel has run patient hotels in Denmark and Sweden for over a decade. 'In Scandinavia, patients have been successfully cared for in a hotel-like environment since the introduction of the DRGs ten years ago,' Dr Uwe K Preusker, Hospitel's managing director pointed out, adding that Hospitel partners have run projects at the University Clinic in Odense, Denmark and the Karlstad Hospital in Sweden for ten years.

By Anja Behringer

Ahr provides ward service and catering, home economics and cleaning for 290 hospitals and nursing homes in Germany. The firm reports that its unique selling point is the combination of individual services as a complete hotel service for patients. 'Ahr increasingly provides a level of gastronomic and home-economic service to hospitals that is comparable with that found in hotels,' said Franz-Josef Richter, Abbakus managing director and head of product development at Ahr. 'With Abbakus, we hope to open the first unit in the spring.'

The firm is targeting German hospitals that have at least 200 beds, and Abbakus is currently in negotiation with several hospitals, with contracts for the first few projects to be signed shortly. In all, the company hopes to open ten hotel-wards in this country over the next two years.

The concept is aimed at patients who require low-level care, independent of whether they have statutory medical insurance or are privately insured. Transferring hotel-like structures into a hospital requires knowledge of the specific demands in dealing with patients and of team-structures on wards. Both partners are experienced in hospital management, they point out. 'Abbakus will carry out all the investments,' said Markus Ahr, managing partner of Ahr. 'Both partner companies will then recover their costs by running these new ventures over the long term; so Abbakus operates as a public/private partnership within the healthcare system.'

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The purchasing and distribution of refurbished equipment was left to specialist retailers for years, until leading manufacturers - for reasons of quality as well as image - established themselves in this business sector. The difference is that these manufacturers not only sell used equipment but also extensively refurbished systems. 'In Germany and internationally there is a market for refurbished systems, which has grown significantly over the last two years,' Hans-Peter Bursig of ZVEI (the Central German Association for the Electrical Engineering and Electronics Industries) pointed out. The acquisition of these refurbished medical systems, directly from a manufacturer, has now reached a worldwide volume of c. \$1.3 billion with an annual growth rate of up to 15%.

Nowadays, around 90% of all medical equipment is re-usable. Around 55% of the demand for these second-hand systems (often so extensively refurbished that they are good as new) is from the USA and 20% from Europe - half of which is from Germany. Naturally, the demand centres on particularly high quality systems such as CT (29%) and MR (22%).

Quality marked - For the past five years (along with Philips and GE) Siemens has offered refurbished medical systems through its subsidiary Siemens Medical Solutions. These are refurbished in two modern reconditioning centres - Forchheim, Germany and Chicago, USA - then, stamped with the manufacturer's quality mark 'Proven Excellence', they are resold in Europe, the USA, and worldwide.

Each system goes through a rigorous, multi-stage quality assurance process before marketing. This comprises the steps selection/buyback - de-installation -



1st class though 2nd hand



Each piece of X-ray, ultrasound and CT equipment, for X- undergoes a precisely defined 5-step refurbishing process, is thoroughly tested, then given the 'Proven Excellence' quality mark

refurbishing/reconfiguration - installation. In addition, the systems are always resold with the latest version software installed. The quality of the reconditioning process is comparable with the manufacturing process for new systems and offers the second-hand user the highest possible application security - something not always guaranteed in acquisitions from independent retailers. A 12-month warranty, user training and a buy-back option, if required, are also part of the package.

The customer base includes doctors in surgeries (around 30%) as well as university hospitals with over 1,000 beds. The company offers not only service and financing solutions but also versatile configurations for the systems. Whether the demand is for an ultrasound scanner for routine examinations or a biplane heart catheter laboratory for interventional diagnosis - customer requirements are individually met, Siemens reports. 'We sell refurbished Siemens systems for the most diverse areas such as angiography, X-ray, computed tomography, nuclear medicine, MRI and ultrasound scans,' said Hans-Peter Seubert, civil engineer and head of Siemens RS. 'We also have systems in our portfolio that, up until very recently, were exclusively available as new equipment, for example, the SOMATOM Sensation 16 CT system or the AXIOM Artis FC angiography system. More than 1,000 quality-marked, refurbished systems are available, which confirms the high demand for, as well as the high acceptance of these systems in the market.'

To check out second hand systems (about 30% cheaper than new) go to: www.siemens.com/refurbished



By Michiel Bloemendaal

Diamond Select

Barbara Streisand sang about it in Second Hand Rose: 'Father had a business, strictly second hand'. We cannot know how good that business was, and there's nothing in the song about 'father' getting an award. However, in medical equipment, second hand is good business. A couple of years ago Philips opened a new branch of in the Dutch village of Veldhoven, and recently the firm received a surprise: Frost and Sullivan, the market consultancy, presented it with the Customer Service Leadership Award for achievements in the category *Refurbished medical imaging systems*. 'Philips understands the need of the customer for economical imaging solutions without having to compromise on quality and has been able to fulfil these needs by offering refurbished medical imaging systems,' the jury wrote. Reason enough for me to visit Veldhoven and Philips Medical Refurbished Systems (PMRS), where used medical equipment, such as cardiovascular X-ray, CT and MR systems are patched up.

Philips established its Diamond Select programme to renovate systems that are generally only one 'product generation' older than the newest models produced by Philips Medical Systems. Not all used systems are suitable for refurbishment; only carefully selected hospital systems, demonstration and training models qualify.

Describing the process as 'patching up' does it a disservice. When old equipment arrives in Veldhoven, it is inspected and dismantled. Then the mechanical parts are inspected, and if necessary repaired or replaced. Vital parts, e.g. an X-ray tube, are replaced by new as a matter of course. The system is then re-assembled and tested for technical and safety aspects, and up-to-date documentation is created. The imaging quality assessment must match the original company criteria. When all these steps have been made, the system is given the name Diamond Select.



The market - Rising annually by 10-15%, currently almost US\$1.1 million is spent on refurbished systems in one year. Diamond Select has taken a top share of that market, selling to hospitals and private clinics worldwide. But it is incorrect to assume that refurbished systems are for developing nations. Diamond Select sells in almost the same markets as the new Philips systems. So, just as the USA is the biggest market for the firm's new products, so it is for its refurbished equipment. The programme is also very successful in Germany and southern Europe. In addition, considerable effort goes in to gaining the market in South-America and Eastern Europe. Generally, in developing areas people are not waiting for sophisticated systems; they prefer a good X-ray system over a sophisticated cardiovascular device.

Sales of refurbished systems are not only linked to budgetary considerations, but also to environmental issues. But above all, the quality has to be beyond all doubt and the service optimal. In that case, one wonders whether Philips is not self-harming by following this line. That is: Who would buy new if used is just as good, has the same service and is completely upgraded? Philips would not be Philips if they had not considered this development long and hard, and the answer is not difficult to understand. Many hospitals need more than one MRI or CT scanner, for example. But such requests from medical teams mostly cannot be filled on budgetary grounds. In this case, a cheaper, refurbished system could prove to be the solution, because a high-quality refurbished system that is only a bit older than the new model could cost about 50-70% less than it.

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Breast cancer

MICRO-ARRAY-BASED TEST RECEIVES ISO ACCREDITATION



The Netherlands firm Agendia, a privately owned biotechnology company that is a spin off from the Netherlands Cancer Institute, has a strong base in top-level cancer research. Next to the development of new cancer diagnostics, Agendia offers its expertise in finding new prospective gene expression profiles to companies focusing on new drug development in the area of oncology.

The company has now received ISO 17025 accreditation for its MammaPrint service, which is carried out at its laboratory facilities in Amsterdam. MammaPrint is a gene expression service that assesses the risk of metastasis (cancerous spread) in breast cancer patients.

Agendia reports that it is the first company worldwide to be granted ISO accreditation (a strict international standard for the competence of testing laboratories) for a micro-array-based diagnostic test. The accreditation is granted for four years. However the Dutch Accreditation Council will perform annual inspections of the Agendia laboratory facilities to confirm that the company adheres to each and every of the ISO requirement.

MammaPrint gene expression service uses a 70-gene profile to classify breast cancer patients at 'low' or 'high' risk of developing distant metastasis in a 10-year period. The service therefore offers

invaluable information to oncologists and patients concerning a subsequent treatment plan, which may include chemotherapy for patients who are at risk of developing metastasis.

Agendia reports that several studies in renowned institutes and hospitals in Europe and the USA have demonstrated that MammaPrint outperforms conventional classifying methods, such as the widely used St Gallen criteria. 'Thus the service accurately identifies patients that would go untreated when evaluated by conventional methods while sparing 'low risk' patients the serious impact of chemotherapy.'

Details: www.agendia.com

AT MEDICA

The development of diagnostic products and systems has paralleled the development of new technologies in fields such as biology, electronics and computer science. As a result, modern analytical and diagnostic tests have become ever more effective in determining a patient's clinical state. The firm Grifols specialises in the development of sophisticated instrumentation and methods

Advances in analytical and diagnostic tests

for clinical analysis, which has led to numerous technological advances to facilitate the work of diagnosticians in three critical categories: Haemostasis, Immunology and Immunohaematology. The company's automated laboratory solutions presented at Medica include:

Haemostasis - Grifols offers a complete catalogue of products to determine the haemostatic balance of patients, including reagents (clotting, chromogenic and immunologic techniques), avant-garde automated instrumentation and oral anticoagulation expert software.

Immunology - The Triturus System consists of the Triturus analyser and associated reagent panels. The system is the first completely open, fully-automated, multi-test and multi-batch enzyme immunoassay analyser designed to automatically perform all the steps of any microplate EIA test. The company reports that the highly-flexible system provides the most efficient approach to automation of the ELISA workload without changing a laboratory's routine workflow.

Immunohaematology - Grifols Immunohaematology system includes the fully automated WaDiana compact analyser, the semi-automated Diana processor, manual instrumentation and the DG Gel cards, which the company points out is '... the next generation of gel cards at the cutting edge of column agglutination techniques. The development of new technology, the optimised column design, the exclusive presentation, the stability of the reagents and the unique 8-column format are all clear advances, providing the Immunohaematology lab with clear and reliable results in pre-transfusion testing.

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The 80-year-old firm Berchtold, of Tuttlingen, Germany, is spot on with its new lighting. This, the firm reports, is '...a superior innovation in 21st century surgical lighting technology'. After two years in development and over 4,000 hours of testing, the Berchtold Reflective Illumination Technology (BRITe) is now featured in the new Chromophare D 660, D 540 and D 510 surgical lights. Upgrades to existing D 650plus, D 530plus and D 500 are also available. 'Through a unique internal bulb coating, our latest Chromophare surgical lighting series delivers more light in a cleaner, more uniform method than any other system on the market today,' Berchtold explains.

BRITe Technology bulbs offer 50% more total light while utilizing the same power as a standard 150 watt halogen bulb. This improved light field means crisp, focused, shadow-free light for:

Chromophare D 660: 17cm - 30cm spot, at up to 160,000 lux
Chromophare D 540: 17cm - 28cm spot, at up to 145,000 lux

Chromophare D 510: 17cm (up to 28cm optional) spot, at up to 130,000 lux

'And, it's not just bright...it's cool,' Berchtold emphasises. 'Even with a significant increase in available light to the surgical field, there's absolutely no additional heat emitted...keeping both your surgical site and surgical team cool and comfortable.'

BRITe Technology is on show at Medica: **Hall 10 booth 42C.**

Bocemix, made by Bidoia Italy, mixes and delivers acrylic cement during joint replacement surgery. This device can handle all kinds of cements (i.e. not only zirconium dioxide cement, unless following specific precautions), and reduces preparation time whilst improving mixing quality, the firm reports. 'There is almost complete elimination of air and gas bubbles. A constant vacuum is maintained during all the phases as well as after mixing, so that the cement comes into contact with air only during the delivery phase.' However, a final check of its consistency can be made even from outside the device.

There is also no need to change or add any tools, such as a handgun. Mixing can be done either manually or by using pneumatic drills (so the device can be used in operating theatres where no drills are available).

The delivery system, integrated in the device, is

Integrated operating

Over the years, Richard Wolf GmbH, an early innovator in minimally invasive surgery (MIS), has carried out studies of surgical workflow and refined their solutions accordingly. This has resulted in the OT concept named core, a system that networks and controls operating theatre (OT) devices.

The CAN Open BUS protocol, a widely used communications standard, provides the platform for continuous integration of further components. Vendor-specific communications interfaces, often used in the past, are losing importance, the firm points out. 'Networking of devices and the unique visualiza-



tion and operating concept allow centralised control of the entire system from one central operator panel.'

The system also provides voice control that is not dependent on the speaker. Using this, the direct operation of devices such as cameras, light and OT table from within the sterile field of the OT is possible. It also provides a basis for immediate intra-operative preparation of the OT report. 'Consistent use of this module ensures the immediate post-operative availability of the electronic operating report, including pictures of findings, and allows increased efficiency in the documentation from a forensic perspective,' the firm points out.

Another asset is Medimage, a complete, digital patient picture and document management system. 'Starting from workstations for picture acquisition, processing and archiving and progressing to server, network and telecommunications solutions, this provides every form of image data management as well as tailored, customised solutions,' the company reports. 'Medimage unites all forms of pictures, films and reports from radiology, cardiol-

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- **ArabHealth in U.A.E.** 2006. 1. 22 ~ 25 : F-40, Hall-2

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Efficiency - with rapid detection of a lowering pressure in the cavity and prompt compensation by an optimal flow.

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risks of flow back in the device, which can be driven with a remote foot control; the internal heating avoiding risks of vasoconstriction or hypothermia, and the Data Memory inside saving malfunctions to ease the service process.

To see the Sopro range, visit Hall 10, booth F28 or go to: www.acteongroup.com

theatres



ogy and surgery. The possible intra-operative visualisation of preoperative image data (X-ray, CT) on suitable monitors in the operating field of the doctor, plays just as great a role in cost reduction as in increased operating safety.'

Videorouting transmits live sequences of the various image sources from the OT to the auditorium, consultant's office, demo room or conference room. The Videoconference provides worldwide communication from the hospital to other hospitals for consultation with specialist colleagues and to simplify student education.

core is rounded off by the variable installation of the system in ceiling supply units, distributed nurse stations and mobile system trolleys and through the integration of OT tables and other peripheral devices.

Richard Wolf also provides specialist consultation and planning services, installation organisation, commissioning of the system, and tailored services.



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Hall 6 product booth

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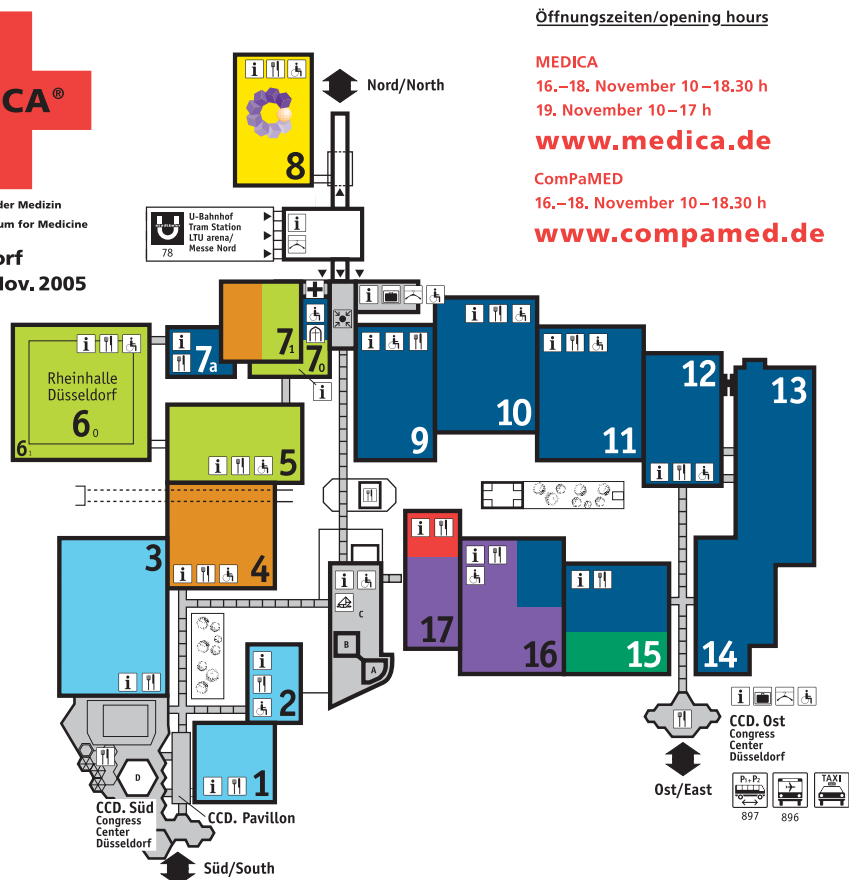
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37. Weltforum der Medizin
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Labortechnik, Diagnostica, Arzneimittel
Laboratory equipment, diagnostics, drugs

Halle/Hall 4, 7.1

Physiotherapie/Orthopädietechnik
Physiotherapy/orthopaedic equipment

Hallen/Halls 5, 6, 7.0, 7.1

Bedarfs- und Verbrauchsartikel, Textilien
Disposables, commodities and consumer goods, textiles

Hallen/Halls 7a, 7.0, 9 - 15

Elektromedizin, Medizintechnik
Electromedicine, medical technology

Halle/Hall 7a

Schwerpunkt Chirurgische Instrumente
Focal point: surgical instruments

Halle/Hall 12

Schwerpunkt Sterilisationstechnik
Focal point: sterilisation technology

Halle/Hall 8

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Halle/Hall 15

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medizinisches Mobiliar
Medical support units, operating tables
medical furniture

Raumeinrichtung
Room furnishing

Halle/Hall 16

Informations- und Kommunikationstechnik
Schwerpunkt Krankenhaus
Information and communications technology
Focal point: hospitals

OP-Ausstattung, medizinische Versorgungseinheiten,
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Medical support units, operating tables
medical furniture

Halle/Hall 17

Informations- und Kommunikationstechnik
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Facility Management, Gebäudetechnik
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	Drug delivery devices, blood pressure equipment, inhalers	B 21

Hall 14	product	booth
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	Oncology diagnostics	D 28
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Hall 15	product	booth
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Clobbered by paper mountains? Drowning in high error levels?

Go now to the **MEDICAmeet.IT** hall to learn how to reduce your hospital's problems

According to a study carried out at Bonn's university clinic, an internal medicine physician spends 5 1/2 hours daily processing information. The burden on nurses is equally high. A report from Humboldt Hospital, in Berlin, indicates that a good 50% of working time is spent on communication.

Yet, estimates from various providers indicate, for example, that barely 70 of Germany's 1,400 intensive care departments have an electronic patient data management system (PDMS). This means only about 2,000 of the 13,000 intensive

beds access such a system - almost 60% of these are university beds.

The PDMS is used for medical documentation at an intensive care bedside - as a kind of intensive care electronic patient record (EPR). It records and stores medical diagnoses and presents them in a problem-based manner. It is connected to patient monitoring devices and respirators and keeps an online record of the readings. The device is also connected to the hospital's information system (HIS), from which it receives administrative data and laboratory results.



Above all, a PDMS is an instrument for treatment planning, and a repository for the hospital's internal standards and medical reference works. It is also an integral part of a hospital's anti-risk strategy, which is increasingly demanded by hospital insurers.

Too many errors - According to Professor Matthias Schrappe, Medical Director of the Mannheim Clinic, writing in *Aktionsbündnis Patientensicherheit*, between 5-10% of the Germany's hospital patients experience an 'undesirable event'. Among the 16 million patients hospitalised annually, this means at least 800,000 individual occurrences, of which 400,000 are based on demonstrable errors of diagnosis or treatment. 80 in every 100 avoidable errors are attributed to hospital staff and 20 to medical technology. (In the USA, medical treatment mistakes are the eighth most frequent cause of death).

Although PDMS are only slowly finding their way into hospitals, the many different types of PDA being presented at MEDICA 2005 prove how popular they are becoming.

Information: Claus Schwing, journalist and biomedical technology engineer

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Remote access to cardiopulmonary data in near real-time



A new remote access concept, unveiled by Dräger Medical this August, enables physicians to remotely access patients' cardiopulmonary status in near real time, regardless of the patients' whereabouts.

Components of this new remote access concept

include the Infinity Gateway Suite, which provides tools to export vital signs and ventilation data from the Infinity patient monitors and Evita series ventilators to other systems; Infinity Pocket WinView, a PDA application that enables physicians to see patient information on a hand-held device; Infinity WebViewer, a browser application that enables near real-time remote viewing of vital signs and ventilation data on any networked PC; and Infinity ChartAssist, a Web-based electronic information system for the intensive care unit. To protect data security, remote access is provided in accordance with the existing data security guidelines of the hospital.

STOP BACKUP

Hackers have discovered that backup files are more vulnerable, and estimates suggest that almost a third of all agent-based backup software has security holes. Canadian firm Asigra, which specialises in agentless distributed backup and recovery software for network computing, has produced a solution. 'TeleVaulting is designed to stop backup hackers cold, with strong 256-bit encryption and enterprise-class functionality that allows the secure movement of data from multiple remote sites to a centralised off-site location,' explained Eran Farajun, the firm's executive vice president.

Available for use from a backup service provider, or for in-house deployment, this is a WAN platform solution that delivers back-

UMTS PROGRESSES TELEMEDICINE

Catch up with advances in the Medica Media hall

When neurosurgeon Thomas Eichmann is boating on his local river he takes his 'Communicator' along, because a combination of PDA and mobile telephone enables his assistants to transmit a patient's CT scan to him during an emergency. Universal mobile telecommunications systems (UMTS), providing fast wireless data transfer, means an entire set of CT images can be received even during leisure time - spent in many but not yet all places.

While this is also possible via conventional mobile transmission standards GSM and GPRS, it takes far longer. Thus UMTS is slowly becoming the standard for wireless data transmission in medicine - at least with new projects. Since there are still UMTS dead zones, doctors usually work with combination cards that also support the conventional standard. Despite such shortcomings in the start-up phase, the first UMTS units are successfully in use - even in ambulances.

Working for the German Red Cross, Dirk Lenzen regularly uses UMTS. 'We are currently equipping the third vehicle with computers,' he said. They use a UMTS/GSM combination card from the mobile provider Vodafone and the computers are Penta (both firms will be at MEDICA).

However, if you think that medical data from emergency teams are being transmitted in real time to a clinic from the emergency vehicles as they race along with blue lights flashing, you would be wrong. The primary application for mobile UMTS is stationary use at large events, e.g. sports festivals or concerts, where the German Red Cross is present with several rescue units. Major accidents with several injured people and

where treatment is partially carried out at the scene, are also cases for UMTS vehicles. 'We use UMTS primarily for transmission of administrative patient data and for synchronisation of the onboard computers with those in the dispatching office,' Dirk Lenzen explained. Although this may not sound spectacular, it can actually help enormously in certain cases, as occurred after a bus accident last summer, leaving several injured. A UMTS vehicle was allocated. Within an hour all personal data was at the tracing centre so that family members could be notified as to who was where and in what condition. 'Earlier this was done with paper lists, and took 3-4 hours,' he explained. Advantages also include being able to consult hazardous materials databases, or to order supplies via the internet. Medical data transmission from ambulances is not so important, he felt, because, in Germany, many rescue vehicles have trained emergency doctors and distances to clinics are usually short. There is a need, however, for mobile data transmission in clinics.

This is underlined by Dr Eichmann's work. Duty doctors already obtain computer tomography (CT) images of the head, and use a mobile camera phone to transmit them to the respective head surgeon via MMS technology. Several hospitals in the same area also have compatible phones for quick consultation with a neurosurgeon. 'It's all easier and cheaper than a teleradiology system,' said Dr Eichmann, who recently presented the project at the congress of the *German Neurosurgical Association*.

The limitations of GSM/GPRS are also revealed in telemonitoring the chronically ill, e.g. surveillance of body functions. In this,

Charité Berlin is following a new concept in collaboration with the firm InterComponentWare (ICW) - which will also have a booth at MEDICA - and with the company Actimon. This project deals with cardiac insufficiency patients and, among other things, an EKG-equipped T-shirt, which transmits data to a monitoring centre via a UMTS mobile phone. Contrary to other similar monitoring projects, this centre is not only connected with the regular doctor's office by day, but also to the university emergency clinic to monitor cardiac patients at night and weekends.

LOUISIANA

www.FindLADocs.com

USA - Following recent flooding disasters, Louisiana Health Care Review, a quality improvement organisation, launched a website, through which doctors displaced by Hurricanes Katrina and Rita can register their current location and contact information, and open up communication with their patients, medical practice partners and other healthcare providers. It also connects them with resources to aid a return to their medical practices.

The Louisiana Hospital Association is a partner in the Web site project.

The website system could not only help to identify the state's current physician workforce, but in the longer term serve as a state-wide registry to help in any future emergency by providing names of physicians willing to serve as first-responders.

About 5% of the entire European health budget is spent on e-health. Figures also suggest that about 10-15% of the e-health budget could be invested in mobile monitoring systems, which could reduce hospital costs.

Ericsson Mobile Monitoring for healthcare, which co-ordinates the EU-project 'HealthService24', a market-deployment project using the new Ericsson Mobile Monitoring system, is presenting at Medica the company's system that checks body and transmits patients' physical data for medical assessment via mobile networks. Targeted for those 'at risk', and based on individual needs, the patient is fitted with a mobile base unit (MBU) - a number

MOBILE MONITORING

of body sensors and a PDA or smart phone. Body data is measured and sent via Bluetooth to the phone, which then transmits the information over GPRS and presents it to a doctor in an easy-to-use format.

Currently the system covers the chronically ill, and cardiology, respiratory, and diabetes patients. Pregnant women and patients preparing for surgery can also be assessed using the system. A wider group of patients will be included when more sensors are integrated, in a phase-two launch planned for 2006. 'Naturally, the next step is to mobilize the

doctor as well. That's real mobility and that's our main mission,' said Henrik Linder, solutions manager for healthcare at Ericsson Enterprise.

Currently, Ericsson Mobile Monitoring relays three types of body data in the same unit. The first is streaming body data, such as heart

rate and respiration - objective data that can be measured in real time. The second is a measurement taken regularly, such as blood-sugar levels, which can be sent for assessment by the doctor as often as necessary. Third comes patient diary data - subjective information from patients about their general well being, quality of life and how they are responding to prescribed drugs. (This could also be used by the pharmaceutical industry to help reduce the time and cost of clinical trials for drugs, Ericsson suggests).

Ericsson is working with authorities in various countries to ensure the system meets the strict regulations regarding patient data security.

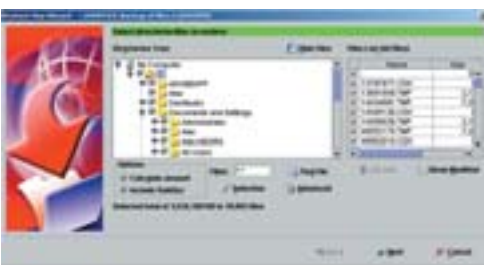
Medica: Hall 17 booth C78

Source: Ericsson GmbH



HACKERS!

up/restore as a utility. Using it, agentless client software is installed on only one node at each remote site, regardless of whether there are one or hundreds of servers, desktops and/or laptops within a heterogeneous LAN environment, Asigra explained. 'With Televaulting, business-critical corporate data is protected with an automated backup to a secure off-site data vault, where it is available for restoration 24/7 in the event of an emergency or major disaster. As Asigra backs up a het-



erogeneous LAN environment, data is processed, compressed and encrypted before it is transferred to the off-site storage location. Asigra's authentication processes, which include both login and auditing capabilities, are designed to ensure that no individual can impersonate an account through client-side attack. Asigra's software requires unique identifiers for login to the account, use of the proper encryption keys with one-way hashes used for verification, and the need for login requests to originate from valid hardware using a specific IP address. These multiple authentication mechanisms substantially reduce exposure to backup software hackers and provide a solid and substantial first layer of protection.

'Asigra then implements AES 256-bit encryption of all file data transmitted between client and off-site backup locations to deliver the second layer of protection. Since monitoring or interception of the data being transmitted would only result in highly compressed and encrypted blocks, access to confidential data captured in transit is not possible.'

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The necessity of high quality pre-hospital emergency care has been recognised globally and, if not yet established, is on the way to developing in most countries.

Two major models in out-of-hospital emergency care exist today. The first model - the Anglo-American System (AAS) that originated in America - brings a patient to a doctor with the help of physician extenders. By contrast, the second system, mainly found in Europe and often referred to as the Franco-German System (FGS), brings a physician to a patient and initiates definitive patient treatment in the

pre-hospital setting. Here we have, in the FGS, a shortage of doctors and high maintenance costs, but on the other hand, in the AAS, a lower quality of care provided by paramedics - which causes an incalculable increase in follow-up costs such as longer hospital stays, rehabilitation expenses and potential economic loss due to a prolonged inability to work. Considering such evidence, it's quite amazing that recently almost every developing emergency medical service in the world has adopted the American model.

The new 'integrative concept' (IC) for pre-hospital emergency

A CONCEPT FOR PRE-HOSPITAL EMERGENCY CARE

care was developed to offer an alternative to the existing models. It aims to be applicable in most regions of the world, specifically those that are currently establishing emergency medicine. At the same time the IC for pre-hospital emergency care seeks to exceed the existing models in economic efficiency without compromising the quality of care, but by enhancing it. To do this, the new concept combines the advantages of the FGS, the AAS and the latest communications technology.

Specially trained emergency physicians are best qualified to diagnose and treat patients in the place where the emergency occurred. However, in contrast to the FGS the physician will only be physically present at the patient's side if absolutely necessary. In other life-threatening cases when paramedics, or first-responders, are at the scene and need help from a physician without him/her actually being at the patient's side, these paramedics, using a portable communication unit, can make a video-conference call to a medical consultant whose speciality relates to the patient's disease or injury (cardiology, neurology, paediatrics etc). If the shortage of medical professionals in a developing country does not allow the involvement in pre-hospital care, those calls could even be transferred globally to developed countries with adequate human resources. The medical consultant can see a live video of the patient




Dr Martin von Bergh (circled) removing a patient from a wrecked car in October. Due to severe pain, the patient, protected by helmet, had been given full anaesthesia

and, using equipment hooked up to the communication unit, such as an electrocardiogram, can see vital signs onscreen, or listen in to the heart or stomach, to diagnose the illness. Using ultrasound imaging is another possibility.

Following a diagnosis the physician can expand the pharmaceutical treatment spectrum of the paramedics and triage the patient, while bi-directionally communicating with the patient and ambulance crew. To ensure the paramedics are able to put the doctor's

instructions into action, their education would have to focus more on executing invasive treatments.

One technological approach to guarantee the video-communication between a mobile ambulance crew and a consultant via conference call, is the Cisco 3200 Mobile Access Router, developed by Cisco Systems. This technology uses, or adds on to, pre-existing communication infrastructures of multiple sources by connecting a wireless local area network (WLAN) with mobile phone networks (GPRS)



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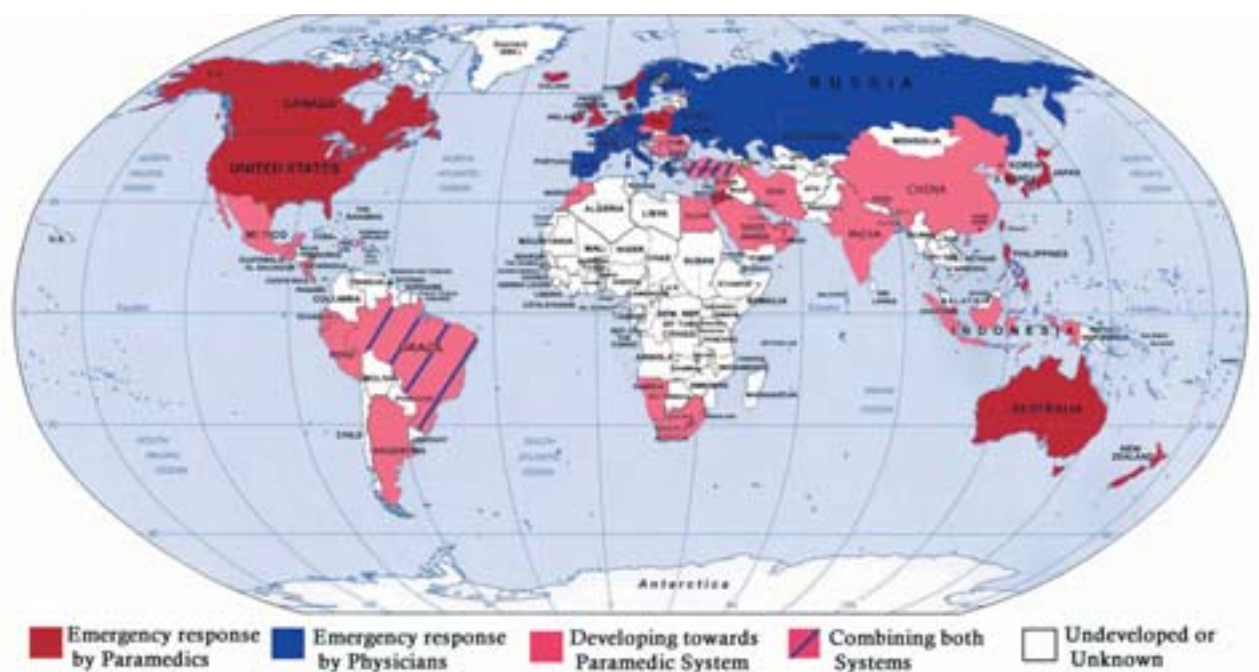
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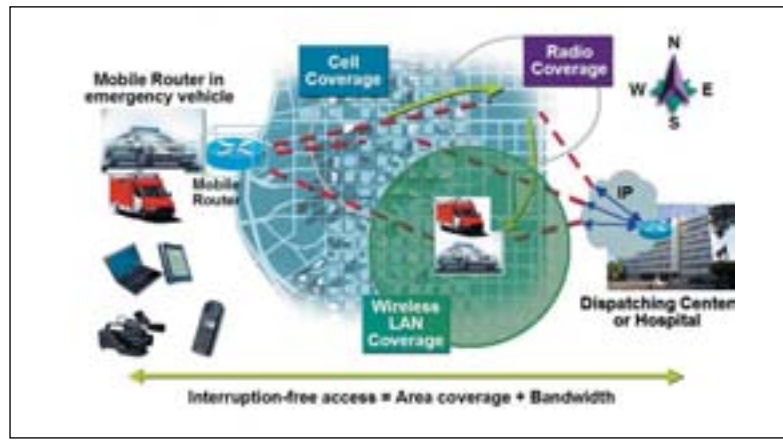
Almost all countries recently developing emergency medical services (pink) adopted the American model (red), in which paramedics are in charge of pre-hospital emergency care.

and fairly new communications technology (UMTS) with the possibility of an extremely high data transfer.

If paramedics would act as 'first responders' to all emergency calls and only request help when the patient requires pre-hospital stabilisation, it is most likely to reduce any physician involvement in over 70% of all cases.

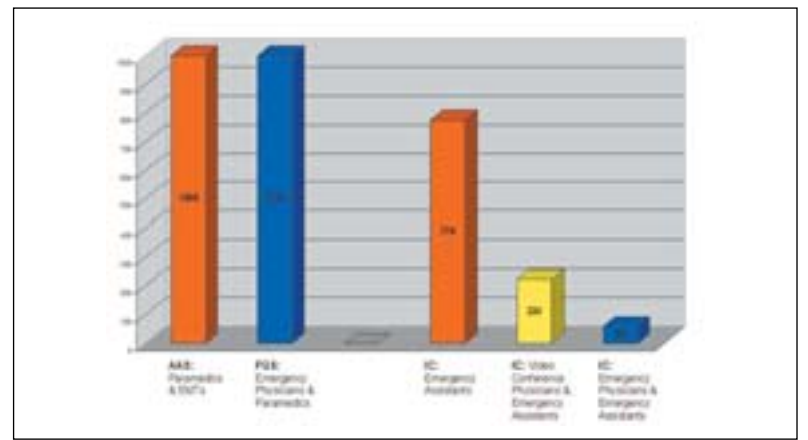
The retrospective analysis of the German system showed that, given the ability of video conferencing technology, about 20% of all serious emergencies could have been treated via a computer terminal without sending an emergency

Mobility with mobile access router



The Cisco 3200 Mobile Access Router creates a LAN surrounding the ambulance to guarantee high data transfer by combining multiple telecommunication networks (GPRS, UMTS, Radio)

Allocation of personnel to 1000 emergency responses



1000 German emergency protocols with emergency doctor involvements were analysed. The new integrative concept (IC) proposes an involvement of doctors in about 20% of all cases via video-conference calls. Less than 10% require the physical presence of an emergency doctor

**By Martin von Bergh MD
PhD MBA (International
Hospital Management),
Managing Director of Von
Bergh Global Medical
Consulting, Germany**

doctor to the scene.

In very serious cases, the video conferencing medical consultant can send a specially trained emergency doctor in a helicopter, or in another emergency vehicle to the emergency site.

In 2003, greater benefits for patients in actual life-threatening conditions were seen in a direct comparison of the FGS with the AAS by evaluating process efficiency and cost-effectiveness between Bonn and Birmingham. This showed that critically ill or injured patients had a significantly higher benefit when treated by a doctor. The primary success rate of resuscitations was also dramatically higher under the treatment of an emergency doctor; 40.4% of all patients reached the hospital with self-sustained circulation compared with 10.7% under paramedic treatment.

The advantage of a doctor's treatment can only be seen when a patient's condition is more severe. In all other cases, immediate transport by the paramedics should be efficient. The necessity of activating an emergency doctor to be hands-on for the patient could be reduced to under 10% of all emergencies. These remaining patients would benefit from the higher education and skills levels of a physician presumably due to a better patient outcome, that would result in shorter hospital stays and a reduction in follow up costs.

Considering the flexibility of the system, as well as the accessibility of the technology, this new concept could be implemented in most areas of the world. It constitutes a real alternative to existing systems for pre-hospital emergency care by possessing a substantial chance to increase quality and reduce healthcare expenditures.
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Protection for lone healthcare employees



Healthcare worker Anne Lewis, who took part in the trial. Wearing the IdentiSafe (below) made her feel safer

In 2002-2003 around 116,000 incidents of abuse were recorded in the United Kingdom's National Health Service (NHS). In December 2003, the NHS Security Management Service took responsibility for tackling such incidents. At the same time, as part of a new security management strategy, the Government's then Secretary of State for Health, John Reid, announced the first trials of a protection system called IdentiSafe.

This is a combination of a device named Identicom and the Orbis call centre support service developed by Orbis PLC. This firm, which protects properties and people throughout Europe, was among the first to pioneer a new level of lone worker protection that provided exact location techniques and 24/7 response centre support to summon appropriate help to anyone caught up in an adverse incident. The firm employs 800 people in a network of branches throughout Europe, and the system now protects thousands of lone workers.

Orbis director, David Armstrong, said: 'Our facility can deal with and hold thousands of recordings of incidents and their locations. Users can be assured of confidentiality. Information concerning them will only be accessed when they indicate an emergency. The recording of information is electronic and automatic and doesn't rely on operators writing it down. All communications are recorded on to DVD and are instantly available to our operators and can be used later as evidence in any legal proceedings.'

The countrywide trials proved the system could indeed increase protection for NHS workers.

Volunteers from North Liverpool Primary Care Trust (PCT) were among those to be issued with the IdentiSafe device, which resembles a normal identity card but contains the latest mobile technology to link to the Orbis 24/7 Monitoring Centre. Worn like any ID card holder, the device can be operated without breaking eye contact with an aggressor.

Before making each visit, the British volunteers used the mobile device to transmit and record their whereabouts on the response centre software. If, later, they had cause to hit the panic button, the response centre operators could retrieve the information, listen in on line and take appropriate action - summoning the police if necessary (the centre can also bypass the 999 emergency telephone operator for extra speed and effectiveness).

Health visitor Anne Lewis, who mostly works alone in the community, visiting children under five years old and their families in their own homes. She reported that the device made her feel much safer. 'I visit up to 10 families a day. You never know what you might encounter. I heard of a health worker being locked in an empty building for hours. No one knew she was there. If she'd had this

device, the call operators would have sent help to her. The device is easy to use. I recorded my whereabouts each time I walked up to a house for an appointment. It is very discreet. It does not look like a panic alarm. To avoid inflaming the situation, no one need know that you are pressing an alarm button.'

In the trials, the IdentiSafe unit used the Vodafone UK network. It is now available through Vodafone as well as Orange networks. For the public sector, Orbis Monitoring and Vodafone UK also signed an agreement with the Office of Government Commerce (OGC) to deliver Vodafone UK's new Lone Work-

er Protection Identisafe device with the Orbis monitoring and response service directly through OGC Buying Solutions division. Details: www.cybertrak.net



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ComPaMED: showcasing new products, processes and materials

The gigantic impact of dwarf technology

A nanometre is unimaginably small - one billionth of a metre. It occupies approximately the same space as one to three atoms. However, this minuscule unit of measurement presents gigantic opportunities. Today the market volume of 'nano-influenced' products and services is €220 billion, a figure predicted to rise to €1,100 billion by 2015. The realm of the dwarves ('nano' comes from the Greek word nanos, meaning dwarf) is especially significant for medical technology.

Market researchers predict that sales of biocompatible coatings and artificial skin (both based on nanotechnology) will reach around €85 billion in the foreseeable future. Other areas of medical technology influenced by nanotechnology include precision mechanics and electronics, as well as the combination of the two, electromechanical systems (e.g. lab-on-a-chip). Nanotechnology has also enabled the creation of intelligent biomaterials that can, for example, absorb medications and release them later at an appropriate site.

Another exciting introduction are Carbon Nanotubes (CNT); just

a few nanometres in diameter, they can function as 'artificial muscles', which opens new visions for orthopaedics, endoscopy and minimally invasive surgery.

The use of patients' own tissue in grafts to avoid problems with biocompatibility and enable quicker recovery, are also promising. However, human cells or tissue often need some kind of supporting structure - made of a highly developed material. Nano-modelling of such structures can be used to stimulate cell growth (in the reconstruction of cartilaginous or bone tissue, for example), as they are quickly populated and filled with tissue.

Lasers, Pumps and Sensors

Opportunities and expectations created by nano and microtechnology will again be showcased and discussed at the ComPaMED's IVAM Forum, hosted by the Microtechnology Network. Many IVAM members will present products and services at ComPaMED's joint display stand, including ACEOS GmbH, which creates miniaturised, integrated, multi-gas sensors based on high-quality ceramics and precious metal pastes. Bartels Mikrotechnik

GmbH (Dortmund) also focuses on creating the smallest components possible, and will present pumps that are used, for example, in making mobile insulin dosage units smaller and more precise, or in artificial sphincter implants to open and close the bowel. Smaller than a one-cent piece, the pump moves fluids at a rate of between 50 microlitres and 5 millilitres per minute, and gas at similar rates.

Polymer processing is pushing conventional production technology to its limits. This is especially true for welding synthetics together without damage, by using new laser methods. The hybrid welding technique developed by LPKF Laser und Electronics AG (Erlangen) combines light ray and laser welding and provides a new form of energy transfer for specialised applications.

Ceramics, sapphires and rubies

The Swiss firm Ceramaret SA develops and produces components using the hardest possible materials, e.g. zirconium and aluminium oxide, as well as synthetic sapphires and rubies. Complex components are formed through powder compaction to create products very close to the desired end product. This means almost no further processing and a huge reduction in the number of processing steps required. The materials used are highly resistant to wear, corrosion, heat and pressure, as well as aggressive gases and liquids. Biocompatibility is particularly interesting. Such components are needed in endoscopy, electrosurgery, endosurgery, microsurgery, etc. Ceramics will also profit from nanotechnology in future, as more types of raw powder are created on a nanoscale. Result: new properties. Nanoceramics are already far less brittle and can be more easily sintered.

ComPaMED 2005, running in tandem with Medica has 270 exhibitors, from 22 nations, showcasing the latest developments in all these areas.

Report: ComPaMED, with science/technology journalist Klaus Jopp
Details: www.compamed.de

22nd Annual Korea International Medical & Hospital Equipment Show -

16-19 March 2006 - will draw 1,000 medical equipment companies and over 65,000 visitors from 35 nations to the COEX exhibition Centre in Seoul

This annual event, first held 26 years ago, has contributed to the expansion of medical-equipment exports and imports. Concurrent with the show, medical conferences and seminars will be held at the COEX conference centre to promote the exchange of new medical-related information and technologies.

In addition, the organizer Korea E & EX, Inc. received the official membership status from UFI - The Global Association of the Exhibition Industry, in the category of trade fair/exhibition organizers and KIMES was given the status of 'UFI approved events'. The organizer was also selected by the Ministry of Commerce, Industry and Energy to develop this exhibition to an international competitive brand exhibition. Only nine exhibitions were chosen from 100 candidates. KIMES is the only one of its kind for the medical related industry.

This year, the exhibition halls will cover a total of 28,746m² of exhibition space, in three halls. Over 1,500 medical products will be on show in 1,500 medical categories, including those for Oriental treatment equipment (including those for Oriental healthcare). For more information, visit www.kimes.info

KIMES 2006

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Cut the work from cut flowers

Still one of our favourite inventions for hospitals, the EcoVaas vending machine supplies a variety of hygienic disposable vases made of ecological paper. A visitor at the EcoVaas dispenser selects the size of vase that suits the size of his or her bouquet, out it comes, and then water can be added in the ward.



When the flowers die, there's no vase washing to be done by busy hospital staff; they simply dispose of both bouquet and vase.

The supplier installs, maintains and refills the vase dispenser (an automatic communication system sends an alert when refills are needed).

Details: www.ecovaas.com

A professional ANALYSING NEEDS AND LAYOUT

Danube International, founded in 1947 and based in Lamotte Beuvron, in the Loire region of France, is one of the world's biggest manufacturers of flatwork dryer ironers and barrier washers, and the firm also produces a full range of tumble dryers and front-loading washer extractors for OPL use. 'We offer a full range of laundry equipment. Only one of our competitors can do that,' the firm proudly points out. Certainly the range offers everything from huge models down to the MEDICAL 15 washer for use in very small laundries in hospitals, clinics or nursing homes. The Danube range also

includes front-loading washers from 6-55 kg; side loading washers (including gas heated washers) from 27-67 kg; tumble dryers from 6-65 kg and barrier washers from 15-67 kg. Finishing equipment includes dryer ironers with widths from 1.4 m to 3.2 m with cylinder diameters of 200 mm, 320 mm and 500 mm, and optional feeders, folders, cross-folders and stackers.

Washer extractors have a high G-factor (350G on front loading models, 440G on side loaders and barrier machines). Water consumption averages 11 litres/kg to 13 litres/kg. Residual humidity on side loading machines and barrier washers is about 35%, saving energy in the drying section.

Other important benefits: Danube's dryers have reverse action and use a direct drive with frequency converter (rather than the more traditional belt) thus avoiding most of the problems that laundries encounter with dryers. The company has ISO 9001/2000 quality control approval - problems account for less than 0.2% of turnover, Danube reports, and the products carry required country approvals such as CE, CSA and ETL for the USA, etc.

Distributors wanted

By 2004, Danube International was represented in 52 countries, and successful in most of Europe (Germany, Italy, Spain, Portugal and Austria, as well as Eastern Europe). Exports to the USA are high and, to a lesser extent, to South America and the Far East (Thailand, China and Vietnam). To increase that international presence, the firm is seeking more distributors.

Danube's team of engineers train distributor's service staff (the firm has a registered training centre in France). When necessary, the engineers also help with the commissioning of equipment, e.g. for a big installation.

The Japanese firm Saraya has successfully manufactured hygiene products and hygiene programmes for over 50 years. At Medica this year the company is launching into the German market with a touchless hand disinfection unit and related products. 'This technology will play a key role in fulfilling the critical requirement of reducing cross-contamination and avoiding the risk of nosocomial infection,' the firm reports. 'The Saraya system is particularly vital for the healthcare sector (hospitals, clinics, nursing homes), as well as the food industry (food processing to retail).'

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Medica—Hall 13, Booth No. F74

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Smart machine anticipates rubbish arrival and bags it

The Mip, produced by the French firm AA Management, is a waste collection device that avoids human contact with waste. Ingeniously, it can detect the presence of the user or any objects then open automatically. The Mip also makes its own waste-bags from the built-in 110L capacity polyethylene film storage, and rubbish can be compacted. (Optional: Compacting reduces volumes up to 30%). The bags are then hermetically sealed.

To use the equipment manually or to keep it permanently open, the automatic functions can be switched off.

The Mip Mobile version is equipped with batteries and can be used as a trolley - and this can keep working even when reloading the batteries.

Take a look at the 143 cm high, 55 cm wide and 65 cm deep Mip, a truly smart hygienic product, in Hall 5 Stand J29 (or see: www.aamanagement.fr)



LIGHTPOINTS

- Intensive light for treatments and examinations
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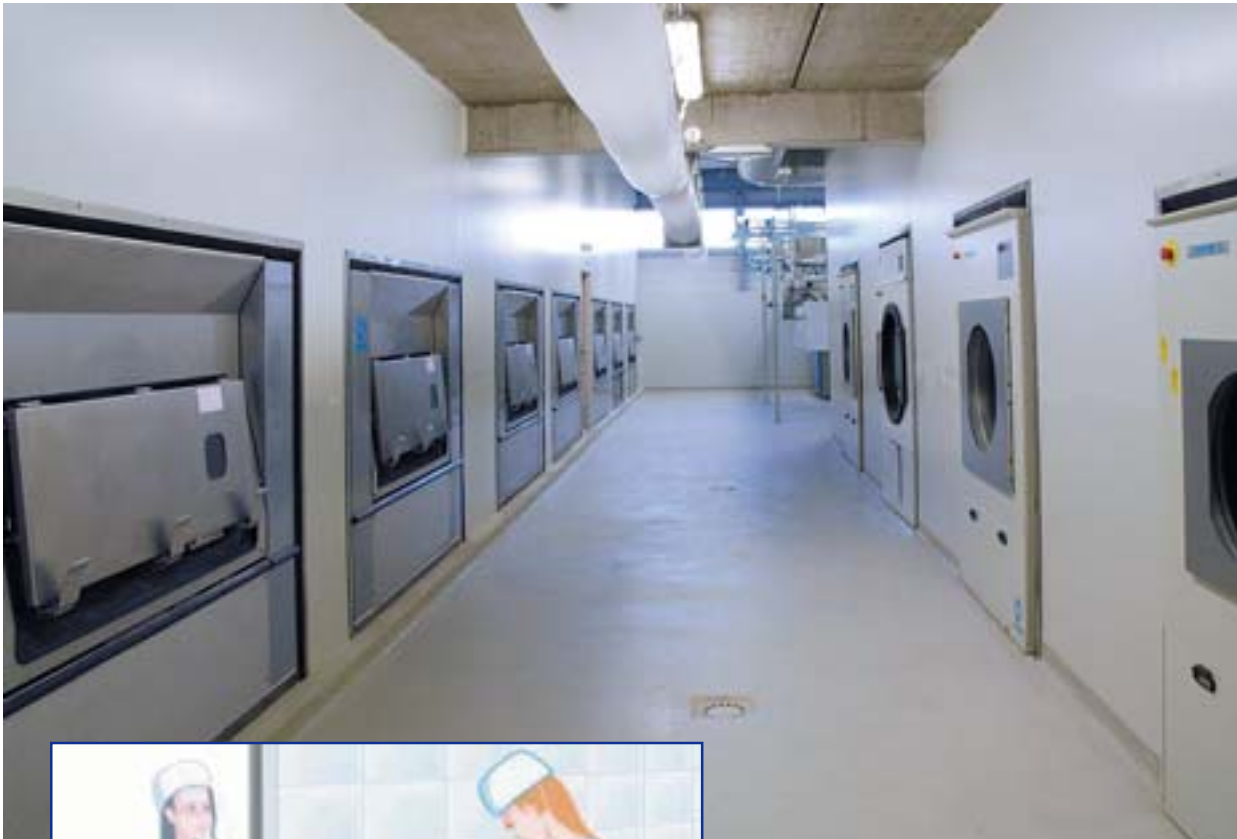
MEDICA Düsseldorf
November 16-19, 2005
Stand B26 / Hall 11

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approach to laundry



Dual opposed doors, separated by a sanitised partition, prevent cross contamination

The company is also set up for video-conferences with distributors, customers, suppliers and sub-contractors, and can provide 'face to face' advice to service engineers.

Danube's website also offers technical help in all areas, as well as spares, safety aspects and other data, including maintenance instructions, technical drawings, electrical diagrams and interactive 3-D drawings.

Danube can meet low to very large laundry requirements

Laundry size and design

By answering a series of questions on the website, and giving the amount and type of linen to process, Danube can propose the number and type of machines needed and their capacities. This service can also be extended to suggest a laundry lay-out. Details: www.danube-international.com



Now in Germany

The touch-less sensor dispenser



Benefits include:

- The Sensor Dispenser UD-1000 combines ease of use and proven effectiveness:
- Battery-powered for installation anywhere, either standing or hanging
- Infrared sensors recognise hands and release the required volume of disinfectant spray
- Exact-volume adjustment allows economical application
- Reliable disinfection via the alcohol-based 'Saraya Hand & Skin Disinfectant' minimises transient flora and transmission of pathogens

Over 100,000 units of the UD-1000 have been sold in Asia & the USA, and are now available in Germany. The range includes the UD-1000 dispenser, and the Saraya products Skin and Hand Disinfectant, hygienic liquid and foam soap, Gel, and Hand Lotion are now available, and Saraya will soon market its surface disinfectant, an instrument disinfectant and a scrub (for extremely dirty hands).

Saraya is at Medica: Hall 5 booth P 29
Details: www.saraya-Europe.com

DANUBE PATENTS

- **2001:** An automatic speed system - an inexpensive option for all dryer ironers. Linen goes straight from washer to ironer without manual adjustment of ironer speed (calculations and adjustments are automatic and take linen and room humidity into account).
- **2002:** A 15 kg barrier washer, the smallest on the market. Suitable for nursing homes, for example, this sells for almost the same price as a standard washer.
- **2003:** An automatic weighting system - an option for washers or barrier washers. This monitors and tracks loads. Each load can have a number that is linked to detergent and water for its cycle



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ABL800 FLEX with FLEX Q provides automated identification, mixing and measurement of up to three samples in a row

1st automatic

The world's first automated blood gas analysis system

1st Automatic, Radiometer's new blood gas analysis system, consists of three elements: the pre-barcode *safePICO* blood sampler, the ABL800 FLEX blood gas analyser with a sampler queue module and the FLEXLINK software, which allows operators to scan or enter their ID, the pre-barcode *safePICO* sampler and the patient ID. The software then links and stores these three critical identifiers, at the bedside, reducing the risk of incorrect sample and patient identification. Once the sampler is placed on the ABL800 FLEX analyser's queue module, the analyser 'recognises' the unique sampler barcode and retrieves all associated information.

Because they are fully automated, 1st automatic blood gas measurements are also faster and less error-prone. Up to three samplers

can be placed on the analyser's queue module. Once identified, each sample is automatically mixed and measured and the correctly identified result is then made available to caregivers on their platform of choice, e.g. PDAs, patient monitors, information systems or the analyser itself.

To increase operator safety, Radiometer's new *safePICO* arterial pre-barcode sampler has an onboard safety device with one-hand operation for safe removal of needles. In addition, operators can use the tip cap to quickly expel all air bubbles and avoid contact with patient blood. The firm also adds that the sampler comes with an integrated device to provide faster and more thorough mixing.

A three-minute video of the 1st automatic is shown on the Danish firm's website: www.radiometer.com/1st.



Seeing the

Enter a room to discover better ambience for staff and patients



Left: Flexlink links patient, sample and operator information at the bedside

Banish bacteria in drinking water

A new range of Aqua-Pure water filters from CUNO, for use in water dispensers and drinking water systems, are designed to virtually eliminate bacteria, the firm reports. 'They incorporate a membrane that removes greater than 99.99% of all bacteria and a fine carbon pre-filter block that reduces unpleasant taste and odours. Removal of sediment by this block also extends the membrane filter life and thereby increases the life of the whole filter making it more economical to use.'

The cartridges are currently offered in two sizes with capacities over the filter's life of 7,600 litres (AP1) and 11,000 litres (AP3).

Unlike many products that use a drop-in filter within a housing, this fully encapsulated unit has 'Sanitary Quick Change' cartridge connections, the firm points out. 'This SQC format minimises contamination during filter changing and there is no leakage because the O-rings are changed with the cartridge.'



INNOVATIONS

Derungs Medical Lighting has designed, a novel *light experience room* specifically for MEDICA 2005. At a stand shared with Waldmann - where the slogan is 'Light is life' - visitors entering the room will be able to feel the effects of various lighting ambiances from the point of view of a resident/patient or doctor/carer.

On show will be new lighting for treatments and examinations, as well as for care, reading and room illumination.

Also launched at the show is the firm's *halux Star*, a new examination lamp fitted with a colour-correction filter: This has a 50 W / 12 V / 10° halogen bulb, producing an intense light of 40'000 lux / 0.5 m. With the integrated colour-correction filter, the light can reach a colour temperature of 4000 K, so dermal features can be more easily detected and optimum lighting conditions can be ensured in areas being treated.

These, plus expert advice to tailor lighting for specific needs, can be found at Derungs Medical Lighting, in Hall 11, Stand B26

LIGHT



LARGE DISPLAY TILTING WALL MOUNT



A flexible alternative to rigid wall mounts to support large flat panel displays, e.g. LCD TV and plasma screens, has been launched by the US firm Ergotron. 'The TM Large Display Tilting Wall Mount is a universal support that can mount almost all large flat panel displays

weighing up to 79 kg, and ranging from 32" - 60" (80 - 155 cm) in screen size,' the company reports, adding that installation can be done in minutes and users could adjust the tilt of their flat panel or plasma displays with fingertips. The device also has security fasteners to deter unwanted removal of a display.

Ergotron has five subsidiaries in Europe, with a head office in Amsterdam.



Scales to meet weighty situations

The weighing machine specialist *seca gmbh & co. kg* Hamburg is presenting new products at MEDICA that again underline this technology's user-friendliness, precision and reliability - a combination that minimises physical stress for patients and labour for nurses.

Patients on stretchers - The generously dimensioned weighing area of the platform scale *seca 656* provides sufficient space for all standard stretchers with a mobile base. This weighing scale is characterised by a robust design featuring a steel frame and non-slip covering. The scale also stands out with its extremely attractive cost-benefit ratio.



Infirm or wheelchair patients - The platform scale *seca 676* has a stable handrail to ensure secure positioning on the scale. The large platform also allows patients to be weighed in a wheelchair. This scale also can be folded up for storage to save space and is simple to trans-

port for use at different locations. During transport the handrail is securely locked in position.

'Both models are unapproved and have a very high load-bearing capacity: they weigh up to 360 kg in 100 g steps,' the manufacturer reports, adding: 'It goes without saying that the new *seca* scales include practical functions such as Pre-TARE, TARE, HOLD and calculation of BMI.'

The launch of the approved class III versions of *seca 656* and *seca 676* is planned for the first half of 2006.



A novel new PU film

In its *Inspire* range of wound care components, the UK firm *InteliCoat* has launched an advanced polyurethane (PU) thin film for use in wound care products and operating theatre incise drapes.

InteliCoat has used proprietary technology to create a breathable 20mm film, available with or without adhesive. 'The material has a true matte surface to eliminate reflective glare and a higher degree of breathability than is typically available from extruded PU films,' the firm reports. 'The superior soft and conformable feel of cast polyurethanes is combined with the low coefficient of friction associated with *InteliCoat* films.'

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Founded just three years ago, EpiSafe, based in Lod, Israel, has developed a proprietary technology platform, which it is applying to the development of unique devices for the protection and correction of the oral cavity as well as for facilitating processes inside the oral cavity.

EpiGuard, the company's first product launch, is a protective device for the oral cavity of epileptic patients. 'Epilepsy is the second most common neurological disorder worldwide, affecting around 50 million people. The prevalence of epilepsy in the general population

is 1%. Around 13% of this patient population have generalised seizures preceded by an aura. This translates to over 6 million patients that have generalised seizures preceded by an aura,' Eran Lavi, CEO of EpiSafe points out. Although drug therapy has improved impressively, about a third of patients do not respond to medication and, for various reasons, another 20% cannot take adequate medication. For these, seizures still present the danger of injuries, which include damage to the soft tissues of the oral cavity from the fierce and uncontrolled movement of the jaws. 'In

Mouth protection for epilepsy and ECT

severe cases,' the firm explains, 'extensive and lasting damage may be incurred, such as severance of parts of the tongue or the cheeks. There are no remedies or dedicated protective strategies to prevent or minimise such damage at present.'

EpiSafe developed EpiGuard for patients with generalised seizures, preceded by an aura. 'The annual number of seizures in this population is estimated at more than 30,000,000,' the firm notes.

At the onset of the aura, the patient immediately snaps the disposable EpiGuard out of its package and places the device in his/her mouth. The device follows movements of the mouth and jaws closely as the mouth opens and closes uncontrollably during the ensuing seizure. 'This mode of action, along with the structure and size, maintains free airflow through the oral cavity during the whole seizure and prevents accidental swallowing of the device,' the firm explains. (For a demonstration, go to: www.episafemd.com)

Use in electroconvulsive therapy (ECT) - This is still one of the most effective psychiatric treatments currently available. When the brief electrical charge is applied to electrodes placed on the scalp, the brain is stimulated and produces a seizure, lasting about one minute. In each treatment, the patient undergoes a generalised (bilateral) tonic/clonic seizure lasting 15 seconds or more peripherally.

ECT is carried out under anaesthetic and a muscle relaxant is



tal damage, EpiSafe points out.

EpiSafe's Mouth Guard is gripped under the palatal and teeth, and also held in front by the interior surface of the lips, allowing it to be fixed to the required position and preventing it from being swallowed, said Dr Josef Zislin, Senior Psychiatrist and Head of ECT Department, Kfar Shaul Mental Health Centre, Jerusalem, Israel, where the device has been clinically assessed during ECT in 49 cases. He found that the device was more comfortable for patients during ECT treatment than standard airway and prevents damage to soft tissues as well as provides additional protection to teeth.

In all cases, the EpiGuard was inserted easily into the mouth, the medical team noted, and patients learned to insert it themselves after a number of attempts. The device also remained in place during convulsion. No nausea resulted from the insertion or use of the device, nor were there any respiratory problems. Removal from the mouth was equally easy.

None of the patients received injury to the tongue, gums or cheek during the use of the device.

Finally, some patients asked for the EpiGuard after an initial introduction because it had provided them with a sense of security.

'These preliminary results, although based on a small study, could convince psychiatrists to use the EpiGuard during ECT treatment, Dr Zislin concluded.

administered to patients to prevent the muscle spasms that the treatment would otherwise cause.

Clear upper airways and prevention of tongue biting are ensured by inserting an airway after loss of consciousness and before the ECT. Despite years of experience with this technique and its unparalleled successes, patients continue to be affected by mostly transient, but sometimes impairing side effects, which can include tongue and den-

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ILED - THE LED OPERATING LAMP

At Medica, Trumpf Medizin Systeme is launching an Operating lamp, named ILED, which incorporates high performance light emitting diodes (LEDs). Based on semiconductor connections that convert the current directly into light, LEDs have numerous technical advantages over conventional halogen and gas discharge lamps, the most important being low heat emissions, adjustable light features and an almost indefinite life-cycle.

For the first time, the light temperature can be adjusted between 3,500 and 5,000 Kelvin. This means that, regardless of whether surgeons are operating on tissues in which the blood flow is heavy or light, they can make contrasts more visible by changing colour temperatures.

The homogenous lighting system above the intervention area is also decisive. Trumpf therefore also used a multi-lens matrix to distribute light volume emitted by the LEDs as evenly as possible. 'The lamp consists of three or five segments positioned next to one another, each of which has a multitude of single convergence lenses. They look like the compound eye of insects. Because each of the LEDs has its own convergence lens, each also generates its own light field. That's how you get up to 180 individual light fields in different amounts. Placed on



top of one another, they combine into a very homogenous and shadow-free light,' the manufacturer reports.

Surgeons who have tested the ILED prototypes said they are like a '3-D light'. 'The illumination is considerably better than with traditional lights and creates absolutely no shadows,' said Dr. Peter Sauer, Senior Physician at Surgical Clinic I, Inglostadt Clinic, Inglostadt. 'The ILED provides optimal depth illumination for every situation.'

The total luminosity of ILED amounts to 160,000 Lux. LEDs

can be adjusted individually, so different shadowing effects in the operating room can be considered, e.g. if a surgeon's head moves directly under the lights, the ILED still provides shadow-free lighting. In addition, for the first time certain zones in the lighting field can be turned off, concentrating light intensity on the remaining LEDs.

During endoscopy, the light can be dimmed across an unusually broad range of 10-100%.

The 'cold' IR-free light of the LEDs means that even directly under the lamp, practically no heat emission can be felt.

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