Choosing Hybrid OR Equipment

Gregory McIff, Global Director Of Cardiovascular Strategic Marketing, GE Healthcare Surgery
www.gehealthcare.com *[1]*

Gregory McIff, Global Director Of Cardiovascular Strategic Marketing GE Healthcare Surgery gives his take on the Hybrid OR.

As the procedures performed in a hybrid OR are typically procedures that combine both open and catheter based elements, the type of imaging system and surgical table are the key components to consider. Surgical tables with tilt and roll capabilities that allow the patient to be placed in the optimal position help to enable more effective access to anatomy.

When evaluating the type of imaging systems for a given hospital's needs, there are multiple options to consider as intraoperative digital fluoroscopy is available in a wide range of platforms. At the low end are basic vascular mobile c-arms, followed by advanced cardiovascular mobile c-arms that satisfy the majority of the hybrid market's digital fluoroscopic imaging needs. The Mobile OEC Hybrid OR solution was built on the need to have superb c-arm and multi-modality images, all viewable in a comfortable, convenient way. The solution includes an OEC 9900 Elite MD, along with a NuBOOM visualization system to provide as many high-quality, multi-modality images as the surgeon needs.

Bottom line is that the imaging system choice is primarily driven by the department's quantity and sophistication of procedures, as well as by budget considerations.

One of the challenges that many hospitals face is determining what type of imaging

technology is best for the nature and volume of procedures that will be performed in the new room. One size does not fit all and the imaging needs for an orthopedic surgical suite will be different than the needs of a vascular surgical suite. The number and complexity of cases will also be a determining factor; will the hospital perform all procedures, including complex or trauma cases? Or, will the more complex and/or trauma cases be transferred to a specialty hospital?

The healthcare provider needs to decide early on the procedure mix and ensure the involvement of the right set of stakeholders. The success and parameters need to be defined more holistically. The success parameter should include clinical outcomes and the total cost of ownership.

Sometimes, a facility underestimates the complexity of its procedures and may purchase a lesser machine than it actually should. In the case of c-arm systems, which can last more than seven years, careful assessments are vital for maximizing the investment. A common mistake that today's hospital makes would be in assuming that a Vascular or Cardiac Hybrid Operating Room requires a fixed angiography system. In many cases this does nothing but add additional expense to the hospital's capital budget without a resulting benefit in case volume or efficiency.

Depending upon the type and complexity of the clinical work performed, a hospital can more easily define what equipment is required. The procedures performed can range from infra-renal abdominal aortic aneurysm (AAA) repair, which can effectively be completed with the latest in mobile c-arm technology, such as the OEC 9900 Elite MD, to transcatheter aortic valve repair (TAVI) which most effectively is completed with a fixed imaging system.

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