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The Looming Recession and Healthcare

As if there’s not enough stress on the healthcare system already – which, even if nothing else changes, will continue to get worse as the Boomers get older – we can look forward to (or perhaps wince forward at) the effects of a prolonged economic downturn.

We don’t claim to have any special forecasting powers, but what appears to be coming is a pretty nasty “perfect storm” of bad news: the mortgage mess, falling home values, the weak dollar, rising gas and energy prices, rising food prices, weak consumer confidence, lack of real net income growth, and millions of people without healthcare insurance…you get the idea.

That last factor – the lack of healthcare insurance – could be in danger of spiraling out of control. When the average American has to make the decision between eating, driving to work, or paying high healthcare insurance premiums, the insurance is likely going to be the first to go – putting more people at risk of not being able to pay for catastrophic illnesses.

It’s also likely that overburdened emergency rooms will see even more of the same. But again, we’re not prognosticators, and what looked like looming economic hard times in the past have ultimately turned into soft landings, which we certainly hope is what the near future will bring.

However, economic cycles are inherent in a capitalistic society, and right now all the arrows are pointing down. So fasten your seatbelt, and as they dramatically say in the movies, “Hang on, it looks like it’s going to be a bumpy ride.”

Robert Garment
Executive Editor
DOTmed Business News
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Medicare Nixes CCTA Cuts

CMS will probably monitor both the ongoing CTA volumes as well as the diagnostic cath volumes. If the Cath volumes don’t drop and the CTA volumes don’t continue to demonstrate appropriate use, CMS will probably reduce reimbursement for both procedures.

Jim Angelica, Senior Consultant
Sisters of Mercy Health System, Chesterfield, MO

DMEs Should Self-Police

DME (durable medical equipment) providers are facing draconian measures by the federal government to reel in large scale thievery within their market. The responsible participants within that industry segment have refused to respond to the problems caused by the few bad apples intent on stealing taxpayer monies. This situation would not exist if DME providers were willing to self-police.

Fifteen years ago the diagnostic imaging and capital medical equipment market faced a similar problem. We responded by forming IAMERS (The International Association of Medical Equipment Remarketers and Servicers). This watchdog association has provided an enforceable code of ethics and allowed productive dialogue between our members, the federal government, foreign agencies and OEMs. Thanks to IAMERS, buying and selling diagnostic imaging capital equipment has an underpinning of ethics and professionalism which garners a respect well deserved by IAMERS members. IAMERS members are able to speak with a single clear voice in addressing serious profit-affecting market conditions.

DME providers should see the IAMERS solution as an example of how to solve their own industry problem.

Kind regards,
Don Bogutski, President

The Medicare Mess

American seniors, as well as the rest of the population, should be concerned about the government’s plan to cut Medicare payments. The government giveth and the government taketh away. The cost of health care in this country is out of control because of the government! The health care system in this country is in the shape it’s in because of the government! Is Medicare really being cut, or is the government not increasing the amount of funds available from the 2003 level? If one reads between the lines the word RATIONING comes to mind. I don’t have all the answers however, I believe that the health care system in the U.S. will not improve until the federal government is out of the health care business. Thank you.

Thomas (Tom) Christman, CHFM
Plant Operations, Kindred Hospital, St. Louis

CORRECTION:
Robert Manetta, Nationwide Imaging Services, Brick, NJ, was inadvertently left out of the CT Scanner Services Directory. Mr. Manetta is both a DOTmed 100 and DOTmed Certified registered user of DOTmed.com
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Hospital Satisfaction Ratings Revealed

The federal government has made hospital patient satisfaction information available online at the United States Department of Human Services. Enter [DM 5714] on any search box on www.dotmed.com for a quick link to a “Survey of Patients’ Hospital Experiences” on the site.

The site allows navigation by zip code to learn about hospitals’ performance on such factors as doctors’ ability to explain treatment options, room cleanliness and quiet, nurse courtesy, and prompt response to bedside call button.

Patient satisfaction is one important measure of quality in healthcare and it has been added to previously collected data that capture such measures as mortality rate for heart attacks. Other data on the site pertain to hospital processes of care and outcomes as well as Medicare.

St. Jude Medical Will Purchase EP MedSystems

St. Jude Medical announced that it will purchase EP MedSystems, Inc. for approximately $92.1 million. The Boards of Directors of both companies approved a merger agreement.

When the transaction is complete, St. Jude Medical will add two new growth drivers to its program of products used in atrial fibrillation (AF) and other electrophysiology (EP) catheterization procedures, including the EP-WorkMate® computerized electrophysiology workstation with a fully integrated EP-4™ Computerized Cardiac Stimulator and expansion options to incorporate the NurseMate™ Remote Review Charting Station.

This transaction will also expedite St. Jude Medical’s entry into the high-growth intracardiac ultrasound echocardiography (ICE) market with the EP MedSystems ViewMate® II intracardiac ultrasound system and the next generation ViewFlex™ PLUS ICE catheter scheduled for market release this quarter. This market is growing at an estimated 25% to 30% per year and includes both electrophysiology and interventional cardiology applications.

Chairman, President and Chief Executive Officer of St. Jude Medical, Daniel J. Starks said that the transaction will accelerate the growth of St. Jude Medical’s program to help physicians cure atrial fibrillation. EP MedSystems’ new ClearWave™ signal recording technology and its next generation ViewFlex™ PLUS ICE catheter will be especially important additions to the hospital’s AF technology platform.

David Bruce, President and Chief Executive Officer of EP MedSystems, stated that with growth accelerating over the past year, EP MedSystems’ products and market position are stronger than they’ve ever been thanks to the focus and efforts of its employees. He continued by saying that transaction delivers significant shareholder value and enables EP MedSystems’ key product platforms to benefit from the extensive worldwide distribution, customer support and product development infrastructure of St. Jude Medical.

The transaction is subject to certain closing conditions and regulatory approvals, and approval by EP MedSystems shareholders. Following the close of the transaction, Bruce is expected to join St. Jude Medical, and EP MedSystems will become part of the Atrial Fibrillation division of St. Jude Medical.

Federal Court Delays Implementation of Flawed Medicare Pilot Program

WASHINGTON, D.C. – San Diego Federal Judge, Thomas Whelan, recently ordered the injunction of a Medicare bidding program that threatened the well-being of both patients and laboratories. The Court’s decision follows last year’s hearings on the issue by the House Committee on Small Business. The Congressional panel found the program’s guidelines unreasonable and likely to cause irreparable harm to both patients and healthcare providers.

“The court made a wise decision. CMS’ ill-conceived program would have compromised access to services for many Medicare recipients and put many great laboratories out of business,” said Committee Chairwoman Nydia M. Velazquez.

There are nearly 5,000 small clinical providers in the country providing high quality services to a wide variety of patients. Many are in vulnerable and underserved communities in rural areas or in nursing homes. The proposal by the Centers for Medicare and Medicaid Services would have instituted a bidding process restricting the number of labs that provide such...
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care. The result would have been larger firms—which already control 70% of the market—shutting out smaller competitors.

“When it comes to medical services, quality is what matters—not size,” said Chairwoman Velazquez. “CMS’ pilot bidding program allows the government to pick and choose the winners and losers arbitrarily. That’s unfair to small firms and bad for patients.”

The ruling by Judge Whelan is subject to appeal by the U.S. Department of Health and Human Services, which means the program may still go forward. That makes the adoption of Chairwoman Velazquez’ Community Clinical Laboratory Fairness in Competition Act legislation (H.R. 3453) all the more pressing. Her bill, introduced last August, calls for a full repeal of the CMS program. It has 40 bipartisan co-sponsors in the House, and similar legislation has subsequently been introduced in the Senate.

“CMS has shown itself unwilling to listen to the concerns of small laboratories. My bill ensures the needs of these entrepreneurs and the patients whom they serve are not ignored,” said Chairwoman Velazquez. “I remain committed to addressing this problem and won’t allow a poorly designed process to harm Americans.”


In their annual report, the Medicare Trustees announced that both the Medicare Hospital Trust Fund and the Supplementary Medical Insurance Trust Fund expenditures are growing faster than the rest of the economy. The Trustees report expenditures were $432 billion in 2007, or 3.2% of gross domestic product (GDP), and are projected to increase to nearly 11% of GDP in 75 years.

The Trustees report that Medicare’s Hospital Insurance (HI) Trust Fund will become insolvent earlier in 2019 than reported last year. HI expenditure growth is estimated to average 7.4% each year over the next 10 years, a higher rate than either Gross Domestic Product (GDP) or Consumer Price Index (CPI) growth. This year the HI Trust Fund will spend more than its income, and from 2009 through 2017, about $342 billion will need to be transferred from the federal treasury to cover beneficiaries’ hospital insurance costs.

“Although Congress has never allowed a Medicare trust fund to become exhausted, under the current payment structure, a person who is 54 years old today cannot be assured that Medicare hospital insurance benefits will be there when he or she turns 65 and first becomes eligible for Medicare,” said Centers for Medicare & Medicaid Services Acting Administrator Kerry Weems. “That’s why we are already beginning to implement steps to make health care services under Medicare as effective and efficient as possible for beneficiaries.”

To read the full story, enter the [DM] number below on www.dotmed.com

● dotmed.com [DM 5711] Study Finds Economic Advantages for 64-Slice CT, SPECT

CHICAGO, IL – A multicenter study has found the cost savings of the two leading non-invasive methods for detecting coronary artery disease (CAD) varies based on the patient’s heart history. The study found that patients who underwent coronary computed tomographic angiography (CCTA), without a prior diagnosis of CAD, incurred costs $603 lower (per patient average) than those who underwent myocardial perfusion imaging (MPI or SPECT). Both groups had equal clinical outcomes. However, patients with known CAD who underwent MPI incurred healthcare costs $2,451 lower (per patient average) than CCTA patients with equal clinical outcomes. These results suggest that CCTA may be a cost-efficient alternative in patients without a prior CAD diagnosis.

New York Presbyterian/Weill Cornell Cardiologist Dr. James K. Min presented the findings Tuesday at the 57th Annual Meeting of the American College of Cardiology in Chicago. “These are exciting data,” said Min. “This provides an initial foundation to suggest that CCTA may be used as a cost-efficient alternative to nuclear stress testing for evaluation of patients with suspected coronary artery disease.”

Researchers collected data for 142,535 patients who underwent CCT or MPI for 9 months before and after the test. Pre-test cardiac risk was assessed by cardiac risk factors and medications. MPI patients were matched to CCT patients using 11 categories of demographic and risk states. Cost and clinical effectiveness were measured in both downstream CAD costs and clinical events including myocardial infarction (MI), angina and CAD-related hospitalization.

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Proton Therapy Training Center Opens

BLOOMINGTON, IND. – ProCure Treatment Centers, Inc. is celebrating the grand opening of the ProCure Training and Development Center (TDC), the first facility in the world dedicated to proton therapy training.

“We are honored to have ProCure Treatment Centers, the leader in development and training for proton therapy, headquartered here,” said Bloomington, Indiana Mayor Mark Kruezan. “We are living in a proton savvy city that is now home to the only training facility of its kind. The Training and Development Center will bring medical professionals from across the country to Bloomington.”

The TDC will provide hands-on training for radiation oncologists, medical physicists, dosimetrists, radiation therapists and other staff involved in proton therapy treatment. The facility offers clinical, technical, interpersonal and administrative training that simulates all aspects of proton therapy treatment in a replica of a proton therapy treatment center featuring everything but the actual protons.

TeraRecon Founds German Subsidiary

TeraRecon, Inc., a leader in advanced image processing technology and 3D visualization solutions for medical imaging applications, has announced the formation of TeraRecon GmbH, registered in Frankfurt, Germany, a wholly-owned subsidiary of TeraRecon, Inc., and the new European headquarters for TeraRecon.

“As TeraRecon’s European operations have grown dramatically over recent years, the time has come to establish a European headquarters to provide a center of business operations for this extremely important market in the global context,” said Robert Taylor, Ph.D., TeraRecon President and Chief Operating Officer. “TeraRecon is now supporting
Operations in over 15 European countries. To accommodate this ever-increasing scale of operations, we determined that Frankfurt, centrally-located in the EU and well-equipped for rapid response to anywhere in the region, would be the optimum location for our European headquarters. TeraRecon already enjoys substantial market share in the U.S. and Japanese markets, and we are committed to further developing our business to realize its full potential in Europe."

Eight-Channel Multipurpose Coil CPC by Noras
Noras, a manufacturer of specialized MRI coils, has announced their latest innovation, the CPC multifunctional coil (coil pair) with a holder.

The Noras 4+4 Multichannel CPC has been designed for the examination of smaller regions such as the extremities, joints, skull, jaw bone or carotid artery. It is also used in pediatrics with special positioning accessories and for motion studies in orthopedics.

In this multifunctional coil (coil pair), each coil half is configured as a 4-channel array that can also be used individually. The coil pair is supported by a holder (“clothes pin”) that ensures correct positioning of the coil.

Parallel imaging is possible with every adjustment setting because of the positioning capability of the unit, and comparative images can be made of symmetrical body parts such as right and left eye, ears, etc.

It is available for 1.5T (Siemens Sonata, Symphony and Espree) and 3T Siemens Trio MRI Units.

Virtual Imaging, Inc. Earns ISO 13485:2003 Certification
DEERFIELD BEACH, FL – Virtual Imaging, Inc. received certification from Intertek that it is compliant with ISO 13485:2003, acknowledging that Virtual Imaging meets quality system requirements that are recognized across the world.

Created by the International Organization for Standardization, ISO 13485:2003 is an international standard, recognized throughout the world for establishing a quality management system specific to the medical device industry. It is based on eight quality management principles: customer focus, leadership, involvement of people, process approach, system approach to management, continual improvement, fact based decision-making and mutually beneficial supplier relationships.

“ISO 13485:2003 Certification brings world class status to Virtual Imaging, and it provides confidence to our customers through our dedication to quality compliance,” says Ted Gersdorf, Virtual Imaging’s Corporate Compliance Manager.

By being ISO 13485:2003 certified, and registered by certification body Intertek, Virtual Imaging’s customers can be certain that the products they have purchased are developed and built within a controlled quality system with a clearer emphasis on documented policies and quality objectives as well as requiring top management’s support and commitment.

ISO is an international standard-setting body composed of representatives from various national standards organizations in 149 countries. Founded on February 23, 1947, the organization sets world-wide industrial and commercial standards. Though the ISO and the FDA have separate Quality System Regulations, the FDA participated in writing ISO 13485:2003, ensuring that the FDA’s requirements and ISO 13485:2003 are in agreement.
Philips to Acquire China-based Shenzhen Goldway Industrial Inc.

Royal Philips Electronics has agreed to acquire all outstanding shares in Shenzhen Goldway Industrial, Inc. (Goldway). Goldway is based in Shenzhen, China. While details of this recent financial move have not yet been released, the transaction should occur within the second quarter of this year. Goldway will then join Philips’ extensive Healthcare sector.

The move to acquire Goldway, the second largest domestic patient monitoring company in China, gives Philips the means to solidify its patient monitoring market in China as well as expand to other markets, says Deborah DiSanzo, Senior Vice President and General Manager of Philips’ Patient Monitoring business. According to DiSanzo, Goldway’s devices are top quality and would work in favorably with Philips’ own patient monitor line in the Chinese markets and other promising global markets. Goldway’s products are prevalent within mid- and large-sized hospitals within China. China’s own monitor market is growing at a rate of approximately 10% a year.

HHS Awards $1.1 Billion for HIV/AIDS Care, Medications

HHS Secretary Mike Leavitt has announced grants of more than $1.1 billion to provide primary care, medications and services for low-income and underserved people living with HIV/AIDS.

“These Ryan White HIV/AIDS Part B grants help ensure Americans, especially those in rural and underserved communities, affected by HIV/AIDS get access to the care they need through quality health care and support systems,” Secretary Leavitt said. “These grants strengthen community, city and state capacities to care for those with HIV.”

The majority of the funding, $774 million, supports state AIDS Drug Assistance Programs (ADAPs) that provide prescription medications for HIV/AIDS patients. In 2006, close to 158,000 ADAP clients were served through state ADAPs.

Every year, the Ryan White
HIV/AIDS Program helps more than 530,000 people access the care and services they need to live longer, healthier lives. Information on all domestic, Federal HIV/AIDS programs is available at www.aids.gov. HRSA, part of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. For more information about HRSA and its programs, visit www.hrsa.gov.

A link to the grant awards by state is available in the online version of this story.

Sonora Medical Unit Receives First U.S. Patent for Ultrasound System Testing Device

LONGMONT, CO — Sonora Medical Systems, Inc., a leading supplier of after-market products, services and test equipment to the medical imaging ultrasound and MRI markets, announces that the Director of the United States Patent and Trademark Office awarded U.S. Patent No. D565,444 to Sonora Medical Systems, the first patent awarded for its unique hand-held ultrasound probe and system testing device; the Nickel™. The inventors are: G. Wayne Moore, Jim Gessert, Edward Henry, James Ginther and Jason Sanders.

The Nickel™ detects acoustic pulses coming from active crystals within an ultrasound probe and then injects signals back into the crystal to simulate a returning echo pulse. The Nickel™ tests the various performance characteristics of the ultrasound probe as well as the ultrasound system’s B-mode, Doppler, and Color Flow modalities. The Nickel™ is used by Biomedical Engineers and other ultrasound service providers to perform basic performance testing of ultrasound probes and the ultrasound system.

“As a leader in the development of products and services for both the ultrasound and MRI markets, we believe the Nickel™, in combination with our other proprietary technologies, such as FirstCall™ and FirstAssist™ provide us with a significant competitive advantage to better serve the industry,” Moore said.
Shielding for Intra-Operative MRI

Bring the benefits of MR imaging into the surgical suite

By Ben Turner, ETS-Lindgren
Clinical-use MRI scanners have been around for more than 20 years. Periodically, new developments and applications in this technology increase demand for more innovative MRI scanners or MRI technology. As we consider this today, some 31 years after Raymond Damadian and Peter Mansfield demonstrated MRI for whole-body use with echoplanar imaging, we ask ourselves, “What is the next technological breakthrough in MRI?”

What’s new?
The answer to that question is “Intra-operative MRI,” sometimes confused with Interventional MRI (the combination of MRI with other modalities to provide a minimally invasive procedure for a specific treatment). To the contrary, Intra-operative MRI is combining MRI with a surgical procedure to ensure the results are successful prior to concluding the surgery. The prefix “intra” refers to “during the procedure.” This is a tremendous breakthrough for MRI and greatly beneficial to the patient. Before we can explain the shielding complexities for Intra-operative MRI, we first need to provide some background.

What are the benefits?
Intra-operative MRI improves surgical capability, reduces medical costs, and minimizes patient distress. Intra-operative MRI enables the surgeon to examine a patient before, during and after surgery, thus increasing the chances of a successful operation in all surgical stages. For example, just prior to a procedure, the surgeon can focus on soft tissue to confirm the patient’s physical status. During the procedure, the surgeon can confirm that it was successful before closing the patient. Finally, the surgeon can examine the patient after a procedure to confirm that the procedure was successful. Though Intra-operative MRI facilitates each stage, the breakthrough is in using it to examine the patient during the surgical procedure. Using it at this point greatly increases the chances of a successful operation.

From a financial standpoint, Intra-operative MRI could eliminate costly second procedures needed when the initial procedure fails. For example, a surgeon operating on an oncology patient to remove a cancerous tumor could run an MRI scan on the patient before finishing the surgery, thereby ensuring that no cancerous cells were missed and obviating the need for further surgery. The intangible benefit to the patient is enormous. With Intra-operative MRI, patients do not endure the trauma of recovering from a surgery only to learn that some of their cancer was overlooked, thus requiring yet another surgery. Instead, a more thorough initial surgery ensures it is done right the first time. As a result, patients develop greater faith in their doctors and medical institutions.
What are the costs and other considerations?

The expense of an Intra-operative MRI suite is significant and must be weighed in the decision to establish one. An Intra-operative MRI suite should be placed within or immediately adjacent to other operating rooms. The expansion of an operating section or wing as well as the unique physical site requirements of bringing in an MRI are obvious to anyone involved in planning for surgery or MRI suites.

Combining MRI with surgery can be done in one of two ways: placing the MRI suite next to/attached to the surgical suite, or placing it inside the surgical suite. Placing the MRI next to or attached to the surgical suite requires nothing unusual except for the adjoining RF door that connects the two suites together. That door must meet the following requirements:

- Be wide enough for a patient on a gurney and support apparatus to easily pass through. A patient may be hooked up to a variety of instruments including, but not limited to: a monitoring device, anesthesia, or oxygen. Those items may not be removable from the patient as he or she moves into the MRI scanner.
- Be able to be opened/closed automatically. Sterility requirements dictate that a door is opened/closed without hands touching it. Otherwise, the door would require a re-scrubbing before use with each patient.

Permanent vs. temporary placement

Placing the MRI within the surgical suite also has two variations: permanent placement and temporary placement. A permanent placement of an MRI is just that; it is set into position near the surgical table and not moved. The patient is moved into the magnet, eliminating the need to move the patient through a door threshold or over a long distance to an adjacent room.

Temporary placement is done by moving the MRI scanner into the surgical suite when needed and then removing it when done. This is currently accomplished via overhead support rails for high-field, whole-body scanners. Smaller, portable MRI scanners exist and are limited to head-only applications. Those are simply rolled into place and later stored in a corner of the surgical suite. Because these types of systems are seldom used and are limited in their application, we’ll focus on the whole-body systems.

- Have a flat threshold to avoid jarring the patient. The critical nature of a patient during a procedure can vary, thus it is necessary to ensure the smoothest transition of a patient.
- Have an RF sealing mechanism that can be maintained to the standards of surgical sterility. Flexible, friction contacts for RF sealing around the door perimeter are not acceptable for a surgical application. These can be damaged easily, leading to poor images and even contamination of a patient’s open wound.
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What are the shielding challenges?

Intra-operative MRI has three different scenarios: placed adjacent to the surgical suite, permanently placed within the surgical suite, and temporarily placed within the surgical suite.

As said earlier, placing an MRI adjacent to a surgical suite has one main RF shielding criteria, the connecting RF door. That door is usually a double RF door that swings into or out of the MRI room. Alternatively, a sliding door is used if the wall space is available. That door is an automatic door, with a door control at the door location and/or in a control room where staff members are monitoring and supporting the MRI activity.

RF shielding an MRI that is permanently placed within the surgical suite requires that the entire surgical suite become RF shielded. This is a bit more costly than an adjacent MRI suite because every service coming into or out of the surgical suite must have an RF filter or waveguide. Unlike a typical MRI suite with a single door, a surgical suite has multiple doors. All of these must be RF shielded and not use a friction, RF-contact sealing mechanism. Hospital planners often do not fully understand the vast number and enormous size of RF filters for an Intra-operative MRI suite. Care must be given to provide sufficient physical space on the walls of the shielding suite for placing these RF filters.

Also key are the types of RF filters needed within a surgical suite. The more sophisticated the hospital’s data system or PACS, the more complex the RF filtering could be. The RF interface for the surgical booms found in surgical suites can vary from site to site as different lighting suppliers, anesthesia, and microscope vendors are selected.

Lastly, providing RF shielding for a temporarily placed MRI scanner within a surgical suite provides even greater RF shielding challenges. Let’s start with how the magnet is brought into the surgical suite. A set of doors are needed that are large enough for a magnet to fit through. These doors have the same surgical requirements as previously stated for an “adjacent MRI suite” – they must be automatically operated and have nonfriction seals, a flat threshold, and the ability to be maintained in accordance with the sterile requirements of a surgical suite.

These magnets are moved via an overhead rail. Since the magnet is quite heavy, its supports are tied into a significant structural system. The magnet supports must somehow be RF shielded but not grounded (note: MRI systems require a single ground point to the RF shield). Because the MRI magnets operate on cryogens (liquid helium), they must always be connected to an exhaust ventilation system. That exhaust vent trails the magnet into the surgical suite. As a result, the magnet doors cannot be closed when the magnet is scanning, which means the room where the magnet is stored until needed in the operating room must also be RF shielded. This requires adding more RF doors, RF filters and RF windows to the scope of the project.

It should be noted that for the scenarios of “adjacent to surgical suite” and “temporary placement of the MRI in the surgical suite,” the RF door systems must be electronically controlled so that they can be tied into the air handling system.
Positive air pressure must be established before opening the door to an adjacent suite housing a magnet. If the air pressure is not positive, these doors cannot be operated because of the risk of contaminating the operating room.

As you can see, there are more RF shielding issues and more costs associated with a temporary magnet in the surgical suite. The upside to this, however, is that the magnet can be used for typical diagnostic scanning when not in use in the operating room. The magnet room can also be placed between two or three operating rooms, making it accessible to more surgeons and patients.

Each of the above scenarios requires an RF flooring system that is easily maintained in a sterile surgical suite. A large amount of cleaning occurs in an operating room and moisture can destroy an RF floor if it is not designed for just such an application.

All RF shielded rooms in an Intraoperative MRI suite must employ a moisture resistant RF floor system. Otherwise, tremendous downtime can be expected because the high degree of cleaning will cause the RF floor to deteriorate and need replacement.

The potential is great
Despite RF shielding challenges, Intraoperative MRI represents an exciting advancement in the industry with many new paths for potential growth. RF shielding challenges are unique. However, as with any new application, simplification and advancement will result as experience is gained. Thus, better shielding features will inevitably make RF shielding more of a standard component of the Intraoperative planning process.

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About the Author
Ben Turner has been the Vice President of Sales and Marketing for ETS-Lindgren in Glendale Heights, Illinois since 2002 and has been with the company since 1988. After holding various positions as Product Manager-Engineering, Engineering Department Manager, R&D Manager, Mr. Turner moved into Sales, holding Latin American Sales responsibility for 3 years. In 2001 he became Director of Sales and Marketing and Vice President of Sales & Marketing in 2002. His background includes a B.S. in Civil Engineering from Marquette University, in Milwaukee and prior experience as a magnetic resonance siting/shielding engineer for General Electric.
More than 3.6 million Americans receive blood transfusions each year. Assuring the safety of the blood supply is a high-tech process requiring at least nine specific tests, proper processing, labeling, and storage, as well as vigilant quality control.

With developing technology and new information about the transmission of infectious diseases becoming available, the FDA’s Center for Biologics Evaluation and Research issues written guidance to all blood establishments. This guidance sets the standard for the industry and is incorporated into standard operating procedures for all blood facilities.

According to the American Association of Blood Banks, last year eight million Americans donated approximately 15 million units of blood, which were then processed into 25-30 million blood products.

Before a blood donation can enter the blood supply, it is tested for evidence of exposure to viruses that might cause disease. This screening process involves numerous assays, multiple test instruments and many manual steps.

“There are really only two major players in the field, Ortho-Clinical Diagnostics and Abbott Laboratories,” says Fred Stallone, technical director of Blood Systems Laboratories in Tempe, AZ, one of the two regional labs of Blood Systems Incorporated. “They offer the newest technology available for infectious disease testing.”

Last year Abbott introduced the PRISM, which has been rumored to be coming out for more than a decade, but finally met FDA approval in 2006.

“Abbott has a strong history and commitment to ensuring the safety of the world’s blood supply. Now, the PRISM system’s advanced screening technology will be available to U.S. blood banks for hepatitis core screening, helping to make America’s blood supply as safe as possible,” said Joseph M. Nemmers, Senior Vice President, Diagnostic Operations, Abbott, on release of the product. Since its release, the PRISM now has four of the required six donor screening tests available.

The Abbott PRISM instrument consolidates much of this testing into a single automated system, reducing the number of times a blood sample is handled and improving operating safety and efficiency for blood and plasma centers. It’s samples in and results out.
“The real benefit of the PRISM analyzer is that the operator loads samples and reagent on the instrument and the PRISM performs the entire process for you,” says Stallone, who estimated that they test more than 1.6 million samples each year at the Tempe facility. “It basically pipettes the samples for multiple donor screening tests and automatically performs all required processing steps. Upon completion of processing, the donor results will be reported, only if all quality control checks are acceptable.”

This reduces the risk of human error and performs the task with fewer employees. At a cost of about $400,000 per machine, the PRISM system can process 160 samples per hour for four different screening tests.

Ortho-Clinical Diagnostics, a Johnson & Johnson company, is a leading provider of high-value diagnostic solutions for the global health care community. Over the past six years, the Ortho Summit Processor (OSP) has been used by blood banks to automate all screening assays, and has flexibility for adding new tests as required. Designed for mid- to high-volume screening, the OSP is proven in 22 countries and is currently screening over 15 million units of blood annually at a cost of about $250,000 per machine.

With the OSP system, sample pipetting is performed on a different instrument. The pipetted sample plates are loaded onto the OSP to complete the required processing steps. The OSP will prompt the operator to load sample plates and reagent as needed. “The real difference between the two systems,” Stallone says, “is with the PRISM you load samples on the machine and you get results out the other end. The OSP requires off-line sample pipetting, and then the analyzer performs the rest of the steps.”

According to Johnson & Johnson News, one new assay that met approval in March of this year is a new diagnostic test for the detection of antibodies to Human Immunodeficiency Virus types 1 and/or 2 (anti-HIV-1 and anti-HIV-2). The new VITROS Anti-HIV 1+2 assay 1 can be run in a fully automated, random access format on the VITROS ECi/ECiQ Immunodiagnostic System, with results readily available in less than 50 minutes. This FDA approval and availability to laboratories in the U.S., Puerto Rico and U.S. territories marks the first anti-HIV 1+2 test capable of being run in full random access with other tests and providing immediate result reporting capability upon test completion.

The downside on the PRISM is that they are not yet licensed to perform all the tests that are required, and won’t be for at least another year. The manufacturer of the OSP is eliminating some of the required tests as part of the donor screening profile, so this equipment is not enough either. Smaller blood banks will now be forced to send out their blood samples for testing because they won’t be able to afford both systems.

“The small laboratories are getting to a point where it is difficult to test these infectious diseases in a cost effective manner,” Stallone says.

Both machines have greatly improved the way that blood is analyzed and can ensure with up to 99.9% accuracy that the blood is free of viruses.

“With each new generation of screening test, the goal is to make the test more sensitive,” Stallone adds. “More sensitive tests allow us to detect lower levels of the virus earlier in the infectious process.”

No blood bank is complete without the storage devices necessary to hold the blood, plasma and platelets, and several advancements have been made on these products in recent years.

continued on page 41
**THE IMAGING CRUNCH:**

**A “Full-Industry Scan” of the DRA’s Effects**

**A look at the good, the bad and the promising 18 months after the dawn of the DRA era**

By Astrid Fiano

In the midst of what had been an imaging economic boom, the free-standing imaging center industry – at the beginning of 2007 – suddenly had to cope with the onset of the Deficit Reduction Act (DRA). Some said the DRA would spell DOOM for many centers because of its mandated and significant cuts in reimbursements – when passed in 2005, it was estimated the DRA would save the government $8.1 billion over 10 years by slashing payments for some technical procedures by nearly 50%. Others said the sky wouldn’t fall, the strong would survive, but some fallout had to be expected.

The truth, as is often the case, lies somewhere in between. The imaging industry is still rife with analysis and differing opinions over the impact of the DRA. *DOTmed Business News* talked to many people on the front lines of the issue to get a first-hand look at the DRA’s effects, and what it will mean going forward.

**The imaging centers’ perspective: the pain continues, but changing business practices help many remain competitive**

The most important view is from the independent imaging centers themselves, which see the day-to-day consequences. The harshness of impact differs from area to area, as does the effectiveness of various coping strategies – sometimes contradictory to one another. Nonetheless, the DRA has clearly become a challenge to successful management of all independent imaging centers.

Irvin Green is Director of Opera-
tions for Peninsula Imaging in Salisbury, MD. Green has observed first-hand the DRA economic downturn. He knows of other centers going out of business or being acquired by other companies. Green says Peninsula’s numbers are holding, but the business earns less money. In response, the company has to question purchases carefully, and how they do business in general. Green sees a necessity to focus on efficiency and profit margins. “We are looking at business differently, focusing on the ‘moneymakers,’ and cutting expenses.” Green also says that a full-service facility such as Peninsula is in a better position to attract patients compared to single-modality businesses.

Peninsula is building a new center in conjunction with a hospital. In reviewing equipment options, Green knows OEM equipment is generally of excellent quality and rarely breaks down when properly maintained. However, the monthly service contract fees for maintaining this up-time are steep and cut into his profit margin. Green feels OEMs should help the buyer and work with them to establish reasonable costs for items such as service contracts. Currently Green is buying more refurbished equipment, saying a center needs to shop wisely and have a good business plan in place. This means looking at the market and client growth patterns. Peninsula also recognizes they need to provide good service to the referring physicians – by giving them a “menu” of service options, good scheduling, and concise reports.

John Ising is Administrator/Radiology of Medical Plaza Imaging Associates in Kansas City, MO. Ising is well aware of the DRA effects in his area, and of concurrent situations that the DRA cuts have exacerbated. Ising says several of the local centers have closed, and more might soon shut down in the Kansas City area. Contributing circumstances include private insurance payors matching Medicare cuts in payment. Additionally, Medicare always pays the lesser rate to the independent facilities – even if a local hospital has a higher rate than a center, Medicare pays the lower rate to the center. And if a hospital has a lower rate than the center, then Medicare also pays the center the same lower rate.

Therefore, the DRA impact is exacerbated. Ising’s center has altered business practices to save money – such as not replacing a departing staff member, relying upon the savings in refurbished equipment, and foregoing new equipment purchases. These compromises can put a center in a tough competition situation.

A 64-slice CT “may not be critical from an operation standpoint, but the lack of one puts some centers at a competitive disadvantage in not being able to keep pace with technology,” Ising says. The Kansas City area is a fairly competitive market. Doctors who refer patients for imaging procedures have read about the diagnostic potential in the higher capability scanners and will “shop around,” making a tough situation tougher.

The hospitals are stepping up competition as well, receiving a good deal of publicity from the media outlets about the latest technology, and advertising heavily to attract more business. The dazzle of technology draws business away from the independent facilities, despite the centers’ advantages in cost, time and convenience. In addition, more internists are becoming hospital employees or are contractually tied to the hospitals, which helps direct imaging business to the hospital itself. Ising believes more smaller facilities will likely be closing or be bought out by hospitals as the market continues to contract.

Adrian Riggs is Director of Imaging, for Solano Diagnostics Limited, Fairfield, CA. In Riggs’ area he has little competition, with only three other centers in a 30-mile radius, each with different clientele. Nonetheless, Riggs sees that the DRA impact has been as severe as predicted: his center is also generating less income. Riggs has been fortunate to have excellent relations with an OEM, obtaining a new CT for an amount comparable to a pre-owned machine. Other centers in the area have had to delay or forgo buying new equipment.

Riggs’ center has also changed business practices. Solano once had satellite X-ray offices set up for the convenience of patients from various primary care facilities, but they can no longer afford the offices and on-duty techs, and so have consolidated those offices into a few larger centers.
Solano also relies on the advantages of PACS technology. Prior to the DRA, Solano could use either PACS or print out an image on film for doctors who felt more comfortable dealing with film. Now, his budget can’t accommodate the expense of film, which Riggs says has led to solely using PACS. “Everything is digital. We don’t have that [film] option anymore,” Riggs observed.

Other business modifications include investing more in advertising and marketing, and working to ensure physician relationships are well-maintained. There will continue to be difficult changes, in part due to the added complications of the California Medi-Cal system. Riggs sums up the various problems in DRA cuts: “It can’t continue to the point where no one can make money doing it.”

Ward Hinger is the Alaska Area Administrator for Diagnostic Health Corporation in Anchorage, AK. Hinger oversees a full modality facility and a single modality site which primarily supports orthopedic physicians. Diagnostic Health is composed of a network of 47 free-standing diagnostic imaging centers in the U.S. Alaska’s Medicare market does not mirror demographics in the lower 48, but nevertheless still feels the DRA’s impact, including how it effects Hinger’s purchasing decisions. He finds it beneficial to leverage the purchasing power of Diagnostic Health with certain OEMs for equipment, service contracts, and supplies. In proactive business tactics, Diagnostic Health focuses on eliminating waste and improving customer service. From Hinger’s studies and experience, he believes the imaging industry can continue to be competitive by marketing to their strengths, such as ease in scheduling, same day access, ambiance, consultation, and value.

The “trickle down” effect now seen with payors as a result of the DRA, however, makes this, “an extremely ‘deadly’ piece of legislation for some free-standing imaging centers,” Hinger says. On a national level, Diagnostic Health has seen the larger commercial insurers adopt new fee schedules that are based on the updated Medicare schedules. In addition, “a growing number of primary and specialty care physicians in Anchorage, our referral sources, are opting not to participate in Medicare, as they claim that Medicare no longer covers the cost of rendering services,” Hinger noted.

Hinger analyzes the legislation as unintentionally penalizing the most cost-effective providers – the free-standing centers. While the DRA is a cost-containment initiative, Hinger believes hospitals have the leverage ability to strong-arm payors into paying higher reimbursements than free-standing cen-
Smart business-people find ways to stay afloat or even prosper. The key is learning how to do more with less.

Hinger says he still hears payors admit that almost 60% of their outpatient imaging is done in hospital settings, despite all of their attempts to direct the business to more cost-effective providers. Hinger sums up, “Medicare has taken a shotgun approach to reigning in costs associated with imaging, instead of targeting those entities which have the propensity for inefficiencies. The shotgun approach is therefore achieving marginal savings in the short term, and crippling the ability of the free-standing centers to remain profitable.” Diagnostic Health actively engages with various associations to ensure that the legislative branch is aware of the negative effects of the DRA.

Wayne Webster, Managing Director of Diagnostix Plus Inc., Rockville Centre, NY, has a different perspective from his work as a private consultant. Webster says the shake-up in the free-standing centers is more in line with a market correction, and the industry will eventually right itself. “Centers that were not running efficiently before the DRA was implemented would not be running efficiently afterwards, and suffer the consequences.” Webster emphasizes that even in a tight economy, smart business-people find ways to stay afloat or even prosper. The key is learning how to do more with less.

One of Webster’s recommendations is to “know what you need.” Some marginal independent facilities simply spent more than they could afford (similar to home buyers suffering the current crisis in the housing market), and also paid more than they should have in order to run their business efficiently. By comparison, Webster notes, hospitals knew early on, prior to the DRA implementation, that efficiency would be vital to stay abreast with Medicare. Hospitals learned to streamline practices and to choose equipment with care to fit their requirements.

Webster recommends that centers be realistic and rational about their service – what needs to be accomplished, what is required for the patient base, and how much they should really spend. Even getting more patient traffic and increasing referrals doesn’t always need to be a priority. The better route is to be streamlined in current practice and efficiency.

Trying to Stop the Crisis: The Advocates

Tim Trysla, Esq., Executive Director of the Access to Medicare Imaging Coalition (AMIC) and Andrew Whitman, Vice President of Medical Imaging and Technology Alliance (MITA) have been at the forefront in bringing attention to the negative implications of the DRA. The AMIC, organized in 2006 in response to the DRA, has voiced concerns about reduced rural access for imaging services, reduced care for seniors, and delays in obtaining care.

The AMIC website encourages visitors to contact the elected official and oppose new cuts. The AMIC distributes its well-known “Moran Report,” an early, in-depth analysis of the impact on providers and patients of the DRA imaging cuts. MITA is an organization of medical imaging equipment manufacturers and product developers. MITA also lobbies Congress to stop further cuts in Medicare reimbursement, and emphasizes the advantages in imaging for early diagnosis and prevention of unnecessary treatment. Congress has not ignored the fallout from the cuts. Bipartisan legislation has been introduced in the House and the Senate calling for a two-year
“When modalities look new, perform new, and cost less, why waste thousands of dollars?”


According to Trysla and Whitman, the reimbursement cuts have had such a dramatic effect that some centers are even returning equipment due to the high cost of upkeep and maintenance. The negative effect also shows up in declining sales of equipment. From there, advances in patient care will be slowed, and research and development within the OEMs will be on hold.

State-of-the-art facilities will be less available in already underserved areas. From a patient perspective, both organizations point out the DRA cuts hurt the value of imaging as a non-invasive diagnostic tool, where a patient can obtain an advanced diagnosis that would allow early treatment and the likelihood of a more positive outcome.

Seeing Opportunities in the Fray: The Pre-owned Markets

Some industry segments have found a benefit in the DRA cuts, notably the pre-owned equipment dealers and service providers. Lynn Williams, President of Advanced Imaging Management in The Woodlands, TX, offers leasing-type solutions for centers. He sees the buyers changing business practices and searching for lower-cost equipment. He knows of centers where the DRA has cut 15-40% of the profit margin, and of business closures in his area. Williams predicts the medical equipment market should be okay through the end of this year. The next couple of years should see a slow down, similar to the 1990s, that will leave the OEMs trying to find ways to pick up speed. “When the OEMs are in a down market like this, that’s when the third-party folks can really take advantage of this.”

In the end it is a financial question, Williams says. “The DRA has lowered reimbursements; people still want equipment

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but they can’t pay now what they were paying for it before, based on the reimbursements.” Williams notes that centers have not stopped buying equipment, and new imaging centers are still being built at the same rate as a year ago. What Williams sees is the independent centers adjusting their equipment buying patterns by looking hard at the used and refurbished markets as well as the OEMs, then making decisions based on cost-effectiveness.

Others in the pre-owned industry have similar outlooks. John Stringer handles sales for Huestis Medical, a division of Best Medical International, in Cullman, AL. The company offers remanufactured modalities and service worldwide to hospitals, clinics, and private physician practices. Business for Huestis is still excellent, even with the economy and DRA setbacks, Stringer reports. “Many of our clients are beginning to step back and realize the importance of purchasing re-manufactured modalities. A truly re-manufactured modality performs and appears like new and works like new.” Stringer says that his company also offers a longer warranty and cost savings of thousands of dollars with some systems, which frees up funds the imaging centers need for other areas.

“When modalities look new, perform new, and cost less, why waste thousands of dollars?” says Don Bogutski, President and founder of Diagnostix Plus, Rockville Centre, NY. Bogutski notes that the DRA is but one of the marketing forces at play in the healthcare industry, and not unexpected. Bogutski says the cuts are a predictable governmental response considering the growing national debt of oil, war in Iraq, and fewer domestic exports – something had to give economically. Consumers had come to expect cutting-edge diagnostic imaging as common practice. Many centers responded by investing in high-tech equipment that was not frequently needed, but offered a selling point to patients. Bogutski says a 4-slice CT, for example, may cover 80-85% of a facility’s needs and there are many ISOS offering cost-effective service options. A 256-slice CT, by comparison, has service contract costs that are up to 500% more (not to mention the acquisition costs), and the service can’t be contracted outside of an OEM.

“The DRA Medicare reimbursement cycle did not affect independent facilities for the first 90-120 days of 2007; they were still receiving reimbursement on the last of the old Medicare billing 2006 cycle. This slow phasing-in of the cuts lulled the free-standing centers, which became the proverbial ‘deer in the headlights on a dark road’ once the actual cuts took effect,” according to Bogutski. From about April to December 2007, purchases of new equipment basically ground to a halt. The savings that free-standing centers can realize from pre-owned equipment has turned out to be an advantage for the third-party dealers, brokers, and service providers. Right now, Bogutski says, the imaging industry is no longer caught in the headlights, but has seen the light, and faced with the economic realities imposed by DRA, Bogutski sees the interest in refurnished equipment and independent service continues to be on the upswing and should stay strong for the foreseeable future.

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ahra

the association for medical imaging management

DOTmed Business News thanks the AHRA for helping to arrange interviews for this report with imaging center administrators. We encourage any imaging administrator to contact the AHRA about their educational programs on operational efficiency and their Certified Radiology Administrator program.
# With RSTI Training,

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The business of supplying new and used equipment for use in a wide variety of endoscopic procedures is steady, and shows no signs of abating.

An aging baby boomer population, and its preoccupation with taking early preventative steps to avoid long-term medical problems, leads most observers to predict that this positive growth trend will continue in a multi-million dollar market.

Generally, new scopes range in price from $20,000-$50,000, depending on the type. Endoscopy is used for diagnosis and therapy in the respiratory, gastrointestinal and urinary tracts, for plastic surgery, in a wide variety of applications for the male and female reproductive systems, and arthroscopic equipment is a sub-set of endoscopy.

Moreover, new technological developments such as high-definition image clarity and narrow-band imaging are expected to drive the market in a positive vein for years to come.

According to Edward Soto of The Scope Exchange, Greensboro, NC, “The move to high definition is one [development], as well as the ability of the practitioner to use image capture software to attach images to his records.”

That’s a point endorsed by Comel Cacuci of Apex Endoscopy, Lawrenceville, GA, who points specifically to “significant advances in rigid endoscopes that include smaller diameters that allow more light to pass through, providing brighter, larger and crisper images.”

And Stuart Jackson, president, Pro Scope Systems, Cincinnati, OH, notes that, “the manufacturers have developed higher resolution systems with instruments that have smaller outer diameters and larger working channels, facilitating more therapeutic procedures being performed on an outpatient basis.”
That, he says, “spares patients potential surgical procedures” and, at the same time, “lowers the overall cost of health care, benefiting both the government and private insurance providers.”

Finally, ongoing developments in the sterilization of scopes have the potential to unleash the replacement of existing equipment with a new generation of scopes, further heightening long-term demand for both new and refurbished scopes.

Endoscopy a Diagnostic Workhorse

In brief, endoscopy means looking inside the body using either a rigid or flexible scope (depending on the internal organs being examined), sometimes according to an individual physician’s preference.

It’s widely known that physicians are extremely loyal to particular scopes manufactured by particular OEMs, often the equipment that they were first trained on.

The endoscope usually has several channels containing a light source, a lens and camera, and such channels as necessary to perform a wide variety of procedures.

Endoscopes run the gamut in size, are characterized as being minimally invasive and, in addition to being a primary diagnostic tool, sometimes are used as an alternative to surgery. Various scopes are used to perform biopsies, repair sports-related injuries and remove polyps and other growths.

Though not a primary application, endoscopes are also used in a few nonmedical situations including architecture, law enforcement (e.g., inspecting suspicious packages) and the analysis of complex, nanotechnology-based systems.

The OEM Picture

The leading endoscopic equipment manufacturer, Olympus, has certainly lived up to its name, as today it looks down on the rest of the field from its “king of the mountain” status. Though estimates vary, the company is thought to have at least a 75% share of the market. Other players in the discipline include: Pentax, Fuji, non, Storz, ACMI, Wolf and Stryker.

Although lengthy FDA reviews often discourage newcomers from entering the market, such companies as Vision Sciences, for example, are looking to expand their presence by bringing technological advances to the fray. Even so, new innovations often take several years before approval and introduction to the market.

According to Philip Mothena of Simple Solutions, Inc., Blacksburg, VA, “Olympus seems to have a greater market share in flexible endoscopy,” indicating the company’s brand name recognition is especially strong.

Adds Dan Spivey of Tampa-based Front Line Medical Corp., “Olympus dominates the world market. They are the Mercedes-Benz of endoscopes in that nearly every part can be removed and replaced with a new part, rendering even an older model scope as new.” Spivey does, however, have issues with the company’s pricing and level of postsales service.

As is the case with other pieces of medical equipment, the introduction of lower-cost devices from manufacturers in other countries poses both performance...
and competitive threats. This problem is especially prevalent in countries where the healthcare system is not as advanced nor as well funded as in the U.S. or Europe.

Vasant Sohoni of Vasant Sohoni & Associates, which does business in Mumbai, says, “There are too many brands, many of them newcomers from low-cost producers like China, which are fragmenting the market.” In addition to the fragmentation, however, looms the prospect of inferior diagnosis and therapy from similarly poor equipment.

The Role of The Independent Service Organization

As new developments move the market for endoscopic equipment, buyers face the prospect of what to do with older models. While the OEMs show diminished interest in such equipment, it does open the door for independent service organizations that refurbish, service and repair the scopes. Some ISOs specialize in specific scopes, while others tackle the full range. In addition, ISOs are more responsive to hospitals’ needs, and better able to deliver whatever service is required without getting bogged down in the bureaucracy that characterizes OEM procedure.

As asked about ISOs’ prospects in picking up the slack, Dave Bello, who runs Endoscopy Replacement Parts, Newberry, FL, suggested, “It is difficult to pinpoint any one challenge or opportunity. I believe that quality in the aftermarket is a challenge that we are helping to improve everyday.”

Referring to the sometimes-contentious relationship between OEMs and ISOs, Scott Mason of Endoscopy Resources, Port Orange, FL, says, “The biggest opportunity is that many facilities are willing to use an ISO for more repairs, due to the over-inflated prices from the OEMs.”

The actual work involved ranges from the simple to the complex. In some cases, ISOs rebuild an entire scope, while others concentrate on cleaning or replacing a scope’s lenses, lights or the functions of working channels. Scopes are often damaged during routine operations, meaning that many DOTmed-registered companies have ample work.

Alberto Voli of MedFix Solutions, Tucson, AZ, says, “the easiest repairs are those that involve broken lenses. The hardest,” he adds, “are those requiring repairs to a scope’s fiber optics.”

Another observation about the repair and refurbishing side of the business comes from Mitchell Guier of North American Medical, Sweet Springs, MO. For the succinct albeit accurate Guier, the main issue facing ISOs is the acquisition of “parts, parts, parts.”

One huge factor that’s also propelling the ISO side of endoscopy is financial. As pressure to control costs looms larger with every passing day, more and more hospitals are considering the advantages of purchasing refurbished equipment. It’s generally estimated that refurbished scopes cost approximately half of what a new piece of equipment sells for.

Cost savings extend to the repair side too. While an OEM might charge something in the neighborhood of $8,000-$10,000 to overhaul a scope, an
ISO might price the same overhaul anywhere from $3,000-$5,000.

**From One Patient To The Next**

Finally, there’s some debate as to exactly how sterile is sterile when a particular scope is used from one patient to the next. Before each successive use, and depending on the type of scope, it undergoes an intense sterilization, sometimes using chemicals, autoclaves and other methods.

The question asked by some, including Carlos Babini of Vision-Sciences, Orangeburg, NY, is whether any matter remains in a channel after it’s been sterilized. “There is a potential that material can be passed from one patient to another,” Babini says.

That contention has led Vision-Sciences to introduce a throwaway sheath that is placed over a scope prior to its insertion into a human being. Once the procedure is completed, the sheath is discarded.

The company, which has 50 patents on this and similar innovations, has already introduced the sheath to European medical communities. Next up is displaying what Babini says is a breakthrough to conventions of urologists and gastro-intestinologists.

“The sheath covers the tube,” he says, “and the scope never comes in contact with the patient.”

Though the jury remains out about the sheath, several manufacturers are known to be working on modifications that guarantee sterilization.

*dotmed.com [DM 5817]*
Neonatal incubators, or isolettes, are one of the oldest medical devices in use. The basic design was established in the 1920s and has not changed much over the years. There are a variety of incubators in neonatal intensive care units (NICUs), but they all do basically the same job. Because it usually takes neonates (newborns) a few hours to regulate their body temperature, keeping them warm is crucial because cold can stress a neonate’s system and lead to oxygen deprivation, hypoglycemia and metabolic acidosis, as well other life threatening conditions.

A basic neonatal incubator has a factory set upper-limit thermostat under the mattress that has a range between 105°F and 107°F. The unit should always be tested to make sure the correct temperature is set.

Typical values applicable to incubator settings are:

- Air Temperature: 32 to 38°C (90 to 100°F)
- Baby skin temperature: 34 to 36°C (93 to 96°F)
- Total gas intake: 35 L/min
- Relative humidity: 50-100%

NEONATAL INCUBATORS – Life-giving Warmth For Precious Lives

By Joan Trombetti
Incubators can be single-walled or double-walled. The double-walled incubator has a greater ability to maintain uniform temperature. There are “no frills” models that are used for newborns that are premature, or low-weight, but otherwise healthy. These incubators provide a means to control the environment around the baby by regulating the temperature and humidity and supplying oxygen if necessary.

New NICU

Women & Infants Hospital (W&I), Providence, RI – the ninth busiest maternity hospital in the nation – operates a Level III, 60-bed NICU, which specializes in the care of premature and distressed newborns and those requiring specific surgery at nearby Hasbro Children’s Hospital. Each infant station is fully equipped with the technology necessary to support a distressed newborn, including incubators, oxygen, suctioning, monitoring and ventilatory devices.

In May of 2007, Women & Infants broke ground on a five-story addition that will give each family their own private space, and more beds for obstetrical patients.

Dr. James Padbury, Chief of Pediatrics, said W&I utilizes a variety of incubators, including the Giraffe, a GE product. The Giraffe Incubator offers an advanced, user-friendly and developmentally supportive microenvironment. The Giraffe’s patented Baby Susan rotating mattress facilitates proper positioning of the infant for all types of procedures, minimizing inappropriate patient stimulation and promoting family-centered care. It also has a canopy that lifts for easier access to a newborn needing special procedures.

Neutral thermal environment

Maintaining a “neutral thermal environment” is the goal set for any newborn in an incubator. “After admission to the neonatal unit, unnecessary oxygen and energy consumption must be minimized,” says Dr. Padbury. He explains that there are several ways to keep babies warm, including incubators with heating systems to circulate warmth, and those that are open to the room air and have a radiant warmer above. A temperature probe on the baby connects to the warmer to regulate the amount of warming. When the baby is cool, the heat increases. Open beds are often used in the delivery room for rapid warming. They are also used in the NICU for initial treatment and for sick babies who need constant attention and care. Once a baby is stable and can maintain his/her own body temperature without added heat, open cribs or bassinets are used.

Infant warmers vs. incubators

The more modern infant warmers provide all the features of the old ones – radiant warmth providing heat, light, air and oxygen and ease of access to an infant – but newer models also provide isolation as well. They are not as portable or transportable as incubators, which are often used for air and ground transportation of critically ill newborns. Closed incubators allow adjustment of the ambient humidity, and this further reduces heat and fluid evaporation. Consequently, incubator care is associated with less insensible water loss, and lower fluid requirements, than nursing infants in open cots under radiant heaters. Both closed incubator and open cot care have other potential advantages. Environmental noise and light can be reduced with incubator care, and this may improve sleep patterns. Open cots, however, allow easy access for caregivers. Additionally, parents might find it easier to bond with their babies if they are nursed in an open cot rather than in a closed incubator.

Maintaining an incubator

The air inside the incubator is generally humidified and enriched with oxygen. Care must be taken on oxygen levels; a pulse oximeter often is used to monitor the oxygen saturation of the newborn. If an internal humidifier is used, cleaning between patients is critical, since warmth, moisture, and oxygen promote the growth of bacteria.

During the preventive maintenance (PM) process on an incubator, the mechanical latching on the door and port-

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holes should be checked, along with the temperature ranges and alarms. The alarms should be tested in all modes of operation (manual, air, and skin sensor). The chamber and heater areas also should be checked for mercury. The presence of mercury is generally traced to a broken thermometer. Mercury vapors are very dangerous to neonates, and great care must be taken to protect them from these vapors.

**Refurbished incubators**

Dave Ogren, President of OMED of Nevada, NV, refurbishes infant incubators, including the Air-Shields C86, C100, C200, C450 and C550. All of these incubators provide a forced air circulation system that permits stable temperature control, uniform heat distribution, humidification, protection from airborne contaminants and control of oxygen concentrations.

Ogren says, “The key elements of refurbishing an incubator are the temperature and oxygen controls in order to maintain an infant within a well-oxygenated and safe temperature range environment.” Refurbishing requires complete disassembly, inspection and cleaning. This can include replacing or repairing the hood and base assembly, access door latch/release, elevator levers, filter cover, humidity chamber controller module, and guard rails. “The controller modules are interchangeable within the same models, thus extra modules are convenient to keep an incubator in service while the controller is being serviced,” Ogren states. He went on to say that the useful life on an incubator is easily over 20 years. The older the model, the more likely it will end up in an emerging healthcare country. The price of a new state-of-the-art incubator, depending on model and design, can be $30,000-plus.

Although many refurbished incubators are shipped to developing countries, there is a market in the United States. OMED of Nevada is a supplier to some of the largest rental companies in the U.S. that supply hospitals with units on a short-term basis, and some smaller community hospitals purchase refurbished units as well. “Older models are exported frequently,” says Ogren, “and models that are still supported by the manufacturer are sold or rented in the U.S.”

PRN, Inc., Fall River, MA also offers a variety of incubators to foreign and domestic markets. “Most of our units are sold ‘as is’ to exporters and refurbished according to the requirements and specifications of the final destination country,” says Bob Gaw, President of PRN. Gaw said PRN also provides completely refurbished systems to domestic clients at significant savings compared to original equipment manufacturer’s prices.

**Developmental Care**

According to David A. Jones, Director of Marketing, Draeger Medical, Inc., based in Telford, PA, the ideal developmental environment for a neonate is one in which an incubator provides warmth and an appropriate level of humidity, while minimizing exposure to harmful levels of noise. “The goal is to provide a safe and nurturing environment for the neonate with minimal disturbance and stress,” says Jones.

“Effect of Environmental Changes on Noise in the Neonatal Intensive Care Unit. Neonatal Network,” a study conducted at Duke University by Brandon, D. H., Ryan, D. & Barnes in 2007, found the Draeger Caleo incubators to be significantly quieter than all others tested. The Caleo, according to Draeger, is also the first incubator to feature a kangaroo mode ("kangaroo" meaning nurturing, close physical contact between infant and mother, as occurs inside a kangaroo’s pouch) that allows continuous monitoring of a newborn’s temperature. Large, detachable tubing ports facilitate repositioning of the temperature sensors, respiratory tubing, etc. that make this uninterrupted monitoring possible. X-rays and weighing can be carried out without removing the baby, and if co-bedding is required, Caleo is big enough to accommodate twins, which may help prevent separation trauma.

**DOTmed registered users contributing to this story were:**

Dave Ogren, OMED of Nevada, Reno, NV
Bob Gaw, PRN, Fall, River, MA
Mark Piening, MEC, Inc., Minster, OH
Philips Aura CT Scanner starts a bidding war

A leasing company located near Chicago had a Philips Aura CT scanner coming back from lease. The unit was professionally deinstalled, placed on pallets and returned to the leasing company’s warehouse.

They contacted DOTmed.com with the specifications of the system in hopes that DOTmed could help them price and sell the unit. Their DOTmed Project Manager, David Blumenthal, did some research and set a Starting Bid of $12,000, a Reserve Price of $24,000, and a 14-day Auction window.

The Auction immediately received the minimum opening bid of $12,000 from a DOTmed user located in Africa – no doubt well aware the machine was worth more, but perhaps hoping no counter-bid would be made. Then the bidding quieted down until the final 2 days before the Auction closed, which is very normal for online Auctions – interested parties often watch and wait, bidding only during the last few hours.

Then with less than 40 hours to go, a DOTmed user in Bolivia posted a bid of $13,000. With less than 12 hours to go, a DOTmed user from California posted a higher counter bid, and over the last hour of the Auction, bidders #2 and #3 went back and forth in a bidding war, with bidder three from California winning the Auction with a final bid of $25,500.

In total, six bids were received and DOTmed’s estimated Reserve Price was exceeded by $1,500.

DOTmed paid the Seller before the system left their warehouse. The leasing company walked away with $20,400.

Since the unit was already deinstalled and wrapped on pallets, shipping was not a problem. The Buyer sent one of his people over in a truck to pick up the unit at the leasing company’s warehouse.

Another happy Seller, another happy Buyer, and another smooth Auction transaction on DOTmed.com

Dealer unloads excess Hill Rom inventory

A medical equipment dealer named Michael Allman of Circuit Rider, Richmond, Kentucky, had been a DOTmed user since 2002. He hadn’t used the site much, but when he ran into some Hill Rom stretchers that were taking up too much of his warehouse space, he decided to try a DOTmed Full-Service Auction.

Michael contacted DOTmed and was referred to his Project Manager, David Blumenthal. David worked with Michael to set up his stretchers on Auction to be displayed to all of DOTmed’s 90,000-plus users and more than 11,000 unique visitors a day.

Blumenthal went out of his way to contact several industry dealers who specialized in Hill Rom equipment to see if they were interested in these stretchers. Within two days, the whole lot of 26 stretchers was purchased for $3,400 by one of these companies to be refurbished and resold to hospitals.

This deal helped Michael free up some much-needed storage space and helped a dealer to stock some stretchers for resale.

Michael was hooked on DOTmed Auctions, and to this date, with David Blumenthal’s help, they have closed a total of nine Auctions with total sales of over $10,000. These items were sold to DOTmed users located in the United States, Pakistan, Dubai and Indonesia.

Blumenthal says, “that’s one of the great things about utilizing a DOTmed Auction, you instantly turn into an international seller because of all of our international buyers.”

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STREAMWOOD, IL. – Shared Imaging, LLC, a leading independent provider of CT, MRI and PET/CT systems and service programs to hospitals and healthcare providers has entered a strategic partnership with Lubar & Co., a private, family-based investment firm headquartered in Milwaukee, WI.

Lubar has acquired 50% of the company. Ray Stachowiak, President and CEO of Shared Imaging LLC, retains the other 50% of ownership.

“The entire management team of Shared Imaging will continue managing the day-to-day operations of the business,” Stachowiak told DOTmed News. For example, he noted that industry veteran and Executive Vice President James Gallagher will continue his activities as before.

“This transaction was precipitated by personal desires ... in terms of wanting to divest some portion of our holdings and position us better to take advantage of the tremendous opportunities in our industry niche,” Stachowiak said. He noted that the new influx of management expertise and capital will support expansion into additional geographic regions as well as a further concentration on PET/CT.

With the new partnership, Shared Imaging is better positioned to provide its clients with sophisticated technologies, customized imaging solutions, highly trained technologists and a knowledgeable support staff, according to the company.

“We selectively invest in strong companies with outstanding management teams and sound business plans,” said David Lubar, President, Lubar & Co. “Ray Stachowiak is a strong leader with a proven track record in the diagnostic imaging solutions field and we’re proud to become his partner in Shared Imaging. We’re confident that our investment will serve as a catalyst to enable the company to grow and expand in ways not previously feasible.”

Michael Falco Charts a New Path

Industry veteran and long-time GE and IBM pro Michael Falco has left IBM to start his own company, Compass Medical Equipment, Inc., Long Island, NY. The company buys, sells and can secure financing for imaging equipment.

“I’ve decided to leave IBM so that I can stay in the industry that I love,” Falco said. “I’m excited to be getting back to my roots, buying and selling medical imaging equipment, and also offering some of my new-found skills to the dealer community to help get deals for high-end equipment funded.”

Falco recently worked for IBM Global Financing, which is discontinuing its medical leasing business due to market pressures such as eroding Medicare reimbursements under the Deficit Reduction Act. After orchestrating more than $200,000,000 in leases, Falco is uniquely qualified to consult on financing for his new customers. He’s also knowledgeable about medical equipment, having worked at Access Medical and GE Goldseal in the past.

“I’ll be focusing on buying, selling and funding sources and providing financing for high-end imaging equipment,” Falco told DOTmed News.

Philips Announces Long-Term Research Partnership With West China Hospital

Philips has signed a long-term research partnership agreement with the West China Hospital, an affiliate of the Sichuan University in Chengdu, China.

Under the seven-year agreement, Philips will collaborate with West China Hospital to develop new medical imaging procedures such as Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET) and Single Photon Emission Computed Tomography (SPECT) for the diagnosis and monitoring of certain types of
cardiovascular disease including coronary artery disease – a major disease in China – cancer and mental diseases.

According to Rick Harwig, CTO of Royal Philips Electronics, with 5,000 beds and two million outpatients, West China Hospital is one of the largest and most technologically advanced hospitals in China and is a perfect partner for Philips. “I am convinced that the results of the joint research program will enable us to strengthen our support capabilities and to refine our products to meet the specific needs of medical facilities in China,” says Harwig.

The new partnership reflects the company’s ambition for its research centers to become an R&D hub for emerging markets based in China. Philips has also established a joint research laboratory within the Institute of Health Sciences in Shanghai to conduct advanced research in molecular medicine and shift towards creating personalized treatment for patients.

UnitedHealthcare Accreditation Deadline Extended

UnitedHealthcare will require all facilities performing diagnostic imaging to obtain appropriate accreditation by third quarter 2008 in order to continue receiving reimbursements for many imaging procedures. The deadline had previously been March 1, 2008. However, recent data from the insurer indicates that overall, less than half of the health plan’s imaging providers have yet to complete the process.

Currently, only approximately half of the plan’s MRI, nuclear medicine, and CT providers are accredited, while nearly two-thirds of PET providers have completed the accreditation process.

In order to comply with the UHc deadline and ensure reimbursement for diagnostic imaging services is not compromised, the American College of Radiology (ACR) recommends that facilities begin the accreditation process immediately. UHc has recognized the ACR and the Intersocietal Accreditation Commission (IAC) as acceptable accrediting organizations for medical imaging, and has designated the following modalities as falling under the mandate: CT, MRI, PET, nuclear medicine/cardiology and echocardiography.

All providers performing these procedures will need to submit a completed application for accreditation by UHc’s deadline. Facilities will then have a 12-month window from the date of submission in which reimbursements will not be stalled, provided that their accreditation is underway. A current list of corresponding CPT codes is available on the UHc website.

For facilities interested in the status of their accreditation application, e-mail the ACR accreditation staff listed online or call the ACR Accreditation Hotline at 800-770-0145. Answers to frequently asked questions related to the accreditation mandate are available on the UHc website.

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Siemens Installs First High-Definition PET/CT

Siemens Healthcare has announced the official release and world’s first clinical installation of HD/PET technology at UT Southwestern Medical Center in Dallas. The facility will leverage the new Biograph 40 TruePoint™ PET/CT system’s High-Definition PET technology to offer consistently sharper and clearly defined images across the entire field of view.

“Aiding High-Definition technology to Biograph PET/CT imaging optimizes image uniformity, resolution and contrast, raising the bar in PET/CT imaging in oncology. UT Southwestern will be able to use HD/PET for detection of very small lesions and could provide physicians increased confidence for improved disease staging,” said Michael Reitermann, Chief Executive Officer, Molecular Imaging, Siemens Medical Solutions USA, Inc.

By utilizing a proprietary technology, HD/PET can provide high resolution, distortion-free images throughout the entire PET field of view. This improved 2 mm resolution enables physicians to clearly visualize small lesions, from the center to the edges – a revolutionary benefit unique to Siemens’ HD/PET technology.

Adding high definition to PET systems also dramatically enhances contrast. The twofold improvement in signal-to-noise reveals sharper and clearer images that allow the clinician to better differentiate between healthy and suspicious tissue, which could be useful in cases of obese patients.

FDA Seeks Civil Penalties from Advanced Bionics, LLC

The U.S. Food and Drug Administration (FDA) is seeking a $2.2 million penalty against a California hearing aid manufacturer for violations of federal law, including manufacturing standards violations and the failure to notify the FDA of a change in an outside supplier or vendor, which may have exposed recipients of the devices to unnecessary health risks.

The hearing aids pose a public health risk due to excessive moisture, exposing patients to the risk of device failure, possible surgery, and the potential for additional hearing loss.

The agency’s complaint, originally filed this past November and amended on March 17, seeks penalties against California medical device manufacturer Advanced Bionics, LLC and its president and co-CEO, Jeffrey H. Greiner.

The complaint alleges that Advanced Bionics shipped hearing aids to customers in the United States prior to filing appropriate supplemental information with the Agency, including a notice of changes made to the devices that affected their safety and effectiveness.

On July 7, 2003, Advanced Bionics received FDA approval to market the HiRes90k Implantable Cochlear Stimulator, a cochlear implant hearing aid surgically implanted under the skin behind the ear to treat profound hearing loss in adults and children. The hearing aid is considered a Class III device by the FDA—the most stringent regulatory category for devices.

The complaint alleges that the company failed to comply with the FDA’s current Good Manufacturing Practice (GMP) requirements for devices. GMP requires that companies manufacturing medical devices for sale in the United States establish and follow quality systems procedures to assure the safety and quality of their products.

Advanced Bionics’ alleged GMP violations include the failure to sufficiently evaluate and select a new vendor as the supplier of a critical device component and the failure to adequately validate the continued safety and effectiveness of the hearing aid by testing lots under actual or simulated use when the unapproved vendor’s component was used.

Echoserve Acquires Digital X-ray Technology

GOLDEN, CO – Echoserve, Inc., has announced it has acquired certain assets and intellectual property licenses for the production and support of medical digital x-ray camera products previously manufactured by DALSA Corporation (TSX:DSA) at DALSA’s Colorado Springs, CO, facility. Echoserve will transfer the equipment and inventory related to the x-ray products to its production facility in Golden, CO.

“I’m very pleased to have consummated this agreement with DALSA,” said Christopher M. Cone, Chief Executive Officer of Echoserve. “The low production volumes and high complexity of these devices are a natural fit within our manufacturing environment. Moreover, ownership of this technology greatly enhances our position on the field service of imaging equipment utilizing digital x-ray components. We look forward to continu-
ing the support of the impressive customer base developed by DALSA.”

DALSA is an international leader in high performance digital imaging and semiconductors with approximately 1000 employees world-wide. Established in 1980, the company designs, develops, manufactures, and markets digital imaging products and solutions, in addition to providing semiconductor products and services. DALSA’s core competencies are in specialized integrated circuit and electronics technology, software, and highly engineered semiconductor wafer processing. DALSA is listed on the Toronto Stock Exchange under the symbol “DSA” and has its corporate offices in Waterloo, Ontario, Canada.

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Florida Radiologist to Pay U.S. $7 Million to Resolve Fraud Claims

A board-certified radiologist, Fred Steinberg, M.D., his imaging centers and related entities in Palm Beach County, FL, have reached a settlement with the United States to resolve allegations of health care fraud, the Justice Department announced. Under the terms of the settlement, the U.S. recovered $7 million. The settlement resolves allegations that portions of CT scans were not performed, even though the procedures were billed and reported to patients’ physicians as if they were done. CT scans, which take detailed pictures of structures inside the body, are often taken using a dye (or contrast material) to highlight certain conditions. In addition to performing CT scans with contrast, scans may also be done without contrast. The bills submitted by Steinberg and his entities to federal healthcare programs, including Medicare, reflected that thousands of CT scans were carried out both with and without contrast, when in reality the CT scans without contrast were not performed. In addition, the government alleged that the Steinberg entities did CT scans and ultrasound exams that were not ordered by physicians and were not medically necessary.

The settlement also resolves allegations that financial inducements were paid to physicians for patient referrals, which are prohibited under the Stark law and the Anti-Kickback statute. These inducements took the form of medical directorship, clinical research, employment, facility use and equipment lease agreements that exceeded fair market value or otherwise failed to comply with federal law.

● dotmed.com [DM 5785]

continued from page 21 Bloody Truth years when it comes to increased storage and safety.

“The equipment has improved from the standpoint of more storage capacity in a similar footprint and many companies are developing ‘green’ or energy-efficient products,” says Richard Dougherty, President of LABREPCO Inc., in Horsham, PA. “We essentially supply all of the cold storage and cryogenic equipment a blood bank requires. Blood +4°C refrigerators, -30/-40°C plasma freezers, rapid blast freezers for quickly freezing blood components to minimize crystallization, -85 ºC red cell and whole blood freezers, and lastly liquid nitrogen freezers (-196 ºC) for indefinite storage of cord blood and stem cells.”

Over at Helmer Inc., a manufacturer and worldwide distributor of high quality laboratory equipment and refrigerated products, they have designed an advanced monitoring device to ensure the blood and plasma products are secure.

“The Helmer i.Center provides advanced monitoring and security for products stored in our units,” says Donna Holpuch, Marketing Communications Team Leader for Helmer Inc. “This helps keep track of door openings, exposure to temps, and other issues that might compromise products.”

The shelf life for blood in the refrigerators is around 42 days, while the freezers can store the plasma that is separated off for up to a year.

Helmer provides top of the line platelet storage systems (incubators and agitators), which store platelets in a controlled temperature environment, blood bank refrigerators which store blood products at 4°C, and plasma storage freezers, which store plasma at -30°C.

● dotmed.com [DM 5824]

Florida Radiologist to Pay U.S. $7 Million to Resolve Fraud Claims

A board-certified radiologist, Fred Steinberg, M.D., his imaging centers and related entities in Palm Beach County, FL, have reached a settlement with the United States to resolve allegations of health care fraud, the Justice Department announced. Under the terms of the settlement, the U.S. recovered $7 million. The settlement resolves allegations that portions of CT scans were not performed, even though the procedures were billed and reported to patients’ physicians as if they were done. CT scans, which take detailed pictures of structures inside the body, are often taken using a dye (or contrast material) to highlight certain conditions. In addition to performing CT scans with contrast, scans may also be done without contrast. The bills submitted by Steinberg and his entities to federal healthcare programs, including Medicare, reflected that thousands of CT scans were carried out both with and without contrast, when in reality the CT scans without contrast were not performed. In addition, the government alleged that the Steinberg entities did CT scans and ultrasound exams that were not ordered by physicians and were not medically necessary.

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● dotmed.com [DM 5785]

“People think of MR, CT and beautiful images, but in fact many more studies are done with ultrasound – it’s the workhorse of the imaging world,” says Barry B. Goldberg, M.D., a clinician, researcher and educator at Thomas Jefferson University and renowned expert on ultrasound. “Another aspect is that ultrasound is not just used by sonographers. It is increasingly used by many different types of physicians – from emergency room doctors, to anesthesiologists, to cardiologists, and internists, the list goes on and on. It’s even used to guide needle placement for localizing nerve pain,” Goldberg noted.

Ultrasound’s widespread usefulness has led to more than 30 million patient exams each year in U.S. hospitals. Most hospitals have multiple ultrasound units, and the majority of these were installed after 2002. This indicates the market may be approaching a saturation point that could somewhat temper sales of new equipment in the future, industry insiders told DOTmed Business News. Nevertheless, the market size in the U.S. ex-
surgeons do pre-surgical staging.” Studies done, followed by vascular, number three based on the volume of care. Cardiology as number two, OB/GYN CO. “Historically the other applications include liver and kidneys,” reports G. general imaging of the visceral organs are cardiac as number two, OB/GYN or imaging, as important as those are. Heart disease – the nation’s number one killer – presents a prevalent disease area and opportunity for women’s health intervention.

“While medical imaging reimbursements have been cut by Medicare, putting price pressures on sales and service in all modalities, ultrasound’s relative affordability has helped it withstand the Deficit Reduction Act cuts.”

“DRA didn’t impact ultrasound tremendously as it did MR and CT. Ultrasound is still considered a very cost-effective modality,” says Jim Brown, Senior Director of Clinical and Technical Marketing, Philips Healthcare Ultrasound Division. “If you are going to spend your money on making a diagnosis, many times ultrasound is well worth the value. With ultrasound going into interventional and guidance, the emergency department, and screening procedures, we are seeing increased utilization.”

But the cuts are taking a toll on smaller practices and imaging centers. “Reimbursement costs are under constant downward pressure by the managed care groups which ultimately make it less attractive for a medical practice to purchase ultrasound equipment,” says Abe Sokol, Marketing Director, Absolute Medical Equipment, Wesley Hills, NY. “However, since the cost of reconditioned ultrasound equipment is also receding and clinics need to offer better service to retain and attract patients, demand remains strong.”

Multiple Clinical Uses and Markets

How do the many clinical applications for ultrasound stack up? “If you look at the major ‘food groups’ if you will, in terms of applications, number one is general imaging of the visceral organs including liver and kidneys,” reports G. Wayne Moore, President and CEO, Sonora Medical Systems, Longmont, CO. “Historically the other applications are cardiology as number two, OB/GYN, number three based on the volume of studies done, followed by vascular, where surgeons do pre-surgical staging.”

Rather than straightforward organic growth in ultrasound use, Moore sees a complex shift with ultrasound gaining clinical users in new areas. “It’s a realignment of where the ultrasound is deployed and who the customers are for that ultrasound. That is growing. So the traditional radiology cart-based system may be slowing down but the slack is being picked up by the handheld, clinically specific types of systems that fuel growth.”

Future ultrasound sales are forecast to be strongest in highly sophisticated equipment such as hand-carried ultrasound (HCU) and advanced 3D (volume images) and 4D (motion picture) equipment that are driving the industry.

“The portable market is clearly the fastest-growing segment, and for most new models in this segment, the demand is high. End-users are still aware that unless you are in the highest price HCU range, the full-sized consoles still offer better performance for the price,” Sokol notes.

Some smaller OEMs are emerging to challenge the big name manufacturers in the HCU segment. “You can have a small, portable ultrasound system without compromising performance,” says Grace Palma, Vice President of Sales and Marketing, Terason Ultrasound, Burlington, MA. The company makes laptop-sized systems with the performance capabilities of a cart-based system.

“In terms of clinical applications, it does everything an ultrasound system does: from OB/GYN, radiology guidance, vascular, cardiovascular, musculoskeletal, small part, ICU, OR, to wherever it is needed because we have a full set of transducers (probes) as well.”

In terms of clinical areas of growth, women’s health is a huge and growing application for ultrasound. And it’s not only OB/GYN or breast imaging, as important as those are. Heart disease – the nation’s number one killer – presents a prevalent disease area and opportunity for women’s health intervention.

“We are seeing greater demand for utilization of ultrasound primarily in cardiology service, especially in women’s health, with more emphasis in screening women and addressing women-specific symptoms and causes. Ultrasound is playing a big role in that area because we can very easily look at the heart and make a primary diagnosis and follow-up,” says Philips Healthcare’s Brown.

A Unique Modality

Ultrasound is unique in many ways. Most notably, it is categorized as radiological even though ultrasound uses sound waves and not ionizing radiation. In an era in which radiation exposure is of increasing concern, ultrasound stands out for its safety profile.

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With the technology in the hands of so many specialists, training becomes critical and the skills of the technologist or sonographer are paramount to the quality of the exam. These and other distinguishing characteristics of the technology have important service implications.

“Ultrasound is in a funny spot. It’s between an imaging device and a ‘biomed’ device,” observes Christopher Cone, CEO, Echoserve, Golden, CO. He notes that hospitals typically have costly service contracts for high-end equipment such as CT scanners, while lower-cost equipment such as patient monitors are typically maintained by in-house biomedical staff. “Ultrasound is not quite an MRI or CT and not quite a patient monitor [in the sense of service arrangements]. It’s one of those assets that hospitals have targeted to bring in house [for servicing], since the value proposition is there and training and parts are available."

Cone and other industry experts report that hospitals have increasingly taken on maintenance and servicing of ultrasound equipment themselves, either through their own staff, asset managers on site, or through independent service organizations. (See sidebar.) Because most facilities have multiple ultrasound units, service issues are extremely important to healthcare providers’ bottom line.

“You see a lot of sensitivity on the service side because many sites have 10-20 [ultrasound] machines; you don’t just have one system, which is typical with MR or CT scanners,” Cone notes. “That is why we see [providers] considering lower-cost alternatives as long as the quality of service is there.”

“Ultrasound is very interesting because unlike MR or CT, ultrasound fits very well into the core competencies of the existing biomedical department. You don’t need a Ph.D. like you do [to service] an MR or CT,” says Don Trombatore, Director of Business Development, Axess Ultrasound, Indianapolis, IN.

Preventive maintenance is essential but often inadequately performed, he cautioned. American College of Radiology standards call for two preventive actions per year along with probe testing. Here, as in most service areas, there can be huge differences in the meticulousness of providers.

For instance, simple environmental conditions like linen changes and HVAC can stir up dust particles. “You have to go in and monitor the system and make sure all the fan filters are running clean and free to minimize dust and dirt buildup,” says Trombatore. “If you do, uptime increases exponentially. A lot of in-house biomedical departments have realized this.”

Sales Trends Favor Advanced Applications

Medical equipment industry insiders interviewed for this article report a steady pace of sales for used ultrasound equipment, a market that can save hospitals about 40% off the cost of purchasing and servicing new equipment. There is also heavy activity in trade-ins motivated by significant new product advances lately.

“When a new product introduction comes out that is revolutionary as opposed to evolutionary, that spurs a lot of trade-ins because the customer is getting rid of the entire product. When there are upgrades and evolutionary changes to the product, then they tend to hold on to products,” reports Jim Kollai, General Manager, Ambassador Medical, Carmel, IN. “We see quite a few new products coming in and that is why we see trade-ins.”

Regarding new products, there’s a lot of buzz lately about Philips’ “ibox” units, the iU22 for general imaging and iE33 for cardiac imaging. These high-end ultrasound technologies are priced from $120,000 to $200,000 and can perform 2D, 3D, and 4D (real time) studies. Philips doesn’t make its HDI 5000 anymore, but the company’s HD line continues to include affordable units from $20,000 to $80,000.

Philips enjoys many distinctions in the field of ultrasound. The company is the market leader for cardiology and radiology and has been rated number one in service by IMV for 15 years. Siemens and GE are the other dominant OEMs. But they’re not the only game in town.

“Competition from foreign-based entities like Mindray will continue to put pressure on the market for domestic design and manufacturing,” observes Alan Gust, Biomedical Engineer, Mobile Instrument, Bellefontaine, OH.

Issues of Probes and Service

The most essential part of the ultrasound system is the transducer (or probe), which contains a costly and delicate array of high-tech crystals that send energy through the body to create visual images from sound waves.
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“Transducers are small, hand-held devices that transmit inaudible, high-frequency sound waves into the body and record the subtle changes in the sound waves’ pitch and direction,” explains Michael Parnell, EquipStat Medical Equipment, Tampa, FL. “As with any repair, you must have trained technicians to repair transducers. Replacement of broken ultrasound transducers represents a significant cost area for hospitals.”

“The probes are like the glassware tubes for X-ray and CT,” says Christopher Turner, Owner, C&C Medical Solutions, Noblesville, IN, comparing the ultrasound probe to the most essential and costly component in other modalities. “Customers drop [the probe] and the array gets damaged and that’s an expensive part and hard to get.” For example, a new probe used in transesophageal echocardiogram (TEE) can run $20,000.

Like most medical equipment parts, probes can be serviced and replaced with new or used ones. But only a few companies are able to repair ultrasound probes. Some notable examples of transducer repair shops include Sonora Medical Systems, Echoserve, and Axess Ultrasound. Wetsco is a low-profile transducer repair company which only works with the OEMs, and Specialized Technologies, Tulsa, OK, only repairs one type of probe, the TEE, or transesophageal probe.

“The growth for us in probe repair activity has been very robust. Hospitals are taking an ever-closer look at all of their expenditures and how they can realistically save more bottom-line dollars,” says Moore. “Sonora’s whole value proposition was to give hospitals another choice to get something repaired and get aftermarket products without going to the OEM.”

“An enormous library of castings, testing adapters, adhesives, and electronics are necessary for an ultrasound transducer repair company. These are all engineering challenges and any company able to provide quality repairs with the amount of research and development involved has found a special niche,” Gust says.

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system is also important, including two preventive actions per year. The other systems in the ultrasound unit that require regular maintenance include the electronics, monitor, keyboard, cables and mechanical parts.

Service response time is most critical. “If your machine goes down you may have to stop doing cases, so sometimes equipment decisions are made on the basis of prompt service,” Dr. Goldberg says. “Even if you are sitting in an office with many machines, if a few go out of action, it causes bottlenecks.”

Future Trends in Ultrasound

From imaging a newborn’s brain (because sound waves can penetrate a baby’s soft skull), to advanced real-time cardiac imaging and surgical planning, to spotting venous disease such as thrombus, the applications for ultrasound are nearly limitless.

“Continued advances in 4D technology may open doors to better visualization of slower-motion defects of systems related to smooth muscle or glandular function. Therapeutic ultrasound applications continue to make gains in terms of options for surgical ultrasound for cutting, coagulation, and deeper ablation,” says Gust. “Ultrasound-guided drug release is an interesting concept that will continue to evolve with reduced cost and the rapid market cycles. Ultimately, portability will drive the market for diagnostic imaging ultrasound. Pocket-sized scanners will be a cornerstone of exams in the future and the imaging modality will be seen as a basic tool rather than its current status as an independent diagnostic procedure.”

While CT and MR enjoy an advantage because of the use of contrast agents, that too is being challenged by ultrasound. “Some of these contrast agents have proven to be toxic, so ultrasound has been used more often and we are seeing, in most of the world, the use of an ultrasound contrast agent, which doesn’t appear to have the toxic effects,” Dr. Goldberg reports. One example of the use of ultrasound with contrast might be in identifying sentinel lymph nodes, which drain from tumors and are important for surgeons to remove. Dr. Goldberg has an NIH grant related to this area.

He also confirmed that a rapidly growing application for ultrasound in the United States is in musculoskeletal ultrasound, an area of increasing importance given the aging demographics.

Another promising application is elastography, which refers to the study of the rigidity or softness of masses. “Malignant masses are harder and more invasive. Benign masses are smoother and we are just at the beginning of that field and the variations in that area,” he says.

Dr. Goldberg also envisions a world in which pocket-sized ultrasound technologies or “ultrascopes” will be as widely used as today’s stethoscopes. “I have been in this field more than 40 years and each year I am astonished about how much further we are able to go.”

Tips on Choosing an Independent Ultrasound Service Provider

• You can save up to 40% on systems and service by choosing a reliable third party service provider.
• Do your due diligence to check into the reputation of the serv-
- Don’t be too impressed by long warranty offers. A two-year warranty may be too good to be true if the company or its engineers have not been in business very long.
- Find out if warranties are subject to inspection of equipment before coverage kicks in. Does the service provider have replacement parts during the inspection period? These may or may not be needed, but know what your contract stipulates.
- How fast will service response times be? This may be the overriding issue in your choice of service provider, all other things being equal.
- Probes are costly and delicate. Find out how the service provider handles probe repair or replacement.
- Remember that OEMs are competing with ISOs for your business, so ask the manufacturer to come back with their own long-term service offerings and options.

**DOTmed Registered Ultrasound Sales and Service Companies**

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 5788]

*Names in boldface are Premium Listings.*

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<td>Chennai</td>
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AUTOREFRACTOR
469834 - ACCUTEK Axis Autorefractor $6,995 Refraction Mode: Sphere 25D to 22D Cylinder 0 to /- 10D Axis 1 to 180 Degrees Carl Tela, Vision Systems, 866 934-1030


BEDSIDE MONITOR
469951 - CRITIKON PRO 1000 COLOR - ECG, SPO2, NIBP, Printer and Accessories - bedside monitor $2,150 This monitor is in excellent patient ready refurbished condition. Please call for great pricing on medical electronics and accessories. Craig Pelissier, GTS Medical Systems, +1 (714) 504-1921

CARDIAC - VASCULAR ULTRASOUND
452866 - SIEMENS Cypress Cardiology Plus Cardiac - Vascular Ultrasound $31,995 Brand New 1 Year warranty Cypress system PLUS engineers pioneered technology m John Gladstein, Medical Device Depot

311640 - ACUSON Aspen Cardiac - Vascular Ultrasound Acuson Aspen Ultrasound System, Cardiac/Vascular Calculations Package, CW/PWD Thomas Monreal, Resolve Medical Electronics

CARDIAC ULTRASOUND
465233 - GE VIVID 3 Cardiac Ultrasound 2002 model with adult and paediatric probes Gurunath Parale, Spandan

CELLULITE REDUCTION
401275 - STARBENE Bio Spa Cellulite Reduction Demo Bio Spa available with warranty & training. Advanced body and facial treatment to increase your results! $2 Programs with microcurrents. Christi Wigle, Just for Spas, 423-273-2299

CENTRIFUGE
439719 - IEC Thermo Centra CL3R Centrifuge $3,000 Great cosmetic and operational condition. Joseph Kroslak, Kroslak Enterprises

COAGULATION ANALYZER
456639 - SYNBIOTICS SCA2000 Coagulation Analyzer $2,000 SYNBIOTICS SCA2000 Veterinary Coagulation Analyzer SEIKO INSTRUMENTS DPU-414 Thermal Printer (All original components included). Darren Milos, Shakespeare Veterinary Hospital

COLPOSCOPE
415347 - WALLACH Zoomscope Colposcope $2,800 This zoomscope is in good condition; the eyepieces are 20x/12, SM5 0. Nancy M. Mills, Mid-America Medical

418432 - LMS MEDICAL INC AM COLP A/B Colposcope $3,000 These are brand new scopes. All are 5 Step, and upgradeable for beam splitter, Video Adapter, Laser Compatible, Etc. See photo which also has detailed Spec. James Walker, LMS Medical Inc., 781-648-3938

DEFIBRILLATORS
464613 - LIFEPAK Physio-control Defibrillators $7,500 Lifepak 12 Defibrillator/Monitor Series Monophasic and 3 Lead ECG monitoring I Rahmat Jayadi, PT.Indomedical

452322 - LAERDAL HEART START 4000 Defibrillators $1,250 We have 8 of these in stock. Jason Eden, Bio Basics Global

470499 - CARDIAC SCIENCE Power Heart Defibrillators Cardiac Science Biphasic Power Heart G3 AED can be upgraded to meet new 2005 AHA guidelines. Chris Williams, East Coast Medical Equipment

DENTAL ACCESSORIES
416522 - ELLA-LEGROS VL5 Dental Viewer Dental Accessories $225 Dental viewer for panoramic x-ray films. Jack Donovan, Broadway Corporation

DIGITAL STORAGE DEVICE
458226 - SIEMENS Dicom Bridge Digital Storage Device Dicom Bridge for Siemens Siremobil Compact ISO-C M# 79202778 S# 51517 Siemens Part# 4407651 RH057 Wayne Horsman, Columbia Imaging, Inc.

DIGITIZER
439258 - LUMISYS Lumisan 75 Digitizer For PACS, Teleradiology and Film Duplica
tion. Michael Lies, Medical Advantages Inc.

DOPPLER WAVEFORM ANALYZER
452951 - NICOLET Elite 100 Non-Displa Doppler Waveform Analyzer $355 Receive a $50 rebate for each doppler purchased, and get an additional $50 bac John Gladstein, Medical Device Depot

DRI Hydrotherapy
348858 - CHATTANOOGA 1480 Dry Hydrotherapy $3,500 The First Real Improvement in Dry Heat Therapy! this Fluido Dry Heat Therapy Unit has never been used. Joseph Jackson, Community Physical Therapy

EEG UNIT
457711 - NIHON KOHDEN Neuromaster MEE-1000 EEG Unit $22,000 This system is just like New and is only 1 John Pritchard II, Venture Medical ReQuip, Inc.
EQUIPMENT FOR SALE

356199 - NEUROVIRTUAL BWII EEG - Portable EEG Unit $9,990 FDA and CE Approved. Eduardo Faria, Neurovirtual

EKG 71189 - MARQUETTE MAC 1200 EKG $2,499 GE Marquette MAC 1200 Portable EKG machine with FAA modern, Report Storage, EKG Abe Sokol, Absolute Medical Equipment

EMG UNIT 457069 - NEUROMAX 1002 EMG Unit This Neuromax 1002 was built in 2004. Richard Weiss, Admar

374677 - CADWELL Sierra II EMG Unit We have both a 2 or 4 channel Sierra, with EMG/NCV/SEP programs upgradeable for AEPs and VEPs. Richard Weiss, Admar

ELECTROLYSIS MACHINE 452154 - UNKNOWN Lam Probe 4000 Electrolysis Machine $4,995 Lam Probe Model 4000 Brand New Machine - our favorite seller! Every client you have needs this machine and that generates revenue. Mark Lynch, Wholesale Medical and Spa Equipment

ELECTROSURGICAL UNIT 56454 - VALLEY LAB Force GSU System Electrosurgical Unit This is as pictured the Base cart unit with the Argon Gas Tanks.Electronics control / interface module. Erik Rode, Erode & Associates

EMPTY TRAILER 459602 - ELLIS & WATTS Converted PET for CT Empty Trailer 2001 Ellis & Watts PET Trailer being converted for CT Scanner of your Choice. William King, KING Equipment Services Inc

ENDOSCOPE 459209 - STORZ 7208AA 2.7mm 0 deg. Endoscope $2,500 This scope is a 2. Troy Appleton, Matlock Endoscopic Repairs

EXAM TABLE 469634 - MIDMARK 404 Exam Table We have over 20 model 404 exam beds in stock.Nancy M. Mills, Mid-America Medical

439668 - BODOX 056-605 Exam Table $850 HYDRAULICS GOOD - COSMETICS GOOD - FOOT AND HEAD WORK WELL. Bob Cavanaugh, Cavanaugh Associates

LASER – ALEXANDRITE 441850 - CYNOSURE Apogee Elite w Laser - Alexandrite $4,995 INCLUDES ZIMMER CYNOSURE SMARTCOOL CHILLER! $8,000 VALUE. Chris Hill, Med1Online

LASER – DIOIDE 441852 - ASCLEPION Medistar Diode XT Laser - Diode $4,995 The fastest and most comfortable 810nm Diode Laser. Chris Hill, Med1Online

179812 - COHERENT Lightsheer Head Refurbishing Laser - Diode $10,000 9x9 Lightsheer diode replacement. Geoffrey Loveless, JLI United, Inc.

LASER – YAG 460897 - COHERENT VPS WITH HELP G Laser - Yag $40,000 COHERENT VERSA-PULSE VT COSMETIC VASCULAR AESTHETIC TATTOO REMOVAL. Yolanda Diaz, Star Asset Recovery

LIFT CHAIR 347185 - UNKNOWN whirlpool chair Lift Chair $250 This high chair is good for knee whirlpool. Joseph Jackson, Community physical therapy

LINEAR ACCELERATOR 465772 - SIEMENS ONCOR Linear Accelerator 2004 unit Photons: 6/15 MV Electrons: 6, 9, 12, 15, 18, 21 MLC -58 leaf IMRT / Stewart Farber, Farber Medical Solutions, LLC

465769 - SIEMENS Oncor Linear Accelerator 2004 unit Photons: 6/15 MV Electrons: 6, 9, 12, 15, 21 MLC -58 leaf IMRT / Stewart Farber, Farber Medical Solutions, LLC

MRI COLDHEAD 89376 - LEYBOLD RGDS100 Cold Head MRI Coldhead Remanufactured to original specifications. Marc Fessler, Independence Cryogenic Engineering

MRI COMPRRESSOR 113099 - SUMITOMO CSW71D MRI Compressor Remanufactured Sumitomo compressor available. Marc Fessler, Independence Cryogenic Engineering

MRI MOBILE 460777 - SIEMENS Impact Expert MRI Mobile We’re searching for Siemens Magnetom Impact Expert Mobile MRI in good condition. Yuri Popov, ZMT ltd

MAMMO UNIT 415341 - FAXITRON MX-20 Mammo Unit $9,500 Used in medical facilities & scientific labs. Jack Donovan, Broadcast Corporation

457452 - TRIX® Lorad MultiCare DSM Mammo Unit $35,000 (1) Lorad / Trea Medical Multicare Stereotactic Prone Breast Biopsy System John Pritchard II, Venture Medical ReQuip, Inc.

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16 lines: $325

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EQUIPMENT FOR SALE

459094 - GE Voluson 730 BT05 OB / GYN - Vascular Ultrasound $74,999
GE Voluson 730 BT05 EXPERT 4D OB/GYN Ultrasound Machine with two volume probes.

460839 - GE Voluson 730 Exp BT04 OB / GYN - Vascular Ultrasound Color/PW Doppler, OB/Vascular Calculations, ATO, THI, PDI, 3D Static/4D Real-time Imaging (32+ FPS), Real Time 4D, XTD View, Crossbeam-CRI, DVD-R/RW, MOD, HD

460160 - BAUSCH & LOMB Anterior Position Thacoemulsifier $22,500
2004 Sonosite Titan Ultrasound with OB/GYN Package.
Dick Slade, BISTechnologies

460326 - STERISHausted Surgi-Chair $4,000
Excellent condition, Electric with two armboards and Head Rest Halo for widening the head rest area.
John Weymouth, MEDiSURG

OPHTHALMOLOGY GENERAL
450727 - UNKNOWN Retinal Acuity Meter Ophthalmology General $750 Ama Retinal Acuity Meter $750 w/ Pinhole & Occluder Clip $850 Judy Pottinger, Foresight International, S.A

475789 - RELIANCE 0% Financing/60 Mts Ophthalmology General Marco Combo Chair and Stand, AO/Topcon Ultramatric Phoroptor, Marco 2B Style slitlamp, Manual Projector, Mirrors, Screen, Slides and wall mount. From 198.00/Month. SPRING PROMOTION: 0% Financing for 60 Months on Lanes, Pretest, etc. DJ Brown, Diagnostic Instrument Group, 813-926-3447

PATTERNLESS EDGER
226134 - SANTINELLI LE7070 Patternless Edger $13,499 Santinelli LE 7070 Completely reconditioned The LE 7070 is another high quality patternless system in the Santinelli line of fine equipment. Carl Tela, Vision Systems, 866 934-1030

PHACOEMULSIFIER
464160 - ALCON INFINITY OZIL Phacoemulsifier $35,000 Alcon Inifiniti Phaco Machine With Ozil Software. Purchased three years ago. Includes 2 Ozil phaco handpieces. Service records available. John Weymouth, MEDISURG, 800 575 6260

460160 - BAUSCH & LOMB Anterior Posterior Phacoemulsifier $22,500
This unit is complete with EVERYTHING for posterior and Anterior surgery. John Weymouth, MEDISURG

385835 - AMERICAN OPTISURGICAL Horizon Phacoemulsifier $180,000
The Horizon Phacoemulsification System is a complete anterior segment surgical system. Judy Pottinger, Foresight International, S.A

PUMP / IV INFUSION
467799 - BAXTER 6200 Pump IV Infusion $700 Baxter 6200 IV Pump 90 day warranty

New Batteries - Tested and ready to ship

13018 - BAXTER 6201 IV Pumps Pump IV Infusion 45 in stock, patient ready with 90-day warranty. Qty. discount pricing is available.
Bob Caples, Med-E-Quip Locators, Inc, 800-555-0774

PUMP LYMPEDEMA
106466 - KENDALL #7325 Response SC Pump Lymphedema 90 in stock, $325 each
Bob Caples, Med-E-Quip Locators, Inc, 800-555-0774

RAD ROOM
458267 - GE Proteus Rad Room 2001 Proteus rad room available mid-May. Pete Schlebner, Benchmark Imaging Group

455982 - BENNETT 12000P Rad Room $25,000 This is a Bennett Rad Room with 4-way float top elevating table with bucky, chest stand, overture tube crane, 3 phase high frequency generator. Gregg Jones, Accurad Medical Imaging

RAD/FLUORO ROOM
417116 - GE Advantex Rad/Fluoro Room $8,500 We have 2 used GE Advantex R&F rooms in good condition. Gregg Jones, Accurad Medical Imaging

SPECT camera
377331 - IS2 Pulse CDC SPECT Camera $180,000 New IS2 Medical Systems Pulse CDC Dual head gamma camera system with Segami Mirage processing work station. Chris Reilly, CER MEDICAL

SHARED SERVICE ULTRASOUND
306290 - ACUSON Aspen Shared Service Shared Service Ultrasound Chrystal Turner, C&C Medical Solutions

277384 - SONOSITE Micromaxx Shared Service Ultrasound Sonosite Micromaxx system available with your choice of tranducers and calculation packages. Chrystal Turner, C&C Medical Solutions

SLITLAMP
360311 - ZEISS G300Z Slitlamp Type: Galilean magnification. 13 degree binocular tube with converging optics
Zhang Annie, AuMed Group Corporation

360313 - ZEISS G300M Slitlamp Type: Galilean magnification. 13 degree binocular tube with converging optics
Zhang Annie, AuMed Group Corporation

SOFTWARE
112737 - FLIR AnalyzIR Software Software FLIR Sys. Erik Rode, Erode & Associates

STERILIZER
375988 - STERIS V116 Sterilizer $18,000
V116 VAC STEAM STERILIZER. Billy Dean, Medequip Engineering Service Inc.

245398 - AMSCO 3013-3 Sterilizer HIGHEST QUALITY REFURBISHED EAGLE 3000 STAGE 3 VAC STEAM STERILIZER. Billy Dean, Medequip Engineering Service Inc.

STRESS TEST
438838 - MARQUETTE Case 15 Stress Test Stress Test Stress Test $3,500 The Marquette Case 15 Stress Test System combines proven stress testing performance with additional diagnostic capabilities. Joseph Kroslak, Kroslak Enterprises

STRETCHER
460326 - STERIS Hausted Surgi-Chair Stretch $4,000 Excellent condition, Electric with two armboards and Head Rest Halo for widening the head rest area.
John Weymouth, MEDISURG

SUPERFICIAL THERAPY
391160 - GULMAY XSTRAHL 100 Grenz & Superficial Therapy Maximizes return on your investment with two machines in one. Adrian Treverton, Gulmay Medical Inc

TOMOMETER / TONO-PEN
308627 - ICARE USA Tonometer / Tono-Pen FDA Approves; No Drops or Air Application Tonometer that is as Accurate as a Goldmann. DJ Brown, Diagnostic Instrument Group, 813-926-3447

TOPOGRAPHER
454520 - BAUSCH & LOMB Orbscan II Topographer I have a B/A Orbscan II that is loaded and is MINT condition. Just serviced. In compliance with HIPAA. Won’t Last. DJ Brown, Diagnostic Instrument Group, 813-926-3447

ULTRASOUND TRANSDUCER ULTRASOUND
402088 - GE E721(NEW) Ultrasound Transducer Ultrasound E721 endocavity transducer Christopher Turner, C&C Medical Solutions

464738 - TOSHIBA PLF 80ST Ultrasound Transducer Ultrasound PLF-805ST LINEAR SMALL PARTS TRANSDUCER (6-10MHZ) FOR TOSHIBA SSA-140/340 - Excellent Condition with 30 day warranty. Christopher Turner, C&C Medical Solutions

VENTILATOR
464428 - PULMONETIC SYSTEMS LTV 900 Ventilator Patient ready with all paperwork and 90 day warranty John Wittenberg, Inventory Solutions, Inc.

VIDEO ENDOSCOPY
475848 - PENTAX P-V1000 adaptor Video Endoscopy $1,600 Pentax P-V1000 & AT-OF3 Fiberscope Adaptor/Video Converter.
EMPLOYMENT OPPORTUNITIES


#469466 – Biomedical Technician - Oklahoma, USA. Minimum 2 years experience in General Biomedical work (with at least one specialty desired). $40-50K.

#465778 – Nuclear Technician - California, USA. Seeking a Paramedic or Registered to join our team in Hayward, CA.

#470503 – Ultrasound Technician – Missouri, USA. Experience performing echocardiograms, vascular, and general ultrasound studies. Fax resume & cover letter to: Kandi Railsback, Mobile Medical Services, 816-232-2771

#468005 – Biomedical Service Engineer - Tennessee, USA. Senior supervisor for in-house biomedical department. $50K-65K.

#469690 – Radiology Administration - Connecticut, USA. Clinical Site Manager Position Open. Oversees all site operations. Email resume & cover letter to: hr@jeffersonradiology.com

#439021 – MRI Service Engineer - California - USA. Self starter, self directed GE MRI Field Service Engineer for install, de-install, mobile PM’s, cryo fills & much more.

#456531 – Cardiology Technician - New Hampshire, USA. Client looking for Echo Tech for Monday–Friday, day shifts. Jim Angel, SpringBoard Healthcare Staffing, 866-465-6286

#459575 – Laser Service Engineer - Tampa, Florida. Experienced Medical Laser Field Service Engineer willing to relocate.

#459835 – MRI Service Engineer. GE MRI Service Engineers for various markets in the U.S. Must have extensive experience on the LX and Excite platforms. Top salaries and benefits.

#470035 – Radiology Service Engineer - Florida, USA. Must know AMX-4. RF experience is a plus. Fuji CR will be considered.

#475749 – Homecare/Rehab Administration - Ohio, USA. MDS Coordinator for Dayton facility. Must be an RN with experience in Long Term Care. Misty Meints, Recruiter, 720-889-6706

#181068 – Non-medical Technician - New York, USA. Looking for experienced instrument repair Tech to man one of our Mobile repair trucks.

#468852 – Surgical Technician - Illinois, USA. Anesthesiologists needed for hospital. $120K-300K.

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CT
SIEMENS CT Scanner XENON detector. Siemens 164800 XENON detector for Somatom Plus 4. Tested, disassembled and professionally crated in wooden box. Sold for independent service organization. Auction 4733 - $20,000.00

PHILIPS CT Scanner Aura. 2002 Philips Aura CT Scanner. A fast, high-resolution Philips CT scanner, with EasyVision workstation and 3D imaging. Sub-second scanning EasyVision workstation 3D imaging Cardiac - 3D - 5.5min/cycle MR - 3D - 5min/cycle TDM881 Rel. 1.5.3 software Year of manufacturer 2002. Like-new appearance - This unit had been purchased new in 2002 and leased to a small hospital on the West Coast. It was returned to us after a service contract throughout its use. It recently came off lease and was returned in excellent condition. Sold for leasing company. Auction 4673 - $25,500.00

PHILIPS CT Scanner MX 8000 2002 Quad CT. Good working condition. Model #: 7180-0069 system Date of Manufacture is 8/1/02. The 6.5 ture - current tube count is 739K. This unit comes with an Envision CT Injector. Has the following system software options: - 3D - Angio - MPR - Dental - Cardiac - Stereotaxis - Masterknot - Mastermask - Time Lapse - Voyager - 2-GTA. The generator power is 60kw. Sold for dealer in Texas. Auction 4320 - $45,000.00

PET
SIEMENS PET Mobile ECAT ACCEL. 2002 ECAT ACCEL PET Mobile. The following are the specifications for this unit: - 16.2 cm Axial FOV / DICOM Image Transfer - Fusion Software - LCD Flat Panel Monitor - Software Version 7.2.2 - Medimage Server - Hermes Workstation with Fusion - LCD Flat Panel Monitor - Workstation and flat panel monitor transferred to PET. - Alpha, Beta, Gamma Detector - Alpha, Beta, Gamma Detector Model CRC-15W - Alpha, Beta, Gamma Detector Serial 170514 - (2) Printers - (2) MOD - Medimage Software - Trailer Manufacturer A.K. Associates Sold for broker. Auction 4490 - $39,000.00

SIEMENS PET Mobile ECAT EXACT. 2002 Siemens ECAT EXACT PET Mobile. The following are the specifications for this unit: - Whole Body Ring Detector - Gantry - 47 Image Plane system with a 16.2 FOV - 56.2cm Gantry Aperture - 16.2cm Axial FOV - Three In-Integrated Retractable Transmission Rod Source Holders - Low Attenuation Foam Core Fiber Patient pallet - Remote Control of 9 multilingual menus - Multi-Function Acquisition Controller - Sparc Processor - Ultra PARC 256MB 60 with dual 450MHz CPUs - 1.0 GB RAM - UNIX Operating system - Color Monitor - Transmission Scan - Densitomtric Scan - Dynamic Emission Scan - Water-cooled Gantry - 9216 Bismuth germanate (BGO) Crystals - Remote Diagnostics Modern - Isolation Transformer - Gantry/air/Water chiller - Mobile Sources kit - Medimage Server w/DICOM link - Software Version: 7.2 - Trailer: Ellis & Watts. Sold for broker. Auction 4489 - $51,000.00

MRI
MEDIRAD Injector MRI SPECTRIS. This unit was removed from a working center and has got calibration stickers within the last 18 months. It has a weight rolling base and cosmetically it is used but in good condition for its age. Sold for dealer. Auction 4156 - $5,000.00

C-ARM
OEC C-Arm 9400. Manufactured 1991 Model Number 871445-07. Includes: Image Intensifier Model Number 874615-01 Beam Image Device Model Number 860750-11 Varian Elmac Tube Insert A191 Serial Number 35929Y1 Focus 0.3x1.0 Housing B-100 Stator R - Matrix Instrument Video Imager. Sold for hospital. Auction 4673 - $9,000.00

OEC C-Arm 9000. OEC 9000 Mobile C Arm Manufactured 1989 Serial Number 99-0548 Includes: Fluoro Scoping Imaging Assembly 9 " Image Intensifier Model Number 870807-03 Beam Device Model Number 8607750-09 Tube: Insert A-141 Insert 7832-9V Focus 0.3x1.0 Housing B-100 Stator R. OEC Diascience Screen Model Number 1010-2 Software V4.21 Matrix Innovatums Video Image Manufacturer 1991. Sold for hospital. Auction 4671 - $4,500.00

RADIOLOGY
GE Rad Room Silhouette. GE Silhouette Rad Room Manufactured 2002. Includes the following: Silhouette VR Table/4 Way Flat Top VR Control Panel Collimator for Varoing Medical Products Tube Model Rad 12. Silhouette High Frequency Generator Vertical Wall Bucky. Sold for imaging center. Auction 4687 - $11,750.00

DYNARAD Portable X-Ray Phantom. Two Dynarad Portable x-ray units. The first unit has a 1995 DOM, the second a 1994. Sold for dealer. Auction 4655 - $4,250.00

NUCLEAR

ULTRASOUND
TOSHIBA Ultrasound Transducer PVK357AT. Toshiba PVK357AT Probe. Sold for dealer. Auction 4826 - $3,000.00

BONE DENSITOMETERS
GE Bone Densitometer Lunar Prodigy Advanc 2005 system. Software level 9.15.010. Used for less than 20 procedures per month. Includes: Prodigy Computer, Lunar Direct 17 inch CRT Monitor Prodigy Printer. Price includes GE professionally deinstalling the unit. This is covered by the service contract. This is also optional. Sold for Imaging Center in Florida. Auction 4431 - $25,500.00

IMAGING ACCESSORIES
KODAK Film Duplicator Dryview 8300 Table Top Laser Imager. Both imagers were never used and in the original box. Sold for hospital. Auction 4244 - $5,000.00

O/R - SURGICAL
OMHEDA Anesthesia Machine Excel 210 SE. Omheda Excel 210 SE with Sevo Tec 5 and Isotec 5 Vaporisers Includes Omheda 7900 Monitor. Sold for hospital. Auction 4642 - $5,626.00

EXAM ROOM
HAMILTON Exam Table Image 1K3 Motorized. You are bidding on a Hamilton Image 1K3 motorized Exam Table: This unit is in great working condition. Sold for medical office. Auction 4491 - $2,250.00

ENDOSCOPY
STRYKER Video Endoscopy 988 Full Set. Included: 2 Styrker 988 Camera head 2 Styrker 988 CCU 2 Styrker X8000 Light Source 2 WISAP 20L Insufflator Power chords and tubing Sold for dealer. Auction 4660 - $8,000.00

LASERS

STORZ Cosmetic General D-Actor 100 EPAT. Great shape with light usage. Sold for broker. Auction 4263 - $5,000.00

RESPIRATORY
OMHEDA Gas Management System (GMS), Absorver Air Shield Ventimeter controller, Halothane Vaporizer, ForaneVaporizer, Etthane Vaporizer. Sold for exporter in Florida. Auction 3930 - $1,850.00

OPHTHALMOLOGY
NIDEK Fundus Camera NIDEK NM-2000 Handheld non- mydriatic fundus camera with user-friendly color touch screen 10.4 inch led display. High quality tiff format. Sold for medical office in New York. Auction 4243 - $5,000.00

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- GS3576P replaces D3112T, D3119T
- New 90,000 scan warranty
- GS3576S replaces D3142T, D3149T
- New 120,000 scan warranty
- Loaded in original housings

MCS-6074
GE LightSpeed Plus
- Varian’s MCS-6074 replaces D3186T, D3187T, D3189T
- Backwards compatible with D3182T, D3172T, D3152T
- 6.3 mHU 200 mm target
- Supports 0.5 second full scans
- Calibrates like the original

GE Sytec SRI
- GS2176 replaces D3122T, D3129T
- New 80,000 scan warranty

For more information go online for a datasheet, or contact your preferred dealer.

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