Digital R/F

Digitization Eliminates Time Required for Film Development Appreciating the Value of a Patient-Friendly Fixed Tabletop

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When we incorporated CR into our general radiography setup, we added a digital R/F table

We planned to use CR for plain radiography of the chest, and in order to unify our film-output equipment, we decided to get a digital R/F table at the same time. This is what prompted us to consider introducing a new system. Since disposal costs of developing fluid are likely to continue to increase, we thought it would be better to switch to a digital R/F table that would not require any developing fluid. For a long time now, I have only used Shimadzu R/F tables. Over a period of many years, I have experienced several generations of these tables, which I have used with different X-ray tubes. These factors led to our introduction of FLEXAVISION.

Our specialty is examinations of the gastrointestinal tract

Recently, we have been performing around 100 fluoroscopic examinations of the upper gastrointestinal tract every year, and the annual number of endoscopic examinations exceeds 1000. January is the time of year for medical checkups and, during this period, we perform fluoroscopic examinations every day. After this, we undertake stomach cancer examinations for Yamatokoriyama City. When not performing fluoroscopic examinations, we use the bed for endoscopic examinations as it is exactly the right height.

I do not think that there are many cases where we use radiography or fluoroscopy for regions other than the gastrointestinal tract. There are quite a lot of doctors practicing in this area and so I try not to go outside my field of specialization. I believe it is necessary for specializations to be compartmentalized. It is in this sense that I am particularly anxious to perform effective diagnosis in fluoroscopic examinations of the gastrointestinal tract.

In addition to these examinations, we sometimes get requests from dentists to perform examinations on patients that have swallowed foreign objects. In such cases, if we find the foreign object using fluoroscopy, we take a plain image of the abdomen using general radiography equipment. FLEXAVISION makes it easy to perform CR cassette radiography and this is a feature that I plan on using in the future. We also perform enema examinations on patients when absolutely necessary.

This fixed-tabletop system's ease of use and compact dimensions were appreciated

This was my first time to use an R/F table with a fixed tabletop. I was very impressed. Elderly patients can get quite alarmed when the tabletop moves. This is not a problem with FLEXAVISION.

The system itself is more compact than other comparable products, which makes it easier to use.

We appreciate the importance of diagnostic imaging and the equipment used to perform it

One of the features of a digital R/F table is that it allows the image quality to be adjusted in various ways after the completion of an examination. At present, however, we are not using this capability much. At our clinic, we do not have a specialist X-ray technologist. It would be ideal if a single physician could easily perform all the necessary operations by himself.

I consider diagnostic imaging to be very important, and I apply various techniques of my own, such as those related to the administration of blowing agent and barium, to examinations. Considering the scale of our clinic, I think that we have relatively high-grade equipment, both for X-ray and endoscopic examinations. This is because I feel it is unacceptable to fail to make proper diagnoses simply because of the difference in capability between one instrument and another. This also applies to R/F tables, which is why we chose FLEXAVISION.

A word to doctors thinking of introducing this system: The fixed tabletop is very effective for giving patients a sense of security during examinations. You can easily understand how unsettling a moving tabletop is simply by climbing on it yourself. I highly recommend this feature.