

Digital R/F

With Compact Dimensions and Easy Operability, the FLEXAVISION FD Package Is the Ideal Choice for Endoscopy Rooms.

We emphasized compactness and ease of use in our selection of new specialist equipment for the expansion of our endoscopy room.

In line with an expansion of endoscopy room that resulted from the construction of a new building, we decided to introduce specialized endoscopic equipment in order to increase the frequency with which examinations can be performed. We selected a system that was both compact and easy for anybody to use. More specifically, because the X-ray tube must have a large movement range in order to facilitate different body orientations, because vertical movement of the table is necessary due to the large numbers of examinations requiring transfer from a stretcher, and because it was difficult to ensure the space required to install automatic developing equipment and to maintain a darkroom, the FLEXAVISION FD Package (with elevation function) was thought to be the ideal choice.

The frequency of ERCP examinations has increased. Introducing specialized endoscopic equipment was the right choice.

As suggested by the name "Surgery and Gastroenterology Center", we devote a significant amount of resources to disorders of the digestive tract. Introducing specialized endoscopic equipment has made it possible to think of colonoscopies separately from R/F tables, and we have established a framework for handling ERCP requests from other hospitals. As a result, although only two ERCP examinations were performed in August of 2007, 13 were performed in October. In addition to ERCP, we have also used the equipment for ENBD and PEG, and are mainly using it to combine endoscopy with fluoroscopy. Introducing specialized endoscopic equipment was definitely the right decision.

The compact design is ideal for endoscopy. The system can be used easily by anybody.

We believe that a compact R/F table is necessary for endoscopy. The design around the table of this system is simple, making it easy to use. Nearly all endoscopies are performed in a fixed position and



A word to doctors thinking of introducing this system:

This system has a compact design and a fixable table that make it ideal for endoscopies, and a high level of operability that makes it easy for anyone to use. With the optional oblique projection function, it can be used for orthopedic imaging, and in cases where multiple radiography rooms are not available, it offers a high level of flexibility. It can be connected to a local network, offering the potential for creating film-less examination frameworks based on in-house servers.

FLEXAVISION

FD Package Specifically for
I.I. – DR Model

USERS'
VOICE

Medical Corporation Seichokai Fuchu Hospital



Surgical/Gastrointestinal Center Chief
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so a fixable table is better. Equipment placed around the system does not get in the way. Not having to worry about obstructions makes it possible to perform examinations more quickly. We do not think that there is a better system for endoscopies. There are no problems with the operability, making it possible for staff to learn how to operate the system straight away. The functions of the controls are apparent from their labels. All 18 of our technologists are capable of performing the R/F table operations required in examinations. The bedside controller provided alongside the table is a convenient feature that is also used by doctors. (Photo shown on right.)



Examinations proceed smoothly from patient registration to completion. The console is extremely easy to use.

The console is simple to operate and handle, and the text display is easy to follow. Examinations proceed smoothly from patient registration to completion, and being able to set examination conditions and select images with a single screen ensures stress-free use. On pressing the image editing button, the image editing commands appear below, a feature that we find extremely convenient. It is also possible to enter the patient's name in advance and the patient registration is easy. Printing is possible during examinations, and detailed settings are unnecessary. We have registered a mode in which the monitor display is vertically inverted when an ERCP procedure is selected. This is another feature that we find convenient.

This system produces high-quality digital images with sharpness and contrast.

The digital images are very good. True to the Shimadzu tradition, this system produces extremely clear monitor images with an impressive level of sharpness and contrast. Even in the fluoroscopy of patients weighing more than 100 kg, it has produced surprisingly sharp images. Although our hospital has an image server, we have not yet connected this system to it. In the future, we plan to connect it to the network, and establish a film-less examination framework.