

**OLYMPUS**<sup>®</sup>*In Service*

VOLUME 5 ISSUE 2

SPRING 2003

**FREE Modem Cable**  
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**Technology**Additions to the innovative EndoTherapy<sup>®</sup> product line. Page 6.**Cost Containment**

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## THE FUTURE TODAY

### *Exploring the Possibilities at Digestive Disease Week 2003*

Today's innovative G.I. practice needs customizable solutions built around their specific procedural requirements, infrastructure and budget. That's the focus for Olympus this year at DDW 2003 as we showcase an integrated mix of sophisticated products and services intended to help our customers visualize the future direction of their endoscopy lab. A direction that not only ensures operational efficiencies and a competitive edge, but also provides a roadmap for how to get there.

Olympus will demonstrate: how we can deliver end-to-end customized solutions tailored to your facility's specific G.I. requirements through a seamless acquisition, delivery and installation process; how our team can analyze your needs, your facility's infrastructure and your budget to determine the right mix of endoscopes, software, audio-visual and ceiling pendants for your facility; how we can handle everything from the initial consultation to the final installation performed by highly skilled Olympus engineers.

We'll show you a solution where you can rely on one vendor, one cohesive plan and one implementation process for a remarkable display of integration at its best.



Olympus endoscopy products deliver standardization and integration through centralized control of imaging, audio/visual/data communication and documentation equipment. Procedures may be digitally recorded and stored for future viewing locally or via the web. Improved communication paths allow easy distribution of procedural audio, images and video using the hospital network (IP), ISDN, or the Internet. Real-time capabilities allow leveraging of video conferencing for live telemedicine, telementoring, consulting and education. Touchscreens located in the

## In Search of New Solutions

*Looking for Positive Predictors of Adenocarcinoma in Barrett's Esophagus*

With DDW 2003 right around the corner, we turn our focus to a digestive disease that has been quietly and quickly on the rise.

Barrett's esophagus affects more than 700,000 adults in the United States and is most prevalent in the white male population.<sup>1</sup> Its detection is important because it can be a precursor to esophageal adenocarcinoma, a rare and often deadly form of esophageal cancer which develops in 5 to 10 percent of people with Barrett's.<sup>2</sup> Since the 1970s, the incidence of esophageal adenocarcinoma in white males in the U.S. has increased 350 percent, outstripping the incidence growth rate of any other cancer.<sup>3</sup>

Once intestinal metaplasia is identified in the columnar lined distal esophagus (i.e., Barrett's esophagus), there is a heightened risk for malignant growth. The current procedure for identifying and monitoring changes in the mucosal cell tissue usually involves upper gastrointestinal endoscopy in conjunction with biopsy. Unfortunately,

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# OLYMPUS®

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## FREE INFORMATION

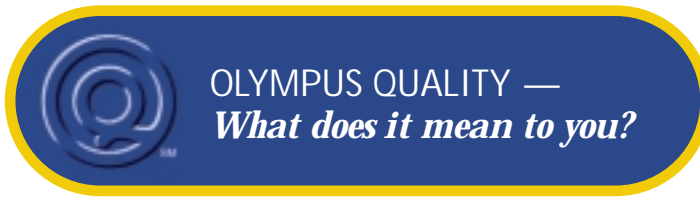
See details on page 8.

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 To help conserve the forests of the world, *In Service* is printed on recycled paper.

The Quality inside Olympus.  
THE Q INSIDE THE O<sup>SM</sup>



OLYMPUS QUALITY —  
*What does it mean to you?*

**At Olympus, quality means always keeping patient safety in mind, whether we're developing innovative solutions, delivering superior customer service or performing certified repairs. What does it mean to you?**

### Having a resource that can keep pace with our growth ...

"Our endoscopy department switched over to Olympus equipment a little over two years ago when we evaluated the best solution to help our resources grow along with our facility. We opted for an Olympus Cost Per Procedure<sup>®</sup> contract and it has helped us expand from five rooms to 11 (including three rooms for ERCP/EUS), always keeping our equipment resources in balance with our procedural requirements. As part of our contract, we have loaners on site, but we've hardly used them—repair turnarounds have been very fast, and the quality of the equipment is outstanding."

*Yang K. Chen, MD, Professor of Medicine, Director of Endoscopy/GI Practice Director, University of Colorado Health Sciences Center, Denver, CO*



### Preserving scope performance and saving money in the process ...

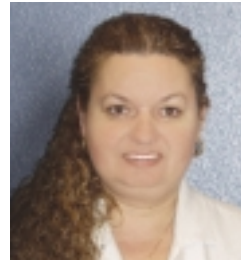
"Three years ago, we became increasingly unhappy with our third-party repair vendor. Scope performance was deteriorating and we were experiencing a lot of repeat repairs. When Olympus suggested their Cost Per Procedure<sup>®</sup> package, we decided to try it. We've been very pleased with the acquisition of new equipment and we really like the proactive service, including twice-a-year visits by Olympus to perform preventive maintenance. Another plus is that our contract rate has actually gone down. I'm a firm believer in relying on the original manufacturer for service. They know their product best."

*Maureen Petrarca, O.R. Supervisor, Riddle Memorial Hospital, Media, PA*

### Having reliable equipment that doesn't put the patient at risk ...

"As an Olympus final inspector, I've seen how even the simplest third-party repairs can impair the quality and safety of a scope. For example, missing glue on a C-cover repair can jeopardize the seal, putting the scope at risk of fluid invasion, which, in turn, impacts the performance of the instrument. So, when I underwent a procedure for kidney stones two years ago, I became alarmed when the technician brought in a non-Olympus scope with obvious signs of third-party repair work. Upon hearing my concerns, the doctor willingly agreed to switch out the scope to an Olympus URF-P3, putting me much more at ease. Above all, I know that at Olympus, quality counts. I'm so proud to be a part of this company."

*Myrna Rosillo, Final Inspector Lead, Olympus Endoscopy Service, San Jose, CA*




**For more information about "The Q inside the O" and our promise to never compromise on quality, select [B] on page 8.**

"THE FUTURE" CONTINUED FROM PAGE 1...

room, nurse station, or anywhere that control (remote or wired) is desired, ensure ease-of-use and access for all audio, video and environmental equipment, computer information systems, Picture Archival Communications (PACS), and other IT systems from a single location.

For the highest level of product integration, endoscopes in the Olympus 160 series, powered by the EXERA<sup>™</sup> information and imaging platform, can be combined with our EndoWorks<sup>®</sup> G.I. lab management software. The newest version of EndoWorks (7.1 due for release in 2003) will be web-based to provide read and write data access, anytime and anywhere for increased productivity through automation, along with improved patient care.

Come see integration in action at DDW 2003 (May 17-22) along with additions to our popular EVIS EXERA<sup>™</sup> 160 series of endoscopes; the latest technology in ultra high-end EUS imaging utilizing the market-leading Phillips HDI-5000\* processor and echoendoscopes with a new R8 transducer; the new disposable EZ Shot FNA needle designed specifically for Olympus echoendoscopes; our complete line-up of EndoTherapy<sup>®</sup> accessories; the QuickClip<sup>™</sup> Disposable Clip Fixing Device; a disposable loop; our FlowCut<sup>™</sup> Sphincterotomes (see page 6); and a peek at the future showcased in our concept booth.

Stop by Booths 843, 943, 1143 and 1151 at DDW 2003 to start envisioning your future direction today. 

\*Pending FDA 510K clearance. Currently not available for sale in the USA.



IN PURSUIT  
OF QUALITY

# A LOOK INSIDE THE ALPHA O.R.<sup>TM</sup>

*A revolutionary new concept in minimally invasive surgery, the ALPHA O.R.<sup>TM</sup> from Olympus is a totally customized operating room offering the highest level of patient care through seamless, build-on-demand integration of surgical and communication devices.*



With real-time and cost-saving benefits such as faster O.R. set up, along with superior imaging for quicker visualization, treatment and reporting, the ALPHA O.R. offers a truly stress-free environment for surgeons, nurses and support staff. The build-on-demand architecture of the ALPHA O.R. means it can be customized to meet your

needs today, and expanded to fulfill your requirements tomorrow. What's more, because each component is designed by Olympus, product compatibility is ensured with any additions to your ALPHA O.R. suite.

Integral to every ALPHA O.R. are the VISERA<sup>TM</sup> multi-specialty digital imaging platform and EndoEYE<sup>TM</sup> surgical videoscope, which we call "the eye inside."


The EndoEYE family incorporates a new digital imaging technology with the miniaturized camera chip located right at the distal tip of the scope. Putting the camera close to the image source eliminates human and environmental variables that can lead to compromised image quality. This enables far superior visualization and durability over coupled camera head and telescope and light cable systems. With EndoEYE, fragile rod lenses are a thing of the past. Its one-piece design requires no assembly, is fully autoclavable and delivers a consistent image every time.

EndoEYE is powered by the new VISERA multi-specialty digital imaging platform. VISERA allows you to specialize for each procedure while maintaining a standard platform across general surgery, gynecology, urology, thoracic, neurosurgery, cardiovascular, orthopedics, otolaryngology, pulmonary, pediatrics and gastroenterology, creating greater operating efficiency. VISERA can also be upgraded after installation to match the changing and diverse needs of your facility. Additionally, high-quality still and moving digital images can be recorded, output and stored with minimal degradation, making application and management of recorded images smoother than ever.

To further enhance your ALPHA O.R., the SonoSurg<sup>TM</sup> ultrasonic cutting and coagulation system offers opportunities for significant cost savings. Its universal system design can be used by surgeons for both open and laparoscopic procedures, including intra-abdominal, obstetric and gynecologic procedures. Product features—such as simultaneous coagulation and cutting, automatic

mist evacuation, and an ergonomic/user-friendly architecture—improve surgical efficiency. As the only fully autoclavable and reusable ultrasonic cutting and coagulation system, SonoSurg can also help take a big bite out of surgical costs, reducing them by as much as two thirds.

ALPHA O.R. can also incorporate the EndoALPHA<sup>TM</sup> centralized O.R. control system. This system provides instantaneous and centralized control for all O.R. equipment from a single touchscreen. Additionally, images can be imported from other sources such as fluoroscopy, ultrasound, CT scans, even radiology and other hospital computer information systems for display on central monitors along with an endoscopic image. Fully upgradeable to protect against obsolescence, EndoALPHA offers a range of choices, including an optional voice navigation feature, and price levels.

To learn more, visit [www.alphaOR.com](http://www.alphaOR.com), call 800-548-5515 or contact your Olympus sales representative. 



# EDDIE'S CORNER



*With 28 years at Olympus, Eddie Garcés, our Executive Director of Endoscopy Service, is the resident guru on all facets of endoscopic repair.*

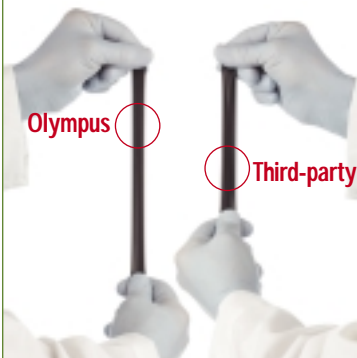
## Can Your Bending Section Coverings Stretch?

The old adage “more is better” does not always apply. Take for example the bending section covering of an endoscope. Every Olympus model has a unique covering specifically designed for the performance of that scope, including our latest generation product that is engineered with incremental elasticity throughout the length of the covering to further enhance flexibility.

Olympus does not sell its proprietary bending section coverings to third-party repair vendors, so third parties will frequently use a generic or “universal” bending section covering. While these generic coverings may at first appear to be thicker or stronger (“more is better”), they actually cause greater stress on the entire bending section, forcing the angulation mechanism to work harder. The end result is premature stretching of the angulation cables, requiring more frequent adjustments, or in some cases, the extra stretch on the cables may cause them to break. It's like wrapping thick tape around a finger and then trying to flex it—the effort will increase in proportion to the amount,

thickness and location of the tape on the finger.

In addition to flexibility, the physical properties of the bending section covering must also provide maximum strength and durability. When



Olympus manufactures the insertion tube assembly, including the bending section covering, all the materials and parts—everything right down to the glue—are fully tested for safety, reliability and biocompatibility. This ensures that all of the parts work well together and protects against adverse reactions. As a further precaution, all Olympus bending section coverings are latex-free. In short, there is no substitute for the real thing!

*Eddie*

*For more information, select [C] on page 8.*

## by THE WAY ...

*Other Olympus News*


## Putting Education Under the Microscope

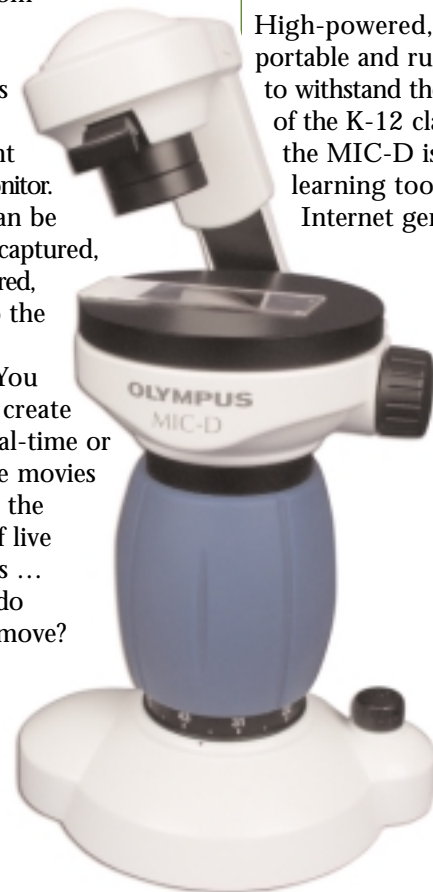
**A unique teaching tool for cross-curricular e-learning**

The Olympus MIC-D™ microscope is turning classroom learning upside down. With a lens that looks up from below the stage rather than down, students can inspect a bowl of pond water, a bug, or whatever strikes their fancy with little or no preparation and remarkable clarity.

Best yet, objects can be viewed simultaneously by the entire classroom. Digital technology, USB connectivity and user-friendly software enable the MIC-D to be quickly hooked up to a computer for viewing specimens in full-color right on the monitor. Images can be instantly captured, edited, stored, posted to the web and emailed. You can even create digital real-time or time-lapse movies to record the activity of live specimens ... just how do amoebas move?

The MIC-D is easy to use for all ages. The inverted design allows specimens of all shapes and sizes to be placed directly on the stage for instant viewing. The master zoom lens enables effortless magnification changes from 22x to 255x using a tactile handgrip. An LED attached to a rotating arm can be used to project direct, obliquely angled and reflected light to illuminate low contrast and opaque objects. With the MIC-D, microscopic exploration of anything and everything is possible.

High-powered, affordable, portable and rugged enough to withstand the rigors of the K-12 classroom, the MIC-D is an ideal learning tool for today's Internet generation. 



**For more information  
visit [www.olympusamerica.com](http://www.olympusamerica.com)**



## EDUCATION

### SGNA Vendor Program

As part of the SGNA Vendor Program in May, Olympus is pleased to present the following two valuable courses:

**Sunday, May 18, 2003:  
8:00 - 9:30 AM**

*The Dollar Quest—  
Demystifying Reimbursement  
Coding & Gaining Greater  
Efficiency*

New reimbursement schedules are out. Latest cost containment techniques are in. Learn new strategies aimed at improving revenue and proven techniques for reducing operating costs—lessons that make a real difference within your G.I. lab. Receive the latest reimbursement fee schedule valued at \$25.00. Breakfast will be served, contact hours awarded and door prizes given. Due to conference space limitations, we will be able to accommodate 350 attendees on a first-come, first-served basis.

**Sunday, May 18, 2003:  
10:00 - 11:30 AM**

*TLC: Just What It Takes to  
Reduce Endoscope Repairs*

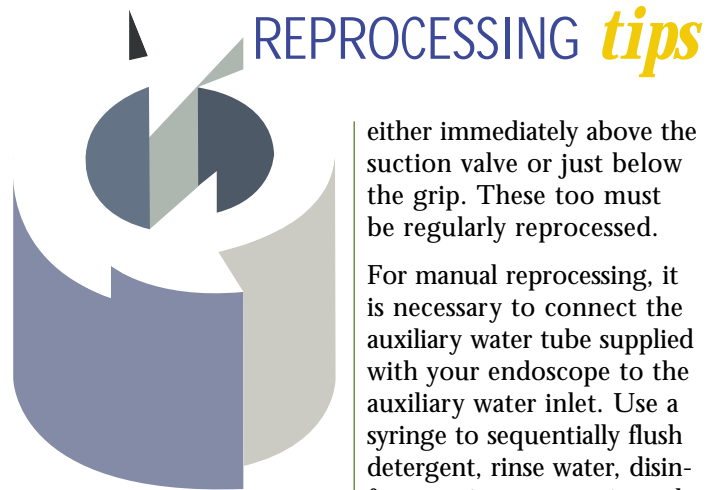
It is remarkable what a little TLC can do to reduce those expensive endoscope repairs. Join us for an interactive session that will help you identify the correlation between endoscope care, handling and reprocessing practices and repair expenditures.

This seminar will provide you insight to evaluate correct/incorrect reprocessing techniques and enable you to apply the TLC you need to reduce your endoscope repairs. Gourmet snacks will be served. Due to conference space limitations, we will be able to accommodate 350 attendees on a first-come, first-served basis.

### Olympus Supports Educational Program Through SGNA

Olympus is pleased to announce its support of SGNA in 2003-04 with an unrestricted grant for the development of an endoscope cleaning/disinfection educational program for the G.I./endoscopy nursing professional. Improper cleaning/disinfection methods can compromise the performance of an endoscope and increase the risk of infection. Olympus is committed to this program to increase awareness of this issue and promote safe cleaning/disinfection practices. At Olympus, patient health and safety is and always will be our highest priority.

SGNA is a professional organization of nurses and associates committed to the safe and effective practice of gastroenterology and endoscopy nursing. Its mission is ultimately to improve patient care through education, research, advocacy and collaboration. "We are delighted to work with such a dedicated organization on this important topic," says Sandra McDonald, executive director of professional services. Learn more about this program at the upcoming 30th Annual SGNA Conference, May 18-21, 2003, in Atlanta, Georgia.



### Important Safety Notice

*Auxiliary Water Channels  
Must be Reprocessed After  
Every Endoscopy Procedure*


To ensure proper reprocessing, remember that **all channels of all Olympus endoscopes must be reprocessed during each reprocessing cycle even if the channels were not utilized during the preceding patient procedure.** This applies to the auxiliary water channel ("forward water-jet") found on the following EXERA™ models:

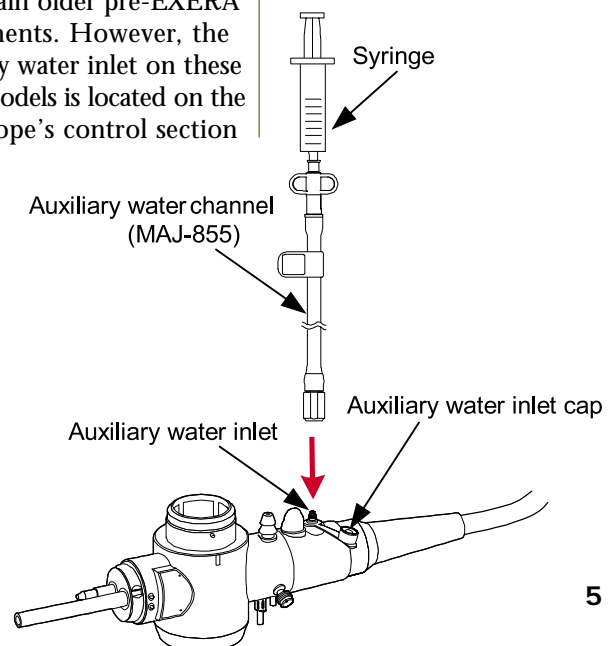
CF-Q160L      CF-Q160S  
CF-Q160AI    CF-Q160I  
CF-Q160AL    GIF-2T160.

A similar function is found on certain older pre-EXERA instruments. However, the auxiliary water inlet on these older models is located on the endoscope's control section

either immediately above the suction valve or just below the grip. These too must be regularly reprocessed.

For manual reprocessing, it is necessary to connect the auxiliary water tube supplied with your endoscope to the auxiliary water inlet. Use a syringe to sequentially flush detergent, rinse water, disinfectant, rinse water, air, and alcohol followed by air through this channel as the endoscope is reprocessed. The following diagram illustrates the configuration for manual reprocessing. The exact steps are outlined in the reprocessing manual supplied with each Olympus endoscope.

If you are using an automated reprocessor to reprocess your endoscopes, work with the manufacturer of the reprocessor to ensure you have an appropriate channel connector to flush fluids through the auxiliary water channel. For more detailed safety information about water channel reprocessing, visit [www.olympusamerica.com/msg\\_section/msg\\_home.asp](http://www.olympusamerica.com/msg_section/msg_home.asp), or select [D] on page 8. 



# Technology On The Horizon

## ...for ERCP

### FlowCut™ Disposable Triple Lumen Sphincterotome


Featuring protective CleverCut™ coating and a proprietary configuration of the three lumens to stabilize the orientation of the cutting wire

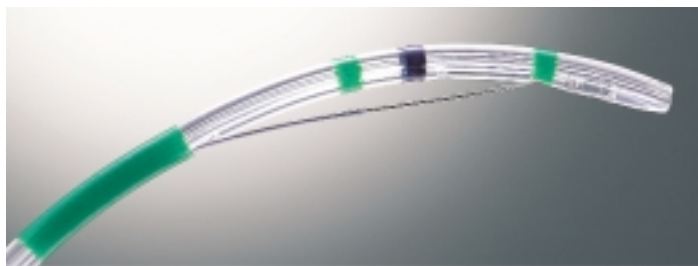
The FlowCut Disposable Triple Lumen Sphincterotome features an innovative configuration of the three lumens to stabilize the orientation of the cutting wire and further enhance procedural efficiency. The Olympus CleverCut coating at the proximal portion of the cutting wire minimizes inadvertent contact with the surrounding tissue. CleverCut coating also reduces the risk of electrical contact between the wire and the endoscope. Additionally, the completely independent injection, cutting wire and guidewire lumens make it possible to inject contrast media while keeping the guidewire in place.



Designed to meet the requirements of the widest possible range of endoscopic sphincterotomy applications, FlowCut's versatile lineup includes three disposable models: a model with the proprietary Olympus CleverCut coating for more dependable, accurate cutting; a model with the same design, but without CleverCut coating; and a tapered tip model, available with or without CleverCut, for improved insertion capability into strictures and the minor papilla.

The FlowCut Disposable Triple Lumen Sphincterotome is the newest addition to the innovative Olympus EndoTherapy® (ET) product line of endoscopic diagnostic and therapeutic accessories. Olympus expertise and knowledge of the endoscope is used to the best advantage in the design of all EndoTherapy products.

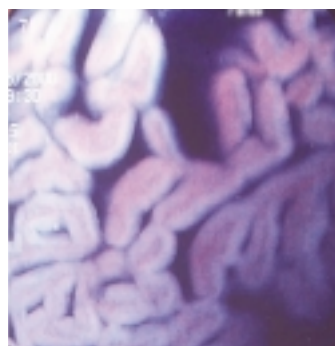
For more information about the Olympus FlowCut Sphincterotome or other Olympus ET products, select [E] and [F] on the Request Form on page 8, or visit us at DDW 2003. 



"IN SEARCH" CONTINUED FROM PAGE 1...

distribution of intestinal metaplasia and dysplasia is often patchy and mosaic, making it difficult to identify the best biopsy sites.<sup>4</sup>

New methods for treating this disease are under investigation along with the exploration of better procedures for screening and surveillance. In a study conducted by Sharma et al, researchers looked at the utility of high magnification chromoendoscopy (MCE)



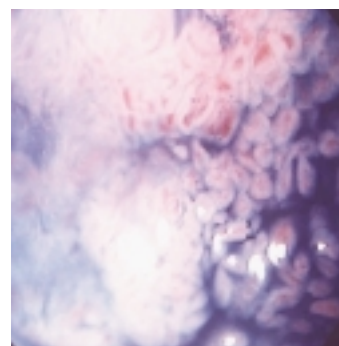
Barrett's without dysplasia\*

in the detection of intestinal metaplasia (IM) and low- and high-grade dysplasia (LGD, HGD).<sup>4</sup>

For the study, the researchers utilized an Olympus GIF-Q160Z endoscope—a powerful, high-resolution instrument with magnification capabilities of up to 115x. The distal esophagus was sprayed with an indigo carmine solution to identify different columnar mucosa patterns. Biopsies were taken from each of these areas to determine if these patterns (three in all) had a positive


predictive value for identifying areas of IM, LGD and HGD.

The study's conclusion was that high magnification chromoendoscopy may be a useful surveillance tool for IM and HGD.<sup>4</sup> "These are preliminary results that need to be validated by other centers and in larger multi-center trials," explains Dr. Prateek Sharma, one of the study's authors and an associate professor of medicine, section of



Barrett's with high-grade dysplasia\*

gastroenterology/hepatology at the University of Kansas School of Medicine and Kansas City, Missouri, VA Medical Center. "But the implication is that this may be a useful clinical tool to help identify areas of high yield for more targeted biopsy."

For more information about this study, please contact Dr. Sharma at psharma@kumc.edu. For more information about the Olympus GIF-Q160Z, select [A] on the Request Form on page 8. 

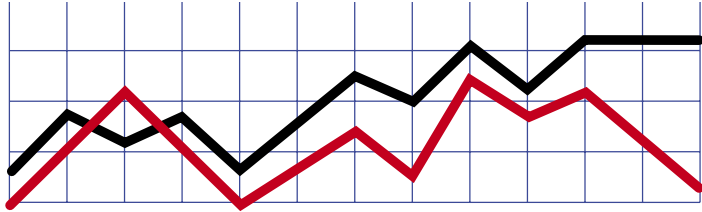
1 National Institutes of Health; Publication No. 02-4546; June 2002; <http://www.niddk.nih.gov/health/digest/pubs/barretts/barretts.htm>

2 Medical College of Wisconsin; Information provided by the National Institutes of Health; April 2000; <http://healthlink.mcw.edu/article/956611848.html>

3 Guyton K.Z., Richmond E., Hawk E.T., Report of the Barrett's Esophagus Working Group; Sponsored by The National Cancer Institute and The National Institute of Diabetes and Digestive and Kidney Diseases; June 2001; <http://www3.cancer.gov/prevention/gocrg/bewg.pdf>

4 Sharma P., Weston A.P., Topalovski M., et al: Magnification Chromoendoscopy for the Detection of Intestinal Metaplasia and Dysplasia in Barrett's Oesophagus. *Gut* 2003;52:24-27

\* Photos used with permission from the BMJ Publishing Group. *Gut* 2003;52:24-27



# COST CONTAINMENT *Strategies*

*Reducing annual costs  
through long- and short-term  
projects while maintaining  
quality patient care*

## IMPLEMENTING A REPAIR REDUCTION PROGRAM

*One significant way to help your facility in its cost containment efforts is to implement a repair reduction program. Understanding the nature, extent and costs of your overall repair efforts will arm you with the knowledge necessary to make effective decisions for your department. Here are a few guidelines for the type of information you can gather to help develop an effective repair reduction program:*

### An Ounce of Prevention

The first step is to prevent or minimize the number of repairs by ensuring everyone on staff coming in contact with the equipment understands and follows proper use, handling and reprocessing protocols established by the equipment manufacturer. These protocols are designed to reduce the incidence of repair while protecting patient safety.

### Who's in Charge

While everyone should participate in repair reduction efforts, it is beneficial to have one person responsible for the overall repair reduction program—someone who can monitor the big picture to track and trend repairs and look for opportunities to reduce their occurrence. If that person is you, you'll need ready access to repair records and budgets as well as the ability to interface with staff members and physicians who handle and use the equipment.

### Tools of the Trade

A few of the tools you can use to track and trend repairs include:

#### *Equipment Inventory*

Maintaining an equipment inventory helps you monitor the size of your resource pool and the age of the equipment in it. You can track available resources against current and estimated procedural demands, and anticipate repair expenditures and capital equipment upgrades based on the age of the equipment.

#### *Equipment Utilization*

By tracking the activity level for each piece of equipment in your inventory, you can determine if it is being over- or under-utilized. You can also compare the equipment's utilization rate (rather than "elapsed time") against its repair costs for a truer evaluation of the efficacy and longevity of the repairs performed on that equipment.

#### *Repair Logs*

Keeping a repair log is important, but actually using it to track and trend repairs is invaluable. The log enables you to analyze repair frequency by scope and repair type and determine if there is some sort of trend. Is one scope always breaking down? Does your repair frequency spike when equipment is handled by a particular staff member? Is there a high failure rate for a certain scope model? Not only does a repair log help you pinpoint problem areas, it also allows you to correlate

repair data against utilization rates to assess true repair cost.

#### *Repair Cost Per Case Worksheet*

Another strategy is to track your "repair cost per case." This strategy analyzes repair costs against procedural type (laparoscopy, upper GI, etc.) to determine where the bulk of repair dollars are being spent and then focusing your repair reduction efforts in those areas. Repair costs can be a significant consideration when analyzing overall procedural profitability.



#### *Equipment Evaluations*

Periodic equipment evaluations can help you detect issues with your equipment before they escalate into a major repair issue. Detecting problems early on not only helps keep repair costs to a minimum, it also ensures the ongoing reliability and safety of the equipment. For example, when angulation cables become stretched, the repair to adjust them is relatively easy and inexpensive. Left unchecked, however, the stretched cables cause the scope to lose some responsiveness which, in turn, may cause the doctor to apply additional force. The extra torque on the angulation

system can eventually lead to broken wires and a more expensive repair.

Evaluating equipment immediately after every repair is also extremely important. In the case of endoscopes, be sure to perform leakage testing, reprocessing and functional checks before the equipment is put back into service.

#### *Service Agreements*

An Olympus service agreement is another excellent tool for ensuring cost containment on the repair of your Olympus equipment over a defined contract period. Even with a service agreement, however, it is important to adhere to a repair reduction program. Repair expenditures for servicing your equipment during the current contract period will help determine the contract amount for the next service agreement period.

### More Information

For additional cost containment strategies, enroll in the upcoming Olympus courses at the SGNA Vendor Program on May 18, 2003 where we'll demystify reimbursement coding, help you gain greater efficiency and demonstrate what it takes to reduce endoscope repairs. See page 5 for details. For onsite consulting to help your organization identify opportunities for reducing cost and improving efficiency, contact Olympus about our new EndoSite™ onsite consulting solution. Select [G] on the Request Form on page 8 for more information about this new service. 