

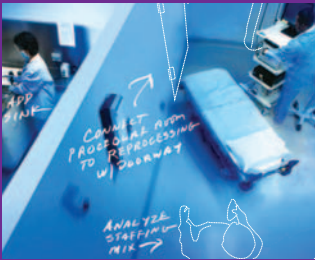
*In Service*

Request more information.  
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**Handle with Care**

Timely tips for avoiding fluid invasion. Page 3.



**2007 Colondars**

Help promote colorectal cancer awareness all year long. Page 5.



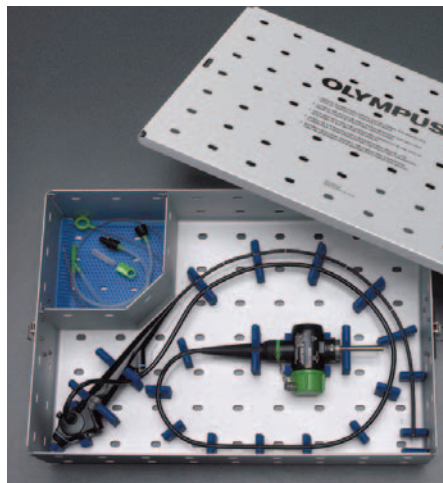
**WORLD'S FIRST FULLY AUTOCLAVABLE FLEXIBLE BRONCHOVIDEOSCOPE**

*New Olympus EVIS EXERA II™ model BF-Q180-AC delivers the perfect combination of convenience and outstanding image quality*



The efficacy of steam sterilization is undisputed. Chemical-free steam sterilization is both cost effective and safe for healthcare personnel and the environment.

But the high temperatures (134°C) and rigors of the autoclaving process have made it an unpractical sterilization method for flexible endoscopes ... until now. With the introduction of the Olympus BF-Q180-AC bronchoscope, hospitals and bronchoscopists can profit from the sterilization benefits of autoclaving without compromise. Proprietary materials representing a new standard in durability along with advanced engineering enable this scope to withstand heat while maintaining its signature Olympus performance characteristics.



*The fully autoclavable BF-Q180-AC bronchovideoscope*



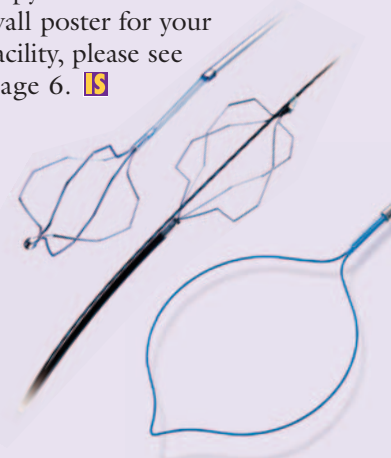
The BF-Q180-AC provides an imaging quality new to bronchoscopy. Via a miniaturized, high-resolution charge-coupled device (CCD) at the instrument's distal tip, the BF-Q180-AC delivers images with exceptional sharpness and clarity. What's more, the images are larger for easier observation, and the scope is equipped with structural enhancement capabilities. The result is improved observation capable of rendering all details of the bronchial tree.

*Continued on page 6...*

**THE ART OF ENDOTHERAPY**



Olympus offers a full array of EndoTherapy devices to meet the needs of endoscopists around the world. The image shown in this poster **EndoTherapy™** serves as testimony to the intricacy and sophistication of therapeutic endoscopy performed by today's masterful clinicians. To order a complimentary copy of this beautiful wall poster for your facility, please see page 6. **IS**



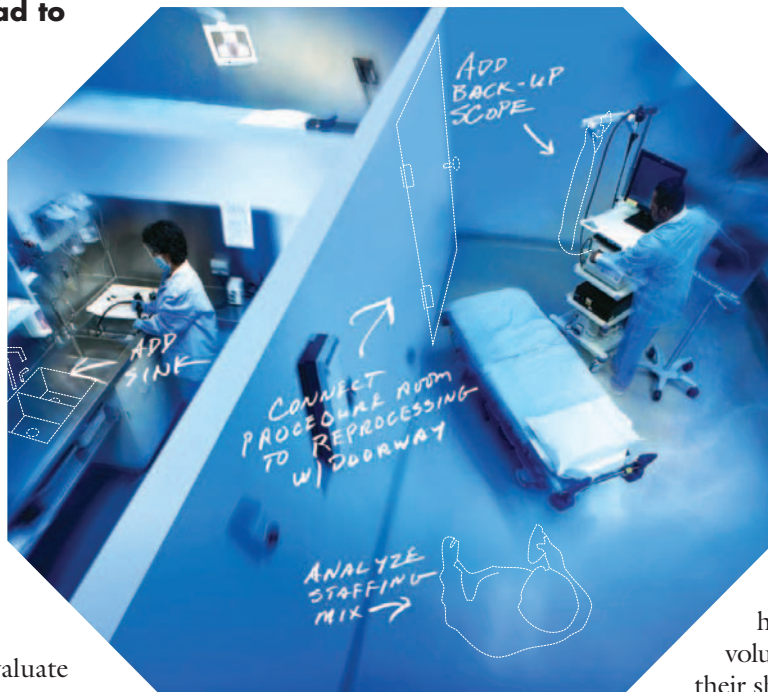
# SERVICE HIGHLIGHT

## EndoSite® Operations & Efficiency

**The right changes can lead to big rewards.**

Whether it is balancing a checkbook or managing a GI business, everyone needs help from time-to-time understanding what changes will yield the best results. Some changes require financial investment; others simply require looking at things a little differently.

Albert Einstein Medical Center, a teaching hospital in Philadelphia, PA, recently needed to do just that. The procedure volume in their GI lab had grown by 50 percent over the last three years, and they needed to reevaluate their current space and workflow to



“We reviewed every aspect of Albert Einstein’s operation, from unit design, workflow, and staffing to supply and information management,” says Nancy Schlossberg, BSN, RN, CGRN, one of EndoSite’s business development specialists.

“Then we worked with their management team to identify new opportunities to efficiently and effectively handle their increased procedure volume and develop a plan to achieve their short- and long-term objectives.”



*Philip Katz, MD*

maximize their operation. “We had looked at doing costly renovations and changing flow on our own, but we came to the conclusion that we might benefit from help from someone with no attachments to our institution, to validate our ideas and to provide us with a fresh look at our operation,” says Philip Katz, MD, the hospital chair, division of gastroenterology. “We asked several of our colleagues who had their own units for recommendations, and learned about Olympus’ EndoSite® Consulting Services.”

**Some outside insight can help realize a lab’s full potential.**

After communicating their needs to the EndoSite team, the Medical Center contracted for an EndoSite Operations & Efficiency Analysis—a comprehensive review of financial and operational protocols, practices and logistics to identify current constraints and opportunities for improvement. “Our goal was to have the EndoSite consultants come up with a plan for improving our operation, independent of renovation,” says Phyllis Hilker, the administrator in the hospital’s department of medicine.

**The first step in knowing where to go, is understanding where you are.**


To begin, the EndoSite team worked with the Medical Center to gather relevant financial and operational data to measure the facility’s “vital signs” and identify areas vulnerable to inefficiencies.

**Tapping into the experiences of others provides unique insight.**

Drawing from decades of nursing experience as well as GI clinical management, EndoSite Consulting Services has assisted hundreds of GI facilities across the country like Albert Einstein Medical Center. “We all agreed that the consultants were highly experienced in GI and definitely knew what they were doing. We liked their recommendations and felt the analysis was very valuable,” says Hilker.

The final report was presented in July and the Medical Center is getting ready to begin implementation. “The analysis met all of our expectations. The study was thorough, complete and on point. The consultants were qualitatively terrific, clearly well-versed in the endoscopic world, and they were able to apply their hospital and ASC expertise to our unit,” concludes Katz.

**Call for a complimentary prescreening.**

To find out how an EndoSite advisor can help you, contact your Olympus sales representative or e-mail [endosite@olympus.com](mailto:endosite@olympus.com) to set up an appointment for an initial best-practice evaluation, at no charge. To request more information about EndoSite Consulting Services, see page 6. 



# EDDIE'S CORNER



*With more than three decades in the industry, Eddie Garcés, vice president of Olympus Medical Equipment Services America, is our resident guru on all facets of service and repair.*

## Repair Prevention: It Takes a Team

One of the most common causes of costly repairs is fluid invasion. This happens when fluids such as water, detergent or reprocessing chemicals enter areas of the scope where they shouldn't be. The impact on the scope is damage to electronic components, optical and angulation systems and other internal elements. The end result is downtime with all its associated costs.

So how does fluid invasion happen? And what can you as a nurse, physician, technician or other scope handler do to prevent it?

Damage that can lead to fluid invasion can happen anywhere in the cycle of performing a procedure, including during transport, handling, room setup, the procedure itself, reprocessing and storage. Reducing the risk of damage is a team effort. Continuous education, training and implementation of proper processes for scope care and handling will go a long way in preventing fluid invasion and its associated repairs.

In my business, educating our repair technicians about the reasoning behind why a repair process needs to be performed in a certain way is as important as training them how to

perform that particular repair. Our repair technicians need to know that no step in the process can be missed without affecting the outcome of the repair. A similar principle applies to the care and handling of your endoscopes. Each member of your team should understand the "whys" and "hows" relative to their particular scope responsibilities to appreciate their role in minimizing repair expenditures.

In an environment that is in a constant state of change with new technologies, responsibilities, turnover, etc., ongoing education and training becomes even more challenging. To assist you in keeping your staff current, Olympus offers a variety of resources such as care and maintenance courses through Olympus University, on-site endoscopy support specialists, and a newly released, step-by-step reprocessing video available at [www.olympusamerica.com/reprocessing](http://www.olympusamerica.com/reprocessing).

Please take a few minutes to read and share with your team the next article, "Handle with Care," which includes specific tips to prevent fluid invasion.

*Eddie*



## A few always-timely tips for avoiding scope damage that can lead to fluid invasion

### Handling: Protect the scope at all times.

- ▶ Avoid coiling insertion tubes too tightly.
- ▶ Avoid stacking scopes with accessories or other scopes during transport.
- ▶ Use care when handling scopes around sharp objects and metal surfaces.

### Setup: Check compatibility and working condition.

- ▶ Examine condition and size-compatibility of accessories to avoid damaging channels.
- ▶ Inspect and test scopes prior to each procedure to catch damage early on.
- ▶ Regularly check caps, pistons and visible seals for wear and tear to ensure the scope is watertight.

### Endoscopy Procedure: Follow original equipment manufacturer's (OEM) operating instructions.

- ▶ Take care when picking up the instrument or putting it down.
- ▶ Avoid exerting too much force on buttons, switches, angulation cables or the control grip during use to help prevent punctures, cracks and buckling.
- ▶ Inspect each EndoTherapy device before inserting it into the channel. Stop when you encounter a restriction and don't attempt to advance the device while the scope is angulated.
- ▶ Make sure the device is in the field of view before opening or engaging; good communication between nurse and physician is critical.

### Reprocessing: Train, train, train.

- ▶ Avoid stacking a scope on its own distal tip.
- ▶ Do not reprocess scopes together unless using a reprocessing machine specifically designed for reprocessing two scopes in a single basin.
- ▶ Check sinks, drains and countertops for sharp edges; remove unnecessary objects nearby.
- ▶ Ensure reprocessing staff has adequate reprocessing time. Don't rush.

▶ Always follow all four reprocessing steps:

## 1 Bedside Cleaning

- Check integrity of water resistant cap and make sure it is dry.
- Put the cap on before cleaning at bedside.
- Clean at bedside before bioburden hardens to avoid the need for aggressive cleaning later.

## 2 Leak Testing

- Leak test before manual cleaning.
- Use a sink that is large enough to avoid crimping the instrument.
- Post the appropriate OEM leak testing instructions. (For scopes that fail leak testing, see [www.olympusamerica.com/damagedscopes](http://www.olympusamerica.com/damagedscopes) for instructions on cleaning and high-level disinfection or sterilization of the damaged endoscope prior to shipment to a service center for repair.)

## 3 Manual Cleaning

- Avoid undue chemical damage by adhering to OEM instructions for reprocessing time/temperature/concentrations using recommended detergents and sterilants.
- Follow the detergent manufacturer's instructions to ensure the proper detergent concentrations.
- Use appropriate cleaning brushes that are in good working condition.

## 4 High-Level Disinfection (HLD) or Sterilization


- Follow the scope manufacturer's approved protocols for high-level disinfection or sterilization.
- Follow manufacturer's instructions for use of automated endoscope reprocessors (AER) or sterilants.
- Use only endoscope-compatible liquid chemical germicides recommended by the scope manufacturer that have been tested for proper potencies.

### Storage: Protect scopes when they aren't in use.

- ▶ Store scopes in a clean, ventilated and uncluttered cabinet (not in carrying case).
- ▶ Hang scopes vertically with valves and caps removed and with locks in the "free" position.

### Preventive Maintenance: Fix minor damage quickly before it escalates.

- ▶ Regularly check endoscopic equipment and accessories for wear.
- ▶ Ensure scopes are repaired to OEM specifications.
- ▶ Retire outdated equipment and keep active scope inventory levels on par with patient volumes.
- ▶ Keep appropriate staff trained on handling, operating and reprocessing protocols.

For more CDS information relative to Olympus endoscopes and to download reprocessing videos visit [www.olympusamerica.com/cds](http://www.olympusamerica.com/cds). 

## by THE WAY... Other Olympus News

### New headquarters fosters interaction, collaboration


In a strategic move five years in the making, Olympus celebrated the grand opening of our new Olympus headquarters for the Americas in Eastern Pennsylvania this summer.

"This move marks the beginning of a new era for Olympus," stated Mark Gumz, president and chief operating officer, Olympus America Inc. "Our decision to relocate the Olympus headquarters to Center Valley is the result of a comprehensive study that involved 16 different U.S. markets from the Midwest to the East Coast. Our analysis was based on a broad range of factors, such as the cost of conducting business, living expenses, recruitment needs and quality of life."

Designed by architectural firm EwingCole of Philadelphia, the new 337,400-square-foot headquarters provides

maximum flexibility to reconfigure workspaces as needed to accommodate the company's evolving needs and expansion plans. With 600 people expected at the new facility by the end of 2006, the building was designed to provide space for up to 1,000 employees and sustain the company for seven years of growth.

In addition to office space, the headquarters features an on-site medical products showroom, a 400-seat auditorium/conference center complex, a state-of-the-art daycare center and kindergarten, cafés and in-house catering. With facilities for meetings and continuing medical education events, the site allows Olympus to better interact with customers and provides an environment conducive to employee creativity, face-to-face collaboration and enhanced productivity, which are key pillars of Olympus culture. The new location also serves as home to the latest Olympus repair facility, bringing the nationwide number of Olympus service centers up to 19.

For more information about the new headquarters, visit [www.olympuspresspass.com](http://www.olympuspresspass.com) or contact Olympus. 



## Survivors Share Their Stories in 2007 Colondar<sup>SM</sup>

The Colon Club's 2007 Colondar takes an artistic look at 24 survivors of colorectal cancer (CRC), all diagnosed under the age of 50. These model-survivors show that colorectal cancer doesn't discriminate by age, skin color or gender. They are mothers, brothers, husbands and colleagues. They're students, lawyers, veterinarians and ex-NBA players.



Terry Miller, on the other hand, did. With a family history of the disease and then an episode of rectal bleeding at age 49, he recognized it was time for a colonoscopy. The colonoscopy led to the detection of stage I colon cancer. Today, Terry says he feels blessed. "I am so fortunate my disease was caught early. I appreciate life so much more now." And as an assistant principal, Terry says the blue survivor band on his wrist lets teens and fellow staff members know that CRC is treatable and beatable. Queah has also been sharing her story. "It was tough but I survived. There's so much more that I had to do."



*Queah Habern, Houston, TX, diagnosed at 27, survivor since 2005. Terry Miller, Middlefield, OH, diagnosed at 49, survivor since 1999.*

They're people like Queah Habern who at a fabulously fit 27 couldn't understand why she was always feeling full. After months of sickness and misdiagnoses, she found herself headed to the hospital for an emergency appendectomy. Two days after the surgery, she was told she had stage III colon cancer. "I just remember thinking this can't be happening, it was surreal," recalls Queah. "I ate well. Nobody in my family has ever had colon cancer. And I definitely didn't fit the typical 50-year-old white guy profile."



Like Queah and Terry, Olympus believes in the value of educating people that colorectal cancer is preventable when detected early. We proudly support healthcare professionals with our innovative technologies, and The Colon Club's efforts to raise awareness about life-saving CRC screening.

Help promote CRC awareness by ordering a 2007 Colondar now (\$15.00). These beautiful wall calendars are the perfect CRC educational tool. Visit [www.colondar.com](http://www.colondar.com) for more information. **IS**



## Newest Release of EndoWorks<sup>®</sup> Offers 24/7 Support for Optimal System Performance

EndoWorks<sup>®</sup>—the integrated, browser-based clinical information management solution from Olympus—is designed to increase a facility's productivity and efficiency. The new release of this powerful system allows customers to harness its full potential by optimizing system performance 24/7 with an EndoWorks Support and Maintenance Agreement.

With economical fixed fees, maintenance agreements include support services, minor software upgrades, hardware repairs and annual training. Round-the-clock support features provide maintenance customers with the help they need ... even before they know they need it.

Support and Maintenance Agreement customers are tied into our nationwide network of local and remote support resources for fast, convenient assistance on their EndoWorks system, from installation and training through day-to-day operations and troubleshooting.



Customers have access to locally based Olympus field service engineers, regional software application specialists and trainers, and the Olympus Technical Assistance Center (TAC), offering both phone and remote support 24/7.

Remote support allows our TAC team to monitor each customer's EndoWorks system operation online—often finding and diagnosing potential problems before they have the opportunity to occur—and automatically deliver patches and version upgrades to their system.

To request more information about EndoWorks or Support and Maintenance Agreements, see page 6, visit [www.endoworks.com](http://www.endoworks.com) or talk to your Olympus sales representative. **IS**

*"We've had a Support and Maintenance Agreement since our initial EndoWorks installation three years ago. As our physicians became familiar with the knowledge base and saw its possibilities, they wanted to incorporate changes to further customize our system. It was great to be able to easily accommodate their requests through our Olympus maintenance agreement. Now through the luxury of remote support, I can observe on-screen our customization requests take place in real time. Having the Olympus team remotely stand watch over our server has also been a huge benefit. It's one less thing to worry about, knowing Olympus will contact us as soon as there is a problem."*

—Joe Klimson  
Biomedical Technician  
CGH Medical Center, Sterling, IL



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## CUSTOMER CARE

**Endoscopy Medical Products**  
800.848.9024

**Surgical Products**  
800.548.5515

## More Information

### 1 Select your requests:

#### Send materials

*These materials are available until January 15, 2007, while supplies last.*

- BF-Q180-AC autoclavable bronchoscope
- EndoSite® Consulting Services and Operations & Efficiency
- EndoTherapy devices
- EndoTherapy wall poster
- EndoWorks® Support & Maintenance Agreements

#### Mailing list correction\*

- Add my name
- Delete my name
- Send *In Service* to me by e-mail

### 2 Send your requests to:

#### Mail

*In Service* c/o Joanne Zaun  
Olympus America Inc./MSG  
PO Box 610  
Center Valley, PA 18034-0610

#### E-mail

[inservice@olympus.com](mailto:inservice@olympus.com)

#### Fax

800.878.3691

### 3 Provide us with your contact information

Are you a current Olympus customer?  Yes  No

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*\*Subscriptions are offered at no charge to qualifying Olympus customers and industry partners, subject to availability.*

...“Bronchovideoscope” continued from page 1

The scope’s ergonomically designed grip enhances scope maneuverability and may help reduce physician fatigue, while its thin 5.3 mm insertion tube (5.5 mm at the distal tip) eases insertion and enhances patient comfort. Within its slim profile, the bronchoscope houses a 2.0 mm working channel, accommodating a wide variety of EndoTherapy accessories and providing excellent suction performance. The BF-Q180-AC is compatible with the new Olympus CV-180 and previous-generation CV-160 and CV-140 video processors as well as Olympus electro-surgical devices.



*BF-Q180-AC delivers high resolution and enhanced image size*

With imaging that is clearer, larger and more detailed than that offered in conventional bronchoscopes, the BF-Q180-AC is helping redefine examination and treatment in the bronchial tree. And as the world’s first autoclavable bronchoscope, it is breaking new ground in sterilization protocols for flexible instrumentation.

To order more information on the BF-Q180-AC, please see the form on this page. **IS**

**PROVIDE ALL CONTACT INFORMATION NOT INCLUDED IN MAILING LABEL BELOW.**

Please perforate and send or fax entire page for fulfillment.

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