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theatres, ITU, physios, radiography, pharmacy & medical locums
Biogel Eclipse is the new surgical glove from the makers of Biogel, the world’s leading glove manufacturer – it’s innovation that will create a standard that eclipses all others.

Biogel Eclipse is made from an entirely new form of natural latex that’s deproteinised to minimise extractable protein content, helping reduce allergenic potential.1

And in terms of fit and feel it’s the most comfortable experience in surgical space, providing a level of sensitivity that’s a significant step forward.

THE GLOVE TO ECLIPSE ALL OTHERS
Regent Medical, market-leader in surgical gloves, launched their revolutionary new glove on 23rd June at the London Planetarium

Launched at the London Planetarium on the 23rd June, Biogel® Eclipse™ is the new surgical glove from Regent Medical, heralded as the latex glove that can help reduce the risk of latex allergy. Biogel Eclipse is the first powder-free, De-Proteinised Natural Rubber Latex (DPNRL) surgical glove.

DPNRL is a brand new form of natural rubber latex, which is deproteinised by treatment with an enzyme using a patented process. This helps to reduce the risk of latex allergy as the gloves have very low levels of water-extractable rubber proteins.

This significant step forward in surgical glove technology, will redefine Regent Medical’s offering to theatre staff and change the way people think about the issues surrounding latex gloves.

Biogel Eclipse displays outstanding levels of fit, feel, comfort and safety, allowing non-sensitised wearers to feel the comfort of latex with reduced concerns about allergy.

Biogel Eclipse is 20% thinner than standard Biogel, 30% softer than Biogel SuperSensitive and still has 30% greater tensile strength than a leading competitor. In a UK trial 80% of users preferred Biogel Eclipse over their current glove. Another very important feature of Biogel Eclipse is that it is less expensive than most non-latex gloves.

Regent Medical is a world leader in surgical glove technology and glove barrier protection, producing the market-leading Biogel range of gloves. Regent has become the successful company it is today by investing heavily in research and education on the issues and problems facing the modern theatre team.

Whilst Biogel Eclipse has a low potential for the development of latex allergy and allergic contact dermatitis, they should not be worn by latex-sensitive individuals.

Please call 0161 777 2600, email info@regentmedical.com or write to Regent Medical, Two Omega Drive, Irlam, Manchester, M44 5BJ to request samples or arrange for a representative to visit.

Regent Medical, the Regent Medical logo, Biogel and Biogel Eclipse are trademarks of Regent Medical Ltd and are registered in the US, UK and elsewhere globally.
I Venus IV-System and Anaesthesia Effect Monitoring Complete Anaesthesia Workstation

London, June, 2005 - Dräger Medical AG & Co. KGaA has taken another step toward perfecting the anaesthesia workstation.

With I Venus, a system for the application of intravenous drugs, anaesthesia workstations can be completed in such a way that all current anaesthesia drugs can be administered, from balanced anaesthesia to total intravenous anaesthesia (TIVA). I Venus has been developed in close cooperation with Fresenius Vial, a leading European company in the field of infusion therapy.

The I Venus system consists of an admission station and up to four DFS syringe pump modules. It is already integrated into the Zeus® anaesthesia system, and power is supplied and data exchanged by means of a single cable. The user controls and monitors the administration of the intravenous drugs (with I Venus) and the delivery of the anaesthetic from the Zeus system monitor directly. Other anaesthesia solutions from Dräger Medical, such as Primus, already have integrated power supply interfaces for I Venus. Mechanical integration is also available.

According to Prof. J. Motsch, M.D., CA Anaesthesia, University of Heidelberg, the advantages of intravenous anaesthesia are a reduction in postoperative side effects, as well as more precise control of recovery times, which leads to significantly lower process costs (source: Anaesthesist 2003, Edition 52, pp. 154-161). Prof. A. Hoef, M.D., CA Anaesthesia University of Bonn suggests that the application of TIVA will increase about 70% by 2010 (source: Anästhesiologie & Intensivmedizin, 2003, Edition 44, p. 562).

Now Zeus also offers the comfort of integrated anaesthesia effect monitoring, in which the effects of sedation on the patient's brain are measured and monitored by the Infinity™ BIS®/BIS® SmartPod using the latest BIS XP technology, and the patient’s muscle relaxation levels are monitored by the Infinity Trident™ Pod, which measures neuromuscular transmission. The pods can also be used with the Infinity Delta, Delta XL and Kappa patient monitors.

Zeus is not available commercially in the U.S. or Canada.

For further information contact: George Black, Draeger Medical UK Limited, Tel: 01442 213542
E-mail: George.black@draeger.co.uk
Additional information is available on the Company’s website www.draeger-medical.com

The Critical Care Division of Tyco Healthcare is a leading manufacturer of specialised critical care products. A brochure on the INVOS adult and paediatric systems reveals how they respond within four seconds to changing rSO₂ (regional oxygen saturation) levels in the cerebral cortex of the brain, in order to avoid even a brief period of cerebral desaturation which can be life threatening.

Normal cerebral rSO₂ values range from 55%-75% in most of the population. Studies have shown that baseline rSO₂ values below 50, or decreases of more than 20% from baseline, are associated with an increased incidence of neurological complications. The INVOS system can minimise these eventualities.

The INVOS system embraces a monitor display, single-patient use SomaSensors® and associated accessories. The sensors are supplied pre-calibrated with a medical grade adhesive, for application to the frontal area of the patients’ forehead. The SomaSensor is connected to the INVOS system with a pre-amplifier cable. The menu-driven monitor interface allows easy access for setting high and low audible alarms, customising the display format and retrieving data. Printed results can be stored for up to 24 hours.

The brochure has sections devoted to ‘What is INVOS?’ and ‘How does it measure?’ There is a full specification on the INVOS 4100 and 5100 series of oximeters, and illustrations on the relevant parts of the systems.

For your copy of the brochure, entitled 'Window to the Brain’, or for any further information, please telephone Tyco Healthcare on 01329 224187.
Hospitals could reduce pressure on ward beds and bring down waiting lists, and at the same time provide better care for patients, by using day surgery more efficiently, the Healthcare Commission says in a report published today (Monday).

Forty-five percent of the theatre time allocated for day surgery is not being used because of cancelled operations, late starts, and excessive delays between operations. The result is that, on average, day surgery theatres are only being used 16 hours a week.

The Healthcare Commission’s report on day surgery in England found that at least an extra 74,000 patients a year could have day surgery, rather than be admitted as inpatients, if the least efficient units started employing the practices of the best. This would release inpatient beds for operations on other patients.

The report comes following the Secretary of State for Health, Patricia Hewitt, warning that high levels of investment in the health service won’t continue indefinitely and that there is “a potential pot of gold” to be gained through efficiency savings.

Anna Walker, chief executive of the Healthcare Commission said: “Efficiency and good patient care go hand in hand. When operations are cancelled or when patients stay overnight for something which could be done in a single day, patients are inconvenienced and resources are wasted.

“Our report shows that there is already capacity within the NHS to treat 74,000 more patients a year in day surgery and by doing so, hospital beds would be freed up. NHS trusts need to build on the local reports that they have already received as part of this review and investigate why more day surgery is not being done and do all that they can to reduce cancellations. The worst performers need to learn from the best. We will be talking with the trusts, the Department of Health, Monitor and the strategic health authorities to ensure the lessons in this report about the scope for greater efficiencies are acted on.”

The detailed study, which looked at the way day surgery is conducted in 313 day surgery units in England, also found that one in every 10 day surgery units cancel more than a third of the available operating theatre sessions and many patients have their operations cancelled at short notice.

The study also found that overall staff numbers in day surgery units are rising faster than their activity. It shows that in nearly 40% of day surgery units, there is no single consultant in charge, a factor which may be hampering more efficient use of resources.

Anna Walker commented: “It is good to see that the patient experience of day surgery has improved over recent years. I’m particularly glad that more information is being given to patients and that they have greater choice over the time of their operation. However, there also needs to be a named consultant responsible for every day surgery unit in the country so they can champion further improvement.”

Further information on the Healthcare Commission is available on: www.healthcarecommission.org.uk.

Day surgery theatres operating for only 16 hours a week
Better use of day surgery could free hospital beds with no extra investment

The report recognises that the total number of day surgery admissions for 25 suitable common procedures has increased by 12% over the last four years. However, the bulk of this increase is accounted for by cataract operations. For a number of these common procedures the proportion of admissions that are for day surgery has gone down.
ORBIS INTRODUCES SURGICAL SIMULATOR TO TRAIN OPHTHALMOLGISTS ACROSS DEVELOPING WORLD

ORBIS provides eye care training for medical professionals across the developing world, and believes that empowering nations to tackle problems on their own is the best sustainable solution to unnecessary blindness.

Through its work as an international development agency ORBIS has completed over 500 training programmes in 76 countries and has established permanent country programme offices in five nations – Bangladesh, China, Ethiopia, India and Vietnam. Since 1982, ORBIS volunteers have treated more than 25,000 patients and trained over 70,000 medical professionals who have gone on to treat millions of patients of their own.

The Eyes-1 surgical simulator was created by VRmagic Technology Group in 2002, a German company specialising in image processing and display technology.

For further information please contact ORBIS on:
Tel: 020 7608 7260 or visit www.ukorbis.org

The Eyes-1 surgical simulator offers doctors a valuable training experience. Eye surgeons, and train younger doctors who rarely have the opportunity to observe surgery in the operating theatre.

Amy Gray, ORBIS Programmes Manager, said: “This simulator will enable us to provide more hands-on training during our programmes. It is vital to enhance the ophthalmic skills within the countries we work in to provide a long-term sustainable solution to avoidable blindness.

“The surgical simulator is amazingly real to life – the instruments function and feel just like the real ones and the view through the microscope is almost identical to the stereo vision seen through a regular surgical microscope. This tool will be a valuable addition to ORBIS’s current training programmes both on the Flying Eye Hospital and at partner hospitals worldwide.”

The Eyes-1 surgical simulator works using advanced computer technology. Tissue reaction is individually computed in each training session, and the surgical ability of trainee doctors can be tested and assessed objectively. 90% of the world’s blind live in developing countries where millions of people have lost their sight unnecessarily, often because of a lack of skilled eye care professionals.

NEW HYPOPLASTIC LEFT HEART SYNDROME TEXTBOOK

Little Hearts Matter - the charity which supports families where half a working heart has been diagnosed - recently launched a new textbook, entitled Hypoplastic Left Heart Syndrome, on the treatment and management of children with hypoplasia of the left heart.

This book draws together the experiences of leading experts in the field and represents the pioneering work over the last twenty years for a group of patients for whom previously there was no hope of survival. For the first time, the book recognises the crucial contributions made by the families of these children.

Hypoplastic Left Heart Syndrome provides the ultimate reference for anyone treating children with this heart condition, particularly paediatric cardiac clinical and nursing teams, radiologists and radiographers, obstetric medical and nursing teams, psychologists, pathologists, geneticists and workers in social care.

Sections include: diagnostic possibilities, options for medical and surgical treatment, genetics, evolving techniques, morphology and transplantation. An insight is also given into the long-term effects that treatment has on the child and its family.

As well as including contributions from medical clinicians, nurses and psychologists, for the first time, a forum is provided for parents who provide a holistic view of the lives and experiences of children born with this condition. No other publication, currently available, offers such a comprehensive overview of the care required by a child with hypoplasia of the left heart.

The introduction of the three-stage Norwood procedure, coupled with neonatal cardiac surgical transplantation emerging as an option for the management of children with hypoplasia of the left heart, has represented one of the great challenges, and great successes, in the care of children with the congenital heart disease over the last twenty years.

Published by Springer, the authors of this book combine a unique collaboration of professionals in the field including: Robert Anderson, BSc, MD, FRCPath from the Institute of Child Health, University College, London, Marco Pozzi, MD, FECTS from Royal Liverpool Children’s Hospital and Suzie Hutchinson, Director of Little Hearts Matter. Contributors include cardiac and paediatric specialist from both the UK and USA.

William Brawn, Consultant Paediatric Cardiac Surgeon at Birmingham Children’s Hospital, who writes the Foreword for the book, says “The authors in this textbook are to be congratulated for bringing together all the important aspects of the care of children with hypoplasia of the left heart. This book provides a goldmine of information for colleagues throughout the world.”

Suzie Hutchinson, Director of Little Hearts Matter, says “We are delighted to announce the publication of this long awaited textbook on hypoplasia of the left heart. Little Hearts Matter works closely with the relevant medical professionals and this informative textbook is a result of that partnership. We hope to increase awareness of the treatment options and lifestyle issues for this condition and thereby improve the lives of children and their families living with Hypoplastic Left Heart Syndrome.”

Hypoplastic Left Heart Syndrome costs £7.50 (inc. pp).

To order a copy please contact Little Hearts Matter on Telephone. 0845 3309801
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[Trevor R Toman R.O.D.P]

Introduction
OK reader, I will admit it is a rather obscure title for an article to be published in any journal.
I always try to have any article proof read by a highly experienced and well read colleague of mine, and I must admit when she first read the title her initial reaction was "What the heck is this all about Trevor?" [Licence, and censorship requires me to change the word 'Heck' from her original comment]
After finishing reading the piece Sharon thankfully commented "Oh I see where you were going now"... I do hope you feel the same.

Laryngoscopy
There are two types of Laryngoscopy, direct and indirect. Indirect can be your physician simply requesting you to open your mouth and asking you to say "ahh" whilst he or she endeavours to peer past your extended tongue to view the nether regions of your throat, a simple dental mirror may also be employed to enhance the physicians view.

Kirstein and Killian
A German physician in Berlin first introduced direct laryngoscopy to the world of medicine on April the 23rd 1895. One Alfred Kirstein [1863-1922].
Kirstein's name is by no means synonymous within the world of anaesthesia. However he should command some respect in the history and development of bronchoscopy, laryngoscopy and endotracheal intubation.
Kirstein fashioned his laryngoscope from a straight oesophoscope that incorporated a lifting handle, attached to, and running parallel to the blade, similar to that of the original Magill laryngoscope
The Oesophoscope was further refashioned and modified by Kirstein eventually having the hollow lumen of the scope cut into a semi circular blade. The Kirstein direct vision laryngoscope also known as the Autoscope had been invented.
Direct laryngoscopy and endotracheal intubation using the Autoscope was performed by Gustav Killian [1896-1921] under the supervision of Kirstein.
Gustav Killian was eventually appointed as the professor of Oto-Rhino-Laryngologie at Freeburg University in 1897 and was acclaimed by his colleagues as "The Father of Bronchoscopy".
Killian's reputation at the time was world renowned, to the extent where a family sailed half way across the world from Uruguay with their seven year old daughter who had inadvertently inhaled a tin whistle. Killian performed a bronchoscopy successfully removing the whistle from the girls right bronchus and the family eventually sailed home, with a very happy, and very quiet child.

Sir Robert Macintosh
Sir Robert Reynolds Macintosh came to the UK from his native New Zealand just before the outbreak of world war one. As well as being Sir Robert Reynolds Macintosh came to the UK from his native New Zealand just before the outbreak of world war one. As well as being a pioneer in anaesthesia, and he brought his own entrepreneurial skills to the fore by founding The Mayfair Gas Company in 1933.
The company was soon to become known by some of Macintosh's more cynical colleagues as the Gas, Fight and Coke Company, a parody on the then Gas light and Coke Company a London based utilities supplier.
The Macintosh design has been modified for various uses over the years, blades have been made longer and shorter fibre optics have been introduced, flanges have been placed on the right or removed completely, malleable and lifting distal tips have been added. But the standard blade in everyday use has changed very little since it's inception; after all why invent the wheel?
Intubation techniques, have however, been refined and developed from basic rigid stilettes, and the still invaluable gum elastic bougie, through to the development of the McCoy blade and of course the Intubating Laryngeal Mask [I.L.M.A.]
The Macintosh blade design still commands respect, still left handed, as was Macintosh, and still found in every area throughout the world where anaesthesia or respiratory resuscitation is required.
One other major change has been the environment that we operate in. After the CJD scare medical equipment is becoming increasingly more disposable, and the laryngoscope is no exception.

Expense V Good practice
In past issues of this journal we have discussed the benefits of disposable equipment, and the same argument raises its head again, that of cost.
The cost of surgery is becoming and will become increasingly more expensive as procedures become more complex and advanced, yet still the anaesthetic remains to be very cost effective. If you compare the tiny 1mm screws that secure plates together for jaw fixations can cost approximately between £12 to £28 each, and a high quality laryngoscope blade now retails at approximately £2 to £4. A small price to pay per patient for an instrument that is potentially exposed to human blood, saliva and dental decay.
The first disposable laryngoscope blades were manufactured in extruded plastic, and although perfectly safe for use, aesthetically they tended to look fairly crude compared to the high quality of the re-usable metal blade.
The next generation of blades are virtually indistinguishable from their original counterparts, they are of a very high quality. Some offer fibre optic light sources and they are also available in the ever popular green blade system.
More recently a superbly engineered disposable McCoy blade has been launched on the market.
Along with this advanced blade there is an ever expanding range of single use handles and inexpensive plastic handle covers to complement the disposable range, whether these items are a necessity or a non invasive luxury remains to be the individual's choice within the workplace.
The total cost still remains comparative value for money compared to the overall cost of surgery.
Many of the readers of this article will never have had to wash and autoclave a red rubber endotracheal tube or black rubber Guedel airway, thank goodness and good sense for that, both items are now long since gone.
Surely the next logical step is the demise of the re-usable laryngoscope blade... Roll on the disposable intubating fibre-optic bronchoscope.
Olympus Introduces a New Intubation Videoscope, the LF-V

Olympus has established a new standard for tracheal intubation with the new LF-V videoscope. This instrument features a super-high resolution simultaneous-multicolour CCD mounted at the distal tip which, when connected to the VISERA Video Intubation System, produces colour-consistent moiré-free images of unrivalled quality. Such improvements in image quality provide a powerful tool for patient diagnosis and placement of endotracheal tubes. VISERA also features options for simple digital documentation and storage facilities for both still and moving images. These facilities make this instrument ideal for teaching and presentations.

Without the requirement for an eyepiece, the scope has been ergonomically designed for superior handling and the benefit of reduced user fatigue during difficult intubations is quite clear. Four programmable buttons built into the control section enables the user to control imaging and documentation with ease.

The insertion tube diameter on the LF-V is a slim 4.1mm, permitting passage through single-lumen tracheal tubes 5mm or greater and double-lumen tubes 37 Fr. or greater. A 1.2mm inner diameter instrument channel allows easy passage of a 16G epidural catheter and both conscious and unconscious air supply and suction can be used. A wide 120° field-of-view and 120° up/down angulation offer easy orientation in the airway and an excellent overall perspective view.

The LF-V heralds a new era of truly superior image quality and manoeuvrability for difficult intubation.

For further information contact: Marie L. Marshall, KeyMed (Medical & Industrial Equipment) Ltd, KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH Telephone: 01702 616333 Web site: www.keymed.co.uk

Minimally invasive EVAR still looking good at four years

Sensational findings of two UK clinical trials targeting the third biggest cause of sudden death in Britain suggest that the initial benefits of a new minimally invasive surgical technique are maintained at four years for low risk patients. However, for high risk patients - for whom the technique was designed in the first place - endovascular aneurysm repair offers no benefit.

Results of the £17 million EndoVascular Aneurysm Repair (EVAR) trials, commissioned by the NHS Health Technology Assessment (HTA) programme and published by the renowned international medical journal The Lancet today (17 June) show that the 3% operative mortality benefit of EVAR over open repair (OR) is maintained in this four year follow-up. In contrast to OR, which imposes a significant period of recovery in intensive care, EVAR can be carried out under local anaesthetic with a very much shorter hospital stay. However, EVAR is a developing technology and is associated with increased surveillance needs, NHS costs and the risk of further procedures, including conversion to OR.

In the high risk patients for whom EVAR was originally developed - people who were unfit for an OR - there was no demonstrable benefit in terms of either mortality or quality of life, and 7% of patients died in the first 30 days after the elective operation.

The EVAR trials consist of two separate randomised controlled trials for patients fit for open repair (EVAR 1) or unfit/high risk (EVAR 2) totalling 1,420 patients making it the largest study of its kind globally. The multi-centre trials are run from Charing Cross Hospital, Hammersmith Hospitals NHS Trust, Imperial College London in collaboration with another 41 centres nationwide.

“The EVAR trial results will affect clinical practice at once,” said Professor Greenhalgh, lead applicant and chair of the Trial Management Committee. “There will be cautious enthusiasm for the use of EVAR in low risk patients but personally I shall not offer EVAR in high risk patients.” If the patient is high risk, the emphasis should be to get the patient fit enough first rather than perform early EVAR,” said Professor Janet Powell, member of the Trial Management Committee.

Professor Greenhalgh added: “An important minority of patients are anatomically unsuit for EVAR in our current state of knowledge and surgeons must still be trained to do open aneurysm repair. Vascular specialists of the future will need operative and catheter skills to be able to manage all problems.”

EVAR 1 was first to compare the two key surgical techniques and has been successful in recruiting a large number of patients (1,082) and experts to take part before the new EVAR technique became the first choice procedure of surgeons by default, making it of great interest to both the national and international medical communities, and giving rise to many imitators.

“Because the HTA programme recognised the need for this research at an early stage, before clinical behaviour had been established, the research team were able to get significant expert and patient input in the study, ensuring that the trial is a very accurate representation of the actual situation in practice,” explains Professor Tom Walley, director of the HTA programme. “The EVAR trials set a new standard for NHS research, with all stakeholders including patients, clinicians and even private healthcare companies, investing in their outcome.”

“All EVAR trial patients are due to be diligently followed until at least 2010 so long-term results will be available in due course. The NHS is the perfect vehicle for research of this type,” said Greenhalgh.

Visit: www.ncchta.org for more information or contact Joanna McManus, Communications Manager, NCCHTA. Tel: (0208) 505664. E-mail: j.mcmanus@soton.ac.uk.

Anaesthetist job plan for nurses

The NHS in Scotland is considering training nurses, science graduates and other hospital staff to look after the anaesthetics of patients during surgery. The move is designed to tackle a growing shortage of the experts.

The so-called anaesthesia practitioners would monitor the condition of a patient during minor operations. Under the proposals, a fully trained consultant anaesthetist would always be present when the patient went under and came round. They would also be nearby if needed.

The system is already being piloted in England, and is commonly used in Europe and the United States.

Story from BBC NEWS: http://news.bbc.co.uk/go/pr/fr/-/1/hi/scotland/4614761.stm

GLIDESCOPE®: THE FUTURE OF AIRWAY ANAGEMEN

GlideScope® Video Intubation System

The GlideScope® Video Intubation System, from Saturn Biomedical Systems Inc., incorporates digital video technology and is a highly effective instrument for dealing with standard to difficult to difficult airways. The unique features of the GlideScope® provide anaesthetists with a cost-effective solution that represents a significant advance in laryngoscopy.

The patented design of the GlideScope® blade is angled through the midline at almost 60 degrees. This precise angulation provides users with a superior view of the anterior glottis. Users of the GlideScope® Video Intubation Scope adapt with ease because the GlideScope uses a similar technique to direct laryngoscopy but does not rely on a direct line of sight.

The blade's slim-line profile facilitates the passage of the endotracheal tube with a stylet. This stylet must have sufficient bend in the distal (tip) area to match the angle of the GlideScope® blade. This feature provides additional convenience and ease when advancing the endotracheal tube. The GlideScope® also incorporates a patented anti-fog mechanism that prevents fogging on the lens and maintains a clear image on the video control & display unit.

The GlideScope® has proven its usefulness in a variety of routine and complex airways and consistently gives an excellent performance in most Grade I-IV airways. The GlideScope® is easier to use, more predictable and more cost-effective than expensive fiber optics. It is also an ideal aide for teachers and students thanks to its video display monitor and video output/recording features.

For further details on The GlideScope® please contact Armstrong Medical Ltd* on T: 028 7035 6029 or E: info@armstrongmedical.net.

*Armstrong Medical Ltd is the exclusive distributor for Saturn Biomedical Systems Inc.
One OR light – two optical systems

London, June, 2005 – With an innovative combination of two optical systems and a unique operating philosophy, Draeger Medical AG & Co. KGaA has expanded its portfolio in perioperative care with the new Stella® OR light. At this year’s annual meeting of the European Society of Anaesthesiology (ESA) in Vienna (May 28 - 31, 2005), the company unveiled its latest solution to increase efficiency in the OR and improve working conditions.

The company designed the Stella OR light in only two years and received two new patents related to both different lighting systems and their control.

Like a double star whose two stars are close together and as balls of gas change their brightness, Stella has two optical systems in a single body. They are joined on at an optical axis, each with its own lenses, filters and reflectors. And, the system combines halogen and gas discharge technology. While the gas discharge lamp generates large-area, shadow-free illumination, the halogen lamp provides an additional high-contrast depth illumination. As a result, the system is able to evenly illuminate both the area surrounding the wound and deep into the situs, supporting stereoscopic vision and preventing bothersome shadows from occurring as much as possible.

Conditions for optimal color recognition are created by the identical color temperature of both light systems of 4200 Kelvin. Tissue layers are more easily distinguished from each another.

The new control design takes into account the demands of the individual surgeon by allowing the surgeon to set the optimal luminance by the constant, homogenous light cylinder (230 mm x 1300 mm) and to adjust the depth of illumination using a sterilizable handgrip control located on the body of the lamp. The Stella concept also accommodates the necessity to better separate sterile and non-sterile areas in order to optimize the efficiency of procedures and hygiene requirements before and during the operation.

About Draeger Medical:

Draeger Medical AG & Co. KGaA is one of the world’s leading manufacturers of medical equipment, the largest division of Drägerwerk AG (history dates back to 1889) and a 65:35 joint venture company between Drägerwerk AG and Siemens AG. The Company offers products, services and integrated CareArea™ Solutions throughout the patient care process - Emergency Care, Perioperative Care, Critical Care, Perinatal Care and Home Care. With headquarters in Lübeck, Germany, Dräger Medical employs nearly 6,000 people worldwide.

Additional information is available on the Company’s website: www.draeger-medical.com

For further information contact: Draeger Medical UK Limited: George Black Tel; 01442 213542 E-mail: George.black@draeger.co.uk

* Stella is not yet available in the US and Canada.

Virusolve+, Winning the fight against ‘superbugs’

Sheffield based company Cairn Technology have teamed up with Amity International from Barnsley, to fight ‘superbugs’ such as MRSA, SARS, HIV, and Chinese Bird Flu. Virusolve+, a new biocidal cleanser developed by Amity International and distributed by Cairn Technology, will kill ‘superbugs’ at room temperature in less than a minute.

These deadly infections cost the lives of thousands of people every year. Chief medical officer, Sir Liam Donaldson, estimated that 750,000 could be killed if the Bird Flu virus develops into a new strain that spreads from human to human. Since 2004 it has ripped through Asian poultry farms, and had a 70% mortality rate in the first 70 people it is known to have infected (Yahoo News).

Another Hospital Acquired Infection (HAI), MRSA, affects around 100,000 people per year in the UK, causing an estimated 5,000 deaths, and it is thought around one in three of us carry it on our skin at any one time (BBC News).

Paul Grime, Chairman of the British Medical Association’s occupational health committee, said: ‘Going into hospital can be a daunting experience, the idea of getting an infection like MRSA when you are there is worrying for anyone.’ (BBC News)

If a case of MRSA is diagnosed in hospital, further problems occur as the infected patient spreads the virus across the hospital environment, something hand washing alone cannot prevent. Cleansing solutions have been available that can kill ‘superbugs’ such as MRSA, but need to be well above room temperature to be effective enough to eradicate all the bacteria. If all the bacteria aren’t killed, then the evolution of MRSA could continue, creating more and more new strains of the virus.

However, a new generation of cleansers are being developed to help eradicate the problem of environmental contamination from HAI. This is being led by Amity International, and Cairn Technology as their distributors, who have used their expertise to develop Virusolve+. Recent tests by respected independent laboratories including the Hospital Infection Research Laboratory, Lawlabs, Chemsol Labs and Texcell Labs (Paris) have shown that Virusolve+ is effective against these ‘superbugs’. Further tests have shown Virusolve+ to be even more effective against the Hepatitis B and vaccinia viruses, with additional studies being carried out all the time to see just how effective Virusolve+ can be. Virusolve+ represents a massive step forward in the fight against HAI as it has the unique power to render them incapable of reproduction.

Amity International chose to team up with Cairn Technology as they knew of their reputation for providing products and services that dramatically improve performance where chemicals are handled. They also have close working relationships with many major NHS trusts up and down the country to improve health and safety in the healthcare environment.

More information on Carrin Technology at www.cairntechnology.com or by calling 0114 244 9551 and Amity International can found at www.amityinternational.com or by calling 01226 770787 or 0845 370 7700.


Health Protection Agency: www.hpa.org.uk

Latest Catalogue from SP Services

SP Services are pleased to announce the release of their 2005/2006 catalogue. Their refreshing new style is sure to change their brightness, Stella has two optical systems in a single body. They are joined on at an optical axis, each with its own lenses, filters and reflectors. And, the system combines halogen and gas discharge technology. While the gas discharge lamp generates large-area, shadow-free illumination, the halogen lamp provides an additional high-contrast depth illumination. As a result, the system is able to evenly illuminate both the area surrounding the wound and deep into the situs, supporting stereoscopic vision and preventing bothersome shadows from occurring as much as possible.

Conditions for optimal color recognition are created by the identical color temperature of both light systems of 4200 Kelvin. Tissue layers are more easily distinguished from each another.

The new control design takes into account the demands of the individual surgeon by allowing the surgeon to set the optimal luminance by the constant, homogenous light cylinder (230 mm x 1300 mm) and to adjust the depth of illumination using a sterilizable handgrip control located on the body of the lamp. The Stella concept also accommodates the necessity to better separate sterile and non-sterile areas in order to optimize the efficiency of procedures and hygiene requirements before and during the operation.

About Draeger Medical:

Draeger Medical AG & Co. KGaA is one of the world’s leading manufacturers of medical equipment, the largest division of Drägerwerk AG (history dates back to 1889) and a 65:35 joint venture company between Drägerwerk AG and Siemens AG. The Company offers products, services and integrated CareArea™ Solutions throughout the patient care process - Emergency Care, Perioperative Care, Critical Care, Perinatal Care and Home Care. With headquarters in Lübeck, Germany, Dräger Medical employs nearly 6,000 people worldwide.

Additional information is available on the Company’s website: www.draeger-medical.com

For further information contact: Draeger Medical UK Limited: George Black Tel; 01442 213542 E-mail: George.black@draeger.co.uk

* Stella is not yet available in the US and Canada.

Latest Catalogue from SP Services

SP Services are pleased to announce the release of their 2005/2006 catalogue. Their refreshing new style is sure to impress and be a major hit at this years Ambex event in Harrogate.

The new catalogue has an extra 16 pages compared to the 2004 edition and boasts over 30 new and updated products.

SP Services are international suppliers of medical, first aid, ambulance, paramedic and emergency rescue equipment and are renowned for their fast and reliable service along with their unbeatable range of quality products.

Some new products featured in the 2005 copy include: The Ambu Mega Code Man, Dixie Paramedic Bags and Equipment Holdalls, a selection of Statpack Backpacks, a range of G3 Powerheart Defibrillators, SP Latex Gloves, RTA Extrication Gloves, an innovative new Emergency Ventilator Resuscitator from Bespac and a state of the art electronic stethoscope from Cardio Mate. Call the customer service team on 01952 288 999 or visit the SP Website at: www.sp-services.co.uk

Health Protection Agency: www.hpa.org.uk
For intubation and bronchoscopy particularly in difficult or emergency cases, KARL STORZ the world leader in endoscopy has everything you need! For details call: 01753 503500

**Intubation Fibrescopes**
A wide range in various outer diameters for neonates, infants, adolescents and adults.
Available with a mains-powered or battery-powered light source.

**MEDI PACK™**
Mobile Endoscopic Documentation Unit
When space is limited, MEDI PACK™ gives you control over all airway management processes. Use out in the field or with an equipment trolley in the emergency room, induction room and ICU.

**Laryngoscope Blades**
An extensive selection with straight or curved blades, autoclavable blades and handles, and optional incorporated fibre optics. Models include: Macintosh, Henderson, Foregger-Magill, Miller, Dorges and Philips.

**Bonfils Intubation Fibrescopes**
For performing orotracheal intubation particularly in the ‘can ventilate – can’t intubate’ scenario and in pre-assessed patients with a known airway problem.
AGFA unveils new London Training & Showroom

Brentford, 23 June 2005: Agfa HealthCare’s new state-of-the-art Healthcare Training and Showroom was unveiled by Richard Evans, Chief Executive Officer of The Society and College of Radiographers at Agfa’s London premises.

Agfa’s new purpose built training facility housing a full suite of digital technology includes a full working PACS cluster with several workstations and specialty stations such as orthopedics, mammography and cardiology. Several CR clusters provide the modality input into the PACS.

Wes Charlesworth, Director Agfa Healthcare UK said “We have invested heavily in the new showroom and training facility to help our customers navigate through their transition to digital technologies. Our aim in providing an off site facility where customers can learn the new applications in a patient free environment ensures a more focused learning process resulting in a smoother transition from analogue to digital.”

“The brand new, completely digital, technology centre has been re-developed and designed to showcase Agfa's digital solutions in a ‘real time’ environment. A key benefit of the real time environment is that it enables Agfa customers to be taught new applications in a simulated work environment,” added Mr Charlesworth.

For further information contact: Bill Reid Agfa HealthCare
Tel: 020 8231 4900 E-mail: bill.reid@defacto.com

Bedford Laboratories(TM)
Launches Propofol Injectable Emulsion, 1%

Bedford Laboratories(TM), a division of Ben Venue Laboratories, Inc., announced today that it is launching Propofol Injectable Emulsion, 1%. The product is equivalent to Diprivan(R) from AstraZeneca, an intravenous sedative-hypnotic agent for use in the induction and maintenance of anesthesia or sedation. Propofol had worldwide sales of over $560 million in 2004, according to IMS data.

“Bedford Laboratories is once again, very proud to bring to market a generic alternative to a major pharmaceutical product,” said David Gaugh, General Manager of Bedford Laboratories, Inc.

Propofol Injectable Emulsion, 1% will be supplied by Bedford Laboratories in three presentations, each containing 10 mg/mL of propofol: 20 mL single dose vials, 30 mL single-patient infusion vials, and 100 mL single-patient infusion vials. Prescribing information is available upon request from Bedford Laboratories’ professional services department, (800) 521-5169, or from the company’s web site, http://www.bedfordlabs.com/.

Bedford Laboratories supplies the US and International markets with multisource and specialty injectable products. Headquartered in Bedford, Ohio, Bedford Laboratories is a division of Ben Venue Laboratories, Inc., a subsidiary of Boehringer Ingelheim Corporation based in Ridgefield, CT, and a member of the Boehringer Ingelheim group of companies.

The Boehringer Ingelheim group is one of the world’s 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 144 affiliates in 45 countries and more than 36,000 employees. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing and marketing novel products of high therapeutic value for human and veterinary medicine.

In 2004, Boehringer Ingelheim posted net sales of US $10.2 billion (8.2 billion euro) while spending more than one fifth of net sales in its largest business segment, Prescription Medicines, on research and development.

For more information please visit: http://www.boehringer-ingelheim.com/ or http://www.bedfordlabs.com/

Source: PRNewswire / Bedford Laboratories

SCM provides nurse / ODP training in partnership with a wide variety of Health Care service providers & Professionals.

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Anyone wishing to attend an informal study day, to update their skills in theory or practice.

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Nothing to loose – call us today!

SCM
Tel: 020 8838 3545 Fax: 020 8838 3434
E-mail: ann.wild@scm-ltd.com
PO Box 34184
London
NW10 7XB

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David Wright, Agfa Account Manager of Private Healthcare, demonstrating the radiology reception unit in the new Agfa Showroom.

Agfa customers will benefit significantly from the facility as it will enable large scale and more efficient transfers of application knowledge to multiple users at any one time on Agfa’s latest systems.

The new training room has been designed for full ‘hands on’ training on CR and PACS and the trainer can project images and present teaching through the use of the latest interactive technology.

“With the new technology we can demonstrate to customers the complete cycle from booking a patient in on the RIS through to viewing the patients images and report on the web,” commented John Barnard, Agfa’s Education and Training Manager.

In addition to the investment in technology Agfa has also invested in the development of application training which has been accredited by the Royal College of Radiographers.

The implementation of these certified courses represents a landmark in collaboration between the College of Radiographers and commercial CPD course provision with Agfa being the first commercial provider to be accredited for Continuing Professional Development (CPD).

To coincide with the opening of the new training facility, Agfa has also recently developed an additional three new courses available to the industry including an ‘Introduction to CR and PACS’, ‘Advanced CR’ and ‘Quality Assurance’, for which certificates of completion are awarded.

For further information contact: Bill Reid Agfa HealthCare
Tel: 020 8231 4900 E-mail: bill.reid@defacto.com

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Infusion vials. Prescribing information is available upon request from Bedford Laboratories’ professional services department, (800) 521-5169, or from the company’s web site, http://www.bedfordlabs.com/.

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Source: PRNewswire / Bedford Laboratories

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Surgical Conference Management

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Anyone wishing to attend an informal study day, to update their skills in theory or practice.

Why not call us for a list of our clinical practice study days, there will be something there for you & if not - we are able to compile new programmes to meet your needs.

Nothing to loose – call us today!

SCM
Tel: 020 8838 3545 Fax: 020 8838 3434
E-mail: ann.wild@scm-ltd.com
PO Box 34184
London
NW10 7XB
**MARMOLEUM® FIGHTS MRSA FROM THE GROUND UP**

Forbo-Flooring has launched a campaign to help in the fight against MRSA, from the ground up. Research by leading scientific institutions, in both Europe and the USA, has proven that Forbo’s Marmoleum® flooring is an effective ally in eradicating the hospital superbug.

With deaths linked to MRSA doubling between 1999 and 2003 to nearly 1,000 a year¹, an urgent assault against the superbug is high on the health agenda.

Forbo-Flooring believes an effective hygiene routine is the single most effective way of combating hospital acquired infections. Harmful bacteria and other micro organisms such as MRSA, Salmonella typhimurium and Staphylococcus aureus cannot live or breed on Forbo’s Marmoleum® flooring. Clinical tests have shown that Marmoleum®, which has a natural bacteriostatic effect in the linseed oil that it is made from, stops MRSA and other bacteria multiplying.

Furthermore, with its Topshield™ surface finish, dirt and dust cannot penetrate Marmoleum® smooth surface, which makes cleaning and maintenance easier and ensures wards are cleaned more effectively.

Neil Aindow, facilities manager at Ormskirk and Southport hospitals, comments: “There is no doubt about the qualities of Marmoleum® as a weapon in the fight against MRSA and we are working closely with Forbo to investigate extended use of Marmoleum® in our hospitals.” Marmoleum® has helped Ormskirk and Southport hospitals to achieve the lowest recorded incidents of MRSA infection in the UK.

Forbo Nairn managing director Derek Byrne revealed that research by the Nutrition Institute (TNO) and North American Science Associates (NAMSA) showed that its flooring was free of MRSA. He comments: “MRSA is now one of the most serious challenges facing the NHS. We believe that Marmoleum® can play a real and vital role in partnership with the authorities, professionals and other suppliers in helping eradicate this superbug from our hospitals, where cleanliness is paramount.”

Marmoleum® flooring is manufactured from natural raw materials and offers proven durability in a wide range of colours and designs. For more information on Marmoleum® and how it can help in the fight against MRSA, visit www.fighting-mrsa.co.uk

¹ A report by the Office for National Statistics, February 2005

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**PATIENTLITE –THE ULTIMATE BED HEAD LIGHT**

LUXO continue to develop its extensive medical lighting product range with the introduction of Patientlite - a wall mounted bed head luminaire. Designed for LUXO by the award winning designer Aleksander Borgenhoj, its slim modern design virtually eliminates dust traps and makes cleaning effortless.

A wide variety of lamp configuration make Patientlite ideal for applications in the health sector where a wall mounted luminaire is needed. It utilises the latest designs for maximum performance and its precise, cut off downward light provides a pleasant reading light for the individual patient without causing glare and discomfort for neighbouring patients and ward staff.

Patientlite is manufactured from a steel back plate with cast aluminium end caps. The wrap around polycarbonate diffuser cables easy cleaning and has high resistance to chemicals and UV light.

The unit is easy to install and is available in various switching options.

For further information contact: Romana Berzolla LUXO (UK) LTD 21 Willow Lane, Mitcham, Surrey, CR4 4NA. Telephone: 0208 2743500 E-mail: office@luxo.co.uk

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**Health Professions Council launches consultations on Returning to Practice and Managing Fitness to Practise**

The Health Professions Council (HPC) on the 1st July launched two consultations:

- Returning to Practice;
- Managing Fitness to Practise; a guide for registrants and employers.

The consultations will both run until 9th September this year.

During these consultations, the HPC will present ideas on how health professionals wanting to return to practice can update their skills and knowledge, and how registrants and employers can manage fitness to practise.

The Returning to Practice consultation contains proposals about how registrants who have ceased practising can update their skills and knowledge before they apply for registration, readmission, or before they renew their registration.

The Managing Fitness to Practise consultation deals with issues regarding changing fitness to practise and changing scope of practice. It gives examples of how registrants can make adjustments in their practice so that they can continue to meet the HPC’s standards, remain registered, and continue to practise.

The full documents are available on-line and a copy can be downloaded from the HPC website: www.hpc-uk.org/aboutus/consultations/

Rachel Tripp, Policy Manager said “We are looking forward to listening to registrant and stakeholder views on the two consultations, and developing systems that are flexible and that meet the different needs of health professionals.

“Anyone who wishes to take part in the consultations and have their views heard, can write to us with their comments by post or email. We look forward to hearing a variety of views and ideas over the coming months.”

Responses to the document can be made by: Writing to: Returning to Practice / Managing Fitness to Practise consultation Health Professions Council Park House 184 Kennington Park Road London SE11 4BU Or e-mailing: consultation@hpc-uk.org
Choice of screen sizes on DS 7300 monitor from Fukuda Denshi

Fukuda Denshi is a leading supplier of advanced patient monitoring and user-configurable clinical information management systems, which are renowned for their product functionality, reliability and cost effectiveness. The recently introduced DS 7300 critical care monitor is no exception and its launch was met with great acclaim from UK hospitals.

The DS 7300 has a 15" LCD touch screen, showing 15 waveforms, having an enlarged numeric display, providing multi-parameter options and presenting full graphic and tabular trending.

The datasheet lists a host of practical features on the DS 7300 monitor, including:

- 3, 5 and 12-lead ECG with respiration.
- 4 x modular multi-parameter universal ports.
- 24-hour trending.
- On-screen mini trends.
- External monitor I/F.
- Wireless remote controller.
- DS-LAN II support.

For more information on the Fukuda Denshi DS 7300 critical care monitor, or for a copy of the datasheet with both screens featured, please telephone the company on 01483 728065.

Fukuda Denshi: Healthcare bound by technology.

New Duo hard surface wipes on Tristel stand at ICNA 2005 conference

The new Tristel Duo sporicidal wipes system, which uses the company’s chlorine dioxide chemistry and provides a readily available means of rapidly decontaminating hard surfaces, will be displayed and demonstrated on the Tristel stand at this year’s ICNA conference (26-29 Sep 05; Conference Centre, Torquay). The new Duo system will be exhibited together with products from Tristel’s full range of solutions and wipes for decontaminating medical equipment and surfaces in hospitals. Also on show will be the company’s fully automated chlorine dioxide generator for applications where a continuous stream is required.

Tristel Duo is a two part system which comprises a bacterial/ virucidal wipe whose action is boosted by the use of a sporicidal foam. For full effectiveness, chlorine dioxide must be generated immediately before use. In the Duo system, it is produced using a specially designed foamer in which base and activator solutions are kept in separate compartments. These mix only when the pump is depressed, discharging two jets of foam to the appropriate surface and delivering chlorine dioxide directly to the point of use.

The Duo system is suitable for a wide range of situations including for work surfaces, dressings trolleys, beds and mattress covers. It is active against organisms including MRSA, Clostridium difficile, Bacillus subtilis, Mycobacterium tuberculosis, Acinetobacter baumannii and Norovirus.

Visit the Tristel team on stand number 54.

Further information is available from Polly Oates, Tristel plc, Lynx Business Park, Fordham Road, Snailwell, Cambs UK CB8 7NY Telephone:01638 721500 Fax:01638 721911 E-mail:mail@tristel.com Website: www.tristel.com

DAR Mechanical Filters brochure from Tyco Healthcare tells the Sterivent range story

The Critical Care Division of Tyco Healthcare is a leading manufacturer of specialised critical care products. Among these is the DAR range of mechanical filters, designed to offer the highest protection from bacterial and viral infection among intubated patients.

An informative and comprehensive brochure from Tyco Healthcare asks the question as to why mechanical filters are needed on breathing systems, and how they work. The advantages of hydrophobicity are also covered, since the ceramic microfibre membrane in Sterivent filters exhibit this phenomenon. As a result, it is virtually impossible for patients liquid secretions to contaminate the system.

The brochure describes the Sterivent Mini as a small, compact filter for use in anaesthesia, with a low volume housing (35ml) and low weight (26gm), which is ideal for both paediatric and adult use. All Sterivent Mini filters feature an integrated capnograph port and a see-through housing to enable visual monitoring of patient secretion build-up.

Also mentioned in the DAR mechanical filters brochure is the Sterivent filter which offers low resistance to gas flow for patients in both intensive care and under anaesthesia. The Sterivent S model combines reduced volume (62ml) with high filtration capacity (99.9999%).

When the need arises to provide patients with humidity and heat, to protect the airways from the risk of prolonged dry gas administration, the ideal product is Hygroster. This highly efficient system provides absolute humidity levels of over 34mg/l of H₂O and a temperature output of around 34°C.

For more information on the DAR range of mechanical filters from Tyco Healthcare, or for a copy of the brochure containing data on the Sterivent systems, please telephone the company on 01329 225187.

Tyco Healthcare: You may not know everything we make, but everything we make is critical.

New CD from Q-Med illustrates the value of Durolane™ for osteoarthritis of the knee

Q-Med is a rapidly growing biotechnology and medical device company that develops, produces and markets medical implants. For one of its key products, Durolane, the company has now released an interactive CD, which embraces an introduction to the product, and some background on Q-Med.

Q-Med tells the Sterivent range story

The CD is about the use of Durolane for osteoarthritis of the knee. Durolane is a long acting gel of non-animal stabilised hyaluronic acid (NASHA), which has a good track record of decreasing joint pain and swelling, stiffness and immobility. The preparation of Durolane is discussed, along with an aseptic injection technique for best results. The specific benefits of Durolane single injection treatment, compared to other hyaluronic preparations are discussed.

The CD covers post-treatment lifestyle conditions which can gradually be built around a treatment which provides pain relief and enhanced joint function for a minimum of three months.

The Durolane CD concludes with an explanation of NASHA, some background on Q-Med, patient testimonials and a facility for on-line registering of patients into KOOS, the Knee and Osteoarthritis Outcome Survey.

For your copy of the Durolane CD, or for more information on the use of the product in osteoarthritis of the knee, please telephone Q-Med on 01737 735503.

Q-MED: The NASHA Technology Company.

Please quote OTJ

Patients have mild to moderate osteoarthritis pain, together with swelling, stiffness and immobility. The preparation of Durolane is discussed, along with an aseptic injection technique for best results. The specific benefits of Durolane single injection treatment, compared to other hyaluronic preparations are discussed.

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www.melydmedical.com
James Stirling joins Bigneat as Sales Manager for the South East of England.

James will be responsible for sales, customer support and project liaison for Bigneat's extensive portfolio of equipment, which revolves around carbon and HEPA recirculafyryy filtration, enclosures and fume extraction systems for personnel and product protection. James has considerable experience in laboratory equipment, robotics and many other analytical systems having worked for Anachem Ltd, HEL Ltd and Proteeyne Inc for over 20 years. During this time he has seen the importance of meeting the requirements of today's changing market and customers.

Commenting on his appointment, James said: “I am looking forward to using my wide range of experience in laboratory equipment to assist in the development of Bigneat’s updated range of systems.”

If you wish to contact James you may email him at jstirling@bigneat.co.uk or call Bigneat directly.

Bigneat Containment Technology, 4 & 5 Pipers Wood Industrial Pk, Waterberry Drive, Waterlooville, Hants PO7 7XU, UK
Tel: +44 (0)23 92 266400 Fax: +44 (0)23 92 263737 Email: info@bigneat.com Website: www.bigneat.com


Doctors will be ab le to work independently and unsupervised in hospital theatres. But the Royal College of Surgeons of England (RCS) - which is responsible for education and training standards - helped draw up the consultation document on the SCP proposal and says the BMA has got its facts wrong. Consultant surgeon Linda de Cossart who chaired the working party that drew up the proposal and is a member of the RCS, said: “There are certain people who are determined to eliminate this project. I think it’s all about how you interpret the words ‘working independently.’”

She said that SCPs would work under the supervision of a consultant surgeon in the operating theatre and they would be able to assist with operations. Ms de Cossart said: “That has always been the intention and was written, I think, very clearly. But how people read things is interpreted by their mind.”

The consultation document on the proposal for SCPs was published at the end of March. The deadline for comments expired last week.

But in a statement released this morning the BMA said: “Doctors were deeply concerned that under the proposals for surgical care practitioners (SCPs) is “seriously flawed” and should be “significantly changed”. The association claims that the proposal means SCPs will be able to work independently and unsupervised in hospital theatres. But the Royal College of Surgeons of England (RCS) - which is responsible for education and training standards - helped draw up the consultation document on the SCP proposal and says the BMA has got its facts wrong.

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But in a statement released this morning the BMA said: “Doctors were deeply concerned that under the proposals for surgical care practitioners (SCPs) will be able to work independently.” The BMA said SCPs will be supervised by surgeons and to face the same kind of regulation as doctors. Until a proper regulatory framework for SCPs was established any plan to expand their number in the NHS should be postponed, it said.

Alan Russell, a deputy chairman of the BMA’s consultants committee, said: “The most important characteristic of a surgeon is not only their technical skill in any given procedure but their judgment and ability to make a decision about what is the appropriate treatment, how to respond to the unexpected and to recognise when they have reached the limit of their expertise.

“It takes many years of training and experience to competently make these decisions but SCPs will only have a fraction of this expertise.”

A spokesman for the BMA said: “At the moment the way that the proposed framework is set out there is no structure in place to prevent SCPs working without proper supervision.” He added that until a professional regulation framework for SCPs was in place the BMA was unlikely to change its views.

A Department of Health spokeswoman said: “Surgical care practitioners are skilled practitioners who will be able to carry out simple surgical procedures - freeing up doctors to deal with more difficult cases. SCPs will always be part of the surgical team. The consultant will decide what can, or cannot, be delegated to them and the consultant retains overall responsibility for the patient.”

She added: “The role of a surgical care practitioner is not a new one - some NHS staff have been performing this type of role since 1989.”

In March, when the health minister Lord Warner announced proposals to expand the number of SCPs working in the health service, he said they would boost the professional skills mix and help reduce waiting lists.

The two-year training programme to become an SCP will be offered to nurses, physiotherapists and operating theatre assistants. Source: Guardian Unlimited Dublin Aurala Friday June 24, 2005
Healthcare Locums acquires Recruitment Specialist Group Ltd

Healthcare Locums Ltd. is delighted to announce its acquisition of Recruitment Specialist Group Ltd (or “RSL”, formerly RS Locums Ltd).

The acquisition brings Healthcare Locums’ group turnover for 2005 to over £60 million, making it one of the largest specialist healthcare recruitment companies in the UK, and also the fastest growing healthcare staffing company.

Having been founded just two years ago, Healthcare Locums is now one of the top ten healthcare recruitment agencies in the UK. It intends to continue to grow both organically and through further acquisition.

Kate Bleasdale, CEO, who founded Healthcare Locums in 2003, said: “We are very excited about welcoming RSL into the group. This acquisition will significantly enhance the company’s ability to provide high quality specialist staff to the NHS and makes Healthcare Locums a major force in the UK market place.”

Balbir Hara, Managing Director of RSL, said: “We are delighted to be part of the Healthcare Locums group of companies and to take RSL forward into a new era. Myself, and my co-founders Pat and Venice, have enjoyed the last eight years in setting up the business and growing it to its current turnover of over £30m in 2005. We envisage greater growth for RSL in the UK specialist healthcare staffing market, with the aid of the greater profile and resources of Healthcare Locums.”

About Healthcare Locums Ltd.
Covering a broad range of specialist healthcare locum staffing and with significant investment in staff and technology, Healthcare Locums Ltd. is currently the UK’s fastest growing medical staffing agency. Since it was founded in 2003, it has acquired Thames Medical, Euretite Medical, Medical Technical, and now Recruitment Specialist Group.

Healthcare Locums offers a wide variety of medical, technical, and therapist staff to hospitals on both a locum (temporary) and permanent basis.

About Recruitment Specialist Group Ltd.
Trading as “RS Locums”, RSL was established in 1996 and has grown to be a premier specialist UK healthcare recruitment agency. RSL supplies permanent and locum (temporary) staff, including social workers, physiotherapists, occupational therapists, hospital doctors, cardiac technicians, laboratory staff, pharmacists and radiographers.

Further information on the acquisition is available from:
Kate Bleasdale, Chief Executive Officer, Healthcare Locums Ltd.
Tel: 020 7451 1451 E-mail: kate.bleasdale@healthcarelocums.com
www.healthcarelocums.com

NIKON COOLPIX ADAPTOR FOR KEELER’S SL-40H SLIT LAMP

Keeler has developed a novel adaptor which allows a Nikon Coolpix digital camera to be added to its SL-40H slit lamp. The adaptor fits on the slit lamp’s beam splitter and the Coolpix simply attaches to the other end.

Until now the only slit lamp adaptors available were for C-mount* video cameras, which limited the range imaging options available. Allowing a commercially available camera to be added to a slit lamp in this way provides the practitioner with a powerful imaging system at an affordable price.

The SL-40H is a Haag-Streit type slit lamp with 8.5o converging optics and an external fibre optic illumination system, providing exceptionally clear images. Its drum magnification optics provide magnifications of up to 40x, which is greater than conventional optical systems. An additional optional accessory is an external fibre optic light for better illumination.

*(C-mount - industry standard type of screw-threaded mount)

For further information contact: Keeler Ltd
Clewer Hill Road, Windsor, Berkshire, SL4 4AA, United Kingdom.
Tel: 01753 857177 Fax: 01753 857817
E-mail: sales@keeler.co.uk Website:www.keeler.co.uk

More Children Affected with Carpal Tunnel Syndrome, Physician Reports

Carpal Tunnel Syndrome is no longer an adult disorder, according to Dr. Michael Woo-Ming, a San Diego primary care physician.

“It’s the video games”, Woo-Ming said. “Every kid seems to have a Game Boy or Playstation Portable in their hands”. Carpal Tunnel Syndrome is considered a type of RSD, or repetitive strain disorder “Hours upon hours of playing can lead to similar effects that we see in patients who work with computers or type for a living”.

Woo-Ming has launched a website dedicated to educating the public of carpal tunnel syndrome (http://www.carpal-tunnel-surgery.com). Over eight million people in the United States are afflicted with carpal tunnel syndrome each year. Dr. Woo-Ming suggest parents who see their children suffering from numbness and tingling of the hands should be taken to their primary care physician to be evaluated.

“Early detection is the key.” Carpal Tunnel Syndrome is regarded as the #1 cause of lost work according to the Occupational Health and Safety Administration, accounting for 50% of the work related injuries in the United States. The cause of carpal tunnel syndrome is thought to be due to repetitive stress of the hand and wrist, common among computer users in today’s information age.

Despite the domain, http://www.carpal-tunnel-surgery.com, does not entirely focus on invasive treatments of carpal tunnel syndrome. “There are many treatments of carpal tunnel syndrome that are safe and effective.” Woo-Ming said. “I often recommend temporary immobilization and exercises that focus on strengthening and stretching. My goal for Carpal-Tunnel Surgery.com is to make the public aware that alternative treatments are available, and surgery should only be reserved as the last option”.

Carpal-Tunnel-Surgery.com is the first of a series of easy to understand health-based websites that cater to the consumers. Future plans include a forum, as well as downloadable videos and DVD to help the afflicted with carpal tunnel syndrome at home.

Source: PR WEB Newswire

find out more 07092 097696 • e-mail admin@lawrand.com
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OSSEODOC – new Microsurgery Control Module from Bien-Air

Made in Switzerland by Bien-Air, this module is a state of the art development and offers the surgeon one of the best units available in this marketplace. The compact table-top control uses the renowned Bien-Air brushless Basch motor, with standard ISO ‘E’ fitting coupling for a wide range of hand tools, microsaws etc. The unit has push-button selection of 4 motor speeds, forward/reverse, two irrigation options and 4 flow rates for the integral peristaltic pump. Other features include:

- Footpedal for control of variable speed selection, forward/reverse, On/Off and control of flow rate of the pump
- Basch micromotor – autoclavable with the cable. Smooth operation through a speed range of 500 to 40,000 rpm Self-cooling.
- Audible signal when motor is in Reverse mode.
- Clear LED Display – touch settings and via Footpedal
- Automatic cut-off if any overheating occurs.
- Irrigation flow rate with 4 levels.
- Exceptional value for money

A full range of microsurgery tools, including microsaws is offered by Bien-Air and the UK office has an ‘In-House’ service and repair workshop for efficient maintenance.

The Osseodoc and full range of microsurgery equipment is offered through selected dealerships throughout the United Kingdom and Ireland and is already in use at several major Hospitals. Please contact Bien-Air UK for details and prices or to arrange a trial demonstration.

Labcaire Urges Immediate Adoption of Existing Solutions to Combat Hospital Acquired Infections and MRSA

In highlighting patient’s vulnerability to hospital acquired infections (HAIs), the recent ‘Clean Hospitals Summit’ drew attention to the need for the introduction of practical measures for hospital cleaning, hand washing, decontamination and disinfection, amongst others. Given that the number of MRSA-related deaths has doubled in four years, 1 in 10 patients contract a HAI, and that it costs the NHS up to £1 billion per annum, the immediate adoption of existing solutions is more appropriate.

Labcaire, as the UK’s sole manufacturer of Automated Endoscope Reprocessors (AERs), has been developing a unified approach to this problem for many years. Firstly, the company has pushed for stringent international safety standards and guidelines covering AER performance, investing heavily in R&D to maximise the performance of its own Guardian range.

Secondly, it introduced Autowipes almost two years ago - an alcohol-free, skin-friendly hard surface disinfectant wipe. In eliminating the damage that alcohol-based wipes and solutions can do, Autowipes tackle at source one of the major impediments quoted for rigorous hand-cleaning between patients.

Finally, more than two years ago, Labcaire took the vital decision to turn all its equipment into giant reservoirs of active, anti-microbial agent. Every AER, LAF and carbon-filtration unit incorporates BioCote® anti-microbial solutions into their surface finishes, making Labcaire the only UK manufacturer of such equipment to have taken this important step. BioCote®’s technology can be used to treat painted metal and polymer surfaces and provides an extra level of defence against microbial contamination by preventing cells from reproducing. The active agents are incorporated during manufacture and are active for the life of the product.

These measures are all designed to reduce the spread and impact of MRSA and other HAIs. Labcaire believes other equipment manufacturers should adopt similar measures encouraged by purchasing decisions that prioritise these benefits.

For further information, please contact: Simon Kear Labcaire Systems
Tel: 01275 793000 E-mail: simonk@labcaire.co.uk

Errata

“In our last issue we referred to the sales success being enjoyed by Labcaire, resulting in a record breaking first quarter order intake. As well as an order worth over £565,000 from Liverpool’s Whitston Hospital for a total of nine Autoscope Guardian AERs, we also referred to a number of other orders from NHS trusts but did not confirm the total. We are happy to report that Labcaire received orders for more than 20 units.”

About Labcaire

Labcaire Systems Limited is a leading supplier of bench-mounted and mobile filtration fume cupboards, automated endoscope reprocessors, ultrasonic processors and laminar flow cabinets, including microbiological safety cabinets, tissue culture cabinets, horizontal and vertical clean air cabinets and PCR cabinets. Labcaire sell directly in the UK and through a comprehensive network of distributors throughout the world. The company is based at 175 Kenn Road, Clevedon, Somerset, BS21 6LH. For more information, visit: http://www.labcaire.co.uk

Royal Army Medical Corps Operating Theatre Technicians

Reunion 2005

The next RAMC OTT’s Reunion will be held 7 – 8 October 2005 at the Pearson Park Hotel. Kingston Upon Hull.

Closing date for applications 31 August 2005

Easy access by road or rail.

Retired, Serving, Regular or Reserve, all welcome.

Details from:

Les Viner at: Les.Viner@virgin.net or 01507605632

Ken Hannah at: ken.hannah@peterborough.gov.uk or 01354 660636.
The Horder Centre boosts Orthopaedics in local area and beyond by hosting Theatre Practitioner ‘Study Days’

Team effort with Stryker provides education for the future

The Horder Centre has joined in collaboration with one of its key suppliers of orthopaedic products and services, Stryker, to offer quarterly ‘Study Days’ to Theatre Practitioners, in order to increase the expertise in the local area, and offer unsurpassed quality of care and best practice in orthopaedics.

As orthopaedic product information becomes more and more technical, the Centre is keen to share the knowledge it has gained over the last 10 years and make available its resources in the form of some of the most recognised surgeons and its links with key companies within the industry. Together with one of the leading manufacturers of orthopaedic products, the Study Days provide a team approach to best practice across the region.

Recognising that current Theatre Practitioners are the Theatre Managers of the future, The Horder Centre and Stryker feel that by targeting these nurses who are keen to progress, the medical profession can only benefit in the long term.

The personalised training days feature interactive lectures from a number of key consultant orthopaedic surgeons and theatre practitioners who work at The Horder Centre, and managers from Stryker. Practical workshops, including demonstrations of techniques in theatre, are then provided during the afternoon. Every participant leaves with an information pack which includes a complete transcript of the presentations and product information.

The first seminar, concentrating on the Principles of Hip Replacement including design considerations of all types, took place successfully in April. Three more are planned during 2005, with plans to continue into 2006, and topics alternating between Hip & Knee Replacement techniques and products.

Nurses from all areas are welcome to attend, and the first seminar included participants from Ireland and London as well as the South. To enable the Centre to provide participants with a more individual approach there are a limited number of spaces at each session, so any interest needs to be registered promptly. So far there has been a very good response, with the next Study Day scheduled for 2005 (Topic: Knee Symposium), followed by one in August and another in October.

For more information contact Bernadette Squires at The Horder Centre on 01892 665577, or bernadette.squires@horder.co.uk

The Horder Centre

The Horder Centre was founded as a registered charity in 1954, and is a centre of excellence for orthopaedics, caring for arthritis sufferers and those with musculo-skeletal conditions. Constantly striving to be at the forefront of orthopaedics, the Centre features state-of-the-art operating theatres, and has expanded to offer many types of surgery including knee, hip, hand, shoulder, back, etc. Its future plans are to embrace change wherever it offers improvement in the quality of service and facilities it provides to patients.

Stryker UK

Stryker UK markets and distributes the most comprehensive range of products available from any one orthopaedic company in the UK, Ireland and South Africa. These include orthopaedic and trauma implants, powered surgical instruments, specialty surgical and endoscopic systems. The consistent theme running through all of Stryker’s business is that of improving clinical outcomes for patients. This can only be achieved by partnering with the medical community, working with and listening to its customers and their patients, their needs and visions.

For further information please look at our website: www.hordercentre.co.uk

MercyAscot

MercyAscot provides the most comprehensive range of private surgical services in New Zealand, at its two private hospitals in Auckland, Ascot Integrated Hospital in Remuera and Mercy Integrated Hospital in Epsom, and at its satellite Endoscopy facility on the North Shore. The 19 Operating Rooms across both sites cover a wide range of specialties including interesting and complex cases.

Are you looking to develop your career and improve your lifestyle? If so, we would like to hear from you! Auckland offers a top quality of life for you and your family, with beaches and bush on your door step, a mild climate, and the opportunity to gain work/life balance.

MercyAscot currently has vacancies for experienced Operating Room nurses. Full-time, part-time and casual positions are available.

MercyAscot provides a supported orientation programme to staff new to the organisation, and has a firm commitment to supporting ongoing professional development of staff.

You will enjoy challenging and interesting work with a dynamic and professional team that prides itself on service excellence. Free on site car parking is available for staff. We employ staff under collective or individual agreements.

For further information and an application pack please contact Melissa Hamer, Human Resources, on 0064 9 623 6833 ext 28462, or email melissa.hamer@mercyascot.com

Registered Nurses

Operating Rooms

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