The Operating Theatre Journal

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If you are allergic to bananas, or indeed avocados, kiwi, chestnuts or any one of 21 or so other fruits, you may be at increased risk of developing an allergy to natural rubber latex (NRL).\(^1\)

And latex allergy could end your career in healthcare.

So, if there is the possibility of a latex allergy, or you cannot be sure, work safe by wearing latex-free gloves like Biogel Skinsense PI.

Biogel Skinsense PI is the new powder-free, synthetic polyisoprene surgical glove made from a new generation of synthetic material that best replicates the fit, feel and comfort of NRL gloves.

This makes Biogel Skinsense PI surgical gloves the ideal choice when there are concerns about sensitivity to NRL proteins in a patient or healthcare professional, or a synthetic glove is preferred.

If you’re allergic to fruit, best check your gloves

REID WELCOMES UNIONS’ SIGN-OFF FOR AGENDA FOR CHANGE

Health Secretary John Reid today 23.11.04 welcomed the collective decision by the NHS unions to endorse Agenda for Change, the new pay reform package for more than 1.2 million NHS staff.

Earlier this month both UNISON and Amicus members voted in favour of Agenda for Change, following on from earlier endorsement from other organisations including the Royal College of Nursing (RCN), the Royal College of Midwives, GMB and the Chartered Society of Physiotherapists.

Agenda for Change will be rolled out across the country from 1 December this year.

Benefits of the pay reforms include:
- the NHS minimum wage has been increased to £5.69 an hour;
- from 2003-05, all staff benefit from a 10 per cent pay deal over three years;
- a newly registered nurse will earn broadly the same as a newly qualified teacher.

John Reid said: “I’m delighted that the NHS unions have agreed to proceed with Agenda for Change. Their decision is further positive endorsement of the biggest pay reform in the history of the NHS.”

The National Association of Assistants in Surgical Practice
Is pleased to announce their
3rd Annual Conference & Exhibition
Theme: Partnerships in Surgery
Wednesday 22nd - Friday 25th February 2005
Cardiff International Arena
Cardiff

Day 1: Workshops 23rd February 2005
Including
Suture & Knot Tying (All day Session) sponsored by Ethicon
Medical-Legal Workshop
Male & Female Catheterisation sponsored by BARD
Wound Healing & Management sponsored by Convatec

Nasal Portfolio sponsored by Suarez-Morton
Minimal Access Surgery sponsored by Tyco Healthcare

Main Conference Programme
Thursday 24th - Friday 25th February 2005
Medical & Legal Issues
Education Update
Health Department Update
New Roles in Surgery
Disaster Management
Free Paper Session

Keynote Speakers
Mr. Colum J. Smith
Prosecution Solicitor &
M. Peter Mount
Chairman of NHS Confederation

For more information or request an application form please contact
Email: conference2005@naasp.org.uk
Or visit naasp website: www.naasp.org.uk to download your delegate registration form
NAASP, PO Box 182, Wilmslow, Cheshire, SK9 5GD
Tel no 01625-536577 Fax no 01625-522264

Dräger Medical Scholarship awarded to help support education and training of nitric oxide delivery in Neonates.

Dräger Medical UK Ltd (Dräger ~Medical AG & Co KGaA) recently awarded a Dräger scholarship to Paul Cornick of Leicester Royal Hospital to enable him to undertake a Delphi Survey aimed at producing a UK consensus about the most appropriate and effective way to train neonatal nurses to safely use nitric oxide. Mr Cornick works as an ECMO Specialist at Glenfield Hospital. He also works as a Neonatal Project and Development Nurse between the Neonatal Units at Leicester Royal and Leicester General hospitals where he has been the lead nurse setting up and running the nitric oxide training program.

‘The Dräger scholarship will enable me to travel to different neonatal units around the UK to explain the survey and recruit potential participants. Such face-to-face meetings are important when setting up a project in which the participants will not meet or know the identities of other participants,’ said Mr Cornick. The Scholarship will also cover costs for attending NNA conferences and other administration expenses incurred when carrying out the survey.

Dräger Medical UK is happy to support medical professionals in education and training. ‘The Dräger scholarship award has been running for six years now and is our way of giving something back to the Neonatal community,’ said Alan Montague, Modality Manager Perinatal UK. This survey will hopefully give neonatal staff around the UK a solid base on which to develop and improve their individual nitric oxide training programs.’

Additional information is available on the Company’s Website at www.draeger-medical.com
NEW RIGEL PRESSURE VACUUM METERS

Rigel Medical has expanded its range of electromedical test equipment with the introduction of a range of new high accuracy pressure vacuum meters.

Three versatile new pressure vacuum meter product lines have been launched, each specifically designed for different medical applications.

The Rigel 422 is a versatile, high performance, combination digital pressure and vacuum meter that is compatible with a wide range of gases and fluids.

Models are available in various pressure ranges and with accuracies of either 0.1% or 0.05%. Measurements are displayed in mbar, inH2O, mmHg, PSI, cmH2O and kPa. The Rigel 422 roads peak pressure and has an automatic zero.

Housed in a rugged aluminum case with a sealed membrane keypad, this tough, reliable instrument meets the demanding measurement requirements of both inhouse and field applications and is equipped with a 1/4 inch fitting that is adaptable to any standard fitting.

The Rigel 421 Pressure Vacuum Meter is a portable digital instrument designed to measure the pressure and vacuum of non-corrosive fluids and gases.

Incorporating the latest in semiconductor sensors, seven models with different engineering units and pressure ranges are available, each one designed to perform measurements quickly, accurately and with ease.

The third pressure and vacuum meter to be included in the new Rigel range is the Rigel 420. This advanced meter is designed for very precise measurements of pressure and vacuum in medical, laboratory and industrial applications.

The Rigel 420 combines such features as fluid compatibility, temperature compensation, linearity correction, leak detection, peak hold, over pressure alarm and user selectable units of measurement.

The unit is menu driven and simple to operate. All the functions are selected from a 2 line, 16 character LCD Display and integral keypad.

All the Rigel pressure vacuum meters are battery operated and are shipped with a certificate of calibration traceable to the NIST.

These new products form part of a comprehensive range of high performance specialist biomedical test equipment supplied by Rigel Medical, part of the Seaward Group.

Bracken Hill, South West Industrial Estate, Peterlee, County Durham, SR8 2SW
Tel. +44 (0) 191 587 8744  Fax. +44 (0) 191 586 0227
e-mail: sales@rigelmedical.com  www.rigelmedical.com

NEW - QA4 DAY SURGERY SYSTEM

As the theatre equipment specialist you can trust, Anetic Aid have built an enviable reputation based on the quality of their products plus their reliable friendly and personal service.

They are committed to providing the solutions that meet your needs, a dedication that has driven their meteoric growth over the last twenty-five years.

After extensive research, Anetic Aid is proud to launch the new QA4 Day Surgery system designed for the modern Day Treatment Centres. This state of the art device incorporates the use of powered hand control functions to minimise issues of lifting and handling in the operating theatre with greater height functions and a fully transversing operating top, the QA4 can offer full C arm capabilities, whilst combining maximum surgical access to both the perineal and head end sections.

Standard features include -:

- Greater height capabilities (680 x 1080mm)
- Greater patient weight capabilities 190kg (30 stone)
- Trendelenberg / Reverse Trendelenberg
- Lateral Tilt
- 4 piece cot sides – rotating / removable
- Ultra lightweight removable leg/section
- Full all round braking system for maximum stability

Versatile, manoeuvrable and designed to offer the patient maximum comfort over long periods the QA4 trolley truly meets the requirements for the modern health care service. Anetic Aid are constantly investing heavily across the business from installing the latest IT systems to putting even more investment into research, development and design. Working in partnership with their manufacturing division, Portsmouth Surgical Equipment Limited, their range includes the highly regarded QA3 Variable Height patient Trolley, Quality Stainless Steel Theatre Furniture, Operation Table Accessories, Tourniquet equipment and a comprehensive range of Surgical Instruments.

For further Information telephone: Anetic Aid, 01943 878647 E-mail: sales@aneticaid.co.uk

Source: Anetic Aid

With Seven Major Safety Incidents/Alerts in 12 Months, - How Safe is the UK Endoscopy Sector?

Sterilox Technologies International, Britain’s leading endoscopy and bacteria-free rinse water specialist, launched a campaign on the 11th November 2004, designed to raise awareness of the dangers faced by both healthcare workers and endoscopy patients, and to highlight that there are safe, efficacious and cost-effective alternatives to the dangerous disinfectants used in many UK endoscopy units.

The company cites the following sector developments as a catalyst for its campaign:

June 04: Over 3000 endoscopy patients were recalled in Northern Ireland following concerns about inadequate disinfection of 15 endoscopes.

June 04: A Scottish trust was fined GBP3000 and found guilty of breaking health and safety regulations by exposing a staff nurse to glutaraldehyde.

May 04: MHRA Alert: repeated exposure to Cidex(R) OPA following manual re-processing of urological instruments, may have resulted in hypersensitivities in some patients with a history of bladder cancer undergoing repeated cystoscopy.

December 03: DoH guidelines stating glutaraldehyde and OPA should not be used for any procedure on patients with a possible diagnosis of CJD or at risk of developing CJD.

October 03: BSG guidelines stating that OPA, peracetic acid and chlorine dioxide are all potential skin and respiratory sensitisers requiring the same handling precautions as glutaraldehyde including fume extraction and PPE.

October 03: HSE launched a nationwide campaign to raise awareness of the adverse impact of working with substances such as glutaraldehyde - i.e. it causes occupational asthma and dermatitis.

The campaign will target decision-makers and influencers such as the Rt. Hon. Dr Reid MP, Secretary of State for Health, the Chief Executives of Trusts and Infection Control Heads, as well as nurses, healthcare workers and organisation which represent their interests - such as the RCN and Unison.

“2004 has to be a watershed for the UK endoscopy sector,” commented Paul Donnelly, Managing Director, Sterilox Technologies International.

“Everyone involved, from patients and medical staff to administrators and suppliers must now make sure that patients and healthcare workers will no longer be exposed to unnecessary health risks because we have the technology, we have the knowledge and we have the expertise to solve this major problem.”

“Over 75% of healthcare workers are exposed unnecessarily to occupational risks - risks that could be eliminated overnight - and yet the industry is slow to change.

“Experts, such as Dr David Taylor who is one of Europe’s leading authorities on TSE research, tell us that the risk of patient exposure to vCJD prions is significantly reduced by using non-fixative single-use disinfectants, yet many hospitals do not use them. Why?

“We can no longer ignore the lessons of history and there has never been a better time to make this sector safe - that is what we should all collectively aim to achieve.”

Source: Sterilox Technologies International, PR Newswire

THE OPERATING THEATRE JOURNAL www.otjonline.com
GOVERNMENT AND INDUSTRY LAUNCH JOINT REPORT ENCOURAGING INNOVATION IN NHS AND HEALTHCARE SECTOR

Healthcare Industries Task Force helps brings benefits for health and social care services, patients and industry.

Health Minister Lord Warner and Sir Christopher O’Donnell, CEO of Smith and Nephew, announced on the 11th November 2004 the launch of the Healthcare Industries Task Force (HITF) report.

The Healthcare Industries Task Force (HITF) has been the most important initiative to date between Government and the medical devices industry. HITF was established to explore issues of common interest and identify opportunities for co-operation that would bring benefits for health and social care services, patients and industry. The HITF report outlines an ambitious work programme including:

1: a modernised Device Evaluation Service which will be managed by the NHS Procurement and Supply Agency (PASA) target date 1 April 2005
2: development of an Innovation Centre to stimulate and promote innovation in the NHS as part of an appropriate organisation
3: piloted Healthcare Technology Co-operatives as academic centres of excellence - pioneering specialist treatments and techniques
4: building R&D capacity for medical devices through UK Clinical Research Collaboration
5: improved training and education of NHS staff on the use of medical devices
6: maximising the UK’s influence in regulatory matters in the EU and worldwide
7: a focused export strategy for the UK healthcare sector
8: more informed, efficient procurement
9: better communication with patients and the public on the valuable role played by healthcare products in our daily lives
10: a new data collection system to gain a clearer picture of the industry and its performance

The Task Force was established to explore issues of common interest and identify opportunities for co-operation that would bring benefits for health and social care services, patients and industry. The results have exceeded initial expectations. From 1 April 2005 the existing Device Evaluation Service (DES) will start to develop into a new service managed by the NHS Purchasing and Supply Agency (PASA) to better inform purchasing decisions. Such a service will be critical to the success of the proposed Collaborative Procurement Hubs, a new regional focus for purchasing decisions with significant clinician involvement.

A new Innovation Centre is planned to promote and support development of new healthcare technologies as part of an appropriate organisation. A new concept for the development of Healthcare Technology Co-operatives as centres of excellence will be piloted, and a training and education initiative will be taken forward to improve the skills of health professionals in the use of medical devices. Steps to maximise the UK’s influence in international regulatory matters are in hand and a focused export strategy is under development. This reflects the Government’s agenda for stimulating innovation as a means to maintain the UK’s edge as a market leader in science and technology-intensive markets.

HITF was established in October 2003 and was in operation for one year under the joint chairmanship of Lord Warner and Sir Christopher O’Donnell, Chief Executive of Smith & Nephew. A joint strategic group led by Health Minister, Lord Warner and Sir Chris O’Donnell, will be formed to oversee ongoing work on the key outputs and their implementation. This will cement the ongoing dialogue between Government and this sector.

Health Minister, Lord Warner, said: “HITF had a challenging agenda and the outcome has been very positive. The ambitious work programme has been very successful in delivering practical measures and strategies to help accelerate the adoption of innovative medical technologies for the benefit of patients. An enhanced Device Evaluation Service and a new Innovation Centre are particular practical improvements we want to follow through with. We will continue to work in partnership to encourage the best use of NHS resources and stimulate science and industry in the UK. This should help improve growth in manufacturing, investment, employment and exports.”

Sir Christopher O’Donnell, Chief Executive of Smith & Nephew, said: “The HITF has been a challenging process but I am very proud of our achievements in this combined industry and government initiative. The key outcomes for industry are the changes to the evaluation of medical devices, the move to regional procurement and the proposed innovation centre. We look forward to developing the strategic partnership with government to accelerate adoption of innovative health technologies for patient benefit.”

Sir Stephen Brown, Chief Executive UK Trade & Investment said: “UK Trade & Investment welcomes the publication of the HITF report. Our work with HITF has enabled us to strengthen our relationship with industry and within Government and we will build on this to turn the recommendations into positive outcomes, which will contribute to delivering our services.”

The HITF report can be found at the DH website: www.advisorybodies.doh.gov.uk/hitf

find out more 07092 097696 • e-mail admin@lawrand.com Issue 171 DECEMBER/JANUARY 2005
Plotting A Path Through The Medical Wilderness

Know your Metoclopramide from your Domperidone? Pronouncing the names of two drugs used to help tackle nausea and vomiting could themselves make people feel a little unwell*

Now eye movement experts at the University of Derby are appealing for industrial partners to join their research programme into tackling problems associated with misleading medicine labels, difficult drug names and package designs.

The Applied Vision Institute, a world leader in the assessment of eye movements, is carrying out research to monitor what information people take in when reading different types of medical labels.

Professor Alastair Gale, Director of the Applied Vision Institute, said: “A recent American study concluded that about a quarter of medication errors relate to labelling and packaging factors. “Many tablets have unusual names which can look confusingly similar. Additional medicinal packages can be similar in shape and colour and this can cause problems, either to the consumer who might be rushing to make a purchase, or the pharmacist in selecting the pack from the shelf.

“Existing as well as new labelling and packaging designs need to be assessed appropriately to help minimise the potential for human error.

Professor Gale will make the appeal for support from designers and packaging firms to health organisations to get involved in the research, which he speaks at an Ergonomics Society conference this week. Research has so far involved focus groups of people being observed by researchers as they look at slides of different types of medical packaging.

Researchers have then monitored the eye movement and direction, to see what the individuals look at first. Detailed questionnaires afterwards indicate what information the individual has understood and their attention to detail.

New WHO study asks, “How happy are you with your lot in life?”

Researchers are asking people throughout Britain to describe how happy they are with their lot in life to help improve the effect of the healthcare they receive.

The researchers have set up an online survey to collect information on the factors that contribute to the quality of life of people in Britain.

The results will be used to create a survey that doctors can use to assess a patient’s perception of their quality of life and work out the potential impact of medical intervention on their everyday lives.

This is important because a person’s perception of their quality of life can, for example, influence how quickly they recover from an operation or make a difference to the psychological impact they experience when they become ill.

The on-line survey, which is sponsored by the World Health Organisation (WHO) and the European Commission, asks people questions about their experiences over a two-week period, their ability to do activities and their satisfaction with various important aspects of their life.

Respondents will then be able to print out a quality of life profile that includes a graphical analysis of their physical health, psychological well-being, social relationships, environment and overall quality of life.

“Surgeons tell us that they can do exactly the same procedure on two similar people, but whilst one is back at work within a week, the other can become depressed and disabled by their situation. It is the patient’s perception of how the operation affects them that is the greatest influence on the difference,” said Professor Suzanne Skevington, who heads the WHO Field Centre for the Study of Quality of Life at the University of Bath.

“In a nutshell, quality of life is about people’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”.

“This survey is also a useful tool for people to take stock of how they perceive their own quality of life and look for areas where they can redress any unbalance that may exist.”

The survey questionnaire – the WHOQOL - has been developed over the last decade through a collaboration of researchers and clinicians with focus groups of users throughout the world, to take into account of nuances in people’s perception of life quality evident in different cultures, religions and other belief systems.

This has helped to highlight the differences in perceptions of quality of life in different cultures and countries. For example, skin colour can affect a person’s quality of life in India, feeling secure is important to Israeli’s, while in the UK simply feeling ‘fed up’ can have a detrimental effect on life quality.

“From global studies we have already found that in Britain, a person’s perception of a high quality life is closely linked to their feelings of happiness and contentment. However, in other cultures happiness comes out as low as 17th, among the 25 aspects of quality of life that we measure. In the US for example, the availability of accessible health and social care is one of the most important influences on quality of life” said Professor Skevington.

“It is not so much a country’s standard of living that has an affect on quality of life, but more the meaning that these resources have for your life. For example, extensive living space is important in the US but is less important in Japan, an equally developed country.”

The survey can be located at: http://www.bath.ac.uk/WHOQOL/questionnaires

Professor Gale said: “We are keen to work with both the health industry and the design industry to seek alternative solutions to overcome errors through improved user-focused design.”

The Applied Vision Research Institute is involved in a number of national and international projects seeking to improve human performance in various diverse fields including medication; airport passenger security; driving; assistive technology and breast and cervical screening.

Professor Gale speaks at the conference, entitled Ergonomic Patient Safety Solutions, being held at the IEE, in Cambridge Street, in Birmingham, on Thursday, November 18.

The Ergonomics Society is the major professional body in the field of ergonomics. Its aim is to promote the awareness, education and application of ergonomics in industry, commerce, public sector and government. For more details about the event visit: http://www.ergonomics.org.uk/events/1DC1104.htm

LUXFER MEDICAL OFFER LIGHT RELIEF FROM HEAVYWEIGHT CYLINDERS

Luxfer Medical’s revolutionary 7000 series, a range of ultra-lightweight medical gas cylinders aimed at minimising the ever-growing problem of occupational injuries associated with patient and equipment handling.

Luxfer Medical’s lightweight aluminium, hoop-wrap and composite cylinders are already widely used in hospitals throughout North America and Europe as part of an on-going drive to minimise absenteeism caused by occupational injuries amongst staff working in Pre-Hospital Care, Resuscitation, Anaesthesia and MRI Departments.

Major benefits for patients requiring home oxygen therapy include extended gas delivery together with easy portability for increased freedom and mobility.

European Marketing Manager Vicky Butler is working closely with Medical Gas companies to address increasing demand for ergonomically designed equipment capable of combining dramatic weight reduction with outstanding performance. She adds: “Luxfer Medical’s 7000 series range of oxygen cylinders has been developed to provide lightweight alternatives to liquid oxygen systems and traditional steel prescriptions by offering dramatic weight reductions of up to 55%. Risk Management issues in equipment handling remain high priority across Europe resulting in unprecedented demand from Healthcare Specialists and Managers keen to benefit from the physical and operational advantages associated with Luxfer Medical’s lightweight oxygen cylinders.”

For further information contact Luxfer Medical’s Customer Services on: +44 (0) 115 980 3800, email customerservices@luxfer.net or visit www.luxfercylinders.com

www.otjonline.com

THE OPERATING THEATRE JOURNAL

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PPH (Procedure for Prolapse & Haemorrhoids) – success of procedure leads to second generation stapler

Ethicon Endo-Surgery, a division of Johnson & Johnson Medical, launches its new PPH03 stapler for the treatment of prolapse and haemorrhoids.

Introduced to the UK in 1999 PPH (or stapled haemorrhoidopexy) has established itself as a favoured procedure amongst a large body of colorectal surgeons for the treatment of Grade 3 and 4 haemorrhoids. Over 10,000 procedures have been undertaken in the UK to date, with the procedure offered at over 350 hospitals within both the NHS and private sectors. Around the world more than 450,000 procedures have been undertaken.

Now the second generation of PPH stapler and accompanying kit is launched – PPH03 – offering key benefits over PPH01. Surgeon feedback indicates that the new kit offers improvements to what was already a highly popular device.

**Two new features in particular have met with approval:**

PPH03 offers a closed staple height of 0.75mm whereas PPH01 is 1.0mm. The benefit of this reduction in staple height is increased compression on tissues and key blood vessels thus reducing potential bleeding.

The new stapler has a quick-close knob which facilitates rapid instrument opening and closing while maintaining controlled tissue compression. Additionally the new instrument is of ergonomic design making it easier to handle.

**The advantages of PPH are:**

* Treatment of the pre-operative symptoms without removing the haemorrhoidal vessels
* The anatomical and functional restoration of the anal canal
* A faster return to normal activities on the part of the patient compared to conventional surgery
* Less post-operative bleeding than conventional open haemorrhoidectomy
* Less post-operative incontinence and constipation than conventional open haemorrhoidectomy

**Randomised Controlled Trials**

The new PPH03 Technique Brochure presents results of 17 randomised controlled trials which took place between 2000 and 2003, comparing PPH with traditional haemorrhoid surgery. A total of 576 patients participated and results were scored on complications, pain, comfort, length of hospital stay and period of convalescence. In all but one trial pain scores were significantly better with PPH as was the convalescence period. Complications were largely the same with one trial reporting a significantly worse result, and another significantly better results. Length of hospital stay was largely the same whilst comfort scores were predominantly significantly better.

A randomised controlled multi-centre trial in Italy in 2001 was undertaken amongst 50 patients – complications were the same, but in every other category PPH scored significantly better than traditional haemorrhoidectomy.

Copies of the PPH03 Technique Brochure and Procedure CD-ROM (ref: P-BR173) and details of training can be obtained from Ethicon Endo-Surgery, Marketing Department, Johnson & Johnson Medical, The Braccans, London Road, Bracknell RG12 2AT. Telephone: 01344 864000

Quantities of patient information leaflets about haemorrhoids and PPH can be obtained by writing to PO Box 19310, London, W4 3ZB or via the website www.allaboutpph.co.uk .

**Clinical references**

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Call us on 0870 129 8538 for further information or visit our website at http://www.nationallocums.com

Bangladesh Army Have Brandon Medical in their Sites

Brandon Medical have entered into a major new contract for the supply of operating theatre lighting and power back-up systems to the 23 hospitals operated by the Bangladesh Army.

The first phase of this contract has just been completed, with Brandon successfully completing the first 7 operating theatres with their state-of-the-art Galaxy Ultra lighting and medical grade UPS systems.

Unusually, the Bangladesh Army chose a two-stage tendering process for this contract, with a technical evaluation being followed by a more conventional price tender. Brandon’s products performed so well in this first stage that they were automatically passed into the second stage, whilst only one other competitor managed to struggle through.

Having already proven their technical merit, Brandon went on to successfully win the contract through a more conventional price tender.

This is not the first major contract Brandon have won in Bangladesh. They have previously supplied the prestigious Diabetics Association of Bangladesh in Birdem (one of the countries leading medical centres) with their award-winning surgical lighting. The health authorities have been very impressed with the lights at Birdem and Brandon came highly recommended locally for this new contract.

Brandon Medical are experts in medical lighting design with over 30 years of healthcare experience. The Company manufactures and markets a wide range of medical lighting products, from operating theatre lamps through to bed head lamps. Brandon have a strong reputation for research and innovation, having won numerous international awards. This powerful reputation has lead to Brandon becoming the supplier of choice for many international healthcare authorities, a group which now includes the Bangladesh Army.

For further information contact: Brandon Medical Co Ltd.
Telephone: 0113277 7393 www.bradon-medical.com

Cyberchondria or super support network?

Websites should be moderated by health professionals to tackle the growing phenomenon of patients using the Internet for support and self diagnosis - or 'Cyberchondria'.

That’s a key finding of an 18-month study by a team of University of Derby researchers who examined sites dedicated to helping sufferers and carers of people with skin disorders, HIV and Aids, diabetes, cancer and Huntington’s Disease.

The study confirmed that most of the Internet explorers sought information and emotional support, but it also discovered that while Internet sites affiliated to a society were moderated, some set up by individuals are not.

Dr Neil Coulson, Reader in Health Psychology, said: “We found that people using these sites can take on board medical advice which is incorrect - an obvious concern. “Indeed, the health profession has coined the phrase ‘Cyberchondria’ for people using the Internet for self diagnosis and presenting this misinformation to their GP”

The team’s study has recommended that health professionals need to post corrective information on websites when they discover, or are made aware of, sites containing incorrect information.

Dr Coulson said: “The Internet is proving a great source of comfort that provides a vital support network to millions of people when used correctly. “Twenty or thirty years ago, a carer looking after a housebound relative may not have had ready access to such support.

“Now, without compromising the care of their relative, they can log onto the Internet at whatever time of the day they like, seven days a week, and a support community is available made up of people in the same position, experiencing the same emotions.

“It is perhaps indicative of modern society that people feel able to talk about their illness to a complete stranger through this powerful means.”

More new products and upgrades feature in Gambro’s latest newsletter

Gambro Hospal Ltd, a wholly owned subsidiary of Gambro AB, has published its most recent customer newsletter, ‘Highlights’, which focuses on the latest additions to its product range. In a section entitled ‘Products in the News’, Highlights has details of the new xpressO long term catheters, the Prismaflex system, the BREAKpoint software to automate Serena in PD, the DiaScan dose controller on AK 200 S machines and the PHYSIO system for improving cardiovascular stability in dialysis, especially as it affects diabetic patients.

Also in this ninth edition of Highlights, there is news of two further additions to the popular Gambro Hospal Case Study series. The first describes the lifeline which exists between Gambro Technical Services and the Raigmore Hospital Inverness, while the other describes how high manufacturing standards lead to optimal treatments for dialysis patients. An additional story of interest is the news that a team of three Gambro-Hospal runners, will compete in the New York Marathon raising funds for the British Renal Society.

New in Brief sees the addition of a revised patient HD-booklet, plus the introduction of further new product brochures and updates on recent sales successes. Managing Director John Turk expresses his pleasure that this latest edition of Highlights also features an interesting article from an independent writer. The importance of water purity in dialysis is contributed by David Gandy of Guy’s Hospital.

Other regular articles such as the Dialysis News Service, recent new joiners and exhibition diary also appear in what is an essential read for those wanting to keep up to date on all matters Gambro Hospal.

For your copy of Highlights No. 9, please telephone 01480 444000.
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E-mail: mapron@fsmail.net  http://www.mapronproducts.co.uk
Over many years the importance of Medical Gases within healthcare environments, both private and NHS has become increasingly apparent. Even so, investment within this area is still lagging well behind the requirements created by the supply plant, infrastructure, to the maintenance and system controls.

Medical Gases are split into three main areas, Gas supply (liquid and cylinders), piped systems and equipment. My area of concern is piped systems, which is covered by a document called the Health and Technical Memorandum 2022 (HTM 2022), which outlines correct working procedures in this area.

There are very few healthcare establishments throughout the country that actually fully comply with this document, further more it is common knowledge that healthcare environments throughout the country are very limited on their expenditure in all areas and it is especially true in engineering sections, who are responsible for medical gases.

Many centres have reduced the staff on site and given larger areas of control and responsibility to fewer employees. Medical Gases have been given a back seat in terms of importance and are usually a ‘tag on’ responsibility to an already overstretched engineer, which is a major failing in this crucial field.

Due to the high commitments of these staff, Medical Gas maintenance is often put out to contractors who are supposed to comply fully with HTM 2022 and correctly maintain the health services establishments, advise the Authorised Person, point out potential hazards and provide a clear maintenance plan. In my experience this is clearly not the case in certain healthcare establishments.

The Authorised Persons are fully reliant on their contractors for advice on their systems and have in many cases a very restricted knowledge of their sites' requirements. This causes in many cases a failing in the progression of the systems.

In the majority of health services establishments the availability of test equipment and emergency backup equipment is restricted by financial restraints, which can lead to a heightened level of risk. There is also very little if any communication between the projects departments, the Authorised Person, and the Medical equipment departments. This can lead to the overstretching of the plant, undersized infrastructure, and substandard installations.

The implementation of the Medical Gas Policies and Procedures, more cooperation between departments, and the purchasing of the required test equipment and emergency backup equipment, more training and time would evolve the health service establishments in to a safer environment & improved patient care.

Medical Gases are life support systems and are classified as medicines and stricter controls must be adhered to for the safe and effective operation of these essential services.

There are numerous examples of failings of the system, both the infrastructure and staff, from the incorrect valves being turned off in emergencies, no emergency equipment available, not knowing what to do in cases of emergencies, and thus tends to be always blamed on the individuals, which in many cases is not the root of the problem.

For real progress to be made a step back is required with a fresh look at the whole set up. If health service establishments are to bring Medical Gases out of the dark ages and in to the 20th century, more investment is required especially in staff training. The training is required from the very top level down through the management to the on site engineers, the portering staff, the nursing staff, with closer controls on contractors also a key requirement.

*Policies and procedures require must be written, implemented and adhered to. *Test equipment must be purchased and annually checked *Emergency backup equipment must be purchased and annually checked, *A more involved role must be taken from the Authorised persons.

One establishment I work closely with that has adopted this idealistic approach has found that it does actually work. Over the last 5 years with the implementation of the Policy and Procedures, continuous training for all levels of staff, correct test equipment and emergency equipment on site; it has proven not only to greatly improve the Medical Gas services on site, ensure that all new works are in line with the HTM 2022 but has actually through efficiency and foresight, not cuts, saved the establishment money.

Being aware of the need for increased support to the healthcare sector in this area, Sentry Products Limited have invested resource in ensuring that the correct equipment required to carry out the testing of medical gas pipeline systems to HTM2022 is accessible. This has led to the creation of a comprehensive new range of test equipment, all readily available to Authorized and Competent Persons, Quality Controllers and contractors.

Further information can be obtained from: Sentry Products Ltd Tel: 01709 811460 E-mail: sales@sentry-products.co.uk www.sentry-products.co.uk

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**ANAESTHETIC GAS SCAVENGING**

**IT SUCKS! - BUT TOO MUCH?**

H.A.C Technical Gas Services have carried out a 5 year study on the condition of Anaesthetic Gas Scavenging (A.G.S) Systems around the country and found that not all the systems are operating as they should or seem to be.

Although medical gas service engineers are carrying out their duties to set schedules and specifications regarding the flow rates found at the terminal units in theatres and other locations, they do not always carry the correct equipment for testing the level of suction being created in the pipeline by the A.G.S. plant.

Upon inspection it was found that A.G.S plants was achieving in excess of the BS6834 recommended maximum of 20Kpa negative pressure. The result is excessive suction levels being created. During the studies, readings of up to 40Kpa were taken at theatre outlet points.

Operating with excessive negative pressure can cause not only damage to anaesthesia equipment but also the premature burnout of the A.G.S pumping system.

H.A.C Technical Gas Services recommend that all A.G.S. systems should be re-commissioned on an annual basis to avoid the risk of incidents taking place that may have adverse affects on patients and the unnecessary expense of early plant replacement adding to the hospitals budgetary problems. If you believe you may have an existing problem or would like reassurance regarding your A.G.S. system please contact Paul Henton on 01909 567 401 or e-mail paulhacgas@hotmail.com for a no obligatory quote.

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When responding please quote OTJ.
Airedale NHS Trust is to be the first hospital in-house cleaning team to use a new microfibre cleaning system.

The Jonmaster system will revolutionise the way the hospital staff clean and help prevent the spread of infection in the hospital and act as a front line defence against MRSA.

Airedale's domestic services staff, the first in-house cleaning team in the country to use the new system, will be equipped with the new microfibre mops, cloths and trolleys which will reduce the amount of physical effort required, and produce a quicker and more effective cleaning result.

New standards of cleanliness were introduced by the Department of Health in 2001 and Airedale NHS Trust agreed to conduct a baseline cleanliness audit and an investigation into the cleaning systems available. At that time the Jonmaster system was newly launched and the most efficient and effective cleaning system available for hospital cleaning.

The Trust began trialling the new system in August 2003 and found:

* that there was no need for cleaning chemicals apart from inside toilets
* significantly more effective removal of high level dust
* significant time saved
* reduced bending, lifting and twisting for staff

The benefits of the new Jonmaster cleaning system:

* Removes 99% of bacteria from the surface compared to 30% with traditional cleaning methods
* Moves dust and dirt away and doesn't just move it around
* The surface dries in a fraction of the time so reduces the risk of slips and falls
* Helps prevent the spread of infection - for example no dust particles go into the air with the new system, which will help stop the spread of the Norwalk virus

The cloths are made from a special ultra microfibre - so fine each fibre is less than 100th the thickness of a human hair. These can then be used dry, where the cloths create a static charge which attracts dust and bacteria, holding it in like barbed wire until it is washed; or damp where a capillary action pulls the dirt in and traps it again until the cloth is washed.

When washed, the cloths are cleaned and refreshed but importantly are also thermally disinfected. All cloths will be laundered at the on-site laundry. The Trust has received advice from the company on the appropriate laundering procedures, which include separate washing of cloths and mops at a temperature of up to but not exceeding 92 degrees Celsius.

An infection control report, produced by Whipps Cross University Hospital, showed that trials found that cleaning with Jonmaster cloths was equally as effective as cleaning with 1% hypochlorite solution. The infection control team at Airedale NHS Trust were also therefore a vital part of the planning process and supported the view that as microfibre removes dirt more effectively, levels of environmental soil which promote bacterial growth will be greatly reduced.

The system is being rolled out in the Trust from 1 November 2004 and will be phased across the hospital wards over a two month period.

The Trust will also be keeping their public informed by producing and distributing leaflets for patients and visitors to give them an understanding of the new ways the hospital will be cleaned. This is to be done to ensure the public realise that whilst less physical effort will be put into the cleaning, the results will be hugely improved.

For further information, please contact: JohnsonDiversey UK Headquarters Weston Favell Centre NorthamptonNN3 8PD Tel: 01604 405 311

When responding to articles please quote "OTJ"
“DO YOU REALLY NEED TO WEAR A FACE MASK?”

Jay R. Sommers, Ph.D.

Do you really need to wear a face mask in the Operating Theatre? Since Tunevall published his results in 1991, this question has been debated around the world. He conducted a random, prospective study for 115 weeks with 3,088 general surgical patients. There were 1,537 cases when the surgical team wore a face mask and 1,551 cases when no face masks were worn. There was no significant difference in the surgical site infection rates. He stated, “These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team.”

Protection for the Health Care Worker

The fact that Tunevall stated that masks may be worn to protect the surgical team has gone entirely unnoticed. With the increase in the number of HIV/AIDS, Hepatitis B, and Hepatitis C cases, it would seem that the surgical team, including anesthetists and anesthesiologists, would insist upon wearing face masks as well as a face shield or goggles for eye-protection.

References and Studies

The other part of this question is: what is the benefit to the patient? Historically, when the theory of droplet infection was introduced (1926 and 1936), the wearing of face masks was advocated to reduce the risk of haemolytic streptococcus. There is also epidemiological evidence of this infectious path in a study that compared face mask usage with bacterial shedding during cardiac catheterization. Bacterial colonies were significantly higher when no mask was worn as compared to the wearing of a full mask. “Shedding of Staphylococcus epidermidis was significantly greater when no mask was worn.”

In a recent article, it was stated “In choosing to not wear a mask members of the surgical team could be leaving the patient vulnerable to the risk of wound infection via droplet contamination.” Regardless of type of surgery … the patient needs to be protected against infection.

But what are the criteria for determining whether or not the operating team is healthy? Recent literature indicates that the surgical team might not meet this requirement.

Shertz has reported that “The nose (anterior nare) is the most common body site of colonisation on health care workers; frequencies range between 20% and 90%.” Another study reported that 15% of operating room personnel had isolates that expressed antibiotic resistance, including methicillin resistance. He/er reported that as many as 40% of the surgical team may carry virulent bacteria (e.g., S. aureus) in their nasal and oral cavities.

In a recent study by C.E. Edmiston, “Impact of Surgical Masks on the Prevention of Oral/Nasopharyngeal Shedding,” he concluded that: 1. Wearing a face mask significantly reduces microbial shedding (vs. no mask). 2. Airborne microbial shedding increases significantly from 90 to 180 minutes. 3. A tight-fitting pouch mask was superior to the flat mask in reducing oral/pharyngeal shedding. Recommended Practices

NATN (National Association of Theatre Nurses, U.K.) states in their “Principles of Safe Practice in The Perioperative Environment” that “Disposable high filtration face masks should be provided near the restricted areas. They must be worn in accordance with local policy, completely covering nose and mouth and secured by ties (i.e., not elastics) or hooks. Masks should not be handled except when being put on and taken off.” Masks should be changed when soiled and every two hours if possible. They should be removed completely when leaving the restricted areas.

The guidelines from the Operating Room Nurses Association of Canada (ORNAC) support the statement that: all persons entering restricted areas of the surgical suite should wear a mask when open sterile items and equipment are present.

Additional support endorsing the wearing of a face mask in surgery, and directly refuting Tunevall’s argument, comes from the British Orthopaedic Association (BOA), Royal College of Surgeons: “Medical papers which show that omitting the use of face masks in General Surgery where there is an infection rate approaching five per cent have no relevance to orthopaedic surgery and ‘masks to be worn at all times within the operating theatre and lay-up room.”

The University of Düsseldorf Hospital has similar recommendations: “The mask must be sufficiently large to cover both the mouth and nose. The face mask must be renewed prior to each operation and when it becomes thoroughly wet.” Face masks should not be allowed to hang down after use; be continued in use; handled by the hands.

L.J. Atkinson, in Berry & Kohn’s “Operating Room Technique,” writes:

1. A mask is worn in the restricted area to contain and filter droplets containing microorganisms expelled from the mouth and nasopharynx during talking, sneezing, and coughing.

2. Masks are worn at all times in the restricted area of the O.R. suite.

3. Masks “must be worn over both nose and mouth.”

4. Promptly discard mask into a proper receptacle on removing.

5. “Remask with a fresh mask between patients.”


7. Keep talking to a minimum.

In summary, a recent quote from J.T. Lee should answer the question posed at the beginning of this article, “Do You Really Need to Wear a Face Mask?” - “Nobody wants his or her mate, parent, or child to undergo any operation in which live oral or nasal bacteria from surgeons or nurses can enter a sterile field. None of our patients should get less consideration.”

References:

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Model shown Crystal™ Metal, Macintosh Size 4
Budgetary cuts are the order of the day in the European healthcare industry. Among the many markets affected by this drive to economise, the surgical gloves market is experiencing a sudden drop in prices across Europe. Companies are realising that their biggest challenge is to find ways to cut manufacturing costs to be able to offer the lower prices required by the budgetary restraints.

New analysis from Frost & Sullivan (http://healthcare.frost.com) estimates that the European surgical gloves market generated revenues of USD 191 million in 2003. This is projected to increase to around USD 240 million in 2010. Germany accounted for the bulk of revenues in 2003, contributing USD 48 million.

People’s awareness about allergy to natural rubber latex and to powder is increasing. Continued exposure to natural rubber latex results in latex intolerance, which progressively worsens in the presence of the allergen. This is causing a gradual shift in the market from the widely used natural latex powdered gloves to natural latex powder-free gloves and, in some cases, synthetic alternatives.

“Synthetic alternatives were introduced when allergies to the natural rubber latex became a major problem,” remarks Frost & Sullivan Research Analyst Kavitha Ravikumar. “With improvement in materials and technology, they are now carving a market for themselves.”

This product shift could offset the impact of falling prices to some extent, as both powder-free gloves and synthetic alternatives derived from materials such as Neoprene and Polyisoprene are more expensive than powdered latex gloves. Geographically, this trend is increasing in countries such as Spain, France and Italy. The Benelux is also witnessing some amount of conversion to synthetic gloves.

With so many changes taking place in the surgical gloves market, companies are looking to product innovation and technology differentiation to provide it the necessary impetus. The replacement trend is expected to be one of its key growth drivers. Since the conversion from cheaper latex powdered to the more expensive latex powder-free gloves is not fully complete in Europe, companies can capitalise on this opportunity for market or revenue growth.

New technologies are, however, expensive to develop and implement. Companies will have to find methods to restrict manufacturing and material costs to balance those of devising new technologies. Companies also face a strong challenge in the form of geographically disparate distribution channels. This often results in major differences across the market from country to country. Marketing strategies that clearly demarcate the various distribution channels are likely to enable better brand recall. Additionally, reducing the price differences between regions can also help narrow the geographic gap and make the company appear more accessible.

Despite these challenges, conversion due to innovation and allergy issues is expected to sustain the surgical gloves market and ensure continued research and development. Expenditure on branding, market consciousness, awareness and public relations is likely to increase as companies vie for space in this mature market.

“The good news is that in spite of price pressures and the near complete penetration of the product in Western Europe, the European surgical gloves market is likely to remain stable until at least 2010,” says Ms. Ravikumar.

If you are interested in an analysis overview providing a first introduction into the Strategic Analysis of the European Surgical Gloves Market - then send an email to Katja Feick - Corporate Communications - at katja.feick@frost.com with the following information: Full name, Company Name, Title, Contact Tel Number, Email. Upon receipt of the above information, an overview will be emailed to you.

Further information contact:
Katja Feick, Telephone: 020 7915 7856 Fax: 020 7730 3343
E-mail: katja.feick@frost.com


Please Quote ‘OTJ’
The ethics of prolonging life in fetuses and the newborn

The Nuffield Council on Bioethics recently announced a new Working Party to consider issues surrounding the prolonging of life in fetuses and the newborn.

In recent decades there have been great improvements in the care of very premature and critically ill babies. Knowledge about pregnancy and the fetus has also increased, even allowing some treatment to take place while the fetus is still in the womb. We are able to sustain the life of even some extremely premature babies. However, it remains difficult to make accurate predictions for the quality of life that babies born at this very young age will be able to achieve. Some technological interventions have meant that the lives of critically ill babies can be prolonged when there is a small chance of recovery or survival in the longer term. In some children, premature delivery, congenital problems or complications at birth may result in disability, the extent of which is difficult to predict.

The Working Party will review the guidance on treatment for these babies and current practice in neonatal units. Members will also examine scientific advances and potential developments in this area of medicine. The focus of discussion will be the ethical, social, legal and economic issues involved in making very difficult decisions regarding treatment. The range of expertise within the Working Party will ensure that the roles of the family, medical professionals and the wider population will be considered.

“This Working Party will cover some very sensitive issues which have a great effect on people’s lives. We will be discussing not only how decisions are made, but also the longer term consequences of these decisions,” said Chair, Professor Margaret Brazier of the Manchester University School of Law. The Working Party will meet over the next 18 months, and will hold a series of fact-finding meetings. Members of the public, professionals and organisations will be invited to contribute to a public consultation, which will be conducted in the spring of 2005. The Council expects to publish a Report on its findings and recommendations in autumn 2006.

For further information please contact:
Elaine Snell, Snell Communications Ltd, PO Box 10461, London SW11 6ZJ
Tel: 020 7738 0424, Mbl: 07973 953 794  E-mail: elaine.snell@which.net
“The surgeon has for the first time complete management of the gas mix by percentage, volume and pressure!”

Primax Surgical Limited launched at MEDICA 2004 a NEW INNOVATIVE and UNIQUE device to revolutionize Vitreo Retinal (ophthalmic) surgery. The BOREAS™.

Primax Surgical Limited BOREAS™ Gas / Air Infusion System for Vitreo Retinal Surgery. Designed to meet the needs of surgeons, it mixes and delivers a known precise mix of gas and air at a pressure which is set and controlled by the operator, infusing a known defined volume. The system contains robust, elegant routines and system controls to ensure that the user has complete confidence in the key parameters

The use of Intra-Ocular Gases in Vitreo Retinal surgery

Vitreo-retinal surgery included techniques used to repair retinal detachment, to remove intra-ocular foreign bodies, and to manipulate the retina. Both internal and external surgical approaches are employed according to the specific clinical indications and, during the course of surgery, it may be necessary to inject adjunctive fluids to achieve internal tamponade, pressure maintenance and closure of retinal breaks. Tamponade materials may either be fluid or gas (air or a special gas which is biocompatible and of very low water solubility). Intra-ocular gases are retained for a temporary period whose duration depends on the solubility of the gas.

Surgical Technique

During vitrectomy surgery the gel in the posterior segment of the eye (Vitreous humour) is removed using a special suction cutter. During this procedure intra-ocular pressure is maintained by continuous infusion.

Following the vitrectomy air or gas may be used to replace the infusion fluid in order that the surface properties are exploited to achieve or maintain closure of a retinal break. If air is used the solubility of nitrogen and oxygen in water cause the air bubble to be reabsorbed over a period of a few hours or a few days (according to its original size). The re-abosption is determined partly by the surface area of the injected bubble and partly on the water solubility of its component gasses.

If a longer tamponade period is required one of the special biocompatible gases of low solubility is chosen; these include sulphur hexafluoride SF6, perfluoroethylene C2F6, and perfluoro propane C3F6.

Primax Surgical Limited BOREAS™ Gas / Air Infusion System

The Primax Surgical Limited BOREAS™ gas / air infusion instrument has been designed to fulfil the needs of surgeons. It mixes and delivers a known precise mix of gas and air at a pressure which is set and controlled by the operator and at a known definable volume. The system contains robust and elegant routines and system controls to ensure that the user has complete confidence in the key parameters:

1. Type of Gas
2. Gas Mix
3. Infusion Pressure
4. Infusion Volume

Safety Components include:

• Fail safe multiple step pressure control
• Micro-processor controlled delivery
• Digital and audible information display and warning
• Automatic switch-over to air in the event of a gas max exhaustion, in order to maintain intra-ocular pressure at all times.

The device represents a completely new advance in Vitreo-Retinal surgical instrumentation incorporating many innovative user – orientated design features, and including safety, reliability and clinical security as fundamental design principles.

The BOREAS™ Gas/Air Infusion System from Primax Surgical Limited is an innovation for Vitreoretinal surgery affording previously unobtainable control, and safety. Using any of three special gases; Sulphurhexafluoride SF6, Octafluoro propane C3F8, Hexafluoroethane C2F6

The surgeon has for the first time complete management of the gas mix by percentage, volume and pressure.

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Tel: 01527 522 651 Fax: 01527 501 491
Email: reception@primaxsurgical.com
www.primaxsurgical.com

INVOS Cerebral Oximeter System from Tyco Healthcare is a significant advance in cardiac surgery

The Critical Care Division of Tyco Healthcare is a leading manufacturer of specialised critical care products, one of which is the new INVOS Cerebral Oximeter System. This advanced and innovative system monitors changes in the regional oxygen saturation level ($rSO_2$), in the capillary bed of the frontal cerebral cortex. By so doing, INVOS users are immediately alerted to critical changes in regional brain oxygenation in order to make early interventions.

INVOS is a compact and portable system which operates in real time to assess the adequacy of cerebral perfusion, for increased patient safety. It provides continuous and non-invasive monitoring, so it is risk free for both clinicians and patients. The system is well suited to all types of cardiac, vascular and general surgery procedures and is not pulse, pressure or temperature dependent.

To accompany the launch of the INVOS cerebral oximeter system, Tyco Healthcare have compiled a comprehensive colour brochure which discusses its benefits, features and set-up instructions. Several case examples are presented and discussed. Also included is information on:

• The concepts of cerebral oximetry ($rSO_2$) and its value compared with $SpO_2$ and $SvO_2$ measurement.
• Baseline $rSO_2$ values and clinically significant changes.
• The benefits of early intervention.
• Factors affecting cerebral $O_2$ consumption.
• $rSO_2$ interpretation and intervention.

For more information on the INVOS cerebral oximeter system, or on other Tyco Healthcare products, please telephone the company on: 01329 224306.

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

612 Squadron
RAF Medical Reserve Squadron

A recent addition to the Royal Air Force Reserves is No.612, The Air Transportable Surgical Squadron, which is based at RAF Leuchars near St Andrews in Scotland. The Squadron recruits trained medical personnel from the NHS or Private Health Sectors to train, on a part time basis, in support of the Regular Forces of the UK. The Squadron fields two Surgical Teams each with a 25 bed capacity, which includes 2 ITU beds.

The Royal Air Force Reserves offer the opportunity to enjoy the service life experience in tandem with a civilian career, often complimenting and enhancing it. Being a member of the Reserve Forces is doubtless demanding at times, but all of the Adventurous Training facilities available to the Regular Forces are also available to the Reservist.

612 Squadron offers interested personnel an invitation to attend a no obligation presentation at RAF Leuchars. These presentations are held during routine training periods and present the opportunity to meet with and talk to presently serving Squadron members. These visits help to underscore where a particular individual and their discipline could possibly fit, if the enquiry were to be taken forward to the application stage.

If you would like to attend one of our presentations or would like further information, please contact Sergeant AL Peoples by one of the following:

Telephone: 01334 839471 Ext.7974
E-Mail: 612sqnleuchars@btconnect.com
For visit the Royal Air Force Reserves Web Site at: wwwrafreserves.com

16 THE OPERATING THEATRE JOURNAL www.otjonline.com
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Oxford Anaesthetist returns from First Ever Flying Eye Hospital Programme in Paraguay

David Shlugman from Sunningwell has returned to work at the Radcliffe Infirmary recently after spending two weeks volunteering on board the ORBIS Flying Eye Hospital in Asuncion, Paraguay. Dr Shlugman, for whom this was the first ever programme with the blindness prevention organisation, says of his experience; “The two weeks in Asuncion were absolutely amazing. Every day I would be partnered up with two different trainee anaesthetists from the local hospitals and together we would prepare the patients coming to the Flying Eye Hospital for surgery. All the trainees were incredibly enthusiastic and eager to learn, and they all had a really good skills and knowledge base. What they are hampered by, is the lack of drugs and equipment in Paraguay, so for them, it will have been very useful to get the opportunity to turn their theoretical knowledge into practice.”

The Paraguayan Flying Eye Hospital programme, which took place in July 2004, was hailed a great success by everyone involved. Ophthalmic professionals, including ophthalmologists, nurses, anaesthetists and biomedical engineers from all over the country, received theoretical as well as hands-on training from an international team of medical volunteers. Dr Shlugman was partnered with a total of sixteen hands-on trainees and additionally lectured to local anaesthetists in Asuncion’s main hospital.

57 patients benefited directly from the programme. However, the real aim of ORBIS is to facilitate the transfer and update of skills and techniques, thus enabling the local medical professionals to offer a continued quality eye health care service, of which the country is in great need. An estimated 30,000 people of Paraguay’s 5.6 million population are blind, yet 80 per cent of this blindness is either treatable or preventable. Cataracts for example, a condition where sight is lost, can be reversed if caught early.

Having completed his first programme as an ORBIS volunteer, Dr Shlugman is determined to go on more in the future; “The whole experience was just so fantastic. Eye surgery is very gratifying in the sense that you see the results within a very short space of time. Patients literally walk on board the Flying Eye Hospital blind – some who have not been able to see for years – and the following day when the patch comes off, their whole world has changed. I am keen to go on more programmes in the future, and as I have received the support of the Trust and the anaesthetic department, hopefully I will be able to go out once a year.”

The support offered by medical professionals like Dr Shlugman is invaluable to ORBIS’s efforts to eradicate avoidable blindness. Since launching in 1982, ORBIS volunteers have treated thousands of patients, trained more than 63,000 local health professionals, who have gone on to train their colleagues, creating a ripple effect to give back sight and the hope of a better future to an estimated 17.5 million people. If you are still looking for ideas for Christmas gifts, then you may be interested in the range available at the Science Museum.

The Science Museum has been inspiring and delighting generations of families and the latest Christmas range continues this tradition, combining real ‘play value’ with technical innovation.

The range includes a selection of unique Science Museum branded products which explain the science and technology behind gadgets. Kids can find out how bubbles work with the party bubble machine, how a voice morpher changes their voice and how vinegar and baking soda can power a rocket.

Science Museum products aren’t just for kids - there’s great gear for gadget-mad grown ups too, including an electronic translator fluent in twelve languages; mini coin sorters for partners who leave change around; massageers equipped with radios and a desktop weather station to measure temperature and humidity.

Please visit www.sciencemuseumstore.com for more details.

HOW MANY DOCTORS DOES IT TAKE TO DRIVE A BUS?

Around 50 surgeons, anaesthetists, GPs, nurses, dentists and other professionals (including one Lord!) caught a bus on Saturday 13th November at The Lord Mayor’s Show in London, to help raise money for a hospital ship that is on course to save thousands of lives.

Global charity, Mercy Ships, used an open-top London double decker bus to highlight how Mercy Ships plans to help more than one million people in developing nations every year. The bus will be decorated with images from Africa and feature the Beechcroft Road Chapel Choir from Tooting.

Mercy Ships has two operational hospital ships already, which sail to some of the poorest nations in the world, providing free medical care and development services. A third ship, the Africa Mercy is currently being converted in Newcastle-upon-Tyne. When it is finished, it will be the largest charity hospital ship in the world.

Each one of the Mercy Ships fleet is staffed by volunteers, who not only provide their services for free but also pay for the privilege of helping those less fortunate than themselves. Each one has to raise crew fees of around £250 per month for board and lodging on the hospital ships. Highly skilled professionals, such as maxillo facial surgeons, who could earn vast sums from cosmetic plastic surgery, choose to spend their holidays or sabbaticals living on ship with hundreds of others. Some stay for years and even get married and raise children onboard!

A fit and enthusiastic 71 year old, Lord McColl said: “We try to get to the ships as often as we can and have followed them to Sierra Leone, The Gambia, Benin, Togo, Guatemala and Benin. This year we also expect to be in Liberia. These are places where we see things we would never see in this country – such as massive facial tumours, or permanent incontinence following obstructed labour – which make it difficult for a person to live a normal life, often becoming an outcast. It’s incredibly rewarding to be able to operate on someone like that and see their whole life change as a result.”

For more information, please visit the Mercy Ships website at: www.mercyships.org.

A quick reminder of the gifts we have available at the Science Museum store...

If you are still looking for ideas for Christmas gifts, then you may be interested in the range available at the Science Museum.

The Science Museum has been inspiring and delighting generations of families and the latest Christmas range continues this tradition, combining real ‘play value’ with technical innovation.

The range includes a selection of unique Science Museum branded products which explain the science and technology behind gadgets. Kids can find out how bubbles work with the party bubble machine, how a voice morpher changes their voice and how vinegar and baking soda can power a rocket.

Please visit www.sciencemuseumstore.com for more details.

Joining is easy, just send an e-mail, stating your name, e-mail address, position and Hospital to: ODGroup-subscribe@theatrepractitioner.org.uk

(please quote “otj-online” somewhere within the message)

And that’s it, you are a member!
Dear Editor,

A short time ago you very kindly published a letter I sent you about my work as a fundraiser with the Roy Castle Lung Cancer Foundation. I asked whether your readers would be able to support my charity by sending in their unwanted mobile phones and used printer cartridges to help raise vital funds towards our work.

I am delighted to tell you that we have had a fantastic response. Readers have been most generous and phones and cartridges have been arriving daily. I would like to take this opportunity to say a big thank you to you and your readers. This will make a massive difference to our work and will enable us to help those affected by this dreadful disease.

If anyone out there still has an unwanted mobile or a used printer cartridge, just call 08712 50 50 50, visit our website www.recyclingappeal.com/roycastle or simply drop your unwanted items in the post to:
Roy Castle Recycling Appeal (EL), 31-37 Etna Road, FALKIRK FK2 9EG

Thanks again to your readers for all their help.

Yours sincerely,

Janine Drew, Fundraising Manager, Roy Castle Lung Cancer Foundation,
200 London Road, LIVERPOOL, L3 9TA

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<td>3 Adults sharing a room: £219.00</td>
<td>£219.00</td>
<td>£179.00</td>
</tr>
<tr>
<td>2 Adults sharing a room: £199.00</td>
<td>£199.00</td>
<td>£159.00</td>
</tr>
<tr>
<td>1 Adult sharing a room: £399.00</td>
<td>£399.00</td>
<td>£339.00</td>
</tr>
<tr>
<td>Child sharing with at least 1 Adult: <strong>FREE</strong></td>
<td><strong>FREE</strong></td>
<td><strong>FREE</strong></td>
</tr>
<tr>
<td>Additional Child: When 2 children share with 1 adult, 1st child is free £159.00</td>
<td>£159.00</td>
<td>£109.00</td>
</tr>
</tbody>
</table>

* Child 2-11 years - 1 Child free per paying adult

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- Return direct Standard Class travel on Eurostar between Waterloo/Ashford International and Disneyland® Resort Paris
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**Optional Supplements:**

- Travel Insurance Available

For further information contact

**TEL: 020 7537 4686**
**FAX: 020 7538 8239**
**Email: info@disneyuk.co.uk**
**Website: www.southquaytravel.com**

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**Dear Editor,**

**DARE TO GET INVOLVED WITH MÉDECINS DU MONDE UK’S SAHARA TREK CHALLENGE 2005**

Médecins du Monde UK is working with Across The Divide Expeditions to stage a fundraising trek to raise money for our work - providing healthcare to vulnerable populations worldwide. Our Sahara Trek Challenge will take place in Morocco between Saturday 1st - Saturday 8th October 2005. We’re looking for those of your readers who fancy an adventure to sign up and participate in what promises to be a unique challenge of a lifetime.

Médecins du Monde UK is an international humanitarian aid organisation that recruits medical and non-medical volunteers, who provide healthcare, for vulnerable populations around the world. Our projects take place in both developing and developed countries. As well as victims of natural disasters, we provide care for victims of war, famine, disease, political repression and poverty. In addition to medical care, our volunteers “bear witness” to any obstacles to healthcare or human rights abuses that they see. This gives a voice to vulnerable people whose stories may not otherwise be heard.

Taking part in the Sahara Trek Challenge will require a great deal of hard work and dedication. But if you sign up, you know you will be helping to make health a human right. To find out more, download an Information Pack from www.medecinsdumonde.co.uk/events. Or phone (020) 7516 9103 /email sahara@medecinsdumonde.co.uk to get an Info Pack by post.

Once registered, you will receive a Trek Pack full of details about: MdM’s work and who your funds will benefit; fundraising ideas; physical training advice and sponsorship forms. You will also receive a 10% discount voucher from Nomad Travel Stores to use either in-store or online: and a 15% discount voucher from Lonely Planet to use to go towards buying their travel guidebooks.

To register, read the Terms & Conditions carefully. Then send a non-refundable registration fee of £200 with your completed Registration Form to Médecins du Monde UK. We then need your commitment to raise a minimum of £2,300 in sponsorship funds. £1,200 of this will cover the ground costs, your flight and airport departure tax. The remainder of the sponsorship money will then continue to support Médecins du Monde UK’s valuable work. The more funds we can raise, the more our volunteers can help to make health a human right. We sincerely hope that your readers will want to “Dare to get involved”!

Médecins du Monde currently runs 78 projects in 47 countries. Twenty of these projects are in Africa: Algeria, Angola, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Ivory Coast, Liberia, Madagascar, Mali, Sudan, Tanzania, Uganda and Zimbabwe. One of the reasons we chose the Sahara for this event is because the largest percentage of our projects take place in Africa, and we want to use this event to keep the focus on Africa’s needs in 2005.

For more information about the logistics of the Sahara Trek Challenge, please contact: Steve Clark, Events and Operations Manager, Across The Divide Expeditions
Telephone: 01460 30444
E-mail: steve@acrossthedivide.com

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