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Tips and tricks to design a hybrid room that I want to work in

F. Gómez Palonés

Vascular Surgery

Hospital Doctor Peset. Valencia. SPAIN

www.critical-issues-congress.com

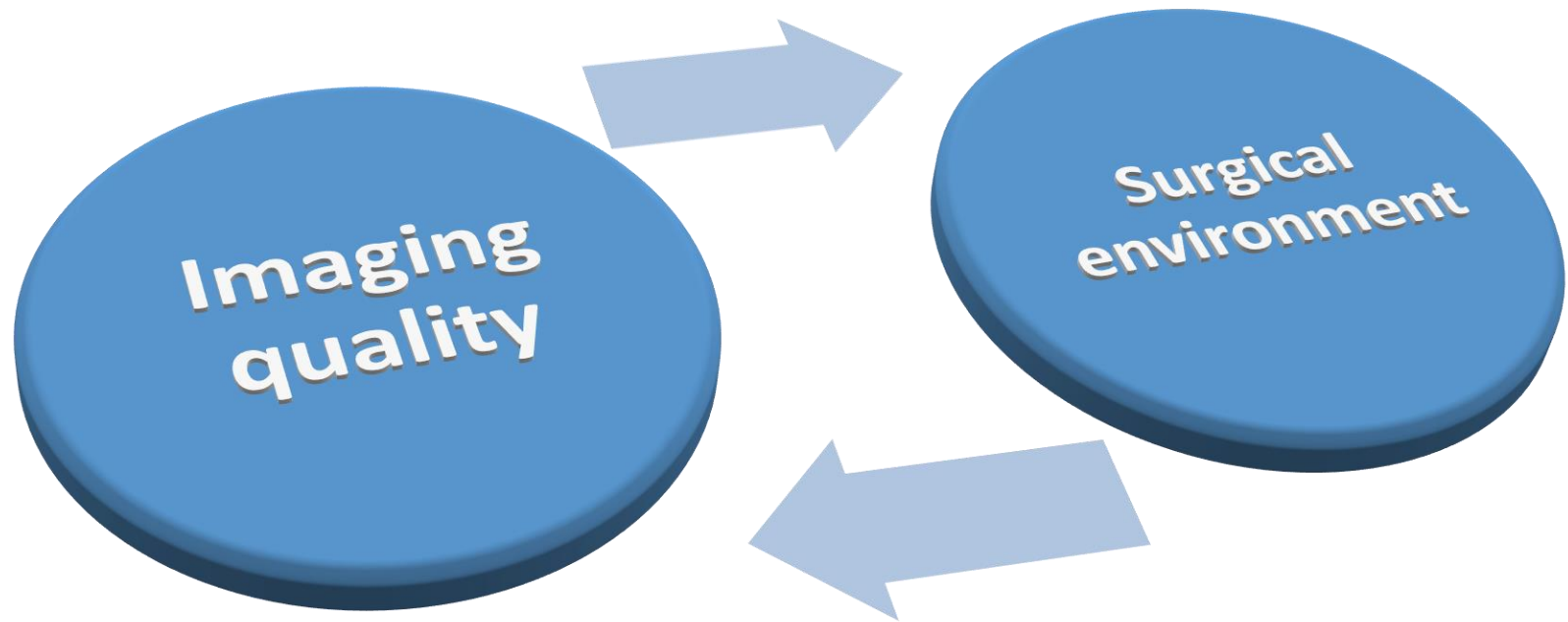
Disclosure of Interest

Speaker name: F. Gómez Palonés

I have the following potential conflicts of interest to report:

- Cook AI Proctor*
- WL Gore Proctor*

Hybrid O.R. 2 in 1

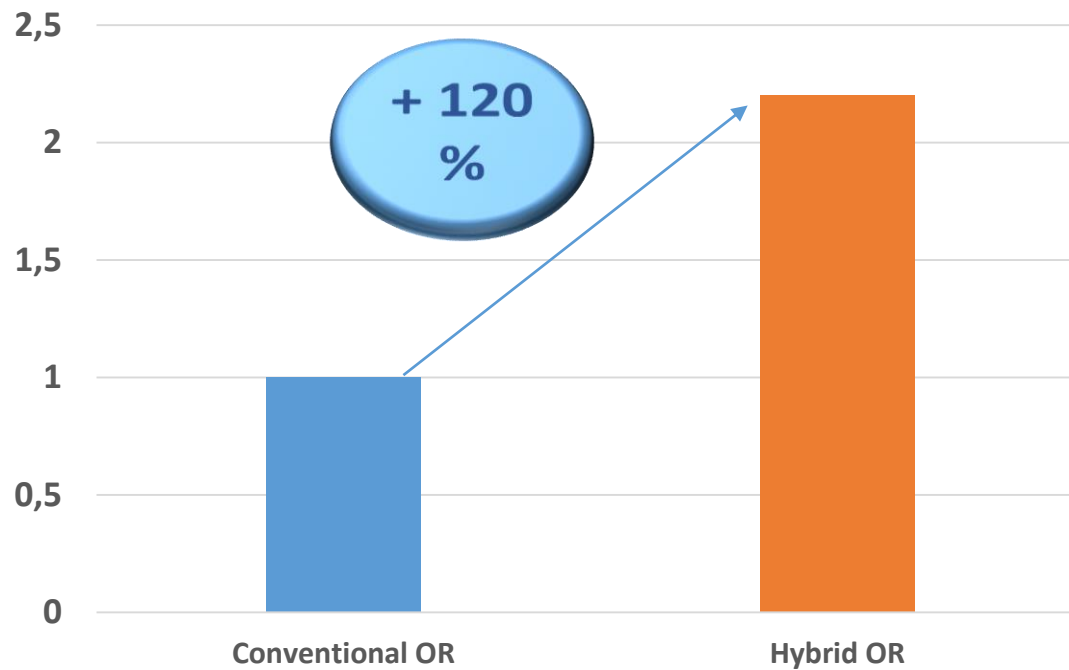


1

Is it worth it for my hospital?

Hybrid OR costs

1.2 million \$ to 4million \$ (Average 2,2M\$).



Neumann FJ. The hybrid suite: the future for percutaneous intervention and surgery?- cost issues. *EuroPCR* 2009, 24.06.2011.

EFFICIENCY



Quality

- Increase Technical success
- Reduce reintervention rate
- Increase indications for treatment
- Improved workflow



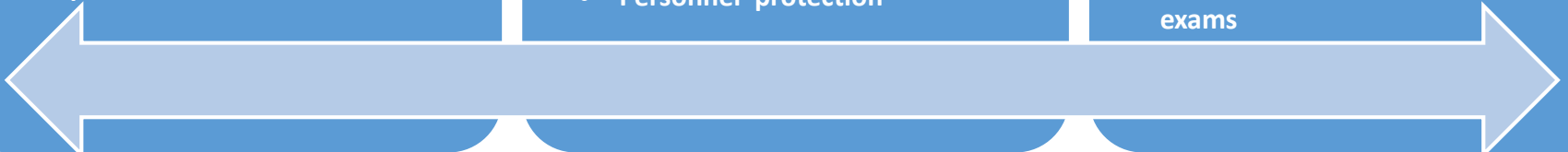
Safety

- Decrease radiation exposure
- Reduce contrast volumen
- Enhance patient monitoring and anaesthesiologic care
- Reduce procedure related complications
- Personnel protection

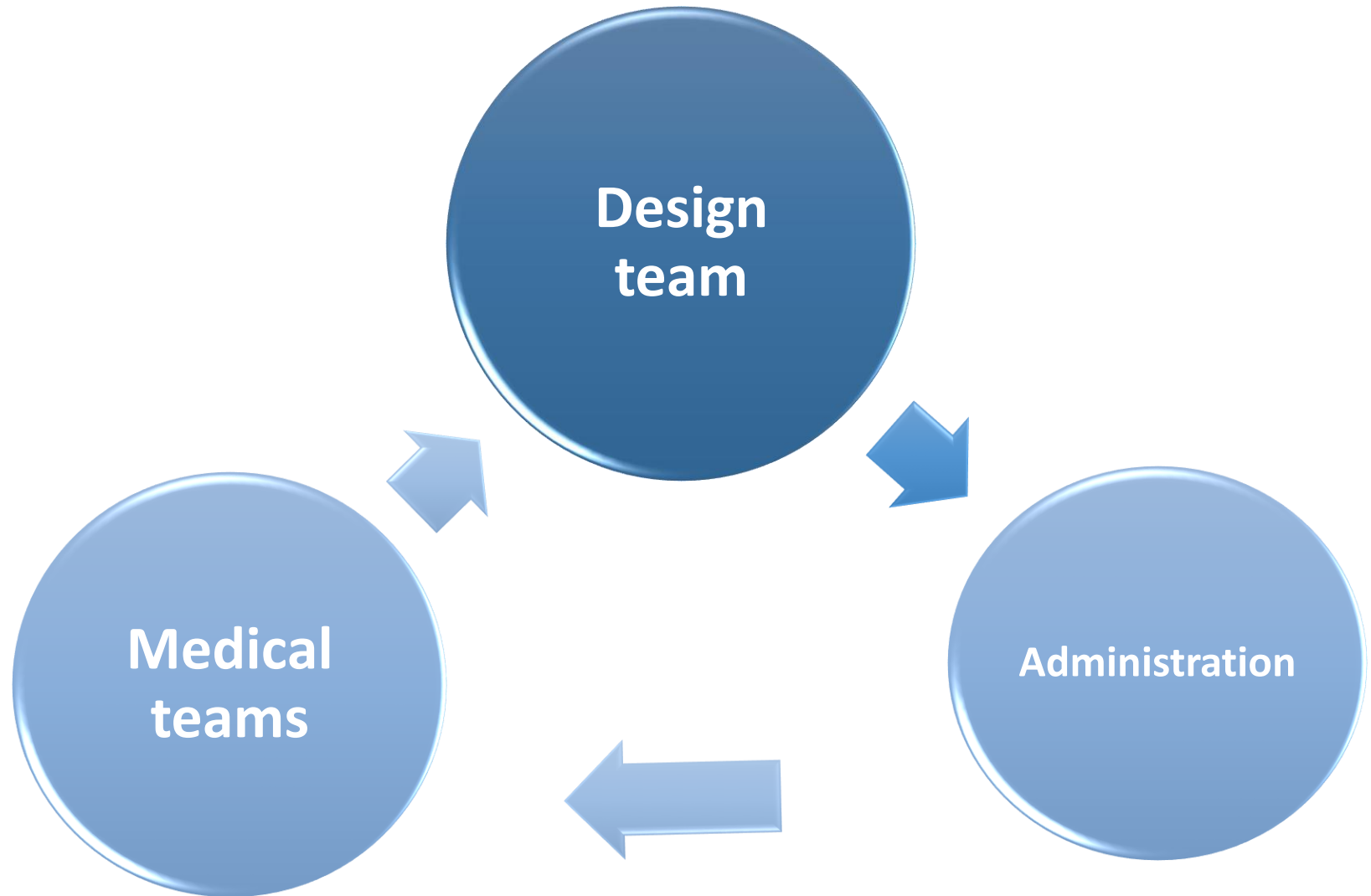


Productivity

- Reduce operating time
- Increase cases treated
- Reduce hospital stay
- Reduce readmissions & follow up exams



PLANNING



**Hybrid: not always
means successful
creation**



2

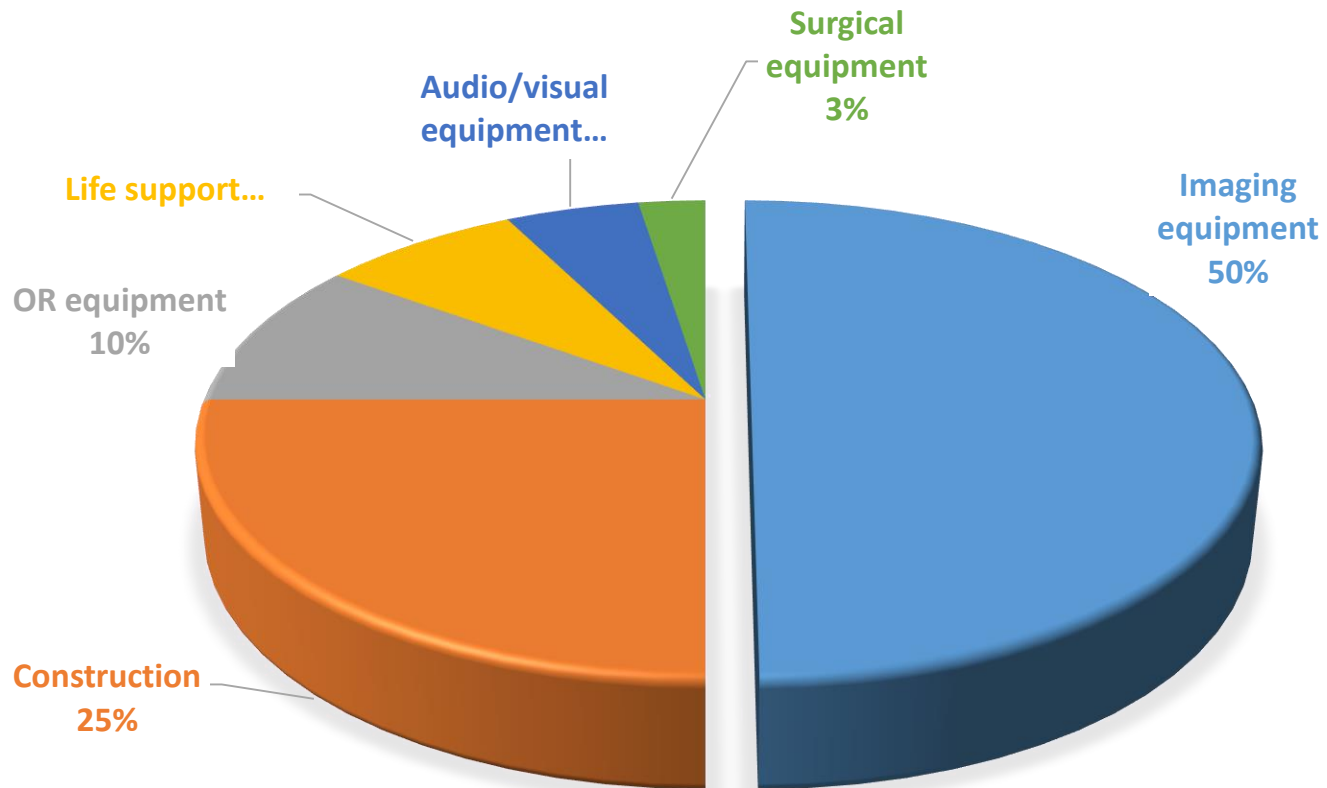
What would I like to put in?

1.Imaging system

2.Operating table.

3.Monitors

Where the money goes



ECRI Institute's SELECTplus Market Analytics 2015

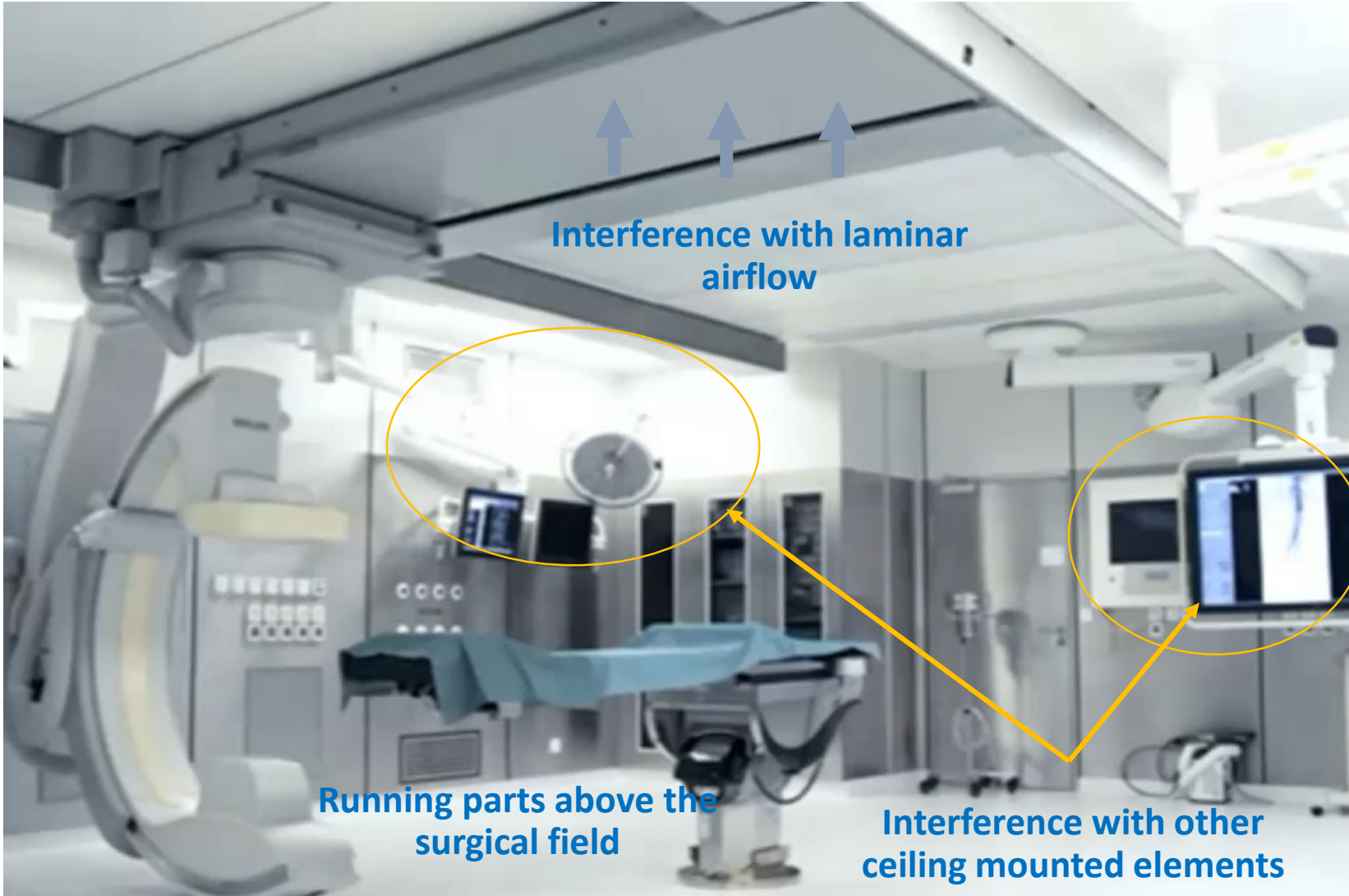
Image generation

- Powerful generator (100 Kw)
- Efficient & durable Xray tube
 - Proper cooling system: no overheating
- Digital flat panel detector:
 - Size: 30x30 / 30x40 / 40X40



Ceiling mounted



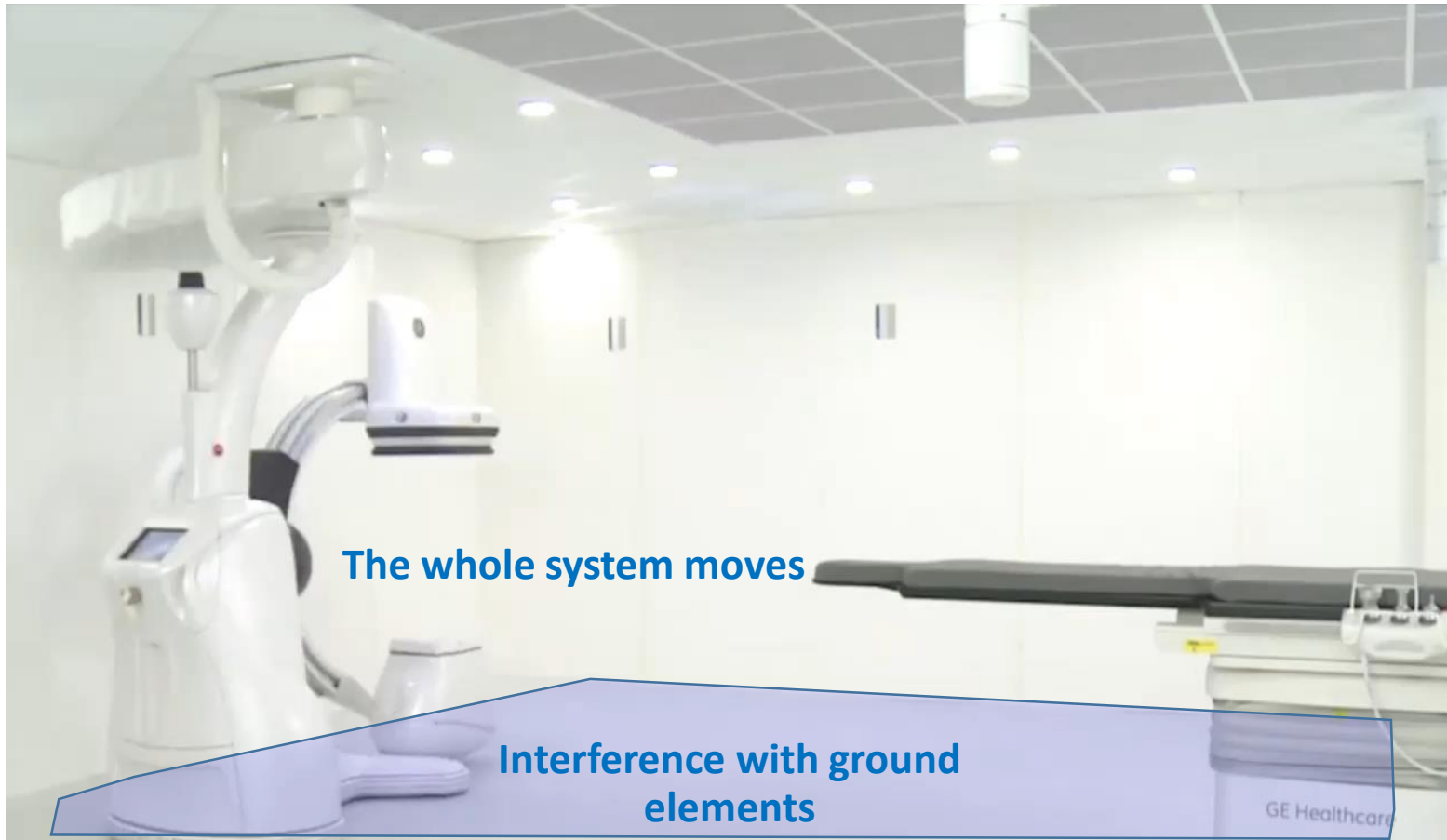


Interference with laminar airflow

Running parts above the surgical field

Interference with other ceiling mounted elements

Floor mounted -1

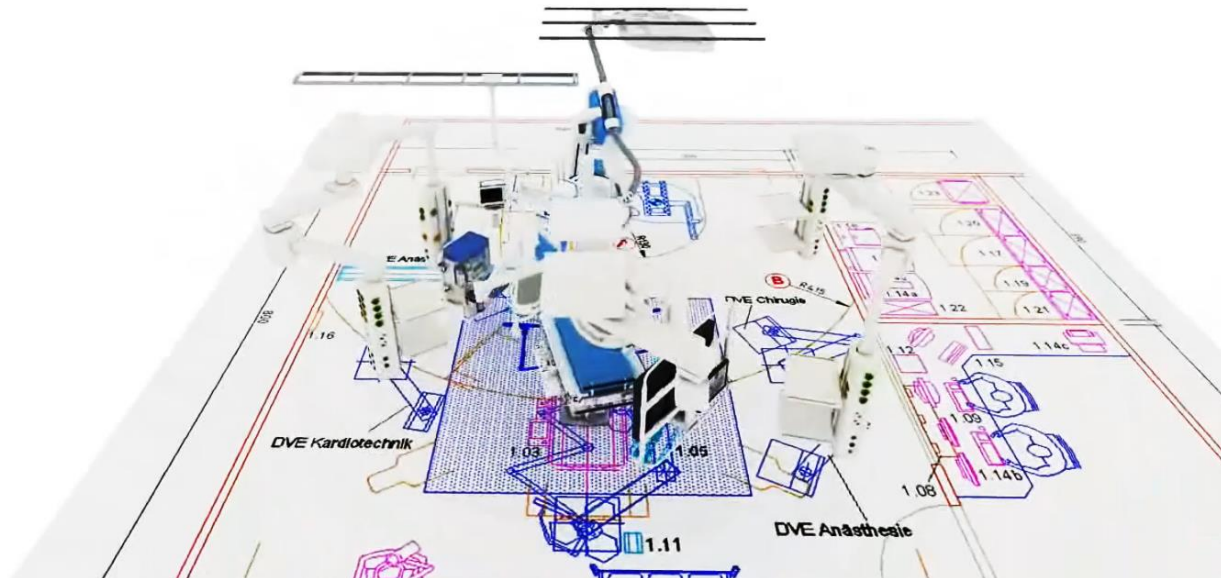


Floor mounted -2



Space

	Flex-move (Philips)	Discovery (GE)	Zeego (Siemens)	Standard OR	Hybrid OR
Min surface (m2)	55	55	70	50	90
Min Height (metres) (floor-floor)	3.5	3.5	3.20	3.20	3.5



1.Imaging system

2.Operating table

3.Monitor

Operating table

Surgical

- Rails for mounting surgical equipment.
- Mobility:
 - vertical
 - Horizontal
 - Trendelenburg.
 - ***Lateral tilt.***
- Ease and direct access to the patient from all sides

Interventional

- Radiolucent floating table top
- Floating length 200 cm.
- Motorized adjustments
- Synchronized with imaging system
- Rotatable
- Accommodate obese patients and CPR manouvers



	Philips	General Electric	Siemens
OR table compatibility	Philips / Maquet	GE	Siemens, Maquet, Trumph

Monitors



3

How should it work together?

- Flexibility
- Efficiency
- Safety

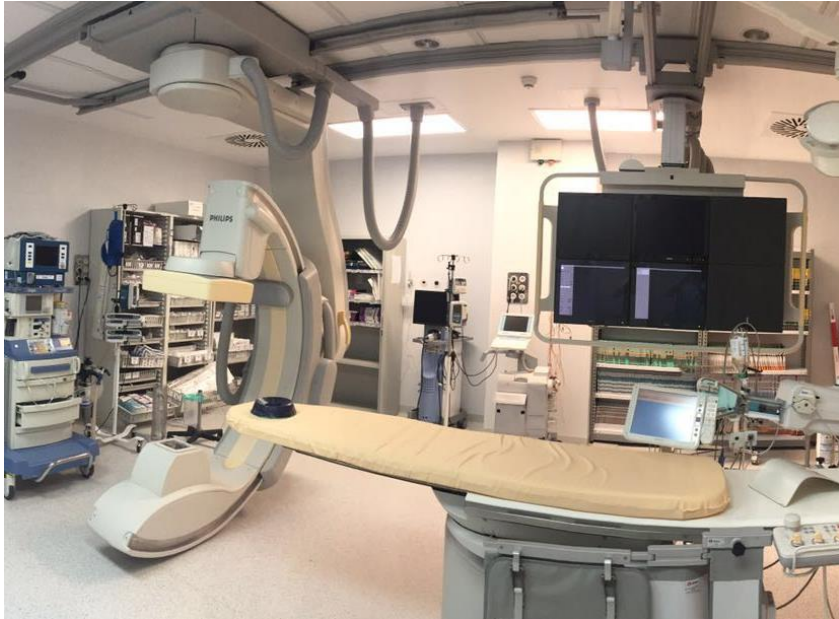
Flexibility

- Fast and easy access to the patient
- Easy and lively positioning of the C-arm
- Convenient workflow

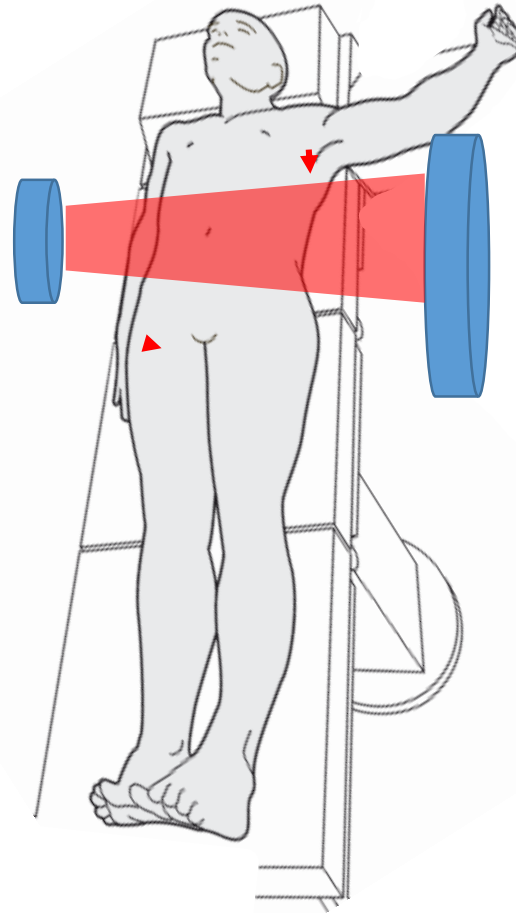
Define workzones



And adapt your workflow

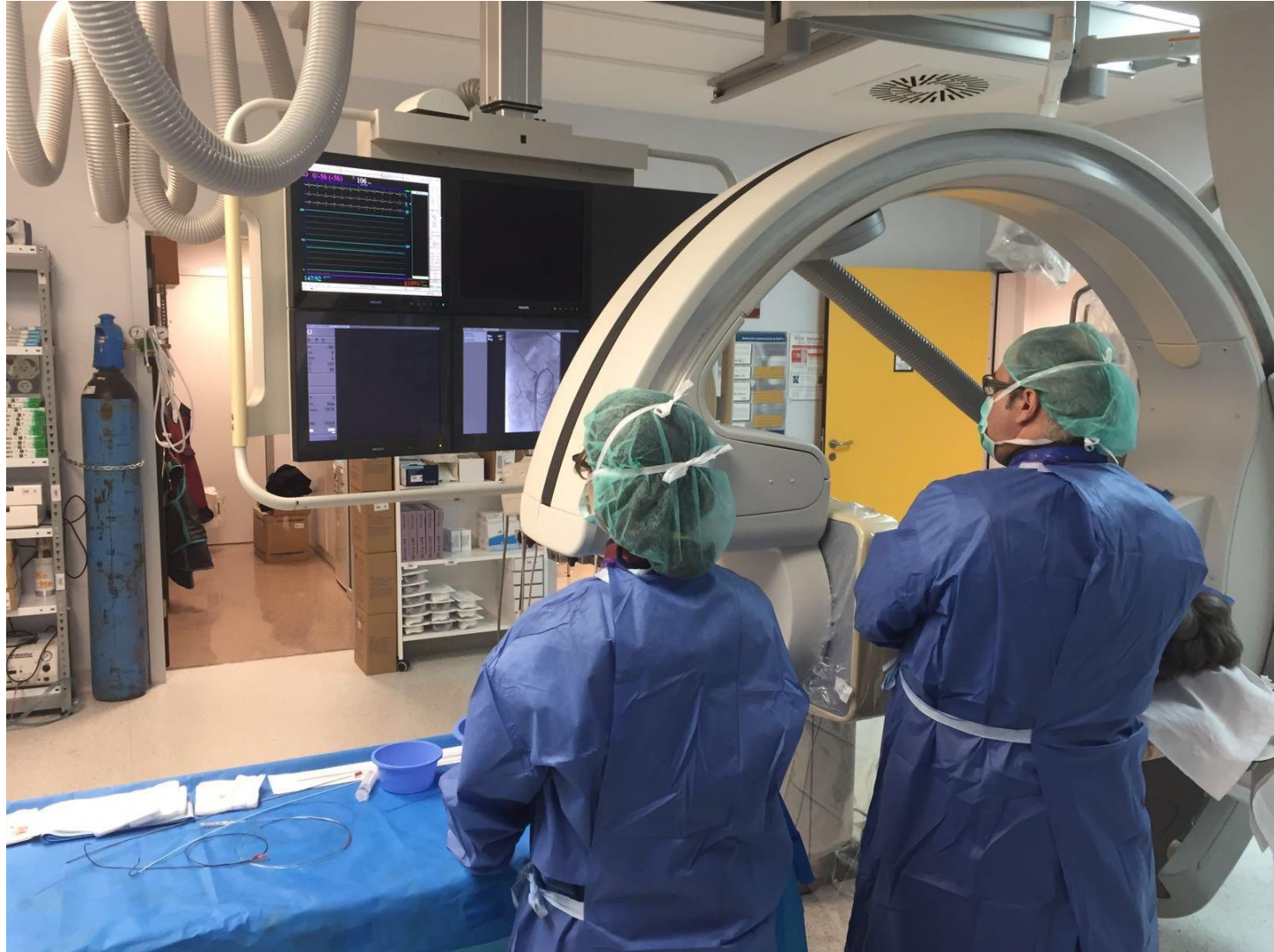


Do a mock set up

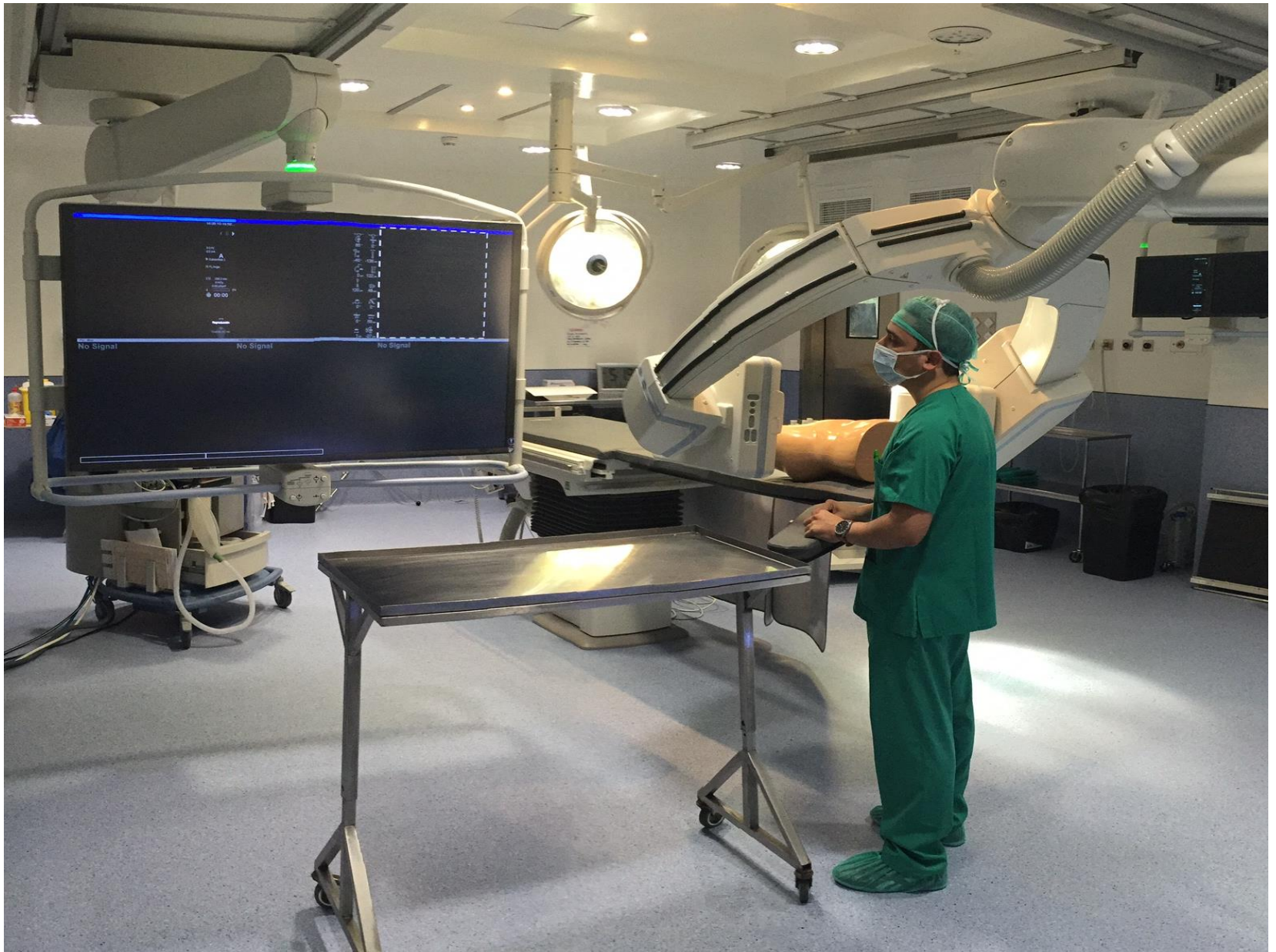


- C-arm : 90° lateral projection
- Arterial access Left axillary artery
- Combined femoral artery approach

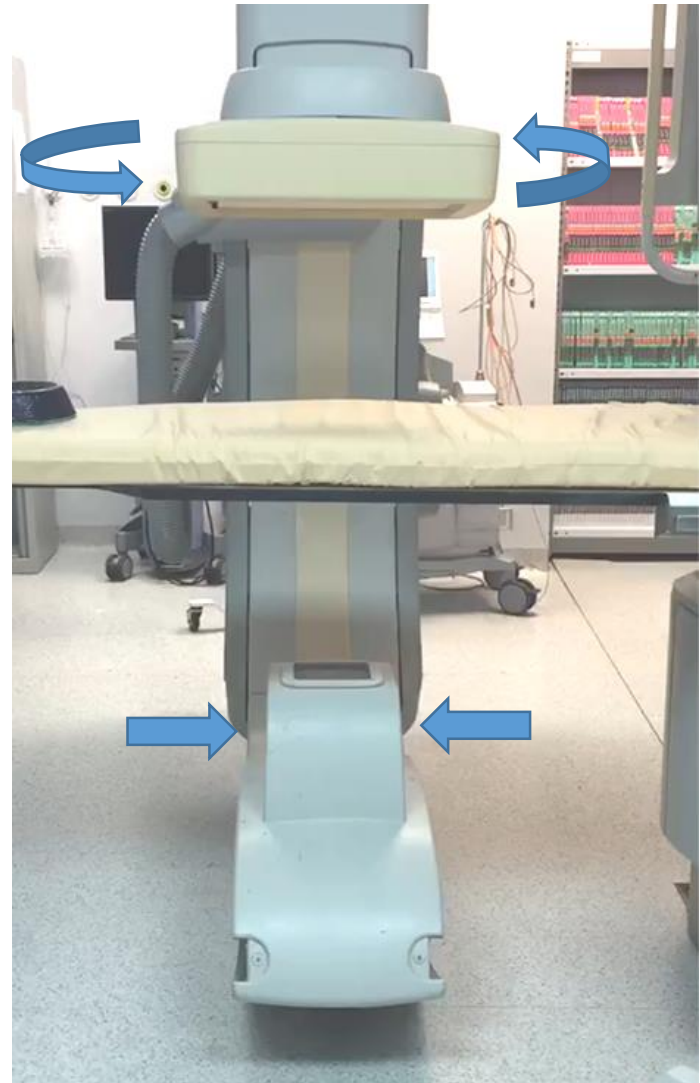


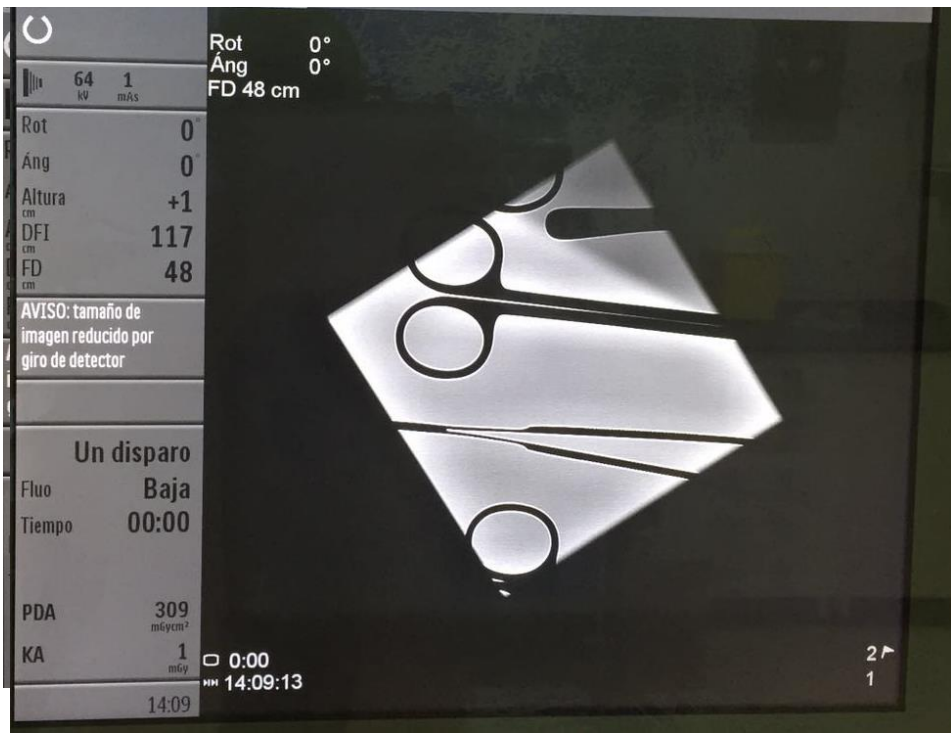
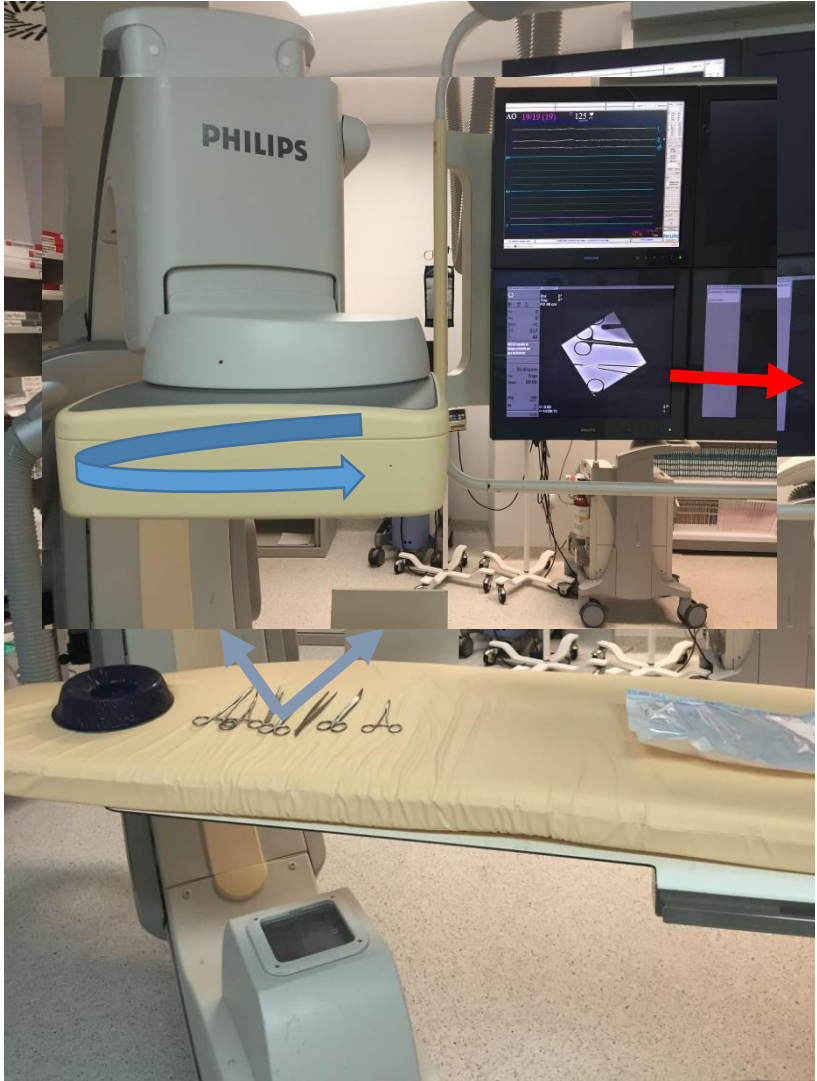


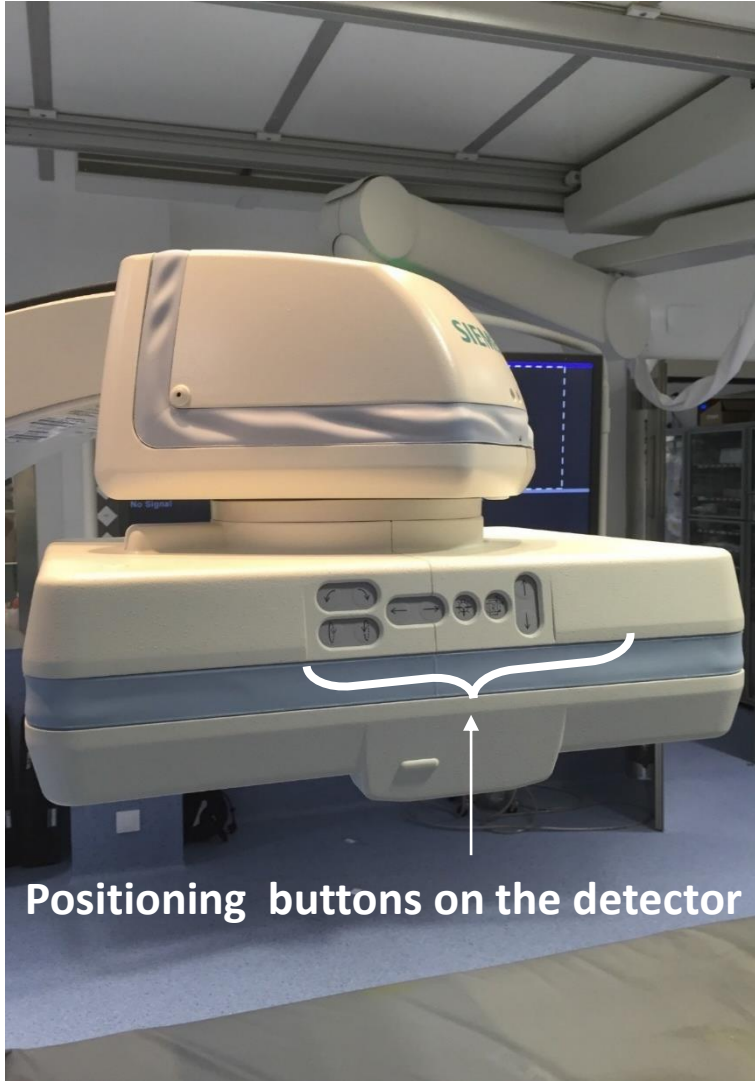




Detector and tube sinchronic rotation







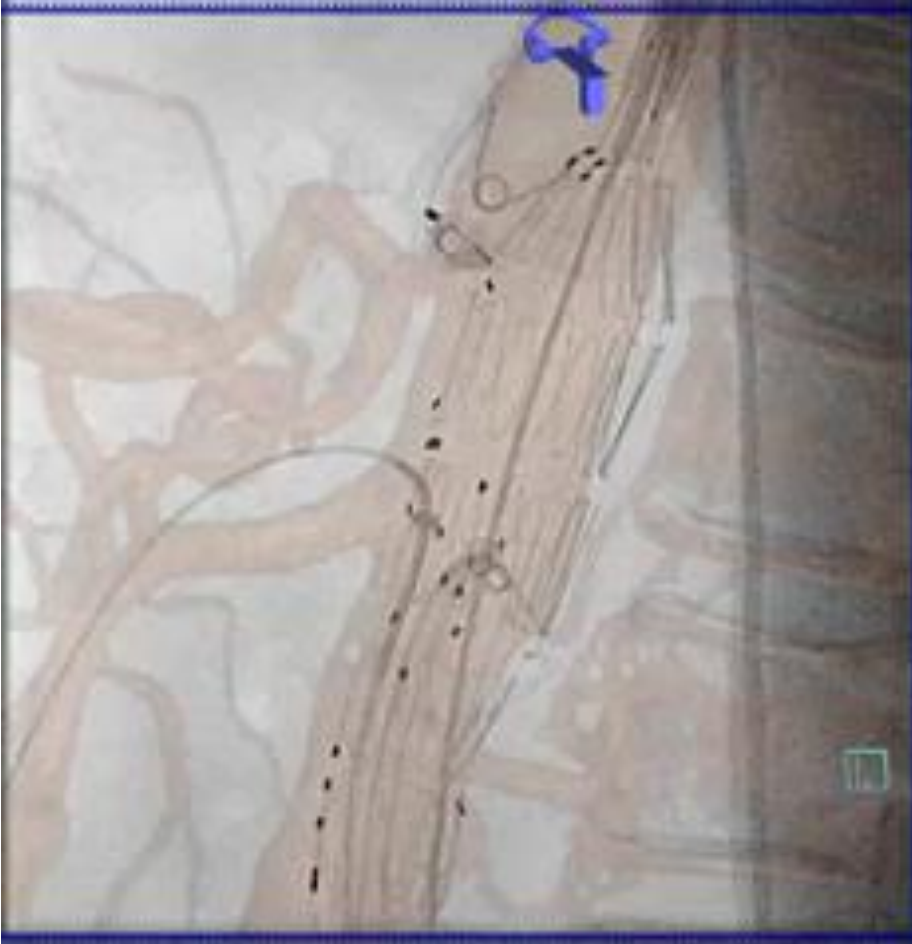
Advanced applications

Application

- Image fusion 2D / 3D
- Cone-BeamCT / Dyna CT
- 3d Angiography
- 3D roadmap
- 3D puncture guidance
- Dedicated work station
- Communication

Advantages

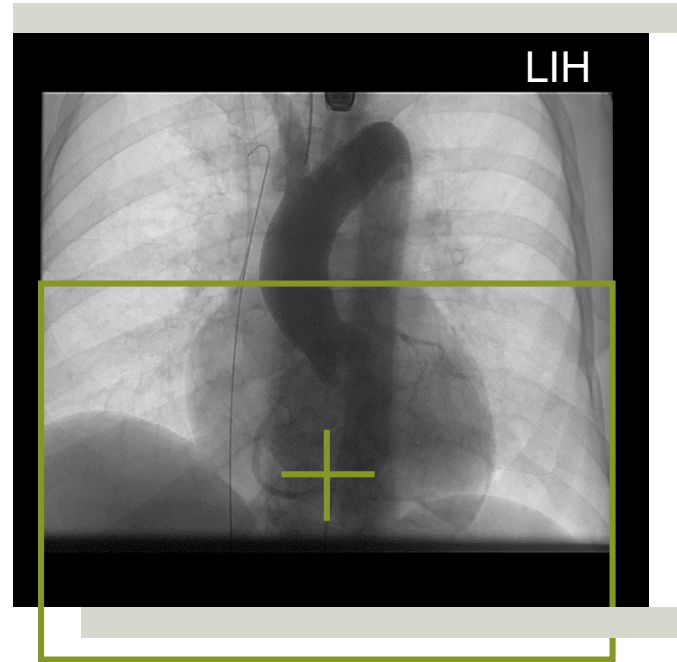
- Radiation dose reduction
- Contrast load reduction
- Intervention guidance
- Reduced operation time
- Quality control:
 - Reduce complications
 - Reduce late reintervention



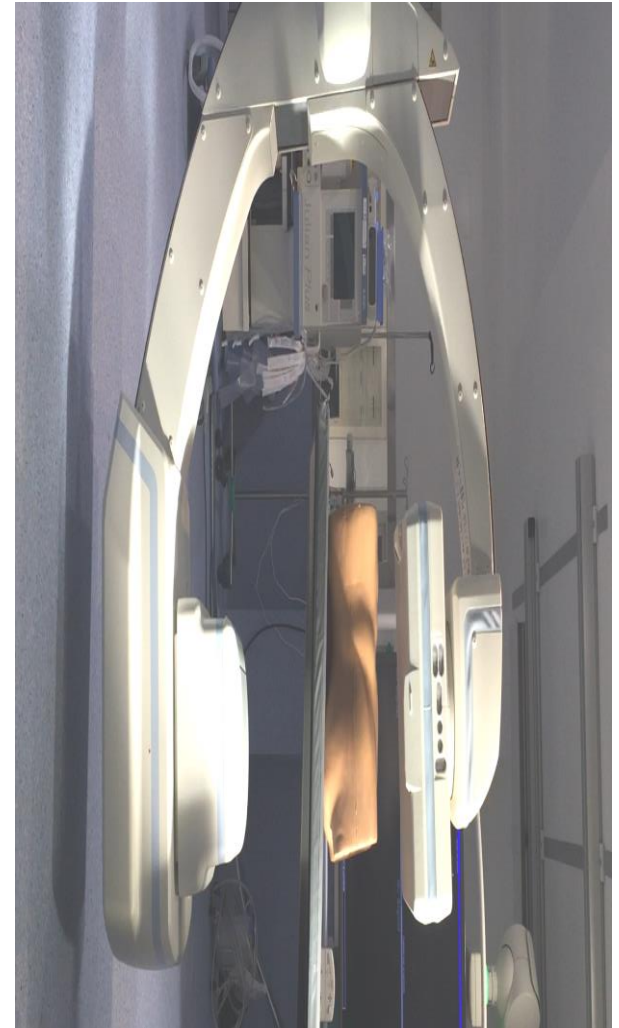
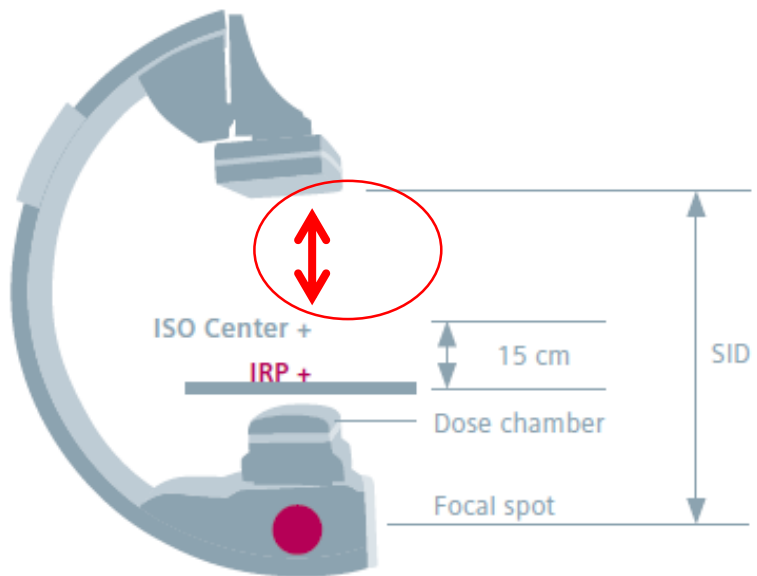
Safety in radiation exposure



Positioning without radiation



Fixed isocenter



Final comments

1. There's no "ONE-SIZE-FITS-ALL" system.
2. Define your needs and goals.
3. Discuss your needs with all the stakeholders
4. Check your usual workflows, and simulate them on virtual layouts.
5. Ask for advice to experienced centers working with each of the options in play



Thanks for your attention!!