PHILIPS

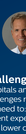
Azurion

Image guided therapy

30% reduction

in table repositioning during interventional procedures with Philips FlexArm geometry – an independently verified study

> "FlexArm enables us to dramatically optimize procedures around the patient: we can get the optimal view of what's going on inside the patient without encumbering all of the clinicians that are working around the table. The result is an innovation that's not only clinically important but also very simple and intuitive to use – a critical factor in the heat of a complex procedure."



Barry T. Katzen, MD, Founder and Executive Medical Director, Miami Cardiac & Vascular Institute (MCVI) Baptist Hospital, Miami, USA

Challenge

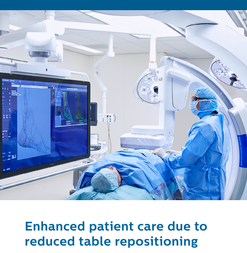
Hospitals and health systems are constantly faced with challenges referred to as the Quadruple Aim, namely the need to: achieve better health outcomes, improve patient experience, improve staff experience and strive for a lower cost of care.

These challenges manifest in the interventional suite through the need to perform complex procedures including upper extremity vessel access while while regularly repositioning the table, staff and equipment. All of this must be done while simultaneously improving workflows and staff ergonomics.

Philips worked with leading Institutions including Miami Cardiac and Vascular Institute (MCVI) to create FlexArm geometry, specifically designed to address these needs.

What

MCVI and Philips conducted a study in 2017/2018 involving a total of 200 interventional cardiology, interventional radiology and vascular surgery procedures to evaluate the impact of FlexArm geometry during interventional procedures in comparison to a standard system.

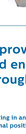


Enhanced patient care due to reduced table repositioning

FlexArm geometry enhances image-guided procedures through reduced table repositioning. This improves staff ergonomics and patient experience, as well as workflow for upper extremity access procedures. The reduced need to reposition the table also lowers the risk of losing needle access, catheter or wire location and the risk of pulling wires,tubes and lines connected to the patient.

30% reduction in table repositioning during interventional procedures

> "I think patient experience has improved because there is less table repositioning so we're disturbing the patients less during the procedure as most of our patients are sedated during the procedure, so they are asleep and if we're moving things around a lot, that wakes them up."



Brian Schiro, MD, Interventional Radiologist, Miami Cardiac & Vascular Institute Baptist Hospital, Miami, USA

Improved staff experience and enhanced patient care throughout the patient journey

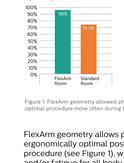


Figure 1: FlexArm geometry allowed physicians to work in an ergonomically optimal procedure more often during the full procedure

FlexArm geometry allows physicians to work in an ergonomically optimal position more often during a procedure (see Figure 1), which resulted in less pain and/or fatigue for all body areas. In addition to this, the FlexArm geometry can be moved into a standby position or parking position away from the table when a minimally-invasive procedure has to convert to open surgery. This gives the clinical team more space around the patient.

96% of the procedures were performed in an ergonomically optimal position for most of the time

> "The flexibility made possible with the FlexArm geometry, combined with the system's intuitive controls, place us in a strong position to adapt to any range of procedures and clinical developments the future may hold."

Constantino S. Peña, MD, Medical Director for Vascular Imaging Miami Cardiac & Vascular Institute Baptist Hospital, Miami, USA

Improved workflow for upper extremity access procedures

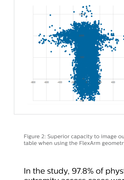


Figure 2: Superior capacity to image outstretched arms without moving the table when using the FlexArm geometry

In the study, 97.8% of physicians performing upper extremity access procedures were satisfied with the ease of imaging off-center anatomy while using the FlexArm system. Figure 2 shows comparative image positions in the FlexArm and standard rooms with each dot representing a single irradiation event.

> "Before, our doctors working on the other (nurse) side of the table, would be squeezed between the C-arm and the monitor, this would cause contamination problems, as they are sterile and the C-arm and monitor are not. With the system in 45 degrees, they have a lot more space to work. This is great."

Aurea Mazuelos, Vascular Interventional Technologist, Miami Cardiac & Vascular Institute Baptist Hospital, Miami, USA

For more information, please visit www.philips.com/FlexArm

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