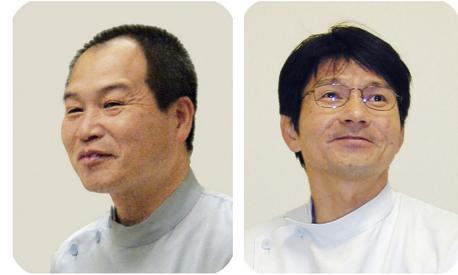


FLEXAVISION was the right choice for our hospital.



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We wanted CR cassette spot-filming, compact dimensions, and table elevation at a reasonable cost.

In order to facilitate the digitization of X-ray TV images, the only thing that our previous X-ray TV system had not achieved in 21 years of use, and with an awareness of budget restrictions, we deliberated on the introduction of an image intensifier-equipped DR system with an emphasis on the following points: (1) compact design (for a room with dimensions of 3.53 m × 4.7 m); (2) sufficient image quality (equivalent to that of film in DIP and bone radiography); (3) ample lowering of the table when the system is horizontal.

The deciding factor was 14" × 17" CR cassette spot-filming during fluoroscopy.

In addition to the system that we upgraded to on this occasion, we also use a 1-million-pixel DR system (12" image intensifier). DR is sufficient for standard imaging applications, such as stomach/enema fluoroscopy. At our hospital, however, we often perform DIP examinations, and this necessitates the superior resolution and contrast of CR. The ability to take well-timed images during fluoroscopy is also desirable. This is not possible with conventional systems that take images one at a time, but is possible with FLEXAVISION, which is equipped with a CR cassette spot-filming function. It can also handle 14" × 17" cassettes. This was an important deciding factor. It is also the most compact system of its kind, being small enough to fit in the examination room without any special reconstruction work, and the table can be raised and lowered. It was considered to be the best choice for our hospital. In actual use, we have discovered that there is no time lag between fluoroscopy and radiography, and it is much easier to capture the instant when contrast medium flows through the region of interest. Furthermore, the noise of the large 14" × 17" cassette moving under the table is not loud enough to be disturbing.

The table can be lowered even further with the elevation function. Patients can be moved with ease and peace of mind.

With the previous system, the table height was 90 cm in the horizontal position. Patients on stretchers or in wheelchairs had to endure considerable discomfort while being lifted onto the table, and when repositioning dislocated joints, the doctor would have to climb onto the table and perform the procedure in unstable conditions. FLEXAVISION is compact and its table can be raised or lowered. The minimum table height is 69 cm. Patients undergoing various procedures, such as fracture

reduction, arthrography, colonoscopy, and ileus tube insertion, are brought in on a stretcher or bed and so the elevation function is used frequently. It facilitates the comfortable, stress-free transfer of the patients onto the table, and is an extremely useful feature.



The oblique projection function gives peace of mind and can be used easily in times of need.

If there is a backlog in the examination schedule for the general radiography room, CR can be performed as a backup using this system's oblique projection function*. This capability gives peace of mind. It makes it possible for the angle of the lumbar spine to be aligned, for the clavicle bone to be raised, and for minor angle adjustments to be made to elbows and knees. It also allows the cervical spine to be imaged more effectively in the standing position at an oblique angle. Our hospital receives requests for many different types of examinations. We sometimes get urgent requests to perform swallowing examinations and examinations of the shoulder joints. The flexible movement of the X-ray tube makes it much easier to use, and allows versatile, multi-functional utilization. It is particularly impressive that this feature comes together with compact dimensions and table elevation. Systems that allow both table elevation and oblique projection are usually quite large.

*Option

Film-less imaging makes work easier than expected.

Previously, it was necessary to run to the darkroom, develop the image, and then read the film with a digitizer. This was very laborious and time-consuming. Now, photos can be created easily with mouse operations. Furthermore, it is possible to set the system so that images are transferred to the filming and image server at the completion of an examination, thus ensuring an extremely smooth workflow. The image quality can also be adjusted more effectively after images are obtained. All of these procedures can be performed from the console. There is no need to maintain automatic developing equipment, which increases efficiency, and allows more time to be spent on other work. It also helps accommodate the wish of doctors who want to be able to view images easily on monitors at their stations. The image quality has been highly praised.

A word to doctors
thinking of introducing
this system:

With DIP, in which image quality is particularly important, 14" × 17" CR cassette spot-filming is possible while performing fluoroscopy. The system is compact and equipped with a table elevation function, making it easy on both patients and staff. It can be operated without reference to instruction manuals. We were right to introduce it to our hospital.