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EVIS EXERA® PLEURAVIDEOSCOPE FROM OLYMPUS AMERICA

Medical Thoracoscopy Under Local Anesthesia is Now Easier Than Ever

For many years, thoracoscopy has been a central element of thoracic surgery and pulmonary practice. The development and introduction of video-assisted techniques has greatly expanded the indications and uses of the procedure. The **LTF-160 Pleuravideoscope**, from **Olympus America Inc. (Center Valley, PA)**, has been specially designed with a slim, rigid insertion tube and flexible tip to streamline medical thoracoscopy (also known as pleuroscopy) and enable physicians to efficiently perform procedures, even in the endoscopy lab. The LTF-160 allows physicians to work through a single small incision, using local anesthesia with moderate sedation. The bendable tip of the LTF-160 helps physicians maintain their orientation inside the pleural cavity, allowing them to examine the lung and pleura with ease. Furthermore, the versatile LTF-160 Pleuravideoscope is autoclavable and can be used with an Olympus video-processor and light source—already commonly owned by many hospitals.



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Henri G. Colt, MD, Professor of Clinical Medicine, Director, Clinical Programs Pulmonary and Critical Care Medicine, UCI Medical Center (Irvine, CA), states: “This scope will feel very comfortable to a physician during a procedure because it handles very much like a flexible videobronchoscope, an instrument most chest physicians and surgeons are already familiar with. It is an excellent instrument for diagnostic pleural procedures. This familiarity will increase the ease with which chest physicians can learn and begin to perform pleuroscopy procedures.”

Dominic R. deKeraty, MD, Director of Pulmonary Procedures and Interventional Pulmonology at Scott & White Memorial Hospital (Temple, TX), says that in his hospital-based clinical practice, they use the LTF-160 scope regularly for diagnostic as well as therapeutic procedures because it’s quick, easy, and well tolerated. “It’s a very low morbidity procedure, which is likely due to the fact that we often only have to use one entry port; perioperative pain is easily managed.” Dr. deKeraty also explains that they are able to do same-day diagnosis and treatment for some patients. “For those patients who come in with an idiopathic effusion, I can do a pleural biopsy with a rapid onsite evaluation. If our biopsy reveals cancer, then I can go ahead and perform a pleurodesis at that time so the patient won’t have to undergo two separate procedures. Because it is so well tolerated, many of the patients come in, have their diagnostic medical thoracoscopy, and leave. They pass through a pulmonary unit just as quickly as a bronchoscopy patient would pass through a standard bronchoscopy procedure.” With the incidence of respiratory diseases on

the rise worldwide, thoroscopes are becoming an essential tool for physicians. "This scope has become our workhorse for guided pleural procedures," notes Armin Ernst, MD, Chief, Interventional Pulmonology, Beth Israel Deaconess Medical Center, Associate Professor of Medicine, Harvard Medical School (Boston, MA). "The optics of the instrument are excellent and, because of its ability to bend at the tip, I can look into places and maneuver around corners or edges within the pleural cavity that would otherwise be difficult to do with rigid instruments, where you would have to change optics."

Dr. Ernst points out that he can also use the LTF-160 scope with his existing bronchoscopy equipment. "We have an integrated Olympus bronchoscopy unit and using the instrument that goes along with that unit obviously also makes our image management so much easier. It's quite impressive." While the LTF-160 Pleuravideoscope has been designed with the advanced capabilities of the **EVIS EXERA 160 Series** system, it is fully compatible with the EVIS EXERA CV-180 and 160, as well as with the earlier EVIS® 100 and 140 video processors.

The ergonomic control section features the same innovative design as the EVIS EXERA BF-160 Series bronchovideoscopes. Four remote switches allow physicians to operate connected ancillary equipment without removing their

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hands from the control. Frequently used functions can be activated by customizing the switches. To facilitate insertion under local anesthesia, the insertion tube of the LTF-160 measures a slim 7.0-mm in diameter, yet still offers a powerful range of capabilities, including 160° upward/130° downward, two-way tip angulation. The 2.8 mm working channel allows suction of even small effusions and pleural biopsies can be performed with flexible instruments. Praveen N. Mathur, MBBS, Professor of Clinical Medicine, Indiana University School of Medicine (Indianapolis, IN), comments that "the flexibility of the scope is obviously

an advantage. Until now, we've had rigid instruments with which to look into the pleural cavity and they were difficult to maneuver; this scope is flexible (at the distal end) and much easier to manipulate. It allows physicians to look around more easily, with less grinding on the ribs, as with the rigid scope."

As with all Olympus products, the LTF-160 Pleuravideoscope offers its users outstanding imaging performance. Images from inside the pleural cavity are transmitted via a high-resolution CCD chip and are displayed in a large format, with exceptional sharpness and clarity, on the video monitor.

The LTF-160 can be used in conjunction with various electro-surgical or laser procedures. To maintain the necessary clean area perimeter, the LTF-160 is outfitted with a 2.3-meter universal cord for connection to the light source and video processor. Olympus' versatile lineup of EndoTherapy® accessories offers a wide selection of choices to fit specific thorascopic requirements and include a flexible trocar (8-mm inner diameter), dedicated biopsy forceps, a spray catheter, and electrosurgical devices. ◆

To Learn More

For more information about the Olympus LTF-160 Pleuravideoscope or the EVIS EXERA System Series, please call 800-848-9024, visit the company's Web site at www.olympusamerica.com.

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