

C.M.I.A. NEWSLETTER

Central Coast Chapter

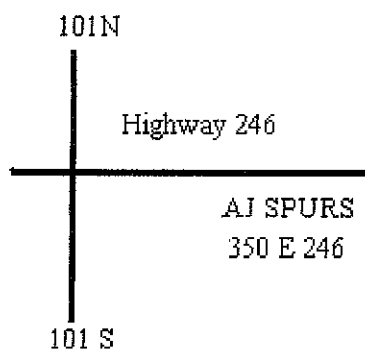
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Camarillo, Ca 93011

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The December meeting will be held at AJ Spurs on MONDAY the 11th in Buellton, CA at 7:30PM. This is our annual get-together with our North County member and friends. A \$10 max gag gift exchange was voted for and members are encouraged to participate.



Directions: Take US 101 to Highway 246 in Buellton. Exit on Highway 246. AJ Spurs is at 350 East Highway 246 (on the right side as one drives toward Solvang--about 3 blocks from highway 101)

Announcements: 2007 Coastal Chapter officers: Becky Bedel, President; Stan McNally, Sec'y/Treasurer; Randy Cook and Gary Lowery, CMIA Board of Directors.

2007 Annual Dinner meeting and officer installation for LA chapter and annual combined CMIA chapters is being held Saturday January 20th at the RMS Queen Mary in Long Beach. Vendor show starts at 5:00pm, dinner at 7:30 pm . Dinner is \$50.00 per person and NO money will be collected at the door, so make reservations before January 5th. More info on cmia.org web page.

On Friday January 19th, CMIA is presenting an Introduction to Diagnostic Ultrasound seminar at the Queen Mary in Long Beach starting at 8:00 AM and going to 5:00PM. Registration is \$150 for CMIA members and \$175 for non-members.

Rooms are available on the Queen Mary at a CMIA discount: www.cmia.org or www.queenmary.com.

News off the net: GE CASE Treadmill - Motor Shaft Snapping

Has anyone come across the belt drive motor shaft shearing off on the 2000 Series Treadmills on the GE Case Stress system? We had a failure where the shaft snapped clean approx 1" from where the shaft comes out of the motor housing. It would appear there was a possible manufacturing flaw/weakness that would cause this to happen, as the shaft is fairly beefy that drives the treadmill belt. The motor is made by Baldor, and I have confirmation from them that the motor is proprietary designed for GE, and only available from GE (at a shock sticker price of \$3167.09 CDN) If anyone has seen this issue, or dealt with GE on the matter, please respond either through list or direct. I have lodged a complaint with GE on the issue. The treadmill this occurred to is approx 2 years old. John Inch, C.E.T., C.B.E.T. Biomedical Engineering Technologist NSAHO Clinical Engineering 207 Willow Street Truro, Nova Scotia B2N 5A1

I had same problem in February. Motor cost was around \$1300 before shipping (from G.E.) Local motor repair shop said they could repair shaft, but customer chose new. Jim Filer

I've seen the motor shaft bend as a result of the drive belt being too tight. However I have never seen the motor shaft shear off. GE has guidelines for belt tension, be sure to follow them. If set correctly the belt will appear loose but it is a toothed belt so it won't slip. Paul Verboom, CBET Biomedical Engineering Capital Health Dickson Building 5820 University Avenue Hfx, NS

Philips Monitors:

We have a Philips monitoring system in our ICU using ELO flat screen LCD touch screen monitors. We are looking for cheaper source but are told by Philips that the monitors they use from ELO have an extra component added so only the monitors bought from Philips will work with the system. Has anyone ever heard of this? Is this true or is Philips trying to pull a fast one on us. Thanks in advance Kelly Parker, BMEI II

Only if you have touch screens, otherwise just use the same size display, no problemo. Philips is just afraid of breaking up the system, with Philips-branded displays. We're using several Sony flat-panel displays as remotes (amplified and extended using CAT5 wiring) and they work just fine. I think the original intention was on the older version software, if you were trying to use calipers to inspect the waveforms for buried P- or T-waves, then you needed a particular sized display to make the displayed strip life-size (as if you printed it). But that was back with the A and B versions of the software, they're up to at least rev F by now. Ray Brown, CBET, BMEI II, KB0STN Freeman Health System, Joplin, MO

We change those out all the time. Ampronix, Quest, or PJ Hilton can get those for you. as long as you have the DB9 touch interface on the monitor your good to go. sanpedrodave.

Datascope Passport2 Questions:

One small hospital I take care of has 5 new passports (within the past 10 months or so) monitors for their 2 OR's, 1 endo suite and 2 on roll stands for PACU. **Datascope just replaced all 5 of these because of the high failures. They did not want to at all, she had to have corporate apply pressure, bring in other mfg's equipment in as loaners and threaten to replace all the Datascope monitors with ones from someone else.** These units were failing back to back to back even after coming back from repair. **They were ready to invoke the lemon law** on two and had to go to someone way up the food chain to get this deal, but it can be done. I believe they are also receiving replacement new gas analyzers as well in their OR's. Barry Preece

I have an inventory of 58 **passport 2** monitors. Their age spans from a few purchased in 2001 to present. Out of the 58 most were purchased in 2003. 20 were received in Jan. of 03 and another 20 received in Nov. 03. And the rest came between April 04 to present. We have replaced the Masimo processors in 6 of the Jan 03 and earlier monitors even though Datascope had been on site to inspect each monitor looking for a particular lot of possible defective Masimo boards. We have had 4 NBP processor board failures again in the Jan 03 and older monitors. Other failures include the main processor board that total 5 that involve the Nov 03 and earlier models. I also have 1 early monitor that goes thru a set of battery's every 10 or so months. If I were looking at the data from the Nov 03 and earlier models I would have to be suspect of the Passport 2's reliability but as you have heard it does seem that the later versions are getting better. With our April 04 vintage and newer we have not had any problems. With all that said the passport 2 has a distinct advantage because it is a very user-friendly monitor and offers a good value for the price
Tim Penno Biomedical Electronics Marshfield Clinic.

Masimo SPO2 sensor breaking? The little covers on top of Masimo finger sensors (DC-195) are popping off. Do we repair this with super glue? Kurt Ulman

Yep, if you're lucky enough to have a nurse that saves the cover. If not they **will not** sell you a cover, only the whole unit. Got any suggestions for a replacement cover if you are like me and the nurse did not save the cover? Kevin Rathjen

Complain to Masimo! They know about the problem!! They have given me replacements at no charge before.

Am I correct in that "super glue" is not compatible in O2 enriched atmosphere?
We see this all the time. We were told on the older probes the bonding material is breaking down. The newer probes are suppose to have this problem fixed. I repair Spo2 for a living and I see a lot of these in here for repair. We just glue them back on. Don't get super glue on the connector or it will act as an insulator and the probe won't work. James Barley

System 1 Battery:

Has any one had any luck finding another source for the System 1 battery? Steris Pt# is P093915-047. It's a Dallas SmartBattery #DS1260-25.

The common ones (like Newark, Allied Elec, etc) didn't have them listed. Although I did find them at Digi-Key but when I called they are special order items with a min order of 36 and a 16-week lead-time.

They are currently on backorder with Steris and they haven't called back yet with a timeframe, so I started looking around. Thanks in advance, Ken Mylar

We have them in stock, give me a call. Don Boucher Technical Consultant/Parts Manager World Medical Equipment, Inc. 3915 152nd St NE Marysville, WA 98271 1 800 827.3747

You can try for a DS1260-50 or DS-1260-100 the only difference is the mAh capacity of the battery. The pin out and function is the same. Maxim acquired Dallas Semi you might be able to get a free sample or two from Maxim. Brian Morey, B.S., CBET Clinical Engineering Cuyahoga Falls General Hospital SUMMA HEALTH SYSTEMS Phone 330-971-7116

Video Camera Problems:

Our ENT surgeon is using a Stryker 3-chip video camera model 888. The picture is fine until he goes further into the nasal cavity, then it becomes darker. Tried another camera head, scope, adjusting the controls on the Sony monitor (CRI PVM model, light source is at max, new fiber light cord. Haven't tried another camera console yet. Stryker doesn't think it's the camera. Has anyone had similar video problems? I C., BMEI Our Lady of Fatima Hospital

How many hours are on your light source bulb? Is this set to Auto Iris? Some times the AGC of the camera interacts with the light source if it is on auto Iris. Try using one without the other set to Auto. Just a few thoughts that might help Joe Joseph D. Giardina, Jr

Sounds like the light source output is low- recommend checking the age of bulb, measuring the output of the light source, or if that's not possible, just replace the bulb and go from there.
Richard Forgues

Neither the video camera nor the console would cause the image to go darker as the endoscope travels farther into the nasal cavity. The light source, light cable, or light fiber bundle in the scope would be the culprit. If you switched the scope and light cable, my bet would be the light source. Dion Bower BMEI Sr. Video Technician

Test everything that people have already mentioned. If you can get a light meter, compare the output of this unit with others. If you replace the bulb, I usually get mine from Cadmet, test the output and put a tag on the unit so you know the starting output. Does this same setup have problems in other patients? If not, it could be the particular patient. I have seen patient eat up light no mater what you do. Just something about their body that no mater what you do the picture is dark. Terry Doukas CBET Children's Hospital

I was also recently called into a nasal cavity case with complaints off color, pixelization? and loss of depth. I think a lot of problems are related to camera white balancing and display settings. The rep said some of it is also due to using older style camera systems with newer digital flat screens. **It also has a lot to do with the perception of the doc.** I opened the display menu to adjust settings for the doc during the case and she told me to stop because whatever I just did fixed it. Well, I hadn't changed anything yet. Sometimes just being there helps :-). Our OR's have as many as 7 boom mounted flat panels in the rooms and we set them all to the same default settings when new. Now the users adjust the controls to optimize the picture to their particular type of case, which can screw up the image for the next case. There is no happy medium. How do we solve that?? Brad Motes CBE I

It is highly recommended that you adjust all of these with a color analyzer (SENCORE is one) and possibly to DICOM standards if it helps. That will pin it down to the angstrom. If you can convince the docs to be hands off due to the excellent quality now present then, if possible, lock out the color controls. But leaving bright and contrast available might be more acceptable. Have the default setting set to the CAL settings so the reference is ready to go. Some of the NEC flat panels I have used have a DICOM calibration available. The BARCO also has a puck and software (costly!) and you might need to get into service mode so have that information ready. Room light is a big problem. They should be low but who wants that on the OR? Michael Rende

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