

PHILIPS POLY DIAGNOST UPI AND ANGIO DIAGNOST 2U TABLE

An Advanced System for Universal Angiography

- Cerebral
- Abdominal
- Peripheral
- Cardiac



Medical
Systems

PHILIPS®

SALESMAN'S GUIDE

INTEGRATED SYSTEM

An "integrated system" means the U-arm and the Angio Diagnost 2U Table were designed to work together — an equipment marriage with no conflicts, just benefits!

FEATURES

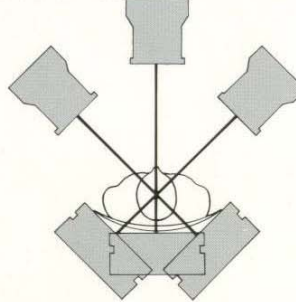
The UPI U-arm and the Angio 2U work beautifully for the doctor in every application, with the U-arm adapting easily and precisely to all angiographic exams. The table, narrow and contoured to the body shape,

1. allows the U-arm to get very close to the patient in all projections; and
2. eliminates repositioning the patient on the tabletop for each projection.

The operator simply pushes a button to reposition the table or U-arm.

BENEFITS

□ **Precise technique** — Whatever the application, excellent imaging depends first on precise alignment of tube, patient and receptor. The fixed relationship of the UPI's tube with the receptors — and the coordinated movement of U-arm and table during rotation — aligns tube, patient, and receptor precisely with minimum effort. SID (Source-to-Image receptor Distance) is always fixed. Fewer mechanical adjustments are required and technique is virtually standardized.

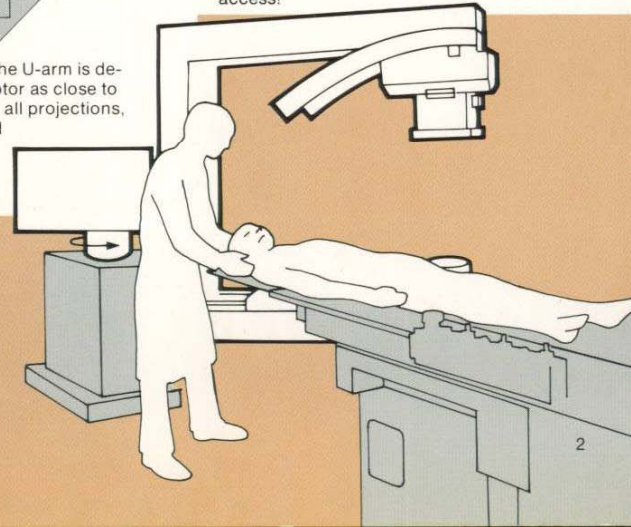
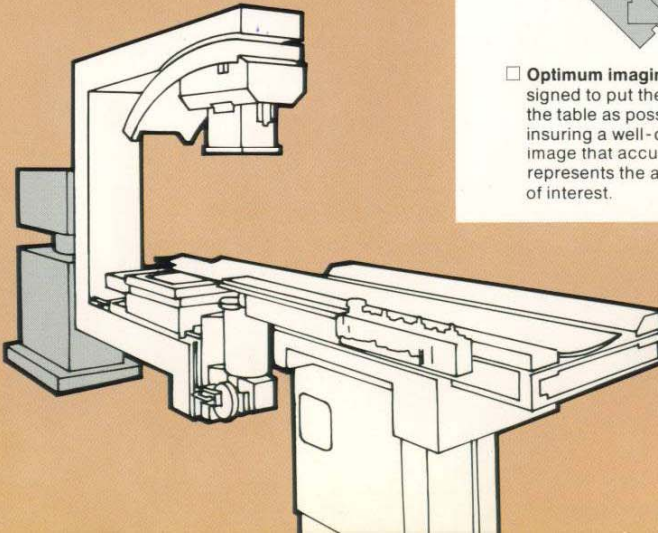


□ **Optimum imaging** — The U-arm is designed to put the receptor as close to the table as possible in all projections, insuring a well-defined image that accurately represents the area of interest.

□ **Maximum patient comfort** — A comfortable patient is a more cooperative patient. The coordinated movements of the U-arm and the Angio 2U table allow the patient to remain stationary. Automation virtually eliminates risk of collision of U-arm with table or patient.

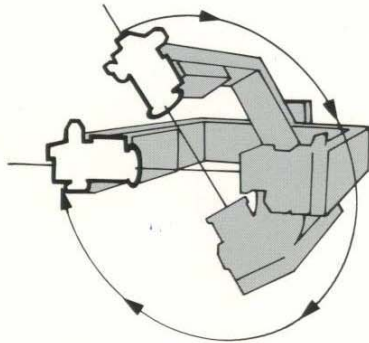
□ **Easy patient access** — Quick and easy access to the patient is important for an obvious reason: the patient may become ill or in need of the operator. But here is a not-so-obvious reason: for ideal imaging in cerebral angiography, the technician must assume a position superior to the patient's head to center it properly. The UPI parks quickly to let the technician position the patient's head. The compact island design of the table and the slender, body-contoured tabletop also let the operator get close to the patient faster.

□ **Convenient parking of U-arm** — The operator simply pushes a lever to move the U-arm to a convenient parked position. Result? Unrestricted patient access!



□ **Total patient safety with no risk of catheter displacement caused by equipment movement** — Catheter displacement can endanger the patient, lengthen the procedure and impede the doctor's efficiency. The UPI minimizes the risk of catheter displacement because the equipment moves, not the patient. Therefore, the doctor can concentrate fully on the patient.

□ **Minimum object-to-film distance** — See "Optimum Imaging," Integrated Systems, p. 2.



FEATURE

The U-arm's 330° rotational capability provides flexibility — all that's needed to perform all angiographic studies.

BENEFITS

□ **Insures fast and easy changeover from A-P to lateral projections** (See "Precision alignment in changeover from A-P to lateral," p. 3.)

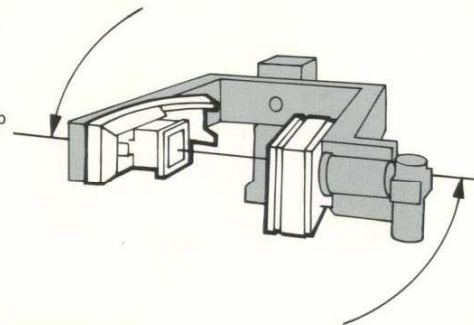
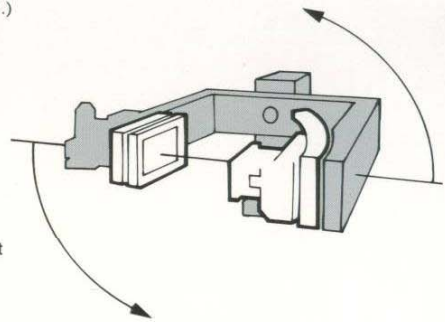
□ **Eliminates the need for any patient movement** — (See "Precision alignment in changeover from A-P to lateral," p. 3.)

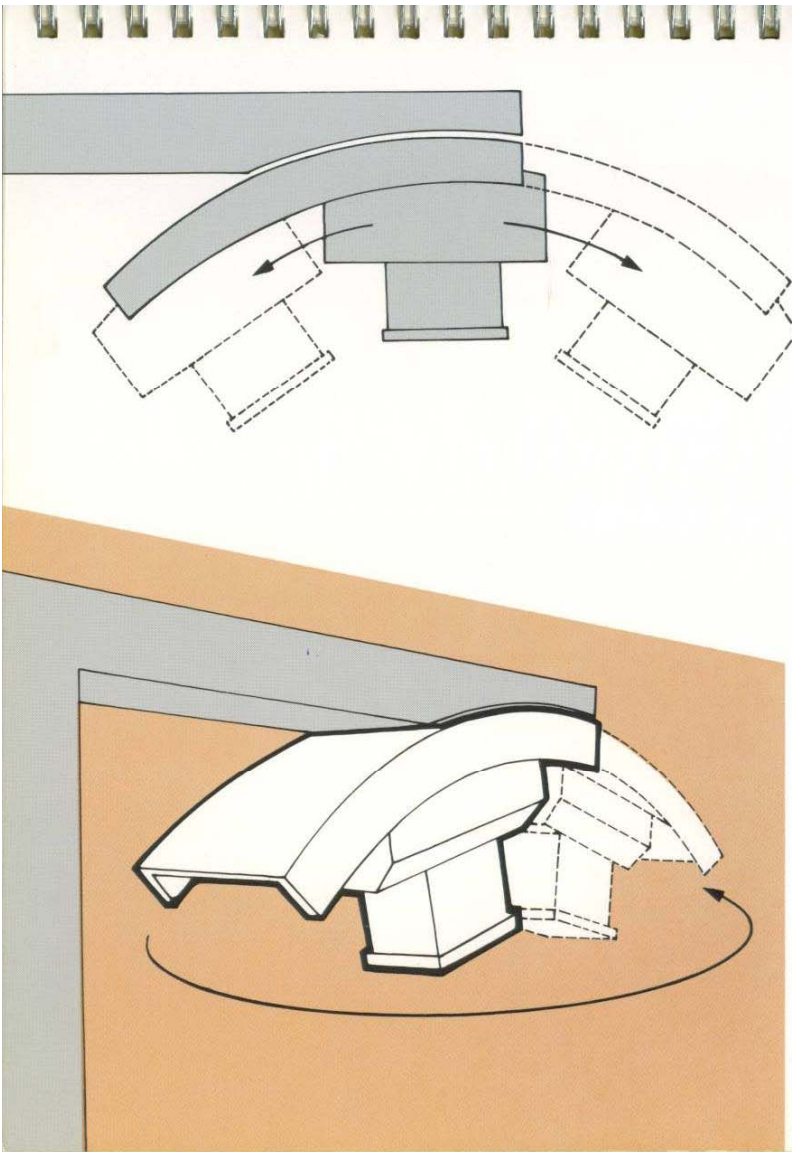
□ **Aids selective catheterization techniques** — Manipulation of a catheter is done in an incised area and requires precise, critical movements by the doctor, who needs unrestricted access to the patient. Remember to stress these points:

1. the U-arm is compact and maneuverable; it is never in the doctor's way;
2. the U-arm rotates or parks easily out of the doctor's way to give him unrestricted access.

□ **Covers all routine projections from full left lateral to 60° right anterior oblique** — Here are two good reasons for emphasizing the UPI's 330° rotation:

1. 330° encompass all routine projections, including right and left laterals. In peripheral examinations, the doctor can position the U-arm quickly and conveniently to obtain oblique projections without moving the patient. This technique is not only more practical but can also help insure visualization of aneurysms and occlusions previously missed (often because of limited projection capability of less versatile systems.)
2. 330° permit cardiovascular examinations. Ideally, these exams are best accomplished on a dedicated unit, such as the Poly Diagnost C. Nevertheless, the overall rotational capability of the UPI permits very adequate cardiac angiography. The point to stress is that the doctors can handle all angiography — including cardiac studies!





ANGULATING TUBE

FEATURES

The angulating tube gives the UPI unprecedented versatility. The tube can be angled to $\pm 35^\circ$ with respect to the cranial or caudal orientation. This range of angulation permits all cerebral projections to be accomplished via a standard method. Granted, angulating the tube with respect to the film changer generates a slight degree of distortion when filming. But, don't shy from this fact. Remember, most neuro labs still use this method. Overcome the issue with your customer in these ways:

1. put the degree of distortion in proper perspective. The distortion with the UPI is only a minor compromise to allow all angiographic procedures to be accomplished;
2. stress the UPI's many other strong points, particularly its ability to do **all** areas of angiography with a single imaging and film changer system;
3. mention Philips' dedicated neuro unit — the Poly N — the system of choice when neuro exams are the primary concern.

BENEFITS

- Maximum patient comfort** — Discussed, p. 2.
- No risk of catheter displacement** — Discussed, p. 4. and p.10.
- Operational ease** — To change from a cranial to caudal projection (and vice versa), it is necessary to swivel the angulating tube 180° manually, and then reangulate it. The tube reversal is an easy, fast, smooth process for the operator. Don't hide the need for manual swiveling. Rather, stress the maneuvering ease of the tube.