

UMass Memorial Medical Center Overview

UMass Memorial Medical Center (UMass), Worcester, Massachusetts, is a full-fledged academic medical institution conducting more than 6,000 interventional cardiology and vascular procedures annually. Twenty community cardiologists and seven full-time faculty members perform these interventional and diagnostic procedures.

Already managing one of the biggest and busiest cath labs in New England, UMass saw a tremendous increase in demand for cardiac and peripheral catheterization procedures. The problem? Outdated equipment with limited capability. To meet the needs of its growing patient population, UMass underwent a major expansion, replacing its three cine film cath labs and adding others. The center now boasts six state of the art all-digital cardiovascular imaging systems.

More patients and limited space were challenges easily solved with the high-quality, yet versatile GE Innova 3100 system. Remarkable image quality, full system integration and peripheral imaging capabilities all assist in faster more accurate procedures. Utilizing these elite advantages, UMass maintains its status as a premier cardiac catheterization provider.

This paper contains excerpts from interviews with Dr. Mark Furman, Director of Interventional Cardiology; Dr. Michael Rohrer, Chief of Endovascular Surgery; and Kathryn Green, Manager of Cardiac Catheterization, Electrophysiology Labs.



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Expanded Capabilities

“We purchased the Innova 3100 system because we felt that it was a comprehensive solution for us to be able to perform cardiac as well as the peripheral procedures. For the growing peripheral business, the Innova 3100 offers the opportunity to have the best of both,” explained Kathryn Green, Manager of Cardiac Catheterization, Electrophysiology Labs at UMass.

“The system handles patients with simple, straightforward coronary artery disease as well as complex three-vessel coronary artery disease,” said Dr. Mark Furman, Director of Interventional Cardiology at the center. “We’re open seven days a week, 24 hours a day for emergency cardiac services. We treat acute MIs, patients with vein grafts, patients that are unable to undergo bypass operation, as well as the simple, straightforward type A,

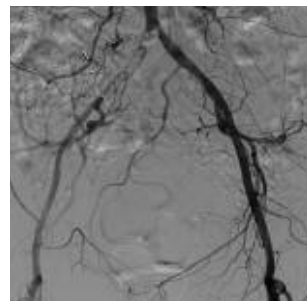
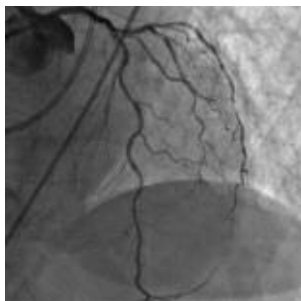
single-vessel coronary disease lesions. We are doing peripheral cases, too. Right now we’re doing peripheral leg angiography, peripheral iliac stenting...and subclavian stenting.”

Clinical Flexibility

“The Innova 3100 room is used primarily by practitioners who are doing peripheral procedures, whether that be cardiologists or vascular surgeons,” observed Dr. Michael Rohrer, Chief of Endovascular Surgery at UMass. “Both disciplines feel very comfortable using the room.”

Rohrer went on to identify the types of peripheral studies performed. “We’ve done all sorts of endovascular studies using the Innova 3100. Certainly the most common procedure that is involved is an aortogram with runoff and we’re quite pleased with the way that we’ve been able to image the lower extremity arteries. Arch and cardiac arteriography and even cardiac angioplasty are a very common procedure in our practice. Renal angioplasty, subclavian angioplasty also done quite commonly here with the Innova 3100 system. In the month that the room has been operational, I’ve personally performed at least fifty cases.”

“The ability to do cardiac work with the 3100 is as if you were in a pure nine-inch flat panel mode,” Furman noted, comparing the Innova with other labs. “I find no differences in the



angulations of the 12-inch flat panel – I'm able to get the cranial and caudal angulations that I want. It's just like being in a coronary room with a slightly larger flat panel."

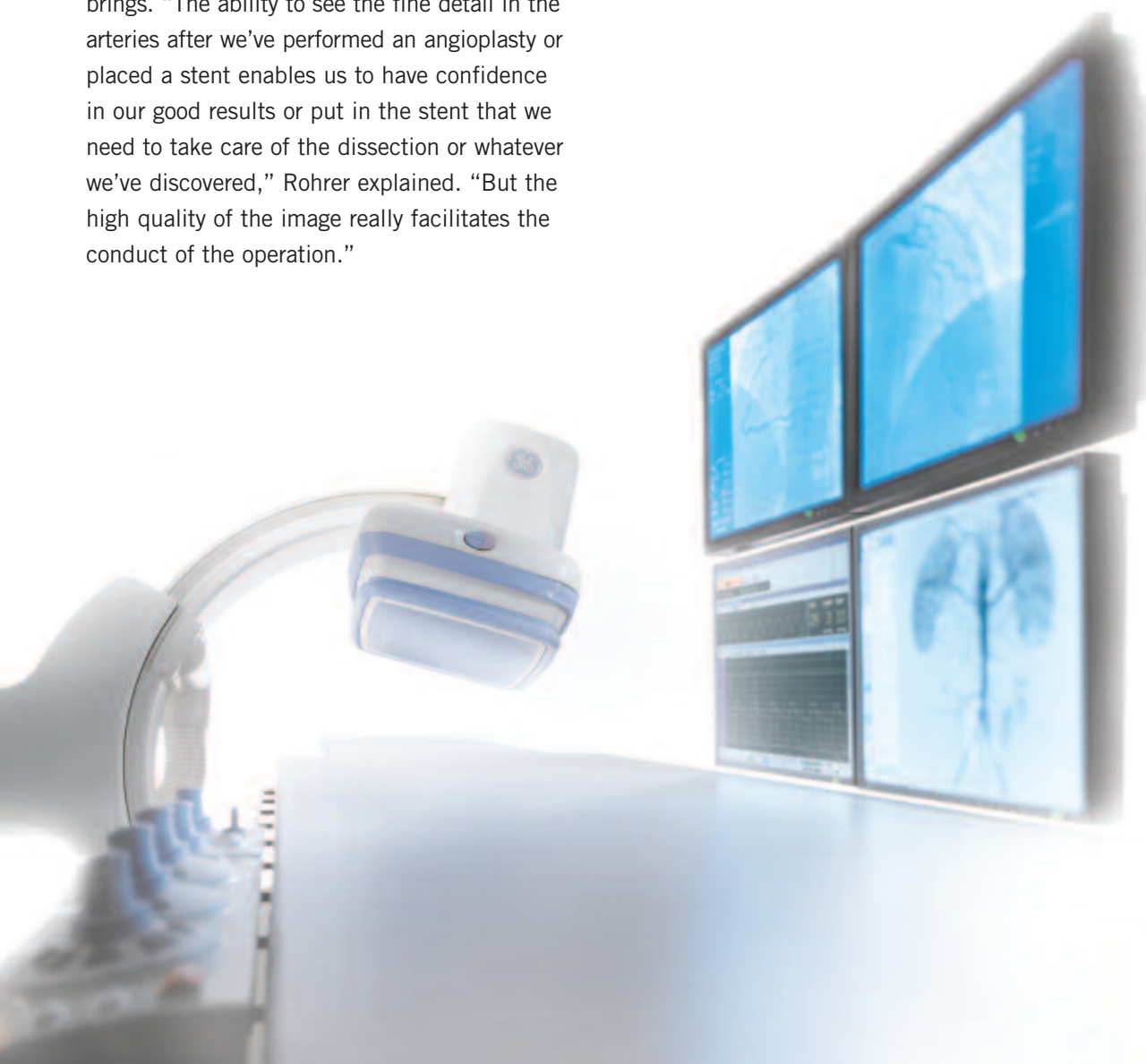
Enhanced Image Quality — Enhanced Outcomes

"The clinical benefits with the Innova were immediately apparent," said Furman. "We were able to adequately size vessels. In this day and age of drug-eluting stents where vessel and sizing is a paramount importance, the length of the stent is critically important. The Innova system allows adequate, not just adequate – outstanding measurements in placement of the stents."

Both clinical benefits and patient outcome are improved by the changes that new technology brings. "The ability to see the fine detail in the arteries after we've performed an angioplasty or placed a stent enables us to have confidence in our good results or put in the stent that we need to take care of the dissection or whatever we've discovered," Rohrer explained. "But the high quality of the image really facilitates the conduct of the operation."

Increased Clinical Confidence

"The Innova 3100 has improved the way that I take care of my patients," stated Rohrer. "The initial angiogram gives me the detail that I need to make decisions about whether or not an intervention is necessary and after interventions the quality of the images tells me whether or not I've been successful or not in opening up those arteries. I have confidence in that first shot that I'm seeing what actually has been accomplished and it certainly helps me move the case along and achieve my results faster."



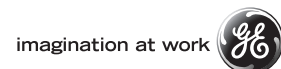


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