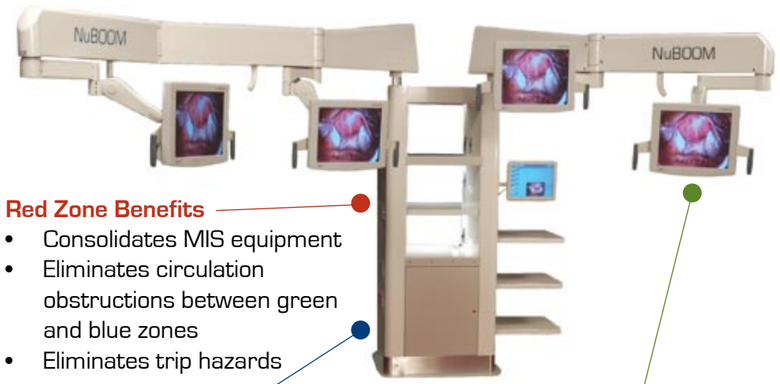
The Solution? NuBOOM®



Red Zone Benefits

- Consolidates MIS equipment
- Eliminates circulation obstructions between green and blue zones
- Eliminates trip hazards

Blue Zone Benefits

- Removes cabling from floors
- Eliminates trip hazards
- Frees space
- Easy Access to MIS equipment stored on NuBOOM

Green Zone Benefits

- Improved ergonomics
- Improved visualization
- Improved patient care

NuBOOM® consolidates and organizes MIS equipment, giving you more room to circulate in the OR while getting cords off the floors to eliminate trip hazards. Installation time/disruption is a matter of days not months and the installation costs are a fraction of those for ceiling mounted systems. And, most importantly, superior ergonomic flexibility provided by this solution enables greater surgeon comfort and increased focus on the patient.

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NuBOOM®
Same Space, More OR
by
CompView Medical

MCX-10004-00-0B

"The NuBOOM system is fantastic. I feel as though we have gone from Model T to a Rolls Royce in one day. No cords all over the floor, multiple viewing screens, viewing the working field straight on without craning of necks. The safety factor, no cords on the floor, alone makes it worth while."

- Dr. Eugene Fuchs, MD

"There is so much more room in the OR now that the video carts and their cables on the floor are gone. There is more freedom of movement & it is safer to move around the room, especially in dimmed light conditions. NuBOOM is a very user friendly system and the surgeons are very happy with the placement of the monitors."

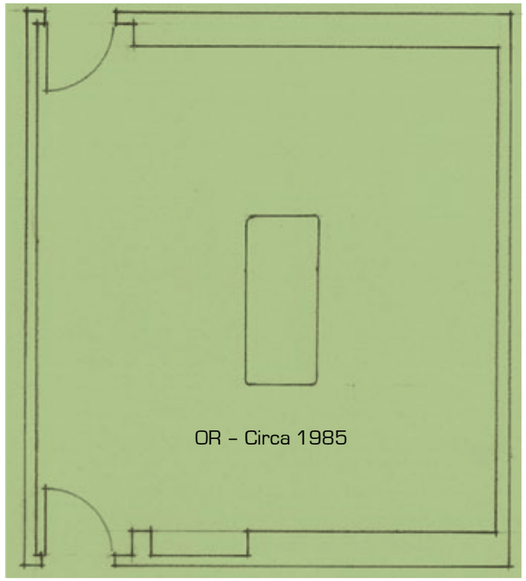
- Val Reitz and Doris Teubel, OR Nurses

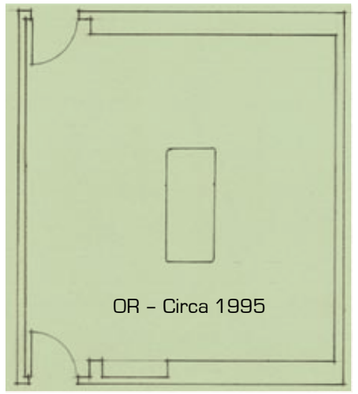
"It's wonderful. It is easy to use, the screens are easy to move, the image is good, and I'm in heaven. I did 2 percs on Thursday and my neck doesn't hurt at all."

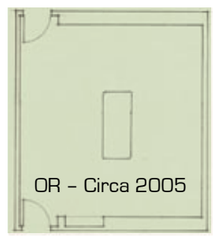
- Dr. Michael Conlin, MD

"NuBOOM saved us $1.5M in our OR renovation."

- Melody Montgomery
Division Director,
Perioperative Services







DO YOUR OR'S FEEL LIKE THEY ARE SHRINKING?

The Myth of Needing to Build a Larger OR isn't the Solution...

Today's Technology: Dispelling Current Myths regarding OR Space Usage

Myth #1

Larger ORs create more working space.

Reality – A larger OR does not remedy congestion and human factors deficiencies at the surgical table (green zone – see graphic) and the surrounding equipment periphery (red zone - see graphic). The area of the OR where the core activities occur is not enlarged when the periphery of the room is enlarged. Often the OR staff are disillusioned when the promise of a larger OR footprint does not translate to additional working space! In fact, a recent survey indicates that 42% of customers who now work in renovated OR's express dissatisfaction with the outcome. (Outpatient Surgery, March 2005)

Myth #2

Ceiling mounted equipment shelves increase usable circulation space in the OR.

Reality – You do not increase usable circulation space simply by suspending equipment from the ceiling. Suspended equipment shelves create barriers at working level just like rolling carts they replace, and may actually consume more airspace in the red zone than a single MIS equipment cart. Consolidating equipment into a central location can increase safety, simplicity, and on-time starts by removing cabling from the red and blue zones.

Myth #3

Planning and implementing significant working space improvements in an OR takes months of time.

Reality – Improving working space does not require extensive renovation. Ceiling mounted booms are invasive and require extensive architectural and collaborative team reviews because their mounting position is arbitrary and delivery range is limited. However, there is an alternative solution not requiring extensive architectural reviews and disruptive remodeling.

Myth #4

It is cheaper to build new than to remodel the old OR to increase safety, circulation space and ergonomics.

Reality – Given that demolition and remodeling of an OR may cost $300-$500/sq. ft., plus the cost of disruption, many hospitals in the past found new construction was a better business decision. However, now there is an alternative that does not require demolition, remodeling, construction, or costly planning hours.

Myth #5

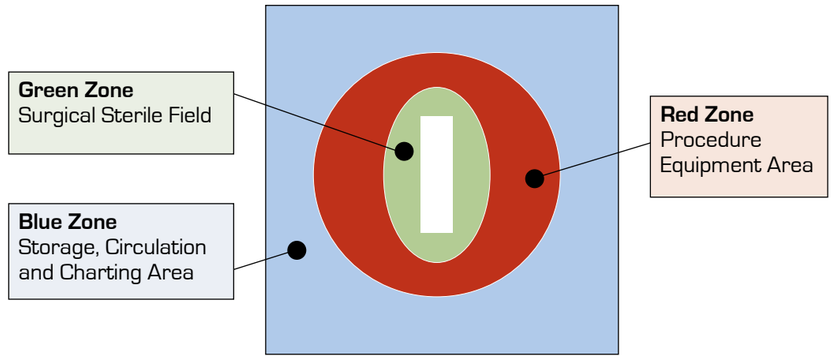
To improve surgeon ergonomics, separation of the video monitor from the camera and light source requires monitor arms suspended from the ceiling.

Reality – Video monitor placement over the OR table to improve surgeon ergonomics may be the clinically preferred approach, however, the architectural ceiling implementation is a costly solution. Ceiling mounted overhead boom systems are no longer needed to separate video displays and camera/lightsource and improve ergonomics. Comfortable viewing angles and free circulation inside/between the green, red, and blue zones are now available without costly ceiling mounted systems.

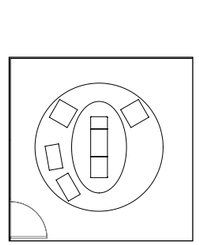
Defining your OR space

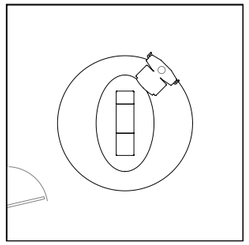
Minimally Invasive Surgery (MIS) equipment and its cords and pedals consume up to 20% of the older OR. Most older ORs are now cramped for today's MIS team, creating safety, ergonomic issues and inefficiencies. Many hospitals have reacted by either building larger operating rooms or installing expensive ceiling mounted equipment shelves to save space. Unfortunately, both these solutions are extremely costly and, sadly, don't always solve the problem.

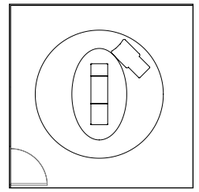
Breaking OR space into zones will help you conduct space planning better.



• No matter what size your OR is, the three zone concept remains unchanged •







	400' MIS OR (video carts)	600' MIS OR* (Large Shelf Equipment Boom)	400' (NuBOOM™)
Square Footage	400	600	400
Green Zone Area	47	47	47
Blue Zone Area	246	446	246
Red Zone Area	107	107	107
Equipment Footprint	18	10	8
Net Red Zone Usable Space	**89****	**97****	**99****

* Note that room area has been increased 50% to reflect current architectural trends, which, while not enlarging Green or Red Zones, has resulted in a larger Blue Zone.

** Please visit http://www.compviewmedical.com/site/news/case-studies/ to review data.

What if there were a solution that maximized space in your red and green zones, provided improved ergonomics for greater surgeon comfort and resulted in a safer working environment for the entire surgical team?