

# InSite

Issue One

## Taking ultrasound to Uganda



Diagnosis of tropical cardiac disease in rural Uganda is to be transformed by one of SonoSite's revolutionary hand-held ultrasound systems. Dr Mike Stoneham was the British GP who had the vision to see the benefits that a handheld ultrasound would bring to remote Uganda. Dr Roger Blackwood, Consultant Cardiologist at Wrexham Park Cardiology Trust in Slough, was instrumental in his Trust funding the SonoSite 180. As Dr Stoneham explains, "The SonoSite system is like gold-dust to the people in this area. It is the portability that is so amazing. The system is so versatile and immensely useful on field trips as there are a variety of probes for a range of applications. People come from miles around to have their abdomens or their hearts scanned. The electricity supply can be variable, but the fact that there are several batteries means that it is always possible to use it. The system is so user-friendly that after only one day's excellent training I had picked up enough to be able to pass on my knowledge to the doctors in Uganda."

## Demonstrating SonoSite's commitment to training

In addition to the initial session spent with an applications specialist, clinicians can opt for more in depth one-day courses. In fact demand for the intensive workshops on line placement and emergency medicine has been so high that extra courses are now being scheduled throughout the year

 **SonoSite**  
Carrying Ultrasound into the Future

## Ultrasound imaging at your fingertips

The Radiology Department at Freeman Hospital, Newcastle, hasn't looked back since it first acquired a portable ultrasound system from SonoSite several years ago. Simon Elliott, Consultant Radiologist, explains, "At that time we estimated that the scanner would be able to perform around half of our portable ultrasound work in a busy teaching hospital environment, but this figure increased rapidly when we discovered the quality and versatility of the unit."

With the enhanced features of the SonoSite 180PLUS, the vast majority of the hospital's portable ultrasound needs are now met by the system. Simon continues, "The only thing we really lacked was spectral Doppler capability, since on a daily basis we need to service a supraregional renal and liver transplant service, along with several high-dependency units. In addition, the scanner is used daily in the operating theatre and interventional radiology rooms for localisation of e.g. kidneys for PCN, biliary dilatation and various fluid collections."

Simon has found that the image quality of the fully digital, high-resolution broadband imaging in 2D,

M-mode, Colour Power Doppler compares very well with cart based machines that cost ten times as much: "I have made several side-by-side comparisons of Doppler sensitivity and accuracy in liver transplant patients, and have found that in skilled hands the 180 Plus provides diagnostic B-mode and Doppler imaging in critical care situations, such as suspected hepatic artery thrombosis."

Easy-to-use intuitive controls and an ultra fast boot-up mean the system is ready to scan within ten seconds. It is this true portability that has transformed Freeman Hospital, freeing up sophisticated machines for the full studies that are really needed. According to Simon, "The ability to quite literally 'run up' to the Intensive Care Units with a SonoSite means that we no longer have to compromise busy lists in the radiology department by unplugging and transporting the heavily used, high-specification scanners. Examination time is reduced substantially and as a result our overall efficiency is increased."



## Keeping in line with NICE

An increasing number of Trusts are turning to handheld ultrasound, in response to NICE's recommendations that all central line placements should be guided by ultrasound. Dr Wolff, Consultant Anaesthetist at Barnet Hospital, explains, "I strongly encourage all my trainees to use the SonoSite system for every line placement, as it seems almost indefensible, if one is available, not to use it to avoid missing the vessel altogether or hitting an artery by mistake. Being able to see the needle continuously from skin to vessel means that one can target the vessel and work out the exact size and location, reducing complications and the potential discomfort for patients with multiple attempts."

As well as improving patient care these hospitals are starting to see a real increase in efficiency and the potential for cost savings. Dr Venn, Consultant Intensivist at Worthing says, "The SonoSite system means that we can easily take the machine to the patients, rather than having to ask the radiologists to come to ICU with their larger more expensive equipment." His colleague, Dr Spring agrees, "It's an excellent machine; the image quality is excellent and we now have immediate access to ultrasound imaging, without having to wait for a radiologist to arrive. The advantage to the radiologists is that the



equipment is permanently kept on the intensive care unit avoiding the need to transport cumbersome ultrasound equipment around the hospital."

Despite being so small and lightweight, there is no sacrifice in features or image quality. The solid-state, broadband transducer provides clear and consistent images at the touch of a button. "I am very impressed with the image quality," continues Dr Venn, "and I know that the radiologists appreciate the high end features that are also on the SonoSite system, such as colour and pulsed wave Doppler for monitoring blood flow to the liver."

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