

Compact Vivid *i* fits in preoperative surgical holding areas and enhances patient care.

The small, high-performance Vivid *i* system is making a big difference for Dr. David Odell in Salt Lake City, Utah

- Dr. Odell is successfully utilizing the Vivid™ *i* in his preoperative clinic and holding area.
- Dr. Odell efficiently conducts TTE studies with the Vivid *i* prior to surgery, in order to assess cardiac function that might influence his patient's intraoperative anesthetic management plan.
- Vivid *i* enables better patient discussion, and helps with the development of a customized anesthesia plan based on real-time information.
- With the Vivid *i*, Dr. Odell can determine useful intraoperative information regarding a patient's diastolic relaxation pattern, intra-cardiac pressures, and valvular function – prior to entering the operating room.



“The Vivid *i* has been a great solution for ultrasound in our preoperative clinic and holding area. Its portability and compact size make it possible to do TTEs prior to surgery to aid in customizing anesthesia plans and reducing cancellations or delays caused by sending some patients to the echo lab. With its full diagnostic capabilities and the image quality of a traditional big system, our facility is realizing increased efficiency and quality of patient care at the perioperative stage.”

David H. Odell, MD
Assistant Professor Co-Director, Perioperative Echo Service Associate Director,
Department of Anesthesiology, Salt Lake City, Utah



Case study of the Vivid *i* being utilized preoperatively in Salt Lake City, Utah:

An elderly patient presented for a significant cancer surgery, which would involve an estimated 8 hours in the operating room. At presentation, the patient was noted as having significant pedal edema, which had recently worsened (indicating possible congestive heart failure).

The Vivid *i* system was used to perform a TTE study in the preoperative clinic and holding area. The echo study showed normal diastolic function, normal valvular function, and no evidence of heart failure. The etiology of the pedal edema was felt to be lower extremity venous insufficiency. The examination required only five minutes, and allowed anesthesia for the surgery to begin on schedule.

Prior to the availability of the Vivid *i* in the holding area, a cardiologist would have probably been consulted, and the TTE would have been performed in the hospital Echo Lab – most likely delaying surgery or causing it to be re-scheduled for a later date.

With its full diagnostic capabilities and outstanding image quality, Dr. Odell finds the compact Vivid *i* system allows his department to:

- Increase clinical confidence.
- Improve workflow due to the speed of preoperative TTE studies.
- Enhance OR efficiencies with less OR cancellations.
- Customize anesthesia plans, enhancing patient satisfaction.

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