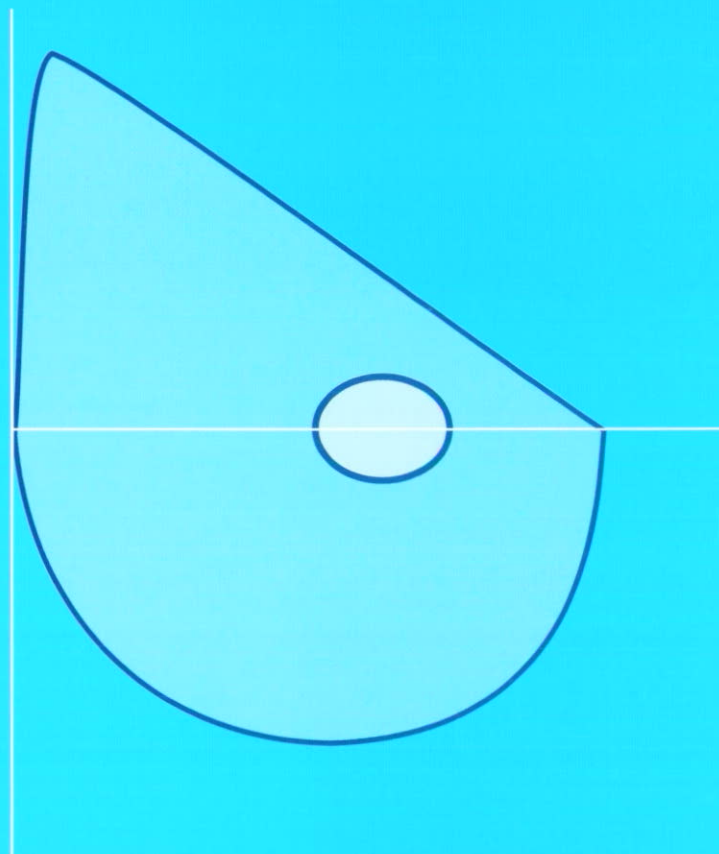
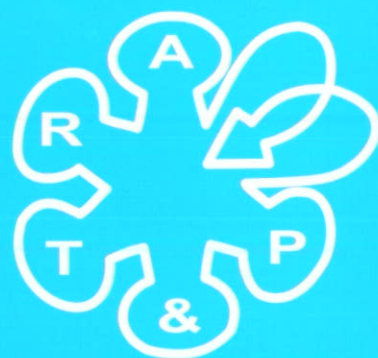


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# *respire*

*The Official Journal of the Association  
for Respiratory Technology & Physiology*

[www.artp.org.uk](http://www.artp.org.uk)



## FIRST WORD

Apologies to anyone who has been trying to contact me via email over the past month as my home PC is sick and hospitalised at present and our IT department at work is struggling desperately to sort out external email problems. Please phone me, write or even, as a last resort, send carrier pigeon and I hope to resume normal service as soon as possible.

There must be great sighs of relief as the candidates taking this year's ARTP National Assessment relax after their ordeal. Having taken part as an assessor on a long day of practical assessments, I can fully sympathise with the nerves and anxiety but it also emphasised how worthwhile and valuable the whole examination process is. Those successful can feel that they have well earned their professional valuation.

Two ARTP members were successful in their application for bursaries to attend the ERS meeting in Stockholm in September and two further bursaries have been awarded towards the ARTP Annual Conference in 2003. There are still bursaries available for ARTP 2003 so if anyone is struggling to find finance for what promises to be another great conference please contact me.

We are still keen to develop additional features in *Inspire* and would be keen to hear from anyone prepared to carry out a book review either on an occasional or regular basis. It would also be great to have reports or comments from ARTP members on any training courses or meetings they have attended.

The next edition of *Inspire* will be out in November so please send any contributions or articles to me by 28th October.

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## EXECUTIVE COMMITTEE NEWS

The latest "hot gossip" from the Exec Committee must be the news of the wedding between the ARTP's illustrious Chairman and the ARTP's illustrious Treasurer. Brendan and Julie were married in May and quietly sneaked off to the Maldives to discuss ARTP affairs!! On behalf of all ARTP members we wish them congratulations and best wishes for their future together.

Another recent development is the addition to the ARTP Executive Committee of Rod Lane from Great Ormond Street. Rod's official title is **Paediatric Services Officer** and his main role will be taking issues and liaising on paediatric lung function. Rod can be contacted via email [paeds@artp.org.uk](mailto:paeds@artp.org.uk)

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## The Scottish Forum Meeting 26th April 2002

### REPORT BY JILL FALLEN, SECRETARY

The above spring meeting was held in Perth Royal Infirmary. It was well attended although arranged at quite short notice.

Following registration and coffee the meeting started with an overview of Cystic Fibrosis. The speaker was Kath Liddle, Cystic Fibrosis Liaison Sister for the adult patients based at the Western General Hospital, Edinburgh.

Long term paediatric ventilation was covered by Elspeth Jardine, Yorkhill Hospital, Glasgow. Dr. Neil Gibson, also of Yorkhill, followed on to speak on paediatric sleep. Before breaking for lunch Jill Lenney, Respiratory Lab., Western General Edinburgh rounded off the morning with assessment of inhaler technique.

Following lunch there was a business meeting at which Dr. Andrew Robson presided with Jill Fallen giving an information update. It was generally agreed that the next meeting should be in October in Glasgow, with Dr. Roger Carter to book the venue.

The final speakers were two C.O.P.D. nurses from Dundee, who gave an interesting overview of their job in hospital and the community.

The meeting was then closed.

### Proposed October meeting

If any one has topics they would like to be included or in fact have presentations they would like to make please contact Jill Fallen or any member of the Forum committee.

### Stratford 2003

It would be possible to run a bus again for the ARTP Winter Conference if anyone is interested to they should contact Jill Fallen Tel. 0131 537 1984/2570 or email [jillfallen@aol.co.uk](mailto:jillfallen@aol.co.uk). so that we may have an idea of numbers.





# Inspire

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## ARTP EXECUTIVE COMMITTEE

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Mrs Jane Caldwell (Honorary Secretary)  
Miss Julie Lloyd (Honorary Treasurer)  
Dr Sue Hill (Professional Liaison)  
Mrs Angela Evans (Education Chair)  
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Mrs Pat Mitchell (Meetings Organiser)  
Ms Gill Butcher (Editor of Inspire)  
Mr Nigel Clayton (Manufacturers' Liaison)  
Mr Keith Butterfield (Website Coordinator)  
Mrs Jill Fallen (Scottish Forum Secretary)  
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## BURSARY INFORMATION

Bursaries are available to ARTP members, which can be used to support attendance at National ARTP, BTS or STS meetings. Other relevant respiratory meetings or approved training courses will also be considered. Bursaries are available to student, associate and full ARTP members of any grade. They can be used for partial or total funding of registration, travel and accommodation costs for the whole or part of the meeting/course. All bursaries are considered by the ARTP Executive Committee on the reason for the request and the commitment to an article for *Inspire*.

For further details or an application form please contact: **Gill Butcher (Bursary Secretary),  
Cardiorespiratory Unit, Queen's Hospital Burton, Belvedere Road, Burton on Trent, DE13 0RB.**  
Tel: 01283 566333 Ext 5334 or via e-mail: [bursary@artp.org.uk](mailto:bursary@artp.org.uk)

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## ***ARTP Association Information***

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Flyers and mailshots will also be distributed via the ARTP e-mail forum

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**WEB SITE ADDRESS:** [www.artp.org.uk](http://www.artp.org.uk)

**E-MAIL FORUM:** [forum@artp.org.uk](mailto:forum@artp.org.uk)

**CORRESPONDENCE:** [admin@artp.org.uk](mailto:admin@artp.org.uk)



## WAY OUT WEST!

**Alan Moore, Clinical Investigation Unit, City Hospital, Birmingham**

One of the most enjoyable tasks that I am able to undertake is to work with manufacturers. Yes, we all love to knock them and Brendan has his own inimitable way of doing this. During the past year I have visited a number of manufacturers including Morgan, Jaeger, SensorMedics and Vitalograph. What I never cease to be almost humbled by is the welcome extended by all of the companies and the attention they pay to what I and others have to say. Yes there is often what we can refer to as "full and frank debate" but this is normally performed in a gentlemanly manner.

For those of you who don't know me, my department has worked in collaboration with SensorMedics as a test centre for the Vmax range of pulmonary function testing system for a number of years. In that capacity, we are involved in product development and testing – both hardware and software. As a member of the Manufacturers Liaison Committee, I endeavour to obtain feedback from other VMax users on their product experiences so that I can feedback problems to the company.

I have been actively involved in the last 9 months or so in testing a new product range. For reasons of commercial confidentiality I cannot divulge details of that product; that would be wrong of me. Also, it would be wrong to give any product a free commercial plug in this journal. As part of the testing and feedback process, I went over to the United States at the end of November 2001 for a series of meetings with both the Engineering and Sales & Marketing Divisions of SensorMedics. I took the opportunity before travelling to compile a list of issues with the help of Nigel Clayton and the UK and European branches of the Viasys which we felt were important to address. Sometimes more can be achieved in a one hour meeting than in a year's worth of emails and snail mails.

SensorMedics factory or "plant" as it is referred to in the United States is located about 25-30 miles south of Los Angeles so it is not a short journey. The plant is situated in delightful surroundings at Yorba Linda just down the road from Anaheim which is famous for being the birthplace of Richard Nixon. Yorba Linda is also in Orange County which is famous for John Wayne and virtually everything is named after him including the airport. So having arisen at 4:30 a.m. in the UK to commence my journey, I arrived at my hotel in Yorba Linda at 4:00 p.m. Pacific time which is Midnight UK time. I was in the plant 30 minutes later for a 2 hour meeting with the Vice President of Engineering, Earl Valentine, during which we discussed and agreed a strategy for updating the reference value sets shipped with VMax. I eventually got to bed at around 10 p.m. Pacific time and, of course woke up at around 3:00 a.m. because my body clock cannot adjust very quickly to the new time. So, anyone who thinks these trips are easy – think again. Walking around in the midst of the night in California because you're unable to sleep is somewhat surreal.

Two further days of meetings followed with the Engineering folks where we agreed what was feasible to implement and what may take a little longer. During my entire time in the plant, I was given free access to anyone I wished to talk to and their schedules were adjusted to make sure I could meet them. This made my task so much easier. It is not until you meet up with the development teams in any company that you begin to understand how much work goes into the products we use on a day to day basis and one of the aspects I was most encouraged by was the evidence of collaboration with the German Division i.e. Jaeger.

Following on from my discussions with the Engineering Division, I went on to a series of meetings with the Sales & Marketing Division during which we discussed the UK and European issues. As a result of these discussions, there is about 99% agreement with the issues raised and we are working on a strategy to implement those changes.

On leaving Yorba Linda, I went on to San Antonio in Texas to the American Association of Respiratory Care Conference (AARC). I have been to one previous AARC conference and it is their equivalent of our ARTP conference. The one I attended 2 years ago attracted an enormous number of delegates – somewhere in the region of 5,000. This year however, the attendance was markedly reduced – less than 1,000. There are two main reasons for the fall off in attendance – September 11th is obvious, but it is not the primary reason. The Healthcare market in the United States has never been more competitive and costs have been cut everywhere. In previous times, whole respiratory departments used to shut down and everyone went to AARC. Not so now. If they're lucky, one or two people may be allowed to go but in their own time and largely at their own expense. Funny, but I've heard this all before somewhere. Does it ring any bells?

As for the quality of the conference, well there are a multitude of simultaneous sessions which you can attend which is most annoying as there are always two that you really want to attend at the same time. AARC pays much more attention to posters than we do in the UK and Europe. All posters are discussed with some very intelligent debate following. They also hold a competition throughout the conference which tests clinical and technical knowledge. Teams or individuals are allowed to enter and the manufacturers contribute significantly to the questions. It is aptly called the "Sputum Bowl". Perhaps we should consider doing something similar for ARTP Conference 2003. As with ARTP, AARC is run by a very small group of dedicated members. I would recommend the conference to anyone and papers or posters are very welcome from the UK. You can be assured of a very friendly reception. The conference also hosts an exhibition on a scale which most members will not have seen before. As AARC deals not only with diagnostics but also therapeutics – including Critical Care, the range of exhibitors and products on show



is impressive. It is a real pity that some of these products never find their way into the UK.

At this particular conference, Ferraris took the prize for the best designed exhibitor stand – see I'm not plugging any particular manufacturer. Bit gimmicky but they use it widely. One of the chiefs in Ferraris owns a Ferrari 355. This impressive vehicle is used as the centrepiece of their stand. At least they didn't get themselves into trouble over the Ferrari at this conference. At a previous American conference, they advertised "Win a Ferrari". Of course, everyone assumed that the Ferrari in question was the one on display. No such luck. The "Prize" was the equivalent of a Corgi toy. Even the UK operation was represented by Kevin Budd who got the shock of his life when I crept up behind him and tapped him on the shoulder.

As for other highlights/lowlights of this particular visit to the United States, well, if anyone suggests you take a holiday in San Antonio, don't bother. It is great as a conference venue but apart from the Alamo which takes you all of an hour to look at and the Riverwalk which is a pretty canal system with lots of restaurants and bars, there is little to do.

As many of you will know, following September 11th and incidents of passengers trying to smuggle all sorts of deadly gadgets through in their hand luggage, all American Airports introduced random baggage checks at the departure gates. Well, I now know what this means. On the three legs of my journey within the United States, at Los Angeles, San Antonio and Memphis, I was selected for a "random" baggage search. The only random element was that the computer picked all those not holding an American Passport on each occasion. This led to some very amusing scenes though. Airport Security staff in the United States are largely employed because they've failed the intelligence test to get a job at McDonalds or Taco Bell, etc., etc. Now, for those of you who use SensorMedics equipment, you will know that the software options are supplied on floppy disc in containers which are extremely difficult to open and impossible to close again. The instructions given to the security people are that they must open all items in your baggage and that the passenger must not touch anything or assist them. Well, the floppy disc holder did for them on each occasion and I thought they were going to call out the bomb squad and that was just to get it open. It was even funnier when they found they couldn't close the thing again.

So, back to the UK within 7 days and the inevitable jet lag which takes me about two weeks to recover from. That is a small price to pay though. I learned a great deal on this visit not only from SensorMedics but also at the conference. In return, I gave the Engineering division of SensorMedics some customer experience which was well received and hopefully beneficial to us all.

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## ARTP Regional Groups

### Report by Keith Butterfield

At the Heads Of Department meeting in Blackpool I presented the proposal to set up a Regional Group Network to help people to get together to discuss problems and to enable two-way feedback between the ARTP and departments.

Over the last few months we have refined the idea and we now have volunteers in (most of) the proposed group areas. The volunteers are going to convene inaugural meetings in areas where groups have not already been established.

One piece of feedback that we got from Blackpool was that you would like more HoD meetings during the year. Though desirable, it would not be easy to convene a national meeting for just a couple of hours. These regional groups will be able to meet more easily and the network can then distribute agenda items for discussion all over the UK.

### Aims

The aim of the Regional Groups is that whilst they remain independent of the ARTP (both financially and administratively) they will act as a conduit between the ARTP Executive and individual departments.

Some functions for the groups to develop ...

- Efficient communication between national and local levels
- Inter-laboratory discussions on a local/regional basis
- Maintenance of national registers of laboratories, equipment and services
- Co-ordination of a regional quality assurance programme

Local groups may wish to extend their remit to include other roles, for example setting up local educational meetings.

### Geography

The map shows the catchment areas of proposed groups. I stress that these are initial working proposals and it may be necessary to adjust them according to local needs (e.g. ease of access).

Scotland please forgive my arbitrary division of your country! – I have not got a clue how you are divided geographically and the same goes for Wales as these are the two areas which are not covered by the new Strategic Health Authorities which I used to sub-divide England.

The 'North West' group have historic links with the Isle of Man so they will probably align with them. I suggest that the Channel Islands might want to contact the 'South' group.

There is still a grey area in the East of England if someone is willing to pull together a group in this area please contact me. Also the area to the north of London provisionally entitled Home Counties may need to be split into two (East & West). Please contact Janet (see next page) to discuss how the group(s) in this area would be best defined.

One area where the divisions are not being strictly adhered to is in the 'South' Group. Bournemouth and Poole (though geographically in the South West) are participating in the South group principally because it is easier to travel.

### Get Involved...

While I have been trying to co-ordinate this project it has become apparent that there are problems that are common to the whole of the profession (eg recruitment & retention) and problems that are localised but common to separate areas (e.g. low staffing numbers – particularly single-staffed departments with heavy workloads). I was also able to suggest possible approaches to problems based on our experience in the West Midlands group and I am sure that when the network gets up and running the circulation of information is going to be of benefit to all involved.

I encourage you to contact your local facilitator (see next page) to get involved with setting up your local group – also to help with running the group as a collaboration so that it doesn't become an onerous task for any one individual. These groups are more likely to survive if they don't depend on the enthusiasm of just one person.



---

## ARTP Regional Network - Facilitators

<i>Regional Group/Name</i>	<i>Contact</i>	<i>Hospital/Tel</i>
<b>West Midlands</b> (West Midlands Respiratory Managers Group)	<b>Keith Butterfield</b>	Dudley Group Of Hospitals Tel: 01384 244566
<b>Trent</b> (Trent Region Specialists Group)	<b>Lynne Knowles</b>	Kings Mill Centre Tel: 01623 622515 x 3324
<b>South-West</b>	<b>Geraldine O'Connell-Ramsay</b>	Royal United Hospital, Bath Tel: 01225 824314
<b>South</b>	<b>Tess Compton-Price</b>	Royal Bournemouth Hospital Tel: 01202 704 564
<b>Northern</b>	<b>Clare Mallinson</b>	South Tyneside District Hospital Tel: 0191 454 8888 x 2169
<b>Yorkshire</b> (The Yorkshire Respiratory Group)	<b>Wanda MacDonald</b>	Leeds General Infirmary Tel: 0113 3922841
<b>North West</b>	<b>Lesley Lowe</b>	Wythenshawe Hospital Tel: 0161 2915053
<b>London Area</b>	<b>Derek Cramer</b>	Royal Brompton Hospital Tel: 020 7351 8057
<b>South East</b>	<b>Martyn Bucknall</b>	Bromley Hospital Tel: 0208 289 7082
<b>Home Counties</b>	<b>Janet Sandford</b>	Hemel Hempstead Hospital Tel: 01442 287568
<b>East</b>	<b>tbc</b>	
<b>South Wales</b> (South Wales Respiratory Interest Group)	<b>Sandra Davies</b>	Prince Charles Hosp., Merthyr Tydfil Tel: 01685 721721 x 8403
<b>North Wales</b>	<b>Clare Sass-Davies</b>	Abergele Hospital Tel: 01745 832295 x3465
<b>N. Ireland</b>	<b>Brian Buick</b>	Belfast City Hospital Tel: 028 90 329241 2478
<b>Scotland - West</b> (Scottish Forum – West)	<b>Roger Carter</b>	Glasgow Royal Infirmary Tel: 0141 211 5462
<b>Scotland - Lothians</b> (Scottish Forum – Lothians)	<b>Barbara Oatway</b>	Falkirk Royal Infirmary Tel: 01324 616098
<b>Scotland - North</b> (Scottish Forum – North)	<b>Vicky Zgardzinski</b>	Raigmore Hospital, Inverness Tel: 01463 704249

Keith Butterfield  
[webmaster@artp.org.uk](mailto:webmaster@artp.org.uk)  
Tel: 01384 244566



# "ON THE BLOWER"

By Alan Moore and Nigel Clayton

We're getting used to this now. Inspire gets distributed and the next day the phone is red hot with angry manufacturers / distributors in full flow demanding retractions, rights to reply, threatening involvement of Messrs. Sue, Grabbit & Runn. Brendan, whilst you were penning "On the Blower" solely under your own name I now realise what you had to put up with for all those years and you deserve congratulations for your resilience in the face of what can only be described on occasions as unreasonable hostility and duress. It is obvious that most of the manufacturers/distributors we comment on like the "banter" and appreciate it being witty where possible – unless, of course, it is about them. Now that Nigel and I contribute with you, we will endeavour where possible to continue in the "On the Blower" style our members have become accustomed to.

## BATTLE OF MEDWAY

Pulmolink are delighted to have a distribution agreement for the Windows™ based, ComPAS software suite from Morgan Scientific which, as most of you will know is owned by Patrick Morgan. This software will run the existing range of Morgan equipment, and we are advised that is a true Windows™ replacement for MDAS. Morgan Medical, as part of the Ferraris group, have no plans at present to distribute this software. Pulmolink for their part have indicated that if Morgan Medical/Ferraris wish to purchase the software, then they will be more than happy to sell it to them.

Kevin Budd, General Manager of Morgan Medical Ltd however has a "slightly" different perspective on matters. He provided us with the following statement:

*"Morgan Medical remains committed to a programme of software enhancement and development for its range of diagnostic Respiratory equipment. . . . We are aware that Morgan customers are currently being offered a Windows™ based operational software package to replace MDAS, however this does raise a number of questions relating to CE approvals and ongoing technical support. Any customers with concerns on this matter are welcome to call our Sales or Customer Care Managers to discuss the issues. Our 2002 Morgan Road Show, which is proving very popular, is continuing its UK tour and, with a number of venues still to come, would provide a further opportunity to see what is new at Morgan and discuss any issues."*

So, there is obviously some disquiet within the Morgan Medical camp. The point raised about CE approval may or may not turn out to be a complete red herring. However, the point about ongoing technical support is a valid one. You've no doubt all seen the famous IBM© advert on TV where the hardware vendor blames the software vendor and vice versa, etc., etc. Well, buyer beware is the old adage. If your system develops a fault then whose problem is it? If you have a service agreement with Morgan Medical, then are they going to sort out a problem with the software you bought from Pulmolink? – not likely. Are Pulmolink able to offer a comprehensive service agreement for both Morgan Medical hardware and

ComPAS software? Or are you going to have to have a hardware agreement with one and a software agreement with the other? No doubt both companies will be able to advise you appropriately and professionally as we have come to expect. You just need to make sure you ask the right questions before you commit yourself. It would be good if companies adopted the "Customer Journey" like the NHS has adopted the "Patient Journey"!

## Nuwyn/Weinmann Masks

Following publication of the last issue, Martyn Winter, Director of Nuwyn, wrote to us complaining and I quote "The article warns that Weinmann products are vastly overpriced, which is totally inaccurate". Martyn, having re-read the article, I didn't go that far. However, I would not wish to fall out with an old friend and I'm quite happy to clarify that, as I recall you telling me, Nuwyn/Weinmann are competitive with companies like Resmed and that you have a discounted pricing structure for multiple purchases which makes your products competitive with suppliers of CPAP masks & accessories in the U.K. Nuwyn are very proud of their products and advise that "bits don't fall off our masks like some others". I'm sure they don't and our members will no doubt let us know if they do! Glittering masks at golden prices? Try them and see.

## The EasyOne

Following the May edition of Inspire, we have been in contact with Profile Respiratory Systems (Medicaid) regarding the cleaning of the EasyOne spirometer. The cleaning policy is such that the mouthpiece tube (known as a Spirette) that fits in to the spirometer is marked for single patient use only. If you should choose to reuse it, Profile Respiratory Systems do provide comprehensive cleaning and sterilisation guidelines. They should not be rinsed in soapy water as they originally suggested. As always, check that your local policy/infection control team are in agreement with the manufacturer's methods of sterilisation.

It may be more cost effective to use the Spirette for single patient use only, than to buy the filters which we use to protect our spirometers.

## Vitalograph

Has anyone noticed a printing error on the Vitalograph charts used on the wedge bellows spirometer? Apparently an error has existed on these charts for more than eight years! Rachel Anthony, who works with Brendan at Nottingham City Hospital, has recently had her magnifying glass out to scrutinise the chart. She found that the line which should be positioned at 1.15 litres is actually positioned at approximately 1.13 litres. Whilst not an enormous error, it does occur at a point where many COPD patients may have their FEV<sub>1</sub> measured. Vitalograph have acknowledged this error and have stated that their printers will print new stock.





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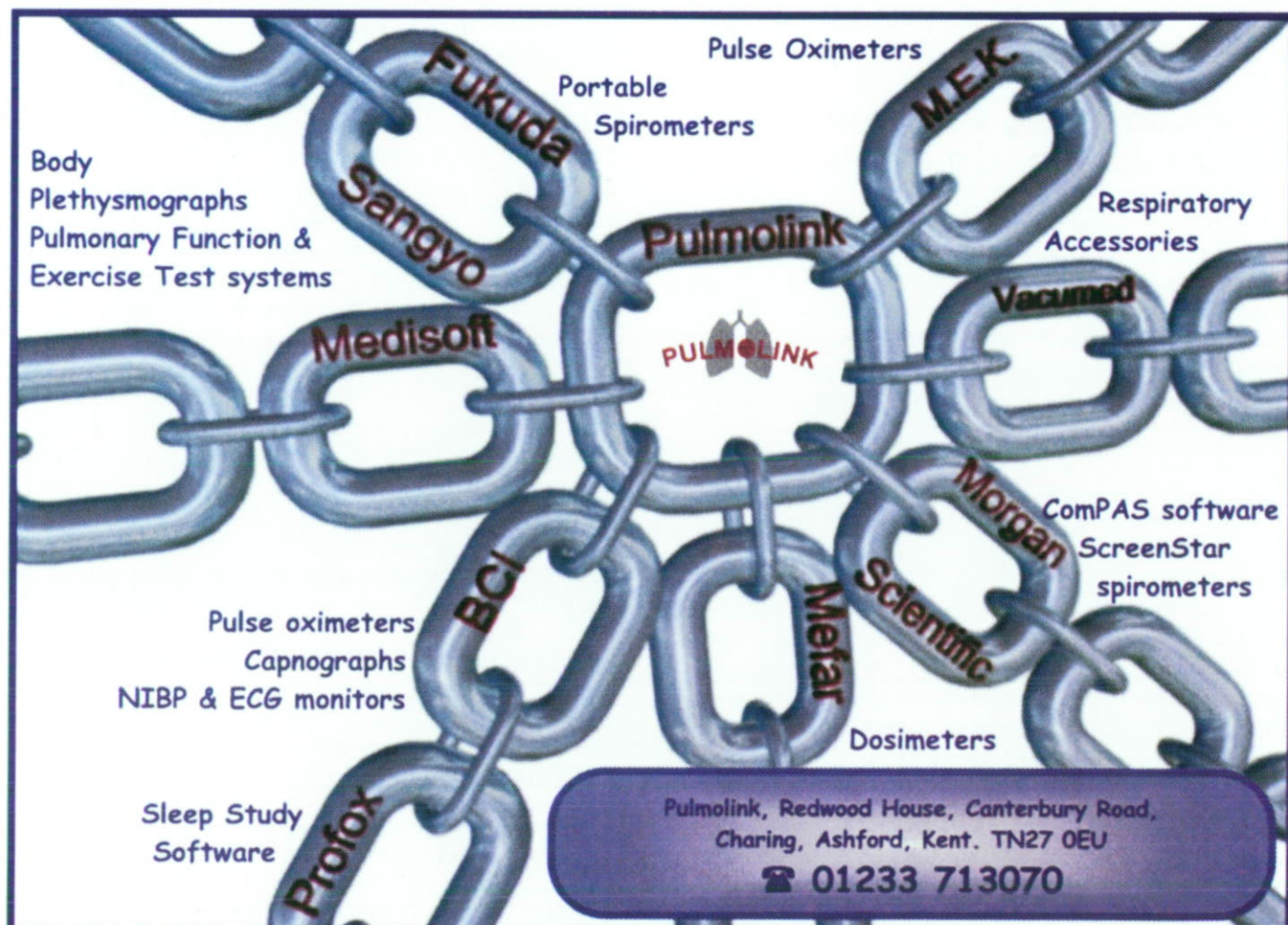
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Just released onto the market by Vitalograph is the Pneumotrac. This system is ideal for spirometry measurements in the consulting room as it is simple to use (the main criteria if used by a clinician!). It consists of an autoclavable Fleisch pneumotachograph which simply plugs into the serial port of any personal computer. It comes complete with Spirotrac IV software which enables all the usual spirometry parameters to be measured, together with children's incentive and challenge test software.

### **Blood Gas News**

Nova Biomedical have just released their latest blood gas / electrolyte analyser in the UK. Christened the Stat Profile Critical Care Xpress (obviously from the USA as they cannot spell), it is one of the most advanced analysers available on the market today. As its name suggests, it is more at home in the ICU setting rather than the lung function laboratory as it can perform more than 19 measured test parameters on one sample. Nova also manufacture analysers featuring the more basic tests (PO<sub>2</sub>, PCO<sub>2</sub>, pH, SO<sub>2</sub>, Hb) which are ideally suited to use in the lung function laboratory. All Nova analysers feature a disposable reagent pack together with auto QC. Unlike some manufacturers the sensors are kept separate from the pack which helps to keep running costs down.

Radiometer have recently revised and improved their response guarantee. They guarantee that a service specialist will contact you within two hours of your call being logged and, if required, a service specialist will be on site within 24 hours. This operates 365 days per year. If they do not meet these response times they will give you a voucher worth £100 to be used against the purchase of any Radiometer product. Why can't all manufacturers offer this level of commitment to service? I imagine several would be bankrupt within a week if they did.

## **Establishing a Reporting Mechanism to "On the Blower"**

The Webmaster is in the process of setting up an email reporting mechanism. This will enable members to report equipment related issues directed to the members of the Manufacturers Liaison Committee in confidence. We will then be able to collate this information including verification of accuracy before commencing on an appropriate course of action. Details will be published on the ARTP web site as soon as the bugs are out of the system.

## **CLOSE-SEASON TRANSFERS**

### **Kevin Hogben**

As many will know by now, the transfer market in the south east has been lively since the last issue went to press. Kevin after many, many years has transferred to the local rivals, Pulmolink. Many of us have already personally wished him well in his new role and now the manufacturer's liaison group formally does the same through this column.

### **Liz Martindale**

Many of you will know Liz through Morgan Medical where she worked for a good number of years. Many of you may not know however that Liz has defected back to the NHS and has taken

up a position as Head of the Cardio-Respiratory Department in Oldham. Liz, our congratulations go to you, we wish you well in your new post and hope to see you in Stratford in January 2003 as one of us!

### **Melanie Marshall**

Many of you will know Melanie for her valuable work on behalf of ARTP in the Education field – indeed, having met her, who could forget her? Melanie has left the NHS and joined Profile Respiratory Systems (formerly Medic-Aid).

### **Selwyn Sher**

A new company, S-MED hits the marketplace. Selwyn Sher, former UK MD of Jaeger has formed his own company and is selling an innovative range of spirometry, pulse oximetry and ECG devices. The Spirocard system performs Spirometry on a Personal Digital Assistant (PDA) handheld device. The quality of the real time test presentation and subsequent results display is amazing. Results can then be transferred back to a PC either using a PDA Active-Sync link via a docking cradle or via Infra-Red. The device uses a pre-calibrated single use Pneumotachograph. However, one of the standard sized Air Safety breathing filters fits the pneumotachograph so it can be used more than once if local policies allow. Selwyn has established a web site at [www.s-med.co.uk](http://www.s-med.co.uk). He can be contacted on (0121) 446 6953 or by email at

[Selwyn@s-med.co.uk](mailto:Selwyn@s-med.co.uk)

## **WHAT'S NEW FROM THE BIG 4 ?**

Since the last issue of Inspire, there have been a number of new product releases from the Big 4 (Beaver, Ferraris, Pulmolink and Viasys). We have given brief details below on what is new on offer from information provided to us by the companies.

### **Beaver**

Beaver Medical would like to announce the release of **MedGraphics Breeze Suite Version 5.2**. The new **Breeze Suite** software has been developed to offer ease of use, powerful patient and calibration database functionality and flexibility in reporting across the entire **MedGraphics** product range. All of the **MedGraphics** systems will be run from **Breeze Suite 5.2** reducing the need for additional training on multiple user interfaces.

The latest software release from **MedGraphics** coincides with the addition of the new **Profiler Ex** cardio-respiratory measurement system to the **MedGraphics** product range. The **Profiler Ex** closes the gap between pulmonary function testing and cardio-respiratory stress testing providing users with a complete measurement solution all in the one cost saving package.

**Beaver Medical** is committed to providing their customers with the systems and services, which best suit their needs. If there is anyway you think Beaver could improve their services please feel free to contact the company with any comments you may have. Constructive suggestions never offend. In addition to sales and service support Beaver offer bespoke application and service training courses designed to meet the customers individual needs. Training can be provided on-site in the customers department or hospital or alternatively at their training facility in Northampton. All major system purchases



are supplied with three days training free of charge. If you would like any further information on the new Breeze suite software, Profiler Ex, Beaver Medical training courses and facilities, or would just like to offer your opinion on how Beaver can improve their services please contact your local representative on (01604) 499427.

### **Pulmolink**

The months of **May and June** brought several changes, the construction of their enlarged premises was completed to provide additional space for their administration and service headquarters plus new training and demonstration facilities. Another change has been the arrival of Kevin Hogben, who has joined the Pulmolink team in the position of Technical Director. As a result of these changes, they now offer three courses with rather cheesy sounding acronyms:

#### **I.M.P.A.R.T. Inspirational Meetings for Pulmonary and Respiratory Technologists.**

This is a four and a half day course covering the basic physiology and instrumentation required to perform all our standard measurements and also includes plethysmography, exercise and bronchial challenge. In general, Medi-Soft and PK Morgan type instrumentation is used.

#### **T.O.T.A.L. Training of Technologists Advanced Learning.**

This is a three day course aimed at the user who wishes to develop a more in-depth understanding of the instrumentation and software tools available.

#### **D.I.F.F.U.S.E. Discussions in Forcing Forward Users Scientific Education!**

This is a discussion forum regarding instrument design/technology and includes a visit to the Medi-Soft European manufacturing site to put across discussion points and development ideas for their future systems.

We must applaud Pulmolink for developing such courses. Regardless of manufacturer, if courses are on offer, try to get them included in the purchase price of any equipment you buy. Also ensure that the course content meets the ARTP/BTS guidelines for respiratory measurement. We need to maintain standards of training regardless of who provides it. Just wonder who thought up the Acronyms, eh Kevin? What about Hogben Organises Ghastly Worded Acronyms Sounding Hilarious – H.O.G.W.A.S.H.

At the same time as these changes in the UK, there have also been changes just across the channel in Belgium; where Medi-soft have moved into a completely new factory, housing a comprehensive production facility with a dedicated training centre.

Since the last issue of *Inspire*, Pulmolink have confirmed three new distribution agreements for products within the UK. These are **Mefar's** highly respected MB3 dosimeter, **Fukuda Sanygo's** compact, portable spirometers and the much heralded range of products from **Morgan Scientific**.

Owned by Patrick Morgan, Philip Morgan's eldest son, Morgan Scientific Inc. have produced the innovative, Windows™ based, ComPAS software suite. This can drive the "Screen Star" computerised spirometer system as well as providing full data conversion and highly capable yet remarkably simple operation

of both existing and future test systems from the Morgan and Medi-Soft product lines.

### **Ferraris**

MDAS which has provided a stable and comprehensive operational platform for Morgan equipment for a number of years is to be further enhanced by a Windows™ based reporting package. This software is currently undergoing verification and validation in-house and with a number of laboratories. The company does not intend writing a full Windows equivalent of MDAS. We are however working to ensure that customers with extensive patient data collected under MDAS will be able to transport this into the new PLUS software offered with the CPL and Digital Body Plethysmograph.

### **Viasys - Sensormedics**

As indicated in the last *Inspire*, a new range of lung function equipment has been released – Vmax Spectra.

Vmax Spectra Mass Flow Sensor technology features Real-Time BTPS Correction and Dynamic Kelvin Sensing. Unlike traditional spirometers and flow sensing devices which must rely on a static BTPS correction factor, the Vmax Spectra's flow sensor accurately reads gas temperature as well as molar mass at 8 millisecond intervals and corrects the sample flow and volume instantly. This ensures accurate measurements with any inhaled and exhaled gas cooling profile, even if the room temperature has changed after calibration or during the test itself. Dynamic Kelvin Sensing electronically links the sensor at the mouth to the integrated circuit processing the data. This technology eliminates the effects of spurious electrical resistance artefact, which can distort the signal for sampling mass flow.

Existing Vmax devices are now re-classified as Vmax Legacy. The latest software release for Vmax Legacy is Version 6.1C. The database structure of Vmax Spectra and Vmax Legacy is exactly the same (versions 5.2 and 6.1 for Legacy) so that both systems can be used on a common networked database when upgrading.

Also new from SensorMedics is MedGem™ - a state-of-the-art handheld indirect calorimeter that quickly and accurately measures oxygen consumption (VO<sub>2</sub>) and determines resting metabolic rate (RMR). Accurate measurement of oxygen consumption and energy requirements serves as the ideal basis for nutritional assessment and for administering appropriate medical nutrition therapy (MNT).

MedGem is easy to administer and provides accurate results in only a few minutes. As a condition changes, the MedGem is useful for monitoring variations in VO<sub>2</sub> and RMR. Accurate measurement allows for control and personalization of nutritional support treatments and can minimize complications that may arise from inadequate nutrition. MedGem has been validated against the "gold standard" Douglas Bag to demonstrate accurate measurement of VO<sub>2</sub> and RMR and weighs in at around 150 grams.

### **Viasys - Jaeger**

Beta Testing of the latest Jaeger software, Version:4.532.12, has taken place in the UK for the first time by Derek Cramer and



his team at the Brompton Hospital in London. Derek says "I must say that I was pleasantly surprised when we checked this software out against the previous version that we were using (version 4.520.93). We compared a reasonable number of patients with different lung diseases and also tested a group of normal subjects. Our findings were that there was good correlation for all parameters when comparing the old software against the new version."

With the new Oxycon Mobile, cardiopulmonary stress testing is no longer restricted to ergometer or treadmill tests in laboratories. Oxycon Mobile is a portable cardiopulmonary exercise testing system carried by the patient or test subject. The unit is fixed to a comfortable belt system which is slipped over the test subject's shoulder. The lightweight system uses sophisticated technologies and has been developed with the subject's comfort in mind. Although the unit is very small, it offers full diagnostic power and precisely analyses all key exercise data. The data collected during the measurement is either transferred to a PC or stored to a tiny exchangeable chip card for an immediate performance analysis and comparison with previous tests to track therapeutic or training progress. With the help of a notebook computer, the trainer can directly view all key parameters and immediately instruct the athlete thanks to the integrated speech module for remote patient control.

Oxycon Mobile can also be used for many medical applications. As the system combines ECG monitor, ECG sensor and cardiopulmonary exercise testing unit in one system, Oxycon Mobile is of special advantage for monitoring patients with heart diseases in order to objectively assess the effects of medications and therapeutic measures. However, the application can also be used in the field of intensive care as the system does not require much space. In the field of rehabilitation the versatile system can be used to assess and document rehabilitative and therapeutic progress or reduce the risk of overstrain. Furthermore, Oxycon Mobile can also be used in the field of occupational medicine, e.g. to perform

fitness checkups (high altitude, air flights, tropical climate etc.), to determine the cause of exercise intolerance during work directly at the work site or to determine the degree of disability.

## SLEEP NEWS

Whilst I've only had chance to review a limited range of products in the relatively short time since the last issue, members may be interested in the following :-

### Tyco

Tyco have at last got their management act together and have now placed "Home Care" products with the ventilation team. UK Boss for the operation is Mike Boustred who many of you will already know. Tyco have now released the Goodnight 420 range of CPAP devices which features a base model with no compliance data through to an all singing all dancing beast. The 420's are certainly the smallest CPAP machines I have seen to date and operate from both mains and 12 Volt supplies. No doubt members will be able to evaluate these units shortly.

Also released is Edentrace II the multi-channel sleep system.

### Stowood Scientific

New devices from Lyn Davies & Co. include Osler 2 - a small stand alone version of the previously PC based Osler system. Osler 2 data is downloaded to PC for analysis on completion of the test.

A snoring monitor is also now available which records snoring and which can be programmed to start at the same time as, say a pulse oximeter. The recording can be replayed audibly and there is a comprehensive data analysis package available in a revised version of their all encompassing oximetry software.

### Viasys

Watch out for Viasys entering the home care market with the Alura CPAP device.

## A Note From The Webmaster

### **Email Forum...**

I hope you have all paid your subscriptions!

I will be cross-checking with the membership database soon and removing members who haven't paid from the Forum access list.

Just to remind you - if you want to join in (or just eavesdrop on) the lively and informative Forum discussions just follow the instructions on the website [www.artp.org.uk](http://www.artp.org.uk). It's the most efficient way to access the combined knowledge of over 200 respiratory professionals.

### **Coming soon...**

The website is going to be split into public access and members only sides. The password to access the restricted side of the site will only be issued to members and will be changed periodically. So if you want to have access to the full facilities of the website, and some of the new planned features, make sure you maintain your membership.

### **Email Addresses...**

There seems to be a lot of messing around with email addresses at the moment especially with Compuserve having been taken over by AOL. Another one seems to be [genie.co.uk](http://genie.co.uk).

Also some hospitals seem to be changing their email addresses having realised that the .nhs.uk address is quite long especially if the Trust name they chose originally was long (for example [firstname.lastname@university-b.wmids.nhs.uk](mailto:firstname.lastname@university-b.wmids.nhs.uk) has now become [firstname.lastname@uhb.nhs.uk](mailto:firstname.lastname@uhb.nhs.uk)). However they are setting their hospital system so that it will still accept email to the old address while email sent out has the new address embedded in it.

As far as Forum messages are concerned this means that you would still receive messages sent to the Forum but if you tried to send one to the Forum yourself the YahooGroups site would not recognise you as being a member of the Forum group and would reject your message.

If your email address has changed and you can't manage to change it yourself via YahooGroups let me know.

Keith Butterfield - [webmaster@artp.org.uk](mailto:webmaster@artp.org.uk)



# COURSE REPORT

## BRISTOL BASIC SLEEP COURSE

**Stephen Todd and Vicky Green, Whythenshawe Hospital, Manchester**

Following a harrowing journey from Manchester (we travelled by rail) my colleague and I arrived in Bristol at half-past midnight. As we had set off at six o'clock you can imagine that we had followed a rather scenic route. This somehow included a Welsh pub in which we had taken refuge whilst awaiting a connection in Newport. Upon our arrival in the city, at Temple Mead station, we took a cab journey across town to our hotel. Presumably the taxi driver was happy with the thirteen pounds given to cover the fare but the receipt for 'threeteen' pounds did make us wonder if thirteen was enough.

The Holiday Inn hotel (no expense spared!) was actually both appealing and very comfortable, the only problem was going to be the cost of the taxi fares back and forth to the Bristol General in the town centre. The following day started early, as we headed to the hospital for our nine-thirty wake-up reception. Happily there was coffee and biscuits on hand to revive us from our lack of sleep.

After an interval of "getting to know you" time, the lectures began with a highly interesting, and very appropriate, talk on sleep patterns, indicating how we may fall asleep at the appropriate times instead of during lectures, given by Anwen Evans. Not to suggest that Anwen's lectures are boring of course!

There followed an animated talk from Mr. Griffith, the resident ENT surgeon at Bristol General, which included many anecdotes and helpful information regarding the coalition of the ENT department with the Sleep lab department. Judging from Bristol's success in this area, the information was invaluable in helping our own departments strike an alliance with the enemy, and look at different ways in making services to the patient more efficient and accessible.

After a short respite, we carried on into the morning with words from the man himself, Adrian Kendrick. He gave us a thorough grounding in the principles of sleep apnoea, patient screening requirements, diagnosis and treatment. He knew his material so well he could perform his lecture with his eyes shut. Ours remained focused on the bow tie.

We received our lunch gratefully, and were treated to a gorgeous spread that covered both vegetarians and carnivores more than adequately. Once we had satiated ourselves there was time for a quick stroll around the beautiful harbour before dragging ourselves back to the classroom to begin the afternoon with a workshop of case studies.

We were divided into discussion groups; each in turn taken aside by Dr. Kendrick whilst the remaining groups were ushered onto a self-guided tour of the departmental overnight-investigation bedrooms and monitoring equipment. We were issued with a series of case notes and overnight oximetry traces and asked to analyse the data before each of us were put on the spot to give our judgement on diagnoses and preferred method of treatment. The diversity of the patients' traces and symptoms meant that it turned out to be an interesting 'hit and miss'

session in which most correct answers turned out to be the result of guesswork.

When everyone had endured the scrutiny of Dr. Kendrick's brief masterclass it was time to return to the lecture room where we rounded up the days events. The 'school' day came to a close at five o'clock and we all went our separate ways after receiving instructions upon when and where to meet up again that evening for the Course Dinner. The venue was a renovated barge known as "The Glass Boat" that sits on the river Avon, close to the city's main amenities and nightlife. The food was exquisite and the evening and the wine flowed quickly. Those who could not keep up with the pace left early, leaving myself, my colleague and a couple of hardcore stragglers to stay out until the wee small hour of ten thirty!

We all returned the next day, some of us a lot more refreshed than others, as Ms. Buchanan led the first session. It was a very well planned and comprehensive insight into the use of CPAP machines in the community, including discussion on patient set-up, compliance (covertly monitored!), and the importance of follow-up visits. Very impressively presented given the subject matter.

Next was Dr. Hack's presentation on the dangers and legalities of driving following the diagnosis of sleep apnoea (at which point I was happy that we were to return to Manchester by rail). This turned into a very lively and upbeat debate that carried on for a good hour or two. It brought forward some very appropriate questions and highlighted the fact that formal discussion on the condition is well overdue. Amazingly, given the safety implications, as of yet, clinicians have been given no government guidelines on the subject of sleep apnoea and driving.

Again lunch was more than adequate and we happily rolled back in to briefly listen to Dr. Kendrick again as he followed on with more CPAP discussion, mainly about the pros and cons of fixed pressure versus auto titrating models. We then returned upstairs to the departmental bedrooms to take a more in-depth overview of the methods of overnight-studies. This time we were guided through the investigative procedure although I felt this would have been a little repetitive for people who already have understanding of the basic methods, as they would have already guided themselves through it on the previous day's visit upstairs. A round up of the day's events was given at three-thirty but I think a lot of people had transport arranged for four o'clock. Dr. Kendrick trying to make himself heard whilst people fought for their bags and coats whilst attempting to all leave the room at once was interesting.

On the whole it was a very enjoyable course, the handouts were extremely useful, the presentations kept our attentions well and the overall manner in which we were treated was very good. On the downside I did feel that the numbers were too large to fully explain the role of the sleep department during the investigative workshops.

**THE NEXT BASIC SLEEP COURSE IS RUNNING IN BRISTOL**  
**7th to 8th NOVEMBER 2002**



# MEETINGS AND COURSES

## **ARTP ANNUAL CONFERENCE MOAT HOUSE, STRATFORD UPON AVON 16th - 18th JANUARY 2003**

Attendance at this year's conference is expected to be at an all-time high so apply early  
Full details and registration forms from **ARTP Conference Administration,**  
**202 Maney Hill Road, Sutton Coldfield, West Midlands B72 1JX**  
Tel / Fax 0121 354 8326 email: [admin@artp.org.uk](mailto:admin@artp.org.uk)

## **ARTP SHORT COURSES BASIC SLEEP COURSE BRISTOL GENERAL HOSPITAL 7th to 8th November 2002**

Course will include basic sleep physiology, pathophysiology of OSA, methods for basic screening and assessing patients with suspected OSA, interpretation of screening tests for suspected OSA, CPAP and issues related to driving and OSA and other medical issues.

Registration Fees : ARTP members £170 ARTP student member £155 Non member £200  
Includes attendance and course materials and course dinner.

For details / application form contact: **Jackie Hutchinson ARTP Administrator**  
**202 Maney Hill Road, Sutton Coldfield B72 1JX**  
Tel: 0121 241 1611 email: [admin@artp.org.uk](mailto:admin@artp.org.uk)

## **SHORT COURSE IN ADVANCED RESPIRATORY PHYSIOLOGY COVENTRY UNIVERSITY 30th SEPTEMBER TO 4th OCTOBER**

Two Advanced courses will be available at Coventry University as week-long sessions in September 2002 and March 2003 subject to demand. The courses are open to those working in respiratory function who wish to broaden, refresh or update their knowledge. They are a development in the area of post-basic training and education, and have been designed to reflect current and future practice.

**September Course (Part 1)** Anatomy, histology & physiology of the respiratory system, physiology of ventilation and gas exchange, methods of measuring lung volumes, airways resistance and gas transfer, spirometry, blood gas measurement, flow-volume loops, methods for determining respiratory muscle function, allergy, bronchial challenge and skin testing.

**October Course (Part 2) Dates to be arranged** Control of respiration, respiratory responses to exercise, measurement of exercise response, physiology and methods of assessing ventilatory control, measurement of ventilatory response, field walking tests, inhalation therapy, ventilatory and physiological changes during sleep, changes in exercise response with disease.

The cost of each course is £300 including tea, coffee and literature but excluding accommodation and subsistence.

A certificate of attendance will be offered to students attending either of the courses. Those who attend both weeks and take the optional assessment programme can, if successful, receive a certificate of satisfactory completion from Coventry University. Students already registered on an HNC/D programme at a college may receive a double unit credit on satisfactory completion

For further details or application form contact **Dr Pat Lund at Coventry University Tel: 024 7688 7688**

## **BRITISH SLEEP SOCIETY ANNUAL SCIENTIFIC MEETING 2002 Robinson College, Cambridge 19th to 21st September**

For details or registration form contact: **BSS Office, PO Box 247, Colne, Huntingdon PE28 3UZ**  
email: [bssoffice@huntingdon52.freemove.co.uk](mailto:bssoffice@huntingdon52.freemove.co.uk)