

# A FULLY INTEGRATED OFFICE-BASED OPERATING ROOM: DESIGN AND BENEFITS

## REPRODUCTIVE SCIENCE CENTER™ OF THE SAN FRANCISCO BAY AREA, SAN RAMON, CA

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### OBJECTIVE

To highlight the design and benefits of a fully integrated office-based Operating Room (O.R.).

### SETTING

Our practice is a three-physician reproductive endocrinology and gynecology group, specializing in assisted reproduction and directing one of the largest IVF centers in California.

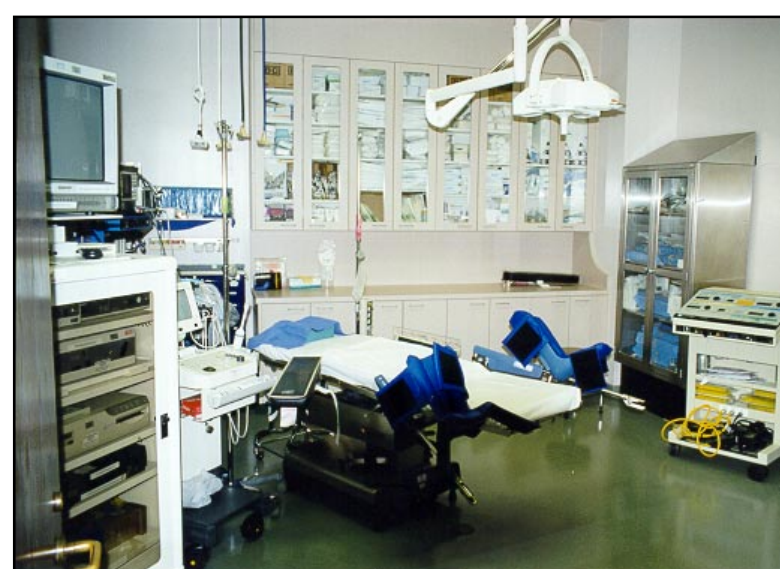


During the first 14 years of our IVF program, the laboratory and operating room were located at an adjacent hospital. This limited our ability to monitor quality control, increased patient costs and required commuting from our office to

the hospital for procedures and embryo transfers. In addition, we perform a large number of minimally-invasive gynecologic and microsurgical procedures, which have previously required the use of either hospital-based or free-standing surgicenters.

### DESIGN

In 1997, as a member of the Reproductive Science Center™ network, we acquired the financial capital to design and build a freestanding medical suite, complete with andrology (IVF) laboratory, a fully equipped operating room and recovery room, ultrasound and clinical laboratory facilities.



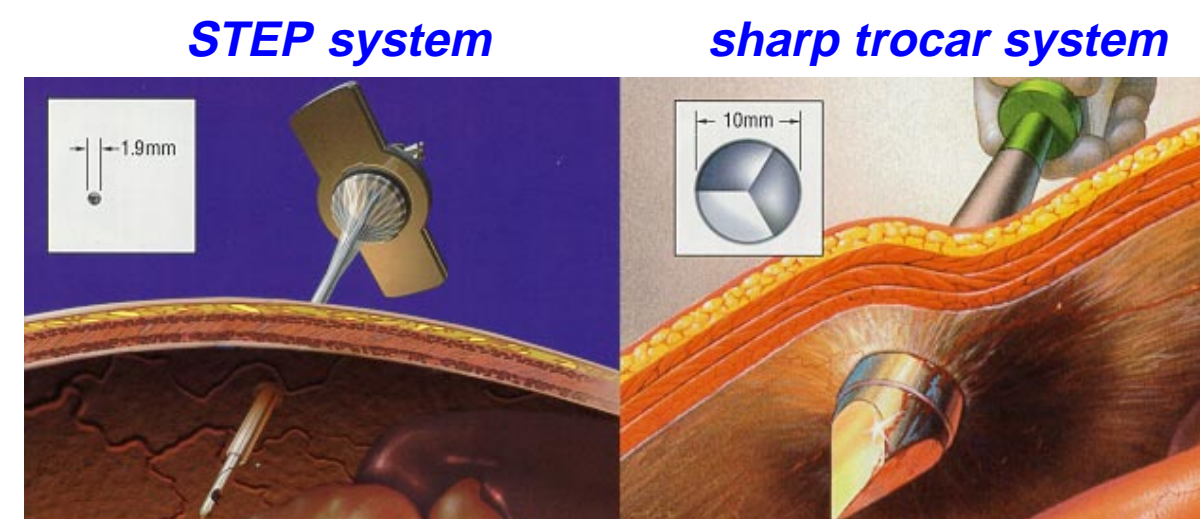
Our site is equipped for both I.V. sedation and full general anesthesia provided by board-certified anesthesiologists. In addition, our O.R. is **AAAHC certified** and is located 2 minutes from a large regional medical center with whom we have a patient transfer agreement.

Specific O.R. design requirements vary depending on the type of practice, the number of physicians who will use the O.R., where the O.R. is located and any applicable Medicare Certification requirements. The assistance of both an experienced contractor as well as practice-management company was essential for providing us with the expertise needed for proper site selection, design and build-out in conformance with all applicable local, county, state and federal requirements.

### SAFETY ISSUES

Maximizing patient safety and minimizing complications are always priorities of particular importance when performing surgical procedures in a freestanding office-based facility. These concerns were addressed by equipping our operating room with the very safest technologies, which have been shown to reduce risks of patient injury. These include:

- Avoidance of all sharp trocar systems, using instead only *InnerDyne Step™* Radially Dilating Abdominal Access Cannulas. This has virtually eliminated risks of abdominal wall injury, need for cannula anchoring or fascial closure of incisions.



- Selective electrosurgery including bipolar, unipolar and *Argon Beam Coagulation (ABC)* using *ConMed Corporation's* integrated system. The ABC in particular has significantly reduced risks of electrosurgical injury and bleeding, and reduced O.R. times.

- Equipping our operating room table with *Allen Medical System's* PAL™ Stirrups with integral gel boot pads, transparent leg drapes, gel arm protectors and shoulder supports to provide maximal patient support and protection.



- Exclusive use of *bipolar operative hysteroscopy* using the *Conceptus' ERA* sleeve. This allows us to completely avoid sorbitol, glycine or mannitol, and instead use only normal saline for all procedures with virtual elimination of dilutional hyponatremia risks.

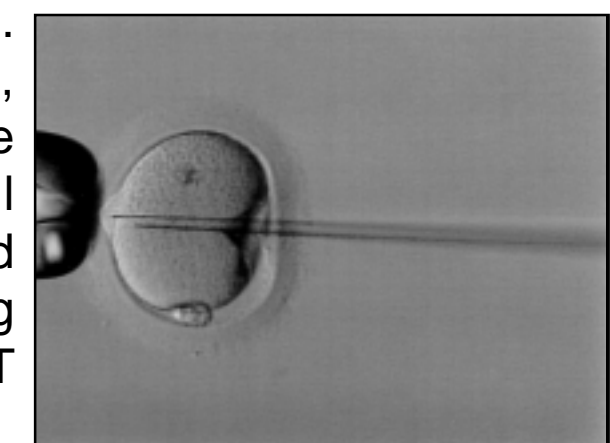


- *Stryker Endoscopy 3-chip high-resolution video system* to maximize our surgical precision and facilitate surgical technique instruction via real-time direct video and audio feed to our on-site conference room.

- All surgical equipment and instruments are kept in the operating room, thereby allowing the circulating nurse to remain in the room at all times during procedures.

### PATIENTS

We opened our center in December 1997. During the first 11 months we have performed 300 surgical procedures on patients ranging from 21-66 years of age. These include laparoscopic burch, operative hysteroscopy, operative laparoscopy, microsurgical tubal reanastomosis and assisted reproductive techniques including transvaginal oocyte retrieval, GIFT, TET and epididymal sperm aspiration.



### RESULTS

No major complications or hospital transfers have occurred, and all patients have been discharged home within 6 hours after surgery. The physicians manage all aspects of quality control, patient scheduling, equipment and instrumentation. Additionally, we receive the facility fee, which was previously paid to the hospital or surgicenter. There has been no "down time" due to commuting and the ultimate costs for providing care are reduced; these savings are passed on to our patients, giving our center a competitive advantage in the marketplace.

### CONCLUSION

A well designed, office-based O.R. can deliver cost-effective services while maximizing both physician convenience and patient safety.