



EP HUT™ Table

The EP HUT™ Table serves as a superior head-up tilt table that features a radiolucent top for invasive electrophysiology procedures. The EP HUT™ Table will easily rise to the rigorous demands of an EP lab while providing patient and staff safety with its carbon fiber top's low-attenuation factor of .57mm Al.

EP HUT™ Table



A Step Above the Rest in Electrophysiology

4-Way Float

- 40" of longitudinal travel
- 12" of transverse travel

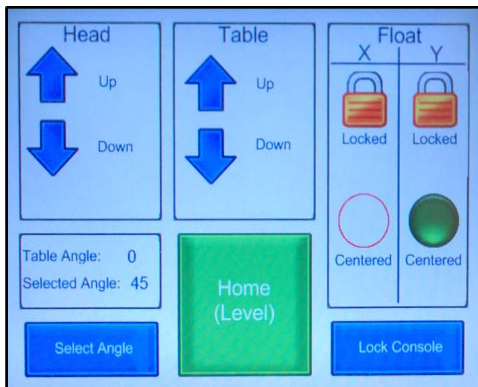
Emergency Response - 5 seconds from 70° to -15°

- Allows additional time to evaluate development of bradycardia
- Allows restorative measures to begin twice as fast as the alternative approach
- Minimizes time in asystole



Carbon Fiber Top with Beveled-Edges

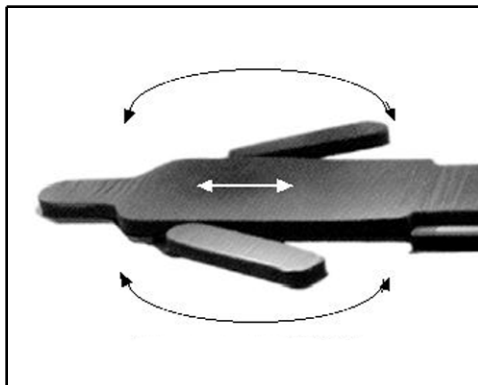
- 0.57mm Al attenuation in the EP HUT™ Table's carbon fiber top optimizes image quality at lower doses of radiation
- Reduces ambient scatter and radiation exposure to staff and patients



Intuitive Touchscreen Control Display

Enables user to:

- Quickly and easily adjust to the table's height, degree of tilt, and floated position of table top
- Lock and unlock float in "X" and/or "Y" axis
- Select the degree of tilt angle
- Quickly gather information regarding the exact position of the table
- Lock and unlock touchscreen controls to prevent unintended position adjustment



Optional Carbon Fiber Arm-Boards

- Low-attenuation arm-boards provide high image quality as well as flexible movement
- Patient's arms are comfortably supported away from procedure field and imaging area

EP HUT™ Table

Potential Applications
<ul style="list-style-type: none">• Electrophysiology studies• Ablation procedures• Device implants• Lead retrieval• Head-up tilt test (syncope studies)
Benefits
<ul style="list-style-type: none">• Fully functional for all types of EP studies¹• 5 second emergency response allows additional time to evaluate development of bradycardia• Lowest combined attenuation available creates better images at lower doses of radiation and provides for less ambient scatter²• High weight capacity³• One day on site in-service
Features
<ul style="list-style-type: none">• 4-way floating top• 40" longitudinal travel• 12" transverse travel• Individual transverse and longitudinal locking controls• Transverse panning in head-up tilt or Trendelenburg position• 550 lb distributed load capacity
Rapid Response
<ul style="list-style-type: none">• 5 seconds from 70° to -15° Trendelenburg emergency positioning• 18° per second emergency positioning• Separate home and emergency controls• "One button" return to level• "One button" emergency positioning• Programmable tilt angle in 5° increments• Programmable level or Trendelenburg emergency positioning
Imaging Surface
<ul style="list-style-type: none">• 550 lbs. weight capacity (4 to 1 safety factor)• 82" of total imaging area• 40" of edge to edge imaging area• 0.57 mm Al equivalent attenuation• Cervical access shaped top• Beveled-edge• 2" low-attenuation mattress pad
HUT Table
<ul style="list-style-type: none">• Fully adjustable, 3 belt patient restraint system• Head-up tilt; electrically-adjustable to 90°• Trendelenburg; electrically-adjustable 0°-20°• Normal tilt rate of 6° degrees per second• Height; electrically-adjustable 32"-44"• Safe, slip resistant foot platform• Intuitive touchscreen motor controls, including redundant low-voltage hand wand with self-retracting coiled cord• Stainless-steel accessory rail
Base
<ul style="list-style-type: none">• C-arm accessible base• Ergonomically narrow base• Stainless-steel shroud base enclosure• 3" front casters, 5" rear casters
Options & Accessories
<ul style="list-style-type: none">• Carbon fiber articulating arm-boards and pads• Extended stainless steel accessory rails

References

1. Han Yang, Serious Response in Tilt Table Test in Elderly and its Prophylactic Management, Journal of Zhejiang University SCIENCE, 2005, 6B(4):304-306.
2. Kostas Perisinakis, PhD, Accurate Assessment of Patient Effective Radiation Dose and Associated Detriment Risk From Radiofrequency Catheter Ablation Procedures, Circulation. 2001;104:58-62.
3. A. Trianni, Dose to Cardiologists in Haemodynamic and Electrophysiology Cardiac Interventional Procedures, Radiation Protection Dosimetry, December 2005, Volume 117, Number 1-3.