

A photograph showing a woman with short blonde hair, wearing a black blazer over a light pink shirt, holding a blue folder and gesturing with her right hand. She is talking to a man with glasses and a white lab coat. The man's lab coat has a name tag that reads "Prof. Dr. D. Boeckler". They are in a modern, brightly lit setting, possibly a hospital or research facility, with yellow and black diagonal stripes in the background.

Contributing to the advancement of medicine

To Prof. Dittmar Boeckler (MD, Vascular Surgery at Heidelberg University Hospital), one thing is for sure: Vascular surgeons who want to play in the premier league will not be able to keep up without access to a hybrid suite. This is why he placed his hopes on establishing this type of room in Heidelberg right from the beginning. However, the best outcomes can be achieved only if the administrative and medical staff pull together. And administrative director Irmtraut Gürkan proved to have a good sense of timing.

From the outset, Irmtraud Gürkan, administrative director of the Heidelberg University Hospital, supported the idea of investing in a technology that would not pay for itself during the first year, and stated clearly: *“As a university hospital, it is our duty to provide high-performance medicine. At the same time, we also have to implement and evaluate innovative procedures. That’s why we are prepared to cross-subsidize innovations to make a contribution to the advancement of medicine.”* Because Germany is cutting back on subsidies for research and teaching, Gürkan is often required to change structures that already work well together and skillfully reallocate resources, boosting one area and trimming another – which led her to invest in the hybrid technology in 2010.

Treatment quality drives economic freedom – and vice versa

Gürkan recalls that no third-party consultants were involved in the investment decision: She found the skills to objectively evaluate this type of project within her own ranks. She makes it clear, however, that an investment in hybrid technology is not a practical option for every hospital: *“I think these devices belong mainly in very large facilities, not just because they are expensive but also because of the highly complex procedures they can be used for. I don’t just mean university hospitals: Other likely users are maximum-care facilities or various full-level care hospitals that have special expertise in the area of vascular surgery. After all, to perform these complex vascular surgical procedures, you need the appropriate infrastructure in addition to the special OR in order to cover everything from intensive care as needed to the proper training of nursing staff.”* To convince the administration that the hybrid OR idea was worthwhile, Dittmar Boeckler put forward a simple rule of three: Better imaging is reflected in the result achieved through quality treatment. And better quality ultimately means economical healthcare. As he put it: *“We will have fewer repeat interventions. Fewer complications. Better*

long-term results in terms of clinical progress. All of these factors are reflected in the bottom line.” And, expressed in figures, performance is up at least 10 percent.

A climate of cooperation

In Heidelberg, the vascular surgeons in particular quickly acclimated to the system, and utilization of the hybrid room is running at more than 90 percent. They also share the facility with cardiac surgeons to offer disease-based treatment. Boeckler says: *“These days, we as vascular surgeons enjoy close collaboration in particular with interventional radiology, angiology, and heart surgery here in Heidelberg. We discuss indications of complex arch and thoracoabdominal aortic pathologies together and even operate together. But there is still room to bring down old, traditional psychological barriers even more.”* Urology and visceral surgery are now also starting to realize the potential the suite offers.

“Having a climate of cooperation at our facility is especially important to us.”

Irmtraud Gürkan

Commercial Director/Vice Chair,
Heidelberg University Hospital, Germany

Dittmar Boeckler: *“The hybrid OR has catapulted us forward in many areas. At a personal level, I believe that maximum-care facilities in the future will always need a hybrid OR. In my view, the hybrid OR can be used wherever there is a need to minimize the scalpel traces you leave behind. In neurosurgery, for instance. Pediatric surgery would be another possibility. Likewise traumatology and oncology.”* As a result, Gürkan has observed another interesting effect following the establishment of the hybrid room: It is encouraging collaboration in Heidelberg. *“Having a climate of cooperation at our facility is especially important to us. This is why we*

Watch the interviews

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Dittmar Boeckler currently heads a certified vascular center in Heidelberg. He points out five important factors in setting up a hybrid OR. Watch the whole interview: www.siemens.com/setting-up-hybrid-or



Heidelberg is where Germany's first EVAR and TEVAR procedures were performed in 1994. Dittmar Boeckler's vision today: *“Robots and precise imaging will enable us to work more gently and with less trauma.”* Watch the whole interview: www.siemens.com/hybrid-or-vision



Irmtraud Gürkan says: *“If a service is available for interdisciplinary use, it will be welcomed.”* Watch the whole interview: www.siemens.com/cooperation-hybrid-or

make specific procedures available to different hospitals. And experience shows that services for interdisciplinary use are welcomed.”

Three hybrid rooms are currently being constructed in Heidelberg's surgical department.

Hospital portrait

Heidelberg University Hospital is one of Germany's largest medical centers. The Department of Vascular and Endovascular Surgery has treated patients with acute and chronic arterial disease including venous disease for more than 25 years, with a focus on treating carotid artery stenosis, aortic aneurysms and peripheral arterial occlusive disease (PAOD). It has been a trailblazer in the field of transcatheter, minimally invasive endovascular surgery since 1994.