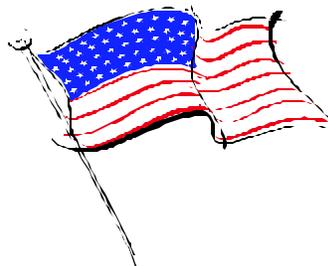


I HEARD IT THRU THE STEAMLINE

ASHCSP Affiliated Chapter Newsletter of the Year—1993, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006

Volume 18, Issue 2

APRIL 2007



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- Pam Caudell-Editor /Granville Medical Center
- Lana Haecherl /Carolinas Medical Center
- Georgia Gallagher /Durham Regional Hospital
- Harriet Pratt/CMC-Mercy
- Diane Fink/Northeast Medical Center

NCAHCSP
Presidents Message
Spring Newsletter
2-7-2007

Hello to everyone,

I can't believe we are into a new year already. The time goes by so fast.

We had a great 2006 and I'm sure we'll have an even better 2007. The committees have been working hard preparing for this year's meetings. The topics and speakers that are already scheduled for the upcoming meetings are great. Be sure to catch information regarding the meetings on our website, www.ncahcsp.org.

I want to thank everyone that voted in our recent elections. You elected Pam Caudell, Diane Fink, Judith Carey and Lisa Williams. Congratulations to all. Patricia Washington will be the in-coming President Elect. Everyone will start their terms after the business luncheon at our annual meeting. If you were nominated but was not elected, please don't get discouraged. Every year we have Board of Director positions available. We encourage you to continue to "throw your hat in the ring" again. Remember you can always volunteer to help any of the committees. While we are on the subject of elections don't forget about the NCAHCSP Membership Awards. I'm sure everyone knows someone that should be recognized for going that extra mile to make contributions to the association and/or to your Central Sterile department. A list of the awards and the criteria for submission is on our website.

Be sure to attend our next meeting which will be our annual meeting in Myrtle Beach, SC on May 3rd. and 4th at the Oceans Dunes Sands Resort. When calling for your reservations be sure to mention you are with our group so you will get the group discount. So grab your bathing suits and sand buckets and meet us at the beach.

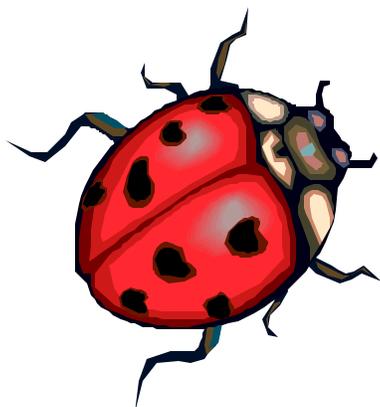
Sincerely yours,

Cheryl Edger

Cheryl

Inside this issue:

President's Message	1
Women & Heart Disease	2
NCAHCSP INFO	3
In-service	4
ASHCSP Information	7
January Post Test Answers	8
BOD Information	9



Women and Heart Disease

Heart disease is the leading cause of death and disability among women over the age of 50 in the U.S. 1 in 3 women will die of heart disease. For 60% of the women affected, the first sign of heart disease will be a heart attack. Coronary Artery Disease (CAD) is a generic term which includes:

ANGINA-chest pain or discomfort that occurs when the heart does not get enough blood.

MYOCARDIAL INFARCTION-a blood clot develops at the site of plaque in a coronary artery and cuts off most or all blood supply to that part of the heart muscle.

HEART FAILURE-the heart muscle can't pump effectively so the rest of the body doesn't receive enough blood.

CAD is directly related to arteriosclerosis. As the coronary arteries harden and narrow due to plaque buildup, the blood flow is impaired. In women, it is believed that plaque tends to buildup in the smaller vessels. It is also believed to build up more evenly like the icing on a cake which causes the channel walls to become more narrow. This is the reason that women have a greater incidence of plaque erosion rather than plaque rupture, which is common in men who experience sudden cardiac death.

RISK FACTORS:

Gender—The rates of death for MIs for women are steadily rising while the rate for men is declining.

Age—Women tend to develop coronary heart disease about ten (10) years later than men and have heart attacks about twenty (20) years later. It appears to be that women, because of menopause, tend to become equal with men in heart attacks.

Smoking—Causes blood vessels to constrict thereby causing vessels already partially occluded to become impassable causing compromised blood flow and a heart attack.

Poor Diet and Physical Inactivity—It is well documented that a nutritionally sound diet coupled with a good exercise regime will prevent or slow down heart disease.

Family History—Early cardiovascular disease (before 55 in a male relative or 65 in a female relative. This statistic increases the odds of a heart attack by 70% in women.

For the most part, heart disease and stroke prevention is the same for both men and women, with the exception of the role that aspirin plays. Aspirin is recommended for women at high risk for heart disease or stroke and those older than 65 years, provided their blood pressure is under control. Routine aspirin is not recommended for younger women

unless the stroke prevention benefit is likely to outweigh the risk of side effects (particularly bleeding in the stomach).

The latest results from clinical trials show that neither hormone therapy nor selective estrogen receptor modulators (SERMS, e.g., raloxifene or tamoxifen) should be used for the prevention of heart disease or stroke.

Vitamin and mineral supplements are also not to be considered as modes of preventing heart disease and stroke. Earlier studies had suggested that folic acid supplements could be used as an option but later studies have shown that there is no benefit to the use of folic acid in the prevention of heart attacks or strokes.

As a result of the most recent studies, it is still the recommendation that for women to prevent heart disease, the following still apply:

1. Regular physical activity
2. Healthy eating
3. Maintaining a healthy weight (body mass index under 25)

These guidelines are aimed to reduce the toll that cardiovascular disease takes on the lives of women: more than 42 million U S women are living with cardiovascular disease.

Listen to your body and at the first inkling that something is not right, please see a doctor, for your sake as well as your family's.

NEWS FROM THE MEMBERSHIP

Congratulations to Linda Menius, Tech II, who retired from Northeast Medical Center on March 1, 2007 after putting in 20 years of hard labor. She was honored at a retirement dinner by her peers on March 14, 2007. We join with NEMC in wishing her well and are jealous that it's not us. She will be missed by her staff members for her shenanigans and laugh. Congratulations on your retirement, Linda and Thank you for your tireless contribution to NEMC.



MORE NEWS FROM NCAHCSP

- The annual meeting will again be held in Myrtle Beach this year. The dates are May 2-4, 2007. It will be held at the Ocean Dunes Convention Center. Last year we had some confusion over the reservations. If you have a choice as to staying at the Ocean Dunes or the Sands Resorts, please let them know when making reservations. Some how people got double booked and it became very confusing. If you do not request a certain hotel or if

you are late in making your reservation, your room assignment will be at the discretion of the resort.

- **FIRST COME—FIRST SERVE**

There are going to be many things that membership is going to be excited about. The first night there, May 2, Wednesday night from 7-11 pm there will be a hospitality room for all membership to go and meet and greet. This way you can speak to people you haven't seen before or maybe say hi to those you

haven't seen since last year. This can be a come before you eat or eat first and then visit with us.

Remember, we're at the beach. Please plan enough time to at least walk on the beach or go shopping or eat some of the best cuisine going.



Gardening in North Carolina

One of the more likable things about North Carolina, in my opinion, is that you can grow practically anything, anywhere. If, however, you have a small lot or patio only or live in an apartment without grass of any kind, then container gardening may be for you.

Look at the area you have to work with. How many pots do you think it will hold? Vary the size of your pots in order to have interest and a visual effect. You can do something as simple as planting all the pots with the same flower. This repeating effect is called "multiplicity." If you don't like the idea of the same flower, how about thinking about the different seasons? Vary your flowers by the time when they bloom. If you want to have a red/yellow blooming area, look at the planting guides and buy the types of plants that will bloom at varying times of the year in order to have continual color spring thru fall.

Or what about texture? Look for plants that have different foliage. Something spiky or something with curling leaves will look and feel very different. Or what about something like lamb's ear with it's delicate fuzzy texture as opposed to sedum which can have a very fine texture much like spruce pine needles.

One thing to remember about gardening in pots is that they will need more water than if planted in the ground as they are exposed to more of the drying sun and wind. Experiment and find out what plants you enjoy the most. Gardening can be a worthwhile endeavor no matter how much or how little time you have to devote to it.

“History of Surgical Instrumentation”

Pamela H Caudell, RN, CNOR, CSPDS, ACSP

Objectives:

At the end of the article, the reader will be able to:

1. Define surgical instrument
2. Discuss the process of developing a surgical instrument
3. Name the father of surgery

In the CS/SPD arena, surgical instruments are a fact of life. But what do we really know about where they came from and how they got their names? Curiosity about how we got these useful tools caused me to look at our history of instruments and this article is a result of that curiosity. What I learned about who is actually considered the father of surgery surprised me as I'm sure it will you.

A surgical instrument is a specially designed tool or device for performing specific actions or carrying out desired effects during a surgery or operation, such as modifying biological tissue, or to provide access or viewing it.¹ Surgical instruments have been designed and made throughout history in order to meet the need of the patient. Ancient Trephines were made in order to put holes in skulls to let out the evil spirits and to alleviate headaches and head traumas caused by wounds from battles. These rough trephines have been found in Neolithic sites dating back at least a million years ago.

In India, Sushruta, was considered the most important surgeon in ancient history. He is of-

ten described as the “father of surgery”. This was around 500 BC. He authored a text in which he describes over 120 surgical instruments, 300 surgical procedures and classified human surgery in over 8 categories. In Antiquity, surgeons and physicians in Rome and Greece developed many ingenious instruments that were made from iron, copper, silver or bronze. Some of these instruments includes; scalpels, tweezers, trephines, probes, curettes and other items. One can find displays of these early instruments in many different museums around the world as well as in some hospitals.

One of the first key players was Abu Al-Qassim Al-Zahrawi. He was the author of “Al Tasreefliman ‘Ajiza ‘an Al Ta’leef” which translated as “The Method of Medicine” and is often referred to as “Al-Tasreef”. This reference guide was written roughly after some 50 years of practice as a physician. This book or text was aimed at establishing the rules of thumb in practical medicine by emphasizing the “do” and “don’t” in almost every issue encountered and the solutions/treatments he provided or invented during his many years of practice. Along with this 30 volume guide there was a collection of over 200 pieces of surgical instrumentation. This is considered the earliest works and remained the single best medieval source on the matter until modern times. He is credited with “... transforming surgery into an independent science based on the knowledge of anatomy. His illustrations and drawings of the tools is an innovation that keeps his contribution alive, reflected in its continuous influence on the works of those who come after him.”²

Al-Zahrawi is credited with discovering that catgut used as internal stitching appears to be the only natural substance capable of dissolving and at the same time is still accepted by the human body.

As surgeons became bolder in their dealings with the human body, new instruments were again invented and designed. Amputation sets originated during this, the Renaissance period and post-Renaissance era, due to the increased severity of war-inflicted wounds by cannons, shot and shrapnel. However, it was only after the advent of anesthesia and surgical asepsis that new surgical instrumentation was invented to allow the penetration of heretofore, forbidden body cavities. These are namely, the thorax, the abdomen and the skull.

The search for new instrumentation continued as surgery continued to grow and come into its own. In the 1800's, Paris became the center of technology for surgical instruments. They were able to work with the Germans who were considered the craftspeople of the time. With the advent of stainless steel, instrumentation became part of what it is today. It was much easier for instrument craftspeople to build surgical instrumentation with the better quality of metals that the Germans invented. Tuttlingen, Germany became the center of skilled instrument making approximately 200 years ago. Tuttlingen still holds that title today.

Historically, the development of a surgical instrument is as follows:

1. The surgeon uses a common tool and/or adapts it for use in an operation. These tools came from weapons, butcher's

tools, items used in ritual body modification, cannibalism or torture, leather worker's and metal worker's implements. Even in modern times, surgical instruments are adapted from automobile shops, kitchens, aerospace and metal works industries to name just a few.

2. Then the instrument undergoes a period of change. This can be a material change so that the instrument is resistant to blood and normal saline, as these products can cause corrosion. The instruments must also be adapted so that the material the instrument is made of doesn't hold bacteria or is not prone to staining.
3. The instrument will then undergo a period of standardization so that the tools doing a similar job start to become of the same size and caliber.

As a result of the instrument crafters of early years, with the continued adjustments of surgeons coming afterward and the usage of better materials to make instruments, our quality and quantity of different surgical instrumentation is the best it's ever been.

We have several different classifications of instrumentation. Probably the most common would be the mechanical cutter class. This includes scalpels, trephines, drills, trocars and other such instrumentation. The scalpels or knives that were used in the early Neolithic Period were made from rock pieces. As man progressed, these knives were made of bone and eventually iron. In Medieval times, they became made of copper, bronze or brass. These either had to be cast, forged or cold-worked (pressed). The instrument makers of the era were considered craftsmen. The quality of the instrument was good but it was the elaborate ornamentation that proved to be most striking.

The purpose of the decorations were partly functional. They gave the surgeon better gripping power, but also, each craftsman used their talents to make instruments that were individual to the craftsman so that their instruments had the mark of the craftsman on them and were easily recognized by other craftsmen.

As we have become aware, new surgical techniques have created a need for improvements not just in the original instrumentation but also for entirely new instrumentation such as Laparoscopic Instrumentation. Today, computers aid in the manufacture of instrumentation but the skills of the instrument makers is still very necessary in order to turn an idea for a new instrument into something the surgeon can't wait to use.

1. Surgical instruments are specially designed for performing specific actions or carrying out desired effects during an operation.

True False

2. Ancient trephines were pins used in Orthopedic cases.

True False

3. In India, Hippocrates, was considered the most important surgeon in ancient history.

True False

4. Sushruta is often described as the "father of surgery".

True False

5. Instruments can be made from iron, copper, silver or bronze.

True False

6. Amputation sets were invented during the Renaissance period due to the increased severity of war-inflicted wounds by cannons, shot and shrapnel.

True False

7. Tuttlingen, Germany became the center for skilled instrument making approximately 200 years ago.

True False

8. The quality of surgical instrumentation is the best its' ever been due to better materials, continual surgeon adjustments and the early instrument crafters.

True False

9. The most common classification of surgical instrumentation is the retractor class.

True False

10. In Medieval times, knives were made of stainless steel.

True False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.

0=Not Applicable, 1=Poor, 4=Excellent

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

Please Note--Answer key will be in the next issue of the "Steamline"

To receive 1.0 contact hours toward certification from CBSDP, complete the in-service "quiz" after reading the article. Send the entire page with the completed "quiz" to:

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Lana will issue a certificate if your score is greater than 70%. Please be sure to fill in the information requested below.

If you are **NOT** a member of NCAHCSP, please include a fee of \$20.00 for in-state membership and out of state membership. Your fee will provide you a 1-year membership in the Association and will also entitle you to submit the next in-service offerings for the cost of a postage stamp. That is potentially six in-service programs for your registration fee. Remember you will not be issued a certificate unless you are a member of NCAHCSP.

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ASHCSP NEWS

Paul Hess Reporting

AAMI and ASHCSP have reached a collaborative agreement that will give more healthcare professionals greater access to important hospital sterilization standards. Through the agreement, ASHCSP members will be able to receive the AAMI member discount price when purchasing AAMI hospitalization standards. ASHCSP members who wish to take advantage can order these publications in two ways: contact AAMI's Customer Service Center @ (877) 249-8226. Please mention source code **PBLE30** to receive your discount. You can also visit the ASHCSP website to download the order form in pdf and either mail or fax the order info. More information can be found on the AAMI website.

Please note that this offer is valid through MARCH 31, 2007 only.

NEW CEUs ON ASHCSP WEBSITE

Do you need to catch up on your continuing education credits? ASHCSP has just released two brand new pre-approved CE articles for members. Go to the Online CE Credits page of the ASHCSP website (login required) to download the new pre-approved CE articles!!!

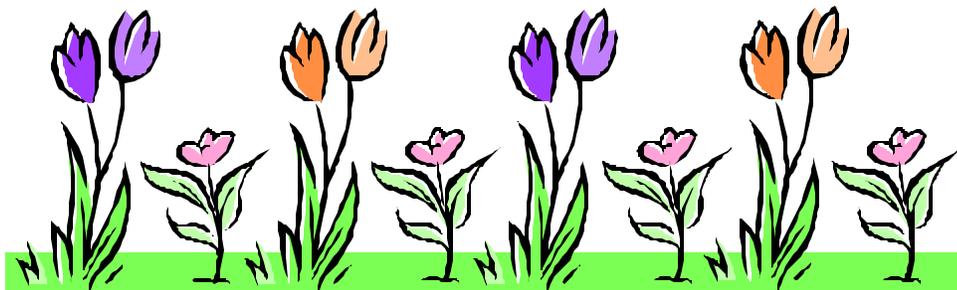
ASHCSP has completed the results for the 2007 Salary Survey. This comprehensive salary survey examined base salaries, bonus/incentives and benefits/compensation of technicians, managers, directors and supervisors in all central service/sterile processing departments. The complete results can be found on the ASHCSP homepage. In addition, ASHCSP will be offering customized salary profiles. Using the survey data, ASHCSP staff can generate comprehensive reports for CS/SP individuals and their market value, as compared

Annual Meeting 2007

"Gateway To Success"

The next annual ASHCSP meeting will be held in St. Louis, Missouri. The dates are September 15 thru September 18, 2007. The meeting place will be the Hyatt. Make plans now to meet there. Remember, we have the best speakers as well as the best vendors there are. And also remember that the North Carolina Association for Hospital Central Service Professionals (NCAHCSP) **always** kicks butt. The early bird deadline is April 21 for the lowest member rate available—just \$395. Visit the ASHCSP website www.ashcsp.org and then to the conference page to obtain the latest information and to register online.

United Airways is offering a special meeting discount for attendees. Call the Special Meeting Desk at (800) 521-4041 and refer to Meeting ID # **500CK** to receive a 2-10% discount off applicable fares, including first class. If you purchase your ticket as much as 30 days in advance, you will receive an additional 5% discount.



to like facilities, job titles, geographical areas and responsibilities. ASHCSP creates salary reports based on CS/SP individuals completing an order form by selecting variable such as title, responsibilities, certifications/ accreditations, region, direct reports, education, budget management and others. Requests for information and questions regarding the salary survey results and customized salary profiles can be sent to ashcsp@aha.org or (312) 422-3700.

Receive the recognition you deserve!!! Information packets and applications for the 2007 Awards Program are now available. The submission deadline for all awards is Midnight, Friday, June 15, 2007. Visit the ASHCSP website for more information and for the complete 2007 Member Award and Chapter Awards Packet.

HOW CLEAN IS YOUR PURSE??

Have you ever noticed gals who sit their purses on public restroom floors - that go directly to their dining tables? Happens a lot! It's not always the 'restaurant food' that causes stomach distress. Sometimes "what you don't know 'will' hurt you"!

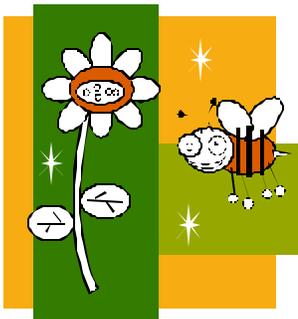
Mom got so upset when guests came in the door and plopped their purses down on the counter where she was cooking or setting up the buffet. She always said that purses are really dirty, because of Where they have been. Smart Momma!!! While we may know what's inside our purses, do you have any idea what's on the outside? Shauna Lake put purses to the test - for bacteria - with surprising results. You may think twice about where you put your purse. Women carry purses everywhere; from the office to public restrooms to the floor of the car. Most women won't be caught without their purses, but did you ever stop to think about where your purse goes during the day?

"I put my purse in grocery shopping carts, on the floor of bathroom stalls while changing a diaper," says another woman and of course in my home which should be clean."

We decided to find out if purses harbor a lot of bacteria. We learned how to test them at Nelson Laboratories in Salt Lake , then we set out to test the average woman's purse. Most women told us they didn't stop to think about what was on the bottom of their purse. Most said they usually set their purses on top of kitchen tables and counters where food is prepared. Most of the ladies we talked to told us they wouldn't be surprised if their purses were at least a little bit dirty.

It turns out purses are so surprisingly dirty, even the microbiologist who tested them was shocked. Microbiologist Amy Karen of Nelson Labs says nearly all of the purses tested were not only high in bacteria, but high in harmful kinds of bacteria. Pseudomonas can cause eye infections, staphylococcus aureus can cause serious skin infections, and salmonella and E.coli found on the purses could make people very sick. In one sampling, four of five purses tested positive for salmonella, and that's not the worst of it. "There is fecal contamination on the purses," says Amy. Leather or vinyl purses tended to be cleaner than cloth purses, and lifestyle seemed to play a role. People with kids tended to have dirtier purses than those without, with one exception. The purse of one single woman who frequented nightclubs had one of the worst contaminations of all. "Some type of feces, or even possibly vomit or something like that," says Amy.

So the moral of this story - your purse won't kill you, but it does have the potential to make you very sick if you keep it on places where you eat... Use hooks to hang your purse at home and in restrooms, and don't put it on your desk, a restaurant table, or on your kitchen counter top. Experts say you should think of your purse the same way you would a pair of shoes. "If you think about putting a pair of shoes onto your counter tops, that's the same thing you're doing when you put your purse on the counter tops" The microbiologists at Nelson also said cleaning a purse will help. Wash cloth purses and use leather cleaner to clean the bottom of leather purses. To best protect yourself against disease always wash your hands, especially after using the bathroom and use a paper towel to open and close the bathroom door. **HOW CLEAN IS YOUR PURSE???**



Please remember to visit the web page at:

www.ncahcsp.org

Always new and exciting

Answers to the January Post Test:

- 1) Hippocrates in the early 1800's recognized it was important to clean ones hands before surgery. **False**
- 2) In 1882, Robert Koch and his assistant Wolffhagel, introduced steam sterilization. **True**
- 3) Infection is defined as the presence or growth of pathogenic organisms in body tissues when this is accompanied by a clinically adverse effect. **True**
- 4) Endogenous sources of infections are those that arise from outside the patient. **False**
- 5) Opportunistic microorganisms are capable of causing diseases in persons whose defense mechanisms may be deficient or compromised. **True**
- 6) Bacteria is the most common microorganism isolated from cultures within the hospital environment. **True**
- 7) Infection will not occur unless the essential components for infection are present and interaction occurs among them. **True**
- 8) Procedures that involve biopsies or other diagnostic therapeutic procedures do not increase the susceptibility of the patient. **False**
- 9) Contact transmission in the least common as well as the least frequent means of transmission. **False**
- 10) Vector-borne transmissions occur when lice or ticks bite the susceptible host and infects the host. **True**



Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.

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This booklet was sponsored by:

Committed to the Needs of Healthcare Providers

General Surgical Instruments: Repair and sharpening of all instruments, needle holder insert replacement, repair or replace broken parts.

Eye/ENT/Micro Instruments: Repair and sharpening of all instruments.

Laparoscopic Instruments: Sharpening, repair, parts replacement, hinge pin repair, subassembly replacement, shaft re-insulation and re-coating.

Re-application of Diamond Coating: Diamond welding on micro needle holders and tissue forceps, cardiovascular forceps.

Welding/Soldering: Repairs on instruments needing welding or soldering.

Repotting: Bipolar and monopolar forceps with or without irrigation tubes.

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