INSTRUCTIONS

RPD INFORMATION

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RPD PRODUCT INFORMATION

Item Number | Description
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946-004 | CT/MR Slessinger Board for HDR Brachytherapy, Version 2.0, 21" Wide
SAFETY

The Slessinger Board (SB) is designed for easy transfers on and off of stretchers and imaging couches (CT/MR) through the use of handles and a smooth plastic bottom surface. At least one staff person should be on either side of the board for safe patient transfer.

It is very important that the board not be used to carry a patient. It is not designed or intended for that purpose.

Although patients as heavy as 350 pounds (160 kg) have been successfully supported, special care and attention must be paid when working with larger patients.

To reduce the possibility of developing a bed sore at the lower back, appropriate monitoring is recommended. For treatment duration longer than one day, a pad to prevent bed sores should be considered. In addition, the patient should be allowed to either lie on their side overnight on the board or to rest in bed overnight. Imaging to correct any applicator displacement is encouraged prior to "next day" HDR treatments.

PURPOSE

The SB was originally designed to facilitate patient position stability, comfort and access to the perineum, specifically for image guided treatment planning of HDR brachytherapy to the prostate. Gynecologic HDR applications are also well suited. The elevation of the patient's legs and bottom are facilitated by adjusting and tightening the three elevation panels. This is intended to promote stable brachytherapy applicator depth and position by allowing transfers on and off imaging couches while avoiding patient movement. Elevation also facilitates access and visualization of the applicators in the treatment area for adjustments and correct connections for treatment.

DISPOSABLE VELCRO STRAP

Material is provided that may be used to lightly secure the patient's legs to the leg elevation panels. Simply cut off a suitable length and wrap lightly to secure the thigh and ankle (if necessary) to the leg elevation panels to prevent medial or lateral leg sliding.
OPERATION

With the SB on a stretcher, the patient may be transferred from the surgical couch onto the SB. It is necessary to pre-position the perineum elevation support prior to patient transport since that section is more difficult to raise when bearing the full weight of the patient. Alignment of the stretcher and SB to the supine patient should be approximated prior to transfer. Hinged foot cushions are raised to adjust the elevation control knobs. Loosening of those knobs allows the legs to be raised by simultaneously pushing the foot end of the leg elevation panel toward the head while lifting under the knee joint of the elevation panel. Tighten the elevation panel knobs to maintain the desired leg elevation.

After HDR treatment, the legs can be reset to the relaxed position by loosening the knobs just enough to allow elevation panels to flatten. Too much loosening can result in the knob separating from the sliding hardware. An upper body flexi-split allows slight head and chest elevation, supported by stretcher elevation.

It is strongly advised to confirm that black tightening knobs are engaged with the hidden sliding hardware after patient legs are lowered, and when preparing for a new patient. Too much counterclockwise turning will cause disengagement and discovery after patient placement will present a significant challenge.

The hidden underlying hardware consists of a double washer and a sliding metal rectangle with threaded screw channel. To re-engage, alignment of washers and underlying threaded channel must be done. This likely will require freeing the elevation panel. Visualize and align the screw hole and the washers to the threaded channel below. Then re-engage the knob screw. This process is not possible with a patient in position on the SB, so verification prior is VERY IMPORTANT. All metal pieces are non-magnetic.

The filler cushion piece between leg elevation panels is removable and intended for overnight use, providing a continuous flat surface.

PROTECTION AND CLEANING

It is recommended to cover the blue cushion pad surfaces with bed sheet and pillow cases. Suitable tape can maintain continuity of coverage by attaching linen to linen and securing when necessary the linen to the white plastic surface. Taping directly to the blue pad will hasten deterioration. A full sheet folded can be tucked under the head-chest-pelvis section and pillowcases similarly used under the legs and feet. An absorbable chuck and or towel are advised to be secured adjacent to the perineum to protect and facilitate cleaning of the white plastic surface.

Non caustic germicidal cleaner is recommended between uses. The PDI SaniCloth Plus Germicidal Disposable Cloths (Professional Disposables
International, Inc) have proven to be suitable, for example. In addition, Simple Green or 409 are effective. A solution of 25% bleach, 25% vinegar diluted in 50% water also works fine. Avoid using harsh abrasive scouring powder and any solvents such as acetone or any ketones.

**STORAGE**

Is possible using the handles to suspend the Slessinger Board horizontally from wall mounted hooks, for example. Some external wrapping (i.e. stretchy mesh netting) will maintain the connection of the pad to the underlying board and prevent separation of the underlying Velcro.

**SUPPLEMENTAL LEG SUPPORT**

Is sometimes necessary for heavier legs if the tightening knobs cannot maintain leg elevation. One solution is to simply take Styrofoam that might be used for cerrobend blocking and trim diagonally on the upper side to accommodate the leg elevation hinge angle and let the elevation panels rest on the Styrofoam. A wooden support design has also been reported. Snipping off the peak of the styrofoam/wood supports will also allow passage of the Velcro strap that prevents medial-lateral leg slippage.

**TECHNICAL / OPERATIONAL ISSUES**

Contact Eric Slessinger at 317-626-8687 or by email at SlessingerEnterprises@gmail.com.
SUPPLEMENTARY PHOTOS

Configuration for overnight resting and storage.

Knobs are loosened to adjust leg elevation and then tightened to maintain the elevation. The hinged foot cushions pivot to allow knob access and offer comfort. The central two knobs adjust the pelvis elevation and must be set prior to the patient support.
Typical configuration for patient imaging and treatment. Note the position of the pelvis raiser.

The “flexi-split” feature allows elevation of the head and chest when the stretcher end is also raised. This feature allows the patient to sit up slightly after the treatment, prior to dismounting.

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