

healthnews from Wellington Regional Medical Center

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inReach™ Navigation System New Technology for Diagnosing Lung Lesions

Cigarette smoking and exposure to secondhand smoke, asbestos, radon and other industrial carcinogens may contribute to the development of lung disease. As the incidence of lung disease continues to rise in the U.S., the challenge of early and accurate diagnosis and treatment of lung lesions is more critical -- especially to improve survival rates for lung cancer.



The inReach™ System reaches beyond the large, central bronchial tubes to areas where many cancers begin.

A new outpatient procedure is now available to help doctors explore deep inside the lungs without performing surgery. Wellington Regional Medical Center is one of only five Florida hospitals offering the diagnostic capabilities of the new inReach™ System by superDimension.

What's the Difference?

Traditional bronchoscopy examines the main bronchial tubes; however, the thickness of a standard bronchoscope does not allow passage to the smaller branches of the lungs where lesions often develop. As a result, invasive surgical procedures may be needed.

Invasive procedures can increase the risk for complications, especially in patients who suffer from poor lung function (e.g., collapsed lung) or advanced age. For these patients, doctors may take a wait-and-see approach, which can give the disease an opportunity to progress.

The inReach System uses electromagnetic navigation bronchoscopy to provide a minimally invasive pathway to lung lesions and lymph nodes located beyond the main bronchial tubes. The smaller diameter of the scope allows further reach into the smaller branches of the lungs. This allows for the earlier diagnosis of lung disease and lung cancer, when it is potentially easier to treat.

How It Works

The inReach system takes a CT scan of the patient's chest and creates a virtual three-dimensional "road map" of the lungs, similar to Global Positioning System (GPS) technology. The road map is then merged with real-time images of the patient's lungs during the procedure,

guiding the physician to the exact location for a tissue sample.

Should lung cancer be diagnosed, the pulmonologist can place radiosurgical markers around the lesion using the inReach System. This helps the radiation oncologist develop a treatment plan when follow-up radiation therapy is required.

The inReach System enables physicians to detect lung disease earlier, sometimes before symptoms are evident -- enhancing patients' treatment options and promoting better outcomes.

To read more about the inReach system, log on to www.superdimension.com.

For an appointment with a board-certified pulmonologist trained on the inReach system, please call:

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