

V O I C E O F T H E C U S T O M E R




Esaote O-scan Dedicated MRI: An interview with Dr. Thom Lebeau at **St. Augustine Foot, Ankle & Vein**



Dr. Thom Lebeau





Dr. Thom Lebeau is a board-certified Lower Extremity Physician and is the owner and sole practitioner at the St. Augustine Foot, Ankle and Vein Clinic, based in the historical city of St. Augustine, Florida, USA. The clinic integrates extended therapies on site such as physical therapy, vein treatments and also has a neuropathy center. There are diagnostic tools in all those areas and Dr. Lebeau chose to install the Esaote O-scan MRI as a key component of being able to give high-level diagnostics on site within the clinic without having to send patients to another location.

The main requirement for choice of MRI system, was size. The system had to not take up a lot of space in our clinic and is installed in a treatment room. As a lower extremity facility, the system choice was for something that could do from the knee down and give quality images needed and do it quickly, giving Dr. Lebeau an answer for the patient as fast as possible.

How easy was the project planning?

Getting the equipment installed was easy on my part. I remember when we started looking at where we were going to place this in the building. The company – Esaote – really did everything from choosing the site within the building to verify technical feasibility. And we worked together to sort out that plan.

What is the benefit to you of having MRI on site at your facility?

It turns out I have my MRI right in the hallway where I see patients, and it works great because it is easy for my staff and easy for me. I can even pop into the room, check on the patient, make sure they are comfortable. Esaote set it up so that it would work well with my workflow, and it has been awesome to have within the facility.

How do you promote and make people aware that you have MRI on site?

The way that we promoted the MRI within the clinic was pretty much the way I promote everything within my clinic, and that is I like to talk. I tell every patient that comes in the door what our services are, and that includes an MRI. When I tell the patients that, “The X-ray looks like you might have osteomyelitis, and we’re going to have to do an MRI. And by the way, it is right across the hallway, so you do not have to go anywhere.”

What do you think about having a Dedicated MRI system?

The choice of getting a low-field dedicated system was important to me because of how I could use it. A big – conventional – MRI system would take up a lot more space and I did not need that, as I only do extremities. In addition, as this is a low-field device I can do things that I previously would not do. I would not send someone with a

metal implant with a possible abscess to a high-field device over at the hospital. However now I can do it here and do it better. The low field MRI is much less sensible to metal, we can get great diagnostic images by using our machine also with implants.

How do Patient’s react to the O-scan MRI?

A patient reaction usually starts with a scared look on their face. And so, I know that the patient has already experienced an MRI. It is nice that I can turn around in the treatment room across the hall and say, “There’s our MRI right over there. It is the non-claustrophobic, no-tube-involved, device where you can feel comfortable. You can relax – no need to have music or tranquilizers because all you do is put your arm or your leg in there, and we’re going to get the image that we need.” When we can help a patient to feel more comfortable having an MRI, it is, it is great.

What is your reaction to Image Quality of the Esaote O-scan MRI?

The image quality of the O-scan is comparable to a conventional MRI for our uses. What is nice about it is because we are only imaging an extremity, we do not need a conventional high-field hospital unit. So, the image quality is, and has been, great.

What other clinical areas have you been able to image?

Sometimes a patient will come in with an injury, and I do not know if there is a fracture as I cannot see it on digital X-ray but on MRI the occult fracture will show.

There have been times that I would not choose to use an MRI, but now I do because I have it in house, for things such as a partially torn Achilles. I also use the MRI for Morton’s neuroma, which we all kind of diagnose clinically: however, it is now nice to see on an image before I go with an aggressive treatment.

Other things that I have used it for include stress fractures. MRI imaging is awesome for stress fractures because you can see it before you can image it, with a digital X-ray. Stress fractures of sesamoid bones are very difficult to diagnose using X-ray, and with an MRI, it is easy.

What additional advice would you give to anyone considering an in-clinic MRI service?

If you were to ask me what one piece of advice would I give or would I liked to have had, it would be, “Why didn’t I do this sooner?” because it’s been such a great benefit for my practice.

At the end MRI is a win-win situation for doctors and patients, for the practice it avoids having the money go somewhere else and instead keep it in-house, and you have a tool to do better and faster medicine, and patients appreciated that.



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