

A Positive Impression

Dr. Jan Geert Bollemeijer, Ophthalmologist at Rotterdam Eye Hospital in the Netherlands was introduced to the SurgiCube® in his previous role as Ophthalmologist at the Leiden University Medical Center (LUMC), also in the Netherlands. With ten years of positive experience with the system at the LUMC, he recalls how the SurgiCube® provided an ideal environment and capacity for almost all surgical procedures in Ophthalmology.

LUMC was one of the first medical facilities in the world to acquire a SurgiCube® in 2006.

“The LUMC were interested in finding alternative operating capacity beyond their existing operating rooms when they came across the SurgiCube®,” said Dr. Bollemeijer. “Since only a small amount of space is required for almost all eye surgery, it seemed an ideal solution for our needs for sterility at a more affordable price than a conventional OR.”

The SurgiCube® introduced surgical capacity for the Day Care Department, relieved pressure on both the LUMC operating rooms and departments connected with daycare, such as Ophthalmology, and created additional extra capacity for surgery within the Hospital.

An Efficient and Ingenious Innovation

“Having also worked in Zimbabwe, Africa, I have operated under all kinds of different circumstances. The SurgiCube® appealed to me as an efficient and ingenious innovation, and a good solution for our situation at the LUMC,” he continued. “I also used to work at the Fransiscus Gasthuis (a hospital in Rotterdam that works closely with the Rotterdam Eye Hospital) for a few days a week. They were so impressed with the SurgiCube® that they saw at LUMC that they also acquired a system.”

The Ophthalmology Team used the SurgiCube® for a wide variety of surgical procedures.

“We used the SurgiCube® at LUMC extensively. It was a nice experience. The SurgiCube® is very handy. It is fast, easy and sterile. It does provide a limited space for operating, but there is enough. For cataract surgery and glaucoma procedures, my specialisms, you sit at the head of the patient so the amount of space required is even less. For VR surgery and scleral buckle procedures, the eye must be at a different angle, so this might require some adaptation, but were very happy with the system. It was also fine for teaching purposes.”

Preferred by Patients

Alongside the benefits for the Department and surgeons, Dr. Bollemeijer noted that the patients found the SurgiCube® a better environment than the conventional operating room.

“Patients liked the SurgiCube® as well. The conventional operating room is a very serious environment. Patients can more easily see what happens in the SurgiCube®. It is a very personal and direct environment for patients. It is also nice and comfortable. The patient can wear their own clothes, they just have to sit in a chair, which is maneuvered into position,” he remarked. “In addition, patient care is a lot easier. There are shorter lines – the patient walks in and walks out of the SurgiCube®.”

Immense Flexibility

The SurgiCube® at LUMC contributes significantly to greater flexibility and better efficiency in providing high quality eye care.

“Many people are required to run a conventional operating room. With the SurgiCube®, you handle everything largely by yourself. This brings immense flexibility. It means that patients can be treated in a shorter time,” said Dr. Bollemeijer.

Quote

“Since only a small amount of space is required for almost all eye surgery, it seemed an ideal solution for our needs for sterility at a more affordable price than a conventional OR.” Dr. Jan Geert Bollemeijer, Ophthalmologist, at the Rotterdam Eye Hospital, Rotterdam in the Netherlands.

Dr. Jan Geert Bollemeijer

Dr. Jan Geert Bollemeijer has been an Ophthalmologist, at the Rotterdam Eye Hospital, Rotterdam in The Netherlands, for the last four years. He is specialized in the treatment of glaucoma and cataracts. He trained at Leiden University Medical Center (LUMC) in Leiden, the Netherlands, and subsequently worked for more than 10 years at the LUMC before taking up his current post. During the course of his career, he has also worked as an Ophthalmologist in Zimbabwe, Africa.

Dr. Bollemeijer carries out scientific research into glaucoma, organizes a bi-annual course in eye care in the tropics and regularly gives presentations to scientific organizations and the Boerhaave Committee in Leiden - the organization responsible for postgraduate education in Medicine at Leiden University. He edits and co-edits several specialist journals and is a Reviewer of the European Journal of Ophthalmology.

Dr. Bollemeijer is a Member of many ophthalmology associations in the Netherlands and including the Nederlands Oogheekundig Gezelschap (the Netherlands' Ophthalmology Society), the American Academy of Ophthalmology and the European Society of Cataract and Refractive Surgeons.

Recent Publications:

- Riemens, J. Bromberg, V. Touitou, B. Sobolewska, T. Missotten, S. Baarsma, C. Hoyng, M. Cordero-Coma, O. Tomkins-Netzer, A Rozalski, I. Tugal-Tutkun, Y. Guex-Crosier, L.Los, J.Bollemeijer, A.Nolan, J.Pawade, F.Willerman, B.Bodaghi, N. ten Dam-van Loon, A.Dick, M.Zierhut, S.LightmaS, F. Mackensen, A.Moulin, R. Erckens, B.Wensing, P.le Hoang, H.Lokhorst, A.Rothova. Treatment strategies in primary vitreoretinal lymphoma: a 17-center European collaborative study. JAMA Ophthalmol. 2015 Feb;133(2):191-7.
- J.G. Bollemeijer, W.G. Wieringa, T.O.A.R. Missotten, I. Meenken, N.H. ten Dam-van Loon, A. Rothova, L.I. Los. Clinical Manifestations and Outcome of Syphilitic Uveitis. IOVS Febr 2016 Vol 57 2 404-11.
- Missotten GS, Kalpoe JS, Bollemeijer JG, SchaliJ-Delfos NS. Myiasis of the upper eyelid. JAAPOS 12 (5) 2008, 516-517.
- Van Schooneveld MJ, van den Born LI, van Genderen M, Bollemeijer JG. The conclusions of Clemson et al concerning valproic acid are premature. Br J Ophthalmol. 95 (1) 2011 153.
- Woei-A-Jin FJ, Kersting S, Bollemeijer JG. Primary intraocular lymphoma in a patient with systemic lupus erythematosus. Ann Hematol. May 3 2012.
- J.G. Bollemeijer, Cataract hoofdstuk 10 in Leerboek Oogheekunde onder redactie van H. Tan, B.A.E. van der Pol, J.S. Stilma, Bohn, Stafleu, van Loghum. 2013, blz 135-144.