



Flex Focus User Guide

Type 1202



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For Professional Users Only

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Chapter 1

General Information

This user guide is for all versions of the Flex Focus 1202 Ultrasound Scanner (scanner unit and dock) and the optional battery charger station (UA1247) from BK Medical.

Intended use The scanner is a 2D and 3D ultrasound echo and flow imaging system for diagnosis, data processing and transfer and guidance of puncture and biopsy.

NOTE: *Some of the functionality and options described in this guide may not be available with your version of the scanner.*

Before using the equipment, please make yourself familiar with the information in the accompanying user information documents. Some documents are printed, and you will find the remaining documents on the accompanying *User Documentation CD (BB1984)*. Make sure that you also read the transducer user guide and specifications for each transducer that you use.

Document	Information
Scanner User Guide	Introductory information, safety information, getting started.
Getting Started	User interface, basic operating instructions. Note: this book is part of the scanner user guide.
Scanner Extended User Guide	Information about advanced functions, glossary.
Product Data for scanner	Specifications for the scanner, including disinfection methods that can be used. Indications for use for each transducer that can be used with the scanner.
Technical Data (BZ2100)	Acoustic output data, clinical measurements (ranges and accuracies), factory default power levels and data about EMC (electromagnetic compatibility) for all transducers. Pro Package calculation formulas.
Care, Cleaning and Safety	Cleaning, disinfection, sterilization, checking, storing and disposing of BK Medical equipment. Includes environmental limits.
Transducer User Guide	Specific instructions for the transducer and puncture attachments.
Product Data for each transducer	Specifications for the transducer, including disinfection methods that can be used.

Table 1-1. User information documentation that accompanies the equipment.

Improper use Failure to follow safety instructions or use for purposes other than those described in the user manuals constitutes improper use.

Chapter 2

Safety Information

The scanner can be used for continuous operation, but scanning duration for individual patients must not exceed 60 minutes. We recommend, however, that you turn off the scanner at the end of each workday.

Safety Information

This user guide contains cautions, warnings and other information about what you must do to ensure the safe and proper performance of the ultrasound scanner and the optional battery charger station (UA1247). You must also follow local government rules and guidelines at all times.



WARNING Warnings contain information that is important for avoiding personal injury.



Caution: Cautions contain information and instructions that must be followed to avoid damaging equipment, data, or software.

NOTE: Notes contain information that you should be aware of.

Safety Symbols and Information on the Equipment

Table 2-1 contains brief explanations of the symbols and information used to label the equipment. (Some labels in the table may appear on the transducer.)

BK Medical disclaims all responsibility for the operating safety, reliability and performance of the equipment if these symbols and warnings are disregarded in any way.

Symbol	Name	Description
	Caution or Warning	Consult accompanying user guides when you encounter this sign on the instrument, to avoid reducing its safety.
	Potential Equalization	Terminal connected to the chassis. Should be connected to corresponding terminals on other equipment to eliminate potential differences.
	Ground (earth)	Additional protective ground (earth).

Table 2-1. Symbols and information on the equipment.










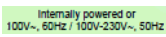
Symbol	Name	Description
	Type BF	BF: Isolated from ground. Maximum patient leakage current under <ul style="list-style-type: none"> • Normal condition $\leq 100\mu\text{A}$ • Single-fault condition $\leq 500\mu\text{A}$
	Type BF	BF, defibrillator-proof
	Type B	B: Maximum patient leakage current under <ul style="list-style-type: none"> • Normal condition $\leq 100\mu\text{A}$ • Single-fault condition $\leq 500\mu\text{A}$
IP	Sealing	Dust- and immersion-protected according to EN 60529 [1].
	Standby	Standby switch on back of scanner unit – used to turn scanner on and off.
	Not watertight	Plug may not be immersed (unless it is covered with a special watertight plug cover).
	ESD (electrostatic discharge)	Do not touch pins in connectors with this symbol unless you follow ESD precautionary procedures.
	WEEE waste	Within the EU, when you discard the equipment, you must send it to appropriate facilities for recovery and recycling.
	Battery waste	(On battery UA1225.) Dispose of used batteries properly. When you dispose of the batteries, you must follow national rules. Within the EU, you must send them to appropriate facilities for recovery and recycling.
	Battery recycle	(On battery UA1225.) Recycle used batteries properly.
	Internally Powered	(On the battery pack.) The text “Internally powered or 100V~, 60Hz / 100V-230V~, 50 Hz” indicates that the scanner can also use batteries as a power source.

Table 2-1. Symbols and information on the equipment. (continued)

CE Marks on Electrical Devices

The European Union has introduced directives requiring **CE** marks on devices.

Non-medical devices marked with **CE** comply with relevant directives, for example EEC Directive 2004/108/EC concerning Electromagnetic Compatibility.

BK Medical devices marked with **CE** or **CE₀₅₄₃** comply with EEC Council Directive 93/42/EEC of 14 June 1993 concerning Medical Devices. **CE** applies to Class I medical devices. **CE₀₅₄₃** applies to Classes Im, IIa, IIb and III. BK Medical defines classes assuming scanning duration for individual patients does not exceed 60 minutes.

General Safety Precautions

The ultrasound scanner is designed and tested in accordance with EN/IEC 60601-1 [2] (*Part 1: General requirements for safety*) and EN 60601-2-37 [3] (*Particular requirements for the safety of ultrasonic medical diagnostic and monitoring equipment*). The ultrasound scanner and the optional battery charger station (UA1247) complies with requirements for Class 1 (protective earth) and – for scanner systems that include the mobile battery keyboard dock – internally powered devices of EN/IEC 60601-1. They also comply with UL 60601-1 [4] and CSA C22.2 No. 601.1-M90 [5]. They fulfill the requirements for dust protection (IP20) for ordinary equipment specified in EN 60529 [1].



Physicians
only

Caution: Federal law in North America restricts this device to sale to, or on the order of, a physician.



Proper
Training

WARNING GS-1

Before you attempt to use BK Medical equipment, you should be trained in ultrasonography or be under the supervision of someone who is trained in ultrasonography. You should also be thoroughly familiar with the safe operation of your ultrasound system: read all the user documentation that accompanies it. No further training is required, but BK Medical offers training in how to use the system. Consult your BK Medical representative for information.



Equipment
failure

WARNING GS-2

If at any time the scanner malfunctions, or the image is severely distorted or degraded, or you suspect in any way that the scanner is not functioning correctly:

- Remove all transducers from contact with the patient.
- Turn off the scanner. Unplug the scanner from the power source – and for scanners that include the mobile battery keyboard dock, remove the batteries from the battery pack – to make sure it cannot be used until the scanner has been checked.
- Do not remove the scanner cover.
- Contact your BK Medical representative or hospital technician.



Isolating the scanner

WARNING GS-3

The power supply cord connects the equipment to the line voltage. To isolate the equipment, you must unplug the power supply cord from the power source, and for scanners that include the mobile battery keyboard dock, remove the batteries from the battery pack. Do this before you try to make any repairs to the system.



Spilled liquids

Caution: Do not spill liquids on the equipment.



Condensation

Caution: Large variations in temperature or humidity may cause water to condense inside the scanner. If this happens, the scanner may fail to operate properly. Always let the scanner come to room temperature before you plug it in.

- Wait at least 2 hours after the scanner has been subjected to major changes in temperature or humidity.
- If there is visible evidence of condensation, wait at least 8 hours.

Before you use the equipment, make sure that all the safety requirements described in this chapter have been satisfied.

Mechanical Safety

Mechanical failure or unintended use of ultrasound equipment can result in physical injury to patients or operators.



Mechanical injury

WARNING MS-1

Be careful to avoid the following potential sources of injury:

- Parts of the body can be pinched by moveable parts of the equipment, such as the control panel.
- Tilting the scanner can cause it to be unstable and injure someone.

Do not lean or sit on the control panel or any other part of the scanner. The control panel or monitor can break if subjected to heavy weights or impact.



All parts must be stable

WARNING MS-2

When parts of the equipment can be mounted individually (for example, for use in an operating room) each part must be securely mounted to a stable support so that it does not tip, fall or come loose and injure someone.



Don't drop the scanner

WARNING MS-3

If you move the scanner unit by the handle on the back, be sure you have a firm grip so that you do not drop it. Note that the handle may be hot.

Explosion Hazards



Explosion hazards

WARNING EH-1

The equipment is not designed to be used in potentially explosive environments. It should not be operated in the presence of flammable liquids or gases, or in oxygen-enriched atmospheres.

There is a possible explosion hazard if the equipment is used in the presence of flammable anesthetic. The scanner should be placed at least 25cm (10 inches) from the patient.

The ultrasound scanner contains a lithium battery. Never remove or replace this battery. The lithium battery must not be removed except by a BK Medical service representative.

Electrical Safety



Do not use a power strip

WARNING ES-1

Do not plug the equipment into an ordinary power strip. If the ground connection fails, this is dangerous because

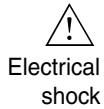
- the total leakage current for all the connected equipment can exceed the limits specified in EN/IEC 60601-1 [2] (*Part 1: General requirements for safety*).
- the impedance of the ground connection could exceed the limits specified in EN/IEC 60601-1.



Leakage current

WARNING ES-2

When the equipment is used with 230V (and you believe the leakage current would be within the UL limit if you were using 120V), power to the equipment must come from an installation or supply unit with a center-tapped, 240V single-phase circuit. This will make sure that chassis leakage current during single fault condition fulfills the requirements specified in UL60601-1 [4] (limit of 300 μ A). If power is not supplied in the way specified, the leakage current can be as high as 500 μ A, the limit specified in EN/IEC 60601-1 [2] (*Part 1: General requirements for safety*).



WARNING ES-3


You risk electrical shock if you try to get inside the equipment (other than opening a cover to access connectors or batteries described in the user guide). Do not allow anyone but qualified service personnel to service the equipment.

ESD Training

The ESD Symbol

Anyone using the equipment must be able to recognize the ESD symbol and understand how to take the necessary precautionary procedures, as described in the caution below.



Caution: Do not touch pins in connectors that have the ESD symbol . Do not connect anything to them unless you follow these ESD (electrostatic discharge) precautionary procedures:

- Discharge your body to ground before you touch the pins with your hand or a tool. For example, touch an unpainted metal part of the scanner cover.
- You can use a wrist strap connected to the additional protective ground or potential equalization terminal on the scanner if that is more convenient.

Interference

The Flex Focus 1202 Ultrasound Scanner and the optional battery charger station (UA1247) are suitable for use in all establishments, other than domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.

Electrical Noise



WARNING EN-1

Electrical noise from nearby devices such as electrosurgical devices – or from devices that can transmit electrical noise to the AC line – may cause disturbances in ultrasound images. This could increase the risk during diagnostic or interventional procedures.

Electromagnetic Interference

Medical electrical equipment requires special precautions regarding EMC (electromagnetic compatibility) [6]. You must follow the instructions in this chapter when you install the scanner and put it into service.

If the image is distorted, it may be necessary to position the scanner further from sources of electromagnetic interference or to install magnetic shielding.



Other
equipment
nearby

WARNING EMC-1

Do not use this equipment adjacent to other equipment. If you must place it next to or stacked with other equipment, verify that it operates normally there and neither causes nor is affected by electromagnetic interference.

EMC noise can reduce the usable image depth. Therefore, to avoid having to repeat an ultrasound examination, you must make sure beforehand that the ultrasound system can be used for the examination. Repeating an examination can be regarded as a potential risk that should be avoided, especially if the examination involves transducers used intracorporeally or transducers used for puncture.

RF (Radio Frequency) Interference

Portable and mobile RF (radio frequency) communication equipment can affect the scanner, but the scanner will remain safe and meet essential performance requirements.

An ultrasound scanner intentionally receives RF electromagnetic energy for the purpose of its operation. The transducers are very sensitive to frequencies within their signal frequency range (0.3MHz to 80MHz). Therefore RF equipment operating in this frequency range can affect the ultrasound image. However, if disturbances occur, they will appear as white lines in the ultrasound picture and cannot be confused with physiological signals.



Possible
interference
sources

Caution: Other equipment may interfere with the scanner, even if that other equipment complies with CISPR (International Special Committee on Radio Interference) emission requirements.



Use specified
equipment
only

Caution: If you use accessories, transducers or cables with the scanner, other than those specified, increased emission or decreased immunity of the system may result.

Installation



WARNING I-1

To ensure safe performance, a qualified electrician or hospital safety personnel must verify that the equipment is correctly installed and that it complies with the following safety requirements:


- Use only the original power supply cord. In the USA, this is fitted with a hospital grade three-prong grounded power plug. Never try to remove or change the plug on the power supply cord.
- All equipment must only be connected to a grounded AC power supply (or wall outlet) that meets EN/IEC/NEC requirements or applicable local regulations. The examination room's grounding system should be checked regularly by a qualified electrician or hospital safety personnel.
- Never use extension cords. The increased length of the cord will increase the resistance of the protective ground conductor and may increase the equipment's leakage current beyond an acceptable level.
- Keep power cords, sockets and plugs clean and dry at all times.
- Make sure that the power supply cord cannot be accidentally disconnected from the power source or the equipment.

Original
power cords


If the original power cords are missing or damaged, you must order new ones from your local BK Medical representative.

Additional Protective Ground and Potential Equalization



An additional protective ground can be connected to the  terminal underneath the control panel, see Fig 2-1.



The potential equalization terminal  underneath the control panel is connected to the scanner chassis. It can be connected to corresponding terminals on other equipment to eliminate potential differences. Do NOT use it for additional protective grounding.

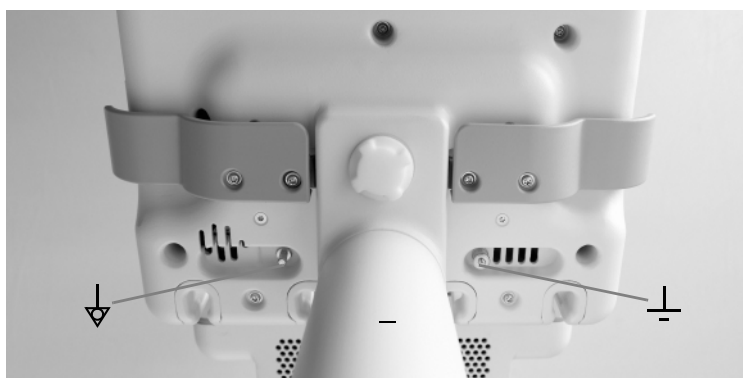

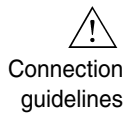


Figure 2-1. The terminals for potential equalization  and additional protective ground  are underneath the control panel.

Connecting Other Equipment



WARNING C-1

Follow the guidelines in EN60601-1-1[7] (*Safety requirements for medical electrical systems*) when you connect the scanner to other equipment.

Connectors

PC connectors for connecting the scanner to other equipment such as approved printers and video equipment are located in the neck of the scanner. To access them, unscrew the screw on the bottom of the neck and remove the connector cover. See Fig 2-2.



Figure 2-2. Flex Focus connector cover.

Some connectors are used by the scanner. Do not use connectors that are not labelled in Fig 2-3. For scanners with a battery pack, the external power is plugged directly into the battery pack on the scanner stand. The scanner is then connected to the power source through a connection from the battery pack to the 12 V plug in the neck (see "Scanners with battery pack" in Fig 2-3). Scanners with a battery pack are delivered with a power cord in the neck; this is an auxiliary power source for an approved printer. When there is no printer on the scanner, the plug on the auxiliary power cord is stored in the empty space next to the 12 V outlet in the neck.

More information about the connectors is in Table 2-2. Information about the cables to use is in Table 2-5.

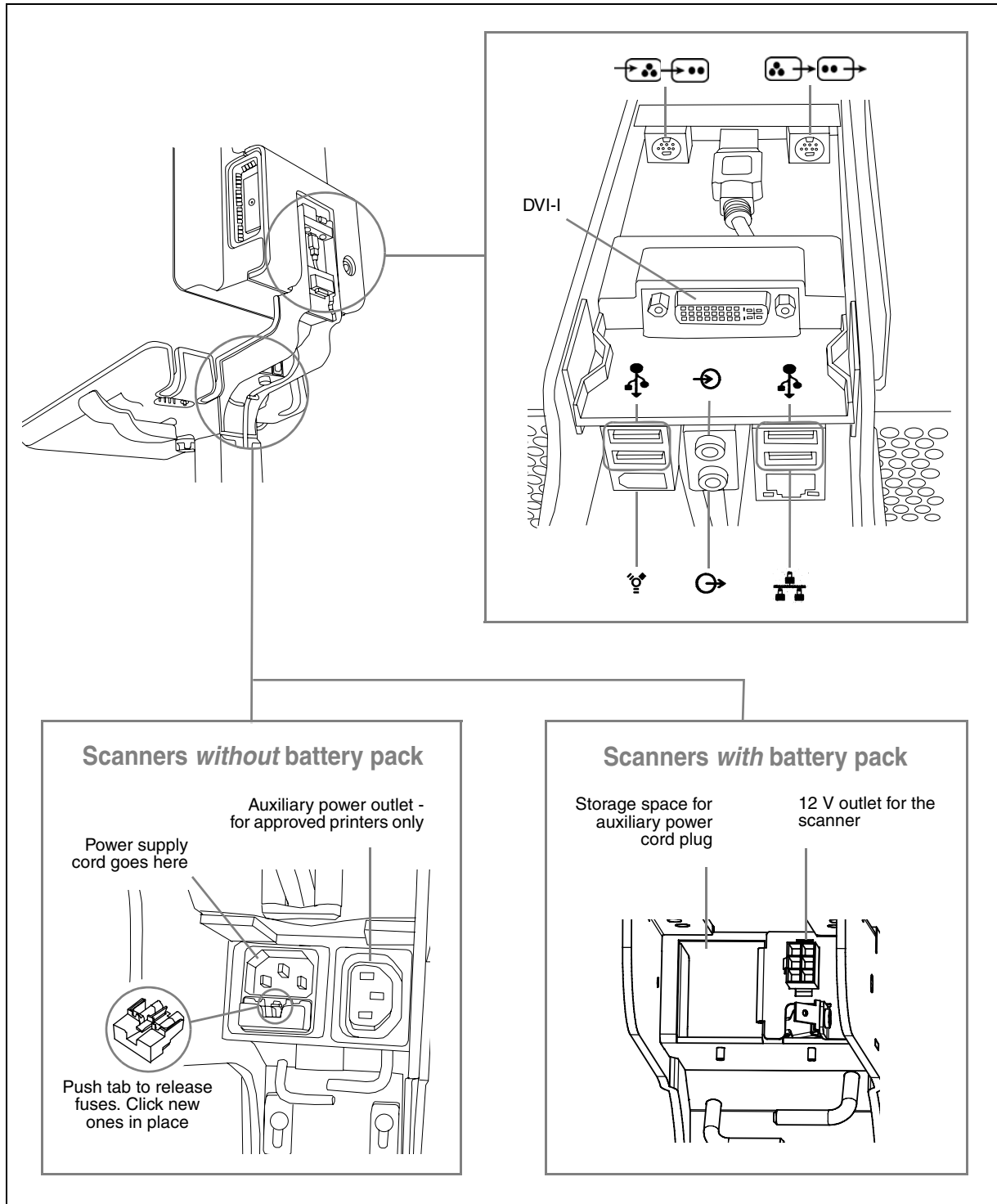


Figure 2-3. Connectors in the neck of the Flex Focus scanner.

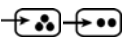
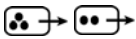





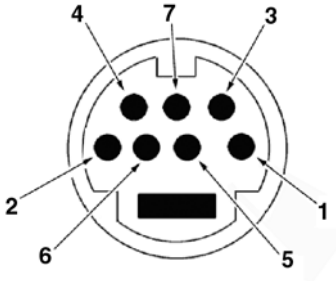
Symbol	Connector	Additional Information
DVI-I	DVI-I	Connector for auxiliary DVI or VGA monitor.
	Composite/S-video In	7-pin S-video connector (see Table 2-3 for pin layout) that can be adapted to a composite video input (see Table 2-4).
	Composite/S-video Out	7-pin S-video connector (see Table 2-3 for pin layout) that can be adapted to a composite video output (see Table 2-4).
	Audio In	
	Audio Out	
	4 USB 2.0 connectors, A-type	500mA current limit on each.
	FireWire™	Not currently supported. For future use.
	10/100/1000 Ethernet	LAN: 10/100/1000 LAN connector, RJ45.

Table 2-2. Connectors in the neck of the Flex Focus scanner.

S-Video connector pin layout

Pin	Name	Description
1	Y-GND	Luminance Ground
2	C-GND	Chrominance Ground
3	Y	Luminance
4	C	Chrominance
5	CVBS	Composite Video
6	CVBS-GND	Composite Video Ground
7	N.C.	No connection



7-pin S-video MINI-DIN Female

Table 2-3. S-video connector pin layout.

Video Output

Although 4 different video output signal formats are available, the image quality is not the same for all of them.

DVI gives best image quality

To get the best image quality possible, connect your monitor or other video equipment using the output signal that gives the highest quality image. See the list below.

Output signal types (in order of quality, with digital DVI highest)

- 1 DVI - digital output that gives the best image quality.
- 2 VGA – this analog output from the DVI connector gives slightly poorer image quality than the digital DVI output.
- 3 S-video – analog output
- 4 Composite – signal with the most loss of information

If you must use a cable that does not have a DVI connector, you may need to use an adapter. Table 2-4 shows you which adapters can be used.

Cable Connectors (in order of preference)	Adapter	Flex Focus Connector
DVI-D 	Not needed.	DVI-I
15-pin (VGA) 	DVI to VGA adapter (2 views) 	DVI-I
4-pins (S-video) 	Not needed	
BNC (Composite) 	7-pin S-video to Composite + BNC (female) to Phone (male) 	
Phono RCA (Composite) 	7-pin S-video to Composite 	
2 connectors (S-video and composite) (same view on both connectors)	7-pin S-video to S-video/Composite 	

Table 2-4. Video connectors and adapters.

EMC Requirements

To fulfill EMC requirements, cables attached to the scanner must be shielded and no longer than 5 m.

Connector name	Cable type	Type and length
DVI-I	Dual link	Shielded, 5 m
S-video/composite In	S-video	Shielded, 5 m
S-video/composite Out	S-video	Shielded, 5 m
Audio In	Stereo, 3.5 mm jack	Shielded, 5 m
Audio Out	Stereo, 3.5 mm jack	Shielded, 5 m
USB 1	USB, 2.0	Shielded, 5 m
USB 2	USB, 2.0	Shielded, 5 m
USB 3	USB, 2.0	Shielded, 5 m
USB 4	USB, 2.0	Shielded, 5 m
FW400	FireWire	Shielded, 5 m
10/100/1000 Ethernet	Network, CAT6E	Shielded, 5 m

Table 2-5. List of cables used in testing for EMC compliance

Do not attach transducers and other accessories unless the user guide for the transducer or accessory states that it can be used with this scanner. Attaching other equipment may cause an increase in electromagnetic emissions or may cause the scanner to be more sensitive to electromagnetic interference.

Network Connection

The scanner must not be galvanically connected to a computer network (DICOM®) that has not been isolated. If the network is not isolated, the scanner must be connected via a network isolator DP0925 (see Accessories in Product Data sheet).

Medical Equipment



Power source

WARNING ME-1

Follow the guidelines in EN 60601-1-1 [7] (*Safety requirements for medical electrical systems*).

Equipment that complies with the requirements of EN/IEC 60601-1 [2] (*Part 1: General requirements for safety*), UL 60601-1 [4] or CSA C22.2 No. 601.1-M90 [5] can be connected to the scanner, but one of the following conditions must be fulfilled:

- Each piece of equipment is plugged directly into an independent wall power outlet.

or

- The scanner and other equipment are plugged into an external common isolation transformer to control the leakage current during a ground connection fault.

If in doubt, contact your local BK Medical representative.



Printers and
auxiliary
power outlet

Standby
switch does
not turn off
outlet

WARNING ME-2

An approved printer, specified in the Product Data sheet, can be connected to the internal auxiliary power outlet on the scanner. *Do not use the auxiliary power outlet on the Flex Focus 1202 for any other equipment.*

The auxiliary power outlet is still live even when the standby switch on the scanner is turned off. To remove voltage from this outlet, you must unplug the power supply cord from the power source.

Non-Medical Equipment



WARNING NME-1

Follow the guidelines in EN 60601–1–1 [7] (*Safety requirements for medical electrical systems*).

If you connect non-medical equipment (instruments that do not comply with safety requirements for medical equipment, such as a video monitor, video recorder, endoscopic camera control unit or other documentation device), this equipment must be placed outside the patient environment (1.5m from the bed, for example). The equipment must fulfill the relevant EN standard or other applicable national or international standard.

One of the following conditions must be fulfilled:

- The scanner and other equipment are plugged into an external common isolation transformer to control the leakage current during a ground connection fault.

or

- The scanner is grounded with an additional safety ground connection (see “Additional Protective Ground and Potential Equalization” on page 14).

If in doubt, contact your local BK Medical representative.

Battery Support System

If you use a battery pack to supply power to the scanner, be sure to read the battery support chapter of this user guide.

Also observe the following warnings for both the battery pack and the optional battery charger station (UA1247):



WARNING BS-2

To prevent damage to the equipment, use only the UA1225 battery set – check the number on the battery set before you insert it into the battery pack or recharge in the optional battery charger station (UA1247).



WARNING BS-3

The batteries in the battery pack (or optional battery charger station (UA1247)) may present a risk of fire or chemical burn if mistreated. Do not disassemble, heat above the manufacturer’s maximum temperature limit, or incinerate. Replace battery with the UA1225 battery set only. Use of another battery may present a risk of fire or explosion.

Battery disposal

When you dispose of the batteries, you must follow national rules. Within the EU, you must send them to appropriate facilities for recovery and recycling.

**WARNING BS-4**

Dispose of used batteries properly. Keep away from children. Do not disassemble and do not dispose of in fire.

Information Printed on the Battery (UA1225)

The following information, including Warning BS-5 below, is printed on one side of the battery (UA1225).

Charge before use. After repeated use, this battery may require a full discharge, full charge, and full discharge in order to recalibrate the electronic fuel gauge.

Rechargeable battery. 0% Cd, 0% Hg. For optimal performance use recommended charger. Must be recycled or disposed of properly. Recycle facilities may not be available in all areas.

**WARNING BS-5**

Charge only with specified chargers according to device manufacturer's instructions. Do not heat above 80°C. Do not open battery, dispose of in fire or short circuit – may ignite, explode, leak or get hot causing personal injury.

Troubleshooting the Batteries

The batteries supplied for use with the scanner are called *smart batteries*, which means they have built-in safety features to prevent overloading. If, for unknown reasons, the batteries are overloaded and the safety feature is triggered, you may not be able to start the scanner, even if it is plugged in to a power source.

To reset the batteries:

- 1** Unplug the scanner.
- 2** Open the door on the battery pack.
- 3** Pull out all 4 batteries approximately 1 cm so they are no longer connected inside the battery pack.
- 4** Wait approximately 1 minute.
- 5** Plug in the scanner.
- 6** Make sure that the fan is started.
- 7** Push all batteries into place and close the battery pack door.

This procedure resets the safety feature and should resolve the issue. If the problem persists (for example, the fan does not start), contact your BK Medical representative.

Touch Screen

NOTE: *This information applies to the Flex Focus 700 (order no. 1202-3) with touch screen.*

When using sterile covers available in some hospitals and clinics, make sure only the area with keyboard and screen controls are covered. No cover is necessary on the image area of the touch screen because it is not touch sensitive.

Using the Scanner with a Lithotripter

Special considerations apply if you are using a lithotripter with the scanner.

- The lithotripter must comply with the guidelines in EN 60601-1-1 [7] (*Safety requirements for medical electrical systems*).
- You must have a license installed to use a lithotripter with the scanner.
- You must always follow instructions in the manufacturer's user guide for the lithotripter.



WARNING LT-1

To avoid an inaccurate location of the crosshair cursor due to misalignment of recorded image and graphics, ensure the coordinate systems are synchronized.

Power Connections

Do **NOT** connect a lithotripter to the auxiliary power outlet. Plug the scanner and the lithotripter directly into independent wall power outlets.

Connecting the Scanner to the Lithotripter

Connect the lithotripter to a USB connector on the scanner. If necessary, use a USB RS-232 adapter cable.

Follow the connection instructions in the manufacturer's user guide for the lithotripter system. The connections must follow the guidelines given in EN 60601-1-1 [7] (*Safety requirements for medical electrical systems*).

Computer Security

When the Flex Focus is connected to a hospital network, BK Medical does not take any responsibility for computer viruses from the network that may infect the Flex Focus.



Caution: You must perform a virus check on any external storage medium (USB device or DVD) to make sure that it is virus-free before you connect it to the scanner.

Service and Repair



Authorized personnel

WARNING SR-1

Service and repair of BK Medical electromedical equipment must be carried out only by the manufacturer or its authorized representatives. BK Medical reserves the right to disclaim all responsibility, including but not limited to responsibility for the operating safety, reliability and performance of equipment serviced or repaired by other parties. After service or repairs have been carried out, a qualified electrician or hospital technician should verify the safety of all equipment.

Transducers



Electrical shock

WARNING T-1

The transducer sockets contain terminals with 5V. Do not touch the patient while you are touching an uncovered socket.



Type B transducers

WARNING T-2

When using Type B (non-isolated) transducers, carefully check all electrical equipment within the patient area. Also, consider using additional protective grounding.



Electrical burns

WARNING T-3

Do not leave transducers in contact with the patient when using HF electrosurgical equipment.

BK Medical transducers fulfill EMC requirements when they are outside as well as inside the patient's body.



Surface temperature on array

WARNING T-4

Do not turn the transducer on and allow it to scan into mid-air without scanning gel applied to the surface of the array. Doing so may cause the surface temperature on the array to heat up to 27 °C above room temperature (measured according to EN 60601-2-37 [3] (*Particular requirements for the safety of ultrasonic medical diagnostic and monitoring equipment*)). To avoid this, freeze the image when the transducer is not used for scanning.

During an Examination

Checking the Date

Before you start scanning, verify that the date displayed on the screen is correct.



Date

WARNING Exam-1

An incorrect date will make documentation of the image incorrect and may also cause some calculated values to be incorrect.



Patient ID
required

WARNING Exam-2

You must enter a new patient ID before you scan a new patient. Otherwise the documentation will not contain the correct patient identification, and you will not be able to capture images and clips. We recommend that you enter the complete name of the patient.



Verify patient
ID

WARNING Exam-3

Verify that the patient name and ID are correct.

Verifying the Transducer Type



Type number
displayed
must match
number on
transducer

WARNING Exam-4

Before you start to scan, verify that the type number on the transducer matches the number displayed on the screen. In case of any inconsistency, stop scanning, turn off the scanner, and contact your local BK Medical representative.

Measurements


Pay careful attention when you position cursors to make measurements on a scanned image or on a Doppler curve.



Polygon
measuring
tool

WARNING M-1


When you use the polygon measuring tool, if the sides of the polygon intersect (as in forming a curve like a figure eight, for example), the area calculation is incorrect. In this case, the calculated area of the polygon is the area of the bigger loop minus the area of the smaller loop.


Using Doppler
curves

WARNING M-2


Drawings of Doppler curves, manual and automatic, are meant as tools for positioning cursors so that measurements based on the curves can be calculated automatically. The scanner has no facilities for checking whether the automatic measurements are reasonable. Curves drawn on very noisy spectra may lead to misplacement of measurement cursors. Make sure that measurement cursors are positioned so that the results are reasonable. If they are not, you must adjust the position of the cursors manually.

Puncture and Brachytherapy


Verify
transducer
type number

WARNING P-1

Before you start to scan, verify that the type number of the transducer matches the number displayed on the screen. If they do not match, the puncture line on the screen may not correspond to the true puncture path in the tissue. In case of any inconsistency, stop scanning, turn off the scanner, and contact your local BK Medical representative.


Verify
puncture
guide type
number

WARNING P-2

Verify that the type number of the puncture guide displayed on the screen corresponds to the puncture guide that you are actually using. If the number is incorrect, the puncture line on the screen may not correspond to the true puncture path in the tissue.


Watch the
needle tip

WARNING P-4

The puncture line on the scan image is an indication of the expected needle path. The needle tip echo should be monitored at all times so any deviation from the desired path can be corrected.

NOTE: *If the image depth is set very low (to see tissue close to the transducer with high magnification), the needle tip echo can be outside the displayed scan area. To see the needle tip in this case, zoom out so the full needle path is visible or pan the image to the side (to keep the high magnification).*


Offset
changes

WARNING P-3

Changes you make to the offset of a programmable puncture guide or brachy matrix will affect ALL programmable puncture guides and brachy matrixes. This could lead to incorrect puncture lines or matrix positions for a different guide than the one you wanted to change.

Brachytherapy and Prostate Transperineal Biopsy



Verify matrix type and coordinates

WARNING B-1

Verify that the matrix type and coordinates displayed on the screen agree with the actual matrix template you are using.



Verify user-defined matrix

WARNING B-2

If you create a user-defined matrix, it is your responsibility to verify that the matrix that appears on the screen corresponds to the physical matrix you are using.



Verify matrix alignment

WARNING B-3

Before you use the matrix for seed implantation or biopsy, check the matrix offset value to verify that it corresponds with the chosen matrix. Then check the matrix alignment. See *Care, Cleaning & Safety* for instructions.

3D

Pay particular care to the following safety issues when operating the 3D system.



3D measurements

WARNING 3D-1

Measurements obtained with the 3D system and used in diagnosis must be carefully and thoughtfully performed to ensure accurate quantitative assessment. Before you perform a calculation, make sure that all necessary calibrations and measurements are made.

If you suspect that the 3D system's calibration is inaccurate (that is, the measurements are not as expected), contact your local BK Medical service representative to check and confirm the system's proper operation.



Untracked freehand

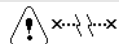
WARNING 3D-2

You cannot make accurate measurements on a 3D data set acquired using the untracked freehand method.

If you start to make a measurement on a 3D data set acquired using the untracked freehand method, the following warning appears on the screen:

Warning on screen

Symbol	Description
	Measurement will not be accurate.



Picture in Picture



WARNING PIP-1

When you use Picture in Picture, do not cover critical information (such as TI or MI) on the screen. Make sure that all important information will appear if you print or save the ultrasound image.

Acoustic Output

General

Medical research has yet to prove whether or not ultrasound causes biological effects. Therefore, prudent use considerations require you to follow certain guidelines; see EN60601-2-37 [3] (*Particular requirements for the safety of ultrasonic medical diagnostic and monitoring equipment*).

Prudent Use



Exposure
level

WARNING AO-1

Always keep the exposure level (the acoustic output level and the exposure time) as low as possible.

- Scan patients only when clinical reasons make it necessary.
- Keep exposure time as short as possible.
- Be careful to prepare the patient correctly so that you get the best possible image.
- Start scanning at a low acoustic output level (see “Thermal and Mechanical Indices” on page 29) and increase the level only as much as necessary to obtain a satisfactory image.
- If you switch from an application requiring high acoustic output levels (see “Functions Affecting Acoustic Output” on page 31), to one that requires lower levels (fetal scanning, for example), be sure to reset the levels before you scan. (For example, start in B-mode.)
- Take into account all the types of tissue that may be affected. For example, when scanning a breast, it may be appropriate to monitor the TI in bone rather than in soft tissue because the ribs will be subjected to ultrasound.



Appropriate
transducer

WARNING AO-2

Always use the transducer best suited to the examination.

Acoustic output data for transducers used with the scanner are given in the *Technical Data (BZ2100)* that accompanies this user guide. The uncertainty level for each parameter is also listed. For definitions of the parameters, refer to the Food and Drug Administration (FDA) Guide [8] as well as EN 60601-2-37 [3] (*Particular requirements for the safety of ultrasonic medical diagnostic and monitoring equipment*) and AIUM/NEMA standards [9,10].

The routes (or tracks) available for clearance by the FDA are well-defined. Track 3 is for diagnostic ultrasound systems that follow the Output Display Standard [10]. Under Track 3, acoustic output will not be evaluated on an application-specific basis, but the maximum derated Spatial Peak–Temporal Average Intensity (I_{SPTA}) must be $\leq 720 \text{ mW/cm}^2$, the maximum Mechanical Index (MI) must be ≤ 1.9 , and the maximum Thermal Index (TI) must be ≤ 6 . All BK Medical transducers for use with the Flex Focus 1202 Ultrasound Scanner are Track 3.

Monitor Display

The Mechanical Index (MI) and Thermal Index (TI) can be viewed in all scanning modes.

Thermal and Mechanical Indices

The MI and TI indices are intended to allow users to implement the ALARA [11, 12] (As Low As Reasonably Achievable) principle using an indicator related to a potential bioeffect.

The full details of the indices are given in references EN60601-2-37 [3] and AIUM/NEMA standard [10], but the formulas are given below.

MI Formula

$$MI = \frac{P_{r0.3}(z_{sp})}{\sqrt{f_c}}$$

where the variables are defined in the table below.

Variable	Definition
$P_{r0.3}(z_{sp})$	Peak Rarefactional Pressure (MPa), derated by 0.3 dB/cm·MHz, measured at z_{sp} , the point on the beam axis where pulse intensity integral ($PII_{0.3}$) is maximum
f_c	measured center frequency (in MHz)

TI Formula

$$TI = \frac{W_0}{W_{deg}}$$

where the variables are defined in the table below.

Variable	Definition
W_0	time-averaged acoustic power of the source or other power parameter (W)
W_{deg}	estimated power necessary to raise the temperature of the target tissue one degree Celsius (W/°C)

Blood perfusion and TI

As a rule of thumb, the Thermal Index (TI) indicates the highest expected temperature increase in degrees Celsius. It is based on an average level of blood perfusion. The displayed TI may underestimate the temperature rise in poorly perfused tissues; you must take this into account when deciding on the maximum TI you will allow. Conversely, in areas with a rich perfusion of blood the temperature increase will be less than the displayed TI indicates.

Fever

A temperature increase of one degree Celsius increase in a patient with fever may cause complications in certain circumstances; it may be safer to delay the investigation.

Acoustic Output Measurement

All values are measured in water according to the EN 60601-2-37 [3] and AIUM/NEMA display standards [9, 10]. For some of the acoustic parameters, an estimated in situ derated value is given. This is derived assuming a tissue attenuation of 0.3 dB/(cm·MHz) when the estimated in situ derated value (I) is described by the following equation:

I formula

$$I = I_w \exp(-0,069fz)$$

where the variables are defined in the table below.

Variable	Definition
I_w	Intensity in water at the position where I is maximum
f	transducer frequency (in MHz)
z	distance (in cm) from the transducer face to the position where I is maximum

It should be stressed that the in situ values given are only applicable when there is attenuating tissue between the transducer face and the focal point.

Possibility of Adverse Effects

Although it is believed that diagnostic ultrasound causes no significant biological effects in mammalian tissue [3, 10], the user should be aware of the hypothetical possibilities of adverse effects [11, 13, 14].

Fetal scanning

Current scientific and clinical concern over possible adverse effects is particularly focused on fetal ultrasound scanning. It is due to the increased sensitivity of mammalian cells and organs at this phase of their development and the fact that such

a risk could have profound implications on public health. If you use high acoustic output levels for some reason (see “Functions Affecting Acoustic Output”, below), be sure to return to B-mode alone and turn down the power level before you do any fetal scanning.

Functions Affecting Acoustic Output

The scanner has a control function that ensures that neither the I_{SPTA} nor MI nor TI value exceeds the maximum allowable value. When necessary, the scanner will reduce the output voltage and/or PRF (pulse repetition frequency) to the transducer to comply with requirements.

Some of the scanner functions can affect the acoustic output, as listed here. (Instructions for using these functions are given in the relevant sections of this user guide.)

- Sizing functions such as ROI (region of interest) – in general, smaller size results in higher acoustic intensity because the pulse repetition frequency (PRF) is higher or the ultrasound beam is more strongly focused.
- Focus – in general, strongly focusing the beam makes the acoustic intensity higher.
- Frame rate – higher frame rate results in higher acoustic intensity.
- Range – increasing the Doppler range increases the acoustic intensity by increasing the PRF.
- CFM Resolution – higher resolution increases the acoustic output.
- Color box size – narrowing the color box generally increases the acoustic output within it.

The user can set a Thermal Index limit. This will provide an upper limit for acoustic output.

Default Acoustic Output

After the scanner has been turned off, the transducers will start in the default setup when the scanner is turned on again. The default setup may be factory-defined or defined by the user.

The factory-defined default setup values of acoustic output for each transducer are listed in the *Technical Data (BZ2100)*.

These setups have been optimized to give the best compromise between low acoustic output and enough power to obtain the image features as quickly as possible. This is part of the ALARA principle. The factory default setup for all transducers is B-Mode to ensure the lowest acoustic output when you start scanning.

When you enter a new patient ID, by default the transducer setup will be reset to the factory setup.

When you use transducers intended for fetal scanning, it is important to make sure that the default settings are appropriate and to reset to the default setting before scanning a new patient.

Clinical Measurements: Ranges and Accuracies

This section states the accuracies for measurements made using the BK Medical range of ultrasound scanners. A table containing accuracies for specific transducers can be found in the Technical Data (BZ2100) that accompanies this user guide.

The measurement accuracies are based on the assumption of “ideal” tissue, that is, a tissue characterized by a sound velocity of 1540 m/s. When making clinical measurements with ultrasound, errors may arise which are not taken into account in this section. For example,

- The sound velocity may vary from approximately 1450 m/s in fatty tissue to 1585 m/s in muscle. This can, in simple cases, give rise to errors of up to 6% for linear measurements. This inaccuracy may be further increased by refraction occurring at tissue boundaries.
- The user can introduce errors when using approximate formulas, when positioning the system’s calipers with respect to the ultrasound image and when outlining structures in the image.
- The ellipsoid volume approximation, described in this user guide, is only applicable when the cross section of the structure being studied approximates an ellipse (the circle being a special ellipse), and when the structure is roughly symmetrical about the selected axis of rotation

NOTE: *The choice of the axis of rotation is important for the calculation of the volume. A vertical axis gives a different volume than a horizontal axis.*

The minimum requirement is that the cross section outlined by the user should be convex. If the user draws a non-convex outline, an inaccuracy is introduced which is not taken into account in this section. In this case, the scanner calculates and displays the convex hull of the figure, that is, the smallest convex figure containing the non-convex figure outlined by the user (see Fig 2-4). The system bases the calculation of the ellipsoid volume on the convex hull.

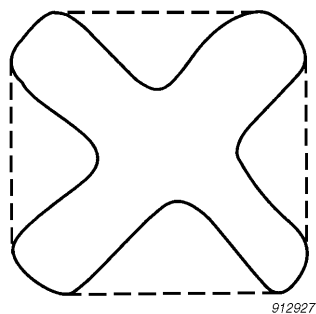


Figure 2-4. The dotted line indicates the convex hull of the non-convex figure.

Measuring volume using a stepping method produces an approximation caused by the finite number of steps in the measurement. The user must always try to assess how large an inaccuracy is introduced by the selected step size, that is, the distance between organ cross sections.

Geometric Measurements

2D Measurements

The geometric measurements performed by BK Medical ultrasound scanners are distance, perimeter, area and ellipsoid volume. The accuracy of these measurements is influenced by the following factors:

- Transducer geometry
- Rounding of results
- Resolution of digital image memory

3D Measurements

The 3D volume is found by summing the marked area in the individual slices and multiplying by a factor that includes the distance between the slices and their relative orientation.

To obtain the accuracies listed in the table in the *Technical Data (BZ2100)*, you must ensure that the calculation is based on contributions from at least 10 slices for very regular shapes and more for irregular shapes. It must also be possible to discriminate the boundary of the object from the surrounding tissue.

Volume accuracy

The volume accuracy in the table is given as a percentage of the captured 3D volume starting with the first slice and ending with the last slice that intersects the object of interest.

If the 2D ROI (region of interest) is set to be much larger than the object, the accuracy as a percentage of the object volume can be much worse (higher percent).

NOTE: *To ensure that the accuracy of your volume measurement is as high as possible, make sure that the object you are interested in fills the region of interest as much as possible.*

Distance and area accuracy

The accuracy of a distance measurement on a 3D image will never be better than 6%; the accuracy of an area measurement on a 3D image will never be better than 6%.

In the table in the *Technical Data (BZ2100)*, the overall measurement accuracy for a full range measurement is given in the right-hand column for each measurement. The footnote below the table states the digital image resolution.

Time Measurements

In M-mode and spectral Doppler mode, data is displayed along a time axis. It is possible to measure time differences. The accuracy for a time difference measurement is

- Rounded to the nearest: 0.01 s
- Accuracy: $0.01 \times t$
where t is the full time scale of the image field.

Doppler Measurements

In measuring blood flow velocity it is assumed that the measured power spectral distribution of the Doppler signal equals the blood cell velocity distribution.

The measurement accuracy of blood flow velocity is heavily dependent on the angle θ between the ultrasound beam and the velocity vector of the blood cells. The velocity accuracies given in the *Technical Data (BZ2100)* are valid for $\theta = 55^\circ$. To find the percentage accuracy for other angles, multiply the stated accuracy by

$$\left(\frac{\cos \theta - \cos(\theta + 1,8)}{\cos \theta} \right) \times 100 + 0,5$$

If the blood velocity exceeds the selected velocity range, aliasing occurs, corresponding to an overload condition of the measurement system.

References

- [1] EN 60529:1991+A1:2000. *Specification for degrees of protection provided by enclosures (IP code)*.
- [2] EN/IEC 60601-1:1990+A1:1993+A2:1995+A13:1996 *Medical electrical equipment. Part 1: General requirements for safety*.
- [3] EN 60601-2-37:2001+A1:2005+A2:2005 *Medical electrical equipment – Part 2-37: Particular requirements for the safety of ultrasonic medical diagnostic and monitoring equipment*.
- [4] UL 60601-1:2003 *Medical Electrical Equipment – Part 1. General Requirements for Safety*.
- [5] CSA C22.2 No. 601.1–M90 *Medical Electrical Equipment – Part 1. General Requirements for safety*.
- [6] EN 60601-1-2:2001 + A1:2006 *Medical electrical equipment - Part 1-2: General requirements for safety. Collateral standard: Electromagnetic Compatibility-Requirements and tests*.
- [7] EN 60601–1–1:2001 *Medical electrical equipment –Part 1-1: General requirements for safety. Collateral standard: Safety requirements for medical electrical systems*.
- [8] *Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers*. FDA Center for Devices and Radiological Health. September 2008.
- [9] *Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment*. AIUM/NEMA. 2004.
- [10] *Standard for Real-Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment*. AIUM/NEMA. 2004.

- [11] *Medical Ultrasound Safety*. Second edition. AIUM. 2009.
- [12] *ALARA Training Program*. Ultrasound III Training. BK Medical. 1993.
- [13] Bioeffects considerations for the safety of diagnostic ultrasound. *Journal of Ultrasound in Medicine*, Vol. 7, No. 9 (supplement). September 1988.
- [14] *The safety of diagnostic ultrasound*. The British Institute of Radiology. 1987.

AIUM: American Institute of Ultrasound in Medicine

CSA: Canadian Standards Association

EN: European Standards

FDA: Food and Drug Administration (USA)

IEC: International Electrotechnical Commission

NEC: National Electrical Code

NEMA: National Electrical Manufacturers Association

UL: Underwriters Laboratories Inc., USA

Chapter 3

Adjusting the Scanner

Calibrating the Touch Screen Alignment

If you have trouble activating the correct screen control when you tap it, you may need to recalibrate the alignment. This is simple to do.

To align the touch screen:

- 1 Click the **Keyboard** tab.
- 2 Click **Alt**, then **C**.
- 3 Follow the directions on the screen. (You will have to tap each cross that appears and then confirm the process at the end.)

NOTE: *The tap is registered when you **remove** your finger from the screen, so don't hold your finger down and try to press hard if you think nothing is happening.*

The touch screen is recalibrated.

Adjusting the Trackball

The trackball should move smoothly. If it is too tight or too loose, use the trackball adjustment tool (QA0228) to adjust it.

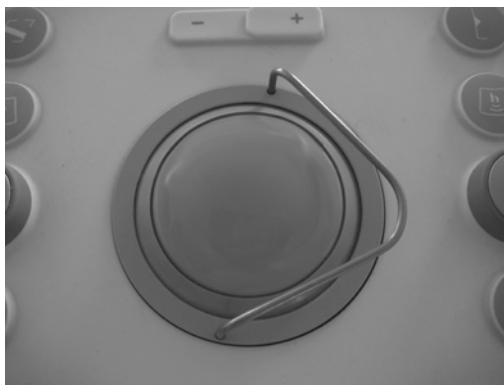


Figure 3-1. The trackball adjustment tool in place on the scanner's trackball.

To adjust the trackball movement, place both ends of the tool into the small holes in the ring of the trackball housing.

Turn clockwise to tighten the trackball and counterclockwise to loosen it.

The ball can be removed completely for cleaning.

The cleaning and disinfection instructions for the scanner in *Care, Cleaning & Safety* apply to the trackball adjustment tool.

Adjusting the Touch Screen

Viewing the image and screen can be affected by lighting in the room. To avoid glare, you can tilt the screen from its upright position (see *Getting Started with Flex Focus*) and back.

Hold the top of the screen and the bottom of the screen and push backward or forward for easy adjustment. The range for tilting the screen is approximately 15°.

If you adjust the angle of the screen, you should check the calibration of the touch screen to ensure accuracy.

Chapter 4

Battery Support

The battery pack enables you to operate the scanner while it is not connected to an external electrical supply.

NOTE: *This chapter is only relevant if your scanner has battery support.*

Be sure to read the battery support warnings (with BS numbers) in “Battery Support System” on page 21.

To configure and customize the battery pack’s operation, see *Flex Focus Advanced User Guide*.

Location of Battery Pack

The battery pack is located in the bottom drawer of the backpack on the mobile battery keyboard dock.



Figure 4-1. Scanner with battery support in the backpack.

Power Supply

Plugging in the Scanner

On systems with a battery pack, the power supply cord plugs into the battery pack (instead of the neck of the scanner). The auxiliary power outlet (to be used only for approved printers) is in the neck of the scanner.

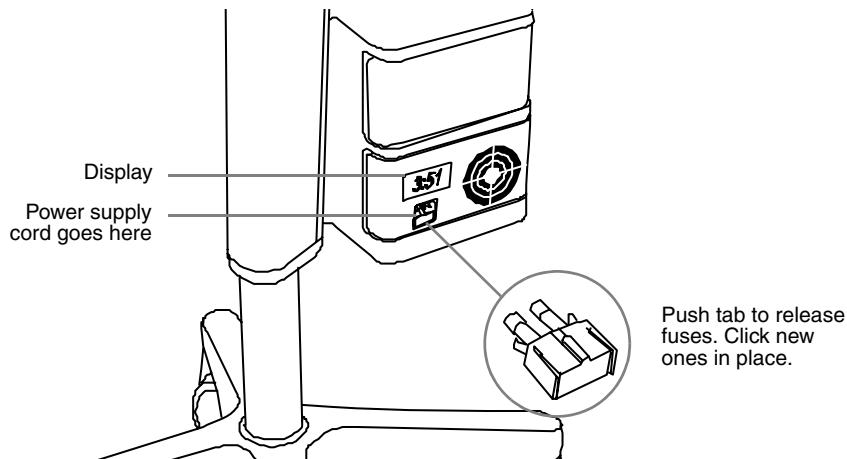


Figure 4-2. The back of the battery pack.

Charging the Batteries

Batteries automatically begin charging when the scanner is plugged into the power outlet.

Charger station

Batteries can also be charged in the battery charger station where it takes approximately 2 hours and 45 minutes to recharge 4 batteries. See “Battery Charger Station (UA1247)” on page 45. The battery charger station is optional (see Accessories in Product Data sheet).

Charging new batteries

New batteries are typically at a 50% charge. There is a built-in battery check on batteries for the battery pack. Always check before using for the first time. When using new batteries in the scanner, BK Medical recommends that you plug in the scanner for approximately 1.5 hours to charge the batteries fully.



Caution: A minimum of 2 batteries is required to run the scanner on battery power. The scanner can only run on 2 or 4 batteries at all times.

Battery Status

While the scanner is operating, battery status is visible both on screen (in the bottom right-hand corner) and on the display on the back of the battery pack (see Fig 4-2).

- When the scanner is plugged into a power outlet, battery status is shown as percent (%) of capacity remaining.

- When the scanner is running on the battery, battery status is shown as time remaining in “hours:minutes”.

Information Available on Screen

The battery status indicator appears in the bottom right-hand corner of the screen.

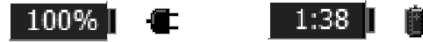


Figure 4-3. Battery level shown as % or as time available.

A message appears on the screen (Fig 4-8) when a battery reaches the end of its lifespan and needs replacing. For information about the disposal of depleted batteries, see page 21.

Information Available on Battery Pack

Battery pack display

The display on the back of the battery pack shows % of battery capacity or time left. A display of :::: indicates there are no batteries in the battery pack.

NOTE: *The time displayed is an estimate based on typical use; for continuous scanning, the actual time available will be less than indicated on the display.*

Battery indicators

When the door to the battery pack is open, you can see LED indicator lights showing the status of each individual battery (see Fig 4-4). The battery numbers refer to the position of the battery in the pack and are relevant for system messages about battery status.

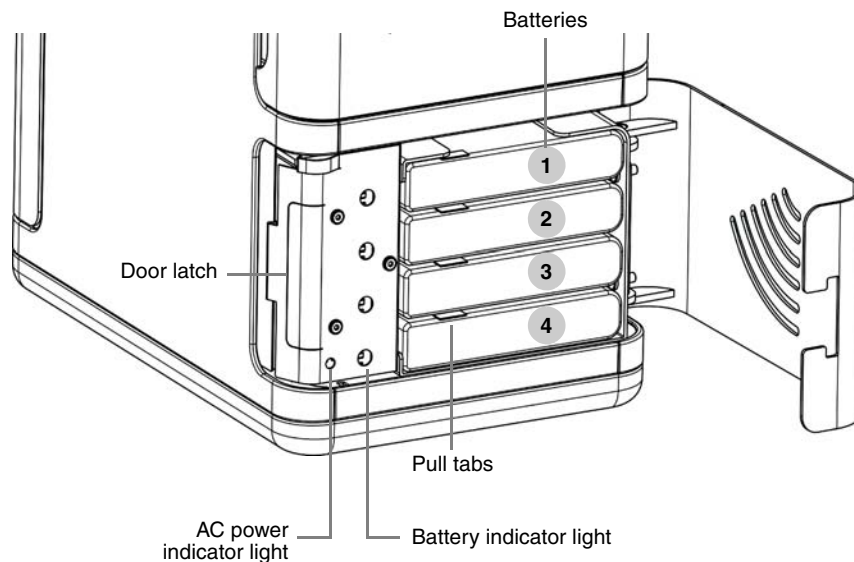


Figure 4-4. Front of a battery pack containing 4 batteries.

LED Indicator Light	Battery Status
Green light	Charged
Red light	Battery level is below 33%
Off	No battery in slot or battery is flat

Low Battery

When battery capacity is very low,

- The scanner beeps
- A message appears on screen
- The on-screen battery indicator turns red
- The display on the battery box blinks regularly

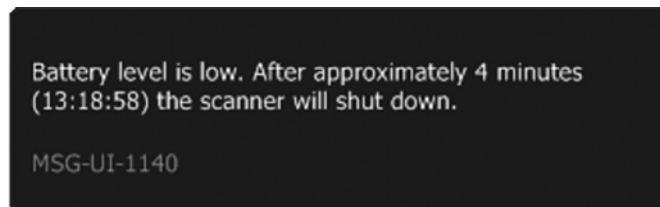


Figure 4-5. Low battery message.

The low-battery message informs you that the battery level is low and that the scanner will shut down when the scanner screen clock matches the time stamp in the message (shown here as 13:18:58).

The display on the battery box begins to blink regularly when the low battery threshold is met, and it continues to blink even after the critical low battery threshold is met and the scanner has shut down.

To set the level for the low battery message, see *Flex Focus Advanced User Guide*.

Critical Low Battery

The setting for critical low battery is set to 3 minutes by default. When the battery reaches the critical level, the scanner shuts down immediately.

To set the level for the critical low battery message, see *Flex Focus Advanced User Guide*.

AC power
LED

When the scanner is plugged in, the display on the battery box is lit and the AC Power indicator light (normally hidden by the door on the battery pack) is lit. See Fig 4-4.

Power Save Mode

Power save mode

With power save mode, you can conserve battery power and reduce energy consumption when the scanner is not in active use. A message appears on screen to notify you when the scanner is about to go into power save mode.

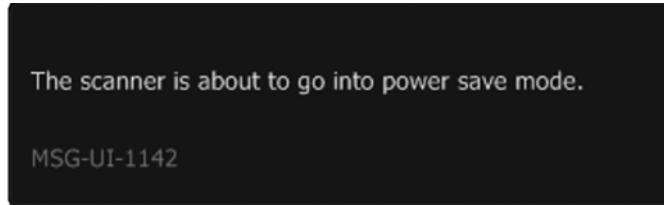


Figure 4-6. Power save message.

To exit power save mode and restore the scanner to normal power, you can do one of the following:

- Press a key on the keyboard
- Press transducer button
- Move the trackball

To enable and configure power save mode, see *Flex Focus Advanced User Guide*.

Changing or Replacing a Battery

Whether you are *changing* a battery that is low on charge or *replacing* a dead battery, you follow the same steps for removing and inserting batteries in the battery pack.

A message on the scanner will alert you to the need to change batteries.

NOTE: *You must **always** replace 2 batteries at a time.*

Changing batteries while the scanner is running

- 1 Plug in the power cord.
- 2 Press the latch on the back side of the battery pack to open the cover.
- 3 To disengage a battery, pull its tab and slide it completely out of the frame.
- 4 Slide charged batteries into the free slots.
- 5 Unplug the power cord.

NOTE: *When the power cord is plugged in, or when the scanner is turned off, you can change all batteries.*

NOTE: *See the battery disposal warning (BS-4) on “Battery Support System” on page 21.*

Battery Life

The battery (UA1225) has a built-in check to indicate how much charge is available in the battery. Light-diodes mark when there is 25%, 50%, 75% or 100% charge on the battery.

To check the charge on a battery (UA1225):

- 1 Press the round circle next to the word “Push” on the battery.
- 2 The light diodes indicate the charge level:
 - 25% charge: 25 is lit.
 - 50% charge: 25 and 50 are lit.
 - 75% charge: 25, 50 and 75 are lit.
 - 100%: 25, 50, 75 and 100 are lit.
 - No diodes are lit when the battery is flat.



Figure 4-7. The built-in check button and diodes on the battery (UA1225).

Typical vs.
continuous
use

With typical use (which includes scanning and freezing), a fully charged battery pack containing 4 batteries provides approximately 4 hours of operation. With a fully charged battery pack, you can scan continuously for approximately 3 hours.

Battery
lifespan

When a battery reaches the end of its lifespan, the replace battery message appears on the screen at start-up, informing you which of the 4 batteries must be replaced. Note that the batteries are referred to by number in the message, with **1** being the top battery and **4** being the bottom battery.

Replace
battery
message

When it is time to replace a battery, a message appears on the screen telling you which batteries should be replaced. The battery numbers in the message refer to the numbering used in Fig 4-4.

One or more batteries are wearing out. Consider replacing the following batteries: 2, 3 (where 1 is the top battery).

Figure 4-8. Message when a battery reaches the end of its lifespan.

Battery lifespan On average, a battery will need to be replaced after approximately 300 recharge and discharge cycles – the battery lifespan.

For information about the disposal of depleted batteries, see page 21.

Battery Support Setup

To customize the operation of the battery pack, see *Flex Focus Advanced User Guide*.

Connectors

PC connectors for connecting the scanner to other equipment such as approved printers and video equipment are located in the neck of the scanner. For information about the connectors to use, see “Connecting Other Equipment” on page 15.

Cleaning and Disinfection

The cleaning and disinfection instructions for the scanner in *Care, Cleaning & Safety* apply to the battery pack.

Battery Charger Station (UA1247)

NOTE: *This section is only relevant if you have purchased the optional battery charger station (UA1247). See the Flex Focus Product Data sheet for ordering information.*

The battery charger station is a stand-alone device with the sole purpose of recharging batteries used by the scanner battery support that uses UA1225 batteries.

Powering the battery charger station The battery charger station is powered when plugged into the power outlet. There is no power switch on the battery charger station for turning it on or off.

Charge time It takes approximately 2 hours and 45 minutes to recharge 4 batteries in the station.

The display on the back of the battery charger station shows % of battery capacity (see Fig 4-2). A display of :::: indicates there are no batteries in the battery charger station.

Battery indicators When the door to the battery charger station is open, you can see LED indicator lights showing the status of each individual battery (see Fig 4-4).

LED Indicator Light	Battery Status
Green light	Charged
Red light	Battery level is below 33%
Off	No battery in slot or battery is flat

Recharging a Battery in the Battery Charger Station

To insert or remove batteries:

- 1 Press the latch on the back side of the battery charger station to open the cover.
- 2 Slide drained (or new) batteries into the empty slots.
- 3 When a battery is fully charged, pull its tab and slide it completely out of the frame.

NOTE: See the battery disposal warning (BS-4) in “Battery Support System” on page 21.

NOTE: See the warning about using only authorized UA1225 batteries (BS-2) in “Battery Support System” on page 21.

Cleaning and Disinfection

The cleaning and disinfection instructions for the scanner in *Care, Cleaning & Safety* apply to the battery charger station.

Chapter 5

Getting Started

Getting Started with Flex Focus forms part of this user guide.

Chapter 6

Specifications and Indications for Use

Specifications for the scanner are included in the Product Data sheet for the scanner, which forms part of this user guide. See Table 1-1 on page 5.

Indications for Use

The scanner is intended for use by qualified physicians for ultrasound evaluation. Specific clinical applications and exam types include:

- Abdominal
- Intraoperative
- Musculoskeletal (Conventional and Superficial)
- Pediatrics
- Peripheral vascular
- Small part
- Transrectal
- Transvaginal
- Transurethral
- Fetal/Obstetrics
- Cardiac (not for direct use on the heart)
- Neurosurgery

Indicated uses are different for different transducers. The Product Data sheet for the scanner contains a table listing the indicated uses for each transducer that can be used with the scanner.

Contraindications

The Flex Focus 1202 ultrasound scanner is not intended for ophthalmic use or any use causing the acoustic beam to pass through the eye.

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