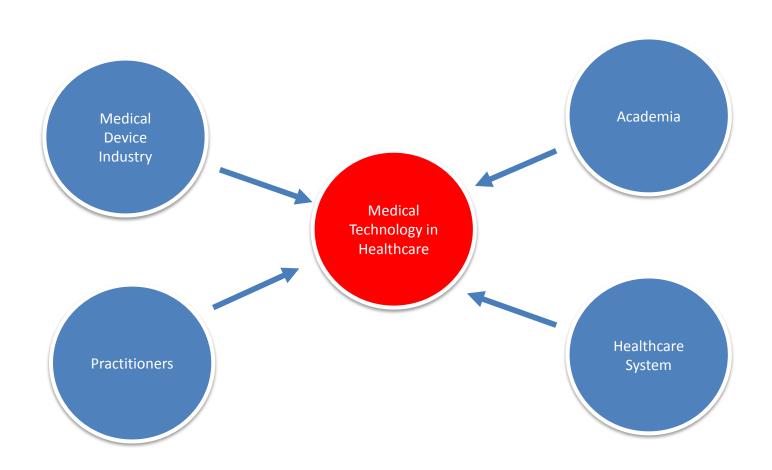




Industry Academia Collaborations

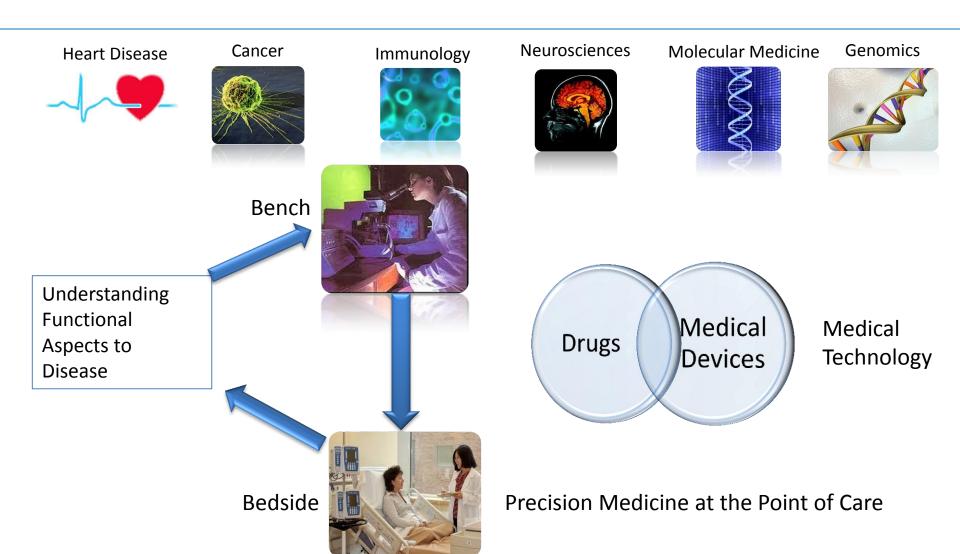
Barry McMahon Tallaght Hospital and Trinity College Dublin

Medical Technology in Healthcare – The Ecosystem



Getting Good Science to Patients

The Focus In Medical Research



Objective

Engaging Clinicians & Other Healthcare Professionals in Technology Innovation at the Bedside

Interdisciplinary Engagement at Early Stage



Lost in Translation



Scientist/Engineer

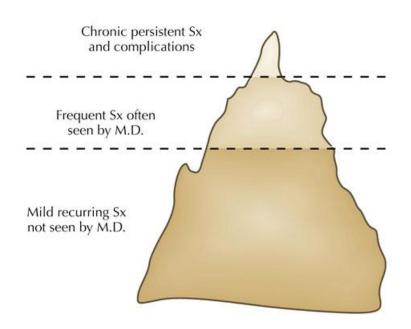
Busy doctor

Prevalence



Prevalence

ICEBERG View



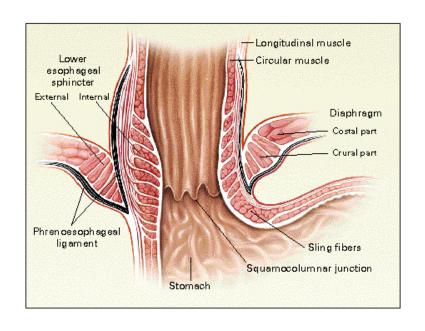
25% in Western Populations

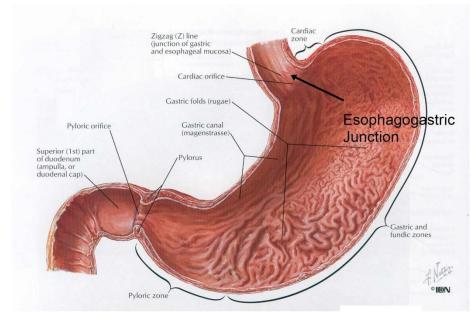
7% Daily Severe Events

Studies show patients
with Reflux Disease
Lower Quality of Life that
those with Chronic Heart
Disease

\$9 Billion per annum to control disease in U.S.

The Oesophago-gastric Junction

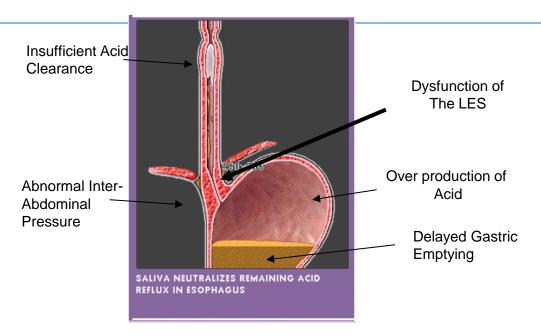




TreatmentS Pharmacological

Proton Pump Inhibitor

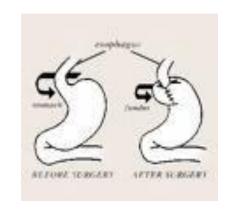


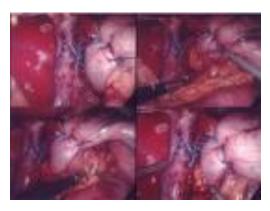


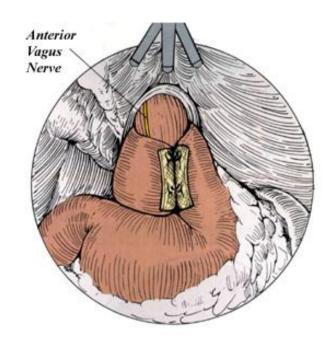


TreatmentS Surgical

Laparoscopic Nissen Fundoplication



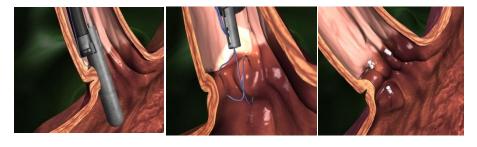




TreatmentS Endoscopic Therapy

Insertion of Prosthesis

Endoscopic Suturing

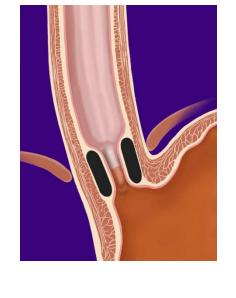


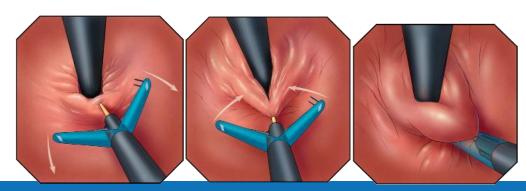
RF Delivery





Clip Insertion





Suturing the Oesophagogastric Junction Endoscopically



Endocinch 1 Year follow Up

OESOPHAGEAL DISEASE

Endocinch therapy for gastro-oesophageal reflux disease: a one year prospective follow up

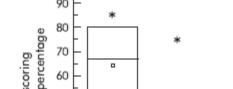
Z Mahmood, B P McMahon, Q Arfin, P J Byrne, J V Reynolds, E M Murphy, D G Weir

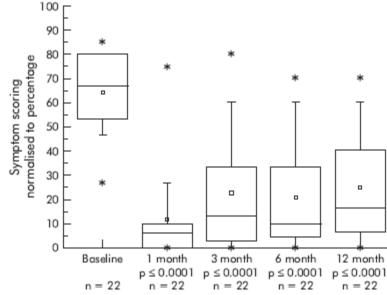
Gut 2003:52:34-39

Background: Gastro-oesophageal reflux disease (GORD) is, in the main, treated with either proton pump inhibitor (PPI) drugs or a Nissen fundoplication operation. Recently, BARD developed Endocinch, a device used to place sutures just below the oesophagogastric junction (OGJ) to treat GORD.

Aim: To evaluate the long term benefit of the Endocinch techn post procedure.

Patients: Twenty six patients with symptoms of GORD we performed. Four patients were lost to follow up.





GUIDELINES CLINICAL PRACTICE

Asbjørn Mohr Drewes, Professor, MD, PhD, DMSc, Series Editor

Do we really understand the role of the oesophagogastric junction in disease?

Barry P McMahon, Blair A Jobe, John E Pandolfino, Hans Gregersen

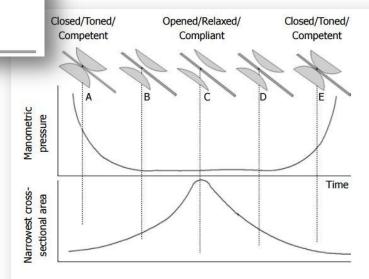
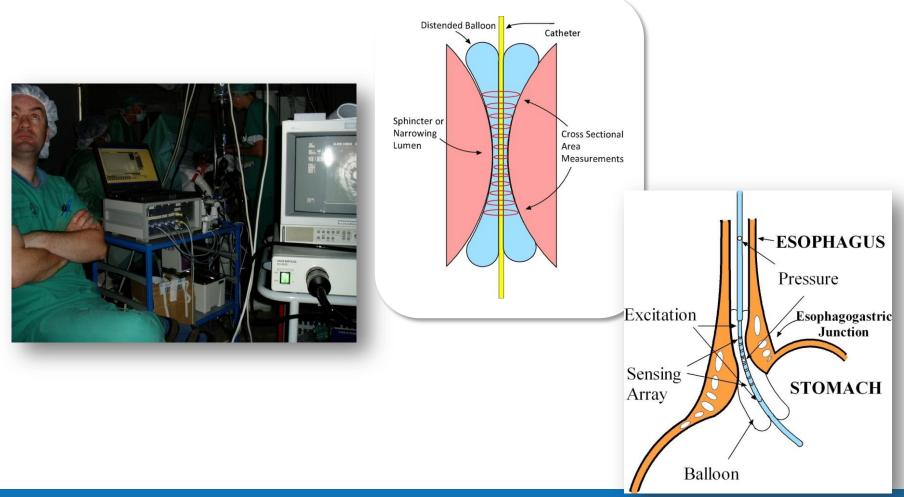
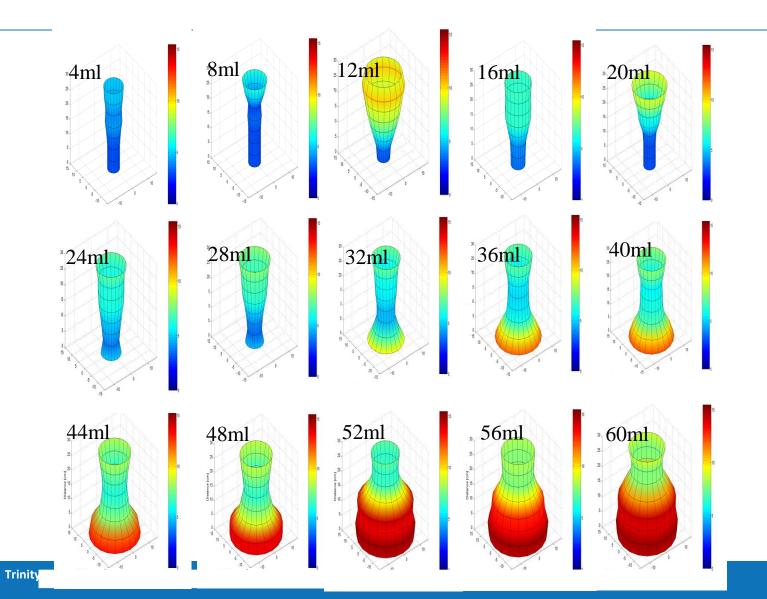


Figure 5 Diagram showing the difference between manometry and cross-sectional area (CSA) for measuring luminal changes in the oesophago-gastric junction during opening and closing. At point A where the junction is closed, there is a high pressure and a low CSA representing the toned sphincteric region. As the sphincter relaxes, very quickly the manometry catheter is no longer squeezed, and at point B the pressure is zero or very low. However, this opening is detected by an increase in CSA at B. At C the sphincter is fully relaxed; but, there is still no useful information from manometry despite the CSA increasing even further. The pressure does not start to rise again until the sphincter is fully closed and toned at E.

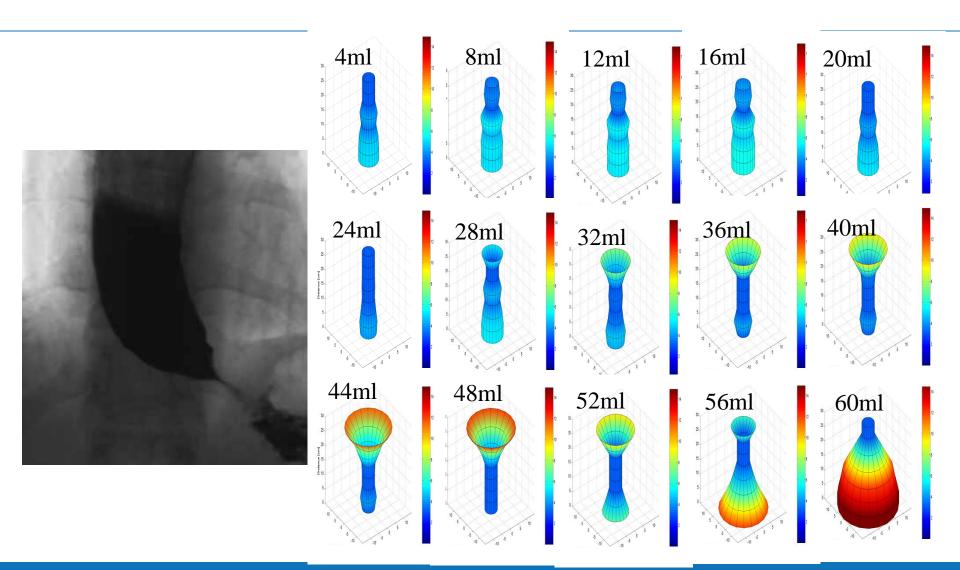
2003-2005 Work in Denmark

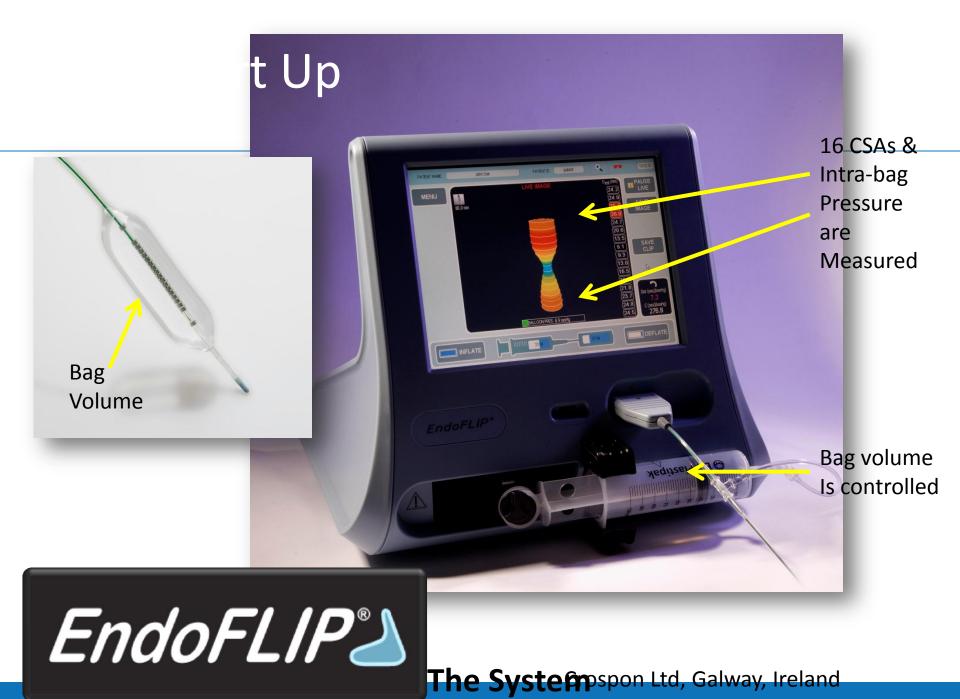


Geometric Reconstruction



Patient with Achalasia (Denmark)





Measurement Intra-O

DOI 10.1007/s00464-011-1611-7

VIDEO

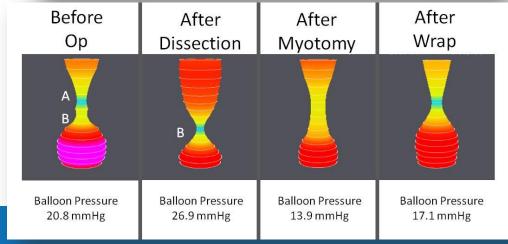


Improving functional esophageal surgery with a "smart" bougie:

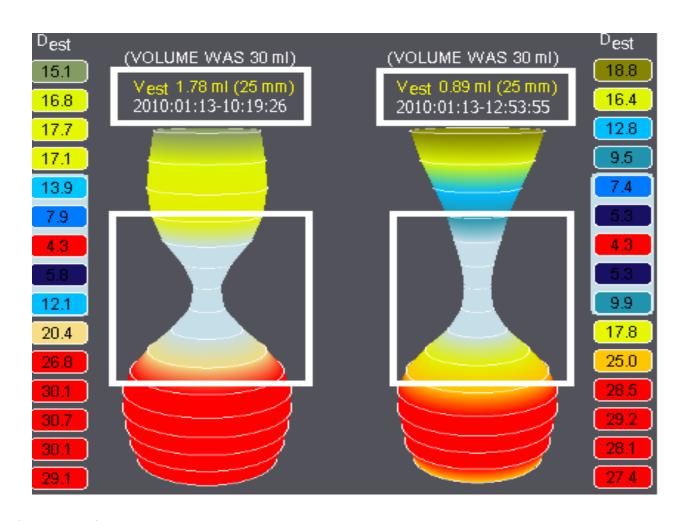
Silvana Perretta · Bernard Dallemagne · Barry McMahon · Jacopo D'Agostino ·

Smart bougie for calibration

An emerging physiology tool, the functional lumen imaging probe (Endoflip, Crospon Ltd.), combines measurements of esophagogastric junction (EGJ) resistance to distention and provides a geometrical reconstruction of the EGJ [84]. The Endoflip could be used to dynamically assess the configuration and quality of the fundoplication with respect to the EGJ, acting as a "smart bougie" evaluating laxity, orientation, and position of a properly constructed floppy Nissen fundoplication (Fig. 4).



Pre & Post Lap Nissen



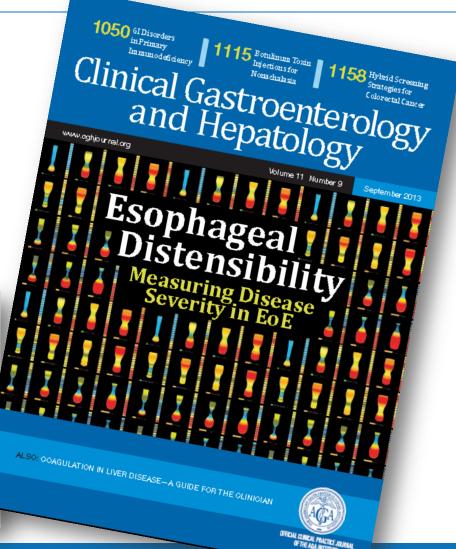
Successful Technology



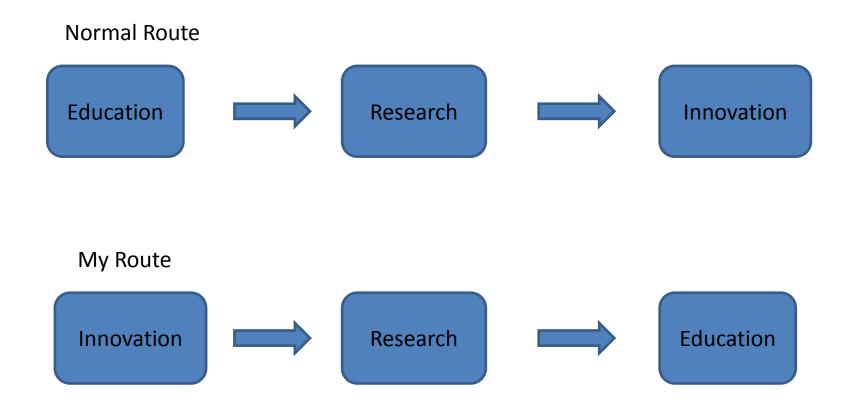




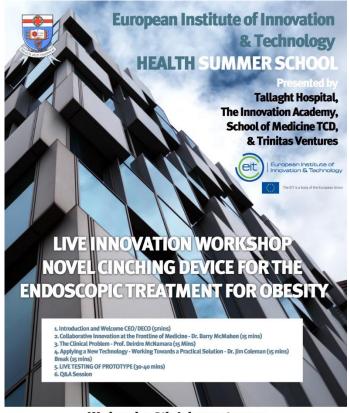




Research to Innovation



Innovation at the Hospital



Wednesday 8th July 2pm to 4pm

Venue: Trinity Lecture Theatre, Trinity Centre for Health Sciences, Tallaght Hospital







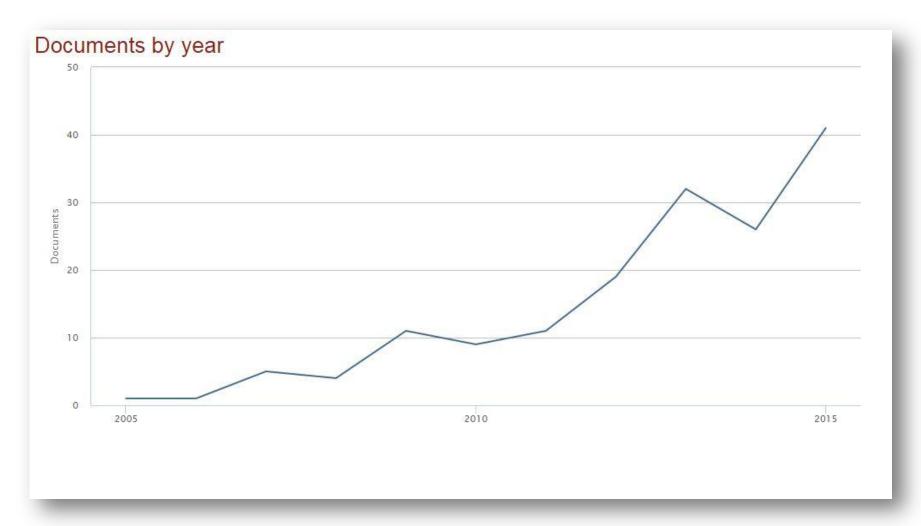




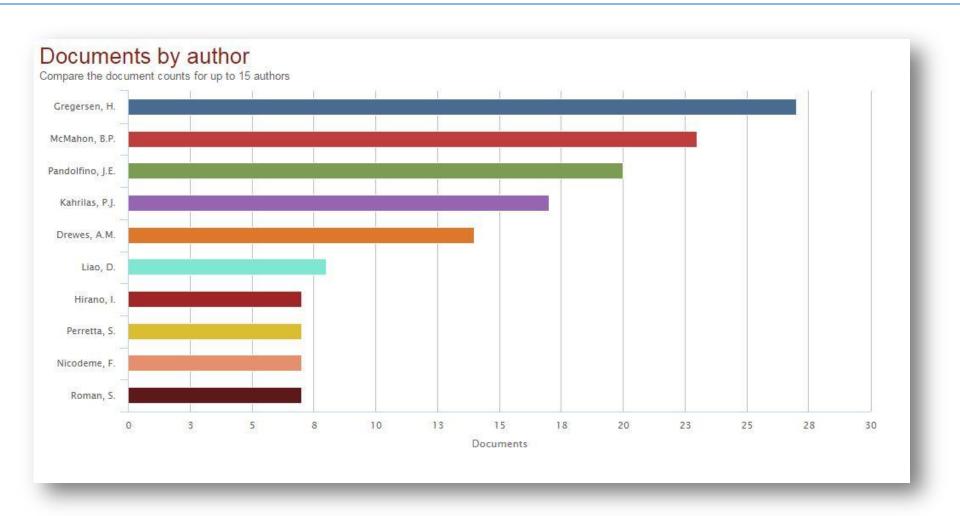




Innovation to Research

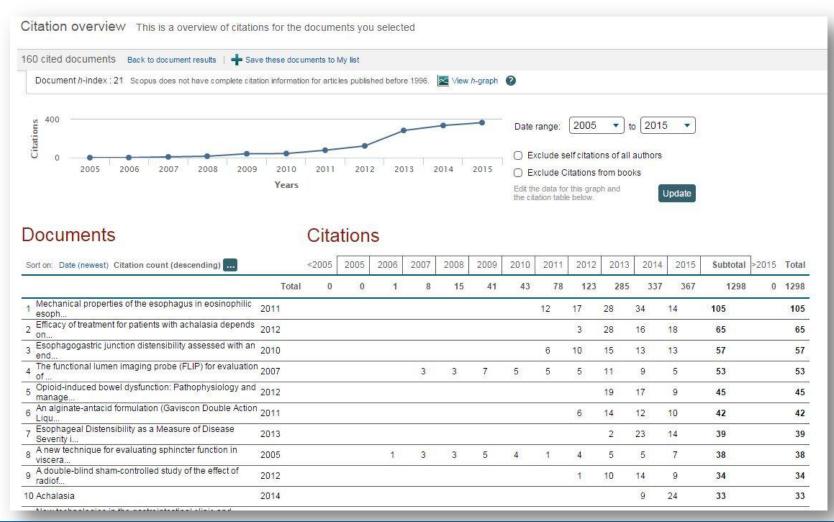


Innovation to Research



Source: Scopus.com

Innovation to Research



Source: Scopus.com





STUDY MAKES A SCHOLAR ACTION MAKES AN ENTREPRENEUR

WWW.INNOVATIONACADEMY.IE





Post-graduate Certificate in Innovation and Entrepreneurship

Where ideas take shape



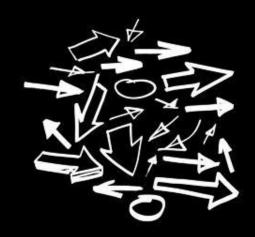
MISSION::

TO DEVELOP A NEW KIND OF PHD GRADUATE, EXPERT IN THEIR DISCIPLINE, WITH A THOROUGH UNDERSTANDING OF HOW INNOVATION CAN CONVERT KNOWLEDGE AND IDEAS INTO PRODUCTS, SERVICES AND POLICIES FOR ECONOMIC AND SOCIAL AND CULTURAL BENEFIT.

IDENTIFY VALUE

COMMERCIAL // SOCIAL // CULTURAL ECONOMIC // EDUCATIONAL // SOCIETAL

VALUE UNUSED = WASTE?





INCVATION IN THE BROADEST SENSE

Engineering, Mathematics and Science - Health Sciences - Arts, Humanities and Social Sciences

POSTGRADUATE CERTIFICATE INNOVATION AND ENTREPRENEURSHIP

CORE (PREREQUISITE)

- CREATIVE THINKING AND INNOVATION (10 ECTS)
- OPPORTUNITY GENERATION AND RECOGNITION (5 ECTS)

SPECIALISED (CHOOSE 3 OF 4)

- **CREATIVE CAPITAL (5 ECTS)**
- PLANNING YOUR NEW VENTURE (5 ECTS)
- PROTECTING OR EXPLOITING YOUR IDEA (5 ECTS)
- LEADERSHIP (5 ECTS)



Innovation Academy Engagement – Since 2012



Some Points in Conclusion

- If you have an idea- try to do something about it
- Don't forget to protect your idea
- TR&I are there to help use them
- You need to have a realistic expectation from a potential commercial idea.
- There can be many benefits you are not aware of.
- Try to create a network of people you know outside your research group
- You will be surprised how willing others will be to help.



Thank You

