

Choices



The Institute for
Patient Blood Management &
Bloodless Medicine and Surgery

Englewood Hospital and Medical Center

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FALL 2015

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Traveling 1,000 Miles
for *Bloodless*
SURGERY



NO SUCH THING AS 'MINOR' SURGERY

BLOODLESS REPAIR OF A LIFE-ALTERING INJURY

“
 “EVERYONE AT THE
 INSTITUTE EMBRACED
 ME AND MY HUSBAND.
 MY HUSBAND WAS
 GIVEN SPECIAL
 ATTENTION BY THE
 HOSPITAL STAFF
 BECAUSE WE CAME
 FROM OUT OF STATE,
 AND THE PHYSICIANS
 NEVER QUESTIONED MY
 DECISION NOT TO USE
 BLOOD TRANSFUSIONS.
 I FELT LIKE THE MOST
 SPECIAL PERSON IN THE
 WORLD.”

—Joan Ortiz

And They Said *It Couldn't Be Done*



A journey of more than 1,000 miles began when Joan Ortiz of Palm Coast, Florida, woke one morning with pain in her abdomen that was so severe she was unable to walk without limping.



Alfred Steinberger, MD

“At first, I thought it was my appendix,” Joan remembers. “After going to hospitals in St. Augustine and Jacksonville, a CT [computed tomography] scan revealed I had two large schwannoma tumors—one connected to my spine and one in my side wrapped around vital organs.”

Schwannoma tumors, which are also known as Schwann cell tumors, are slowly growing tumors that develop around the nerve fiber coating. Some schwannoma tumors cause pain, swelling, and numbness or weakness, while others don't cause problems and don't need treatment. In Joan's case, numerous surgeons told her she needed surgery to remove her painful benign tumors, but doctor after doctor at hospital after hospital were unwilling to perform the surgery after learning Joan was one of Jehovah's Witnesses and wouldn't accept a blood transfusion.

“One surgeon in Jacksonville told me that because this was a rare tumor that was attached to my spine, no physician in this country could help me without a blood transfusion,” Joan says. “I'm originally from New York, so I knew about The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. I made a call, and within a day, my case was accepted.”

Doing the “Impossible”

Alfred Steinberger, MD, neurosurgeon, and Lyall Gorenstein, MD, thoracic surgeon—both of whom are affiliated with The Institute—worked together to prepare Joan for bloodless surgery and perform the operation.



Lyall Gorenstein, MD

“My surgeons were so confident and told me I was going to be fine,” Joan says. “They assured me that I didn't have this weird thing no one in the world knows about and gave me the confidence I needed to get the operation.”

In March 2015, Drs. Gorenstein and Steinberger performed the surgery to remove Joan's tumors. Within days, Joan was back on her feet and off all the medications—steps that allowed her to return home to Florida without physical therapy.

To learn more about The Institute, visit www.BloodlessMed.org. For a referral to a blood management physician, call 1-888-766-2566.



Joan and Benny Ortiz

The Right FIT



Beth Long

After injections and supplements failed to improve the pain in Beth Long's knee, the 63-year-old New Jersey resident knew she needed knee replacement surgery. But when plans with her first surgeon didn't work out, Beth started searching for the surgeon and hospital that would provide her with an excellent total knee replacement and have expertise in bloodless medicine and surgery.



David Feldman, MD

Beth was worried that she wouldn't be able to find the right surgeon willing to perform the joint replacement without a blood transfusion, but her fears were instantly eased when a friend recommended David Feldman, MD, an orthopedic surgeon at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center.

"I had never met my previous surgeon, only his physician's assistant, but the first day I went in to see Dr. Feldman, he sat down and talked with me personally," Beth remembers. "He gave me a sense of well-being I hadn't experienced previously, and I knew The Institute was the right place to be."

Bloodless Joint Replacement

In knee replacement surgery, damaged bone and cartilage are cut away and replaced with an implant that allows patients to regain mobility and live their lives with less pain. At The Institute, the surgery is performed without the use of blood transfusions.

"Dr. Feldman and the Blood Management department discussed the situation with me and explained every step so I was assured I would be prepared for surgery," Beth says. "I took supplements to make sure my blood count was as high as it could be during and before the procedure, and Dr. Feldman's surgical coordinator made all of my appointments. All I had to do was show up."

"We look at each patient's goals for the surgery's outcomes," Dr. Feldman says. "You will not find a more cohesive, highly trained, and personally involved staff anywhere. It's a unique program."

After her surgery, Beth went to a rehab facility for three weeks of daily physical therapy, followed by several months of outpatient physical therapy. Today, she's driving and exercising, and her whole body feels stronger as a result.

"I put off surgery for a long time and kept pretending that I didn't need it because I was scared of the long and difficult recovery," Beth says. "But I found a really great, caring network of professionals at Englewood Hospital and they did right by me. My progress has been thrilling."

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A CUSTOM CUT

A recent development in orthopedic surgery now allows doctors to create customized cutting blocks for use as guides when they remove the damaged bone and cartilage from patients' knees.

"For Beth Long, we used an MRI [magnetic resonance imaging] scan and specialized digital X-rays and made custom blocks that referenced the alignment of her hip, knee, and ankle joint," says David Feldman, MD, orthopedic surgeon at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. "During surgery, these guides fit perfectly against the end of the femur and the top of the tibia. As such, we were able to precisely plan the angle relationships between her hip, knee, and ankle as close as possible and without using rods that enter the shafts of the bone."

An added benefit to using the custom guides, particularly for patients for whom bloodless surgery is important, is the decrease in bone marrow disruption compared to a traditional procedure,



Eric Brooks

Providing Successful Care WHEN OTHERS FAIL

Sometimes, creating the right outcome only requires connecting the right patient to the right doctor.

On an April day in 2014, Long Island's Eric Brooks was working for a power company in Queens, offloading utility poles using large mechanical tongs. When one of the tongs shifted onto his hand, part of his finger was instantly cut off. His supervisor rushed him to a local emergency department (ED), but things there did not go well.

Care in Name Only

A triage nurse saw Eric when he entered the ED and wrapped his finger in gauze, but then sent him back to the waiting room until it was his turn to see a doctor. For more than an hour and a half, Eric sat in the waiting room in fear, clutching his blood-oozing finger because he knew that every minute that passed reduced the chance of his finger being successfully reattached.

When Eric was finally taken back to an ED room, he begged for pain medication, but nurses refused to give him anything until he could be seen by a doctor. After another half-hour of waiting, hospital staff told Eric that he needed an X-ray before he could be treated. Eric, who was in tremendous pain, was forced to walk alone to the hospital's radiology department.

'A Nightmare'

"After I finally made it back to the ED and the staff saw the X-ray, panic started to set in because they saw the severity of my injury,"

Eric remembers. "They started to remove the gauze the nurse had wrapped my finger in earlier and realized the nurse used the wrong kind. I watched as blood poured from my finger and filled a tray."

Finally, several hours after Eric arrived at the hospital, doctors started coming into the ED room and he was given pain medication.

"Three, four, or five doctors marched in with death-wish appearances on their faces, saying there was nothing they could do," Eric says. "I asked why nothing could be done, and they didn't have a good answer."

Doctors told Eric they would have to remove the remaining portion of his finger because there wasn't enough tissue to cover the exposed bone. Naturally, Eric asked if the severed portion of his finger—which was brought in from the accident site and given to hospital staff—could be reattached, and the doctors were perplexed: They didn't realize he had brought the missing part of his finger with him.

"Everyone rushed out of the room, and my co-worker followed them as they looked for my finger," Eric says. "Low and behold, they found it in the garbage. They had thrown it away as medical waste."

Even after finding the severed finger, doctors offered little hope for reattachment.

The doctors told Eric they would likely have to remove the rest of his finger, and he had only a short time to decide how he wanted to proceed. At a loss, and with his doctors presenting no good options, Eric came up with his own. As if a light bulb



Anne Miller, MD

went off in his head, he contacted The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center.

A Night-and-Day Difference

Within five minutes, staff members at The Institute returned Eric's call and recommended he contact Anne Miller, MD, orthopedic hand surgeon affiliated with The Institute. Dr. Miller was able to see Eric that same day.

"We didn't even sit down in the waiting room in Dr. Miller's office," Eric says. "We didn't wait at all. Dr. Miller asked to see the injury and said it wasn't that bad. We were in disbelief."

Dr. Miller had no doubt she'd be able to reattach the severed tissue.

"He had distal tip amputation, meaning the fingertip from the nail forward was cut off, and there was bone showing," Dr. Miller says. "When that happens, you can't just sew the skin over; you have to move skin around to cover the bone, or trim the bone. Because he had a soft tissue injury with the bone and tendons still intact, I wanted to move the soft tissue around."

The nature of the injury didn't require any special bloodless techniques,

but Dr. Miller says all her surgeries are bloodless. She hasn't given a blood transfusion in more than 25 years of practice.

Success after Surgery

Following surgery, Eric worked with occupational therapist Kerrie Schryver for physical rehabilitation. Therapy was more intensive than he had imagined, and one of the hardest things was overcoming his fear of re-injuring his finger. His therapy sessions spanned six months, and he credits his occupational therapist for helping him get back to work as quickly as he did.

Eric's employer had reassigned him to desk duty and didn't expect him to return to work at all for six months. In half that time, he was back on full duty. The accident's impact on his ability to perform his work had been a burden on his mind, and he's grateful to all involved for his successful treatment.

"Words can't express what Dr. Miller, Kerrie, and The Institute did to get me back on my feet," Eric says. "If it wasn't for them I don't know how things would have ended up."

To see more examples of how patients have found the respect they deserve and the care they need at The Institute, visit www.BloodlessMed.org and view the highlights from our most recent public seminar. For a referral to a blood management physician, call 1-888-766-2566.

“ WHEN YOU HAVE A TRAUMATIC INJURY AND LOSE A PIECE OF YOUR BODY, NO MATTER HOW SMALL, IT'S STILL A PIECE OF YOU. TO GO FROM ONE DOCTOR TELLING ME HE WOULD HAVE TO DISFIGURE ME MORE TO THE BLOODLESS INSTITUTE'S RESPONSE WAS KIND OF SURREAL. IT BOGGLES MY MIND HOW DIFFERENT IT WAS. ”

—Eric Brooks, accident victim

IT ISN'T ALL IN THE NAME

Eric Brooks says there's much more to The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center than the name implies.

"They have a wealth of knowledge and connections with really good doctors who care and go the extra mile," Eric says. "Whether you need bloodless medicine or not, that knowledge alone is worthy of inquiry and a visit."

Anne Miller, MD, orthopedic hand surgeon affiliated with The Institute, described this relationship in further detail.

"As a physician, when someone needs medical assistance, I typically have a good idea what they need and I can refer them to the right person," Dr. Miller says. "For people who don't have a doctor in the family, having a resource like The Bloodless Institute that works in your best interests is great. Knowing you'll be referred to someone who'll respect your beliefs and not question them is reassuring."

*Good doctors
who go the
extra mile*

Spreading the *Ward*

On Jan. 24, The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center presented an event in the Hindi language for the Indian community. Here are some highlights of the evening.



Sherri Ozawa, RN, Clinical Director of The Institute



(l to r): Asit Shah, MD; Sandarsh Kancherla, MD; Minaxi Jhawer, MD; Srikant Kondapaneni, MD; and McDonald Srinivasan, MD, spoke at the event



Understanding the Risk: Using Non-Hospital Facilities for Surgery or Procedures Isn't Always the Right Choice.



By Aryeh Shander, MD, FCCM, FCCP, Chief of Anesthesiology, Critical Care Medicine, and Hyperbaric Medicine at Englewood Hospital and Medical Center and Executive Medical Director for The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital

Aryeh Shander, MD

Outpatient surgeries and medical procedures performed at off-site surgery centers or in a physician's office can be very convenient and cost-effective, but they're not always the best choice for patients for whom blood transfusions aren't an option. When you're deciding where to have a procedure or surgery, you should choose a location that works best for you and the type of surgery being performed.

If you are in need of a minor surgery or an outpatient procedure such as a colonoscopy and your physician refers you to an off-site ambulatory surgery center, we encourage you to ask questions. Is the doctor performing this procedure in the office or off-site surgery center because he or she can charge you a facility-use fee in addition to medical fees, or because it's really your best option for treatment?

While almost everyone is a candidate to have minor procedures performed on an outpatient basis, an in-office procedure or an off-site ambulatory surgery center isn't often recommended for patients who are living with a serious medical condition such as congestive heart failure. These patients, as well as patients for whom blood transfusions aren't an option, might be better suited for hospital-based procedures where a full spectrum of support is available if complications occur during complex or larger procedures.

Englewood Hospital offers an on-site ambulatory surgery center, which means our skilled bloodless medicine physicians and surgeons can perform your procedure in one of our state-of-the-art operating or endoscopy suites. In the rare event that a complication occurs, you can rest assured that immediate medical attention—from physicians who will follow your wishes for bloodless care—is available from our full-service hospital.

For information about same-day procedures and surgery at The Bloodless Institute, visit www.BloodlessMed.org or call 1-888-766-2566.



Making the *Right Choice* for You

By Sherri Ozawa, RN, Clinical Director of The Institute

The way health care is delivered is changing in front of our eyes. Improved surgical techniques, increasingly effective medications, and better awareness of preventive care mean many procedures that used to happen only in hospitals now happen in doctors' offices or non-hospital surgical centers. Some examples include colonoscopies, "minor" surgeries such as tonsillectomies, and various orthopedic surgeries. What does this mean for you and your family?

In many cases, there is the perception that procedures performed in a doctor's office or other center offer increased patient convenience. In fact, a doctor's office staff may present this as a much better option than going to a hospital, especially when it comes to scheduling. So what should you do?

While convenience is a factor when making decisions, patients concerned about blood transfusions must consider more important issues. While most procedures performed in a non-hospital setting are "minor," a certain percentage of patients will experience unforeseen complications—even in the hands of skilled doctors and nurses. If this happens, a hospital setting allows for a much faster and more comprehensive response.

Another factor to consider is this: hospitals that have comprehensive and organized Bloodless Medicine and Surgery programs have invested an immense amount of time, resources, and heartfelt effort into building a safe and supportive environment for patients. Many patients feel that using the hospital for even these "smaller" services is a statement of loyalty and appreciation for what has been invested.

In any case, choosing an organized Bloodless program in a hospital setting is always the safest and wisest choice for any procedure you or your loved one needs. So when scheduling such a procedure with your doctor, and even if another location is suggested, always ask your doctor or the staff to schedule your procedure in the hospital.



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Cross-Cultural *Communication*



Aryeh Shander, MD, and Sherri Ozawa, RN

In March 2015, a team from The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center traveled to Israel to exchange critical information about patient blood management with healthcare professionals from around the world.

Every two years, Western Galilee Hospital in Israel hosts a symposium for the global medical community. The goal of this gathering is to share the latest news about blood management and explore the best possible options to help patients from every walk of life. The Institute has been well represented at previous conferences and this year was no exception.

Aryeh Shander, MD, FCCM, FCCP, Chief of Anesthesiology, Critical Care Medicine, and Hyperbaric Medicine at Englewood Hospital and Executive Medical Director for The Institute, and Sherri Ozawa, RN, Clinical Director for The Institute, attended the Spring 2015 conference

and seamlessly fell into conversation with like-minded medical professionals.

“We don’t see borders. We see that everyone is working toward the same goal—trying to reduce the need for blood transfusions and help patients recover with the best outcomes,” Dr. Shander says. “Our responsibility is to spread this message to our colleagues all over the world and encourage them to step up and start exploring all of the options where patient blood management is concerned.”

Ms. Ozawa worked to share the same message with nurses who attended the symposium. And while many of the nurses were in tune with the conversation about bloodless medicine, Ms. Ozawa says the perspectives of nurses practicing in the Middle East took the conversation to the next level.

“In that part of the world, they have sadly unique situations involving violence and trauma,” Ms. Ozawa says. “I learned so much from them. We learned from each other.”

Dr. Shander, Ms. Ozawa, and other professionals from The Institute will continue to travel the world to discuss patient blood management. Previous trips have been to destinations such as Asia, Australia, Russia, and South America.

