

SWEDISH MEDICAL CENTER PLATE

Seattle, Washington | www.swedish.org

Management and Treatment of Acute Rib Fractures in Adults

Joelle Thirsk-Fathi, M.N., ARNP; and Eric Vallières, M.D., Thoracic and Foregut Surgery

Nearly 300,000 people are seen annually in acute-care facilities with rib fractures. Seven percent of this population will require hospitalization for medical, pain and/or surgical management.

Associated injuries, such as pulmonary contusions, hemothorax, pneumothorax and pleural effusions, can lead to complex pulmonary problems with increased risk of added morbidity, avoidable hospital admission or even death.

Rib fractures are painful and often take six months or more for patients to become pain free. Historically, good pain control has been the only treatment

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The True Family Women's Cancer Center Giving your patients every possible advantage



Patricia Dawson, M.D., Medical Director, The True Family Women's Cancer Center

The fact that women are different from men is evident in many aspects of life – including dealing with cancer. Frequently women are the health-care decision makers for their families, and the glue that keeps the family functioning on a daily basis. When faced with a personal health-care challenge, women will seek informa-

tion, explore multiple options and make decisions based not only on their own needs, but the needs of their families. Women are also more likely to want access to a variety of resources in dealing with their cancer care.

At the Swedish Cancer Institute (SCI), we made the unique needs of women the guiding principles of the True Family Women's Cancer Center, which opened in June at Swedish/First Hill in Seattle. The center has established a new standard for providing risk reduction, diagnostic, treatment and support services for women – regardless of the type of cancer.

While not all surgical and medical oncology specialists have offices in the center, the center's integrated resources make it easy for patients to access care. Services that are physically located in the True Center include: psycho-oncology, genetic counseling, naturopathy, financial counseling, social work, patient education and American Cancer Society patient navigator, breast surgery, specialized medical oncology, cancer rehabilitation, specialized breast imaging, and the Rivkin Screening Clinic, among others. Additional specialty services, such

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Protecting At-Risk Patients from the Silent AAA Killer

Abdominal aortic aneurysm (AAA) is the third leading cause of death in men ages 60 and older. It earns its nickname – the silent killer – because the aneurysm can quietly expand over time without producing any symptoms. AAA cannot be detected during a routine physical exam and is often unobserved until it appears on a radiograph taken for an unrelated condition – or until it ruptures. After rupturing, an AAA causes death nearly 90 percent of the time.

In 2006 Congress passed legislation directing Medicare to cover the cost of ultrasound screening for AAA in at-risk individuals. The screening, however, has been a largely under-utilized benefit because individuals must request the AAA screening referral during their "Welcome to Medicare" physical and arrange for the screening within 12 months of enrollment in Medicare Part B. This narrow window of opportunity, as well as a general lack of knowledge about this Medicare benefit by physicians performing these physicals, has meant that many potential victims have not been able to benefit from this highly effective, low-cost, life-saving screening. In fact, in 2008 and 2009 only 18,000 at-risk individuals were screened.

The risk factors are simple; making physicians and the public aware of the risk and the Medicare preventive-health benefit is the challenge. Risk factors include:

- Gender (males more than females)
- Caucasian
- Smoker
- Family history of AAA
- High blood pressure
- High cholesterol
- Atherosclerosis
- Genetics (such as Marfan's syndrome)



Roman Wong, M.D., senior medical director, and Rocco Ciocca, M.D., executive director, Swedish Vascular Surgery; and Brian Lange, M.D., medical director of the clinic's Vascular Lab and Vein Center, evaluate an angiogram of an abdominal aortic aneurysm.

As the AAA grows, the risk of rupture increases from 3-15 percent for a 5.0-centimeter aneurysm to 20-50 percent for an aneurysm that is 7.0 centimeters or larger. The mortality rate following early detection and treatment is less than 1 percent. Repairing an AAA of 5.5 centimeters or larger using today's highly advanced minimallyinvasive endovascular procedures can greatly improve outcomes with fewer complications, shorter hospital stays and less pain. Rather than immediately recommending surgery for AAAs smaller than 5.5 centimeters, vascular surgeons will often take a monitor-andreevaluate approach, unless the growth is more aggressive than the norm of 3 millimeters per year.1

Educating at-risk patients about the availability of the simple AAA screening, which is free for Medicare patients, will help arrest this silent killer.

 Brewster DC, Cronenwett JL, Hallett JW Jr, et al. Guidelines for the treatment of abdominal aortic aneurysms.
 Report of a subcommittee of the Joint Council of the American Association for Vascular Surgery and Society for Vascular Surgery. J Vasc Surg 2003; 37:1106.

Referring to Swedish

Swedish Vascular Surgery specializes in the diagnosis of a broad range of vascular disorders. In state-of-the-art facilities, Swedish vascular surgeons offer the most advanced diagnostic testing, and medical, surgical and endovascular options.

To consult or refer a patient, please call **206-215-5921**.

Vascular Surgery - First Hill 801 Broadway 5th Floor Seattle, WA 98122

Vascular Surgery - Issaquah 751 N.E. Blakely Dr. Suite 3020 Issaquah, WA 98029

Vascular Surgery - West Seattle 3400 California Ave SW Professional Clinic, Suite 210 Seattle. WA 98116

For more information about Swedish Vascular Surgery, go to: www.swedish.org/vascularsurgery.



Case Study: Successful Endovascular Repair of AAA

Roman Wong, M.D., Swedish Vascular Surgery

Dec. 14, 2010: GG is an 82-year-old male. He presented to his primary-care provider (PCP) with an asymptomatic pulsatile abdominal mass. GG has a history of hypertension, hypercholesterolemia and cigarette smoking – although he presently does not smoke. His current medications include enalapril, labetalol, mevacor and aspirin. Ten years ago he had bilateral knee replacement surgery. An ultrasound of his abdomen showed an abdominal aortic aneurysm of 7.8 cm in maximal diameter. His labs were normal, including a creatinine of 0.8.

GG's PCP called the Swedish Vascular Surgery Clinic for advice. We suggested the PCP order a CT angiogram, to be followed immediately by a consult in our clinic.

Dec. 16, 2010: GG underwent CT angiography in the morning. Our vascular surgeon saw him for a consultation later the same day. The patient's aneurysm was infrarenal and actually measured 8 cm at the maximum diameter. The aneurysm's anatomy was deemed suitable for stent graft placement, and the patient appeared fit for endovascular repair. GG expressed a desire to wait until after the holidays, which seemed a reasonable request that we could accommodate. Additionally, knowing that a new generation of endografts – with improvements which seemed to make

them superior to the existing available iterations – were due for release the first week of January 2011, we scheduled his surgery for Jan. 12, 2011.

Jan. 12, 2011: GG underwent endoluminal repair with a bifurcated modular device in slightly under two hours. Minimal blood loss was replaced with crystalloid. The patient was discharged from post-anesthesia recovery to the medical/surgical floor.

Jan. 14, 2011: GG was ready to be discharged on his first post-op day; however, due to his age and the fact that he lives alone,



Intra-operative angiogram taken in the operating room prior to beginning the AAA repair.

we held him one extra day, then discharged him to independent living.

Jan. 27, 2011: We saw GG for a two-week post-op check. He had resumed his normal activity. His incisions were healing fine and his lower extremities were well-perfused. There were no complaints.

Feb. 9, 2011: GG came in with new four-day onset of right ankle and right foot swelling. Venous ultrasound showed gross right saphenofemoral reflux and an incompetent greater saphenous vein (GSV) throughout the (continued on A6)



Intra-operative completion angiogram taken in the operating room after stent placement to confirm successful repair with no leakage.

Screening for Peripheral Artery Disease

Patients presenting with symptoms that include calf or thigh discomfort while climbing stairs, walking or exercising, or numbness in their limbs or feet, should be evaluated for peripheral artery disease (PAD). Patients with PAD are at greater risk for coronary heart disease, heart attack, stroke and transient ischemic stroke.

PAD is more common in the elderly, and patients with coronary heart disease have a one in three chance of having PAD. People often consider aches and pain a normal condition of aging, which means they are less likely to admit to having symptoms that could alert their primary-care physicians to the presence of PAD.

Diagnostic testing for PAD may include ankle-brachial index, duplex ultrasound, magnetic resonance angiogram (MRA) or arteriogram. Treatment may include lifestyle

changes, medications and/or endovascular or surgical procedures.

For more information about PAD screening, or to consult or refer a patient, please call Swedish Vascular Surgery at **206-215-5921**.

Risk Factors Associated with PAD

- Smoking
- Age (one in 20 Americans over age 50 has PAD)
- Diabetes (one in three people older than 50 with diabetes has PAD)
- High blood pressure (or family history of it)
- High cholesterol (or family history of it)
- Obesity
- Coronary heart disease (or family history of it)
- Stroke (or family history of stroke)

True Center

(continued from A1)

as gynecologic oncology and fertility preservation, are easily accessible on the same campus.

Coordination, Convenience and Comfort

The concept behind the center is to offer women a coordinated experience in a comfortable environment with as much convenience as possible. Because it may be necessary to begin treatment promptly, women face a tidal wave of complex decisions before they really have a chance to come to grips with their diagnosis. There are treatment decisions, complex insurance issues, and challenges around jobs and child care. While we move forward planning and identifying resources and treatment, we also surround the patient with the support, information and reassurance she needs to be an integral part of her care.

We have chosen to make care coordination an essential role of the treatment team, rather than assigning patient navigator responsibilities exclusively to a single individual. The team makes appointments, arranges for access to services and is available

to answer questions. Patients may be able to receive most of their care in the same building in which the new center is located, so multiple appointments on the same day may be accomplished with a single visit if the patient wishes.

Because many of the SCI's specialists have offices in the new center, there are enhanced opportunities for collaboration and integrated treatment planning. We also recognize the importance of building a relationship with each patient's primary-care physician and extending our focus on peer-to-peer communication beyond the walls of the center. Ultimately we customize each patient's treatment plan – bringing together all relevant aspects of care in order to produce the best possible outcomes.

The True Center also features a streamlined process for physicians who are interested in referring their patients to our providers. One phone call to the SCI's central phone line will connect you to an intake coordinator who can answer your questions, schedule appointments for your patients, or put you in touch with the appropriate treatment team or individual provider.



When to Refer to Swedish

True Family Women's Cancer Center 1221 Madison St. Seattle, WA 98104

The Swedish Cancer Institute and the True Family Women's Cancer Center provide the full spectrum of services (risk reduction, education, diagnosis, treatment and support) for all types of cancer in women.

To refer a patient: Please call the SCI's information line coordinator at 855-XCANCER (855-922-6237) or 206-215-3600 if you would like to consult or refer a patient. The coordinator will help determine the best physician for your patient and will help set up the initial appointment.

To consult: If you'd like to consult with one of our surgeons or oncologists before referring a patient, please call **855-TRUECTR (855-878-3287)** to arrange a telephone consultation.

Immediate admit: If one of your patients requires immediate hospitalization, please call the Swedish Transfer Center at 866-470-4233.

Clinical Trials

The SCI is one of the leading clinical trial sites in the West, and is currently involved in hundreds of trials of cancer drugs and treatment approaches. The True Center design facilitates patient access to local and cooperative group studies.

Serving the Community

The generosity of many individuals and organizations in the community made the True Center a reality. We are proud to be able to offer this special healing place to women from across the state who deserve every advantage in their fight against cancer.



Rib Fractures

(continued from A1)

intervention for these patients. Poor or inadequate pain control often leads to pulmonary or pleural complications, particularly in the elderly or active smokers.

Swedish Thoracic Surgery designed its Adult Acute Rib Fracture Clinic to provide comprehensive evaluations and management of rib-fracture patients in the early phase of recovery. Whether these patients sustained a single rib fracture or multiple fractures, and whether the factures are uncomplicated or complex, this clinic can provide both pain relief and effective management to avoid associated debilitating conditions.

The Rib Fracture Clinic is able to assume care of the patient, manage the associated pain, educate and reinforce optimal pulmonary hygiene, and monitor for possible complications, including hemothorax, pneumothorax, pneumonia and empyema.

For select patients, such as the elderly or frail, surgical repair, including rib plating and fixation of the severely displaced broken ribs, may minimize the risk of complications. Early surgical stabilization is also available for active patients whose work and personal activities demand a quicker recovery and earlier return to productive work.

Fixation of the ribs, or rib plating, is a procedure in which pre-contoured, titanium plates are affixed to the ribs for stabilization. The average inpatient length of stay following rib plating is two days. Following this procedure, patients experience a shorter duration of analgesic during the healing process, as well as an earlier return to normal activities of daily living.

For more information, or to request an inpatient, outpatient or telephone consult, please call **206-215-6800**. A thoracic surgeon is also available 24 hours a day for urgent rib-fracture consults.

Case Study: Rib Stabilization

Joelle Thirsk-Fathi, M.N., ARNP; and Eric Vallières, M.D., Thoracic and Foregut Surgery

Presented here are pre- and post-operative films of a 66-year-old male who fell four feet off of a retaining wall, landing on his left side. He was seen in the emergency department the same day, where he received Vicodin for pain control. On follow up in the Swedish Adult Acute Rib Fracture Clinic three days later, he reported uncontrollable pain. He was prescribed oxycontin 20 mg BID and oxycodone for break-through pain.

The patient continued to experience uncontrollable pain and subsequent immobilization, and difficulty breathing. Because of



Front and lateral radiographs after surgery show the ribs stabilized with four titanium plates.

these progressive post-injury complications at five days following injury, the clinic physician offered him elective surgical stabilization. The patient agreed and was scheduled for open reduction and internal fixation (ORIF) of left ribs five, six, seven and eight. Following the procedure, the patient was doing well and was discharged the morning of post-op day two. During a follow-up appointment the next week, the patient was weaning off pain relievers and reported that he had returned to baseline activities, including stacking wood at his home. No further follow-up visit was required.





This pre-operative CT image shows fractures of the patient's left ribs five, six, seven and eight.

Thoracic Surgery

1101 Madison Street, Suite 850 Seattle, WA 98104 Telephone: 206-215-6800 Fax: 206-215-6801

To consult or refer a patient, please call 206-215-6800 (24-hour number).

For more information about Swedish Thoracic Surgery, go to: www.swedish.org/thoracicsurgery.

Setting the Bar for Multiple Sclerosis Care

Swedish multiple sclerosis (MS) experts and their patients, along with architects, contractors and members of the community created a synergy of ideas that culminated in the opening of the new MS Center at Swedish in April. With 12,000 square feet of space dedicated to clinical care, rehabilitation, exercise and education, the center is one of the most comprehensive and patient-focused MS facilities in the United States.



Patients at the center are able to work with a physical therapist in the gym, or outside on the therapy terrace where they can practice walking on ramps and steps, and a variety of surfaces, such as concrete sidewalks, artificial turf and gravel.

Approximately half the center, which was largely funded through community generosity, is dedicated to clinical space. The remaining areas are reserved for physical therapy, wellness

and exercise facilities, a yoga studio, an education center for lectures and support group meetings, research coordinators' offices, and rooms for social workers, vocational counselors and rehabilitation therapists. An abundance of natural lighting, groutless tile and hardwood flooring, and wider doorways with sliding doors are a few of the design features Swedish and the architects incorporated based on feedback from patient focus groups.

The center brings together a team focused on caring for the whole person. Team members include neurologists, neuro-ophthalmologists, a physiatrist, specially trained nurses, a social worker, a psychologist, and vocational, physical, occupational and cognitive rehabilitation therapists. Many of these experts are also involved in clinical trials of new diagnostic

techniques (e.g., blood markers and MRI studies), promising new therapies, approaches to pain and symptom management, and exercise studies.

"We want to use the services we have

Multiple Sclerosis Center at Swedish

1600 East Jefferson, Suite A Seattle, WA 98122 Phone: 206-320-2200 Fax: 206-320-2560

The MS Center at Swedish offers innovation in care and clinical treatment programs for those affected by MS and related neurological disorders – relapsing remitting, secondary progressive, and primary progressive multiple sclerosis, as well as clinically isolated syndrome, optic neuritis, transverse myelitis, neuromyelitis optica and other inflammatory central nervous system diseases.

www.swedishMSCenter.org

available at our new center to empower our patients with MS to embrace life," says **James D. Bowen, M.D.**, medical director of the MS Center at Swedish. "The generosity of the community is allowing us to accomplish that goal."

With its new facility, the multiple sclerosis program is able to help its patients live their lives well – despite MS. For more information about MS care at Swedish, or to refer a patient, please call 206-320-2200.

Case Study: AAA (continued from A3)

extremity. There was no evidence of deep or superficial thrombosis. We prescribed graduated compression stockings and asked him to return for re-evaluation in one month.

March 9, 2011: At the follow-up visit, GG's symptoms had improved, but he commented that the swelling persisted at the end of the day. The patient was scheduled for an endovenous ablation of his right GSV.

March 24, 2011: GG underwent a right GSV ablation under local anesthesia in the office. The procedure took 35 minues. The patient was instructed to walk two miles

immediately after the procedure. At his twoweek check up, GG was asymptomatic with no more swelling, and his ultrasound showed a narrowed sapheno-femoral junction and completely occluded GSV.

April 6, 2012: One year after his endovascular treatments, GG was fully functional and asymptomatic.

His CT angiogram showed the graft to be in good position and free of complications. The aneurysm sac had shrunk to 7.5 cm. His venous duplex showed a wide open and competent femoral vein, with complete occlusion of the GSV.

This case study is presented for educational purposes with the consent of the patient.

The patient's perspective:

"I was surprised when my primary-care doctor told me during my regular six-month checkup that something didn't feel quite right in my abdomen. I felt completely normal. I'm very lucky he discovered the aneurysm and that Dr. Wong was able to repair it." – GG



Qualis Health Recognizes Swedish 30-Day Readmission Success

Qualis Health has awarded Swedish Health Services its Award of Excellence in Healthcare Quality – Three Part Aim Outcomes for its efforts to reduce 30-day readmissions for heart failure patients. The award, which was presented during the 2012 Northwest Patient Safety Conference in May, acknowledges the success Swedish has had through its Collaborative Health Action Team (CHAT) initiative. The CHAT program focuses on resolving three challenges that contribute to readmission:

- Patient failure to schedule a follow-up appointment with a physician within one week of discharge
- Patient barriers to self-care and resources
- Need for inpatient education and continued support through post-acute services

For more information about the CHAT program at Swedish, call **Kerry Parsinen, R.N., BSN**, at **206-215-2428**, or read an article about CHAT in the May issue of *Physicians Practice* at www.swedish.org/PPJ-May2012.

CME Course Listing July – November 2012

Physicians from across the region and around the world come to Swedish Medical Center's Continuing Medical Education (CME) courses to learn about new research and innovative treatment techniques.

For times and locations, go to www.swedish.org/cme or call 206-386-2755.

Third Annual Highlights in CV Therapies: A Case-Based Course for Cardiac & Vascular Specialists

Friday, July 13

Physician Well-Being: Who Do You Want to Be? Friday, Sept. 7

Second Annual Intensive Update in Neurology Friday, Sept. 13-14

Pacific Northwest Urology Robotics Symposium Friday, Sept. 14-15

16th Annual Pain Management Symposium: The Rocky Horror Pain Show

Friday, Sept. 28

Second Annual "A Case for Cases" Symposium: Updating Interventional Cardiology from the Cath Lab

Friday, Oct. 5

Update in Kidney Transplant

Friday, Oct. 19

10th Annual West Coast Colorectal Cancer Symposium

Friday, Oct. 26

The Transradial Approach: A Case-based and Hands-on Training Course

Friday, Nov. 2

Advances in Neuromodulation 2012: Current State of the Art and Emerging Indications

Friday, Nov. 9

Orthopedics for Primary Care

Friday, Nov. 9

26th Annual Roland D. Pinkham, M.D. Basic Science Lectureship

Friday, Nov. 16

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Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Swedish Medical Center

For more than 102 years, Swedish Medical Center has brought the most advanced, up-to-date medical care to the people of the Seattle metropolitan area. Today, with five hospitals, multiple medical facility campuses and hundreds of primary- and specialty-care clinics throughout the Greater Puget Sound Area, Swedish is the area's largest, most comprehensive, nonprofit health-care system. As a regional referral center for cardiac care, maternal-fetal medicine, neurological care, oncology, orthopedics, pediatrics and transplantation, the men and women of Swedish and the Swedish Medical Group care for patients from throughout the Northwest - and beyond. For more information, visit www.swedish.org or call 800-SWEDISH (800-793-3437).

Ballard

5300 Tallman Ave. N.W. Seattle, WA 98107-3985 206-782-2700

Cherry Hill

500 17th Ave. Seattle, WA 98122-5711 206-320-2000

Edmonds

21601 76th Ave. W. Edmonds, WA 98026 425-640-4000

First Hill

747 Broadway Seattle, WA 98122-4307 206-386-6000

Issaquah

751 N.E. Blakely Dr. Issaquah, WA 98029 425-313-4000

Mill Creek

13020 Meridian Ave. S. Everett, WA 98208 425-357-3900

Redmond

18100 N.E. Union Hill Road Redmond, WA 98052 425-498-2200

Swedish Medical Group

600 University St., Ste. 1200 Seattle, WA 98101-1169 206-320-2700

Physician Opportunities

Are you a physician who would like to join a team-oriented, patient-focused practice?

Contact Aaron Bryant Manager, Provider Services Swedish Medical Group 206-320-5925 (office) aaron.bryant@swedish.org