Transradial Cardiac Catheterization

Cardiac catheterizations are one of the most common procedures performed in evaluation and treatment of heart disease. Today it can be done via the radial artery in the wrist.

Page 3

Shown: Dr. Geoff Day, James Gillooly, and Emily Leinenbach, RN
How Are We Doing?

Hospital, IU Partner To Train Medical Students

By ALEXANDRA SONDEEN
Herald Staff Writer

JASPER — Memorial Hospital in Jasper will soon regularly host third- and fourth-year medical students from Indiana University School of Medicine’s Evansville branch.

In coordination with Dr. Steve Becker, assistant dean and interim director of the Evansville Center for Medical Education, Jasper gynecologist Dr. Terry Brown and the hospital administration have forged a partnership with the medical school to allow students to complete required and elective rotations in Jasper. Memorial will offer training in family practice, internal medicine, obstetrics and gynecology, psychology, cardiology, general surgery, anesthesiology, orthopedics, urology and emergency medicine.

“We couldn’t be more thrilled with it,” Memorial Hospital President and CEO Ray Snowden said. “What makes me really proud is that there are very few hospitals in a rural environment like ourselves that really have an opportunity to be in involved in education.”

Brown explained that IU, the state’s only medical school, has eight satellite branches to teach the first two years of its medical curriculum, with the final two years dedicated to clinical work in hospitals. While students can make special arrangements to work in hospitals out of state, they are not able to train in this area.

“The problem now is that they need to train more doctors because we’re facing a shortage in the future,” Brown said. “You can increase the number of first- and second-year students just by increasing the number of students at the regional campuses. The largest problem is finding the last two years when all of those students converge on Indianapolis to get trained in the hospitals. Frankly, we don’t have enough teachers or patients.”

So the regional campuses are expanding to accept more students and offer the full four-year medical degree. Becker said the Evansville campus has 35 students and expects to have about 90 within the next several years.

To offer clinical rotations through the branch, IU will work in coordination with the school’s Medicine, Surgery, Pulmonology, Cardiology, General Surgery, Medicine, Obstetrics and Gynecology rotations at the Evansville campus. The partnership will benefit patients as well, as the hospital will have increased knowledge to Memorial Hospital, Snowden said.

“We have been working diligently on is to reduce our surgical infection rate to 0%,” he said. “Third party organizations that review our performance and compare it to using skin wipes with chlorhexadine shower gel prior to surgery.”

Becker said the hospital will not be paid for its collaboration.

Becker said very preliminary discussion has started regarding bringing the medical school’s three-year residency program and continuing education opportunities to the Jasper campus. Programs such as other medical occupations such as physician assistants are being discussed as well.

There is a tremendous amount of support for this here in Jasper,” Brown said. “Memorial is going to play a very positive role in training new doctors. That will benefit everyone in the long run.”

Terry Brown, MD
Steve Becker, MD

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Cardiac catheterization is a minimally invasive procedure that involves inserting hollow tubed catheters into the vessels of the heart and injecting contrast dye. Utilizing x-ray to follow the flow of the dye, coronary artery blockages may be visualized. The nature of the blockage determines the treatment plan, such as medication changes, angioplasty and/or stenting, or coronary artery bypass.

Traditionally, cardiac catheterization has been performed by inserting the catheters into the femoral artery located in the groin area. Due to the larger size of the femoral artery and the more direct route to the heart, this approach is technically easier and since the 1960s has been the default access site for catheter placement. Despite its tried and true success, the procedure has several disadvantages that have been mitigated by experience and technological advances, but not resolved. The most common complication with catheterization remains access site bleeding that can vary from a sore bruise to life-threatening bleeding. In some cases, internal bleeding can go unrecognized until serious complications occur. To prevent these problems, patients have less risk and bleeding, fewer complications, and a quicker recovery.

Despite its advantages, radial artery catheterization is not for everybody. Patients requiring complex procedures and catheters too large to fit in the smaller radial artery. There are also risks unique to the radial artery. Arterial spasm can be painful and occurs with stimulation of the smaller arterial wall. This is most often prevented with medications, though on occasion requires switching access site to the femoral artery. Radial artery closure can also occur, though usually of limited consequence as long as dual blood supply to the hand is assessed prior to the procedure. The risk is less than 2% with modern techniques and appropriate blood thinners given during the procedure. If this approach is safer and leads to better patient satisfaction, why do physicians still perform femoral artery catheterization? In fact, only a small minority of cardiologists (5-10%) are performing radial artery catheterizations. Most cardiologists were trained in the femoral approach. The radial approach is technically more difficult and has a steep learning curve. The artery is smaller and the anatomy is more variable. It takes experience to become comfortable in the technique, and learning in the midst of a busy practice has remained a roadblock in many centers across the United States.

Here at Memorial Hospital, our Cardiology group has developed expertise in this technique through formal training and real world experience. In the last year, the radial artery has become our default point of access for cardiac catheterizations in the appropriate patients (>60%). The physicians of Heartland Cardiology are proud to be among the 5-10% of cardiologists across the country that have accepted the radial access first approach to cardiac catheterizations and remain committed to this technique as we continue to improve on both patient outcomes and patient satisfaction while caring for this wonderful community.

According to the CDC, nearly 26 million people have diabetes today. Of these 26 million people, 18.8 million are diagnosed and 7.0 million are undiagnosed. In addition, an estimated 79 million American adults have pre-diabetes. Pre-diabetes is a condition that raises the risk of developing type 2 diabetes, heart disease and stroke. People with pre-diabetes have blood glucose levels higher than normal but not high enough to be classified as diabetes.

Who is at Risk for Developing Diabetes? You are:

• if you have a family member such as a parent, brother, or sister with diabetes
• if you are over the age of 45
• if you are overweight with a BMI equal to or greater than 25
• if you are not getting enough physical activity
• if you have low HDL cholesterol or high triglycerides and high blood pressure
• if you are a member of certain racial and ethnic groups (Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, American Indians and Alaska Natives)
• if you are a woman who had gestational diabetes or had a baby weighing 9 lbs or more at birth
• if you have been diagnosed with a condition called pre-diabetes

Know your Diabetes ABCs

A for A1C one of the goal for an A1C test shows you what your blood sugar has been over the past three months. The goal for A1C for many people is 7.0. High blood sugars can harm your heart and blood vessels, kidneys, feet, and eyes.

B for Blood Pressure - the goal for most individuals is 130/80. High blood pressure makes your heart work too hard and can cause heart attack, stroke, and kidney disease.

C for Cholesterol - the LDL goal for most people is 100. The HDL goal for most adults is above 40. LDL or bad cholesterol, can build up and clog your blood vessels causing heart attack or a stroke. HDL, or good cholesterol, helps remove cholesterol from your blood vessels.

Diabetes can be prevented by implementing lifestyle changes. It is important to make changes to your diet and exercise in order to improve your overall health and reduce your risk for diabetes. Try the following simple steps to improve your health:

• Eat smaller portions.
• Eat fewer foods that high in calories, fat, saturated fat, trans fat, cholesterol and sodium.
• Increase your intake of high fiber foods such as whole grain breads and cereals, fruits, vegetables and beans.
• Drink more water each day while using measuring tools for proper portion control. Check the labels for calories, fat, carbohydrates and sodium.
• Start an exercise program. Even small amounts of physical activity can make a big impact on your blood sugar. Strive for a goal of 30 minutes of physical activity most days of the week.

If you have diabetes or pre-diabetes, contact a Certified Diabetes Educator or enroll in a Diabetes Self-Management Training course and equip yourself with the knowledge and skills needed to stay healthy.


Pre-Diabetes Classes are held the second Thursday of each month from 5:30 pm – 7 pm and the first Saturday of each month at 9:30 am. Pre-registration is required.

Make a Plan to Prevent Diabetes and Its Complications

Diabetes Education Team

Dr. Ross (R-L): Krista Schwindt, Director of Medical Practice Management, Melissa Schwindt, Medical Assistant; Amy Hofy, RD, Director of Food & Nutrition Services, Michelle Buschkoetter, RN, CDE; Melanie Blackwell, RN, CDE; Eliza Lambert, RD. Third Row: Jessica Sitzen, RD, Monna Fromme, RN, CDE, Michelle Becher, RN, CDE.

FY 2011 PATIENT CARE STATISTICS

Outpatient Visits: 206,480
Emergency Patients: 31,033
Huntingburg Urgent Care Patients: 14,552
Inpatient Admissions: 7,078
Surgery/CL Procedures: 6,075
Births: 883

FY 2011 COMMUNITY BENEFIT/SERVICE

Patient Financial Assistance (Charity) Cost: $1,603,510
Cost of Other Community Benefits & Services: $4,791,836
Unreimbursed Medicare & Medicaid Cost: $40,385,612

FY 2011 ECONOMIC IMPACT

Employees: 1,401
Annual Payroll: $60,489,349
Supplies and Services Purchased Locally: $13,821,344
Minimally Invasive Surgery (MIS) includes any procedure that minimizes incisions, operating time and maximizes patient recovery and overall satisfaction. As medical devices and surgical techniques are developed, the ability to perform even major operative procedures through smaller and smaller incisions is possible. Minimally Invasive Surgery, in many situations, allows for major operations to be performed more safely while reducing overall pain and scarring after the procedure. Another major advantage of MIS is a quicker return to work or other daily activities. Most patients after a major gynecologic surgery are discharged to go home the next day.

The most common gynecologic condition that may require surgery is abnormal uterine bleeding. This bleeding can be caused by many conditions including hormonal problems, uterine fibroid tumors and polyps as well as cancers or pre-cancerous conditions. There are several procedures offered for these common gynecologic conditions. Lesions inside the uterus, including fibroid tumors, and polyps may be removed by hysteroscopic procedures. During hysteroscopy, a slender scope is inserted through the vagina and cervical opening directly into the uterine cavity. Instruments are inserted through the scope to perform the operation. Devices such as cryomeder are helpful in quickly and safely removing these lesions without incisions. This procedure may help a patient avoid a hysterectomy. For women with abnormal uterine bleeding without a structural uterine defect, endometrial ablation is another uterine preserving option. These procedures can significantly reduce or possibly eliminate menstrual bleeding. Devices such as NovaSure and ThermaChoice are inserted through the cervix into the uterine cavity and when activated destroy the lining of the uterus. These procedures can be performed in an office setting or in the out-patient operating room. The patient is typically discharged soon after the procedure is completed and can return to routine activities within a couple days. All gynecologic surgeons at Memorial Hospital, Drs. Beckman, Brown, Cecchi, Gray, Hripf, and Werne perform these procedures.

When hysterectomy is necessary, laparoscopic hysterectomy can be performed. Traditionally, there are two ways to accomplish a hysterectomy. Open abdominal surgery requires a larger incision on the abdomen leading to more pain and a longer recovery time, as well as a longer hospital stay. Vaginal hysterectomy is a less invasive surgery but still associated with longer recovery and more pain. Minimally invasive hysterectomy performed laparoscopically leads to less pain, less scarring, quicker recovery and return to usual activities in a faster time.

Robotic-assisted laparoscopic surgery is indicated for those women with significant disease of the pelvis that requires a more complex surgery to perform. These conditions may include cancer surgery or pelvic reconstruction due to significant prolapse of the uterus, vagina or both.

The gynecologic surgeons of Jasper Obstetrics and Gynecology, Drs. Beckman, Hopf and Werne, as well as colleague Dr. Cecchi, offer minimally-invasive laparoscopic hysterectomy. The procedure has been performed right here at Memorial Hospital and Health Care Center since 2005, and the overall success rate is very high. There are cases in which a laparoscopic approach is not safe and open abdominal surgery is still performed, but many cases are amenable to the minimally invasive approach. As Memorial Hospital, we continue to develop this technique, improving patient’s lives with relief of the surgical problem as well as returning the patient to an active lifestyle quickly and safely.

The registration form is available on the Jasper Strassenfest website at www.jasperstrassenfest.org and at area athletic stores and fitness centers. The Wettlauf is sponsored by St. John Bosco Catholic Youth Ministries, Holy Family School, and corporate sponsor Memorial Hospital and Health Care Center. For more information, call Becky Sweers at 481-2442.

Now if you’re ready for a real thrill, the inaugural running of the Heartland Half Marathon & 5K on Sunday, September 2 should be nothing less than exciting! The race begins at 7:00 a.m. near the Train Depot and Riverwalk in Jasper.

The registration fee for the half marathon is $45 if registered by June 24, increasing to $55 between June 25 and September 1. The 5K registration fee is $20 by June 24, increasing to $25 between June 25 and September 1. Pre-registered for both races will receive a technical shirt, and the first 500 pre-registered half marathoners will also receive a cool running hat along with an inaugural race gift.

The Southern Indiana Wolfpack, a running group based in Jasper, is sponsoring a free, 13-week program for anyone interested in training for the Heartland Half Marathon. The training program will be held each Sunday in June, July, and August at 7:00 a.m. in front of the Jasper Fire Station, located at 309 East Sixth Street.

The Heartland Half Marathon & 5K is being coordinated by DC Multisport, a non-profit organization dedicated to promoting running, biking, and other sports among adults in the Dubois County region. Dubois County Visitors Center is coordinating lodging information and event volunteers. The event corporate sponsor is Memorial Hospital and Health Care Center. Proceeds from this year’s race will be given to the Philip R. Hawkins Heart & Vascular Center at Memorial Hospital for new integrative medicine services provided to cardiac patients. For more information about pre-registration as well as volunteer and sponsorship opportunities, visit www.heartlandhalfmarathon.com or call Dubois County Visitors Center at 482-9115.

Long story short, these are just a few of the many opportunities in Dubois County to become more physically active.

If you would like information about exercise classes offered at Memorial Southside Office, please call Memorial Hospital’s Community Relations staff at 996-2399.
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