



**Licking Memorial
Health Systems**

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's

Report on **Surgical Care.**

You'll soon discover why
Licking Memorial Hospital is
measurably different ... for your health!

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Community Report Card

Licking Memorial Health Systems

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Surgical Care ... A Community Report on Surgical Services

Health Tips

To aid in your recovery following surgery, contact your surgeon immediately if you experience any of the following and/or if you have other problems or questions:

- Severe pain
- Persistent vomiting
- Fainting spells
- Redness, bruising or swelling of operative site
- Fever of 101 degrees or higher
- Severe/continuous bleeding
- Trouble urinating

Surgical Care – How Do We Compare?

At Licking Memorial Hospital (LMH), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your health care choices.

- 1** Unscheduled returns to the operating room (OR) may result from problems involving surgical technique, anesthesia, or infection control.

	LMH 2004	LMH 2005	LMH 1/06-8/06	National ⁽¹⁾
% Unscheduled returns to the OR	1.0%	0.3%	0.6%	1.2%

- 2** Treating patients in the most appropriate setting is an important issue in today's health care environment. It is important to monitor if outpatient operative procedures require inpatient admissions, as these unplanned admissions may indicate inappropriate use of outpatient services.

	LMH 2004	LMH 2005	LMH 1/06-8/06	National ⁽¹⁾
% Unscheduled admissions	0.1%	0.1%	0.04%	1.9%

- 3** Conscious sedation allows patients to tolerate unpleasant procedures while maintaining adequate breathing and the ability to respond to stimulation. Most of the drugs used in conscious sedation can be reversed fully or partially if necessary. However, careful patient assessment and monitoring reduce the need for reversal agents and improve patient outcomes. Therefore, minimal use of reversal agents is a good indicator of quality in conscious sedation.

	LMH 2004	LMH 2005	LMH 1/06-8/06	National ⁽¹⁾
% Use of reversal agent – GI Lab	0.28%	0.55%	0.86%	0.92%

- 4** The health care team at Licking Memorial Hospital follows a multiple-step process to prevent wrong-patient, wrong-procedure, wrong-site surgery (e.g., surgery performed on the left foot instead of the right). This process includes left or right designation at the time the surgery is scheduled, verification of the site on the day of surgery with the patient and the patient's current medical record, marking the site, and final verification in the operating room.

	LMH 2004	LMH 2005	LMH 1/06-8/06	LMH Goal
Number of surgeries	5,670	5,444	3,541	n/a
Wrong-site surgeries	0	0	0	0
Surgical site verification checklist completed	99%	100%	99.5%	100%

- 5** Receiving the appropriate antibiotic within an hour before surgery reduces a patient's risk for developing infection. Additionally, discontinuing use of antibiotics within 24 hours after surgery lessens the patient's risk of developing antibiotic-resistant bacteria.

	LMH 2004	LMH 2005	LMH 1/06-7/06	National ⁽²⁾
Antibiotic received within 1 hour	91%	89%	93%	83%
Antibiotic discontinued within 24 hours	74%	78%	83%	73%

- 6** Licking Memorial Hospital patients who have had total joint surgeries – including hip and knee operations – tend to be able to return home to recover more quickly than patients undergoing the same procedures elsewhere. Offering physical therapy on weekends and new medications are two factors that have lessened hospital stays for these patients.

	LMH 2004	LMH 2005	LMH 1/06-8/06	National ⁽²⁾
% primary total joint with length of stay six days or less	94.8%	97.7%	94.1%	94.2%

Data Footnotes: (1) National benchmark from The Association of Maryland Hospitals & Health Systems QI Project. These data do not represent a rating by either the QI Project or MHA. Data are supplied by individual facilities and aggregated by the QI Project. Aggregate QI Project data represent the averages of all rates and are not meant to be considered as standards or thresholds. The data are intended for internal use by QI Project participants. (2) Midas+ Comparative Database with over 300 participating hospitals.

Patient Feature: Kelsi Pettit



Kelsi Pettit

Kelsi Pettit had recently completed her freshman season on the Heath High School varsity softball team and was playing on the local traveling team, Orange Crush, when her season ended unexpectedly. She was pitching in a game at Newark Catholic when she fell down and twisted her knee and tearing her anterior cruciate ligament (ACL).

“It hurt so bad, I knew I had really hurt my knee when I fell,” said Kelsi.

“The purpose of a ligament is to hold two bones together. The ACL is a ligament in the center of your knee that prevents the shin bone (tibia) from moving forward on the thigh bone (femur). A tear of this ligament can cause your knee to give way during physical activity,” said Edward Westerheide, M.D., the orthopedic surgeon who performed Kelsi’s surgery. Dr. Westerheide is on the Licking Memorial Active Medical Staff and a member of Orthopedic Specialty and Sports Medicine, Inc., with Brad Bernacki, M.D., David Jackson, M.D., Robert Nowinski, D.O., and John Quimjiam, M.D.

Dr. Westerheide recently began performing an allograft to reconstruct the ACL versus the traditional graft that uses tissue from within the patient. “In an allograft, we use tissue that has been prepped and sterilized from a tissue donor and then use it to reconstruct the torn ligament. This benefits the patient because there is a smaller incision, generally less pain and we are able to mobilize the leg quicker,” said Dr. Westerheide.

“We talked to Kelsi a lot before the surgery to let her know what to expect,” said Gary, her father. “Her mom and I wanted her to know what to expect after the surgery as well.” Following the surgery, Kelsi completed

physical therapy at LMH. Feeling strong and ready to go back to her extra curricular activities, Kelsi started playing sports again, but then re injured her knee. “Going back in for a second surgery is not typical, but both surgeries went very well,” said Dr. Westerheide. After the second surgery, Kelsi went through physical therapy again. “It really helped me to get the movement and strength back in my knee,” said Kelsi.

The care that Kelsi received both before and after her surgeries at Licking Memorial was great. “The doctors and nurses were really good to me and took the time to explain everything that was going on and let me know what to expect next,” said Kelsi.

“It is important that we keep the patient informed about his/her surgery because it helps ease stress or anxious feelings about having surgery,” said Brenda Kendall, Director of Surgical Services at LMH.

Although Kelsi had to take a year and seven months off from sports, she is back at school and doing great. Kelsi participates in various school activities, such as quiz team, student council, the school musical and is even thinking about joining the swim team to help strengthen her knee. Most of all, Kelsi is looking forward to starting back to softball in the spring.



Edward Westerheide, M.D.

Preparing a Child for Surgery

Surgery can be scary, especially for young children who don’t understand what the doctor is going to do. Teenagers have many questions about their surgery, and parents often don’t know how to respond. That’s why Licking Memorial Hospital provides the following information to help prepare parents and their children before surgery. Proper preparation for a surgery or procedure reduces your child’s anxiety about the situation, encourages cooperation, and helps the child develop coping skills. Preparation can effectively reduce distress in children undergoing medical surgeries and can minimize crying and resistance to the procedure. Research finds that lowering anxiety can actually decrease the sensation of pain felt by people during uncomfortable procedures.

Before the surgery, understand that your child probably will cry and that preparation may not change the fact that your child will feel some discomfort or pain. You can try

demonstrating what will happen during the surgery in advance to learn about your child’s particular fears and concerns. Using a doll or other object to act out the surgery may help reveal worries that the child may not be willing to discuss directly.

Most people are more frightened of the unknown. It helps if the child knows what to expect. If a child’s fears are unrealistic, you may want to explain what will actually happen. If the child is worried about an unavoidable part of the surgery, do not minimize this concern but reassure the child that you will be there to help as much as you can. Make sure your child understands that the procedure is not a punishment. The most important way you can help your child is with proper preparation and with your support around the time of the procedure.

Limit your explanations about the procedure to 10 or 15 minutes because children have a limited attention span.

[Preparing a Child for Surgery \(continued on next page\)](#)

Preparing a Child for Surgery (continued from previous page)

Preparation should take place directly before the surgery or procedure so that the child doesn't worry about it for days or weeks in advance.

Preparation can help your child understand what to expect and to feel less nervous. Many parents are unsure of what to tell their child about having an operation. Others believe that the information will scare the child. However, most children cope best if they have opportunities to learn about what is going to happen and to ask questions. The following guidelines give suggestions so you can best prepare your child for an operation in a way that is easily understood.

Preparing yourself

Make certain that you discuss all your questions, fears and concerns with your child's doctor. It is normal to feel nervous about your child's operation. But remember, your child (even infants) can sense your concerns. This may make your child more anxious. The more information you have about the operation, the more in control and positive you will feel.

What to bring to the hospital

Here is a list of what to bring for you and your child if he/she will be admitted to the hospital after surgery.

For your child:

- Favorite stuffed toy or comfort item
- Pajamas, robe and slippers
- Movies (there are VCR/DVD players in the room)
- Schoolwork (if appropriate)
- Photos of favorite people
- Medicines that your child is currently taking
- Favorite sippy cup and/or pacifier (if appropriate)

For parents/caregivers:

- Pajamas, robe and slippers, comfortable clothing
- Your medicines
- Personal hygiene items such as toothbrush and toothpaste
- Books and magazines
- Calling card (to make long distance calls)
- List of important phone numbers
- Money for meals and snacks
- Your child's insurance information

Often children (and their families, too) are worried and frightened about having an operation. Many things can be done to make this experience a good one for your entire family. The more you know about the hospital and the surgical experience, the better you can help your child feel safe and comfortable being at Licking Memorial Hospital. For more information about the surgical services available at Licking Memorial, visit www.LMHealth.org and choose the "Explore Licking Memorial Hospital Services" tab.

What is anesthesia?

Anesthesia is the medicine your child will receive that lets him or her go into a deep sleep for the operation. She or he will not feel pain and will not remember the operation. Children receive anesthesia throughout their operation.

Can I be with my child during anesthesia administration?

It may be possible for you to be with your child during anesthesia induction, which is the two to three minute process at the beginning of administering anesthesia. Let the hospital staff know if you want to be present when your child goes to sleep. Your child's anesthesia provider can help determine if you should be in the room. Things that will be considered in the decision are the age of the child, previous health history and the length of the procedure.

Who is the anesthesia provider?

Your child's anesthesia provider is a medical professional who specializes in anesthesia. A child reacts to anesthesia differently than an adult does. At Licking Memorial Hospital, all of our anesthesia providers are trained in children's anesthesia to ensure your child receives the best care. You will meet with your child's anesthesia provider on the day of surgery.

How do I know my child will be safe?

Your anesthesia provider will monitor your child the entire time he/she is under anesthesia. Monitors constantly check on your child's blood pressure, heartbeat and oxygen levels.

What are the side effects of anesthesia?

Side effects can include sleepiness, irritability, nausea, vomiting, sore throat and a hoarse voice. Most of these side effects are not serious and will go away within a few days. Your child may also seem uncoordinated for up to 24 hours after his or her operation.

What are the risks of anesthesia?

Giving anesthesia involves risks. The most severe risks can be life threatening. Reactions are very rare, but the possibility exists. Because Licking Memorial Hospital anesthesia providers are trained in giving anesthesia to children, their training helps minimize the risks.

Why should kids not eat or drink before anesthesia?

Problems can occur if food or drink is inhaled during induction. Carefully follow your doctor's directions for when your child should stop eating and drinking before the operation to prevent problems. If your child eats or drinks too close to the time of the operation, surgery may have to be rescheduled.