



Quality Report Card

Enhanced Recovery after Surgery and Alcohol Use

Licking Memorial Hospital (LMH) follows the Enhanced Recovery After Surgery (ERAS) program – a patient-centered approach that combines simple evidence-based interventions to reduce stress responses during and after surgery and ensure the best possible outcomes for surgical care. The ERAS program focuses on education, nutritional management, and utilizing alternative pain management strategies to minimize opioid use. The program also encourages lifestyle changes to decrease smoking and alcohol intake.

The amount of alcohol that a person consumes daily can affect their surgery and recovery time. Drinking alcohol increases the risk of complications before, during, and after the procedure. Prior to the surgery date, patients undergo

preadmission testing and screening to identify any risks for perioperative complications. Individuals are assessed for the amount, frequency and their most recent use of alcohol. Common complications include infection, reduced immune response, slower wound healing, increased bleeding, cardiovascular problems, and prolonged hospital stays. It is important to identify individuals who may have unhealthy alcohol use or alcohol use disorder so that appropriate actions can be taken prior to surgery to avoid complications.

Patients scheduled for surgery are encouraged to abstain from drinking alcohol at least 48 hours before their procedure. A person who is dependent on alcohol has an increased risk of alcohol withdrawal syndrome – a set of symptoms that can occur following a reduction in alcohol use after a period of excessive use. Severity of withdrawal can vary from mild symptoms such as anxiety, shakiness, sweating, vomiting, increased heart rate, insomnia, and headaches, to severe and life threatening symptoms such as

disorientation, agitation, hallucinations, and seizures.

Withdrawal symptoms can make surgery and recovery dangerous. It is critical for individuals to be honest with their healthcare team about their alcohol use because it can interfere with general anesthesia. Anesthesia contains powerful drugs that suppress functions such as breathing, heart rate, and blood circulation. Using higher doses of anesthesia can increase the risk of cardiac events, such as a heart attack.

There are a number of actions that can be taken if a person does not feel that they can safely abstain from alcohol use before surgery. Physicians can prescribe medications that help control or prevent withdrawal symptoms. Patients may also be referred to an alcohol addiction treatment program.

Shepherd Hill, a department of Licking Memorial Hospital, is a nationally accredited treatment center providing alcohol and drug addiction services. These services include alcohol and drug detoxification, a 28 day treatment program, and an intensive outpatient program. Medication-assisted treatment (MAT) including Suboxone and Vivitrol is also available. To schedule an assessment, please call (220) 564-4877.



Patient Story – Aimee Parsley-White



When Aimee Parsley-White discovered a mass on her neck in 2021, she knew surgery was likely necessary. Her sister, a nurse, felt Aimee needed to act quickly to assure the lump caused no further health concerns or other medical issues. After a visit to her primary care physician, Aimee was referred to a Columbus endocrinologist – a specialist who develops treatments for conditions related to hormones. The physician felt the mass was on the thyroid gland, which creates and secretes hormones into the blood.

In October 2021, Aimee had her first visit with the endocrinologist. An ultrasound was scheduled to view the area and determine a treatment. The ultrasound confirmed Aimee’s thyroid was enlarged. The specialist then informed Aimee that she should have a biopsy and another appointment was scheduled. When Aimee arrived for the biopsy, the endocrinologist decided not to perform the procedure and ordered another ultrasound. He also suggested a bone scan, then a thyroid scan using nuclear medicine to determine the functionality of the thyroid. The appointments for the testing took place through October and into November, and the biopsy was rescheduled for early January 2022.

“I was starting to get very frustrated. My physical health was declining quickly. I lost 30 pounds in a month’s time, experienced significant loss of energy, heart palpitations, and swallowing food had become uncomfortable,” Aimee

remembered. “I understand the testing was to determine the underlying cause of my condition; however, I did not feel the cause was more important than protecting my health and removing the mass.”

Due to the mass, Aimee was experiencing hyperthyroidism, a condition in which the thyroid gland produces too much of the hormone, thyroxine, and accelerates the body’s metabolism causing unintentional weight loss and a rapid or irregular heartbeat. Aimee shared her concerns about the delays with her neighbor and friend, Shayne Miller, APRN-CRNA, a nurse anesthetist at Licking Memorial Hospital. Shayne suggested Aimee make an appointment with Bradley R. Lawson, M.D., of Licking Memorial Otolaryngology (ENT). Dr. Lawson specializes in treatment of disorders of the ears, nose, and throat.

“Shayne said Dr. Lawson was a very good physician and is well known in his field. I called Dr. Lawson’s office the week of Thanksgiving and was able to schedule an initial appointment for the following week.”

Accessing the laboratory tests results from the endocrinologist through Aimee’s electronic medical records, Dr. Lawson informed Aimee he would need another ultrasound performed and a biopsy in order to move forward with a partial thyroidectomy. He agreed that action needed to be taken as soon as possible to remove part of the thyroid. If only part of the thyroid is removed, the remaining portion of the gland continues to function and produce the needed hormones for the body preventing Aimee from having to take synthetic hormones for the rest of her life. After the results of both the ultrasound and biopsy were complete, Aimee met with Dr. Lawson to create a treatment plan.

“Dr. Lawson was delightful and had a very good bedside manner. He explained my condition and the process completely, and assured me that my surgery would be scheduled as soon as possible. I felt so relieved,” Aimee said.

The surgery was scheduled for January 2022. After a positive COVID-19 test, however, Aimee’s procedure was delayed a few weeks, but she was pleased that Licking Memorial staff members were quick to contact her and reschedule the surgery. Upon arrival, Aimee was kept informed about each step of the process. The surgery was considered an outpatient procedure meaning that as soon as Aimee was fully alert and stable, she was able to leave the Hospital and return home for recovery.

“I was a little slow in waking from the anesthesia, but the staff checked on me continually. I did not feel rushed. For a surgical procedure, it felt very relaxed. The nurses and technicians answered questions and were willing to explain the expectations for my release,” Aimee shared.

Following the surgery, Dr. Lawson informed Aimee that he also performed a parathyroidectomy – the removal of all or part of one of the parathyroid glands. Four parathyroid glands are located on the outside borders of the thyroid in the front of the neck. Such glands assist in controlling calcium and phosphorous levels in the blood. Dr. Lawson removed two of the parathyroid glands that contained malignant papillary cells; however, he assured Aimee that the removal of the cells was sufficient treatment for papillary thyroid cancer (PCT). PCT develops from the follicular cells in the thyroid and typically grows slowly making it treatable with a good prognosis.

Surgery Care – How do we compare?

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

- Moderate sedation allows patients to tolerate procedures while maintaining adequate breathing and the ability to respond to stimulation. Most drugs used in moderate 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 moderate sedation.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Use of reversal agent for GI procedures	0.00%	0.00%	0.00%	Less than 0.90%

- The healthcare team at Licking Memorial Hospital (LMH) follows a multiple-step process to prevent wrong-patient, wrong-procedure or wrong-site surgery (e.g., surgery performed on the left foot instead of the right foot). This process includes left or right designation at the time that 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 by the surgeon, and final verification in the operating room. In 2021, 7,257 surgeries were performed at LMH.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Wrong-site surgeries	0	0	0	0

- Patients who have open-incision surgery are at elevated risk to develop an infection at the surgical site. LMH utilizes strict infection-prevention strategies for each surgical patient and ensures that the Hospital's Central Sterile staff members receive certification in proper reprocessing sterilization policies for surgical equipment.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Central Sterile staff with certification	100%	100%	100%	100%
Surgical site infections	0.0	0.1	0.0	0

- As a quality care indicator, hospitals track 30-day readmission rates for patients who had total hip or total knee replacement surgeries. LMH tracks the rate of patients who had an unplanned readmission back to LMH for any reason (even if the reason was unrelated to the surgery) within 30 days of their Hospital discharge.

	LMH 2019	LMH 2020	LMH 2021	National ⁽¹⁾
30-day readmissions:				
Total hip replacement readmissions	1.40%	5.88*	3.57%	3.13%
Total knee replacement readmissions	4.63%	4.27*	0.0%	1.09%

**In 2020, elective hip and knee replacement surgeries were halted for several months resulting in a lower number of patients who received the procedure.*

- Delays in surgical procedures are an inconvenience to patients who may have fasted for hours and often are nervous. The LMH Surgery staff makes every effort to timely begin procedures for the comfort of patients and their families.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Surgeries that started on time	90%	90%	94%	Greater than 90%

- Postoperative patients who lie in bed for long periods are at increased risk of developing a blood clot in their lungs (pulmonary embolism) or legs (deep vein thrombosis). To prevent the formation of these dangerous conditions, LMH uses multiple methods to reduce the risk of blood clots, including the use of blood thinning medications and mechanical compression devices. In some cases, despite using these interventions, these blood clots may still occur.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Postoperative patients who developed a pulmonary embolism or deep vein thrombosis	0.19%	0.0%	0.63%	0.50%

Data Footnotes: (1) MIDAS CPMS comparative database

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Aimee is grateful to be able to once again fully enjoy time with her husband, Edward White, Jr. (Ned), and children – Mason, Lindley, Nolan, and Hudson. Aimee grew up in Granville, and her siblings and parents have all remained in the area.

“It has been a blessing to have my family nearby during this trial. They have been helpful in caring for my children. After

losing a brother to brain cancer, the removal of part of my thyroid was a cake walk,” Aimee said. “The Granville community has also been a blessing to our family. My children attend school with Shayne’s children, and his family’s friendship has been invaluable.”

One particular symptom of hyperthyroidism that patients often report

is brain fog, which is described as a group of symptoms including low energy, forgetfulness, sleepiness, and difficulty focusing. Aimee is slowly overcoming the sluggishness, and is now performing billing tasks part-time for a friend’s counseling business. She is looking forward to celebrating her 25th wedding anniversary in June next year.

Preventing Deep Vein Thrombosis after Surgery

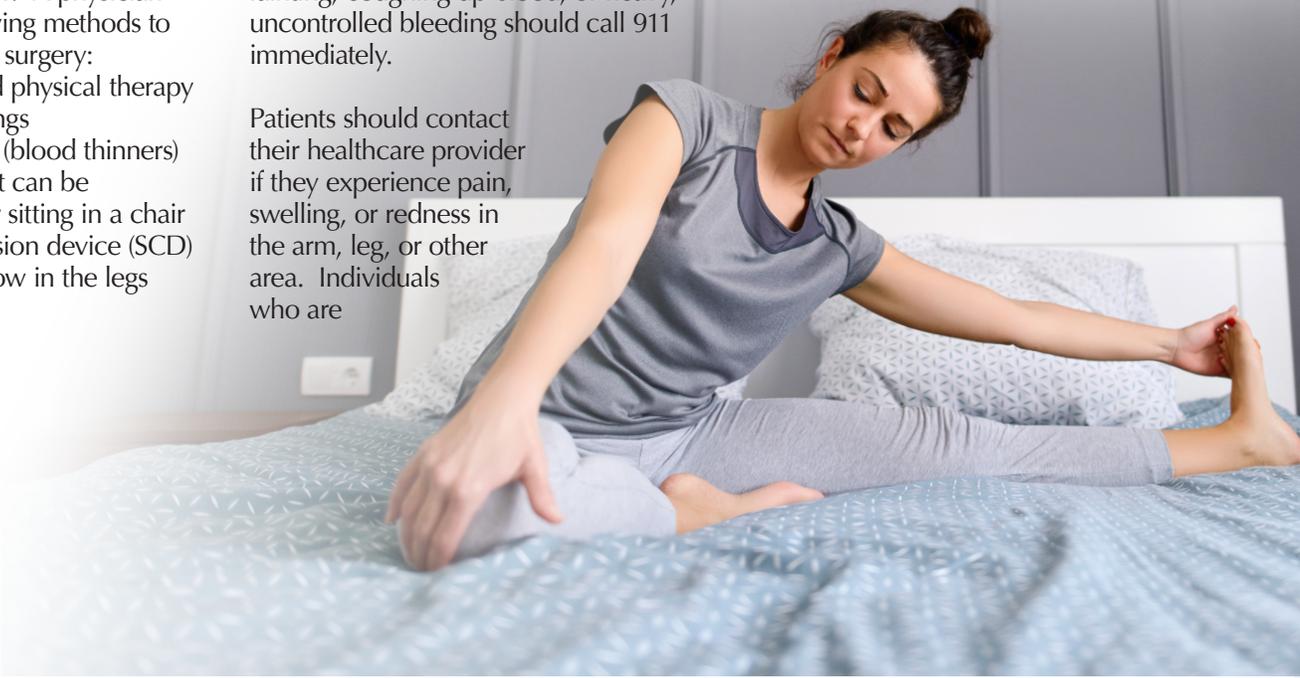
Surgery is a leading cause of deep vein thrombosis (DVT), a blood clot that forms in veins and is most common in the legs. DVT is a serious condition because blood clots can loosen and travel to the lungs, which can be life-threatening. Patients who have major surgery on the abdomen, pelvis, hips, or legs are at risk for developing a DVT. A physician may prescribe the following methods to prevent blood clots after surgery:

- Early movement and physical therapy
- Compression stockings
- Anticoagulant drugs (blood thinners)
- Simple exercises that can be performed in bed or sitting in a chair
- Sequential compression device (SCD) to promote blood flow in the legs

The highest risk for developing DVT is 2 to 10 days after surgery, and patients can remain at risk for up to three months following their operation. Individuals who experience complications from anticoagulants or symptoms of a blood clot, such as chest pain, shortness of breath, fast heartbeat, excessive sweating, fainting, coughing up blood, or heavy, uncontrolled bleeding should call 911 immediately.

Patients should contact their healthcare provider if they experience pain, swelling, or redness in the arm, leg, or other area. Individuals who are

prescribed an anticoagulant should watch for symptoms such as blood in urine or stool, very dark or tar-like stool, vomiting with blood, nosebleeds, bleeding from the gums, a cut that will not stop bleeding, or vaginal bleeding.



Licking Memorial Health Systems

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Visit us at LMHealth.org.

Please take a few minutes to read this month’s report on **Surgical Care**. You will soon discover why Licking Memorial Health Systems is measurably different ... for your health!

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