Licking Memorial Health Systems

Quality Report Card

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Urogynecology Conditions Explained

Urogynecology is a subspecialty of obstetrics and gynecology that focuses on female pelvic medicine and reconstructive surgery. Curt Misko, M.D., is a urogynecologist who recently joined Licking Memorial Women's Health in Newark. He diagnoses and treats women who have conditions that affect their pelvic health, such as urinary incontinence, overactive bladder, interstitial cystitis, chronic bladder discomfort, fistulas and pelvic organ prolapse, or painful intercourse.

Dr. Misko earned his Medical Degree from the Uniformed Services University of the Health Sciences, Edward F. Hebert School of Medicine in Bethseda, Maryland. He completed an internship in obstetrics and gynecology at Tripler Army Medical Center in Honolulu, Hawaii, and completed a residency in obstetrics and gynecology at Madigan Army Medical Center in Tacoma, Washington. He is board certified in obstetrics and gynecology, and female pelvic medicine and reconstructive surgery.

The pelvic floor is a group of muscles that surrounds the bladder, uterus, vagina, small bowel and rectum to keep these organs in place. Conditions that affect the pelvic floor often are a result of aging, but also can be caused by pregnancy and childbirth, frequent or heavy lifting, or other strenuous activity. Women may consider visiting a urogynecologist if they experience recurring symptoms such as pain during intercourse, pelvic discomfort or aching in the vagina, trouble emptying the bladder, leaking urine or feces, frequent urination, or recurring urinary tract infections.

Certain tests can be performed to diagnose and determine the severity of pelvic floor disorders. A urinalysis may be taken to detect the presence of bacteria, white blood cells or blood to rule out the possibility of a urinary tract or kidney infection. The patient may also undergo a post-void residual volume test, which checks if the bladder is emptying fully after urinating. A bladder stress test can be performed to determine if the patient is leaking urine.

Treatments to correct these conditions may include behavioral techniques, such as pelvic floor muscle exercises, bladder training, scheduled toilet trips, or fluid and diet management. Medication may also be prescribed to calm the bladder. Physical therapy can rejuvenate and strengthen the muscles and tissues in the urethra and vagina. Electrical stimulation also can assist with strengthening pelvic floor muscles. Surgical procedures can be performed when other treatment methods do not improve the condition.

Symptoms of pelvic organ prolapse can vary depending on which organ is affected. Low back pain and painful intercourse can indicate a prolapse of the uterus or small intestine, while leaking urine may be a symptom of bladder prolapse. In most cases of pelvic organ prolapse, symptoms get progressively worse throughout the day. Pelvic organ prolapses are commonly discovered during a routine pelvic exam, and a physician may order more tests or refer the patient to a urogynecologist for further treatment.

If a prolapse is discovered, further testing as appropriate will be performed to determine which organ is drooping and if there are other conditions related to the prolapse. Treatment for pelvic organ prolapse can include a variety of therapies, including physical therapy that targets and strengthens the pelvic floor muscles, ligaments and connective tissue to support the pelvic organs and assist in bladder and bowel control. A pessary, which is a small mechanical device that is inserted into the vagina, can help hold prolapsed organs in the correct position. Surgery also is an option to repair tissues surrounding the pelvic organs and fix the prolapse.

Fistula repair is another procedure that a urogynecologist performs. A fistula is a hole in the bladder or rectum that causes urine or stool to leak into the vagina or uterus. It is commonly caused by childbirth trauma. Most fistulas require corrective surgery that can be performed vaginally or abdominally, depending on the location of the fistula.

Women can take preventive measures to avoid pelvic organ prolapse and other urogynecological conditions. Reducing body mass and maintaining a healthy weight can lessen the risk of pelvic floor problems. Performing daily Kegel exercises can assist with strengthening pelvic floor muscles. Women who smoke should consider quitting, because the

Surgery Care – Urogynecology (continued on back)

Patient Story – Karen Crawford

The Reverend Karen Crawford moved to Ohio three years ago from Melbourne, Florida, to serve as the pastor at The Presbyterian Church in Coshocton. She was born in a Maryland suburb of Washington, D.C., and earned degrees in education before working as a reading specialist and journalist for a newspaper in York, Pennsylvania. After earning a Master of Divinity degree from Princeton Theological Seminary in New Jersey, she served congregations in Minnesota, Florida and Ohio.

Throughout her life and travels, she has remained active and conscientious about her health, exercising, watching her diet and receiving annual wellness exams. It was a shock when she found out that her appendix was enlarged after undergoing a routine colonoscopy at Licking Memorial Hospital in June. There was concern about what might be causing the protuberance.

"That screening saved my life," she said. "Before making the appointment, I really felt the procedure was unnecessary because I have always been a healthy person and am busy with ministry."

She was referred to Brent M. Savage, M.D., of Licking Memorial Surgical Services, who sent her for a computed tomography (CT) scan in July for a better look at her appendix and other organs. The CT scan uses a combination of X-rays and a computer to create images of organs, bones and other tissues. The scan confirmed that Karen had appendicitis – an inflammation of the appendix – with the possibility of a mass in the same area, and that she needed surgery.

"Dr. Savage spent time discussing the situation with me and encouraged me to ask questions," Karen said. "He made pop culture references, joking about the movies *Alien* and *The Matrix* that made me laugh. I felt comfortable with him."

Dr. Savage explained to Karen that the surgery would be attempted by minimally invasive means. The surgeons at LMH typically use laparoscopic surgery for such procedures. Laparoscopic surgery uses an instrument called a laparoscope, a long, thin tube with a high-intensity light and a high-resolution camera at the front, that is inserted through an incision in the abdominal wall. As it moves along, the camera sends images to a video monitor that the surgeon uses to guide precision surgical instruments to the site. However, LMH recently acquired a da Vinci Surgical System and Karen was among the first patients to undergo surgery using the da Vinci robot.

Using the robotic-assisted system enhances the visibility and precision capabilities of the surgeon. The console delivers a 3D high-definition view of the patient's anatomy, which is magnified 10 times to what the human eye can see. The tiny instruments move like a human hand with a much greater range of motion. Due to the enhanced accuracy of the da Vinci robot, patients experience less blood loss, decreased damage to skin, muscles and tissue, reduced risk of infection, and smaller, less visible scars.

During the procedure, Dr. Savage removed Karen's appendix. "I was told the infection was severe," Karen remembered. "I was fortunate that it was discovered when it was. I did not really feel ill, but I realized I had been feeling very tired and rundown. I feel so much better now." Dr. Savage also was able to remove the mass growing near the appendix. After a follow-up with an oncologist, Karen was assured the mass had been removed before having an opportunity to spread or become cancerous.

"I was pleased with the speed of my recovery," Karen said. "I did experience pain and some nausea in the first days after my procedure, but I went home the same day as my surgery and was back to work in a week. The scars are hardly visible at all."

In addition to her own surgery, Karen had to be the support person for her husband, Jim, as he underwent knee replacement surgery. "It was a very trying summer," Karen said. "But I am so pleased with care we both received. The expert staff at LMH quickly realized that there was something wrong during a routine colonoscopy, and took the steps necessary to make sure the problem was resolved quickly. They saved my life, and I will always be grateful."

Jim is also a pastor and has been serving as the interim pastor at a church in North Canton. Their son, Jacob, is studying business and accounting at the University of Toledo.

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.

1. 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 2018	LMH 2019	LMH 2020	LMH Goal
Use of reversal agent for GI procedures	0.00%	0.00%	0.00%	**Less than 0.90%**

2. 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 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 2020, 7,181 surgeries were performed at LMH.

	LMH 2018	LMH 2019	LMH 2020	LMH Goal
Wrong-site surgeries	0	0	0	**0**

3. 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 2018	LMH 2019	LMH 2020	LMH Goal
Central Sterile staff with certification	100%	100%	100%	**100%**
Surgical site infections	3*	0*	1*	**0**

**The surgical site infections are the reported total for the entire year.*

4. 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 2018	LMH 2019	LMH 2020	National[(1)]
30-day readmissions:				
Total hip replacement readmissions	3.18%	1.40%	5.88%*	**2.59%**
Total knee replacement readmissions	2.84%	4.63%	4.27%*	**1.49%**

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

5. 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 begin procedures timely for the comfort of patients and their families.

	LMH 2018	LMH 2019	LMH 2020	LMH Goal
Surgeries that started on time	89%	90%	90%	**Greater than 90%**

6. 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 2018	LMH 2019	LMH 2020	LMH Goal
Postoperative patients who developed a pulmonary embolism or deep vein thrombosis	0.30%	0.19%	0.0%	**0.50%**

Data Footnotes: *(1) MIDAS CPMS comparative database*

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habit can lead to chronic cough, which puts stress on the pelvic floor muscles. A high-fiber diet will reduce the risk of constipation, which can be a contributing factor to rectal prolapse. Women who may be experiencing pelvic floor disorders should contact their gynecologist to schedule an appointment.

Managing Anticoagulation Therapy Prior to Surgery

Patients taking blood thinners require specific considerations for certain procedures, including annual preventive measures such as a colonoscopy. It is critical that their surgical team is aware of all medications being taken, especially anticoagulant drugs. Interrupting anticoagulant treatment for a surgical procedure can increase the risk of thromboembolism, and surgery has associated bleeding risks that are increased by anticoagulants. A balance must be reached between preventing excessive bleeding and reducing the risk of thromboembolism.

The Licking Memorial Hospital (LMH) Medication Therapy Clinic is directed by a physician and staffed by clinical pharmacists and registered nurses with specific knowledge of anticoagulation therapy. The team at the Clinic coordinates with primary and specialty care physicians as well as surgeons to evaluate a patient's individual underlying bleeding risk and the potential of bleeding associated with the surgical procedure to determine how and when to adjust medication.

Patients who regularly take an anticoagulant drug may be directed to stop taking their medication from one day to one week prior to surgery. The short interruption often is sufficient to prevent excessive bleeding without dramatically increasing the risk of a blood clot. After surgery, the patient will undergo blood tests to determine when it is appropriate for them to resume their anticoagulant therapy. Patients also must follow up with their primary care physician and staff at the Medication Therapy Clinic through the duration of their treatment.

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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!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.