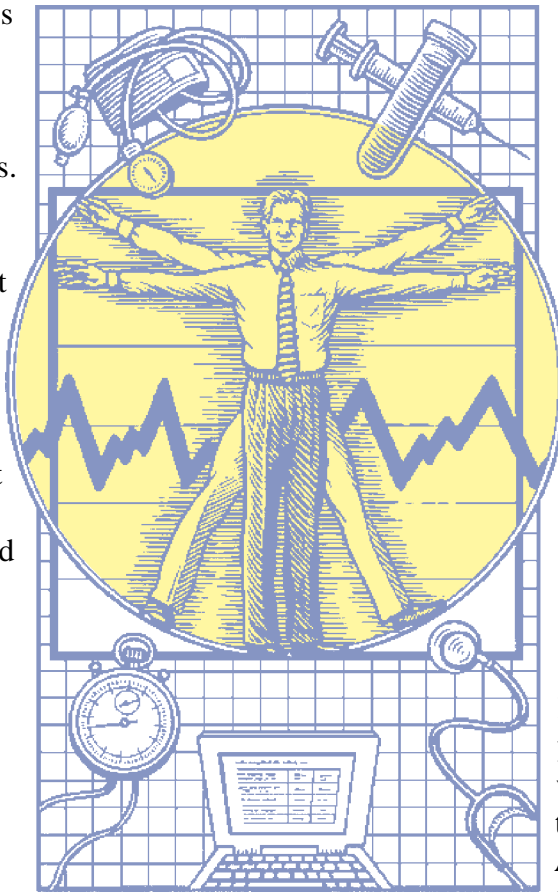


## Glancing Back & Looking Forward

### Patients and the Right to Decide

"In most countries, courts have affirmed the principle of "patient autonomy." This is protected through the "informed consent" process. It involves the rights of the informed patient to bodily integrity and self-determination. Inherent here, is the right to weigh treatment options and respective risks and benefits to make decisions about medical procedures and what is done to one's body. Ultimately, this involves the fundamental right to choose between different types of treatment or even to refuse one recommended by a doctor."

...from "Your Body Your Choice" 2000:80



With patient rights come responsibilities. Most hospitals have developed statements of "Patient Rights & Responsibilities". Kadlec Medical Center has made those available as well as Advance Directive & Living Will forms. If you would like to request copies please call the Bloodless Program and we would be happy to send you copies. We would be happy to file your Advance Directive & Living

Will in our Central Registration Area.

(See "Have you done the math?")

### Tri-City Regional Surgery Center

*"A friendly environment where they made me feel comfortable as well as secure while maintaining a professional approach."*

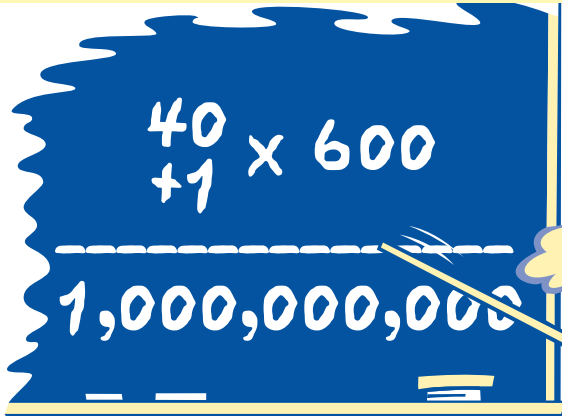
- Budd Huntington

Tri-City Regional Surgery Center, a partner with the Bloodless Surgery Program, performs a variety of outpatient surgeries that do not require hospitalization. Patients should notify the nurse to assure participation in the program.



Find us on the web:  
[kadlecmed.org](http://kadlecmed.org)  
[tri-citysurgerycenter.com](http://tri-citysurgerycenter.com)

# Have you done the math - or will you face the "after math"?



## Dealing with Fractions

**Blood:** A complex organ made up of three distinctly different cellular components and plasma, in which those

elements and OTHER PRODUCTS are suspended.

There are about one billion red cells in two to three drops of blood and, for every 600 blood cells, there are about 40 platelets and one white cell.

Plasma, which is 90 percent water, constitutes about 55 percent of blood volume. Plasma contains **albumin** (the chief protein constituent), fibrinogen (responsible, in part, for the clotting of blood), **globulins** (including antibodies), and other clotting proteins. Plasma serves a variety of functions, from maintaining a satisfactory blood pressure and

volume to supplying critical proteins for blood clotting and immunity. It also serves as the medium of exchange for vital minerals such as sodium and potassium. This helps maintain a proper balance in the body which is critical to cell function. Plasma is obtained by separating the liquid portion of blood from the cells. Plasma is usually not used for transfusion purposes but is **fractionated** (separated) into specific products such as albumin, specific clotting factor concentrates and IVIG (interavenous immune globulin).

**Plasma derivatives** are concentrates of specific plasma proteins that are prepared from pools (many units) of plasma. Plasma derivatives

are obtained through a process known as **fractionation**, developed during World War II. The derivatives are heat-treated and/or solvent detergent-treated to kill certain viruses including HIV and hepatitis B and C. Plasma derivatives include:

- Factor VIII concentrate
- Factor IX concentrate
- Anti-inhibitor Coagulation Complex (AICC)
- Albumin
- Immune Globulins, including Rh Immune Globulin
- Anti-Thrombin III concentrate
- Alpha 1-Proteinase inhibitor concentrate

**Cryoprecipitate:** A substance rich in several factors which are essential for blood to clot. To make cryoprecipitate, plasma is frozen then slowly thawed. While the plasma returns to liquid form the cryoprecipitate remains semi-solid. The plasma is then drained into another bag leaving the "button" of cryoprecipitate in the bottom of the main bag. Five "buttons" must be combined to produce one dose of cryoprecipitate. It may also be used to prepare **fibrin sealant or fibrin glue** in surgery.

*“There are about one billion red cells in two to three drops of blood and, for every 600 blood cells, there are about 40 platelets and one white cell.”*



# Abnormal Uterine Bleeding

## Causes:

There are many causes of uterine bleeding in women. Some causes are hormonal imbalances including too much estrogen or not enough progesterone or even a thyroid problem. Polyps or fibroids (small or larger growths) in the uterus can also cause bleeding. Cancer of the uterus and infection of the cervix are unusual causes of bleeding.

Bleeding problems can occur at any age. However, the likely cause of abnormal uterine bleeding depends on your age.

## Women in their 20's and 30's:

Pregnancy is a common cause of abnormal bleeding in young women and teenagers. Many women have bleeding in the first few months of a normal pregnancy. Birth control pills or hormones and devices can also cause abnormal bleeding. If an egg isn't released during the menstrual cycle there may be light spotting between periods or heavy bleeding during periods.



## Women in their 40's and early 50's:

In the years before menopause, women may have months when they don't ovulate and this can cause abnormal bleeding. Thickening of the lining of the uterus (endometrium) is another cause. This thickening can be a warning of uterine cancer.

## Women after menopause:

Hormone replacement therapy is often a cause of uterine bleeding after menopause. Other causes can be a thickened endometrium and uterine cancer. Uterine cancer is more common in older women. Bleeding from cancer usually only occurs in 1 in 1000 women.

## Tests for finding causes of abnormal uterine bleeding:

Depending on age, pregnancy or heavy bleeding, a physician may want to check the blood count for anemia (low iron) or clotting abnormalities.

An ultrasound exam of the uterus can also show the cause of bleeding.

An endometrial biopsy is a test of the lining of the uterus and is done by putting a thin plastic tube (called a catheter) into the uterus. A tiny piece of uterine lining is taken out and sent to the lab so a biopsy can show cancer or changes in the cells. This test can be done in the office and causes only mild pain.

Another test is a hysteroscopy. A thin tube with a tiny camera is put into the uterus. If anything abnormal shows up, a biopsy can be done, usually in conjunction with a D&C.

D&C is short for dilation and curettage. The opening of the cervix is stretched just enough so a surgical tool can be placed in the uterus. The tool scrapes away the lining of the uterus and is examined in a lab for abnormal tissue.

## Treatment for abnormal uterine bleeding:

Depending on the cause, bleeding can be treated with hormone replacement therapy, changing the amount of estrogen, treatment of thyroid problems or even surgery. Surgery may be needed if there is endometrial hyperplasia (increase in the number of cells in the lining of the uterus), cancer, or if bleeding is not controlled with hormones or other methods.

(Article submitted by Associated Physicians for Women P.L.L.C)

## **Bloodless Program welcomes:**

**Karen Clement, R.N.**

Karen is a Case Manager in our Quality Care Management Department and associate coordinator.

### **New Physicians**

The Associated Physicians for Women:

**Suzanne R. Rice, M.D.**

**Amy R. Occhino, M.D.**

Internal Medicine Associates of Richland:

**Matthew J. Szvetez**

Mid-Columbia Urology:

**Giju Nair, M.D.**



## **NEED A PHYSICIAN?**

If you need a physician referral, please call the program coordinator, Johnean Hansen at (509) 942-2817 or 1-800-780-6067 ext. 2817.

If you are looking for the Bloodless program office, it is located at Kadlec Medical Center campus, second floor of the new North Addition in Quality Care Management.

