

Glancing Back & Looking Forward

Heart (two) Heart

Two patients recently benefited by having open-heart surgery with our Bloodless Program.

Jim Crume was starting an exercise program under the direction of his family physician. Part of the physical examination included a stress (treadmill) test. When the test came back abnormal, he was sent to Kadlec Medical Center for cardiac catheterization. The results of that test showed that he needed open-heart surgery.

One week later, Dr. Roberto Cattaneo, M.D. performed a three-way bypass. Dr. Cattaneo told Jim that he would probably need to remain in the hospital for seven days after the surgery, due to his age, but friends and families were surprised when he went home after four days!

Jim was a good candidate for heart surgery without blood transfusion.

Starting out before surgery with a high blood count is one important factor. If the blood count is low it may be necessary to build the count up to higher levels. This may take several weeks.

The type of open-heart surgery can be a determining factor for being a good candidate for bloodless surgery as well. Procedures such as valve replacement or repeat heart surgery can influence the risk of doing the surgery. Also, the risk increases if the patient is on medications that can cause bleeding.

Another risk is when a patient has a heart attack and needs open-heart surgery. That is what happened to Robert Pock. After a serious heart attack, Robert was also sent to Kadlec Medical Center for cardiac catheterization. Dr. Roberto Cattaneo informed Robert that he too would need open-heart surgery with three bypasses.



Knowing someone that had just gone through the experience was a real help to Robert and his wife Linda. That someone was Jim Crume! The friendship that both families had already cultivated enabled them to have extra support for the surgery. That support has continued as Jim & Robert see "heart to heart" now. They even have the same appointment time for their Cardiac Rehab here at Kadlec!

Find us on the web:
kadlecmed.org • tri-citysurgerycenter.com

AMAZING IRON!

Iron: What is it?

Iron is a powerhouse mineral. Almost two-thirds of the iron in your body is found in hemoglobin, the protein in red blood cells that carry oxygen to your body's tissues. About 15 percent of your body's iron is stored for future needs and mobilized when dietary intake is inadequate. Where is iron stored? Mostly in the liver. The remainder is in your body's tissues as part of proteins that help your body function. Your body usually maintains normal iron status by controlling the amount of iron absorbed from food.

Heme vs. Non-heme Iron

Iron is found in food in two forms, heme and non-heme iron. Heme iron, which makes up 40 percent of the iron in meat, poultry, and fish, is well absorbed. Non-heme iron, 60 percent of the iron in animal tissue and all the iron in plants (fruits, vegetables, grains, and nuts) is less well absorbed.

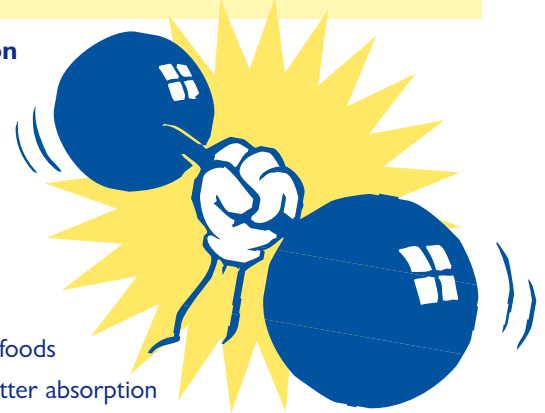
Iron plays an important role in the transport of oxygen from the lungs to the tissues.

1. Non-Heme Iron

- A. Apricots
- B. Peaches
- C. Prunes
- D. Apples
- E. Grapes
- F. Raisins
- G. Spinach
- H. Eggs
- I. Iron fortified foods

2. Heme-Iron (Better absorption by 2-3 fold)

- A. Liver
- B. Red meats
- C. Poultry
- D. Fish



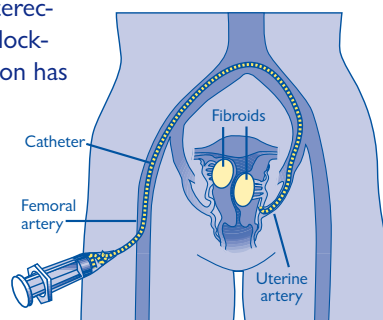
Iron plays an important role in the transport of oxygen from the lungs to the tissues. The iron combines with oxygen in the lungs and then releases it in the tissues where it is needed. Iron is used in the manufacture of hemoglobin, the pigment that gives blood its red color.

Iron also plays an important role in normal immune function. A deficiency has been shown to increase susceptibility to infection. It also plays a role in cognitive function.

Interventional Radiology & Cardiology

There are physicians who treat diseases non-operatively through small catheters guided to their target by a type of X-ray imaging. Angioplasty is an interventional procedure for opening blocked blood vessels. One example is for blocked coronary blood vessels done by interventional *cardiologists*.

Sarvanan Kasthuri, M.D. is an interventional *radiologist*. One of his specialties is for the treatment of uterine fibroids, and can be an alternative to hysterectomy. This procedure actually causes a blockage. It is called embolization. Embolization has been used for years in treating dangerous uterine bleeding after childbirth. Embolization for uterine fibroids involves injecting tiny plastic particles the size of grains of sand into the artery that supplies blood to the fibroid tumor. This prevents blood from flowing through the artery. The particles lodge in the tiny arteries next to the uterus and cannot travel to other parts of the body. By cutting off the blood supply to the fibroids, it causes them to shrink and die off.



When a patient is scheduled for a cardiac catheterization by an interventional cardiologist, balloon angioplasty or other procedures that involve a catheter, a physician will often insert the catheter through the femoral artery in the patient's groin. Once the procedure is complete and the catheter has been removed, the bleeding from the femoral artery must be stopped. Traditionally, this process involved four to six hours of applying pressure (usually with sandbags) directly to the wound. The patient was forced to remain flat on his or her back until the process was complete, which could cause back pain and other discomfort.

Hemostatic devices were developed to speed up recovery time by more quickly stopping the bleeding from the femoral artery. Some devices administer a substance that speeds the body's natural clotting process, stopping the bleeding. Other devices involve a single stitch in the femoral artery itself, closing the incision site and stopping the bleeding.

Not everyone is an appropriate candidate for hemostatic devices. The low risk of complications associated with catheter-based procedures remains about the same, whether or not the hemostatic devices are used.



Bloodless Information Medicine & Surgery



Advance Directive Workshops

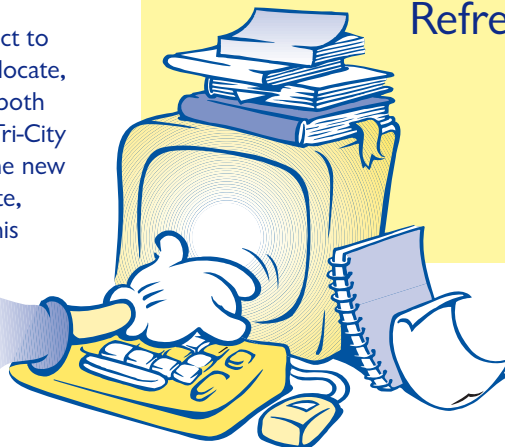
Three Advance Directive Workshops were held at Kadlec Medical Center this year. These workshops are free of charge and have been appreciated by those in attendance. Some of the topics covered in these workshops specifically address blood transfusion, alternatives to transfusion, and products derived from blood.

Most healthcare decisions are usually not hard to make. But sometimes there is no clear or easy choice. Since access and communication are key factors to outcomes in healthcare, information on how to access Bloodless Healthcare and communicate treatment options was featured.

If you would like the opportunity to attend one of these workshops, or know of someone else that could benefit, please contact the Bloodless Program.

Participating Physicians

New physicians to our staff are oriented to the program and elect to participate. Some physicians re-locate, retire or may not participate at both Kadlec Medical Center and the Tri-City Regional Surgery Center. For the new physicians that elect to participate, please check the back page of this newsletter. In order to access participating physicians, please contact the Bloodless Program.



When: Saturday, September 13, 2003
Saturday, September 20, 2003

Where: **Kadlec Medical Center**
888 Swift Blvd. • Richland
White Bluffs Room
4th Floor

Time: **6:00 - 8:00 p.m.**

Call: **800-780-6067, ext. 2817**
or 942-2817

Reservations required - Class size limited to 30 people

Refreshments provided





Kadlec Medical Center
Tri-City Regional Surgery Center

Bloodless Medicine &
Surgery Program
888 Swift Blvd.
Richland, WA 99352

Phone: 509-942-2817
Johnean Hansen, Coordinator

www.kadlecmed.org

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ADDRESS CORRECTION REQUESTED

New Bloodless Program Participating Physicians:

Deborah Alt, M.D. ENT (Ear, nose, throat)

Sara Andert, M.D. Family Practice

James Bucher, M.D. Anesthesia

Penny Stringer, M.D. Family Practice

Olympia Tachopoulou, M.D. Epidemiologist



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 Medicine program office, it is located at the Kadlec Medical Center campus, second floor of the new North Addition in Quality Care Management.

**Next
Issue:
AMAZING
RED
CELLS!**