



The **Consult**

SUMMER 2009

Inside:

Advancements in Imaging

Reducing Central Line Infections

Evidence-based Hyperbaric Oxygen Therapy

Interventional Oncology

Announcing a New RSFH Website

ROPER
ST FRANCIS
HEALTHCARE

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Medical Society of South Carolina

Founded in 1789, the Medical Society of South Carolina is the fourth oldest medical society in existence and has been influential in promoting healthcare excellence for almost 320 years. Its history is long and proud: in 1824, the Medical Society founded the Medical College of South Carolina (known today as the Medical University of South Carolina) for teaching and research, and in 1852, with a bequest from the will of Col. Thomas Roper, the Society established Roper Hospital "to treat all sick and injured people without regard to complexion, religion, or nation," and to serve as a teaching hospital for the Medical College. Today, members of the Medical Society of South Carolina remain dedicated to improving the health of our community through clinical excellence, support and participation in Roper St. Francis Healthcare and other endeavors.

The Medical Society of South Carolina is the majority owner and a founding member of the Roper St. Francis Healthcare System. The Society provides funding for state-of-the-art equipment and other capital needs. These important initiatives positively impact the quality of medical care that Roper St. Francis provides in the community.

Membership in the Society is considered an honor and is open to any physician on the active medical staff of a Roper St. Francis Healthcare facility. An application and two recommendations from Society members are required.

If you would like more information about joining the Medical Society, please call (843) 789-1789.

New Physicians

Roper St. Francis Healthcare welcomes the following board certified physicians to its active medical staff:

John Bride, MD
Internal Medicine

Sorin Florea, MD
Internal Medicine

Hayley Carter, MD
Emergency Medicine

Robert Sparano, MD
Emergency Medicine

John Gastright, MD
Family Medicine

Gene Moss, MD
Ophthalmology

Thomas Roush, MD
Orthopaedics

FROM RSFH

LEADERSHIP

Dear Colleagues,

In this issue of *The Consult*, we feature our imaging services. Nowhere in healthcare have the advances in medicine been so dramatic. With the addition of a 128 slice CT scanner, we have the capabilities to view the coronary arteries in real time, which may someday change our approach to the diagnosis of heart disease.



We also want to update you on our limb salvage program that is becoming a world class program. Our cutting edge clinical trial in stem cell therapy for vascular regeneration and an accredited Hyperbaric Oxygen and Undersea Medicine department set our Heart & Vascular Center apart as one of only a few in the country to offer such programs.

As we approach the first year of publication of *The Consult*, we would appreciate it if you took a moment to fill out our survey so we might continue to bring you the information that is most useful and relevant to your practice. As always, your opinions are valued.

Steven D. Shapiro M.D.

Steven Shapiro, MD
VP of Medical Affairs

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Excellence in Imaging

New Modalities; Broad Accessibility



Siemens 128 multi-slice CT scanner now located at Roper Hospital.

As imaging technologies have evolved over recent years, Roper St. Francis Healthcare has remained at the forefront, investing in the most advanced applications to provide our clinicians and patients with the best diagnostic tools available. “The strength of our program is that we are one comprehensive system, offering every imaging modality out there,” notes Mike Ricciardone, service line director for Imaging Services.

Ranked 26 out of the country’s “Top 100 Most Integrated Health Systems,” Roper St. Francis has been recognized for its successful system-wide implementation of a 100% paperless, 100% filmless Picture Archiving Communication System (PACS). In addition, we are a fully-integrated system in that all of our inpatient and outpatient imaging facilities use a standardized technology platform. Roper St. Francis was chosen as one of four hospital systems to be a national partner with Carestream Health (formerly Kodak Health), which means that all of our diagnostic X-ray imaging equipment is provided by a single vendor, so whether your diagnostic images are done in a Digital Radiographic room

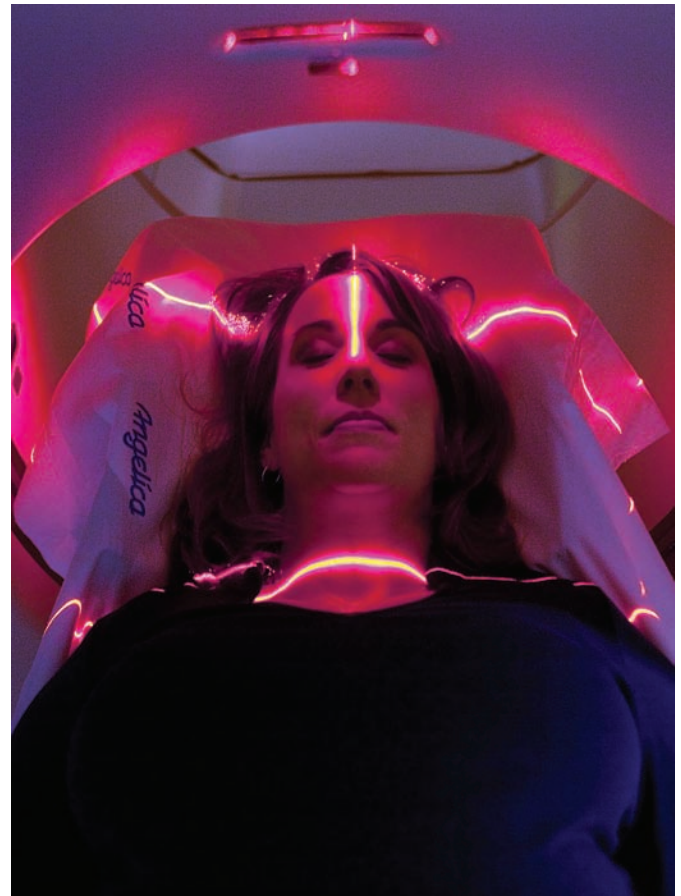
at Roper Hospital or via a Computed Radiography system at one of our 12 convenient outpatient facilities, all images are the most up-to-date, high Kodak quality.

“With a uniform technology platform and PACS to tie it all together, our resources can be used efficiently and effectively,” adds Ricciardone. A referring primary care physician can readily access imaging results online with the same ease and convenience as a Roper St. Francis radiologist, enhancing continuity of care. PACS also streamlines and expedites the consultation process.

Unlike many independently-owned imaging centers, all RSFH imaging facilities are Joint Commission compliant, and board certified radiologists read and interpret every test. At our five facilities where we do the most sophisticated imaging work, radiologists maintain an on-site presence. “Our radiologists are available to consult with referring physicians to select appropriate imaging tests for their patients,” says Dr. Michael Bagg, Chief of Radiology at Roper St. Francis Healthcare. “Our radiologists’ clinical expertise, combined with the technology available, allows for accurate interpretation of these examinations.”

RSFH Imaging Services at a Glance:

- A broad network of 14 Joint Commission compliant imaging facilities, convenient to patients across the tricounty area (see detailed location list in the tear-out insert)
- 24-hour, 7 days a week imaging facilities at our four Emergency Departments
- State-of-the-art Carestream Health (Kodak) equipment
- Fully-integrated PACS system
- Board certified radiologists reading all images
- Five digital mammography locations, including our two Breast Care Center locations
- Ten multi-slice CT scanners, ranging from 4- to 128-slice
- MRI, including one mobile unit and seven fixed units
- Nuclear medicine program, with a 16-slice PET/CT scanner
- Physician satisfaction scores consistently above the 90th percentile
- Patient and employee satisfaction scores in the top quartile nationally



Expanded Capabilities with new 128-slice CT Scanner

With the addition of Siemens SOMATOM Definition AS, Roper St. Francis has advanced CT multi-slice capability. This 128-slice can adapt to any patient and virtually every clinical need. Through a new Adaptive 4D Spiral scan mode with continuous bi-directional table movement, the Definition AS CT depicts full organ perfusion over time and provides real-time 3D image guidance in minimally invasive procedures. The Definition AS also features an Adaptive Dose Shield to eliminate worries about over-radiation, especially useful given the 128-slice’s coronary screening capabilities. “We are pleased to now be able to offer CT coronary angiography for patients referred to Roper St. Francis Healthcare,” says Dr. Bagg.



Nurses at Bon Secours St. Francis Hospital join the effort to reduce central line infections.

Quality Improvement Initiatives

Reducing Central Line Infection Rates

According to the Centers for Disease Control (CDC), healthcare associated infections account for an estimated two million infections and 90,000 deaths annually. Central Line Associated Bloodstream Infections (CLABSI) are the third leading cause of healthcare associated infections reported by the medical/surgical intensive care units (ICUs) participating in the CDC's National Healthcare Safety Network (NHSN) system, with an estimated treatment cost of \$25,000 per infection. Approximately 80,000 CLABSIs occur in intensive care units each year in the United States. When controlled for severity of pre-existing medical conditions, the attributable mortality of CLABSIs is between 2,400 to 20,000 deaths per year (12 – 25% mortality rate).

In 2006, three out of four Roper St. Francis ICUs had CLABSI rates higher than the CDC threshold. The RSFH Central Line Task Force, an interdisciplinary team chaired by Erin Hinson, MSN, RN, was charged with the goal of reducing our CLABSI numbers.

Central Line Infection Task Force Action Plan

After evaluation and review, the task force implemented the following:

- Standardization of central line catheter care supplies and procedures
- System-wide education based on Institute for Healthcare Improvement (IHI) Central Line Bundles
- Central line dressing changes every seven days
- New positive pressure caps adopted in March 2008; Bio patches placed on all central line catheter types
- A database to capture nursing compliance regarding central line catheters

Results

From 2006 to 2007, RSFH experienced 32 fewer CLABSIs, resulting in:

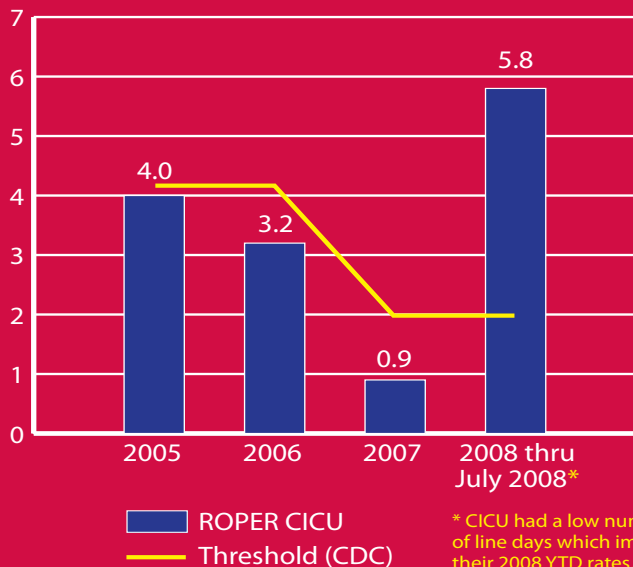
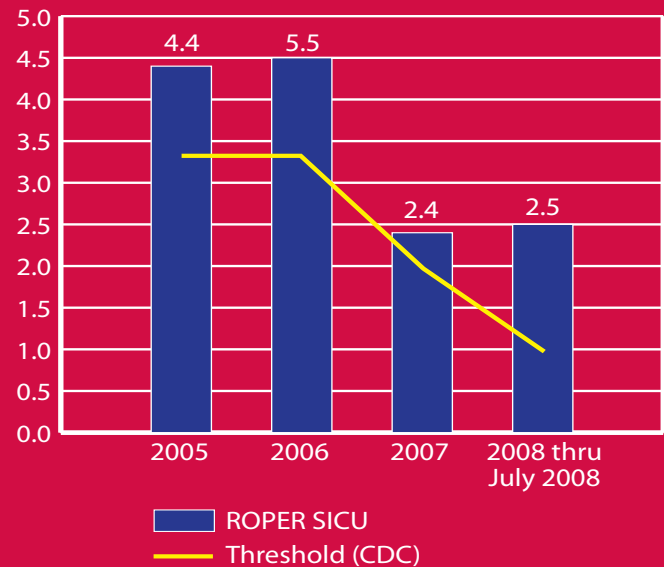
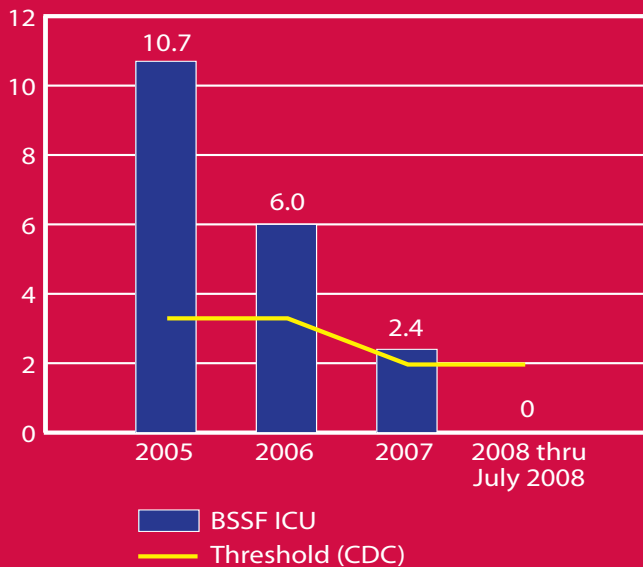
- Four to eight patient lives saved (based on CDC mortality rates of 12 – 25%)
- Healthcare costs savings of approximately \$800,000
- Decreased patient days by 224 (Nosocomial blood infections on average prolong hospital stays by seven days)

Next Steps

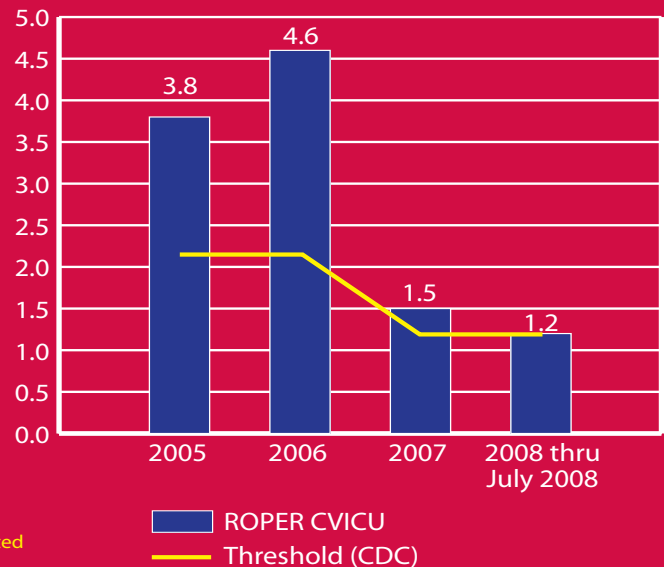
In 2009, the Joint Commission added National Patient Safety Goal #7: "Implement best practices or evidence-based guidelines to prevent central line associated bloodstream infections," with a one-year phase in period, which means Roper St. Francis Healthcare is ahead of the game in reducing and preventing central line infections. RSFH was one of the first two hospitals in the state to commit to the new South Carolina "STOP BSI" two-year project coordinated by the South Carolina Healthcare Alliance for Infection Prevention and Every Patient Counts campaign of the South Carolina Hospital Association. This project will allow RSFH and other SC

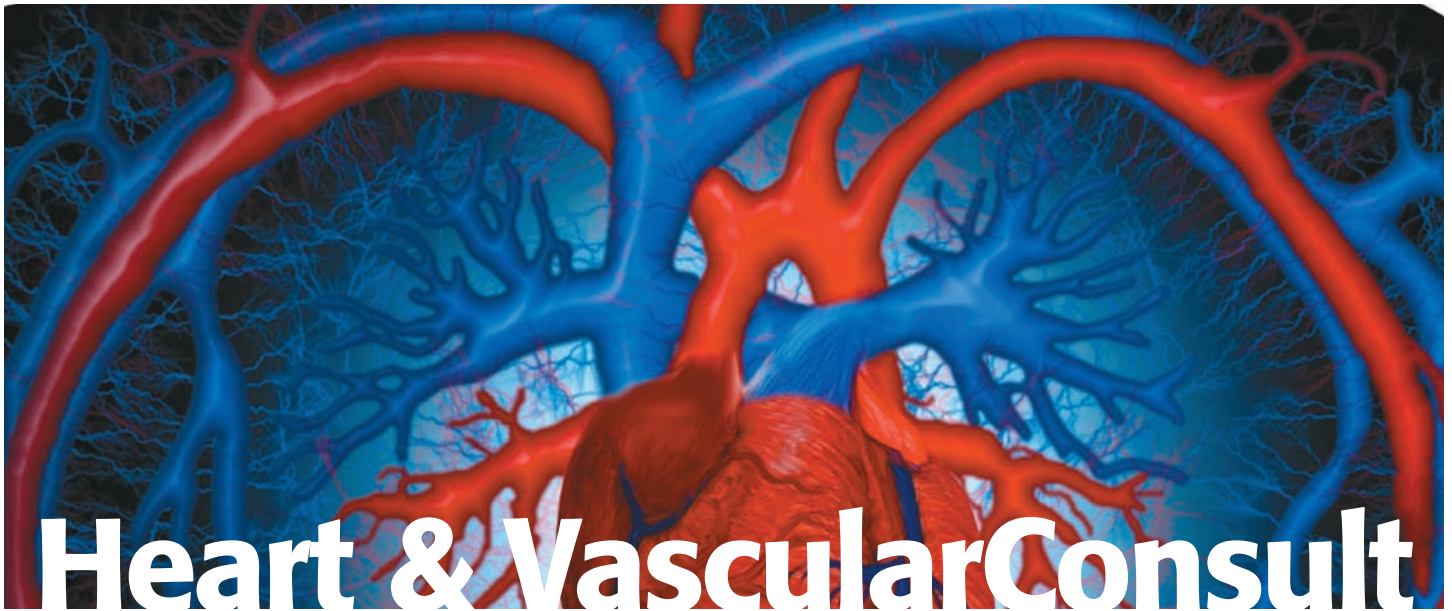
member hospitals access to researchers from the Johns Hopkins University Quality and Safety Research Group (JHU QSRG) and the Michigan Health & Hospital Association Keystone Center (MHA Keystone) who worked with clinicians and administrators from over 70 Michigan-based hospitals to nearly eliminate CLABSIs in over 103 intensive care units (ICUs), an improvement that has been sustained for nearly four years. The RSFH Central Line Task Force intends to stay at the forefront, and will continue to review central line catheter audits and share information with nurse managers and clinicians, as well as continuously review national best practices to make further performance improvements where appropriate.

The Central Line Associated Bloodstream Infection Rate is the number of infections per 1,000 central line days. Benchmarks are established based on the type of Critical Care Unit.



* CICU had a low number of line days which impacted their 2008 YTD rates.





Heart & Vascular Consult

Hyperbaric Medicine

Evidence-based Applications

The administration of pure oxygen in a high-pressure chamber has been used clinically for decades; even so, the field of hyperbaric medicine remains a relatively obscure niche in medicine. Clinical research has found more than a dozen proven applications where hyperbaric oxygen therapy (HBO) can be an effective and often life-saving treatment.

As the only accredited program in the Lowcountry, and one of only a few in the country accredited with distinction, the Department of Hyperbaric Medicine at Roper Hospital is an integral part of the Roper St. Francis Heart & Vascular Center. “As a mainstream facility, we use HBO only for approved, evidence-based therapies, and decline cases for which the evidence is weak,” notes Lance Davis, MD, medical director of the Hyperbaric Program and a US Navy Reserves Diving Medical Officer who holds board certification in both Family Medicine and Undersea Hyperbaric Medicine. A spacious three-chamber HBO unit is located on the third floor of the Heart & Vascular Tower, making it easy

and convenient for consultation on wound care, which comprises the majority of HBO outpatient cases. “The most complicated non-healing wounds require a multidisciplinary approach,” says Dr. Davis. “Being part of the Heart & Vascular Center allows us to fully evaluate and treat these chronic wounds.”

By driving pure oxygen into the blood and tissues, HBO promotes healing in problem wounds that fail to respond to established medical and surgical management. Wounds related to diabetic feet, compromised amputation sites and non-healing radiation wounds all typically result from compromised circulation and tissue hypoxia. Diabetic foot wounds, one of the major complications of diabetes, account for 50% of all lower extremity amputations in the United States, at a cost of more than one billion dollars per year. When hyperbaric treatment is used in conjunction with standard wound care, improved results have been demonstrated in the healing of difficult or limb threatening wounds. The Undersea and Hyperbaric

Medical Society, the professional accrediting organization, recognizes 13 conditions for which HBO offers demonstrated benefit. Medicare/Medicaid and most private insurance companies reimburse for these approved indications, further underscoring the solid evidence that supports these uses of hyperbaric oxygen. The proliferation of free-standing for-profit HBO therapy centers coincides with numerous unfounded claims of HBO application that, at best, confuse patients and the public, and at worst, take advantage of them. For example, claims that HBO offers hope for incurable conditions like cerebral palsy and autism are among the unproven assertions that potentially undermine the therapy's established credibility.

Approved uses for urgent indications:

- Arterial or symptomatic nervous gas embolisms
- Carbon monoxide poisoning
- Decompression sickness (the bends)
- Gas gangrene
- Crush injury and acute peripheral ischemias
- Necrotizing soft tissue infection

Approved uses for chronic indications:

- Diabetic foot wounds
- Soft tissue radiation necrosis and radiation necrosis of the mandible
- Thermal burns
- Intracranial abscess
- Enhancement of healing in other problem wounds
- Compromised skin grafts or flaps
- Chronic, refractory osteomyelitis

"I stress to all referring physicians that HBO should be used as part of a team approach," says Dr. Davis. "It's critical to determine treatment goals and coordinate with multidisciplinary services. Communication between all healthcare providers is key."

Roper Hospital's Hyperbaric Oxygen Department is open from 8 a.m. to 4 p.m. daily for non-emergent cases and is available 24 hours a day, 365 days a year for emergencies.

For more information, consultation, or to make an HBO referral, please call (843) 724-2014.



Dr. Lance Davis (right) using the Roper St. Francis HBO chamber.

Aggressive Limb Salvage Approach

Time is of the essence for critical limb ischemia patients at risk for amputation. "Because wound condition can deteriorate quickly, efficient, coordinated care is imperative, and that's where we excel," says Bob Hosler, manager, specialized clinical support for the Roper St. Francis Heart & Vascular Center.

The Heart & Vascular Center offers a unique approach to wound care, delivering comprehensive vascular services through a coordinated team and resources designed to expedite the process from diagnosis to effective treatment plan implementation. The goal is to reduce the number of amputations. From 2007 to 2008, the Heart & Vascular Center saw a 39% decrease in amputations.

As the oldest continuously operating vascular lab in the country, established in 1955, the Roper St. Francis vascular program builds on a legacy of excellence. We offer:

- A cutting-edge endovascular lab, utilizing catheter based interventions and minimally invasive non-surgical options
- Comprehensive wound care clinic, treating not only the wound, but addressing underlying vascular issues, including using transcutaneous oximetry testing to evaluate limb viability
- Hyperbaric oxygen therapy by an accredited HBO department as a complement to wound care
- FDA-approved Clinical Trial for Stem Cell Transplant for Critical Limb Ischemia
- An accredited vascular lab with registered technologists
- Four board certified vascular surgeons: Thomas Appleby, MD; Kevin Beach, MD; Jeb Hallett, MD; Edward Morrison, MD

In Brief

Clinical Trial for Stem Cell Treatment of Critical Limb Ischemia

In 2007, the Roper St. Francis Heart & Vascular Center was approved to enroll nine patients in the first FDA-approved randomized clinical trial of stem cell therapy for any disease, and specifically to evaluate use of autologous transplantation of concentrated adult stem cells in patients with Critical Limb Ischemia (CLI). After successfully completing the initial protocol, the Heart & Vascular Center is now approved for nine more candidates.

As the only center in the Southeast to be selected for this study, the Heart & Vascular Center offers revolutionary stem cell therapy to patients at risk for amputation. “This study is unique in that we’re using a special centrifuge that separates and concentrates the patient’s own stem cells right in the operating room,” explains John (Jeb) Hallett, MD, medical director of the Heart & Vascular Center and principal investigator for the study, along with George Geils Jr., MD. The concentration of cells has been documented in animal studies to generate more mononuclear cells with enhanced viability. As an outpatient procedure that only takes about an hour and a half, the treatment has significant advantages over traditional angioplasty or bypass surgery. “If proven to be beneficial in humans, as our early results indicate, this will be a huge advancement,” adds Dr. Hallett. “This could be the first line of treatment rather than doing bypass surgery or angioplasty.”

South Carolina leads the country in prevalence of diabetes, a leading cause of peripheral vascular disease and CLI. “The fact that we were selected for this study speaks to the density of disease in our

CRITERIA FOR TRIAL PREPARATION

- Critical Limb Ischemia
- ABI < 0.4
- TcO₂ < 20 torr
- Toe pressure < 40
- No renal failure
- No bypass or PTA within 3 months



Before treatment



After treatment

**FIRST FDA-APPROVED RANDOMIZED CLINICAL TRIAL
OF STEM CELL THERAPY FOR ANY DISEASE**

Participating Centers and number of patients enrolled

Tufts New England Medical Center, Boston	1
Arizona Heart Institute	0
Maimonides, New York	4
Baylor, Houston	4
Albany, New York	0
Tampa General	1
Roper St. Francis Heart and Vascular Center, Charleston	9

Initial Trial: 50 patients

area and to the collaborative efforts of the doctors here to give patients this opportunity. We are committed to trying every option to save these limbs,” says Dr. Hallett.

For more information on the study, contact Lorri Bennett at the Heart & Vascular Center, (843) 724-2683 or go to www.CLIclinicalstudy.com.

Door to Balloon Times

Current American Heart Association/American College of Cardiology guidelines recommend a door-to-balloon time of 90 minutes or less for STEMI patients. For 2008, Roper Hospital had a median door-to-balloon time of 48 minutes, with 93% of patients receiving angioplasty in less than 90 minutes.

• Total # positive STEMI's	101
• Total # STEMI's with intervention	89
• Median Roper Hospital Door to Balloon STEMI time	48 minutes
• % Roper Hospital Door to Balloon time less than 90 minutes	93.26%



Interventional Oncology

Integral to Comprehensive Care

Interventional Oncology is an emerging field of cancer therapies that utilize imaging technology to diagnose and treat localized cancers in ways that are precisely targeted and minimally invasive. Radiologists, surgeons and oncologists at Roper St. Francis Cancer Center have been using these advanced techniques for the last decade, offering cancer patients cutting-edge therapies that target suspicious areas and in many cases eradicate tumors without surgery. More recently, the RSF Cancer Center has implemented an effective interventional oncology protocol for localized renal cancer and has the most experienced team of physicians in the state performing these procedures.

Interventional oncology includes image-guided procedures such as radiofrequency ablation (RFA), cryoablation and chemoembolization, which are all becoming an integral component of comprehensive cancer care. Radiofrequency ablation and cryoablation for renal and liver tumors, which involve the localized destruction of small tumors using radiofrequency waves or freezing respectively, are the two most common interventional oncology procedures done at the RSF Cancer Center.

In RFA, a specialized needle is inserted into the tumor under CT or ultrasound guidance. Once inside the tumor, four metallic tines expand the probe to surround the tumor and extend just beyond the tumor margin. Each tine contains a thermometer at its tip, allowing the optimum amount of radiofrequency energy to be delivered just beyond the confines of the tumor to achieve complete tumor eradication. Because the radiofrequency energy is targeted so precisely, the healthy kidney tissue is left unharmed and fully functional.

“RFA is effective in renal tumors that are four centimeters in diameter or less,” says Marshall (Scott) Wingo, MD, a board certified urologist affiliated with Roper St. Francis Healthcare and a specialist in RFA. “The RFA probe is designed to dissipate heat throughout the tumor, reaching temperatures of 105°C, which is the lethal threshold to the cancer cells. With our current probe technology, we are able to precisely monitor the thermal spread to ensure that the cancer is adequately treated, while leaving the healthy kidney tissue undisturbed.” For posterior renal tumors, this nephron-sparing procedure is done percutaneously with CT scan guidance; and for anterior renal tumors (requiring bowel mobilization), it is done laproscopically with ultrasound guidance.

The CT-guided approach is an outpatient procedure that takes about an hour. The patient leaves with a band-aid on his or her back. “In appropriately selected patients, we are able to eradicate the cancer cells and preserve healthy kidney function while avoiding a more complicated, extensive surgery such as a partial or radical nephrectomy, which have more inherent risk and a longer recovery,” Dr. Wingo adds.

Targeted freezing or heating can be an excellent option for cancer patients who can't have more invasive surgery because of medical contraindications or comorbidities. Robert (Woody) Smith, MD, a board certified interventional radiologist with Roper St. Francis Healthcare, partners with Dr. Wingo on the renal cancer ablations, and has been doing RFA, cryoablation and chemoembolization at Roper St. Francis for over a decade, typically targeting solitary metastatic lesions on the liver. “The procedures can also be effective on adrenal gland and other soft tissue masses,” notes Dr. Smith. While some cancer centers choose to ablate lung tumors, “the risks and complications with lung lesions are high,” adds Dr. Smith, who notes that the Roper St. Francis CyberKnife team offers a better and safer option for treating lung tumors.

The field of interventional oncology has undergone a rapid expansion in terms of technique and technology-driven applications and is now considered a primary therapy along with traditional therapies of chemotherapy, radiation and surgery. In April 2009, a new Center for Interventional Oncology opened at the National Institutes of Health Clinical Center to further expand investigation and provide a forum for collaboration among research and clinical experts in radiation oncology and interventional radiology.

For renal cancer, RFA is considered a curative therapy (RFA for liver tumors typically is targeting metastatic lesions from other primary cancer sites). “The results have been remarkable,” says Dr. Wingo, who has performed more than 50 renal cancer RFA procedures in conjunction with Dr. Smith over the last two years. “We have not had to retreat any tumors with RFA or surgically remove any lesions to date.”

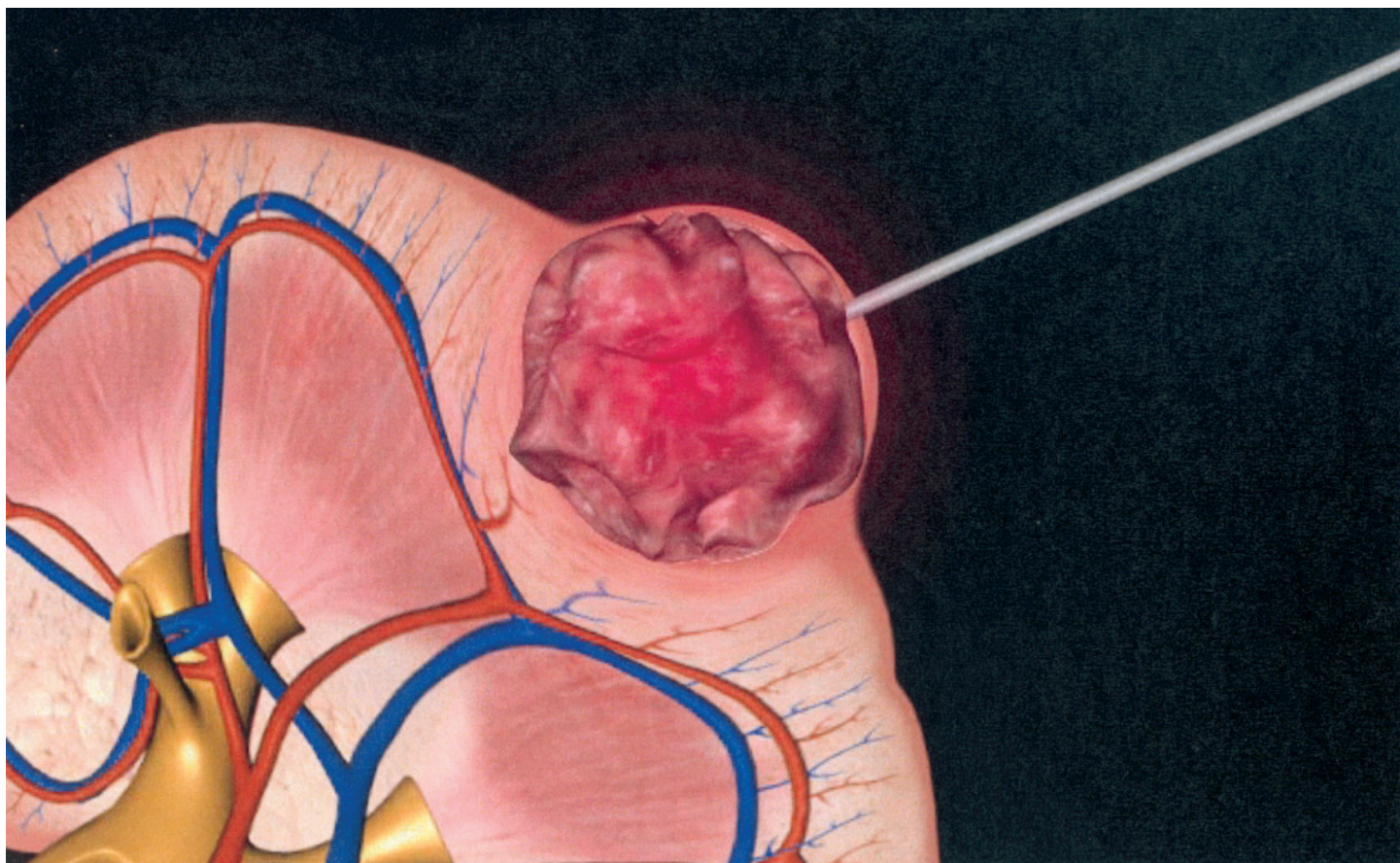


Illustration of RFA probe and tine targeting a tumor.

In Brief

RSFH Cancer Center Chosen as Pilot Site

The Roper St. Francis Cancer Center has been selected as one of six sites for the Cancer Care Patient Navigation “A Call to Action” Pilot Project sponsored by the Association of Community Cancer Centers (ACCC). The RSF Cancer Center is currently the only center in South Carolina to offer the services and support of an American Cancer Society Patient Navigator, and it is the first program in the region to have a dedicated Breast Health Patient Navigator for our breast cancer patients.

Patient Navigation in cancer care is individualized assistance offered to patients, families and caregivers to help overcome barriers to healthcare and to facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience. Successful navigator programs help address the confusion and anxiety that can accompany a cancer diagnosis and help patients overcome barriers that result in healthcare disparities.

As a pilot site, RSF Cancer Center will participate in a training program led by national experts, and then serve as a mentor for other cancer centers. The Call to Action Pilot Program aims to enhance patient navigation programs by:

- Identifying barriers to programmatic success
- Increasing successful implementation of navigation services
- Refining staffing models
- Establishing effective metrics to measure navigation services internally and benchmarking them externally

New Outpatient Chemotherapy Infusion Center

The new Outpatient Chemotherapy Infusion Center on the 5th Floor of Roper Hospital is part of the Cancer Center’s ongoing effort to make cancer treatment at Roper St. Francis as convenient, comfortable and effective as possible.

The new Infusion Center, opened in June, features 14 private infusion bays, each with its own television and light dimmer allowing patients to modify according to their preference. With soothing colors and tasteful decor, the brand new space was designed to enhance patient comfort and privacy, making the chemotherapy experience as pleasant as possible. The



Cancer Consult

Outpatient Infusion Center also has a convenient nourishment area for patients and their families, and its proximity to the 5th floor Atrium and cancer resource center allows for easy access to educational materials and a relaxing retreat atmosphere.

“Having all oncology services on the same floor improves continuity of patient care,” says Wynde Limehouse, RN, OCN, Clinical Manager Outpatient Oncology Services. “When patients are discharged from the inpatient oncology unit, they will be familiar with the Cancer Center area where they will come for future treatments. Coordinated services and the Cancer Center’s overall design promotes patient comfort and eases anxiety levels.”

Research Corner

The Cancer Center’s Oncology Research Department maintains an active clinical trials program, offering our patients access to cutting edge protocols. Listed below is a sampling of open trials. For more information on our full range of open trials, please contact the Elizabeth Strojny, RN, OCN, at (843) 720-8386 or visit www.rsfh.com.



*Liz Strojny (right), Roper St. Francis
Clinical Trials Coordinator*

CALGB 30607

Randomized, Phase III double-blind placebo-controlled trial of Sunitinib as maintenance therapy in non-progressing patients following an initial four cycles of platinum-based combination chemotherapy in advanced, Stage IIIB/IV Non-Small Cell Lung Cancer.

NSABP B-43

A Phase III Clinical Trial comparing Trastuzumab given concurrently with radiation therapy and radiation therapy alone for women with HER2-Positive Ductal Carcinoma in situ resected by lumpectomy.

SWOG S0720

Phase II ERCC1 and RRM1-Based adjuvant therapy trial in patients with STAGE I Non-Small Cell Lung Cancer (NSCLC).

URCC 0707079

Prevention of Pegfilgrastim-induced bone pain (PIBP): A Phase III Double-Blind Placebo-Controlled Clinical Trial.



Dr. John McCrosson inspects a knee replacement device.

Roper St. Francis Joint Replacement Center

Volume Leader in South Carolina

According to the most recent DHEC numbers (July 2007 – November 2008), the Joint Replacement Center at Roper Hospital performs more total joint replacements than any other hospital in the state, including larger hospitals in the 500+ bed category. During that time period, Roper St. Francis Healthcare replaced 1,126 knees and hips. “Studies show that large volume centers have better outcomes,” says John McCrosson, MD, a board certified orthopedic surgeon with the Roper St. Francis Joint Replacement Center. “From admission through rehabilitation, the health professionals who work with our joint replacement patients have seen so many cases they know what to look for; they can put patients at ease and recognize complications more quickly.” Because of high volume, the Joint Replacement Center also has a dedicated anesthesia team, including specialists in placing femoral nerve catheters (On-Q) for knee procedures. “The femoral nerve catheter has resulted in a huge advancement in pain management for knee replacements, a drastic improvement,” adds Dr. McCrosson. This means a quicker recovery time and a shorter stay in the hospital for joint replacement patients.

The Joint Replacement Center aims to help patients regain mobility and return to their normal way of life before chronic joint pain. The Center's staff is dedicated to providing high quality care with individualized attention focused on each patient's progress. An experienced team of certified orthopedic nurses, a program coordinator, a clinical nurse specialist, a discharge planner and our own dedicated physical and occupational therapists all coordinate care. A standardized plan of care begins even before the patient enters the hospital.

The Joint Replacement Center services include:

- Joint replacement: including hip, knee and shoulder
- Physical Therapy and rehabilitation
- Outpatient orthopedic surgeries
- Pre-operative class for all joint replacements offered every Tuesday at Roper Hospital. This class goes over what to expect from the time the patient walks in the door until they go home.
- Pain protocol that includes the use of an ON-Q pump. Pain pump catheter is inserted into the femoral nerve and decreases the amount of pain the patient has after surgery.

To make a referral or for more information on joint replacement surgery, please call (843) 402-CARE or 1-800-863-CARE.

Roper St. Francis rolls out new and improved website

Now at rsfh.com you'll find:

- **Easier navigation, more user-friendly for patients**
- **Health education resources, including a health library, easy-to-use tools such as informative quizzes, risk assessments and calculators**
- **Comprehensive video library**
- **Detailed health system calendar of events for classes and support groups**
- **Current national health news**
- **Caring Bridge™, a free, personalized website to enhance patient support and family communication during illness, treatment and recovery**



Visit www.rsfh.com