



# DBC highlights

DEACONESS BILLINGS CLINIC

WINTER/SPRING 2003

## ANNOUNCEMENTS

### DBC Launches Stroke Prevention Program

# STROKE SENSE

KNOW THE SIGNS. ACT FAST. SAVE A LIFE.

StrokeSense is a VHA collaborative effort currently involving 11 health care organizations across the nation. The focus is on improving patient outcomes through risk factor and symptom recognition, earlier diagnosis and educating consumers about prevention strategies.

#### National data reveals:

- Half of all deaths from stroke happen before the victim reaches a hospital.
- Of those that do present, 58% wait 24 hours.
- 25-30% of strokes are preceded by TIAs or a previous stroke, with an 85% reoccurrence in the first month.

#### DBC's evidence-based clinical measures improve the outcomes of stroke patients:

- Appropriate screening and treatment for tPA candidates
- tPA given within 3 hours of symptom onset for eligible patients, with door to needle time within 60 minutes
- CT performed within 25 minutes - interpretation within 45 minutes
- If not hemorrhagic, treatment with aspirin
- Treatment for temp >99° F
- Avoidance of sublingual nifedipine
- Fasting lipids and glucose with treatment as needed to keep ≤ 100
- Swallow study prior to p.o. intake
- DVT prophylaxis as appropriate
- Interdisciplinary approach to care: PT, OT, Rehab, Case Management, etc.
- Appropriate preventative medications at discharge

For more information, contact Daniel V. Rodriguez, MD, at 238-2500 or 1-800-325-1774.

*"Stroke is the most preventable of all catastrophic illnesses, yet it affects 1.2 million Americans annually, 20% under the age of 45. Stroke is the third leading cause of death, number one reason for disability, and the leading reason for admissions to nursing homes."*



Daniel V. Rodriguez, MD  
Neurology

## CLINICAL UPDATE - VASCULAR SURGERY

### Endovascular Options Allow Better Outcomes

Currently, the most well-known endovascular trend affects the treatment of abdominal aortic aneurysms (AAA). We are aggressive in the management of AAA in the traditional, open procedure that has been established for many years. Morbidity and mortality rates have plummeted in recent years with improvements in perioperative care and intraoperative techniques.

Within the last five years, an endovascular stent graft approach to AAA repair has been developed and is applied worldwide. We offer endovascular AAA repair as an alternative to open repair. Strict anatomic criteria detected on CT scan imaging are used to determine which patients are candidates for an endovascular repair. The approach is conservative and many patients will ultimately require the standard open repair. However, for those who undergo an endovascular repair, the hospital stay and recovery time are greatly reduced, often allowing patients to return to normal activity within five to seven days. It is estimated in the literature that 20 to 50 percent of patients are candidates for endovascular AAA stent graft repair.

Rupture of AAA remains the greatest threat to a patient. The physician's challenge is to diagnose before aneurysm rupture. Once rupture occurs, mortality rates are very high. Screening with duplex ultrasound is recommended for:

- anyone over 50 with a family history
- those with a pulsatile abdominal mass on examination

Recent literature suggests that screening all male smokers over the age of 65 is likely to have the greatest impact to reducing rupture rates.

For more information, or to discuss any vascular surgical question you may have, contact John R. Craig, MD, at 238-2500 or 1-800-325-1774 or by e-mail at [jrcraig1@billingsclinic.org](mailto:jrcraig1@billingsclinic.org).



Dr. Craig is board certified and a DBC physician since 2001. Dr. Craig's special interests include peripheral arterial surgery, endovascular surgery, vein varicosity surgery and all aspects of general surgery.



John R. Craig, MD  
Surgery - General, Thoracic & Vascular

*"For those who undergo an endovascular repair, the hospital stay and recovery time are greatly reduced, often allowing patients to return to normal activity within five to seven days."*

## MARK YOUR CALENDAR



### 2003 Primary Care Symposium

April 25 & 26, Billings, MT

DBC specialists in orthopedics, pediatrics, neurosurgery, cardiology, pulmonology, nephrology, general surgery, gastroenterology, gynecology and urology will present the most current information on topics significant to your primary care practice.



### 2003 Heart & Vascular Conference

July 24-26, Rock Creek Resort in Red Lodge, MT

The latest diagnoses and treatments are discussed by DBC specialists in cardiology, pulmonology, cardiac surgery, electrophysiology and research. Call Rock Creek Resort for accommodations: 446-1111 or 1-800-667-1119.

Registration for both events is free. Call DBC Registration Line to reserve your space today: 255-8440 or 1-800-252-1246, or register online at [www.billingsclinic.com](http://www.billingsclinic.com) - go to *classes and events*, then choose *Medical Professional Education*.



Dr. Hammond is board certified in both internal medicine and gastroenterology and has been with DBC since 2001.

Steven W. Hammond, MD  
Gastroenterology

## Revealing Capsule Technology

The DBC gastroenterology department is now performing 'capsule endoscopy,' an exciting new technique using a disposable video capsule. The capsule is swallowed by the patient and transmits images via wireless technology which are stored and later downloaded and viewed by the physician as a video image on a computer screen. The technique allows visualization of much of the small bowel not within reach of standard upper and lower endoscopy.

Currently, the primary application is for evaluation of obscure gastrointestinal bleeding where both upper and lower endoscopy are unrevealing. Other potential uses of the capsule technology are under investigation.

## 'EndoCinch': A New Anti-Reflux Procedure

DBC's gastroenterology department is now offering endoluminal gastroplication (EGLP), a new procedure using the Bard EndoCinch Suturing System for treatment of esophageal reflux in selected patients.

Candidates must:

- have only a small, 3 cm or less, hiatal hernia
- **no** Barrett's esophagus
- **not** have severe erosive esophagitis at the time of the procedure

EGLP is performed as an outpatient procedure and involves the placement of a series of "pleats" at the esophagogastric junction just below the lower esophageal sphincter using a suturing device attached to a standard upper endoscope.

Compelling results from clinical and economic studies show that EGLP provides immediate and sustained improvements in regurgitation and heartburn and significantly reduces the need for acid-controlling medications.

For more information on either capsule endoscopy or the EGLP study, contact Steve Hammond, MD, at the DBC gastroenterology department at 238-2500 or 1-800-325-1774.

## NEW PHYSICIANS

### CARDIOLOGY



#### Joseph R. Garcia, MD

Joseph R. Garcia, MD, is a board certified cardiologist. Dr. Garcia received his medical degree from the University of Puerto Rico School of Medicine and completed his internship and residency at Baylor College of Medicine in Houston, Texas. He also completed an adult cardiology fellowship. He comes to DBC from the Heart & Vascular Institute of Florida.

### DERMATOLOGY



#### Gerald E. Peters, MD

Gerald E. Peters, MD, is board certified by the American Board of Dermatology. Dr. Peters received his medical degree from University of Cincinnati College of Medicine, and performed his dermatology residency with the San Antonio Uniformed Services Health Education Consortium (US Air Force/US Army). Dr. Peters currently sees dermatology patients, and will complete a Mohs surgery fellowship at DBC in 2004 under the direction of J. Michael Wentzell, MD.

### OTOLARYNGOLOGY



#### Scott D. Price, MD

Scott D. Price, MD, is a fellow of the American Academy of Otolaryngology - Head and Neck Surgery, and of the American College of Surgeons. Dr. Price received his medical degree and performed his Head & Neck Surgery Residency at University of Southern California School of Medicine, L.A. His surgery internship was completed at Los Angeles County-USC Medical Center, L.A.

### PHYSICAL MEDICINE & REHABILITATION



#### B. Morrison Bryan, MD

B. Morrison Bryan, MD, is board certified in PM&R. Dr. Bryan is a physiatrist specializing in lumbar spine injections, EMG,

musculoskeletal and spine medicine and rehabilitation. His surgical internship was completed at Northshore University Hospital in Manhasset, NY. Dr. Bryan's residency in physical medicine and rehabilitation was performed at Mayo Clinic, Rochester, MN.

### RADIOLOGY



#### Bryan J. Canty, MD

Bryan J. Canty, MD, is board certified in family practice and board eligible in radiology. He is originally from Butte, Montana. Dr. Canty completed his medical degree and family practice residency at the University of Nevada School of Medicine and his diagnostic radiology residency at the University of Minnesota in Minneapolis, Minnesota.



#### Ron Darby, MD

Ron Darby, MD, is board certified in radiology. He completed his medical degree, internship and pathology and diagnostic radiology residencies at the Royal Alexandra Hospital, University of Alberta, Edmonton, Canada. Dr. Darby comes to DBC from the Saint Louise Regional Medical Center, Gilroy, CA. He has been instrumental in the design and planning of diagnostic imaging departments at several hospitals.

### UROLOGY



#### Russell G. Sarver, MD

Russell G. Sarver, MD, is a board certified urologist. He completed his medical degree at the University of Medicine and Dentistry of New Jersey and his internship and residency at the University Medical Center in Tucson, AZ. Dr. Sarver performed a fellowship at the Virginia Mason Medical Center, Seattle, WA. He comes to DBC from South Orange County Urological Medical Group, Laguna Hills, CA.

## New Continence Center Offers Real Solutions

DBC urology department is assisting the growing number of individuals who experience urinary incontinence with the introduction of a continence management program, offered at the 'Continence Center'

Urinary incontinence can often be successfully treated or improved through the use of behavioral therapies, which can include pelvic floor muscle exercises, dietary modifications and bladder retraining. Biofeedback therapy may also be utilized. Other options such as medication and surgery are also available, and are included, as appropriate, in the individual's plan of care.

To schedule a patient for evaluation, call the department of urology at (406) 238-2450.

## QUALITY IMPROVEMENT

### We're Putting It In Writing!

DBC is taking the next steps in improving clinical quality by communicating - in writing - to physicians as part of our obsessive dedication to quality and service. Two new DBC publications are available to assist medical professionals:

#### Recommended Cardiovascular Guidelines and Treatments for Physicians and Non-Physician Providers

Sixteen medically-recognized sources are referenced to compile the latest goals and recommendations for blood pressure control, lipoprotein management, triglyceride management, glucose and diabetes management, physical activity, weight management, smoking and metabolic syndrome.

#### Cardiac Stress Testing Procedures

Refer to this guide to choose the appropriate testing procedures for your cardiac patient. Information includes treadmill and pharmacologic stress tests, myocardial perfusion imaging, equilibrium gated radionuclide angiography, exclusion criteria and more.

*Patient instruction sheet for nuclear stress test is available as well.*

To order these DBC publications, call the department of cardiology at (406) 238-2081 or e-mail: [hwyman@billingsclinic.org](mailto:hwyman@billingsclinic.org).

### Physician's Direct Line: 1-800-325-1774

for specialist consult, questions or 24-hour air ambulance transport.



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Also visit us on-line:

[www.billingsclinic.com](http://www.billingsclinic.com)

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