Top-Quality Surgical Care

Going through surgery is hard enough without having to travel long distances. One of our priorities at Bay Area Hospital is making sure South Coast residents have access to top-quality surgical care close to home.

In this issue of Currents, we look at some notable aspects of the surgery program at Bay Area Hospital. We think you will be impressed to read about what goes on inside the operating room.

Our main story is about robotic-assisted surgery. The da Vinci Si Surgical System got a lot of attention when it arrived in September. Now we are able to talk about the successes of surgeons who have used it. For example, did you know that Coos Bay is the only place in Southern Oregon where a surgeon uses a robot to remove your gallbladder through a single mini-incision?

We also share the perspectives of some local patients, who talk about their personal experiences with robotic-assisted surgery.

Another article looks at the fast-paced world of trauma care. This program does not get much publicity, but it should. Our diverse team of surgeons and other medical professionals routinely collaborate to save lives.

We recently announced our exciting new surgical residency program. Surgeons training at Oregon Health & Science University will spend time at Bay Area Hospital, exploring the dynamic opportunities of rural surgical practice.

Also in this issue, we explain the crucial role of our Anesthesia department—the only such program in the area directed by board-certified anesthesiologists.

We are proud of our employees, our affiliated physicians, and the services we offer at Bay Area Hospital. As the hospital’s owners, Bay Area residents have reason to be proud as well.

Paul G. Janke, FACHE
President/CEO
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MISSION
We improve the health of our community every day.

VISION
Bay Area Hospital will be the model for regional healthcare excellence.

VALUES
Kindness, Excellence, Teamwork, Ownership, Innovation

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Six months after arriving at Bay Area Hospital, the da Vinci Si Surgical System has won respect from its human partners. “It’s a fun way to operate, because you’re so completely in control,” says gynecologist Laurie Hamilton, DO.

Dr. Hamilton is among the initial trio of surgeons to train on the da Vinci® Si at Bay Area Hospital. The state-of-the-art device, dubbed “Surgio” by local school children, impressed the doctors and brought immediate benefits to patients.

“It was a good move for the hospital, good for the community,” says urologist John Muenchrath, MD, another member of the pioneering trio. General surgeon Steven Tersigni, MD, is the third.

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Amber Meets Surgio

On the day of surgery, Amber Hill of Myrtle Point met “Surgio,” Bay Area Hospital’s da Vinci Si Surgical System. “I got to see it before I went under,” she says. “I was like, ‘Wow!'”

Hill remembers being impressed when gynecologist Laurie Hamilton, DO, explained the benefits of robotic-assisted surgery, which include less scarring, less blood loss, less pain, and less chance of infection. Hill’s reaction at the time: “If technology can do that, that would be great!”

Her enthusiasm has not dimmed since the surgery. She experienced a rapid recovery and minimal postoperative pain. “I would recommend robotic surgery to anybody,” she says. “It’s a wonderful thing.”

Hill is equally enthusiastic about Surgio’s human partner. “Dr. Hamilton came in and explained everything to me,” Hill says. “She was very supportive. When I was getting ready to go to sleep in the OR [operating room], she rubbed my shoulders to help me relax and calm down. Dr. Hamilton is the best. I would recommend her to everyone.”
The robot’s mechanical arms reach into the patient’s abdomen through tubes called trocars. The human surgeon, watching a magnified video image, manipulates miniature instruments that mimic the surgeon’s movements. Compared with conventional surgery, patients bleed less, heal more quickly, and have less scarring.

Dr. Hamilton observed the da Vinci Si’s benefits the first day she used it. When a patient strolled past her in a hospital corridor, Dr. Hamilton was startled to recognize the woman who had been on her operating table less than two hours earlier.

For Dr. Muenchrath the most dramatic change has been in prostate surgery. Prostate patients used to spend two or three nights in the hospital. Now they go home the next day. They experience less postsurgery pain too. “A lot of people go through the procedure, believe it or not, without any narcotics,” he says.

After watching Dr. Muenchrath at the controls, Dr. Tersigni is a believer. “If I were to have a prostate done, I wouldn’t do it any other way,” he says.

Dr. Muenchrath sees robotic surgery as essential to the future of urology in rural hospitals. Because young urologists now train on robots, he thinks any hospital without one will have trouble replacing retirees.

The robot’s most welcome benefit for Dr. Muenchrath is its suturing. “Anything that involves sewing—that’s where the robot really shines,” he says. “That thing actually has more degrees of freedom than your own wrist.”

The robot’s miniature instruments can sew precise, watertight seams. That means less blood loss. The surgeons unanimously praise the robot on that score. Dr. Muenchrath says patients sometimes lose less blood in surgery than they gave for surgery.

An Overnight Success

The one downside of Arleta Kay Vincent’s robotic surgery was having to sleep through it. “My only regret is that I didn’t get to see it,” she says. “I would have liked to watch.” The 71-year-old Bandon woman underwent a procedure known as a Nissen fundoplication to correct two stomach conditions: hiatal hernia and gastrointestinal reflux.

Surgeon Steven Tersigni, MD, wrapped the top part of Vincent’s stomach around her esophagus and stitched it into place. Dr. Tersigni operated using “Surgio,” Bay Area Hospital’s da Vinci Si Surgical System. The robot enabled him to perform surgery through a few tiny incisions in Vincent’s abdomen. She was home from the hospital the next day, experiencing minimal pain.

The robot had been in use for just a couple of months when Vincent underwent surgery in November, but she wasn’t at all concerned about a comparatively new technique. Though Surgio was new in town, Vincent knew and trusted her human surgeon. “I figured if Dr. Tersigni recommended it, it was good enough for me,” she says. “I was just willing to take his advice.”

Vincent’s faith paid off with an uneventful surgery and a smooth recovery. “I think I’m going to be 100 percent,” she says.
pre-operative lab tests. Dr. Tersigni marvels at how the robot’s miniature instruments and high magnification let him maneuver daintily past the tiniest blood vessels. He says, “You can just see the tissue so much better.” Dr. Tersigni sees robotic surgery as an opportunity to strengthen his practice. He is the only Southern Oregon surgeon offering “single-site” gallbladder surgery—leaving a barely perceptible scar, no more than an inch and a half long. Dr. Tersigni hopes the procedure’s cosmetic appeal will attract out-of-town patients. As more surgeons train to use the da Vinci Si, it seems likely to become an operating-room mainstay. Leo Kusuda, MD, and Stephan Groth, MD, elected to participate in the training and joined the ranks of qualified surgeons in March. Still, the robot is not right for every surgery. Dr. Tersigni notes that, once the robot is wheeled into place and “docked” to the patient, the surgeon cannot easily detour to another area of the patient’s chest or abdomen. “That’s why you don’t do everything robotically,” he says. “You pick your cases.”

Limitations aside, Dr. Hamilton foresees a day when surgeons can operate on patients in far-distant hospitals—a huge potential benefit in the developing world. The robot’s manufacturer, Intuitive Surgical, says long-distance surgery is theoretically possible, but it is not the company’s current focus.

For now the three local pioneers are delighted with “Surgio.” “It’s been wonderful,” Dr. Hamilton says. “It’s just an amazing tool that is really nice to use.”

Meet the Surgeons

Five surgeons offer robotic-assisted surgery at Bay Area Hospital.

Stephan J. Groth, MD is board certified in obstetrics and gynecology, with a specific interest in pelvic reconstructive and urogynecologic procedures.

Laurie L. Hamilton, DO is board certified in obstetrics and gynecology. She chairs the board of Western Oregon Advanced Health.

Leo Kusuda, MD, is a board-certified urologist and a retired US Navy captain.

John K. Muenchrath, MD, is a board-certified urologist and a Coos Bay city councilor.

Steven A. Tersigni, MD is a board-certified general surgeon. His robotic-assisted procedures include single-incision gallbladder removal, leaving almost no scar.
Kids in two fourth-grade classes suggested “Surgio,” and their creativity won them a hands-on visit with Surgio himself. Afterward nine-year-old Alissa Richardson delivered this review: “Awesomely cool!”

Soon after the da Vinci Si Surgical System arrived at Bay Area Hospital in September 2013, the hospital challenged area schools to propose names. Thirteen classes submitted names. Two of them—James Elwell’s class at North Bend’s Lighthouse School and Lisa Harnden’s class at Coos Bay’s Millicoma School—individually offered the winning entry. Both classes visited Bay Area Hospital on January 27 to meet the newly named robot. After a hand-washing lesson, the students dressed in surgical garb and stepped into an operating room. Coached by actual surgeons, they took turns manipulating the robot’s controls.

Homeroom mom Kristine Emerson of Coos Bay may have been even more excited than the children. She appreciated the chance for the kids to see advanced medical technology in person.

“Kids,” she said, “It was completely amazing.”

“Awesomely cool!” – Alissa Richardson

Nine-year-old Lucas Stephens said his home handyman dad could use Surgio’s help maneuvering small screws into position. And Emma Achen, 10, thought Surgio’s robotic hands would be perfectly suited for changing her baby sister’s diaper.

Most of the kids agreed that they would want Surgio on the case if they ever needed surgery. They appreciated the smaller incisions and the faster healing that robotic surgery makes possible.

“I’d rather have it with Surgio than having someone do it with their hands,” said Aurora Richardson, 10.

“This is a once-in-a-lifetime opportunity. They’re so blessed.”

– Kristine Emerson

After test-driving Surgio, some students suggested nonmedical uses for the robot. Serena Ellis, nine, of Coos Bay, thought Surgio would be as adept at sewing clothes as he is at suturing human tissue.
A knife had pierced the patient’s heart. More than a decade later, general surgeon Steven Giss, MD, recalls the case as his most memorable trauma experience.

Repairing a perforated heart muscle normally requires a cardiac surgeon, a heart/lung bypass machine, and a sternal saw to open the patient’s chest. Coos Bay had none of those—but the patient could not wait. Improvising with an orthopedic saw, Dr. Giss exposed the damaged organ. He momentarily stopped the patient’s beating heart, whip-stitched the wound, and restarted the patched-up ticker.

And it’s still ticking. Dr. Giss says that the grateful patient “comes back every Christmas” to visit the team that saved his life.

Such impromptu heroics are a little outside the norm at Bay Area Hospital’s ED (Emergency department). Usually, the heroics are carefully choreographed and well rehearsed, following proven protocols to tame a variety of catastrophes. Bay Area Hospital’s ED is a designated Level III Trauma Center, part of a statewide system established to provide high-quality care to accident victims in rural as well as urban areas. It is the only such trauma center on the Oregon Coast.

Being a Level III Trauma Center means keeping a wide range of specialized professionals available 24/7. They include general surgeons, orthopedists, anesthesiologists, radiologists, nurses, respiratory therapists, and even pharmacists. Also available are specialists in ophthalmology, pediatrics, gynecology, urology, critical care, and ear, nose, and throat care. Interventional cardiology joined the lineup in 2013.

“We’re very fortunate to have all these surgical specialties available for trauma cases,” says Paul Janke, Bay Area Hospital’s chief executive officer. “If you’re badly hurt, anywhere on the
South Coast, they’re ready to drop everything and come save your life.”

Getting to a designated trauma center can be crucial. Kaiser Health News recently reported that severely injured patients are 25 percent less likely to die at trauma centers than in typical emergency rooms. Saving patients depends not only on getting to a hospital quickly but also on getting to a hospital that has the capacity and the expertise to manage complex injuries.

“Our death toll from homicides and accidents would rise dramatically if we didn’t have trauma care,” says Dr. Giss, who chairs the hospital’s Surgery department.

Those specialized resources are especially vital in a rugged, isolated region such as the South Coast. Rural hospitals often mend logging, fishing, and off-road injuries as well as occasional gunshot and knife wounds.

Doctors sometimes talk about the urgency to treat patients during the “golden hour” after traumatic injury. But Trauma Coordinator Karen Briggs, RN, says that the Oregon outback routinely undermines that concept. Accidents often happen outside cell phone range. A victim may wait hours for rescuers to navigate remote and treacherous terrain. The Oregon Coast’s notorious storms can delay patients’ arrivals even more. A coordinated approach is essential to save lives under those conditions.

“It really is a team,” says Dr. Giss. “It starts with our fantastic paramedics in the field.” When an emergency crew notifies the hospital of an incoming trauma case, professionals gather rapidly, many of them coming from home.

Most injured patients can be treated in the ED. Some are stabilized by the local team and then transported to Eugene or Portland for follow-up care. Cases that demand immediate surgery trigger a full-scale trauma response, with one or more surgeons summoned to repair the damage.

The surgeons and other specialized physicians are mostly private practitioners, not hospital employees. They take turns being on call, often sacrificing their private lives in the process. “You don’t enjoy being on trauma call because it usually happens in the middle of the night,” says Steven Tersigni, MD, one of a handful of general surgeons who share the duty.

“They really do give up a lot,” Janke says. “We’d have a lot more fatalities without these people’s dedication.”

Because trauma cases commonly involve broken bones, much of the burden falls on orthopedic surgeons. Motorcycles, all-terrain vehicles, horses, and trampolines generate a robust supply of broken arms, legs, and hips.
“People find creative ways to hurt themselves,” says Garry Vallier, MD, who chairs Bay Area Hospital’s Orthopedic department. He adds that surgeons traditionally have accepted trauma call as a sort of civic duty. It goes with the job. Unlike most jobs, however, trauma surgery often brings no paycheck. Many trauma patients are uninsured. A surgeon may leave home at 2 a.m., work all night to save a patient’s limb, provide 90 days of mandated follow-up care, and never collect a dime.

“I pay plumbers. I pay auto mechanics,” Dr. Vallier says. “A lot of times we pay them up front. We don’t get that.”

Dr. Vallier says that a sunny weekend following a long rainy spell is primetime for outdoor injuries. The first weekend after Christmas, when people experiment with new recreation gear, also brings a flurry of fractures.

Hospital records show that the biggest share of trauma cases in 2013 were automobile and motorcycle crashes (77), followed by ATV (all-terrain vehicle) accidents (35). Horrific ATV accidents used to be far more common. Dr. Giss credits a focused law enforcement effort for a “phenomenal improvement” in recent years. “It has saved lives,” he says. “I mean absolutely.”

Despite the progress, alcohol still can mix with testosterone to form a lethal brew. Drunken accident victims can be a challenge to treat, occasionally becoming belligerent. “Sometimes, when you tell them they need surgery, they don’t like it,” Dr. Vallier says.

The team absorbs such difficulties and goes on saving lives and limbs. Briggs takes cautious comfort in knowing that only one Bay Area Hospital trauma patient became paralyzed in 2013—the lowest number in several years. “The hardest thing to see is young people having life-changing injuries,” Briggs says.

Working in a small community means staff members often know the patients personally. “That’s one of the reasons why we’re so serious about it,” she adds, “because it could be our families.”

What Is Trauma?

Not every injury treated in the Emergency department is considered “trauma.” State guidelines provide detailed criteria for defining a “trauma patient.” Here is a sampling:

- Moderate or severe head injury
- Penetrating injury in a vital area
- A crushed extremity
- A 20-foot fall
- Ejection from a car

A Top Team

Every Emergency department physician at Bay Area Hospital is board certified in emergency medicine, and all ED and intensive care nurses must be trauma certified, as well. Many have additional emergency and critical care certifications.

“A lot of big hospitals don’t have that,” says physician Brett Davis, DO, who chairs the hospital’s Emergency department. “That’s kind of a big deal.”
If you are a small town’s only mechanic, you may work on Fords, Toyotas, and even an occasional BMW. A general surgeon in a rural hospital has to be just as flexible.

“If you don’t do it, and have the capacity to do it, somebody might have to travel five hours” to see a big-city specialist, says Karen Deveney, MD, who teaches surgery at Oregon Health & Science University (OHSU).

But here’s the catch: Aspiring surgeons train at big-city hospitals, where they are unlikely to learn the wide-ranging skills demanded in rural practice. OHSU’s solution? Send some of them to Coos Bay.

Starting this year, some of OHSU’s surgical residents will “scrub in” at Bay Area Hospital. “This is a great learning environment,” explains Paul Janke, Bay Area Hospital’s chief executive officer.

A resident is a medical school graduate undergoing advanced training in a particular branch of medicine—in this case, surgery. The plan calls for two OHSU residents at a time to spend six to 12 months at Bay Area Hospital.

When it comes to training surgeons, Bay Area Hospital turns out to be just what the doctor ordered. Not too big, not too small, with versatile local surgeons serving as role models. The residents will be supervised by Coos Bay surgeons Steven Giss, MD; Steven Tersigni, MD; and Charles James, MD. All are board-certified general surgeons and assistant clinical professors of surgery at OHSU.

Dr. Giss says a rural practice gives a surgeon a flexible schedule, professional autonomy, and a diverse caseload.

“You’re not stuck doing only hernias and gallbladders,” he says.

Hospital officials hope South Coast apprenticeships will help build a recruitment pipeline from OHSU, because attracting general surgeons is an ongoing priority for small-town hospitals. Access to surgical treatment is essential to a community’s health—and to the financial viability of its hospital.

Janke describes OHSU as “a superb academic medical center,” and he is enthusiastic about strengthening the ties between the two institutions.

Dr. Deveney agrees that the residency program will strengthen the relationship. “I think it is good for Coos Bay, and it’s good for us,” she says.

From a patient’s standpoint, the residents’ presence may mean more one-on-one time with surgeons. Each resident coming to Bay Area Hospital will be a licensed physician with two or three years of clinical experience. “We don’t let them go unless we’re confident they’ll perform at a high level,” Dr. Deveney says.

The program will be good for local surgeons too. “It continues to infuse new ideas and up-to-date techniques into our repertoire of surgical practices,” Dr. Tersigni says.

Janke agrees. “Introducing surgical residents means we’ll have young, inquisitive people asking questions,” he says. “That ups everybody’s game.”
The arrival of two experienced physicians in 2013 broadens the lineup of board-certified surgeons available to treat patients in the Coos Bay area.

Charles James, MD, joins Steven Tersigni, MD, and Steven Giss, MD, in practicing general surgery at Bay Area Hospital. General surgeons perform a wide variety of surgical procedures, including chest and abdominal surgeries, breast cancers, and hernias as well as laparoscopic and endoscopic surgeries.

Jeffrey McGillicuddy, MD, joins South Coast Orthopaedic Associates, whose physicians offer general orthopedics, sports medicine, spine care, joint replacement, and podiatry.

Dr. Charles James

Charles James, MD, relishes the wide-ranging caseload of a small-town general surgeon, including minimally invasive procedures.

Dr. James graduated in 1994 from the University of Washington School of Medicine, and he continued there as a surgical resident until 1996. He completed his general surgical residency in 1999 at Maine Medical Center.

A board-certified general surgeon, Dr. James has practiced at North Bend Medical Center since September 2013. His practice spans such diverse procedures as endoscopic hernia repair, thoracoscopy, gallbladder removal, thyroid surgery, colon resection, and surgery to correct acid reflux. Currently in his fifteenth year of surgical practice, Dr. James spent a decade in Walla Walla, Washington. He says the Coos Bay area is a natural fit for him—the kind of community where he is likely to encounter his patients at the grocery store. “You can’t hide here,” he says, “but it also means people are looking out for you.”

He is impressed by the professionalism of his new colleagues in the Coos Bay area. “The overall quality of the medical community is outstanding,” he says. “It’s appealing to be in a community where everyone holds themselves up to high standards.”
Dr. Jeffrey McGillicuddy

Jeffrey O. McGillicuddy, MD, comes to Bay Area Hospital with a passion for “keeping everyone in the game.”

Dr. McGillicuddy is certified by the American Board of Orthopaedic Surgery, with a subspecialty certification in orthopedic sports medicine. But patching up athletes is not his sole mission. “It’s getting everybody back on the playing field, whether that playing field is a tennis court, or it’s a surfer getting back in line, or a gardener back in his garden, pain-free,” he says.

Before studying medicine, Dr. McGillicuddy earned bachelor’s and master’s degrees in engineering. After graduating from the Stanford University School of Medicine in 1993, he served a five-year residency in orthopedics at Montefiore Medical Center in the Bronx, New York. He followed that with a one-year fellowship in sports medicine and arthroscopy, treating college and professional athletes.

Dr. McGillicuddy worked in private orthopedic practice in San Francisco and then in Roseville, California, before joining South Coast Orthopaedic Associates in Coos Bay. He says that he and his wife chose the South Coast as a welcoming place to raise their three children.

When not practicing sports medicine, Dr. McGillicuddy is likely practicing sports—cycling, trail running, surfing, windsurfing, and winter sports.

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<th>Practicing Surgeons</th>
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<td><strong>Bariatrics</strong></td>
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<td>Steven Tersigni, MD*</td>
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<td>Charles Hurbis, MD</td>
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<td><strong>General Surgery</strong></td>
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<td>Steven Giss, MD</td>
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<td>Britta Fink, MD</td>
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<td>Stephan Groth, MD*</td>
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<td>Leo Kusuda, MD*</td>
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<td>John Muenchrath, MD*</td>
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*Surgeons offering robotic-assisted procedures
Tell us about anesthesia services at Bay Area Hospital. As a surgical patient, what can I expect?

The Anesthesia Care Team consists of anesthesiologists, CRNAs (certified registered nurse anesthetists), an anesthesia technician, and preoperative clinical nurses. Team members work together to provide the optimal anesthesia experience for all patients.

Physician anesthesiologists are responsible for managing team personnel, patient pre-anesthetic evaluation, prescribing the anesthesia plan, managing the anesthetic, post-anesthesia care, and anesthesia consultation.
What is the difference between an anesthesiologist and a nurse anesthetist?

Anesthesiologists at Bay Area Hospital are board-certified physicians—medical doctors who specialize in anesthesiology and have extensive training in preoperative evaluation, intraoperative and postoperative patient management, critical care, and pain medicine. Anesthesiologists are primarily responsible for the safety and the well-being of patients before, during, and after surgery.

The role of the physician anesthesiologist extends beyond the operating room. He or she is responsible for the preoperative assessment of the patient. This evaluation process carefully considers both the patient’s current state of health and the planned surgical procedure. It allows the physician anesthesiologist to devise the safest anesthesia plan for each individual patient.

The physician anesthesiologist is also responsible for the care and the pain management of the patient postoperatively, while the patient emerges from the effects of anesthesia and surgery.

Nurse anesthetists are advanced-practice nurses who have successfully completed an accredited training program. Following the completion of a two- to three-year program, they are required to pass a national certification exam. Nurse anesthetists are non-physician anesthetists who specialize in the provision of anesthesia care and participate in the administration of anesthesia.

Bay Area Hospital’s Anesthesia Care Team is staffed by three anesthesiologists, eight CRNAs, an anesthesia technician, and two preoperative clinical nurses. Team members provide anesthesia care to the operating room, the Emergency department, Labor and Delivery, and many other areas throughout the hospital.

Why is it important to have an Anesthesia Care Team?

Surgical care is complex. The potential exists for varied and fragmented care plans undertaken by different practitioners. These can expose surgical patients to lapses in care and can increase the chance of operational mistakes, accidents, and unnecessary care.

The direction from the Anesthesia Care Team improves care coordination and management of surgical patients. It has been shown to increase quality, reduce complications, and improve the patient perception of the surgical experience.

Is anesthesia safe?

The Institute of Medicine has recognized the specialty of anesthesiology for progressively decreasing mortality rates in the United States—from 1 death per 1,000 anesthetics in 1940 to contemporary estimates of 1 death per 15,000 anesthetics. This improved safety has notably occurred despite an aging population and an escalating disease burden in the United States.

Significant effort has gone into strengthening the pre-operative patient assessment at Bay Area Hospital. How is that project going?

The Pre-Op Clinic has increased patient safety and satisfaction tremendously. We are able to find and identify medical conditions that can be corrected before surgery, so when patients do have operations, we know they will be safer.

We have also been able to detect previously undiagnosed medical problems and refer patients to the proper medical care. In the past a large percentage of surgeries were canceled the day of surgery. Now we catch problems ahead of time, and we are not taking risks with patients. The establishment of the Pre-Op Clinic has been a giant step forward in the overall safety of our surgical patients.
Complex Surgeries

- Endovascular AAA (repair of an aneurysm in the abdominal aorta)
- Esophagectomy (removal of the esophagus)
- Nephrectomy (removal of a total or partial kidney)
- Lobectomy (removal of a section of lung)
- Prostatectomy (removal of the prostate gland)
- Neck dissection (removal of cancerous lymph nodes)
- Splenectomy (removal of the spleen)
- Complex trauma cases (emergency treatment of various wounds and injuries)

Common Procedures

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<td>Total joint replacement</td>
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<td>Kidney stone</td>
<td>203</td>
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<tr>
<td>Caesarean section</td>
<td>188</td>
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<tr>
<td>Laparoscopic cholecystectomy (gallbladder)</td>
<td>147</td>
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<tr>
<td>Lumbar spine</td>
<td>142</td>
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Number of procedures in 2013

Surgery at Bay Area Hospital

Surgical procedures in 2013 ................... 4,306

Inpatient: 41%

Outpatient: 59%

The Starting Lineup

Typical OR team during a surgical procedure:

- Surgeon
- Anesthesia provider
- Surgical scrub technologist ("scrub tech")
- Surgical assistant (typically a physician or physician assistant)
- Circulating nurse (an RN)

Additional staff members may join the team for cases that are complex or use specialized equipment.