

MEDICAL STAFF BRIEFS

A Publication from the Chief of Staff and Chief Medical Officer



February 18, 2021

PLEASE JOIN US

Providence St. Joseph Hospital Complex Spine Center Presents:

Spine CME Education Event



Advanced Treatment and Innovation in Spine Surgery

- ▶ Thursday, March 10, 2022
- ▶ 6:00 pm – 8:30 pm
- ▶ The Ranch of Anaheim
- ▶ Dinner Provided
- ▶ Virtual option via Teams live stream

This activity has been approved for 2.0 AMA PRA Category 1 Credit™ and 2.0 ABA, ABIM, and ABS MOC



RSVP: Email physician.relations@stjoe.org
Or call (714) 771-8000 x12617

TARGET AUDIENCE:
Internal Medicine, Family Medicine,
Orthopedics &
Allied Health Professionals

FEATURED SPEAKERS:



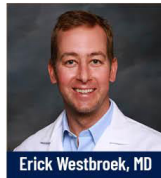
Hamid Mir, MD



Ehsan Saadat, MD



Jeremy Smith, MD



Erick Westbroek, MD



Jeffrey Deckey, MD

(Moderator)

LOCATION:

The Ranch of Anaheim Corporate Center, 1025 E Ball Rd #601, Anaheim 92805

Providence Southern California Philanthropy invites our physicians to a virtual forum by Advancement Resources on how philanthropy can effect future generations of patient care.



Physicians are our most critical partners as 65% of philanthropic gifts are from grateful patients in response to the care they received.



All virtual forums are available for all physicians:

- Wednesday, March 9, 2022
4:00 - 5:30 PM
- Thursday, March 10, 2022
7:30 - 9:00 AM
- Monday, March 14, 2022
4:00 - 5:30 PM
- Tuesday, March 15, 2022
7:30 - 9:00 AM

To register or if you have questions, email socalphilanthropy@providence.org.
(If you are viewing this online, [click here.](#))

Responding to the Blood Shortage

As health care providers, we are critically aware of the importance of having a steady and robust supply of blood and blood products to save the lives of our patients. The COVID-19 pandemic poses ongoing challenges to organizations that have bolstered our blood supply for many years, such as businesses, houses of worship and universities who traditionally hosted large blood drives.

We now face a blood supply crisis the American Red Cross calls its worst blood shortage in over a decade. The severity and duration of this shortage could significantly jeopardize the ability of health care providers to meet the many urgent needs of our patients and communities.*

We urge everyone who can to give blood. To find a blood drive near you or set up a donation appointment, please call the Red Cross at 1-800-RED-CROSS (1-800-733-2767) or visit www.redcross.org/give-blood. To all who donate, thank you for helping us to meet the needs of you, your friends and family members, and others in your community when disease or injury threatens life.

We appreciate your patience as we continue to work to increase the blood inventory.

**Excerpted from the American Hospital Association, American Medical Association and American Nurses Association joint statement*

Physician's Dining Room: Complimentary Meals Reminder

The Physician's Dining Room is open to our staff physicians Monday through Friday, 11 a.m. to 3 p.m. Meals, grab-and-go snacks, fruits and beverages are provided to you free of charge in the Physician's Dining Room. The Physician's Dining Room also has computer workstations, a TV and provides a place of respite while you are on duty. In accordance with the Complimentary Physician Meal policy, physicians may also receive a complimentary meal in the SJO Café. Complimentary physician meals and snacks are for physicians only and not for staff or family members. The complimentary meal value may not exceed \$12 (after the 15% discount). Your cooperation with this policy is greatly appreciated.

Welcome to New Medical Staff



Joan Chung, MD
Anesthesiology,
Allied Anesthesia
Medical Group



Ronald Luu, MD
Emergency Med
EMSOC



Ji Yeon Park, DO
Hospitalist Med
St. Jude Heritage
Medical Group

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Orange, CA 92868
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SUBMISSIONS SOUGHT: Please send news items to: 714-771-8056 or SJOMEDICALSTAFF@stjoe.org



In the Trenches with Anita Gregory, MD, Medical Director, Colorectal Cancer Program

What impact is robotics having on SJO's Colorectal Program?

Despite the COVID era precluding many elective cases (for conditions such as diverticulitis, inflam-

matory bowel and colonic inertia), growth has been steady, with well over 100 robotic cases in 2021. For cancer care, we've seen a big increase in robotic applications. In colorectal procedures, it's become the standard of care.

In the early days of less-invasive interventions, there were concerns about oncologic outcomes when compared to conventional methods, since dispelled by research on laparoscopic to open procedures. Outcomes were found to be exactly the same, and in some stages better laparoscopically. With the original robotic platform, it was difficult to perform colorectal cases. Unlike most gynecologic or urologic surgeries, we work in multiple compartments of the abdomen. Using the Xi system we're able to manipulate into multiple quadrants.

In the days ahead, SJO plans to take delivery of a fourth Xi. One of the Xis will likely have cancer care priority scheduling. Unlike non-cancerous urologic, gynecologic or gastric bypass cases that are often scheduled three or more months out, with colorectal cancer cases

we can't put off surgery that long.

Increased robot availability will enable us to continue growing what has long been one of the highest volume colorectal specialty programs in the region, with vast experience in robotic techniques. It will raise the number of procedures done robotically, currently about 80%. I don't anticipate we'll ever reach 100%. Patients who have had multiple prior abdominal operations and a lot of scar tissue or difficult anatomies preventing access to the peritoneal cavity are done more expeditiously in an open fashion.

Robotics is a major component of our highly successful Expedited Recovery Program (ERP). The program makes possible quicker ambulation, early feeding and decreased use of narcotics, which add up to better outcomes, less length of stay, earlier return to work, and fewer complications like post-op ileus after surgery due to less manipulation of the bowel. Not only does it have huge advantages for patient care and the patient experience, importantly, it does not compromise oncologic outcomes.

Da Vinci's single port robotic system will bring us to another level. It has three wristed instruments and an endoscope placed through one 25 mm port. In 2018, the FDA approved the SP for urologic surgeries. Once instrumentation is refined to access more anatomic real estate, we expect it will gain FDA approval for colorectal.

What other strides have been made for our Colorectal patients?

Pain management improvement is a big one. Our goal has also been to minimize narcotic use for variety of reasons. Narcotics are associated with post-op ileus, slowing bowel recovery. Beginning pre-operatively, patients are educated about a continual regimen of non-narcotic pain medications – Tylenol, acetaminophens, NSAIDs such as Ibuprofen and Celebrex, and drugs directed at the nerve component of pain like Gabapentin. Intraoperatively, anesthesiologists are using regional pain blocks targeted at nerves controlling the abdominal cavity. Prior to 2018, every post-op patient went on narcotic pain pumps. Now, less than 10% use them.

Patients benefit tremendously from our multidisciplinary cancer program. Along with the latest surgical and medical oncology expertise, they have access to targeted therapies by geneticists and radiation specialists. We offer them cutting edge research and NCI clinical trials. Uniquely, we have a cancer nutritionist, stoma therapist, social workers and wellness programs, such as a dedicated survivorship program to help patients reintegrate into life. All the things a patient might seek out and value we provide, and we do it in an excellent and personal way.