

Fall 2013

Better Medicine

Lehigh Valley Health Network

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What Patients Are Asking About Health Care Reform

by LVHN family medicine doctor [Mark Wendling, MD](#), with [LVPG Family Medicine—Emmaus](#)

An 84-year-old woman walks into your office for a scheduled appointment. Yet you soon realize something else is on her mind. “Can I ask,” she says, “how is health care reform going to affect me?”

It’s a question all of us in [primary care](#) have heard from patients of all ages. As we head into 2014 and into a world of insurance exchanges and individual mandates, there is a lot of confusion about the Patient Protection and Affordable Care Act. And just like patients rely on their primary care providers for health information, patients will turn to us and look for guidance about this new world of health care reform.

How we answer the question most likely depends on the person who is asking it. Ironically, that 84-year-old woman and other seniors may be affected the least. For the most part, people ages 65 and older already have health insurance covered under Medicare, so their deductibles won’t change, and they won’t need a health care exchange. Seniors who have Medicare Part D for prescriptions will benefit from reform, because discounts on brand-name and generic drugs began increasing in 2013 and will do so until 2020. This is fixing what is called the “doughnut hole.”

A young, healthy patient will be affected by reform a great deal, yet because such a person is relatively new to health care, these changes could be viewed as very positive. If his or her employer does not supply health coverage, he or she may need to purchase it on a web-based exchange. Not having insurance in 2014 means paying a penalty. So directing uninsured patients to [HealthCare.gov](#), the federal website that is Pennsylvania’s official exchange, or asking them to call a licensed health insurance navigator at 1-800-318-2596, is paramount to providing health care access.



[Mark Wendling, MD](#)
Family medicine

Middle-aged patients may face similar concerns, and because they've already been health care consumers for some time, these changes may affect them most. This could be your most crucial doctor-to-patient conversation. Higher deductible health plans could mean more out-of-pocket expenses. There may be a need to go on an exchange depending on a person's employment situation. And since most middle-aged people have never needed to buy health insurance before, the learning curve will be steep. For this group of health care consumers, the decision of how to proceed should be based on their individual and family health care situation.

We won't be able to answer every health care reform question in an office visit, but as primary care providers we have a responsibility to direct our patients to credible information. Sites such as HealthCare.gov and the AAFP.org website can provide information that will help us empower our patients in the era of reform.

Fall 2013

Multidisciplinary Clinics: Reduce Service Fragmentation, Improve Oncology Patient Experience and Outcomes

If your patient needs cancer care, you want to know he or she has the best chance at surviving the cancer journey. That's why Lehigh Valley Health Network (LVHN) embraces a [multidisciplinary clinic \(MDC\) approach](#) to oncology care.

"The survivability of many cancers is based on the intensity of the treatment and how efficiently we get patients through it," says LVHN gynecologic oncologist [Richard Boulay, MD](#), director, division of gynecologic oncology and member of the gynecologic cancer MDC. LVHN offers MDCs for [breast](#), [lung](#), [gynecologic](#) and [prostate](#). Other cancers also receive a team-based approach for every patient's care. MDCs are part of an oncology program that is one of 21 nationwide selected by the [National Cancer Institute \(NCI\) Community Cancer Centers Program \(NCCCP\)](#). As such, cancer patients at LVHN have access to NCI-sponsored clinical trials.

Aligned teams of specialists

"For any cancer, there are a variety of surgical and radiation options, active surveillance and promising medical oncology treatments," says LVHN urologic surgeon [Angelo Baccala Jr., MD](#), chief, division of urology and surgical oncologist with the prostate cancer MDC. "We enable patients to see a range of specialists who are under one roof." Specialists are fellowship-trained and meet standards for continuing education in their specific disease sites set by the NCCCP.

"With the MDC and our weekly tumor board, I keep abreast of



Breast MDC

[Lori Alfonse, DO](#), surgical oncology (video)

[Jeanette Blauth, MD](#), radiation oncology

Prostate MDC

[Angelo Baccala, MD](#), urology (video)

[Steven Perch, MD](#), radiation oncology (video)

all the trends and developments, and interact with my colleagues in surgery and medical oncology to know what is under investigation,” says LVHN radiation oncologist [Jeanette Blauth, MD](#), with the breast MDC. “That’s just not possible in most community settings. The scope of specialists within LVHN, however, makes it possible to support MDCs locally.”

Nurse navigators, financial coordinators, and other supportive and palliative care specialists also help navigate the multifaceted challenges of a new cancer diagnosis and undergoing treatment.

The extensive coordination in the MDCs extends to referring physicians, who receive detailed summaries of all options presented, the recommended course of treatment and the patient’s next steps.

Improved outcomes

MDCs compress the timeline for appropriate diagnosis and critical patient care.

A two-year study at the LVHN lung cancer MDC compared the experience of stage III lung cancer patients who came directly to the MDC with those who saw independent specialists first. Results revealed a 33 percent reduction in time to start therapy and a marked increase in compliance with clinical pathways among MDC patients. MDC patients also show significant improvements in staging.

“In isolation, a thoracic surgeon may look at a patient’s scan, think it’s resectable and schedule a procedure to cut it out without consulting medical or radiation oncology,” says [Eliot Friedman, MD](#), chief, division of hematology and medical oncology. “If the patient came to our MDC, we would say, ‘This should be staged properly. We should biopsy the nodes to see if they are malignant or just reactive, because that impacts the way we treat these patients.’”

“MDCs represent a new model for cancer treatment, which is very forward-thinking but difficult to coordinate,” Boulay says. “We see the benefit for our patients. So we have built the infrastructure to provide it.”

To refer a patient to one of the LVHN cancer MDCs, call 888-402-LVHN.

[Thoracic MDC](#)
[Eliot Friedman, MD](#), hematology oncology (video)
[Dennis Sopka, MD](#), radiation oncology

[Gynecologic MDC](#)
[Richard Boulay, MD](#), gynecologic oncology (video)
[Alyson McIntosh, MD](#), radiation oncology

New Ablation Techniques Improve Long-Standing Atrial Fibrillation



The nContact device is a new tool for cardiac ablations.

[Atrial fibrillation \(AF\)](#) is the most common cardiac arrhythmia, present in approximately 2.7 million people in the United States. Even after medical treatment and traditional ablation techniques, the disorder persists in about half of patients with refractory or long-standing AF. Lehigh Valley Health Network (LVHN) performs about 400 ablations per year, and soon LVHN's cardiothoracic surgeons and cardiac electrophysiologists will be offering two new AF ablation modalities, specifically for patients with long-term, difficult to treat AF.

Convergent procedure

With traditional catheter ablation, abnormal electrical tissue located on the inside of the heart is cauterized. In patients with recurrent or persistent AF, the body appears to heal the tissue destruction, leading to a return of rhythm disturbance. To more fully interrupt the electrical misfiring that leads to AF, LVHN surgeons and electrophysiologists soon will be performing a hybrid ablation approach. Known as the convergent procedure, an endocardial ablation is performed in the same procedure following epicardial cauterization on the outside of the heart chamber. This technique will be offered by a heart team of surgeons and electrophysiologists at Lehigh Valley Hospital (LVH)—Cedar Crest.

The technique has been conducted almost 2,000 times worldwide. "The success rates are much better for certain patients with more long-standing AFib," says LVHN electrophysiologist [Hari Joshi, MD](#). "With this dual approach, the results are more in the range of 75-80 percent success, a huge improvement." Several U.S.- and European-based clinical studies confirm single-procedure maintenance of normal sinus rhythm in 70-80 percent of patients. Further, as many as half of treated patients appear to be AF-free without receiving antiarrhythmic drugs.

The convergent procedure is done partly by the electrophysiologist and partly by the cardiothoracic surgeon. "It results in helping people who have AF more persistent long-standing AF who have failed prior

interventions like ablations,” Joshi says. “It potentially gives people who have very difficult to manage arrhythmias an option for resolution of their atrial fibrillation and restoration of the sinus rhythm.”

The surgical epicardial ablation pattern is performed through a scope placed beneath the breast bone by a cardiac surgeon. The electrophysiologist next inserts an ablation catheter into the heart snaked through the femoral vein to complete the ablation. Patients typically return home in 48-72 hours.

Patients with a history of previous open-heart surgery are not candidates for this approach. However, it can be used in patients who have undergone multiple catheter procedures.

FIRM ablation

All current ablation protocols target AF’s initiating triggers. With focal impulse and rotor modulation (FIRM) ablation, the ablation technique isolates those triggers, and eliminates the electrical mechanisms within the heart chamber that sustain AF once it has started. “FIRM ablation completely changes the paradigm of how we approach atrial fibrillation because we are eliminating the triggers and the sustaining mechanism,” says Joshi of the catheter-based endocardial technique, which is now under review by the U.S. Food and Drug Administration.

Clinical studies, such as the Conventional Ablation of Atrial Fibrillation With or Without Focal Impulse and Rotor Modulation (CONFIRM) trial, have been robust, with a single procedure FIRM guided ablation providing more than an 80 percent success out to two years in people with persistent AF and paroxysmal AF — nearly double the rates available from standard approaches to AF ablation to date. In many patients, termination of the arrhythmia was visibly achieved during the ablation procedure, “which is hardly ever seen in traditional ablation methods,” Joshi says.

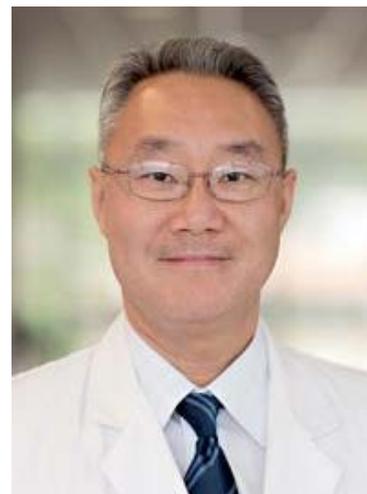
“FIRM ablation is a potentially game changing technology,” Joshi says. A unique electrical mapping system analyzes the flow of electricity within the heart chamber while the patient is in atrial fibrillation. This is achieved through the use of a basket catheter placed inside the heart that records the heart’s abnormal rhythm. The mapping technology locates AF anchor points in the heart, known as rotors, which the system’s computer algorithm translates into images. An electrophysiologist ablates those rotors. Clinical studies show that as much as half of the AF rotors were located away from the pulmonary veins. “With the FIRM technique, all of the sustaining mechanism can be found and ablated, not just those we routinely see with traditional pulmonary vein isolation therapy,” Joshi says.



Hari Joshi, MD

Cardiology

[Watch a video to learn more about him.](#)



James Wu, MD

Cardiac surgery

[Watch a video to learn more about him.](#)

The procedure can be done in a traditional electrophysiological lab or procedure room. FIRM ablation will be available at the Heart and Vascular Center located at [LVH–Cedar Crest](#) and [LVH–Muhlenberg](#).

“The traditional belief is that once a patient has had AF for more than a year or two, ablation techniques are not going to be highly effective,” Joshi says. “Our message is, this is not the case anymore. We have new breakthroughs in this field where we can now meaningfully help these patients.”

To refer a patient to cardiology, call 610-402-CARE.

Fall 2013

A Specialty Team for Brain Tumors



The incidence rate of primary [malignant and nonmalignant brain and central nervous system tumors](#) is just 20.6 cases per 100,000 people in the U.S., according to the Central Brain Tumor Registry. That's why assembling a multidisciplinary group of brain tumor specialists within the same state, let alone the same health network, is exceedingly difficult.

Perhaps nobody knows this better than LVHN neuro-oncologist [Tara Morrison, MD](#), who has served on the staffs of leading medical centers in the U.S. and Canada throughout her career. Morrison, who oversees the care of all active brain tumor patients at LVHN, attended her first neuro-oncology tumor board meeting at LVHN prior to joining the health network. [Below, learn more about Morrison.](#)

"It was wonderful to have so many specialists – nearly 25 people, reflecting a range of disciplines – in the same room, sharing ideas," she says. "I hadn't had the opportunity to participate in that kind of exchange since my fellowship. It was clear this was a tremendous opportunity to provide comprehensive care for patients as well as contribute to advancing knowledge in the field."

The LVHN neuro-oncology team includes:

A team approach

- Five board-certified neurosurgeons, including two who are fellowship-trained in neuro-oncology
- The region's only board-certified neuro-oncologist
- Ten specialty-trained neuro-radiologists
- Two specialty-trained radiation oncologists specializing in the care of brain tumor patients
- A team of neurophysiologists dedicated to intraoperative monitoring
- A neuro-oncologist who will participate in the team

approach to patient care

Every other week, nearly all of these physicians gather for a neuro-oncology tumor board meeting to review all active cases and develop individualized treatment plans in accordance with National Comprehensive Cancer Network (NCCN) guidelines.

“In most instances, brain tumors are not emergency cases, and we have the luxury of having a little time to develop the best treatment plan,” says LVHN neurosurgeon [P. Mark Li, MD, PhD](#), chief of neurological surgery. “At LVHN, each plan is truly a multidisciplinary team effort.”

Front-line techniques

Whether the approach to treatment is surgical or noninvasive, the goal is always to preserve healthy brain tissue and function. Patients have access to the most advanced equipment and surgical techniques, including:

- Minimally invasive endonasal surgery for pituitary tumors
- Endoscopic techniques for biopsies of tumors that are deeply seated in the brain
- Surgical tumor resection/biopsy utilizing computerized navigation systems
- Gamma Knife® Perfexion™ radiosurgery for metastatic brain lesions and benign brain tumors (see page 12 for more)
- Intensity modulated radiation therapy (IMRT), delivered with linear accelerator (LINAC), for malignant brain tumors, including glioblastomas and other astrocytomas
- Intraoperative motor mapping
- Awake craniotomy with speech mapping

Special care for post-op patients

Brain tumor patients who undergo neurosurgical craniotomy are

A blue rectangular graphic with white text. At the top, it says "Specialty TEAM". Below that, it lists "5 board-certified neurosurgeons", "10 specialty-trained neuro-radiologists", and "2 specialty-trained radiation oncologists". At the bottom, it says "Region's only board-certified neuro-pathologist".



P. Mark Li, MD
Neurological surgery
[Watch a video to learn more about him.](#)

cared for post-op in a 14-bed neuroscience intensive care unit (NSICU), the only one of its kind in the region, which includes a dedicated neuroscience unit and a Level I neurotrauma unit.

“The NSICU is staffed by an expert team that closely monitors and manages post-op neurologic function,” Li says. “It includes neuro-intensivists; physical, occupational and speech therapists; and neuroscience nurses. More than 80 percent of the NSICU nurses have the highest level of certification in neuroscience ICU care.”

To refer a patient to neurology, call 610-402-CARE.



Mei Wong, MD
Neurological surgery

Next-Generation Gamma Knife® Targets Brain Lesions With Pinpoint Precision

[Gamma Knife](#) is the radiosurgery treatment of choice for metastatic brain lesions, benign brain tumors, arteriovenous malformations and trigeminal neuralgia. [Lehigh Valley Hospital–Cedar Crest](#) has been offering Gamma Knife radiosurgery for nine years. In 2012, the hospital procured the latest generation Gamma Knife, the Perfexion™, which offers significant improvements over previous models. Today, the multidisciplinary neuro-radiation oncology team uses this technology to treat more than 150 patients annually.

Gamma Knife vs. other radiosurgery methods

Unlike other types of stereotactic radiosurgery, such as linear accelerator (LINAC)-based therapies, Gamma Knife is specific to the brain and upper cervical spine. The system uses nearly 200 individual sources of cobalt-60 to generate thousands of radiation beams. Individually, each beam cannot damage the normal tissue it crosses on the way to the target. But when the beams are made to converge and focus precisely on a target, radiation can be delivered with sub-millimeter accuracy.



“Gamma Knife is the best tool for delivering a therapeutic dose of radiation while minimizing damage to surrounding tissues,” says Lehigh Valley Health Network (LVHN) radiation oncologist [Robert Prosnitz, MD, MPH](#), vice chair, department of radiation oncology. “This is particularly useful, for example, when treating a pituitary lesion that might be only a few millimeters away from the optic chiasm.”

A stereotactic head frame helps achieve this pinpoint precision



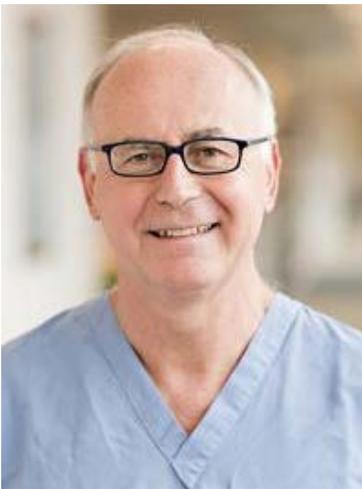
Robert Prosnitz, MD
Radiation oncology

by serving as a three-dimensional reference point to provide exact coordinates for the target, while immobilizing the patient's head. The full dose of radiation also can be delivered in a single session; LINAC typically requires multiple visits.

Enhanced capabilities, faster and safer treatment

Lehigh Valley Hospital–Cedar Crest is the first in the region to offer the Gamma Knife Perfexion, the newest-generation model (previous models are the Gamma Knife 4 and Gamma Knife 4C). The Perfexion has an automated, multisource collimator to regulate beam size, an improvement over the primary and secondary collimators of previous models. This provides:

- Faster setup and treatment times
- Reduced radiation to unintended areas
- Enhanced ability to form complex treatment plans and treat a wider range of targets



Stefano Camici, MD
Neurological surgery

“We’re now able to treat certain lesions that were unreachable with previous models,” says LVHN neurosurgeon **Stefano Camici, MD**. “The Perfexion allows for a much wider spectrum of possibilities.”



Alyson McIntosh, MD
Radiation oncology

LVHN radiation oncologist **Alyson McIntosh, MD**, says: “I have treated patients using both Gamma Knife 4C and the Perfexion, and the difference between the 4C and Perfexion is night and day. We’re able to be much more creative in modulating and sculpting the radiation dose, and because of the automation, treatments that used to take three hours now can be completed in just one hour. That makes a huge difference in patient comfort.”

For brain tumors and lesions, the treatment effects of Gamma Knife can occur over weeks or months as the blood vessels that feed the tumor slowly disintegrate. For conditions such as trigeminal neuralgia, however, pain relief can be immediate.

For more information about Gamma Knife radiosurgery or



to refer a patient, call 888-402-LVHN.

Fall 2013

Mei Wong, MD
Neurological surgery

Videos describe how it works



The Benefits of
PERFEXION™:
How to Choose
a Gamma
Knife®
Program



Benefits of
PERFEXION™ vs.
Other Radiation
Treatment
Technologies



What Happens
During
Treatment



Pain Relief for
Trigeminal Neuralgia



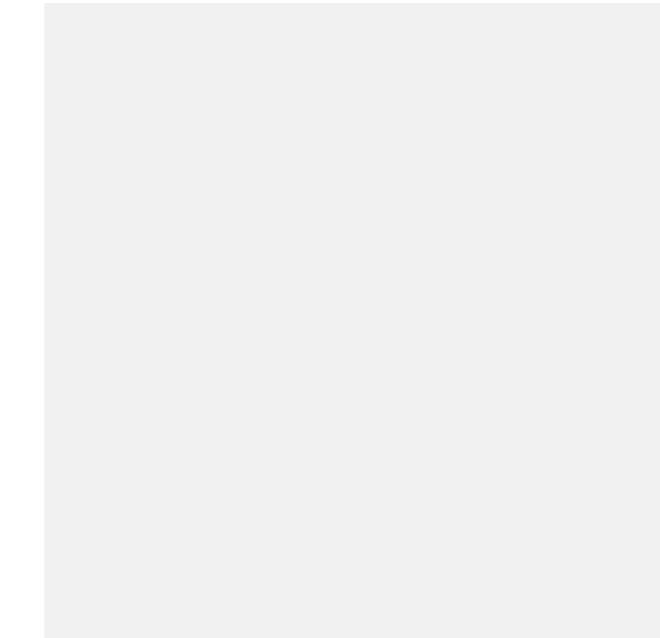
Conditions and
Symptoms



Gamma Knife

Treated

Perfexion Overview



Robotics in the Operating Room: The Next Generation of Minimally Invasive Surgical Tools

A large group of Lehigh Valley Health Network (LVHN) surgeons are employing the latest in robotics to improve minimally invasive surgical results across eight service lines. They include applications in gynecology, urogynecology, gynecologic oncology, urology, general surgery, thoracic surgery, colon and rectal surgeries, and surgical oncology. LVHN surgeons have performed more than 2,800 surgeries with the robotic platform since 2008. As a result, the program has developed into one of Pennsylvania's largest. That volume also has allowed LVHN to be home to a highly experienced surgical team using robotics in minimally invasive procedures.

Using the only FDA-approved robotics platform, the da Vinci® Si HD surgical system, surgeons are offered a three dimensional,

picture-perfect image of the surgical site. "This allows us to perform a technique through a minimally invasive approach where we can see our procedural field in 3-D and high definition," says LVHN gynecologic oncologist [Martin Martino, MD](#), medical director of LVHN's [minimally invasive robotic surgery program](#). "It is very much like an open surgery." Moreover, the system provides surgeons with the ability to see vessels and lymphatic channels and helps pinpoint tumor location.

Two robotic platforms are in use at [Lehigh Valley Hospital \(LVH\)–Cedar Crest](#), and one is in use at [LVH–Muhlenberg](#). Twenty-three LVHN surgeons perform more than 130 types of minimally invasive

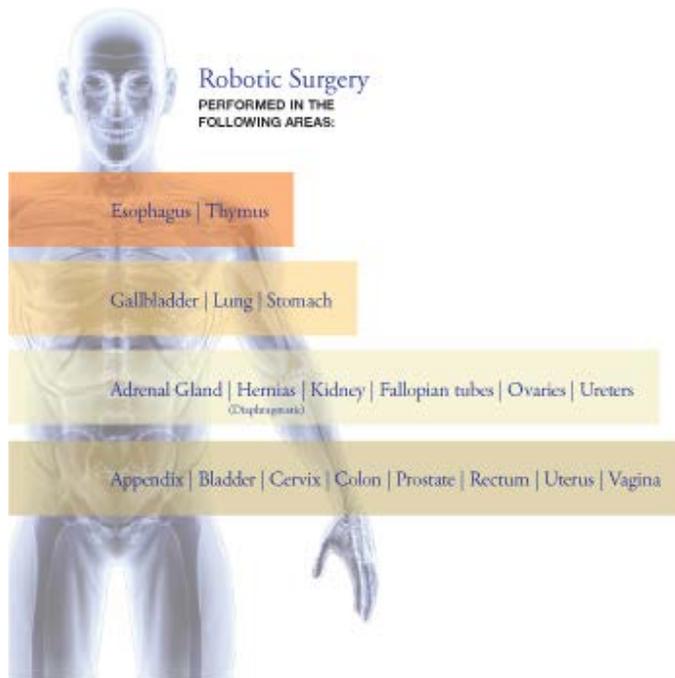


Learn more about LVHN's robotic surgery program from Martin Martino, MD, medical director of the minimally invasive robotic surgery program, and one of his patients, Valarie Clark, in this video.

[Watch a video to learn more about Martino.](#)

Instruments precisely follow surgeon's movements

The robotic system allows surgeons to perform minimally invasive procedures more precisely and accurately. This is because the instruments articulate like hands and wrists. "The instruments are extremely small, and we can control them such that it mimics the surgeon's technique exactly," Martino says. The operative time for many complex minimally invasive surgical procedures has been reduced using the robotics platform. "And our patient outcomes are improved with less pain, faster recovery, quicker return to daily activities and less scarring," Martino says.

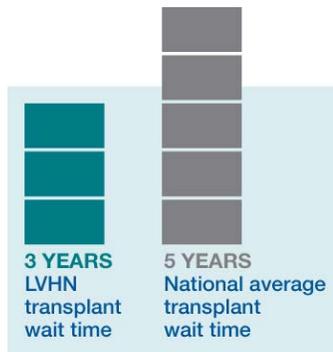
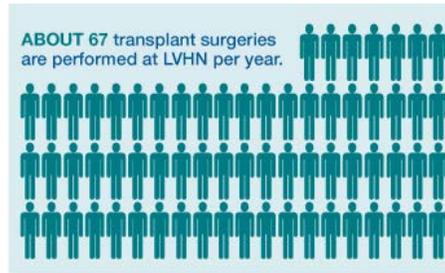


Across LVHN's department of gynecology, open surgeries have decreased from 46 percent to 18 percent since 2008. In gynecologic oncology specifically, they declined from 90 percent to 18 percent. Similarly, in thoracic surgery, length of stay is significantly less following robotic-based lung cancer resections compared with open procedures.

LVHN surgeons are able to perform more of their procedures in a minimally invasive approach, in the process reducing the frequency of open surgeries. "All of this has allowed our team to deliver higher quality care and quality at a lower cost," Martino says.

Comprehensive Care Guides Patients Through Transplant Process

Surgeons at Lehigh Valley Health Network (LVHN) recently marked a major milestone, performing the 900th transplant procedure since the program began in 1991. Our specialists perform kidney transplants, pancreas transplants, combined kidney pancreas transplants, and pancreas-after-kidney transplants using the latest technology and techniques. The center consistently achieves transplant rates that exceed national norms; organ wait times, particularly for kidney transplants, are significantly lower than those of other hospitals in the region. The experienced team attains these results by transplanting every possible viable donor organ, thoroughly educating prospective patients, successfully managing highly sensitized recipients and offering a living donor program.



“It used to be gospel that if a prospective donor had an acute kidney injury or acute renal failure, the kidney would be unusable,” says LVHN transplant surgeon [Michael Moritz, MD](#), vice chair of the department of surgery. “But research has shown that if you carefully select the donor and recipient, a traumatized kidney will recover once it’s transplanted. We’re able to take calibrated risks and successfully transplant kidneys that other centers decline.”

The team at the [Transplant Center](#), which includes organ

transplant coordinators, social workers and psychological counselors, also works carefully with prospective recipients to educate and prepare them for transplants. “We like to start developing relationships with patients three to four years before they need a transplant,” Moritz says. “Most patients are referred to us when their eGFR [estimated Glomerular Filtration Rate] is

in the high teens, but we are happy to see patients once their eGFR falls below 20. Post-transplant, we continue to care for patients physically and emotionally throughout their lives.”

The center also has had great success with highly sensitized patients who have an additional immunologic barrier and increased rejection risk due to pregnancies, previous transplants or blood transfusions. A course of intravenous immunoglobulin (IVIG) therapy widens the donor pool and prevents antibody-mediated rejection in these patients, giving them equivalent transplant outcomes compared with nonsensitized patients.

Facilitating the gift of life

The living donor program paves the way for friends, family and even altruistic strangers who wish to donate a kidney. The program strives to do everything possible to make the process easy for prospective donors, including putting them in touch with other people who have donated organs and scheduling all pre-op appointments and tests at the same time. The procedures also are performed laparoscopically. Donors usually stay in the hospital for two to three days and are back to work within a month.

The Transplant Center holds an annual daylong Transplant Symposium every April to help educate health care professionals and raise awareness about the critical shortage of organ donors.

To speak with the transplant center, call 610-402-CARE.



Michael Moritz, MD

Transplant surgery

[Watch a video to learn more about him.](#)

Surgeon's Experience, Certified Rehab Create Better Prostatectomy Outcomes

[Robotic prostatectomy](#) can offer significant benefits for patients, including reduced bleeding, improved surgical accuracy, and reduced pain and scarring. But the success of the technique depends on the skill of the surgeon. The most effective robotic prostatectomies are performed by surgeons who have trained with the robot throughout their residency and fellowship.

“The benefit of fellowship training is that you work one-on-one with some of the world leaders in the field,” says LVHN urologic surgeon [Angelo Baccala, MD](#), chief, division of urology. “There’s a big difference between having six or eight years of hands-on training versus just attending a course about the key concepts.”

That level of training often manifests in what appear to be nuances of a procedure. Those nuances yield tangible results.

“We’ve scrutinized literally every step of the prostatectomy procedure, from how you hold the prostate, to how you manipulate the tissue, to how you do the nerve-spare,” Baccala says. “The little tricks and tips that you pick up when you work with leaders in the field make a big difference.”

For example, there is data that shows proper technique during a robotic prostatectomy can make notable improvements in postsurgical outcomes.



In the video above, LVHN urologist Angelo Baccala, MD, talks about how robotic treatment for prostate cancer allows patients to preserve erectile function after surgery.

[Learn more about Baccala by watching his Find a Doctor profile video.](#)

Rehabilitation services from certified urologic clinicians



For prostatectomy patients, rehabilitative care is nearly as important as successful surgery. At LVHN, clinicians with Society of Urologic Nursing Association certification provide one-on-one therapeutic programs that accelerate patients' return to normal function.

"We have a penile rehabilitation program that all patients use postsurgery, which accelerates the rate at which erectile functions return," Baccala says. "We also

have a pelvic floor rehabilitation program that includes biofeedback and strengthening exercises to help men accrue additional pelvic floor muscles to regain urinary control more quickly."

A center for excellence for prostate health

"We have fellowship-trained urologists, and we have centers of excellence in prostatectomy, urologic oncology and men's health. These are things typically only found in large academic institutions," Baccala says. "These are the reasons why doctors no longer have to send their patients to Philadelphia or New York. We've built a program that provides that high level of quality right here in the Lehigh Valley."

To refer a patient to urology, call 888-402-LVHN.

Minimally Invasive Gynecology Surgeries: Improving Patient Outcomes and Satisfaction

Following an extensive site inspection and records review of protocols and outcomes for minimally invasive gynecologic surgery (MIGS), Lehigh Valley Health Network's (LVHN) hospitals received designation as a Center of Excellence in Minimally Invasive Gynecology (COEMIG™). AAGL, the world's largest gynecologic surgery organization, awarded the certification to LVHN in August 2013.

MIGS involves a comparatively minimal surgical approach to treating a wide variety of gynecologic concerns to facilitate improved surgical outcomes, quicker recoveries and a more rapid return to activities of daily life. These are surgical techniques involving laparoscopic, hysteroscopic or vaginal approaches rather than large abdominal incisions. MIGS is applied for treatment of uterine fibroids, gynecologic cancers, pelvic pain, pelvic floor problems, urologic concerns and nearly any gynecologic issue requiring surgical intervention.

“Ours is the only health network in the area where all of our hospital locations, all of the different gynecologic subspecialties and more of our doctors are COEMIG-certified,¹” says [Joseph DeFulvio, DO](#), director of minimally invasive gynecology at LVHN. A total of eight surgeons were COEMIG certified, indicating they perform a high volume of minimally invasive surgeries and have excellent patient outcomes. Among the certified subspecialists are general practice ob/gyn physicians, urogynecologists and gynecologic oncologists — the types of physicians that treat the spectrum of women's gynecologic procedures.

To receive the COEMIG's designation, independent reviewers assessed MIGS surgical outcomes across a gamut of procedures. “We consistently rated higher than the national averages,” DeFulvio says. “This means any woman receiving a MIGS approach at any of our hospital locations can be assured they are performed in the most state-of-the-art manner to provide quick recoveries, reduced hospital stays and superior outcomes.”

To refer a patient to LVHN gynecologic services, call 888-402-5846 (LVHN).

Fall 2013

The Region's Only Children's ER

For the past two years, children requiring emergency services in the Lehigh Valley have had the benefit of receiving care at the most specialized pediatric emergency department in the area.

In February 2011, under the direction of [David Burmeister, DO](#), the [Children's ER at Lehigh Valley Hospital–Cedar Crest](#) opened its doors, the only children's ER within a 60-mile radius. Before the Children's ER was available, approximately 14,500 children sought care at the hospital's ED. Two years later, that figure is now more than 20,000 each year — in part based on the confidence of referring pediatricians and parents.

“Patients seen at the Children's ER can expect to be treated by trained emergency and advanced practice clinicians,” says [Andrew Miller, DO](#), chief of pediatric emergency medicine at LVHN and director of the Children's ER. “Additionally, we have equipment, personnel and protocols to treat the youngest of patients and numerous emergency situations.”

Specialized staff and equipment

Patients seen at the Children's ER have rapid access to subspecialists, including pediatric surgeons, a pediatric hospitalist, pediatric ICU doctors, burn and trauma physicians, and pediatric neurology and gastroenterology specialists. Within the Children's ER, at least four pediatric emergency medicine physicians have advanced pediatric emergency training and have completed a pediatric emergency medicine fellowship. Another group of at least eight board-certified emergency medicine physicians with a focus in pediatric emergency care are also utilized to treat the children in the community.

“We require all of our general ED physicians who see children



[Andrew Miller, DO](#)
Emergency medicine



to receive 30 percent of their ongoing continuing medical education in pediatric emergency medicine,” Miller says. This is higher than most other EDs. Additionally, nursing staff members at the Children’s ER all are specialized in pediatric emergency room care. “That is one of the biggest advantages we offer our patients,” Miller says. “Their education and training, focused solely on pediatric emergency medicine, brings us a high level of nursing care.”

Specialized pediatric-sized diagnostic and treatment equipment and a variety of sedation medicines and treatments help ensure children receive high-quality and comfortable medical care at the Children’s ER. “In everything we do, we try to promote an ‘ouchless’ ER,” Miller says.

To help children relax, child-life specialists engage each child to calm fears. Children have access to developmentally appropriate toys and games, including iPads, as helpful distractions. “We do everything we can to help kids feel more comfortable,” Miller says. To keep noise to a minimum, children are seen in rooms with glass doors. Sound absorbers in the ceiling help as well.

Overnight access

Since March 2013, the Children’s ER is open 24/7, a change necessitated by the steadily increasing round-the-clock caseload following recommendations from area pediatricians and parents.

In addition to the Children’s ER, LVHN has emergency departments at [Lehigh Valley Hospital \(LVH\)–Cedar Crest](#), [LVH–17th Street](#) and [LVH–Muhlenberg](#). LVHN emergency department doctors and clinicians also staff the emergency departments at Sacred Heart Hospital in Allentown, Pa., and at Hazleton General Hospital in Hazleton, Pa. All of these locations offer rapid transport to the Children’s ER as needed.

To learn more about the Children’s ER, call 610-402-CARE.



Rachael Gittens, registered radiologic technologist, moves a portable X-ray machine.

About Lehigh Valley Children's Hospital

[Lehigh Valley Children's Hospital](#) provides family-centered care for children of all ages. It includes inpatient and ambulatory care, a Children’s ER, subspecialists in more than 25 pediatric specialties, and numerous child-specific services such as rehabilitation and burn care. It is the only Children’s Hospital in the Lehigh Valley.