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**St. Mary
Medical Center**

A member of CHW

A HERITAGE OF COMMUNITY SERVICE

St. Mary Medical Center has served the healthcare needs of Long Beach and its surrounding communities since 1923. Founded by the Sisters of Charity of the Incarnate Word of Houston, Texas, today's hospital is a direct result of their vision of community service.

Through the Sisters' inspiration, St. Mary is readily defined as a caring and innovative team of highly qualified professionals, dedicated to treating all people with dignity and respect, and responsive to the needs of our diverse community. What makes St. Mary unique is its balance of leading edge technology, the most advanced techniques and compassionate care of body, mind and spirit.

New Direction: Service Line Teams

Ramin Baschshi, MD, Vice President Physician Relations/Strategic Operations



During these very difficult economic times, St. Mary Medical Center continues to look ahead and refuses to let the prevailing circumstances prevent us from moving forward and providing the best care for our patients. However, we are making a conscious effort to create economically feasible and positive changes consistent with our values, mission and best practices. Physicians, administration, and staff have been working extremely hard to assure our patients that despite what is occurring in the outer environment, they can continue to expect quality care and excellent service at St. Mary Medical Center. Amidst all that has transpired, our administrative team and key physicians have collaboratively developed a comprehensive and unique strategy to enhance our service lines and meet today's healthcare challenges in an increasingly competitive market.

The key service lines being focused on are Bariatrics, Cardiovascular, OB/GYN, and Orthopedics. Our "Service Line Teams" are made up of physicians, administration, and staff at each level of care, which enables the team to determine

the best patient experience, from initial consult to discharge. Our intention is develop our own "stimulus package" if you will, comprised of years of knowledge, experience and expertise to fuel and realize growth in all areas. We are pleased that St. Mary is a designated "Center of Excellence" in Bariatrics and we have set a goal of becoming a "Center of Excellence" in the three other service lines also.

This is only the beginning and it is an exciting time where as we roll up our sleeves and put our heads together we can create a new momentum, embrace a progressive dynamic and make St. Mary Medical Center the hospital of choice in Long Beach, for both patients and physicians alike. Thank you for your dedication year after year as a part of the St. Mary family. Without each of you we would be unable to meet the needs of the community we serve. We take pride in our mission and will continue to do the work which we have committed our lives to and on which this hospital was founded – providing compassionate, quality, healthcare to those who seek treatment and solace for body, mind and spirit. ❖

Don't Act Your Age!!

by Gareth Hammond, MD
Orthopedic Surgeon



Most people would agree that physical fitness is an important and beneficial component of a healthy lifestyle. But what exactly does it mean to be “physical” as one ages past 50, 60, and even 70 years of age? Will our body condition itself if we subject it to a regular physical demand as we get older? There is a general expectation that with age comes an unavoidable requirement to become more sedentary. However, this paradigm is being challenged in the physiotherapy and orthopedic literature with focused studies.

The American Journal of Sports Medicine recently reported on age-related performance by studying athletes in the National Senior Games. The author, Dr. Vonda Wright, noted that athletes in their 50's were still quite competitive with minimal decline in physical performance up to age 75. After 75, Wright noted an eight percent decline in performance per year. She felt that this was an important take home message for people over 50 years of age considering an exercise program. Findings suggest that if well-conditioned athletes like the individuals in the National Senior Games performed well up to age 75, then perhaps significant gains can be made with an exercise program for people who thought that being physical tapered off with retirement.

What exactly do we mean by performance in a senior athlete? For example, in 2007 the National Senior Summer Games winner of the 100 meter dash for the 70-74 year old age group ran it in 13.48 seconds. There are few people in their thirties and forties who could match that time. The unwritten message in these observations is that a sedentary lifestyle can be a hindrance to maintaining the fitness and activity level that is achievable with a daily exercise routine. Generally speaking, 30% of our

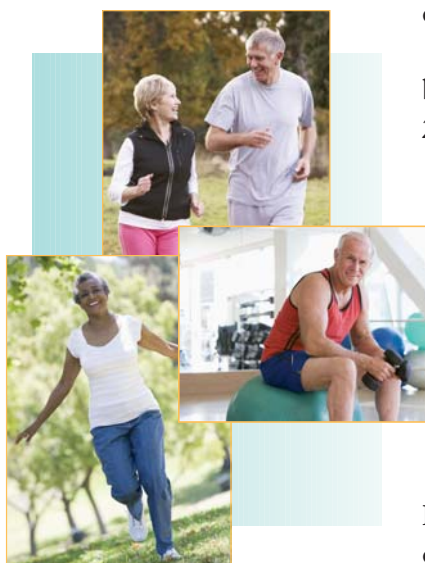
health is determined by genetics, while 70% is determined by choices we make modifiable components of our wellbeing.

There are benefits to activity beyond its cardiovascular effects. In 2008, a study revealed that moderate impact exercise can have a beneficial effect on bone density. By comparing senior athletes who swam or ran competitively to age matched controls, they found that bone density increased. Regular activity will also maintain oxygen uptake, preserve exercise efficiency, and prevent muscle fatigue.

Physical activity can help alter the course of chronic diseases with a modest investment of time and willpower.

As a large population of baby boomers is moving into their 50's and 60's, it is important that patients and physicians understand how important it is to stay motivated to pursue exercise as a means to maintaining good health. Patients must be educated about choices regarding their fitness regimen and understand how to modify routines and training schedules to prevent injury and respect their individual capabilities.

Our role as physicians is to counsel people in this regard and to consider procedures typically done on younger patients, if they are indicated. It simply will not suffice to ask patients to act their age and stop being active any more. ❖



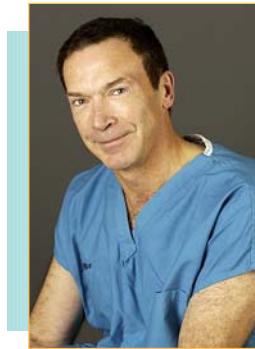
Modern Management of Myomas

Uterine Artery Embolization

by Bruce McLucas, MD, OB/GYN Surgeon

WHAT ARE MYOMATA?

Myomata of the uterus are the most common benign tumor occurring in either men or women. Although they are benign, myomata can cause debilitating and often life-threatening symptoms. They are muscular growths which usually occur within the myometrium and may migrate either to the endometrial cavity [submucous] or to the serosal surface [sub serous]. Submucous myomata commonly cause menorrhagia, and may interfere with implantation of embryos.¹ Subserous myomas will commonly present with pressure on the bowel and bladder, and back pain, when the uterus enlarges to the size of a twelve week gestation. Sarcoma occur in less than 1/800 patients who present with supposed myomata.



HEALTH CARE IMPLICATIONS

Myomas occur in at least 40% of women over the age of 40. They are more common in African American females, but occur in women of all races. Discharge data indicate that myomata are the cause for more than 40% of the 600,000 hysterectomies performed annually in the U.S. In addition, women will undergo an estimated 250,000 myomectomies each year in this country. The morbidity of both these procedures is over 40%, from atelectasis to pulmonary embolus. Time off work is an average of six weeks. Women who undergo hysterectomy often complain of depression post operatively.² Women who wish to retain their uterus face the possibility of a recurrence rate of 50%, and scar tissue formation after myomectomy.

NON-SURGICAL ALTERNATIVES FOR MYOMA TREATMENTS

Progesterone, either in intrauterine devices, or taken orally, has been shown to decrease the size of myomata. Leuprolide creates an artificial menopause and temporarily shrinks the dimension of myomas. Image guided ultrasound has recently been described as effective in shrinking myomas.³

UTERINE ARTERY EMBOLIZATION

Uterine artery embolization [UAE] was discovered by Jacques Ravina, a Parisian gynecologist, and reported in *The Lancet* in 1995.⁴ Ravina was attending at the Hospital Lariboisiere, a triage unit for patients requiring endovascular procedures in northern France. His team embolized patients with symptomatic myomata who were too anemic to donate autologous blood prior to their surgery. On follow up, Ravina learned that not only did he stop the patients' menorrhagia, but the surgeries were deemed no longer necessary. The myomata had shrunk an average of 50%. McLucas and Goodwin reported on the first series performed in the U.S. in 1997.⁵

What is the UAE technique? Embolization of the uterine arteries is performed under fluoroscopic guidance. The artery, a branch of the anterior division of the internal iliac artery, [see Figure 1] has a distinctive appearance, coursing medial and anterior from its take off. Many different types of particles from poly vinyl alcohol to spherical particles have successfully blocked the uterine arteries. Both sides must be embolized as the blood supply to myomata is bilateral. In general, the uterine arteries are the sole supply to these tumors

[see Figure 2]. UAE is performed under sedation, often as an outpatient procedure. The patient can generally return to work in less than five days. Compared to myomectomy, UAE offers a bloodless, adhesion free procedure for most patients. UAE is successful in stopping menorrhagia in almost 100% of patients. Shrinkage of close to 50% of all myomata takes place in six months or more. Embolization works in approximately 90% of patients. Failure may be caused by under embolization or spasm of the uterine artery during UAE. Another reason for failure is a blood supply from another artery other than the uterine. This may occur in patients with a uterus larger than 20 weeks pregnancy size.

EMBOLIZATION AND FERTILITY

Embolization has been recognized as effective by the American College of Obstetricians and Gynecologists⁶ who recommend further study concerning use of this technique on women desiring fertility. McLucas, et al, reported a 39% term pregnancy rate in women under 40 who desired fertility.⁷ His work has been confirmed. Notably, patients who underwent UAE prior to conception suffered no growth retarded pregnancies or higher than normal rates of fetal distress in labor. This indicates that the blood flow to the myometrium remains satisfactory after UAE.

RISKS OF UAE

Embolization has been used in both obstetrics to treat post partum hemorrhage,⁸ and in gynecology to treat post-operative bleeding, and inoperable cervical cancer.⁹ The risks associated with UAE have been shown to be consistently lower than major surgery.⁶

Premature menopause has been noted in as many as 15% of women over the age of 45.⁷ Likely, this results from non-target embolization of the ovarian arteries either by reflux or through anastomosis between these two arteries.

Prolapse of submucous myomata may occur when the myoma is pedunculated. This post-operative complication is easily resolved with dilation and curettage, and is heralded by the presence of malodorous discharge and cramping. In summary, uterine fibroid embolization, which is covered by all major insurance plans, offers an outpatient, low-risk alternative to surgery. ❖



FIGURE 1 *Internal Iliac Artery, Anterior Division*



FIGURE 2 *CT Angiogram of the Uterine Arteries*

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ST. MARY MEDICAL CENTER'S UCLA-Affiliated Internal Medicine Residency Program

by Chester Choi, MD, FACP, Medical Education Director and Jasminka Criley, MD, FACP, FHM, Associate Residency Program Director



With the current crisis in healthcare, the training of competent and caring physicians assumes great importance both nationally and locally.

St. Mary Medical Center proudly continues this educational tradition in order to further its healing ministry and assist in the delivery of compassionate, high-quality, affordable health services to Long Beach and the surrounding communities.

St. Mary Medical Center has established a history and well-recognized tradition of medical education combined with patient care, having trained residents in a variety of specialties for more than 55 years. The original program of eight rotating interns, directed by Dr. C.C. Calessibetta, changed in 1969 to a full three-year training program in Internal Medicine, directed sequentially by Drs. Ronald Swerdloff, Yale Bickel, and Peter Barrett, affiliated with the UCLA School of Medicine. Subsequent residencies in Family Medicine, Radiology, Pathology, and General Surgery were added, but unfortunately, later closed after 5, 12, 15, and 23 years of very successful educational efforts respectively. Fellowship training occurred in Interventional Radiology, Neonatology, Vascular Surgery, Nephrology, Hematology-Oncology, Cardiology, and Pulmonary and Critical Care Medicine. Currently, the hospital supports training in Internal Medicine and Emergency Medicine with the latter boasting a resident rotation from Harbor-UCLA which has been in place for over 30 years, strongly supported by our Emergency Medicine physicians under the direction of Drs. Steven Shea and Barry Heller.

INTERNAL MEDICINE RESIDENCY:

The Internal Medicine Residency Program at St. Mary is an UCLA affiliated program that offers the very best of academic medicine in a community setting. The program's mission is to train superb primary care community physicians, hospitalists, as well as future leaders in Internal Medicine. Currently, the program has a diverse group of 30 Internal Medicine residents who help to care for a large number of patients at St. Mary. Most of the patients in the Intensive Care Unit and many of the patients admitted through the Emergency Department are cared for by residents under the direct supervision of faculty attending physicians and voluntary teaching attendings. Several studies have shown that the care of patients is improved in teaching hospitals and the presence of residents 24 hours a day, 7 days a week and 365 days a year is an important asset to the hospital. Over 50 attending Internal Medicine physicians and specialists participate as teachers at St. Mary with "core" leadership from Dr. Chester Choi, Director of Medical Education, Drs. Joyce Yeh, Jasminka Criley, Maged Tanios, Hemal Kadakia, Kendra Gil, and Derek Phan, Chief Resident.

The Residency Program has produced over 300 Internal Medicine graduates, many of whom remain

in successful private practices at St. Mary and in the Long Beach area, providing excellent attention to the healthcare needs of our community. Over the years, approximately 40-50% of the graduates proceeded to fellowship training and now focuses their care of patients in cardiology, pulmonary/critical care, gastroenterology,



(left) Chester Choi, MD, FACP, Medical Education Director (right) Jasminka Criley, MD, FACP, FHM, Associate Residency Program Director



endocrinology, geriatrics, and other fields. Some graduates developed interests in Administrative Medicine and are now Medical Directors for organizations and medical groups, while others have embarked on careers in Academic Medicine and are themselves involved as teachers, administrators, and researchers. Many subspecialists (especially in radiology, anesthesiology, ophthalmology, and emergency medicine) served their internship year at St. Mary and are now practicing in our community.

PATIENT SERVICES:

A key part of the Internal Medicine training program, which requires three years, is the education of residents in both inpatient and outpatient medicine. Residents see their continuity patients at the Family Clinic of Long Beach, a modern and efficiently-run office on the St. Mary campus. They see both common and uncommon problems of primary care under the direction of Drs. Yeh and Gil and also gain experience from managing subspecialty problems including bariatrics, rheumatology, endocrinology, neurology, pulmonary medicine, and travel medicine with the added participation and input of volunteer subspecialists. Medicine Teams are responsible for caring for patients with a broad spectrum of illnesses, acute and chronic primary care conditions, medical emergencies and challenging diagnostic and therapeutic problems, and work with specialists to ensure their patients receive the best care.

UCLA-AFFILIATED FACULTY:

Internal Medicine Residency Program attendings are all Board Certified Internal Medicine physicians who are specifically trained to treat hospitalized and general internal medicine patients. Their specialized training ensures that patients receive the best care while at St. Mary Medical

Center. St. Mary's teaching attendings have academic appointments through UCLA and maintain close ties with Harbor-UCLA Medical Center in Torrance. Many primary care and subspecialty attending physicians in the Department of Medicine are clinical or voluntary UCLA-affiliated Teaching Faculty and are committed to excellence in educating both general internists and sub-specialists.

The Residency Program, spearheaded by Drs. Criley, Kadakia, and Tanios, is also directly involved in patient safety and quality improvement measures, including development of order sets and checklists, assistance with St. Mary's Observation Unit, cooperative work on care coordination, assistance with rapid response teams, studies of the best use of certain medications and diagnostic tests, and investigations of best practices in the Intensive Care Unit. Each of the residents is also responsible for a scholastic project which helps to educate other physicians and healthcare professionals about difficult diagnostic dilemmas or specific treatment problems. They present these studies at regional or national meetings held by organizations such as the David Geffen School of Medicine at UCLA, the American College of Physicians, the Society for General Internal Medicine, and the Society for Hospital Medicine. ❖