

# Inside RASC



Rockford Ambulatory  
SURGERY CENTER

Volume 5, Issue 1

## Healthy Eyes, Gorgeous Eyes

Rockford Ambulatory Surgery Center is a leader in outpatient surgery to restore good vision and looks.

The risk of developing conditions that weaken vision increases as a person grows older. An aging baby boomer population has led to cataract removal topping the surgery center's list of most frequently performed procedures.

RASC has perfected the process so eye surgeons complete one cataract removal after another quickly and efficiently. Complementing various systems in place to streamline the process, eye surgeons have at their disposal advanced microsurgical instruments. Two operating room nurses and a surgical technician support every cataract surgery.

*Gina Hartman, RN, demonstrates Alcon Infiniti phacoemulsification machine.*

"It is convenient for the surgeon and safe for the patient," says Dr. Steve Gunderson, CEO and medical director.

Of the approximately two and a half hours that the cataract patient stays at the center, 20 to 30 minutes are spent in the operating room. Surgeons can treat 15 to 20 cataract cases on a given day.

### Ultrasound phacoemulsification

Phacoemulsification cataract surgery restores clear vision in patients whose sight has become impaired from cataracts. A phacoemulsifier, or phaco, as surgeons call

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## Making the Right Call

A good first impression starts with the preoperative interview.



*Dee Stokes, RN, Charge Nurse*

We all know the importance of good first impressions. Most patients seeking treatment at Rockford Ambulatory Surgery Center form a lasting impression long before they ever enter the building.

Patient satisfaction surveys tell us that the initial contact between the patient and Preoperative Department sets the tone for the surgical experience. The Preoperative Department emphasizes a strong multidisciplinary team approach focused on educating and preparing the patient. The preoperative phone calls often are the first opportunity to instill confidence that the surgery center is an efficient, compassionate and quality facility.

"How the preop nurse interacts with patients on the telephone very much influences how they view us," observes Dee Stokes, RN, charge nurse in the Preoperative Department. "Adequate preparation

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**What's New at RASC:**  
A credit card exclusively to cover medical expenses.



**People You Should Know:** Profile of Ellie Wendel, the surgery center's newest Surgical Technologist.



**Spotlight on Eye Surgery:**  
Outpatient treatment can help improve vision and return the eyes to a more youthful appearance.

## RASC Eye Care Team

Specialists in ophthalmology who perform surgery to correct vision include Eric Ericson, MD; Masud Malik, MD; Richard Miller, MD; Natalya Romaniv, MD; Mitul Vakharia, MD; and Edward Yavitz, MD. In addition, Sina Bahmanyar, MD, does retinal surgery, and Herbert Becker, MD, cares for pediatric eye patients.

Four other ophthalmologists — Cathy Burkat, MD; Bradley Lemke, MD; Mark Lucarelli, MD; and David Turok, MD — specialize in oculoplastic surgery. These surgeons perform cosmetic, corrective and reconstructive procedures on the eyelids, tear ducts and orbit, rather than the eyeball itself.



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it, emits ultrasonic waves to break up and then remove a cloudy natural lens, the part of the eye that focuses light on the retina. Insertion of an intraocular lens (IOL) usually immediately follows phacoemulsification.

With the onset of a cataract, people may notice a slight cloudiness. As the cataract grows, it blocks more light and vision becomes cloudier. People might have cataracts for years before surgery is warranted. Advancements in cataract surgery, such as IOLs, can dramatically improve vision. Cataracts detected in both eyes must be treated separately.

An incision is made on the side of the eye's outer covering (cornea) to allow the introduction of surgical instruments. The surgeon inserts the needlelike phaco probe into the cornea. Once the ultrasonic waves break up the cataract, the pieces are removed by suction. A folded IOL is pushed through the same incision and opened in place. The phaco procedure itself takes only 10 minutes.



*Stacy Durack, RN, Operating Room Charge Nurse, is shown with one of the surgery center's two WhiteStar Signature phaco systems.*

## Industry Standard

The surgery center employs one Alcon **Infiniti**® and two Abbott Medical Optics **WhiteStar Signature**® phaco systems. **Dr. Charles Kelman** (1930-2004), an ophthalmologist and pioneer in cataract surgery, introduced the phaco technique in 1967. Dr. Kelman was inspired by his dentist's ultrasonic probe. The ultrasound method minimized pain and eliminated the extended hospital stay associated with standard cataract surgery. The shorter surgery time is healthier for the eye and causes less swelling of the inside of the eye. Without the potential complications, the patient can expect a quicker recovery of vision.

## Glaucoma treatment

Other vision-related surgeries scheduled less frequently include trabeculectomies, placement of anterior chamber shunts and endoscopic cytophotocoagulation. A trabeculectomy treats glaucoma by means of puncture or reshaping of the trabecular meshwork. Tube shunt surgery involves placing a flexible plastic tube with an attached drainage pouch to drain fluid from the eye. This type of surgery is usually done in advanced glaucoma cases after a trabeculectomy that failed. The surgery center performs approximately 30 tube shunt surgeries a year.

Endoscopic cytophotocoagulation (ECP) manages various types of glaucoma in patients taking multiple medications to control fluid pressure inside the eye. In this procedure, a laser treats the ciliary body, a small gland running around the circumference of the eye located behind the iris. The treatment reduces fluid production, thereby reducing intraocular

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## Staff Profile

### Dee Stokes, RN, Preoperative Department Charge Nurse

#### Patient Advocate First and Foremost

**D**ee Stokes hasn't seen it all but certainly most of it.

For 19 years, Dee has been a constant at the surgery center. She was among the first wave of nursing staff to join the center in its inaugural year in 1994. Patients recovering from their procedures in those early days benefited from Dee's relaxed and reassuring manner.

"I like to think I have a good attitude and try to keep that good attitude regardless of the situation," Dee says.

A nursing background in postanesthesia care, intensive care and preoperative patient teaching was rewarded with increasing levels of responsibility. As Preoperative Department charge nurse, Dee is responsible for the effective scheduling of the department staff. She ensures that surgery center policy is followed and coordinates patient safety procedures.

In a career spanning more than 40 years, Dee has practiced her profession at hospitals in Rockford (Rockford Memorial, SwedishAmerican), Belvidere (St. Joseph) and Wisconsin (Ft. Atkinson Memorial). She also worked for 11 years in a surgeon's office,

where office visits entailed a high amount of patient education.

"We see people at a very vulnerable time in their lives," Dee says. "They may be feeling anxiety and uncertainty about the upcoming surgery. This is especially true with pediatric patients. Children who are about to undergo surgery are frightened. Many times, the parents' anxiety is heightened as they watch their children wheeled away into surgery. Our goal is to help patients through their surgical procedures safely and quickly. We are patient advocates from start to finish, beginning with the initial prescreening phone call. Everything we do is in the patient's best interest. We want the patient to be completely prepared to speak to the anesthesiologist and surgeon when it is time to begin the procedure."

## The Right Call *Continued from cover*

makes a huge difference in the patient's response to the entire procedure. A comprehensive phone interview is crucial to patient safety and satisfaction."

Not every patient is a good candidate for surgery in an ambulatory setting. Surgeons are extremely careful about prescreening to reduce the risks of anesthesia and surgery. For the patient, this means a more stringent screening protocol and anesthesia review than typically encountered at a hospital. Preop nurses work closely with patients, anesthesia providers and physician offices to avoid any unnecessary delays or problems.

"The first things we do is obtain a medical history and confirm that every patient has a recent physical on record," Dee points out.

During the preop interview, the nursing staff collects a comprehensive patient history and identifies inherently dangerous conditions. The assessment pays particular attention

to anxiety level, age-specific needs, drug allergies and any potential airway issues due to a history of sleep apnea.

Thanks to careful prescreening, the number of patients referred elsewhere for their surgical procedures is quite low. If a surgery must be cancelled as a safety precaution, the Preoperative Department informs the patient. Delivering the news tactfully is a must.

Research confirms that patient education is a determining factor in patient outcomes and satisfaction.

"Patient concerns center around receiving all the facts related to preoperative preparation and care after discharge," Dee says. "We assess patient and family learning needs and individualize information to ensure a smooth perioperative process."

RASC patient instruction begins immediately. The preop interview expands on the information published in the RASC **Patient Guide**. Patients

are asked for the names and dosages of current medications and given instructions regarding medications taken on the day of surgery. Appropriate dietary restrictions for the night before surgery also are explained.

"The preop nurses augment the general patient education presented at the physician's office," Dee notes. "We talk about having a responsible adult available for the first 24 hours after surgery and remind patients to arrange for crutches if needed. We emphasize placing extra pillows in the car to elevate the foot for patients returning home following foot surgery."

On the day of surgery, nurses and support staff coordinate final preoperative preparations before the patient enters the operating room.

"If you instruct the patient beforehand, any questions that arise needing input from the surgeon can be answered before the patient goes into surgery," Dee says.

### Little Kindnesses

The preoperative experience is mentioned most in our patient satisfaction surveys. Patients may have a hazy recollection of the surgery, but they remember everything about preoperative care, like the little kindnesses, a warm blanket or maintaining their privacy in the room. Meet RASC's preop staff:



Tiffany Redmond, CNA

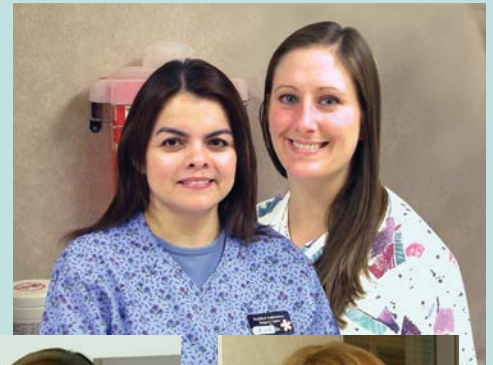


Elissa Greenfield, RN



Barb Holmes, RN (left); and  
Dee Stokes, RN, Charge Nurse

Laura Castaneda, RN (left); and Carlee Koerner, RN



Carrie Bufalo, CNA



Lori Vibnaneck, RN

## What's New at RASC

### Patient Financing with CareCredit®

When out-of-pocket health care costs exceed patients' ability to pay cash, the financial burden can exacerbate an already stressful situation. Many options for borrowing money exist. A credit card designed exclusively to cover medical expenses is one way to fill the gap.



Rockford Ambulatory Surgery Center now offers patients flexible payment options through the CareCredit program. An extension of GE Capital, CareCredit enables patients to pay for copayments, deductibles and medical treatments not covered by insurance. Patients choose the payment amount and payment timeframe that fit within their budget.

CareCredit is a revolving credit line for additional treatment or add-on charges

without the need to reapply. The surgery center pays the processing fee, and patients receive an interest-free loan on charges for six to 24 months. Other advantages include minimum monthly payments and a reduced, fixed interest rate on longer payment periods. There are no up-front costs or prepayment penalties.

The program starts with an initial credit application completed online, over the telephone or with a paper application. Approvals can be granted in a few minutes.

## Specialized IOLs

Cataract patients with moderate to high degrees of **astigmatism** may still experience blurred or distorted vision, since standard monofocal lenses cannot correct this secondary condition. Some patients treat the cataract and astigmatism at the same time. **Toric IOLs** — specialized IOLs that act as an alternative to wearing contact lenses or eyeglasses — decrease postoperative astigmatism.

The ability to focus on near objects declines throughout life. Like gray hair and wrinkles, **presbyopia** is caused by the natural course of aging. Eyestrain, difficulty seeing in dim light and problems reading fine print accompany this disorder.

**Accommodating IOLs** are designed to treat a person's cataracts and presbyopia. Accommodating IOLs adjust, like the natural eye, to see at multiple distances. Their goal is to reduce or eliminate the dependence on corrective eyewear after surgery. The **Crystalens®** (Bausch + Lomb) lens system, with its accommodating feature, provides clear vision at a full range of distances. Crystalens maintains one focusing zone, just as conventional eyeglasses and contact lenses do in single-vision lenses.

In contrast, **Alcon's AcrySof® ReSTOR® multifocal IOLs** contain different zones to sharpen vision at multiple distances, similar to progressive lenses in eyeglasses. ReSTOR works because the brain learns to select the appropriate zone to "look" through to enable sight at near, intermediate or far ranges.

## Scheduling Tips

- Doctor's orders given during the scheduling call must be received by a registered nurse, or faxed to our Preoperative Department at **(815) 229-5963**.
- Weight restriction for patients is 350 pounds.
- Currently, RASC is not certified to accept Illinois Public Assistance.
- For special equipment and supply requests, contact our Materials Coordinator at **(815) 231-5410**.
- Direct insurance questions to the Insurance Verification Coordinator at **(815) 231-5402**.
- To cancel a case for the next day after hours, please call our main number at **(815) 226-3300** and leave a voicemail.

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pressure. The surgery center performed 130 ECP procedures in 2012.

"ECP is very effective and useful," says Dr. George Arends, medical director. "The laser procedure achieves long-term control of fluid pressure with minimal side effects and decreases patients' dependence on topical medications. It can cut the use of eye drops in half or eliminate the cost altogether."

### Cosmetic and corrective procedures

As one ages, excess fat may gather above and below the eyelids, causing sagging eyebrows, drooping upper lids and bags under the eyes. Severely sagging skin can affect peripheral vision. In some patients, the weight pulls the lid down, drying out the space between the inside of the lid and eyeball. Blepharoplasty can reduce or reverse these problems. Blepharoplasty repairs droopy eyelids by removing excess skin and fat in the upper eyelids and excess fat in the lower lids.



## Did You Know?

In 2012, oculo-plastic surgeons treated 225 patients and performed a total of 1,100 procedures. A typical bilateral upper and lower eyelid lift patient may have 4 to 8 procedures performed during the visit.

## Staff Profile

### Ellie Wendel, Surgical Technologist

#### Second Career a Big Hit

While sequels tend to get a well-deserved bad rap, occupations in health care garner rave reviews when it comes to second-act career options. For Ellie Wendel, surgical technology provided an opportunity to follow her passion and have more control over her future.

Ellie, who started at Rockford Ambulatory Surgery Center in January of this year, left the service industry in 2003 after 18 years to become a certified nursing assistant. Her first job as a CNA was in orthopedic care at SwedishAmerican Hospital.

"It was quite an experience, perfecting the skills learned during the CNA training classes," Ellie recalls. "Ortho is a busy floor and a great place to work. Patients are eager to return to doing things on their own, but few of them are



independent right away. They need your help and encouragement to maintain safety."

Before long, the door opened to new fields and additional training. Ellie enrolled in Rock Valley College's surgical technology program in 2007. She put her skills to work on the SwedishAmerican GYN/Urology/ENT team.

*"I always had an interest in the study of anatomy and a desire to help people."*

Surgical technologists go by different names: scrub, scrub nurse, surgical tech and operating room technician are a few of them. About the transition from nursing assistant to scrub, Ellie says, "I always had an interest in the study of anatomy and a desire to help people. I entered a fascinating, fast-paced surgical environment. The surgical tech serves as the surgeon's primary assistant and helps team members make each procedure safe and successful. This is a good career fit for me."

Ellie says every day at work in the surgery center is full of satisfaction in supporting people through difficult experiences.

"I scrub in on many different kinds of cases," she explains. "It's a true team effort here. Because most people are understandably anxious about surgery, the reassurance provided by the team is a source of comfort. It has a significant positive impact on the patient's overall experience."



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