Saving Health Care
Building stronger hospitals across Acadiana
New Clot Removal System Gets First Use

Nick Cavros, M.D., interventional cardiologist with Cardiovascular Institute of the South at Lafayette General Medical Center, was the first physician in Louisiana to use the ASPIRE Aspirator. The new hand-held mechanical aspirator removes blood clots and increases blood flow.

The ASPIRE Aspirator sucks out blood clots from blocked arteries with easily controllable force. Depending on the type of clot, a variety of catheters can be used to address the lesion.

Typically, aspiration of the clot is done using basic syringes or electric pumps, which can be difficult to handle and regulate. The ASPIRE system is gripped in one hand, offering the cardiologist better control, precision and maneuverability.

“Speed and accuracy are important to remove blood clots and restore blood flow,” says Dr. Cavros. “The ASPIRE system improves aspiration speed and performance, and it allows us to use a variety of catheters specific to the patient’s needs.”

Calcium Scoring at St. Martin Hospital

St. Martin Hospital, a part of Lafayette General Health, now offers Calcium Score testing for just $99. This quick, painless CT scan checks for early stage heart disease by uncovering any narrowing of the heart’s arteries caused by calcium deposits.

Patients with cardiac risk factors such as high cholesterol or blood pressure, a habit of smoking or a family history of heart disease should have a Calcium Score test.

However, others are urged to take the test, thought of by many as potentially lifesaving. Just ask hospital employee Billy Veazey, who volunteered to take the test when technologists were fine-tuning the procedure.

Veazey, a Med Tech in the Lab at St. Martin Hospital, was surprised when his Calcium Score results were nearly four times that of a normal reading. A couple of days later, an angiogram confirmed 100 percent blockage in the right artery and 75 percent blockage in the left. Two weeks after taking the calcium score test, he underwent triple bypass surgery at Lafayette General Medical Center.

“I had normal blood pressure; I took a stress test every two years, a physical every year; I rode my bike five miles a day; I considered myself very healthy,” Veazey says. He also adds that he has no family history of heart disease. “I never dreamed that the Calcium Score test would reveal problems of this sort.”

To schedule an appointment, call (337) 507-1209. A physician’s order is required.

The charge includes the test and physician reading.
Lafayette General Health welcomes the following new physicians to the Oil Center and, in some cases, to the hospital system:

**Amanda Alleyn, M.D.**
*Obstetrics & Gynecology*
Joined the practice of Wayne Daigle, M.D.
155 Hospital Dr., Ste. 303, Lafayette
Call (337) 235-4460.

**Dani Bidros, M.D.**
*Neurological Surgery*
Opening an office in Lafayette.
155 Hospital Dr., Ste. 203, Lafayette
Call (337) 289-8636.

**Damon Cudihy, M.D.**
*Obstetrics & Gynecology*
Joined the practice of Kim Hardey, M.D.
1211 Coolidge Blvd. Ste. 403, Lafayette
Call (337) 261-5433.

**Javier Dieguez, M.D.**
*Pulmonology/Critical Care*
Joined the practice of Gary Guidry, M.D.,
Jody Rosson, M.D., Brad Broussard, M.D.,
and Dwayne Brown, M.D.
155 Hospital Dr., Ste. 206, Lafayette
Call (337) 234-3204.

**Nicole Harper, M.D.**
*Obstetrics & Gynecology*
Joined the practice of Daniel Bourque, M.D.,
and Jennifer Pugliese, M.D.
1460 S. College Rd., Lafayette
Call (337) 234-3344.

**Darryl Elias, Jr., M.D.**
*Obstetrics & Gynecology*
Moved his practice from Jennings to Lafayette.
155 Hospital Dr., Ste. 400, Lafayette
Call (337) 616-0800.

**Nicole Harper, M.D.**
*Obstetrics & Gynecology*
Joined the practice of Daniel Bourque, M.D.,
and Jennifer Pugliese, M.D.
1460 S. College Rd., Lafayette
Call (337) 234-3344.

**Brent Hebert, M.D.**
*Family Medicine*
Opened an office in St. Martinville.
508 Bridge Street, St. Martinville
Call (337) 342-2706.

**Molly Thomas, M.D.**
*Hematology & Oncology*
Joined Cancer Center of Acadiana at Lafayette General.
1211 Coolidge Blvd., Ste. 100, Lafayette
Call (337) 289-8400.

**Jeffrey Williams, D.O.**
*Plastic Surgery*
Joined the practice of Darrell Henderson, M.D.,
and Terry Cromwell, M.D.
1101 S. College Rd., Ste. 400, Lafayette
Call (337) 366-0574.
Cancer Treatments at American Legion

This past spring brought the residents of Acadia Parish access to cancer treatments closer to home, with the opening of Cancer Center of Acadiana (CCA) at American Legion Hospital in Crowley. This CCA satellite location is an expansion of Lafayette General Medical Center’s (LGMC) Commission on Cancer-accredited oncology services.

The Center offers the same clinical treatments as those in Lafayette and in renowned cancer centers in Houston and throughout the country.

Cancer Center of Acadiana at American Legion Hospital brings an identity as a top cancer treatment facility to the area, providing comfort to both patients and their families. Oncologists from Lafayette General, including Victoria Panelli, M.D., spend time working at CCA at American Legion Hospital, with its six-chair infusion center.

American Legion Hospital has been providing high quality and compassionate health care for patients for over 100 years. “We are pleased to work alongside LGMC in bringing cutting-edge cancer treatment standards to American Legion Hospital,” says American Legion Hospital CEO Terry W. Osborne, MBA, CPA.

“This service reduces some of the stress from travel, helping patients focus on healing with the close support of family and friends.”

Lafayette General Health President/CEO David L. Callecod, FACHE, says that Lafayette General is committed to giving the people of Acadiana more options in where they receive cancer care and treatment. “Making the delivery of cancer care more consistent is best for the patient in every aspect and keeps us true to our mission to restore, maintain and improve health,” he says.

Cancer Center of Acadiana now offers locations in Lafayette, Mamou, Abbeville, Franklin and Crowley, with plans for future clinical service line partnerships in several other Acadiana parishes.

$17,715

The amount of money raised by Lafayette General Health to contribute to the Moore, OK tornado relief fund for Moore Medical Center employees. The funds were raised through a T-shirt drive, ribbon sales and donations.
When a newborn is in peril at another hospital, the Neonatal Intensive Care Unit (NICU) of Lafayette General Medical Center (LGMC) rides to the rescue. The NICU Transport Team is an emergency response crew that goes, at a moment’s notice, to nearby facilities requesting assistance with a sick or premature newborn beyond their scope of care.

Angela Miller, RN, has been on the transport team at LGMC for 15 years. When a hospital calls for help, she’s one that jumps into action.

“We usually have at least one transport team member in house and, when the phone call comes, that person notifies other members to come in, then calls Acadian Ambulance to pick us up and starts setting up equipment,” Miller says. “Our goal is to leave within 30 minutes of receiving the call.” The mobile team typically includes two registered nurses and a respiratory therapist. Physicians or extra nurses will accompany the team when necessary.

To join the team, which is voluntary, staff must complete a 40-hour transport education course. Most members are registered nurses certified in neonatal intensive care or are certified/registered respiratory therapists.

The team preps the NICU’s mobile incubator, or isolette, for departure. “We check the oxygen tanks. We stock a special bag with medications, IV fluids or any equipment we think we might need.” With this mini hospital on board, the crew heads out.

Miller says the requesting hospital is usually relieved to see them. “They’re doing everything they can to care for the patient, but it’s beyond their expertise and, when we get there, it’s usually ‘Oh, good... you’re here.’”

Miller says they directly assure the baby’s mother or family members that the baby is in better hands. “You’re taking their baby to another facility. You’re separating them. So, we go in there, stabilize the baby and make sure the family knows who we are. We give them our contact information and directions so they can find us.”

In transport, the team follows pre-assigned roles so that everyone knows their job. “You have to think fast, with good judgment,” says Miller. The team works as the doctor’s eyes and ears. “Those nurses operate at a much higher level. A physician expects you to really be on top of things, to anticipate what they’ll need before having to ask for it. The teamwork required is tremendous,” she says.

Once back at Lafayette General, Miller says they always call the family with an update. “The whole goal of transport is to take those babies, bring them here and make them better, and eventually able to go home with their families,” she says.

Miller is proud of her team, which has grown since she first started. The team currently has 11 RNs and four respiratory therapists. She wants outlying hospitals to know that LGMC is the place to call when needed.

“Our babies typically have better outcomes than other NICUs across the state. They get home quicker. They have fewer infections. When you send your babies to us, they’re getting the very highest quality of care they can possibly get.”

Miller’s confidence matches her enthusiasm for the job.

“It’s always something different. It gets your heart going. I love, love, love to do transports.”

FRAGILE

HANDLE WITH CARE
Do Nosebleeds Really Come From Cheap Seats at the Cajundome?

Seeing your child with a nosebleed can be traumatic. While it may appear he or she is losing a gallon of blood, nosebleeds are often harmless and easily controlled.

by Scott Hamilton, M.D., and Adam Giddings, M.D.

Nosebleeds can happen at any age, but are most common in children ages 2-10. There are several possibilities why. The most common causes include:

**Dry Climate:** Exposure to dry air, whether indoors or outdoors, causes the inside of the nose to dry out. This leads to cracking in the nose, and those cracks can go through a blood vessel and cause a bleed.

**Common Cold & Allergies:** If your child has a cold, the lining of the nose may get irritated and bleed, especially after repeated blowing of the nose. If your child has allergies and is using antihistamines or decongestants to control symptoms, these may further dry the nose and lead to bleeding.

**Nose Injury:** Injuries are another common cause. A blow to the nose can cause bleeding; however, this usually isn’t a concern as long as the bleeding stops within 10 minutes.

Although it may initially be scary for both you and the child, there is no need to panic. Follow these tips for stopping a nosebleed:

1. Use soft tissues or a damp cloth to catch the blood. Blowing the nose may cause more bleeding.
2. Have your child sit up and lean forward. This will help prevent any gagging. Myth buster: children do not choke to death on dried blood in the throat.
3. Pinch the nostrils closed just below the bony center to stop bleeding. With steady but gentle pressure, the bleeding should stop within 5 to 10 minutes. Don’t pinch so hard that it hurts. Steady pressure means not letting go to check if the bleeding has stopped. Keep the pinch on for the whole 5 minutes, without interruption!
4. To prevent re-bleeding, do not allow any nose picking or blowing for several hours after.

If bleeding continues after a third or fourth attempt to stop it, you may want to see a doctor. Life-threatening bleeding almost never happens. See a doctor if your child starts to feel dizzy or light-headed, has a fast heartbeat, is coughing up or vomiting blood or has a fever. If your child has nosebleeds frequently – more than once per month – or has been having them for years, see your doctor. Your child may have a raw spot that just won’t heal and needs an Ears/Nose/Throat specialist to cauterize that bad patch. Your child may also need blood tests to be sure he/she does not have a rare disorder with blood clotting, like hemophilia.

Although it may be hard to always prevent a nosebleed, below are some simple steps to ensure your child doesn’t have them often:

1. When your child is blowing his or her nose, make sure they blow gently.
2. Teach your child to keep the mouth open when sneezing.
3. Dry air makes bleeding easier. Air conditioning dries the air, and the colder it is, the drier. Turn your A/C more towards 75 degrees, rather than below 70. Cold winter air is drying, indoors and out, especially at night. A vaporizer or humidifier at your child’s bedside can provide moisture to keep the inside of the nose from cracking and bleeding. A lubricant or saline drops may also be helpful. Remember, it is important to stay calm, as most nosebleeds can be managed at home with the simple steps above. An occasional nosebleed is not worrisome, and there’s no need to panic. Now you know what to do!

**Welcome guest columnist Adam Giddings, M.D., a second-year resident in Family Practice at the LSU Health Science Center program with Lafayette General Health.**

Scott Hamilton, M.D., is a board-certified pediatrician by the American Board of Pediatrics and medical advisor in the Lafayette General dedicated pediatric treatment area within the Emergency Department. Dr. Hamilton currently serves on the Emergency Medical Services for Children (EMSC) Advisory Council as the Governor’s appointee to the committee to enhance EMSC statewide and is a Pediatric Advanced Life Support course instructor.

His blog is available at ParentsDontFret.net and through a link at LafayetteGeneral.com, where it is accessible to parents anytime, anywhere there is an internet connection.
Hospitals promise a safe and quiet location. The security team at Lafayette General Medical Center (LGMC) sees that through. And they do so with diverse professional skills, a personal touch and a close-knit bond.

LGMC officers have Basic Certification from the International Association for Healthcare Security and Safety. The Crisis Prevention Institute also certifies them in verbal and physical intervention techniques. Anjanette Hebert, Director of Security, Safety and Emergency Preparedness at LGMC, describes the delicate approach hospital security must take because, by nature, people arrive at a hospital with heightened anxiety.

“That state of anxiety makes people more susceptible to acting out and exhibiting behaviors they would not normally exhibit. The security officers must have the skills to recognize that this person is outside of their normal behavior pattern, and then know how to deal with it appropriately,” she says.

“They are our customers. They are our patients. Our approach to someone who is acting out is going to be very different than the approach a police officer would use.”

It takes personal character to balance this approach, and there is a wealth of personality on LGMC’s team.

One officer who understands a secure perimeter is Derreck Dean, former Ragin’ Cajun football star. Dean, 23, was defensive captain on the first New Orleans Bowl team for UL in 2011. He majored in criminal justice and is also the son of a New Orleans police officer. But, while his physical presence is impressive, his demeanor is gentle, kind and comforting. In that sense, he exemplifies what hospital security must be.

Dean became familiar with LGMC when his football team visited patients here. “I saw it was a good place,” he says.

Now that he’s a part of LGMC, he finds the teamwork a familiar role. "It’s like a family in this department. We get along great and work exceptionally well together.”

Another officer that understands teamwork in a medical setting is Pierrette Monette. She spent four years in the U.S. Army serving as a paramedic. “I actually learned how to do all kinds of detainment.”

Security continued on pg. 12
Saving Health Care
Building stronger hospitals across Acadiana

The only thing hotter than the weather this summer was the news of Lafayette General’s acquisition of University Hospital & Clinics (formerly UMC), which prompted another milestone, the founding of an official health system. Lafayette General Health (LGH) is the new brand name that encompasses Lafayette General Medical Center (LGMC) and a growing number of affiliations.

The LGH name reflects the full scope of the organization, including its services and physical locations around Acadiana. “As health care has evolved with more advanced equipment and highly specialized care, hospitals realize they cannot work alone and be successful,” says LGH President/CEO David L. Callecod, FACHE. “Our goal is to establish relationships with area hospitals and healthcare providers to improve patient outcomes.”

Lafayette General Health Executive Vice President and LGMC Chief Executive Officer Patrick W. Gandy, Jr. says that the impact of the Affordable Care Act will necessitate having a large “footprint” in Acadiana.

“Information technology (IT) and physician recruitment will be two vital components of our support to affiliates,” he foresees. “Most small hospitals don’t have a robust IT Department because of the significant expense,” says Gandy. “Sharing electronic medical records (EMR), for instance, provides our affiliates a common data platform to better manage the patient population, at an affordable price.”

Lafayette General Surgical Hospital (LGSH) Administrator and LGH Vice President Carrie Templeton concurs with Gandy in speaking about the benefits of sharing a backup of resources with a full-service hospital like LGMC. “Because of shared EMR, we’re able to pull up patient information at either facility, at any time,” she says. “There is also a huge benefit in having staff from each entity working collaboratively and sharing best practices.”

Gandy says that LGH is also better equipped to help recruit physicians to rural areas. As recently as August, LGH employed a new and much needed physician in St. Martinville.

Affiliates of the system also have access to clinical protocols and services they would not normally afford. In 2000, LGMC formed its first clinical affiliation managing St. Martin Hospital (SMH) in Breaux Bridge. “Being part of the largest hospital system in Acadiana has provided greater opportunity for our employees to be better trained,” says Katie Hebert, St. Martin Hospital CEO and LGH Vice President. “It’s provided services to St. Martin Hospital that otherwise would not be available to the residents of the area.”

Managed by LGMC since 2002, Abrom Kaplan Memorial Hospital (AKMH) is another rural hospital that has gained from being part of the larger system. “Being part of LGH has provided Abrom Kaplan Memorial Hospital with an infinite amount of resources, including access to employee educational programs, medical records consultation and inpatient and outpatient diagnostic studies not otherwise available,” says Administrator/CEO Lyman Trahan. “It has undeniably been an advantage for our critical care hospital.”

According to Gandy, LGH is also able to leverage its relationships with specialists in providing some of those services to rural areas as well. Since 2011, Opelousas General Health System (OGHS) has benefitted from a partnership with LGMC by collaborating on best practices in cardiology and neuroscience services.

Other alliances have been formed through Cancer Center of Acadiana (CCA), based at LGMC. CCA is providing top cancer treatments throughout Acadiana, with satellite centers at Abbeville General Hospital (AGH), Savoy Medical Center (SMC) in Mamou, American Legion Hospital (ALH) in Crowley and, most recently, Franklin Foundation Hospital (FFH).

Perhaps the facility with the most to gain from being part of Lafayette General Health is University Hospital & Clinics (UHC). Chief Executive Officer Jared Stark credits LGH with the preservation of services that UHC is able to continue providing to the community.

“The quality of care is outstanding here, and comparable to any facility in the state,” Stark assures. “The same high caliber of physicians can be seen at UHC, and I foresee the expansion of services, including more clinics and an
increase in bed capacity, to care for more patients."

Like other affiliates, UHC has implemented LGH’s standards of behavior and clinical processes. One such process that will prove invaluable is electronic medical records, which will be implemented in early 2014. Stark says employee morale is high and the future looks brighter than ever.

The management of UHC brought a transformational and historical moment to LGH, with the inception of a major teaching hospital, in partnership with LSU. At the start of July, Lafayette General Medical Center’s residency program was initiated with 22 physicians who began the next phase of their training.

These residents are rotating in one of seven services at Lafayette General Health, based on their area of specialty: Family Medicine, Internal Medicine, Orthopedics, Anesthesiology, Obstetrics/Gynecology, General Surgery and Otolaryngology. Before coming to LGMC, they trained alongside very credentialed physicians within the LSU System, from Lafayette to New Orleans.

Callecod says that becoming a major teaching hospital is a significant step in the evolution of LGMC. “The transfer of knowledge is welcomed and encouraged,” he says. “Together, we are truly making a difference to the residents and, most importantly, our patients here at Lafayette General. We look at this venture as a partnership, all for the good of our patients.”

Kristi Anderson, Director of Graduate Medical Education, already sees potential for expansion of LGMC’s residency program. “This would mean an increase in future practitioners within the area and, consequently, an increase in care for our patients,” she says. “Data suggests that physicians completing residency programs stay within 100 miles of the hospital where they complete their training. This is extremely advantageous for Lafayette General and the Acadiana area.”

With two teaching hospitals in place, regional partners and relationships, and a proven track record in quality care, Lafayette General Health is growing stronger as Acadiana’s largest health system.
Dental Health

Xylitol was billed as the next great thing for dental care. But, are the product’s early promises living up to the hype?

At best, there are now mixed reviews about the benefits of Xylitol, a natural sweetener derived from the fibrous parts of plants. It has been promoted as a safe sweetener for diabetics and a tooth-friendly sugar substitute. Chewing gums, lozenges and healthy snack brands boast the ingredient Xylitol. But, just how beneficial it is appears debatable.

“It’s not a magic wand,” advises Ken Morgan, DDS, with Morgan Family Dentistry in Lafayette. Dr. Morgan says he was an early enthusiast of the product, but has read dental publications that challenge early claims of the product.

“It was the big thing when it came out. But, now there’s so much uncertainty that I don’t know if anybody really knows.”

Bacteria can’t digest Xylitol, reducing acids they produce that cause tooth decay.

“It looks like it does lessen plaque formation and decreases the bacteria that adheres to teeth,” says Dr. Morgan. But, he says it’s unclear if it does so anymore than other antiseptic hygiene products out there. He cited an in-depth study that examined high-risk cavity patients who showed no reduction in cases at all.

“It’s a far cry today from where it was in 2009 and 2010,” he says. “I suppose it’s who you ask, these days.”

To learn more about Xylitol, visit xylitol.org or xlear.com.
Breast cancer awakened the sleeping “fighter” in her

A day is as routine as fate will allow. That’s what Kelly Brasseaux learned after one of her regular morning jogs last October. “After the run, I felt a shooting pain across my right breast that startled me,” she says. Her reaction was to touch the area, and that’s when she felt something strange.

Although only 34, Kelly had already been in the habit of performing self-breast exams, but had never before discovered a lump. “I called my OB/GYN the next day to make an appointment to see what it was,” Kelly says. An ultrasound at the Breast Center at Lafayette General revealed a solid mass. “Even then, I was fairly calm, thinking it was a benign tumor or calcification of some sort.” But, a needle biopsy confirmed cancer – Invasive Ductal Carcinoma. Fortunately, the other breast was clear.

With no history of breast cancer in her family, this special education teacher says the news hit her broadside. “I was numb; I really couldn’t believe that it was cancer. But, if that was the way it was going to be, I wasn’t going to waste any time.”

In fact, when she was told that it would be two weeks before she could see an oncologist, she chose to move forward seeing a surgeon. “I wanted this disease out of my body,” she exclaims. After an examination and review of Kelly’s medical file, and given that the cancer had already invaded one lymph node, the surgeon recommended a mastectomy. Three days after being diagnosed, Kelly took a leave from school and underwent a single mastectomy.

Three weeks after that, under the supervision of oncologist Deborah Johnson, M.D., she proceeded with chemotherapy treatments at Cancer Center of Acadiana. “The doctors there came highly recommended,” Kelly says. “For a moment, I thought about going to Houston for treatment. But, my surgeon convinced me that I could access the same top treatments for breast cancer that are provided in Houston right here in Lafayette. And, I wanted to be near my girls.” Kelly and her husband have two daughters.

Chemotherapy was followed by radiation therapy – 30 sessions at the Radiation Oncology Department of Lafayette General.

“The staff was awesome there and at the Cancer Center, too,” she says. “I can’t tell you how supportive they all were. We planned my treatments together – and sometimes cried together. I was actually sad when I said goodbye to all of them.”

Kelly remained concerned about her other breast being predisposed to cancer down the road. So, this past May, while undergoing flap reconstruction to replace the breast that had been removed, she underwent a preventive mastectomy on the other breast. She made the decision, with the support of her family, in hopes of lessening her chance of a recurrence.

In August, Kelly began teaching again – happily – and she keeps up with her daughters’ many activities. Her hair has grown back curty and her best accessory is her smile.

She says the month of October is not only an anniversary marking her own ordeal. It now brings a sense of responsibility that she never felt, to make other women aware of the importance of self-exams and routine mammograms.
Cutting-Edge Surgery for Pancreatic Cancer

The region’s first portal vein replacement to treat pancreatic cancer was performed this summer at Lafayette General Medical Center. Surgical oncologist Jason A. Breaux, M.D., with assistance from cardiovascular surgeon Mohammed Allam, M.D., successfully treated a pancreatic cancer patient. This innovative procedure is considered the most significant advancement in surgical treatment of pancreatic cancer in the last 10 years.

The portal vein is an essential blood vessel that supplies over 50 percent of blood and oxygen to the liver. The pancreas wraps around the portal vein and, traditionally, tumors involving this vein were considered incurable.

Treatment for advanced pancreatic cancer such as this is truly a team approach. The patient undergoes chemotherapy and radiation treatments to shrink the tumor before surgery. In this case, Salman Malad, M.D., an oncologist at Cancer Center of Acadiana at Lafayette General, coordinated this aspect of treatment. Afterwards, during surgery, the tumor is carefully dissected off all other structures leaving only its attachment to the portal vein in place. Dr. Breaux then clamps off each end of the exposed portal vein for a short time. With Dr. Allam’s assistance, Dr. Breaux replaces the missing portion, in this case 3 to 4 cm in length, with a section of the patient’s internal jugular vein taken from his neck. “It’s a perfect fit, proportionate to the patient’s size,” says Dr. Breaux.

Today, with improved imaging techniques, surgeons know before surgery the precise location of the tumor and whether a vein replacement is warranted.

“About 10 years ago, patients with portal vein invasion were sent home with only a three to six-month survival rate,” says Dr. Breaux. “Now that we’re able to remove these tumors and replace the vein, the patient has a 20 percent chance of five-year survival.”

Newest Procedure Repairs Aneurysms

Approximately one in every 250 people over the age of 50 will die of a ruptured abdominal aortoiliac aneurysm, according to the Society of Interventional Radiology. With few to no symptoms, an enlarged aneurysm can go undetected until it leaks or bursts, causing life-threatening bleeding. In the world of vascular surgery, an enlarged aneurysm is known as “the silent killer.”

One alternative to open surgery, Endovascular Aneurysm Repair (EVAR), has become the choice method of stopping erratic blood flow from a leaking aneurysm. This minimally invasive procedure involves passing a collapsed graft up from the groin area of the leg to the weakened aorta. Similar to balloon angioplasty, the graft is then inflated to restore normal blood flow.

Vascular Surgeon Christopher LaGraize, M.D., now fine tunes the EVAR in a minimally invasive procedure called “snorkel,” which he first performed at Lafayette General Medical Center. A flexible stent is run through the inner arm and guided parallel to the EVAR stent. This creates a new channel for blood flow, preventing leakage. The aneurysm is sectioned off while blood flow is preserved to the pelvic vessels. The snorkel procedure takes about 90 minutes and the patient goes home the next day to resume normal activities — pain free and without difficulties.

This new technique expands the ability to treat patients with aneurysms that otherwise would have required open surgery.

continued from pg. 7

SECURITY CLEARANCE

Hebert manages an array of talent. But, it’s the patients who ultimately benefit.

“Everything we do, every technique, everything we teach these security officers in terms of having to do a physical intervention is all about protecting the patient and making sure that no harm comes to the patient or any of the staff during that intervention,” says Hebert. With a sense of humble amusement washing over and a thick Cajun accent, she shrugs, “We do this every day.”

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“He said that liking what you do is the most important thing. “Having a total stranger confide in you and come back to hug you because of something you’ve done for them, it just makes it so worthwhile. My belief is that we were all put on this earth to serve, and working in a job like this gives you the opportunity to serve every day.”

Jason A. Breaux, M.D.

Christopher LaGraize, M.D.

techniques, search and seizure, and different kinds of criminal justice techniques,” says Monette, now 37.

Her military experience led her to a degree in criminal justice and work as a probation officer before landing her job as security officer.

Not everyone on the security team comes from an enforcement or health care background.

In 1991, Mike Veazie was tiring of the uncertainty in the oil field. He asked his girlfriend, who was working at LGMC, to look for vacancies. “I told her, ‘Just get me the interview, I’ll get the job.’” Now, 22 years later, he remains on the LGMC beat.

Veazie, 54, says he enjoys helping others and the camaraderie of his coworkers. Working at LGMC showed him that liking what you do is the most important thing. “Having a total stranger confide in you and come back to hug you because of something you’ve done for them, it just makes it so worthwhile. My belief is that we were all put on this earth to serve, and working in a job like this gives you the opportunity to serve every day.”

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Barrett’s Esophagus is no joke™!
If you have chronic heartburn or know you have Barrett’s, talk to your doctor!
– Dick Smothers, Comedian, Author, Musician, Actor… and actual Barrett’s Esophagus patient

Barrett’s Esophagus (B.E.) is a pre-cancerous condition affecting the lining of your esophagus, the swallowing tube that carries foods and liquids from your mouth to your stomach. It’s brought on by prolonged acid reflux.

If you take medications for heartburn symptoms, you may not be aware that damage to your esophagus is still happening, placing you at risk for developing B.E.

Pay attention. If you or a loved one suffer from chronic heartburn or know you have B.E., speak with the healthcare professionals at Lafayette General Endoscopy Center.

Call Lafayette General Endoscopy Center to arrange a consultation and screening exam to determine if you are at risk for Barrett’s Esophagus.
Dignitaries, hospital administrators, physicians and board members are pictured at the unveiling of the new University Hospital & Clinics sign at the corner of Congress St. and Bertrand Dr. Nearly 100 people attended the event held June 24 celebrating the new name and management.
Summer saw an evolution in the phase of construction underway on the ED/OR expansion project, as five levels of post-tension concrete pours were wrapped up. As the concrete work came to a close, interior and exterior walls began going up.

In late July, the building envelope, or exterior, began being constructed on the west side of the second level, wrapping southward. This exterior included the installation of a concrete masonry fire-resistant wall, which will eventually receive stucco.

By early August, temporary floor supports (the distinct yellow beams) began being removed in preparation of structural steelwork to begin. Structural steel is what supports the ceiling, mechanical services, booms, lights, etc. on the interior of the building. The deep foundation and groundwork preparation for the parking garage was also completed.

By late August, the pre-cast parking garage assembly was underway. “We anticipate completion of the garage in spring ’14,” says Marie Lukaszeski, project manager. The steel structure housing the new trauma tower elevator shaft is also expected to be in place by the end of October.

“With the structure of the parking garage put together, people can visualize the full impact of the new garage in place.”

— Marie Lukaszeski, project manager
The partnerships of Lafayette General Health comprise Acadiana’s largest health system. This regional network helps deliver excellence in care across South Louisiana, and is still growing!