Clostridium difficile infection (CDI) has emerged as the most common health care-associated infection in the U.S. In addition to hospitals, the disease is increasingly common in nursing homes and the surrounding community. In 2011, the Centers for Disease Control and Prevention (CDC) found that CDI was responsible for nearly half a million infections, associated with approximately 29,000 deaths, and responsible for an estimated $4.8 billion in excess health care costs.

Clostridium difficile is an opportunistic bacteria that colonizes the human intestinal tract after the normal gut microbiome has been altered, commonly by antibiotic therapy. Specific medications aimed at C. difficile are generally effective for CDI treatment. However, up to 25 percent of patients experience recurrence within 30 days. Aside from vigilant hand hygiene and more conservative antibiotic prescribing practices, there are few options to prevent recurrences of CDI.

Recently, fecal microbiota transplantation has emerged as an important option for CDI management. In November 2017, I joined 10 other sites in the U.S. that are conducting a phase 3, randomized, double-blinded clinical trial evaluating an investigational microbiota enema for the prevention of recurrent CDI. The investigational enema is comprised of live, broad-spectrum, microbial consortium with spore and non-spore forming microbes.
The purpose of the study is to evaluate the effectiveness of the treatment for recurrent CDI, its impact on adverse events in patients with CDI, and to evaluate patient quality of life scores after CDI.

Who is eligible for the study?
- Adults 18 years or older.
- Patients who have had at least three episodes of CDI-associated diarrhea and completed at least two rounds of standard-of-care oral antibiotic therapy, or have had at least two episodes of severe CDI resulting in hospitalization within the last year.
- A positive stool test for the presence of CDI within 30 days prior to enrollment.
- Currently taking antibiotics to control CDI-related diarrhea.

How to Enroll
If you have patients who may be good candidates for this study, they can contact the study coordinator, Gary Brown at 206.860.4761, gary.brown@polyclinic.com. Outpatient total joint replacement or spine surgery gives patients an option to avoid a hospital stay, which can reduce the risk of complications, including infection. The cost of these surgeries can often be much lower in an outpatient surgery center such as FHSC compared to an inpatient procedure at a hospital.

"Orthopedic surgery has advanced significantly over the past few decades," said Christopher Cannon, MD, an orthopedic surgeon at The Polyclinic involved in creating the FHSC total joint program. “We now have the technology and tools to give suitable patients the option to recover at home with a family member or friend instead of in a hospital.

For reasonably healthy, active patients this is an excellent option to get them back to their day-to-day activities even sooner.”

"Many spine cases – from laminectomy/discectomy to one-level fusion of cervical spine and lumbar spine – can safely and efficiently be performed in a well-equipped ambulatory surgery center such as FHSC," shared Sean Keem, MD, a spine surgeon at The Polyclinic. "Outpatient spine surgery is a great alternative option for patients with surgical spinal pathologies who are otherwise healthy and wish to recover at home.

"This is an important milestone for FHSC," said Michael McClain, FHSC executive director. "FHSC was designed and built to support complex ASC cases like spine surgery and total joint replacement. It’s an excellent option for appropriate patients, and we look forward to adding more joint replacement and spine cases in 2018."

For more information on First Hill Surgery Center, visit firsthillsurgerycenter.com.

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First Hill Surgery Center Adds Total Joint Replacements, Spine Surgery

First Hill Surgery Center (FHSC) recently added total hip and total knee replacement surgery, as well as spine surgery, to its list of procedures performed in an outpatient setting. At FHSC’s state-of-the-art facility, medically appropriate patients can now have a total knee or hip replacement or spine surgery and be discharged to recover in their own home with a caregiver within hours of surgery.

Outpatient total joint replacement or spine surgery gives patients an option to avoid a hospital stay, which can reduce the risk of complications, including infection. The cost of these surgeries can often be much lower in an outpatient surgery center such as FHSC compared to an inpatient procedure at a hospital.

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New LipiFlow Treatment for Dry Eye
by Jasmin Dhesi, OD

The majority of dry eyes—86 percent—are caused by Meibomian Gland Dysfunction (MGD). MGD reduces the lipid production in tear film and causes tears to evaporate too quickly. Our optometrists or ophthalmic technicians can perform testing as well as imaging studies to evaluate meibomian gland function and determine if a patient has mild dry eye syndrome or MGD.

To treat patients with MGD, The Polyclinic Ophthalmology recently added LipiFlow, the only FDA-approved treatment for dry eyes caused by MGD. It’s a 20-minute, in-office procedure that uses gentle pressure and heat to the eyelids to open and clear the meibomian glands, restoring a consistent, evenly distributed tear film on the eye surface.

Patients typically have improved gland function for 12 to 36 months after one LipiFlow treatment. If you have patients who are experiencing dry eye symptoms, please contact our office at 206.860.4550 to schedule an evaluation.