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WINTER 2018

NEW SPECIALTY PROVIDERS



Cheryl Hahn, ARNP | Podiatry
Locations: The Polyclinic Madison Center, The Polyclinic Ballard, The Polyclinic Northgate Plaza
Phone: 206.860.4457
Certification: Advanced Registered Nurse Practitioner with Certification in Wound, Ostomy, Continence & Foot Care



Sarah Sung, MD | Dermatology
Locations: The Polyclinic Madison Center, The Polyclinic Downtown
Phone: 206.860.4691
Certification: American Board of Dermatology



Jane Park, MD | Rheumatology
Locations: The Polyclinic Northgate Plaza, The Polyclinic Madison Center
Phone: 206.860.5580
Certification: American Board of Internal Medicine; Subspecialty Board of Rheumatology; American College of Rheumatology Musculoskeletal Ultrasound; Certified Clinical Densitometrist



Cindy Wei, MD | Plastic Surgery
Locations: The Polyclinic Plastic Surgery at Nordstrom Tower, The Polyclinic Northgate Plaza
Phone: 206.860.4599
Certification: American Board of Plastic Surgery



Daniel Schwartz, MD | Orthopedic Surgery - Shoulder and Elbow Surgery
Location: The Polyclinic Madison Center, The Polyclinic Northgate Plaza
Phone: 206.860.5578
Certification: American Board of Orthopedic Surgery

C. Difficile Research Study Enrolling Patients

By T. Tony Trinh, MD, MPH | Infectious Disease

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.

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continued...

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.



Dr. Trinh is located at The Polyclinic Madison Center and can be reached at **206.860.4447**.

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.

"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."

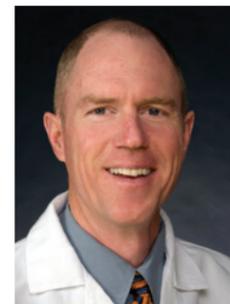
"Many spine cases – from laminectomy/discectomy to one-level fusion of cervical spine and lumbar spine – can safely and efficiently be performed in a well-equipped ambulatory surgery center such as FHSC," shared Sean Keem, MD, a spine surgeon at The Polyclinic. "Outpatient spine surgery is a great alternative 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.



Dr. Sean Keem is located at The Polyclinic Madison Center and can be reached at **206.860.5383**.



Dr. Christopher Cannon is located at The Polyclinic Madison Center and can be reached at **206.860.4704**.

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.