

COLLEAGUES CONNECT



SPRING 2019

NEW SPECIALTY PROVIDERS



Patricia Agudelo, MD, FACOG
Obstetrics & Gynecology

Location: The Polyclinic Madison Center

Phone: 206.860.4541

Board Certification: American Board of Obstetrics & Gynecology



C. Andrew Sales, MD
Neurology/Otoneurology

Location: The Polyclinic Madison Center

Phone: 206.860.4542

Board Certification: American Board of Psychiatry and Neurology



Edward J. Chesnutis III, DPM
Podiatry

Location: The Polyclinic Madison Center

Phone: 206.860.4457

Board Certification: American Board of Foot and Ankle Surgery



Shea Schrater, ARNP
Obstetrics & Gynecology

Location: The Polyclinic Madison Center

Phone: 206.860.4541

Board Certification: American Academy of Nurse Practitioners



Katrina Spaunhurst, MD
Dermatology

Location: The Polyclinic Downtown

Phone: 206.860.4691

Board Certification: American Board of Dermatology

Novel Approaches for Treating Limb Ischemia

By Carlos Pineda, MD | Vascular Surgeon

Peripheral arterial disease (PAD) affects millions of Americans each year. PAD represents a spectrum that ranges from asymptomatic disease, to intermittent claudication, to its most severe form – chronic limb-threatening ischemia. The latter is particularly prevalent among our most infirm patients, those with diabetes mellitus and those with chronic kidney disease. Fortunately, our ability to diagnose PAD continues to improve with more widespread use of non-invasive vascular studies and early referral to vascular specialists.

Comprehensive Vascular Services

In the Vascular Surgery department at The Polyclinic Broadway, we have wide-ranging vascular capabilities including the ability to diagnose these conditions in our vascular lab, evaluate patients in our vascular surgery clinic offices, and treat them in our Vascular Interventional Radiology suite.

Our typical approach starts with reviewing the history and evaluating the patient with non-invasive ultrasound studies to determine the degree and extent of disease.

This helps us assess the impact of our interventions and long-term surveillance. Once our evaluation is complete, we develop a formal plan for revascularization.

Fully Equipped IR Suite

Within our Interventional Radiology suite, we can manage patients with limb ischemia. In addition to having basic angiographic equipment (C-arm with fluoroscopy capability, wires, catheters, balloons, stents, and atherectomy devices), we also have access to specialized equipment that allows us to perform vascular procedures through alternative sites, use less radiation, minimize contrast use, and precisely measure vessels to tailor treatment to the unique anatomy of the patient.

When alternative access is preferred, we have performed angiographic procedures through the radial artery at the wrist or through the tibial arteries at the ankle or foot. This helps us avoid the complications associated with groin access. It also reduces patient recovery time to an

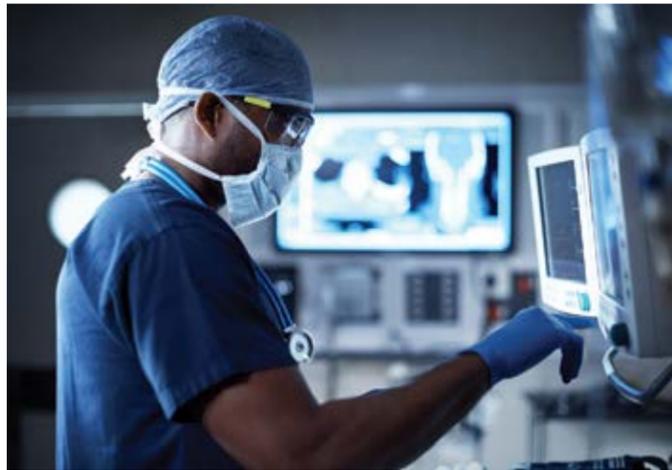
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hour versus requiring the patient to lay flat for two to four hours when conventional access is used. In addition, we may use alternative access when we are unable to cross a blockage from above, as certain types of plaque are more amenable to crossing from below.

Intravascular Ultrasound

In many cases, we also perform intravascular ultrasound. This has been a great advantage in confirming that our wire is in the true lumen of the vessel (which can be difficult to determine when crossing blockages). It also allows precise vessel measurements, which are crucial when selecting the size of the balloon or stent to use. This method ensures we are not undertreating an artery or damaging it. Another distinct advantage of using ultrasound is the ability to gather more information without exposing the patient to more radiation or iodinated contrast. For comparison, a typical CT angiogram of the abdomen and pelvis uses about 120mL of contrast. In our IR suite, we have performed arterial revascularizations with 20-40mL.



Benefits to Outpatient Treatment

By performing these procedures in the clinic and keeping our patients out of the hospital, we offer some important benefits including containing the cost of healthcare delivery and increasing overall patient satisfaction. In this outpatient setting, our patients can check in at a reasonable time and receive personalized care from our well-coordinated team—all within a single department.

Our experienced nurses keep our patients at ease and this often minimizes the amount of medications they need. All of this results in being able to perform highly complex arterial revascularizations in a safe and comfortable environment.



Dr. Carlos Pineda, and his colleague Dr. Daiva Nevidomskyte, practice vascular surgery at The Polyclinic Broadway and see patients at the Edmonds Medical Pavilion. They can be reached at **206.860.5581**.

Ultrasound in Sports Medicine

By Ryan Hudson, MD | Sports Medicine Physician

In Sports Medicine, many injuries and conditions involve damage to the soft tissues of the musculoskeletal system. As a result, ultrasound (US) is quickly becoming an invaluable tool in the clinic due to its ability to quickly evaluate muscles, ligaments, tendons and nerves for structural tears or overuse tissue abnormalities. A few common examples include the overuse tendon condition of tendinopathy (Tennis Elbow, Golfers Elbow, Jumper's Knee, etc.), rotator cuff tears, cystic masses (such as baker's or ganglion cysts), ligament tears, and peripheral nerve compressions.

US Versus MRI

US compares well to MRI in the ability to accurately diagnose many soft tissue conditions. Its use in the clinic can sometimes save patients the hassle and expense of scheduling an MRI and the point of care information US provides often helps in developing a treatment plan.

Interestingly, management of peripheral neuropathies is another area where US can be helpful. US is increasingly being used in clinic to diagnose and treat peripheral neuropathies that may be a result of blunt trauma, instability, compression, or stretch injuries to the nerves that can occur with exercise or activities.

It is important to note that US has limitations in evaluating most bone-related pathology. US provides very limited diagnostic information beneath osseous surfaces. Consequently, it's an inferior imaging modality for most fractures, intra-osseous pathology or pathology obscured by bone such as the cruciate ligaments in the knee or labral tears in the shoulders/hips.

US as a Guidance Tool

In addition to its diagnostic applications, US is used to help improve many procedures by increasing their safety and often increasing their effectiveness. Ultrasound guidance is frequently used to facilitate aspirations, diagnostic and therapeutic injections of joints and tendon sheaths, tenotomies, and nerve hydrodissections.

Tenex Procedure Treats Scar Tissue

One unique intervention worth mentioning that utilizes US is Tenex. The Tenex procedure is used to treat tendinopathies and is typically done in the office setting under local anesthesia. Diagnostic US is used to guide a special needle to very specific, abnormal regions of painful tendons to debride scar tissue thereby facilitating tendon healing. This procedure is covered by insurance and is commonly used to treat conditions such as lateral and medial epicondylitis, patellar tendinosis, Achilles tendinosis and plantar fasciitis. Tenex is minimally invasive and has short recovery times of often less than six weeks. This makes it a very attractive non-operative option for patients struggling with various chronic tendinopathies.



Dr. Hudson, and his colleague Dr. Jeremy Johnson, practice sports medicine at The Polyclinic Madison Center. Dr. Hudson also sees patients at The Polyclinic Northgate Plaza. He can be reached at **206.860.5584**.



The Polyclinic has one of the largest dermatology practices in the region. Our dermatologists are available to see your patients at four Polyclinic locations.

These common conditions may warrant a referral to a Polyclinic dermatologist:

- Acne
- Skin growths
- Cysts
- Inflammatory dermatoses
- Occupation-related dermatoses
- Pre-cancerous skin lesions and skin cancers
- Psoriasis
- Skin signs of systemic disease
- Soft tissue and mucosal pathology
- Warts

**We welcome your referrals
at 206.860.5571.**