A New Technique
Anterior Approach to Total Hip Replacement Brings Improved Results

Saving Lives With Screenings
Closing Chronic Wounds
Dear Friends,

In the changing landscape of medicine, accountable care organizations, otherwise known as ACOs, are leading the charge as the entire country seeks to move toward a better healthcare system. PinnacleHealth is known as a community leader in providing innovative, exceptional care and as a system designed to remain at the forefront of anticipating the growing needs of its population.

Our physicians, leadership teams and financial experts are poised to successfully transition our patients through this time. Today, the nation’s healthcare system focuses on caring for the sick and rewarding healthcare providers for their individual services. As it stands, this method contributes to inefficiency, waste, poor care coordination, miscommunication and, at times, unsatisfactory patient outcomes.

Designed to transform healthcare and address these concerns all at once, ACOs are widely viewed as a possible solution. Under an ACO model, hospitals, nursing homes and physicians’ offices will no longer be rewarded for the volume of care provided or number of patients seen. They will instead be paid based upon their ability to slow the progression of chronic illnesses as well as provide preventive and comprehensive, coordinated care to keep people healthy. After all, our goal as a health system is to promote and restore an individual’s overall health and well-being.

When we are able to deliver the right care—in the right setting, at the right time and by the right provider—patients benefit and overall costs are reduced. PinnacleHealth currently has quality-based care arrangements in place with Capital BlueCross and Highmark, covering more than 60,000 lives. PinnacleHealth will continue to seek partners providing similarly high levels of expertise so that the care our patients receive is of the utmost quality and greatest efficiency. We promise to see our community through the upcoming healthcare changes and remain its health and wellness partner well into the future.

Sincerely,

George Beauregard, DO
Senior Vice President and Chief Clinical Officer, PinnacleHealth
Low-dose computed tomography (CT) lung scans are designed to identify tumors and pulmonary nodules that may be precancerous. The test takes less than a minute and uses minimal amounts of radiation to capture 3-D images of the lungs.

“Once lung cancer spreads to other organs, less than 10 percent of patients survive for five years,” says thoracic surgeon Troy Moritz, DO, FACOS, surgical director of the Pulmonary Nodule Clinic and director of the Lung Cancer Screening Program at PinnacleHealth. “If we find it before it spreads, the survival rate rises to greater than 60 percent. Yet only 15 percent of lung cancer cases are found in this early stage. Early detection with screening can change that.”

At PinnacleHealth, lung cancer screening is just part of a larger program that includes a pulmonary nodule clinic, a smoking cessation program and specialized cancer care.

VISIT PINNACLEHEALTH.ORG/LUNGSCREENING TO LEARN MORE ABOUT THE LUNG CANCER SCREENING PROGRAM AT PINNACLEHEALTH.

WHO NEEDS SCREENING?
The PinnacleHealth Lung Cancer Screening Program recommends screenings for current smokers ages 55 to 79 who have smoked the equivalent of one pack a day for 30 years, and for former smokers who fit the criteria and quit fewer than 15 years ago. These guidelines were developed according to the recommendations of the National Comprehensive Cancer Network (NCCN). Thoracic surgeon Troy Moritz, DO, FACOS, surgical director of the Pulmonary Nodule Clinic and director of the Lung Cancer Screening Program at PinnacleHealth, and his team also take other factors into consideration, including family history, exposure to contaminants and the presence of chronic obstructive pulmonary disease.

VISIT PINNACLEHEALTH.ORG/LUNGSCREENING TO LEARN MORE ABOUT THE LUNG CANCER SCREENING PROGRAM AT PINNACLEHEALTH.

Bye-Bye, Barrett’s Esophagus

PinnacleHealth now offers a new procedure to treat Barrett’s esophagus, a condition of the digestive system that can lead to cancer.

Over time, certain individuals with chronic gastroesophageal reflux disease (GERD)—persistent heartburn that damages the esophagus, the tube that carries food to the stomach—can experience cellular changes that cause their esophageal tissue to become more like tissue found in the intestinal lining. Called Barrett’s esophagus, this abnormal alteration is dangerous because it increases the risk of developing esophageal cancer.

Treatment options were once limited when it came to Barrett’s esophagus, but now new technology offers more options.

“In the past, we had to follow patients closely and monitor them for cancer; if they developed cancer, they were much more difficult to treat,” says Joseph Esposito, MD, FACS, general surgeon at PinnacleHealth Surgical Associates. “Now, we can perform radiofrequency [RF] ablation, a minimally invasive technique that uses a special device to apply RF energy—heat—to the lining of the esophagus, destroying the abnormal tissue. In certain cases, we also use the procedure as part of a two-pronged approach to treat altered tissue and prevent more acid reflux damage from occurring.”

In addition to providing a medical approach to treating GERD, the use of this new technology can help prevent esophageal cancer in at-risk patients.

TO LEARN MORE ABOUT BARRETT’S ESOPHAGUS AND ITS TREATMENT, VISIT PINNACLEHEALTH.ORG/RFA.
TO FIND A PHYSICIAN AT PINNACLEHEALTH, VISIT PINNACLEHEALTH.ORG/FIND-A-DOCTOR.ASPX.
What a Difference a New Approach Makes

For PinnacleHealth’s highly skilled orthopedic surgeons, a less-invasive anterior approach to total hip replacement has proven to be a big step forward for patients.

AM I A GOOD CANDIDATE?

The decision to undergo total hip replacement can be a difficult one. PinnacleHealth’s orthopedic experts work with each patient to determine which surgical approach is best for his or her needs.

“For a person with normal hip anatomy whose joints have been destroyed by trauma or arthritis, the anterior approach to hip replacement works best,” explains Scott King, DO, orthopedic surgeon at PinnacleHealth. “It also helps for patients to be at a healthy, normal weight due to body positioning during surgery and the use of a special operating table.”

Unlike the traditional posterior approach in which surgeons approach the hip joint through an incision on the buttocks, an anterior approach uses small entry points at the front of the hip. From this perspective, surgeons have better access to the joint by separating muscles rather than cutting, causing less damage and trauma to the surrounding area.

“Selecting the right candidate for anterior hip replacement helps ensure a more successful surgery and results in a quicker recovery for the patient,” Dr. King says. “While there are complications and risks associated with any joint replacement, getting off to a good start by choosing the right approach can make all the difference.”

Living with persistent, severe pain or stiffness caused by degenerative conditions such as arthritis or a traumatic injury can greatly impact a person’s mobility and quality of life. According to the Centers for Disease Control and Prevention, each year more than 300,000 Americans undergo total hip replacement, also known as total hip arthroplasty, to address these issues.

A regional leader in total joint replacement, PinnacleHealth helps patients regain their active lifestyles by restoring range of motion and function using a muscle-sparing procedure—the most minimally invasive of all surgical hip approaches—that allows the surgeon to reach the hip joint from the front of the torso.

“During direct anterior approach hip replacement, I replace the hip joint without detaching the muscles from the pelvis or femur, which are vitally important for proper hip function,” says Scott King, DO, orthopedic surgeon at PinnacleHealth. “Working through small incisions, I am able to operate between the natural muscle and nerve planes, leaving the area relatively undisturbed. When muscles are not cut, they heal faster, and the area is more stable.”

POSITIONED FOR EXCELLENCE

Using state-of-the-art instruments and the hana® table, a customized orthopedic operating table designed to enable precise placement of the leg during surgery, helps ensure a direct path to the hip socket.

“Hip replacements are not just for elderly people. More and more young people who are lifelong athletes are facing surgery because of extreme wear and tear on the hip. The anterior approach to hip replacement offers younger patients a speedier recovery with less downtime. If you are living with hip pain or are experiencing pain while playing a sport, it may be time to talk with an orthopedic specialist about your condition and the treatment options available.” —Scott King, DO, orthopedic surgeon at PinnacleHealth
“For most patients, the anterior approach to hip replacement is an answered prayer. The hip is one of the largest joints in the body and can be the source of tremendous pain when injured. A new hip joint can offer a person many years of stability and mobility without the discomfort.” —Scott King, DO, orthopedic surgeon at PinnacleHealth

“Positioning is the key during an anterior approach, and the hana table has helped simplify the procedure,” Dr. King says. “With a patient lying on his or her back, I can move the operated leg into various positions during surgery. Real-time X-ray guidance also allows for more accuracy in the placement of components and measuring leg lengths.”

BACK TO LIFE

According to Dr. King, one of the greatest benefits of anterior approach hip replacement is that patients are typically standing again on the day of surgery and walking the following day with limited postoperative discomfort or pain. Patients generally are released to go home within two to four days with few to no restrictions.

“The hip joint is immediately stabilized because the muscles remain attached and healthy during surgery,” Dr. King says. “There is little risk of dislocation and, depending on a patient’s health, recovery time is substantially reduced. It is great to see patients up and going with little to no pain in the days and weeks following surgery.”

DON’T LET CHRONIC HIP PAIN ROB YOU OF LIVING A HEALTHY, VIBRANT LIFE. THE PINNACLEHEALTH BONE AND JOINT INSTITUTE OFFERS EXCEPTIONAL ORTHOPEDIC CARE, PAIN MANAGEMENT, SURGICAL PROCEDURES AND REHABILITATION FOR PATIENTS OF ALL AGES. FOR MORE INFORMATION, CALL (717) 231-8900 OR VISIT PINNACLEHEALTH.ORG AND CLICK ON “SERVICES & CONDITIONS.”
Wound care physicians at PinnacleHealth have a wide array of resources and techniques available to encourage wound closure. For example, an ultrasonic debrider removes dead tissue and reduces the amount of bacteria in a wound, and hyperbaric oxygen therapy promotes healing by increasing the oxygenation in the blood.

But these techniques address only the wound itself. The most important factor in effectively closing chronic wounds is treating the underlying hindrances to healing. To do this, PinnacleHealth’s wound care physicians regularly collaborate with the team of vascular interventional cardiologists at the PinnacleHealth CardioVascular Institute.

A CHALLENGING CONDITION

While a number of disease processes can cause wounds not to heal, diabetes is a frequent culprit for causing and perpetuating nonhealing ulcers because it affects circulation to the extremities. Patients with diabetes tend to present regular challenges because their wounds can quickly worsen, notes John Paul Rogers, MD, medical director of PinnacleHealth Wound Centers.

“These patients face a number of issues,” Dr. Rogers says. “Typically, we see compromised vascular supplies to their wounds. Some of these patients have lost sensation in their feet, and they walk on areas that have open wounds or callouses that lead to wounds. They’re unaware of the potential damage being done because they can’t feel the pain.”

RESTORING BLOOD FLOW

Ankle brachial index (ABI) tests that measure patients’ resting arm and ankle blood pressures and duplex ultrasound tests that scan for specific blockages within arteries can illuminate the presence of arterial diseases, such as peripheral artery disease (PAD). PAD commonly arises in patients with advanced age, diabetes or a history of tobacco use. When these studies reveal PAD, Dr. Rogers regularly refers patients to the vascular specialists at the PinnacleHealth CardioVascular Institute (PHCVI).

“When we have a patient with a nonhealing wound and signs of severe PAD, we can offer him or her a procedure to open the blockages that are prohibiting healing in the legs,” explains William Bachinsky, MD, FACC, FSCAI, medical director of vascular services at PCHVI.

To address these blockages, physicians can use angioplasty and stenting to widen obstructed or narrowed arteries. In some patients, a special procedure called atherectomy is used to remove the blockages with lasers or cutting devices.

Excessive swelling in the legs due to a problem in the veins can sometimes cause ulcers. Vascular specialists at PHCVI also evaluate patients with suspected venous disease for venous reflux—a condition in which weakened veins do not close after blood returns to the heart, allowing blood to flow backward and pool in the extremities. Ablation techniques utilize an energy source—often laser or radiofrequency—to close the diseased vein, alleviating the burden placed on other veins to carry blood to the heart and restoring venous sufficiency.

COMPLETE CARE

Post-procedural follow-up is critical to effectively healing chronic wounds. Dr. Bachinsky’s team communicates with Dr. Rogers’ team to share information about the methods used to treat a patient, then both teams follow up with patients to ensure the best outcomes.

“We have a large number of vascular specialists integrated into the same health system, giving us the ability to provide patient-specific care,” Dr. Bachinsky says. “We coordinate patient care among our providers and ensure patients aren’t lost in the system. We’re all part of the same team with the common goal of healing.”

If a wound doesn’t close after a month, it’s likely a simple bandage isn’t going to solve the problem.

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PinnacleHealth is currently participating in the ILLUMINATE Pivotal trial, which is testing a unique new drug-coated angioplasty balloon used to treat blocked leg arteries. To learn more about this leading-edge technology, visit pinnaclehealth.org/illuminate.

PinnacleHealth’s East and West Shore wound care centers have been accredited by the Undersea and Hyperbaric Medical Society. They are the fifth and sixth wound care centers in Pennsylvania to receive this recognition.
**3-D mammography is now available at the Medical Sciences Pavilion and PinnacleHealth Tristan Radiology Specialists in Camp Hill.**

**Also known as** breast tomosynthesis, 3-D mammography is the latest tool used to detect the earliest stages of breast cancer. Rather than taking just one picture of the entire breast as is done in a traditional mammogram, with 3-D mammography, pictures of the breast are taken from different angles during the routine compression and reconstructed into thin slices to create a clearer representation of the breast. This allows physicians to identify problem areas with more certainty than with a 2-D mammogram.

“Women who are at high risk or have a family history of breast cancer may want to use breast tomosynthesis as a way to enhance their breast surveillance,” says Margaret Hummel, CRNP at PinnacleHealth. “3-D mammography is also a better way to look through breast tissue that is especially dense.”

PinnacleHealth Tristan Radiology Specialists in Camp Hill is the second PinnacleHealth facility to offer this lifesaving service. Women’s Imaging at the Medical Sciences Pavilion also offers breast tomosynthesis.

“I am very proud to be associated with PinnacleHealth. We update our technology to benefit our patients and help diagnose breast cancer in the earliest stages,” Margaret says. “We want to strongly encourage women 40 and older to get their yearly mammogram.”

**Advanced Imaging, Better Detection**

**Living Donors, Improved Results**

Partner with the Living Donor Program at PinnacleHealth to give someone in need the gift of a new kidney.

◆ For those experiencing renal failure, kidney transplants offer an alternative to a lifetime of dialysis. The Living Donor Program pairs healthy kidney donors with recipients in renal failure.

Both recipients and donors can live healthy, fulfilling lives with only one kidney. The donation of a kidney from a living donor presents many benefits for the recipient, including elimination of time spent on a national waiting list and significantly better long-term survival rates than those of recipients of kidneys from deceased donors.

“We also know living donor kidneys will last a lot longer than deceased donor kidneys,” says Jeri Goldman, RN, CCTC, Living Donor Program coordinator at PinnacleHealth.

The Transplant Program at PinnacleHealth offers exceptional care for both recipients and donors, with more than 92 percent of patients willing to recommend PinnacleHealth’s transplant clinic to family members and friends.

To determine eligibility, those interested in donating a kidney must go through a series of tests, screenings and training sessions that can take up to three months.

“This is an amazing gift that not everyone can give,” Jeri says. “We take very good care of our patients in regard to information and education in order for them to make an informed decision.”

TO LEARN MORE ABOUT TRANSPLANT SERVICES AT PINNACLEHEALTH, VISIT PINNACLEHEALTH.ORG/TRANSPLANT OR CALL (877) 778-6110.

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