



SUBACUTE TRAUMA CENTER

Advanced Diagnostics Healthcare System

*The Most Efficient Path To
Maximum Medical Improvement™*



High-Risk Surgery Program

Managing comorbidities in trauma patients



Addressing Surgery in the High-Risk Patient



It is imperative that high-risk patients' surgeries occur in an acute care hospital capable of addressing potential complications and achieving medical stability.

Acute trauma is the #1 cause of morbidity for individuals under the age of 46, and the 4th-leading cause of morbidity for all ages. Patients who have sustained life-threatening injuries often require substantial reconstructive surgery even after stabilization and discharge from the trauma center.

COMORBIDITIES IN THE TRAUMA PATIENT

Further complicating matters, are a subset of trauma patients with serious preexisting conditions known as comorbidities. A comorbidity is defined as having multiple medical conditions at the same time which impact each other even though their causes are unrelated. Comorbidities can increase a patient's risk of undergoing surgery and general anesthesia. Acute trauma places stress on the patient's vital organs, and performing surgeries on a recovering injured patient with comorbidities can result in further complications and even death. Comorbidities that cannot be managed or corrected often result in patients forgoing definitive corrective surgeries for less risky temporizing treatments.

Common comorbidities include hypertension, diabetes, thyroid, heart disease, obesity, blood disorders and pulmonary disease. The most common complications result from cardiac failure, respiratory failure and infection.

Comorbidities are identified through bloodwork, diagnostic testing, physical examination and the patient's medical history. The patient's age along with risk factors, such as smoking and obesity, contribute to the patient's risk profile. Patients are considered "high risk" if there are comorbidities which significantly increase the chances of complication or death during surgery. A risk of >5% is considered high risk for any patient for the required procedure.

It is imperative that high-risk patients' surgeries occur in an acute care hospital capable of addressing potential complications. Proper anesthesia, diagnostics, nursing, intensive care unit (ICU) and a multi-specialty team of physicians and surgeons are essential. Comorbidities must be controlled and stabilized prior to surgery. Preoperative management of comorbidities in an outpatient setting is attempted, but the added stress of the patient's posttraumatic state can prevent preexisting conditions from being successfully controlled.

Advanced Diagnostics Healthcare System High-Risk Surgery Program

To address the needs of this critical patient population, Advanced Diagnostics Healthcare System (ADHS) has developed the innovative High-Risk Surgery Program. The goal is simple: help patients receive reconstructive surgery safely and expediently. Often patients are faced with the difficult decision of living without surgery or “taking the risk.” In this program, our elite team of specialists treats comorbidities until the patient is deemed safe for surgery. Our team includes cardiologists, pulmonologists, critical care, endocrinologists, infectious disease, nephrologists, hematologists and more. The ADHS program consists of three parts:

PREOPERATIVE

Prior to surgery the goal is stabilizing comorbidities to mitigate risks associated with surgery. A multi-specialty team of physicians addresses each medical condition requiring stabilization. Preoperative stabilization begins on an outpatient basis and can progress to in-patient if more aggressive care is required. In this scenario, the patient is admitted several days prior to surgery and more aggressive techniques are utilized. This can include the use of IV drugs or blood transfusion with 24/7 cardiac monitoring.

PERIOPERATIVE

The anesthesiologists and critical care team closely monitor the patient during and after surgery. The patient is admitted to the intensive care unit after surgery until the critical care team determines the patient can be moved to a regular hospital bed. In the ICU the patient is monitored 24/7 under the care of the critical care team led by the critical care physician.

POSTOPERATIVE

Once discharged from the ICU, the patient is monitored in a regular hospital bed until they can safely recover at home. The length of hospitalization depends on many factors including the patient’s risk profile, propensity for compliance and social factors such as family support. Remote patient monitoring allows the medical team to monitor vitals, blood sugar, heart rhythm and other key indicators. If home health is required, caretakers and nurses visit the patient at home plus Telemedicine visits are utilized.

THE ULTIMATE GOAL: MAXIMUM MEDICAL IMPROVEMENT

Maximum Medical Improvement, or MMI, is the measurement of a trauma patient’s most advanced recovery possible. MMI is directly related to the speed and efficiency of patient care. Comorbidities can create obstacles and detrimental delays to recovery. ADHS’s High-Risk Surgery program helps patients address comorbidities through a coordinated care methodology so they can achieve their MMI.



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FOR MORE INFORMATION

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AN ADVANCED APPROACH TO CARE

Advanced Diagnostics Healthcare System (ADHS) is an independent, physician-led network of hospitals, clinics and diagnostic centers. We take an advanced approach to care — offering both high touch hospitality and high tech diagnostics and treatment. This approach includes providing the best possible patient experience, which is why we don't conduct student teaching at our hospitals. Additionally, we strive to make care convenient. We are in network with most insurance plans and accept Medicare and worker's comp. At ADHS expect high touch, high tech care that is centered on you.



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