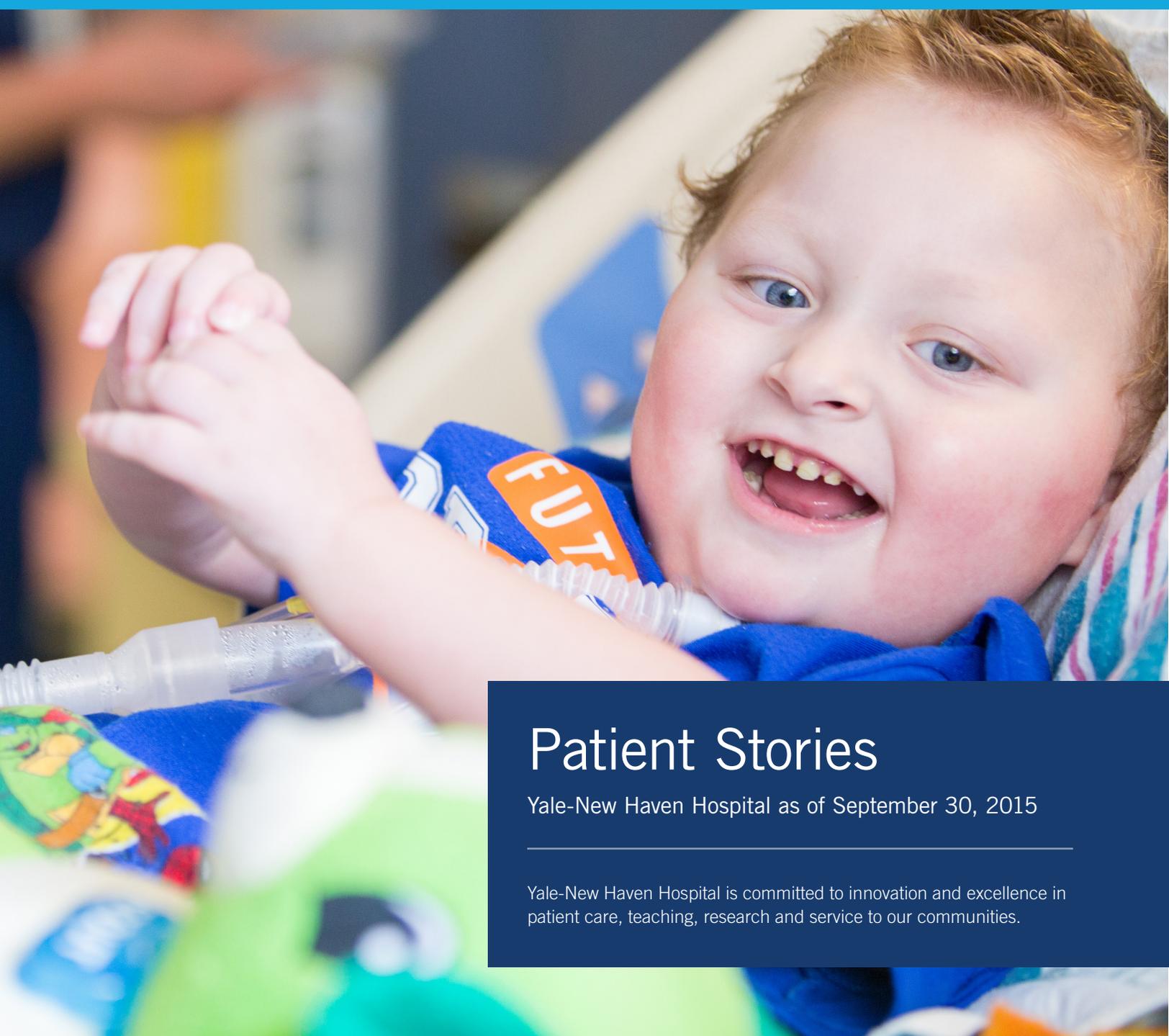




YALE-NEW HAVEN HOSPITAL

2015 Annual Report



Patient Stories

Yale-New Haven Hospital as of September 30, 2015

Yale-New Haven Hospital is committed to innovation and excellence in patient care, teaching, research and service to our communities.



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Meet the Ref

Bill Vinovich isn't a man easily brought down. He's a referee for the NFL. That takes extraordinary fitness, great passion and a strong will.

A CPA by day, Bill began his NFL career in 2001 as a side judge and was promoted to referee in 2004. One day in the spring of 2007, as he was working out on the bench press at his California home, Bill was stricken by excruciating pain. "It felt like double knives in the back," he said.

At first, Bill believed he was having intense back spasms. At the hospital, a CAT scan revealed a shocking diagnosis -- an aortic aneurysm had caused a dissection of his descending aorta.

The doctors explained that the condition was very serious and inoperable. As he recovered, the NFL, concerned about his health, would not clear him to return to the field as a referee. But Bill was determined to get back on the field. After four seasons of spending game days in the press box reviewing challenges as part of the NFL's replay team, Bill sought the help of Yale-New Haven Hospital's Aortic Institute.

The Aortic Institute at Yale-New Haven Hospital is a multidisciplinary specialty center dedicated to the care of patients with medical and surgical conditions that affect the aorta.

Upon examining the ref, John Eleftheriades, MD, director of the Institute, discovered that Bill's ascending aorta also showed signs of the same condition that had caused the rupture in his descending aorta.

"Bill had suffered this dissection, and when he came to see me four years later, I knew from experience that the dissected portion was probably healed and unlikely to rupture. But the ascending aorta was very thin and dilated - I was more worried about that part," explained Dr. Eleftheriades.

"When the descending aorta dissects, 90 percent of the time you survive. When the ascending aorta dissects, it's lethal."



After being diagnosed with a life-threatening heart condition, Bill was sidelined from refereeing NFL games.



Less than a year after his surgery, Bill got the approval to return to the football field.

Meet the Ref

Saving Bill's career, and potentially his life, required complex surgery. In June 2011, Dr. Elefteriades and his team operated on Bill to remove the bad part of the aorta, and replace it with a graft.

Bill's aneurysm also extended into the aortic arch, which contains the arteries to the brain and arms. The team also replaced all of those arteries. During that part of the surgery, they put Bill's body into a deep freeze - there was no blood flow, no blood pressure and the EKG was flat. It's indistinguishable from not being alive. Dr. Elefteriades and his team successfully completed the procedure.

Less than a year after the surgery, Bill received an email from the NFL with the news he'd been hoping for: "You're approved for the 2012 season."

He was heading back on the field, doing the job that was his life's passion – refereeing football games for the NFL. On January 20, 2015, Bill reached the pinnacle of his career when he was named head referee for Super Bowl XLIX.

"That was a great honor," Bill said at the time.

"For that to be happening after all I had gone through – I was extremely humbled about it."

"The entire Aortic Institute team and all of us at Yale-New Haven Hospital couldn't be prouder of Bill. For his courage. His determination. And the part we played in helping this incredible man fulfill his dream," added Dr. Elefteriades.



Bill credits the team at YNHH for helping him get back to doing what he loves.





Meet Anne

Eighty-seven-year-old Anne Saddig, already in the early stages of Alzheimer's disease, took a fall in her home. Thankfully, the only physical wounds resulting from the fall were a few bruises.

Unfortunately, however, the trauma surrounding the fall and the ensuing trip to the hospital seemed to shift Anne's Alzheimer's symptoms into high gear.

"Once she returned home, her overall personality seemed to change," explained her daughter and primary caregiver, Marie. "The sweet, generally happy and calm mother and grandmother we knew seemed to become agitated and belligerent overnight. She was also more confused than ever."

In the days and weeks that followed, Marie and her family contacted every resource they could think of to find help for their mother. While she needed medical care and physical therapy, it was difficult to have anyone come to the home to treat her because Anne was so anxious. Also, because Anne had convinced herself that she could not walk (even though there was no physical reason she could not), getting her out of the house to a doctor's office was not an option. Marie explained that their only option would have been to call an ambulance to bring her in for medical care.

Finally a friend suggested Marie contact Yale-New Haven Hospital's Dorothy Adler Geriatric Assessment Center who referred Marie to the hospital's Geriatrics Home Visit Program. Designed to help elderly homebound patients who are physically frail, have difficulty walking or memory challenges or no one to help them get to the doctor, the program brings the medical care to the patient's home. A geriatrician visits the home bringing primary care services to the patient for their convenience, safety and wellness.

A call to the program set things in motion. Dr. Cynthia Gneco, geriatrician, visited Anne and talked with Marie about her diagnoses and treatment. The care coordinators also helped with explaining paperwork and connected Marie and her family with additional resources that would be able to help their mother.



Dr. Gneco examines Anne in her home.



Anne's granddaughter, Tracy and daughter Marie, Anne's main caregivers, are pleased that Anne is able to receive routine medical care at home.

Meet Anne

“Dr. Gneco and the team are wonderful,” said Marie. “I don’t know what we would have done without their help. Finding knowledgeable and caring medical practitioners that care for homebound patients in their homes is priceless – there is huge need for this type of service.”

After consistent treatment and appropriate medication, Anne has been able to get up and walk using her walker. Dr. Gneco and the team from the home visit program continue to visit to care for her through periodic home visits. While she continues to display some confusion and memory loss consistent with her Alzheimer’s, Anne is now much calmer, accepts treatment from her therapists and other caregivers and seems generally content.

“We are pleased to be able to provide this type of service for people who are unable to leave their homes or get out for doctor visits,” explained Dr. Gneco.

“Some of our patients just need us to visit once or twice as they transition from a hospital stay or Emergency Department visit. Others actually need home-bound primary care on a longer term basis. Our program is growing rapidly as the need for this type of home based medical care continues to grow.”

“We are not sure what the future will bring,” commented Marie. “We’ll take one day at a time and continue to care for our mother and be sure she is comfortable and cared for. I can’t express how much of a relief it was to find the home visit program,” she added. “It saved our family.”



Dr. Gneco, Marie and Lynn Triebel, RN, care coordinator, discuss next steps for Anne’s care.





Meet the Mayor

If there's one thing Mayor Ed O'Brien of West Haven wants people to know, it's this: Don't be afraid of a colonoscopy. It might save your life.

Ed already knows the excuses people make when putting off a medical procedure or appointment: I'm too busy. It might hurt. I feel fine, so why do I need to go? He used some of those excuses himself.

In October 2014 Ed celebrated his 50th birthday. His doctor told him that was the age he should get his first colonoscopy. Ed put off the appointment for a while, but finally scheduled it for January 6, 2015. "I'm not sure what made me go," he said. "I'm not one to go to the doctor. I had no symptoms or risk factors. I just decided to start the new year off right. So I went."

Ramnath Hebbar, MD, who performed the procedure, discovered a suspicious growth. Further testing confirmed Ed had adenocarcinoma, the most common form of colon cancer.

On January 25, Ed checked in to the robotic surgical center at YNH Saint Raphael campus, where colorectal surgeon John M. Aversa, DO, performed a low anterior resection. Despite the removal of nearly a foot of Ed's colon and 16 lymph nodes, the procedure – done with the da Vinci Surgical System – left Ed with only a few minor incisions.

"I expected large incisions, but I only had four small ones on either side of my abdomen and a one-inch incision underneath my stomach," said Ed.

"There wasn't a lot of pain. It just felt like I'd done a bunch of sit-ups."

According to Dr. Aversa, who started using the da Vinci Surgical System in 2012, robotic surgery has a good application for the treatment of rectal cancers like Ed's. "It provides surgeons with true 3-D vision and increased dexterity with the instruments," he said. "And since it is minimally invasive, patients report feeling better much faster. There's a shorter hospital stay and quicker recovery. With conventional surgical procedures, patients are usually hunched over, in pain and on medication one week



Mayor O'Brien discusses the day's schedule with his assistant Cathy Sherman.



Mayor O'Brien encourages everyone of recommended age to get their colonoscopy because it could save their life.

Meet the Mayor

post-surgery. When I see robotic surgery patients one week later, they feel ready to resume their normal activities again.”

The procedure far exceeded Ed’s expectations.

“I thought I would be out for six weeks, but instead I was able to return to my office after two weeks. I healed very quickly,” he said.

In fact, Ed actually returned to work while he was still in the hospital. Just two days after his surgery, Connecticut was buried under a major blizzard. Ed managed West Haven’s storm response from his hospital bed at YNH, coordinating parking bans and snowplow vehicles and organizing the phone calls that went out from City Hall.

Ed has since made a full recovery. He gets a checkup every six months. He watches his diet. And he spreads the message that everyone should get a colonoscopy, a message of which Dr. Aversa approves. “Colon cancer is one of the most preventable, and – if found early – most treatable forms of cancer,” he said. “Don’t wait until you have symptoms.”

“I’m living proof of early screening,” added Ed. “Stop making excuses – and get those tests.”



After a relatively easy recovery from surgery, the Mayor was able to return to his office at West Haven’s city hall fairly quickly.





Meet Jaxon

In June 2013, doctors told Katie, pregnant with twins, and her husband that one of babies would be born with medical problems.

Katie, who also had a toddler at home, was admitted to the hospital and doctors began fetal monitoring on both babies for the rest of her pregnancy until the twins were born.

Jaxon and his twin brother were born on August 9, 2013.

Jaxon Buchholz was born with a rare condition known as (omphalocele-exstrophy-imperforate anus-spinal defects) or OEIS complex - a type of abdominal wall defect in which the intestines, liver and sometimes other organs remain outside of the abdomen in a sac.

Several of Jaxon's organs were severely impaired. He couldn't digest food, some of his internal organs, including his bladder, were outside of his body and he had some spinal defects.

The third day after he was born, Jaxon underwent a complex operation which was the first stage of reconstruction surgery. This was followed by a long hospital stay which included two additional surgeries, countless medical ups and downs, various obstacles, some baby milestones, many good days and too many not so good days. Jaxon finally went home right before Thanksgiving for the very first time – 468 days after he was born.

Between Thanksgiving 2014 and September 2015, while Jaxon continued to grow and flourish at home, his team of caregivers at Yale-New Haven Hospital, led by Doruk Ozgediz, MD, pediatric surgeon, planned for his return in what would be Jaxon's most complex procedure to date. A team of 15 pediatric surgical specialists took nearly 26 hours to perform 12 intricate procedures to internalize Jaxon's organs.

"The entire team stayed the whole time, even though they were offered the chance to go home and have team members relieve them," Katie explained.



Doruk Ozgediz, MD, coordinated the multi-disciplinary teams that performed Jaxon's complex surgeries.



Jaxon enjoying a little play time while he recovers from surgery.

Meet Jaxon

“Everyone stayed – that’s the kind of people who work here.”

Thankfully, Jaxon’s surgery was a success. Jaxon was discharged just six weeks after the surgery.

“I have never experienced the level of care and compassion that we received here,” continued Katie.

“Throughout his stay, they did everything in their power to do the right thing for Jaxon and give him the best chance at a normal life. The people here love what they do and it’s contagious,” said Katie.

Dr. Ozgediz, who coordinated the teams that performed Jaxon’s day-long surgery added, “Caring for Jaxon as a team, particularly with his very complex surgeries, illustrates all of the things that a children’s hospital should do.”

“This procedure was the ultimate team sport. We had pediatric surgeons, ENTs, orthopedists, urologists, a plastic surgeon, an anesthesiologist and an operating room nurses who just would not quit,” commented Michael Caty, MD, YNHH chief of pediatric surgery.

“We are so excited to have Jaxon back at home with us,” said Katie. “He has a Superman room at home, yellow and blue, with a Superman mural and decals on the walls. Jaxon is our Superman – he’s SuperJax!”



Despite all he has been through, Jaxon’s continues to be a happy baby.

