

Winter 2010

A Complimentary Publication

Inappropriate Prescribing of Antibiotics to Prevent Surgical Infections

“Despite well-publicized guidelines for choosing antibiotics for surgical prophylaxis, tens of thousands of surgical patients still aren't receiving the right antibiotic treatment. A recent Consumers Union analysis found that prophylactic antibiotics either were not administered or were not prescribed in accordance with the Surgical Care Improvement Project [SCIP] to about 100,000 surgical patients nationwide over a 1-year period. SCIP guidelines tell surgeons when antibiotics should be administered and how long they should be given after the surgical site is closed.



The problem areas are:

- selecting the correct antibiotic. This is based on the type of bacteria that are usually found in the area to be operated on.
- the timing of the antibiotics to make sure that the antibiotic is present in the surgical area when surgery is done. The 1st dose is usually given an hour before surgery, but in a few cases where the antibiotic takes longer to infuse it may be necessary to administer 2 hours in advance. For longer surgeries it may be necessary to administer a second dose during surgery.

“A surgical site infection is most likely to begin within 24 hours. Literature has shown that sufficient healing (formation of granulation tissue) at the surgical site takes place within 12 to 24 hours, which should prevent the majority of bacterial contamination where healing is taking place. Many publications have shown that post-op antibiotic prophylaxis is of no proven value when continued for more than 24 hours after surgery, and some research

has shown that continuation of antibiotics after the surgical closure has no effect at all on decreasing post-op infections. There are other good reasons for not continuing antibiotics for more than 24 hours after surgery, including the risk of increasing antibiotic resistance and the potential overgrowth of other bacteria.”

Source: www.outpatientsurgery.net.

Another website of interest for updates on the latest SCIP recommendations and initiatives: www.qualitynet.org.

Drugs in the News...

In August 2008 the FDA warned that patients taking **Levaquin and other Fluoroquinolone antibiotics** used to treat bacterial infections of the lungs, skin and urinary tract, had an increased risk of tendonitis and tendon rupture. Achilles tendon rupture occurred with the greatest frequency. This type of injury usually requires surgery to repair, 2 months of immobility and at least 6 months of rehabilitation. Other reported injuries include: rupture of tendons in the shoulder [rotator cuff], hand, biceps and thumb. Law suits are being filed as a result. *Source: www.law.com*

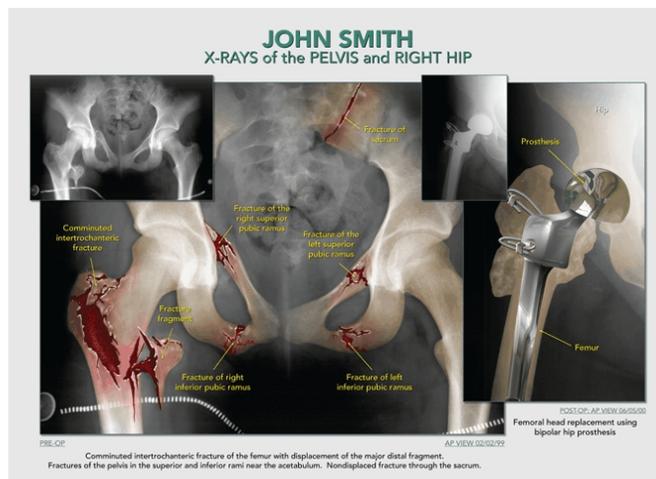
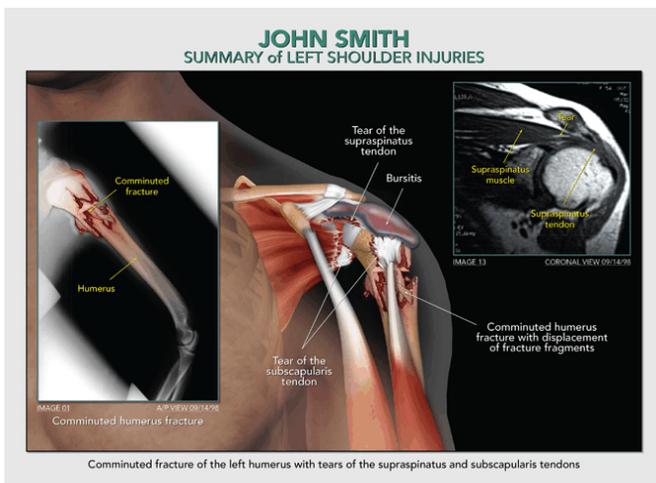
Lawsuits have also been filed against Bayer over **Yaz/Yasmin**, birth control pills, alleging that a new ingredient presents a dangerous risk that the company failed to warn about and fraudulent concealment of safety information. The claimed injuries include deep vein thrombosis [clots], gallbladder damage, kidney stones, heart attacks, pulmonary embolisms and strokes.

Yasmin was approved by the FDA in 2001 and Yaz in 2006. Between 2004 and 2008 there have been over 50 reported deaths from these drugs. The new ingredient, drospirenone, is a diuretic, and can lead to increased levels of potassium that can cause heart rhythm problems as well as slow the flow of blood, leading to clotting. *Source: <http://lawyersusaonline.com>.*

A Picture Is Worth a Thousand Words...

We have begun to work with a demonstrative evidence company called High Impact. They offer both custom and generic solutions to almost every type of case. From medical exhibits and interactive presentations to animation. This company does it all. We would like to highlight a few of the services they provide that you may find helpful in your practice.

Injury Summaries magnify the magnitude of your client's injuries. This can be depicted on boards or presented digitally in a product called **Digital I.S.®** to demonstrate injuries, surgical or other procedures, x-rays [either B & W or color] and mechanisms of injury. The medical illustrators work closely with their in-house physicians and radiologists to make sure the images are accurate. Below are a few examples of injury summaries they have done for other cases. See their website for a demonstration of the Digital I.S.® capabilities.



Documinutes™ is a 3 minute or less presentation highlighting the incident and injuries suffered by your client. It is great for those on a budget or when there is not enough time to provide a full blown settlement documentary or “day-in-the-life” video.

Settlement Documentaries incorporate the use of personal interviews, expert testimony, home video, legal exhibits and animation to produce dramatic and compelling “evening news” style presentations.

Digstrip®, which we have mentioned in a prior newsletter, digitally depicts your client's fetal monitor strip. It can be customized for your case by adding: drop down menus (such as definitions, supporting documentation, textbook overlays for immediate comparison, highlighting and symbols), screen black out to focus attention on a certain part of the strip, “landmark events” to immediately advance to an event without scrolling through the entire strip, and tools for highlighting, drawing and annotations. You can also search the strip by time or panel number.

Digital Neuropsych™ - This is a visual representation of your client's neuropsych testing, showing the long term effects of their injury. It demonstrates visually, how far below the norm or a person's baseline they are now functioning.

Since a picture is worth a 1000 words you should really view the demos and interactive presentations on their website at www.highimpact.com and judge for yourself if you would like to make a bigger impact with your medical cases and increase their value for your client.

Give us a call to acquire these winning materials.

Quotable:

“When you are afraid, keep your mind on what you have to do. If you have been thoroughly prepared you will not be afraid.” ~ Dale Carnegie

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