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An Important Conversation

As we examine and visit with our patients, we routinely ask questions about their general health and wellness. All too often we may not have the time to ask (or may not think to ask) the simple life-saving questions. If a patient is exhibiting weight fluctuations, we may ask about healthy eating. If a patient is losing muscle mass, we may ask about exercise. If there are symptoms that are cause for concern, we may ask more pointed questions if we think depression or abuse may be an issue.

At least for me, I don’t always ask questions about distracted driving – I do about alcohol and driving, but not always texting and driving. It should become a regular part of our interviews. As experience and research has shown, we are significant influencers in the lives of patients. This may and should have positive influence in saving lives. This is National Distracted Driver Awareness month as designated by the National Safety Council (NSC). Perhaps, it’s time to start a conversation with our patients, staffs, and families (maybe even a little self-help discussion). As we drive along the streets of Indianapolis, we see distracted drivers on a nearly daily basis. We see how the “other guy” is in some cases reckless and exhibits significant disregard for others.

Over the years, we’ve all seen bad drivers putting on makeup, doing their hair, shaving, reading maps and papers, deep in conversation with riders, turning around in their seat and disciplining their children, eating, drinking and even “dancing” to the music.

As stated by the NSC, in 2011 alone, motor vehicle crashes claimed more than 35,000 lives.

According to Injury Facts® 2014, the Council’s annual report on unintentional injuries, the three biggest causes of fatalities on the road include:
1. Alcohol (30.8%)  
2. Speeding (30%)  
3. Distracted driving (26%)

With advancements in cell phone technology, distracted driving has been an increasing and misunderstood trend. In fact, findings from a recent NSC public opinion poll indicate 80% of drivers across America incorrectly believe that hands-free devices are safer than using a handheld phone. [1]

Distracted driving, regardless of whether it’s hands-free or handheld, is a dangerous threat to patient, family, friends and staff safety.

An Estimated 1 in 4 Car Crashes Involves Cell Phone Use
“Many distractions exist while driving, but cell phones are a top distraction because so many drivers use them for long periods of time each day. Almost everyone has seen a driver distracted by a cell phone, but when you are the one who is distracted, you often don’t realize that driver is you.”

Hands-free is Not Risk-free
“With some state laws focusing on handheld bans and carmakers putting hands-free technology in vehicles, it’s no wonder people are confused. However, while many drivers honestly believe they are making the safe choice by using a hands-free device, it’s just not true. Your brain remains distracted by the conversation.”

According to the NSC, the myth of multitasking has been debugged for distracted driving, because the brain quickly toggles between tasks, but it cannot do two things at once. The activity area of the brain that processes moving images decreases by one-third when listening or talking on a phone. [2]

As a physician, I can’t always “buy” the safety science; because by nature and experience, we physicians are great multitaskers. We read, write, listen, examine, calculate, all while following the rules, checking the coding and exhibiting the proper concern for a patient. Our moving images are the current health and consequences for our patients.

My thoughts on distracted driving for this article were enhanced as I drove to the office the other day ... a driver in front of me was driving 10 mph above the speed limit, and then driving 15 mph under the speed limit. My first thought, “He is looking for an address.” As I passed him when he stopped in the middle of the street without apparent reason was: “he’s talking on his cell phone.” I kept my single-word descriptor of that driver to myself. A few minutes later on that same drive, another driver was easing along to my right side with uneven speed... “Ah, she is going to turn right” but no they were just “in a hurry while talking” and then suddenly pulled ahead of me and turned left. Yes, left from the right hand lane...missed me by inches!

Distracted drivers! We see them every day.

Are our patients distracted drivers? Family members? Staff? Have we ever even mentioned safety behind the wheel or safety at home, work or play? We can make a difference with a simple question. I suggest you visit http://www.nsc.org for more information. According to many sources including the NSC, teen drivers are most at risk because they lack experience and they are the digital generation.

I will admit grudgingly that I may have, on occasion, been a distracted driver. I have, of course, hands-free driving options in my auto (I also noticed that I can hit a “do not disturb” button – I never noticed it until writing this article) and assume that I am not that “other guy” causing peril on the roadways. But I am a multitasker and may not have my mind on safe driving habits...after this; maybe, I too will become a less distracted driver.

This is also Alcohol Awareness Month sponsored by www.ncadd.org. We know the effects of alcohol on drivers and patient lives.

Let’s think about asking some safety questions this year. Let’s focus on wellness opportunities that are not “top of mind” issues in our practices and lives. Wellness, in general, for patients and physicians is a goal and one for another conversation.

(1), (2), http://www.nsc.org

David R. Diaz, MD
IMS President
Few Seniors Benefiting from Medicare Obesity Counseling

In the farming town of Exeter, deep in California’s Central Valley, Anne Roberson walks a quarter mile down the road each day to her mailbox. Her walk and housekeeping chores are the 68-year-old’s only exercise, and her weight has remained stubbornly over 200 pounds for some time now.

“You get to a certain point in your life and you say, ‘What’s the use?’”

For older adults, being mildly overweight causes little harm, physicians say. But too much weight is especially hazardous for an aging body: Obesity increases inflammation, exacerbates bone and muscle loss and significantly raises the risk of heart disease, stroke and diabetes.

To help the 13 million obese seniors in the US, the Affordable Care Act included a new Medicare benefit offering face-to-face weight-loss counseling in primary care doctors’ offices. Doctors are paid to provide the service, which is free to obese patients, with no co-pay. But only 50,000 seniors participated in 2013, the latest year for which data is available.

“We think it’s the perfect storm of several factors,” said Dr. Scott Kahan, an obesity medicine specialist at George Washington University. Dr. Kahan notes that obese patients and doctors aren’t aware of the benefit, and doctors who want to intervene are often reluctant to do so. It’s a touchy subject to bring up and some hold outmoded beliefs about weight problems and the elderly.

“It used to be thought that older patients don’t respond to treatment for obesity as well as younger patients,” Dr. Kahan remarked. “People assume that they couldn’t exercise as much or for whatever reason they couldn’t stick to diets as well. But we’ve disproven that.”

Indeed, one study found two out of three older patients lost five percent or more of their initial weight and kept it off for two years.

Weight loss specialists place the blame for poor awareness of the new benefit on the federal government’s decision to limit counseling to primary care offices.

“The problem with using only primary care providers,” indicated Bonnie Modugno, a registered dietician in Santa Monica, California, “is that they completely ruled out direct reimbursement for the population of providers who are uniquely qualified and experienced working with weight management. I think that was a big mistake.” She was referring to registered dieticians like herself, as well as specialists such as endocrinologists, who might be managing a person’s diabetes, and cardiologists, who monitor patients with heart disease. Both conditions can be caused by or made worse by excess weight.

The drafters of the health law deliberately wrote the benefit narrowly out of concerns about widespread fraud, if charlatans were able to bill Medicare for obesity counseling. Ms. Modugno notes she is sympathetic to that concern, but it is too restrictive as enacted.

“Unless we change the nature of how…the counseling occurs, I don’t see it being available to people in a meaningful way,” said Ms. Modugno.

As for Anne Roberson, she noted the extra weight she has long carried on her petite frame has begun taking a toll on her joints, her sleep and her mood. On a recent morning, Ms. Roberson listened politely to her longtime physician, Dr. Mylene Middleton Rucker, during her first Medicare weight-loss counseling session. Dr. Rucker suggested she eat more vegetables and less meat and encouraged her to join an exercise class.

Dr. Rucker, who is obese herself, said she doesn’t expect her older patients to lose a lot of weight. “I think you’ll see weight loss of 10 to 20 pounds, but whether you’re going to see people lose 50 to 100 pounds as they’re older, I doubt it.” Still, Dr. Rucker said, even with small amounts of weight loss in her older patients, she expects to see a decrease in the complications of chronic medical diseases, including diabetes-related leg amputations.

Ms. Roberson remarked that she has tried to lose weight before, but “you hit a couple of rough weeks and you kinda slough off.” This time, Ms. Roberson said firmly, she will have to come back and answer to Dr. Rucker.
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William J. Berg, MD, presented March 24, 2015, at the Franciscan St. Francis Heart Center on “Why does it hurt to walk,” as a part of the Ask-the-Doc sessions.


Jeffrey A. Greenberg, MD, from the Indiana Hand to Shoulder Center attended the Argentinian Society for Surgery of the Hand held in Buenos Aires, Argentina on October 14-17, where he presented “Hemi-hamate Replacement Arthroplasty for PIP Fracture Dislocations” at the Pre-course hosted by the American Association for Hand Surgery. He also presented talks on “Allograft Nerve Reconstruction for Peripheral Nerve Defects” and “Distal Ulna Replacement Arthroplasty” at sessions held during the main meeting.

He was the invited Visiting Professor at the University of Missouri Department of Orthopedic Surgery, where he moderated Journal Club for the orthopedic residents and then presented “Distal Radial Malunions: Avoiding Problems of the Distal Radioulnar Joint” at Orthopedic Grand Rounds.

Dr. Greenberg attended the Annual Meeting of the American Association for Hand Surgery in January 2015. He was Chairman of an Instructional Course “Ulnar Sided Wrist Pain.” He also presented a lecture “Management of Ulnar Impaction” and “The Use of Avance Allograft for Nerve Reconstruction” at the Panel Discussion on The Value of Nerve Repair Technologies in “Your Practice Symposium” and a lecture at the AAHS sponsored Comprehensive Review Course “TPCC and Ulnar Impaction.”

Michael H. Fritsch, MD, Professor specializing in Otology-Neurotology presented his surgical techniques for chronic otitis media and cholesteatoma at the National Otolaryngology Meeting in Detroit, Michigan.

News from Goodman Campbell Brain and Spine...

Nicholas M. Barbaro, MD, and coauthors published the results of a survey conducted to characterize the current use of away rotations in neurosurgical resident education programs. Away rotations increase residents’ competency by providing exposure to cases that are either less common or more regionally focused. In some areas where training programs may have an insufficient case volume, away rotations enable residents to meet Residency Review Committee case minimum requirements. The survey included responses from neurosurgery resident program directors and a query of data from the Accreditation Council for Graduate Medical Education (ACGME). Details of survey results appeared in the January 29, 2015 issue of Neurosurgery.

Dr. Barbaro, Aaron A. Cohen-Gadol, MD, and other authors conducted a study of the brains of 10 cadavers (20 brain halves) to determine accurate cortical landmarks for localizing the hippocampus during temporal lobe surgeries. Accurate knowledge of the location of the hippocampus is required for neurosurgical procedures such as placing depth electrodes in the brains of epilepsy patients. The results of their study appeared in the February 3, 2015, issue of Surgical Neurology International.

Joel C. Boaz, MD, Daniel H. Fulkerson, MD, and coauthors conducted a retrospective review of 49 pediatric patients who had received placement of a ventriculostial shunt. They measured 3 outcomes 1 year after shunt insertion: shunt malfunction, shunt infection, and bacteremia or fungemia requiring shunt removal. The authors identified potential risk factors and determined the association between each risk factor and outcome measure. Their results were published in the February 25, 2015, issue of Child’s Nervous System.

Aaron A. Cohen-Gadol, MD, and coauthors reported on a case of a 52-year-old woman who had previously undergone coil embolization of a ruptured right-sided posterior communicating artery aneurysm and 2 other small aneurysms. In their video, the authors showed microsurgical techniques used to clip ligate the small aneurysms. View their video supplement in the January 2015 online issue of Neurosurgical Focus.

In another 3-dimensional operative video, Dr. Cohen demonstrated minimally invasive clip ligation of anterior communicating artery aneurysms by means of the eyebrow keyhole supraorbital craniotomy. View this video online in the February 14, 2015, issue of Neurosurgery.

Dr. Cohen and a coauthor have published an article describing the use of an interhemispheric transfalcine approach and awake cortical mapping to resect peri-atrial low-grade gliomas in the peri-atrial region of the brain. Read their article in the February 2015 issue of the Journal of Clinical Neuroscience.

Another article by Dr. Cohen and coauthors describes the use of intraoperative motor fiber tract stimulation to map the corticospinal tracts associated with tumors of the spinal cord. They found that this technique led to protection of these tracts during surgery to remove the tumor. Look for this article in the February 2015 issue of the Journal of Neurosurgery, Spine.

Dr. Cohen and coauthors also investigated ways to better localize the temporal horn by dissecting brains from 11 cadavers. Because the temporal horn is often difficult to localize, the authors aimed to identify cortical landmarks and measurements that would make it easier to localize during procedures such as placing intraventricular electrodes for temporal lobe seizure monitoring. Their article was published in the February 3, 2015, issue of Surgical Neurology International.

Goodman Campbell Brain and Spine was a sponsor of the 2015 Winter Clinics for Cranial & Spinal Surgery held February 22–26, 2015, in Snowmass Village, Colorado. The Cleveland Clinic and the Mayo Clinic were also sponsors.

The Winter Clinics faculty included several Goodman Campbell neurosurgeons:

Nicholas M. Barbaro, MD, presented “Surgery for Medically Intractable Epilepsy” during the Pain and Movement Disorders sessions. Jean-Pierre Mobasser, MD, presented “Oblique Lumbar...Continued on page 12.
Interbody Fusion” during the Emerging Treatments in Spine Surgery sessions. Troy D. Payner, MD, moderated the Physician Alignment Models and Business of Neurosurgery sessions. Ronald Young, II, MD, presented the “Six Pillars Approach to Glioma Surgery” during the Ordinary and Extraordinary Intracranial Lesions sessions. James C. Miller, MD, and coauthors reviewed the anatomical and physiological barriers that naturally protect the brain and preserve its homeostasis, but which impede the delivery of chemotherapy for treating glioblastoma multiforme, the most common primary brain tumor. They provide an overview of current and future methods for circumventing these barriers. Read their article in the March 2015 issue of Neurosurgical Focus.

Jean-Pierre Mobasser, MD, instructed a course at the 31st annual meeting of the CNS/AANS Section on Disorders of the Spine and Peripheral Nerves Spine Summit in Phoenix, Arizona, on March 4, 2015. Along with several other instructors, Dr. Mobasser taught Special Course III, a course that used a problem-based learning format to explore uses and limitations of minimally invasive approaches to spine surgery.

Troy D. Payner, MD, and coauthors retrospectively examined the records of 631 patents diagnosed with pilocytic astrocytoma who were treated between 2006 and 2010. They concluded that pilocytic astrocytoma should be considered in the differential diagnosis of an intrasellar lesion to avoid confusion when diagnosing this tumor. Their report appeared in the January 2, 2015, issue of the Journal of Clinical Neuroscience.

Eric A. Potts, MD, directed a symposium at the 31st annual meeting of the CNS/AANS Section on Disorders of the Spine and Peripheral Nerves Spine Summit in Phoenix, Arizona, on March 6, 2015. The focus of this session was the evolution of diagnosing and treating spinal disorders, and managing complications that arise during treatment.


In a recently televised interview, Dr. Shah described a neurosurgical case of a woman from Canada who experienced a stroke while she was visiting Indianapolis during autumn 2014. Dr. Shah performed minimally invasive surgery on the patient using the NICO BrainPath® medical device. The patient’s outcome was remarkable: her condition improved significantly enough to allow her to return to a rehabilitation facility in Canada only 5 days after surgery. Now, 3 months after the surgery, she is living independently at home with minimal symptoms. The video appeared on the WISH-TV website (Channel 8) on February 16, 2015.

Ronald L. Young II, MD, was featured in a recent news interview for the remarkable success of an 81-year-old patient from Kokomo, Indiana, who suffered a stroke in April 2014. The patient’s condition had been deteriorating rapidly and he had been put on a ventilator. Dr. Young performed minimally invasive surgery using the NICO BrainPath® medical device to extract a large blood clot from the patient’s brain. The elderly patient has recovered nearly fully from the stroke. The interview appeared on the FOX59 website on February 18, 2015.
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