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 NEW ENGLAND BAPTIST
HOSPITAL

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Pain-free and Optimistic after Successful Foot Surgery

Springfield Resident Decides to Have Feet Repaired, Hips Replaced



As foot surgery goes, Joanne Gamache's three-part procedure at New England Baptist Hospital was about as complex as it gets—a 9.5 out of 10. Over time, rheumatoid arthritis had weakened both feet, causing them to collapse inward and forcing her to alter her gait. After a while, her hips became painful, too.

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*“Dr. Leavitt is a masterful surgeon,
and he really cares about people.”*

Ms. Gamache adjusted to her situation. “I tried different orthotics in my shoes, and I transferred from a sales and marketing position, which had me on my feet a lot, to working in my company’s regional buying office,” she says. “I was in pain, but I got used to it.”

Despite her pain and “mushy heels,” as she described them, she postponed having surgery and moved back to Springfield, Massachusetts, in order to help care for her mother. While shopping at an orthotic store one day, a casual conversation pointed her toward the care she needed. “I mentioned to the owner that I couldn’t put surgery off any longer,” says Ms. Gamache, who is 59. “He told me that he knew a nurse who was very pleased with her foot surgery at New England Baptist Hospital, which was performed by Dr. Leavitt. Praise has a way of getting passed along.”

Minimal pain during a busy rehabilitation

She was soon meeting with Kenneth Leavitt, DPM, an NEBH foot surgeon, who described the complicated surgery that was needed to provide Ms. Gamache with a stable, pain-free right foot—the worse of the two. “Rheumatoid arthritis usually affects the hands and feet,” says Dr. Leavitt. “In Joanne’s case, her rear foot had totally collapsed, causing the front of her foot to collapse in the opposite direction, which resulted in stress fractures.”

In addition to performing a triple arthrodesis—fusion of the three main joints in the hindfoot—Dr. Leavitt would perform a midfoot fusion and lengthening of the Achilles tendon, which had become shortened in response to the altered position of her heel.

Ms. Gamache headed into surgery knowing she faced a long rehabilitation. But she trusted Dr. Leavitt. “He’s no-nonsense, which I appreciate,” she says. “Some doctors are mainly technicians. Dr. Leavitt is a masterful surgeon, and he really cares about people.”

Although her incisions totaled one foot in length, Ms. Gamache had minimal pain after her surgery. “Once I was at home, I only needed to take aspirin,” she says. “I did everything Dr. Leavitt suggested, including getting a knee-walker, which allowed me to get around without putting weight on my foot.”

She organized projects to work on during her rehabilitation and stayed positive. “You have to have a sense of humor,” she says. “As far as surgical outcome, I believe you can make it or break it yourself.” She pushed herself during two months of physical therapy and returned to work three months after the surgery.

“A couple of my colleagues said to me, ‘Joanne, you’re not limping anymore,’” she recalls. “I didn’t realize how bad I was.” But one glance at her left foot reminded her that more surgery lay ahead. However, Dr. Leavitt suggested she first see Carl Talmo, MD, an NEBH orthopedic surgeon, about her painful right hip.

After the right foot, the right hip

“A number of factors had contributed to degeneration in Ms. Gamache’s hip, including her altered gait because of her foot problem, and prednisone, a medication that is known to cause hip disease,” explains Dr. Talmo. “But it was mainly due to her rheumatoid arthritis. Because of her multiple problems, it was hard for her to understand how

much disability her hip arthritis was causing her, but she was definitely a candidate for hip replacement surgery." Ten months after her foot surgery, Ms. Gamache returned to the Baptist to have her hip replaced.

"It was much easier than the foot surgery because I was up and moving the next day," she says. "Again, I received great care at the Baptist." After her hip replacement, Ms. Gamache's pain, walking and overall quality of life were much improved.

With two major surgeries—and much of her foot and hip pain—behind her, Ms. Gamache is now preparing mentally to have surgery on her left foot and hip. "As patients face their first foot surgery, they often tell us they can't even think about the other foot," says Dr. Leavitt. "But after their surgery and rehabilitation, they have a stable foot and no limitations—in other words, a long-term positive outcome—and they realize it's worth it. They're back for round two."

Setting patient expectations is key

It helps to have a surgeon who sets expectations and believes in full disclosure. "I tell my patients that they will be off the foot for two to three months, and they need to prepare for this," says Dr. Leavitt. "We also talk about pain and how foot surgery does not have to be a painful experience. I make sure they take their pain medication, monitor them and give them emotional support after surgery. Consequently, my patients typically don't have a lot of pain."

Then there's the patient's attitude—an important ingredient when someone is facing major surgery followed by limited mobility. "Joanne could teach a course on maintaining a positive outlook," says Dr. Leavitt. "She's the quintessential example that, no matter what shape a foot is in, a surgical repair can be done. It's important to give patients hope."

"I know you can't get rid of rheumatoid arthritis," says Ms. Gamache. "What's important is that my foot is functioning as much as I need it to." She's a bit surprised when she sees an x-ray. "I have five screws in my foot. It looks like Home Depot in there."

She says she doesn't mind becoming increasingly bionic. "I'll be prepared for the upcoming foot and hip surgeries," she says. "If how I feel now is any indication, then I'm optimistic that I'm going to be active again. It may take a couple of years, but I hope to be golfing and playing tennis. Time will tell."



A LETTER FROM DEBRA COLEMAN

Dear Friends:

Pride in New England Baptist Hospital keeps building, most recently because of yet another impressive achievement in patient satisfaction. The Hospital was presented with the Summit Award after ranking in the 95th percentile or higher in patient satisfaction surveys for three consecutive years. The award is given by Press Ganey, the industry's leading independent vendor of patient satisfaction surveys. It is a designation that makes the Baptist stand out among Boston-area hospitals. In fact, no other Massachusetts hospital has received the Summit Award for inpatient care.

With that good news as background, I'm happy to report that The Campaign for Care is on track to meet our \$30 million goal. In this issue of Advances, you'll read about the new Central Sterile Processing Department, now under construction. It is a critical component in our overall strategic plan to build a new environment for surgery.

More than ever, our Annual Fund provides all-important unrestricted support to fund our initiatives. Please consider making a gift of \$1,000 or more. In doing so, you will become a member of the Rose Society, our leadership-level giving society. Members have their names etched on a beautiful display along the main Baptist corridor and are invited to the annual Rose Society recognition dinner.

We are well into a busy year at the Baptist. On March 20, our Board of Visitors will attend their mid-year meeting—an opportunity to learn more about Hospital programs and exchange ideas with others who also hold the Baptist in high regard.

Thank you for your interest in New England Baptist Hospital.

Sincerely,

A handwritten signature in black ink that reads "Debra A. Coleman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Debra A. Coleman
Vice President and Chief Development Officer