

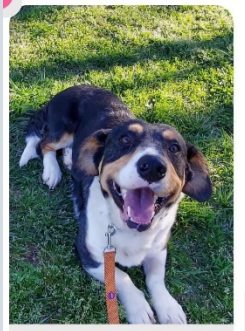
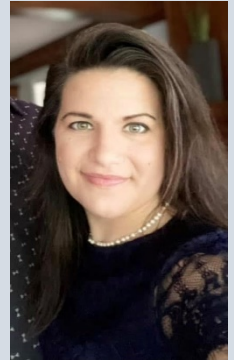
BETTER TOGETHER - PERIOP PULSE

A monthly acknowledgement of amazing news and people throughout Perioperative Services

Surgical Spotlight: Jennifer Koepf, CSFA, CST

Role and what brought you to Froedtert: I am our new Certified Surgical First Assistant. I graduated in 2015 as a Surgical Technologist, worked early in my career at the VA and later transferred to Aurora Summit where they supported my SFA training and certification.

The opportunity to assist an academic facility is so exciting to me – to start the program and teach up and coming Surgical Assistants my personal tips and tricks along the way to becoming successful and valued Surgical First Assistants.



Do you have any pets: I have three animals we have adopted from rescues across the state. Moose (small black and brown dog) has been with me for 11 years rescued from a small shelter up near Marinette, WI. My two daughters Olivia (7) and Eleanor (5) decided they needed a cat so they picked out Addie from the Elmbrook Humane Society 2 ½ years ago. Buddy (Black and White dog) is our newest addition we adopted from Sandi Paws Rescue out of Fond du Lac back in April. The night before we adopted him, he had spent the entire night traveling up from a high kill shelter in Mississippi. These animals always amaze me with how great they are with our very energetic daughters.

If you had your own late night talk show, who would you invite as your first guest?: It would have to be my husband Jared so that we could have a full conversation that wouldn't get interrupted by kids, pets, and life in general.

What was your least favorite food as a kid and do you love it now?: My least favorite food as a child would have probably been brussel sprouts, which I absolutely LOVE now!

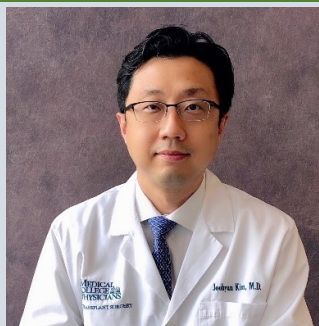


WELCOME TO THE FROEDTERT FAMILY, JENNIFER!

Each month we'll spotlight someone from one of our Perioperative services. It could be you!

Thoughts at the Scrub Sink

“Chef”



By Joohyun Kim, MD, PhD
Associate Professor of Surgery, Medical College of Wisconsin
Division of Transplant Surgery, Department of Surgery

During my trip to New Orleans in 2019, I visited the National World War II Museum. In a photo in the section of Normandy landings, the Theater Commander Dwight D. Eisenhower is shown talking to a paratrooper who is standing at attention, a few hours before the invasion of France. The scene reminded me of a story I heard from my grandfather when I was a little boy. My grandfather became a chef at the U.S. Embassy in South Korea before the Korean War. One day, he prepared dinner for the visit of the President of the United States. After dinner, President Eisenhower sought him out to express his gratitude. I can envision the sense of stress and pride my grandfather felt, similar to that of the paratrooper in that photo from D-Day. My grandfather died a long time before I became a surgeon, and I can only imagine his days as a chef. However, when I watched a documentary about a chef's life, I saw similarities between the lives of chefs and surgeons.



The path to becoming a chef involves many steps, just like a surgeon's path. Do you like cooking? Do you want to open a legendary restaurant? Do you simply need a well-paying job? Your motivation doesn't matter.



Learning to wash dishes at the sink is how you start. When you have the chance, you watch how your master chef performs. You are mesmerized at first, but then you think you can do it. You follow the recipe, but your dishes turn out inedible. Confident when you started, now you feel like you are not as talented as you initially thought. You need to learn the basics first. *Mise En Place* instills discipline in kitchens – everything you need should be in place before you start. It takes time to get it. It takes too long to learn anything. Some quit, some stay, and some find another kitchen. Time passes, and you end up making the same style of dishes again and again. Perfection is the goal for every dish you serve, but you know it is never perfect. How can you make your dishes perfect? You find out who has the best veggies and meats in the

market. You were taught and believe that the best quality ingredient is the key to success. You ask yourself, if your dish is only perfect on a lucky day, whether you can truly call it perfect. One night, you watch a story about helping hungry children around the world. You realize that your skills are useless for feeding them. You now question what you once cherished. One day, you hear about a robotic chef, and you are told that machine learning is the future. You think your master chef was lucky to have retired before this began to happen. You still want to create a great menu of your own before everything is taken over by artificial intelligence. Some believe that your job is an art; others say it is a business. Regardless, you are there to serve a stranger in front of you who will taste your minor masterpiece. As such, in my humble opinion, there are parallels between chefs and surgeons. My grandfather may or may not agree.

Staff Salutes

From Perioperative Services Executive Leadership: Thank you to the first three Periop Accountable Care Teams for amazing engagement and project work in the first meetings. We look forward to supporting your efforts.

- Neurosurgery / ENT: OR waste reduction
- Orthopedics / Plastics: Turnover time
- Trauma / ACS: Mass Transfusion Protocol remapping



From Dr. Zwagerman: “I recently had a complex case where both OR staff and anesthesia, were great. The team worked together to coordinate care and ensure I had what I needed as things were changing. Breanne Scaffidi and Olivia Delaney was instrumental in assisting me. I also wanted to recognize Amanda Graves, Rebecca Lynch, Justine Zwicky, Destiny Bruno, Abby Mira, and Amelia Martwick for coming in as extra sets of hands to help the team as needed. Dr. Kathy Lauer and Dr. Brunner were also great in the care that they provided for my patient.”

From Lisa Buttweiler, OR Manager and Kelly Mazur, OR Service Coordinator: High Fives to the OR team members who submitted defective equipment related to the robotic program. This defective equipment has added up to a healthy FMLH credit. We will share more exact credit information once received from the vendor.



Teamwork Tribute

Dr. David Joyce asked to share this extraordinary story of teamwork and patient care:

There are two distinct memories that stand out from my time as a cadet at the United States Air Force Academy. The first relates to the weeks I spent in the hangar during ground training in preparation for my first free fall parachute jump. We rehearsed every possible emergency procedure that might conceivably occur over and over until it became a brainstem reflex. At one point they took us out in an open field, tied the end of our harness to the hitch of a pickup truck, and started driving—just in case we needed to release from the parachute if a sudden gust of wind picked us up after landing. The second memory occurred when astronaut Jim Lovell came as a guest speaker and described in detail the terror and ingenuity of the Apollo 13 mission. Suffice it to say, the Air Force hadn't come up with any emergency procedures for what you should do when an oxygen tank in the service module suddenly explodes. They had to figure that one out on the fly.

In cardiac surgery we have extensive emergency procedures for just about every conceivable complication that can occur during a pump run—air embolism, aortic dissection, protamine reaction, you name it. But as with aviation and space travel, there are times when the unexpected can occur and the patient's only hope is for the team to come together and improvise. This was the case on a recent descending aneurysm repair. The case was about as smooth and uneventful as you could ever want as we cannulated the femoral vessels and connected to the circuit. But shortly after going on pump Brett Wagner gave the perfusionist version of the announcement: "Houston, we have a problem." The blood pressure was dropping fast and not responding to medications. Within seconds, Tim Lazicki had identified the source—bright red blood spewing from the endotracheal tube. There are no emergency procedures for this complication in cardiac surgery, because there have been no successful case reports published on how to manage it. Within moments the entire team converged to develop a plan on the fly, in each case bringing in reinforcements as needed. All told, the patient arrived in the ICU in stable condition thanks to a collaboration that included Joe Hart, Simon Fraser, Mario Gasparri, Lyle Joyce, Adhit Ramamurthi, Pete Rossi, Madison Alexander, Lisa Groetzinger, Colleen Johnson, Tara Kazmierski, Kendra Kyse, Sheilah Meany, Vanelly Monroy Garibay, Tim Nasi, Charity Snyder, Lisa Spencer, Diane Taylor, Brandon Tower, Marguerite Wellstein, Dan Brunner, Robert Gregory, and Hector Lopez (in addition to those already mentioned).

The next day, the patient transitioned from VA ECMO to Percutaneous RVAD support. After a successful transition, the patient was placed in the lateral decubitus position for chest closure. After removing the ECMO circuit, it was as though the clot which had been containing the source of bleeding had suddenly broken loose and we were right back in the middle of the same nightmare as the day before. If the coordination amidst the chaos from the index procedure was impressive, what happened next was almost unimaginable. Amber Zdanovec led the team of anesthesiologists (which also included Laura Gonzalez, Hector Lopez, and Zubin Patel) in administering the rapid transfusion protocol while Joe Hart, Katherine Hu, and Craig Schutta prepared the femoral artery (our only remaining option for arterial access) for cannulation. Mario Gasparri set a new land speed record for left pneumonectomy while Stacy Huisman, Ericka Harris, Vanelly Monroy Garibay, Kayleigh Morris, Sarah Perron, Jessica Tetzlaff, and Lisa Groetzinger made it look like supporting three surgical teams on a completely spontaneous emergency procedure without any upfront warning was just part of a normal day's work. When the dust finally settled, we had an extra limb on the Protek Duo cannula that we weren't really sure what to do with since we were now using it for venous uptake on a VA ECMO circuit. Credit Flavio Cavallari, Kirsten Kallies, Marguerite Wellstein, and Andjelka Potkonjak for being the first ones to come up with the idea for a "Dembitsky Bridge" using a percutaneous cannula. This plumbing innovation proved to be crucial in our ability to successfully wean from ECMO days later.

In my opinion, this wasn't just the finest hour for our program, it was the finest hour for ANY program. Cardiovascular surgery is difficult enough when you plan for all the different scenarios, anticipate the land mines, and develop a strategy to overcome risks. The teamwork involved in saving this man's life is unlikely to be replicated in any operating room in the world any time soon. I would be remiss if I didn't acknowledge the lengthy cast of characters that carried the baton during his ICU course and to the point of hospital discharge. However, this opportunity would have never happened had it not been for the extraordinary efforts of the individuals who responded to this unexpected crisis with such poise and determination.

