

# Your HealthMatters

ROYAL COLUMBIAN HOSPITAL FOUNDATION MAGAZINE • SPRING 2015 EDITION

## Donor-funded life saver

How you helped make a  
difference when a heart  
stopped beating



### FAITH AND HOPE

An account of Terry Fox's time  
at Royal Columbian

### SPINAL RECOVERY

When the link between body and  
mind is injured

### BLOOD SMART

The move towards fewer blood  
transfusions during heart surgery

# YOUR IMPACT ON PATIENT CARE



There are countless stories to remind us how your generosity has helped save lives at Royal Columbian Hospital. Rose Aviado's experience, featured inside this edition of *Your Health Matters*, is the latest example of how technology, purchased

with the assistance of donors, played a key role in patient care.

I know Rose and her husband Cesar are grateful for this. Those who deliver health care at Royal Columbian are equally thankful. So are we at Royal Columbian Hospital Foundation.

Your impact on patient care is felt throughout the hospital: inside the trauma unit that looks after those who have been seriously injured in car accidents, the operating room that performs open heart surgery, the neonatal intensive care unit that cares for some of the smallest and most fragile newborns in the province, and on the medical wards where patients recover until they are able to return home.

Royal Columbian's role in the province is essential, and its future is exceptional. I am grateful to each of our donors for the meaningful contributions that have made such a significant difference. Your care is critical.

-Doug Eveneshen

Chair, Royal Columbian Hospital Foundation



What makes Royal Columbian Hospital unique? That's a question I love, since it allows me to talk about the significant role the hospital plays in our region. It's also a question we look to answer with each edition of *Your Health Matters*, a publication the Foundation

has proudly written for many years.

I hope you enjoy the new magazine format, which allows us to present our stories in greater detail. Through our words and images, we open the doors of Royal Columbian to reveal the grateful patients, dedicated staff and generous donors who are all part of our hospital community.

Royal Columbian delivers care to some of the most seriously ill and injured people in British Columbia, within the largest health region in BC and with the fastest growing population in the province. To many, that is what makes Royal Columbian unique. For me, the hospital is also unique because of the wonderful people that provide such powerful stories like the ones inside this magazine.

A special thank you to Wesgroup, which has kindly agreed to sponsor *Your Health Matters* and help ensure we can share our compelling stories within these pages.

-Jeff Norris

President & CEO, Royal Columbian Hospital Foundation



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We welcome your comments about *Your Health Matters* magazine. Please email [info@rchfoundation.com](mailto:info@rchfoundation.com) or write to us c/o Royal Columbian Hospital Foundation, 330 East Columbia Street, New Westminster, BC V3L 3W7. Established in 1978, Royal Columbian Hospital Foundation raises millions of dollars annually to purchase medical equipment, fund innovative programs, and support training and research. To donate, please visit [www.rchfoundation.com](http://www.rchfoundation.com) or call 604-520-4438.

**Your  
Health Matters**

# CONTENTS

VOLUME 1 • ISSUE 1



**9**



**5**



**8**

- 2 Greetings**  
RCHF Chair Doug Eveneshen and Foundation President and CEO Jeff Norris
- 4 Inspired giving**  
Behind-the-scenes briefs
- 5 Faith and hope**  
Former chaplain recalls Terry Fox's last days at Royal Columbian
- 6 Spinal recovery**  
Neurosurgeons help heal the link between body and brain

- 8 Donor-funded life saver**  
Newly arrived equipment works wonders during cardiac arrest
- 9 Open vessels**  
Physical care and emotional support following heart disease diagnosis
- 10 A positive mind**  
A young woman's ongoing road to recovery from a traumatic brain injury
- 11 Blood smart**  
Q&A with Royal Columbian anesthesiologist Dr. Sukh Brar

# INSPIRED GIVING

## Royal Columbian Hospital Auxiliary

has contributed more than \$91,000 in recent months towards some of the hospital's greatest needs.



■ **Canadian Pacific (CP)** has donated more than \$120,000 towards blood conservation initiatives (see page 11) by pledging thousands of dollars per touchdown during last year's CFL playoffs, including \$10,000 per touchdown during the Grey Cup game in Vancouver.



■ **Winvan Paving** has pledged more than \$65,000 towards an ultrasound machine for the neonatal intensive care unit.



■ **The Buddhist Compassion Relief Tzu Chi Foundation of Canada** has made a \$29,000 contribution towards the purchase of a colonoscope for the hospital's ambulatory care unit.

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# FAITH AND HOPE

## Former chaplain recalls Terry Fox's last days at Royal Columbian

**H**ank Erickson was already very familiar with Royal Columbian Hospital in the fall of 2014, when he was rushed there by ambulance for what turned out to be a small vessel stroke. He had been a patient previously, having undergone open heart surgery at the hospital. But in addition to that, Hank had another connection to Royal Columbian, one that had lasted two full decades. During all those years, he had walked its corridors daily, visiting staff and patients as the hospital's chaplain.

"I had been a pastor in parishes in the States for a few years," recounts Hank, who was born at Royal Columbian in 1930. "I was interviewed after Royal Columbian advertised for a clinical chaplain."

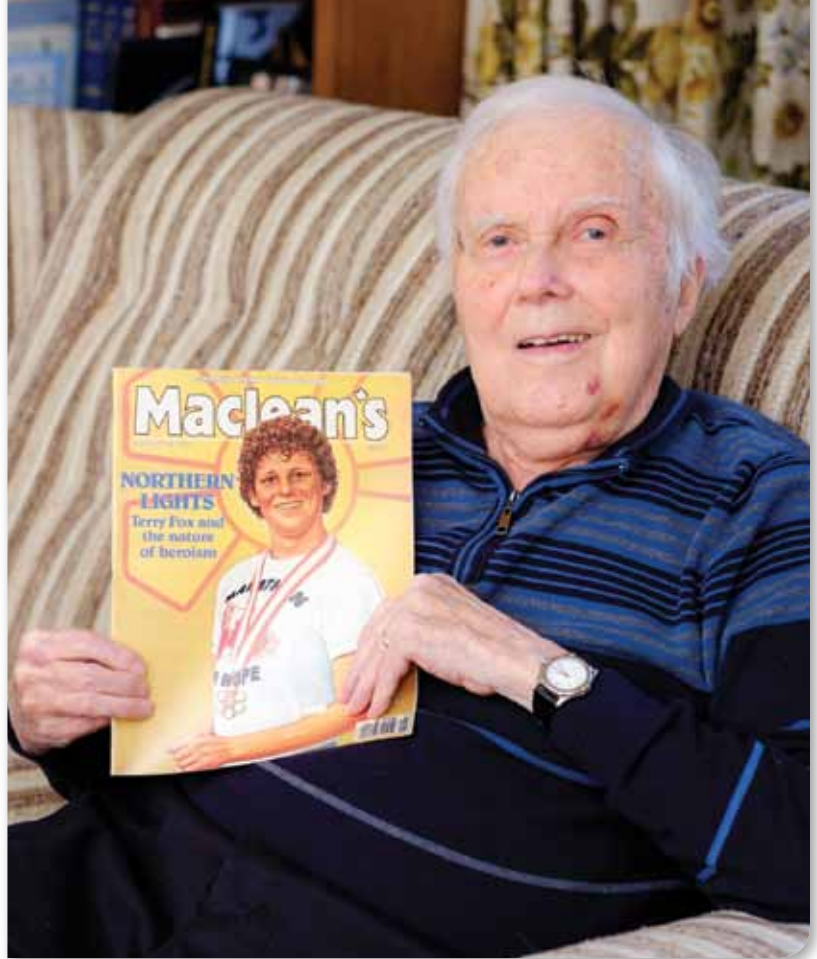
Hank joined the staff at the hospital in the 1970s and enjoyed his interactions with those he met. He had been with Royal Columbian for a few years when he first encountered a patient who would eventually be considered one of the country's greatest heroes of the 20th century.

### National attention

Hank was part of a three-person team assigned by the hospital to manage the attention created when Terry Fox was admitted to Royal Columbian. The young man was well known by then, having captured the hearts of Canadians after launching his Marathon of Hope by dipping his artificial leg into the Atlantic Ocean on April 12<sup>th</sup>, 1980.

On September 1st of that year, Terry was forced to end his attempt to cross the country when cancer spread to his lungs. As Terry battled the disease, Hank made regular bedside visits.

"For his age, he was very mature," recalls Hank. "That's a quality I noticed about him.



He really impressed me."

Hank was responsible for managing Terry's visitors. There were lots of people hoping to see him. And lots of media attention, which Hank's wife Carol remembers.

"(Hank's) involvement included trying to sort out what he can say to the press and what he can't," says Carol. "It was kind of a hard thing to do in many ways, because they were calling and coming to our house at all hours."

### A country remembers

As Terry's health deteriorated in June of 1981, Hank says the 22-year-old asked him to deliver the homily at his funeral. Then on June 28<sup>th</sup>, Terry passed away. His family was with him, and Hank says he was there too.

The funeral was broadcast across the country. Hank had conducted hundreds of funerals before, but nothing as far-reaching as this. As he spoke during the service, Hank made note of Terry's ability to bring people together. It's a legacy that carries on today, more than 30 years later.

**HANK ERICKSON**  
holds a copy of a  
1981 magazine with  
Terry Fox on the  
cover.

“  
**For his age,  
he was very  
mature,” recalls  
Hank. “That’s  
a quality I  
noticed about  
him. He really  
impressed me**  
”

-Hank Erickson



# SPINAL RECOVERY

**Royal Columbian neurosurgeons help heal this link between body and brain**

Being active is a big part of Susi Kerr's life. The Tsawwassen resident is a personal trainer who has her own studio in Vancouver. She ran competitively through high school, university and on the national team. And she and her family have enjoyed waterskiing for many years.

But a serious accident on Harrison Lake during a summer getaway put all of that in danger. In the minutes before she underwent spinal surgery at Royal Columbian Hospital, Susi feared she would never walk again. She estimates she might have been going 40 miles an hour as she cut across the lake on a slalom ski during a beautiful August morning. That's when something went seriously wrong.

"My whole ski just slipped out from under me, and I just face planted," recalls Susi. "I was unconscious when I hit the water, apparently. I came up and thought I had broken my arm."

X-rays taken at Chilliwack General Hospital revealed damage to her spinal column. That's when Royal Columbian Hospital, the region's neurosciences centre, became involved.

Neurosurgeon Dr. Michael Nikolakis studied the results of imaging tests. "When her head snapped back during her fall, she ripped the disc between the 5th and 6th vertebrae," describes Dr. Nikolakis. "Those two vertebrae were moving relative to each other, and she pinched her spinal cord at that level."

## Need to move

The spine is a big part of the neuro-surgical work that is being performed at Royal Columbian Hospital. "We're trying to preserve and restore neurological function in patients that have impairments of their spinal cord and nerve roots," explains Dr. Nikolakis. In Susi's case, surgery would be needed soon to prevent the injury from getting worse. Without quick intervention, she risked never being able to walk again. For Susi, whose career and personal

**LEANNE CASSAP** holds the halo brace she wore for more than four months after fracturing her spine.





**SUSI KERR** returned to her jogging routine weeks after undergoing spinal surgery at Royal Columbian Hospital.

life revolved around being active, the reality of her injury was startling. “I started crying,” she says. “I have to be able to move. Dr. Nikolakis just held my hand and said ‘I’ll treat you like my mother and my sister.’” During surgery, Dr. Nikolakis removed the fractured disc between the C5 and C6 vertebrae and put in a spacer and a titanium plate. “By removing the piece of disc, decompressing the spinal cord and then

stabilizing those two vertebrae, we allowed her spinal cord the optimal environment to recover,” says the neurosurgeon. As she awoke following surgery, Susi’s thoughts quickly turned to her recovery, pushing herself to walk further each day. During week six, she remarkably went jogging for eight kilometers.

### Halo prescribed

While surgery was critical to Susi’s

recovery, it’s not always the course of action for patients who are rushed to Royal Columbian with spinal fractures. Cloverdale resident Leanne Cassap suffered multiple level fractures when the car in which she was a passenger rolled over.

Neurosurgeon Dr. Richard Chan says Leanne’s injuries included the C2, C3, C6 and C7 vertebrae, but it could have been worse. “She is lucky she didn’t have any spinal cord injury. Just a bone injury. She didn’t injure the nerve and didn’t injure the spinal cord.”

Among Leanne’s injuries is one with a macabre-sounding name – a hangman’s fracture. Had the impact of the accident been more severe, this fracture would have crushed her spinal cord. “Lucky for Leanne, it didn’t cut into the spinal cord,” says Dr. Chan.

Instead of surgery, Dr. Chan prescribed a halo brace, something Leanne wore



**SUSI KERR** damaged her spine when she fell while water skiing in August 2014.

for more than four months as she healed. “I was worried that I was going to scare all the kids in the neighbourhood,” jokes Leanne. “Nobody is used to having this big contraption on you.”

In the past, Dr. Chan says a halo meant having to put screws into the skull to keep it stabilized. But in the last few years, that’s no longer necessary. He says it’s now done non-invasively. “The non-invasive halo is light plastic, about five pounds. A lot easier,” says Dr. Chan.

A couple of months after her halo was removed, Leanne’s recovery is still progressing. “I am rehabbing the neck and the shoulder. I do physiotherapy, massage and kinesiology each twice a week.”

Dr. Nikolakis says much has changed in the last 10-15 years, and what used to be inoperable is now readily treatable. “It’s allowed patients that would have lived with severe impairment for the remainder of their lives to see improvement of their pain, improvement of their function, improvement of their quality of life, and integration back into society,” says Dr. Nikolakis.



# DONOR -FUNDED LIFE SAVER

**Newly arrived  
equipment works  
wonders during  
cardiac arrest**



**CESAR AND ROSE AVIADO** are grateful that donors funded the Lucas 2 chest compression system.

Rose Aviado had not been feeling well the night before. Despite that, the Surrey resident headed off to work that morning with her husband Cesar, walking part of the route. On their way, Rose complained of dizziness and then suddenly stumbled to the ground. She would suffer the first of several cardiac arrests and in the process become the first patient at Royal Columbian Hospital to have her life saved with the help of new donor-funded equipment that had arrived a day earlier.

As Cesar called 911, someone from a nearby RCMP building rushed over to perform CPR. Paramedics worked on her next. Rose was eventually taken to nearby Surrey Memorial Hospital. From there, she was referred to Royal Columbian Hospital, the region's cardiac intervention centre. Rose needed a stent to open the main coronary artery.

## Introducing Lucas 2

Registered nurse Kathleen Klomps was working in Royal Columbian's cardiac catheterization lab as Rose was brought in. The day before, Kathleen had been among a group that had been introduced to a new piece of equipment that donors to Royal Columbian Hospital Foundation had purchased. The Lucas 2 chest compression system is designed to come to the rescue of people who suffer sudden cardiac arrest. The machine performs consistent and regular com-



**ROSE AND CESAR** listen as Dr. Jahangir Charania and registered nurse Kathleen Klomps explain how the Lucas 2 functions.

pressions to keep the blood flowing when the heart stops.

"When you do the compressions manually, you usually try and get a few of the bigger, stronger people, and you rotate through as much as you can," explains Kathleen. "With this machine, any one of us from the team could push go."

## Much appreciated

The medical team had begun Rose's angioplasty when she suddenly went into full arrest again. Kathleen called out for the Lucas 2. With instructions still fresh in their minds, she and a colleague directed the rest of the team.

Rose would suffer a few more cardiac arrests as the hospital worked to save her life, using the Lucas 2 and defibrillators to try to gain the upper hand on a life-threatening situation. It took close to an hour of intense work before Rose was considered safe. As a result of that effort, Rose survived her cardiac emergency. Rose's husband Cesar is grateful to the medical staff, as well as the donors who played a role in her care by funding the chest compression system. "I appreciate everything: the nurses, the doctors, the equipment," says Cesar. "It's not just her that it helps, but us too, because we still have her."





**JYOTIKA PRASAD** cherishes the heart pillow given to her by Royal Columbian Hospital following open heart surgery.

commonly if you do have blockages at that age, they are usually much less severe and maybe in one or two arteries,” says Dr. Gunning. Back home and waiting for her day in the operating room, Jyotika reflected on her lifestyle and family history. Her father, for instance, had also had heart disease at a young age. She realized she would need to make changes, like quitting cigarettes. “We know smoking is a big risk factor for coronary artery disease, and the habit certainly didn’t help her,” says Dr. Gunning.

### Better, healthier

The day of the surgery, Jyotika would yet again receive startling news. A new test showed she had a leaky heart valve. “I completely felt defeated,” she says.

Jyotika’s surgery was postponed while she considered whether to have a mechanical or artificial valve. She appreciates the time Dr. Gunning took to review the options with her and her husband. “He was a part of that family discussion,” says Jyotika. “It just meant the world to me.”

Her surgery was challenging, and she recovered in the cardiac surgery intensive care unit for several days before being moved to one of the wards for a

further three weeks.

“My husband believes the staff were amazing,” says Jyotika. “They provided emotional support, explained what was happening and showed true compassion.”

To mark her anniversary, she returned to Royal Columbian to thank the health care professionals. “I wanted them to see how I was doing,” says Jyotika. “To thank them for the care they provided me and my family and how it resulted in a better, healthier me.”



*A year after open heart surgery, Jyotika visited Royal Columbian to thank those who took care of her.*

# OPEN VESSELS

## Physical care and emotional support following heart disease diagnosis

Jyotika Prasad and her husband were painting their home when she started feeling uncomfortable. “I thought I pulled some muscles and was sore from doing so much,” the 41-year old Vancouver resident recalls.

As the symptoms persisted, Jyotika made her way to nearby Burnaby General Hospital. There, she received shocking news: she had suffered a heart attack and was a type 2 diabetic.

As she processed the news, Jyotika was stunned. “I’m too young,” she thought. “This can’t be happening to me.”

### Lifestyle and family history

Jyotika was sent to Royal Columbian Hospital – the region’s cardiac care centre - for an angiogram, and the results revealed she would need open heart surgery. She had serious blockages in four arteries.

Royal Columbian cardiac surgeon Dr. Derek Gunning says it’s uncommon for someone of Jyotika’s age to have that level of coronary artery disease. “Much more



# A POSITIVE MIND

## A young woman's ongoing road to recovery from a traumatic brain injury

**H**arriet Fowler was an 18-year-old South Surrey resident who loved ballet and was preparing for college when her world changed. The young woman was a back seat passenger in her mother's vehicle during a sunny August day in 2007, when the small car and a dump truck T-boned.

"I was knocked out, but my eyes were open, so I have visual memory," says Harriet about the immediate aftermath of the accident. As one of two Level 1 trauma hospitals in the province, Royal Columbian sees a large number of patients who have suffered brain injuries in major car accidents. In Harriet's case, the impact resulted in a diffuse axonal injury, which is a common traumatic brain injury that can also be among the most devastating.

"Imagine your brain is on a stick, and all the fibres of the brain pass into the stick," explains Royal Columbian neurosurgeon Dr. Navraj Heran, who treated Harriet. "If you twist the brain around that stick, the little pathways that go into that stick can tear."

### New pathways

The swelling in Harriet's brain was

controlled with medication before Dr. Heran inserted an intraventricular drain to monitor the pressure and allow for adjustments to her care.

Her injuries kept Harriet in a coma in the hospital's intensive care unit for more than three months. As she emerged from her coma, Harriet had to relearn how to eat, talk, walk and care for herself.

"Think of it as like a highway that is shut down in one site," explains Dr. Heran. "That pathway is shut down, but the cars still need to get to the other town. They start looking at other routes to get through. Those other routes may not be as direct as the main highway, the process is going to take you longer, and it's not going to be as efficient."

### Feeling fortunate

After months of work, Harriet moved from a wheelchair to a walker and finally to her own two feet. Ten months after the accident, she returned to Royal Columbian as a visitor when a friend was hospitalized. There, she had an encounter

that made her aware of just how far she had come along.

"Someone had been in a motorcycle accident the night before I went to visit," recalls Harriet. "It was just the way his dad looked, you could see it in his eyes, he was just terrified, scared. A nurse that knew me when I was in the hospital told him I had been in that same bed. And



Royal Columbian Hospital neurosurgeon Dr. Navraj Heran.

he was like, 'What, five years ago?' The nurse said, 'Not even a year ago.' You could see his eyes light up instantly."

Harriet has since put her experiences down on paper, a process she hopes will inspire others. She continues to rehab and is grateful for what she can do. "I almost died, and I am alive," says Harriet. "I walk weird and I can't do everything, but I am very lucky to be here."



# BLOOD SMART

**Dr. Sukh Brar is an anesthesiologist at Royal Columbian Hospital as well as President of the BC Anesthesiologists Society. He's leading efforts at Royal Columbian to find ways to reduce the need for blood transfusions during cardiac surgery. Our thanks to Canadian Pacific for supporting this initiative (see page 4)**

**Foundation:** *How did you develop an interest in blood conservation?*

**Dr. Brar:** When I finished my medical residency, I spent a lot of time in the cardiac operating room in Edmonton, and that part of the hospital happens to be where the majority of blood transfusions are done. The common belief up until a few years ago was that blood is the life-giving force. Yes, it's true that blood does save lives, and it's important for people to donate blood. But we are now looking at how we can use that blood more effectively.

**Foundation:** *How can we be more effective?*

**Dr. Brar:** One way hospitals can do that is by making sure we are delivering the right blood product to the right patient at the right time for the right reason. By that, I mean we don't necessarily need to give blood transfusions to patients as we have in the past. Quick tests that can be done right in the operating room can help determine if there's something deficient that's causing a patient to bleed. We can find out whether your platelet count is low, whether you need plasma, or whether your blood is clotting appropriately. I can use that information to make decisions about whether a patient needs blood products.

**Foundation:** *Royal Columbian is part of a Canada-wide trial?*

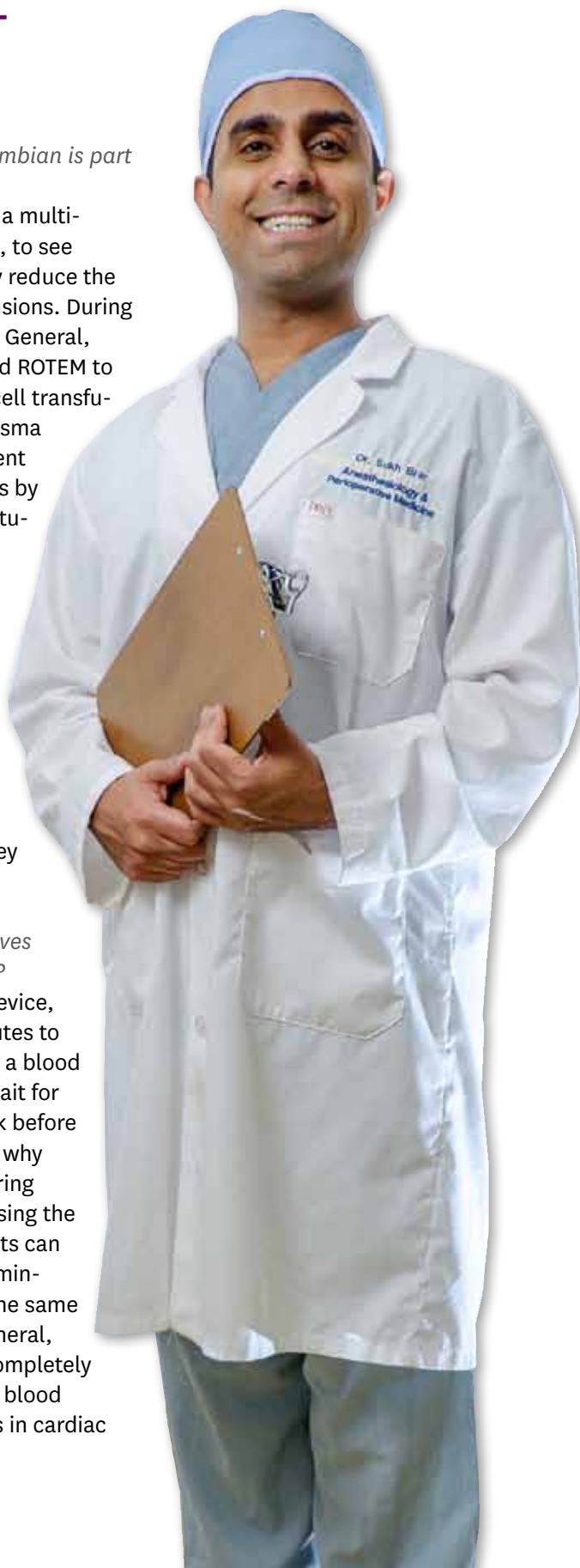
**Dr. Brar:** We are part of a multi-centre trial, 12 hospitals, to see whether we can actually reduce the amount of blood transfusions. During a similar trial at Toronto General, they used a device called ROTEM to reduce their red blood cell transfusions by 30 percent, plasma transfusions by 50 percent and platelet transfusions by 40 percent, and they actually had better patient outcomes.

**Foundation:** *Why are patients better off?*

**Dr. Brar:** If you're giving something to people that they don't need, you are increasing their risk of infection, risk of pneumonia, risk of kidney damage.

**Foundation:** *This test gives you information quickly?*

**Dr. Brar:** Without this device, testing can take 45 minutes to an hour. We would send a blood sample to the lab and wait for the results to come back before we get an answer about why a patient is bleeding during surgery. With this test using the ROTEM device, the results can come back in five to 10 minutes. If the trial shows the same results as in Toronto General, it has the potential to completely change how we manage blood transfusions for patients in cardiac surgery.





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Wesgroup is a proud supporter of the Royal Columbian Hospital and an advocate to advancing the health care facilities in BC's fastest growing region.

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