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## On Rounds

### HEALTHCARE SPOTLIGHT:

#### Dr. Reed Estes: Ortho Surgeon Choreographs Recovery from Dance Injuries

Seeing a patient return to work after recovering from a bone injury can be a time of mixed emotions for an orthopedic surgeon—running the gamut from excitement to satisfaction to anxiety ... **page 3**



#### Short-Circuiting Knee Pain

##### Peripheral Nerve Stimulator Implants a New Therapy For Knees

When knee pain persists even following total joint replacement, what's the next step? If stronger drugs and higher doses don't take the edge off the discomfort, are patients left simply having to learn to live with the pain and the limitations it causes in everyday life? ... **page 4**



#### Are you safeguarding your practice assets?

When was the last time you thought about your practice's internal control processes? ... **page 11**

## NEPHROLOGY

# New Firefly Technology Enhances Partial Nephrectomy Options

BY JANE EHRHARDT

"Two days ago, I removed a tumor that was almost half the size of the kidney," says Lee Hammontree, MD, with Urology Centers of Alabama. "We're getting better and better at preserving kidney function by doing partial nephrectomies."

The credit for this latest successful surge of partials goes to the Firefly addition on the da Vinci Surgical System. The da Vinci has been around since 1999 and has been used extensively in many surgical specialties, from cardiac to neurology. It entered the renal cancer arena around 2006.

"Almost every renal mass now, we're trying to look at it with robotic and other techniques and asking, 'Can we do a



Lee Hammontree, MD

partial?' And the answer is becoming 'yes' more and more," says Thomas Holley, MD, with Urology Centers of Alabama. He works on the da Vinci primarily out of Trinity Medical Center and St. Vincent's Birmingham.

The Firefly addition arrived on the Birmingham scene in September. "Since the advent of robotic surgery, we've done fewer radical nephrectomies. The Firefly system helps us do an even better job," says Hammontree, who works out of Brookwood Medical Center.

Firefly uses near-infrared imaging to detect an injected dye of indocyanine green (ICG) in the blood. The dye helps identify vascular flow to the kidney and distinguish between normal tissue and cancer tissue. "In the viewer, it looks like a black-

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## TAX & FINANCIAL PLANNING

# New Income Sources for Doctors Encourage Improved Patient Care

BY ANN B. DEBELLIS

With many facets of the American health care system changing, physicians are looking for new ways to generate income. Several new income opportunities also are leading to improved care for patients.

Jim Stroud and Mary Elliott, certified public accountants with Warren, Averett, Kimbrough & Marino, work with several physician clients who are finding ways to increase their bottom line. "In the physician's world, the major players – Blue Cross and Medicare – have had significant cuts, so the reimbursements to doctors are down," Elliott says. "Office visit reimbursements are still okay, but payments for procedures and diagnostics have been cut."



Jim Stroud, CPA



Mary Elliott, CPA

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## New Firefly Technology Enhances Partial Nephrectomy Options, *continued from page 1*

light effect. You're seeing everything in black and white, then suddenly bright green shows up where the dye emerges," Hammontree says.

The da Vinci allows the surgeon to toggle between normal laparoscopic viewing and the near-infrared imaging to track the bright green dye.

During the nephrectomies, the urologists utilize the new system at three stages. The first injection of the dye by the anesthesiologist helps identify the arteries leading to the kidney.

"Smaller arteries aren't sometimes appreciated on CTs," Holley says. "Maybe ten to fifteen percent of the time, we find an extra artery that's not been recognized on the pre-op imaging. Firefly is very helpful with finding those."

"In a recent surgery, I found a segmental artery we'd not seen before we had this Firefly access," Hammontree says. "That view prevented us from having unexpected excessive bleeding."

The second injection of dye helps distinguish the normal tissues from the tumor. "Because the blood flow in the tumor is less," Hammontree says.

After the tumor is removed, surgeons inject the dye a final time to ensure the kidney function has fully resumed. "Before this, it was unconfirmed," Hammontree says. "Now we can watch the kidney turn green and then the renal vein turn green and that gives us confirmation that the remaining kidney is functioning properly."

According to Hammontree, 90 percent of nephrectomies were radical 20 years ago. Now partials dominate the stats at 60 to 70 percent, thanks to advances in techniques and especially technologies.

Prior to the robotic surgery system, only radical nephrectomies were done laparoscopically. Partial had to be performed as open surgeries. "The robotic surgery has made partial nephrectomies done with the laparoscopic technique much more manageable and safe," Hammontree says.

"When I was in training five years ago, we were doing pure laparoscopy, and I couldn't do some of the masses I'm doing today," Holley says.

Holley is doing five to ten partial nephrectomies a month now. He says

the robotic option allows him to better dissect out arteries and veins and put clamps exactly where he needs them.

"The sliding Weck clip has been around several years, but the robot allows you to easily tension your closure after removing the mass," Holley says. "You can pull up on the stitch and slide the clip down. The force of the tension is spread over the clip, so there's less chance of tearing. It's made it more feasible for more complex closures."



**Thomas Holley, MD**

Hammontree is doing two to five cases a week using the da Vinci, including five partials last week using the Firefly. "It's become the biggest part of my practice."

Both agree that the difference between a partial and a radical can be determined as much by the urologist's experience as the technology. "It's lent itself to some specializations in our field, just like with prostate surgery and prosthetics," Hammontree says. "It's even become sub-specialized with technically difficult cases being performed by fewer people."

## Options Expand in Birmingham for Dialysis Patients, *continued from page 7*

tubes," Giles says. "There's no winding a whole bunch of tubes. It doesn't take much time to break the machine down or set it up."

The entire machine is only about 18-inches square, making it more amenable to home placement. The cartridges and other supplies arrive at the home regularly. "It's much more patient-friendly," Giles says.

The machine runs an array of safety checks before beginning and throughout the session. "It doesn't differ really from the inpatient process. It's a different way of mimicking the same mechanism," Giles says.

Because it runs more slowly, in-home patients must dialyze five to six times a week. However, the sessions last only two-and-a-half hours versus the four-hour inpatient sessions. The pay-offs are no transportation needs to a center, flexible schedule, and the comfort of home.

In-home dialysis does require a partner willing to insert the needle and monitor the sessions. "A lot of family members are excited to have the patient home more, and they take pride in giving that care," Giles says. "Plus the patient has

more free time and can travel more easily by taking the machine with them."

Giles says some patients are apprehensive about delivering their own care. "They fear the procedure will go wrong or they'll do something wrong. Or they worry about the burden of the procedure on their partner."

But should a patient or their caretaker need a break, they can schedule some sessions at the dialysis center instead. "Burn-out is a natural human reaction to doing something on a routine basis," Giles says. "But we'll work with them on that."

Prior to taking a machine home, partners and patients attend trainings at a center and do several weeks of practice sessions under a trainer's supervision.

Medicare, says Giles, offers less reimbursement for home dialysis, which is more expensive. But they're currently reevaluating home therapy, because patients stay out of the hospital and feel better longer.

"The important thing is to give them more options," Giles says. "When they have lot of options for dialysis, then they have more options for being independent. That's what I'm excited about."

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