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ROYAL COLUMBIAN HOSPITAL FOUNDATION

Carol's Story

Revolutionary treatment saves life of woman struck by brain aneurysm

In April 2010, Carol Thorpe, a healthy 53-year-old woman, had a sudden stroke and went into a coma. A CT scan at her local hospital showed she had a massive bleed inside her head, surrounding the brain. She was transferred to Royal Columbian Hospital (RCH) that night where Radiologist Dr. William Siu performed an angiogram and found a large brain aneurysm.

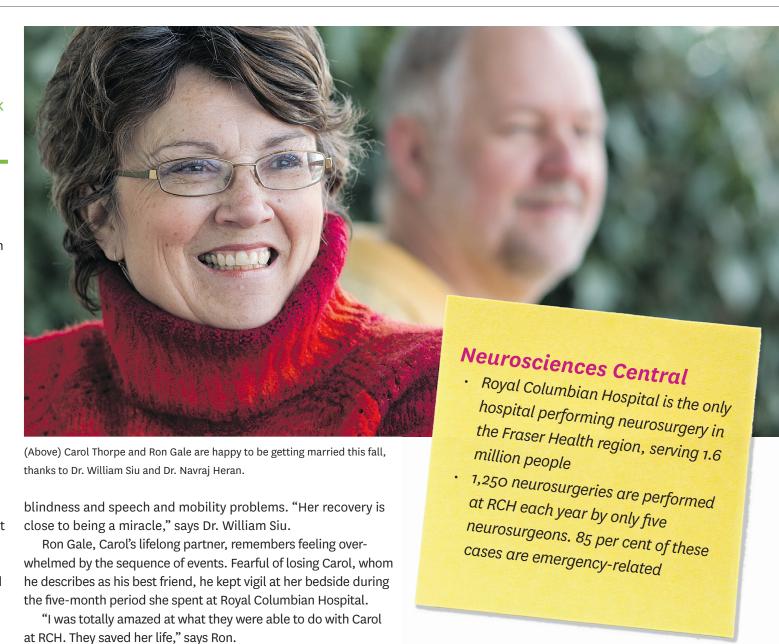


RCH Neurosurgeon Dr. Navraj Heran.

mined that her aneurysm would benefit from a revolutionary treatment involving the usage of platinum coils. He is the only neurosurgeon in Fraser Health that can perform this procedure. The aneurysm was unusually large and complex in shape and situated deep inside her nead, affecting the main artery supplying the whole right side of her brain. Due to the complexity of the aneurysm,

Dr. Navraj Heran deter-

it could not be fully closed in one treatment session. Carol had a total of six angiograms and four coiling/stenting sessions between April and September 2010 at RCH to fully treat the aneurysm. She slowly recovered from the coma, temporary



New Year, **New Life**

Xia family returns to RCH to give thanks

Sharing gifts with friends and family is central to the celebration of Chinese New Year, and for the Xia family of Burnaby, that now includes their 'extended family' at Royal Columbian Hospital (RCH).

Just two months after immigrating to Canada from China to join his daughter's family, Zhao Qi Xia, 74, had to be taken to RCH's Emergency Department. He had a severely high fever and was nearly comatose. Based on his symptoms and an electrocardiogram (ECG) test to check his heart, it was

finally determined that

RCH Cardiologist Dr. Dennis Rupka.

a bacterial infection was destroying Zhao's heart

When the penicillin treatment proved unsuccessful in combating the infection, Zhao had to undergo openheart surgery for a heart valve replacement.

"You can imagine how worried we were," recalls Summer Yitian, Zhao's



(From left) Summer Yitian, Zhao Qi Xia, Yulu Yang and Dr. Terry Tang.

daughter. "My father had just arrived in Canada, speaking very little English, and he had no previous heart condition." RCH Cardiologist Dr. Dennis Rupka has treated a lot of tough

patient cases, and Zhao's case was certainly very challenging. "He was a very ill man when he came to RCH and he required a long series of investigations to sort out was going on," recalls Dr. Rupka.

The Xia family's fears were quickly put to rest as a result of the excellent care and compassion Zhao received from the RCH medical teams. "Every single one in the hospital treated my Dad like a family member," says Summer.

Two years later and in exceptional health, Zhao visited the hospital with his family to meet with Dr. Rupka and the cardiac nursing team, to present a donation for \$1,500 in support of cardiac care at RCH. Summer and her husband, Dr. Terry Tang, raised the money from a Chi Workshop they hosted at their Canadian Institute of Traditional Chinese Medicine Clinic.

Trailblazing

rchcares.com · SPRING 2012

Happy Birthday Royal Columbian Hospital

This year Royal Columbian Hospital (RCH) celebrates 150 years of medical excellence and compassionate care. For as long as RCH has been standing, from the first little house built on the hill with 30 beds, to the hospital it is today with 410 beds, it has relied on donor support. In 1862, more than \$600

was raised in just under an hour by the people of Lillooet, who recognized that RCH would serve the entire mainland colony. Today, RCH is a provincially designated hospital for trauma, cardiac, neuro and neonatal intensive care, and serves one in three British Columbians.

In the past decade, RCH Foundation has raised more than \$40 million dollars, thanks to our generous donors. This money funds critically needed equipment, education, research and innovation at RCH that benefits people from all across B.C. Join us in helping RCH trailblaze the next 150 years: consider making a gift today at rchcares.com or call 604.520.4438. Thank you for your continued support.



Yes, I want to support

Chair, Board of Directors President and CEO

150 Years and Counting

Since October 7, 1862, RCH has served the most seriously ill and injured of B.C.

Mostly for men

Initially, RCH primarily treated men, as women and children were taken care of in their own homes, except in emergency and surgical cases. The first maternity "ward" wasn't established until 1893. Referred to as "the cottage hospital," it consisted of eight beds set-up in the home of Mrs. David Robson.

By the 1970s, women routinely gave birth in hospi-

tal, and typically spent three to four days in the hospital. The Neonatology Intensive Care Unit opened at RCH in 1978. "A premature baby born at 25 weeks in the 1970s had a low

survival rate," says Loraine Jenkins Director, Clinical Programs, Maternal/Infant/Child/Youth



RCH maternity nurse at "the cottage hospital", possibly holding triplets,

circa 1920s.

vival with good outcomes." Heart disease began when people stopped

Program. "Today, through

a combination of advanced

medical knowledge, technol-

Neonatal Intensive Care Unit,

a 25-week premature baby has

an outstanding chance of sur-

ogy and RCH's outstanding

Before 1900, very few people died of heart disease, as manual labour was the norm both at work and home, and walking was the main source

of transportation. The Industrial Revolution changed that, creating a more sedentary lifestyle and cardiac health reper-

30 years ago, bed rest was a large part of how health professionals treated heart attacks along with medications such as nitroglycerine, morphine and blood thinners. Many heart attack

"Today, treatments for heart attack utilize a number of strate-



ated with UBC's Faculty of Medicine.

gies including medications and minimally invasive procedures," says Jackie Murray, Program Manager, Cardiac Services. "What was a two-week hospital stay in the early '80s, has become a two to three-day hospital stay, and mortality from heart attack has decreased significantly."

Getting your knees done

150 years ago, one of the challenges with a knee ligament injury was that the diagnosis was usually missed, as x-ray technology didn't exist (the first x-ray machine was installed at RCH in 1916). "The injured labourer probably would have lost their job because of their inability to function on uneven surfaces, carry



Using a mannequin to train nursing students on how to measure a patient's blood pressure, circa 1930s.



The original RCH (circled), as it was built in 1862, located at Agnes and Clement (now 4th) Streets in New Westminster. The first hospital on the mainland of British Columbia, it had 30 beds and primarily served men.

heavy loads or jump down from a height," says Dr. Bob McCormack, RCH Orthopaedic Surgeon. Fast-forward to the early 1980s, it was

still a diagnosis that was difficult to make without an MRI, but even when the diagnosis was made, the treatment was relatively crude by today's standards, according to Dr. McCormack. Surgery usually involved two incisions that could

total 30 to 40 centimetres, and the patient was in hospital several days and placed in a long leg cast for six to eight weeks. It took up to six months to get their range of motion back and their chances of returning to high-demand activities such as competitive sports or physical labour were low. Today the surgery is done as a daycare procedure. The patient

can take their weight on it the same day. They start physiotherapy and are on an exercise bike within a week or so. "We expect their range of motion to be back to normal by six to eight weeks and that they are able to return to all their previous activities," says Dr. McCormack. Surgery is done more precisely with

> all of the work inside the knee done with the arthroscope (small telescope about the size of a pencil) and the incision is now down to two

'No means to know what was really wrong"

1862: A male worker, 35-years-old, falls 15 feet off a loading dock on the Fraser River, landing hard on a boat railing causing a severe abdominal injury.

"If the patient arrived alive at RCH there would be no means to know what was really wrong with him except by physically examining his abdomen and making an educated guess. If a trauma patient had a severely injured spleen that was bleeding, they were at high risk of dying," comments Kathleen Fyvie,



Trauma Nurse Practitioner, and Lisa Constable, Clinical Nurse Specialist, Trauma Services.

If a similar accident happened in 1982, Fyvie and Constable suggest that the patient would receive an x-ray and an abdominal lavage would have been conducted to test for internal bleeding. If the patient was considered unstable, they would be taken to the operating room for exploratory surgery of the abdomen. An injured spleen would then be removed.

Today, the same worker would be quickly transported by B.C. Ambulance Service to RCH. Once in the trauma room, they would be assessed from head to toe and have a bedside abdominal ultrasound followed by tests such as an abdominal and pelvic CT Scan to pinpoint potential injury to the spleen and provide direction on next steps. The physician(s) may then make a decision to do a minimally invasive procedure to assess and reduce any bleeding within the spleen. If the patient continued to deteriorate, surgery would be recommended to

explore the damage to the spleen, but for the most part, the spleen would not necessarily be removed.

ROYAL COLUMBIAN

Tell us your story! Whether you were born, treated, or worked at RCH, we want to hear from you! Send your words, video or photos to: RCH150@fraserhealth.ca

A very special thank you We acknowledge these individuals, estates, corporate and community

organizations (and those who prefer to remain anonymous) for their generous donations, received in 2011, which have helped to support exceptional care at Royal Columbian Hospital.

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Your Health Matters is published twice annually by RCH Foundation. If you have any questions or story ideas you would like to share with us, please contact our office at 604.520.4438 or e-mail to info@rchfoundation.com Articles by Shannon Henderson and Julie Coghlan. Design by Paula Heal. Photography by Jerald Walliser unless otherwise noted.

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