Anonymous Feedback

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: http://intmed.uc.edu/education/residency/feedback.aspx
Where did that PE come from?

On Tuesday, Suchin presented a case of an extensive, unprovoked DVT/PE which ultimately led the team to find a new ovarian malignancy as the hypercoagulable risk factor. This prompted a discussion of anticoagulation duration and work up for an unprovoked PE.

### What are the guidelines for duration of anticoagulation for unprovoked PE?
- Anticoagulation for at least 3 months.
- After 3 months of treatment, patients with unprovoked PE should be evaluated for the risk-benefit ratio of extended therapy. European Heart Journal (2008) 29, 2276–2315 (Rationale: In unprovoked PE, risk of recurrent event in next 5 years is 25%)

### How do you define bleeding risk?
Bleeding Risk: Low = 0, Mod = 1, High = > 2 of the following:
- Age > 65
- Bleeding history
- Antiplatelet therapy/thrombocytopenia
- Recent surgery
- Falls/reduced functional capacity
- CVA
- DM
- Anemia
- Cancer
- Renal failure/Liver failure
- EtOH abuse

### Should I test for inherited thrombophilies?
Routine testing is generally NOT recommended. May consider in certain situations: (FHx of VTE, age < 45, recurrent thrombosis, thrombosis in odd location, arterial thrombosis, pt has a first degree female relative who is considering OCP therapy).

Why shouldn’t I test?
Because it is unlikely to affect management—as per treatment guidelines, if extensive unprovoked VTE, may continue anticoagulation indefinitely if tolerated.

The following tests can’t be reliably interpreted during:
- Acute clot: Antithrombin, Protein C + S
- Heparin: Antithrombin, lupus anticoagulant
- Warfarin: Protein C+S, lupus anticoagulant

### Should I screen for malignancy?
Controversial for first unprovoked PE
Testing leads to increased CA dx, but hasn’t shown mortality improvement.
- People who may benefit from extensive screening: Signs/symptoms of malignancy, recurrent unprovoked VTE, marantic endocarditis, thrombi in odd sites

How should I test then if extensive approach considered?
- No optimal strategy. Consider chest, A/P CT, tumor markers and EGD/Colon. PET has not been validated and is NOT recommended.
Mmm I’m so glad we have food at noon conference!

So be sure to LOG YOUR CONFERENCE ATTENDENCE ON MEDHUB to keep it coming!

Me too, I was getting sick of home-made protein bars. And the new variety is great!

PROCEDURE FAIR!

Throughout March Scott Carlson has arranged various experts to host procedure days at the VA Medical Center. With the Thoracentesis Sim Dummy calling in sick at the last minute, residents and medical students practiced thoracentesis techniques on some local melons!
**ADMISSION ORDER IMPROVEMENT**

In an effort to improve both the admission and the discharge process, a pop-up has been implemented to notify you if your patient doesn’t have an admission order. Hopefully this minimizes admit order surprises at discharge. Let us know how it’s going!

---

**Research Corner: A Slice of UC’s Cutting Edge**

Third year resident Megan Goebel has been working with Dr. Bernstein to investigate metal allergies in the setting of joint replacements. “We evaluated contact hypersensitivity to metals and acrylates in patients undergoing joint replacement. We found that a history of metal allergy and/or contact hypersensitivity confirmed by patch testing may increase risk of implant failure and could influence optimal choice of implant material. In addition to infection and biomechanical failure, metal allergy should be considered among potential causes of prosthetic joint failure.” Megan will be continuing her work as she transitions to her fellowship in Allergy/Immunology next year.
The Weekend To-Do List— April 3rd-5th


2) **The Lion King**: Through 4/26. Aronoff Center, Downtown. “IIIINNNN THEEEEEE CIRRRRRCCCCCLLEEEEEE.....” $32+


---

**Medical Trivia**

First responder to Dana with the organism shown in this vaginal saline smear and an acceptable treatment gets a Starbucks card!

Congratulations to Javier Baez for correctly identifying Neisseria meningitides

---

**SHOUT OUTS!!! (Let us know who Rocks)**

- Shout out to **Suchin Khanna** for delivering an awesome noon report case with extremely short notice
- Thanks to **Sulsal Haque** for helping provide coverage for a resident in need
- Thanks to **Dr. Luckett** for helping a chief-in-need at noon report.
- **Jillian Wang** gets a shout out for doing an awesome job with some difficult NG placement and for being the best photographer in the program.
- Shout out to **Ben Kinnear, Michael Hellmann and the Transfer Center** for instrumenting the most amazing prank transfer call to Dana Sall and Scott Carlson.
- Shout out to **Danielle Clark** for supporting our public transportation system! Go Metro!