

## ER: WHEN IT'S NOT TV Tips for A.S. Patients in an Emergency

By Michael J. Supancich, M.D., Group Leader, San Diego SAA Support Group

*Gary M. Vilke, MD, FACEP, FAAEM, an Associate Professor of Clinical Medicine at UCSD and Medical Director for San Diego County Emergency Services, spoke at our San Diego SAA Support Group on potential special needs of A.S. patients in an emergency. Much of the information that he provided will help all of us during an emergency.*

DR. VILKE EMPHASIZED that we must be advocates for our own healthcare and be prepared for potential emergency situations.



**Dr. Supancich**

Often the first person to see us in an emergency is the Emergency Medical Technician. An EMT's job is to assess the emergency, stabilize the patient and transport them when necessary to the hospital emergency room. EMTs generally will not be aware of the potential problems associated with A.S. Even the emergency room physician who is trained to



Disease" (ankylosing spondylitis) to convey the special precautions needed. The card should list medications that one currently takes, including the dosage and frequency of use, plus any known allergies. It helps to have your primary physician's name and telephone number along with the name of the healthcare facility where you receive

physician contact the emergency room ahead of your arrival to aid with optimal care delivery. If the situation allows one to be taken to a hospital that has all of your medical records, then by all means make that request.

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have an overview of multiple medical specialties may not have an in-depth knowledge of A.S. and its potential special needs. Therefore, Dr. Vilke recommends that we all carry a laminated card in our wallet or purse next to our driver's license along with our insurance information.

This card should state our medical diagnosis. He recommends calling it "Brittle Spine

your primary care. A Medic Alert bracelet can also be useful, but it is limited to only 25 letters. It could again contain a warning regarding brittle fused bones and any known allergies. Medic Alert bracelets are now available in a variety of attractive designs.

Dr. Vilke recommended that all of one's medical records be on file with one of your physicians and if possible have that

Questions regarding the treatment of A.S. patients involved in a fall were discussed. After being assessed by the EMT, the patient will be immobilized with tape onto a board for transport to the emergency room. Since our neck's range of motion is often limited, Dr. Vilke recommends placing several towels under the head for support.

A question was asked in reference to the December 2003 episode of the TV series "ER" showing an A.S. patient being injured during intubation. Dr. Vilke emphasized that in any emergency, the patient's neck is stabilized while one of several types of tubes are

passed into the airway. He has never seen a patient suffer spinal fractures from the procedure. Emergency room personnel and the anesthesiologist should be informed if a person has any limitation of neck movement. When a person is placed under general anesthesia, they are generally paralyzed with drugs so that the tube can be passed in a safer fashion. Special instruments used for visualization need to be available for individuals where the head cannot be tilted back during the procedure. This is true for both emergency and scheduled surgical procedures.

Dr. Vilke also mentioned the importance of knowing that a person is receiving immunosuppressive medications. If a person presents at the emergency room with a temperature of 103 degrees on immunosuppressive drugs, they need a more thorough workup to rule out the potential of infectious disease.

In most areas of the country, every effort is made to transport the patient to their primary hospital where their medical records are available. Unfortunately, this is not always possible due to the distance from the facility or in cases of an acute emergency, such as cardiac care, where the closest appropriate facility is selected. Over the last decade the morbidity and mortality rates for patients under emergency conditions has been dramatically improved due to better training programs. As a resident of San Diego County, I am grateful for Dr. Vilke's efforts.

If you arrive at an emergency room on your own with neck pain, it is important to report that during registration to hasten your treatment. Dr. Vilke recommends pointing to the painful area in the back of your neck or, if you have an elevated temperature, immediately mention that you are receiving immunosuppressive therapy.



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As an ophthalmologist, I know the most common eye emergency associated with A.S. is *iritis*, which occurs in at least 25% of A.S. patients at some stage of their disease. It can be the initial presentation in a person unaware that they have A.S. The symptoms are eye pain, redness, light sensitivity and blurred vision. Depending on the severity of the symptoms, a trip to the emergency room may be indicated. There are characteristic findings when the eye is examined using an instrument called a slit lamp.

Once iritis is confirmed, the initial treatment consists of several types of eye drops. A cycloplegic (red top bottle) is used to dilate the pupil, which helps to prevent internal scarring and decreases the associated eye pain. A second drop containing a steroid is used to suppress the inflammatory response within the eye. No antibiotic is required since this is not an infection.

It is important that the drops be used as directed, both in terms of frequency and duration. This will hasten the recovery and lessen the chance of the iritis becoming a chronic condition. Self-medication with steroid drops is dangerous due to potential side effects such as secondary glaucoma (which is a damaging eye pressure elevation) or cataract formation.

It has recently been noted that individuals receiving TNF alpha-blockers such as Enbrel®, Remicade®, or Humira® may have a lower incidence of recurrent iritis. Further study is needed.

We are grateful to Michael "Mike" Supancich, M.D., volunteer extraordinaire, for writing this article. Mike is a retired ophthalmologist who lives with his wife, Cheryl, in Carlsbad, where he is into year two of leading an SAA sponsored support group.