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In this episode, Taren Grom, Co-Founder and Editor-in-Chief of PharmaVOICE meets with Elizabeth Hewitt, DPM Orthopedic Surgeon Foot and Ankle Physicians of Ohio.

Taren: Dr. Hewitt, welcome to our WoW podcast program.

Dr. Hewitt: Thank you for having me.

Taren: Dr. Hewitt, you're the first surgeon I've had the opportunity to interview so I'm a little bit nervous. And I want to thank you so much for taking time out of your busy surgical schedule to speak with me. In reading through your CV, I can see you are absolutely an acclaimed orthopedic surgeon. I've always been fascinated by the stories of how people get into their jobs. What led you on the path to become a surgeon?

Dr. Hewitt: Well, I came from a very athletic family and so we were all in sports from as young as I can remember and that was kind of our life just running around and playing sports. And as I got older I really came to find that it was debilitating when you put so much time and effort and sometimes a lifetime into your athletic sport of your choice and you'd be injured. That really drew me into looking at medicine. I kind of found myself looking at foot and ankle because I thought it was interesting the fact that oftentimes we could treat people conservatively and they may be wouldn't need to have surgery – things like tendonitis, soft tissue things like plantar fasciitis, Achilles tendonitis, sometimes you could treat these people conservatively and maybe you wouldn't have to give them surgery.

Which is was very interesting to me when I was on the other end of the spectrum as the athlete. I get these people back up playing the sports that they loved and the activities that really were essential to their lives. And then once I got into medicine and start studying it, really what I found most intriguing was the surgical side of it and the fact that sometimes conservative efforts did not work, and the fact that you could potentially fix these people surgically was very interesting to me. And I think it was kind of the artistic side of surgery that most drew me in kind of the right brain side of things and that there's not just one right way to fix things, and that was very intriguing to me.

So that's kind of how I fell into surgery, really kind of fell in love with it.

Taren: So a couple of things there, what was your sport of choice as a child? What was your position?

Dr. Hewitt: I first started running to get in shape for basketball. I came from a big basketball family, but unfortunately I was like the run of the family. So I never really made it very far. I'm

about a 5 for a point guard. But I continued to run throughout my life and running is really something that I love to do and kind of fell upon it accidentally just trying to get in shape for basketball.

It's a great sport in that it's just so good for you cardiovascular-wise. There's a great community of people that really live and die by it and it's something you can do your entire life. You don't need a lot of equipment or gear. I'm actually in Chicago right now speaking at a course, and the only thing I have to pack are my sneakers. I'm always ready to run. So running is something that I can choose to do throughout my life and a big part of my practice is treating runners because we're a crazy bunch and we don't want to stop running.

Taren: I do know some crazy runners too that they'd rather do almost anything but not run. So I understand that. Right now it's a beautiful day, you could probably be running out by Lake Michigan if you weren't talking to me. So I appreciate your time even more. You said that surgery is sort of it has an artistic appeal to it. Explain that a little bit more in depth for me because I found that a very intriguing statement.

Dr. Hewitt: Well, it's interesting because I do a lot of training of both the fellows and the residents, and I try to train very pragmatic in that I tell people when you're starting to learn surgery you really almost want it to be like a pit stop – like step one, step two, step three, step four and that you have an outline in your brain. And that kind of almost goes back to that same athletic background too, just like if you're practicing for like a free throw, you do it the exact same way every single time for a muscle memory effect. But really once you're comfortable with procedures not everybody is built the same and not all anatomy is the same and not all problems are exactly what you thought they may be when you actually get into the operating room.

And so that's really kind of that surgical leeway or that artistic leeway that sometimes you have a problem that you don't necessarily have an answer for, and so you have to kind of think outside the box and figure out a way to fix these problems or to surgically correct these patients' ailments, and there's not necessarily the hardware for it or the instrumentation for it or the procedure for it. And that's when you have to get creative, and that's really what I find most interesting and most challenging about orthopedics.

Taren: Fantastic. Do you find as everybody has become almost their own doctor because we can Google everything in the world now, that they also think they're a surgeon when they come in to see you now? 'Surgeon, I have this idea of how to fix me.' Are you finding that everybody has become their own doctor?

Dr. Hewitt: Well, I do think that people, just patients, in general are more savvy, and there's pluses and negatives to it. I certainly have patients come in and they've diagnosed themselves and they've also studied up on the procedure they'd like to have performed on themselves. And while that can sometimes be dangerous, sometimes they're not that far off. So I think really what that speaks to more than anything else is just the fact that patients are becoming more savvy consumers of their own healthcare.

I think what's probably most changed my practice, not so much the patient comes in and they order a procedure they want to have done, but they certainly do have a say as far as where they'd like it done, how they'd like it done, what they want their experience to be even though obviously you need a trained medical professional to decide the appropriate procedure and the appropriate after care and perform the procedure. But patients have a lot of say in their own healthcare as far as where they want it done and maybe what they want their experience to look like, and I do find that changing over probably the last 15 years.

Taren: Everybody wants to have a say for sure. We spoke about where you practice, and I understand you practice in both traditional hospitals and in community-based surgery centers. What are some of those differences between those two different practice locales, if you will, or organizational structures?

Dr. Hewitt: I'd say really where I perform surgery and how I perform surgery is really what has changed the most over the last 15 years. Not so much the surgery itself, but just how we actually go from point A to point B. We take call at a level 1 trauma hospital and I actually operate at four other large hospitals within Columbus, Ohio. When I first started practice, that's where we did all of our surgeries. So whether you were having a total ankle replacement or a hammertoe repair, we would do those procedures in the hospital without question. And really as time has evolved I now operate out of two surgery centers in addition to those hospitals, and I find more and more of my cases being moved to surgery centers. I think there's a couple of reasons for that.

One of them is that the patients are more savvy now and they do understand the difference between a surgery center and hospitals and the fact that surgery centers are sometimes built more for these elective straightforward procedures. It's quicker for the patients to have these surgeries performed and oftentimes less of an expense to patients.

I never really realized just the efficiency of these surgery centers until the COVID hit. And with COVID obviously our hospitals were so overwhelmed dealing with issues surrounding COVID-19 and really high acuity patients that these patients that had elective procedures needing to be performed are bunionectomies or plantar fascia releases or ankle scopes and stabilizations – those procedures we really started pushing them all through the surgery centers because we wanted to keep these patients in like a little COVID-free bubble where all the patients were COVID-free. They would never intermingle with a COVID population. But that's really how I started to realize the true benefit and power of surgery centers and really their place I think going forward in healthcare.

Taren: Interesting, and it's really become a specialty area. And I think, you're right, it allows patients to be in a bubble so they're not mixing in with other patients who have other ailments. So really very smart. Did you see a decrease in the number of folks who had to come in for those elective surgeries? And we say elective as if it's you know I just – because I want it, but a lot of times these are debilitating issues that the patients are facing if they can't walk. It can affect their entire lives.

Dr. Hewitt: Yeah. I do agree with that. Elective always sounds like patients they don't think well, will insurance cover this or is this like a cosmetic thing? Elective in my mind just really means it's not like you have a broken ankle we have to fix tomorrow. So elective just means something that you've probably tried conservative treatment for and it still interferes with your everyday life. But elective cases are really perfect procedures to have done in the surgery center. I'd say probably more than half of my patients are going to surgery centers, and I think that number is increasing just because we are only performing those elective procedures. So really the surgery centers are becoming the experts in these elective procedures.

The staff is very well trained to only perform these procedures because they're not having to deal with these high acuity very ill patients that are also the hospital does have to deal with. So you're having a really well-trained, well-oiled machine in these surgery centers, and that goes to the staff that are treating the patients. It goes to the instrumentation that we used in these surgery centers. It speaks to just the patient's overall experience.

There's been a great number of patients who have been waiting to have their elective procedures performed and COVID is actually been the perfect time for these patients to have these surgeries performed. So a lot of patients with arthritis or longstanding conditions that they've wanted to have fixed they couldn't take the time off of work and now that so many people are working from home they can not only continue to work from home, but they can also recover at home and don't have to go into the office. So I've seen a dramatic increase in the amount of elective procedures that were performed because these patients during COVID have more bandwidth and more flexibility in their work schedules to recover.

Taren: So that's great. So at least there's one silver lining coming out of this COVID pandemic and I'm sure there's others, but that's certainly a great one to illustrate. I think that's really quite a big innovation if we think about it compared to where we were five years ago – or even three years ago, and we're seeing these surgery centers starting to pop up across the country. So let's talk about that patient experience a little bit more in-depth if you don't mind. So I'm a patient, I'm coming in, I need an elective ankle surgery done. What would be my journey like in one of your surgical centers?

Dr. Hewitt: In the surgery center, I would say the biggest thing is that these are all elective patients that are having surgery performed that are healthy people that do not have COVID and were not intermingling potentially very sick or COVID positive patients with these elective surgery patients. The entire staff is trained and prepared just for these orthopedic procedures, so that's all they do all day long. So they're really experts in the orthopedic procedure that you're going to have done. As opposed to if you go to a hospital you might have a circulator or a scrub type that might be doing all kinds of different procedures from OB to general surgery to orthopedics and they might bounce around, and while they're still very highly skilled they're not doing the same thing all day everyday, which really gives you a better understanding of your procedures and I think a better comfort level with it.

One thing that has really changed my treatment of patients is the use of these pre-packaged sterile instrumentation. I think that that's probably the biggest change in my practice over the last 15 years that we're just becoming more savvy as far as being more streamlined in a surgery center and also being more streamlined in the procedures and the instruments that we are using and the hardware that we're using for our patients.

So big change in my practice is that I have gone almost universally to pre-packaged sterile instrumentation, and this is kind of a behind the scenes look because most patients don't really know what happens because you're sleeping during surgery, but back when I was a resident 15 years ago we would have a big bucket of screws and we would use this same tray of screws hundreds and hundreds of times. We'd pick out the screw we want and we'd use it on a patient but then that same tray of all these screws would go back, it would be sterilized and we'd keep using the same tray over and over and over again.

And not only is there a huge cost as far as continuing to re-sterilize this tray, but also just kind of coming from my own perspective if I was a patient I want to use an implant in my body that was only made for me. I haven't shared that tray with hundreds of other patients. Really that has had a huge effect on the way that I treat patients, that they are using screws, staples, instruments that I have pre-ordered and sized for my patient and is only to be used for my patient. So it's not using something that's been re-sterilized many times. It's had a huge effect just on the way that the surgery centers can work as well, because surgery centers don't oftentimes have the bandwidth to be sterilizing these instruments over and over again.

It really cuts down on the amount of people that we need to have in the operating room because I specifically already know exactly the implant that I want for my patient and I can pre-order it and it's waiting for me in my GEO CART and it's automatically refilled once I use it. And so it's a benefit to patients to not have many bodies in the operating room from an efficiency standpoint and also from an infection standpoint. The reason why I prefer using the GEO CART and really Gramercy orthopedic products for my patients is really the whole delivery system.

Taren: You talk about personalized medicine in a different way. That's amazing. And I would imagine, too, the patient outcomes is much improved as well because it is a personalized device or a piece of equipment for them as you said made for them specifically picked out for them so their quality of life is even better after the surgery I would imagine.

Dr. Hewitt: Oh sure. I mean there's less waste because we're not taking out multiple different instruments. I'm only getting exactly what I want and then there's not many different people in the room which cuts down on infection rates which has a huge effect on patients postoperative outcomes. And really one of the implants of my personal preference is using the GEO CART and those instruments are actually made especially contoured for my problems that I am fixing. So these patients are having a very specialized experience.

Taren: Thank you so much for sharing that behind the scenes look because you're right. It's fascinating to me. I also when I was reviewing your CV you are a prolific speaker. Right now

you're at a conference. What excites you the most about sharing your personal and professional perspectives?

Dr. Hewitt: I think I kind of got into it just because I trained at a program that was very heavily weighted towards education and research. So I started working with the residents and then went on to have a fellowship of my own. And so it just kind of was the natural progression to continue to train and teach just as somebody had done for myself.

I'll tell you something happened to me a few years back that really kind of changed my perspective on things. I'll never forget this. I was actually in a course in Dallas, Texas and I was lecturing on external fixation, and I had a young female resident come up to me and just thanked me for speaking. She relayed to me just that she really was interested in being a surgeon and she really felt passionate about it, but she never saw female speakers in our profession and just that it was motivating to her to see that there was a place for females as surgeons doing higher acuity foot and ankle surgery.

It took me off guard because I just thought that I was doing surgery and talking about the procedures I perform, and then selfishly I always get kind of a kick out of going out and lecturing because it's always interesting to me that people do things very, very differently when you go to different geographic regions just even within the United States. So I always secretly got something out of it myself just seeing how different people were practicing. But it did kind of mean something to me, that oftentimes when you do look around on speakers bureaus where you're talking about foot and ankle surgery, there aren't a lot of women out there lecturing.

So I do think it's partly my mission, or at least my responsibility, to show that there is a place for women in foot and ankle orthopedics, and that we're doing big procedures and to show women that there is a place for us. You don't think about it when you're up there doing, but then you look around and you're like gosh, I guess I am the only woman up there kind of doing it.

Taren: Interesting. I was going to ask you that. It was one of my follow up questions is do you find yourself often to be the *n* of 1 in a room or in a circumstance such as that where you don't see a lot of other women surgeons who are doing the work that you're doing or even other women surgeons, period, out there even outside of your specialty.

Dr. Hewitt: I always feel a little bit maybe ignorant to it or obtuse to it because you're just thinking you're up there talking about what you do all day, but if you really look at the numbers 50% of medical school graduates are females, but when you look at how many of them are going on and performing surgery, I believe the statistic is that less than 3% of fellowship foot and ankle directors are females in the United States. So there certainly is, there's a discrepancy at some point between graduating from medical school and then continue to perform procedures and going out and lecturing and training on it.

Taren: Obviously you had an impact on this one woman and you really could be considered a role model for other women who are looking to become proficient in this specialty. Does that

mean something to you, and do you feel a sense of responsibility to widen the path for other women to come behind you?

Dr. Hewitt: Oh, absolutely. We within the residency program that I work in, we do continue to graduate a high percentage of female residents. And yeah, just as somebody trained me, I certainly feel the responsibility and that's really why I got into lecturing and speaking and training; I feel the responsibility to train those that come behind me as well.

Taren: Fantastic. And Dr. Hewitt, since this is our Women of the Week or WoW podcast program, I'm going to ask you to identify for me an accomplishment or a career change that shaped or changed the trajectory of your career. Is there something that you can point to?

Dr. Hewitt: There is one patient of the many patients that I have been blessed to interact with that really did change the way that I started approaching surgical procedures. This young man had a really severe flat foot deformity, and he wanted to become a police officer and he couldn't get into the academy. And so we decided to perform a reconstructive surgery to reconstruct an arch for his foot. This has always stayed with me, and this has really changed the way that I practice.

When we reconstructed his arch, he had an excellent result, but back in those days they had very big hardware that really wasn't anatomically specific and wasn't well contoured for a young man and we ended up having his wound open. We ended up having to take a plate out that I had on the top of his foot, and I ended up having to use kind of outside the box measures to get him to heal. That really was what made me kind of take a step back surgically and think there's got to be a better way for us to be managing some of these surgical procedures. It really made me start thinking about using products, such as GEO, that are more well suited to specific anatomic spots in the foot and the ankle and really be a little bit more sophisticated about the hardware that we're choosing for these patients. So when I do use that GEO CART, I can specifically pick I want this size screw, I want this length staple, and I really feel confident that I'm giving my patients a better implant, something that's better suited and specific just for their problem. And then I'm giving them a better experience in that if they're able to do these things in the surgery center and they're using instruments that are only used for them – and when I kind of take a step back, I think that that's what I'd want for myself if I was having surgery.

And because of this young man who was able to make it into the police academy, he's now a police officer, actually in the same town that I practice in, but I wish that I had had products like GEO back then. But he was really my inspiration, my motivation to try to go out and find companies that were being more innovative and thinking more about just foot and ankle. I think it's been a benefit to our patients.

Taren: What a wonderful story. It's so heartwarming. Not only did you help this gentleman, but then he's in your own hometown. So I am hoping you never get a speeding ticket – I'm just saying Dr. Hewitt.

Dr. Hewitt: Every now and then I'll get a little text and it goes, "Hey, Dr. Hewitt, slow down." But I have to say he did more for me than I did for him because he really changed the way that I practice and he is the reason why I think we're able to give this technology to so many other patients.

Taren: Thank you so much for spending some time with me. You've really opened my eyes to a whole other area within the healthcare spectrum and providing our listeners too with some valuable information if they ever need to go in to see a surgeon. And I would imagine some of these lessons, whether it's foot and ankle or an elbow or a knee, that we need to start asking our surgeons some different questions. What are some of those innovative practices that they're using and where they're operating if it's in a surgical center. So thank you so much. This was delightful.

Dr. Hewitt: Yeah. Well, thank you for having me.

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