Comprehensive Replant Service
North Shore University Hospital

Program Overview for Emergency Medical Services Providers
Dear Colleague,

We are pleased and excited to announce that North Shore University Hospital is now a receiving hospital for patients requiring **replantation surgery**. Please review the enclosed supplement to New York State’s BLS protocols, issued by Nassau County’s Regional Emergency Medical Services Council, which can be found at the end of this packet.

In the pages that follow, we will provide an overview of the program, including its highly specialized physicians who will care for these patients. As the newest members of our collaborative trauma team, these physicians are eager to join you (EMS), and hospital physicians and staff from the Departments of Emergency Medicine, Trauma, Orthopaedics and Neurosurgery in caring for the more than 2,000 trauma patients we treat together each year.

We look forward to providing this new service to our patients in collaboration with you and our other pre-hospital colleagues. If you have any questions, you can always contact Dr. Josh Moskovitz, NSUH’s EMS Liaison, at jmoskovitz@nshs.edu. As always, we thank you for your tireless efforts, selflessness and dedication to our patients.

Warmest regards,

Susan Somerville, RN  
Executive Director

Jeffrey M. Nicastro, MD, FACS, FCCP  
Vice Chairman, NSLIJ Dept. of Surgery
Replantation Surgery

About

“Replantation” refers to the surgical reattachment of a part of the body that has been completely cut from a person's body. In many cases, replantation is not possible because the body part is too damaged, but in cases when it is, the goal is to give the patient back as much use of the injured area as possible. Replantation is recommended when the replanted part will function at least as well as a prosthesis. If the replanted body part will not function properly, cause chronic pain or get in the way of everyday life, replantation is not recommended.

What makes NSUH a Replantation Center?

• 24 hour operating room availability
• Team of Replantation Surgeons on-call 24/7/365
• Plastics and Orthopaedic Surgery residents who can assist the replant surgeons
• Microsurgical lab equipment
• Specialized equipment used for microsurgery
Our Team
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MD – Cornell University Medical College
Residency – New York University Medical Center
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Education & Training
MD – Columbia University College of Physicians and Surgeons
MPH – Columbia University Mailman School of Public Health
Residency – Columbia University
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Education & Training
MD – SUNY Upstate College of Medicine
Residency – Staten Island University Hospital
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Education & Training
MD – Albany Medical College
Residency – Otolaryngology-Head & Neck Surgery, George Washington University
Residency – Plastic & Reconstructive Surgery, University California Los Angeles
Fellowship – New York University Medical Center
I. Perform initial assessment.

II. Assure that the patient’s airway is open and that breathing and circulation are adequate.

**Caution:**
Manually stabilize the head and cervical spine if trauma of the head and/or neck is suspected!

III. Place the patient in a position of comfort **only if doing so does not compromise stabilization of the head and cervical spine!**

IV. Control the bleeding by applying direct pressure.

V. Elevate the stump above the level of the patient’s heart.

VI. **If severe bleeding persists,** apply a tourniquet just proximal to the bleeding site. If severe bleeding still persists, a second tourniquet may be applied proximal to the first tourniquet. Record time tourniquet was secured and document near the tourniquet site.

VII. Assess for hypoperfusion. **If hypoperfusion is present, refer immediately to the hypoperfusion protocol!**

VIII. Wrap the stump with moist sterile dressings.

XII. Cover the dressed stump with a dry bandage.

XII. Preserve the amputated part as follows:

A. Moisten an appropriately sized sterile dressing with sterile saline solution.

B. Wrap the severed part in the moistened sterile dressing, preserving all amputated material.

C. Place the severed part in a water-tight container (i.e. sealed plastic bag).

D. Place the container on ice or cold packs (if available). **Do not freeze or use dry ice! Do not immerse the amputated part directly in water! Do not allow the amputated part to come in direct contact with ice!**

XI. Immobilize the limb to prevent further injury.

XII. Transport the amputated part with the patient, as able, to the closest appropriate Trauma Center. If the patient’s condition is stable enough to tolerate transport to a Replant Center contact Medical Control and request them to notify the Replant Center of your impending arrival.

XIII. Current Nassau Replant Center (24/7 operation) North Shore University Hospital Manhasset Winthrop University Hospital

Protocol approved by Nassau REMAC – Corrected 12/1/2013 – Effective - 12/01/2013 Protocol T-1