

# Emergency illustrates flaws in on-call system

## It took time to find specialist to reattach man's hand

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As he welcomed the new year, Jose Ramos reflected on how a one-second mistake months ago changed his life dramatically.

It was Aug. 11. Ramos was helping a friend install a new floor in an Escondido home. He had used his miter saw for hours to shape some boards. He hadn't eaten all day and hadn't slept well the night before. About 9 p.m., someone said food finally arrived.

Ramos, 25, steered the last plank into the saw's blade, then carried the board in his left hand. At least that's what he thought.

There was no plank in his left hand. There was no left hand.

The saw had sliced through his hand diagonally from above the thumb to his wrist.

But Ramos didn't feel any pain as he walked into the house. Then it hit him.

"I just screamed, 'I don't have my hand!'" Ramos recalled.

He needed to find a doctor fast. But as he discovered, hospitals countywide suffer from a shortage of specialty hand surgeons willing to "take call," which means coming to an emergency room to treat unscheduled patients.

Five out of 19 emergency rooms in the county said the scarcity of hand surgeons was their biggest physician take-call problem, according to a survey conducted by Dr. Roneet Lev. She practices at Scripps Mercy Hospital in Hillcrest and was president of the California chapter of the American College of Emergency Physicians.

Hospitals eventually find a qualified hand surgeon for each patient, Lev said, but better coordination would greatly reduce delays.

It took awhile for Ramos to obtain medical help on the night of Aug. 11.

At the home in Escondido, someone wrapped a rag around Ramos' bleeding limb. His friend Dom Avestro guided Ramos into his truck and headed for the closest hospital, which Avestro thought was in Poway. He made an erratic U-turn after realizing that Palomar Medical Center in Escondido was closer.

A policeman noticed the turn and stopped the truck. He thought Ramos and Avestro were in a gang fight and questioned them for what seemed about 10 minutes.

Then the officer requested an ambulance. While waiting, Avestro called the Escondido house, asking people to look for Ramos' hand. The homeowner found it in a bush, about 4 feet from the saw, and drove it to Palomar's emergency room.

The staff there gave Ramos morphine for pain that seemed to emanate from where his fingers used to be. The phenomenon, called phantom pain, is perhaps caused by nerves that experienced the trauma, remember it and keep telling the brain to feel those sensations.

Palomar officials contacted the on-call surgeon, but that physician declined Ramos' case because Palomar didn't have enough experience handling such injuries.

"(The surgeon) felt it was better medicine for Ramos to go somewhere else," said nursing supervisor Susan Andrews. "This was delicate microsurgery."

Ramos looked at his hand, which lay in a bag of ice at his feet. He thought about his fiance, Charo Narciza, his partner for 10 years and the mother of his son. She was going to give birth any minute. (Narciza delivered the next day.)

Ramos also worried about his job installing Internet networks for Navy contractors. "How can I provide for my family?" he remembered thinking. "I've always been concerned about safety, and now I've let everyone down."

Shortly before 1 a.m., Ramos and his hand were flown by helicopter to UCSD Medical Center in Hillcrest. Dr. Mark Rechnic and his team operated on Ramos from about 2 to 8 a.m. They reconnected two veins, an artery, 14 tendons, two major nerves and their branches, the bases of four fingers and three wrist bones.

The surgery was unusually complex because the cut severed the middle of Ramos' hand. In Rechnic's more than two decades as a hand and plastic surgery specialist, he said, few operations were as intricate.

"Everything converges right on (the middle) spot, and then branches out again in both directions," Rechnic said.

It's unknown how many cases like Ramos' occur each year in the county, because trauma centers don't keep such tallies.

Lev, of Scripps Mercy, wants all hospitals in the region to electronically list the gastroenterologists, heart surgeons and other specialists guaranteed to be ready for emergency calls. Then paramedics could avoid taking patients to hospitals that can't promptly care for them.

Today, executives at many hospitals fear that being honest about which physicians are available could cause state officials to penalize them for not having all the on-call specialists required, Lev said.

The main take-call challenge is that many doctors don't want the inconvenience of seeing unscheduled patients, especially the uninsured or underinsured.

“Doctors have to drive to the hospital, book the patient for surgery and then wait several hours for an operating room to become available,” said Dr. Richard Braun, a hand surgery specialist in Hillcrest.

Ramos knows he was fortunate to have Rechnic handle his case. His recovery will take months, if not years.

Several times a week, Ramos drives from his home in Imperial Beach to UCSD Medical Center, where a therapist helps him exercise the nerves and muscles in his hand. He cannot return to work yet.

Although it's unlikely he will ever have full use of his hand, he is slowly regaining sensation in it. “If you pinch one of my fingers, I can tell which one without looking,” he said.

His hand has regained enough dexterity that he can pick up a piece of paper.

Ramos' sense of humor is back, too. He laughed while talking about the joy of wrapping a Christmas package. “It looked kind of funny,” he said.

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