

ЛІКАРСЬКИЙ ВІСНИК



Журнал
Українського Лікарського Товариства
Північної Америки

Journal of the
Ukrainian Medical Association
of North America

<https://www.umana.org>

Vol. 57, No. 1 (161)

2023

Рік 57 ч. 1 (161)





ЛІКАРСЬКИЙ ВІСНИК

Журнал Українського Лікарського Товариства Північної Америки (161)
Journal of the Ukrainian Medical Association of North America (161) 2023
(ISSN – 0041607X)

Editorial Board

Editor – in – Chief

Andrew Melnyk

Editors Emeritus

Roxolana Horbowyj
Roman Worobec

Editorial Board Members

Maria Hrycelak
George Hrycelak
Dinya Zajac

Рада редакції

Головний редактор

Андрій Мельник

Почесні редактори

Роксоляна Горбова
Роман Воробець

Члени ради редакції

Марія Грицеляк
Юрій Грицеляк
Діня Заєць

Publisher Contact Information

Адреса Видавництва

Ukrainian Medical Association of North America
2247 W. Chicago Avenue, Chicago, IL 60622
Tel: 773.278.6262
umana@umana.org

Printer

Друкар

Computoprint Corporation
1360 Clifton Avenue #402, Clifton, NJ 07012
Tel.: 973.574.8800
Computoprint@gmail.com

Statements, data and opinions expressed in JUMANA are those of the authors and do not reflect those of the editors or UMANA unless so stated.

Твердження, дані і думки подані у Лікарському Віснику належать до авторів і не відображають погляди редакції чи УЛТПА, хіба коли вказано



ЛІКАРСЬКИЙ ВІСНИК

Журнал Українського Лікарського Товариства Північної Америки (161)
Journal of the Ukrainian Medical Association of North America (161)

Table of Contents

Зміст

- 4 **Слово від Редактора A Word from the Editor**
- 8 **Abstracts XLVI UMANA Scientific Conference, Nashville. TN
June 15-16, 2023**
- 19 **Dr. Ronald Roman Liteplo May 16, 1947-February 12, 2023**
- 20 **Point-of-Care ultrasound teaching in Ukraine**
A. Liteplo MD, K. Sze MD, V. Noble MD, T. Bucierka MD
- 23 **Бойова травма вуха у військових України – організація
отохірургічної допомоги і алгоритми лікування**
Роман Барилляк, Дмитро Гороляк, Ірина Черван
- 28 **When to refer to an audiologist for evaluation and management
of hearing loss.**
Daria Popowych Au.D. CCC-A
- 31 **From clinical practice to the frontlines – Ukrainian doctors
answer the call to serve, sacrifice and save lives.**
Uliana Pidvalna

FROM CIVILIAN PRACTICE TO THE FRONTLINES – UKRAINIAN DOCTORS ANSWER THE CALL TO SERVE, SACRIFICE, AND SAVE LIVES.

Uliana Pidvalna, MD, PhD,
Associate Professor of Anatomy
Danylo Halytsky Lviv National Medical University

The full-scale Russian invasion of Ukraine in early 2022 affected the lives of every Ukrainian. According to the International Organization for Migration, 11.3 million Ukrainians were forced to relocate since the beginning of the Russian invasion: 4.2 million left Ukraine, and 7.1 million were displaced internally. At the same time that many displaced Ukrainians were forced to evacuate West, many others headed East, towards the front lines and into harm's way. This article shares the story of three civilian physicians from Lviv, a city in Western Ukraine.

For over a year, Dr. Dmytro Beshley and Drs. Roman and Andriy Sobko worked in the Donetsk region near the battlefield. Their trio is referred to as “Dmytro and Brothers Sobko”. Their bond dates to 2014, when all three first were deployed to the Ukrainian Military Forces. That deployment lasted 14 months, with most of their time spent operating in Donetsk region, including Mariupol, Krasnoarmiysk (Pokrovsk) and Dnipro. A phone call in February of 2022 reconnected all of them yet again. As they had done in 2014, all three of them answered the call and took leave of successful medical careers, family, hobbies, and the comforts of daily living to serve Ukraine. So many Ukrainian heroes have done the same, and this article is meant to share just one story about the multitude of formerly civilian doctors who must now carry weapons over their white coats as they must practice medicine under the savagery of war.



Dmytro Beshley

Dmytro Beshley, M.D., 39 years old, cardiovascular surgeon, MBA. Prior to February 24, 2022, Dr. Beshley operated in Lviv Regional Hospital, served as a director of the Ukrainian-Polish Heart Center “Lviv” and had an assistant professor appointment in the Department of Surgery in Lviv National Medical University. Dr. Beshley performed the full spectrum of cardiovascular surgeries: coronary artery bypass, cardiac valve repairs/replacements, aortic aneurysm repairs, heart transplantation, and the like. He also focused on minimally invasive procedures, performing the first transcatheter aortic valve replacement (TAVR) in Western Ukraine in 2020, after having already performed Ukraine’s first mini-sternotomy access for aortic valve replacement in 2015. He spearheaded the formation of the Ukrainian-Polish Heart Center “Lviv” to improve access to cutting edge healthcare. When asked about his motivations to serve, Dr. Beshley responds, “Independence is a gift that we must defend, guard and fight for. We must honor of the eternal memory of those who lost their lives while defending our country, those who lost their health, and those who continue to defend our Ukraine to this day.”



Roman Sobko

Roman Sobko, MD, 44 years old, adult, and pediatric anesthesiologist. He was chief of Division of Anesthesiology and Critical Care Medicine in Lviv Regional Children's Specialized Clinical Hospital, but his support for Ukrainian freedom dates to the Revolution of Dignity. "In 2013, until the last day of the Maidan, I was staffing medic tents at Independence Square in Kyiv, where I provided urgent care to the protesters. I believed that this was a way to protect the freedom of our nation, our sovereignty and our Ukrainian voices. In 2014, I volunteered to the frontlines to defend our country. In 2015,

I was demobilized and returned to my hospital with an Honor of Bohdan Khmelnytsky. A few years later, I was elected as a division chief at Western Ukrainian Specialized Children's Medical Centre. I am proud of my accomplishment to create a hospital division for pediatric hemodialysis, which supports all the Western regions of Ukraine."



Andriy Sobko

Andriy Sobko, MD, 46 years old, oncologic surgeon. Until February 24, 2022. Dr. Sobko practiced in the minimally invasive surgical division of the Lviv Regional Cancer Center. He specialized in minimally invasive surgeries with a focus on gastrointestinal and gynecologic tumors. "This is my second time to deploy in the ongoing war between Moscow and Ukraine. My first introduction to military field surgery occurred in 2014-2015. From this experience I gained some understanding about strategies and tactics while helping the wounded. From the beginning of the full-scale Russian invasion last year, my brother and

I have been working on the same team in the Donetsk region. Our experience in 2014-2015 was a "walk in the park" compared to what we are facing right now. During the past year, we have performed numerous large scale abdominal, vascular, orthopedic and head and neck operations. We attempt to conduct these interventions following the highest standards of practice and by utilizing the newest technologies, including laparoscopy. We rely on our experience and knowledge from "civil" medicine to save Our Heroes, and continually update our practices from what we learn in the field."

Thousands of military personnel and civilians, including children and newborns, have been saved by the hands of these physicians, and doctors like them. During the first months of war, most of the civil doctors in Donestkiy region left their clinics, as they were not prepared to deal with combat trauma. At the same time, a significant portion of local populations remained in these territories, which were subjected to daily shelling and bombing. Military physicians were forced to provide medical help not only to the military, but also to the civilians. There were numerous children hurt by constant shelling: traumatic amputations, massive hemorrhages, frost bites, and burns (photo 4). Dr. Roman Sobko, as a pediatric anesthesiologist, ensured that all the children had appropriate support during surgical interventions, evacuations, and trans-

portation to other medical facilities. These doctors will not remember the names of all the children they helped, but they will never forget the traumas and procedures they performed. Nor will they forget their faces or the terror in the eyes of these children. The pleading eyes, which begged for their parents, brothers, sisters, their home... And it was actually those physicians, who would all-too-often have to deliver the worst news to the children that they managed to save. After working days and nights without rest, they often bore the burden of telling these young patients that their loved ones were lost, about the fact that there is nothing left of their past life. Nothing, except for the mental anguish these innocent children would have to carry now for the rest of their lives. So, even after healing the physical wounds of war, these doctors often stood witness to and internalized themselves the enormous psychological suffering that follows.

Even so, there have been moments of happiness and hope. On one day in June 2022, among the daily flood of wounded soldiers, there was a pregnant woman evacuated emergently from a village near the frontlines. It is very unusual to hear the cry of a newborn in this mobile military hospital unit, despite the fact that before the war this was indeed a newborn floor. Everybody remembered the name of this girl – Darynka. Her birth was one of the very rare flashes of joy amidst war – a transient moment of bliss at the start of the new life, while the rest of the time there is an ongoing battle against death. This was a rare opportunity to count blessings in the midst of tragedy.

But the toil remains, and these battles have been ongoing for over 16 months now. During this time, these doctors enjoyed only a short visit home, for 10 days in the summer of 2022. Amidst over 430 days of war, they had 10 days to spend with time with those for whom they are fighting. Their hair is growing gray, their foreheads are covered in wrinkles, their legs are swollen, as they are the last ones to leave their duties, exhausted after many hours during the day and night near the operating tables. Their scrubs, soaked in blood and sweat, are sticking to their bodies, and their feet so swollen that they need to wear shoes of larger sizes. The stains on the scrubs are permanent and do not come out with laundering.

10 days was a welcome respite, but typically the mobile military hospital has been both their home and work for the past year. For over 16 months, they have been taking 24-hour calls without breaks, days off, and on limited amounts of sleep, especially during massive attacks. Admissions during these surges often involve over 100 complex polytrauma patients over a single day or even more than 50 within just a 2-hour window. Most of these cases come from devastating blast or ballistic shrapnel wounds, and less frequently from simple gun shot wounds. Severe burns, including those from white phosphorous incendiary munitions, commonly accompany and complicate these wounds. And sadly, these surges of severe and complex cases are seen frequently.

Patient triage is critical for the most efficient work by trauma teams composed of surgeons, anesthesiologists and support staff. This triaging relies on rapid assessment of patient's stability and complexity of trauma, allowing the team to prioritize those who need immediate surgical intervention and hemodynamic stabilization (i.e., patients with intraabdominal and chest traumas, massive hemorrhages, and large open wounds) versus those who can wait. Medical transportation and support during the travel must be arranged for many patients in need of higher-level care. As such, there

are sometimes fewer physicians available in the hospital, and the team may be short-staffed while some members are traveling. At times there is only one anesthesiologist simultaneously taking care of patients with multiple operating rooms. More stable patients may have surgical interventions delayed and receive only temporizing wound care while they wait. And the aftercare for all of this is similarly daunting, since the number of wound changes and dressings may number in the thousands in this hospital.

If all this is not bad enough, the Russian invaders purposefully attack ambulances, hospitals, transfusion centers and pharmacies. Every trip to evacuate the wounded poses a great risk from snipers, artillery, rockets and mine fields. In the spring of 2022, their medical team was urgently evacuating a frontline hospital as the Russian forces were rapidly approaching and massively shelling. Healthcare workers had 10 minutes to evacuate patients, themselves and essential equipment. During this short time, they had to make agonizing decisions about what could be saved and what would be sacrificed. They had to move quickly to save their own lives and those of their patients, still knowing that every piece of equipment left behind would limit the medical help they could provide as the newly wounded came in.

War teaches people to tolerate things that were unthinkable in the past. Those on the frontlines now live without normal food, warm water, beds; they share rooms and bathrooms, in conditions that were unheard of just over a year ago. And despite all of this, they show up for work every day and continue to communicate with fellow professionals in the outside world: they share their work and experience at conferences and symposiums, they discuss patient cases with their colleagues in Lviv, they collaborate with the organizations who help ensure proper delivery of needed medical supplies to frontline military hospitals.

Medical supplies are used up rapidly on the frontlines. The needs for consumable supplies like wound care dressings, antiseptics and the like are enormous. Pain medications require constant replenishment. Medical equipment suffers from heavy use, damage from shelling and frequent transportation due to relocations. This is why humanitarian aid is essential for the functionality of these frontline medical units. These hospitals rely on a lifeline of ongoing replenishment of supplies and equipment.

With the help of volunteers and aid organizations, including UMANA, many of these needs are filled. Frontline physicians are especially appreciative of high-quality equipment such as Portable Multifunctional Monitor-Defibrillator ZOLL X Series, Portable Ventilator ZOLL EMV+, Ultrasonic scalpel High-quality diathermos-coagulation; surgical and wound care equipment (Vascular linear staplers, Hemostatic clips, Biological glue). With equipment such as this, they can decrease the number of those who will have lifelong traumas and are able to save lives not only of military personnel, but also civilian adults and children, who will hopefully return home one day. With ongoing support from volunteers, Drs. Sobko, Dr. Beshley and doctors like them, find the strength to continue their tireless work and continue to believe in victory.

These physicians practice in an environment where life ends, and hell begins. But even in the hell brought by this invasion, they perform their duties with honor. They are the ones who continue answering the call to serve and heal patients, even though they now must do so while carrying weapons of war slung over their white coats. They are Ukrainian doctors who accepted the call to protect their country and its people.

For their sacrifices for the people of Ukraine, Dmytro Beshley, Roman Sobko and Andriy Sobko received Presidential Order of Bohdan Khmelnytsky 3 grade (2015-2016), state scholarship (2018), medal "For a saved life" (2022). But the biggest award for them would be Ukrainian Victory. These three physicians, just like many others who are working on the frontlines, have the skills and experience to provide high quality healthcare to those in need. They will continue to do so for the people of Ukraine until victory is achieved.



*Ukrainian physicians receiving UMANA-Illinois Branch
blue bag equipment.*
