THE REST OF YOUR LIFE

Passion for Firefighting Still Smolders

The greatest parallel between ob.gyn. and firefighting is that both professions provide an opportunity to achieve near-immediate results, Dr. Bobby Ridgeway said.

COURTESY DR. BOBBY RIDGEWAY

Dr. Bobby Ridgeway's experience as a volunteer firefighter in the early 1970s sparked his interest in medicine. He joined the volunteer firefighter department in his hometown of Pinewood, S.C., when he was 14 years old, responding to calls on his bicycle.

"The out-of-town fires required finding someone to take me, or just listening on the scanner," recalls Dr. Ridgeway, a full-time ob.gyn. in Manning, S.C., and a volunteer firefighter for the Manning City Fire Department and the Clarendon County (S.C.) Fire Department. "By age 16, I had my driver's license and didn't miss many fires. I loved to be the engineer,

Table 8
Adverse Events Occurring at ≥2% Incidence in Lovenox-Treated Patients[1] Undergoing Abdominal or Colorectal Surgery

	Dosing Regimen			
	Lovenox 40 mg q.d. SC n = 1228 %		Heparin 5000 U q8h SC n = 1234 %	
Adverse Event	Severe	Total	Severe	Total
Hemorrhage	<1	7	<1	6
Anemia	<1	3	<1	3
Ecchymosis	0	3	0	3

[1] Excluding unrelated adverse events.

Table 9
Adverse Events Occurring at ≥2% Incidence in Lovenox-Treated Patients[1] Undergoing Hip or Knee Replacement Surgery

	Dosing Regimen									
	Lovenox 40 mg q.d. SC				Lovenox 30 mg q12h SC		Heparin 15,000 U/24h SC		Placebo q12h SC	
	Peri-operative Period n = 288[2] %		Extended Prophylaxis Period n = 131[3] %		n = 1080 %		n = 766 %		n = 115 %	
Adverse Event	Severe	Total	Severe	Total	Severe	Total	Severe	Total	Severe	Total
Fever	0	8	0	0	<1	5	<1	4	0	3
Hemorrhage	<1	13	0	5	<1	4	1	4	0	3
Nausea					<1	3	<1	2	0	2
Anemia	0	16	0	<2	<1	2	2	5	<1	7
Edema					<1	2	<1	2	0	2
Peripheral edema	0	6	0	0	<1	3	<1	4	0	3

[1] Excluding unrelated adverse events.

[2] Data represents Lovenox 40 mg SC once a day initiated up to 12 hours prior to surgery in 288 hip replacement surgery patients who received Lovenox peri-operatively in an unblinded fashion in one clinical trial.

[3] Data represents Lovenox 40 mg SC once a day given in a blinded fashion as extended prophylaxis at the end of the peri-operative period in 131 of the original 288 hip replacement surgery patients for up to 21 days in one clinical trial.

Table 10
Adverse Events Occurring at ≥2% Incidence in Lovenox-Treated Medical Patients[1] With Severely Restricted Mobility During Acute Illness

	Dosing Regimen	
	Lovenox 40 mg q.d. SC n = 360 %	Placebo q.d. SC n = 362 %
Adverse Event		
Dyspnea	3.3	5.2
Thrombocytopenia	2.8	2.8
Confusion	2.2	1.1
Diarrhea	2.2	1.7
Nausea	2.5	1.7

[1] Excluding unrelated and unlikely adverse events.

Table 11
Adverse Events Occurring at ≥2% Incidence in Lovenox-Treated Patients[1] Undergoing Treatment of Deep Vein Thrombosis With or Without Pulmonary Embolism

	Dosing Regimen					
	Lovenox 1.5 mg/kg q.d. SC n = 298 %		Lovenox 1 mg/kg q12h SC n = 559 %		Heparin aPTT Adjusted I.V. Therapy n = 544 %	
Adverse Event	Severe	Total	Severe	Total	Severe	Total
Injection Site Hemorrhage	0	5	0	3	<1	<1
Injection Site Pain	0	2	0	2	0	0
Hematuria	0	2	0	<1	<1	2

[1] Excluding unrelated adverse events.

Adverse Events in Lovenox-Treated Patients With Unstable Angina or Non-Q-Wave Myocardial Infarction:
Non-hemorrhagic clinical events reported to be related to Lovenox therapy occurred at an incidence of ≤1%.

Non-major hemorrhagic episodes, primarily injection site ecchymoses and hematomas, were more frequently reported in patients treated with SC Lovenox than in patients treated with IV heparin.

Serious adverse events with Lovenox or heparin in a clinical trial in patients with unstable angina or non-Q-wave myocardial infarction that occurred at a rate of at least 0.5% in the Lovenox group are provided below (irrespective of relationship to drug therapy) [see Table 12].

Table 12
Serious Adverse Events Occurring at ≥0.5% Incidence in Lovenox-Treated Patients With Unstable Angina or Non-Q-Wave Myocardial Infarction

	Dosing Regimen	
	Lovenox 1 mg/kg q12h SC n = 1578 n (%)	Heparin aPTT Adjusted IV Therapy n = 1529 n (%)
Adverse Event		
Atrial fibrillation	11 (0.70)	3 (0.20)
Heart failure	15 (0.95)	11 (0.72)
Lung edema	11 (0.70)	11 (0.72)
Pneumonia	13 (0.82)	9 (0.59)

Adverse Reactions in Lovenox-Treated Patients With acute ST-segment Elevation Myocardial Infarction:
In a clinical trial in patients with acute ST-segment elevation myocardial infarction, the only additional possibly related adverse reaction that occurred at a rate of at least 0.5% in the Lovenox group was thrombocytopenia (1.5%)

6.2 Postmarketing Experience
There have been reports of epidural or spinal hematoma formation with concurrent use of Lovenox and spinal/epidural anesthesia or spinal puncture. The majority of patients had a postoperative indwelling epidural catheter placed for analgesia or received additional drugs affecting hemostasis such as NSAIDs. Many of the epidural or spinal hematomas caused neurologic injury, including long-term or permanent paralysis.

Local reactions at the injection site (*e.g.* nodules, inflammation, oozing), systemic allergic reactions (*e.g.* pruritus, urticaria, anaphylactic/anaphylactoid reactions), vesiculobullous rash, rare cases of hypersensitivity cutaneous vasculitis, purpura, skin necrosis (occurring at either the injection site or distant from the injection site), thrombocytosis, and thrombocytopenia with thrombosis [see *Warnings and Precautions (5.5)*] have been reported. Cases of hyperkalemia have been reported. Most of these reports occurred in patients who also had conditions that tend toward the development of hyperkalemia (e.g., renal dysfunction, concomitant potassium-sparing drugs, administration of potassium, hematoma in body tissues). Very rare cases of hyperlipidemia have also been reported, with one case of hyperlipidemia, with marked hypertriglyceridemia, reported in a diabetic pregnant woman; causality has not been determined.

Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to estimate reliably their frequency or to establish a causal relationship to drug exposure.

7 DRUG INTERACTIONS
Unless really needed, agents which may enhance the risk of hemorrhage should be discontinued prior to initiation of Lovenox therapy. These agents include medications such as: anticoagulants, platelet inhibitors including acetylsalicylic acid, salicylates, NSAIDs (including ketorolac tromethamine), dipyridamole, or sulfinpyrazone. If co-administration is essential, conduct close clinical and laboratory monitoring [see *Warnings and Precautions (5.9)*].

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Category B
All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. The fetal risk summary below describes the potential of Lovenox to increase the risk of developmental abnormalities above background risk.

Fetal Risk Summary
Lovenox is not predicted to increase the risk of developmental abnormalities. Lovenox does not cross the placenta, based on human and animal studies, and shows no evidence of teratogenic effects or fetotoxicity.

Cases of "Gasping Syndrome" have occurred in premature infants when large amounts of benzyl alcohol have been administered (99-405 mg/kg/day). The multiple-dose vial of Lovenox contains 15 mg benzyl alcohol per 1 mL as a preservative [see *Warnings and Precautions (5.8)*].

Clinical Considerations
It is not known if either dose adjustment or monitoring of anti-Xa activity of enoxaparin are necessary during pregnancy.

Pregnancy alone confers an increased risk for thromboembolism that is even higher for women with thromboembolic disease and certain high risk pregnancy conditions. While not adequately studied, pregnant women with mechanical prosthetic heart valves may be at even higher risk for thrombosis [see *Warnings and Precautions (5.7) and Use in Specific Populations (8.6)*]. Pregnant women with thromboembolic disease, including those with mechanical prosthetic heart valves and those with inherited or acquired

the guy who runs the pump," he said.

After completing an EMT (emergency medical technician) course, he attended paramedic school at the urging of local emergency department physicians and nurses he came to know, as well as his "second family" at the fire department. He completed paramedic school 2 months before his 22nd birthday and got married shortly thereafter.

"My encouragers set me straight and told me to continue my education in medical school at the University of South Carolina [Columbia], because I would need to advance my way up the ladder since children usually follow marriage and my EMT salary would probably fall short," he said. "They were right about the salary but not about the children; my first came between my first and second year of medical school and my second between my first and second year of residency."

These days the amount of time he devotes to firefighting varies according to his ob.gyn. call schedule, but he responds to fires, auto wrecks, and other emergencies as time permits. "If I have to go to the hospital, I just leave the fire or accident scene," said Dr. Ridgeway, who also is medical director for the Clarendon County Fire Department.

He listed several parallels of being an ob.gyn. and a firefighter, including the need for ongoing training and education, critical decision-making skills, a willingness to embrace new technologies, and an approach to work with a certain amount of fearlessness. Firefighters "go places and do things that others wouldn't," he explained. "In medicine, a lot of physicians shy away from delivering a baby, or from [being an] ob.gyn., in general."

Perhaps the greatest parallel, he said, is that both professions provide an opportunity to achieve near immediate results.

"When you go to a fire, within several minutes you're usually going to see some results of your activity," he said, noting that Manning's population is about 6,000 residents. "The same thing applies to being an ob.gyn. If somebody arrives in labor, you're going to see some results of your activity within several hours. Or if you have to do surgery on somebody, you're going to see results of your activities pretty soon. It's not like you have to perform an action and wait several days or months until you figure out if it worked or not."

Befriended as a Newcomer

When Dr. Tom Simpson arrived in Sterling, Kan., in 1978 to become the town's sole physician at the time, four members of the Sterling Volunteer Fire Department were among the first to befriend him.

"I've always been a guy who enjoyed having male friends to run with, and these were really good guys," recalled Dr. Simpson, who is trained in family medicine. "They were guys that I came to trust. I enjoyed being with them."

The men invited Dr. Simpson to join the fire department as a volunteer, and he readily accepted. He completed formal firefighter training and worked his way up the ladder (no pun intended) to become chief of the department, a post he held for 10 years.

"I felt good about the leadership skills I provided to the community during that time," he said. "A physician can take the role of leader in a small community pretty easily." Mindful that he was the only physician in town for more than a decade, "the practice always came first," he said. "I didn't leave to fight fires during the daytime."

However, fire calls don't always come at convenient times in this city with a population of about 2,500 residents. "Sometimes, I've been up all night fighting fires and I've been up all night taking care of sick people in my role as a physician," he said. "There is excitement in both jobs. I do obstetrics and I love delivering a babies. It's just about the neatest thing going and, yet, driving a fire truck or fighting a fire is also exciting."

These days the 61-year-old Dr. Simpson is relegated to truck driver and pumper for the department and spends 2-3 hours per month in meetings and training. "I don't necessarily put on air packs and run into burning houses with hoses anymore," he said. "That's okay. But to see the guys that are doing it now and to see how skilled they are and how confident they are … it's neat."

His four children have grown up and left the area, but they "always thought it was neat that their dad was a fireman," he remarked. "On the Fourth of July, they'd ride on the fire truck in the community parade because they were fireman's kids. My wife worries about me sometimes, like any fireman's spouse does, because you put yourself in harm's way occasionally." ■

By Doug Brunk, San Diego Bureau