

# Healthcare is selfcare.

## THE PODCAST



### Transcript - Episode 5: Giving local to save local.

**Aloysius Ballard** *Host*      **Camille Elkins, MD** *Pathologist*

**Ballard:** If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to this episode of Healthcare is Selfcare: The Podcast, my name is Aloysius Ballard, and I am your host today. I'm excited to have another amazing guest today and I'm going to allow you to introduce yourself.

**Elkins:** Hey, I'm Camille Elkins. I'm a pathologist in the Ocean Springs community and with Singing River Health System. I've been here for about eight years now. As a pathologist, I'm a medical doctor that specializes in laboratory testing—there's anatomic and clinical pathology—and we see a lot of the behind the scenes things that your other doctors need to keep you healthy and make the right diagnosis and get the right treatment. So, we're back here behind the microscope and in the lab.

**Ballard:** So what is your primary thing that you study?

**Elkins:** As far as after medical school, we do a residency in pathology, and then that includes anatomic and clinical pathology. We're learning how to diagnose tissue biopsy, cells in fluid which is cytology. Then there's different subspecialties and you can do fellowships in those. So, on a daily basis, most of the time, I am looking at

microscopic examination of tissue, or blood smears, or whatever fluid under the microscope to make a diagnosis.

But, also we do all the management of the laboratory, which is a huge part of the hospital. There are tests going on around-the-clock that are very important. That are necessary to make the right diagnosis and to keep the doctors who are the clinicians actively taking care of the patients to lead them in the right direction. So, we ensure all the accuracy and the validity of all those tests. We make sure through lots of regulation that every result that we put out—whether it's something that I see under the microscope or whether it's something that one of the machines runs, and we validate—that everything's accurate and precise and good to go to make a good diagnosis for a patient.

**Ballard:** So today I want to talk about an element that you guys see very often. I like to call it blood. I think we all do. Let's talk about blood a little bit today. So, you know, if you have ever been to an ER or doctor's appointment, there's something that we all have to give.

**Elkins:** Yes. Where do we get those the answers from? It comes from blood. Most of the time, I mean, you can analyze different fluids. You can analyze urine or spinal fluid. But a lot of the times that information is coming from a blood test.

**Ballard:** I love that we're gearing towards the importance of blood because it's something that we often don't think of on a daily basis. But there are often situations 24 hours a day that someone is in need of this blood.

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**Elkins:** Right. And I mean, it's not because they need your calcium that's in your blood. It's because they need that oxygen carrying capacity that your red blood cells give—most of the time. Patients who come in because there was a motor vehicle accident or something like that, or they just otherwise had some massive trauma, they're bleeding—they need volume.

And part of that volume can be fluids that you can get in the ER, but we don't have a replacement for actual red blood cells, that oxygen carrying capacity of red blood cells. So that is something that we rely on other people through the goodness of their hearts to go to these blood drives and to be able to give us blood that we can use.

**Ballard:** Now, I read somewhere where it says that blood can be the most precious gift that one can give to another. The gift of life.

**Elkins:** It's irreplaceable, basically. People are trying to make synthetic blood products and that would be revolutionary. But right now, even in this day and age, that's what we got—the best is to get other donated blood.

**Ballard:** How much blood does one person produce a week?

**Elkins:** Well, your red blood cell that's in your body that gets put out by your bone marrow has about a 28 day cycle. And you have about eight to ten pints of blood in your volume...kids are less and larger people or more.

So you have this finite amount of blood and your bone marrow takes time to be able to make these cells and make these things be able to be ready to put them out into the circulation and have them be functional. So, you have a certain amount of blood, you can donate a certain amount of blood, you can lose a certain amount of blood without having to replace it. And your bone marrow will pick up in a normal state.

**Ballard:** Yes. Because I want people to understand fully that you don't have to have fear about giving blood.

**Elkins:** Right. You have plenty to donate a pint. That's what you donate when you donate a unit of blood, of whole blood.

**Ballard:** Now, once I donate that pint of blood, let's talk about where it goes.

**Elkins:** So when you donate blood from a blood drive or wherever it's collected, it's all very sterile. It's a closed system. These tubings and stuff is all sterilized and single use per person. Everything's getting thrown away after blood is taken from you. It usually takes only about five to ten minutes once you go through these questions to find out if you're a good candidate to donate blood because you need a healthy donor. And that's part of it. You have to be a certain age (16), weight, feeling good that day—no fever. You can't be on certain limited medications—they might want to ask you to wait another couple of weeks or something like that or depends if you're on a chemotherapy or something, the deferral might be longer.

So there's certain qualifications and then they make sure that your hemoglobin is a good level and that's kind of a reflection of your iron status also because we want to make sure the donor's healthy and that the donated product is healthy. So another important thing of course, that happens to your donated unit is that they confirm that you are in fact A Positive or A Negative or whatever that you are. And so every time it's tested. Every time I donate, I get a little card in the mail that says, "You are A Positive!" and I think, "Still? Great!"

**Ballard:** So that's good. A lot of times people don't know their blood type, right? This is another easy way to find out what your blood type is. Now, let's talk about, you know, something that we all are

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clearly aware of. The last two years has really put a clamp on things. There weren't as many donations as we normally have.

**Elkins:** Right. Over and over, we hear, "We are critically short of blood." And part of that is because we didn't have some of the big donation events where lots of people crammed in a room and that was something we couldn't do safely for a while. But still, people are in car accidents, people get their cancer diagnosis and need chemotherapy that wipes out their bone marrow. They can't produce their own blood. So people still had the same problems. But then we had this massive decrease in people's ability to go and donate blood easily.

**Ballard:** Why would you say it is important for us as a community to get back to restoring our blood donations?

**Elkins:** I mean, if for nothing else, just think about if you were in the hospital and you needed blood and there was none. I mean, we all, of course, want to help our community and the people we know, but we can also help ourselves just in case any of us got in any situation where we did need blood emergently, especially if there was some trauma situation, God forbid, you would love to know that the blood bank is fully stocked.

**Ballard:** I shared with you earlier that my wife was a recipient of blood donation that literally saved her life. Ever since then, it's been something we do every year. It's a very simple process. A lot of times, it doesn't even take you 20 minutes.

**Elkins:** Yeah, you can fill out the questions online before you go. And then you just pretty much walk in and they check everything out and it's ready to go. And you can do it every eight weeks for just regular red blood cell donation.

**Ballard:** And it's something that I feel like is just human nature, like something we should do as humanity. To ensure because someone you know will need blood at some point.

**Elkins:** Yes, you can do this kind of donation. If you know you're going into the hospital and you're having a surgery that might need blood a certain amount of time ahead of time, you can do a directed donation or an autologous donation if you're donating to yourself. If you know someone who is in the hospital you can kind of direct your donation to a certain person and not that they will get your blood necessarily, because it might not be the same type, but at least you'll be replacing blood that they're anticipated to use.

But I mean, there is blood that out-dates every day. There's nothing worse than having to throw a unit of blood or platelets or something because you didn't use them. You don't want to have your inventory not go to use. So, hospitals do share because of that fact. We don't want to waste anything.

**Ballard:** Now, is there anything that you would like to share with our listeners before we wrap today? About giving blood or just any questions or things that you think we may have missed in our conversation? Because you've been very informative.

**Elkins:** Sometimes you have all this memory of all these things come rushing back. I think just to think about the other products that can be used from your blood donation, not just the red blood cells that can be used for sickle cell patients, cancer patients, someone with chronic anemia or trauma. The plasma can be used for some of the same situations with trauma or burn patients.

In that plasma, there's clotting factors. Some people have clotting factor deficiencies and they just need to be supplemented with some actual clotting factors. Cancer patients, people on certain kind of medications will have a suppressed bone marrow production. People need platelets specifically, and you can just supplement their platelets or if they're having a procedure and they need to have a certain

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amount of platelets so that they can clot after the procedure.

There's just a lot of things that I didn't know about before I got into it. But it's very important for the community. And it's fairly easy. It's an easy thing to do and is pretty quick.

**Ballard:** And just make the time for it.

**Elkins:** Yeah. You know, stop by, make an appointment.

**Ballard:** And I will say, you know, in the nature of healthcare is selfcare that you want to make sure you're being a very active participant, like you said earlier, just making sure you're doing your part giving back because giving to others is something that feeds us. That kindness, that selflessness does help give us something in return.

**Ballard:** But I want to make sure I heard this correct. You can also donate to yourself?

**Elkins:** If you knew that you were going in for a hip replacement or some surgery that would need blood, you can, in a certain amount of time because you want to still be your healthiest

for your surgery. But, a certain amount of time before, you can give an autologous unit.

**Ballard:** I did not know that.

**Elkins:** You know, there's directed donations like that.

**Ballard:** See? These are things you learn when you listen to Healthcare is Selfcare: The Podcast!

Well, doc, I thank you for joining us today and I thank everyone for listening. I really hope you leave this episode with the unction and the urge to go schedule a blood donation today so that we can all do our part for our community and ensure that we are all in our greatest position to be our healthiest selves. If you don't have anything else before we get out of here, I'll say thank you.

**Elkins:** Thank you so much.