

# CONNECTIONS

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A health and lifestyle publication from NorthShore University HealthSystem | VOLUME 5 | ISSUE 2 | SPRING 2012

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for Elusive  
Neurological Condition

Scarless Surgery  
Eliminates Crippling  
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# FIGHTING Spirit

Physician Team Provides Multispecialty Expertise for Cancer Survivor

# Neurosurgeon Links Returning Veterans With Brain Injury

By Martha Floberg

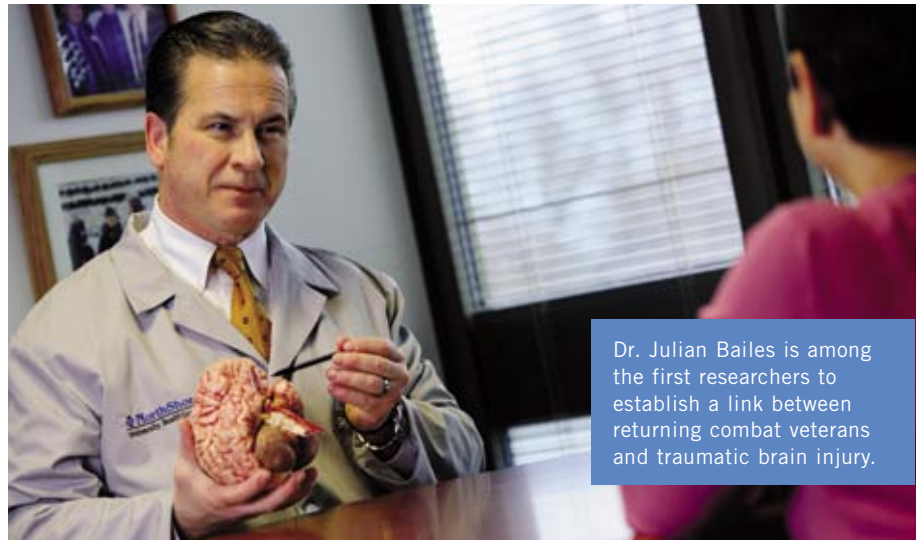
New research led by Julian Bailes, MD, Chairman of the Department of Neurosurgery and Co-Director of the NorthShore University HealthSystem (NorthShore) Neurological Institute (NNI), shows that the long-term effects of head injuries suffered by military personnel in combat resemble trauma observed in professional athletes who experienced repetitive concussions and other types of brain injuries.

“This is our second report of brain damage seen at autopsy in military veterans who had multiple traumatic head injuries from improvised explosive devices, or IEDs, and exhibited signs of chronic traumatic encephalopathy, or CTE,” said Dr. Bailes. Dr. Bailes is a national leader in the field of neurosurgery and among the first researchers to establish a link between returning veterans and CTE.

CTE is a progressive, degenerative disease caused by repeated concussions and other traumatic head injuries. Symptoms include cognitive impairment, memory loss, behavioral problems, depression and other mood disorders, and substance abuse.

“The real importance of this finding is that it demonstrates a portion of service members diagnosed with post-traumatic stress disorder, or PTSD, possibly could be suffering from the long-term effects of concussions,” said Dr. Bailes.

In the study, recently published in the *Journal of Neurosurgery*, researchers identified the hallmark changes of CTE in the brain of a 27-year-old Iraqi war veteran who had been exposed to multiple mortar blasts and



Dr. Julian Bailes is among the first researchers to establish a link between returning combat veterans and traumatic brain injury.

IEDs. The serviceman was diagnosed with PTSD and committed suicide eight months after discharge. An autopsy revealed findings, such as a unique pattern of neurofibrillary tangles—or protein deposits—that were similar to CTE changes in athletes.

According to Dr. Bailes, concussions as a result of explosive devices are the number-one brain injury seen in returning veterans. Between 18 and 30 percent of these troops develop neuropsychiatric impairments that are diagnosed as PTSD.

Dr. Bailes—the Arlene and Marshall Bennett and Joseph A. Tarkington, MD, Chair of Neurosurgery—is leading the way to help medical science better understand the lingering effects of these types of brain injuries.

He is already a renowned expert for his work on concussions in sports and their long-term consequences. He deals with sports-related concussions firsthand by serving as Medical Director of Pop Warner Football, the largest youth football league in

the U.S., and also has served as neurological consultant to the National Football League (NFL) Players' Association.

Dr. Bailes' research is running in tandem with the work of Felise Zollman, MD, the new Director of the NorthShore Memory Disorders Program and a leader, along with Dr. Bailes, in NNI's Sports Concussion Program.

“Athletes, veterans and other at-risk groups need to be aware of the still-emerging understanding of the potential for long-term adverse effects from blows to the head,” said Dr. Zollman. “As we continue to do research, our hope is to determine who is at highest risk of developing problems, such as CTE, from repeated concussions and how to prevent these later complications.”

Dr. Bailes explained that in the past decade researchers have learned more about concussions and other head injuries than ever before, particularly among athletes. “We are just now beginning to better understand the high incidence of concussion also among the military,” he said.

# CONNECTIONS

*Connections* is a publication of the Office of Corporate Communications, 1301 Central St., Evanston, IL 60201  
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Kellogg Cancer Center multidisciplinary team leads a comprehensive treatment plan while preserving patient's quality of life.

FRONT COVER: Diagnosed in 2007 with two forms of cancer, Donna Gaidamak (center) continues to beat the odds with the support of her team of experts at Kellogg Cancer Center and her loving family, husband Alex (left) and children Gabrielle and David.

# Back on the Beat

NorthShore Orthopaedic Surgeon Comes to the Aid of Police Officer

By Barb Hailey

**N**orth suburban police officer Mike Geyer, 27, injured more than his ego when he fell off a bicycle during police training in May 2010. Geyer also sustained a fracture to the scaphoid bone in his left wrist.

For an active-duty police officer, this small bone located below the thumb is integral to a variety of work-related maneuvers. Through the expertise of NorthShore orthopaedic surgeon Seth Levitz, MD, Geyer was given an option for surgery with a reduced recovery time that soon had him back on the job.

The scaphoid bone is one of eight bones linking the two rows of carpal bones of the

wrist. “It’s the cornerstone of the wrist,” said Dr. Levitz. The bone is commonly fractured when people try to break a fall, which happened to Geyer when he fell off his bike, as he described, in “full Superman mode” with arms outstretched.

“Aside from the embarrassment of falling in front of my colleagues, I knew there was something wrong,” said Geyer. “In my line of work, hands are important.” Geyer could handle the pain he felt, but it was the severe swelling that sent him to the Emergency Department at NorthShore Evanston Hospital. He was eventually referred to Dr. Levitz.

Scaphoid fractures are the most common injuries of the carpal bones but they pose the most challenges for healing and treat-

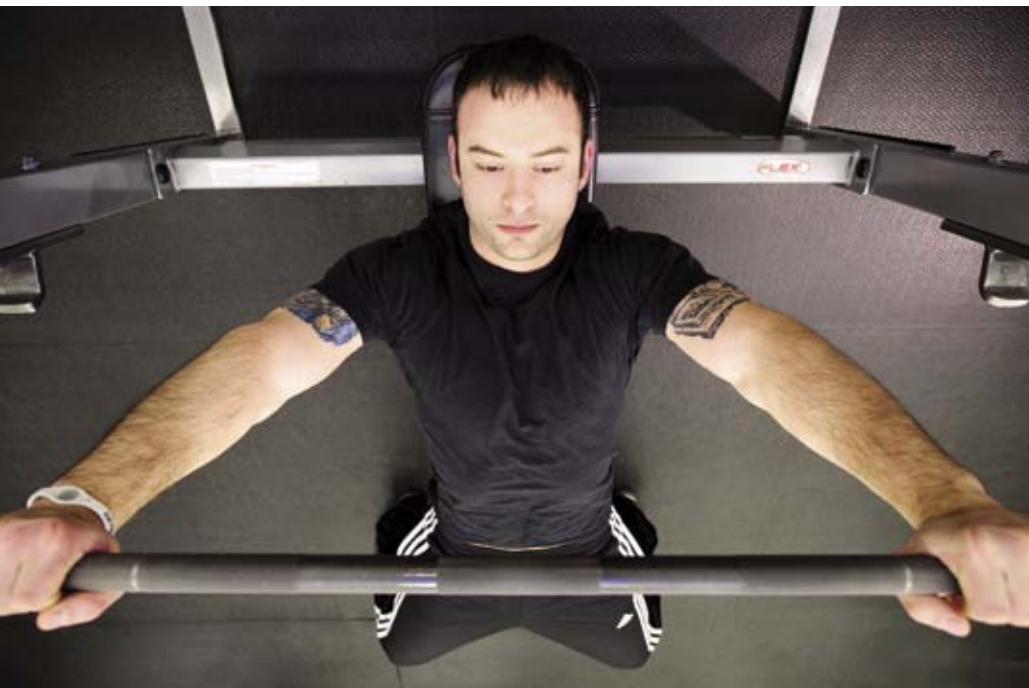
ment. The fracture may not show up initially on X-rays and often is misdiagnosed as a sprained wrist. Also, the blood supply to the scaphoid is very tenuous, said Dr. Levitz. A fracture can restrict or stop the flow of blood bringing nutrients and oxygen to the bone. If this happens, healing is slow or might not occur at all. “If the bone doesn’t heal properly, a patient can develop arthritis in the future,” he added.

Until recently, the only option for treatment of a scaphoid fracture was to put the wrist in a cast for up to three months, with additional time for physical therapy. For people like officer Geyer, losing so much time off work is not an option. Advances in orthopaedic surgery now allow for such fractures to be repaired with a small, specialized flathead screw less than two-and-a-half millimeters wide. This surgical approach greatly minimizes chances for improper healing.

“When placing the screw into the bone, there is not a lot of wiggle room, but the end result is good stability with a total recovery time of eight to nine weeks,” said Dr. Levitz. “If Officer Geyer isn’t at 100 percent, it’s not just his life, but also his partner’s life on the line if you think in terms of apprehending assailants and putting on handcuffs.”

“Dr. Levitz was phenomenal,” said Geyer. “He understood that my primary goal was to get back to full duty. I wanted to push it, and he tempered me to take it slow. I recovered 100 percent, and now I can do everything I did before the injury.” **C**

*To learn more about NorthShore’s advanced orthopaedic and sports medicine, please call (847) 492-5700 (Ext. 1205).*



Police officer Mike Geyer is back at work and back to lifting weights at the gym after undergoing innovative surgery to repair his broken scaphoid, the small bone just below his thumb.



Joann Stewart (right) credits her NorthShore care team, including Dr. Romy Block (left) and Dr. Tricia Moo-Young, with helping her beat thyroid cancer.

# Winning Out Over Thyroid Cancer

Multidisciplinary Collaboration Showcases Physician Expertise, Groundbreaking Research

By Susan J. White

**W**hen Joann Stewart was diagnosed with skin cancer at age 34, she knew nothing about melanoma. But she followed colleagues' recommendation to see Bruce Brockstein, MD, NorthShore Kellogg Cancer Center Director. Dr. Brockstein—a specialist in melanoma, sarcoma, and head and neck cancer—also holds an academic appointment at the University of Chicago Pritzker School of Medicine.

"They said, 'This is the guy to see and the place to be,'" Stewart remembered. "He was incredible. It was humbling to walk into the waiting room and see patients with no hair, but Dr. Brockstein was very reassuring and made me feel like everything was under control."

Stewart's cancer was caught at an early stage, and she had Mohs surgery to remove

a large cancerous mole from her forehead. Regular follow-ups and biopsies have all been normal.

Four years after her treatment, and a few weeks after giving birth to twins, Stewart experienced difficulty breathing. A CAT scan showed two small nodules on her thyroid gland.

Dr. Brockstein immediately referred her to Tricia Moo-Young, MD, a NorthShore surgeon with expertise in thyroid and endocrine conditions. An ultrasound-guided biopsy revealed that Stewart was likely facing her second cancer diagnosis, this time as a 39-year-old mother. In consultation with Drs. Moo-Young and Brockstein, she decided to have her entire thyroid surgically removed.

"I spent just one night in the hospital, and it was easier than I expected," Stewart said. "Dr. Moo-Young is fantastic, one of the most

people-oriented surgeons I've ever met."

"Joanne's surgery went exceptionally well, and I was very pleased with her rapid recovery," said Dr. Moo-Young, who described Stewart's care as a truly multidisciplinary, collaborative effort that drew on the experience of specialists in endocrinology, oncology and surgery.

Additionally, Stewart is benefiting from sophisticated research led by Dr. Moo-Young, endocrinologist Romy Block, MD, and others involved in NorthShore's emerging endocrine research initiatives. She was tested for a genetic mutation known as BRAF, a growing area of interest in thyroid cancer, which has also been linked to melanoma.

Stewart found out that she *did* have the BRAF mutation, suggesting that her thyroid cancer could be more aggressive. NorthShore is one of only a few institutions across the country routinely testing patients with thyroid cancer for this genetic mutation, said Dr. Moo-Young. "BRAF testing helps us predict a patient's disease course. As a result, we can customize the treatment plan to the individual patient."

With input from a group of physicians who considered her case at a multidisciplinary clinic, Stewart decided to undergo radioactive iodine treatment to lessen her chances of recurrence. She is grateful for the exceptional care she received, as well as for the sophisticated research that enables her to have ongoing monitoring.

"Her prognosis is excellent with little to no chance of a recurrence," said Dr. Moo-Young.

"It's exciting to be involved in research that's not only improving our standard of patient-centered care, but also broadly impacting patient care and outcomes," said Dr. Block, who holds an academic title at the Pritzker School of Medicine. **C**



Terrance Brown, with his Boston Terrier Franklin, is working more exercise into his life after being diagnosed with hypertension in a unique NorthShore program.

# From Best Practices to Next Practices

Unique Study Benefits Patients at Risk for Hypertension

By Susan J. White

**T**errance Brown knew he should be paying more attention to his health. But at age 37, it wasn't something he really worried about.

While high blood pressure runs in his family, and he admitted that he needed to lose some weight, it took a call from Brown's doctor alerting him that he was at risk for hypertension to get him to take his health more seriously.

Brown was one of more than 1,500 NorthShore patients identified through a leading-edge study called the Hypertension Project—the ambitious brainchild of Michael Rakotz, MD, a Quality Fellow for NorthShore's Practice-Based Research Network (PBRN).

Dr. Rakotz, with extensive support from the PBRN team, used NorthShore's Electronic Medical Record (EMR) system and a

series of predictive algorithms to analyze data for patients between the ages of 18 and 79. Because hypertension typically shows no symptoms, and elevated blood pressure readings during routine office visits are not always indicative of disease, Rakotz used the EMR data to drill deeper. He identified suspicious patterns in patient blood pressure readings taken at multiple physician offices across the NorthShore system.

Primary care physicians were then notified if any of their patients were at risk. In turn, their staff contacted those patients, urging them to come in for screening with newly purchased, state-of-the-art blood pressure machines that provide highly accurate readings.

"The great thing about this program was that it was so easy to just go into an office," said Brown. "It was an important wake-up


call to start taking care of myself. Just seeing those numbers really made me pay attention and begin making some changes." In addition to losing weight with exercise and better nutrition, Brown is taking medicine for hypertension and consulting with his physician, Dr. Nadeem Alavi, to better manage this condition.

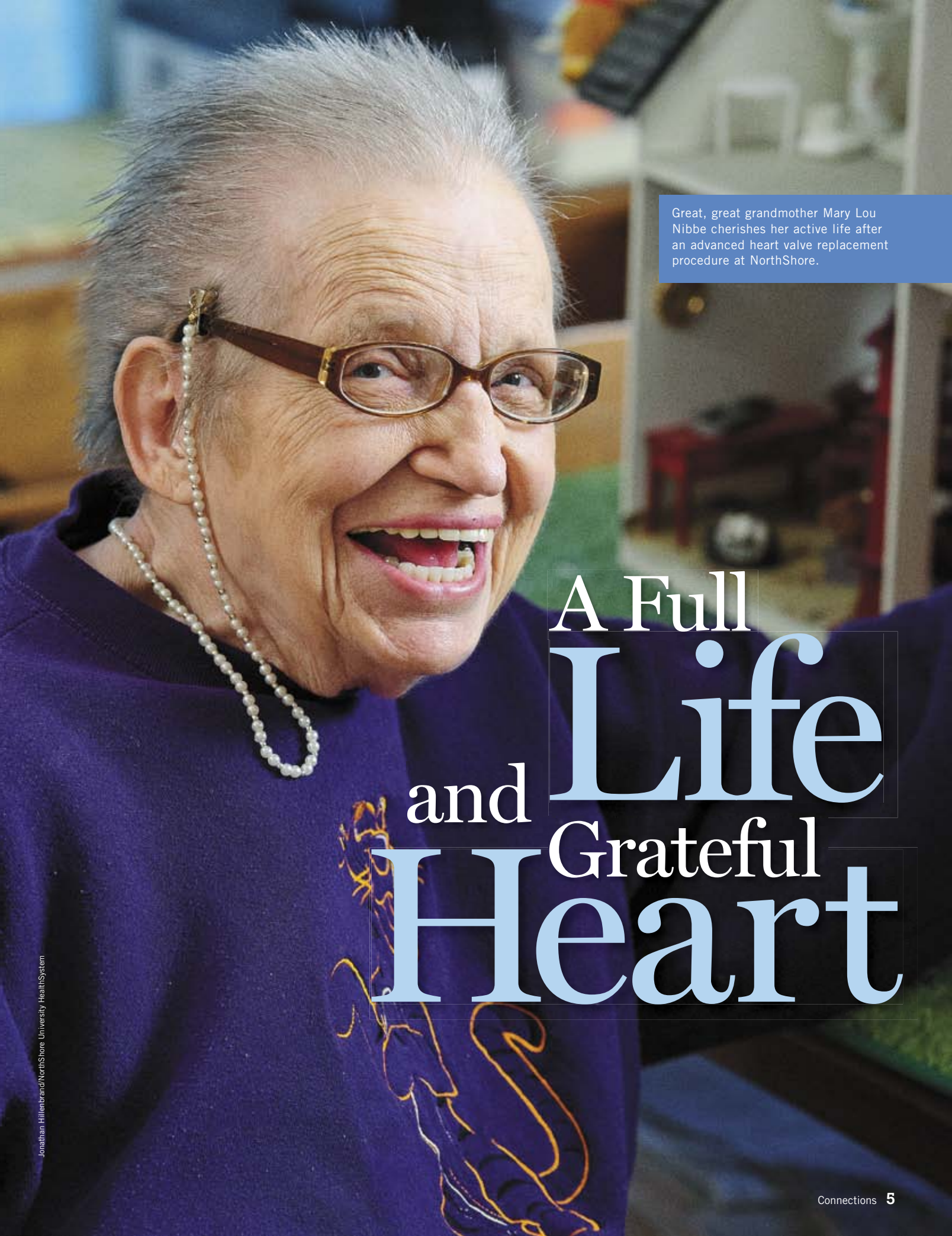
Dr. Rakotz, who holds an academic appointment at the University of Chicago Pritzker School of Medicine, presented results of the first phase of the Hypertension Project at Mayo Clinic, and plans for collaboration are already in the works. He also recently presented the findings at a prestigious medical conference in Paris.

Bernard Ewigman, MD, Chairman of the NorthShore Department of Family Medicine and Executive Medical Director of the PBRN, envisions the Hypertension Project as the first of many such studies to benefit NorthShore patients and beyond.

Dr. Ewigman, also a professor and leading scientist in the University of Chicago's Division of Biological Sciences, makes an impassioned case for the ability of NorthShore's PBRN to engage a network of primary care physicians, administrators and staff in programs that directly improve patient care and outcomes.

Undiagnosed hypertension is a global phenomenon, and, according to Dr. Rakotz, approximately 8 percent of adults in the United States are unaware of their hypertensive condition.

"We could eliminate undiagnosed hypertension for patients in the NorthShore system," said Dr. Ewigman, "and we're going to do that. The NorthShore PBRN creates a marriage of research and operations to truly improve the quality of care. What is totally distinctive is that NorthShore is immediately implementing these research findings." 



Great, great grandmother Mary Lou Nibbe cherishes her active life after an advanced heart valve replacement procedure at NorthShore.

# A Full Life and Grateful Heart

By Susan J. White

**W**hen Mary Lou Nibbe first heard about the possibility of having a new heart valve—one derived from a cow—implanted in her chest to treat her worsening heart condition, she was less than enthusiastic.

“I said, ‘I don’t think so,’” Nibbe recalled with a laugh. But that was before a team of NorthShore physicians, nurses and research co-coordinators explained the pivotal PARTNER (Placement of Aortic Transcatheter Valves) Trial to her. Nibbe decided to undergo the advanced procedure, and she couldn’t be happier.

“I am so glad I went ahead with it. It was a very happy event,” she said just days after her 86th birthday. “I was treated like royalty, and I couldn’t have asked for anything better.”

Historically, patients like Nibbe who suffered from severe aortic stenosis, or a narrowing of the aortic valve, had only one treatment option—open-heart surgery to replace the valve. But many patients who are older or have

## Heart Imaging Goes 3-D

By Phil Rozen

NorthShore continues to invest in the latest technology, bringing advances in both diagnostics and treatment to patients. Thanks to the recent acquisition of a three-dimensional transesophageal echocardiograph imaging system, or 3-D Echo, interventional cardiologists have yet another tool that allows for more accurate pre-procedure diagnosis.

State-of-the-art ultrasound technology enables cardiologists to see what surgeons see without performing open-heart surgery. It also offers interventional cardiologists greater visual guidance in performing non-surgical procedures.

“With this technology, we can produce images on a computer screen that look exactly like what you would see if you had the heart in front of you,” said Steven Smart, MD,

FACC, Director of NorthShore’s cardiovascular imaging program with an academic appointment at the University of Chicago Pritzker School of Medicine. “This is a significant advancement in cardiac care.”

In 3-D Echo, physicians insert an ultrasound probe through the esophagus while the patient is sedated to obtain a detailed anatomical assessment of cardiac pathology—particularly valve defects and heart muscle disease or cardiomyopathy. 3-D Echo provides the added benefit of portability so it can be used in any patient location or situation.

“3-D Echo has transformed both diagnosis and therapy for many of our patients with valve and structural heart disease,” noted Dr. Feldman. “Our ability to plan procedures and make decisions during procedures is greatly enhanced.”



86-year-old Mary Lou Nibbe has plenty of energy to decorate the large dollhouse in her Chicago home.



other health conditions are not good candidates for this complex surgical procedure and its long, challenging recovery.

The PARTNER Trial offers these patients a less invasive procedure in which a new valve is implanted using a transapical catheterization procedure, through a small incision in the side of her chest. The prosthetic heart valve consists of a stainless steel stent to hold the device in position and valve leaflets made from cow tissue to direct blood flow in the heart.



Dr. Paul Pearson (left) and Dr. Ted Feldman are research partners studying the advanced cardiology procedure used to replace Mary Lou Nibbe's damaged aortic valve.

Ted Feldman, MD, the Charles R. Walgreen Jr. Chair of Cardiology, is the principal investigator of the PARTNER Trial at NorthShore, one of only 22 sites in the country involved in the innovative study. He also holds an academic appointment at the University of Chicago Pritzker School of Medicine.

"The first part of the trial has been completed, and the results are striking," said Dr. Feldman. "This procedure clearly and dramatically improves mortality rates for these patients." In cases where open-heart surgery is not an option and the sophisticated treatment offered through the trial is not available, approximately 50 percent of patients would

die within a year, he explained. "We've cut that in half," said Dr. Feldman.

An essential element of the trial is its collaboration with heart surgeons, interventional cardiologists and a large multidisciplinary team. NorthShore Cardiac Surgery Division Head and Owen L. Coon Chair of Cardiothoracic Surgery Paul J. Pearson, MD, PhD, is Dr. Feldman's partner in the study.

"The whole effort is collaborative between the heart surgeon and the cardiologist, and

that's reflected in the name of the trial," explained Dr. Feldman. "We function best as a team. When reviewing patients, we know that two heads are better than one and our combined experience is more than the sum of our individual experiences."

Drs. Pearson and Feldman are quick to credit the entire team, including specially trained cardiac anesthesiologists, echocardiographers and nurses, as critical to successful care and patient outcomes.

"This trial puts forth the best of NorthShore and highlights what sets it apart from so many institutions," said Dr. Pearson. "With cardiac surgery and interventional cardiology coming

together and joining skill sets, we do what's best for patients. Our patients have a wide range of options, and we work together to recommend what's best for them."

The future will continue to see the lines between interventional cardiology and cardiac surgery blurred as fewer invasive procedures will be used to treat complex cases, explained Dr. Pearson.

For Nibbe, her physicians' expertise and caring gave her ultimate confidence. Before undergoing the procedure at NorthShore Evanston Hospital, she recalled that she wasn't nervous at all. "Everyone was fantastic, from the nurses to the women who cleaned my room. They were cheery and met me with a smile." Nibbe had similar praise for the cardiac rehab team.

At her one-month follow-up visit, the compassionate care continued, she said. "People said, 'Hello, Mrs. Nibbe, how are you?' They remembered my name and were so nice. There was a 'Hello' every place you went in the hospital, and that really gives people a lift."

Back in her Chicago home, Nibbe continues to live a full, active and independent life. Hearing that is the ultimate reward for Drs. Feldman and Pearson. "She's a firecracker!" said Dr. Pearson, smiling. "We follow patients for the long term and monitor their recovery. The biggest excitement for me is seeing their dramatic improvement and how they return to their regular lives."

An internationally recognized expert in the growing field of catheter-based therapies for heart disease, Dr. Feldman is thrilled by the enormous potential for these less invasive procedures. "My field didn't even exist when I started my internal medicine residency. It's exciting for me at every juncture. And now that I can watch patients like Mrs. Nibbe make a full recovery, it's incredibly rewarding," he said. **C**



Kellogg  
Cancer  
Center Team  
Balances  
Effective  
Treatments  
with Quality  
of Life

# Survival On My Terms

Cancer survivor Donna Gaidamak (center) savors quality time with her family, including a competitive game of Scrabble with her husband Alex (left) and children Gabrielle and David.



By Barb Hailey

**D**onna Gaidamak, 48, is a self-described type-A personality and an optimist. Living with lung and brain cancer for nearly five years, those character traits, and the expertise of physicians and caregivers at NorthShore Kellogg Cancer Center, have been important components of her treatment and continued survival. As a working mom and volunteer, Gaidamak assumed the headaches and stomach pains she was experiencing in November 2007 were stress-related. After her NorthShore-affiliated internist, Victoria Amesbury, MD, referred her for testing, the actual diagnosis was far more devastating—lung cancer that had spread to her brain.

“I thought, ‘Wow, how did this happen?’ I didn’t even feel sick,” said Gaidamak, who is a nonsmoker.

Grappling with her grave diagnosis and treatment options, the overwhelming concern she and her husband had was for their children, then ages 8 and 11. Gaidamak knew she wanted as much quality time as possible with her family. Through her determination, the love of family and friends, and the expertise of her NorthShore physicians, she is achieving her goal.

“We are clear on Donna’s treatment goals,” said thoracic oncologist Thomas Hensing, MD, who leads Gaidamak’s multidisciplinary care team. “It’s a team effort between her and her doctors. We inform, educate and guide her. We’re ultimately advocates for her.”

Gaidamak’s Kellogg Cancer Center team has been large and varied while she has undergone chemotherapy and radiation treatments to treat the lung and brain cancer. Dr. Hensing works alongside other NorthShore cancer specialists as they orchestrate her care, including neurosurgeon Egon Dopperberg, MD; neuro-oncologists Nicholas Vick, MD, and Ryan Merrell, MD; radiation oncologist Ranjeev Nanda, MD; and physician assistant Stacey Becker. Dr. Nanda holds an academic title at the Pritzker School of Medicine, and Drs. Hensing and Vick hold academic appointments at the University of Chicago Pritzker School of Medicine.

“There’s a lot of ongoing communication,” said Dr. Hensing. “NorthShore’s Electronic Medical Record (EMR) system helps us to deliver seamless care.”

The clinical team helps her feel in control of a situation where it is easy to feel powerless, Gaidamak said. NorthShoreConnect has been helpful in keeping track of her treatment plan. The online gateway helps patients manage their care, including scheduling appoint-



Donna Gaidamak’s collaborative care team includes from left: physician assistant Stacey Becker, thoracic oncologist Dr. Thomas Hensing and neuro-oncologist Dr. Ryan Merrell.

ments, emailing nurses and physicians, and accessing their medical records.

Despite the cancer’s advanced stage, Gaidamak’s treatment results are encouraging. Her cancer is stabilized.

“We’re not going to get rid of it, but our goal today is the same as it was four years ago when she was diagnosed—to help her stay alive as long as possible with a quality of life that’s acceptable to her,” said Dr. Hensing.

In recent years, treating lung and other cancers has evolved rapidly because physicians have a better understanding of how the biology of a tumor characterizes the

disease. This information helps them predict the best plan of attack, which is often a strategy with multiple options, including surgery, chemotherapy, radiation and cutting-edge medications. For Gaidamak, these advances mean that more treatment alternatives may be available now than when she was first diagnosed.

Some treatments have been geared toward helping Gaidamak maintain an acceptable quality of life. When radiation treatment caused brain swelling that weakened her right side, Dr. Merrell treated her with the chemotherapy drug Avastin. It relieved the weakness, and he continues to work with her on improving her neurological function.

“Most people with metastases to the brain are going to have deficits that will impact their quality of life,” said Dr. Merrell. “Donna has done extremely well. Despite her limitations, she can do many things.”

Time has given Gaidamak the ability to enjoy important milestones in her children’s lives. She is busy helping her daughter plan for her Bat Mitzvah in June. Her son, just 11 when she was diagnosed, is planning to get his driver’s license soon.

“I’m not in denial,” she said. “I know that my cancer is not going to be cured. Every day you have to make the most of it. I’m a ‘glass-is-half-full’ person and am not going to give up.” **C**

## Advanced Treatment, Compassionate Care

NorthShore Kellogg Cancer Center has treated more than 50,000 patients since its founding in 1981. In 2011, the Center received a three-year accreditation with commendation from the Commission on Cancer, reflecting NorthShore’s commitment to the highest standards of performance and professionalism in caring for patients.

Patients have access to medical oncologists, radiation oncologists and surgeons trained in a variety of cancer specialties. To learn more, visit [northshore.org/cs12](http://northshore.org/cs12), or call (847) 492-5700 (Ext. 1206).

# Active Life Reclaimed

NorthShore Surgeon Treats Debilitating Neurological Condition

By Barb Hailey

For most of his 74 years, El Giannis is has been a picture of vitality until an elusive neurological condition robbed him of his memory and the ability to walk. Now, he's back on his feet, working out, sailing and vacationing with his grandchildren thanks to NorthShore Neurological Institute (NNI) neurosurgeon Gail Rosseau, MD, who accurately diagnosed and treated him for normal pressure hydrocephalus (NPH).

NPH occurs when the brain's cerebrospinal fluid is blocked. It causes an abnormal increase of fluid in the brain's ventricles, which puts pressure on the brain. NPH is characterized by cognitive decline, walking and balance problems, and incontinence—symptoms that also are associated with dementia as well as Alzheimer's and Parkinson's disease.

"I love the sea," Giannis said, recalling his career as an electrician on international cargo ships. He also had lived on a boat off the Florida coast. In 2006, his boat was severely damaged by Hurricane Katrina, and he moved to Wilmette to live with his daughter, Demetria. Shortly afterwards, he suffered a stroke and underwent heart surgery.

Giannis recovered from his stroke but developed vascular dementia, a condition that causes cognitive problems from impaired blood flow to the brain. However, his daughter suspected another cause for other symptoms he began to develop, including difficulty walking, increased confusion, memory problems and incontinence.

"Because his symptoms could be attrib-



Neurosurgeon Dr. Gail Rosseau accurately diagnosed and treated El Giannis' neurological condition. He's now back to his regular, active routine.

uted to other conditions, it was hard to find out what was really causing the problem," said Demetria Giannis, who is her father's primary caregiver. After visiting several doctors, it was Dr. Rosseau who definitively diagnosed his condition.

"Symptoms of NPH are subtle, and it can be hard to make the diagnosis," said Dr. Rosseau. "Diagnosis and treatment require the coordination of a team like the one we have at NorthShore." She praised Demetria for her observant, steadfast care of her father, which played a role in his eventual diagnosis.


Once NPH is suspected, doctors insert a lumbar drain to remove spinal fluid and monitor patients for improved symptoms. This requires the resources of a neurologist; neurosurgeon; highly skilled nurses; and physical, occupational and speech therapists. In El Giannis' case, Dr. Rosseau drained a small amount of fluid through a

lumbar puncture. He showed almost immediate improvement.

Treating NPH involves implanting a shunt—or thin, hollow tube—under the scalp to drain excess fluid from the brain to the abdomen, where it is absorbed safely back into the bloodstream. New technology allows physicians to painlessly adjust the shunt's settings, if needed, in a doctor's office.

"NPH is a treatable condition because we can relieve or reverse symptoms if caught early enough," said Dr. Rosseau. She calls the results she sees in her patients "some of my most satisfying cases."

"Having this condition was like having a nightmare and then waking up," Giannis said. "I am so thankful for my daughter and the doctors for giving me my life back."

*For more information about NNI's advanced diagnostics and treatments, please call (847) 492-5700 (Ext. 1207), or visit [northshore.org/ns12](http://northshore.org/ns12).* 

## UROLOGY

# Pioneering Scarless Surgery

Patient Now Enjoys Pain-Free Life

By Martha Floberg

**M**ichelle Wizniak, 26, of Arlington Heights leads a busy life as a preschool teacher who loves to travel, go for runs and hang out with friends. But for the past eight years, a painful kidney condition stopped her in her tracks.

“I was afraid to go away even for the weekend,” said Wizniak, “because without warning an intense pain would begin on my right side and wouldn’t go away even with painkillers.”

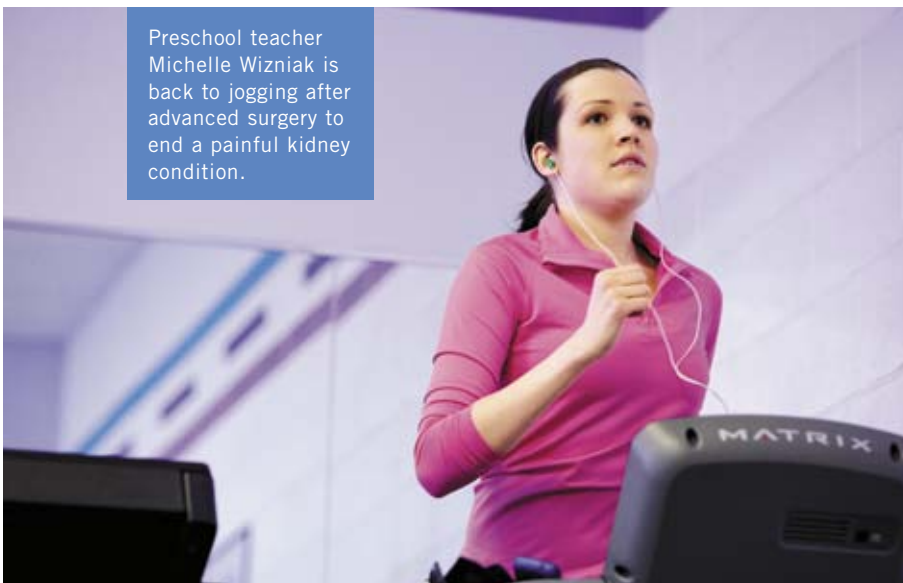
Wizniak visited several doctors who diagnosed everything from irritable bowel syndrome to menstrual cramps to gallstones.

Then, in February 2011, she came to NorthShore for an appointment with urologist Amanda Macejko, MD, who diagnosed a condition called ureteropelvic junction obstruction, a congenital kidney obstruction.

“The obstruction blocked urine flow from my right kidney to my bladder,” said Wizniak, “and that caused the pain.” Dr. Macejko explained her treatment options, which included laparoscopic surgery with five to seven incisions or a new procedure called single-port laparoscopy with only one small incision in the belly button and no visible scar.

Wizniak opted for the single-port laparoscopy at NorthShore Evanston Hospital with Dr. Macejko and Sangtae Park, MD, MPH, Director of Minimally Invasive Urology. Dr. Macejko holds an academic title at the Pritzker School of Medicine. Dr. Park holds an academic appointment at the University of Chicago Pritzker School of Medicine. As

Preschool teacher Michelle Wizniak is back to jogging after advanced surgery to end a painful kidney condition.



NorthShore’s first patient to undergo this new surgical technique to treat her kidney condition, Wizniak wasn’t apprehensive.

“Every surgery has risks,” she said, “but there was nothing in particular about this procedure that caused any alarm.”

Dr. Park is one of only a few surgeons in the country trained to perform single-port laparoscopy. “NorthShore has tremendous clinical experience and is the only hospital in the Chicago area, and one of just a few from across the country, that offer this new single-port, robotic laparoscopic technique,” he said.


During the operation, Dr. Park inserted a small laparoscopic camera and surgical instruments through Wizniak’s navel, removed the kidney obstruction and repaired it with normal tissue. Wizniak spent two days in the hospital, had no side effects and has no visible abdominal scar.

“This new procedure has the potential to

treat several conditions,” said Dr. Park, “but it isn’t appropriate for everyone. With no visible surgical scar, minor postoperative pain and quick recovery time, it also has important patient benefits.”

Since her surgery, Wizniak has had a follow-up kidney scan and ultrasound. “Because it’s still new,” she said, “doctors want to keep an eye on me.”

But so far, she knows one thing for sure. “This procedure absolutely changed my life,” she said. “I’m so much more carefree now that I’m not worrying about whether my pain will suddenly appear.”

NorthShore is a leader in providing comprehensive urological care for patients who need treatment for a variety of conditions at the new John and Carol Walter Center for Urological Health, located at NorthShore Glenbrook Hospital. *For more information or to schedule an appointment, please call (847) 492-5700 (Ext. 1208).* 

# Leaving No Stone Unturned

Technology for Quick Diagnosis and Treatment Gives Patients Peace of Mind

By Susan J. White

Unexplained weight loss in a healthy, fit adult is cause for concern and often can indicate a more serious condition. So, when Martin Gorski of suburban Darien noticed his normally steady weight dropping without any change in eating or exercise habits, he wisely visited his physician, NorthShore-affiliated internist Thomas Ficho, MD, PhD.

Initially, Dr. Ficho ordered a CT scan, which suggested a problem with Gorski's bile ducts. He also referred him to NorthShore's Advanced Therapeutic Endoscopy Section Chief Mick Meiselman, MD, for an endoscopic ultrasound.

This minimally invasive test provides an immediate, high-grade look at the bile ducts, rivaling results of a traditional CT scan or MRI. While both physicians were concerned about the possibility of cancer, thankfully the ultrasound revealed only a large stone in one of the ducts.

Not only did Gorski get a positive answer in real time, without anxiously awaiting lab results, he also received immediate treatment to remove the stone as Dr. Meiselman performed an endoscopic retrograde cholangiopancreatography, or ERCP. ERCP requires no incisions. A hollow tube called an endoscope is passed through the mouth and stomach into the first part of the small intestine. A special dye is then injected so the bile ducts can be seen more easily on an X-ray.

The stone was so large that Dr. Meiselman used further sophisticated technology, pass-

ing a small basket-like device through the scope into the bile duct and robotically breaking up the stone into small enough pieces to pass through the duct.

"I think it's phenomenal that we have technology that allowed me to make the diagnosis and do the appropriate therapy right there," said Dr. Meiselman, who also credits Dr. Ficho with his initial diagnosis of Gorski's unusual bile stone condition.

"There's no question that Mr. Gorski was relieved, and his wife was ecstatic," added Dr. Meiselman.

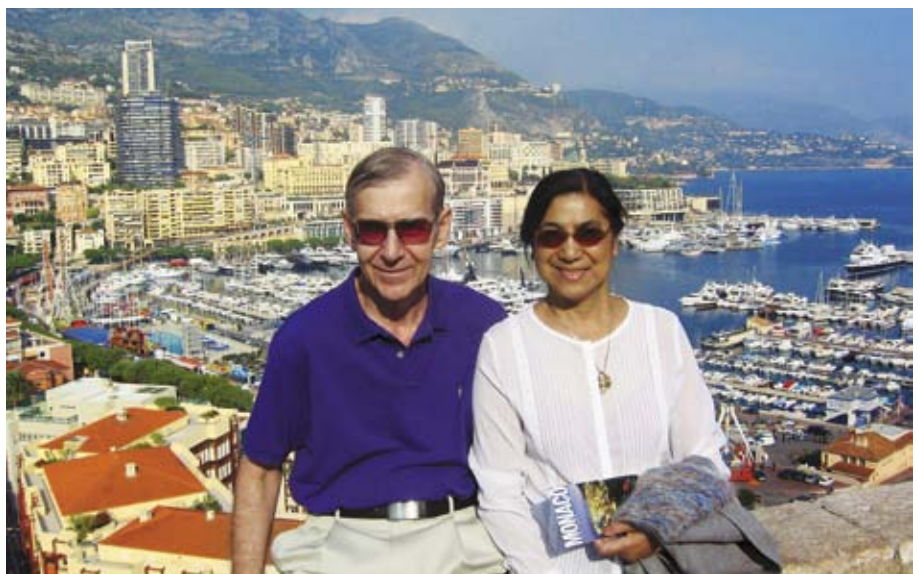
For Gorski, the procedure was practically painless and provided immediate peace of mind for both himself and his wife, Modeta. The toughest part was the time in the waiting room before the procedure, Gorski joked.

His confidence in both Dr. Ficho, whom

he has seen for more than 25 years, and Dr. Meiselman is absolute. Reflecting on Dr. Meiselman and his NorthShore experience, Gorski said, "He's obviously a very good doctor. He was very straightforward and answered all my questions, and it's wonderful everything was resolved."

"It's very rewarding to help patients like this," said Dr. Meiselman. A follow-up ERCP showed a completely normal bile duct. Dr. Meiselman expects it to remain that way for the rest of Gorski's life. So, Gorski and his wife, who enjoy traveling, are happily planning future vacations here and abroad.

"I'm really glad I had Mick take care of my patient and get him in so quickly," said Dr. Ficho. "I'm also thrilled it was a good outcome. Having this technology is life saving." 



Martin and Modeta Gorski on a recent excursion in Monaco look forward to continued travels, thanks to a quick diagnosis and sophisticated treatment for bile duct stones that threatened his good health.

## RESEARCH INSTITUTE

# Arresting “Code Blues”

Researchers Seek to Prevent Sudden Cardiac Arrest

By Martha Floberg

In most hospitals, “Code Blue” is a way to alert personnel when a patient experiences cardiopulmonary arrest and needs emergency resuscitation. Rapid response teams answer this code by rushing to the patient’s bedside to save his or her life.

Despite the best efforts of these teams, nearly 80 percent of cases are fatal, according to K.P. Unnikrishnan, PhD, a NorthShore computer scientist who is leading a feasibility study in partnership with University of Chicago researchers designed to reduce this high mortality rate by predicting patients at risk for cardiac arrest long before they experience a Code Blue.

This study is one of more than 60 under way at the new NorthShore Center for Clinical Research and Informatics (CCRI), quickly becoming a nationally recognized leader in clinical research informatics.

“In many cases, these rapid response teams are called into action too late,” said Dr. Unnikrishnan. “So, we’re using NorthShore’s wealth of data from our Electronic Medical Record (EMR) system and applying advanced modeling techniques to better understand at-risk patients as early in their hospital stay as possible.”

Armed with this information, Dr. Unnikrishnan—along with fellow NorthShore researchers Ari Robicsek, MD, Epidemiologist, Associate Chief Medical Information Officer; and Christopher Winslow, MD, Corporate Director of Critical Care Services—hopes to be able to anticipate the likelihood of a cardiopulmonary



Research led by Dr. K.P. Unnikrishnan (left) and Dr. Ari Robicsek is focused on how to better predict and lessen the risk of cardiac arrest in hospital patients.

arrest within eight to 12 hours ahead of time so healthcare providers can take the critical steps necessary to intervene and prevent a life-threatening emergency. Both Drs. Robicsek and Winslow also hold academic appointments at the University of Chicago Pritzker School of Medicine.

“We’ve already succeeded in developing several other predictive models using the EMR to identify patients who may develop certain complications or medical issues,” said Dr. Robicsek. “Because NorthShore has been ‘paperless’ since 2003, it has an enormous amount of electronic data to analyze. In fact, this study will use 61 million pieces of information to create a predictive model and help save these patients’ lives.”

According to Dr. Robicsek, very few medical centers have that much data coupled with the ability to access it for this type of research.

While a patient is in the hospital, EMR

documents offer valuable information, such as vital signs, lab results, oxygen levels and mental status, as well as patient demographic information.

“By analyzing this data, we can look at multiple factors simultaneously over time and understand the role they play in increasing a patient’s risk for sudden cardiopulmonary arrest,” said Dr. Unnikrishnan.

“We can also use this information to create decision-support tools directly into the EMR system for patients at risk,” said Dr. Robicsek. In these cases, healthcare providers looking after these patients will be on the alert and better equipped to prevent a Code Blue.

Based on the results of this feasibility study, the researchers plan a much larger randomized clinical trial using data on all patients at NorthShore who had a cardiopulmonary arrest in the last five years and compare them with patients who did not. **C**



COMMUNITY RELATIONS

# Vital Support

Perinatal Program Benefits New Moms and Dads

By Phil Rozen

Already parents of two young children, Kathy and Juan Chiwah figured they would eventually have a third. But with no immediate plans to expand their family, imagine the Evanston couple's surprise last year learning she was pregnant—with twins!

Early on, the pregnancy was rife with complications. The babies were not due until August, but Chiwah went into labor in April, prompting doctors at NorthShore Evanston Hospital to confine her to bed rest.

"They were hoping to get me to at least 28 weeks, which is a safer mark," said Chiwah.

But Chiwah delivered the babies on May 20 at 26 weeks—some three-and-a-half months early. The boys—Francisco and Santiago—were immediately admitted to

Evanston Hospital's Infant Special Care Unit (ISCU) for round-the-clock neonatal care. With two preemies in peril and two other children at home, the strain on the couple was overwhelming.

"Here we were, talking with doctors about the babies not making it and whether we wanted them to resuscitate if one or both of the babies stopped breathing," Chiwah recalled. "It was terrifying. At the same time, I was thinking about my two kids at home and their needs. The medical staff was wonderful, but I also needed someone who understood the emotional toll this was taking on us."

Like many families struggling through complicated pregnancies and premature births, the Chiwahs benefited from NorthShore's Perinatal Family Support Center. The Center provides a wide range of

free services to 1,800 families each year that are experiencing challenges related to pregnancy, birth, prematurity or perinatal loss.

Kathy Chiwah met with licensed clinical counselor Ellen O'Donovan when she first became pregnant. "So many times during this ordeal, Ellen would magically appear," said Chiwah. "She was a reassuring presence for us, with an amazing ability to calm me down and talk through all these complicated issues so I could make smart decisions."

What differentiates NorthShore's support program is that the same licensed counselor follows the family throughout pregnancy and postpartum.

"The goal is to make services seamless for our patients," said Center Director Nancy Eschbach, LCSW, who manages the team. "The doctors and nurses may change as a patient moves from pregnancy through a postpartum stay, but we remain the one point of continuity across the system to provide relationship-based care, emotional support and crisis intervention."

After nearly four months in the ISCU, both boys are now home. But the twins suffer from a variety of health issues and must maintain a rigorous schedule of doctor visits.

Amid the uncertainty, Kathy and Juan Chiwah are holding steady, grateful not only for the medical expertise, but also for the emotional support they receive at NorthShore.

"Looking back, I don't know how I would have gotten through those days without Ellen," recalled Chiwah. "She helped me find the inner strength to keep going, strength I didn't even know I had." **C**



Perinatal Family Support Center counselor Ellen O'Donovan (left) provided a consistent sounding board for Kathy Chiwah through a difficult pregnancy and the premature birth of her twin sons Santiago (left) and Francisco.

# Completing His Circle

Grateful Patient Honors His NorthShore Clinical Team

By Eileen Norris

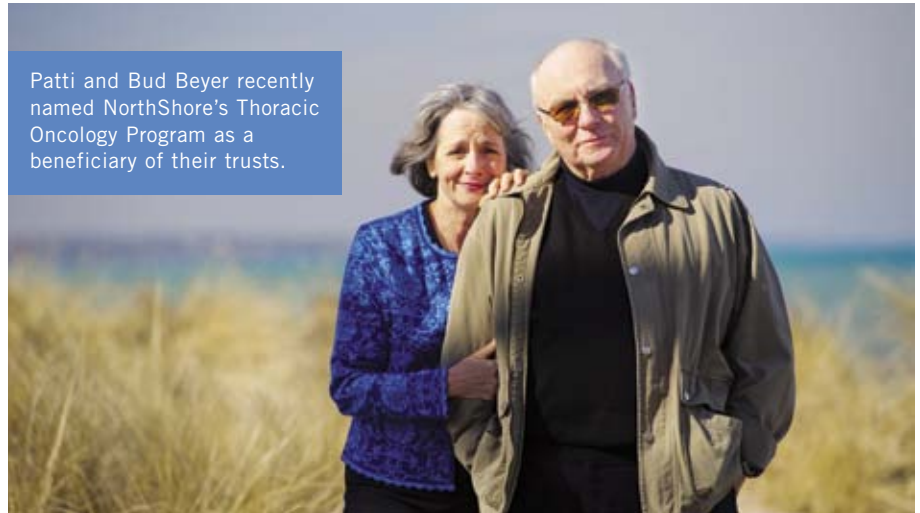
It was 4 p.m. on New Year's Eve 2008 when Bud Beyer received a phone call that would change his life. Following a needle biopsy performed that morning, NorthShore pulmonologist Daniel Ray, MD, was calling to advise Beyer that he had Stage III lung cancer.

Professor emeritus and former chairman of Northwestern University's Theatre Department, Beyer considered going to other medical institutions known for cancer care outside of Illinois. But after meeting with the oncology team at NorthShore Evanston Hospital the morning of January 2, he and his wife, Patti, decided to stay put. "We made the right decision," he said.

Beyer began an aggressive course of chemotherapy and radiation treatments on the then-inoperable tumor, keeping himself centered through acupuncture and Qigong, a type of medical therapy, to help build a sense of well-being. The Beyers met with a team of specialists at NorthShore Kellogg Cancer Center, including radiation oncologist Ranjeev K. Nanda, MD; thoracic surgeon John Howington, MD; oncologist Thomas Hensing, MD; and oncology dietitian Cindy Rheingruber, RD, LD. Dr. Nanda holds an academic title at the Pritzker School of Medicine, and Drs. Howington, Hensing and Ray hold academic appointments at the University of Chicago Pritzker School of Medicine.

"Dr. Hensing set the stage for the attitude of all the physicians and staff members by stating at the outset that his objective was 'curative intent.' He was so upbeat about my

Patti and Bud Beyer recently named NorthShore's Thoracic Oncology Program as a beneficiary of their trusts.



## SAVE THE DATES

**Myra Rubenstein Weis Health**

**Resource Center Benefit**

May 2, 2012 • Highland Park Country Club  
Benefiting LIFE Cancer Survivorship Program  
and honoring David P. Winchester, MD

**The Auxiliary of NorthShore at Evanston  
& Glenbrook Hospitals' Gala**

June 23, 2012 • The Hilton Chicago  
Benefiting the DodoNA Project to  
Improve Neurological Health


chances that I felt positive I could get past this," recalled Beyer, who has generously supported NorthShore for several years as a donor. He and his wife recently decided to name NorthShore's Thoracic Oncology Program as a beneficiary of their trusts.

Three months after treatment began, Beyer's tumor shrank to the extent that surgery was possible. Two days after surgery, Dr. Hensing told him that he had good news

to share: "You've had what we call a 'complete response' to treatment, with no sign of the lung cancer remaining."

"It was not the outcome that led us to support NorthShore," Beyer said. "It was the journey and the astounding physicians, nurses, dietitians, receptionists and everyone we encountered wherever we went. Even if the results had been different, I would still be very grateful for the care I received. These physicians are exceptional, and they need our support."

Still teaching, Beyer just finished writing a book titled "Completing the Circle," which will be published in Norway where he works with classical musicians to help them communicate emotionally and re-establish connections to their audiences.

The irony of the book's title is not lost on the thankful patient. "There would have been no book or circle to complete without my physicians," he said. "I am here, doing well and teaching again because of NorthShore and its tremendous staff." 

# Play It Safe

## Avoiding Springtime Sports Injuries

By Barb Hailey

Springtime can be prime time for sports injury, especially for teen athletes and so-called “weekend warriors” who try to squeeze their athletic activities into the weekend. If you are ready to get out and enjoy the warmer weather, here are some friendly reminders to play it safe.

Adam Bennett, MD, a NorthShore board-certified family practitioner sub-specializing in primary care sports medicine, offers practical advice to athletes of all ages to reduce injury risk while enjoying outdoor activities. Dr. Bennett also serves as a team physician for the Chicago Bears and U.S. Soccer.

### Q: What are some common spring injuries and their causes?

A: Many weekend warriors either may not be exercising during the week, or if they are, they're not exercising in ways that help prevent injury before going full force into a weekend of playing sports. In these adults, I see a lot of acute tendon or muscle inju-

ries, such as a torn Achilles tendon or a pulled hamstring.

Teens tend to have a lot of overuse injuries. Many teen athletes play multiple sports or play the same sport on multiple teams, so they're at risk for tendonitis, stress fractures and shin splints.

### Q: What injury-prevention tips would you offer these athletes?

A: Weekend warriors and recreational athletes should include some type of athletic training during the week, ideally twice a week, to help strengthen the muscles they use in their dominant sport. Even working out once a week can decrease the likelihood of injury. Training should mimic the sport played and include more explosive types of exercises, such as jumping rope, lifting weights or sprint intervals.

Teens who play their sports multiple days in a row need to take a day off for recovery. They should not spend their day off running

around the neighborhood but rather should lay low to rest their muscles and tendons. This can positively impact performance as well as help prevent injuries. Teens also should strive for good nutrition to properly fuel their bodies. They should eat meals between practices that include vegetables and lean proteins and stay well hydrated with water and sports drinks.

With any athletic injury, for adults or teens, it is extremely important to make sure they're fully healed before returning to their sport to reduce the risk of repeat injuries.

### Q: How can someone tell if he or she has sustained a sport- or fitness-related injury?

A: It can sometimes be difficult to differentiate between an injury and soreness. A little soreness for a few days is normal. In general, be aware of what feels or sounds like a “snap” or “pop,” or any swelling or pain that gets worse. These usually indicate an injury that needs medical attention. **C**

## SAVE THE DATE

Total Care for the Athlete at Heart

Saturday, June 16, 2012


Chicago Botanic Garden

8 a.m.–12:45 p.m.

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NorthShore's Dr. Adam Bennett serves as team physician for the Chicago Bears.



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