

CONNECTIONS

NorthShore
University HealthSystem

Evanston Hospital | Glenbrook Hospital | Highland Park Hospital | Skokie Hospital

A health and lifestyle publication from NorthShore University HealthSystem | VOLUME 3 | ISSUE 2 | SPRING 2010

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Saving a Young
Mother's Life

Help for
Weekend Warriors



The Fight of His Life:

One Man's Battle Against Colon Cancer

Welcome to the Spring issue of *Connections*, our regular publication bringing you the latest in patient care, medical technology and advances in clinical research from NorthShore University HealthSystem (NorthShore). Each issue of *Connections* features articles about how caring for patients contributes to serving our communities and supporting our overall mission “to preserve and improve human life.”

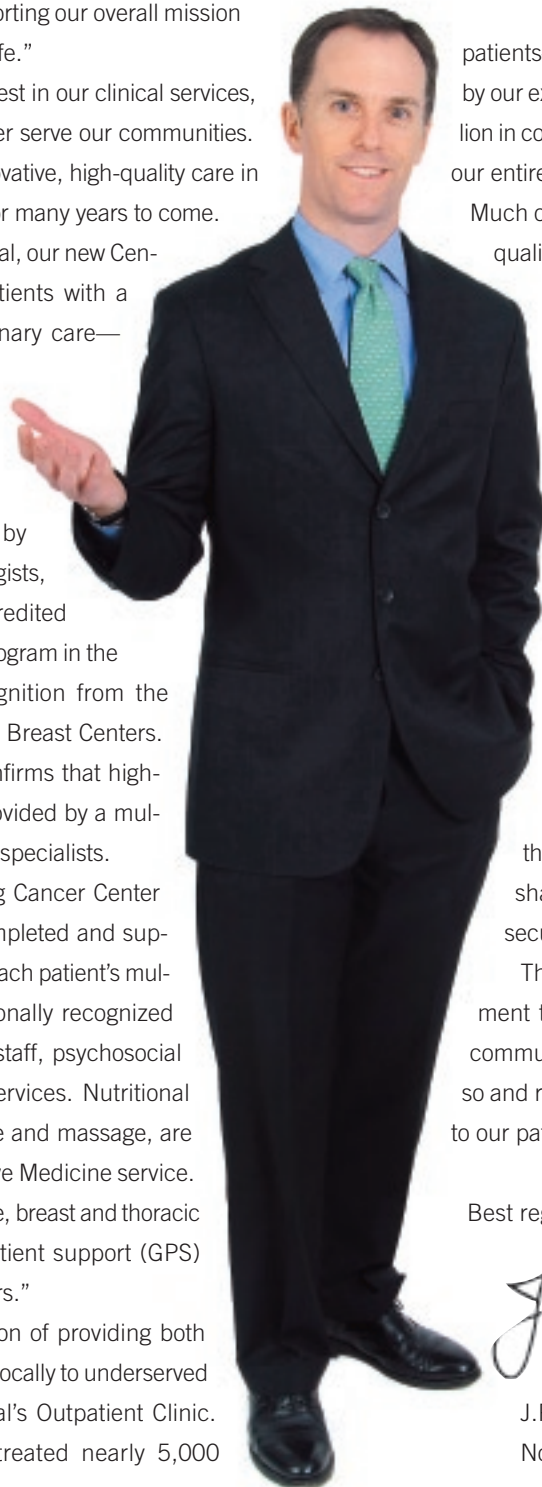
During 2010, we continue to invest in our clinical services, our facilities and our people to better serve our communities. Doing so positions us to deliver innovative, high-quality care in a personalized manner and do so for many years to come.

At NorthShore’s Evanston Hospital, our new Center for Breast Health provides patients with a single destination for multidisciplinary care—from screening to diagnosis to treatment using state-of-the-art digital mammography equipment and diagnostic services such as MRI and biopsy. Mammograms are read by board-certified subspecialist radiologists, and the Center is part of our accredited Breast Health Program—the first program in the Chicago region to gain this recognition from the National Accreditation Program for Breast Centers. (See pg. 12) The accreditation confirms that high-quality, integrated care is being provided by a multidisciplinary team of breast health specialists.

Construction of our new Kellogg Cancer Center at Evanston Hospital has been completed and supports customized care for patients. Each patient’s multidisciplinary team comprises nationally recognized cancer specialists, skilled clinical staff, psychosocial and financial advocacy support services. Nutritional counseling, as well as acupuncture and massage, are also available through our Integrative Medicine service. Additionally, gastrointestinal, prostate, breast and thoracic cancer patients receive guided patient support (GPS) from highly skilled nurse “navigators.”

NorthShore has a proud tradition of providing both primary and specialty care services locally to underserved patients through Evanston Hospital’s Outpatient Clinic. During the past year, we have treated nearly 5,000

“Construction of our new Kellogg Cancer Center at Evanston Hospital has been completed and supports customized care for patients.”



patients—from newborns to seniors. The care provided by our exceptional clinical staff is just part of the \$172 million in community benefits that NorthShore provided across our entire service area in the past year.

Much of the talk in Washington concerns ways to deliver quality healthcare cost-effectively. Since 2003, NorthShore has been achieving this by pioneering an electronic medical record (EMR) system at our Hospitals and many physicians’ offices. This powerful, enterprisewide EMR system connects all NorthShore caregivers—whether seen through our primary care services, Emergency Departments or acute Hospital episodes—with our patients. Access to this comprehensive health information also allows us to measure outcomes, identify trends and work with our clinicians to ensure service to our patients. The system is built around you—our patient, evidenced by our innovative NorthShoreConnect patient Web portal. More than 100,000 patients are accessing their records, booking appointments in real time and sharing information with their doctors safely and securely.

These exciting times reflect our ongoing commitment to serving our patients across our wide-ranging communities. We are proud of our track record in doing so and remain committed to improving the care available to our patients in the future.

Best regards,

J.P. Gallagher, President
NorthShore’s Evanston Hospital

CONNECTIONS

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Neurosurgery Dream Team

NorthShore University HealthSystem neurosurgeons have become a dream team, with expertise for patients experiencing various types of neurological disorders.

By Ed James

Martin Sanders, D.D.S., awoke with a pounding headache and knew that something was seriously wrong. The pain indicated that a tumor in his pituitary gland was hemorrhaging and without emergency surgery he could go blind.

Dr. Sanders, 63, a dental anesthesiologist from Northbrook, went immediately to NorthShore University HealthSystem's (NorthShore) Glenbrook Hospital in Glenview.

Fortunately for Dr. Sanders, the renowned physicians at the Chicago Institute of Neurosurgery and Neuroresearch (CINN) were just then joining the distinguished neurosurgery team of NorthShore, which meant the top neurosurgeons in the Midwest and two of the foremost experts on pituitary surgery were there for him.

Gail Rosseau, M.D., an acclaimed neurosurgeon associated with CINN, and Ivan Ciric, M.D., head of Neurosurgery at NorthShore, could operate on Dr. Sanders at NorthShore's Evanston Hospital.

Pituitary gland surgery is "routine" for Dr. Ciric and Dr. Rosseau who each perform it about 80 times a year, but it can be risky. The pituitary gland is in what physicians call "high-priced real estate" because it sits under the frontal lobe of the brain just millimeters from carotid arteries. The optic nerves cross over it. There is no room for error.

To access the olive-sized tumor, Dr. Ciric and Dr. Rosseau slid a spe-



Neurosurgeon Gail Rosseau, M.D., part of the Chicago Institute of Neurosurgery and Neuroresearch (CINN) team which recently joined NorthShore, and Ivan Ciric, M.D., head of Neurosurgery at NorthShore, review patient Martin Sanders images following critical surgery for a pituitary gland tumor.

cially designed surgical implement through a tiny incision inside Dr. Sanders' nose. To operate through such a small opening and in such a sensitive area of the brain, the neurosurgeons relied on a high-powered fiber optic microscope for a magnified and three-dimensional view of the pituitary. Dr. Ciric said there's no substitute for expertise in this type of surgery.

"It is like flying a plane. If you know how to do it, it is routine, but things still can go awry. There is a lot of finesse involved. It is a difficult operation if you don't know how to do it," said Dr. Ciric, who performed the first such pituitary surgery in the Midwest in 1967.

Dr. Rosseau noted, "We are coming together to join forces for the good of patient care. Patients will benefit from our com-

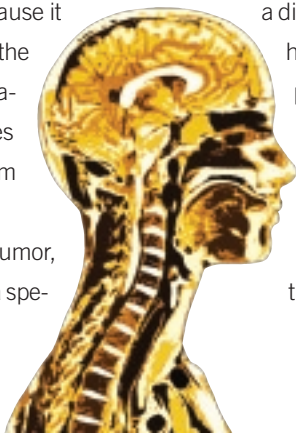
bined experience and expertise." Dr. Rosseau is a preeminent author and lecturer on innovative surgical approaches to the treatment of cranial base tumors.

Dr. Sanders is recovered, back to work and grateful for the care from NorthShore.

"As a dentist who does fine work with his hands, I can appreciate the level of skill involved in a complex surgery like this. I am totally amazed that they can get in there and do what they have to do," Dr. Sanders said.

Three weeks after the surgery, Dr. Sanders sent his doctors a large bouquet of flowers. The card read, "I can never thank you enough for saving my life."

"For healthcare providers, that's why we get out of bed in the morning," Dr. Rosseau said. For more information about neurological disorder treatments, call (847) 492-5700 (Ext. 1205). **C**



Transplant Renews Boy's Spirit

NorthShore University HealthSystem plastic surgeons perform a complex transplant procedure on a teenager from Guatemala to correct the ravages of a rare facial disease, giving the patient a new lease on life.

By Susan J. White

Adriana Alvarado brought her then 11-year-old son Joseph to the United States two years ago, moving from their native Guatemala in hopes of finding medical help for Joseph's rare and disfiguring condition.

With Joseph's father already living and working in Chicago, the Alvarados were happily reunited and began creating a new life—one that thankfully has come to include expert medical treatment and transformative surgery for Joseph.

Suffering from a very rare condition known as hemifacial atrophy, or Parry Romberg Syndrome, Joseph's face began to deteriorate on the left side, appearing to melt away when he was about 6 years old. The condition continued to worsen for the next seven years, while his parents grew increasingly worried and he became more withdrawn.

By the time the Alvarados moved to Chicago, Joseph had become a very shy boy whose appearance sometimes drew stares from other children.

A Chicago pediatrician recommended the Alvarados see the prominent pediatric plastic surgeon Bruce S. Bauer, M.D., Director of Pediatric Plastic Surgery at NorthShore University HealthSystem (NorthShore) and on faculty at the University of Chicago Pritzker School of Medicine.

Dr. Bauer referred the Alvarados to his

partners Mark Sisco, M.D., and Jeremy Warner, M.D., plastic surgeons with specialized expertise in microsurgery at NorthShore and who serve on faculty at the University of Chicago Pritzker School of Medicine. Dr. Sisco and Dr. Warner operated on Joseph in the fall of 2009 in a very complex procedure to transplant tissue from the boy's shoulder area to his face, re-creating a normal facial structure to match the contour of the other side.

"The skin on the face is so thin that one of the challenges in the procedure is to create a pocket for the transplanted tissue without creating any new scarring," Dr. Sisco

explained. Re-establishing blood flow to the new area is critical, and Dr. Sisco connected the small blood vessels in the face using a suture that is thinner than a strand of hair.

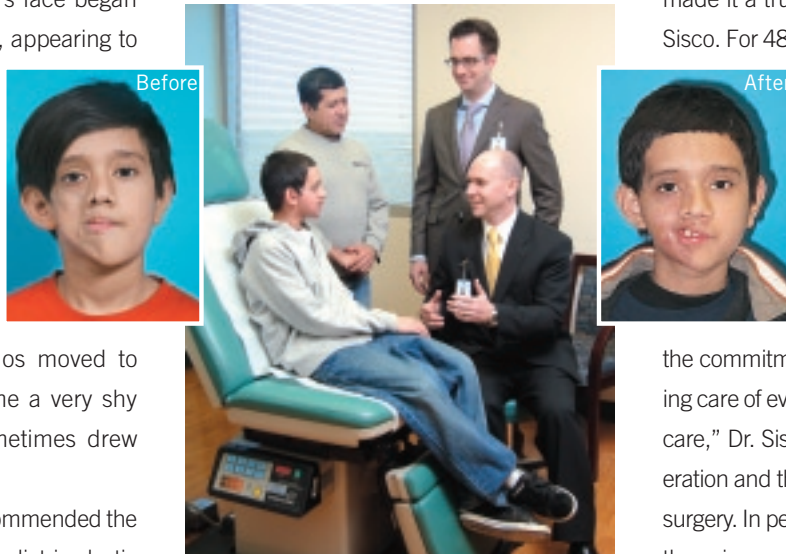
While Joseph will have another small procedure in the spring to further refine his nose and lip, the initial surgery was an enormous success, giving him a completely new appearance.

The Alvarados are very grateful to Dr. Sisco and Dr. Warner. "I am thankful to God for putting these surgeons on our path," Adriana Alvarado said. "Joseph has changed; he is a new person now."

The complicated nature of this procedure made it a true team effort, according to Dr. Sisco. For 48 hours after the surgery, Joseph was closely monitored by nurses listening through a Doppler Probe to make sure blood continued to flow through the new vascular connections.

"This really demonstrates the commitment of our HealthSystem to taking care of every patient at the highest level of care," Dr. Sisco said. "This is the kind of operation and the reason doctors go into plastic surgery. In pediatric plastic surgery especially, there is a real opportunity to make a long-lasting positive effect on people's lives."

For one shy 13-year-old boy who enjoys soccer, that lasting impression has already begun to make a tremendous difference. For more information about pediatric plastic surgery, call (847) 492-5700 (Ext. 1206). **G**



Joseph Alvarado and his father Vitalio Alvarado with NorthShore plastic surgeons Mark Sisco, M.D., (standing) and Jeremy Warner, M.D., whose expertise in microsurgery helped correct Joseph's rare facial deformity, and provide a brighter future for a grateful 13-year-old boy and his family.

Living with Diabetes: Getting Fit

A diabetic patient of NorthShore University HealthSystem's innovative *Be Well-Lake County* program learns to take charge of her health by changing her lifestyle.

By Eileen Norris

Carole Stewart of Zion, Ill., in Lake County, was diagnosed with diabetes just three months ago. But in that short time, she has managed to lose 16 pounds by eating healthier and exercising. The painful numbness and tingling in her limbs has improved, and Stewart is once again able to enjoy her two passions—line dancing and bowling.

After her doctor told her she was diabetic, Stewart said she felt a little lost and confused. But a friend suggested she investigate a new diabetes prevention and treatment program available to eligible residents in Lake County.

The program, *Be Well-Lake County*, was developed by NorthShore University HealthSystem (NorthShore) in a partnership with the Lake County Health Department and Community Health Center (LCHD/CHC). An estimated 52,000 people with diabetes live in Lake County, many of whom are uninsured and need treatment.

NorthShore has invested more than \$1 million in the past year alone to pay for direct services at the Health Department's North Chicago Clinic and to support specialty care and research for patients with complications from diabetes. Additionally, NorthShore's Auxiliary at Highland Park Hospital is raising funds to establish an additional \$1 million endowment so that the pilot program that now funds 500 patients can be rolled out to all six Lake County Health Centers.

The multitiered program starts when a patient is diagnosed and receives a glucom-

eter and supplies to monitor blood sugar levels. A dietitian meets with the patient on the day of diagnosis or soon after.

Interpreters are available to bridge any language difficulties, and patients enroll in a nine-week nutrition class (available in English and Spanish) to teach them how to manage their illness. The patients receive cookbooks, measuring cups and fitness tools to help them apply the skills they learn in class. *Be Well-Lake County* also has a partnership with the Waukegan Park District for recreation program memberships for patients and their families.

But one of the most innovative elements of *Be Well* is an urban farm where patients will be able to grow and receive affordable fresh produce several months of the year. It

will be especially helpful because the city of North Chicago, for example, does not have a grocery store where fresh fruits, vegetables and meats can be readily purchased.

The farm will serve as a job training site—something urgently needed for the jobless in the North Chicago area. In addition, a community kitchen is being developed at the North Chicago Health Center to teach patients how to prepare healthy recipes.

"It takes more time to make healthy food, but I can see how it makes a difference," Stewart said. "This is a wonderful program. I'm so thankful and blessed that this help is available." For more information about *Be Well-Lake County*, call (847) 492-5700 (Ext. 1207). If you are interested in donating to *Be Well-Lake County*, call (224) 364-7203. [C](#)



Recently diagnosed with diabetes, Carole Stewart is getting her health back on track with the help of NorthShore's new initiative, *Be Well-Lake County*, a partnership with the Lake County Health Department and Community Health Center (LCHD/CHC). In addition to changing her diet, Stewart now exercises regularly. Here, she works out with fitness instructor Jeremiah Johnson at the Field House Sports and Fitness Center in Waukegan IL.

Hope for Second Sight

After years of deteriorating vision, a NorthShore University HealthSystem patient undergoes a difficult cornea transplant and can see again.

By Gail Polzin

Born with a rare type of glaucoma in both eyes, Charles Woods endured multiple surgeries as a child but was determined to become a successful computer network engineer despite his limited vision.

“I just kept buying bigger monitors, until I had a 46-inch HDTV on my desk,” he said. “I was fooling myself. I knew I needed another surgery, but I kept pushing it off as long as I could.”

From his congenital glaucoma, the cornea in both eyes was breaking down, and he needed a transplant. Calcium buildup on the surface made him feel like he had sandpaper in his eye. His eyes had deteriorated so badly that his doctors couldn’t even determine the thickness of his cornea, or whether he had a cataract. That’s when they referred the Lake in the Hills resident to cornea specialist Marian Macsai, M.D., Chief of the Division of Ophthalmology at NorthShore University HealthSystem (NorthShore).

“Charles could detect hand motion but couldn’t count my fingers,” said Dr. Macsai, who is on faculty at the University of Chicago Pritzker School of Medicine. “Somehow he managed to function incredibly well—he designed and maintained AT&T’s network grids. How he was able to do this just baffled me.

“His surgery was challenging from every perspective,” Dr. Macsai continued. “His anatomy was so disorganized that I couldn’t even tell where his cornea was at the beginning of the surgery. But we performed a cornea transplant and found a cataract inside



Marian Macsai, M.D., Chief of the Division of Ophthalmology at NorthShore, examines patient Charles Woods following his successful and life-changing corneal transplant surgery.

the eye, which we removed. Afterward, he could read the time on his iPhone.”

“When they took off the patch, I saw this prism of crazy colors,” Woods said. “I saw these beautiful blue hydrangeas. The sky was so blue, the grass was so green. I could see light reflecting off windows; I couldn’t see any of that before.”

Of course, a surgery this difficult carries risks. Three months after the surgery a familiar complication ensued, Woods’s body started to reject the transplanted cornea.

“I was admittedly scared,” Woods said. “I thought I was home free. But knowing what I know now, I would—100 percent—still

elect to do the surgery. Finding Dr. Macsai was a gift.”

Dr. Macsai returns the sentiment. “Charles is a truly inspiring human being. This was one of those times when I’m really reminded why I do what I do. Patients like this make it all worthwhile.”

She has treated him for the rejection, and he is doing well.

“I may be down for a little while, but I’m not done working,” Woods said. “I would still do something. Maybe get involved in creating adaptive technology for Macintosh computers. I’ve been able to see things I haven’t seen for a lifetime. Even a couple months of that are pretty sweet.” **C**

Colon cancer

has struck his family many times over. “But it’s not going to get me,” vows John Pedersen, “not if I can help it.”

By Jim Anthony


John Pedersen is a craftsman by trade—a self-employed general contractor who remodels residential kitchens, bathrooms and basements. To Pedersen, 53, every project provides a unique challenge. His attention to detail is the ultimate mark of his reputation and success. That focus and discipline are also evident in the way he takes care of himself. He has to be vigilant about his health because a deadly disease has devastated his family many times over: colon cancer.

“It’s not going to get me, not if I can help it,” Pedersen vowed.



The Fight

One Man's Battle

A man with a shaved head, wearing a red and black plaid shirt, is seated at a table. He is looking intently at a set of blueprints spread out on the table. He holds a white pencil in his right hand. A ruler is also visible on the table. In the background, there is a wooden cabinet with glass doors, containing various dishes and a white teapot. The lighting is warm and indoor.

Neighbor and fellow contractor Steve Peterson (left) studies blueprints with John Pedersen.

of His Life:

Against Colon Cancer

Jonathan Hillenbrand/NorthShore University HealthSystem



John Pedersen and his gastroenterologist Dhiren Shah, M.D., have taken a pro-active stance against colon cancer, a disease that has devastated Pedersen's family.

According to the American Cancer Society, colon cancer (or colorectal cancer) is the third most commonly diagnosed cancer and the second leading cause of cancer death in both men and women in the United States, killing nearly 50,000 Americans each year. The good news is that colon cancer is 90 percent preventable, thanks largely to the screening colonoscopy.

NorthShore University HealthSystem (NorthShore) uses the most advanced technology to examine the entire colon, look for potentially cancerous polyps and remove them accordingly. The procedure typically takes about 20 minutes.

Genetic Propensity

Pedersen has lost four family members to colon cancer: his father, grandmother, great-grandmother and uncle (all on his father's side). While Pedersen's father suffered from other medical complications, colon cancer contributed to his demise at age 62. His other three relatives died of the disease between age 60 and 74.

As a result, the Prospect Heights resident and father of two teenage daughters decided to seek out his physician's advice about getting a colonoscopy. "I heard good things about the screening from others who said they had no problems with it," Pedersen said.

NorthShore considers the colonoscopy to be the best practice, or gold standard of care, for the early detection and prevention of colon

Easy Prevention, Early Detection for Colon Cancer

Nearly 150,000 people in the U.S. will get colon cancer this year. But this disease is highly preventable with early detection. Unfortunately, only half of those recommended for a screening get one.

"Not all polyps are cancerous, but all polyps have the potential to become full blown colon cancer over a period of 10 years," Dr. Shah said.

Most people should have their first colonoscopy at age 50. African Americans, who are at greater risk, should begin at age 45. Those with a close family history of cancer should begin screening at age 40—or 10 years prior to the age their relative was diagnosed with colon cancer.

Screenings are recommended every 10 years for an individual whose first colonoscopy reveals no polyps. If polyps are discovered during the initial colonoscopy, or if there is a family history of colon cancer, then surveillance colonoscopies typically should occur every three to five years.

cancer. The test allows a gastroenterologist (GI physician) to probe the inner lining of the large intestine—rectum and colon—using a small, lighted, fiber-optic tube called a colonoscope to look for signs of cancer, polyps or other abnormalities.

Unfortunately, only half of people age 50 and older have undergone a recommended colorectal cancer screening. "People are apprehensive," said Dhiren Shah, M.D., NorthShore Gastroenterologist and Pedersen's GI physician. "They have some fears about the actual procedure and also the laxative preparation the day before the test."

For the doctor to clearly examine the colon for polyps, it must be completely empty and clean. "Once the patient consumes the prep solution, they really have completed the toughest part," added Dr. Shah, who is on faculty at the University of Chicago Pritzker School of Medicine.

Preventive Care

Though he was not experiencing any health problems, Pedersen decided to get his first colonoscopy in 1998 at age 42. "I discussed it with my primary care physician who felt that because of the overwhelming cancer in my family, it made sense for me to have the test," Pedersen said.

"It was a no-brainer," Pedersen added. "I asked myself, 'What do I have to lose by getting a colonoscopy and finding out if I have cancer?'"

The day before his first colonoscopy 12 years ago, Pedersen drank the prep solution for the first time. "It's not the most pleasant feeling to drink two or three liters of some salty beverage that prompts you to have diarrhea. But it's a small price to pay for a test that can potentially save my life," Pedersen reasoned.

Integrated Care, Innovative Technology for High-Risk Colon Cancer Patients

NorthShore has developed a multidisciplinary program that offers high-risk patients comprehensive care for the prevention, diagnosis and treatment of colorectal cancer in one convenient visit. The High-Risk Colon Cancer Clinic at NorthShore offers a wide spectrum of care such as screening, surgery, genetic counseling and testing, and diet and lifestyle education.

“A team of specialists in gastroenterology, surgery, medical genetics and nutrition can help develop and initiate a personalized treatment plan specific to each patient’s medical and family history,” said Laura Bianchi, M.D., gastroenterologist, Clinic Director at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine.

High-risk patients are those who have a long history of ulcerative colitis or Crohn’s colitis, a strong family history of colon cancer, multiple or large polyps in the past and those who have had relatives who developed colon cancer at a young age.

In addition to integrated care, NorthShore is uniquely positioned to screen high-risk individuals who may benefit from state-of-the-art technology called High Magnification Endoscopy (HME). This innovative procedure uses a special scope that can magnify subtle lesions in the large intestine to 150 times their normal size.

“Narrow band imaging is built into the high-mag scope, which provides stunning clarity and visualization, especially when detecting pre-cancerous polyps and flat lesions prevalent in high-risk patients,” said Michael J. Goldberg, M.D., Chief of Gastroenterology at NorthShore University HealthSystem (NorthShore) and on faculty at the University of Chicago Pritzker School of Medicine.

“Most healthcare organizations will not do this procedure. It’s very time consuming but it’s also excellent technology to use in high-risk cases,” Dr. Goldberg added. Prior to testing, patients must first meet with their GI physician for a consultation.

For more information, please call NorthShore’s Division of Gastroenterology at (847) 492-5700 (Ext. 1208).

During the screening, the patient is lightly sedated and comfortable, and is able to view images of the inside of the colon on a monitor and can also communicate with the physician if necessary. Post-recovery, however, patients do not recall the procedure.

Pedersen had three benign polyps removed safely and easily during his first screening, performed by NorthShore-affiliated gastroenterologist Mick Meiselman, M.D. Pedersen returned in 2003 at age 47 for another screening, during which one minuscule polyp was removed. “The tests were easy and did not hurt. They were over and done with in about 20 minutes,” Pedersen said.

When Pedersen returned recently for his third colonoscopy, he had another benign polyp safely removed—this time by Dr. Shah. But Pedersen decided to try something different this time around. He opted for no sedation, so he could return to work quickly without having to wait several hours for the sedative to fully subside. Dr. Shah agreed to the request.

Empathetic Treatment

As for his experience at NorthShore, Pedersen is humbled. “My doctors, nurses and support staff are caring and friendly people, he said. They soothed any concerns or fears I may have had. And the best part was I didn’t have to keep track of when to schedule a follow-up colonoscopy because NorthShore sent me a reminder letter in the mail. My overall experience has been an A+.”

Because Pedersen falls into the high-risk colon cancer category, it is highly likely that there is a genetic inherited component to his family’s history of colon cancer. He is considering his physician’s recommendation to meet with the team of specialists that comprises the integrated High-Risk Colon Cancer

Clinic at NorthShore’s Glenbrook Hospital. (See the sidebar story on “Integrated Care, Innovative Technology for High-Risk Colon Cancer Patients.”)


At the very least, Pedersen speaks passionately about his health situation. He’s become an advocate for others—his peers, especially—and encourages them to schedule their colonoscopies.

“Cancer is a horrible way to die. I’ve seen how cancer has ravaged the people I love. This screening test is a life-saver. There’s no pain in taking the test. It’s easy. Do it,” Pedersen said.

Pedersen can think of a few other important reasons why he is such a strong proponent of colonoscopies. In addition to restoring

old Porsches, Pedersen likes to ride his Honda Gold-Wing cruiser and take road trips with his best friend from high school to places like Yellowstone National Park. Most important, Pedersen enjoys the special times throughout the year he gets to spend with his daughters—ages 16 and 14.

“Colon cancer can very easily take all these special things away from me. Plus, I want to someday walk my daughters down the aisle,” Pedersen said.

Talk to your physician or check with your insurance company to find out if you need a referral, and call to schedule a colonoscopy with the NorthShore Patient Access Center at (847) 492-5700 (Ext. 1209). 



Michelle Vo suffered a rare and nearly fatal ruptured uterus following the birth of her daughter Alayna, but thanks to expert medical care and the generosity of blood donors she is alive and well and enjoying caring for her new baby.

Just after delivering her third child, a mother's uterus ruptured—a very rare, unpreventable occurrence. Despite an emergency blood transfusion and skilled surgical repair by a NorthShore University HealthSystem (NorthShore) physician, her hemorrhaging continued and more drastic steps had to be taken to save her life. In the end, blood donations to NorthShore's Blood Bank and the LifeSource Regional Blood Bank played a pivotal role in restoring her health.

By Sara S. Patterson

Saving a Young Mother's Life

Michelle Vo had difficulty carrying a baby to full term and had several miscarriages. For each of her three successful pregnancies, Vo, a Chicago resident, had undergone a surgical procedure called a cerclage, suturing her cervix closed until she was ready to go into labor.

Her third pregnancy seemed to go smoothly, and the surgeon removed the cerclage as she approached full term. Vo went into labor at term, and her daughter, Alayna, was delivered at NorthShore's Evanston Hospital.

As Vo focused on her healthy baby, Mark Neerhof, D.O., Senior Attending Physician in Maternal Fetal Medicine, was concerned about the amount of bleeding after Alayna's birth. Believing that Vo's cervix may have torn, Dr. Neerhof sutured her cervix to stop the bleeding.

"All of the sudden, I felt a big gush and saw blood flowing like a fountain," Vo said. Dr. Neerhof was there to intervene.

He performed emergency surgery and found that Vo's uterus had ruptured. With so much internal bleeding, her uterus had to

Giving to the NorthShore Community

Dan Thake, 56, has a special gift—O negative blood—the type of blood most needed by blood banks. Recognizing the benefits, Thake gives blood 24 times a year—the maximum possible—at NorthShore's Blood Banks, he also gives platelets.

"I just fit it into my schedule," explained Thake, who started giving blood in the late 1970s. "I know of at least two patients at Evanston Hospital where my platelets ensured their survival. It's a huge privilege to help another person that way."

NorthShore's Blood Bank has an average of 150 to 200 red blood cells or a four-day supply on tap for emergencies. Red-blood cells are refrigerated for up to 42 days, plasma is frozen for up to a year, and platelets only last five days.

"To save Michelle Vo's life, three of the four units of plasma and two of the three platelet transfusions were collected right here," Dr. Perkins explained. "These donations are typical of the long-term relationship of many individuals whose blood we collect."

For example, three of these super platelet donors have given nine, 10 and 17 times in the past year at the NorthShore Blood Bank. Thake has made more than 235 donations—the equivalent of over 400 hours of service to our patients. To learn more about donating to NorthShore's Blood Banks, call (847) 570-2242.

be removed immediately. NorthShore obstetrician and gynecologist Jean Hurteau, M.D., helped Dr. Neerhof with the surgery. But that was not enough to stem the bleeding as Vo's body quickly used up her ability to halt the massive blood flow—a complication called "consumption coagulopathy." This condition is unavoidable for some mothers after birth.

But Vo is an example of how a hospital that has the right types of plasma and red blood cells immediately available can make the difference between life and death when consumption coagulopathy occurs.

"Michelle's life was saved by the 10 units of red blood cells—equivalent to all of the red blood cells in her body," said James Perkins, M.D., Director of the NorthShore Blood Bank, who like Dr. Neerhof and Dr. Hurteau is on faculty at the University of Chicago Pritzker School of Medicine. "But to stop the bleeding, she needed four units of plasma, three platelet transfusions and 15 units of a clotting factor concentrate made from whole blood. Her life was saved through the generosity of blood donors."

After two days in the Intensive Care Unit (ICU) she recovered enough to be transferred to the postpartum floor where she could hold her daughter.

"I feel blessed and fortunate to have had a great team of doctors and nurses to help save my life," Vo said. "Most of all, I want to thank those who donated the blood that made the difference in saving my life." **C**

Volunteers like platelet donor Dan Thake make a world of difference for patients like Michelle Vo and others. Thake is pictured here with Senior Phlebotomist Mary Stout at the Evanston Hospital blood bank.



ONCOLOGY

Sisters in Survival

Two sisters share the same NorthShore University HealthSystem physician team for surgery and treatment of their breast cancer.

By Janet Franz

With a jam-packed life as an airline gate agent and mother of two young daughters, Nancy Dickens from Mundelein had put off her mammogram for a few years. But when her sister Toni Ginnetti from Park Ridge experienced a recurrence of breast cancer last year, Dickens got the nudge she needed to schedule a screening at a local hospital. Unfortunately, it showed a problem, and after an ultrasound and biopsy, she was diagnosed with breast cancer.

Luckily Dickens could rely on her sister's recommendation of Katharine Yao, M.D., Director of the Breast Surgical Program at NorthShore University HealthSystem (NorthShore), and Douglas Merkel, M.D., a NorthShore breast medical oncologist, to help her plan her next move.

"I thought, I may as well go with someone we know," said Dickens, 49, who was familiar with Dr. Merkel, her sister's longtime oncologist, and NorthShore surgeon Dr. Yao. Early last year, Dr. Yao performed a mastectomy when a malignant calcification was found in the same breast in which Ginnetti, 59, had had Stage 2 breast cancer in 1996. So Dickens had her records transferred to NorthShore, and its breast cancer team took over.

"We have a multidisciplinary approach with all of our breast cancer patients," said Dr. Yao, who, like Dr. Merkel, is on faculty at the University of Chicago Pritzker School of Medicine. All the patients are discussed at a weekly conference that includes surgical, medical and radiation oncologists, radiolo-

gists, pathologists and nurses, who come to a consensus on the treatment plan for each patient.

Fostering this team approach is NorthShore's electronic medical record (EMR) system. "We have this shared information platform systemwide. If one doctor orders scans, the other doctor has access and can also read the other's notes as soon as they're typed," Dr. Merkel said.

Dr. Yao performed Dickens's lumpectomy at Highland Park Hospital last spring. Dickens also has undergone chemotherapy and radiation to treat her Stage 2 cancer.

As her sister, Ginnetti showed her support by recommending the physicians she had entrusted with her own health. "I go in and ask Dr. Merkel about his family. I kid him

about the Cubs," said Ginnetti, a newspaper sportswriter. "And I have complete faith in his medical knowledge." Dickens felt similar confidence in Dr. Yao. "I really trusted her," she said. "She told me I was going to be fine—and told my family that, too."

Part of her job is keeping a focus on the positive, said Dr. Yao. "Patients with breast cancer have such good survival rates these days," she said. "The majority are doing great." For Dickens, having a sister like Ginnetti should be reassuring, said Dr. Merkel. "Not only is Toni a long-term survivor," he said, "but she is someone who has continued to live a very full life."

For more information about the Breast Health Center at NorthShore, call (847) 492-5700 (Ext. 1210). [C](#)



Douglas Merkel, M.D., a NorthShore breast medical oncologist, and Katharine Yao, M.D., Director of the Breast Surgical Program at NorthShore, are part of the collaborative team of physicians providing advanced care for breast cancer patients.

SURGERY

Beating the Odds

A NorthShore University HealthSystem physician performs an innovative surgical technique to save a man's life after a ruptured aortic aneurysm.

By Gail Polzin

“By the grace of God, Dr. Gupta's hands and my father's will, he's still here today,” Annette Jones said of her 85-year-old father, Kenneth Westerberg, who survived a ruptured aortic aneurysm thanks to an innovative surgical technique.

An aortic aneurysm is a bulge in the aorta—the body's main artery. It can go undetected until it ruptures, causing massive bleeding that's deadly 80 percent of the time. Several years ago, doctors developed a minimally invasive technique to repair aneurysms using a graft that's inserted by a small incision and threaded through arteries to the site. However, this endovascular surgery needed extensive planning, and in the past could only be done *before* an aneurysm ruptured. At least, that's what doctors used to believe.

“The previous thinking was that when there was a rupture, you had to quickly open the belly and clamp the aorta,” explained Navyash Gupta, M.D., Head of the Division of Vascular Surgery at NorthShore University HealthSystem (NorthShore) and on faculty at the University of Chicago Pritzker School of Medicine. “Of those patients who make it to the hospital, only about half survive with the open repair. But we know that patients tend to do better—their recovery is easier—with endovascular surgery.” So some surgeons, including Dr. Gupta, have started to use the technique in emergency situations.

Westerberg, an Evanston resident, collapsed at home, then suffered a heart attack



Kenneth Westerberg and his daughter Annette Jones continue to enjoy time together thanks to life saving surgery to repair his ruptured aortic aneurysm.

in the ambulance on the way to NorthShore's Evanston Hospital, where a scan showed a ruptured aorta. His daughter was told he had a 1 percent chance of survival, but also that he was eligible for endovascular surgery.

“Not every patient is a candidate for this,” Dr. Gupta said. “They must have the right anatomy.” And if the bleeding is too severe, sometimes there's no choice but to open them up.

“But if the patient has a blood pressure and we have access to a fast CT scan—like we have in the Emergency Department at Evanston Hospital—we can make a determination right there and then take them to the OR [operating room] quickly. More and more patients are being treated this way; it's an evolution in thinking,” he continued.

The key is something called permissive hypotension: deliberately allowing the patient's blood pressure to stay low, because raising the pressure only causes more bleeding.

“Mr. Westerberg probably would not have survived an open repair. Fortunately, we had the grafts available and were able to do this,” Dr. Gupta said.

Westerberg was home within a few weeks, and reports that he never felt any pain from surgery or rehabilitation. “I'm looking forward to a time when I can get back to work,” he said. “I had a company that manufactured electrical products. I sold the business last year, but I still go in to work half-days and take care of the bookkeeping.”

“He's a Viking,” his daughter said. **C**

CLINICAL RESEARCH

Pioneer in Electronic Medical Records

NorthShore University HealthSystem harnesses the power of its award-winning medical record system to create a new Center for Clinical Research Informatics (CCRI).

By Gail Polzin

As one of the nation's first institutions to use fully integrated electronic medical record (EMR) system, NorthShore University HealthSystem (NorthShore) is a leader in the field of clinical informatics. In fact, the national Health Information Management Systems Society (HIMSS) ranked NorthShore as one of the top two institutions in the United States in the use of clinical informatics; the other is Kaiser Permanente in California.

Now NorthShore intends to produce

similar national value in *research* informatics through the planned NorthShore Center for Clinical Research Informatics (CCRI), which will further leverage the massive amounts of data in its EMR system. By following patient data over time, the HealthSystem can do more with better quality-improvement research, clinical outcomes research and comparative effectiveness research.

According to Ken Anderson, D.O., Chief Medical Quality Officer at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine, "We've made tremendous

strides toward creating the ideal care experience. The next step is to interact actively with informatics resources to define and implement the best demonstrated practices that will improve the overall quality of care we deliver to our patients. We can find the right set of variables that clearly determines if Treatment A or Treatment B is a better approach."

With more than 100 million records of care currently in the NorthShore data warehouse, the timing is right to mine this tremendous asset.

"The information gained from asking questions on

large data sets can be extremely powerful," said Ari Robicsek, M.D., Director of Research Informatics for NorthShore's Practice Based Research Network. "It can allow us to more efficiently conduct clinical trials, track our performance in caring for patients and better identify areas where we can make improvements. The CCRI will provide an infrastructure for clinicians and investigators to access data in our electronic record systems while maintaining data security and patient privacy."

With the CCRI, NorthShore will have greater opportunity to contribute to the national quality literature and will be more competitive for National Institutes of Health grants. As a result, NorthShore will be an even more attractive place for new cutting-edge clinical investigators and for patients.

"Often, research uncovers knowledge that may not be applicable for years or even decades," said Bernard Ewigman, M.D., M.S.P.H., Chairman of Family Medicine at NorthShore and at the University of Chicago Pritzker School of Medicine. "The CCRI will enable us to do more research that's relevant to clinical practices and patient care, and help us find innovative ways to deliver care today."

"Patients expect their physician knows what's best," said Leopold G. Selker, Ph.D., President of NorthShore Research Institute. "Informatics allows our physicians to deliver on that sacred promise by arming them with the knowledge of not only what works, but what works *best*." **C**



Already a national leader in electronic medical records, NorthShore is now poised to advance research informatics with the planned NorthShore Center for Clinical Research Informatics (CCRI). Key to the development of the center are from left Bernard Ewigman, M.D., M.S.P.H., Chairman of Family Medicine at NorthShore and at the University of Chicago Pritzker School of Medicine; Ari Robicsek, M.D., Director of Research Informatics for NorthShore's Practice Based Research Network; Leopold G. Selker, Ph.D., President of NorthShore Research Institute; and Ken Anderson, D.O., Chief Medical Quality Officer at NorthShore.

COMMUNITY RELATIONS

Sharing Spirits

NorthShore University HealthSystem honors 10 employees for sharing their talents with the greater community.

By Barb Hailey

Every day, the nearly 9,000 employees and physicians of NorthShore University HealthSystem (NorthShore) demonstrate their knowledge and compassion to patients. Many employees also go above and beyond their traditional workday by volunteering with nonprofit organizations to help these groups strengthen communities—locally, regionally, nationally and globally.

For their commitment to the community outside hospital walls, 10 employees were recently honored with NorthShore's annual Sharing Spirit Award. Those who were chosen each received a \$500 contribution to the volunteer organization they support.

Since 2003, John Volkening, a mental health therapist at NorthShore's Evanston Hospital, has been traveling to Colombia, South America, as part of Christian Peacemaker Teams (CPT). This organization takes trained peacemakers to areas of conflict in the world to meet and work with other people committed to nonviolence. Volkening is in the middle of his second three-year commitment volunteering as a reservist with CPT leading delegations of peacemaking teams.

"I view 'the community' as the larger world, rather than just this area," Volkening said. "With Christian Peacemaker Teams,



Sharing Spirit award winner John Volkening, a mental health therapist at NorthShore's Evanston Hospital, volunteers with Christian Peacemaker Teams and leads delegations of peacemaking teams to Columbia.

I am able to apply all of the skills I have learned through my work at NorthShore. It has been a gift to work with so many wonderful and inspiring individuals struggling to breathe more life and hope into the world."

As a financial counselor who helps patients navigate complex health insurance issues, Yemisi Hester-Tolliver admits it is "my calling to work with people who need help." After her job responsibilities are done at NorthShore's Evanston Hospital, Hester-

Tolliver changes hats to volunteer with Community Works and Sports Alternative in Chicago's Austin neighborhood where she lives. The 20-year-old organization helps at-risk youth develop important life skills through sports and neighborhood violence prevention.

Hester-Tolliver draws on her experiences being involved with her son's activities to help other children in the program. "Many kids don't have mentors," she said. "They need caring adults with whom they can share their accomplishments or provide them with good advice."

The other 2009 Sharing Spirit Award winners and the organizations they support include: Pamela Barber, Evanston Chapter of the Gift of Hope and Tissue Donor Network; Heather Costello, M.D., The Village Medical Project (Africa and South America); Sheryl Brown, Greater Wheeling Area Youth Outreach; Amy Kelly, The Orphan Foundation of America; Donna Krickl, RN, MS, American Cancer Society; Sheila Linderman, Hadassah/Children's Hospital Israel and Wings Foundation for Battered Women; Sarah Rabbitt, RN, BSN, LYDIA Home Association; and Chongsoo Yim-Kovanda, Northfield Presbyterian Church. **C**

Upcoming Foundation Events

14th Annual Myra Rubenstein Weis Health

Resource Center

Benefit Luncheon

May 5, 2010

Highland Park Country Club

Healing in the Future

(847) 926-5003

northshore.org/mrw

The Hospitals' Gala

June 12, 2010

The Westin Chicago North Shore

Tropical Notes

(847) 570-5041

northshore.org/gala

Making Each Minute Count

After a NorthShore University HealthSystem patient survives brain surgery and treatments, she devotes her life to helping others cope with brain cancer and raises funds for research.

By Eileen Norris

Trudie Bettiker remembers the day vividly. As Director of Food Service at Lake Forest High School, she was getting ready to train a new employee, but she didn't feel well and wasn't able to speak or think properly.

When her symptoms did not go away, her husband Philip took her to NorthShore University HealthSystem's (NorthShore) Evanston Hospital, where she was found to have a golf ball-sized brain tumor. Bettiker was diagnosed with glioblastoma, the same type of aggressive brain cancer that took Sen. Ted Kennedy's life.

After eight hours of surgery, she woke up in the intensive care unit and found her fam-

ily, a social worker and her pastor clustered around her bedside. For the next 2½ years, she endured 125 doses of chemotherapy and numerous radiation treatments.

Bettiker, who lives in Deerfield, just celebrated her seventh anniversary since the 2002 surgery. While she has lost several friends in her support group to the disease, she feels certain she has survived for a reason. Bettiker reaches out to others in need through e-mail and long phone conversations. Right now, she supports 18 patients, from as far away as Arizona.

Six years ago, Bettiker started holding an annual fund-raiser to support research for brain cancer and her oncologist, Nina Paleologos, M.D., NorthShore's Director of

Neuro-oncology and the Stanley C. Golder Chair of Neuroscience Research. "There's no reason to go anywhere else for my care because she's the best," Bettiker said.

Bettiker hosts the "Trudy's Rooftop" benefit across from Wrigley Field, where more than 200 people come together to watch the Cubs play and raise funds for the American Brain Tumor Association (ABTA). A friend of Bettiker's donates the rooftop venue; ABTA donates a portion of the money raised to Neuro-oncology research at NorthShore. Last year the event raised \$25,000.

"I'm quite amazed that I'm alive and functioning well," said the 63-year-old, who continues to plan healthy meals for the students at Lake Forest High School

Trudy and Philip Bettiker prepare for their annual trip to Mexico where they travel with 16 packed suitcases and hand out clothing on the beach to needy residents, just one of their many volunteer activities along with their commitment to raise funds for brain cancer research at NorthShore.



Bettiker still gets a bad case of nerves when she has to go in every six months for an MRI and checkup. "What's wonderful is I see Dr. Paleologos immediately after they take the MRI," she explained. "She walks in the room, and I get the thumbs-up. It's still scary, but I'm so grateful for her care."

As another way of giving back, Bettiker and her husband go to Mexico every December with 16 suitcases and hand out clothing on the beach to needy residents. "It's something we do every year during the holidays," she said. "God left me here to help others. I know that for a fact." 

Preventing Injuries and Stopping Hazardous Weekend Warrior Behavior

By Susan J. White

We all know the health benefits of regular exercise, but many still have trouble jumpstarting a fitness plan. And for some middle-age weekend warriors, good intentions can translate to over zealous efforts and injury. Claire Kenneally, M.D., discusses ways to start and stick to a healthy exercise plan. Dr. Kenneally's practice focuses on preventive health and wellness in adults.

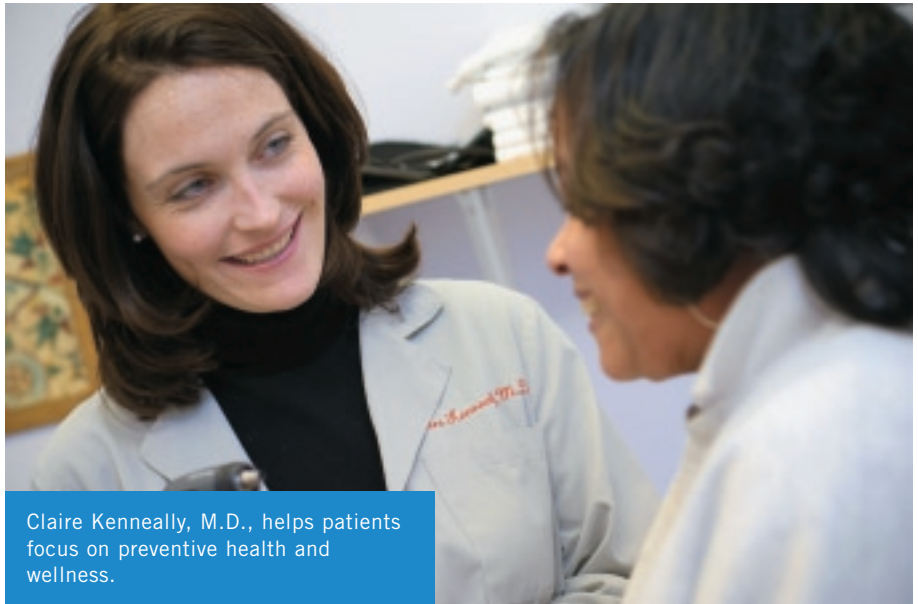
Question: What's the first step for adults beginning a new exercise plan after a long stretch of inactivity?

Answer: You should always consult with a physician if you haven't exercised in a long time. If you haven't seen your doctor in more than a year, check in with him or her to make sure you don't have an underlying medical condition that could be aggravated.

Q: Once cleared by a physician, what can new exercisers do to avoid injury?

A: Start slow! It's very important not to do too much right away. Many middle-aged adults may remember what they did in their youth and are determined to start out at that level of intensity. For example, heading out for a long run after years of inactivity or playing aggressive tennis after an extended absence from the court. Ease back into activity to avoid risk of injury.

It's also important to pay attention to any pain. "No pain, no gain" is not the right adage



Claire Kenneally, M.D., helps patients focus on preventive health and wellness.

here. A little muscle soreness is OK. But pain anywhere, including your knees or your back, is the body's signal to stop or at least slow down.

Be sure you have the right equipment. Properly fitting and activity-appropriate footwear is essential. Don't head out for a run or even a power walk with old gym shoes that don't fit or lack adequate support.

Finally, watch for proper body mechanics and posture. This reduces chances of injury and may enhance enjoyment, especially if you are learning a new sport. A session or two with a trainer is a good way to learn the right movements when first starting out.

Q: What tips can you offer "weekend warriors" to help them stay motivated and establish a regular exercise program?

A: Try not to pack all your exercise into the weekend. While the weekends may be the

time for long or intense workouts, staying active during the week is critical to avoiding injury and ensuring you're in your best form on the weekends. Even 20 to 30 minutes of walking a few times during the week is a great place to start.

Q: With busy schedules and the competing demands of work and family, it can be challenging for many adults to fit regular exercise into their week days. Any suggestions?

A: Getting more exercise in your daily life doesn't have to mean going to the gym. We've heard it before, but it's good advice. Park the car farther away and walk a little to your destination, take the stairs instead of the elevator or go for a 10-minute walk on your lunch break. Changing the mindset that exercise only happens at a gym is often the first step to getting back to a more active, healthy lifestyle. **C**



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