

A health and lifestyle publication from ENH



Tough Call

An ENH neurosurgeon makes a difficult decision that leads a competitive diver to the state finals.

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Resilience

Extraordinary

An ENH surgeon saves a patient's life when an aortic dissection, or ruptured aorta, occurs.

His ENH-affiliated primary care physician follows up daily with care and support during the patient's lengthy hospital stay.

Welcome to the August/September issue of *Connections*, a bimonthly publication bringing you the latest in medical technology, research and patient care from ENH. Each issue of *Connections* features a variety of stories about how caring for patients at ENH Hospitals and medical offices contributes to serving our communities and supporting our overall mission “to preserve and improve human life.”

Our Highland Park Hospital campus offers a wide range of clinical programs to patients and families within the ENH integrated hospital system. For example at the Highland Park Hospital’s Kellogg Cancer Care Center, we offer the most comprehensive subspecialty care for oncology patients within Lake County. Our specialized physicians at Highland Park Hospital provide care for the following types of cancer: thoracic and lung; hematology; breast; ovarian; head and neck; melanoma and sarcoma; gastrointestinal; prostate; and stomach.

In addition to our extensive oncology physicians, the Highland Park campus is establishing a new stroke center spearheaded by James S. Castle, M.D., an ENH Stroke Neurologist. Since stroke is the third leading cause of death in the United States and the leading cause of adult disability, we are giving our patients in Lake County access to this state-of-the-art facility and specialty trained physicians. This will complement the enhanced neurology services that Highland Park Hospital offers to its patients.

As part of a major campus renovation, Highland Park Hospital will unveil new Intensive Care and Progressive Care units. Also, undergoing renovation is the Gastrointestinal Laboratory, which offers new interventional capabilities to diagnose problems in the liver, gallbladder, bile ducts and pancreas, and endoscopic ultrasound, which is a method to screen patients for pancreatic, esophageal and gastric cancers. A new, improved Simulation Laboratory will give first responders—paramedics, physicians, nurses and other health professionals—ongoing training to enhance their skills.

At the Highland Park Hospital’s Kellogg Cancer Care Center, we offer the most comprehensive subspecialty care for oncology patients within Lake County.

Inside the Hospital, internal medicine hospitalists have been caring for patient 24 hours a day, seven days per week since June 2008. Additional surgery subspecializations are being added for patients requiring gyn urology, pelvic disorders and colorectal surgeries on top of the already robust breadth of surgery performed at the Hospital. ENH researchers and physicians are looking to expand access to clinical trials



on campus through the growth in Highland Park Hospital’s Kellogg Cancer Care Center.

Scheduled to open in early 2009, the Hospital’s wound center will give patients access to the most comprehensive wound treatment program on the North Shore. It will offer hyperbaric oxygen therapy to help patients recover faster and lead to better clinical and quality outcomes.

To benefit the Lake County community, Highland Park Hospital has formed a partnership with the Lake County Health Department, which includes a Prenatal-Obstetrical program at the Lake County Health Department’s North Shore Health Center. In January 2008, the Hospital’s Family Medicine Department began to care for prenatal patients at the North Shore Health Center.

Doctors and residents provide family-centered, culturally sensitive maternal care to mostly low-income, Spanish-speaking patients. Spearheaded by Miriam K. Whiteley, M.D., who specializes in Family Medicine at ENH, the practice started with 13 patient visits in January. Currently, patient visits have increased almost eight-fold to 100 per month.

Specialty oncology care, a new stroke center, 24/7 hospitalists, a new wound center, campus improvements and community service form the framework for how we are improving care for our patients.

We hope you will benefit from each issue of *Connections* magazine, and that it serves as a valuable resource for you, your family and your friends.

Best regards,

Jesse Peterson Hall
President
Highland Park Hospital

CONNECTIONS

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Research Institute

ENH has an extensive repository of tissue and blood samples from various types of cancer to aid its researchers in finding answers for research studies today and into the future.

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Donors create endowed chairs to strengthen patient care and research at ENH.

Community Relations

To care for the members in its communities, ENH must have a clear understanding of their health needs and concerns.

17 | Ask the Doctor

An ENH-affiliated pediatrician discusses why keeping children healthy protects adults, especially seniors; ways to ensure good health; and how all for one and one for all is the best way for an entire population to stay healthy.



Staffed by five ENH special education teachers, three ENH social workers and one ENH clinical nurse specialist, the Adolescent Day School offers daily group psychotherapy, weekly family therapy, cognitive behavioral skills training and a weekly parent support group, in addition to full high school curriculum.

Solution for At-Risk Students

ENH Department of Psychiatry's Adolescent Day School provides students with a safe, structured and supportive therapeutic environment.

On any given day there is a news report about a school shooting or suicide resulting from an emotional disorder in an adolescent or young adult. What can be done to help these students?

One solution is ENH's Adolescent Day School in Glenview, which helps prepare students for return to mainstream schools. The private therapeutic day school is a program of ENH's Department of Psychiatry. The School provides a safe, structured and supportive therapeutic setting for 25 students (referred by local school districts) ages 12–18 with emotional problems or disorders that prevent them from learning in more traditional environments.

"Students are often so affected by their emotional experiences that they feel shut down, isolated and removed from their peers, families and the community," said Carole Hynes, RN, MSN, ENH Adolescent Day School Clinical Coordinator. "They lose interest and motivation in school and

"We are dedicated to helping students return to a functionally healthy life of learning in the classroom, as well as beyond."

other activities, and see no positive means at their disposal for change.

"We are dedicated to helping students return to a functionally healthy life of learning in the classroom and beyond. Our experienced, multidisciplinary team uses a holistic approach by working closely with families, schools and other healthcare providers to create individualized education and treatment programs that address each student's needs."

Ryan, 16, has been a student at the ENH Adolescent Day School for three years. "This is a safer environment," he

said. "It's smaller, and a big school can be threatening. It's much harder to get lost here, and there's not as much stress." Ryan will soon be transitioning back to a public school, but he is not worried.

"I'm more trusting of people, and I'm more open after a few years here," Ryan said. "The transition will be different but not difficult. Even if it is tough, you've acquired the necessary skills to deal with it."

The ENH Adolescent Day School combines an individualized academic and treatment program into a structured environment. In this context, patients are able to recognize their educational strengths and weaknesses, develop appropriate social and work habits, practice useful study skills and address their interpersonal relationship problems.

Jackie, 17, has only been at the Adolescent Day School for four months, but has already found she is making progress. "I'm more social and out of my shell," she said. "Here you can find out who you are and learn the best ways to cope with difficult moments." Jackie came from a school of almost 2,000 students. "At that school it was wrong to feel differently, but here it's OK. Instead of judging, they say 'How can we help you?'"

With a low student-to-teacher ratio, it's easy to help meet students' specific needs and interests. The program is staffed by five ENH special education teachers, three ENH social workers and an ENH clinical nurse specialist. It offers daily group psychotherapy, weekly family therapy, cognitive behavioral skills training and a weekly parent support group.

The program is approved by the Illinois State Board of Education for students with emotional disorders, learning disabilities and other health impairments that prevent academic achievement in a regular education environment. The program is also approved as a partial hospitalization program by The Joint Commission—an accreditation organization for more than 15,000 healthcare programs in the United States.

For more information about ENH's Adolescent Day School, call Hynes at (847) 492-5700 (Ext. 1271). ■

Pain Free

ENH orthopaedic surgeon performs spine procedure to relieve excruciating pain for a South African diplomat.

Yusuf Omar describes his profession as the best teacher in life. The 50 year old from Johannesburg, South Africa, is a diplomat, who recently completed a four-year post in Chicago as the South African Consul General representing the President of South Africa in 14 states in the Midwest.

While promoting South Africa's and Africa's interests worldwide, he has experienced many cultures and met thousands of people. But a meeting with an ENH physician changed Omar's life.

At one time, Omar was a professional goalie coach for South Africa's premier soccer team. But years of strenuous physical activity had taxed his body. He developed spinal instability and degenerated discs in his lower back, causing intense pain.

Previous surgery, physical therapy, spinal manipulation, traction and steroid injections proved futile. "I have an abnormally high pain threshold. But the pain was affecting my ability to do simple things, like picking up a phone or a glass of water," Omar recalled.

In 2006, he and his wife researched area doctors and found Eldin Karaikovic, M.D., Ph.D., Senior Attending Physician, Orthopaedic Surgeon and Director of the ENH Medical Group Orthopaedic Spine Center.

While in the waiting room, Omar read stories about Dr. Karaikovic volunteering orthopaedic care to people in underdeveloped countries. "I connected with his philanthropy," he said. "I knew I had found the right doctor."

Omar was impressed with how meticulous and thorough Dr. Karaikovic was in explaining every possible medical scenario—from exercise to surgery.

"My approach to treating patients is always to begin with the least invasive method and move to more invasive



South African
General Consul
Yusuf Omar (left) is
able to stretch and
touch his toes
without pain after
back surgery by Dr.
Eldin Karaikovic
(right).

“There is a deeper understanding of what healthcare is all about at ENH. The doctors, nurses, therapists and staff treated me with dignity and respect.”

procedural options only if necessary,” Dr. Karaikovic said. “I started Mr. Omar out on mild medication and physical therapy.”

But his back pain persisted. In June 2007, Omar wanted to discuss surgery. Dr. Karaikovic requested that Omar bring his family to the consulting visit. “We treat the family, not just the patient,” Dr. Karaikovic said. “The process involves empathy, support and teamwork in which both patient and family are an integral part.”

Two months later, Omar had two inflamed discs in his lower back removed and replaced with “cages,” oval-shaped implants made of carbon-fiber about one inch in length.

The “cage” procedure is performed from the back of the spine and begins with removing the cartilaginous cushion (disc) located deep inside the body and between the vertebrae. The disc is removed through an opening between the vertebrae to make room for the cage.

“If the vertebrae are fixed from the back only with anchors [screws and rods], they slightly breathe like a porch without struts,” said Dr. Karaikovic. “But motion affects healing. So in order to prevent movement, the cage (filled with human bone chips) is inserted between the vertebrae into the disc space to provide an additional support.”

The cage, which provides more stability, enhances bone healing.

The day following his surgery, Omar was in physical therapy. He was determined to walk without help, despite the excruciating pain. “I clenched my teeth and walked several feet,” he recalled. Omar’s physical therapy lasted three months.

“There is a deeper understanding of what healthcare is all about at ENH,” Omar said. “The doctors, nurses, therapists and staff treated me with dignity and respect.”

Today, he is able to stretch his torso 180 degrees side to side and also to touch his toes without pain. This spring he also returned to a favorite retreat—the golf course.

“Wherever we go in life, there is a purpose,” Omar said philosophically. “I thought about what my purpose was in Chicago, and it was to meet Dr. Karaikovic. I am so impressed with the abilities and character of this special man.”

For more information about orthopaedic surgery at ENH, call (847) 492-5700 (Ext. 1272). ■

ENH Health Radio



ENH Radio is a biweekly online radio broadcast to bring you up-to-date health information from experts at ENH. Join in as ENH Radio Host, Melanie Cole, goes one-on-one with physicians, researchers and other ENH professionals to answer your question about important health issues.

Tune in at www.enh.org by clicking on the microphone at the bottom of the page or go directly to www.enh.org/aboutus/press/radio. You can ask guests a question either by calling (847) 492-5700 (Ext. 1273) or sending an e-mail to melanie@healthradio.net to have your questions answered and join the discussion.

Here are the programs for August and September*:

- **Date and Time:** Aug. 6, 2008; 1 to 2 p.m.
Topic: Sleep Issues
ENH Physicians: Smita Patel, M.D., and Tom Freedom, M.D.
- **Date and Time:** Aug. 20, 2008; 1 to 2 p.m.
Topic: Gynecological Issues
ENH Physicians: Frank Tu, M.D., and Roger Goldberg, M.D.
- **Date and Time:** Sept. 10, 2008; 1 to 2 p.m.
Topic: Prostate Cancer
ENH Physicians: Charles Brendler, M.D., and Daniel Shevrin, M.D.
- **Date and Time:** Sept. 24, 2008; 1 to 2 p.m.
Topic: Colon Cancer
ENH Physicians: Yolandra Johnson, M.D., and Hemant Roy, M.D.

If you miss a live program, all of our shows are archived and can be downloaded for free by clicking on "Podcast." ■

** Physician appearance may be subject to change due to patient care.*



Dr. Leo Selker, President of the ENH Research Institute

Recognition for ENH Research Institute

Leopold G. Selker, Ph.D., President of the ENH Research Institute, was appointed to a four-year term on the Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities at the National Institutes of Health (NIH). This NIH Board decides on the merit of grant applications requesting funds to construct buildings and additions, as well as renovations of existing facilities, to meet the research needs of institutions nationwide.

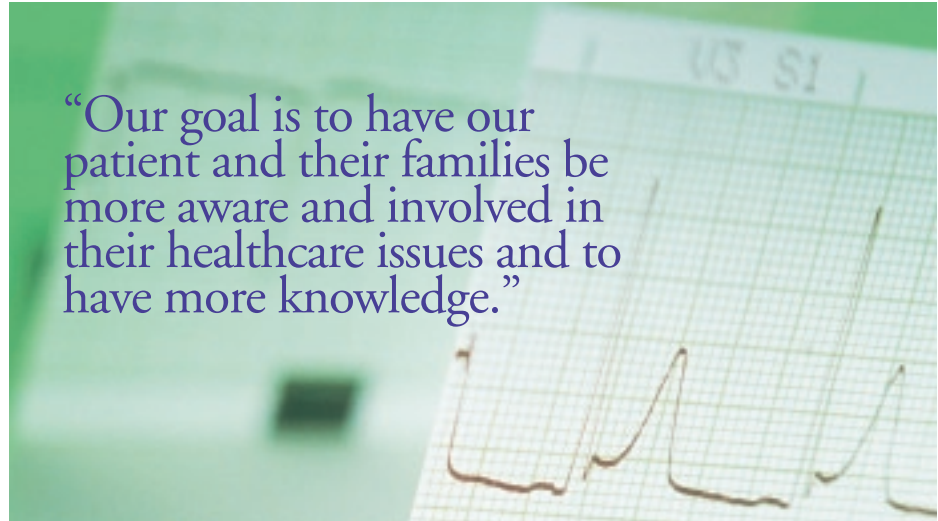
The Board reports the results of its determinations to the Director of the National Center for Research Resources at NIH and the NIH National Advisory Research Resources Council. Dr. Selker began his tenure on July 1, 2008. ■

Improving Patient and Family Education

Evanston Hospital's Comprehensive Cardiac Care (CCC) unit recently received a grant from the Dr. Scholl Foundation* to expand the CCC family lounge to a Family Resource Learning Center. The Family Resource Learning Center will exhibit cardiac educational materials to support patient and family education within the CCC and experience at ENH.

"Our goal is to have our patient and their families be more aware and involved in their healthcare issues and to have more knowledge," said Molly Opela, RN, MSN, Clinical Nurse Manager of the CCC. "Patients and families come in and are deluged with information. We want to promote information that is complete and accurate, and give families a place that is comfortable, quiet and supportive while waiting for procedures."

The waiting area has been converted to include phones and a flat-screen television, healthy heart and prevention pamphlets, models of the heart and a computer with educational Web sites. The Web sites contain explanations of procedures and will offer virtual tours of the cardiac labs, so families can see exactly what their relatives are going through at the Hospital. There is also a list of ENH cardiologists with their photos and backgrounds, so families and patients will know exactly who is taking care of them.



"We have many cardiac patients coming in from the tri-state area for special cardiac procedures who bring their families, and we thought this would be good opportunity for them to get information and be in one designated area near their loved ones," Opela said.

The Comprehensive Cardiac Care (CCC) unit at Evanston Hospital provides acute inpatient care to approximately 9,480 patients per year, which includes primarily cardiac patients with congestive heart failure, acute coronary syndrome, pacemaker and device insertions, cardiac abnormalities and emergent changes in health status that warrant immediate procedural interventions.

The restructured CCC Center has become a reality due to our Cardiac teams' close collaboration to integrate our goals for our cardiac patients throughout inpatient and outpatient aspects of our cardiology services. The new Center will be dedicated and renamed the Teresa Mueller Comprehensive Cardiac Care Family Lounge and Education Center, in honor of former Cardiology Nurse Practitioner Teresa Mueller. She passed away from cancer in March.

**The Dr. Scholl Foundation is a private, independent grant-making foundation established by William M. Scholl, M.D., in 1947. ■*

ENHconnect Helps Patients Manage Their Healthcare

As leaders in excellent patient care and quality service, ENH is the first healthcare system in Illinois to offer patients direct and easy electronic access to manage their personal healthcare.

ENHconnect is a free, secure personal gateway to your medical care at ENH. The Web portal allows ENHconnect members to access ENH's electronic medical system for their medical information from the comfort of their own home or office.

With ENHconnect, members can schedule appointments, review medical records and test results, renew prescriptions, send secure messages to physicians and pay bills safely online.

ENH patient Nick Kirincich, a Lake Forest resident, has been using ENHconnect virtually since its inception, and said he values the way it has allowed him to become a more active partner with his physicians in discussions of his healthcare needs.

"The system is absolutely the very best that I could ever imagine having available to manage my healthcare," Kirincich said. "I use it regularly and found the past data on test results and historical charting very beneficial in determining direction for my future needs."

To join the nearly 45,000 patients already using ENHconnect, visit www.enhconnect.org.

Ed and Molly Ethridge walk even more frequently after Ed Ethridge's aortic dissection and stroke to keep his blood pressure low.



Extraordinary Resilience



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An ENH surgeon saves a patient's life when an aortic dissection, or ruptured aorta, occurs. His ENH-affiliated primary care physician follows up daily with care and support during the patient's lengthy hospital stay.

Ed Ethridge's life changed during a few seconds on Jan. 13, 2008, when he lost consciousness at his Winnetka home. His wife, Molly, immediately called 911. Paramedics whisked him to Evanston Hospital, while a neighbor drove Molly Ethridge there after she had called their primary care physician Patrick Logan, M.D.

"ENH Cardiac Surgeon Dr. John Alexander was called to give him the news about Ed," said Dr. Logan, a Senior Attending Physician of Internal Medicine and ENH-Affiliated Physician. "I also called the Emergency Department doctors at Evanston Hospital to alert them to check Ed's electronic medical records, which have all of his past medical history. At the Hospital, I also conferred with Dr. Alexander's surgical team about Ed's medical history."

The Emergency Department team headed up by Jeffrey Lyman, M.D., documented that Ethridge had a sudden onset of chest and back pain, which at first appeared to be a heart attack but also is a symptom of aortic dissection. A computerized tomography (CT) scan confirmed that he had an acute ascending aortic dissection, which also was partially blocking the blood flow to his left leg. ▶

Teamwork for Survival

Meanwhile, John C. Alexander, M.D., Chief of Cardiac and Thoracic Surgery and Senior Attending Physician at ENH, gathered his surgery team, including anesthesiologists; scrub nurses and perfusionists; and a second surgeon, John C. Howington, M.D., Director of Thoracic Surgery at ENH. His group of seven people all worked to deal with Ethridge's aortic dissection.

After being placed on cardiopulmonary bypass with a pump and oxygenator, Ethridge's body was progressively cooled to achieve deep hypothermic circulatory arrest. This procedure bathed his heart in ice-cold saline solution to arrest it during surgery. While most of Ethridge's vital signs were good, his left femoral artery was partially obstructed and his left foot was immobile.

During the five and one-half hour surgery, Dr. Alexander and his team removed and repaired the damaged tissue from the aortic dissection. But during the operation, Ethridge had a stroke that affected his left leg and foot most likely related to the dissection, according to Dr. Alexander.

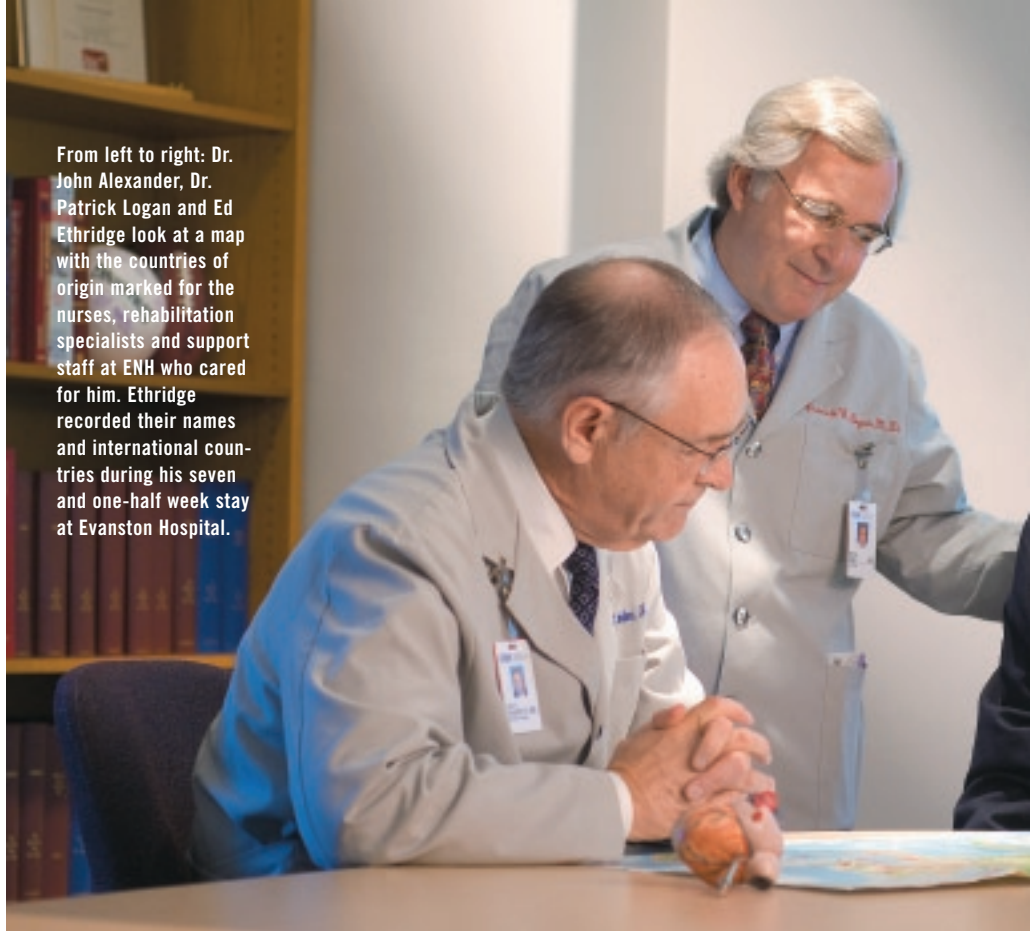
The tissue restraining aortic blood flow is very thin when an aortic dissection occurs. Many patients bleed to death shortly after the dissection occurs either at home, or before the right diagnosis can be made at a hospital. The survival rate after aortic dissection is low—about 30 percent overall.

"The lethal nature of my affliction meant the odds were against my survival from the outset," Ethridge said. "Yet, Dr. Alexander's surgical skills and experience prevailed, returning me to life. What would have happened if this occurred somewhere else? The hospital and doctors may not have had the resources or skills to address my problem, and I would have died."

While the 68-year-old retired public relations executive is of normal weight and relatively good health, he did have a history of abnormally high blood pressure, or hypertension. The most common underlying cause for aortic dissection is hypertension.

"After his recovery, Ed has to be very rigorous about maintaining good control

From left to right: Dr. John Alexander, Dr. Patrick Logan and Ed Ethridge look at a map with the countries of origin marked for the nurses, rehabilitation specialists and support staff at ENH who cared for him. Ethridge recorded their names and international countries during his seven and one-half week stay at Evanston Hospital.



“The lethal nature of my affliction meant the odds were against my survival from the outset. Yet, Dr. Alexander’s surgical skills and experience prevailed, returning me to life. What would have happened if this occurred somewhere else? The hospital and doctors may not have had the resources or skills to address my problem, and I would have died.”

of his blood pressure,” said Dr. Alexander who performs eight to 10 aortic dissections repairs annually.

Journey Back to Health

The first 48 hours after surgery were critical for Ethridge's recovery. He was in the Intensive Care Unit (ICU) at Evanston Hospital on a ventilator, and Molly, his family and his pastor, Ned Prevost, were by his side. While his blood pressure initially bounced up and down and his heart had an irregular rhythm, Dr. Logan and his nurses were able to get it under control.

"I gave the family regular updates during Ed's surgery and postoperatively, so they knew what to expect," Dr. Logan said. "As Ed's primary care physician, when a health crisis occurs, my role is to coordinate the team of medical and spiritual caregivers."

Ethridge acknowledges the vital role that Dr. Logan played in his recovery. "He came to my bedside daily with explanations of my treatment," Ethridge said. "Dr. Logan helped me to maintain an optimistic assessment of my condition, serving as a guide and a guardian for my return to good health."

While Ethridge's health before the aortic dissection helped his recovery, he still had a



ENH patient and competitive diver Merrick Hiton fully recovered from a head injury after ENH neurosurgeon Dr. Jeffrey Cozzens decided not to perform surgery. If Hiton had undergone surgery, he could have never dived competitively again.

TOUGH CALL

An ENH neurosurgeon makes a difficult decision that leads a competitive diver to the state finals.

On the day before diving season began in his senior year of high school, 17-year-old Merrick Hiton was told he would never dive again. That's when ENH neurosurgeon Jeffrey Cozzens, M.D., gave him hope.

In November 2007, Dr. Cozzens, ENH Senior Attending Neurosurgeon, was on call for the Evanston Hospital Emergency Department (ED) when Hiton was brought in with a severe head injury.

"I was playing football in the park with my friends and was running across the field to catch a pass," Hiton said. "Just as I caught the pass, I ran into a light post and hit my head."

"Merrick suffered severe facial lacerations and skull fractures," Dr. Cozzens said. "A CT scan of his head showed that he had a large blood clot on his brain, though he was neurologically intact." He entered Evanston Hospital's Neuro-Critical Care unit.

The blood clot on his brain was the type of injury that usually requires neurosurgical intervention, meaning a large operation with a craniotomy and resection of a blood clot.

"When I first evaluated Merrick, however, I was reluctant to perform the operation because his neurological function was so good," Dr. Cozzens said. "I explained to his family that many neurosurgeons would take him to surgery, but I was not sure that he needed it. Therefore I elected to watch him in the Neuro-Critical Care unit at Evanston Hospital." If Hiton had undergone surgery, he could never dive competitively again.

Over the next few days, Hiton remained neurologically intact. Dr. Cozzens's team monitored him in the Hospital for five days to ensure he did not suffer from any neurological deterioration and then sent him home.

"On the day that he was to be discharged, Merrick's father informed me that he was the captain of his high school diving team and wanted to know when he could return to competitive diving," Dr. Cozzens said. "I told his family that I would reevaluate the situation in two



weeks after he had a new CT scan of his head."

In the meantime, Hiton's pediatrician told him that he could never go back to competitive diving. He spent his time during diving practices working out in the gym and helping coach the freshman divers.

Two weeks passed, and Hiton revisited Dr. Cozzens. His blood clot was beginning to recede, and he was back to school with no neurological problems.

"I was familiar with what was involved with competitive diving since I had been on the Evanston High School swim team in the late 1960s," Dr. Cozzens said. "I eventually made the decision that he could go back to competitive diving."

And Hiton did dive again. Not only was he able to finish the diving season in his senior year, he won first place in the section and went on to rank 18th out of 48 in the state diving meet—only two points short of qualifying for the next round.

"I actually did better than my coach and I were expecting since I didn't originally start diving until the end of freshman year," Hiton said. "Most of the kids who made it to state have been in club diving since before high school."

Hiton recently graduated from Deerfield High School and is considering joining the diving team at the University of Denver. ■

TO OPERATE OR NOT TO OPERATE?

Sometimes it is just as important to know when not to perform surgery as it is to operate. Jeffrey Cozzens, M.D., who has been an Attending Neurosurgeon at Evanston Hospital since 1985, stated, "I think that experience is very important, especially in cases like Merrick Hiton's. It would have been very easy to take him to surgery, but he never would have been able to return to competitive diving as a high school student after that major surgery."

During surgery, Dr. Cozzens would have had to open Merrick's skull to remove the blood clot and then piece it back together. The incision never would have healed well enough for him to undergo the rigors of competitive diving.

"As it was, it was very difficult for me to make the decision to let him return to diving after a severe head injury, and many neurosurgeons would never have let him return to competitive diving," Dr. Cozzens said. "I agonized over this decision, but my logic and experience guided me. When making difficult decisions about whether to operate or not, I am always guided by the principle that the benefits of surgery should outweigh the risks. In Merrick's particular case, I saw no benefit to removing the blood clot and, therefore, concluded there was only risk to doing this."

Interrupted Performance

An ENH orthopaedic surgeon performs leading-edge surgery to restore a cellist's musical career.

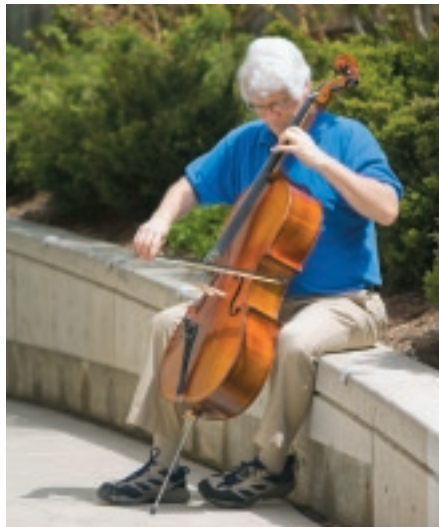
When surgery would not heal a massive rotator cuff tear, professional cellist and instructor, John Shaffer, 62, asked for another option. ENH Orthopaedic Surgeon Steven Levin, M.D., gave him one and is helping Shaffer return to the cello.

Shaffer teaches cello through private lessons and at several schools. He has played in the Northbrook Symphony and now plans to go back after a two year absence. "When my bowing arm started to cramp up, and I couldn't play my last concert, I knew some thing was wrong," Shaffer said.

Shaffer first met Dr. Levin three years ago, when he complained of pain in his right shoulder, which caused him to stop playing the cello. "I took him to surgery, but the tear was massive," Dr. Levin said. The tear was so large, it was beyond complete repair. Dr. Levin performed surgery to debride, or to remove damaged tissue, the tear and reconstruct it as best he could. This helped Shaffer increase his range of motion while drastically decreasing his pain level.

"The surgery helped since Dr. Levin cleaned out the osteoarthritis," Shaffer said. "My comfort with the pain was better, but I couldn't play for a long period of time."

"There aren't many alternatives for



A professional musician, John Shaffer, regained enough strength and flexibility in his left and right shoulders to play cello in a symphony after surgeries by ENH orthopaedic surgeon Dr. Steven Levin.

massive tears," Dr. Levin said. "A massive tear is a natural degeneration of the tendon seen especially in patients with long-term overuse of their shoulders."

Innovative Surgery

Shaffer did improve but returned two years later because of pain in his left shoulder. He had a massive tear on that side too and wanted Dr. Levin to perform

the same surgery as before. Only this time, Dr. Levin offered a better option.

"Over the past year, a new development to help heal massive tears had been introduced—Wright Medical's 'Graft Jacket,'" he said.

The Graft Jacket is a "gap filler." It is a piece of acellular, denatured, processed cadaver skin that is placed over the tear like a patch. The properties of the cadaver skin enable it to heal to the existing torn tendon and the stem cells from the bone marrow at the insertion site incorporated into the graft and slowly transform it into rotator cuff tendinous tissue.

"I put the Graft Jacket in Mr. Shaffer eight months ago," said Dr. Levin. "It's safe, however, like any cadaver tissue there is an element of risk. The early documented results with the Graft Jacket have been outstanding."

Shaffer is the first person at ENH to have the Graft Jacket. Since his surgery, Dr. Levin has used the Graft Jacket on four other occasions in active relatively young patients with massive rotator cuff tears.

Following the Graft Jacket placement, Shaffer had four months of physical therapy, twice a week with ENH Physical Therapist Cathy Gluck. As for his cello playing during rehab, Dr. Levin quipped, "He can 'fiddle' around in rehab but nothing too vigorous."

"I worked with Cathy Gluck before and after my surgery on both of my shoulders," Shaffer said. "She really helped me achieve my maximum range of motion. My left shoulder is at about 100 percent now."

Shaffer will soon likely have a Graft Jacket placed in his right shoulder. "There's no pain, and my shoulder is stronger," Shaffer said. "Doing the simple things in daily life improved a lot. There are things that you just don't think about that I can do now without any pain like combing my hair and reaching for things."

For more information about orthopaedic surgery at ENH, call (847) 492-5700 (Ext. 1275). ■

Implementing New Procedures

Why doesn't everyone use the Graft Jacket for massive rotator cuff tears? "I can't answer for others, but I can tell you the Graft Jacket was developed by a team of leading and well respected orthopaedic surgeons, biologists and biomedical engineers," said Steven Levin, M.D. "The data on the graft is quite sound and there really does not seem to be a down side, especially in these patients who have little to no alternative." Dr. Levin is the first to use the Graft Jacket at ENH.

Dr. Levin is an ENH Orthopaedic Surgeon, is an Assistant Professor of Orthopaedic Surgery and serves as an appointed faculty member of the American Academy of Orthopaedic Surgeons/American Shoulder and Elbow Society Advanced Shoulder Arthroscopy Course. He also attended last year's World Cup in France as the U.S. National Rugby Team's orthopaedic surgeon.

An Aching Head

An ENH-affiliated physician helps a teenager get relief from her migraines through exercise, relaxation techniques and proactive care with basic over-the-counter medication and caffeine.

Since she was six, Emily Boyle has suffered from migraines. For several years, she took many medications to control the migraines, which started in her abdomen and progressed to her head.

“The two types of migraines are different kinds of pain,” said Emily Boyle, now 16, and a student at Queen of Peace High School in Burbank, Ill. “When I had an abdominal headache, I would curl up in a ball. When I have a migraine headache, I need a silent, dark room to help me cope with the intense pain.”

By age 12, Emily had migraine headaches in cycles. Sometimes she would have a week of migraines every single day, causing her to miss days of school. Her doctor was prescribing a lot of pain medication, which was not very effective, and was of great worry to her parents.

At that point, Emily and her older sister, Elizabeth Boyle, changed their doctor to Lawrence Robbins, M.D., an ENH Affiliate Physician who specializes in treating headaches for children, teenagers and adults.

“Dr. Robbins has never been about a ton of medications,” Emily said. “He uses a more natural approach by recommending I get plenty of exercise, use relaxation methods like yoga and reading, and prevent a migraine by taking Tylenol and drinking a Coke when I start to feel one coming.”

Her migraine headaches have subsided to an average of one per month, and Emily rarely misses a day of school. This change has allowed her to play basketball, serve on Student Council, be a Peace Ambassador to recruit students for her school and join a Task Force related to Amnesty International.

“Emily is a remarkable, high coping kid who has a family history of migraines,” said Dr. Robbins, who is a recipient of the Clinical Pain Management Award that is given annually to a physician who makes major advances in research and teaching for interdisciplinary pain management. “Many kids with migraine headaches are



Exercise like riding her bike is one way that Emily Boyle, 16, is fighting migraine headaches. Dr. Lawrence Robbins develops customized programs for patients of all ages to avoid triggers for headaches and migraines.

relatively easy to treat, but I have to look at their individual circumstances. For some, I teach them to get more sleep, not to miss meals, to wear sunglasses in bright light and to take over-the-counter medication with a caffeinated drink at the first sign of a migraine headache.”

Many teens in the United States suffer from migraine headaches. A nationwide study showed that during a one-year timeframe, 5 percent of teenage boys and 7.7 percent of teenage girls had frequent migraines. In the transition from childhood to adolescence, many experience more frequent, severe headaches.¹

“Headaches in teens are a big quality of life issue,” Dr. Robbins said. “I try what I can do outside of medicine to improve their lives. I have to look at the whole person and try to minimize the drugs.

“In treating people with headaches, I’ve learned everyone varies. If I am working with 10 different people, I will find 10 different ways of treatment. It’s my job to get into their lives to find out what triggers their headaches. Then I can

determine the best remedies—both natural and medical.”

For example, Dr. Robbins can use natural herbs for some people with headaches like Petadolex, Feverfew or Magnesium Oxide. For tougher migraine headaches, some people respond to using Tylenol and a caffeine drink, while others may require stronger prescription drugs.

Under Dr. Robbins’s care, Emily has found relief from much of her migraine pain for the past four years. “Dr. Robbins is compassionate and cares about me as a person,” she said. “Even if I have to wait to see him, he never makes me feel like I’m a number. Or that he needs to rush through my appointment. Dr. Robbins always talks to me about my personal life, my headaches and my future like my college plans. If my parents call to ask him a question, he knows who I am and immediately responds to them.” ■

¹ “Don’t Ignore Migraines in Teens,” WebMD, April 5, 2006, at <http://www.webmd.com/migraines-headaches/news/20060405/dont-ignore-migraines-in-teenagers>.



Frozen in Time

ENH has an extensive repository of tissue and blood samples from various types of cancer to aid its researchers in finding answers for research studies today and into the future.

For more than a decade, ENH has systematically accumulated and cataloged several tissue and blood samples from patients with breast, prostate, pancreatic and lung cancers. In addition, data covering the pathology, treatment and outcomes of the cancer patients have been confidentially added to the system. The data provide researchers with vital information for cancer research studies.

ENH researchers are constantly investigating possible cancer causes, treatments and new diagnostic tests. To develop these, they need samples to study in their labs. Thus, tissue, blood and other specimens are collected and stored in freezers for these studies.

For example, one potential research use is identifying abnormal proteins or nucleic acids, known as biomarkers, which may yield information about cancer. Biomarkers may lead to a more accurate and specific early detection screening tests for various cancers or better determination of treatments. Some biomarkers can be studied in samples such as blood or urine.

“Having readily accessible samples is fundamental for doing clinically oriented research and cancer research,” said Karen Kaul, M.D., Ph.D., Director of the Molecular Diagnostics Laboratory in the Department of Pathology at ENH. “If researchers do not already have a repository samples to test, it might take years to actually begin the studies.”

Medical science has long recognized the clinical and humanitarian value of donating and transplanting human organs and tissues. Now patients who want to help in the cancer research process can do it. When

cancer patients have their surgeries or blood tests, they can sign a consent form to allow any leftover tissue or blood from that surgery be frozen in the ENH sample bank

by a pathology technologist.

“It doesn’t affect the patient’s treatment or surgery and is a huge contribution that could help cancer researchers develop better ways to diagnose and treat cancer,” Dr. Kaul said.

Donating a sample is also confidential. When researchers need materials, the patients’ identities are anonymous, and their privacy is totally secure. Researchers’ requests are reviewed by the Institutional Review Board.

In addition to samples of breast, prostate, pancreatic and lung cancers, the ENH sample bank has plans to add colorectal, brain and other tissues.

Funding for Research

Having access to samples also assists with the ability to apply for certain research studies. “If you have material waiting to be tested, you are more likely to receive a research grant,” Dr. Kaul said.

Many academic medical centers are beginning their own sample banks but are struggling to get them started because of funding. The ENH sample bank has received funding from the National Cancer Institute and ENH, and currently receives funding from federal grants and through individual grants to the ENH researchers using the samples.

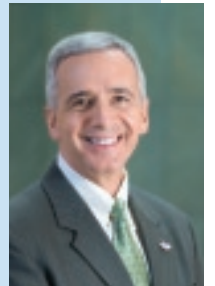
The samples can be frozen indefinitely, and the number of samples needed for a research project at any time depends on the project’s magnitude. Currently, dozens of cancer research projects are taking place at ENH using the samples. ■



Dr. Karen Kaul is one of many ENH physicians/researchers who use the extensive repository of tissue and blood samples to investigate possible cancer causes, treatments and new diagnostic tests.

Boon for Pancreatic Cancer Research

Pancreatic cancer is the fourth leading cause of cancer-related deaths in the United States. It is a difficult cancer to treat with a five-year survival rate of 5 percent. This contrasts with five-year survival rates of 64 percent for colon and rectal cancer, and 88 percent for breast cancer. Of the nearly 38,000 people in the United States who discovered they have pancreatic cancer each year, 34,000 Americans die annually from the disease. ENH researchers like Mark Talamonti, M.D., are dedicated to improving on these statistics.



Dr. Mark Talamonti

“Pancreatic cancer is an aggressive form of cancer that is hard to screen for and difficult to treat,” said Dr. Talamonti, Chairman of the Department of Surgery at ENH and head of ENH’s Pancreatic Cancer Treatment and Research Program. “Our vision is to develop a patient care program that complements robust cancer research with the potential to achieve important breakthroughs in early diagnosis and new therapies.”

ENH is home to the most sophisticated and largest pancreatic cancer tumor bank database in the country. This resource will be used for several initiatives, including correlating patient outcomes based on blood, fluid and tumor samples, as well as conducting clinical, molecular and biological research.

Honoring Excellence

Donors create endowed chairs to strengthen patient care and research at ENH.

Richard Melman, founder and chairman of Lettuce Entertain You Enterprises, Inc., said that his intuition has helped him go far in the business world. It has also played a significant role in his personal life.

When Melman was first referred to urologist Charles B. Brendler, M.D., 14 years ago, he intuitively liked him. In fact, Melman grew to like him so much that recently he and another patient, businessman Ronald Chez, created the Ronald L. Chez Family and Richard Melman Family Chair of Prostate Cancer at ENH.

Endowed chairs are created through charitable gifts of \$1.5 million. It is the highest form of praise for the work of a physician or researcher. At academic medical centers like ENH, endowed chairs create perpetual funding for physicians to use to advance clinical and research excellence in their medical specialty.

Dr. Brendler received the honor as first chair holder at ceremonies in April 2008. He serves as Vice Chairman for Academics and Development in the ENH Department of Surgery and Director of the ENH Comprehensive Prostate Cancer Center.

Melman and Chez have both been patients of Dr. Brendler, and they share his vision for the recently established ENH Comprehensive Prostate Cancer Center. Located at Glenbrook Hospital, the Center is fast becoming a model for a comprehensive treatment approach toward the disease. Both men also serve on the newly formed ENH Prostate Cancer Center Advisory Council.

Dr. Brendler's leadership clearly inspired Melman and Chez. "Nobody could be a better symbol of what a doctor should be in terms of his consistent concern for his patients," said Chez at the investiture ceremony. Melman added how his admiration for Dr. Brendler had grown over the years from both a personal and professional perspective. "ENH is lucky to



Richard Melman (left) and Ronald Chez (right) endowed a chair at ENH to honor the lifetime work of Dr. Charles Brendler (center).



Dr. David P. Winchester (left) was an inspiration to his son, Dr. David J. Winchester (center), who followed in his footsteps as a surgeon at ENH. Dr. David J. Winchester is the first recipient of an endowed chair for his father, Dr. David P. Winchester. ENH President and CEO Mark R. Neaman (right) congratulated the father-son team at the investiture ceremony.

have him as a team leader," Melman said.

Another recipient of a recently endowed chair, David P. Winchester, M.D., former Chairman of the ENH Department of Surgery, has practiced for

nearly 40 years at ENH. He is considered a standard bearer for excellence on behalf of patients and their families, and it was the wish of an anonymous donor that an endowed chair be created in his honor.

That generous donor funded the ENH Board of Directors/David P. Winchester, M.D., Chair of Surgical Oncology. At the May 2008 ceremony, Dr. Winchester's son, David J. Winchester, M.D., Chief of the Division of General Surgery and Surgical Oncology at ENH, was endowed as its first chair holder.

Dr. David J. Winchester is recognized for leading surgical research trials in breast cancer and as a kind, compassionate, tireless physician who is extremely dedicated to his patients. He is Co-Director of the Patricia G. Nolan Center for Breast Health at ENH—a comprehensive diagnostic and treatment facility known for its multidisciplinary approach to treating illness and disease.

"By being named to this endowed chair, I hope to achieve a broader impact through scientific discovery that will affect many patients, building clinical research initiatives and ultimately giving back to the community," Dr. David J. Winchester said.

"The donors that enable us to create endowed chairs are shining examples of the philanthropic partnerships that distinguish ENH as a leader in superior healthcare delivery," said Colleen D. Mitchell, President, ENH Foundation. "Through the charitable contributions of individuals, corporations and foundations, ENH is able to provide physicians with the precious time and resources needed to advance patient care, medical research and education."

To learn more about how philanthropy can strengthen patient care, research and academic medical education at ENH, contact John Hanson, Ph.D., Director of Philanthropy, ENH Foundation at (847) 492-5700 (Ext. 1276). ■



Photo by Jonathan Hillenbrand/ENH

Caring Within Our Communities

To care for the members in its communities, ENH must have a clear understanding of their health needs and concerns.

Phyllis Weiland arrived at 3 a.m. to Evanston Hospital's Emergency Department in February 2008 after what she describes as "30 hours of screaming pain." Doctors responded with medication and a battery of tests over the next six hours. They kept her at Evanston Hospital for three and one half days to be certain that emergency surgery could be avoided.

to get well again. Now I have the energy of a 35 year old."

ENH solved Weiland's nonhealth-related problem as well. She cannot afford health insurance and only earned \$8,700 in 2007 as an independent child care worker, which is substantially below the federal poverty level of income at \$10,400.¹ The ENH Financial Aid Office paid for 100

whose incomes are at or below 200 percent of the Federal Poverty Level—a level that is twice the national benchmark. Patients whose income is above 200 percent of the Federal Poverty Level, or are uninsured, may qualify for discounts ranging from 10 percent to 85 percent.

During the past year, ENH has broadened its community benefits efforts to include an even wider variety of wellness and health education programs. At the same time, ENH has maintained its position as a leading institution for cutting-edge research and medical education.

Teaching the Doctors of Tomorrow

"ENH offers the perfect blend of the community hospital environment with academic strength in its research and education programs," said Andy Anderson, M.D., Program Director and Vice Chair of the Department of Medicine at ENH and a Senior Attending Physician at ENH. "We capture the best of both worlds."

Translating Research Into Better Care

The ENH Research Institute is ranked No. 1 in Illinois and ninth nationally among multi-specialty independent research hospitals in funding from the National Institutes of Health. The research performed in ENH's three Hospitals and laboratories results in better care for patients now and in the future.

During the past year, ENH has broadened its efforts to provide care to needy and uninsured individuals in its communities. All told, ENH contributed more than \$150 million of community benefits, including \$12.4 million in charity care, \$16.5 toward education and \$5.2 million in research. ■



After care and surgery through ENH, child care worker Phyllis Weiland, 63 (center), now claims she has the energy of a 35 year old.

ENH Surgeon, Glen Balch, M.D., found the 63-year-old grandmother had a 4.8-centimeter gallstone that had inflamed and infected her gallbladder. Due to her severe inflammation, Dr. Balch waited for a few months to perform the surgery, while Weiland ate a low fat and low cholesterol diet to calm the inflammation.

On April 25, 2008, Dr. Balch successfully removed Weiland's gallstone at Glenbrook Hospital. "The doctors and nurses at ENH absolutely took the best care of me," she said. "They didn't do anything until they knew my condition. I knew that above all else, they wanted me

percent of Weiland's two hospitalizations and surgery at a cost of \$32,449.

"Without this help, I would have been in debt for the rest of my life," Weiland said. "ENH has given me back my health at no risk to my financial well-being. I don't even have the right words to express how grateful I am."

Providing Care for All Patients

Regardless of their financial circumstances, ENH reaches out to patients in need. It's part of the ENH commitment to being involved in its communities. ENH provides free care to qualifying patients

¹ Source: Federal Registry, (74, FR 3971-3972) Jan. 23, 2008.

Improving Public Health

By Lori A. Walsh, M.D., ENH Affiliated Pediatrician

For children back-to-school time means getting immunization shots and annual physicals from their physicians. ENH Affiliated Pediatrician Lori A. Walsh, M.D., has cared for children in the Chicago metropolitan area for the past 18 years. Here she discusses why keeping children healthy protects adults, especially seniors; ways to ensure good health; and how all for one and one for all is the best way for an entire population to stay healthy.

Question: How are children's immune systems different from adults' immune systems?

Answer: Human beings develop immunity through exposure. In the womb, babies gain good immunity from their mothers for many diseases. But some diseases like whooping cough are not among them. Also, children tend to be sicker in the first couple of years of their lives because their immune systems are not fully developed.

Q: Illinois law requires children to be immunized against these nine diseases—Measles; Polio; Diphtheria, tetanus and pertussis (whooping cough); Mumps; Rubella (German Measles); Varicella (Chicken Pox); and Hepatitis B. Why is important for school children to be immunized against these diseases?

A: If one person has Hepatitis B, for example, the transmission to the rest of the population can be devastating. We need to consider public health from the perspective of all for one and one for all. All of us should participate for public health to work most effectively and efficiently. If kids are healthy, adults, especially older adults, stay healthier, too.

Vaccines are an important part of staying healthy. For example, if some people decide not to have the whooping cough vaccine and get the disease, they



can infect other people. Additionally, people need to realize that not every vaccine offers 100 percent protection. For instance, the Chicken Pox vaccine requires two shots over time to be most effective.

Q: How does an annual physical protect a child's health?

A: The physician can review everything about a child's health and develop a relationship with entire family. It's a chance for the doctor to update the family on new medicine and disseminate information about prevention. For example, I always talk about car seat safety with the parents of young children.

Additionally, the ways to stay healthy keep changing. Right now, taking Vitamin D for people of all ages is a hot topic that I discuss with families.

If a physician has established a relationship with a family, it helps to know how to interact with the family if a health crisis occurs. The doctor knows how much the family needs him or her to be involved. Some families would want the physician to be very involved, while others would want the doctor to be consulted as needed.

“We need to consider public health from the perspective of all for one and one for all. All of us should participate for public health to work most effectively and efficiently. If kids are healthy, adults, especially older adults, stay healthier, too.”

Q: What do you think about screening children for lead poisoning?

A: Lead poisoning in children remains a huge problem. All babies from 15 to 18 months old should be screened for lead poisoning. Now the risk seems to be coming more from lead paint on toys from China than from old lead paint in homes.

Q: What other recommendations do you have for parents to prevent diseases in their children?

A: The parents of newborns should be sure to have them vaccinated with Tdap for whooping cough. That will help prevent an outbreak of the disease.

Currently, there's the potential for a measles outbreak in the United States from Switzerland. It's in Wisconsin right now but could endanger people in Illinois. We're keeping close tabs on it.

For prevention of transmitting diseases, all of us need to practice good hygiene such as hand washing with soap and water for as long as it takes to sing “Happy Birthday” and using antibacterial gels when outside of the home. Those are simple steps that prevent the transmission of many diseases from one person to others. ■

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