Toddler Undergoes Extraordinary Facial Reconstruction

Inside

Multispecialty Spine Center Restores Mobility for Sidelined Executive

REACTIVATION!
Advanced Procedure Restores Ability to Enjoy Food Again

By Andy Buchanan

Phyllis Mathe of Wheeling had been struggling with a persistent disorder in her esophagus that made swallowing difficult and limited her to liquids and soft foods. The condition—known as diffuse esophageal spasm—continued to worsen, leading to dramatic weight loss, a lack of energy and a frightening episode earlier this year.

Mathe was taking an oral antibiotic for an unrelated condition when a pill got lodged in her throat. “I injured my throat and was coughing up blood,” she said. “I ended up being hospitalized for a few days at NorthShore Glenbrook Hospital.”

Weakened by her condition and weighing less than 100 pounds—some 30 pounds below her normal weight—Mathe faced the prospect of traditional surgery to repair the muscles around her esophagus. These muscles, when working properly, move food down the throat and into the stomach.

Fortunately for Mathe, there was also a noninvasive treatment option. She met with Michael Ujiki, MD, Director of Minimally Invasive Surgery at NorthShore University HealthSystem (NorthShore), who is performing a new procedure that requires no incisions.

Dr. Ujiki, who holds an academic appointment at the University of Chicago Pritzker School of Medicine, is one of a handful of surgeons in the world performing the Per Oral Endoscopic Myotomy (POEM) procedure.

“These patients are really suffering, and to be able to offer the POEM procedure is a great advance,” said Dr. Ujiki.

After undergoing POEM, Mathe’s esophagus began functioning normally. She consumed liquids, then soft foods, and slowly reintroduced solids into her diet. She is now back to her normal eating habits and is putting weight back on.

“I never thought I’d want to gain weight!” joked Mathe. “It worked out perfectly. I have no pain, I can swallow and I can eat again.”

How POEM Works

Dr. Ujiki uses POEM to treat a variety of esophageal disorders, including esophageal achalasia, when the valve at the base of the esophagus does not open properly.

POEM involves guiding an endoscope through the mouth and down the esophagus rather than through abdominal incisions. A surgeon then trims the muscle fibers that prevent the esophageal sphincter from opening, which then allows food into the stomach.

According to Dr. Ujiki, the procedure has proved effective in correcting the problem and leads to a shorter hospital stay and a quicker recovery than traditional invasive surgery. He continues to gather patient data for an ongoing study of POEM but predicted, “This should be a permanent fix. This procedure is here to stay.”
Dr. Kristian Novakovic and his robotic surgical partner are part of the comprehensive team at the John and Carol Walter Center for Urological Health. Learn more on page 4.

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NorthShore surgeon is among few in the world performing an innovative GI procedure.

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Botox for the Bladder?
NorthShore Research Helps Find a Surprising New Therapy

By Andy Buchanan

Financial planner Susie Hall is the definition of an active woman—she bikes, runs and loves to play tennis. But up until recently, Hall could not do anything without fear her overactive bladder would have her dashing for the restroom in the middle of a meeting, tennis match or dinner out.

“It was crippling,” said Hall. “At work, I’d be worried if a meeting ran long. I could never get through a two-hour tennis match, and traveling became difficult.”

Hall, 62, of Glenview, monitored her fluid intake and tried to get through the day without incident. “I knew where every bathroom was on the North Shore!” she recalled.

Desperate for help, she contacted her primary care physician, Stephen Bundra, MD, who referred her to NorthShore urogynecologist Roger Goldberg, MD, at the NorthShore Center for Pelvic Health. Instead of suggesting surgery, Dr. Goldberg recommended that Hall enroll in a study on Botox injections that he and his colleagues were conducting.

Botox has received a lot of publicity for its cosmetic use, but NorthShore has led several studies on Botox as a treatment for overactive bladder. “We’re able to offer our patients something that’s way ahead of the curve,” said Dr. Goldberg, who holds an academic appointment at the University of Chicago Pritzker School of Medicine.

With NorthShore research providing some of the findings, the U.S. Food and Drug Administration approved Botox last year for use in women with a condition called neurogenic bladder, or urinary incontinence due to a neurological condition. It can also be effective for others like Hall who never received a firm diagnosis.

During the procedure, Dr. Goldberg uses a cystoscope to guide him as he makes several injections into the base of the bladder. The procedure takes about 10 minutes and requires only local anesthesia, so patients are able to drive themselves home.

Botox works by preventing spasms of the bladder, which cause urge incontinence and leakage. The treatment is usually effective for six to nine months. Hall received injections in May 2010 and did not receive follow-up injections until January 2012—20 months later. Even then, she said it was more for “insurance” purposes because she was planning an overseas trip. “I could have gone longer,” she said.

She also is amazed at how far she has come. “My condition was getting progressively worse, and this has been like magic,” said Hall. “It has dramatically improved my quality of everyday living.”

To learn more about services at the NorthShore Center for Pelvic Health, please call (847) 492-5700 (Ext. 1281).
High-Speed Pursuit
Cardiology Team Mobilizes for Stricken Wisconsin Trucker

By Susan J. White

It would have been a fatal heart attack, but 62-year-old Richard Crook pulled his truck off to the side of the road, took two aspirin and called 911. From that moment on, a perfect sequence of events, including quick responses, alert and proactive paramedics, the finely tuned NorthShore Glenbrook Hospital Emergency Department (ED) staff and expert cardiac physicians all came together to save Crook’s life.

On April 21, the Wisconsin resident started his day like any other—hitting the road by 5:30 a.m. But it turned out to be a day like no other for Crook and his wife of 33 years, Marguerite. Though both his parents had suffered from heart disease, Crook was healthy and active. He worked, took care of the couple’s 13 acres, and enjoyed hunting and fishing with his sons and daughter. But the pain in his chest that day made it clear to him that something was wrong.

“I had no clue it was a heart attack until someone in the ED called my wife and said, ‘Your husband is having a heart attack,’” Crook said, recalling that fateful day at Glenbrook Hospital. “I was just in awe of everything that was happening. The ED was going wild,” he recalled, noting that the many specialists and nurses came together seamlessly with great speed to take care of him. Crook actually went into heart failure and was twice brought back to life.

NorthShore clinical cardiologist David Najman, MD, got the call from the ED while Crook was still on his way in an ambulance. “Everything came together perfectly,” said Dr. Najman, crediting Crook with calling 911, paramedics with conducting and correctly interpreting an EKG and contacting the ED, and an astute nurse who immediately called Dr. Najman. In turn, Dr. Najman called interventional cardiologist Justin Levisay, MD. Both physicians hold academic appointments at the University of Chicago Pritzker School of Medicine.

Dr. Levisay arrived at Glenbrook Hospital before Crook and was ready and waiting in the well-equipped catheterization lab. There, he cleared a complete blockage of Crook’s largest artery around his heart.

“When I came to, the pain was gone. I felt like I could breathe better, almost like I had a new life,” said Crook.

“He should have a long life ahead of him,” said Dr. Najman. “If he wanted to, he could even run a marathon.”

Every Second Counts

According to clinical cardiologist Dr. David Najman, physicians aim to open blocked arteries within two hours of a patient’s arrival. The national average of “door-to-balloon” time—the time it takes from a patient entering the hospital to undergoing an angioplasty to clear the blockage—is 90 minutes.

Thanks to the exceptional teamwork at NorthShore, Crook was treated in less than 15 minutes, at a time when speed and precision mean everything.

“It can be very hard to open an artery that is 100 percent blocked,” explained Dr. Justin Levisay. “The longer you wait, the tougher it can be because a blood clot usually forms over the blockage. With a fresh clot, though, it’s like moving a knife through hot butter.”
When Tom Jones was diagnosed with prostate cancer in 2011, the news tipped the scales for what was already a stressful year—his wife had recently recovered from a serious car accident, and he had lost his job. Yet Jones kept a positive outlook, strengthened by the care he received at the John and Carol Walter Center for Urological Health at NorthShore.

A routine physical with his affiliated primary care physician Sheilendr Khipple, MD, indicated an elevated PSA (prostate-specific antigen) level, so Jones initially was referred to NorthShore urologist Thomas Keeler, MD. Dr. Keeler holds an academic title at the Pritzker School of Medicine and is part of the Center’s comprehensive team of specialists. After a biopsy confirmed Jones had prostate cancer, he and Dr. Keeler discussed a variety of treatment options.

This patient-physician collaboration is characteristic of the Walter Center. Treatment plans for prostate cancer are based on each individual case coupled with a patient’s personal preference that reflects his quality-of-life priorities, such as managing potential side effects like erectile dysfunction and urinary incontinence.

“With all that had happened to me, I really felt I had to face this head-on,” said Jones, 60, who liked the Walter Center’s multidisciplinary, personalized approach to care. He chose the option of a robotic radical prostatectomy—a full removal of the prostate—with NorthShore urologist Kristian Novakovic, MD. Dr. Novakovic is fellowship-trained in robotic surgery and holds an academic appointment at the University of Chicago Pritzker School of Medicine.

Robotic-assisted surgery offers greater precision and range of motion with fewer complication risks than traditional surgery. “Robotic surgery also provides us with magnified, 3-D views,” said Dr. Novakovic. “It’s less invasive and can result in quicker recovery times, so there’s a faster return to normal activities.”

Treatment for prostate cancer is evolving toward intervention for those with higher risk of the disease, he continued. “In many of those patients, a surgical approach provides the most accurate staging of the cancer and helps make decisions about adjuvant treatments such as radiation therapy.”

Jones was back playing tennis a month after surgery. “The staff at the Walter Center is focused on getting patients back to 100 percent,” he said. “They aren’t satisfied until everything is working as well as it can work.”

Dr. Kristian Novakovic values the less-invasive nature of robotic surgery for treating prostate cancer. “There’s a faster return to normal activities,” he said.
From Sleep Apnea to Restful Sleep
NorthShore Expertise Helps Patients Breathe Easy

By Martha Floberg

Tom Wells, a retired engineer from Crystal Lake, enjoys salmon fishing on Lake Michigan, tinkering with his Model T Ford—and getting a good night’s sleep.

Until this year, Wells never had trouble sleeping. More recently, however, he would go for as many as three sleepless nights in a row.

Wells was diagnosed with obstructive sleep apnea. He began therapy with a continuous positive airway pressure (CPAP) device, but his condition did not improve. His NorthShore cardiologist, Jay Alexander, MD, suggested he undergo a sleep evaluation with Neil Freedman, MD, and his team of specialists at NorthShore’s expanded Sleep Center in Lake County.

“Mr. Wells spent a night at the sleep lab for a sleep study, which indicated two types of sleep apnea,” said Dr. Freedman, Medical Director of the NorthShore Sleep Center in Bannockburn. “We sent him home with a new technology called the Adaptive Servo-Ventilation (ASV) bilevel device.”

“This device monitors breathing and provides support when sleep-disordered breathing occurs,” said Shawna Sullivan, CNP, APN, a pulmonary sleep disorders specialist. “It also enables us to track a patient’s progress in real time via online monitoring.”

Now Wells sleeps through the night and is grateful for the care he received.

“NorthShore is exceptional because they have the art of listening and understanding—and at the same time are determined in finding a treatment that works,” said Wells. “They know what they’re doing.”

According to Dr. Freedman, who also heads pulmonary sleep research, the need for sleep disorders care has increased due to an aging population with more overweight people. “That’s why NorthShore took the lead in expanding these services across our area—because sleep disorders can lead to serious issues, including heart attack, stroke and even death.”

“I never thought sleep was that important of a problem to me,” said Wells, “but it may have been more important than I realized.”

Sleep Center Expands Reach for Easier Access

The NorthShore Sleep Center offers two locations: the new facility in Lake County at 2151 Waukegan Road in Bannockburn and at 9977 Woods Drive in Skokie. Both provide convenient access to comprehensive diagnostic and treatment options for the full spectrum of sleep disorders. Each facility includes a sleep lab where patients spend the night while specialists monitor their brain waves, breathing, oxygen levels and heart rate to diagnose a sleep disorder.

The Center also includes the combined expertise of a multidisciplinary team of specialists, including board-certified neurologists from NorthShore Neurological Institute and pulmonologists, many of whom are also board certified in both sleep disorders and pulmonary medicine and critical care.

For more information or to schedule an appointment, please call (847) 492-5700 (Ext. 1283).
Expert Spine Care Restores Libertyville Man’s Dynamic Life

By Barb Hailey

Karl Miller personifies a man on the go. As a construction contractor who plays a role working on “power projects,” Miller, 50, is a lifelong athlete who had regularly enjoyed bicycling, skiing, running and logging up to two hours daily on an elliptical machine.

Eleven years ago, however, Miller felt his hip freeze up. “My leg got tingly,” he recalled. This was the beginning of continued similar episodes of pain and immobility that began to slow him down and impact his active lifestyle. NorthShore orthopaedic surgeon Mark Nolden, MD, of the NorthShore Spine Center, was able to intervene, allowing Miller to once again pursue his favorite athletic activities.
Karl Miller and his wife Liz are regulars on area bike trails again, after life-changing treatment through NorthShore’s new Spine Center.
The pain that Miller experienced crept up on him gradually. While it was a nuisance, it did not interfere with his lifestyle until the last two years. He could accept changes to his fitness routine, but then the pain began affecting his everyday life. Back and neck pain are among the most common causes of disability in the United States and are often recurring and increasingly limiting for those who, like Miller, suffer from a pervasive problem.

“My leg would go numb after a 10-minute walk,” he said. Miller travels extensively for his job, averaging 130 flights a year. The pain had progressed to a point where he could not make it through the length of an airport terminal unless he sat down midway.

Miller continued to live with the pain—nearly immobilized—until his primary care physician referred him to Dr. Nolden at the NorthShore Spine Center. Miller recalled he felt an instant rapport and became hopeful about resuming his athletic activities and getting his life back to normal.

The NorthShore Spine Center is a collaborative program that combines the expertise of neurosurgeons, orthopaedic surgeons and physiatrists in the NorthShore Medical Group. The Center offers patients a coordinated, conservative approach to treat a wide array of back and neck conditions as part of the comprehensive spine care services offered at NorthShore.

“The fact that rehabilitation specialists are

Interesting Facts About Spine Care at NorthShore

Many spine experts at NorthShore regularly treat athletes from the area's football, soccer, and other professional and collegiate sports teams.

This isn't your grandfather's back surgery—NorthShore's advanced operating rooms and minimally invasive techniques can have you back on your feet and back to work in as little as five days.

At the NorthShore Spine Center, a consultation can be scheduled within seven days—at a location convenient to you. Appointments are available across the Chicago area.

For more information, please visit us at northshore.org/spines12.

Three months after surgery, Karl Miller was back on his bike and able to resume his active life.
working side-by-side with neurosurgeons and orthopaedic physicians really differentiates this program,” said Joseph Alleva, MD, a physical medicine and rehabilitation expert with an academic appointment at the University of Chicago Pritzker School of Medicine. Dr. Alleva and Dr. Nolden are two of the lead physicians of the NorthShore Spine Center and are supported by a host of spine specialists across the NorthShore system. NorthShore’s sophisticated Electronic Medical Record (EMR) system completes the seamless communication essential to the Center’s collaborative synergy.

The spine specialists at NorthShore begin treatment with the most conservative approach possible, using nonsurgical options whenever appropriate. From physical therapy to interventional procedures, such as epidural steroid injections in the spine, to integrative medicine treatments that include acupuncture, patients have access to a full complement of therapeutic options.

“Conservative treatments are always the first choice in managing back and neck pain,” said Dr. Nolden. “We manage the pain for as long as we can and for as long as a patient can tolerate it. Then the decision to have surgery, if necessary, is made by the patient.”

When surgery is the best option, expert spine surgeons care for patients with the latest technology and techniques, including advanced, minimally invasive procedures.

In Miller’s case, by the time he saw Dr. Nolden, he had reached the point where a conservative approach was no longer an option. “Karl had been an active person who wanted to be active again,” said Dr. Nolden.

Radiographic studies, including an MRI and CT, showed Miller was suffering from lumbar degenerative scoliosis. This was complicated by a condition called isthmic spondylolisthesis in his lower back. The joints that linked his spine together were deteriorating and causing it to curve. In isthmic spondylolisthesis, one vertebra slips forward onto the level below because of a break in the roof of the spinal canal and disconnects the front of the bone from the back. This resulted in compression on two major nerves traveling to Miller’s leg and the relentless pain he had been experiencing.

Dr. Nolden reconstructed a portion of Miller’s spine where deterioration had occurred both to relieve the pain of compressed nerves and to straighten and strengthen the spine. He removed a portion of the spine’s joint, inserted a disc spacer and fused together three vertebrae (transforaminal lumbar interbody fusion).

He also removed a significant amount of arthritic bone to relieve pressure on the nerves to Miller’s leg. Reflecting the expertise of the NorthShore Spine Center staff, Dr. Nolden said, “This was a reconstructive procedure we commonly do as spine surgeons.”

“Dr. Nolden told me, ‘I’ll let you get active if you follow postoperative restrictions closely,’” said Miller. “I did everything I could to be a textbook patient. The day after surgery, I was walking up and down steps.”

Miller was back at work two weeks after surgery and could work out for 45 minutes on the elliptical machine. Three months later, he was given clearance to ride his bike outside. This summer, Miller and his family attended the London 2012 Olympics. “I was really looking forward to that. We went four years ago in Beijing, and I could barely get around,” he said. Also on his “to do” list are hiking and skiing later this year with his daughters who attend college in Colorado.

“Karl was very motivated, and that worked in his favor,” said Dr. Nolden. “He took all the advice we gave him, and it played a role in his rapid recovery.”

“We all have a passion for what we do.”
— Dr. Mark Nolden
Crafting a New Face for Teo

The Naturski family came to NorthShore in April for Teo’s last reconstructive surgery. The family from left: Mom Monica holding Teo, dad Wiktor, and older brother Bruno.
One day after Teo Naturski was born in Germany, he had surgery for what doctors initially thought was a vascular tumor—a large and disfiguring mass covering his eye, nose and much of the right side of his face. Over the next two-and-a-half years, he underwent 14 more operations. Today, his parents are both grateful for an international network of support and optimistic about their son’s future—including an indispensable connection with NorthShore.
It has been an arduous journey for Monica and Wiktor Naturski of Poland, who were faced with the daunting news of their son’s rare condition when a prenatal ultrasound revealed the mass. The Naturskis met with physician after physician who were unable to provide any diagnosis or hope. “It was very hard for us because we had consultations with many specialists in Poland, and none of the doctors knew what it was,” said Wiktor Naturski.

“We were always told, ‘This is the first time we’ve seen anything like this,’” added Monica Naturski. “It was so frustrating.”

Desperate to find help for their unborn child, the Naturskis began researching online and found a specialist in Berlin with expertise in vascular malformations who offered them some hope. Navigating a maze of government paperwork and financial challenges, the Polish couple and their older son, Bruno, traveled to Berlin for Teo’s birth and the beginning of a medical odyssey that eventually led them to NorthShore’s internationally renowned pediatric plastic surgeon, Bruce Bauer, MD.

Ultimately, Teo was diagnosed with a thick, mass-like variant of a giant congenital melanocytic nevus. His parents continued their research, connecting online with the U.S.-based Nevus Outreach and NorthShore’s Dr. Bauer, who has seen and treated more patients with large and giant nevi than any other surgeon. Dr. Bauer has a special interest in treating nevi with tissue expanders that are surgically implanted under the skin to stretch and expand it. Surgeons use this skin to reshape the area when they remove the nevus.

“Once we were told it was a nevus, we started looking for the best doctor and within

Compassionate Expertise

Treating large and giant nevi is just a portion of Dr. Bauer’s practice. As Head of the Division of Plastic and Reconstructive Surgery and Director of Pediatric Plastic Surgery at NorthShore, he also performs surgery to correct cleft lip and palate, craniofacial deformities and more. But the more complicated and challenging procedures are what he finds most rewarding.

Dr. Bauer started working with tissue expanders in the early 1980s and is now using expanders that he has specially designed. “Each time I do surgery, I’m trying to understand what I can do better the next time,” he said. “There’s almost always an ‘Aha!’ moment each time I do one of these procedures.”
a few hours we had our answer: Dr. Bauer!”
recalled Wiktor Naturski. Despite the mul-
tiple time zones and ocean between them,
the Naturskis and Dr. Bauer were immedi-
ately in contact. “He responded right away, and suddenly there was light at the end of
the tunnel,” he said.
Dr. Bauer and his NorthShore team rou-
tinely treat patients from around the world,
and electronic communication is an essential
element of their practice. While Dr. Bauer
regularly consults internationally with physi-
cians, Teo’s case has led to a new level of
collaboration and mentorship.
Dr. Bauer, who holds an academic appoint-
ment at the University of Chicago Pritzker
School of Medicine, began consulting with
Teo’s surgeon and vascular specialist in Berlin,
Lutz Meyer, MD. Dr. Meyer completed initial
surgeries to reduce the mass of the nevus and
allow Teo’s right eye to open. While those pro-
cedures were critical for initial treatment, a
large area of Teo’s scalp, his upper face and
his nose were still covered with the nevus.
Drs. Meyer and Bauer worked together to
plan the staged excision and reconstruction,
as multiple tissue-expansion procedures
often are required to treat giant nevi. This
included Dr. Meyer visiting Dr. Bauer at

An International Journey
Monica and Wiktor Naturski are beyond grateful to Dr. Bauer and an international community
of support. Their extraordinary persistence and resourcefulness have allowed them to secure
a brighter future for Teo, who was born with an incredibly rare condition.
“For us, Teo has been a gift,” Monica Naturski said. “I had to do something, to find help
for him. He has shown me a new way. I didn’t know I had this much strength.”
Because of Teo and the Naturksis’ perseverance, other patients requiring tissue expansion
to treat large and giant nevi, as well as a range of congenital anomalies, now have a resource
with Dr. Meyer in Europe that did not exist before.

“It was a miracle for us when we heard this life-changing collaboration was even possible.”
—Wiktor Naturski

NorthShore to further his knowledge of tissue
expansion. Dr. Bauer also traveled to Berlin
to perform one of Teo’s reconstructive surger-
ies. “This was a fairly complicated procedure,
but Teo sailed through,” said Dr. Bauer, who
removed the nevus from Teo’s nose, part of
his eyelids and scalp, and dramatically
improved the boy’s appearance.
“It was a miracle for us when we heard
this life-changing collaboration was even pos-
sible,” said Wiktor Naturski.
Teo has undergone both implantation and
extensive reconstructive surgeries in Berlin.
Most recently, the family came to NorthShore
Highland Park Hospital in April when Dr. Bauer
removed the expanders and through recon-
structive surgery reshaped Teo’s eyelid allowing
him fuller vision. For the first time, he is
now able to see straight ahead with both eyes.
As is the case with all patients who need
tissue-expansion procedures, nurse special-
ists Susan Hoadley and Mim Tournell have
been important members of Teo’s care team,
helping educate his parents who must fill the
expanders at home with saline on a weekly
basis. “Our role is to help the parents become
the experts,” said Tournell.
In many cases, Hoadley, Tournell and Dr.
Bauer become part of an extended family,
staying in touch with patients for decades
and happily hearing updates of graduations,
weddings and other milestones.
“Some of our patients have been to very
prestigious hospitals to help their children with
these types of conditions and are told to just
go home and enjoy their child because there’s
nothing else they can do,” said Hoadley.
Thankfully for the Naturskis and so many
other families, Dr. Bauer and NorthShore are
able to provide life-changing treatment and
a promising future.
When it comes to praising NorthShore physicians, our patients say it best. We are proud of our doctors and grateful to our patients who reach out to express the positive impact our caregivers have on their health and their lives. Here, in their own words, is a small sampling of letters we received from patients who chose to honor their physicians with a kind note and a donation to NorthShore in celebration of National Doctors’ Day.

I have been a patient of Dr. Laurel Doherty for several years, but this past year has been especially difficult. First, my beloved dad died and I was extremely stressed. Then, I sustained a life-threatening situation last year. She oversaw all of my care, including major surgery and 23 days as an inpatient at NorthShore Glenbrook Hospital. She was so incredibly helpful, compassionate and wise. Dr. Doherty continues to care for me, and as a result, has saved my life.

Patrice Downing
Northbrook, IL

I want to recognize Dr. Steven Smart, my wonderful cardiologist who has nurtured me during my recovery from mitral valve repair surgery. When it seemed advisable for my four children to be evaluated to rule out possible mitral valve problems, Dr. Smart said he would see each one of them. He put them at ease, counseled them and shared their test results immediately, which was hugely comforting. He makes me feel so lucky to have him as my doctor.

Kris Schriesheim
Winnetka, Illinois
To honor your physician, please visit northshore.org/recognizes

Dr. Carol Ellman goes above and beyond to make sure her patients receive the best care. Dr. Ellman’s expertise and intuition led to the identification of a placental abnormality that was carefully monitored throughout my pregnancy. She not only spent her time answering my questions during appointments but also called me on several occasions to check in and reassure me right up until the early delivery of our daughter. We are certain that we owe the delivery of our healthy daughter to Dr. Ellman.

Kate Wilkinson
Franklin, Wisconsin

I want to recognize Dr. Leon Dragon, my oncologist. Before I met Dr. Dragon, I expected, based on his last name, a large man who was loud, strong and intimidating. Instead, I met a brilliant, kind, soft-spoken, spiritual and generous physician. I owe my life to Dr. Dragon. He views each of his patients as a whole person, not just a number or image on a report. I am forever grateful to have this true healer in my life.

Stevi A. Marks
Deerfield, Illinois

NorthShore Foundation
Save the Dates
Mark your calendars for these upcoming events:

The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals’ American Craft Exposition (ACE)
August 24–26

The Associate Board’s 8th Annual Benefit:
An Evening Under the Harvest Moon
October 13

The Auxiliary at Highland Park Hospital’s Key to the Cure
October 18

Learn more at northshore.org/foundations
The NorthShore Safety Net
Charity Care Ensures Continuity of Care

By Barb Hailey

Barbara Davison, 53, was employed and paying for health insurance when an emergency hysterectomy in February 2011 depleted the coverage her policy allowed for medical care. Yet, through the efforts of a tenacious financial counseling staff and the Outpatient Clinic at Evanston Hospital, NorthShore was able to provide a safety net of support and services to make sure Davison could continue her good health.

Davison’s insurance covered only a maximum of $1,000 per year. When she reached that limit, she qualified for enrollment in the Outpatient Clinic. This program provides primary care for patients who are uninsured or underinsured through a sliding-scale discounting process.

“At our Outpatient Clinic, we’re able to provide continuity of care,” said Marcy Quattrochi, NorthShore Manager of Financial Counseling. Qualifying patients also can access free care through NorthShore’s Charitable Care Program.

Quattrochi manages a staff of 17 people who work closely with patients throughout NorthShore’s four hospitals to find every opportunity to assist them, including a discounted Medication Assistance Program in the Clinic. “We try to find anything available that’s reimbursable to help our patients,” Quattrochi said.

Fueled by a struggling economy, unemployment and individuals with health insurance who cannot afford high deductibles, Quattrochi noted that the number of patients needing this vital assistance is increasing.

Davison returned to work part-time in restaurant management after her surgery but could not afford health insurance in her new position. While worrying about her health is stressful, she said, the Outpatient Clinic has been a great help. “The Clinic is so on top of things,” she said, noting that her physicians at the Outpatient Clinic are “wonderful.”

Recently, after developing several complicated hernias, Davison qualified to receive charity care, which covered the surgery she needed with NorthShore surgeon Ervin “Woody” Denham, MD, who holds an academic appointment at the University of Chicago Pritzker School of Medicine. She praised him as being “attentive and thorough.”

“I’m very blessed that NorthShore cares for me,” said Davison. “I feel safe, and I know everything is going to be up to their exceptional standards.”

Total Community Benefits

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For more information, please visit northshore.org/communitys12
Researcher Aims to Take Pain Out of Cholesterol Screenings

By Martha Floberg

The American Academy of Pediatrics recommends first screening for high cholesterol in children by age 10. But this screening seldom occurs during most annual physicals, because youngsters often find it too painful or scary.

That is changing, thanks to a study led by Goutham Rao, MD, Vice Chair of the Department of Family Medicine and Associate Director of Clinical Research Informatics at NorthShore Research Institute. Dr. Rao, who holds an academic appointment at the University of Chicago Pritzker School of Medicine, is involved in a number of collaborative research projects with the University of Chicago. He answered questions recently about groundbreaking research on a faster, less painful way to screen.

Q: Why are children at risk for high cholesterol?
A: There's a significant need to screen pediatric patients for high cholesterol because approximately 32 percent of children are either obese or overweight. One-third of these children have a risk factor for heart disease, such as high blood pressure, high cholesterol or diabetes.

Q: What are the barriers to screening children for high cholesterol?
A: The vast majority of pediatric patients have never had their cholesterol tested because of the discomfort from taking a blood sample from a vein with a needle. Additionally, physicians must wait several days for a result, which interferes with their ability to talk with patients about the test results during their doctor’s visit.

Q: Why is this research important?
A: We need to improve screening rates. This research will begin in January 2013 at six pediatric and family practices in the area. We’ll introduce an easy-to-use cholesterol-screening device called the Cholestech LDX.

Q: How does the Cholestech LDX work?
A: The technology enables healthcare providers to administer a simple finger-stick test and accurately measures total cholesterol, HDL, triglycerides and LDL levels. Physicians can review the results within five minutes and provide counseling to patients and their parents during their appointment.

Q: How will you measure the impact of this new screening device?
A: What's exciting about this study is our ability to use NorthShore's Electronic Medical Record (EMR) system and our data warehouse to find out if the presence of this device has a significant impact on screening rates. In real time, we'll be able to monitor the number of children tested during their doctor’s appointment. We also plan to look at trends in cholesterol screening both before and after introducing the Cholestech LDX by comparing screening rates between January and June 2013 with the same period in 2012.

Q: What treatment options are available to children with high cholesterol?
A: As with adults, children can improve their cholesterol levels by making lifestyle changes in their diet and exercise program. Medications also are available if needed.
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