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

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Extraordinary Resilience

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.

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
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Extraordinary Resilience
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.
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 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, as well as beyond.”

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).
Jonathan Hillenbrand/enH

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.

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 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.

“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.”

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.

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.
Evans ton 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.
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.

E d 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 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 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 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.”
tough time walking for the first time after the surgery. “I was almost in tears, but once I got moving I realized that I could recover,” Ethridge said. “I had great care and support from the staffs at ENH ICU and rehabilitation, many of whom came from countries worldwide. They displayed the utmost in professionalism, skill and friendliness.”

Several months later, Ethridge has made steady progress through regular exercising at home and one hour per week at a rehabilitation center. Currently, he walks with a cane. But Ethridge’s belief in the care he received at ENH has not wavered.

“The ENH stool has four legs: caring and competent staff at all levels; a team approach to patient care that’s effectively computer supported; a commitment to full involvement of the patients’ primary care physicians; and commitment to rehabilitat- ing their patients,” Ethridge said.

**Back from the Brink**

“Initially, I thought I would come home alone,” Molly Ethridge said. “Fortunately though, Ed is regaining his strength.”

On Easter Sunday, March 23, 2008, Ethridge returned to Christ Church in Winnetka for the first time since the surgery. The congregation gave him a standing ovation.

“My life has changed,” Ethridge said. “I’ve been to the edge and looked over it. I had to look inside myself for the strength to survive, to go through rehabilitation and to return to a normal life. I have a new respect for how people cope with the tough times in their lives.”

In addition to his remarkable resilience, Ethridge has a goal. His daughter, Annie, is getting married on Labor Day weekend. He is determined to walk her down the aisle without a cane.

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**SUDDEN DEATH IS COMMON FROM AORTIC DISSECTION**


“With a history of high blood pressure, a patient can go from being completely normal to being really in trouble in three or four heart beats,” said John C. Alexander, M.D., Chief of Cardiac and Thoracic Surgery and Senior Attending Physician at ENH. “This is why keeping your blood pressure normal is so important.”

**Risk Factors for Developing an Aortic Aneurysm**

1. Smoking is a high risk factor. The longer you smoke, the greater your risk becomes.
2. High blood pressure damages the blood vessels in your body, which increases your chances.
3. Atherosclerosis is the buildup of fat and other substances that damage the lining of a blood vessel, boosting the likelihood of the development of an aneurysm.
4. Men are five to 10 times as likely as women to develop aortic aneurysms.
5. Aortic aneurysm is more common in Caucasians than in people of other races.
6. Those who have a family history of aortic aneurysms are at an increased risk of 13 percent to 32 percent compared to 2 percent to 5 percent risk for the general population. They also have more chance of developing them at a younger age and are at greater risk of rupture.
7. The genetic condition Marfan syndrome affects the connective tissue throughout the body, including the tissues of the blood vessels. If you have Marfan syndrome, your chance of developing aortic aneurysm and dissection is higher.

If you are at high risk of developing an aortic aneurysm, your doctor may recommend periodic screening with ultrasound examinations. For more information, call (847) 492-5700 (Ext. 1274).

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1 Aortic aneurysm: Risk Factors—MayoClinic.com
TOUGH CALL

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

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

“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.”

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.

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

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.

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.

“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 Department of Surgery and Director of the ENH Comprehensive Prostate Cancer Center.

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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 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).
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.

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 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. The ENH Financial Aid Office paid for 100 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 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.

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.

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: 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.

Question: 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.
We're proud to announce the affiliation of ENH with The University of Chicago Pritzker School of Medicine. As the number-one ranked multispecialty independent research hospital in Illinois, ENH is partnering with a medical center whose research funding is in the top one percent in the nation to create both a uniquely powerful teaching force and agenda-setting science. With almost 200 years of combined experience and a shared commitment to connecting patients to the very best treatments and protocols, ENH and U of C's Pritzker School of Medicine will usher in a new generation of healthcare on the North Shore and beyond.


ENH Hospitals
ENH Medical Group
ENH Research Institute
ENH Foundation

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