Breathing Without A Tube
An ENH physician fixes a baby’s vocal defect with a minimally invasive procedure.

Serendipitous Discovery
The detection of a tiny nodule in her lung saved a nonsmoker’s life.

It seems like every day our schedules become more hectic, our lives more demanding. That’s why ENH Medical Group primary care physicians offer evening and weekend hours (even Sunday hours in select offices), same day appointments, and early morning walk-ins. So, you can see a physician when it’s convenient for you. We know that deadlines and demands don’t adjust to your schedule, so we adjusted ours. Even if your regular physician isn’t available, you can still see a trusted ENH Medical Group physician who has access to your electronic medical records and who is ready to care for you. When you choose an ENH Medical Group physician, you’re automatically connected to some 500 primary care physicians and specialists, and just as importantly, they’re connected to you. That’s because we believe better connections mean better care. And that’s why we’re here. To find an ENH Medical Group physician call 847-733-5707 or go to www.enh.org/enhmg.
Welcome to the April/May issue of Connections, a bimonthly publication bringing you the latest in medical technology, research and patient care from Evanston Northwestern Healthcare (ENH). Each issue features stories about how generous donors, many of whom are grateful patients, help fund crucial medical research and clinical breakthroughs that make it possible to provide better healthcare for the patients we are privileged to serve.

Five years ago, the ENH Foundation was launched as Evanston Northwestern Healthcare’s primary philanthropic entity to strengthen the value of charitable giving and advance ENH’s mission “to preserve and improve human life.” Thanks to our Board of Directors and thousands of volunteer friends, we will complete our Campaign goal of raising $150 million by the end of 2008. In the process, the ENH Foundation has evolved from a small organization to a strong team committed to our new vision of catalyzing a remarkable, donor-driven culture of philanthropy.

To accommodate this transformation, we have accepted the challenge from our Board of Directors to double our annual philanthropic goal to $30 million. The ENH Foundation’s mission has expanded from an exclusive focus on raising private funding to one that helps cultivate more volunteers—“friendraising”—and that continues to thoughtfully invest in ENH’s philanthropic giving and advance ENH’s mission “to preserve and improve human life.”

In this issue (see page 11), you’ll learn how ENH Foundation friends Lois and Milt Podolsky gave a $500,000 gift to start a research fund, spearheaded by Mark Talamonti, M.D., Chairman of the Department of Surgery, to screen for and treat pancreatic cancer. Dr. Talamonti gave Lois Podolsky hope and brought her back to good health after she was diagnosed with pancreatic cancer. It’s a remarkable story of a doctor and grateful patient working together to fight an often terminal disease, and how philanthropy can transform a personal struggle into hope.

Each issue of Connections offers inspiring stories like that of Dr. Talamonti and Lois Podolsky. We hope this magazine remains a valuable and informative resource for you, your family and friends. We welcome your feedback.

Warm regards,

Colleen Durbin Mitchell
President
ENH Foundation
A Profile of Strength: Good Morning America’s Robin Roberts

Riding a Wave

Man dislocates his pelvis in a wave runner accident on Lake Michigan.

What began as an adventure for Tim Gigot and his two sons ended in a serious pelvic injury for the 44-year-old Long Grove resident. Gigot and his sons took a three-person wave runner—which operates like a snowmobile on water—for a ride in July 2006.

As the wave hit, Gigot stood up to absorb the impact, and his sons flew off into the water. Thankfully his two sons were uninjured. The 1,000-pound machine hit his right hip, fracturing his pubic symphysis bone and separating his sacroiliac joint. When Gigot then bounced into the water, his life jacket buoyed him up saving his life since he had difficulty moving.

The sons climbed back on the wave runner as the current pulled it to shore about a half mile away. Gigot struggled to wade. He could only crawl very slowly back on shore with his sons helping him. One son ran for help, while the other stayed with Gigot.

Shortly afterward, paramedics transported him to the Emergency Room at Charlesville General Hospital where an orthopedic surgeon examined him. While the surgeon volunteered to perform the operation, he had never done it before. Gigot’s wife, Teri, insisted he go to an orthopedic surgeon at Evanston Northwestern Healthcare (ENH).

“My wife is a nurse, and she wanted the best care for me,” Gigot said. Two days later, Gigot was transported seven hours to Evanston Hospital where Daniel Beigler, M.D., surgically repaired his pelvic injury pulling the bones back into correct alignment with an 11-centimeter long plate that is 3.5 millimeters (mm) thick and 3.5 mm wide.

“The right side of Tim’s pelvis was completely malrotated but fortunately was not dislocated,” said Dr. Beigler, Section Chief of Orthopaedic Trauma at ENH and Clinical Instructor at Northwestern University Feinberg School of Medicine. “I decided to only plate the front of his pelvis but not the back as he didn’t need the fixation in the back of his pelvis.”

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ENH: New National Research Ranking

Evanston Northwestern Healthcare is No. 9 in the nation in National Institutes of Health funding.

Evanston Northwestern Healthcare (ENH) has earned the distinction of ranking No. 9 in the nation among Comprehensive Independent Research Hospitals in funding from the National Institutes of Health, up from its No. 10 spot last year. ENH continues to rank No. 1 in Illinois.

“This is a significant accomplishment for our physician-scientists, especially recognizing our Research Institute was not formed until late in 1996,” said Evanston Northwestern Healthcare President and CEO Mark R. Neaman. “We are thankful for the support and leadership that has allowed us to achieve such a notable success that directly supports our mission to ‘preserve and improve human life.’”

The ENH Research Institute has achieved national renown for its clear focus on clinical and translational research—research that renders laboratory findings directly into advancements in patient care.

At the state level, ENH is again the No. 1 ranked Independent Research Hospital in Illinois. Nationwide more than 3,000 institutions of all types and sizes receive NIH funding, including universities, research institutes, medical schools and hospitals. With more than $221 million per year in direct NIH grants, ENH is also in the top 5 percent of all institutions receiving NIH funds. These rankings are for the fiscal year ending Sept. 30, 2006.

The ENH Research Institute, founded in 1996, serves as the research arm of Evanston Northwestern Healthcare, a fully integrated, multi-hospital healthcare system serving northern metropolitan Chicago. Affiliation with Northwestern University’s Feinberg School of Medicine, and the University’s basic sciences and biomedical engineering departments, creates a dynamic environment where clinical and scientific minds can collaborate and innovate.

The Institute has achieved national renown for its clear focus on clinical and translational research—research that renders laboratory findings directly into advancements in patient care.

For example, one ENH Research Institute program is the ESCAPE migraine clinical trial, led by principal investigator, Ted E. Feldman, M.D., Director of Cardiac Catheterization at ENH and Professor at Northwestern University’s Feinberg School of Medicine. An estimated 30 million Americans, or 10 percent of the population, suffer from migraine headaches.

In addition to Dr. Feldman’s migraine clinical trial, hundreds of other clinical trials are under way throughout Evanston Northwestern Healthcare. Studies range from health issues as varied as obesity, strokes, Parkinson’s disease and colorectal cancer. For more information about ongoing and upcoming clinical trials and research at ENH, please visit www.enh.org/research.

Expertise and Accuracy in Mammograms

Specialized radiologists offer more accurate mammography readings.

According to the National Cancer Institute, radiologists reading mammograms miss an average of two out of 10 cases of breast cancer. Researchers find the largest contributing factor to these missed diagnoses is the lack of specialization of the radiologist reading the tests. At Evanston Northwestern Healthcare (ENH), all breast imaging studies are interpreted by a select group of specially trained radiologists who are dedicated to the subspecialty of breast imaging, ensuring improved accuracy through their expertise.

“At ENH we have radiologists who focus their practice on a particular subspecialty within the field of patient imaging, including neuro-radiology, pediatric radiology, musculoskeletal imaging, interventional radiology and breast imaging,” said Robert R. Edelman, M.D., Chairman of Radiology and Professor at Northwestern University’s Feinberg School of Medicine. “With specialists in breast imaging reading your mammogram, the accuracy of your screening increases greatly.”

At the 10 ENH Breast Diagnostic Centers and screening sites, a radiologist technologist who specializes in mammography performs each mammogram. The technologist has completed rigorous education and training, and works under close supervision of the radiologist to ensure the most accurate results from your examination.

Unlike some mammography sites, ENH facilities offer the latest technological advances in breast evaluations, while providing access to dedicated professionals and equipment, enabling minimally invasive breast biopsy techniques to ensure the earliest possible stages of breast cancer. To ensure greater accuracy in reviewing mammograms, at Evanston Northwestern Healthcare all breast imaging studies are interpreted by a select group of radiologists who are dedicated to the subspecialty of breast imaging, ensuring improved accuracy through their expertise. Here, ENH diagnostic radiologist Dr. Jan Jeske examines a mammogram.

“Specialized radiologists offer more accurate mammography readings. Using a minimally invasive, vacuum-assisted needle biopsy technique, under ultrasound guidance, the ENH radiologist was able to diagnose this woman’s cancer at the earliest possible stage.”

Dr. Jeske has seen several cases like the one just mentioned. To ensure you are getting the most accurate mammogram, make sure it is performed by a dedicated technologist and interpreted by a specialized radiologist like the ones at Evanston Northwestern HealthCare.

To schedule a mammogram at an ENH facility, call radiology/patient access at (847) 470-3700 (Ext. 1250).
BREATHING WITHOUT A TUBE

An ENH physician fixes a baby’s vocal defect through a groundbreaking, minimally invasive procedure.
Melanie Elmgren never thought she would want to hear her baby cry. But when Evelyn Elmgren was born, the newborn only made a squeaking sound, as if she had the hiccup.

“Evelyn is our third child,” Elmgren said. “We have two healthy boys. It never occurred to us there would be anything wrong with her. They kept telling me she was fine, and that she was just tired.”

Evelyn had BVP. “As third-time parents, the shock of going from having perfectly healthy children to a child with a critical airway was extremely frightening,” Elmgren said. “Then, after three and a half weeks, Dr. Gerber told us, ‘I can do this other procedure. But it’s never been done on a baby this small.’”

Theories that baby Evelyn was just tired were refuted as tests revealed her blood oxygen levels were low, and there were some concerns. Evelyn was soon transferred from St. Francis Hospital to ENH’s Evanston Hospital campus, which is one of only 10 designated Level Three Regional Perinatal Centers in Illinois, the highest designation for nurseries.

Vocal Cord Obstruction

“The doctors immediately started running tests,” Elmgren said. “Dr. Gerber examined her two days after she was born. He took a scope and looked at her throat and vocal cords.”

Mark E. Gerber, M.D., FACS, FAAP, Director of the Evanston Northwestern Healthcare (ENH) Pediatric Airway Voice and Resonance Center and Assistant Professor of Otolaryngology at Northwestern University’s Feinberg School of Medicine, specializes in voice and airway disorders in children such as bilateral vocal fold paralysis (BVP). BVP occurs when one or both of the vocal cords (i.e., vocal folds) do not open or close properly.

If a baby has BVP, their vocal cords may remain closed, causing feeding problems, obstructing their airway and, ultimately, causing breathing difficulty—even asphyxiation. Dr. Gerber’s tests confirmed that Evelyn had BVP. “As third-time parents, the shock of going from having perfectly healthy children to a child with a critical airway was extremely frightening,” Elmgren said.

“We monitored Evelyn first to see if the vocal cord movement would improve on its own, but after the third week, it was time to look into some options,” Dr. Gerber said. “In most cases, BVP is managed by placing a tracheostomy tube through a hole made in the front of the neck and into the trachea to help the child breathe.”

“The unfortunate effect is that during the time a tracheostomy tube is in place, which is usually at least a year or two, the child’s voice is very labor intensive. There is a constant need for vigilance in monitoring to ensure complications that can be life-threatening do not arise. Twenty-four-hour care is needed to prevent plugging or accidental removal of the tube. Having a tracheostomy tube in an infant is life altering, not only for the child, but for the entire family.”

“When we were told that it was possible that the only treatment was a tracheostomy, my husband and I were very scarred,” Elmgren said. “Then, after three and a half weeks, Dr. Gerber told us, ‘I can do this other procedure. But it’s never been done on a baby this small.’”

How the Vocal Cords Work

The vocal cords are two elastic bands of muscle tissue located in the larynx (voice box) directly above the trachea (windpipe). They produce sound when air in the lungs is released and passed through the closed vocal cords, causing them to vibrate. When a person is not speaking, the vocal cords remain apart to allow the person to breathe.

“The adaptation of this minimally invasive option for managing BVP in newborn children was recently reported by Mark E. Gerber, M.D., FACS, FAAP, at the national meeting of the Society for Advancement in Ear Nose and Throat Diseases in Children held in Milwaukee. Here he is explaining how vocal cords work.”

Minimal Invasive Procedure

Dr. Gerber introduced the Elmgrens to a minimally invasive option—without tracheostomy—by endoscopy, through the mouth, widening the distance between the back of the vocal cords. This is done using a laser to incise the larynx—from the inside—and placing a graft of the patient’s own rib cartilage into the larynx, separating the vocal cords to open the airway.

“We were nervous that it had never been done on a newborn before, and we weren’t sure that we wanted our baby to be the first,” Elmgren said. “But when one of the nurses brought out a doll and showed us how our little baby would be with a tube coming out of her throat, we really didn’t want her to have a tracheostomy.”

Ron and Melanie Elmgren decided to put their most precious possession into the hands of Dr. Gerber. “We trusted him from day one,” Melanie Elmgren said. “He seemed so confident, and he made us feel so comfortable.”

Evelyn spent her first weeks of life in the hospital prior to the procedure. Postoperatively, she was home within a week. Now just over one year later, Evelyn has a strong voice and a strong cry, no upper airway obstructive symptoms, no feeding issues and no scar.

There are many causes of BVP in a newborn including neurologic problems, heart problems and sometimes unavoidable birth-related stretching of the vocal cord nerves. Unfortunately, in the majority of children with BVP, the cause is idiopathic, meaning for reasons unknown.

In the last several months, Dr. Gerber has performed this minimally invasive procedure on infants and small children a dozen times.

“Now we can definitely hear her,” Elmgren said. “She has a good strong cry.”

The Department of Pediatrics at Evanston Northwestern Healthcare provides a variety of services for pediatric patients throughout our communities. In addition to the more than 250 community pediatricians on our professional staff who provide general pediatric care, we have pediatric specialists who participate in clinical care, medical education for pediatric residents and medical students, and leading-edge pediatric research. For more information or to make an appointment, please call (847) 492-5700 (Ext. 1256).
The detection of a tiny nodule in her lung saved a nonsmoker’s life

By September 2007, the nodule had grown slightly, and Gutman was connected to Thoracic Surgeon John Howington, M.D. “I went alone to my appointment because I was sure it wasn’t malignant,” Gutman said. “I didn’t expect it to be cancerous since I never smoked and am not regularly exposed to second-hand smoke.” While it is common for lung cancer to affect primarily smokers, 10 percent, or 21,300 people diagnosed annually with lung cancer, are nonsmokers like Gutman.

According to Dr. Howington, PET scans are often not accurate when cancer is small in size. “The nodule was irregularly shaped, and during the course of several months, it had changed,” said Dr. Howington, Director of Thoracic Surgery, Co-Director of the Thoracic Oncology Program at Evanston Northwestern Healthcare (ENH) and an Associate Professor at Northwestern University’s Feinberg School of Medicine. “If a nodule is benign, it’s less likely to change. Growth is the number one concern for oncologists.”

EMH physician Dr. John Howington is one of the few surgeons nationwide performing a minimally invasive approach to lung cancer. He is able to remove a portion of the lung without cutting large incisions or spreading open the ribcage.

During the minimally invasive surgery, Dr. Howington confirmed the nodule was non-small cell lung cancer—a disease in which malignant cells form in the tissues of the lung and accounts for 80 percent of those with lung cancer. He removed the nodule and some surrounding tissue to be sure the cancer cells were totally eliminated. He also took a sample of Gutman’s lymph nodes to be sure the cancer had not spread. Luckily, it had not.

“If you wait for symptoms from lung cancer, it will be too advanced,” Dr. Howington said. “After age 55, high-risk people, especially smokers with a relative who had lung cancer, should be screened regularly. The best chance for curing lung cancer is to find it when there are no symptoms, and it’s at an early stage.”

Road to Wellness

Gutman spent two days at ENH’s Highland Park Hospital campus where she reported, “The nursing care was fantastic.” After surgery, Thomas Hensing, M.D., Co-Director of Thoracic Oncology and Assistant Professor at Northwestern University’s Feinberg School of Medicine, helped with Gutman’s follow-up care and monitoring. He will see her every four months for the first two years and every six months through year five. After the fifth year, she will be seen annually. Her follow-up will consist of regular examinations, as well as imaging of her chest with X-rays or occasional low-radiation-dose CT scans. Dr. Hensing advised Gutman against undergoing chemotherapy or radiation since the cancer was in a very early stage. “Shelley is far more likely to be cured with the surgery,” he said. “Her prognosis for being cured is excellent because her risk of reoccurrence is low.”

“I know that I’m very lucky,” said the mother of three and grandmother of five. “I’m grateful for how my ENH doctors and nurses handled the treatment. All my ENH doctors were fantastic. We have shown a 50-percent reduction in complication rates and days in the hospital compared to open lobectomies. For more information, please call Retta Wilson-Grier at (847) 492-5170 (Ext. 1257).”

Famous People Who Died from Lung Cancer:

- Peter Jennings
- Rosemary Clooney
- Johnny Carson
- Walt Disney
- Dana Reeves (nonsmoker)
- Pat Nixon
- George Harrison
- Ed Sullivan

*Prevention.* "When Smokers Quit—What Are the Benefits?" From *Quitting: Your added risk of coronary disease is 50 percent less compared to a smoker’s.*

Twelve hours after stopping: Your blood’s carbon monoxide level returns to normal.

Two weeks to three months after quitting: Your circulation gets better, and your lung capacity improves.

One to nine months after stopping: Your coughing and shortness of breath lessen. Your cilia—the tiny hair-like structures that move mucus out of your lungs—return to normal capacity in your lungs. That improves your ability to handle mucus and clean your lungs, and reduces your risk of infection.

One year after quitting: Your added risk of coronary disease is 50 percent less compared to a smoker’s.

Five to 15 years after stopping: Your risk of stroke is comparable to that of a nonsmoker.*
Speedy Recovery

ENH physician uses a four-armed robotic doctor to perform minimally invasive surgery, resulting in shorter recovery for the patient.

Mary Ellen Fitzsimonds, 42, is a mother on the go. The parent of two children and a community volunteer for Girl Scouts, Boy Scouts, PTAs and Boosters, she is also a national officer for her sorority, Kappa Alpha Theta. She spends much of her time volunteering and traveling around the country giving inspirational speeches on behalf of Kappa Alpha Theta. But Fitzsimonds’ chronic pain grounded her active lifestyle.

For several years, Fitzsimonds suffered from excessive menstrual bleeding and abdominal cramping and pain. As it worsened, she was homebound up to four days each month and had tried medication therapy that would only temporarily relieve the symptoms. “The pain seemed manageable with ibuprofen, but as it got progressively worse, I decided to consult my doctor,” she said.

Her obstetrician/gynecologist, Michael Hughley, M.D., told her he felt a fibroid, a noncancerous growth in the uterus and recommended consulting Frank Tu, M.D., M.P.H., for surgical treatment options. Dr. Tu heads up the Division of Gynecological Pain and Minimally Invasive Surgery Director Frank Tu, M.D., M.P.H., prepares patient Mary Ellen Fitzsimonds with an overview of the Intuitive Surgical’s da Vinci® S™ Surgical System for minimally invasive surgery.

Dr. Tu offered Fitzsimonds another option—a laparoscopic supracervical hysterectomy (LSH) by way of the da Vinci® robot.

The LSH, also known as a partial hysterectomy, is a newer surgery that takes advantage of recent advances in surgical instruments, allowing for the entire case to be completely done through small, pencil-thickness incisions. This endoscopic procedure is done traditionally with rigid, inflexible instruments. But using the da Vinci® robot, which uses two robotic arms, as the surgeon’s left and right hands, to hold the proprietary instruments. The surgeon’s hand movements are scaled, filtered and translated into precise movements, while the instruments—which have more range of motion than the human hand—are inserted into the patient through 1-2 centimeter incisions.

Within the next couple of months, five ENH gynecologic surgeons will be trained on how to use the da Vinci, which uses two robotic arms, as the surgeon’s left and right hands, to hold the proprietary instruments. The surgeon’s hand movements are scaled, filtered and translated into precise movements, while the instruments—which have more range of motion than the human hand—are inserted into the patient through 1-2 centimeter incisions.

A third arm holds the 3-D camera, which the surgeon can easily reposition, zoom and rotate from the console. A highly magnified view of the operative field enables the surgeon to perform delicate tissue dissection and suture with added precision.

The fourth arm enables the surgeon to add a third instrument to perform supporting tasks like tissue retraction, thereby eliminating the need for a patient-side assistant for selected procedures. The console surgeon can simultaneously control any two of the operating arms simply by depressing a foot pedal underneath the console.

“While this procedure can be performed without the da Vinci, this type of approach can mean patients experience shorter hospital stays with less postoperative pain. Typically, they can return to their daily routine in one week rather than six.”

“The surgery only took two hours, and I went home the next day,” Fitzsimonds said. “I didn’t have much pain after the surgery, and after four days I was no longer taking ibuprofen.”

“At Evanston Northwestern Healthcare, we are all about making a difference in patients’ lives and restoring them to good health as quickly as possible,” Dr. Tu said. “Technology advances such as robotic surgery offer our patients state-of-the-art medical care.”

Fitzsimonds has her quality of life back since having the surgery. “Just a month after the surgery, I was able to get on a plane to give speech for my sorority. She no longer suffers from any of the pain or bleeding, and she is able to continue being active in her community and in the lives of her family.

Evanston Northwestern Healthcare’s Gynecologic Oncology Program provides a full spectrum of care for women with a variety of cancers. Our award-winning gynecologic oncologists are on faculty at Northwestern University’s Feinberg School of Medicine and are board-certified in gynecologic oncology and obstetrics and gynecology. To make an appointment at Evanston Hospital, call Gynecologic Oncology at (847) 492-5700 (Ext. 1250).

How the da Vinci Works

The first surgery in Illinois using Intuitive Surgical’s da Vinci® S™ Surgical System was performed at ENH.

The da Vinci Surgical System consists of an ergonomically designed console at which the surgeon sits, a mobile patient-side cart with four interactive robotic arms; a high-resolution 3-D vision system and proprietary wristed instrumentation. It is designed to seamlessly translate the surgeon’s hand movements into corresponding micro-movements of the miniaturized instruments positioned inside the patient.

“Our ultimate goal is to use the da Vinci for certain cases where its agility and three-dimensional view really can make a difference, such as for uterine-preserving surgery like removal of fibroid or for management of female pelvic floor problems,” Dr. Tu said.

There are other members of the gynecologic oncology division at ENH who work closely with Dr. Tu including: Attending Physicians Jean Hurtleau, M.D.; Gustavo Rodriguez, M.D.; and Carolyn Kirchner, M.D. “We believe that our phenomenal gynecologic oncology surgeons will really be able to enhance the care of women with pelvic cancers by using the robot to do precise lymph node dissections,” he said.

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Getting to the CORE of Better Outcomes

Evanston Northwestern Healthcare (ENH) is at the epicenter of a quiet revolution ushering in patient-centered healthcare.

How do medical treatments affect the quality of a person’s life? What is the most appropriate treatment option to give an individual a better future? Should quality-of-life considerations for a particular treatment be used as evidence for clinical benefit?

Aking questions like these may be as important as finding treatments to some of the most perplexing chronic medical conditions. Top investigators at the Center on Outcomes, Research and Education (CORE) at ENH Research Institute focus on asking, researching and answering questions about a patient’s quality of life. These results could affect millions of Americans living with chronic illnesses.

“Until the mid-1990s, healthcare providers often unilaterally decided about treatment strategies, and whether or not a particular therapy was effective,” said David Cella, Ph.D., Director of CORE; and an adjunct faculty member at the Feinberg School of Medicine. “They did this by evaluating how various treatment strategies—from drugs to defibrillators to diabetes testing tools—affect the outcomes that matter to patients. Treatment strategies need to work for the individual, not just for the average patient.”

Outcomes researchers look for better ways to provide care by tracking and analyzing hard-to-measure, subjective symptoms and values that reflect an individual’s quality of life, such as pain, fatigue and emotional well-being. This information helps them evaluate how various treatment strategies—from drugs to defibrillators to diabetes testing tools—affect the outcomes that matter to patients.

Improving Quality of Life

A team of CORE researchers received a $20 million contract from the National Institutes of Health (NIH) to develop a Toolbox for the Assessment of Neurological and Behavioral Health. Team members are working with hundreds of scientists worldwide to develop a first-of-its-kind “standard” performance assessment tool to measure cognitive, emotional, motor and sensory health across a person’s lifespan.

“We can find out from these patient-reported outcomes if they actually are better treatments,” Dr. Cella said. CORE researchers can find ways to provide patient care more efficiently and effectively, and ensure patients receive the appropriate interventions at the right time. The program has established more than 60 clinical pathways to improve outcomes and use resources efficiently.

David Cella, Ph.D., was honored with the Davis Family Chair of Outcomes Research in 2007 to advance his research initiatives through the generosity of Judy and William Davis, immediate past chairman of the ENH Board of Directors.

“Improving patient care and finding even better therapies by using outcomes data is the essence of CORE,” Dr. Cella said.

For example, Dr. Cella and his staff at CORE created the Functional Assessment of Chronic Illness Therapy, or FACIT, a quality-of-life assessment tool used worldwide and translated in 65 languages. Developed through input from patients, FACIT evaluates an individual’s physical, social, emotional and functional well-being, and is used widely in clinical trials and outcomes research.

Giving Back Life

Pancreatic cancer survivor’s gift kicks off a new research initiative at Evanston Northwestern Healthcare.

“It never dawned on me that I would get pancreatic cancer,” said Lois Podolsky of Chicago, an eight-year survivor of the fourth leading cause of cancer deaths in the United States. So when she was diagnosed with the disease, she was shocked.

“I assumed I would die,” Podolsky recalled, “but fortunately, Dr. Talamonti has a gift for seeing the possible in what others see as hopeless.”

Although Mrs. Podolsky’s case was clinically challenging to treat, the disease had not spread, and her tumor was located in an operable area. To save her life, Mark Talamonti, M.D., performed the Whipple Procedure—a complex operation that involves removing the gallbladder, portions of the pancreas and small intestine, and localized lymph nodes, as well as reconstructing this section of the digestive system. Dr. Talamonti is a national leader in surgical oncology and the leading surgeon in Illinois to perform the Whipple Procedure.

After several months of chemotherapy, radiation, complications and surgery, Mrs. Podolsky resumed her busy lifestyle, taking trips abroad and playing tennis matches. “My husband, Milt, and I feel so fortunate that I was lucky enough to survive a disease that many do not,” she said.

Recently, the couple made the first philanthropic gift of $500,000 to start Dr. Talamonti’s pancreatic cancer clinical research fund. It is anticipated that this gift also will serve to inspire others and raise an additional $2.5 million to further research initiatives focusing on finding ways to screen for pancreatic cancer at its earliest stages and to treat advanced stages of the disease successfully.

“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 Evanston Northwestern Healthcare (ENH). “Our vision is to use the Podolsky’s generous contribution as a commitment 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 largest pancreatic cancer tumor bank database nationwide. Patients also have access to a novel anti-tumor vaccination clinical trial, which is taking place at other leading medical centers.

Giving Back Life

A national leader in surgical oncology, ENH physician Dr. Mark Talamonti performs the highest number of Whipple Procedures—a complex operation that involves removing the gallbladder, portions of the pancreas and small intestine, and localized lymph nodes, as well as reconstructing this section of the digestive system—on pancreatic cancer patients in Illinois.

ENH Foundation is the primary philanthropic entity of Evanston Northwestern Healthcare. If you are considering a gift to support pancreatic cancer research at ENH, contact Mike Bates, Director of Philanthropy, ENH Foundation, at (847) 492-5700 Ext. 1209.
Champions for Change

Evanston Northwestern Healthcare (ENH) cultivates partnerships with community groups as an integral part of its commitment to improve the lives of the community members it serves.

Here are examples of key ENH partnerships that enrich our community.

Improving Children’s Health

A leading ENH Pediatrician, Dr. Madeline Shalowitz, M.D., MBA, is spearheading an innovative academic-community partnership designed both to develop better research methods and to empower the community with the right skills to inform public policy and bring about improved programs and services for children and families.

Joining forces with the Lake County Health Department Community Health Center, Dr. Shalowitz formed the Community Action for Child Health Equity (CACHÉ) in 2003 after receiving a major grant from the Institute of Child Health and Human Development (NICHD).

Recently, a new $3 million NICHD grant launched Phase 2 of CACHÉ, which involves a study of nearly 500 families in Lake County and the effects of stress on mothers’ health and birth outcomes. “The hope is that once we understand the avenues for intervention,” Dr. Shalowitz said, “for mothers, we can improve birth outcomes. The first community cancer survivorship program in the Lake County and the effects of stress on mothers’ health and birth outcomes.”

The ENH program at CACHÉ recognizes survivorship as a distinct phase of care and offers each patient a customized survivorship care plan. Following their initial visit, ENH patients are encouraged to participate in the program’s Myria Rahimian Wells Thrivetime seminars on topics such as “Eat to Beat Malignancy and Walk Away from Cancer” and “Self Esteem and Sexual Intimacy After Cancer;” which are facilitated by the LIFE expert medical team.

“Improving Children’s Health is a high priority for us. We are looking at ways to ensure that our patients have access to the best care possible.”

Enriching the Community

A nationwide nonprofit educational organization for seniors, OASIS, is designed to enhance the quality of life for mature adults in the arts, humanities and health awareness. Since its Chicago-area inception in 1989, first Highland Park Hospital and then ENH have served as the Health and Wellness Sponsor for the organization that now boast 13,000 members.

In addition to financial assistance, ENH physicians present all the OASIS Health Awareness lectures on a broad range of topics, including “Healthier Eating for Healthy Lives” by Michael Furstel, M.D.; “Hypertension and Cognitive Dysfunction” by Jonathan Brown, M.D.; and “Depression and Aging: Is There a Connection?” by Manu Chandar, M.D.

“ENH brings to the healthcare expertise that our customers seek;” said Meg Boxman, Marketing and Community Relations Specialist for the Northbrook Whole Foods. “They want to hear about food from a medical standpoint, and be educated to make healthier food choices.”

Dr. Eugene Yen specializes in gastrointestinal disorders at Evanston Northwestern Healthcare (ENH) and serves as an Instructor for Northwestern University’s Feinberg School of Medicine. While gastrointestinal disorders may include many ailments, Dr. Yen has a specific expertise in inflammatory bowel disease (IBD), which is the umbrella condition that covers Crohn’s disease and ulcerative colitis.

While the term IBD may not be as familiar as irritable bowel syndrome (IBS), the disease is quite prevalent in the United States. More than 1.4 million Americans have it, and 30,000 new cases are diagnosed each year. Before coming to ENH less than a year ago, Dr. Yen trained alongside his mentor, Uma Mahadevan, M.D., a fertility expert in IBD at the University of California San Francisco, a center for IBD research.

Here he shares answers to questions about IBD and how advances in medications and understanding in the last 10 years are making a world of difference to those with the disease.

Question: Can Inflammatory Bowel Disease (IBD) be cured?

Answer: IBD is a chronic inflammation in the gastrointestinal tract. It can affect any area of the gastrointestinal tract—from the mouth to the anus—but is most common in the lower part of the small intestine. Once you have it, you cannot get rid of it, but in most cases, the disease can be managed.

Question: What are common symptoms of IBD?

A: Since IBD can cause obstruction and inflammation in the gastrointestinal tract, symptoms often include abdominal pain, bloody diarrhea and weight loss. IBD can occur at any age, although it’s most often diagnosed in patients in their 20s and 30s.

Q: What is the most effective treatment?

A: During the last decade, newer classes of medications have become available for those with IBD. The goal of treatment for IBD is to quiet the intestines. New gastroenterologists can offer individualized care plans that correspond to the type of IBD that different individuals have. These patients using the new medications now suffer from fewer symptoms. Potentially, they need fewer surgeries and experience better quality of life.

Q: What advice do you have for individuals with the symptoms of IBD?

A: It’s important to make an appointment with your primary care physician when you have gastrointestinal problems to determine whether further testing is required. If you are diagnosed with IBD, ask to be referred to a gastroenterologist when you call (847) 492-5700 (Ext. 1260).

Q: Do those with IBD have a higher risk of getting colon cancer?

A: Those patients with IBD have a higher risk of getting colon cancer. Overall, maintaining control of the inflammation in IBD is thought to decrease the risks of cancer. Patients with IBD need to remain in close contact with their doctors to determine the best course of action to minimize these risks.

Q: What is IBD?

A: It’s a group of chronic inflammatory diseases of the digestive tract. People with IBD may experience abdominal pain, diarrhea, nausea, fatigue, weight loss and anemia. IBD can affect any area of the gastrointestinal tract—from the mouth to the anus—but is most common in the lower part of the small intestine. IBD can occur at any age, although it’s most often diagnosed in patients in their 20s and 30s.

Q: What advice do you have for individuals with the symptoms of IBD?

A: It’s important to make an appointment with your primary care physician when you have gastrointestinal problems to determine whether further testing is required. If you are diagnosed with IBD, ask to be referred to a gastroenterologist when you call (847) 492-5700 (Ext. 1260).

Q: Can diet control IBD?

A: Cigarette smoking makes Crohn’s disease worse. While there’s no consensus about diet, we recommend overall wellness, eating healthier food and avoiding medication.
Breathing Without A Tube

An ENH physician fixes a baby’s vocal defect with a minimally invasive procedure.

Serendipitous Discovery

The detection of a tiny nodule in her lung saved a nonsmoker’s life.