New Approach to Hip Replacement Speeds Recovery
Former Chicago Bears Player Joins Ingalls Sports Network
Promising Treatment Options for Prostate Cancer
New Research in Breast Cancer Available at Ingalls
New Hope for Macular Degeneration Patients

Register to win an iPod at Ingalls.org
**Message to the Community**

A healthcare system must address many needs to be successful, and Ingalls works continuously to achieve a level of excellence.

We must be always vigilant to provide our patients the highest quality clinical programs in a warm and service-oriented environment. We make capital investments to ensure that our technology is superior, and that we operate in a hospital setting that is attractive, safe and modern. We reach out to address the complex healthcare needs of all of our neighbors, whether they can afford it or not. We strive to be fair and open with our dedicated work force, and we encourage our medical staff to adopt leading-edge techniques that keep us at the forefront of medical care.

The results speak for themselves as you’ll see reflected in stories on the following pages, and in the faces of our patients. Not always evident in those stories, however, are the investments made to ensure these programs are state-of-the-art.

This year we extended our Integrated Heart Care Center capabilities with the new electrophysiology lab, expanded our busy Interventional Radiology Suites, and completely renovated and upgraded our operating rooms. Ingalls recently opened our first all-private patient care unit for the care of joint, spine and neuroscience patients, and there are more private patient rooms under development. Our investments for the future include a major restructuring of our Calumet City campus with increased access to physician services, diagnostics, and capacity in our 24/7 Urgent Care Center.

We believe that Ingalls is more than a community hospital. We take pride in our national recognition, cancer clinical trials options, and many more affiliations, accreditations, and community partnerships. We are the area’s only independent healthcare system, and we offer more convenient and comprehensive outpatient facilities and programs.

But don’t take our word for it. Read just a snapshot of what others have to say, and then let us show you.

**Staff Updates**

Shelly T. Dixon, M.D., specializes in pediatrics.
Dr. Dixon received her medical degree from the University of North Carolina at Chapel Hill. She served an internship and her residency at Medical College of Wisconsin Affiliated Hospitals in Milwaukee. Dr. Dixon is certified by the American Board of Pediatrics. Her office is located at Family Christian Health Center (31 West 151st Street in Harvey).

Cynthia Goldman, M.D., specializes in internal medicine.
Dr. Goldman received her medical degree from Indiana University School of Medicine. She served her residency at the University of Chicago. She is certified by the American Board of Internal Medicine. Her office is located at Ingalls Family Care Center (31 West 151st Street).

Ronald Rembert, M.D., specializes in family medicine.
Dr. Rembert received his medical degree from Chicago Medical School/Edmond Franklin University of Medicine and Science in Chicago. He served a residency at Rush Medical Center and at Advocate Illinois Masonic Hospital. He is certified by the American Board of Family Medicine. Dr. Rembert’s office is located at Family Christian Health Center (31 West 151st Street in Harvey).

**Our Passion is Caring for the Community**

At Ingalls, we’re not satisfied to simply provide patient care 24 hours a day, 365 days a year. Our dedicated, passionate employees, medical staff and volunteers regularly reach out beyond the walls of our Hospital and Family Care Centers to educate and offer vital medical care to thousands of people in the communities we serve.

These Community Benefits are designed to prevent illness and improve health and well-being. In Fiscal Year 2007 alone, Ingalls provided invaluable outreach services to thousands of men, women and children through our service area.

Specifically, Ingalls hosted 210 free community screenings, educational programs and health fairs, touching the lives of nearly 50,000 individuals. Highlights included free or discounted mammograms to nearly 1,400 area women; free prostate screenings for more than 400 men; and free or deeply discounted children’s physicals and immunizations to 450 area children preparing for school through our Annual Kids Fest.

“The goal of our very successful Kids Fest is to get area children back to school on time by providing required physicals and immunizations,” explains Joan Millender, Ingalls Director of Community Relations.

Thanks to our partnership with the Cancer Support Center, with a new location in Mokena, we reach more than 100 cancer patients and their families a month through health lectures, counseling, support groups, screenings and wellness programs.

For the eighth consecutive year, Ingalls Southland Coalition to Conquer Breast Cancer sponsored a forum to heighten breast cancer awareness, early detection and prevention, especially among African-American women who are at increased risk of dying from this disease.

Our employees, medical staff and volunteers continue to show their support and generosity for many community fundraisers throughout the year. In fact, Ingalls colleagues help bring holiday joy through food and toy donations to 500 area families each year.

Through these and dozens of other outreach activities, Ingalls strives to meet the region’s most pressing health care needs — and be a good neighbor.
**“French Hip” Replacement Speeds Recovery, Minimizes Risk**

Nearly 300,000 Americans undergo hip replacement surgery each year, followed by an extensive recovery process. But thanks to the work of orthopedic surgeons on staff at Ingalls, a minimally invasive hip replacement surgery that is unique because it takes an “anterior approach” and is now available to residents of the South Suburbs. It is becoming known as the “French Hip” procedure as it originated in France in the late 1940s.

The anterior approach to hip surgery allows surgeons to reach the hip joint from the front of the hip, so they can work between the muscles and tissues without detaching them, sparing these tissues from a lengthy healing process. With special training in this European technique, board-certified orthopedic surgeons Dr. Joseph Thometz and Joseph Tomethz brought the anterior approach to Ingalls and have seen very positive results in their patients—like William Metz of Schererville, Ind., and Nancy Fallah of Olympia Fields.

“I haven’t experienced any pain or problems since having the procedure done in late July,” Fallah explained. “I feel great.” Since then, Fallah has set aside her tennis shoes to enjoy a life free of hip pain.

Metz, who suffers from arthritis of the hip, decided to have surgery to replace his right hip in November. Two years earlier, he had his left hip replaced using the traditional “posterolateral” approach.

“The anterior approach is a lot less invasive,” he added. “And it’s much better in terms of recovery. I don’t have to worry about sleeping with a pillow between my legs. And I can stand in the shower.”

The anterior approach is made possible with the use of a high-tech operating table in which patients are placed while facing forward. The X-Stop is a titanium implant that fits between the spinous processes of the lower (lumbar) spine— the bony projections at the back of the vertebrae, just underneath the skin. The titanium “spacers” separate the ligaments and bone, which prevents pressure on the affected nerves and immediately relieves the pain.

*The X-Stop represents a significant improvement in the treatment of this degenerative condition,* he added. *“It is a safe, effective procedure that can offer lasting results to patients who, for years, have suffered from debilitating pain in the back and the legs.”*

For near two years, Harold Becker of Cretes suffered pain in his back and legs. Increasingly, the 82-year-old found it more difficult to work around his home and yard. Even walking short distances proved painful.

Eventually, Becker turned to his doctor who recommended epidural cortisone injections to relieve the pain caused by the pinched nerves. Unfortunately, the relief was short-lived for Becker, who continued to debilitating back and leg pain.

*“Then my next-door neighbor recommended Dr. Luken,” he recalled. “When you get an opinion from someone you’ve known for 30 years, you take it for it.”*

And that’s exactly what Becker did. Following a consultation with Dr. Luken, Becker underwent an X-Stop procedure at Ingalls in May. Just a few days after surgery, Becker noticed an immediate improvement in his back and legs. And within weeks, he was back to cutting wood and working in his yard.

*“We can offer the X-Stop procedure to patients who may not be candidates for traditional surgery,” Dr. Luken said. “Studies have shown that most patients, even those with other medical conditions, tolerate the procedure quite well.”*

**A Revolutionary New Alternative to Spine Surgery**

For nearly two years, Harold Becker of Cretes suffered pain in his back and legs. Increasingly, the 82-year-old found it more difficult to work around his home and yard. Even walking short distances proved painful.

Eventually, Becker turned to his doctor who recommended epidural cortisone injections to relieve the pain caused by the pinched nerves. Unfortunately, the relief was short-lived for Becker, who continued to debilitating back and leg pain.

*“Then my next-door neighbor recommended Dr. Luken,” he recalled. “When you get an opinion from someone you’ve known for 30 years, you take it for it.”*

And that’s exactly what Becker did. Following a consultation with Dr. Luken, Becker underwent an X-Stop procedure at Ingalls in May. Just a few days after surgery, Becker noticed an immediate improvement in his back and legs. And within weeks, he was back to cutting wood and working in his yard.

*“We can offer the X-Stop procedure to patients who may not be candidates for traditional surgery,” Dr. Luken said. “Studies have shown that most patients, even those with other medical conditions, tolerate the procedure quite well.”*

The X-Stop is a titanium implant that fits between the spinous processes of the lower (lumbar) spine—the bony projections at the back of the vertebrae, just underneath the skin. The titanium “spacers” separate the ligaments and bone, which prevents pressure on the affected nerves and immediately relieves the pain.

*The X-Stop represents a significant improvement in the treatment of this degenerative condition,* he added. *“It is a safe, effective procedure that can offer lasting results to patients who, for years, have suffered from debilitating pain in the back and the legs.”*

*“Before the surgery, I couldn’t walk very far at all, and it took me a couple days to recover,” Becker explained. “Now I can cut wood and work around my yard and keep on working. I am very satisfied with Dr. Luken, and I would highly recommend this to friends and family.”*

Who Can Benefit from the X-Stop Procedure?

- Over or older
- Have a confirmed diagnosis of lumbar spinal stenosis
- Have pain or cramping in their back or legs that improves when sitting, lying down or flexing their spines forward
- Have tried other non-surgical treatments

For more information on any of the innovative treatments available through Ingalls, stand & Spine Center, call Ingalls Care Connection at 1-800-221-2199.

---

William Metz and Nancy Fallah

**“I had to go upstairs on all fours.”** — Gwendolyn Brownlee

Standing: Debbie Turk Sitting: Gwendolyn Brownlee

**Latest Advancements in Knee Surgery**

Many people think of the human knee as a basic “hinge” joint, though it is considerably more complex. It actually rotates as it bears weight, while flexing independently from the ankle, hip and spine— the knee’s biggest enemy.

Conservative measures like exercise, pain medication or physical therapy help some individuals conquer knee pain. But for nearly 400,000 Americans every year, knee replacement surgery is the best option.

Today, patients at Ingalls have more choices than ever when it comes to knee replacement surgery.

**Rotating Knee Implant**

“The rotating platform implant is the only one that bears and rotates, more closely mimicking the motion of the natural knee, allowing it to twist and turn, move back and forth, as well as flex and extend,” explained David Smith, M.D., orthopedic surgeon on staff at Ingalls.

That’s good news for people like Debbie Turk of Orland Park, who have suffered with knee pain for years. Turk spends her days working with special needs students, which means a lot of moving around. When osteoarthritis started interfering with her ability to do even simple things like walk or garden, Turk faced the inevitable: a total knee replacement.

To make matters worse, both of Turk’s knees were bad, so two surgeries awaited her. In 2006, she had her right knee replaced with a standard, fixed-bearing knee implant. As she expected, a painful recovery took several months, with six months spent in physical therapy.

“Then, just one year later, Turk braced herself for a second surgery—this time on her left knee. The only difference: Turk and her orthopedic surgeon, Joseph Tomethz, M.D., chose the rotating platform knee.

What a difference it made!”

“I recovered more quickly and have better flexibility with the rotating platform knee,” she explained. “I tell everyone that I have two new knees: a 2006 model and a 2007 model.”

**Partial Knee Replacement**

For some patients, total knee replacement may not be necessary, thanks to a state-of-the-art alternative. Three years ago, Ingalls was among the first hospitals in the U.S. to offer a new partial knee replacement, a less invasive alternative to total knee replacement.

The Oxford Unicondylar Knee System involves a smaller incision, less bone removal, and faster recovery.

“It’s a good, lasting alternative to total knee replacement,” according to board-certified orthopedic surgeon Dan Weber, M.D. “While the procedure is relatively new to the U.S., it has been used successfully in Europe since 1992.”

The unicondylar knee works so well, Dr. Weber says, because of the unique design. “This total knee replacement involves removing and replacing all three compartments of the knee. Partial surgery leaves healthy ligaments in place and allows the knee to rotate naturally.”

Patients go home after one day instead of the three-day hospitalization for total knee surgery.Physical therapy is still required, but it is much quicker and less painful.

“There are other partial knee replacements but they are marketed as temporary,” says Dr. Weber. “This is the only design meant to last.”

For more information on any of the innovative treatments available through Ingalls, stand & Spine Center, call Ingalls Care Connection at 1-800-221-2199.
Don’t Sweat It! Ingalls Sports Network Treats Athletes of all Ages

Whether you’re a student athlete or an adult who plays sports for fun, Ingalls Sports Network is here to help. Our team of sports medicine specialists, physicians and orthopedic surgeons are committed to helping you stay injury-free so you can enjoy the sport you love. From neck and back injuries to ankle sprains and knee ligament tears, our team of experts has treated athletes of all ages. Our goal is not only to treat injuries, but also to educate athletes about how to prevent them in the first place.

A basic level of fitness is also a requirement for participating in any sport. Then, a sport-specific conditioning plan devised by coaches and trainers ensures that athletic performance will improve. Proper equipment is also a must. If you’re not sure what your equipment needs are, ask a coach or sports medicine specialist.

Finally, you must be willing to seek help if you are injured. Neither athletic training nor the family physician is necessarily always the right answer. It is important to seek help from a sports medicine specialist if you are experiencing pain or discomfort. If you are unable to continue participating in your sport or if your pain persists, you should seek medical attention.

Proper equipment is also a must. If you’re not sure what your equipment needs are, ask a coach or sports medicine specialist.

Dr. Gregory Primus

Connection at 1.800.221.2199.

For more information about Ingalls Sports Network and orthopedic experts at Ingalls, please call 1.800.221.2199.

“We were going for a field goal against the Pittsburgh River Rats,” says Matt Morario, age 20. “I turned to hit this guy and caught my knee on the ground. It was very painful knee injury.”

“I knew right away that I was seriously hurt. My athletic trainer called the doctor and I got to the hospital in just a few minutes.”

An MRI confirmed a full tear of the right ACL. Dr. Nikkel recommended surgical repair, but wanted the etc to go down first. After ACL was repaired using a cadaver graft, although she was out for the entire soccer season, she traveled with the team.

Natalie, a senior elementary education major at SXU planning to become a PE teacher, was on the honor roll ever since he started school,” said his father.

“We’re very proud of him. He’s a great athlete and he’s been on the honor roll ever since he started school,” said his father.

Mr. Christian would absolutely recommend ISN. “We’ve been very pleased.”

In fact, Dominic’s been back to Ingalls Urgent Aid since his sports injury, most recently, when he wasn’t feeling well.

Natalie was injured in the first soccer game of the 2007 summer season. “I tore my right ACL, which is a very painful knee injury.”

“Tears everything off of him. He’s a great athlete and he’s been on the honor roll ever since he started school,” said his father.

Mr. Christian would absolutely recommend ISN. “We’ve been very pleased.”

Matt was very determined to get his knee back in playing shape quickly,” says Dr. Nikkel. “I recommended that he do some prehab work while we waited for the swelling to subside.”

Dr. Nikkel explained that prehab—having therapy prior to surgery—would strengthen the muscles around Matt’s knee joint and make healing and recovery after surgery easier. “Prehab gives patients a head start,” says Dr. Nikkel. “Studies show that patients who do prehab have a better overall outcome, and I’ve seen this happen in my practice.”

For Matt, Dr. Nikkel opted to use patellar tendon allograft, a procedure that has been shown to reduce frequency of revision surgery. “I find that athletes have better range of motion with allograft,” says Dr. Nikkel. “Allograft means less surgical time and the patient rarely stays overnight in the hospital.”

Matt came through his surgery with no complications and no overnight stay. The minimally invasive approach used by Dr. Nikkel left two small scars and three scars no larger than the tip of an eraser. Matt is now back to playing and is on schedule to return to the AIFA in the future.

For more information about the sports medicine program and orthopedic experts at Ingalls, please call 1.800.221.2199.

Playing it Safe is Key to Preventing Sports Injuries

Playing sports is fun. Getting injured isn’t. According to the American Academy of Orthopedic Surgeons, more than 3.5 million children are involved in sports-related injuries every year. Most common are basketball injuries, followed by football, baseball and soccer.

“Participation in any sport teaches kids to stretch their limits and team spirit,” says Dr. Gregory Primus, orthopedic surgeon on staff at Ingalls and former wide receiver with the Chicago Bears and Denver Broncos. “Any sport brings with it the potential for injury, but by following simple safety guidelines, you can help make athletics a positive experience for your child.”

“It’s very important that the athlete, parents, coaches, trainers and doctors are on the same page when it comes to preventing injuries,” he said.

Antoinette Looby, 50, Orland Hills

Volleyball player

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.

Physician: Dr. Carl DiLella

In July 2013, Toni fell on her elbow. It wasn’t a break, thought she had tendinitis. “I play in four different leagues on four different nights.”

“Toni talked to Julie Carlson, a nurse at Ingalls, and she was able to get me in to see the doctor. I was very surprised at how quickly she was able to get me in.”

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular intervals,” he said.
When 51-year-old Robert Scrutchions of Chicago was diagnosed with an aggressive form of early-stage prostate cancer last March, he was faced with several treatment options: surgery to remove the cancerous gland; radiation therapy to kill the cancerous cells; or a minimally invasive procedure called cryoablation, a special freezing technology to destroy the cancer cells, leaving the prostate gland cancer-free.

“For me, the choice for cryoablation was easy,” said Scrutchions.

Board-certified urologist Rajesh Patel, M.D., performed the high-tech procedure on Scrutchions at Ingalls Memorial Hospital. Patel, a leading proponent of the technique, performs more cryoablations for prostate cancer than any other urologist in Illinois. In fact, Patel teaches other urologists throughout the Midwest how to do it.

“Cryoablation is an effective treatment option for men with aggressive prostate cancer,” Dr. Patel explained. Because there’s no incision involved, complications such as blood loss and the risk of infection decrease dramatically. Most patients can get back to their normal activities much sooner than with surgery, sometimes in as little as a week. “Cryoablation is also a highly effective treatment for prostate cancer, and it’s also very successful on aggressive tumors that do not respond to other therapies such as radiation,” added Dr. Patel. “In fact, even after other treatments have failed, cryoablation is a promising therapeutic option. It’s given new hope to many patients.”

“Everyone went very smoothly,” Patel said. “Other than some discomfort from the catheter while I was trying to sleep, I really didn’t have any pain. I’ve been very pleased.”

Long-term studies have shown that cryoablation may be as effective as radical prostatectomy and radiation for low-risk cancers, and has particular advantages for men who are missing, damaged or removed. In most cases, lymphedema occurs as a result of a blockage or interruption that alters the flow of lymph fluid through the lymphatic system. Causes include infection, surgery, scar tissue formation, injury, radiation, or other cancer treatment, including the removal of lymph nodes during cancer surgery. While there is no cure, lymphedema can be controlled through light exercise, wearing compression garments, massage and pneumatic compression.

Once diagnosed, Fox began lymphedema therapy at Ingalls under the supervision of Sandy Collins, a certified lymphedema therapist. Fox faithfully performed her exercises, and within just 10 days, her swelling had gone down. But the real relief came when Collins introduced Fox to the Flexitouch system, a patient-friendly lymph pump and drainage device designed specifically for the treatment of lymphedema now available at Ingalls. The Flexitouch system consists of a pneumatic controller unit and soft, snug, stretchy garments worn on the trunk and affected extremities, which are connected to the controller unit by tubing harnesses. The Flexitouch system pumps lymph fluid through the lymphatic system, restoring normal lymph flow and reducing swelling.

“With the Flexitouch system, I can pump lymph fluid around my arm at home, and work or pursue any other activity I choose,” Fox explained. “I also have the option to take my pump with me on trips or to the beach. It’s so nice–I usually use it every day, sometimes more than once a day.”

Because it’s comfortable and relaxing, Fox uses the device while she’s reading, talking on the phone or meditating.

“For me, the Flexitouch system has been the best thing that has ever happened to me,” she added. “It was like being born again–I’m breathing better, sleeping better.”

For more information about cryoablation or other prostate treatment options, call Caries Care Connection at 1.800.221.2199.
**Rare Pregnancy Complication**

Has Happy Ending for Plainfield Woman

Most of us have heard the term “ectopic pregnancy,” in which a fertilized egg implants itself somewhere other than the fallopian tube – usually in one of the fallopian tubes. Unfortunately, because of the egg’s location, the pregnancy can’t proceed normally.

But a term you’ve probably encountered before is “heterotopic pregnancy,” an extremely rare form of ectopic pregnancy that involves two embryos, or twins, with one located in the lining of the uterus – and one located elsewhere, usually in one of the fallopian tubes.

“Heterotopic pregnancies are difficult to diagnose, and nearly half of them are identified only after the fallopian tube has ruptured, which is a medical crisis for the mother,” she said.

Such was the case for Sansone, who was just a few weeks pregnant in early 2007, when she began spotting and experiencing severe abdominal pain.

Frightened, Sansone quickly went to Ingalls Family Care Center in Tinley Park, where an ultrasound confirmed a heterotopic pregnancy and a fallopian tube that was near bursting.

The quick-thinking staff immediately contacted Dr. James and arranged for an ambulance transport to Ingalls. Once at Ingalls, Sansone underwent emergency surgery by Dr. James, who ultrasound confirmed a heterotopic pregnancy and a fallopian tube that was near bursting.

The monthly treatment known as Lucentis showed very promising results in several years of clinical studies, with a 50% reduction in visual loss in patients who received FDA approval as a proven treatment for wet AMD in June 2006. According to Dr. Orth, “Lucentis provides new hope in an improvement in their vision – gaining more than 15 letters of visual acuity on a letter chart. Most of the vision gain occurs rapidly within the first month of treatment.

“Previous macular degeneration treatments were effective in only a small percentage of patients with specific types of macular degeneration, whereas none improved vision,” explained David Orth, M.D., board-certified retina specialist and medical director of the Irwin Retina Center at Ingalls. “Lucentis provides new hope because it has the potential to actually reverse vision loss. And it’s the first therapy to provide a vision benefit for a significant number of patients.”

“Early detection of the wet AMD is very important,” he added.

Vision gains with Lucentis make it possible for patients to look forward to reading or driving again – things they may have been forced to give up before starting treatment.

In fact, that’s precisely what happened for 81-year-old Josephine Fitton of Plainfield, who began Lucentis treatments with Dr. Orth in June. Leaner calls Lucentis the “miracle drug” because she saw dramatic improvement in the vision of his left eye within the first couple months of treatment. So much so, that he drove normally and even went golfing.

“I saw a definite change in my vision after the first injection,” he said. “It’s been a wonderful thing for me. Gauges with wet AMD can be very difficult, but I feel like I’ve been given new hope.”

“Miracle” Treatment Improves Vision in Patients with Wet Macular Degeneration

Patients with the wet form of age-related macular degeneration (AMD) have new hope for maintaining – and even improving – their vision thanks to a breakthrough treatment available at the Irwin Retina Center.

Mary Stokes of Hazel Crest agrees. Thanks to Lucentis, Stokes, who has struggled with wet AMD in both eyes for several years, said she’s never seen her vision in her stronger left eye and has seen some vision gains in her right eye.

“I’m able to drive; I can read, and I still enjoy doing needlework,” she said. “I can do everything I did before with my left eye. I feel very fortunate to be receiving Lucentis injections, especially under the watchful eye of Dr. Orth.”

Understanding Wet AMD and Lucentis

Age-related macular degeneration is a degenerative condition of the macula or central retina. It is the most common cause of vision loss in the United States in those 50 or older, and its prevalence increases with age. AMD varies widely in severity. In the worst cases, it causes complete loss of central vision, making reading or driving impossible. For others, it may only cause slight distortion.

Fortunately, AMD degeneration doesn’t cause total blindness since it does not adversely affect peripheral vision.

Wet AMD, which affects 10 percent of AMD sufferers, occurs when abnormal blood vessels grow in the back of the eye. As the blood vessels grow, they leak blood and fluid, damaging the macula, which plays a key role in central vision. Lucentis, which is injected directly into the eye, is designed to block abnormal blood vessel growth and leakage.

Along with abnormal blood vessel growth, certain proteins are also thought to play a big role in causing wet AMD. “Lucentis targets these proteins, preventing them from causing more damage to the macula and possibly even reversing their effects,” Dr. Orth added. While there is no cure for wet AMD, it can be successfully managed by treating it monthly with Lucentis.

For more information about Lucentis and other treatments available at the Irwin Retina Center, please call 1-800-221-2199.

**Warning Signs of an Ectopic Pregnancy**

- Pain is usually the first red flag. You might feel pain in your pelvis, abdomen, or, in extreme cases, even your shoulder or neck. Most women describe the pain as sharp and stabbing.
- Pain may concentrate on one side of the pelvis.
- It may occur in a specific area, like your lower back.
- Breast enlargement.
- Nausea or vomiting.
- Vaginal spotting or bleeding.

- Abnormal abdominal pain.
- Lower back pain.
- Frequent urge to urinate.
- Abnormally enlarged abdomen.
- Abnormally heavy or frequent menstrual periods.
- Pelvic pain and pressure.
- Pain in the back and legs.
- Pain during sexual intercourse.
- Edema (swelling) in the feet and ankles.

**Minimally Invasive Alternative**

**Uterine Fibroid Alternative Treatment**

Jackie Dennis loves to show off her “before and after” pictures. But they’re not exactly the type of photos you might expect. These are MRI images of her uterus before and after she had a revolutionary procedure called uterine fibroid embolization at Ingalls last January.

To Dennis, the change is nothing short of remarkable.

“I’ve lived with uterine fibroids for 15 years,” she explained. “This procedure made a huge difference in my life.”

What are uterine fibroids?

Uterine fibroids are benign (non-cancerous) tumors that grow on or within the muscle tissue of the uterus and affect up to 40% of women 35 years and older, most commonly among women of African-American descent.

“Fibroids are hormonally sensitive so symptoms are likely to be cyclical, like menstruation,” explained Thomas Aquisto, M.D., board-certified Interventional radiologist who performs UFEs at Ingalls.

As estrogen levels tend to increase prior to the onset of menstruation, this may cause the size and symptoms of uterine fibroids to increase. During menopause, the levels of estrogen decrease dramatically, causing fibroids to shrink. But women taking hormone replacement therapy (HRT) during menopause may not experience any symptom relief.

“The size of fibroids range from very small (wheat sized) to as large as a cantaloupe or even larger,” Dr. Aquisto added.

Embroid is a minimally invasive means of blocking the arteries that supply blood to the fibroids, and it’s successful more than 90 percent of the time in properly selected patients,” Dr. Aquisto said.

**Uterine Fibroid Symptoms**

**Depending on size, location and number of fibroids, symptoms include:**

- Heavy and/or prolonged menstrual periods.
- Unusual monthly bleeding.
- Pelvic pain and pressure.
- Pain in the back and legs.
- Pain during sexual intercourse.
- Edema (swelling) in the feet and ankles.
- Pressure on the bowel, leading to constipation and bloating.
- Abnormally enlarged abdomen.

Dennis was the first and is still one of the only patients in the South Suburbs to offer uterine fibroid embolization as an alternative to hysterectomy. UFE is a safe, effective treatment that results in a quicker recovery and return to normal activities.

“I have friends who have had hysterectomies, and their operations were difficult,” Dennis explained. “After studying alternative recovery, I learned about UFE.”

Following an overnight stay at Ingalls, Dennis went home and was back to work within a couple days.

“Don’t have that weariness at the end of the day like I used to,” she said. “And the definition is back in my waist.”

“UFE gives you an opportunity to update your wardrobe,” she added with a laugh.

For more information about uterine fibroid embolization at Ingalls, call Ingalls Care Connection at 1.800.221.2199.
Patricia Field’s decades-old cardiac problem often gave new meaning to the term “racing heart.”

While in her early 20s, the former cardiac nurse’s heart rate once maxed out at 214 beats per minute—a three times faster than the normal pulse rate of 70. Her erratic heart rhythm was caused by a condition known as paroxysmal supraventricular tachycardia (PSVT)—an abnormally fast heartbeat. Because of the disorder’s unpredictable nature, Field could feel perfectly fine one day—and awful the next. Dizzy spells, shortness of breath, anxiety and a speeding pulse interfered with her busy life as working wife and mother of two.

Field recalled, “I could do something as simple as bend over, cough or sneeze, and it would trigger the PSVT.”

When she was diagnosed back in 1983, medical management with special drugs known as beta blockers was the only available treatment. But increasingly larger doses over the ensuing years became less and less effective.

“I got sicker and sicker and eventually thought I was going to die,” she explained.

PSVT is caused by an abnormal electrical circuit in the heart muscle’s “wiring.” While not generally life-threatening, frequent episodes require treatment, either long-term medication or a procedure known as radiofrequency catheter ablation.

Field turned to Praveen Jammula, M.D., a board-certified heart rhythm specialist on staff at Ingalls. Dr. Jammula is specially trained to perform catheter ablations and many other complex heart rhythm procedures and electrophysiology studies.

“Mrs. Field’s quality of life was severely affected by her condition,” he explained. “The daily medications were no longer effective. Ablation was the only option.”

Using small tubes, or catheters, threaded into the heart, radiofrequency energy (low-voltage, high-frequency electricity) is targeted toward the area(s) causing the abnormal heart rhythm, permanently damaging small areas of tissue. The damaged tissue is no longer capable of generating or conducting electrical impulses—effectively curing the patient.

The procedure itself causes little or no discomfort and is done under mild sedation with local anesthesia.

A heart expert in her own right, Field and her husband Timothy, a general/vascular surgeon at Ingalls, were convinced the procedure would help. “I did my research, and I felt very confident with Dr. Jammula and with Ingalls,” she adds.

So, this past October, Field underwent the procedure at Ingalls, and after a one-night stay, she was back home and feeling “wonderful.”

“I have to admit, I’ve really taxed myself since I had the ablation,” she said, “and I haven’t had a single episode. I’ve shoveled snow, I’ve jogged on the treadmill, and I feel great. I’m cured. It’s exhilarating!”

“Mrs. Field’s procedure was a complete success,” Dr. Jammula added. “She’s gotten her life back.”

For more information on high-tech procedures offered through Ingalls Integrated Heart Care Center, call Ingalls Care Connection at 1.800.221.2199.