

# INGALLS Progress

WINTER 2009  
ANNUAL REPORT ISSUE



## Live Heart Smart Reduce your risk for heart disease

Revolutionary Approach to Hip Surgery

Varicose Vein Treatment Boasts 95% Success Rate

Cancer Rehabilitation Restores Quality of Life

# Ingalls Celebrates its Past and Future

It's a new year, and a new look for *Progress*. You'll find concise, compelling stories that deliver the latest healthcare information in a conveniently-sized publication. We hope you'll enjoy the revamped *Progress*!



Kurt E. Johnson



Eugene M. Feingold

We look forward with optimism to 2009, while taking a look back at 2008 in this, our annual report issue.

The year 2008 surely had its low points and high points. From Wall Street woes to escalating dependence on foreign oil, it's been a year we'll never forget. But 2008 has also been a year of incredible breakthroughs. We can take pride in a historical presidential election, and hope one day to change the way we treat disease thanks to unprecedented advances in genetics research.

As for Ingalls, we're pleased to report we continued on the high road and can look at 2008 as a year of positive growth and achievement. Some noteworthy accomplishments:

- Ingalls turned 85 in 2008 and commemorated its milestone anniversary with a festive community celebration. We also hosted 200+ free community screenings, educational programs and health fairs, touching the lives of nearly 50,000 individuals, and maintaining our commitment of service to all.
- For the seventh year in a row, Ingalls was named one of "America's Best Hospitals" in ***U.S. News & World Report***, ranking 38th in the nation for excellence in Neurosciences.
- **Ingalls Family Care Center in Calumet City** re-opened last fall with a 30,000 square-foot expansion that offers more space, more services and more on-site physician specialists for every member of the family.
- Ingalls partnered with Proctor Hospital to open an addiction treatment facility on our main campus, in the Wyman-Gordon Pavilion. The **Illinois Institute for Addiction Recovery at Ingalls** is a 16-bed adult treatment facility for all forms of addiction, including chemical, gambling, spending/shopping, food, sex, internet, video-gaming and chronic pain with addiction.

- With the **Advanced Orthopedic Institute**, Ingalls led the way in offering the most effective treatments with the least amount of pain, including the anterior approach, or "French" hip replacement, a revolutionary form of restoring a patient's own cartilage, and a reverse shoulder replacement for patients who have run out of options.
- In cancer care, Ingalls continued to offer more groundbreaking research than any other cancer program in the area. Ingalls also expanded its capabilities with breast reconstruction surgery and a cancer rehabilitation program that helps patients throughout their treatment and recovery.
- Ingalls expanded its cardiac catheterization lab and began offering advanced electrophysiology treatments for heart rhythm disturbances. Ingalls also piloted its new **HeartAware** web-based risk assessment that is poised to launch to our community, which has the potential to detect and prevent heart disease risk in thousands of area residents.
- Ingalls greatly expanded its ability to assess stroke risk by investing in a non-invasive, high-tech form of ultrasound that analyzes blood flow in the brain.

These are just a few of the accomplishments we've made at Ingalls in 2008. We look forward to serving you in the months and years ahead, and we renew our pledge to bring you programs and services that will positively impact your health and the health of your loved ones. May each of you have a happy and healthy New Year.

Be Well,

Kurt E. Johnson  
President and CEO  
Ingalls Health System

Eugene M. Feingold  
Chairman, Board of Directors  
Ingalls Health System

## Welcome New Doctors to the Neighborhood

For more information about physicians on staff at Ingalls, or to make an appointment with any of the physicians listed below, please call the Ingalls Care Connection at 1.800.221.2199.

### Annual Report 08

#### Ingalls Healthcare Expenditures

Our People	\$150,881,948
Patient Care Supplies	70,245,619
Building Insurance/Interest	11,341,087
Purchased Services	39,725,778
Depreciation and Amortization	19,932,686
Medicaid Provider Assessment	5,052,000
Provision for Bad Debts	19,518,937
<b>Total Expenditures</b>	<b>\$316,698,055</b>

#### Capital Investments

IHS and Affiliates	31,738,000
Charity Care and Community Service	
Free and Unpaid Care	\$44,528,792
Community Service Activities and Employee Volunteerism	1,438,000
	<b>\$45,966,792</b>
Contributions & Other	\$787,265
Bequests, Trusts, & Memorials	297,186
	<b>\$1,084,451</b>

#### Patient Care Services Summary, FY 2008

Admissions (excluding births)	20,131
Inpatient Days	94,364
Births	1,374
Avg Daily Census (excluding newborns)	259
Emergency Dept Visits	41,557
Outpatient Visits (excluding ER)	347,731
Urgent Aid Visits	43,002

#### Home Health

Intermittent Care Visits	43,267
Private Duty Hours	87,461
Hospice Days of Care	15,609
Infusion Therapy Days	8,270

#### Surgeries

Inpatient	3,266
Ambulatory	7,589



#### **Pinakinprasad K. Dave, M.D.,**

specializes in general internal medicine.

Dr. Dave received his medical degree from MS University, Barode, India. He served an internship at Norwegian-American Hospital in Chicago and his residency at Advocate Illinois Masonic Medical Center. He has joined Dolton Medical Center. Dr. Dave is certified by the American Board of Internal Medicine.

#### **Caroline Olaleye, M.D.,**

specializes in pediatrics. Dr. Olaleye received her medical degree from University of Health Sciences-Antigua, St. John's, Antigua. She served her residency at John H. Stroger, Jr. Hospital of Cook County in Chicago. She has joined Child Life Center at Ingalls Family Care Center in Flossmoor. Dr. Olaleye is certified by the American Board of Pediatrics.



#### **Zac B. Ravage, M.D.,**

specializes in retinal vascular disease. Dr. Ravage received his medical degree from Sackler School of Medicine, Tel Aviv University in Israel. He served his internship at Evanston Northwestern Healthcare and his residency at

CaseWestern Reserve University in Cleveland, OH. Dr. Ravage completed a fellowship at Rush University Medical Center/Illinois Retina Association. Dr. Ravage has joined Illinois Retina Associates and is certified by the American Board of Ophthalmology.

**On the cover:** HeartSmart graduates exercising their way to a healthier lifestyle and reduced cardiac risks. From left to right: Mary Ann Murphy, Barbara Ferrari, Chestine Allen, Indu Gupta.



# Save Your Life in Seven Minutes with Ingalls HeartAware



Dr. P. Sandy Sundram

In seven minutes, you can buy a new pair of shoes online – or you can take a test that may just save your life.

Beginning in February, Ingalls Health System is proud to introduce HeartAware, a free, easy way to find out if you're at risk for heart disease. And it can be done right in the comfort of your own home...on your computer.

"Even with a healthy diet and exercise, many people are at risk of heart disease due to factors like family history, gender and race," explains Barbara Ferrari, R.N., Heart Health Coordinator at the Ingalls Wellness Center. "That's why Ingalls is offering a free online heart risk assessment that will help you understand potential cardiac problems and is your first sign in developing a personalized plan for staying healthy. It's simple, fast and it could save your life."

It starts by visiting [Ingalls.org/HeartAware](http://Ingalls.org/HeartAware) and clicking on the "HeartAware" link. Simply answer the questions on the survey. At the end of the survey, you will receive a complete evaluation of your results.

If you have three or more risk factors for heart disease, you are eligible to receive a FREE health screening that includes a full lipid profile, blood glucose level and measurements of blood pressure, body mass index (BMI) and waist circumference

– compliments of Ingalls. Afterward, follow up will be provided by one of our highly trained nurse navigators to discuss your confidential results and make a plan to minimize your future risks for heart disease.



Barbara Ferrari, R.N.

"Don't let your first symptom be your last," Ferrari adds. "Half who die of heart attacks won't know they were at risk and have no previous symptoms."

"Unlike many medical conditions, heart disease can largely be predicted and prevented, but you have to take action," adds P. Sandy Sundram, M.D., board-certified cardiologist and Medical Director of Cardiac Services at Ingalls. "Don't smoke, get regular exercise and eat healthy foods. And to measure your overall heart disease risk, take the seven-minute online HeartAware risk assessment."



Visit [Ingalls.org/HeartAware](http://Ingalls.org/HeartAware) and take the free HeartAware risk assessment today!

## Understanding Heart Disease Risk Factors

The American Heart Association has identified several risk factors for coronary heart disease, some of which can be modified, treated or controlled.

### What are the major risk factors that can't be changed?

**Increasing age** – Over 83 percent of people who die of coronary heart disease are 65 or older.

**Male gender** – Men have a greater risk of heart attack than women do, and they have attacks earlier in life.

**Heredity, including race** – African-Americans have more severe high blood pressure than Caucasians and a higher risk of heart disease.

# Ingalls Helps Area Women Get 'Heart Smart'

Mary Ann Murphy of Alsip, a recent graduate of Ingalls' Heart Smart for Women class, is enthused about HeartAware, Ingalls' new seven-minute online heart health assessment.



Mary Ann Murphy

"It's important to know what your risk factors are and what you can do now to reduce them," she explains. "I really enjoyed the Heart Smart for Women class. Plus, I learned a lot, like how to eat healthier, how to read labels and how important it is to exercise. I definitely plan to take the online HeartAware assessment."

In its fifth year at Ingalls, the popular 12-week series, Heart Smart for Women, offered through a grant from the Illinois Office of Women's Health, has graduated more than 600 area women like Mary Ann who have taken their newfound know-how to heart by implementing healthy lifestyle changes.

Led by Barb Ferrari, R.N., Heart Health Coordinator at the Ingalls Wellness Center, Lynne Carman, R.N., and Dietitian Jan Dowell, M.S., R.D., Heart Smart for



Debra Robbins



Indu Gupta



Chestine Allen

"It's important to know what your risk factors are and what you can do now to reduce them."

Women teaches participants how to reduce their risk for heart disease through physical activity and healthier food choices.

The next session of Heart Smart for Women begins the week of Feb. 23. Times and locations vary. For more information or to register, call 708.206.1656, ext. 194.

## What are the major risk factors you can control by changing your lifestyle or taking medicine?

**Smoking** – A smoker's risk of developing coronary heart disease is two to four times that of nonsmokers.

**High blood cholesterol** – As blood cholesterol rises, so does risk of coronary heart disease.

**High blood pressure** – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer.

**Physical inactivity** – An inactive lifestyle is a risk factor for coronary heart disease.

**Obesity** – People who have excess body fat, especially if a lot of it is at the waist, are more likely to develop heart disease and stroke.

**Diabetes mellitus** – About three-quarters of people with diabetes die of some form of heart or blood vessel disease.



Patricia Nygren and  
Dr. Carl DiLella

## Deuce Partial Knee Offers High-performance Option for Active Patients

It's tough to enjoy the great outdoors when you're in pain. Patricia Nygren of Crete knows that firsthand.

The avid hiker and biker lived with near constant pain in her right knee for more than a year. "The cartilage had worn out," she explains. "It was pretty much bone on bone. Even climbing the stairs was difficult."

When the pain finally sidelined the energetic retiree, she sought the medical opinion of Carl DiLella, D.O., board-certified orthopedic surgeon on staff at the Advanced Orthopedic Institute at Ingalls. Following an arthroscopy procedure and several rounds of medication, which provided only temporary relief, Dr. DiLella recommended a partial knee replacement specially designed for younger, more active patients like Nygren.

Called the Journey Deuce, the new implant spares healthy bone and ligaments that are sacrificed in traditional total knee replacements. Benefits include more natural feeling and stability in the knee; less post-operative pain; less physical therapy; and a shorter recovery period.

Here's how it works: Traditional total knee surgery replaces the ends of the thigh bone (femur), shin bone (tibia) and knee cap (patella). However, in 70 percent of patients, osteoarthritis attacks only the knee cap and inner part of the knee (medial

compartment). The Journey Deuce resurfaces just the diseased areas – the kneecap and medial compartments – and leaves healthy bone and important ligaments intact.

Most importantly, Journey Deuce uses an implant that preserves the anterior cruciate ligament (ACL) and the posterior cruciate ligament (PCL), which provide stability during activities such as walking and climbing stairs. Standard total knee replacements sacrifice these ligaments, but do not fully compensate for their function.

"The Deuce is a powerful, new treatment option that can be life-changing for a large percentage of knee surgery candidates," Dr. DiLella explains. "Patients want natural, normal motion of the knee, small scars and shorter physical rehabilitation. And of course, they want as little post-operative pain as possible. I believe the Deuce is the right implant at the right time for active and informed patients."

Nygren agrees. Just a week after her October surgery, she traded in her walker for a cane. Following several weeks of physical therapy and strengthening, Nygren hopes to resume biking and hiking the national parks again this summer with her husband.



# Instant Relief: Vertebroplasty Puts an End to the Pain of Spinal Fractures Caused by Osteoporosis

A “popping” sound was the first clue that Michael Akai may have injured himself while installing a sink at his St. John, Indiana home last summer.

The pop soon gave way to back pain that was so excruciating it nearly took his breath away. Akai’s family doctor diagnosed muscle spasms and wrote him a prescription for pain medication.

“But it didn’t help,” he recalls. “I was in such misery. On a scale of one to 10, the pain was a 10.”

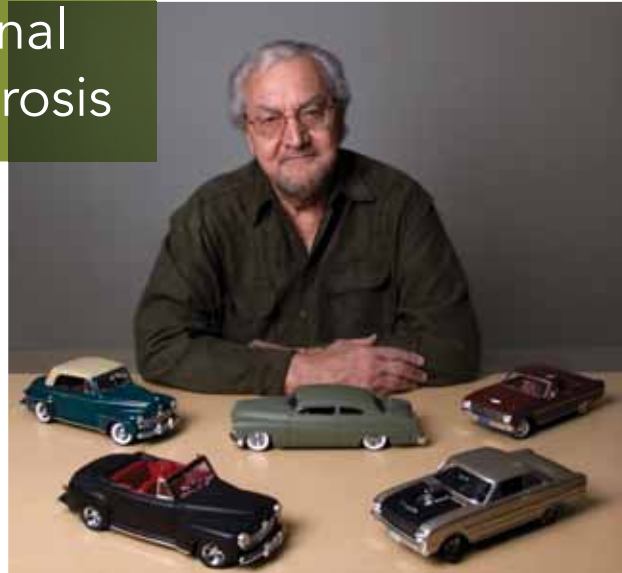
Eventually, Akai’s doctor ordered an X-ray and MRI at Ingalls. Interventional Radiologist Richard Lichtenberg, M.D., told him to come in the very next day.

“Mr. Akai was suffering from a compression fracture of L2, one of the lower vertebrae,” Dr. Lichtenberg explains. “He looked like an ideal candidate for vertebroplasty.”

An innovative procedure for vertebral compression fractures, vertebroplasty provides prompt, effective pain relief.

“Researchers estimate that more than 25 percent of women over the age of 65 will suffer one or more spinal fractures due to osteoporosis,” he notes. “It is also seen less commonly in men and occasionally younger people, particularly those whose bones have become weakened due to the long-term use of steroids or other drugs to treat a variety of diseases.”

In Akai’s case, long-term steroidal therapy following a double lung transplant in 1999 was the likely cause of his weakened vertebrae.



Michael Akai with his model cars

## Vertebroplasty: a Non-Surgical Alternative to Back Surgery

The very next day, Akai met with Dr. Lichtenberg, who recommended vertebroplasty.

Vertebroplasty stabilizes the collapsed vertebra through injection of medical-grade bone cement into the spine, decreasing pain and preventing further collapse of the spine.

The procedure is performed on an outpatient basis under local anesthesia and mild sedation. A needle is guided into the fractured vertebra through a small skin nick. Acrylic bone cement is injected into the vertebra, filling the spaces within the bone. The procedure takes from one to two hours. Following a brief observational period, patients go home within a few hours and can often resume normal activities the next day.

“In most cases, the pain is gone or dramatically diminished within 48 hours or sometimes immediately after the procedure” Dr. Lichtenberg says.

Akai is proof of that.

“I walked into the hospital at 7:15 that morning in tears from the pain,” he says. “By the time I left at 2:30 p.m., my pain was gone. I didn’t even wait for a wheelchair. I would highly recommend Dr. Lichtenberg and the vertebroplasty procedure.”

For more information about vertebroplasty, call Ingalls Care Connection at 1.800.221.2199.

# Could That Ache be Arthritis?



Dr. Veena Nayak

Arthritis isn't just a single disease. It's actually a complex disorder that includes more than 100 distinct conditions and can affect people of all ages. The most common is osteoarthritis (OA).

OA affects nearly 21 million American adults and begins when joint cartilage starts to break down, resulting in pain and stiffness. Most commonly, OA affects the joints of the fingers, knees, hips and spine.

## What causes osteoarthritis?

"Most joint damage begins in response to physical stress such as an injury or repetitive movement," rheumatologist Veena Nayak, M.D., explains. "This stress can break down the cartilage that normally encases the ends of the bones in a joint. Cartilage cushions the bones and helps the joint move smoothly and easily."

As cartilage begins to break down, the ends of the bones thicken, and the joint may lose its normal shape. With additional breakdown, the ends of the bones may begin to rub together, causing pain.

OA usually comes on slowly. Some of the most common symptoms of OA include:

- Steady or intermittent pain in a joint.
- Stiffness after sleeping or sitting.
- Swelling or pain in one or more joints.
- A crunching feeling or sound of bone rubbing on bone when the joint is used.

Risk factors for developing OA include advancing age; traumatic injury or overuse of a joint; being overweight; and incorrect joint alignment such as a dislocated hip, bowlegs or double-jointedness.

If you experience joint pain, stiffness and/or swelling for more than two weeks, make an appointment to see your doctor to find out if you have arthritis. "With proper treatment, regular exercise and maintaining a healthy weight, you can keep the pain and stiffness of arthritis to a minimum and enjoy an active lifestyle," Dr. Nayak adds.

"One in three American adults has arthritis. If you feel pain and stiffness in your body or have trouble moving around, you could be one of them."

## Where do symptoms of OA appear?

Although OA can occur in any joint, it most often occurs in these areas:

**Knees:** Symptoms include stiffness, swelling and pain, making it hard to walk, climb, and get in and out of chairs and bathtubs.

**Fingers:** Fingers may become stiff and numb, or ache. The base of the thumb joint is also commonly affected by OA. Fingers may become enlarged and gnarled in appearance.

**Hips:** OA in the hip may cause stiffness and pain in the hip, groin, inner thigh or knees, making it very difficult to bend, walk and move around.

**Spine:** OA of the spine causes pain and stiffness in the neck or in the lower back, as well as weakness or numbness in the arms or legs.





## Fusion Surgery Restores Function, Eliminates Pain for Tinley Park Woman

"I can use my hairbrush again!"

—Tiffany White

For people with severe arthritis, simple tasks like turning a doorknob, opening a jar or buttoning a shirt are nearly impossible.

Tiffany White of Tinley Park knows that all too well. Diagnosed with psoriatic arthritis as a child, 39-year-old White has lived with this degenerative condition that affects individuals with psoriasis most of her life. Over time, the disease has attacked the joints of her hands and her spine.

But she doesn't let it get her down.

"I get up and around," she says with a smile. "I can't sit or stand for long periods of time, but I do all right."

In early 2008, White's thumbs and left wrist became excruciatingly painful, making everyday tasks like brushing her hair impossible.

Eventually, her physician referred her to Neal Labana, M.D., a board-certified orthopedic surgeon who specializes in hand surgery.

"Mrs. White had significant pain in both of her thumbs, and wasn't able to use them at all," Dr. Labana explains. "Over the years, she had tried all of the big-name medications, but they failed to bring long-lasting relief. The joints of her left wrist and thumbs were completely overcome with arthritis. The only option to relieve her pain and restore function in her thumbs and left wrist was fusion surgery."



Dr. Neal Labana

During thumb fusion, the bones that form the thumb joint are set so they grow together. While the joint doesn't move after surgery, it also doesn't have any pain. The surgery is recommended for younger patients or

individuals that require extensive thumb strength on the job, like carpenters who use a hammer all day. While the joint no longer moves, the patient retains the ability to grip and pinch.

A wrist fusion is somewhat different, requiring the fusion of several bones instead of just two. In most cases, however, the ulna bone of the forearm is not included in the fusion so that the ability to rotate the hand remains.

"There are trade-offs," he adds. "While patients lose some motion in their wrist, the wrist will be strengthened and pain-free. And that's important to younger people who need to work with their hands. These individuals need strength more than flexibility. Wrist fusion gives them a strong wrist that is good for gripping."

Following two separate fusion procedures in April and August 2008, White is pleased.

"The surgeries relieved the pain," she says. "I can use my hairbrush again, and I'm a lot sturdier holding a bottle of water. I'm very pleased with the results."

## Vein Treatment at Ingalls Takes the Ache Out of Frankfort Man's Legs

A machinist by trade, 48-year-old Richard Golick spends five days a week standing on his feet. An aching muscle here or there is par for the course.

But the throbbing aches and pains that Golick experienced in his legs day after day were anything but normal. Neither were the bulging, gnarled veins that Golick hid under long pants or "tall" socks.

"I'd come home from work, and my legs would just ache," he remembers. "I knew I had to do something about it."

Thanks to a tip from a woman who works out at the same Mokena gym, Golick made an appointment with the experts at the Ingalls Vein Clinic in Tinley Park in 2007. The diagnosis: severe varicose veins.



*"My legs look great. They're so smooth now," Golick adds. "More importantly, they feel great. I can stand all day long and not have any pain. I highly recommend the Ingalls Vein Clinic."*

—Richard Golick

## About varicose veins

Chronic venous disease of the legs affects 15% of men and 25% of women in the U.S. In fact, nearly half of Americans over age 50 have venous insufficiency, which occurs when the veins in the legs do not return blood to the heart and upper body normally.

"When the valves in the veins have become damaged, they allow blood to flow backward and pool in the leg veins," explains Kevin Keele, M.D., board-certified interventional radiologist. "Congestion or dilatation of the veins results in swelling of the legs and may cause varicose veins."

For some people, varicose veins and spider veins are simply a cosmetic concern. But for others like Golick, varicose veins can lead to more serious health problems and require treatment.

At Ingalls, specially trained interventional radiologists offer a minimally invasive, outpatient procedure known as laser vein ablation.

"This is a vein treatment that suits today's busy lifestyles," Dr. Keele adds. "After the procedure, a patient can literally walk out of the office and resume normal activities after a few days to a week. And, it has a 95 percent success rate."

The process begins with ultrasound mapping of the affected veins. The patient then has a consultation to determine the best course of treatment. If the laser treatment is appropriate, the patient is scheduled for the procedure, which involves the insertion of a laser fiber into the vein through a tiny puncture.

Energy emitted from the tip of the fiber causes only the treated vein to close, while the body automatically routes the blood to other healthy veins. As the healing begins, the veins continue to disappear visually. The entire procedure takes only 45 minutes and is performed under local anesthesia.

Golick had both legs done in 2007 during two separate procedures and is thrilled with the results.

"My legs look great. They're so smooth now," Golick adds. "More importantly, they feel great. I can stand all day long and not have any pain. I highly recommend the Ingalls Vein Clinic."

For more information, call the nurse navigator at the Ingalls Vein Clinic at 708.915.7518.

## Innovative Treatments Provide Hope, Healing for Cancer Patients

At Ingalls, the field of interventional radiology shows great promise for advancing the treatment of cancer.

"Interventional radiologists are skilled at using the vascular system as a pathway into previously inaccessible territory," explains Perry Gilbert, M.D., Medical Director of Interventional Radiology at Ingalls. "This expertise allows us to offer innovative, treatments that target tumors from inside the body – without damaging other areas."



Front row (l to r): Drs. Perry Gilbert and Thomas Aquisto  
Back row (l to r): Drs. Richard Lichtenberg and Kevin Keele

While surgery and chemotherapy are the first line of treatment for most cancers, interventional treatments provide hope for patients who thought they had run out of options. Such treatments can be used to shrink inoperable tumors so that surgery might be possible, prolong survival, provide pain relief and improve quality of life.

Ingalls offers several state-of-the-art interventional cancer treatments, including:

- **Radiofrequency ablation** is a technique that destroys cancer deposits deep in the body without invasive surgery. A thin needle is placed into a tumor using ultrasound guidance. Electromagnetic energy is then emitted from the needle to destroy the cancer. This technique is appropriate for relatively small tumors of the liver, kidney and lung.
- **Chemoembolization** offers an alternative to patients with primary or metastatic liver tumors who are not candidates for surgery. A very small tube or catheter is placed into the artery supplying the liver. A mixture of chemotherapy is then injected so that it remains in the liver, greatly increasing its effectiveness there, while decreasing its toxicity to the rest of the body.
- **Selective Internal Radiation Therapy (SIRT) or Radioembolization** is a non-surgical outpatient therapy that uses radioactive microspheres, to deliver radiation directly to the site of liver tumors. This targeted therapy spares healthy tissue while delivering up to 40 times more radiation than would be possible using conventional radiotherapy. Ingalls is one of the few cancer programs in the state to offer SIRT.



# Cancer Rehabilitation

## Helping Restore Quality of Life

*Priscilla Harris and physical therapist Rosemary McCarthy*

Today's life-saving cancer treatments may cause side effects that require physical rehabilitation to help patients manage their pain, regain certain abilities and restore their quality of life. That's why Ingalls has created the area's only Breast Cancer Rehabilitation Program.

"Cancer rehabilitation helps treat the musculoskeletal and cardiopulmonary effects of surgery, chemotherapy, radiation and reconstructive surgery," explains Rosemary McCarthy, P.T., C.L.T., coordinator of the Breast Cancer Rehabilitation Program at Ingalls.

The Ingalls program is based on well-documented research that shows exercise and other therapy interventions can help:

- Reduce fatigue and depression
- Maintain weight, muscle mass and range of motion
- Promote strength and flexibility
- Restore balance
- Eliminate pain
- Improve quality of life

"Contrary to what you might think, it's important to remain active while undergoing chemotherapy. An equal combination of aerobic activity, flexibility and strengthening is recommended," she adds. "In fact, devoting as little as five minutes to exercise each day will help improve your outcome."

The cancer rehabilitation team at Ingalls includes highly skilled physical therapists trained and certified in lymphedema treatment, occupational therapists,

physicians, nurses and other clinical specialists who understand the unique needs of people undergoing treatment for and recovering from cancer.

"Our rehabilitation team treats a wide range of short- and long-term impairments that may result from cancer and cancer treatments, including weakness, fatigue, lymphedema, depression, loss of balance and more," she says.

Breast cancer rehabilitation is available at two convenient locations, including the main hospital campus in Harvey, and the Ingalls Family Care Center in Tinley Park.

"Cancer rehabilitation at Ingalls began with the implementation of the area's only Lymphedema Treatment Program in 2006," McCarthy says.

In November 2008, the program expanded to treat patients while they are undergoing chemotherapy and radiation – to help counteract the effects of these treatments.

"We also follow patients after their treatment is finished, especially patients who have undergone radiation since its side effects can occur long after the actual radiation therapy is done," she adds.

In addition to hands-on therapy, patients receive a host of valuable educational resources and exercises to practice at home.

Ingalls plans to expand its cancer rehabilitation program in 2009 to include other common types of cancer, including lung and brain cancers.

# Becoming 'Whole' Again Through Breast Reconstruction

From the moment she was diagnosed with Stage III breast cancer in early 2007, 55-year-old Priscilla Harris of Burnham knew she wanted breast reconstruction surgery. It wasn't a matter of "if"; it was a matter of when.

"If I could have had it done right after the mastectomy, it would have been fine with me," Harris explains. "It was just very important to me to have reconstructive surgery."

As it turned out, Harris' cancer treatment called for chemotherapy and radiation, so she had to wait several months after her treatment before she could begin the reconstructive process in May 2008. For most patients, however, the reconstructive process is immediate and occurs at the same time as the mastectomy.

"It was definitely worth the wait," she adds.

## What is breast reconstruction?

"Breast reconstruction is achieved through several plastic surgery techniques that attempt to restore a breast to near normal shape, appearance and size following mastectomy," explains Sami Bittar, M.D., board-certified plastic and reconstructive surgeon on staff at Ingalls. "It can be a physically and emotionally rewarding procedure for a woman who has lost a breast due to cancer or other conditions."

The surgery rebuilds the breast so that it is about the same size and shape as it was before. The nipple and areola can also be added.

"Most women who have had a mastectomy can have reconstruction," he explains. "Women who have had a lumpectomy may not need it."

If only one breast is affected, it alone may be reconstructed. A breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to improve symmetry of the size and position of both breasts.



Dr. Sami Bittar

## Why have it?

The final results of breast reconstruction following mastectomy can help lessen the physical and emotional impact of mastectomy. Over time, some breast sensation may return, and scar lines will improve, although they'll never disappear completely.

There are trade-offs, but most women feel these are small compared to the large improvement in their quality of life and the ability to look and feel whole.

The inspirational Harris, a busy wife and mother of five grown children, did her homework before she underwent the procedure.

"Talk about the benefits and risks of reconstruction with your doctors," Harris adds. "I talked to the surgeon who did my mastectomy, Dr. Carl W. Johnson, and he referred me to Dr. Bittar. I felt very comfortable with Dr. Bittar and his staff. I also did research on the Internet. That way, I wasn't so surprised to find out that the reconstructive surgery process takes several months."

"I was uncomfortable for a while and I had to wear a sports bra for months," she adds. "But it's worth it. I would definitely recommend breast reconstruction to other women who have had a mastectomy."

## Regular Breast Care Still A Must

Advice from the Nurse Navigators with the Richard K. Desser, M.D., Breast Center:

Regular breast care for women age 40 and older consists of a yearly clinical breast exam by a health expert and an annual screening mammogram. Many cancer experts recommend you examine your breasts monthly. Have your doctor or nurse review your breast self exam (BSE) method. Seek medical attention for any breast lumps, changes or abnormalities that you may find, including:

- Lumps or swelling
- Skin irritation
- Nipple pain or inversion
- Redness or scaling



Georgia Casella, R.N.



Lisa Gravitt, R.N.

# No Distance Too Great to Travel for Anterior Hip Replacement

Julie Verona of Ottawa didn't blink an eye about driving more than 70 miles to Ingalls last July to have an anterior hip replacement. What she spent in gas money, she more than made up for in reduced post-operative pain and a quicker recovery time.

As a professional graphic designer, Verona spends long hours sitting in front of a computer, not an easy feat for someone with arthritis of the hip. Before she underwent the revolutionary procedure in July, sitting, standing and even sleeping caused a lot of pain.

"I used to walk everyday," she recalls, "but one day I could barely make it back home."

Despite her young age, doctors told Verona a hip replacement was inevitable. But the energetic wife and mother of three didn't want a traditional hip replacement.



"With three kids, I needed to be up and moving right away."

—Julie Verona

"I wanted to have the anterior hip," she explains. "With three kids, I needed to be up and moving right away. My husband's aunt in Iowa had an anterior hip done, so I knew there were a lot of advantages and I was willing to drive all the way to Iowa to have it done."

Her health insurance company, however, didn't agree. So after some more searching on the web, Verona discovered board-certified orthopedic surgeons in Chicago's south suburbs who were experts in the European-pioneered procedure they dubbed the "French Hip."

## What You Need to Know About Hip Replacement

Not all hip surgeries are the same. Surgeons at the Advanced Orthopedic Institute at Ingalls offer a unique alternative approach, accessing the hip joint from the front, or anterior. Originally conceived in Europe, this "French" hip has many benefits to eligible patients:



Dr. David Smith

- shorter hospital stay
- smaller incision
- less muscle trauma
- faster recovery
- reduced pain
- reduced blood loss
- reduced tissue healing required
- reduced risk of dislocation
- more accurate leg length control
- more rapid return to normal activities



Dr. Joseph Thometz



Dr. Dan Weber

## The anterior approach to hip replacement

The anterior hip approach is made possible with the use of a high-tech operating table that allows surgeons to reach the hip joint from the front, working between the muscles and tissues instead of having to detach them from either the hip or thighbones. This minimizes trauma and helps prevent dislocation of the hip.

"Following surgery, patients can immediately bend their hip and bear full weight when comfortable, resulting in a more rapid return to normal function," David Smith, M.D., explains. "And, in supervised therapy, patients go up and down stairs before their hospital release."

Following physical therapy, Verona was moving better than she had in years. She even resumed exercise walking.

"My physical therapist in Ottawa had never seen a patient who had undergone the anterior hip before and was blown away by the results," she adds.

For more information please call Ingalls Care Connection at 1.800.221.2199.





## Physical Dependence vs. Addiction

Pain is one of the main reasons people seek medical care; yet it's also among the most under-treated conditions. Why?

One of the reasons is a fear of becoming addicted to opioids – the main type of pain relief medication prescribed for chronic pain. This fear results from a basic misunderstanding about two real – yet very distinct – medical conditions known as physical dependence and addiction.



Dr. Joseph Beck

"It's important to make a distinction between the two," explains Joseph Beck, M.D., board-certified internist, and a psychiatrist and addictions specialist on staff at Ingalls. "Physical dependence occurs when someone develops a tolerance to a medication or

experiences withdrawal when they stop taking that substance abruptly. Tolerance is when your body gets used to a medication and you need to continue to increase the dose to get the same effect.

"On the other hand, addiction is more of a behavioral disorder that may or may not also include physical dependence," Dr. Beck adds. "Addiction occurs when an individual continues to use substances despite negative life consequences." Addicted individuals may give up work, school, family or other relationships because of substance use.

Although it is possible to develop an addiction to a pain medication such as Percocet or Oxycontin, experts estimate that only a small percentage of patients do. "Most people are able to gradually taper off the medication as their pain improves without significant problems," says Dr. Beck.

However, if you suspect you or a family member may be addicted to or abusing medication drugs or other substances, contact the Illinois Institute for Addiction Recovery at Ingalls at 1.800.522.3784 or visit [www.addictionrecov.org](http://www.addictionrecov.org).

# News Briefs

## Making Final Days Comfortable

Quality end-of-life care is as essential as quality healthcare.

Hospice is care designed to provide comfort and support to patients and their loved ones when a life-limiting illness no longer responds to curative treatment. Ingalls hospice care is offered in both a private inpatient unit, or in the comfort and serenity of a patient's own home. Hospice is paid for by Medicare, Medicaid, and many other private insurances.

"I'm a firm believer in helping someone live as long as possible," oncologist Mark Kozloff, M.D., notes. "But when length of time is no longer a possibility, keeping the patient comfortable is critical. Our dedicated hospice team will do whatever they can to ensure their patients die with peace and dignity...comfortable, well cared for and surrounded by family, loved ones and friends."

For more information, call Ingalls Hospice at 708.331.1360.

## Partnership Opens Access to Mammograms

Responding to the needs of underinsured women in our community, Ingalls has established a relationship with **A Silver Lining Foundation**. The group helps fund mammograms and follow-up cancer treatments so that quality healthcare services are available to all who qualify. Call 312.345.1322.

## Join our Caring Community

Open your heart and share your talents with a full range of volunteer opportunities available at Ingalls. Men and women of every age and background are encouraged to consider options in our Ambassador Corp, Gift Shop/Gift Cart, health fairs and community activities, information desks, surgical waiting room and more.



Betty Vankanegan

For 85 years, volunteers have worked alongside healthcare professionals at Ingalls in a community of care, helping our neighbors to be well. If you have a genuine interest in helping others, please call our Volunteer Services at 708.915.5214.

# We bring quality care to your neighborhood



Ingalls has the most extensive network of outpatient care centers in the South Suburbs. Wherever you live or work, you'll find an Ingalls facility nearby:

- > **Ingalls Memorial Hospital, Harvey**  
(156th and Wood Streets)  
708.333.2300
- > **Ingalls Family Care Center, Calumet City**  
(170th and Torrence Ave)  
708.730.1300
- > **Ingalls Family Care Center, Flossmoor**  
(On Governors Highway between Kedzie and Vollmer)  
708.799.8400
- > **Ingalls Family Care Center, Matteson**  
(Route 30 east of Cicero)  
708.747.7720
- > **Ingalls Family Care Center, Tinley Park**  
(159th St. east of Oak Park Ave)  
708.429.3300
- > **Ingalls Center for Outpatient Rehabilitation (ICOR)**  
Calumet City  
708.862.5500
- > **Ingalls Home Care**  
708.331.0226
- > **Ingalls Cancer Care Centers**  
Harvey – 708.915.6620  
Tinley Park – 708.915.7800
- > **Ingalls Same Day Surgery**  
Tinley Park  
708.429.0222
- > **Ingalls Wellness Center**  
(H-F Racquet & Fitness Club)  
Homewood  
708.206.0072
- > **Cancer Support Center**  
Mokena  
708.478.3529
- > **Ingalls Care Connection**  
Information and Referral Line  
1.800.221.2199
- > **TTY for hard of hearing:**  
1.800.526.0844

## 26th Annual FREE Family Health Fair

Sunday,  
April 19, 2009  
9 a.m. - 2 p.m.

Sponsored by the Homewood Rotary Club and Ingalls Health System

**James Hart Junior High, Homewood**

**183rd & Aberdeen, at the H-F Sports Complex**

- \$10 Lipid Profile (fast required)
- Heart & Cancer Screenings
- Bone & Joint Pain Evaluations
- \$15 School Physicals, FREE Immunizations

No appointments needed, but for more info call Ingalls at 1.800.221.2199 or register ahead at [IngallsHealthSystem.org](http://IngallsHealthSystem.org)



## INGALLS Progress

One Ingalls Drive | Harvey, IL 60426  
[www.ingallshealthsystem.org](http://www.ingallshealthsystem.org)

Ingalls Progress is created to provide healthcare information to the residents of Chicago's South Suburbs.

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