

INGALLS Progress

SPRING 2017
ANNUAL REPORT ISSUE

Now part of the University of Chicago Medicine



Daughter Navigates Breast Cancer with Mom's Help

Immunotherapy: New Hope for Patients with Advanced Cancers

Rare Heart Condition Affects Younger Women

Robot-Assisted Partial Knee Replacement

Letter to the Community



President
Kurt E. Johnson

What an exciting few months it's been since joining forces with the University of Chicago Medicine last fall. We've been hard at work, planning, collaborating and creating our vision for what the area's premium healthcare brand will look like over the next five+ years within the many communities we serve.

So where exactly are we headed?

Our joint vision is to become the unmatched healthcare leader in south/southwest Chicago and beyond. When fully integrated, our newer and stronger health network will improve access across the spectrum of care – be it for a routine, preventative checkup or a complex, life-sustaining treatment such as organ transplantation. With Ingalls bolstered by an army of white coats and world-class services, there should be no need to drive downtown to know that you are going to receive the best right here.



Chairman
David M. Orth

We've set some exciting three- to- five-year goals to get there. They include:

- Growing the number of primary care and specialty doctors in our area, as well as mid-level providers like nurse practitioners. For you, that means a larger pool of high-quality doctors and providers to choose from.
- Expanding our network of outpatient care centers by identifying locations in new communities, convenient and close to where our patients live and work.
- Developing and expanding our outstanding programs in orthopedics, cancer care, and heart and vascular care to continue improving the quality of lives for those who choose us for their care.
- Designing programs and services that will positively impact the health of the people we care for.

Many of the integration challenges involve important behind-the-scenes efforts, such as integrating information systems so that physicians can follow the medical records of a patient at the partner hospital, and aligning insurance contracts so our patients will be in-network at both hospitals.

Some changes may be more visible, with access to capital that will enable us to expand our services and update facilities at a much faster pace. Also, patients have already begun to experience the integration, with appropriate patients flowing in both directions. For example, you'll read in this issue about one patient who was transferred for an urgent cardiovascular surgery; and since UChicago Medicine doesn't offer inpatient rehabilitation or home health and hospice services, many patients who live south have chosen to follow up their UChicago Medicine hospitalization with Ingalls local services.

As we work together to look for synergies in the ways our organizations complement each other, we are finding many mutual benefits to us and to our patients.

We'll continue to check in with you about our progress in the coming weeks and months ahead. As you know, big undertakings like these take time, and we plan on spending the time it takes to do this right. But you have our word that we are well on our way to giving you greater access to more services than ever before!

Ingalls Annual Report FY 2016

Ingalls Health System Operating Expenditures (in thousands)

Our People	145,954
Patient Care Supplies & Other	94,561
Purchased Services	62,680
Provision for Uncollectible Accounts	28,765
Depreciation	16,782
Medicaid Provider Assessment	14,324
Insurance & Self Insurance Program Costs	28,292
Amortization & Interest	6,285

Total Operating Expenditures **397,643**

Capital Investments **20,333**

Charity Care & Community Service

Charity Care Based on Charges Forgone	7,932
Excess of Cost Over Reimbursement for Medicaid Patients	27,718
Community Service Provided, at Cost	1,669

37,319

Data shown below is in actual figures:

Patient Care Services Summary

Admissions (excluding births)	13,185
Inpatient Days	64,650
Births	922
Emergency Department Visits	119,891
Outpatient Visits (excluding ER)	245,708

Home Health

Intermittent Care Visits	38,958
Private Duty Hours	88,351
Hospice Days	13,570

Surgeries

Inpatient	2,525
Ambulatory	3,240

Ingalls News in Brief

Ingalls Cardiac and Pulmonary Rehab Programs Earn National Certification

Ingalls recently achieved three-year certification of its cardiac and pulmonary rehabilitation programs by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), signifying that Ingalls offers patients the most advanced practices available.

Cardiovascular and pulmonary rehabilitation programs are designed to help people with cardiovascular problems, such as heart attack and coronary artery bypass graft surgery, and pulmonary problems, including chronic obstructive pulmonary disease (COPD), recover faster and improve their quality of life. Both programs include exercise, education, counseling, and support for patients and their families.

AACVPR-certified programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation. This is the first time Ingalls Pulmonary Rehabilitation achieved the prestigious certification.

Cigna Cites Ingalls for Excellence in Six Categories

Ingalls has been designated a Cigna Center of Excellence (COE) for 2017 in several distinct categories. The standout endorsement is given to hospitals achieving the highest ratings in both patient outcomes and cost efficiency, according to Cigna's annual evaluation measures.

Ingalls has received the COE designation for 2017 for the following six conditions:

- Abdominal Hysterectomy
- Gallbladder Removal, Laparoscopic
- Cardiac Catheterization and Angioplasty
- Delivery
- Orthopedic Back Surgery
- Pulmonology Medical



Ingalls Receives the 2016 Women's Choice Award® as one of America's Best Hospitals for Orthopedics

Women love Ingalls for orthopedics care! Ingalls received the 2016 Women's Choice Award® as one of America's Best Hospitals for Orthopedics. This evidence-based designation is the only orthopedics award that identifies the country's best healthcare institutions based on robust criteria that considers female patient satisfaction, clinical excellence, and what women say they want from a hospital.

Ingalls, along with the 425 award winners, represents hospitals that have provided exceptional patient care and treatment, signifying our commitment to meeting the highest standards in orthopedics for women, their families and their community.

The 2016 America's Best Hospitals for Orthopedics are hospitals that provide comprehensive orthopedics services, indicating a minimal number of arthroscopy, joint replacements and spine surgery services, as well as offering onsite MRI and physical therapy. These full-service hospitals are then judged based on their results through the Hospital Consumer Assessment for Healthcare Providers and Systems (HCAHPS) survey for patient recommendations and post-operative recovery instructions, measures that are very important to women when choosing a hospital.

For more information on the 2016 America's Best Hospitals for Orthopedics visit <http://www.womenschoiceaward.com>

Ingalls First to Offer Fiberoptic Endoscopic Evaluation of Swallowing

When Ingalls introduced a procedure called fiberoptic endoscopic evaluation of swallowing (FEES) last fall, it became the first and only hospital in the South Suburbs to offer this complementary alternative to the video fluoroscopic swallow study.



FEES is used to diagnose dysphagia, or difficulty swallowing, common in patients with a neurological condition such as a stroke or Parkinson's disease, or who have structural damage resulting from treatment for head and neck cancer. Symptoms may include coughing or throat clearing when eating or drinking, recurrent pneumonia, unexplained weight loss, or reports of the sensation that food or liquids feel stuck in the throat after swallowing.

"It allows us to assess the surface anatomy of the pharynx from above and to examine the pharynx and larynx before and after swallowing," explains Susan Annerino, MS, CCC-SLP, speech/language pathologist at Ingalls.

Unlike the videofluoroscopic swallow study, which requires transporting the patient to Radiology and exposing them to radiation, FEES can be performed at the patient's bedside. It's also a critical option for patients allergic to barium.

During the two-part FEES procedure, a flexible endoscope is passed along the floor of the nose down to the level of the soft palate or below where the speech/language pathologist can view laryngeal and pharyngeal structures and their functions. Once the test is done, recommendations are made regarding diet and treatment strategies to improve safety and reduce the risk of aspiration-related illness.



Immunotherapy Offers Hope for Patients with Advanced Bladder Cancer

For Ronald Becker of Highland Park, an hour-and-15-minute drive to Tinley Park every three weeks is a small price to pay for a “miracle treatment” that’s put his bladder cancer in remission.

Ronald’s treatment – immunotherapy – is the first ray of hope for people with advanced bladder cancer, whose five-year survival rate is typically less than 15 percent.

The wonder drug is Tecentriq, one of a group of revolutionary treatments called checkpoint inhibitors that make it possible for the patient’s immune system to attack cancer.

Normally, the immune system protects the body against viruses and bacteria. Cancer cells, however, “trick” the immune system so the cancer can multiply unchecked.

“Checkpoint inhibitors like Tecentriq allow the immune system to do what it was designed to do, in this case, fight cancer,” explains hematologist/oncologist James Wallace, MD.

One of the most exciting aspects of immunotherapy is that it has the potential to work universally in all cancers.

When Ronald began immunotherapy treatments at Ingalls in April 2016, he was out of options. Two previous courses of chemotherapy had failed to stop the spread of his cancer.

Luckily, the new therapy was available at Ingalls as part of an expanded-access clinical trial; he was enrolled in the study before his cancer had a chance to spread any further.

A month after Ronald enrolled in the study at Ingalls, Tecentriq received approval from the Food and Drug Administration (FDA), and it became available at cancer centers across the country – including a hospital five minutes from Ronald’s home.

But by that time, the 82-year-old father of two and grandfather of four had already bonded with Dr. Wallace, clinical research nurse Amber Kindt, RN, BSN, OCN, and the caring team at the Ingalls Outpatient Infusion Center in Tinley Park.

“I like the people there, and I’m very grateful to Dr. Wallace for getting me into this program” says Ronald.

Best of all, the new treatment causes very few side effects. “I’m still working,” he adds. “When I had chemo, I used to go home and go to bed. I’m a little tired now, but otherwise, I feel great.”

For more information, call Ingalls Cancer Care at 708.915.HOPE (4673).

Ingalls Advancing Colorectal Cancer Treatment Through Research

Before Michelle Burnett became the second person in the world to enroll in a breakthrough research study at Ingalls Cancer Care in 2016, she had run out of options. After a debilitating seven-year battle with stage 4 colorectal cancer, doctors discovered that her cancer spread to her lymph nodes. “When you’re given a diagnosis like I was, you need to find a really good place to go,” she explains. Burnett’s cancer care team at Ingalls includes Mark Kozloff MD, Medical Director of Ingalls Cancer Care, and cancer research nurse Joy Vlamakis, RN. The “miracle study,” as Burnett calls it, uses immunotherapy to tap into the body’s own ability to fight disease.*

Ingalls was the only hospital in Illinois – and one of only a handful in the Midwest – to offer the trial. After just four treatments, the difference in Burnett was like “night and day.”

“The real miracle came when I had my scan done after four treatments and found that not only did my disease improve overall by 36 percent, but that one of the tumors in my liver completely disappeared. That’s why I wanted to go to Ingalls.”

“Immunotherapy agents help unleash the immune system’s potential to fight off certain types of cancer, and I’m proud to say we’ve been investigating and using these treatments at Ingalls for several years now,” Dr. Kozloff explains.

**This particular study is now closed.*

Ingalls currently offers immunotherapy treatments for malignant melanoma, certain types of lung cancer, and kidney cancer, and is investigating immunotherapy agents to treat esophageal and gastrointestinal/stomach cancers.

Colorectal Cancer Awareness



Dr. Adrienne Fregia

Awareness of symptoms and signs of colorectal cancer can be lifesaving. “Most people with colon cancer experience no symptoms in the early stages of the disease,” explains gastroenterologist Adrienne Fregia, MD.

Studies show up to 90% of colon cancers could be prevented by proper screening. People with an average risk should begin screening at age 50; but those with an increased risk, including

individuals with a family history, and African-Americans, may begin screening at age 45.

For more information, call Ingalls Care Connection at 708.915.2273 (CARE).



Michelle Burnett was the second patient in the world to enroll in an international colorectal cancer study at Ingalls. Pictured, from left, are Ingalls Cancer Research Nurse Joy Vlamakis, R.N., Michelle Burnett and Mark Kozloff, M.D.

Personal Touch: Beecher Woman Navigates Breast Cancer with Mom by her Side



Dr. Gary Peplinski

As a 911 dispatcher, Catherine Gonzalez is cool in a crisis, but nothing prepared the young wife and mother for a diagnosis of stage 2 breast cancer in February 2016, a week before her 35th birthday.

In late 2015, Catherine discovered a lump in her left breast, but she didn't think much of it. "I thought maybe it was a fibroadenoma (benign breast tumor)," she explains.

"I was shocked," she explains. "I was always the healthy one. I never smoked or drank; I always exercised." The Beecher woman soon discovered, however, that breast cancer often strikes younger women with no risk factors.

Eventually she confided in a breast cancer expert she trusted with her life...her mom. As one of two nurse navigators at Ingalls Richard K. Desser, MD, Comprehensive Breast Centers, Delores Knapp, RN, has helped hundreds of women navigate the overwhelming world of breast cancer tests and treatments.

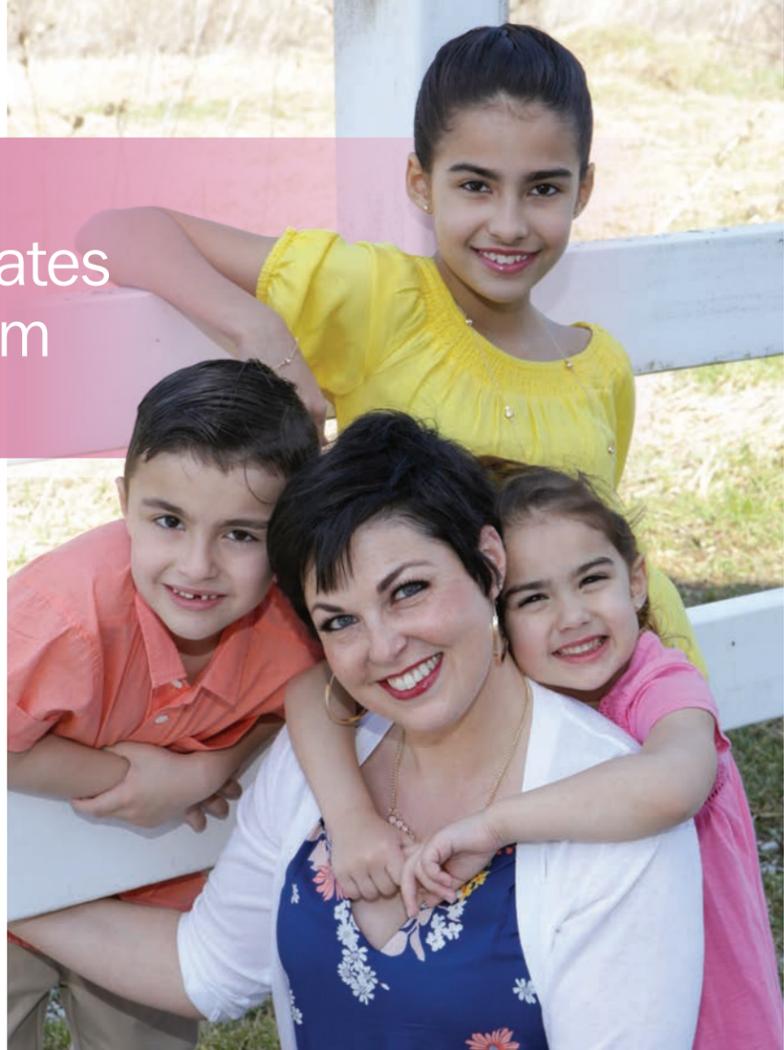
When the diagnosis came back as breast cancer, both mother and daughter were stunned. Like she would with any of her patients, Delores coordinated Catherine's many tests and appointments, including her visits with oncologist James Wallace, MD, and surgeon Gary Peplinski, MD. She also helped her daughter weigh her treatment options.

Catherine eventually opted for a double mastectomy at Ingalls, and was referred to the University of Chicago Medical Center for breast reconstructive surgery. "I didn't want to wake up every morning wondering if the cancer might come back," she explained. Her treatment also included chemotherapy and radiation.

Today, Catherine's fully recovered, cancer-free and forever grateful for the excellent care she received throughout. Best of all, Catherine says, is that her mom helped her navigate one of the most difficult journeys of her life.

"She was there for me every step of the way," Catherine said. "Ingalls has been wonderful to her," Delores adds. "I wouldn't trust her with anybody else."

Get connected to your very own Ingalls cancer expert now. To learn more about our Nurse Navigators, call 708.915.HOPE (4673)



Navigating Breast Cancer

It's reassuring to know that from the moment you enter our cancer program until your treatment is complete, there's somebody by your side. One of our nurse navigators is available to answer questions, explain test results or medications, schedule appointments, coordinate treatments...or just listen. At Ingalls, our nurse navigators:

- Help coordinate your appointments, tests, and treatments with your entire Ingalls Cancer Care team
- Explain in easy-to-understand language the goals, benefits, and risks of treatment choices
- Provide individualized support on symptom management and nutritional coaching before, during, and after treatment
- Participate in weekly cancer conferences with doctors and nurses to determine the best treatment plan for you

Ingalls Richard K. Desser, MD, Comprehensive Breast Centers bring healing and hope. Schedule your mammogram at one of our convenient, accredited centers of excellence.

Call 708.915.3333 today.



2016 WOMEN'S CHOICE AWARD
AMERICA'S BEST BREAST CENTERS

Straightening Things Out: New Procedure Treats the Root Cause of Bunion Deformity



Podiatrist Dale Brink, DPM, recently achieved a first for the entire South Suburbs when he successfully performed a revolutionary new type of bunion surgery called the Lapiplasty® bunionectomy in early March.

The new procedure corrects the root cause of the problem – a misaligned metatarsal bone – while dramatically shortening the time patients have to wait to bear weight on the affected foot.

"Contrary to popular belief, bunions are often complex deformities that stem from joint issues in the mid-foot," he explains. "The root cause of a bunion is an unstable joint at the base of the foundation of the metatarsal bone." With an unbalanced foundation, the bone leans out of alignment and creates a bump on the side of the foot at the base of the big toe.

Most bunion treatments only address the top part of the metatarsal and ignore the real problem: the unstable joint.

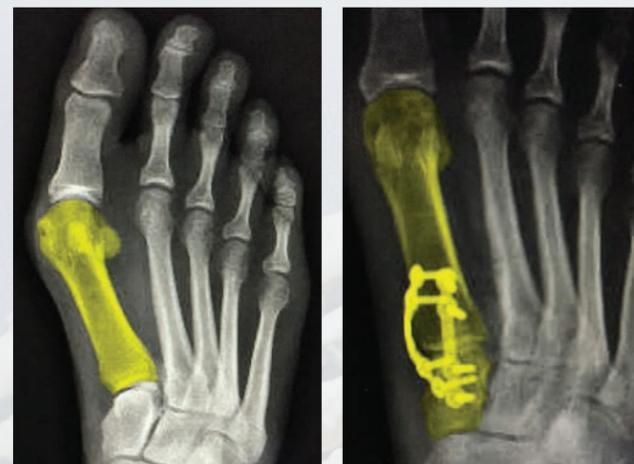
"A common misconception is that a bunion is simply an overgrowth of bone that can be 'shaved' off," he explains. During an osteotomy or traditional bunion surgery, the surgeon cuts and shifts the top part of the bone over, treating the bunion symptoms or bump. "An osteotomy is a two-dimensional solution for a three-dimensional problem." With the unstable joint still at its foundation, the root cause of the bunion deformity isn't addressed and, as a result, is prone to return.

The Lapiplasty® procedure, however, addresses the problem three-dimensionally.

"Using advanced instrumentation, the entire metatarsal bone is corrected in all three dimensions, restoring it to its proper alignment while naturally removing the bump and straightening the toe," he added. "The unstable joint is then fused with titanium plates, which permanently secures the correction in place."

Since the procedure uses advanced fixation technology, many patients are able to bear weight on their foot within days after surgery instead of six weeks with traditional bunionectomy. Best of all, Lapiplasty® doesn't limit footwear choices or physical activity.

For more information, call Ingalls Care Connection at 708.915.CARE (2273).



Before Lapiplasty®

After Lapiplasty®

Ingalls Expands Robot-Assisted Surgeries to Include Partial Knee Replacements

When Nicole Calmes had a partial knee replacement earlier this year, she knew the drill.



Like her other partial knee replacement five years ago, orthopedic surgeon Daniel Weber, MD, performed the surgery, but this time, he became the very first surgeon to use the sophisticated MAKO robotic system at Ingalls.

MAKO surgery is a newer approach to joint replacement that offers unparalleled accuracy when placing and aligning a new joint, and that translates to a better-functioning, longer-lasting knee. Other benefits can include less pain, less blood loss during surgery and a shorter hospital stay.

“The biggest advantage of the MAKO system is that it gives surgeons the ability to fine-tune our plans during surgery,” Dr. Weber explains. “This allows for the most precise alignment of the new joint – and the most natural fit and feel for the patient.”

The highly intelligent MAKO system guides the surgeon within a predefined area, preventing movement outside the planned boundaries. Even a millimeter or two of tilt or rotation can dramatically affect the wear patterns and longevity of the components.

It all adds up to better outcomes for the patient. And for Nicole, who stands up to 16 hours a day at her job as a corrections sergeant, that’s music to her ears!

“I work in a prison and wear boots all day on a concrete floor,” the Lockport mother of five says. “It’s hard on the joints.”

“I was able to walk on it the day after surgery with no problems,” she added. “I seem to be healing better this time, and the pain after surgery wasn’t as bad either. I’m really happy with the results so far; Dr. Weber is the best.”

If you or someone you know is suffering from knee pain, call the Ingalls Advanced Orthopedic Institute at 708.915.PAIN (7246) today.

Partial Knee Replacement: Why Replace What Isn't Broken?

Knees don’t wear out evenly. Sometimes one part of the knee is perfectly fine while another part is heavily damaged. Depending on where the damage is in the knee, a partial knee replacement may be the best option to relieve the pain caused by joint degeneration that hasn’t yet progressed to all three compartments of the knee.

Candidates for MAKOplasty partial knee replacement include patients with arthritis that affects one part of the knee and who experience the following symptoms:

- Pain while standing, walking or getting in and out of chairs
- Pain with activity, climbing up or downstairs
- Joint stiffness after getting out of bed
- Swelling in one or more areas of the knee
- A grating sensation or crunching feeling during use



da Vinci Robotic Surgery Means Less Pain after Hysterectomy and Pelvic Floor Repair

Pelvic organ prolapse – when a woman’s bladder, uterus, or rectum slips down through the vaginal canal – is a topic most women avoid, even with their doctors.

Until recently, Shundra Broughton of Riverdale was one of them. In fact, the 43-year-old mother of two was dealing with a prolapsed uterus, a bladder that wasn’t far behind and painful uterine fibroids that caused excessive bleeding.

“The last two to three years were horrible,” she explains. “The cramping was almost unbearable.”

Even worse were the menstrual cycles that lasted two to three weeks. They interfered with her active lifestyle and her job – and caused anemia from extreme blood loss.

Shundra’s problems required multiple fixes. Thankfully, she received a referral to board-certified obstetrician/gynecologist Pierre Johnson, MD, an expert in minimally invasive gynecological surgery using the da Vinci robotic system at Ingalls.

“Prolapse (or falling) of any pelvic floor organs occurs when the connective tissues or muscles become weakened and aren’t able to hold the pelvis in its natural position,” Dr. Johnson explains.

When they’re working like they should, pelvic floor muscles are strong enough to support these organs and keep them in place – yet flexible enough for women to give birth and maintain normal bodily functions such as urination and bowel movements. If they become weakened or stretched, one or more pelvic organs can fall out of place.

Symptoms include pelvic pressure, the feeling of a “lump” protruding through the vagina, problems having a bowel movement, urination issues, lower back pain and painful sex.

“The most common causes are vaginal childbirth, menopause, chronic coughing or straining, heavy lifting or obesity,” Dr. Johnson adds. “However, the major contributors are genetics and age. The older a woman is, the more likely she may start to experience prolapse.”

If the problems become severe, surgery may be the best option.

For Shundra, treatment consisted of a combination of two procedures: robotic-assisted supracervical hysterectomy to eliminate the fibroids and excessive bleeding and a sacrocolpopexy to reinforce the weakened pelvic muscles.

During sacrocolpopexy, surgeons use mesh to support the weakened muscles, keep the pelvic organs where they belong and ease symptoms.

The highly sophisticated da Vinci system gives surgeons a three-dimensional, high-definition view inside the body; special wristed instruments that bend and rotate

more nimbly than the human hand; and enhanced vision, precision and control. As a result, patients experience fewer complications, less blood loss, a shorter hospital stay and less pain after surgery.

Shundra can attest to all of the above. “I didn’t have a lot of pain afterwards, and instead of a long six-week leave from my job, I worked from home for two to three weeks,” she said. “I didn’t even have stitches, just surgical tape.”

“If you’ve been diagnosed with vaginal prolapse, uterine prolapse or any other prolapse condition, you should consider all your treatment options and work with your doctor to identify the best treatment option for you,” Dr. Johnson explained. “You may be a candidate for da Vinci surgery.”

Depending on a patient’s age, lifestyle and desires, there are non-surgical options to treat prolapse, including a plastic pessary device that fits into the vagina to help support the uterus, vagina, bladder or rectum.

For more information about da Vinci robotic-assisted surgery at Ingalls, call Ingalls Care Connection at 708.915.CARE (2273).



Rare Heart Condition Affects Younger Women Disproportionately

An unexpected tear in a heart artery wall is called a spontaneous coronary artery dissection (SCAD), and when it occurs, blood pools between the inner and outer layers of the artery. The trapped blood can form a clot that slows or even stops blood flow to the heart, and the results can be deadly.



Dr. P. Sandy Sundram

Though many of its 25,000 victims per year are women, SCAD is responsible for the deaths of comedians Alan Thicke and John Ritter. Researchers aren't sure what causes SCAD, but patients are often women between 30 and 50 years of age who are otherwise healthy, with few or no risk factors for heart disease.

Audrey Weidman of Flossmoor, a wife and mother of two, suffered a SCAD event last October and walked around for two days not knowing it. Lean, physically active and committed to a holistic lifestyle, the frequent fitness blogger is definitely not someone you'd expect to have a heart attack.

When she started feeling discomfort in her chest one day last fall, she attributed it to a particularly intense yoga session from the day before. "I ignored it," she said. It wasn't until she had an EKG at a regularly scheduled doctor's appointment in Chicago two days later that she discovered she'd had a heart attack.



"Unlike most heart attacks, my coronary angiogram revealed that I had no plaque in my arteries," she explains. "Instead, the end of my left anterior descending aorta split." Doctors prescribed cardiac rehabilitation and medical management. She chose Ingalls Cardiac Rehabilitation. "That's when it hit me," she explains. "I needed to establish a relationship with a doctor and a hospital a lot closer to my home. It's an hour drive into the city to get to my regular doctor and hospital."

The Ingalls Cardiac Rehab staff set Audrey up with cardiologist P. Sandy Sundram, MD, and he's been her cardiologist of record ever since. "I make sure I exercise. My dog, Elroy, needs his walk everyday." To manage stress, Audrey meditates, prays and has stopped watching the news.

"I've gotten really good care at Ingalls," she said. "The rehab experience has been excellent. The nurses and staff there are phenomenal."

For more information about Ingalls Heart Care, visit Ingalls.org/HeartCare or call Ingalls Care Connection at 708.915.CARE (2273).

Possible Causes of Spontaneous Coronary Artery Dissection (SCAD)

- Gender; it tends to affect women more
- Giving birth
- Extreme physical exertion
- Diseases that cause blood vessel problems, such as lupus
- Irregular growth of cells in the artery walls
- Inherited connective tissue diseases such as Marfan syndrome
- Very high blood pressure

Symptoms

- Chest pain
- A rapid heartbeat or fluttery feeling in the chest
- Pain in the arms, shoulders or jaw
- Shortness of breath
- Sweating
- Unusual, extreme fatigue
- Nausea
- Dizziness

Ingalls/UChicago Medicine Partnership Proves Lifesaving for Markham Man

An introductory meeting between heart specialists at Ingalls and the University of Chicago Medicine earlier this year produced almost immediate lifesaving results for a 73-year-old Markham man with a dangerously blocked coronary artery. And his highly successful experience and outcome, in turn, demonstrated the tangible benefit to patients of the Ingalls/UChicago Medicine partnership.



Dr. Dilip Shah

The story begins on Jan. 31 when Steven Pilgrim, who had grown increasingly alarmed by frequent bouts of chest pain, made an appointment to see his cardiologist Dilip Shah, MD.

"I'd been popping Nitro pills like they were Tic Tacs," the retired father of two and grandfather of four explains. "I'd gone through 25 pills in 30 days. My wife told me, 'You've got to see Dr. Shah.'"

An angiogram at Ingalls showed a potentially lethal blockage of the left main coronary artery. If the artery closed up entirely, Pilgrim would have "died on the spot," Dr. Shah explained. "He couldn't go home."

But without 24/7 cardiac anesthesia coverage at Ingalls, Pilgrim couldn't remain there either. Dr. Shah knew that Pilgrim's condition, though stable at the moment, could change at any time. He needed a hospital with around-the-clock cardiac anesthesia availability.

Thanks to the dinner meeting he had attended at Ingalls only weeks earlier, Dr. Shah knew exactly what to do. He picked up the phone and called Valluvan Jeevanandam, MD, Chief of Cardiac and Thoracic Surgery at UChicago Medicine.



Dr. Valluvan Jeevanandam

Within minutes, Dr. Jeevanandam was clearing the way for Pilgrim's seamless transfer from Harvey to Hyde Park. While Pilgrim was transported by ambulance from Ingalls to UCMC, his wife Leslie followed in her car.

"It was a very smooth referral," Dr. Shah said. "Mr. Pilgrim was transferred to UCMC Friday, Feb. 3, and had the surgery Monday, Feb. 6."

Takeyoshi Ota, MD, PhD, performed Pilgrim's successful double-bypass surgery; following a 10-day stay at the

University of Chicago Medical Center (UCMC), Pilgrim was transferred back to Ingalls for inpatient rehabilitation. Today, the retired electrical engineer is feeling better than ever and grateful he received the care he needed when he needed it. "Everything was well coordinated and organized," he said.

One experience in particular brought a smile to Pilgrim's face: the very personalized care provided by a UCMC male staff member. "He asked me when the last time I was able to shave," Pilgrim recalls. "He shaved me, washed my hair and gave it a trim. I went in a grubby old man, and he really cleaned up my act."

Dr. Shah is equally grateful he was able to call on UCMC and its world-class heart team as an option for his seriously ill patient.

"Mr. Pilgrim's case demonstrated to me firsthand the real value proposition of merging with UChicago Medicine," he added. "I had an immediate option for my patient with a trusted physician and medical center. The referral and transfer were smooth and seamless as was the transfer back to Ingalls. It was definitely a win-win for me and my patient."



A Tale of Two Appendixes

Chicago Woman with Rare Condition Has Successful Surgery at Ingalls

Aimee Davis, an educator at the Field Museum in Chicago, is more accustomed to explaining history than making it, but the 36-year-old Chicagoan made news when she had not one – but two – appendixes removed at Ingalls Hospital in August.

"It began as a pain in my stomach," she recalls. When the persistent pain traveled to her right side, Aimee contacted her family doctor Kaveh Rahmani, D.O. A CT scan at Ingalls Family Care Center in Tinley Park confirmed appendicitis. He also contacted general surgeon Michael Romberg, M.D., to perform Aimee's appendectomy.

During surgery, Dr. Romberg found a perfectly normal appendix. But when he explored further, he discovered "a little abnormality on the side of the colon," he said. "It was inflamed and thickened; definitely an odd finding."

His first thought was that it might be a colon perforation or diverticulitis. He removed both, sent them to the lab for evaluation and prescribed a course of antibiotics for Aimee.

To everyone's surprise, the mystery growth turned out to be a second appendix! "I've read about a second appendix, but I've never seen one before," he added. "I talked to other surgeons, and they haven't seen it either. It's just one of those things you read about."

"I'd never even heard of it before," Dr. Rahmani adds. Nor had Aimee, who before her surgery, had never been hospitalized, much less had surgery.

"I feel really lucky and grateful to both my doctors," she said. "This could have had a much different ending."

Aimee admits she became a kind of sensation when she returned to work just 10 days after surgery. "The scientists I work with were particularly interested," she added with a laugh.

Looking back, Aimee says she frequently suffered from unexplained bouts of gastrointestinal pain and discomfort over the past 10 to 15 years, but no resulting test was ever conclusive. Since the removal of her appendixes, however, Aimee's pain has not returned.

If you have signs and symptoms of appendicitis, call your doctor right away. Severe abdominal pain requires immediate medical attention.



Dr. Kaveh Rahmani and Dr. Michael Romberg, with Aimee Davis, who is holding two appendix models, whimsically sewn for her by Mrs. Tina Romberg.

Appendicitis

Signs and symptoms include:

- Sudden pain that begins on the right side of the lower abdomen
- Pain that worsens when you cough, walk or make other jarring movements
- Nausea, vomiting and loss of appetite
- A low-grade fever
- Constipation or diarrhea
- Abdominal bloating

For more information or a referral to a doctor, call Ingalls Care Connection at 708.915.CARE (2273).

Stroke Rehabilitation

Helps Chicago Man Get Back in the Driver's Seat

Dale Williams' two-seater sports car is his pride and joy, its sparkling finish as pristine as the day he drove it home from the dealer.



Dr. Michael Marinko

So you can imagine his heartbreak when he discovered major damage to the driver's side after a quick trip to the city last May. "The entire left side of the car was destroyed," Dale recalls.

Alarming, the 66-year-old husband and father had no idea how it happened.

Something else was troubling Dale too; earlier in the day, he'd had problems with his left hand. He dropped things and had a hard time filling his car at the gas station. "I couldn't position my left hand to open the door," he said.

The next day he went to file a police report about the accident, but he was fuzzy on the details. "I was still wondering what happened," he adds. "I was trying to find a reason why or how." That night, when he stumbled and fell twice in a matter of moments in his Chicago home, he knew he needed medical help.

Fortunately, an emergency trip to the closest hospital gave him an answer; unfortunately, it wasn't the one he wanted to hear. "The doctor told me, 'Mr. Williams, you had a stroke.'"

He was transferred by ambulance to a major Chicago medical center for specialty stroke care.

Inpatient Rehabilitation at Ingalls

After a week's stay, Dale chose the Ingalls Center for Rehabilitative Medicine to complete his recovery. "I'm originally from Harvey," he said. "I was born at Ingalls, and my 87-year-old mom still lives here. Since my wife was still working at the time, it would be easy for my mom to come visit me."

The center became Dale's home away from home.

"Initiating a rehabilitation program as soon as possible after a stroke or any brain dysfunction is critical to recovery," explains Michael Marinko, MD, Medical Director of the Center. "Inpatient rehabilitation is the first step to a long process of recovery, adjustments and education for our patients and their families."

When he arrived, Dale's entire left side was compromised. He needed help walking and dressing. Day after day, he worked with a team of Ingalls rehabilitation experts that included a physician, physical and occupational therapists, nurses and counselors, all working toward the same goal: to help him regain his strength and his independence.

"I came here on my back, and I wanted to walk out of here," he said. Over the course of a month, Dale progressed from a walker to a four-pronged cane to a regular cane. Today, he walks without any assistive device. He drives too, though he gave up his motorcycle. Best of all, his beloved sports car is good as new.

Dale eventually solved the mystery of how it had gotten so damaged in the first place.

"As I was driving south on I-57 that day, I must have hit the guardrail," he explains. "I rode the guardrail for some time." Miraculously, he made it home safely. "I feel blessed to have come this far," he said.

Rehabilitation professionals have long understood the benefit of an inpatient program for people who've had a stroke. In May 2016, the American Heart Association and American Stroke Association reinforced this position when they published new guidelines recommending inpatient rehabilitation whenever possible following stroke.



Healthy Lifestyles Weight Management: Suburban Woman Drops 90 Pounds and Trades her Size 22s for Size 10s

Titania Harris is one of those people that can do it all. She's a wife, mom and highly sought-after tennis instructor at the Homewood-Flossmoor Racquet Club. She walks, runs and took up roller-skating about a year ago. But there's one thing the 44-year-old Country Club Hills woman couldn't figure out how to do on her own...lose weight.

For years, Titania struggled with excess pounds, which began taking a toll, eventually causing high blood pressure, chest pains, difficulty breathing and around-the-clock fatigue.

"One thing led to the next, and I found myself in the hospital at Thanksgiving (2015)," she explains. "At my highest weight, I was 286 pounds."

At 5 feet, 7 inches, Titania had a body mass index (BMI) of 45 – landing her in the severely obese range – and putting her at risk for serious health problems.

Frustrated and frightened, Titania turned to her primary care physician Mohammed Shamshuddin, MD, who didn't mince words. "He told me, 'You don't know how to eat,'" she recalls.

"Obesity can lead to diabetes, stroke and heart issues," Dr. Shamshuddin explains.

So he referred Titania to Ingalls' 12-week Healthy Lifestyles Weight Management Program designed for adults who want to lose weight, improve their overall health, and increase physical activity. Through weekly group classes led by registered dietitian Kim Kramer, RDN, LDN, CDE, participants like Titania learn the basics of nutrition, the importance of regular physical activity and the behavioral changes necessary to achieve and maintain a healthy weight.

Added benefits include tips on managing stress, a complimentary cooking class, a grocery store tour, and invaluable education from a personal trainer who discusses the importance of aerobic exercise and weight training.



Dr. Mohammed Shamshuddin



Kim Kramer, RDN, LDN, CDE

"Kim Kramer was very supportive and made it simple," she said. "I learned how to read food labels and what foods to avoid."

But most important of all, Titania found a new passion that has made all the difference in the world: roller-skating. One of her "classmates" invited her to try it out at a local rink, and it became a turning-point in her weight-loss journey. From the moment she laced up her skates and hit the floor, she was hooked! Titania began taking lessons; now she skates five days a week. She loves the sport, and she loves the results: it helped tone her arms and legs, and the pounds started falling off.

"Roller-skating changed my life," she explains. The key was finding something that made her happy. "If you focus on the happiness, you will lose the weight." A year later, Titania's lost 90 pounds and dropped to a size 10 from a size 22.

"I'm happier than I've ever been, and I've got a lot of energy," she said.

"It's not too late," Dr. Shamshuddin added. "There are tremendous benefits to losing weight and maintaining a healthy weight. It's never really 'done.' It's a journey not a destination."

For more information about the Healthy Lifestyles Weight Management Program, call the Ingalls Wellness Center at 708.915.8850.

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