

INGALLS Progress

SUMMER 2012



Ingalls Neurosurgeon Performs One-of-a-Kind Spinal Surgery

University Park Woman Winning the Battle Against
Breast Cancer

Quick Stroke Response Means Faster Recovery for Alsip Man

Heart and Brain Health More Closely Linked Than You Think



Letter to the Community

Taking Access and Convenience to a Whole New Level



*Kurt E. Johnson
President and CEO
Ingalls Health System*



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

By definition, the word access means “the right or opportunity to use or benefit from something.” At Ingalls, we’ve taken the concept of “access” to a whole new level by making vital healthcare services readily available in areas where they’re needed most.

But the concept of access and convenience isn’t new to Ingalls. More than 25 years ago, our Board had the vision to develop outpatient centers in locations close to where our patients live and work.

Fast-forward to the present, and our Family Care Centers have blossomed into comprehensive, high-tech campuses, providing most of a family’s healthcare needs...nearly everything short of an inpatient stay. What’s more, these virtual “mini-hospitals” are highly regarded both by patients who use our services and the communities in which these facilities reside.

At Ingalls, we pride ourselves on a consistent quality at all these multiple touchpoints as our first order of business. That’s why I’m particularly pleased to report that Ingalls has been named in 2012 as a *HealthGrades “America’s 100 Best”* Hospital. For the sixth consecutive year, Ingalls achieved status as a *HealthGrades “Distinguished Hospital for Clinical Excellence,”* and as a *“Five-Star Recipient”* for the Treatment of Stroke and the Treatment of Heart Failure each for 10 years in a row. In fact, we were cited for excellence in 33 distinct areas, including as a *“Top 5% in the Nation”* for Emergency Care, and *“Top 10% in the Nation”* for Critical Care, Pulmonary Services and Orthopedic Services. Offering unmatched clinically superior services at sites and services across the south suburbs continues to be our top priority.

This past year, Ingalls introduced “Walk-In Mammograms” at the hospital and each of our Family Care Centers. This innovative service makes mammograms immediately available once a week to women who might not otherwise have the opportunity to schedule one. Already, this service has proven lifesaving – with more than a dozen cases of breast cancer detected and treated as a result.

At our Flossmoor Family Care Center, the all-new Ingalls Innovation Center offers a unique way for patients to plug into the latest information on orthopedic health and joint replacement. Computerized, touch-screen kiosks, anatomical models and informational resources help answer patients’ questions on their time, at their speed. Reliable information means added peace of mind.

In other areas, Ingalls has expanded access and enhanced patient convenience through a partnership with Providence Healthcare and Rehabilitation Center in South Holland. This proactive partnership helps short-term rehab patients get back

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, please call the Ingalls Care Connection at 1.800.221.2199, or 708.915.CARE (2273).

Khaja Asadullah, M.D., is a board certified geriatric medicine specialist. Dr. Asadullah earned his medical degree at Osmania University in India, and served residencies at Beth Israel Medical



Center, N.Y., and at Chicago Medical School. His Fellowship in geriatrics was completed at Loyola University Medical Center. His offices are located in Flossmoor and Frankfort.

Grant Chavin, M.D., is a urology specialist. He earned his medical degree at the University of Illinois at Chicago College of Medicine. He completed a general surgery internship and a urology residency at Mayo Clinic in Rochester, Minn. His office is located in Homewood.



On the cover: Susan Anderson, 55, energetically plays with her grandchildren after an innovative spinal surgery relieved excruciating pain in her neck and arms.

to their lives as safely and as soon as possible with Ingalls rehabilitation experts providing on-site wound care and physical, occupational and speech therapies.

Last year, Ingalls Occupational Health joined forces with Horton Occupational Health in South Holland and Southwest Industrial Care in Palos Heights to better serve the hundreds of occupational health clients who utilize our employee health screenings and work-related injury care every year. In fact, earlier this year, Occupational Health at our Calumet City Family Care Center and Horton Clinic teamed up to perform more than 2,000 pre-employment physicals for long-time client Ford Motor Company.

In our continuous quest to improve quality and prepare for the future of healthcare delivery, I'm happy to report that Ingalls and several other area providers are working together to decrease the number of avoidable hospital readmissions caused by pneumonia, heart attack and heart failure through a Medicare Community Care Transition Program grant.

And the list goes on.

As the area's only independent not-for-profit healthcare system, Ingalls has the ability to ensure that our resources are directed to areas that result in the greatest benefit to our patients and the community. You have my word that we will continue to invest in the latest medical technologies, the structural needs of our facilities across the Southland, and new ways to positively impact the health of the communities we serve, today and far into the future.

Operating Expenditures (in thousands) FY2011

Our People	\$156,840
Patient Care Supplies & Other	95,781
Purchased Services	27,800
Provision for Uncollectible Accounts	23,085
Depreciation	17,274
Medicaid Provider Assessment	9,959
Insurance & Self Insurance Program Costs	8,869
Amortization & Interest	4,068
Total Operating Expenditures	\$343,676

Capital Investments **\$20,132**

Charity Care & Community Service

Charity Care based on Charges Forgone	26,435
Excess of cost over Reimbursement for Medicaid Patients	17,714
Community Service Provided, at Cost	1,223
	\$45,372

Patient Care Services Summary

Admissions	17,795
Inpatient Days	87,220
Births	1,103
Emergency Department Visits	47,065
Outpatient Visits (excluding ER)	326,533

Home Health

Intermittent Care Visits	46,684
Private Duty Hours	109,482
Hospice Days	16,488

Surgeries

Inpatient	2,926
Ambulatory	7,144

Megan A. DeFrates, M.D., is a board certified pediatrician. Dr. DeFrates earned her medical degree at Loyola University Stritch School of Medicine. She served an internship and her residency at the University of Chicago. Dr. DeFrates has joined the Child Life Center in Flossmoor.



Gary Peplinski, M.D., is a board certified general surgeon. Dr. Peplinski earned his medical degree from Northwestern University Medical School in Chicago. He performed a general surgery internship and residency at Barnes Jewish Hospital/ Washington University School of Medicine in St. Louis, Mo., where he also completed a surgical oncology/research Fellowship. Dr. Peplinski has offices in Harvey and Tinley Park.



Carl Robinson, M.D., is a board certified gastroenterologist. He earned his medical degree from Northwestern University, where he also served an internship and residency. Dr. Robinson completed a Fellowship in gastroenterology at the Loma Linda University Medical Center in California. His office is located in Homewood.





Cancer Care

Well Respected. Well Connected.™

Desser Fund Provides Comfort Items for Ingalls Cancer Patients

What could be more comforting than a warm, fluffy robe when you're feeling under the weather? Or the sound of soft rain or ocean waves when you're feeling anxious? Comfort items like these can really help improve the sense of well-being for patients on the oncology floor.

Thanks to a recent gift from the Richard K. Desser, M.D., Memorial Fund, the Ingalls inpatient oncology unit has received a variety of soothing items to make cancer patients feel more at home during their hospital stay, including fluffy fleece robes and throw blankets, oversized bath sheets, sound machines in each room, portable DVD players to watch a favorite movie, several comfortable recliner chairs, and a Keurig coffee maker.

"The staff worked with Mrs. Dale Epstein (the wife of the late Dr. Desser) to select items that would make our patients more comfortable," explains Pat Padilla, R.N., unit manager.

"Cancer patients can be very cold and uncomfortable," Padilla added. "A fluffy robe, a soft, warm throw blanket and oversized bath towels go a long way in making someone feel more at home. The new recliners are nice for patients who have a hard time sleeping flat on a bed. Everything is top of the line. We're thrilled."

"I found that the sounds of a cancer unit can be frightening, especially at night," Mrs. Epstein explained. "If you can hear the wind in the willows, perhaps it can lull you to sleep. It's kind of like creating your own private space. We're so pleased we were able to do this. Richard was the most compassionate person. This is what he would have wanted."

"Mrs. Epstein is a very generous lady," Padilla added. "Our staff was thrilled to work with her to pick out these items for our patients, who truly are the inspirations to us."



University Park Woman Winning the Battle Against Breast Cancer

Facing the removal of one breast from cancer is difficult enough.

Making the decision to have the other breast removed so the cancer doesn't spread is almost unthinkable.

Yet that's precisely the choice 42-year-old Sheila Harris of University Park faced last November.

Sheila's story begins when she detected a lump in her left breast last fall. "I also had pains in my left breast," she explains. "I was scared. I didn't want to face it at that point."

But with a strong family history of cancer, Sheila knew the odds were stacked against her. She eventually scheduled an appointment with her doctor who recommended a mammogram. "The mammogram showed a tumor the size of a quarter," she said.

Immediately, she was referred to board certified hematologist/oncologist Alexander Starr, M.D., who recommended chemotherapy before surgery to reduce



Dr. Starr with Sheila Harris

the size of the tumor. “We were able to substantially shrink the tumor before Mrs. Harris underwent a mastectomy in February,” Dr. Starr said.

Before surgery, Sheila made the difficult decision to have both breasts removed. “I didn’t want to take the chance of having it spread to the other one,” she explained. “I just didn’t want to have to go through it all again.”

So on Valentine’s Day of this year, Sheila underwent both a double mastectomy and total breast reconstruction in one single surgical procedure. “I consider it my Valentine’s gift,” she said. “Everything came out beautifully.” Following a one-day stay at Ingalls, Sheila was discharged to continue her recovery at home.

Though she suffered some post-surgical swelling of the nearby lymph nodes (commonly known as lymphedema), Sheila has had a successful recovery. “I feel really good, and I like the way I look,” she added. “I’m so thankful to my doctors. They are my angels.”

Now that she’s cancer-free, the energetic mother and grandmother plans to take up banjo playing.

“My dad was a musician and he played the banjo when I was a little girl,” she adds with a smile. “I plan to learn how to play it. That and staying healthy are my biggest goals right now, and so far, I’m achieving them.”

PROVENGE: Ingalls Infusion Center First to Administer High-Tech Prostate Cancer Drug

The Ingalls Outpatient Infusion Center recently became the first in the area to administer the breakthrough prostate cancer drug PROVENGE.

PROVENGE is the only FDA-approved treatment that uses the body’s own immune system to fight minimally symptomatic metastatic castrate resistant prostate cancer.

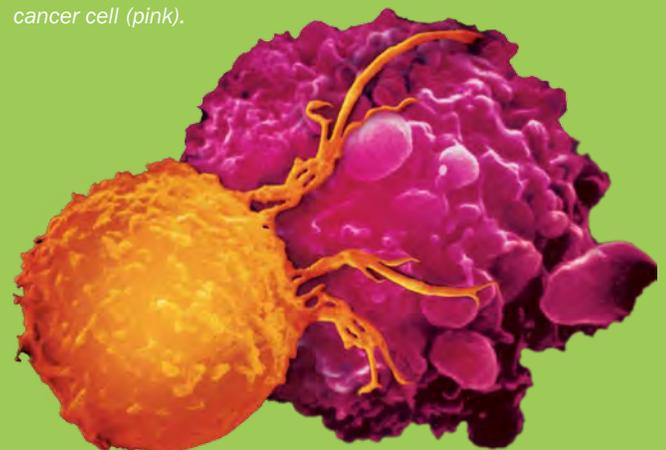
“A patient’s personalized dose of PROVENGE consists of their own immune cells that have been activated to attack prostate cancer cells,” said Mark Kozloff, M.D., medical director of Ingalls Cancer Research. “By stimulating the natural ability of immune cells already in a patient’s blood, PROVENGE may help the patient live longer.”

To make each dose of PROVENGE, blood is drawn from the patient and flows through a machine that collects a small portion of immune cells from the blood sample. The rest of the cells and the blood are returned to the patient.

A Phase 3 clinical trial (D9901) showed survival results with PROVENGE at 25.9 months vs. 21.4 months for patients without the drug.

For more information, contact Ingalls Cancer Research at 708.915.HOPE (4673).

The PROVENGE activated immune cell (orange) attacks a prostate cancer cell (pink).



Reverse Shoulder Replacement Gets Lansing Man Back in the Swing

It's a rainy Tuesday in early May, and 80-year-old Steve House is enthusiastically hitting balls on the driving range at Glenwoodie Golf Course in Glenwood.

That's because not too long ago, Steve's injured right shoulder prevented him from participating in his favorite pastime.

Torn ligaments from a fall he suffered several years ago – coupled with a calcium build-up in the shoulder joint – caused significant pain. A surgical repair worked for a while, but the pain returned.

"I started really having a problem," the avid golfer explained. "I couldn't sleep at night, and I had to take ibuprofen before and after golfing."

"I couldn't stand it," he recalls.

Then Steve made an appointment to see Carl DiLella, D.O., an orthopedic surgeon on staff at the Advanced Orthopedic Institute at Ingalls. One of the area's leading shoulder experts, Dr. DiLella recommended a procedure known as total reverse shoulder arthroscopy to fix Steve's problem once and for all.

Designed to dramatically decrease shoulder pain while restoring motion and stability, the reverse shoulder procedure is intended for individuals with severe shoulder weakness and pain that have exhausted all other means of treatment.

About Reverse Shoulder Replacement

"Reverse shoulder replacement completely changes the structure of the joint by reversing the placement of the socket and metal ball," he said. "The implant places the metal ball onto the shoulder blade and the socket onto the top of the upper arm bone. By shifting the center of rotation, the strength needed to move the arm is shifted away from the damaged rotator cuff tendons to the healthier deltoid muscle."



In this way, the reverse shoulder can substitute for the lost function of the rotator cuff.

"This is a breakthrough procedure for patients whose severe shoulder damage has left them without any other options," Dr. DiLella added. "After surgery, most patients report that their pain is significantly less and in some cases, completely gone."

Steve underwent the revolutionary procedure at Ingalls in late 2010. Following a three-day hospital stay and several weeks of physical therapy, Steve's shoulder was stronger than before.

Most importantly, he can once again enjoy his favorite pastime and participate in local golf tournaments.

"I'm very impressed with Dr. DiLella," he added. "He's a total professional and did a very good job."

"Patients who have the reverse shoulder procedure go from having severe shoulder dysfunction to 90 to 100 degrees full elevation," Dr. DiLella added.

For more information about the reverse shoulder procedure at Ingalls, call Ingalls Care Connection at 708.915.PAIN (7246).



Dr. DiLella



Watch a complete online seminar featuring Dr. Carl DiLella, orthopedic surgeon, discussing innovative arthroscopic rotator cuff repair.



Anterior Hip Replacement the Best Choice for Active Chicago Man

Did you know groin pain can be a sign of problems with the hip?

Forty-five-year-old Fred Toussaint of Chicago didn't.

The physically fit pharmaceutical sales representative thought the sharp groin discomfort he experienced while playing competitive soccer was muscle strain. So Toussaint gave himself some time off from the game last fall to let it heal.

When the pain persisted, he made an appointment with his doctor, who told him it was actually a symptom of severe arthritis of the hip joint.

Toussaint had played soccer at the University of Illinois-Springfield on a full scholarship and continued playing semi-professionally until last fall.

Favoring a conservative approach at first, Toussaint had a cortisone shot, but its effects were short-lived.



"I couldn't get in my car," he added. "Sitting hurt. Standing hurt. I favored my left leg for almost two months."

Then, in early 2012, Toussaint happened to be on a professional office visit to orthopedic surgeon Daniel Weber, M.D., when Dr. Weber noticed his discomfort. After a brief discussion, Toussaint had an X-ray on the spot.

Then Dr. Weber told him about a newer type of hip replacement surgery called the anterior approach.

Unlike traditional hip surgeries, which involve a lengthy 10- to 12-inch incision through the buttock muscles and tendons, anterior hip replacement reaches the hip joint from the front. Using a specially engineered operating table, surgeons work between the muscles and tissues without detaching them, leading to a quicker recovery and preventing hip dislocation.

Afterwards, patients can immediately bend at the hip and bear full weight when comfortable, which means a more rapid return to normal function. Other benefits include a shorter hospital stay, smaller incision and less pain.

Following anterior hip replacement at Ingalls in March, the energetic father of three was walking on his own within two weeks.

"People can't tell I've had hip surgery," he adds. "It's like night and day. I feel great!"



Dr. Weber

And though he may be hanging up his soccer shoes permanently, Toussaint plans to coach the sport that he has played since his youth in Haiti and resume other forms of physical activity, like running.

In the mean time, he is a vocal advocate of the anterior hip replacement at Ingalls.

"I would definitely recommend it," he concluded. "I've already told a couple of my colleagues about it. There's really nothing to it. I'm living proof of that."



Watch a complete online seminar featuring Dr. Daniel T. Weber, orthopedic surgeon on staff at Ingalls, discussing the anterior hip procedure.



Ingalls Neurosurgeon Performs One-of-a-Kind Spinal Surgery on Local Woman



On a snowy morning in early January, Susan Anderson plays a lively game of Twister with her granddaughters Amber and Kayla Jaskula of New Lenox.

“Right foot red; left foot green,” Anderson’s daughter Crystal Jaskula calls out. Bending and stretching like a woman half her age, Anderson and her granddaughters erupt in giggles as they complete their moves.

Afterwards, Anderson bends down and scoops up five-year-old Kayla to give her a hug. At 55, Anderson is the picture of health.

But the energetic wife, mother and grandmother wasn’t nearly so limber just two short years ago. In fact, she could barely carry her groceries, much less pick up her granddaughter or play a game on the floor. Debilitating neck pain and discomfort were her constant companions.

“At first I thought (the pain) was from tension,” she explains. Then numbness and tingling began in the fingers and thumb of her left hand. Eventually it turned to excruciating pain. “It felt like someone was hitting me with a baseball bat.”

Anderson’s quality of life was severely compromised. “I would be holding something, and if it fell, I wouldn’t even know it,” she said. Anderson needed an answer – and fast.

After several rounds of diagnostic testing, she was referred to renowned neurosurgeon Martin Luken, III, M.D., medical director of neurosurgery at Ingalls Memorial Hospital.

Dr. Luken, who was recently named one of the top neurosurgeons in Chicago by *Chicago Magazine*, diagnosed her with degenerative spinal disease involving the fourth, fifth, sixth and seventh vertebrae of her neck – and three herniated discs in between the four vertebrae.

The likely cause of her problems was a decades-old car accident in which Anderson bruised her spinal cord.

“Mrs. Anderson’s MRI showed severe degenerative changes in the three discs and the vertebrae,” Dr. Luken explained. “When we checked her, her reflexes were impaired in her left arm.”

What’s more, Anderson had developed a bony spur in her neck, narrowing the spinal canal and ultimately putting pressure on the nerve roots that supply her left arm.

“It was a complicated problem,” Dr. Luken said. Without treatment, Anderson ran the risk of paralysis from the neck down.

Innovative Spine Treatment at Ingalls

A pioneering neurosurgeon, Dr. Luken recommended a procedure that had likely never been performed in the Chicago area before: a traditional spinal fusion combined with two artificial disc replacements.

“Mrs. Anderson is an active, dynamic woman,” he explained. “We wanted to help preserve as much neck movement as possible.”

Spinal fusion, which involves removing a herniated disc and fusing the vertebrae above and below with bone graft, fixes the affected vertebrae but restricts movement at the level of the fusion. Utilizing fusion on all four of her affected neck vertebrae would have



Watch an online interview featuring Ingalls neurosurgeon Dr. Martin G. Luken III, discussing spinal surgery.

“Artificial discs are amazingly durable,” Dr. Luken explained. That’s why the military regularly recommends artificial disc replacement over spinal fusion for paratroopers. “They’re back jumping out of planes in a couple weeks after surgery,” he added.

severely compromised Anderson’s ability to move and turn her neck. It also would have lead to problems with neighboring discs and vertebrae down the road.

The other option was artificial disc replacement, which involves removing the damaged disc and inserting an artificial disc in its place. This allows continued motion at the level of the affected disc.

“Artificial discs are amazingly durable,” Dr. Luken explained. That’s why the military regularly recommends artificial disc replacement over spinal fusion for paratroopers. “They’re back jumping out of planes in a couple weeks after surgery,” he added.

Dr. Luken was faced with a unique challenge in Anderson’s case, though: her spinal problems involved three herniated discs and four affected vertebrae. Unfortunately, artificial discs aren’t intended to be used in adjacent disc space.

But Dr. Luken quickly came up with an ingenious solution: fuse Anderson’s fifth and sixth vertebrae together, and insert an artificial disc between the fourth and fifth vertebrae and a second between the sixth and seventh vertebrae.

“The procedure was a variation of a theme that we do quite routinely,” he explained.

In three short hours, Dr. Luken successfully removed the three herniated discs, replaced two of them with

artificial discs and fused the middle two vertebrae together. It all added up to a remarkable procedure that completely resolved Anderson’s pain and eliminated the very real threat of paralysis.

“We worked right there on the frontier of spinal surgery,” Dr. Luken said. “It all went very smoothly. She did splendidly.”

Because she was an avid exerciser and fitness enthusiast before surgery, Anderson was able to avoid physical therapy after the procedure. She was back home within days and back to work as a cashier at a busy Frankfort grocery store in less than two months.

Today, the energetic Anderson exercises several times a week, and works and plays with her granddaughters like never before. “Dr. Luken is wonderful. I’d recommend him to anyone,” Anderson said. “There’s no more pain. I feel like a new person.” Anderson also sings Ingalls’ praises. In fact, she and her family have turned to Ingalls many times over the years.

Anderson delivered her two daughters there; she also had ankle surgery at Ingalls in 2010, and her husband recently underwent quadruple bypass at Ingalls in early December.

“I wouldn’t go anywhere else,” she adds.

For more information about artificial disc replacement at Ingalls Memorial Hospital, call Ingalls Advanced Orthopedic Institute at 708.915.PAIN (7246) or visit the Ingalls Spine Center on the web at www.ingalls.org/AOI.

Custom-Fit Knee Implant ‘Wears’ Well for Homewood Woman



Dr. Nikkel

What fits better: a custom-fit suit, or one bought off the rack?

The same rule applies to knee replacements. A custom-fit knee implant feels better, wears better and lasts longer.

Janet Doran of Homewood, 67, has had both her knees replaced in the last six years: one with a traditional knee implant, and one at Ingalls by orthopedic surgeon Mark Nikkel, D.O., using the Visionaire Knee Replacement System. The difference, she says, “is like night and day.”

Diagnosed with bone-on-bone arthritis in her right knee several years ago, Janet underwent a traditional knee replacement at another hospital in the fall of 2006.

Fast-forward to 2011, and Janet’s arthritis-ridden left knee was making it nearly impossible to walk, and was contributing to significant lower back pain.

“I measured everything and made decisions by how far I had to walk,” she recalls. “It really interfered with my quality of life.”

After doing some research and getting a firsthand recommendation from a friend, Janet made an appointment to discuss a custom-fit knee replacement with Dr. Nikkel.

Why the Custom-Fit Knee Works

Visionaire technology uses MRI and X-ray images of a patient’s knee to design and build surgical instruments that are customized for a patient’s unique knee anatomy. During traditional knee replacement surgery, the surgeon spends time adapting the patient’s knee to fit the new implant. But with Visionaire, the surgeon comes to the operating room with surgical instruments engineered exclusively for the patient’s knee, and an implant that matches the knee’s dimensions.

“My patients have had remarkable success with Visionaire,” Dr. Nikkel explained.

Janet agreed to have the procedure at Ingalls in January. Following a four-day hospital stay, she was back home in the care of her husband.

“He said I came back much quicker this time around,” she explains. “I noticed it, too. I was getting myself up and ready on my own much faster.”

Benefits of the Visionaire knee system include less pain, a quicker recovery, and a longer-lasting implant.

“It’s so nice to be able to walk,” Janet added. A substitute teacher and an avid traveler, Janet enjoyed a Mediterranean cruise last year, including several walking tours.

“A year later, my left knee feels better than the other,” she said. “I’m only sorry I didn’t have both knees done with the Visionaire.”

For more information about the Ingalls Advanced Orthopedic Institute, or to make an appointment, call 708.915.PAIN (7246).



Watch an online interview of Dr. Nikkel at www.ingalls.org/ProgressVideo or scan this code with your smartphone.



Indiana Woman Gets Relief from Debilitating Carpal Tunnel Syndrome

You're working at your desk, trying to ignore the numbness you've had for months in your hand and wrist. Suddenly, a sharp, piercing pain shoots through your wrist and up your arm. Could it be a passing cramp?

More than likely, you have carpal tunnel syndrome (CTS) – a painful, progressive condition caused by compression of a nerve in the wrist.

After giving birth to her daughter several years ago, Stacy Chandler of Griffith, Ind., found that her chronic wrist pain had worsened. The 30-year-old wife and mother suffered intermittent pain in both wrists for a decade. When the pain was bad, she wore a wrist brace. She tried physical therapy, which offered temporary relief.

"Sometimes my hands would just go numb," she recalls. "I would have to drive with one hand. I also had trouble sleeping. I'd wake up in the middle of the night crying in pain."

The breaking point came when she dropped a potato preparing Thanksgiving dinner in 2011. Her grip strength was seriously compromised. Not only did it threaten her ability to function at home, it also put her livelihood at risk as a phlebotomist drawing patients' blood.

"I had never dropped anything before," she explained. "I couldn't grip. It started to affect my work."

In January of this year, Stacy underwent nerve conduction testing (commonly known as an EMG study) in both arms.

"The doctor told me if I didn't have surgery I'd lose my ability to grip," she recalls.

Stacy was referred to board certified, fellowship-trained hand surgeon John Kung, M.D. Dr. Kung specializes in treating arthritis, carpal tunnel syndrome, fractures, lacerations and occupational injuries, and

is trained in the latest minimally invasive techniques, which significantly reduce post-operative pain and recovery time.

After Dr. Kung examined Stacy, he recommended carpal tunnel release surgery on both hands.

Stacy agreed and had the procedure on her right hand at the beginning of February, and on her left hand two weeks later. Both surgeries were performed at Ingalls.

"Carpal tunnel release is one of the most common surgical procedures in the United States," Dr. Kung explained. "It's usually recommended if symptoms last for six months or more and involves cutting the band of tissue around the wrist to reduce pressure on the median nerve."

Carpal tunnel release surgery is done under local anesthesia and performed on an outpatient basis.

"I never realized how bad it really was until after the surgeries," Stacy added. "It was like night and day. I can drive with two hands; I can type for longer (periods of time). Before, when I tried to type, I'd write a sentence and then have to stop. I couldn't pick up heavy things. Everything is so much better now. I would definitely recommend the surgery and Dr. Kung."

After surgery, Stacy was back to work in a month.

"Although symptoms may be relieved immediately after surgery, full recovery from carpal tunnel surgery may take several weeks," Dr. Kung added. "Afterwards, physical therapy helps restore wrist strength."

Recurrence of CTS following treatment is very rare, and most patients recover completely.



Dr. Kung

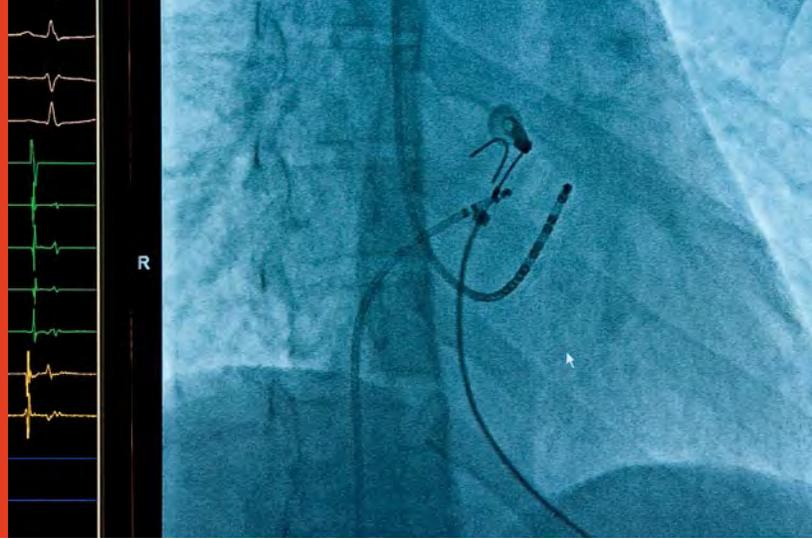


Watch a complete online seminar featuring orthopedic surgeons Dr. John Kung and Dr. Neal Labana discussing carpal tunnel syndrome and capital tunnel syndrome.



Who hasn't experienced a racing heart on occasion?

Could That Heart Flutter Be Atrial Fibrillation?



Dr. Lin

What if your heart started racing while you were reading a book, or cooking dinner, or for absolutely no reason at all? What if it came without warning, and was accompanied by weakness and shortness of breath?

Fifty-six-year-old Dean Garnett of Frankfort knows the feeling firsthand. The energetic construction business owner and bicycling enthusiast experienced several frightening episodes of atrial fibrillation in early 2011. "My heart rate went from 90 beats per minute to 210 in four or five seconds," he said. "It was just all over the place."

"Atrial fibrillation is the most common abnormal heart rhythm, or arrhythmia," explains Andy Lin, M.D., electrophysiologist and medical director of the Electrophysiology Lab at Ingalls Memorial Hospital. "It affects two million Americans and is characterized by an irregular and often rapid heart rate."

Instead of the heart's electrical impulse traveling in an orderly fashion through the heart, impulses begin and spread throughout the atria in a rapid and disorganized

manner causing an irregular heartbeat. Left untreated, atrial fibrillation can lead to blood clots and stroke.

Since medication proved ineffective for Garnett, he was treated at Ingalls with a highly sophisticated procedure called catheter ablation.

Catheter ablation is one of several arrhythmia treatments. Doctors recommend it if:

- Medications can't control an arrhythmia
- Prescribed arrhythmia medications can't be tolerated by a patient
- The patient is at heightened risk for sudden cardiac arrest

During a catheter ablation, high-frequency electrical energy is delivered through a catheter to a small area of tissue inside the part of the heart that is causing the abnormal heart rhythm. This energy "disconnects" the pathway of the abnormal rhythm, effectively curing the problem.

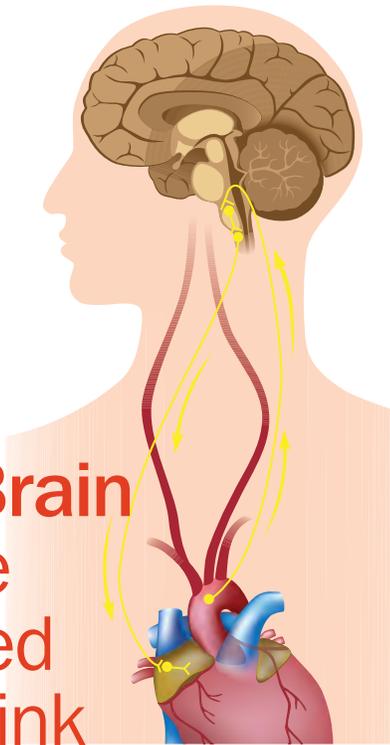
Garnett underwent two catheter ablations at Ingalls. The first was in 2009 to correct the right side of his heart, and the second in early 2011 to correct the left side.

Since he had his second procedure last June, the only elevated heart rate Garnett experiences is when he's taking one of his 65-mile bike rides. "The highest heart rate I've gotten to is 124, and that's when I'm going full speed," he said.

With his heart troubles behind him, the devoted husband and father of three is focused on his overall health. He's shed more than 30 pounds and hasn't had a cigarette since his heart attack almost four years ago.

See your doctor if you experience symptoms, or call 1.800.221.2199.

Heart and Brain Health More Closely Linked Than You Think



At Cleveland Clinic, for example, patients with cardiovascular disease are assessed for depression, and patients with clinical depression are evaluated for cardiovascular disease as part of an integrated treatment program.

Whichever one comes first, depression and heart disease make a deadly combination.

“Repeat cardiovascular events are more closely associated with depression than they are with smoking, diabetes, high blood pressure, or high cholesterol,” Dr. Gaviria said.

Are you ruled by your heart or by your brain?

As it turns out, the two are much more closely linked than you might think.

In fact, mental health experts report that heart disease and depression often go hand in hand. So much so, that people with heart disease often have accompanying depression, and individuals with depression are more likely to suffer from heart disease.

Experts estimate people who suffer from depression are nearly 30% more likely to develop heart disease than those who don't. Conversely, one in five people with heart disease will develop depression, says Moises Gaviria, M.D., distinguished professor of psychiatry at the University of Illinois at Chicago, medical director of the Ingalls Behavioral Health Intensive Outpatient Program in Flossmoor, and one of *Chicago Magazine's* Top Doctors.

What's more, congestive heart failure (CHF) patients often suffer from cognitive difficulties as a result of their CHF.

The World Health Organization predicts that by 2020, heart disease will be the number one cause of death and disability worldwide, and depression will be the second. Fortunately the extent to which these two chronic conditions are caused by each other, why they happen to occur in tandem and how to treat them both simultaneously are areas experts are still exploring.

“Depression as a risk factor for heart disease is leading researchers to explore whether we should be treating the mind and the body together,” Dr. Gaviria explains.



Dr. Gaviria

A recent Duke University study found that depressed heart-failure patients were 20% more likely to be hospitalized for their heart condition than patients who were not depressed.

“Depression itself makes people sicker in ways that we're still trying to understand,” he added.

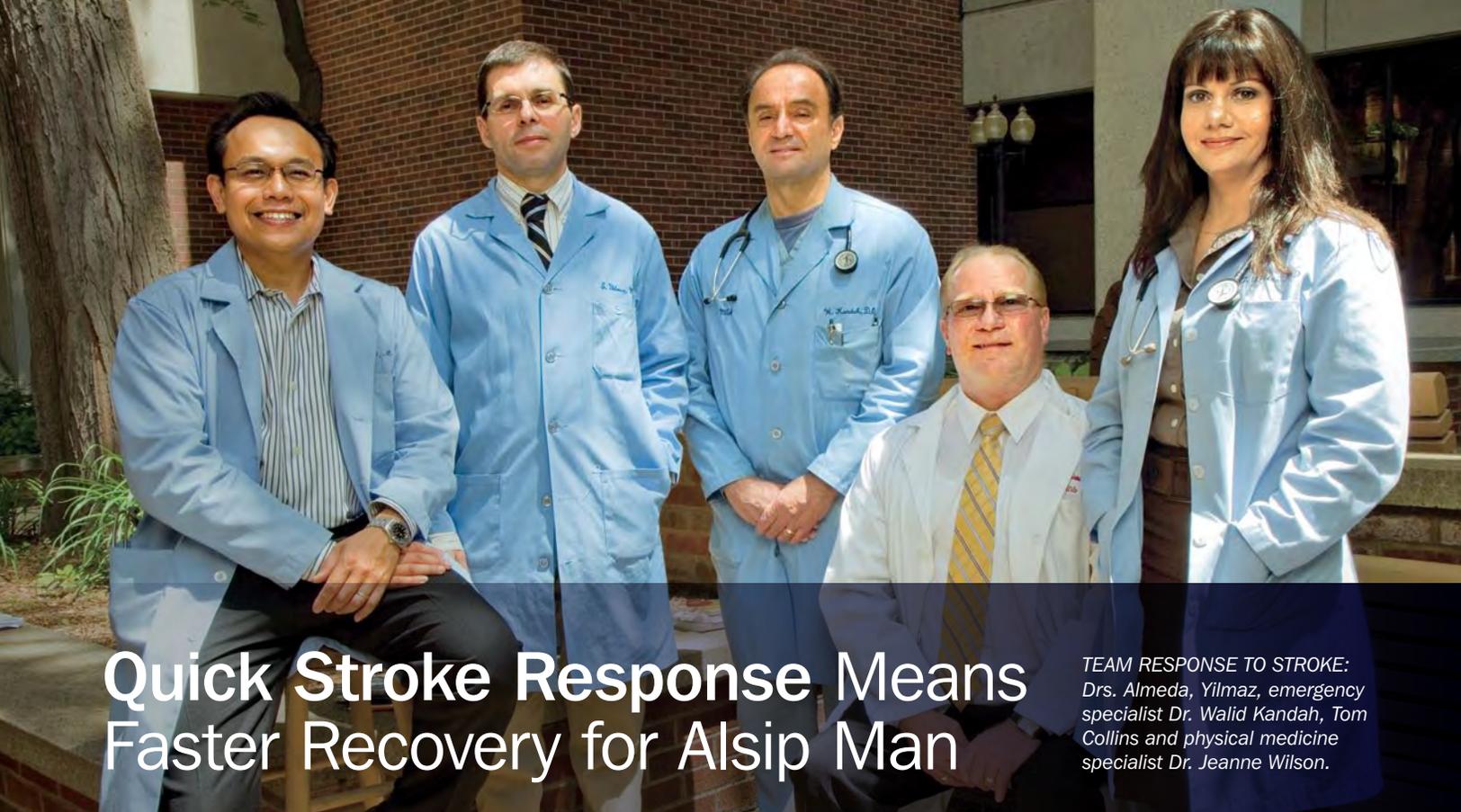
For instance, in the first six months after a heart attack, a depressed person's chances of dying are four times higher than a non-depressed person's, even if they have the same heart damage.

Whether you or someone you know has battled depression for years or only developed symptoms after heart disease, taking depression seriously may be the best thing you can do to improve your odds of surviving heart disease.

Added to that, experts estimate that nearly half of CHF patients have been found to suffer cognitive deficits directly related to their disease, including the ability to think, reason, plan and follow medical instructions – including taking their prescription medication.

Memory problems and other cognitive deficits may be an important factor to consider in planning medical care for patients with CHF, Dr. Gaviria added.

If you or someone you know is suffering from depression or cognitive problems related to a chronic illness such as cardiovascular disease, the Ingalls Intensive Outpatient Program in Flossmoor can help. For more information, call 708.915.8600.



Quick Stroke Response Means Faster Recovery for Alsip Man

TEAM RESPONSE TO STROKE: Drs. Almeda, Yilmaz, emergency specialist Dr. Walid Kandah, Tom Collins and physical medicine specialist Dr. Jeanne Wilson.

An occasional headache at work is something most of us experience from time to time, but a nagging headache that lasts all day may be a sign of something more serious.

For 57-year-old Tom Collins, a paramedic/cardiac technician, it was the first clue something wasn't right.

"I had a very bad headache all day," he recalls. "It was really bothering me."

Later, as he prepared to leave, the room started spinning. That's the last thing he remembers before waking up in CT scanning at Ingalls Memorial Hospital. Fortunately for Collins, cardiologist Francis Almeda, M.D., was nearby when Collins collapsed, and Almeda suspected a stroke.

Within minutes, Collins was met by neurologist Engin Yilmaz, M.D., and cardiologist P. Sandy Sundram, M.D. The hospital's stroke protocol was activated, and Collins was taken for a CT scan to determine the stroke's cause and extent.

The MRI confirmed the presence of an ischemic stroke (caused by a blockage), and Collins immediately received the clot-busting drug tPA to minimize the stroke's damage.



"It all happened within 30 minutes," Collins said. "They took wonderful care of me."

"When it comes to a stroke, time is everything," he added. "I know my stroke could have been a lot worse. The staff in the ER took great care of me and my family."

In 2010, Illinois lawmakers enacted legislation to ensure that patients with a suspected stroke are transported to the nearest Primary Stroke Center, and Ingalls was the first hospital in the region to achieve this distinction.

"Hospitals with a specialty stroke center designation like Ingalls have the resources and the ability to rapidly assess suspected strokes and offer recommended treatments such as tPA promptly, minimizing the possibility of long-term disability," said Dr. Yilmaz, medical director of the Ingalls Stroke Center. "Numerous studies have shown that stroke patients receive better care and experience better outcomes when they are at a Primary Stroke Center like Ingalls."

To determine your personal risk for stroke, visit Ingalls.org/StrokeAware and take a simple seven-minute online assessment.



Watch a short online video featuring the capabilities of the Ingalls Center for Rehabilitative Medicine.



Peripheral Artery Disease Nearly Sidelines Pro Boxing Official

As a professional boxing referee, Gerald Scott, 62, has traveled the globe officiating International Boxing Federation matches.

On average, the tireless Scott (nicknamed “Gentleman Gerald Scott” by his peers) referees a dozen or more professional fights a year.

A Golden Gloves boxer himself as a teen, Scott loves the energy and excitement in the ring. “I always have a smile on my face,” he said. “When I get in the ring, I feel great.”

A few years back, severe pain almost put the South Holland native down for the count.

“I first noticed pain in my left leg in 2006,” he recalls. “I thought it was a cramp and tried to shake it off.” When the discomfort became unbearable, the late surgeon Timothy Field, M.D., performed surgery to bypass the blocked artery at Ingalls in 2009.

The pain was caused by a condition called peripheral artery disease, or PAD, in which fatty deposits or plaque builds up in the artery walls and reduces blood flow.

“Dr. Field said, ‘If you waited another six to eight months, we would have been talking amputation,’” Scott recalls. “The pain was killing me. I couldn’t walk from my kitchen to my bedroom.”

Shortly after his left leg healed, pain began in Scott’s right leg. This time, instead of open surgery, he was referred to Thomas Aquisto, M.D., board certified interventional radiologist, who recommended a stent to re-open the blocked artery.

Using imaging for guidance, the interventional radiologist threaded a catheter to the blocked artery in the leg. Then, he inflated a balloon to open the blood vessel where it is narrowed or blocked.

“In some cases it is then held open with a stent, a tiny metal cylinder,” Dr. Aquisto added. “This is a minimally invasive treatment that does not require surgery, just a nick in the skin the size of a pencil tip.”



Instead of a weeklong hospital stay, Scott was discharged the very same day with the stent procedure.

“I’m blessed,” he added. “I eat well; I get my rest, and I walk 1.5 miles a day. When I get in the ring, I feel great. I have no pain whatsoever now.”

Peripheral artery disease symptoms include:

- *Cramping in your hip, thigh or calf muscles after activity, such as walking or climbing stairs*
- *Leg numbness or weakness, or weak pulse in legs or feet*
- *Coldness in one lower leg or foot*
- *Sores on your toes, feet or legs that won't heal*
- *A change in the color of your legs, or shiny skin*
- *Hair loss or slower hair growth on your feet and legs*
- *Erectile dysfunction in men*

See your doctor if you experience any of these symptoms, or call Ingalls Interventional Radiologists at 708.915.5600.

Struggling with Weight Loss? Nail-biting? Smoking? Try Hypnosis!



Renata Cichowicz

For many of us, shedding extra pounds can seem like an impossible task.

For New Lenox resident Samantha Linn*, 25 extra pounds not only made her feel less attractive, but the wear and tear on her knee joints made exercise a challenge. Samantha wanted to lose the weight, but she needed focus...a push in the right direction.

Then she heard about certified hypnotherapist Renata Cichowicz and the Ingalls Wellness Center.

"I had always heard that hypnosis can help with weight loss, but I'd never considered it before," Samantha recalls. "I had tried just about everything I could do to lose weight and was very frustrated. Since I couldn't do it on my own, I gave Renata a call."

"Under hypnosis, you're more open to suggestions, which can be used to modify your perceptions, behavior, sensations and emotions like avoiding sweets and high-fat foods, or saying no to a cigarette craving," Cichowicz explains. "Your free will, however, remains intact so you don't lose control over your behavior."

A typical hypnosis session lasts about 30 to 60 minutes, and most hypnosis clients benefit from just one to three sessions. Afterwards, Ingalls hypnosis clients are given a recording of their sessions to use at home for extra reinforcement.

Hypnosis is also used for preparation for surgery and childbirth, coping with chemotherapy treatments, improving athletic performance and more.

Afterwards, you may eventually be able to practice self-hypnosis, in which you induce a state of hypnosis in yourself. You can also use this skill as needed — for instance, after a chemotherapy session.

Samantha contacted Cichowicz last September. Today, the energetic mother of two is 20 pounds lighter, walks several days a week and has taken up jogging. Her knees, which once ached after exercise, are no longer painful.

"I was so relaxed during the hypnosis sessions," she added. "Hypnosis gave me the focus I needed to finally lose the weight. I'm thrilled with the results."

** Patient's name changed to protect privacy.*

If you could use some extra help sticking with a weight loss program, quitting smoking, nail-biting, or even organizing your life, call the Ingalls Wellness Center at 708.206.0072 for more information.

In addition to hypnosis, other complementary medicine services available through the Ingalls Wellness Center include acupuncture and therapeutic massage.

From Video Games to the School Track Team: KidFit Camp Helps Local Student Get Active

After eight weeks of KidFit Camp at the Ingalls Wellness Center last winter, 14-year-old Logan Magee traded video games on the couch for invigorating workouts on the school track. And his mom says his life has improved in countless ways.



Kim Kramer

“He’s always been active in school – with speech club, drama club and the band,” mom Stacy Magee explains. “But he wasn’t physically active.”

That all changed when Logan’s parents enrolled him in KidFit Camp in Homewood.

Not only did he learn about proper nutrition and the types of foods he should eat, the Ingalls KidFit Camp staff encouraged him to start moving.

“Running really helped,” Stacy explained. “They showed him what to do, and how to continue exercising at home. We didn’t (enroll him) for weight loss, but he ended up losing 16 pounds by the time Camp was over. I can’t tell you what it’s done for his attitude and his self-esteem. He’s more energetic than ever, and he made the honor roll. We’re so proud of him.”

Combining the efforts of a fitness expert and dietitian, KidFit Camp is a unique, interactive weight management program designed to help nine- to 12-year-old children and their parents establish safe, healthy nutrition and lifestyle habits. KidFit Camp is offered periodically throughout the calendar year at various community locations.

“The program focuses on changing behaviors and building self-esteem, with an emphasis on achieving gradual weight loss and maintenance to ensure proper growth and development,” explains Kim Kramer, R.D., registered dietitian at the Ingalls Wellness Center.

During the informative interactive sessions, kids and parents learn about healthy portion sizes, fats, sugars, calories and other terms that help them understand food labels.

“I don’t cook with white flour anymore,” Stacy added. “We drink skim milk now for cereal (and other foods), and we know to look at the first five ingredients on the label to see if it’s nutritious. We also learned, ‘Fiber is our friend.’ Logan still talks about them. KidFit Camp changed his life. We can’t even begin to explain how grateful we are.”

“The KidFit teachers were an inspiration to me because they really care about kids and their well-being,” Logan added.

For more information about Ingalls KidFit Camp, call the Ingalls Wellness Center at 708.206.0072.



Watch a video about KidFit Camp at www.ingalls.org/KidFit or scan this code with your smartphone.



Using Art to Heal



Stephanie Levi

The late writer and art critic John Updike once said, “What art offers is space – a certain breathing room for the spirit.”

Therapeutic release from emotional or psychological stress is precisely what art therapist Stephanie Levi, M.A.A.T., L.C.P.C., offers Ingalls Behavioral Health patients each and every day.

Professionally educated in both art and therapy, Levi is trained in human development, psychological theories, clinical practice – and the healing potential of art.

“Anyone from young children to seniors can benefit from expressive art therapy,” Levi explains. “Creativity is useful and has many applications when applied to solving formal problems or overcoming barriers that can hamper personal growth.”

Levi views her job as a unique opportunity to connect with people in crisis, providing them with new tools of self-expression, including art, music and poetry. She prides herself on being able to conduct a 50-minute group session using just about anything. Art therapy, she adds, is ideal for individuals who are resistant to more traditional psychotherapy or “talk” therapy.

“All it takes to get a group talking and engaged is a piece of paper or a handful of buttons, coupled with the right therapeutic modeling,” she adds. “They may not even realize that playing with the materials is the ‘therapy’ until the group sharing begins.”

To encourage creative expression, Levi uses an array of media, including pastels, watercolors, colored pencils,

markers, clay and torn paper – and it shows. Her workspace is a virtual gallery of bold, bright-colored artwork produced by current and former patients.

“We also create dolls or pillows as comfort items, encouraging patients to think of a prayer or wish to seal inside the stuffing that is meant just for them,” she said.

Patients – especially younger ones – become immediately attached to these items. In fact, Levi has seen her patients carry their dolls with them everywhere during treatment – even tucking them into bed in their patient room.

Levi also uses pop culture references, like the popular video game *Angry Birds* or the television show *South Park*, in which patients are asked to identify with a particular character and then explain why.

“This provides a non-threatening way to open the patients up to talking about hard-to-discuss feelings,” she adds. “Before they know it, they are talking about their families, or what it’s like to feel bullied or suicidal. The hope is that patients will later utilize creative expression as a coping skill when confronting the very issues that may have led to hospitalization in the first place.”

Patients respond positively to Levi and her special brand of therapy, giving her high marks on patient satisfaction surveys.

“Patients connect to energy, humor, music and acceptance. I strive to provide an environment that fosters a sense of belonging and reinforce that patients deserve to be truly heard. This experience, itself, is the healing,” Levi added. “Groups work because I know our staff supports them. We have to work as a team. A good group depends on the team support in every sense.”



Ingalls Expansion Projects Abound in 2011

New growth was abundant within Ingalls Health System in 2011 – from the main campus in Harvey to Family Care Centers. Following are highlights of the major projects initiated and/or completed within the last year:

Ingalls Inpatient Hospice

Located on the second floor of the North Building, the Ingalls Inpatient Hospice Unit underwent remodeling and expanded its inpatient beds from seven to 12. While the rooms are all private, the unit has the ability to expand several rooms from single to double occupancy at times of higher census. As part of its remodeling and expansion, all rooms have new furniture, including pullout sofa sleepers for family members who may want to stay overnight.

Inpatient Dialysis

Last fall, Ingalls Inpatient Dialysis, which once had been an outsourced service, transitioned back to an in-house program and relocated from the North Building to the newly remodeled hospital's second floor. A team of eight experienced dialysis nurses was hired, and all-new, state-of-the-art hemodialysis machines were purchased. With construction completed, the newly revamped service features six private patient rooms that allow for family visitation during treatment. Additional benefits include cardiac monitoring of all dialysis patients and improved isolation capabilities.

Flossmoor Family Care Center

The third-floor build-out at Ingalls Family Care Center in Flossmoor was completed in late 2011, with an additional 34,000 square feet of office space. The new third floor consists of numerous physician offices, including primary care doctors, orthopedic surgeons and Illinois Retina Associates, as well as the new Behavioral Health Services Intensive Outpatient Program.

With the addition of the new floor, space was vacated on the first two floors, allowing for expanded occupational medicine and therapy services.

Other improvements at Flossmoor include new landscaping around the pond, the addition of several benches and a paved walking path, and the addition of a canopy over the EMS entrance in Urgent Aid.

Tinley Park Urgent Aid

With more patients seeking urgent care in Tinley Park and its surrounding communities than ever before, it became necessary to expand the Urgent Aid area at the Tinley Park Family Care Center. The expansion, which was completed in February, features eight new treatment rooms (an increase of three), a larger triage area

and an expanded nurse's station. The remodeling and expansion also gave the area a fresh, new color scheme with attractive earth tones, new chairs in the waiting room and patient rooms, a TV in each exam room.

Occupational Health Clinics

Ingalls Occupational Health joined forces with Horton Occupational Health in South Holland and Southwest Industrial Care in Palos Heights to better serve the hundreds of occupational health clients who utilize our employee health screenings and work-related injury care every year. In fact, earlier this year, Occupational Health at our Calumet City Family Care Center and Horton Clinic teamed up to perform more than 2,000 pre-employment physicals in February and March for long-time client Ford Motor Company.

Providence of South Holland

Providence Healthcare and Rehabilitation Center in South Holland teamed up with Ingalls Rehabilitation Services last fall to help its short-term rehab patients get back to their lives safely and as soon as possible. Ingalls rehabilitation experts provide on-site physical, occupational and speech therapies, as well as wound care.

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

Susan Fine, *Director*
Marketing Communications

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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**
(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
Homewood
708.798.9171
- > **Ingalls Care Connection**
Information and Referral Line
1.800.221.2199
- > **TTY for hard of hearing:**
1.800.526.0844



THE END OF **ER** WAITING.

Ingalls.org/InQuicker



Ingalls Family Care Centers:

FLOSSMOOR
1950 Governors Hwy.
(between Kedzie & Vollmer)

CALUMET CITY
1600 Torrence Ave.
(at 170th & Torrence)

TINLEY PARK
6701 West 159th Street
(just east of Oak Park Avenue)