

INGALLS Progress

WINTER 2015

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Disc Replacement Provides Dramatic Relief for Oak Lawn Carpenter

Breast-Conserving Surgery Best Option for Homewood Woman

Minimally Invasive Sling Puts an End to Leaky Bladders

Cancer Rehab Services Address Patient Needs at Every Phase of
Treatment and Recovery

Anterior Hip Replacement: The Show Will Go On

Severe Aortic Valve Stenosis: Second Opinion Saves Life



Letter to the Community



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



Healthcare is more accessible than ever before.

With the implementation of the Affordable Care Act (ACA), those who were uninsured or underinsured can take advantage of the law's provision to expand healthcare coverage to all Americans.

Some major features of the ACA include guaranteed access to health insurance for those with pre-existing conditions; covered preventive services, including all recommended vaccines and screenings; health insurance marketplaces for people without employer coverage; no limits on annual or lifetime health expenditures; expanded Medicaid coverage for lower-income people; increased rebates on drugs people get through Medicare; and expanded family coverage to dependents under the age of 26.

In the midst of this reform, hospitals are changing too. Inpatients are decreasing while outpatient care is growing. At Ingalls, we are responding to this trend by creating more private patient rooms, which not only enhances patient comfort and privacy, it also helps prevent the possible spread of infection between patients sharing a room. We are also well positioned for this trend through our network of Family Care Centers located throughout the South Suburbs, and our robust homecare services, which bring vital care right to the comfort of a patient's home.

We now offer outpatient infusion services at our Family Care Centers in Tinley Park and Flossmoor, as well as at the main hospital. In addition to infusion services utilized by cancer patients, patients who require blood transfusions, IV antibiotic therapies, hydration, electrolyte replacement and more can receive them at the location closest to where they live or work.

The hospital is in the midst of a massive, multi-year project to renovate and re-equip cardiology services. Highlights include the creation of a day hospital with eight private prep/recovery rooms for cardiology and interventional radiology patients; a state-of-the-art nuclear medicine camera that gives doctors the clearest view of the heart muscle; new cardiac catheterization labs, expanded heart rhythm services and much more.

Finally, Ingalls is proud to be one of only three hospitals in Chicago to be participating in the Medicare Community-based Care Transitions Program (CCTP). Care transitions occur when a patient moves from one healthcare provider or setting to another. In the United States, nearly one in five Medicare patients discharged from the hospital is readmitted within 30 days, at a cost of more than \$26 billion every year. There are multiple factors along the care continuum that impact readmissions. In its third year, the CCTP seeks to improve quality, reduce cost and, most importantly, improve the patient experience, by encouraging a "community" of providers to tackle the critical issues that lead to patient readmissions.

At Ingalls, our mission is "to improve the health of the communities we serve." These are just some of the ways we are doing that. As an independent, not-for-profit healthcare system, we have the ability to ensure our resources are directed to areas that result in the greatest benefit to our patients — and to the community at large.

South Holland Debut of New Ingalls Care Center



Ingalls is pleased to announce the opening of the new Ingalls Care Center at 16246 Prince Drive in South Holland.

The 4,000-square-foot Ingalls Occupational Health and the Ingalls Center for Outpatient Rehabilitation (ICOR) facility was designed to maximize patient comfort and convenience, create a positive therapeutic environment and ensure optimal patient flow.

The new center offers comprehensive Occupational Health services for employers and workers, including pre-employment testing, DOT-certified physicals, injury care, on-site therapies and work conditioning.

For more information, call Ingalls Care Center in South Holland: Occupational Health at 708.915.4947 or ICOR at 708.915.4700.

Why wait? Online Lab Test Scheduling Now Available

Ingalls is pleased to introduce online scheduling of outpatient lab tests, conveniently from your computer or smartphone.

Instead of walking in and waiting, you can now schedule your test at any one of Ingalls outpatient lab locations, at a time that works with your busy schedule.

Then, once you've registered, one of our Central Scheduling representatives will call you to confirm your test date and time,

inform you of any special instructions, and remind you to bring in your lab test order from your doctor.

For added convenience, patients can schedule lab testing through InQuicker using a computer or smartphone.

For more information or to schedule your lab testing online, visit www.ingalls.org/InQuicker

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 708.915.CARE (2273), or visit us at Ingalls.org.



GOLDWYN FOGGIE, M.D., recently joined the Ingalls medical staff as an obstetrician/gynecologist. She is a graduate of the University of Illinois at Chicago Medical Center and completed an obstetrics/gynecology residency at Cook County Hospital. Dr. Foggie is certified by the American Board of Obstetrics & Gynecology. She sees patients at the Ingalls Family Care Center in Calumet City, Suite 2A.



CETIN HEKIMOGLU, M.D., is an internal medicine physician who recently joined the Ingalls medical staff. A graduate of University of Istanbul School of Medicine, Dr. Hekimoglu completed a residency in internal medicine at Medical College of Wisconsin. A member of Advanced Heart Group, S.C., Dr. Hekimoglu is certified by the American Board of Internal Medicine.



SRINIVASU KUSUMA, M.D., recently joined the Ingalls medical staff as an orthopedic spine surgeon. He is a graduate of the University of Michigan Medical School and completed an orthopedic surgery residency at Henry Ford Hospital as well as a fellowship in spine surgery at the University of California in Sacramento. Dr. Kusuma is a member of Bone and Joint Physicians and his offices are located in the Ingalls Family Care Centers in Calumet City and Flossmoor, as well as Orland Park and Oak Lawn.



AMIT PATEL, M.D., is a recent addition to the Ingalls medical staff. A primary care physician specializing in family medicine, Dr. Patel is a graduate of St. Matthews University School of Medicine and completed his family practice residency at Adventist LaGrange Hospital. Board certified in family medicine, Dr. Patel is a member of Horizon Healthcare Associates and sees patients in Calumet City and Flossmoor.



KAVEH RAHMANI, D.O., has joined the medical staff of Ingalls as a family medicine physician. A graduate of Chicago College of Osteopathic Medicine in Downers Grove, IL, Dr. Rahmani also earned a master's degree in biomedical sciences from Midwestern University. The son of endocrinologist Dr. Akbar Rahmani, he is a member of Primary Health Associates and his office is located at the Ingalls Care Center in Crestwood, IL.

For additional info or to schedule an appointment please call 708.915.2727.



VSEVOLOD TIKHOMIROV, M.D., has joined the medical staff of Ingalls Memorial Hospital. Dr. Tikhomirov earned a medical degree from the Russian People's Friendship University School of Medicine in Moscow, Russia. He completed his residency at Washington Hospital Center in Washington, D.C., and fellowship at Loyola University Medical Center in Maywood. He is certified by the American Board of Surgery. He is in

practice with Cardiac Surgery Associates, S.C., and sees patients at Ingalls Family Care Center in Flossmoor.

First in Midwest: Spine/Neurosurgery CT Technology



Surgeons on staff at Ingalls, Drs. Kusuma (orthopedics), Miz (orthopedics), Luken (neurology) and Fishkin (head and neck) are excited about Ingalls investment in cutting-edge technology for their patients.

In October, Ingalls became the first and only hospital in the Midwest to introduce a mobile intraoperative CT scanning system.

The revolutionary Brainlab Airo Mobile technology allows for rapid, detailed 3-D pictures of the complex anatomy of the spine and nerves to guide surgeons as they operate.

What's more, the new CT equipment can be used in combination with another image-guided surgery system already in use at Ingalls, which offers unprecedented visualization and precision during complex brain, spine and trauma surgeries.

"Ingalls is truly at the forefront of embracing and investing in exciting new technologies that can improve outcomes and ultimately improve lives," said spine surgeon George Miz, M.D.

View Test Results Online with New "Patient Portal"

With the new Care Connection Patient Health Information Portal (accessible through www.ingalls.org), patients can easily and securely access and print their health information from a computer, tablet or mobile device.

Standard X-ray results, a patient's discharge instructions and summary-of-care documents are available almost immediately,

and most laboratory test results are viewable within 24 hours of completion.

The portal is safe and private; passwords are encrypted, and URLs cannot be replicated.

To receive your individual sign-on pass code, call 708.915.4357, or send an email to PatientSupport@Ingalls.org.



Disc Replacement Surgery at Ingalls Provides Dramatic Relief for Oak Lawn Carpenter

As a professional carpenter, Ed Stalzer uses an array of tools to perform his craft. But the 46-year-old Oak Lawn man is the first to admit his most valuable tools are his hands.

Until recently, though, Ed's hands — and his right hand in particular — were giving him troubles.

A pinched nerve in his neck — caused by a compressed cervical nerve root — resulted in pain, numbness and tingling. It also compromised his ability to grip small or light objects.

"The biggest problem was waking up in the morning," the active husband and father of two explained. "My arms were asleep when I'd get up. It would take about 10 minutes to 'wake' them up. I've dealt with the problem for years."



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causes include a family history of the condition, wear and tear caused by daily activities, athletics and industrial work that involves looking up much of the time.

"Cervical radiculopathy pain travels down the arm in the area of the involved nerve," explains Martin Luken, M.D., renowned neurosurgeon on staff at Ingalls Memorial Hospital. "The pain

is usually described as sharp. There can also be a 'pins and needles' sensation, a feeling of weakness with certain activities or complete numbness."

In Ed's case, his grip was diminished when trying to hold a pencil or piece of paper. He constantly dropped them.

"You think you're holding it, but you can't feel your hand, and you drop it," Ed said. "My right arm would be heavy and weak."

Over the years, Ed met with doctors who recommended surgical fusion of the affected C6 and C7 vertebrae in his neck. Wary of surgery — and fusion surgery in particular — Ed kept looking for answers.

"That would have been a career-ender for me," he said. "I would have had to spend months in a brace; I wouldn't be able to drive for a long time, and I wouldn't be able to move my neck as well."

As a carpenter who builds custom staircases, Ed knew he needed to have full movement of his neck to successfully do his job.

"Spinal fusion was definitely not for me," he said.

Instead, he tried epidural injections to relieve the troubling symptoms, but an "insanely bad headache" following his second

On the cover: Ed, six-year-old Charlie, wife Katy and eight-year-old Julia are thrilled about Ed's return to a more active lifestyle after his disc replacement surgery at Ingalls.



Dr. Luken with a cervical disc used in replacements.

injection put an end to that option. “I knew that wasn’t the answer either,” he added.

As his condition worsened, Ed would sometimes feel a sudden “electrical shock” sensation from his neck to his hands when turning his head a certain way. Known as “Lhermitte’s sign,” and named for the French neurologist Jean Lhermitte who first described it, the uncomfortable symptom occurs when a person bends the head forward or flexes the neck.

“I would feel a jolt, and the pain would travel from my neck to my fingertips,” he remembers. “My wife noticed that I was doing it more and more. I knew I needed to do something.”

Frustrated, Ed thought he had run out of options. Then one day, he came across an article about a woman who had had cervical disc replacement surgery at Ingalls Memorial Hospital.

The patient, Susan Anderson, had been plagued with debilitating neck pain and discomfort for years.

The article described how Dr. Luken had performed a revolutionary double cervical disc replacement with spinal fusion. Her results were spectacular, and she was able to resume normal activities within weeks.

Ed was intrigued by what he read and made an appointment to see Dr. Luken at his Ingalls office.

“The moment I met with him, I immediately had a sense of confidence in him,” he remembers.

Instead of recommending spinal fusion surgery, Dr. Luken discussed a highly attractive alternative: cervical disc replacement.

“The cervical spine is made up of seven bones, called cervical vertebrae, stacked on top of each other in the neck area,” Dr. Luken explained. “The cervical discs are the cushions that lie between the cervical vertebrae and act as shock absorbers to allow the neck to move freely.”

Cervical disc replacement surgery involves removing a diseased cervical disc and replacing it with an artificial one.

“It is recommended when the channel through which the nerves pass has gotten too narrow, causing pain, numbness, or weakness,” Dr. Luken said. “When these symptoms don’t respond to nonsurgical types of treatment, disc replacement surgery is an excellent option. Plus, it offers the advantage of allowing more movement and creating less stress on the remaining vertebrae.”

Though Ed had been afraid to have any type of surgery, he knew disc replacement surgery — and Dr. Luken — would put an end to his pain and allow him to continue to work as a carpenter.

Ed underwent the delicate surgery at Ingalls in March, stayed in the hospital for only a day and a half, and was back to work in a couple weeks.

“The morning after surgery, I was moving my neck and had very little pain,” he said. “I’ve had no symptoms since. I didn’t even need physical therapy afterwards.”

Even better, just three months after his life-changing procedure at Ingalls, Ed was enjoying an adventurous family vacation in the Rocky Mountains.

“We hiked. We rode horses; it was great,” he said. “There’s no way I could have gotten on a horse or even gone on vacation if I’d had spinal fusion surgery. I’d still be in a back brace.”

Instead, Ed is back to doing what he loves best, spending time with his family, enjoying an active lifestyle and working.

“I’ll admit I questioned whether having any kind of surgery was the right thing to do,” he adds. “But everyone I met commented on Dr. Luken’s skill and reputation as being the best. I now know that to be true. From the moment I walked into his office and especially on the day of surgery, I felt comfortable and at ease. I can’t thank Dr. Luken and Ingalls Hospital enough for taking care of my pain and giving me my life back.”

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

Breast-Conserving Cancer Surgery at Ingalls Best Option for Homewood Woman

At age 79, Donna Anfield assumed breast cancer was a health concern for younger women. As it turns out, the energetic grandmother of eight was mistaken. Age is one of the leading risk factors for developing breast cancer. In fact, women in their 70s and 80s comprise the fastest-growing group of newly diagnosed breast cancers in the United States today.

But even the national mammogram screening guidelines don't specifically address how often a woman over 70 should have a mammogram.

In Donna's case, it had been three years.

"I thought at my age, it wasn't really necessary," she said. "I sloughed it off. I guess I take my health for granted. Other than a recent rotator cuff surgery, which was elective, I've never had any type of health problems."

Luckily for Donna, the cancer — diagnosed last fall following a walk-in mammogram at Ingalls Family Care Center in Flossmoor — was caught very early. As a result, she was able to have breast-conserving surgery at Ingalls Memorial Hospital followed by radiation, instead of mastectomy.

"Under certain circumstances, women with breast cancer have the opportunity to choose between total removal of a breast (mastectomy) or breast-conserving surgery or lumpectomy, followed by radiation," explains Gary Peplinski, M.D., board-certified general surgeon, who specializes in oncologic surgery. "Lumpectomy followed by radiation is equally as effective as mastectomy for a patient with only one site of cancer in the breast and a tumor under four centimeters."

Clear margins — that is, no cancer cells in the tissue surrounding the tumor — are also a requirement. Donna, who met both criteria, said, "My daughter came with me to my initial consultation with Dr. Peplinski, and she asked him, 'If it was your mom, what would you recommend?'"

"Lumpectomy," he replied.

That was exactly what she wanted to hear. Before she underwent the minimally invasive procedure at Ingalls last November, cancer specialist Mark Kozloff, M.D., ordered a body scan to look for other possible sites of cancer. When the scan came back clean, Donna scheduled her breast cancer surgery.

"I had cancer for only 11 days," she said with a smile, referring to her Nov. 8 diagnosis and Nov. 19 surgery.



Dr. Peplinski: "Good thing Donna heeded the sign to walk in for her mammogram!"

"Everything fell into place like clockwork," she said. "I left my house at 6 a.m. that day and was on my way back home by 4 p.m. The surgery was on time, and everything went smoothly. I couldn't be happier."

Breast-Conserving Surgery

During lumpectomy, the surgeon removes the cancerous tumor and some of the normal tissue around it. In Donna's case, Dr. Peplinski also removed three lymph nodes, which all tested "clean."

Until the mid-1980s, mastectomy was the standard of care for any stage of breast cancer, and research has shown that surgeons who trained before 1981 recommend mastectomy more often than lumpectomy.

However, in 1990, a National Institutes of Health consensus panel concluded that lumpectomy followed by radiation is as good as mastectomy for early-stage breast cancer.

"If you feel strongly about one option over the other, ask your surgeon how many mastectomies and lumpectomies he or she performs and why," Dr. Peplinski added.

The main advantage of lumpectomy is that it preserves much of the appearance and sensation of the breast. And since it is

less invasive, recovery time is shorter and easier.

“Experts agree that lumpectomy followed by radiation is the preferable treatment for most women with early-stage breast cancer,” he added. “And while breast-conserving surgery is more likely to be performed on younger women, the exception is women 80 years of age or older, among whom the frequency of breast-conserving surgery is the highest.”

For Donna, who’d never had surgery before her rotator-cuff repair in early 2013, breast-conservation surgery was ideal. After she completed six weeks of radiation, Donna also enrolled in a clinical trial at Ingalls designed for post-menopausal women with estrogen-positive breast cancer. The trial uses the medication anastrozole (marketed under the trade name Arimidex) to inhibit the synthesis of estrogen, thereby preventing recurrence.

“While women my age don’t necessarily have to take such an aggressive approach to treating their cancer, the way I look at it, ‘It’s in there. I want it out, and I don’t want it growing back,’” she said. “My cancer is gone, and I want to keep it that way.” Donna will remain on the trial for five years.

Now that she’s fully recovered from surgery and radiation — and suffered no ill side effects from the clinical trial, Donna’s back to doing what she loves best — staying active.

“I golf, I bowl, I do water aerobics, yoga and Pilates,” she said. “I’ve always been athletic and enjoy physical activity. Last week, Dr. Kozloff gave me full clearance to do whatever I want to do — except lift 100-pound weights.”

Since her brush with breast cancer, Donna, who spent 11 years as the Ingalls Senior Life Travel coordinator and escort, has become a vocal advocate of the Cancer Support Center in Homewood, just minutes from her home. Not only does she take advantage of the center’s yoga and nutrition classes, she volunteers there too.

“It’s a wonderful place,” she adds. “I’ve learned a lot about how to eat healthier and take better care of myself. I would recommend it for anyone who’s been touched by cancer.”



“I had cancer for only 11 days,” she said with a smile, referring to her Nov. 8 diagnosis and Nov. 19 surgery. “Everything fell into place like clockwork...I left my house at 6 a.m. that day and was on my way back home by 4 p.m.”



Donna takes a yoga class at the Cancer Support Center in Homewood with Cecily Hunt.

As for what prompted her to get a mammogram in the first place, Donna said the “walk-in mammograms” banner in the lobby at Ingalls Family Care Center in Flossmoor caught her eye every time she went to the facility for physical therapy following her shoulder surgery.

“It sort of stared at me every time I was there,” she said. “I had kind of felt something in my breast and sensed something was there. I’m so glad I made the decision to have the mammogram right then and there, and I only had a 45-minute wait as a walk-in. I couldn’t be happier with the entire cancer team at Ingalls that took care of me; everyone was the best.”

For more information about breast cancer care at Ingalls, call 708.915.HOPE (4673).

Cancer Clinical Trial Opens Up New Treatment Option for Calumet City Man

As a retired mechanical engineer, Robert Oswald has a deep affinity for the field of science and research.

So when the 75-year-old Calumet City resident was diagnosed with locally advanced colorectal cancer last fall — and discovered he had the opportunity to participate in a clinical research study at Ingalls — his natural inquisitiveness was piqued.

“At the time I was diagnosed, my oncologist Dr. (Mark) Kozloff talked to me about a clinical trial,” Robert explained. After weighing his options, Robert signed up for the investigational therapy.

“I was definitely interested in exploring a better, more effective way to take care of my cancer,” he said. “I also liked that my participation could someday help others facing cancer like mine.”

The study, N1048, investigates how well chemotherapy alone compared to chemotherapy plus radiation therapy works in treating patients with rectal cancer who will eventually undergo surgery.

Robert’s treatment plan consisted of six weeks of both before he underwent a colon resection by general surgeon Gary Peplinski, M.D., at Ingalls in May of this year.

“The tumor had shrunk quite a bit before surgery,” Robert explained. “And I’ve had very few side effects. I’m a little tired sometimes, and my face gets red. But I’ve still got my hair, and my appetite is good. I’ve even put a little weight back on.”

Subsequent tests have shown no new cancer cells, which is the best news of all for the grandfather of five.

Following the colon resection in May, Robert will undergo a second surgery this fall to reverse a temporary colostomy. But for now, he’s back to doing what he enjoys most — spending quality time with his family.

“I wasn’t sure if I wanted to participate in a clinical trial at first,” he admits. “But I’m glad I went ahead with it. I’m so grateful to my doctors and very happy things are working out as well as they appear to be.”

On a side note, Robert’s wife Mary Ann was diagnosed with ovarian cancer in January 2013. Although she is not enrolled in a study, after completing a second series of chemotherapy at Ingalls with Dr. Kozloff, her cancer now appears to be in remission. Though it’s been a challenging year for them both, the loving couple couldn’t be happier!



Recognized for Superior Cancer Research

Ingalls Memorial is one of only eight community hospitals in the United States recognized by the Conquer Cancer Foundation of the American Society of Clinical Oncology (ASCO) for its commitment to high-quality clinical trials programs.

As a recipient of the Conquer Cancer Foundation’s Award, Ingalls is being honored for its contribution to the improvement of cancer care through clinical research in a community-based setting.

“Our number one goal is to provide our patients with the best possible care available,” said Mark Kozloff, M.D., medical director of Ingalls Cancer Clinical Trials. “And that’s what sets Ingalls Cancer Care apart. On average, 15% of our patients are participating in a cancer clinical trial, which far exceeds the Commission on Cancer’s standard accrual rate of 6%. Even more importantly, 100% of all cancer patients at Ingalls are evaluated for possible enrollment in a clinical trial at the time of treatment. At Ingalls, our patients are among the first anywhere to benefit from new therapies.”

Ingalls collaborates with the world’s leading cancer centers, and at any given time, has more than 60 open trials that cover prevention, treatment, maintenance, symptom management, surgery, radiation therapy and targeted therapies that attack cancer at the biological level.

In 2013, nearly 100 patients enrolled in clinical trials at Ingalls, but a key criteria to ASCO was that Ingalls enrolls up to 35% of minority patients, more than tripling the national average of less than 10%.

Call 708.915.HOPE (4673) or visit www.ingalls.org/CancerCare for a complete list of available clinical trials.

STAR Cancer Rehab Program Helps Survivors Cope

For a newly diagnosed cancer patient, the future can be filled with uncertainty, worries about treatment side effects and anxieties about making ends meet.

“A certain amount of distress is normal when you or a loved one has cancer,” explains Ingalls Cancer Nurse Navigator Karen Masino, MSN, CNP.

But when distress becomes crippling, it can lead to feelings of panic, dread, or hopelessness.

Joanie Wotaszak of Lansing can attest to that.

When the 53-year-old single mother of four was diagnosed with colorectal cancer in late 2013, she was blindsided.

“I didn’t know what to do or where to go,” she recalls. “I was absolutely sick with fear.”

To make matters worse, a critical support system — her mother and siblings — all live in Ireland, where Joanie was born and raised until she moved to the United States several decades ago. She felt scared and alone.

“The first thing I did was reassure her that no matter what they find out about her cancer, there’s a treatment.”

*-Karen Masino, MSN, CNP
STAR Nurse Navigator*

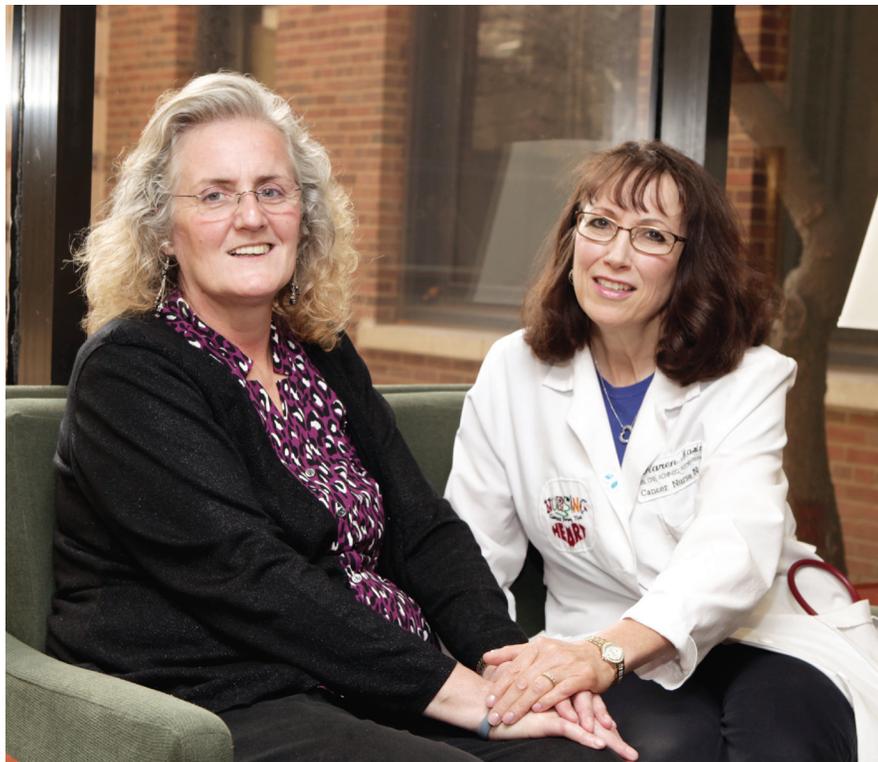
Fortunately, her doctor, gastroenterologist Abraham Fallah, M.D., recognized Joanie’s plight. Dr. Fallah’s nurse reached out to Karen, who, in turn, called Joanie the very same day.

“She was afraid there was nothing they could do for her,” Masino explained. “The first thing I did was reassure her that no matter what they find out about her cancer, there’s a treatment, and she’s come to the right place.”

Karen also gave Joanie a cancer distress screening. Much like a pain scale that measures physical discomfort from one to 10, a cancer distress screening assesses how much anguish a patient is feeling.

“Joanie was a ‘10,’” Masino recalls.

Fortunately, Ingalls Cancer Care offers the area’s only certified STAR Program™ for cancer rehabilitation. STAR stands for Survivorship Training and Rehabilitation and is a nationally



Joanie Wotaszak credits Karen Masino with navigating her through difficult waters.

recognized program that focuses on improving the lives of cancer survivors whether they are newly diagnosed, currently going through treatment or have gone years as a survivor.

“Ingalls specialists help cancer survivors with a wide variety of treatment-related conditions and their symptoms, including pain, weakness, fatigue, balance and gait problems, memory and concentration issues, swallowing and speech problems, lymphedema — and stress,” Masino added.

“Unresolved psychosocial issues can negatively affect outcomes, long-term care and quality of life,” Masino said. “At Ingalls, our cancer professionals are trained to look for subtle signs in patients that indicate they need more than medical treatment.”

Though Joanie’s not out of the woods yet emotionally, she’s well on her way to recovery from colorectal cancer. Following chemotherapy, radiation treatment and successful surgery at Ingalls this past spring, she is learning to take life one day at a time.

“I’m trying to keep a handle on the stress and see the glass as half-full,” she said. “I know that things are going to get better for me. I’ll be forever grateful to Ingalls and Karen. I don’t think she realizes the huge difference she has made in my life.”

For more information about Ingalls cancer survivorship services, call 708.915.STAR (7827).



Scan this QR code with your smartphone to view the video about the STAR Program. To download a free QR code scanner, visit getscanlife.com.



Thanks to Anterior Hip Replacement at Ingalls, The Show Will Go On for Local Director

As a 30-year veteran of the local theater scene, Charlie Misovye is accustomed to being center stage. Whether he's acting, directing, choreographing or producing, the beloved performer is one of the busiest theater professionals in the South Suburbs. And he wouldn't have it any other way!

So when the 54-year-old south suburban native had the opportunity to shine the spotlight on his recent hip replacement surgery at Ingalls, he didn't hesitate for a moment!

"Three decades as a professional dancer, choreographer, actor and director took its toll on my hips," he explained. "I've danced, done cartwheels and the splits thousands of times over the years. I've loved every minute of it, but I started to feel some pain in my left hip. At first, it was just a little creaking. I thought maybe I had overdone it a bit."

But when the pain persisted, he made an appointment to see board-certified orthopedic surgeon David Smith, M.D., who diagnosed him with arthritis.

"Basically, my hips were kind of worn out," Charlie said.

When conservative measures such as over-the-counter pain medications and physical therapy did little to relieve the pain, Dr. Smith recommended anterior hip replacement surgery.

"There's not an issue with being too young," Dr. Smith explained. "I've done patients in their 30's and have had implants in people for 30 years already — and that's not even with the newest materials that are out today — so there's not as much concern with them wearing out."

Eager to continue performing and directing, Charlie didn't take long to make up his mind.



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Charlie Misovye is getting ready for his next production, thanks to Dr. David Smith and his anterior hip procedure.

“I decided to do this,” Charlie added. “I’m in good shape; I’m young enough to do rehab. It was the right time for me.”

Luckily for Charlie, surgeons at the Advanced Orthopedic Institute at Ingalls offer a unique alternative approach, accessing the hip joint from the front, or anterior.

“The anterior approach minimizes the pain and time from surgery to recovery, which is particularly important for patients who still work,” Dr. Smith explained.

Even better, a wider range of patients may be candidates.

The advanced technique involves a single small incision on the front (or anterior) of the hip, allowing orthopedic surgeons like Dr. Smith to work between the muscles and tissues without detaching them from either the hip or thighbones. This spares them from trauma and a lengthy healing process.

Keeping the muscles intact is also the key to greater hip strength after surgery. And since the incision is in front, patients avoid the pain of sitting on the incision site.

What’s more, within a couple days, anterior hip patients can bend their hip freely, bear weight, climb stairs, and most importantly go home, where they can resume normal activities in as little as eight weeks or less.

Thirty years on the stage has kept Charlie in great physical condition, but to ensure as smooth a recovery as possible, the energetic performer followed a regimen of physical therapy strengthening exercises two weeks before surgery at the Ingalls Family Care Center in Flossmoor.

“Sometimes you just can’t do what you used to do as you get older, but I try to fight that stereotype every step of the way. Dr. Smith is in the right place making miracles happen for people.”

-Charlie Misovye

“Charlie is a perfect patient,” Dr. Smith added. “He has a positive attitude; he cooperated with his therapist. He has a background in dance and already had a level of fitness. The key is to come at it with a reasonable body weight and maintain muscle fitness. Charlie went through ‘pre-hab,’ which is optimal for getting to a level of muscle fitness.”

Physically and mentally prepared for surgery, Charlie underwent anterior hip replacement on a Thursday in May.

“I was up and walking on Friday, and by Saturday, they kicked me out,” he added with a laugh.

Charlie used Ingalls Home Care for the first two weeks at home, and since then, there’s been no stopping him! In fact, when he’s not working full time as the group sales coordinator at Theatre at the Center in Munster, Ind., he’s busily directing and choreographing the musical production “Hairspray” for a May 2015 opening at the Drama Group in Chicago Heights.

“Sometimes you just can’t do what you used to do as you get older,” he added. “But I try to fight that stereotype every step of the way. Dr. Smith is in the right place making miracles happen for people.”

Thanks to anterior hip replacement surgery at Ingalls, the show will go on for Charlie!

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



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Move again. Live again.™

Goodbye to Back Pain! Epidural Steroid Injections Keep Chicago Woman Traveling the World

The statistics are sobering: eight out of 10 Americans will suffer serious back pain at some point in their lives. Depending on its severity and duration, it may lead to time off work, lost sleep and an inability to take care of daily activities.

But there's a silver lining too. More than 95% of back pain sufferers will be able to avoid back surgery through more conservative measures like physical therapy, pain medication and steroid injections.

Eleanor Morrow of Chicago is one of them. The 71-year-old retired anesthesia technician, who suffers from two herniated discs, made an appointment to see board-certified physiatrist George Charuk, D.O., several years ago when back pain nearly sidelined her.

"The pain would start in my back and go down my left leg," she explains. "I felt pain when I was walking, bending over or just picking things up."

And, bicycling — one of her favorite activities — was out of the question. On a scale of one to 10, Eleanor says most days her pain was a "9."

To her relief, Dr. Charuk offered a non-surgical outpatient option to alleviate the pain: epidural steroid injections.

"Epidural steroid injections (ESIs) are a minimally invasive treatment that delivers potent medication directly, or very near, the source of pain generation," Dr. Charuk said.

During an ESI procedure, a solution containing the steroid cortisone is used in conjunction with a local anesthetic such as lidocaine. Since inflammation is a common component of many low back conditions, the use of the anti-inflammatory steroid reduces swelling and the accompanying pain. With the aid of

X-ray guidance, the drugs are delivered into the epidural space of the spine — the area between the protective covering of the spinal cord and the bony vertebrae.

"The goal is to reduce pain so that patients can resume normal activities," he added.

Following her first injection, that's precisely what Eleanor did!

"My first injection lasted two years," she said. "I had absolutely no pain at all!"

She has had three epidural injections in the last five years, and all have provided the relief she needs to enjoy biking, walking — and traveling the world.

"That's why I need to keep my back in shape," she adds. "I do a lot of sightseeing and stair climbing."

In fact, she successfully climbed more than 100 stairs to walk on the Great Wall of China. Next up, a tour of Thailand!

"Dr. Charuk has been a lifesaver for me," she adds. "If you're suffering from lower back pain, I would highly recommend him."

The best candidates for epidural steroid injections are those who suffer from pain in the lower back caused by spinal stenosis, herniated discs, bone spurs, cervical and lumbar radiculopathy, joint cysts and abnormal alignment of the vertebrae.

For more information, call Ingalls Advanced Orthopedic Institute at 708.915.PAIN (7246).

Severe Aortic Valve Stenosis: Second Opinion Saves Steger Woman's Life

Human heart valves are amazing structures. These tissue-paper-thin membranes attached to the heart wall continuously open and close to regulate blood flow.

But a narrowing of the heart's aortic heart valve, known as aortic stenosis, prevents the valve from opening fully and obstructs blood flow from the heart to the rest of the body. It is most often caused by an age-related buildup of calcium.

"When the aortic valve is obstructed, the heart needs to work harder to pump blood to the body," explains Sabrina Akrami, D.O., cardiologist on staff at Ingalls.

Eventually, the extra work limits the amount of blood it can pump and weakens the heart muscle.

Symptoms include chest pain, fatigue, shortness of breath, lightheadedness and difficulty when exercising.

When 65-year-old Sidnai Doty of Steger noticed swelling in her legs late last year, accompanied by occasional shortness of breath, she sought care at an area hospital.

"I was so swollen I could barely walk," she said.

Unsatisfied with the care she received elsewhere, Sidnai's friend recommended she head straight to Ingalls for a second opinion.

Following an urgent echocardiogram ordered by Dr. Akrami that very same day, Sidnai was told she had a severe case of aortic stenosis that required surgery to replace the calcified valve.

"Some patients with aortic stenosis may not show any symptoms," Dr. Akrami said. "However, once you begin experiencing symptoms, prompt treatment becomes necessary. Severe aortic stenosis is a very serious problem."

In fact, people who have developed symptoms have about a 50% chance of living two years without aortic valve replacement surgery.

"Thank God I went to Ingalls when I did," Sidnai said. "It was urgent. I needed to have that surgery if I wanted to live."

During aortic valve replacement, the surgeon removes the diseased aortic valve and replaces it with either a mechanical valve or a biological valve (made from animal or human tissue).

Sidnai underwent open-heart tissue valve replacement at Ingalls in February and following several months of rehabilitation, the retired realtor is feeling better than ever.

"I'd never been in the hospital before in my life," Sidnai added. "I had no idea what was wrong. Dr. Akrami and Ingalls saved my life. I probably wouldn't be here today if my friend hadn't



driven me over to Ingalls. If you don't get the answers you need, go to another doctor and get it checked out. I did, and I'm still here today."

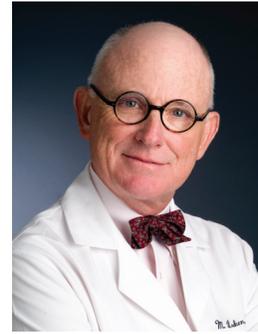
When it comes to your heart, you can't afford to take chances. At Ingalls, our heart and vascular services cover emergency care, diagnostic examination, treatment and rehabilitation with board-certified cardiologists available 24 hours a day.

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

Hydrocephalus: Teamwork Uncovers and Successfully Treats Complex Condition



Dr. Daniel Vandenberg



Dr. Martin Luken



Dr. Engin Yilmaz



Dr. Gary Peplinski



Dr. Jeanne Wilson

When 81-year-old Chicago resident Margaret Ramirez suddenly developed dementia, balance problems and aggression last spring, it took a multidisciplinary effort working together to accurately diagnose, treat and rehabilitate her.

“My personality had changed,” the retired nurse’s aide recalls. “Things made me angry that I normally would ignore. I was forgetful, and having hallucinations and terrible dreams.”

When she inexplicably began falling at home — as many as eight times in one day — Margaret knew it was time to see her doctor, internal medicine specialist Daniel Vandenberg, M.D.

“I’ve known Mrs. Ramirez for five years. She has a complicated medical history, but she’s a very sharp lady,” Dr. Vandenberg said. “These were brand-new symptoms. She had taken a sharp decline; she was confused, and her balance was gone.”

Could her condition be a warning sign of stroke, the beginnings of Alzheimer’s disease — or something completely different? Determined to get the bottom of it, Dr. Vandenberg consulted with neurologist Engin Yilmaz, M.D., and ordered a battery of diagnostic tests. After the results came in, a very subtle finding on a CT scan of her head pointed to normal pressure hydrocephalus (NPH). Another highly sophisticated test called a cisternogram confirmed their suspicions.

The term “hydrocephalus” is derived from two Greek words: hydro for water and cephalo for head. Hydrocephalus refers to an excessive amount of cerebrospinal fluid within the ventricles of the brain. The ventricles enlarge to accommodate the extra fluid and then press on different parts of the brain, causing a number of different symptoms.

NPH is most often seen in adults over 60 years of age. The three classic symptoms are difficulty walking, mild dementia and impaired bladder control.

Margaret was referred to renowned neurosurgeon Martin Luken, M.D., for implantation of a shunt to drain the excess fluid and alleviate her troubling symptoms.

“A shunt is a thin tube that is implanted in the brain by a neurosurgeon,” Dr. Luken explained. “It is inserted into the ventricles to drain excess fluid away from the brain.”

The tube is routed under the skin from the head to another part of the body, usually the lower abdomen or peritoneum. The fluid drains harmlessly and is later absorbed by the bloodstream.

Dr. Luken implanted the shunt in March, and Margaret began rehabilitation to regain her balance.

Dr. Vandenberg didn’t see an early dramatic improvement and discovered that (due to excessive scarring from previous abdominal surgeries), the shunt wasn’t draining properly.

That’s when Margaret’s team of physicians called on general surgeon Gary Peplinski, M.D., who laparoscopically repositioned the abdominal portion of the shunt in a second, separate procedure.

With the shunt working properly, Margaret began intensive inpatient rehabilitation at the Ingalls Center for Rehabilitative Medicine under the close supervision of medical director and board-certified physiatrist Jeanne Wilson, M.D.

Today, Margaret is back to her old self — sharp as a tack and able to move around without falling. “I’m doing great,” she said. “I’m so grateful to all of my doctors at Ingalls.”

“Mrs. Ramirez’s case is an excellent example of medical teamwork and collaboration,” Dr. Vandenberg concluded. “It’s one of those times when the whole system worked together to improve the life of a patient.”

Getting Seizures Under Control: “A Pacemaker for the Brain”

About two million Americans have epilepsy, a recurrent seizure disorder caused by abnormal electrical discharges from brain cells.

While the majority of epileptic seizures are controlled by medication, particularly anticonvulsant therapy, they're not without their own problems. Side effects can be severe and cause nausea, vomiting, headaches, dizziness and more.

Retired police officer Adele Roberts of Chicago knows that all too well.

When she was diagnosed with partial complex seizure disorder in 2010, she was put on medication to control her condition.

“It was horrible,” she said. “I had stomach aches, headaches and dizziness. I was vomiting; I couldn't continue on it.”

Her neurologist at the time, Tonya Fuller, M.D., switched her to a different drug — Topamax, which carried its own side effects. During the first three months on the drug, Adele lost weight, and became moody and aggressive.

Adele struggled for three months with the debilitating side effects. They eventually subsided, but her relief was short-lived thanks to a flurry of seizures.

“They came in clusters and would last for days,” Adele added. “Looking ahead to a lifetime of trying different cocktails of medications sounded so depressing to me.”

That's when Dr. Fuller talked to her about a tiny implantable device called a vagus nerve stimulator (VNS).

“There's one vagus nerve on each side of the body,” Dr. Fuller said. “It helps regulate internal organs such as the heart and stomach.”

Nerve fibers within the vagus nerve are also connected to the part of the brain believed to be responsible for producing seizures.

VNS therapy is designed to prevent seizures by sending regular, mild pulses of electrical energy to the brain via the vagus nerve.

Adele readily agreed to the procedure, which was performed by experienced head and neck surgeon Natan Scher, M.D., at Ingalls. Dr. Scher has been implanting the devices for the last 10 years with a zero complication rate.



Tonya Fuller, M.D.



Natan Scher, M.D.

The device is programmed to send a few seconds of electrical energy to the vagus nerve every few minutes so treatment is automatic and continuous. What's more, if an individual with a VNS feels a seizure coming on, he or she can activate the discharge of energy by passing a small magnet over the battery. In some people, it has the effect of stopping the seizure.

“The device is very similar to a pacemaker for the heart,” Dr. Scher said. “Once it's implanted, it helps people almost immediately.” That was definitely the case with Adele.

“This is one of the best things, health wise, that's happened to me,” she said. And with her seizures under control, Adele is back to doing what she loves best: traveling, hiking and swimming.

“I'm really attached to it,” she added. “Right from the beginning, it was a part of me. Basically, I can do anything I want.”

For more information about VNS therapy available at Ingalls, call Ingalls Care Connection at 708.915.CARE (2273).



Eye Injections Improve Vision in Diabetics

Millions of Americans each year face vision loss related to diabetes. In fact, according to the Centers for Disease Control (CDC), more than 28 percent of diabetics over the age of 40 have a condition called diabetic retinopathy.

Diabetic retinopathy, the most common diabetic eye disease, occurs when blood vessels in the retina become damaged. Sometimes fluid leaks through the walls of these vessels, causing swelling in the macula, the part of the eye that controls sharp, straight-ahead and reading vision. In other cases, abnormal new blood vessels grow on the surface of the retina. Left untreated, these vessels cause bleeding in the eye. It is one of the leading causes of blindness among working-age Americans.

“The best treatment for diabetic retinopathy is to prevent it,” explains David Orth, M.D., retinal specialist and medical director of the Irwin Retina Center at Ingalls. “Strict control of your blood sugar will significantly reduce the long-term risk of vision loss.”

Sixty-seven-year-old Jimmie Stevenson of Kankakee was diagnosed with Type II diabetes 25 years ago, but it wasn't until five years ago that he noticed changes in his vision. Cataract surgery with implants in both eyes helped somewhat, but he continued to have blurring and clouded vision in his left eye.

That's when he went to see Dr. Orth and learned he had diabetic retinopathy and diabetic macular edema.

To combat Jimmie's vision problems, Dr. Orth recommended injections of the FDA-approved drug Lucentis, an anti-growth factor drug that reduces the swelling in the center of the retina.

“Lucentis is used to reduce the swelling caused by fluid at the back of the eye and is thought to possibly reduce new blood vessel growth,” Dr. Orth said.

The injection — administered into the eye about once a month — has been shown to maintain or improve visual acuity in patients with diabetic macular edema. It is intended to be used with good diabetic blood sugar control. Laser treatment is also used in certain cases of diabetic retinopathy.

“The injections have helped,” Jimmie said. “I've had about six shots over the last year. If my eye looks good when I go to see Dr. Orth, then I don't need an injection during that visit.”

With better control of his diabetes and ongoing treatment for his vision problems, Jimmie enjoys spending time with his wife, children and grandchildren and pursuing one of his favorite hobbies — fishing with his brother in Minnesota.

“I'm so grateful to Dr. Orth and the Irwin Retina Center,” he added.

If you or someone you know has diabetes-related vision loss, contact the experts at the Irwin Retina Center at Ingalls at 708.915.6800.



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Leg Pain During Exercise Clue to Peripheral Artery Disease

Like coronary artery disease, peripheral artery disease — or narrowed blood vessels in the legs — can sneak up on you when you least expect it, often hiding symptoms until the disease is severe. That’s exactly what happened to Loretta Brown of Chicago.

This past summer, Loretta experienced cramping, pain, tingling and numbness in her left leg. Walking became an uncomfortable chore. In fact, she couldn’t even climb the 20-plus stairs to her second-floor duplex without taking a breather on the landing. Initially, she thought it might be arthritis.

But when her legs buckled, causing her to fall on three separate occasions, she knew something more serious was behind her symptoms. Loretta’s primary care doctor referred her to a vascular specialist who recommended a Doppler ultrasound scan.

“As it turns out, it wasn’t arthritis at all,” she explains. “It was peripheral artery disease (PAD).”

That’s when Loretta was referred to Ingalls board-certified interventional radiologist Kevin Keele, M.D.

“PAD is usually caused by atherosclerosis, the same disease process that causes heart attacks and strokes,” Dr. Keele said. “And even mild PAD is an important signal that atherosclerosis might be affecting vital arteries elsewhere.”

PAD, which affects eight million Americans, narrows arteries in the legs, limiting blood flow to the muscles. Risk factors include diabetes, abnormal cholesterol, cigarette smoking and high blood pressure. Muscle pain, called intermittent claudication, typically comes on with exercise, and is relieved with rest.

“It can take you by surprise, causing no symptoms at all — or cause symptoms you may think are something else,” he added.

In Loretta’s case, the condition was severe — most likely caused by her lifelong cigarette smoking habit.

“Her left common iliac artery (which supplies blood flow to the left leg) was completely blocked,” Dr. Keele said.

So in July, Dr. Keele performed a minimally invasive angioplasty to open up the blocked artery and implanted a stent to keep it open. Loretta was sedated but awake throughout the outpatient procedure.

“I was a little nervous,” she admits. “But the staff in the Interventional Radiology suite talked to me and reassured me throughout the procedure. They were wonderful.”



Following a brief recovery at home, Loretta feels better than ever. Best of all, at her follow-up appointment with Dr. Keele in September, an ultrasound scan showed the newly opened artery was performing as exactly as it should.

“The minute I found out I had PAD, I quit smoking,” she added. “I’ve always said quitting was a mental thing, and for me, it was. I only smoked five cigarettes a day, so that’s why it was easy for me to quit. I definitely chose good health over that.”

“I was a little nervous. But they talked to me and reassured me throughout the procedure. They were wonderful.”

-Loretta Brown

Loretta also enjoys exercise, preparing nutritious meals and “juicing” every day. “I feel fabulous,” she said.

“So often we see PAD patients who haven’t taken care of themselves, and they’re on a downward slide,” Dr. Keele added. “But that definitely wasn’t the case with Loretta. We treated her, and she quit smoking. She’s doing very well.”

If you or someone you know suffers from unexplained leg pain, especially during exercise, it could be PAD. For more information or a referral to an Ingalls specialist, call 708.915.CARE (2273).

Minimally Invasive Sling Puts an End to Leaky Bladders

Overactive bladder (OAB) is a common condition that affects more than 30 million Americans. Thirty percent of all men and 40 percent of all women in the United States suffer from OAB.

But the truth is, that number is probably much larger because many people living with OAB are too embarrassed to talk about it, much less ask for help.

“OAB isn’t a disease,” explains board-certified urologist Grant Chavin, M.D. “It’s the name given to a group of troubling urinary symptoms.”

The major symptom is a sudden, strong urge to urinate that can’t be controlled. Other symptoms include leaking urine, frequent urination and waking at night more than once to urinate.

Deidra Williams of Lansing struggled with OAB for nearly a decade.

“When I had to go, I couldn’t hold it,” the 48-year-old customer service representative explained. “I also had leakage with sudden movements, when I exercised and when I coughed. I even had problems when I sang in the choir at church.”

For several years, she relied on protective undergarments to avoid embarrassing accidents. Then, in 2007, she underwent a sling procedure at another hospital with another physician. Unfortunately for Deidra, it didn’t work. The symptoms continued.

“It was very frustrating to me,” she said. “I just wanted it to stop.”

So five years after her failed surgery, Deidra made an appointment to see Dr. Chavin.

Initially, he put her on medication to stop the sudden urges.

“That stopped the urgency, but it didn’t stop the actual leakage,” she recalls.

Then Dr. Chavin told her about a newer procedure using a mid-urethral tension-free vaginal tape (TVT) sling. The minimally invasive surgery is done on an outpatient basis at Ingalls and helps women regain bladder control and prevent urine leakage by supporting a sagging urethra.

“Mid-urethral slings use synthetic mesh that the surgeon places midway along the urethra, the tube that allows urine to pass out of the body,” Dr. Chavin said. “When implanted, the mesh sling combines with new tissue growth to become a support structure for the urethra.”

In women, the urethra is short and located just above the vagina.

During the sling procedure, the surgeon makes a small incision



between the opening of the urethra and the vagina. Using special needles attached to a synthetic sling, the surgeon passes the sling under the urethra and to each side of the lower abdomen. The surgeon pulls the ends of the tape through the incisions and adjusts them to provide the right amount of support to the urethra.

“After the sling is properly positioned, it forms a supportive cradle under the urethra, which helps prevent urine from escaping during activities or straining,” Dr. Chavin added. “The TVT sling is the gold standard for the surgical treatment of stress urinary incontinence.”

The procedure itself is a quick 30-minute outpatient surgery that boasts a 90% success rate. The incisions are small (less than one centimeter); the recovery is fast, and the complication rate is very low.

Deidra had the outpatient procedure at Ingalls in early 2013. Following a brief recovery, she was back to work the following week. More importantly, she hasn’t had a single urine leak since, and protective undergarments are now a thing of the past.

“I’m an active person,” she added. “I like to exercise, run and sing. I can do it all now without any worries.”

Candidates for TVT sling surgery include anyone with a diagnosis of stress urinary incontinence that is healthy enough to undergo surgery.

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

World's Smallest Cardiac Monitor Can Provide Big Answers

Sometimes smaller is better. In fact, a heart monitor no bigger than a paper clip will eventually help doctors determine what caused 39-year-old Shannan Smith of Matteson to faint in early October.

"Some causes of fainting are due to causes that do not require aggressive medical or electrical device therapy," explains interventional cardiologist Lokesh Chandra, M.D. "A detailed medical history and physical exam often are the best tools for helping make a diagnosis. Millions of dollars are spent on evaluation of fainting in the USA each year, and yet in many patients, no diagnosis is reached. In some patients there can be potentially life-threatening causes."

Getting to the bottom of what caused an episode is crucial, but sometimes that's easier said than done as at the time of the event most patients are at home on no monitor.

"A person who faints may go to the emergency department, see multiple doctors, undergo numerous tests over weeks or months and still not find out what is wrong," he said, as by the time they reach the ER, the brief event has terminated and may not recur for days to months.

But thanks to a tiny implantable cardiac monitor now available at Ingalls, doctors can monitor a patient's heart rhythm around the clock — for up to three years — to pinpoint if any cardiac arrhythmia is the problem.

"Like its name suggests, the Medtronic 'Reveal' wireless cardiac monitor is designed to uncover abnormalities," he said.

The tiny monitor is implanted beneath the skin with a syringe-like device. But despite its small size, the Reveal packs a lot of power and can tell doctors if fainting or palpitations are due to a heart arrhythmia.

And that's good news for Shannan.

The mother of two recently fainted in Dr. Chandra's waiting room without explanation.

"As I was getting ready to go, I just hit the floor," she recalls. "I knew I didn't feel well. I'm just grateful it happened there."

Dr. Chandra immediately dialed 911 and began lifesaving care. Within minutes, Shannan was rushed to the nearest hospital, where diagnostic testing was initiated.

After three days of testing ruled out a seizure and other obvious heart problems, Shannan was sent home. But what caused her to faint remained a mystery.



Dr. Lokesh Chandra and monitor keep close tabs on Shannan.

As she had done this before and prolonged monitoring had not revealed a cause, Dr. Chandra recommended the Reveal device.

Designed to detect arrhythmias that may be responsible for stroke and other potentially life-threatening conditions, the Reveal's sensors and circuitry record every beat of the heart. The information it collects is stored on a memory chip and transmitted wirelessly to a patient's doctor in the middle of the night for later review. The data is also analyzed by a computer programmed to look for erratic heart rhythms. Doctors can customize alerts, so if a patient's heart rate gets to a certain level — too high or too low — the doctor gets an e-mail, page or phone call.

"The real benefit of implantable monitors is to spot something that doesn't happen frequently, maybe once or twice a year," Dr. Chandra said. "That can be especially useful for patients who pass out for no clear reason. We can't keep patients in the hospital for days on end to do testing — or expect them to wear an uncomfortable external device for weeks either."

The new technology at Ingalls is indicated for use as a diagnostic tool for people suffering from unexplained fainting, dizziness and palpitations for no clear reason. Reveal can also help doctors determine if a patient has atrial fibrillation — a leading risk factor for stroke — that can be very intermittent and asymptomatic.

The device itself is inserted under the skin in the chest through a small syringe. Patients are awake but sedated and go home the very same day.

Shannan says she's relieved she has the device and is confident she will eventually get answers about what caused her to faint.

"I haven't fainted at all since that episode, but now I know that if I start to feel funny or faint again, this device will record what happened, and I can be treated for it," she said. "It's like I'm under constant surveillance...but in a good way. I feel so blessed to benefit from this new technology and from Dr. Chandra's expertise."

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

Kim Garrison, *Editor*
Susan Fine, *Director*
Marketing Communications

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