



Regional Stroke Center Helps Rebuild Lives

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Clinical Excellence.
National Recognition.

Building on our Commitment for 85 Years



Kurt Johnson

More than eight decades ago, industrialist Frederick A. Ingalls recognized the need for great healthcare in this growing community. He realized his dream when the 50-bed Ingalls Memorial Hospital was dedicated to the memory of his wife, Jeanette, in November of 1923.

Although we still maintain a lovely courtyard surrounding the hospital's original main entrance, there is probably little else that Mr. Ingalls would recognize today. Ingalls has evolved into the area's only independent

healthcare system, with a 563-bed hospital at the main campus, and a network of comprehensive outpatient centers where our neighbors can receive vital medical services right in their community. Our facilities, technologies and array of medical professionals would surely astonish him.

Now, as we reach the milestone of our 85th anniversary, we celebrate by building on our commitment of service in the core of the Ingalls community. Ingalls Family Care Center in Calumet City, our busiest outpatient campus, is re-opening with greatly increased capacity, sophisticated diagnostic services, and additional physician presence to better serve our neighbors in that region.

I also like to think that Mr. Ingalls would be proud of the national recognition Ingalls Memorial Hospital has achieved. For the seventh year in a row, Ingalls' NeuroScience program has received acknowledgement by *U.S. News & World Report* magazine as one of the 50 best hospitals in the country. No small feat for a community hospital.

We have also recently received accreditation as a Primary Stroke Center by the Joint Commission, and a special commendation by the American College of Surgeons Commission on Cancer, an achievement only one in four cancer programs attain.

Once again we're proud to have you read in the following pages about just a few of the lives we've touched by our technology, people and leading-edge treatments. We hope that when you or your loved ones need care, you'll trust Ingalls to be there, in your backyard, with the highest quality healthcare in the region.

Thank you for allowing us to serve you for 85 years.



Kurt E. Johnson
President and CEO
Ingalls Health System

Welcome New Doctors to Your Neighborhood

Eden D. Brandon, M.D., specializes in general internal



medicine. Dr. Brandon received her medical degree from Northwestern University Medical School. She served her residency at Rush-Presbyterian-St. Luke's Medical Center. Dr. Brandon has joined Dr. Lokesh Chandra in Hazel Crest.

George E. Charuk, D.O., specializes in physical medicine and



rehabilitation/spinal cord injury. Dr. Charuk received his medical degree from Philadelphia College of Osteopathic Medicine. He served an internship at Union Hospital and his residency at Loyola University Medical Center. Dr. Charuk is certified by the American Board of Physical Medicine and Rehabilitation, the American

Osteopathic Board of Rehabilitation Medicine and the National Board of Osteopathic Medical Examiners. He has joined Bone & Joint Physicians.

Bari A. Parks-Ballard, M.D., specializes in obstetrics and



gynecology. Dr. Parks-Ballard received her medical degree from Meharry Medical College in Nashville. She served her residency at Cook County Hospital. Dr. Parks-Ballard is certified by the American Board of Obstetrics and Gynecology, and has joined Family Christian Health Center in Harvey.

James A. Wallace, M.D., specializes in oncology and



geriatrics. Dr. Wallace earned his medical degree from the College of Medicine, University of Vermont. He served his residency at Boston Medical College and completed fellowships in oncology, ethics and geriatrics at the University of Chicago Medical Center. Dr. Wallace is certified by the American Board of Internal Medicine.

He has joined Monroe Medical Associates.

For more information about physicians on staff, call Ingalls Care Connection at 1.800.221.2199.

Ingalls Family Care Center in Calumet City: Oct. 4 Grand Re-Opening

Ingalls Family Care Center in Calumet City will host a Grand Re-Opening Celebration for the community Saturday, Oct. 4, from 11 a.m. to 2 p.m. to showcase its new medical office building, added technology and expanded treatment areas.

The 30,000-foot expansion project offers more space, more services and more on-site physician specialists for every member of the family. For more information about the expanded services, or to make a physician appointment, please call 708.915.6838.

Illinois Institute for Addiction Recovery Announces Opening of New Facility at Ingalls



Ingalls Health System and Proctor Hospital have opened a new addiction treatment facility at the architectural design award-winning Wyman-Gordon Pavilion on the campus of Ingalls Memorial Hospital. The new facility, known as the Illinois Institute for Addiction Recovery at Ingalls, is a 16-bed adult addiction treatment facility providing comprehensive care, including medical stabilization/detoxification; inpatient treatment; intensive addiction day treatment; addiction day treatment; intensive outpatient care; aftercare; and family and individual therapy.

The Illinois Institute for Addiction Recovery at Ingalls provides treatment for all forms of addiction, including chemical, gambling, spending/shopping, food, sex, internet, video-gaming and chronic pain with addiction.

For more information or to confidentially access private treatment programs, call 800.522.3784 or visit www.addictionrecov.org.

U.S. News & World Report Names Ingalls Among Nation's Best 7 Years Running

For the seventh year in a row, Ingalls has been named one of "America's Best Hospitals" by *U.S. News & World Report*, ranking 38th in the nation for excellence in Neurology and Neurosurgery.

Ingalls was the ONLY community hospital in the area to be named to the list, and one of only a few in the nation to receive this distinction.

"More than 5,400 hospitals were evaluated by *U.S. News & World Report*, and Ingalls was one of only 170 that made the cut," explained Kurt Johnson, Ingalls president and chief executive officer. "Our excellence in neurology and neurosurgery truly puts us on par with the very best hospitals anywhere."

Ingalls and Illinois Retina in Landmark Study for 'Wet' Macular Degeneration

The Irwin Retina Center at Ingalls and Illinois Retina Associates were chosen by the National Eye Institute to participate in a landmark clinical research study to compare two drugs for the treatment of "wet" age-related macular degeneration (AMD).

The Comparison of Age-Related Macular Degeneration Treatment Trials (CATT) study will evaluate Lucentis (ranibizumab) and Avastin (bevacizumab) for the treatment of wet AMD. The drugs, which are injected directly into the eye, stop the growth of abnormal blood vessels and leakage.

Both therapies are manufactured by Genentech, Inc., and work by interfering with proteins needed for growth of new blood vessels. However, the cost of the two drugs varies widely. Lucentis costs roughly \$2,000 per dose for wet AMD treatment, while Avastin runs less than \$100.

In addition to determining whether Avastin is as good as Lucentis or better, the CATT study also hopes to establish how much therapy a patient requires.

See if you qualify for the study by calling 708.915.6943.

We bring quality care to your neighborhood

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

Shoulder Repair: When Conventional Isn't An Option



Orthopedic surgeons on staff at Ingalls successfully performed the revolutionary reverse shoulder prosthesis procedure on a 66-year-old Dolton woman - with excellent results.

The procedure is designed for individuals with severe shoulder weakness and pain that have exhausted all other means of treatment. It was performed on Patricia Huizenga by Mark Nikkel, D.O., and Carl DiLella, D.O., and was the first of its kind at Ingalls and in the area.

Every year, thousands of shoulder replacements are performed in the United States. The main causes are arthritis combined with a rotator cuff tear, or a minor stand-alone tear. For these patients, standard shoulder replacement surgery works well.

"With a massive rotator cuff tear, the rotator cuff loses most of its function, making conventional repair nearly impossible," Dr. Nikkel explained.

The reverse shoulder prosthesis makes better use of the large triangular deltoid muscle covering the shoulder joint, which is responsible for motions to the front, side and back - and a specially designed prosthesis for patients with non-

functional rotator cuffs and arthritis, but who still have a functioning deltoid muscle.

Patient Experiences Pain Relief

Huizenga broke her left arm in three places last fall at a local bowling alley when she stumbled over someone's misplaced bowling bag. After the broken bone healed, Huizenga found that she couldn't lift her arm any higher than hip level.

"Just raising my arm was painful enough that I didn't want to have to deal with this the rest of my life," she explains.

On a friend's advice, she sought a second opinion with Dr. Nikkel.

"I told him I wanted to be able to live without pain," she remembers. "He recommended the reverse shoulder procedure. I had a lot of confidence in him, so I had the procedure done at Ingalls in late spring."



Dr. Carl DiLella

Following surgery and several weeks of physical therapy, Huizenga's range of motion dramatically improved, and the nagging shoulder pain vanished.

"When a person gets to this stage of shoulder weakness and pain, changes must be made in the actual mechanics, or workings, of the shoulder," Dr. Nikkel explains. "This is a breakthrough procedure for patients whose severe shoulder damage has left them without any other options. After surgery, most patients report that their pain is significantly less and in some cases, completely gone."

Patients also report a drastic difference in their range of mobility and their ability to perform daily activities, such as eating, drinking or combing their hair.

"I can lift my arm to shoulder height, and the only soreness that I've experienced is the muscle soreness from physical therapy," she added.

An avid bowler who missed an entire season from her injury, Huizenga looks forward to re-joining her bowling league this fall.

Reverse shoulder replacement was approved by the FDA in 2004, but doctors in Europe have used it for the past 20 years. The procedure itself typically takes three hours and requires a two-day hospital stay, followed by three months of physical therapy.

For more information, call Ingalls Care Connection at 1.800.221.2199.



Dr. Mark Nikkel

Partial Knee Offers Permanent Fix

Orthopedic surgeons at Ingalls were among the first in the U.S. to offer a minimally invasive alternative to total knee replacement that dramatically reduces post-surgical pain and recovery time.

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

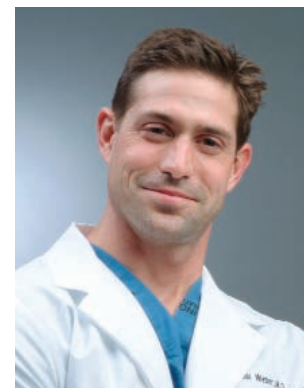
"It's a good, lasting alternative to total knee replacement with a proven track record," says Ingalls orthopedic surgeon Dan Weber, M.D.

Total knee replacement involves removing and replacing all three compartments of the knee. Partial knee replacement leaves healthy ligaments in place and allows the knee to rotate naturally, without putting undue stress on the replacement part.

The procedure is designed for patients with osteoarthritis isolated to the medial or inside knee, the area usually affected first by wear and tear because it bears the most weight.

Patients go home after one day instead of three, and physical therapy is quicker and less painful.

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



Dr. Dan Weber



Stanley Kranc

Partial-knee patient Stanley Kranc of Calumet City agrees.

"My partial knee replacement is built to last...just like the furniture I make," the 73-year-old woodworker explains.

Kranc underwent the procedure in June of 2007 at Ingalls.

"I was back on my feet in no time. I'd definitely recommend it. In fact, I've referred two of my friends to Dr. Weber," he added.

For more information, call Ingalls Care Connection at 1.800.221.2199.

Occupational Therapy: Fine-Tuning Children's Motor Skills

Some people might think that occupational therapy is just for adults. Children, after all, don't typically have occupations.

But unlike its name might suggest, occupational therapy is effective at helping people of all ages, including children, achieve independence in all areas of their lives.

"Nearly 50 percent of my clients are children," explains Carla Huang, O.T., occupational therapist at Ingalls Family Care Center in Flossmoor. "A child's occupation is to grow, learn and play. Occupational therapy helps children who have a physical, sensory or cognitive disability carry out everyday activities like brushing their teeth, tying their shoes, zipping, buttoning or writing their name."

Overcoming Fine Motor Delays

Like most seventh-graders, Hannah Pollack enjoys an active lifestyle of school, sports and socializing. In 2006, however, Hannah's parents noticed that her handwriting wasn't quite as sharp as it should be. She also had trouble tying her shoes tightly. Small buttons were a problem, too.

"It was frustrating for her,"

explains Veronica Pollack, Hannah's mom. So the Pollacks paid a visit to Hannah's doctor.

To their surprise, a professional evaluation revealed that Hannah had generalized fine motor delays - a problem much more common than most parents might think. Fine motor delays impact a child's ability to perform grasping activities - like holding a pen to write their name. Hannah's doctor recommended occupational therapy.

In hour-long, one-on-one sessions, Huang worked with Hannah to master cutting, handwriting, tying and buttoning through the use of games, exercises and skills training. By the end of 20 weeks, Veronica said she saw big improvements in her daughter's abilities - and her self-confidence.

"Hannah really liked working with Carla a lot," Veronica said. "They played games; they did exercises. And, Carla always gave us things to work on at home. You could tell that Carla really cared about her."

"I think Hannah and her parents are very pleased with the results," Huang added. "Not only did she improve her fine-motor skills, but she experienced gains in her general coordination, endurance and self-esteem."



Hannah Pollack and Therapist Carla Huang

**For more information,
call Ingalls Care
Connection
at 1.800.221.2199.
Occupational therapy
requires a physician
referral. In most cases,
occupational therapy is
covered by insurance.**

Cover Story - Ingalls' Stroke Patient Makes Remarkable Recovery

As a veteran actor of community theater, 58-year-old Peter Simon is familiar with dramatic irony and all of its surprising twists and turns.

But the term took on a very personal meaning for him last December as he performed on stage for the first time since suffering a stroke in the spring of 2007.

The role he was playing? The ghost of a man who had died of a stroke.

Simon's return to the stage was nothing short of miraculous considering just months earlier, he couldn't lift his right arm or leg - much less perform in front of an audience.

Ironically, Simon driving home from a Chicago audition last March when he began having stroke-like symptoms. At the time, he passed it off as sciatica related to a herniated disc.

Fifteen minutes from his Manhattan home, Simon decided he could drive the rest of the way. But by the time he arrived home, the right side of his face was numb, and his right arm was heavy.

"I called my wife and said something's wrong," he remembers. Later, at an area hospital, doctors diagnosed a stroke, which had left his right side limp and lifeless.

After a week-long hospital stay, Simon could wiggle the toes of his right foot and almost lift his right arm.

"I was far from recovered. They told me I would have to go to a rehabilitation facility," he said. "Everyone I talked to said, 'If you can go to Ingalls, go to Ingalls.'"

And that's exactly what he did.

For two solid weeks in April 2007, Simon worked with a team of therapists at Ingalls' award-winning Inpatient Rehabilitation Unit from early in the morning until 7 o'clock at night.

He then began outpatient day rehabilitation three days a week at Ingalls Family Care Center in Flossmoor. Under the watchful supervision of Crystal Novak, physical therapy assistant who specializes in neurology, Simon worked on gait, balance and neurological "re-education," including walking with an ankle/foot orthosis. His occupational therapist, Barb Enns, OTR/L, worked with him on writing, gripping and other fine motor skills.

"He was very motivated," Novak remembers. "He really wanted to walk on his own again."

By the time he "graduated" from Ingalls' day rehabilitation program two months later, that's exactly what Simon was doing.

"I kept my sense of humor," he recalls. "I never got depressed. I kept telling myself, 'You're getting better here.'"

At one point during therapy, Simon told Novak that he acted in community theater so she and two Ingalls co-workers cheered him on last December when he took to the stage as a ghostly stroke victim in "A Nice Family Gathering."

"It was wonderful to see how far he'd come," she said. "He had suffered a pretty severe stroke, but he was up on stage. We were all so proud of him."

"Everyone at Ingalls was just great," he added. "They were fun, and they kept me motivated. I consider myself blessed, and I just thank God that I feel as good as I do."

Ingalls' stroke care program is the only one in the area to have earned the Gold Seal of Approval from The Joint Commission for Primary Stroke Centers. And in 2006, the Ingalls Center for Rehabilitative Medicine became the first in the State of Illinois to receive a three-year stroke specialty accreditation by the prestigious Commission on Accreditation of Rehabilitation Facilities.

For more information, call Ingalls Care Connection at 1.800.221.2199.

Time Lost = Brain Lost: Every Minute Counts When Treating Stroke

It's no exaggeration that every minute counts when it comes to treating a stroke. Time lost is brain lost. The longer a stroke goes untreated, the greater the potential for brain damage and disability.

During a stroke, blood flow - and therefore oxygen - to the brain is disrupted. When the brain is deprived of oxygen, even for minutes, permanent brain damage and death is possible.

Because the most effective stroke treatment is directly related to how quickly it's administered, it is critical to know stroke's warning signs. Here are the most common symptoms of stroke:

> Sudden numbness or weakness in the face, arm and/or leg, especially on one side of the body.

> Sudden confusion, trouble speaking or understanding speech.

> Sudden trouble seeing, including double vision, blurred vision or partial blindness, in one or both eyes.

> Trouble walking, dizziness, loss of balance or coordination.

> Sudden severe, headache with no known cause.

If you or someone you know experience any of these symptoms, even if they go away quickly, seek immediate emergency help.



Dr. Engin Yilmaz demonstrates how the TCD is performed

Neurologists at Ingalls are using a high-tech form of Doppler ultrasound to analyze blood flow in the brain and assess the risk of stroke. The procedure, known as transcranial Doppler ultrasonography (TCD), is a painless, noninvasive method of analyzing blood flow through the carotid arteries or the arteries at the base of the brain using high-frequency sound waves.

"TCD is a painless, minimally invasive yet highly accurate tool that can assist us in determining an individual's risk for stroke," explains Engin Yilmaz, M.D., board-certified neurologist/stroke specialist and medical director of Ingalls' stroke program.

High-Tech Sound Waves Help Assess Stroke Risk

"Determining an individual's risk of stroke and taking action to minimize those risks can help us prevent stroke and save more lives."

During TCD, sound waves, inaudible to the human ear, are transmitted through the tissues of the skull. These sound waves reflect off blood cells moving within the blood vessels, allowing the physician to calculate their speed. The sound waves are recorded and displayed on a computer screen.

Lack of blood flow may indicate a vessel has been completely blocked. If blood flows in the wrong direction or alternates between normal and reverse flow, it may mean there is a blockage elsewhere.

‘A Complete Turnabout’ Spine Procedure Relieves Indiana Man’s Neck Pain



Ron White’s neck pain was once so excruciating that the 40-year-old auto assembler from Griffith, Ind., couldn’t even lift his baby son out of the crib.

But thanks to a revolutionary cervical disc replacement procedure performed by orthopedic and spinal surgeon George Miz, M.D., today White gives “horseback” rides to his energetic 18-month-old every chance he gets.

“It’s like a complete turnabout,” White explains. “This procedure has made my life so much better.”

The procedure White is referring to is cervical disc arthroplasty using the FDA-approved ProDisc-C Total Disc Replacement System. It is intended for patients suffering from cervical disc degeneration and herniation, which occurs when natural shock absorbers in the neck become worn and start to degenerate - resulting in pain and impaired mobility.

Dr. Miz became the first surgeon in the area to perform the innovative procedure last spring at Ingalls.

White’s neck problems began last fall when he injured himself at work, “ducking in and out of” the engine compartment of a car he was assembling.

“I felt a pop in my neck, and that’s when everything started,” he recalls.

His initial treatment included physical therapy, followed by cortisone injections and pain management. When they failed to bring relief, Dr. Miz recommended cervical disc arthroplasty.

“I wasn’t getting better,” he recalls. “I have a lot of faith in Dr. Miz so when he recommended surgery, I knew that was the best option.”

“Given Ron’s age, overall health, and his desire to maintain an active lifestyle, I recommended the ProDisc-C Total Disc Replacement as his best option,” Dr. Miz said.

How it Works:

ProDisc-C Total Disc Replacement surgery is an alternative to Anterior Cervical Discectomy and Fusion (ACDF). In both procedures, the unhealthy disc is removed and the height at that level of the spine is restored to relieve pressure on the nerves and/or spinal cord.

In an ACDF procedure, once the unhealthy disc is removed, the bones are fixed in position with implants and bone graft. After surgery, the two bones grow together, eliminating all motion at that level of the spine.

With the ProDisc-C, the device is inserted into the disc space to restore the height at that level of the spine, while potentially allowing more normal range of motion of the neck. What’s more, the ProDisc-C doesn’t require a bone graft.

“The procedure is intended for patients who are at least 21 years of age, have only one unhealthy disc, and have had neck or arm pain for at least six weeks that has not responded to physical therapy or medication,” Dr. Miz added.

“Before surgery, my neck pain ranged from a seven-and-a-half to a nine most days,” White added. “Now it’s a two, sometimes a three on a bad day. Dr. Miz is very pleased with the motion I have achieved.”

White returned to work in August, following several weeks of recuperation and physical therapy.

“I’ve recommended Dr. Miz to four people that I work with,” he added. “My life is so much better now. I’d definitely recommend Ingalls too. They took such great care of me.”

For more information, call Ingalls Care Connection at 1.800.221.2199.



Dr. George Miz

Chicago Woman is 'Poster Child' for Successful Breast Cancer Treatment



Betty Jones with Dr. Alexander Starr

Betty Jones of Chicago is proud to be called a "poster girl" . . . especially when the term is used by her oncologist - Alexander Starr, M.D. - to describe her remarkable victory over breast cancer.

"'Betty,' he told me, 'You're my poster girl,'" she remembers with a smile.

Jones, who was diagnosed with advanced breast cancer in 2006, did a lot of research not only about her disease, but where she would get the best treatment. That led her to Ingalls.

"I could have gone to any hospital in Chicago if I wanted to, but I chose Ingalls," she recalls.

Jones is thrilled with her decision.

That's where she met Dr. Starr and the Ingalls cancer research team.

"This was my second bout with breast cancer," she explained. "I had a lumpectomy in my right breast the first time. That was in 2002."

Instead of an immediate mastectomy, Dr. Starr recommended Jones participate in a clinical trial involving the powerful, FDA-approved anti-cancer drug Sutent, in combination with Taxol. Sutent has successfully treated kidney and gastrointestinal stromal tumors, and Taxol has been used for nearly a decade to treat breast cancer. In clinical trials, the two drugs together have shown promise in treating advanced breast cancer.

"The combination of therapies literally melted away the tumor," Dr. Starr said. "Mrs. Jones had an excellent response to the clinical trial. When she

had her mastectomy several months later, the tumor was gone."

Today, the busy wife, mother and grandmother enjoys dancing, walking, playing cards and staying active in her church.

Clinical Trials Offer Newest Cancer Treatments

Access to clinical trials is an opportunity to receive new, potentially more effective cancer therapies, including medications not yet approved by the Food and Drug Administration. What's more, Ingalls now offers Phase I clinical trials in addition to Phase II and III trials.

"Typically, Phase I and II studies are available only at academic medical centers," Dr. Starr explained.

Though the experimental treatment temporarily lightened her skin (Jones is African American), and caused an acne-like rash and painful sores in her mouth and on other parts of her body, Jones had done her homework beforehand and was able to stay the course.

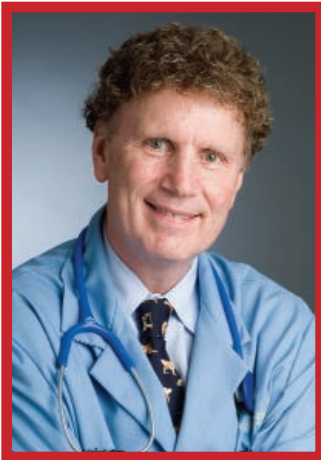
"I did quite a bit of internet research. I read all the clinical trial literature; I prayed, talked to my doctors, my family, friends and the nurses within the health ministry at my church. And if it weren't for my husband, I don't know what I would have done. He was with me through it all."

For individuals who may not have a computer, Jones recommends using a friend's or visiting a local library.

"Ask a lot of questions," she added, "and rely on your faith to see you through. I'm grateful to Dr. Starr, to Ingalls, to my husband, who never missed an appointment with me, and to my family and friends for their support."

Ingalls is affiliated with more cancer research programs and clinical trials than any other cancer program in the South Suburbs. At any given time, Ingalls has more than 60 studies open for enrollment - covering most cancer sites in the body. Ingalls' Clinical Trials program is also a recipient of the prestigious "Pacesetter" award from the American College of Surgeons' Commission on Cancer.

For more information about cancer clinical trials at Ingalls, call the dedicated cancer research hotline at 708.915.HOPE (4673).



Dr. Mark Kozloff

Helping Cancer Survivors Triumph Over Stress and Depression

People who have fought cancer and won often assume they'll pick up right where they left off. But life after cancer isn't always that simple.

Psychosocial issues like stress and depression often arise and must be addressed by care providers, says Mark Kozloff, M.D., medical director of the cancer program for Ingalls Health System in Tinley Park and Harvey.

Dr. Kozloff recently addressed cancer clinicians and specialists at a seminar entitled, "Meeting the Psychosocial Needs of Cancer Patients," at The Cancer Support Center in Mokena.

"More than 10 million Americans today are living with a current or past diagnosis of cancer," Dr. Kozloff explains. "And while advances in biomedical care have greatly extended life expectancy, providing high-quality care for the psychological and social effects of cancer needs much greater attention."

To address this issue, in 2007 the American Institute of Medicine formed a committee to study the diverse psychosocial services needed by cancer patients and their families.

"Treatment, the fear of a relapse, and the physical distress often associated with a cancer diagnosis can create new or exacerbate existing distress," he said.

On top of that, physical and psychological impairments can lead to significant social problems.

"Addressing the psychosocial health needs of the cancer patient must be an integral part of overall cancer care, and the committee has made

recommendations to that end," Dr. Kozloff added.

According to their recommendations, all cancer care should facilitate effective communication between patients and care providers; identify each patient's psychosocial needs; design a care plan that links patients with needed psychosocial care; and systematically reevaluate and adjust the plan as necessary. And as the primary care provider, oncologists should lead the way in addressing these needs.

"In the south and southwest suburbs of Chicago, we at Ingalls are fortunate to collaborate with The Cancer Support Center in Homewood and Mokena to offer a full range of support, counseling and educational services to help cancer patients and their loved ones cope with the emotional, psychological and social effects of cancer," he said.

At both locations, cancer patients and their loved ones have access to a resource library; screenings and education; individual and family counseling and guidance; exercise and wellness programs; stress management; expressive arts; nutrition classes; social events; support groups; and grief support. Screenings and educational programs are made possible by the Richard K. Desser, M.D., Fund and are presented by experts from Ingalls and The Cancer Support Center.

"Only those who have been diagnosed with cancer and undergone its treatments can truly understand the physical and emotional impact that cancer has on every aspect of their life," Dr. Kozloff added, "but we as caregivers must make every effort to give them the support and the resources necessary to address all of their needs, physical, emotional and social."

For information about the free services provided by the Cancer Support Center, call 708.798.9171 in Homewood and 708.478.3529 in Mokena.

Navigating Your Cancer Care

It's easy to feel overwhelmed when you or a loved one is diagnosed with cancer. There's often a barrage of doctors' appointments, tests and treatment options to consider at a time when you can barely comprehend your diagnosis.

That's why Ingalls offers one of the area's only oncology nurse navigator programs. For patients diagnosed with breast, lung and other cancers, as well as patients undergoing radiation therapy, Ingalls offers the valuable services of specially trained oncology nurses who assist patients from the time they are diagnosed until their treatment is complete.

Ingalls cancer nurse navigators help patients schedule tests, make doctors' appointments, coordinate treatments and procedures, education and more.

CALL 708.915.HOPE (4673) Please contact our nurse navigators for information, support and assistance.



Nurse Navigators: Isn't it reassuring to know that a caring cancer expert will be with you every step of the way?

DISTURBING THE PEACE SLEEP DISORDERS STEAL THE WINKS

By Daniel P Smith, *Elite Magazine*
Excerpted with permission from the *SouthtownStar*

For seven years, Warren Deck observed a nightly ritual he wished he could have avoided. Nearly every night, Deck would awake in the wee hours, stagger to his recliner in the family room of his Glenwood home, and spend the rest of the night in an upright position. He took Ambien, a sleep aid that did some good, but wore off by the middle of the night. His struggle persisted. Weeks rolled into months, then years.

Uncomfortable and weary, Deck endured the nightly spells, attributing the episodes to an ailing back. But it was more than back trouble. Both Deck's general doctor as well as a neurologist suggested he visit a sleep specialist. Reluctant at first, Deck's reservations evaporated after the urging of family. His visit to Ingalls Memorial Hospital neurophysiologist Dr. Kevin Fagan revealed the central issue.

"I didn't know, but I had this restless leg problem," says Deck, an 87-year-old retired businessman. "My legs were moving constantly as I slept."

Fagan discovered Deck's legs moved upward of 80 times each hour while he also moved from light to dark stages of sleep nearly 20 times each hour.

"It's an annoying discomfort at night paired with tiredness through the day," Fagan says. "(Deck's) problems were so severe that they would come at him during different times of the day."

Fagan also explained to Deck that sleep disorders become more prevalent as people age, frequently caused by a general decrease in fitness and an increase in weight. Combating sleep disorders often involves including neurologists; psychologists; pulmonary doctors; ear, nose, and throat doctors, and even dentists.

Because they remain unaware of their problem, or unable to admit it, many people suffer too long with slumber issues, Fagan says.

Deck's case survives as a textbook profile of restless leg syndrome. Increasingly, medicines for Parkinson's have been shown to be effective in treating the ailment, a contrast from the opiates that dominated treatment years ago.

Until the last 15 years, sleep disorders were

often mistreated or even over-treated with medications. An increased attention by the medical community to sleep disorders, however, has generated various positive outcomes, including Deck's story. Pessimistic at first, he now gets five to six hours of solid sleep each night, a welcome addition to his daily routine.

"I'm grateful the doctors were able to identify my problem and work with me to find solutions," Deck says. "I'm the beneficiary of their efforts and have an improved quality of life to show for it."

OPEN YOUR EYES TO SLEEP REALITY

Sleeping well remains a mystery to many people, and misinformation does not help. The National Sleep Association offered these myths about what's normal at night.

MYTH: SNORING IS A COMMON PROBLEM, BUT IT ISN'T HARMFUL. Though snoring is harmless for many people, it can indicate sleep apnea, a potentially deadly condition.

MYTH: YOU CAN CHEAT SLEEP. Experts say average adults need seven to nine hours of sleep. If you consistently fall short, it can cause health problems such as obesity and high blood pressure.

MYTH: TEENS WHO FALL ASLEEP IN CLASS ARE LAZY. Teenagers need more sleep than adults, at least 8 1/2 hours. Most don't get an adequate amount since their circadian rhythms keep them up later, and high school starts early.

MYTH: THE OLDER YOU ARE, THE LESS SLEEP YOU NEED. Though your sleep habits may change, as an adult you still need seven to nine snoozing hours.

MYTH: IF YOU WAKE UP IN THE MIDDLE OF THE NIGHT, SAY IN BED UNTIL YOU FALL BACK TO SLEEP. Try relaxing imagery to lull yourself back under. If you're still awake 15 to 20 minutes later, get up and engage in a relaxing activity until you feel sleepy again.

Team Effort - Ingalls Doctors Work Together to Save Lynwood Woman's Life

An ominous-looking shadow on a routine CAT scan was the first indication that something was wrong with 56-year-old Susan Tepper's heart. The discovery of the abnormality by interventional radiologist Thomas Aquisto, M.D., last March led to a series of sophisticated medical procedures that ultimately saved the Lynwood woman's life.

A part-time registered nurse and full-time caregiver to a husband with advanced Alzheimer's disease, Tepper had been undergoing regular CAT scans since early 2007 to keep an eye on a possible lung tumor.

To her relief, the nodule was benign.

But that's only the beginning of the story. Had it not been for Dr. Aquisto's highly trained eye, a deadly thoracic aortic aneurysm could have made Tepper a walking time bomb.

"Dr. Aquisto went the extra mile. He saw something suspicious on a routine CAT scan and acted on it very quickly," Tepper explained.

So quickly in fact that Tepper was called in to see her primary doctor - Bruce Parisi, M.D. - that very day for an emergency visit.

"He told me I didn't have lung cancer," she remembers. "But he explained that Dr. Aquisto had found a thoracic aortic aneurysm and that I needed treatment right away."

(A thoracic aortic aneurysm is a potentially deadly bulge on the main vessel in the chest carrying blood from the heart. If it ruptures, death can occur within minutes. But if detected in time - as in Tepper's case - the aneurysm can be treated successfully.)

Over the next couple weeks, Tepper met with Dr. Aquisto and vascular surgeon Timothy Field, M.D., to discuss a course of action. Because of the



Susan Tepper and her team of physicians, from left, Drs. Tim Field, Thomas Aquisto and Bruce Parisi. Not pictured is Dr. Francis Almeda.

aneurysm's tricky location, doctors told Tepper a surgical procedure to bypass the nearby left subclavian arteries would be necessary first. Blockages discovered in the affected arteries would also require treatment. But before any of this could happen, Tepper first needed medical clearance from a cardiologist.

That's when Ingalls cardiologist Francis Almeda, M.D., got involved. A pre-surgical stress test and subsequent angiogram showed Tepper had severe blockages in two major coronary arteries that required immediate attention.

"I wouldn't have survived the other operation," she explained. "I'd been having neck and back pain for months but had no idea it was heart related. I was walking four miles several days a week. I could have died."

So in early April, Dr. Almeda implanted two stents to open Tepper's blocked heart arteries, carefully avoiding the aneurysm.

Following several weeks of rest and recuperation, Dr. Field performed surgery on Tepper's neck arteries to bypass the blockages and make room for the upcoming aneurysm repair. Ten days later, Dr. Aquisto repaired the potentially deadly aneurysm with a minimally invasive endograft in the hospital's sophisticated Interventional Radiology suite.

Thoracic aortic aneurysms weaken the main artery that carries blood from the heart to the body. As this bulge increases in size, the risk of rupture and internal bleeding also increases.

Until recently, patients with thoracic aortic aneurysms would have needed open surgery for repair, which includes a large chest incision and the temporary clamping of the aorta. Now, experienced interventional radiologists at Ingalls can use just one small incision to place a high-tech device inside the aorta, relieving the aneurysm from pressure.

"The big advantage for patients is the faster recovery and the decreased risks of surgical complications, such as paraplegia. They can typically go home from the hospital in a day or two, compared to a week or more for open surgery," Dr. Aquisto explained.

After three medical procedures and recoveries in the space of just two months, Tepper returned to her part-time work as a home-care nurse in June and continues her role as primary caregiver to her husband.

"These four amazing men truly worked together to save my life and bring about a beautiful result," she adds with gratitude. "I wasn't a number to them. They cared about me. You don't have to look 20 or 30 miles away when you've got excellent health care right here."

From Therapy to Surgery: Incontinence Program Offers Range of Options

Ingalls has introduced one of the area's most comprehensive treatment programs for urinary incontinence. The Ingalls Incontinence Treatment Program features a full range of bladder control treatments for men and women of all ages, from simple muscle-strengthening exercises to minimally invasive surgical procedures.

"An estimated 15 to 20 million Americans have bladder control problems or urinary incontinence," explains Vibha Sabharwal, M.D., board-certified urologist and incontinence expert on staff at Ingalls. "And while the condition affects both men and women, it's nearly twice as common in women."

At Ingalls, specially trained physical therapists work with patients on an individual basis to help them regain bladder control through:

- > Exercises to strengthen the pelvic floor muscles.
- > Biofeedback.
- > Lifestyle changes such as fluid and diet management.
- > Maintaining a voiding diary and making scheduled bathroom trips.
- > Relaxation and breathing techniques.
- > Medication, including anti-spasmodic drugs that help calm an overactive bladder.

If surgical treatment is necessary, Ingalls urology experts offer several minimally invasive procedures using today's most advanced techniques.

The most popular and common surgery for women is the sling procedure, which involves placing a sling (made of synthetic mesh or biologic tissue) around the urethra to lift it back into a normal position. The sling is attached to the abdominal wall and aids in urine retention by compressing the urethra. More recently, the sling has been made available for men with urinary incontinence.

Forty-two-year-old mother of three Tamara Esposito of Homer Glen underwent the sling procedure at Ingalls last December with excellent results.

"I'd been living with the problem for seven years," Esposito explains. "There were times when I'd have to go the bathroom 15 times a day, plus I lost sleep at night from having to go. But not anymore. I didn't even like to take walks before, but now I can laugh, jump, sneeze, walk and play with my kids. It's a wonderful feeling."

Other surgical options include transurethral injection therapy, which can be done under local anesthesia. For severe cases, an artificial urinary sphincter can be put in place.

For patient convenience, incontinence treatment is offered at four area locations, including the main hospital campus in Harvey and at the Ingalls Family Care Centers in Flossmoor, Tinley Park and Calumet City.

For more information, call Ingalls Care Connection at 1.800.221.2199.

Building on our Promise



Ingalls is expanding in Calumet City

More Space. More Services. More for your Family.

Ingalls has improved its Family Care Center in Calumet City by making it bigger, more convenient and easier to use. Physician specialties include:

- Cardiology
- Family Care
- General/Specialized Surgeries
- Internal Medicine
- Obstetrics and Gynecology
- Orthopedics and Sports Medicine
- Pediatrics

The Ingalls Family Care Center has added many new physician office suites and offers more on-site screenings and testing than any other facility in the area, including:

- MRI and CT Scans
- Cardiac Stress Tests and Echocardiography
- Mammography and Digital X-ray
- Ultrasound
- Sleep Lab
- Bone Density

**Urgent Aid is
open 24/7 during
construction**

Join Ingalls for our Grand Re-Opening

Saturday, October 4, 2008

11 a.m. to 2 p.m.

Come and see the newly renovated Ingalls Family Care Center in Calumet City for yourself! You'll get a free T-shirt just for stopping in. And enter for your chance to win a Nintendo Wii Fit package.

Free Screenings and Family Activities

- Virtual Tours
- Blood Pressure and Body Fat Screenings
- Cardiac Risk Assessment
- Back and Foot Screenings
- Teddy Bear Clinic
- Face Painting
- Hot Dog Lunch



INGALLS FAMILY CARE CENTER

1600 Torrence Avenue, Calumet City, IL 60409 | At the corner of 170th and Torrence

Call Ingalls at 708.915.6838 for more information or go to www.IngallsHealthSystem.org.