

INGALLS Progress

SPRING 2015
ANNUAL REPORT ISSUE



Officer Undergoes First Same-Day Partial Knee Replacement

Revolutionary Implantable Defibrillator Saves Chicago Man

Cutting-Edge Cancer Research Showing Remarkable Results

Harvey Woman's Rapid Stroke Care Allows Full Recovery

Letter to the Community

Access to healthcare is at an all-time high. And yet hospitals and health systems across the nation and right here in the South Suburbs are facing increasing financial pressures to thrive in a rapidly changing healthcare market. Ingalls Health System is no exception.

Like other hospitals, Ingalls is feeling the effects of the Affordable Care Act (ACA). One of the ACA's major features is expanded Medicaid/Medicare coverage and insurance purchased through regional health insurance exchanges. And while more "covered lives" is a positive, the reality is that many of these individuals have previously received minimal healthcare, which often creates even more demanding needs.

That's a formidable responsibility, considering that Illinois pays among the lowest reimbursement rates for Medicaid in the country, and insurance companies are creating limited networks that include only certain hospitals.

There's no doubt our health system has our work cut out for us. However, the picture isn't all gloomy either. In the midst of this reform, hospitals are changing, too. Notably, inpatient populations are decreasing while outpatient care is growing. Ingalls is uniquely positioned for this trend, with an ongoing plan to convert semi-private hospital rooms to private rooms, a full-service home care program, and a robust system of outpatient care centers conveniently located throughout the Southland.

Through the formation of a Medicare Accountable Care Organization (ACO), Ingalls is also deeply committed to working with our medical staff to provide superior care, create the best possible patient experience, and deliver it all in the most cost-effective manner. This vital initiative directly supports our mission to prevent illness and keep our community healthy. Our ACO is designed to improve access to care, improve safety and coordinate healthcare services with other providers. Here, as across the nation, collaboration, innovation and accountability will move our healthcare system forward in ways like never before!



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



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



The ribbon cutting for the Ingalls Care Center in South Holland.

Taking our services out to convenient community locations is a hallmark of Ingalls. Last year, we opened a new Center for Outpatient Rehabilitation and Occupational Health Services in South Holland. And just the year before, we opened a new level of service for Ingalls in our Crestwood QuickCare, which provides extended access to primary care, Monday through Friday from 8 am to 8 pm, and weekends 8 am to 4 pm. Coupled with a lab, x-ray, physical therapy, occupational health services, and private physician practices, the Crestwood Care Center is thriving and filling an important service gap in our greater community.



And, we're constantly moving forward with improvements at the Harvey hospital campus, too. We're especially proud to announce our all-new CardioVascular & Interventional Radiology (CV-IR) Center. With eight private patient prep and recovery rooms equipped with new telemetry monitors, the attractively appointed CV-IR unit features numerous amenities. This last year, Ingalls also debuted a new state-of-the-art Intensive Care Unit, remodeled endoscopy area, and we are in the midst of installing new "smart IV pumps" throughout the hospital.

As you browse through the pages of our Annual Report, you'll read about many firsts: groundbreaking cancer research; a first-of-its-kind cardiac defibrillator; a first same-day partial knee; and much more.

While the road ahead may present challenges, you have our assurance that Ingalls will take every step necessary to remain well positioned for the future, and ever true to our mission "to improve the health of the communities we serve."

Welcome New Doctors to the Neighborhood



ANIL KESANI, M.D., recently joined Ingalls medical staff. A graduate of Royal Free Hospital School of Medicine (England, UK), he completed a residency in orthopedic surgery at University of Medicine & Dentistry of New Jersey (Newark, NJ) and a fellowship in orthopedic and spine surgery at University

of Western Ontario (London, Ontario). Board certified in orthopedic surgery, Dr. Kesani is a member of Southland Orthopaedics, Ltd.



CHIRAG PATEL, D.O., recently joined the Ingalls medical staff in the practice of family medicine/wound care. A graduate of Midwestern University Medical School (Downers Grove, IL), Dr. Patel completed a family practice residency at La Grange Memorial Hospital (La Grange, IL). Certified

by the American Board of Family Medicine, Dr. Patel has an office in Markham.



BRADFORD BLAKEMAN, M.D., F.A.C.S., is a board certified cardiothoracic surgeon who is a member of Ingalls medical staff. A graduate of University of Illinois College of Medicine, Dr. Blakeman completed his general surgery residency and cardiac and thoracic fellowships at Loyola University

Medical Center (Maywood, IL). Dr. Blakeman is a member of Cardiac Surgery Associates.



MATTHEW ENDARA, M.D., recently joined the Ingalls medical staff in the practice of plastic and reconstructive surgery. Dr. Endara is a graduate of Northwestern University's Feinberg School of Medicine and completed a residency in plastic and reconstructive surgery at Georgetown

University Hospital (Washington, D.C.). While committed to excellence in all facets of plastic surgery his special interests include breast reconstruction through the use of both implants and the body's own natural tissues using microsurgical technique. Dr. Endara offers aesthetic surgery as well, including body contouring, breast augmentation and facial cosmetic procedures. Dr. Endara is conversationally fluent in Spanish.

Ingalls Annual Report, FY 2014

Ingalls Health System Operating Expenditures (in thousands)

Our People	\$154,713
Patient Care Supplies & Other	101,784
Purchased Services	54,519
Provision for Uncollectible Accounts	22,593
Depreciation	16,573
Medicaid Provider Assessment	13,846
Insurance & Self Insurance Program Costs	8,624
Amortization & Interest	5,658
Total Operating Expenditures	\$378,310

Capital Investments **\$25,252**

Charity Care & Community Service

Charity Care Based on Charges Forgone	\$ 7,912
Excess of Cost Over Reimbursement for Medicaid Patients	23,021
Community Service Provided, at Cost	1,477
	\$32,410

Data shown below is in actual figures:

Patient Care Services Summary

Admissions (excluding births)	14,405
Inpatient Days	71,049
Births	954
Emergency Department Visits	46,480
Outpatient Visits (excluding ER)	332,102

Home Health

Intermittent Care Visits	47,246
Private Duty Hours	105,556
Hospice Days	15,322

Surgeries

Inpatient	2,738
Ambulatory	3,935

Ingalls Among 1st to Introduce Revolutionary New Implantable Cardiac Defibrillator

New type of implantable cardioverter defibrillator (ICD) that leaves the heart and its vasculature untouched is now available at Ingalls.

The subcutaneous — or under the skin — defibrillator from Boston Scientific is less invasive than a traditional or transvenous ICD, and eliminates potentially serious short- and long-term risks including collapsed lung, perforation of the heart, and infection.

The new ICD was implanted by board-certified electrophysiologist Andy Lin, M.D., on 53-year-old Vincent Mack of Chicago, who had been diagnosed with non-ischemic cardiomyopathy, a complex type of heart disease that affects the heart muscle and left ventricle.

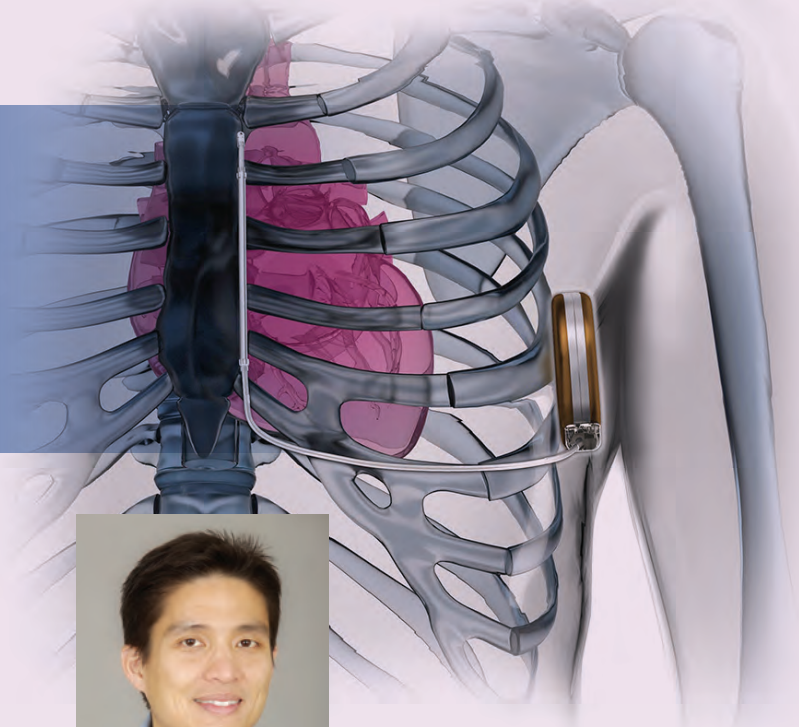


“Mr. Mack’s left ventricle pumped at less than 20 percent, resulting in symptoms of congestive heart failure including fatigue, shortness of breath and lower extremity swelling that required hospitalization,” Dr. Lin explains. “He was stabilized with medications including beta-blockers and ACE inhibitors, but his heart muscle strength did not improve.”

After thorough evaluation, Dr. Lin recommended the subcutaneous ICD to treat potential arrhythmias should they ever occur.

“Transvenous ICDs, which are implanted in the chest and involve sophisticated leads into the heart, have been used to prevent sudden cardiac death in patients at high risk for potentially deadly arrhythmias for more than 30 years,” Dr. Lin explains.

The highly intelligent device sends an electric shock to the heart if it detects a dangerously fast heart rhythm. The shock restores the heart to its normal rhythm and aborts the cardiac arrest.



Dr. Andy Lin

This type of ICD is typically implanted in the left shoulder area, near the collarbone. Using X-ray imaging, the leads are fed through a vein into the heart and across the heart valve. Depending on the heart’s condition, one or two are placed in the heart and attached to the heart wall for optimal connectivity.

But the subcutaneous ICD is implanted just under the skin with no wires touching the veins or heart, eliminating potentially serious risks associated with placing electrical wires inside the heart or blood vessels.

“Like other ICDs, the subcutaneous ICD continuously monitors heart rhythms 24 hours a day,” Dr. Lin says. “It’s always on call. If the ICD detects an arrhythmia, it sends out an electrical shock to correct it.”

The implantation procedure is performed under deep sedation, and most patients go home the same or very next day.

For Vincent, that meant a quicker return to work and the activities he enjoys, like working out at the gym, running and shooting hoops with his friends.

“I’m feeling great,” Vincent adds. “I just had a follow-up appointment with Dr. Lin, and everything is going really well. I have no limitations; I can do what I enjoy doing.”

And that’s the best news of all!

For more information about the new subcutaneous ICD available at Ingalls, call Ingalls Care Connection at 708.915.CARE (2273).

Homewood Man Shows “Astounding” Results in Leukemia Clinical Trials

Cancer research at Ingalls designed to treat patients with chronic lymphocytic leukemia (CLL) works so quickly that several patients experienced complete remission of their disease within weeks.

Gary Zeld of Homewood is one of them.

One of the hallmark symptoms of CLL is extreme fatigue — something that the 67-year-old is all too familiar with. But once he enrolled in the M13-982 study at Ingalls — one of the first hospitals in the national to offer the breakthrough study — Gary’s fatigue vanished.

“I didn’t know how bad I felt before until I started feeling so much better,” he explained.

Gary’s story begins in 2008, when a routine blood test and physical showed a low red blood cell count. His primary care doctor referred him to a specialist for a blood marrow test.

When those results came back, the news was shocking: Gary was diagnosed with CLL, the most common form of adult leukemia.

Symptoms include enlarged, but painless, lymph nodes, fatigue, fever, pain in the upper left portion of the abdomen (likely caused by an enlarged spleen), night sweats, weight loss and frequent infections.

Other than fatigue, the active grandfather of six said he was symptom-free. His doctors recommended “watchful waiting,” until non-stop lethargy got the better of him last fall.

“The tiredness crept up on me,” he recalls. “I would try to mow the lawn or rake leaves, and I’d have to stop to rest.”

That’s when Ingalls hematologist/oncologist Mark Kozloff, M.D., Medical Director of Ingalls Cancer Care, recommended the M13-982 Study at Ingalls. The study uses the investigative drug ABT-199, a targeted therapy that attacks the cancer cells only, leaving the body’s healthy cells alone.

CLL is characterized by the production of atypical lymphocytes. Produced in the bone marrow, these cells help the body fight infection.

“The large majority of CLL cases involve mature B-lymphocytes that tend to live much longer than normal,” Dr. Kozloff explained.

“The M13-982 Study targets a specific enzyme on the cancer cells to stop the over-production of white



Dr. Kozloff, Gary and clinical trials nurse, Lynne Muir.

blood cells and allow them to die normally,” Dr. Kozloff added. “It is showing very promising results. In fact, within days of Mr. Zeld’s first dose, his lymphocyte count had dropped dramatically!”

“It happened quicker than anyone thought,” Gary added.

He will remain on the trial for the next two years. In the meantime, he’s enjoying his newfound energy by spending time with his family and looks forward to resuming yard work in the spring.

“This was my first experience with Ingalls and Dr. Kozloff,” he said. “He’s a great doctor. I’m feeling very positive; everything is going well.”

For more information about the M13-982 Study or other clinical trials available through Ingalls Cancer Care, call 708.915.HOPE (4673).



Cancer Care

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Pioneering Cancer Research at Ingalls: Tapping into the Body's Immune System to Fight Cancer

Through its nationally recognized cancer research program, Ingalls Memorial Hospital recently became the first in the U.S. to offer a groundbreaking new drug for the treatment of advanced bladder cancer — and one of only a handful in the nation to offer the very same therapy for advanced lung cancer — by boosting the body's immune system.

And the equally groundbreaking results are bringing new hope to patients who thought they were out of options.

The novel treatment is one of the latest advances in the burgeoning field of immunotherapy. Called an immune checkpoint inhibitor, the drug (MPDL3280A) unleashes the body's immune system to fight off the proliferation of cancer cells.

How Immune Checkpoint Inhibitors Work

The body's immune system, which is made up of special cells, proteins, tissues, and organs, does a great job of keeping people healthy in most cases. Individual cells serve the overall system; when a cell has problems that cannot be corrected, it's supposed to die.

Sometimes it dies for internal reasons, but the immune system also polices cells and kills cells that it has determined to be faulty. But sometimes cancer cells work in such a way that they "fool" the immune system into turning its defenses off — and are allowed to grow unchecked.

"The ability to turn off is a necessary 'checkpoint' that protects normal tissue from being attacked by the immune system — much like the brakes on a car," explains James Wallace, M.D., oncologist/hematologist on staff at Ingalls.

Immune checkpoint inhibitors work by either preventing the tumor from putting on the immune system's brakes, or by stimulating the body's own immune response to fight back.

"One of the most exciting aspects of the innovative treatment is that, unlike conventional chemotherapy drugs and targeted

agents, it has the potential to work universally in all cancers," adds Mark Kozloff, M.D., Medical Director of Ingalls Cancer Care. "Instead of targeting specific tumor cells, which can vary dramatically from patient to patient, immune checkpoint inhibitors target the immune system, which is essentially the same in everyone."

In addition to bladder and lung cancers, immune checkpoint inhibitors are being used to successfully treat deadly melanoma with much more potential down the road.

"Part of our commitment to bringing innovative new therapies to our patients at Ingalls stems from moments like these... seeing our patients respond in such an exceptional way," Dr. Wallace said. "It is further rewarding to see happiness brought to families once feeling stuck in a hopeless situation!"

For more information about these and other cancer research studies at Ingalls, call 708.915.HOPE (4673).



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Suzanne's Story



Suzanne and her son, Patrick.

The mother-son dance is one of the sweetest moments at a wedding. It's filled with love, pride, joy – and just a hint of sadness as a mother watches her son become a husband.

For Suzanne Duerinck of Homewood, this treasured moment in time was also filled with gratitude. That's because the very fortunate 58-year-old mom didn't think she'd live to see her son get married, much less share a dance with him on his big day. Diagnosed with stage IV lung cancer in 2012, Suzanne's doctors gave her less than a year to live.

But thanks to a lifesaving clinical trial available at Ingalls, Suzanne has beaten the odds and continues to thrive.

For Suzanne, who has tried other treatments and failed, the immune checkpoint inhibitor at Ingalls is a godsend. Her cancer is under control, and she savors every moment she can with her children and grandchildren. An added benefit of the new treatment is very few side effects.

"I may be a little tired at times," she explains. "But the everyday stuff is fine, and I still have my hair. Best of all, my cancer hasn't spread. I take one day at a time, and I thank God I'm still here."

Jan's Story

A decade ago, oncologists had little to offer patients with advanced bladder cancer, a disease that carries limited treatment options and a poor prognosis. But at Ingalls Cancer Care, patients like Jan Baltzell have been given new hope – and a new lease on life.

Blood in the urine was the first sign something was wrong with the 72-year-old Moline resident. When he sought treatment at a hospital near his home, they told him he had a large, fast-growing tumor in his bladder. Other than surgery, there wasn't anything they could do. A year later, the tumor invaded nearby lymph nodes in the spine, and doctors told him it was his "ticket to heaven."



Jan Baltzell, here with Research Nurse Toya Williams and Dr. James Wallace, gladly drives the 6-8 hour round trip to Ingalls for his infusion.

Unsatisfied and desperate for a solution, Jan sought treatment at M.D. Anderson Cancer Center in Texas and the Cancer Treatment Centers of America. After those treatments were unsuccessful, and his bladder cancer began advancing and causing symptoms, his local oncologist discovered that Ingalls was participating in the breakthrough immunotherapy research study and referred him here.

A year later, Jan is experiencing few side effects; diagnostic imaging shows his cancer has retreated, and he's feeling better than he has in months.

"I couldn't even lift a gallon of milk," Jan recalls. "I was helpless. Two days after my second treatment at Ingalls, I started feeling better. Yesterday, I spent 45 minutes in the gym, resistance band training. And I just got back from Clearwater (Fla.) visiting the grandchildren."

Thanks to the clinical trial available at Ingalls, Jan, who's been married to his wife Kathy for 50 years, says he looks forward to the next 50!

Every Moment Counts: Timely Stroke Care Key to Harvey Woman's Recovery

When a "Code 66" is called overhead at Ingalls, a team of highly trained specialists springs into action.

Their mission: to quickly evaluate and treat a patient with the signs and symptoms of stroke, when every moment truly counts.

Seventy-three-year-old Florence Auman of Harvey never expected to be on the receiving end of emergency stroke care, but she found herself in that situation last fall.

On Monday, Oct. 20, 2014, the cheerful great-grandmother of eight was out running errands. When she headed home to relax, something strange began to happen, recalls her granddaughter Jeniffer Straube.

"She had the television remote control in her hand and kept turning it off and on while staring blankly at the TV," she explains. She couldn't speak or respond to her daughter who was with her at the time.

"I can remember my daughter saying, 'Come on, Mom, talk to me.' But I couldn't," Florence adds.

Her family immediately dialed 9-1-1, and Florence was whisked to the Ingalls Emergency Department.

By the time she arrived, the stroke team was ready and waiting. She couldn't move the left side of her body, and instead of answering questions, she mumbled words no one could understand.

A rapid CT scan of her brain showed an ischemic stroke, caused by a blockage in a vessel supplying blood to the brain. Doctors recommended tissue plasminogen activator (tPA) to dissolve the clot and improve blood flow to the part of the brain being deprived.

"tPA is the gold standard for stroke care," explains board-certified neurologist Engin Yilmaz, M.D., medical director of the Ingalls Primary Stroke Center Team. "If administered within three hours, tPA can improve the chances of recovering from a stroke. Unfortunately, many of stroke victims don't get to the hospital in time; that's why it's so important to identify a stroke immediately."

In Florence's case, the tPA worked quickly. Within an hour, she was able to squeeze Jeniffer's hand.

"It was a miracle," Florence says.



Dr. Engin Yilmaz

Florence is thrilled to renew hobbies and family activities.

Following a week-long stay at the Ingalls Center for Rehabilitative Medicine, Florence was back in the comfort of her own home, eager to celebrate the holidays with her very grateful family.

"All the doctors were wonderful," she adds. "I can't say enough about the care I received. I've had all my kids here; I love Ingalls!"

After recovering at home, Florence was well enough to come back to Ingalls — this time for hip replacement surgery.

"I can't wait to work in my garden again. I know this is going to be a great year for me!"

KNOW THE SIGNS OF STROKE

Give me 5 is an easy way to remember the sudden signs of stroke. When you can spot the signs, seek emergency medical help right away!

- 1. Walk.** Is their balance off?
- 2. Talk.** Is their speech slurred or face droopy?
- 3. Reach.** Is one side weak or numb?
- 4. See.** Is their vision all or partly lost?
- 5. Feel.** Is their headache severe?



Even if you or someone you know has only one symptom or your symptom(s) go away, call 9-1-1 and go to the nearest Primary Stroke Center!

Breakthrough Liver Cancer Treatments at Ingalls Help Tinley Park Man Overcome the Odds



Any liver cancer is difficult to cure. Primary liver cancer is rarely detected early, and in metastatic liver cancer, the disease has already spread.

That's why the most advanced treatments for liver cancer are usually available only at large academic medical centers.

But doctors at Ingalls Memorial Hospital are offering the very same treatments right in the South Suburbs of Chicago, and patients are experiencing excellent results.

Antonio Jundos of Tinley Park is one of them.

Antonio was diagnosed with advanced colorectal cancer in 2006. Following surgery, chemotherapy and radiation therapy, a PET/CT scan showed two spots on his liver.



Dr. Kevin Keele



Dr. Gary Peplinski

Over the next several years, doctors at Ingalls offered him three highly advanced procedures that have not only extended his life, they've eradicated all signs of the liver cancer.

The first procedure involved selective internal radiation therapy (SIRT). Ingalls is one of the few cancer programs in Illinois that uses radioactive Yttrium-90 microspheres to deliver radiation directly to the site of liver tumors.

Antonio and his wife, Rosario, are pleased that he is feeling better and back to his favorite hobby — woodworking and dollhouses.

“SIRT spares healthy tissue while delivering up to 40 times more radiation to liver tumors than conventional radiation,” explains interventional radiologist Kevin Keele, M.D. “The technique sends the tiny spheres into the microscopic vessels that feed a cancerous tumor, extending the life expectancy of patients with malignant liver tumors.”

When Antonio's blood work still showed elevated cancer markers, Dr. Keele performed a radiofrequency ablation, a minimally invasive alternative to surgery that destroys cancer cells.

Antonio was then referred to cancer surgery specialist Gary Peplinski, M.D., who recommended a partial liver resection as a final assault on the stubborn tumors.

A month later, his blood work was back in the normal range for the first time in years.

“Liver resection is a serious operation,” Dr. Peplinski said. “To be effective, you have to remove enough of the liver to try and get all of the cancer, yet leave enough behind for the liver to function adequately.”

Following a five-day stay at Ingalls, Antonio resumed his recovery at home with Ingalls Home Care.

Now that he's feeling good and focused on the future, Antonio has resumed his favorite hobby — woodworking. His specialties include ornate dollhouses and schoolhouses.

“It was difficult at first,” the 70-year-old grandfather of three admits. “But I'm feeling really good, and I'm so grateful to my doctors at Ingalls and to God for seeing me through this.”



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Knee Pain ‘Arrested’: First Same-Day Partial Knee Replacement at Ingalls

South Holland police officer David Pedric recently made history at Ingalls when he became the first patient to undergo a same-day partial knee replacement.

The 57-year-old South Holland police officer, who suffered from bone-on-bone arthritis, had a partial-knee replacement of the left knee in the morning, and by late afternoon was resting comfortably at his home in Munster, Ind.

Even better, he returned to work as a busy patrol lieutenant just six weeks later.

The first-ever procedure was performed by board-certified orthopedic surgeon Carl Di Lella, D.O., who used a special technique called “multimodal anesthesia” to ensure a comfortable, pain-controlled recovery.

The pain-management protocol Dr. Di Lella employed consisted of an oral anti-inflammatory the day before surgery; an oral narcotic medication with a sip of water before coming to the hospital; general anesthesia and a femoral nerve block during surgery; and a long-lasting local injection around the knee immediately following.

The end result is well-managed pain that lasts for up to 10 hours after surgery.

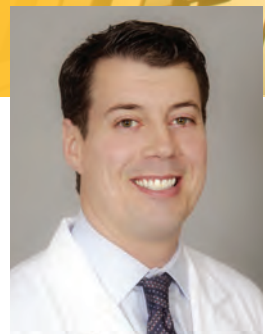
“By the day after surgery, I was bearing weight on my knee and was able to start physical therapy right away,” David said.

And that’s great news for the active grandfather of four, who, before surgery, was wracked with near-constant knee pain.

“By the end of the workday, I couldn’t even stand or walk,” he explains. “I lived on pain medication. My movement was very limited and slow.”

So slow, in fact, that it took David twice as long to do simple tasks like mow his lawn.

“It was like living life in slow motion,” he recalls. “When Dr. Di Lella talked to me about the partial knee replacement, I thought I would have to stay in the hospital for a day or two.



Dr. Carl Di Lella

But when he mentioned the possibility of going home the very same day, I was in.”

Candidates for same-day knee replacement at Ingalls include individuals:

- With arthritis isolated to one compartment of the knee (in David’s case, the medial or “inner” knee)
- Who are at or near a healthy weight
- Who are in overall good health and don’t have other existing health conditions such as diabetes, high blood pressure or heart disease.

“Benefits include a smaller incision, better pain control due to the multimodal anesthesia protocol and a quicker return to daily activities including work,” Dr. Di Lella said. “David was able to go home on crutches with a prescription for pain medication. He was up and moving the very next day.”

Knee replacement is one of the most commonly performed surgeries in the United States today with more than 700,000 procedures performed each year.

“Unicompartmental or partial knee replacement is an option for a small percentage of patients with osteoarthritis confined to a single part of the knee,” Dr. Di Lella says.

And because the bone, cartilage, and ligaments in the healthy parts of the knee are kept, most patients report that a unicompartmental knee replacement feels more “natural” than a total knee replacement. A unicompartmental knee may also bend better.

Now that he’s healed and back to work, David enjoys “chasing after” his grandkids, working out at the gym, fishing and rehabbing houses with his wife.

“Before surgery, my knee was tipping inward,” he adds. “I could feel it wasn’t working the way it should. Now it’s perfectly straight and feels completely natural. Dr. Di Lella really is the best!”

For more information about partial knee replacement surgery available at the Ingalls Advanced Orthopedic Institute, call Ingalls Care Connection at 708.915.PAIN (7246).



“I’m in pain!”

But How Do I Know If I Need A Knee Replacement?

When knee pain is so bad it interferes with the things you want or need to do, the time may be right to have a conversation with your orthopedic surgeon. Following are signs you may need a knee replacement:

- Your pain persists or recurs over time
- Your knee aches during and after exercise
- You’re no longer as mobile as you’d like to be
- Medication and using an assistive device like a cane aren’t delivering enough relief
- Your knee stiffens from sitting in a car or a movie theater
- You feel pain in rainy weather
- The pain prevents you from sleeping
- You feel a decrease in knee motion or the degree to which you’re able to bend your knee
- Your knees are stiff or swollen
- You have difficulty walking or climbing stairs
- You have difficulty getting in and out of chairs and bathtubs
- You feel a “grating” of your joint
- You’ve had a previous injury to the anterior cruciate ligament (ACL) of your knee

Ingalls regularly offers FREE seminars on a variety of orthopedic conditions, including knee replacement. To find a seminar date and time that fits your busy schedule, call Ingalls Care Connection today at 708.915.PAIN (7246).



Deadly Disease With Unexpected Symptoms

Bloating, constipation and indigestion certainly don't sound like the symptoms of someone on the verge of a heart attack. In fact, most people would probably assume they ate something that didn't agree with them.

That or the flu is precisely what 64-year-old Francine Gauthier of Lynwood thought when she started feeling out of sorts last September. For three days, the active retiree rode out the annoying symptoms. Finally, she decided to take a laxative for relief.

"The heartburn kept me up all night," Gauthier explains. "I didn't sleep at all. At 4 a.m., the laxative kicked in."

During a visit to the bathroom, she passed out on the floor. Fortunately, her husband heard the commotion and rushed in.

"Everything came down on me at once," she said. "I started having chest pain and shortness of breath."

Her husband wanted to call an ambulance, but Gauthier refused — even with her history of high cholesterol and blood pressure.

"I told him I was okay and didn't want an ambulance."

Instead, he drove her to Ingalls Urgent Aid in Calumet City. By the time she arrived, Gauthier was so weak, she couldn't walk. Ingalls staff took one look at her and said, "You're having a heart attack."

"They rushed me to the back and gave me four baby aspirins," she remembers. "They took my blood pressure, did an EKG (electrocardiogram) and started prepping me for an ambulance."

Ten minutes after she arrived at Ingalls Urgent Aid, Gauthier was whisked by ambulance directly to the Cardiac Catheterization Lab at Ingalls Memorial Hospital.

There, interventional cardiologist Angel Castaner, M.D., performed an emergency angioplasty to open up blocked coronary arteries and implanted three stents to keep them open.

"At the time, I was really hoping it wasn't a heart attack," she explains. "I didn't think I was sick. In fact, I've never really been sick."



Dr. Ripple Doshi

Thanks to the quick action of the Calumet City Urgent Aid staff, good communication, and Ingalls ambulance standing by, the physician and cardiac team were waiting for Francine when she arrived at Ingalls.

Following 12 weeks of cardiac rehabilitation at Ingalls, Gauthier's good as new and committed to a heart-healthy lifestyle.

"I feel great," she said.

Heart Attack Symptoms: Men vs. Women

Although Gauthier's story has a happy ending, heart disease has claimed the lives of more women than men in the United States for the last 30 years.

One reason is awareness. Sadly, 80% of women don't realize heart disease is their leading health risk.

"Many still think of it primarily as a man's disease, although heightened awareness over the last 10 to 20 years has helped," explains Ripple Doshi, M.D., cardiologist on staff at Ingalls.

The truth is, nearly 90% of all women have at least one or more risk factors for developing heart disease. In fact, it's so pervasive among the fairer sex, that heart disease kills one out of every three American women every year.

Another reason that women tend to overlook heart disease is symptoms.

We've all seen movies and TV shows where a man gasps, clutches his chest and falls to the ground of a heart attack. Typical symptoms for men are pain, crushing pressure and/or tightness in the chest that radiates to the neck or arm. This is often accompanied by nausea or shortness of breath, with the symptoms worsening with physical activity and improving with rest.

While symptoms for women may be similar, Dr. Doshi explains that certain patients, including women, diabetics and the elderly, are more likely to exhibit atypical or "brush-off" symptoms.

"Instead of shortness of breath and pains shooting down the left side of the body, these individuals may experience indigestion, vomiting and nausea, severe fatigue, shortness of breath and flu-like symptoms," Dr. Doshi said.

Other symptoms in women include abdominal, back or jaw pain, and breaking into a sweat for unexplained reasons.

That's why nearly half of all women experiencing an actual heart attack (like Gauthier) don't call 911.

"As wives, mothers and caregivers, women are more concerned about the health of their loved ones," Dr. Doshi said. "They tend to brush off less dramatic symptoms and don't get the help they need. That's why women don't often have favorable outcomes following a heart attack. They wait too long. The most important thing is to get immediate medical care if you experience any symptoms that are unusual. Many women are too embarrassed to go to the ER, but it's better to seek treatment and find out it's a false alarm than wait it out at home and have a major heart attack."

Factors that put anyone at an increased risk for heart attack include diabetes, smoking, high cholesterol, hypertension or high blood pressure, family history and advancing age.

"The key to surviving a heart attack is getting medical treatment as soon as possible," Dr. Doshi added. "Early presentation leads to greater survival, less damage to the heart muscle and a better chance that the blocked artery can be reopened and blood flow restored."

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



Francine works out under the supervision of exercise physiologist, Karen Kenney.

Ingalls HEARTaware™

Determine Your Risk

To determine your personal risk of heart disease, Ingalls offers HeartAware, a free online risk assessment. Simply go to www.ingalls.org/HeartAware. HeartAware takes less than seven minutes and can be completed right in the comfort of your home or office. A printable report is available upon completion and includes information about your risk factors as well as easy-to-read educational material about how to stay heart-healthy.

Valuable Free Testing

If your HeartAware assessment reveals three or more risk factors for heart disease, you are eligible to receive a free health screening that includes a full lipid profile, blood glucose level and measurements of blood pressure, body mass index and waist circumference. Afterwards, an Ingalls nurse navigator will follow up to discuss your results and make a plan to minimize your future risks for heart disease.



Sinus Stent at Ingalls Helps Patient Breathe Easy

Beverly Dohman of Highland, Ind., wrestled with sinus issues for nearly a decade.

“Sleeping through the night was difficult,” she said. “I used to flip-flop from side to side just to breathe. I was miserable.”

Kleenex was her constant companion — and so was the thick, green mucous she had to clear out multiple times a day. “It literally made me sick at times,” she added. Beverly had nasal polyps, soft, non-cancerous growths on the lining of her nasal passages.

“Nasal polyps hang down like teardrops or grapes and result from chronic inflammation due to asthma, recurring infection, allergies, drug sensitivity or certain immune disorders,” explains Natan Scher, M.D., board-certified otolaryngologist and head/neck surgeon on staff at Ingalls Memorial Hospital in Harvey.

Though the polyps themselves are painless, they can wreak havoc on the sinuses. Beverly knew that all too well. One option, sinus surgery, was something she shied away from. Earlier this year, though, her congestion was so bad, she decided surgical intervention was worth the risk. She did some online research and found Dr. Scher.

At her visit, Dr. Scher told Beverly she was a candidate for minimally invasive endoscopic sinus surgery enhanced by the implantation of a new steroid-releasing stent device in the sinuses. It’s called the Propel implant.

“It’s technology borrowed from cardiology, similar to angioplasty and stenting,” Dr. Scher explained. However, the Propel stent is different; it’s dissolvable.

“The Propel implant helps keep the sinuses open and dissolves in 30 to 45 days,” he said. “And while it’s dissolving, the stent bathes the swollen tissue in steroids.”

Its spring-like device is implanted at the source of the problem, right at the mucous membrane of the sinuses, and prevents closure and scarring of the sinuses. In addition to its obvious medical benefits, the implant makes the postoperative period smoother and more comfortable.

“Sinus surgery performed with the medicated Propel stent implant reduces inflammation and scarring in the sinuses,” Dr. Scher said, “resulting in a quicker recovery.”

In Beverly’s case, Dr. Scher performed outpatient endoscopic surgery in which he inserted a small tube with a magnifying lens or tiny camera (endoscope) into the nostrils and guided it into the sinus cavities. Using tiny instruments, he removed the polyps and cleared out the infection.

“The stent left beautifully open, clear sinus cavities,” he said.

Dr. Scher was among the first in the South Suburbs to use the Propel implant on sinus patients. And Beverly is thrilled with the results.

“It’s amazing,” Beverly adds. “I can finally sleep through the night. In fact, when I breathe, I can actually hear the air going through my nose. I knew my problem was bad but I didn’t realize just how bad it was until it was gone. I would absolutely recommend the Propel implant and Dr. Scher. I have more energy; I feel great.”

For more information about sinus surgery and treatments at Ingalls, call Ingalls Care Connection at 708.915.CARE (2273).

Nasal Polyps Are Nothing to Sneeze At

Nasal polyps are soft, painless, noncancerous growths on the lining of the nasal passages or sinuses. Larger nasal polyps can block normal drainage from the sinuses. When too much fluid accumulates, it can become infected, causing thick, discolored drainage in the nose and throat.

Symptoms of nasal polyps include:

- Nasal obstruction & congestion
- Runny nose & sneezing
- Post-nasal drip
- Chronic infections
- Loss of smell and/or taste
- Itchy eyes & facial pain

Individuals with nasal polyps are at greater risk of developing chronic sinusitis, a condition in which the cavities around the sinuses become inflamed and swollen for several weeks, despite treatment. The first line of treatment for nasal polyps is corticosteroid spray, but issues can recur if the underlying irritation, allergy or infection isn't controlled.

For individuals with large nasal polyps, endoscopic surgery is the most effective option. Endoscopic surgery removes the polyps that block the flow of fluids from the sinuses. Most often, these procedures are performed on an outpatient basis with extremely successful outcomes.



Dr. Natan Scher performs a nasal polyp procedure.

DepressionAware: New Online Risk Assessment

Most of us feel sad, discouraged, or “down” once in a while; but for some, the mood doesn’t go away. Individuals who feel like this for a sustained period of time – and it interferes with daily living – may be experiencing depression.

“Depression is a common but serious illness,” explains Felicia Houston, M.A., L.C.P.C., of Ingalls Behavioral Health Services.

Depression is often caused by a combination of genetic, biological, environmental and psychological factors. Other triggers include trauma, loss of a loved one, a difficult relationship, unemployment, physical illness, abuse or any stressful situation.

Although individuals with depression don’t all experience the same symptoms, in general the following signs and symptoms may indicate the presence of depression:

- Persistent sad, anxious, irritable or “empty” feelings
- Feelings of guilt, worthlessness or helplessness
- Loss of interest in hobbies or activities, including sex
- Fatigue, decreased energy or excessive sleeping
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness or restlessness
- Thoughts of suicide, suicide attempts

If you know someone who is depressed, it affects you too. “The most important thing you can do is help that person get some help and get treatment,” Felicia adds.

The good news is that the chance of developing depression can be reduced.

To determine your personal risk of depression, Ingalls now offers DepressionAware, a free online risk assessment, at www.ingalls.org/MyHealth.

The free risk assessment will give you personalized, strictly confidential information that will help assess your current health status and identify those medical or lifestyle conditions that may lead to development of major depression.

“The test is a preliminary screening test for depressive symptoms,” Felicia said. “It does not replace in any way a formal evaluation.”

For more immediate assistance, please call our 24-hour emergency line at 708.915.6411.



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

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To be removed from our mailing list, please call 708.915.6173, or email contact@ingalls.org.

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

- > **Ingalls Memorial Hospital, Harvey**
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- > **Ingalls Center for Outpatient Rehabilitation (ICOR)**
(Rt. 6, just west of I-94)
South Holland
708.915.4700
- > **Ingalls Family Care Center, Calumet City**
(170th and Torrence Ave)
708.730.1300
- > **Ingalls Home Care**
708.331.0226
- > **Ingalls Family Care Center, Flossmoor**
(Governors Highway between Kedzie and Vollmer)
708.799.8400
- > **Ingalls Cancer Care Center**
Harvey – 708.915.6620
- > **Ingalls Family Care Center, Tinley Park**
(159th St. east of Oak Park Ave)
708.429.3300
- > **Ingalls Same Day Surgery**
Tinley Park
708.429.0222
- > **Ingalls Family Care Center, Crestwood**
(Cal Sag Road at Cicero)
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Information and Referral Line
708.915.CARE (2273)
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Call for help finding a doctor. Do you need help choosing a primary care doctor or specialist for ongoing care? **Ingalls CareConnection** will help you find the perfect match. An operator is available 24/7 to help you get connected to the right doctor, right now. [708.915.CARE \(2273\)](tel:708.915.CARE)



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