

INGALLS Progress

SPRING 2016



Two Homewood Hearts, One Healing Hospital

Presidential Cancer Treatment at Ingalls

Fire Chief Back to Life-Saving Work, Thanks to Rotator Cuff Repair

Letter to the Community



President and CEO
Kurt E. Johnson

In his infinite wisdom, our 16th president, Abraham Lincoln, once remarked that the “best way to predict the future is to create it.”

Here at Ingalls, we couldn't agree more. The future's just too important to leave to chance.

That's why we've been hard at work for quite some time, creating just what that future will look like – and ultimately, what healthcare services in the south and southwest suburbs will look like too.



Board Chair
Eugene M. Feingold

Last Fall, Ingalls Health System and the University of Chicago Medicine jointly announced our intentions to pursue a merger. This unique partnership is truly a win-win for everybody and will provide an unmatched array of services that encompasses convenient, community-based healthcare and truly impressive world-class specialty care.

For Ingalls, this was a strategic process, initiated from a position of strength and vision. And, as options were pursued, it became clear that UCM shares a common vision for the Southland. This common purpose will result in increased investments in technology and facilities in our service area, a continued commitment to our community, and an even more robust network of convenient outpatient centers.

Our new partner is truly at the forefront of medical discovery and research, and Ingalls patients can anticipate access to highly trained physicians across a wide range of specialties.

We anticipate the merger process to be complete before the end of the year, with major milestones happening incrementally over time. When all is said and done, here's some of what you can ultimately expect to see:

- An expansive network of primary care doctors, world-class specialists and advanced practice nurses
- Specialty services in areas such as orthopedics, cancer and neuroscience care
- A more robust ambulatory care network that expands our current clinical offerings to include things like day surgery, observation stays and additional specialty care at our existing outpatient sites
- Sophisticated consultative services (e.g., cancer geneticists) close to home
- The resources and expertise of a renowned academic medical center right in the neighborhood
- And so much more

As you can see, there are many benefits to this merger...for Ingalls Health System...for University of Chicago Medicine...and most of all...for you. By being proactive and taking steps now to ensure **our future** health and viability, we are reconfirming our commitment to be here for you, and to care for you and those you love far, far into **your future**.

Ingalls Annual Report, FY 2015

Ingalls Health System Operating Expenditures (in thousands)

Our People	\$148,541
Patient Care Supplies & Other	97,982
Purchased Services	55,029
Provision for Uncollectible Accounts	15,631
Depreciation	17,790
Medicaid Provider Assessment Insurance & Self Insurance	14,163
Program Costs	4,452
Amortization & Interest	4,771
Total Operating Expenditures	\$358,359

Capital Investments **\$23,146**

Charity Care & Community Service

Charity Care Based on Charges Forgone	\$ 8,193
Excess of Cost Over Reimbursement for Medicaid Patients	20,336
Community Service Provided, at Cost	1,790
	\$30,319

Data shown below is in actual figures:

Patient Care Services Summary

Admissions (excluding births)	13,983
Inpatient Days	65,358
Births	980
Emergency Department Visits	49,750
Outpatient Visits (excluding ER)	320,128

Home Health

Intermittent Care Visits	41,171
Private Duty Hours	100,506
Hospice Days	13,727

Surgeries

Inpatient	2,681
Ambulatory	3,587

Good News is Meant to be Shared!

And we're proud to say we've gotten a lot of it lately, especially about the great job we're doing for our patients. So we thought we'd share a few notes with you:



program administered by the American College of Surgeons. Accreditation is given only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. Designation as an accredited Breast Center ensures that a patient will have access to comprehensive breast care; a multidisciplinary team approach to coordinate the best treatment options; information about ongoing clinical trials and new treatments; and, most importantly, quality breast care close to home.

Ingalls has been granted a three-year full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a



The Commission on Cancer of the American College of Surgeons presented Ingalls with its 2015 Outstanding Achievement Award for achieving excellence

in providing quality care to cancer patients. Ingalls is one of a select group of only 50 U.S. healthcare facilities with accredited cancer programs to receive this national honor for surveys performed in 2015 – and represents just 12 percent of cancer programs surveyed during this period. The award is also intended to motivate other cancer programs to work toward improving their level of care; facilitate dialogue and share best practices between award recipients like Ingalls and healthcare professionals at other cancer facilities; encourage honorees to serve as expert resources to other cancer programs; and educate cancer patients on available quality-care options.

Welcome New Doctors to the Neighborhood



FRANCINA PERALTA-MACHADO, M.D.,

is an internal medicine physician specializing in geriatrics. A graduate of Universidad Nacional Pedro Henriquez Urena, Dr. Peralta-Machado completed an internal medicine residency at Illinois Masonic Community Health and a fellowship

in geriatrics at Edward Hines VA Hospital. A member of Oak Street Health in Blue Island, she is board certified in internal medicine.



KIMBERLY KRUCZEK, D.O.,

joins Ingalls as a hematology and oncology physician in July 2016. A graduate of Midwestern University – Chicago College of Osteopathic Medicine, Dr. Kruczek completed her internal medicine residency at Advocate Lutheran General Hospital. She is currently completing a

fellowship in hematology and oncology at Loyola University Medical Center where she is the chief fellow.



ROY BARDWELL, D.O.,

is a board-certified family physician who has been in practice for five years. He received his degree in medicine from the University of Medicine and Dentistry of New Jersey in 2007. He completed his internship and residency at St. James Hospital in 2010. Dr. Bardwell

received his board certification in family medicine from the American College of Osteopathic Family Physicians in 2010.



BRIë ANN MULLER, M.D.,

joins the Ingalls medical staff in pediatric cardiology. Certified by the American Board of Pediatrics, Dr. Muller is a graduate of Rush Medical College. She completed her residency in pediatrics at Advocate Lutheran General Hospital and a fellowship in

pediatric cardiology at Rush University Medical Center.



DEEPA KAMATH, D.O.,

is a board-certified infectious disease physician. A graduate of Midwestern University Chicago College of Osteopathic Medicine, Dr. Kamath completed her residency at NorthShore University HealthSystem and an infectious disease fellowship at Loyola University

Medical Center. She also holds a master of public health degree from University of Michigan and is a member of Southwest Infectious Disease & Internal Medicine.



WILLIAM CAMPBELL, D.O.,

is a board-certified family physician who has been in practice for seven years. Originally from Markham, Dr. Campbell completed his undergraduate education at Northern Illinois University, with a B.S. in chemistry. He received his degree in medicine from

the Chicago College of Osteopathic Medicine in 2005. He completed his internship and residency at St. James Hospital in 2008. Dr. Campbell received his board certification in family medicine from the American College of Osteopathic Family Physicians in 2008.

A Surgical Work of Art: Ingalls Offers the Latest da Vinci Technology



Gary Peplinski, M.D., F.A.C.S., General Surgeon and Medical Director of Robotic Surgery at Ingalls

Pelvic Organ Prolapse



Dr. Biren Shah

Pelvic organ prolapse, especially cystocele or bulging bladder, is common for thousands of women. Symptoms include a feeling of fullness or pressure in the pelvis and vagina, and frequent urination.

“Cystocele occurs when supportive tissue weakens and stretches, letting the bladder bulge into the vagina,” explains board-certified obstetrician/gynecologist Biren Shah, M.D.

Risk factors include one or more vaginal childbirth deliveries, obesity, menopause, hysterectomy and genetics.

Sixty-three-year-old Clorissa Keyes of Lynwood was diagnosed in 2010 with a mild case that gradually worsened over time. “I always felt like I had to use the bathroom, especially after I had just gone,” the retired grandmother of six explains. “I was using the bathroom every 20 minutes.”

In fact, it got so bad that Clorissa, who was a manager before she retired, would stop on her way to work just so she’d have 15 or 20 minutes of uninterrupted time when she arrived at her job. Frequent urination also interfered with her sleep; during the night, she’d wake up four or five times to visit the bathroom.

“My bladder and uterus had dropped significantly,” she added. “I could feel it bulging when I sat down.” That’s when Clorissa met with Dr. Shah, who recommended a cystocele repair and partial hysterectomy.

“The repair of a bulging bladder is one of the most common pelvic surgeries,” Dr. Shah said. “The reinforced tissue holds the bladder in a better position,” he added. “Cystocele repair has an excellent success rate.”

On Feb. 10, Dr. Shah performed the repair using the very latest da Vinci robotic surgical technology at Ingalls. Instead of traditional open surgery, he made four tiny



Clorissa Keyes

incisions in Clorissa’s abdomen to repair her bulging bladder. He also performed a partial vaginal hysterectomy, removing her uterus and cervix.

Clorissa spent one night in the hospital and was recovering in the comfort of her own home the very next day. Best of all, her bladder problems literally vanished overnight. “It was so much better; I could tell right away,” she added. Now the talented seamstress can focus her spare time on what she loves doing best: sewing, knitting and crocheting.

“Women are often too embarrassed to discuss these types of problems, even with their doctors,” Dr. Shah said. “But there are highly effective, minimally invasive treatments that can fix the problem and improve quality of life dramatically.”

Ingalls is among the first in the region to acquire the latest technology in robotic-assisted surgery: the *da Vinci*® Xi Surgical System. This innovative surgical system is designed to provide surgeons with unmatched capabilities, including high-definition 3D vision and a magnified view. The doctor controls the *da Vinci* system, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside the body.

Though it's called a "robot," *da Vinci* cannot act on its own. Surgery is performed entirely by the doctor. Together, *da Vinci* technology allows the doctor to perform routine and complex procedures through just a few small openings,

replacing long abdominal incisions. Potential benefits to the patient include less scarring, decreased pain, less blood loss, minimal risk of infection, decreased severity of hernia formation, and faster recovery, compared to traditional open surgery.

Surgeons at Ingalls already have years of robotic surgery experience and are now using the robot to perform a number of procedures in the areas of gynecology, urology and general surgery, including hysterectomy, prostate removal, kidney surgery, adrenal surgery, gallbladder removal, hernia repair, colorectal resection, gastroesophageal reflux surgery, and more.

Prostate Cancer



Dr. Grant Chavin

Aside from skin cancer, prostate cancer is the most common form of cancer among American men – and one of the leading causes of cancer death. Unfortunately, its biggest risk factor is unavoidable: age.

"The older you are, the more likely you are to be diagnosed with prostate cancer," explains urologist Grant Chavin, M.D.

At 72, Peter Bumpass of South Holland knew his odds of developing prostate cancer were higher than they had been at 50. Still, when the diagnosis came in earlier this year, he admits it caught him off guard.

"I really didn't have any symptoms at all," the retired minister explains. "I went in for a routine physical, and my primary doctor (Cyrus Akrami, M.D.) sent me to Dr. Chavin."

To Peter's surprise, Dr. Chavin found a hardness on one side of his prostate. A biopsy confirmed prostate cancer. When they discussed treatment options, Dr. Chavin told Peter surgical removal of the prostate gland or prostatectomy is considered the "gold standard." Fortunately, Peter was a candidate for laparoscopic prostatectomy using the *da Vinci* robotic surgery system at Ingalls. Not only does *da Vinci* prostatectomy result in a quicker recovery, fewer complications and less blood loss, it means much less time with a catheter following surgery. It also helps preserve erectile function, an important consideration for young men in particular.

"Nerve sparing is improved with the better vision and delicate handling of tissues that the robot provides," Dr. Chavin added.

Peter underwent a *da Vinci* prostatectomy at Ingalls Feb. 25 and was back home the very next day. The best part, he says, "I never took a pain pill. I never needed one." Two weeks later, he was back at his teaching post at a



Bonnie and Peter Bumpass

local learning center where he tutors students in math and reading. When he's not working, the avid stamp, coin and rock collector enjoys playing racquetball and spending time with his wife Bonnie, five grown children and 13 grandchildren.

"I'm feeling great," he adds. "And I can't say enough about Dr. Chavin and Ingalls."

As for advice to men who may be avoiding their annual checkup, especially the digital rectal exam that screens for prostate cancer, "Just bite the bullet and do it."

Most prostate cancer is easily treatable with high cure rates when detected early, and typically has a slow growth rate.



Jon Bruce, who's Chief of the Crestwood Fire Department, was injured while battling a large blaze in Robbins in December 2014.

"A wall collapsed on some Midlothian firefighters, and I was trying to help lift the wall off of them," the Crestwood father of three explains. While successful in his attempts to save his colleagues, he didn't walk away unscathed. His left shoulder took the brunt of his heroic actions.

"Honestly, it felt like someone had stabbed me in the shoulder," he explains.

Jon rested for a couple of days, but when the pain persisted, he was referred to orthopedic surgeon and shoulder specialist Venkat Seshadri, M.D.

Initially, he tried physical therapy and medications, but when his injury showed no improvement, Dr. Seshadri scheduled him for minimally invasive arthroscopic rotator cuff repair at the Ingalls Advanced Orthopedic Institute last April.

"The rotator cuff is the group of four muscles and tendons that surround the shoulder joint, providing strength and stability," Dr. Seshadri explains. "Rotator cuff tears increase with age, and not all tears are painful. But some can be, especially if a trauma causes them. There may be a snapping sensation and immediate weakness in the upper arm."

Symptoms become worse when reaching backwards to fasten a seatbelt or reaching into a kitchen cabinet for a stack of plates. Overhead activities like pitching, throwing, or playing tennis make it even worse.

While medication, physical therapy and modified activities relieve the pain in about 50 percent of patients with rotator cuff tears, individuals with severe pain or more serious tears need surgery. In Jon's case, Dr. Seshadri recommended minimally invasive arthroscopic repair.

During the procedure, the surgeon inserts a small camera, called an arthroscope, into the shoulder joint. The camera displays pictures on a television screen, which the surgeon uses to guide miniature surgical instruments. Because the arthroscope and surgical instruments are thin, the surgeon uses very tiny cuts rather than the larger incision needed for standard, open surgery, to reattach the torn tendon to the humeral head of the shoulder. Most are done on an outpatient basis.

Afterwards, rehabilitation plays a vital role in recovery and returning to daily activities. For Jon, that consisted of several months of physical therapy at Ingalls Care Center in Crestwood and light duty work at the firehouse.

Last November, the husband and father of two returned to active firefighting duty, his passion since the age of 18.

"I was so frustrated right after my injury," he adds. "I spent a lot of time doing paperwork, computer stuff and training hours. As chief, I want to be out there with my guys. Thanks to Dr. Seshadri, that's exactly what I'm doing."

Fire Chief Back to Doing What He Loves Best Following Rotator Cuff Repair

Every year, nearly two million Americans seek medical care for torn rotator cuffs, a common cause of shoulder pain that results in weakness and disability.

Tinley Woman's "Luck" Changes Following Shoulder Surgery

JoAnn Staulcup of Tinley Park experienced anything but the "luck of the Irish" last March 17, when she fell and shattered her left shoulder running a simple errand.



Dr. Venkat Seshadri

The 73-year-old mother of two was leaving a local vacuum store on St. Patrick's Day when she tripped on a parking block and went down hard. Thankfully, two men saw her fall and came to her aid. Momentarily stunned, JoAnn insisted she was okay. "I'm a strong, stubborn person," she explains with a laugh. She even drove herself home.

But once inside, she realized something was very wrong. "My pain was about a 10," she recalls. "I thought I had dislocated my shoulder."

She quickly called a friend who took her to Ingalls Urgent Aid in Tinley Park.

JoAnn's family doctor Ganapathi Gottumukkala, M.D., also has an office in Tinley Park, and his office manager saw JoAnn sitting in the waiting room. When she asked JoAnn what was wrong, she brought her in to see Dr. Gottumukkala, who ordered an X-ray. The news wasn't good; JoAnn's shoulder was seriously damaged and would require surgery to repair it.

That's when JoAnn's luck began to change for the better.

Dr. Gottumukkala made a quick call to orthopedic surgeon and shoulder specialist Venkat Seshadri, M.D., who happened to be having lunch just 10 minutes away. Dr. Seshadri drove straight to Ingalls in Tinley Park, ordered more X-rays and scheduled JoAnn's surgery for just two days later at the Ingalls Advanced Orthopedic Institute.

"It all worked out so beautifully because I wouldn't have known whom to call," she said.

The surgery Dr. Seshadri performed wasn't a typical shoulder replacement; JoAnn's shoulder was too damaged for that. Instead, he did a "reverse" shoulder replacement.

"A conventional shoulder replacement device mimics the normal anatomy of the shoulder: a plastic cup is fitted into the shoulder socket (glenoid), and a metal ball is attached

to the top of the upper arm bone (humerus)," Dr. Seshadri explained. "In a reverse total shoulder replacement, the socket and metal ball are switched. The metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the humerus."

A reverse total shoulder replacement works better for people with completely torn rotator cuffs with severe arm weakness.

In a healthy shoulder, the rotator cuff muscles help position and power the arm during range of motion. A conventional replacement device also uses the rotator cuff muscles to function properly.

"In a patient like Mrs. Staulcup who had suffered major shoulder damage, these muscles no longer function," he added. "A conventional total shoulder replacement can still leave them with pain. They may also be unable to lift their arm up past a 90-degree angle, which can be severely debilitating."

The reverse total shoulder replacement relies on the deltoid muscle, instead of the rotator cuff, to power and position the arm.

JoAnn had surgery on March 19, and despite the extent of her injury, she went home the very next day. With her shoulder out of commission, JoAnn's adult son stayed with her for a month while she recovered.

Following extensive physical therapy and recuperation, JoAnn regained complete use of her shoulder and is able to lift her arm above her head without problems – something that definitely comes in handy for water aerobics three days a week! To this day, she faithfully exercises her shoulder at home for optimum strength.

"I can do everything that I have to do – including vacuuming, which started this whole thing in the first place," JoAnn adds with a smile. "I'm so grateful to Dr. Seshadri for putting my shoulder back together, and to Dr. Gottumukkala for referring me!"

Sophisticated Imaging Technology Gives Clearest Pictures During Delicate Spine Surgery

As a train conductor, 41-year-old Sean Crowley oversees the crew and operation of his daily Joliet-to-Chicago route on the Metra Rock Island line.



Dr. George Miz

One of his many responsibilities involves manually operating or “throwing” railroad track switches. For years, he’s done so without incident.

But in the summer of 2012, the switch in the 51st Street yard malfunctioned when Sean applied force to move it. In the span of a moment, the Frankfort father of two was brought to his knees in pain.

“I felt something sharp in my lower back, and my legs gave out,” he explains.

The diagnosis: injury of two discs in the lower back that added pressure on the nearby nerves. Initially, Sean received epidural shots and physical therapy to relieve the pain. But they provided little relief – not good for a busy father of two.

After nearly three years of treatments, Sean was given the green light to see a spine specialist. Two co-workers highly recommended renowned spine surgeon George Miz, M.D., based on their own successful experiences.

“Sean had continuing pain and weakness in his lower back and legs,” Dr. Miz explains. “Surgery was the only option.”

So Dr. Miz recommended a combination of procedures, including a decompressive laminectomy to remove a portion of the affected vertebrae that were irritating the nearby nerves and causing weakness in his legs – and a lumbar fusion to provide overall stability.

Because of the complex nature of spinal surgery, Dr. Miz used a highly advanced three-dimensional imaging system at Ingalls to assist him: the revolutionary Brainlab Airo Mobile Intraoperative CT technology.

Unprecedented 3D Viewing

In 2014, Ingalls became one of the first in the nation to install the mobile CT technology that allows surgeons to use intraoperative scans and navigation instruments to ensure safety and optimal positioning of surgical instruments.

“The technology allows for detailed 3-D pictures of the complex anatomy of the spine, and the nerves and roots of the spinal cord to guide surgeons as they operate, giving them increased confidence when working around these delicate structures,” Dr. Miz explains.

What’s more, the technology produces images in record time. While traditional X-rays or MRI scans can take up to 30 minutes to obtain needed images, the newer technology at Ingalls can produce 32-slice CT scans in just one to two minutes that offer unprecedented visualization of the bones and soft tissue.

“Airo allows surgeons to image the entire spine in a single scan without having to move the patient,” he added. “It’s also very adaptable and can be moved to accommodate special setups for specific cranial, spine and trauma cases, allowing patients to be positioned lying down or even in a sitting position.”

Back at It

Following a brief two-day stay at Ingalls and subsequent recovery at home, Sean underwent physical therapy to regain his lost strength. “I felt very comfortable with Dr. Miz throughout,” he adds.

Though he still feels some discomfort, Sean’s back to doing what he loves best: being a dad and a busy Metra conductor.

The best part, he says, is that since surgery, his legs “don’t feel like they’re going to give out anymore.”

“I used to enjoy playing golf and hard-ball baseball,” he adds. “I hope to get back to those sometime this spring or summer.”



Retinal Specialist at Ingalls an Answer to Indiana Woman's Prayers

Twice during the spring of 2014, Cheryl Martin of Schererville, Ind., suffered retinal detachments in her right eye.



Dr. Vivek Chaturvedi

“There was no rhyme or reason for it,” the 61-year-old wife, mother and grandmother of three explained. Other than the telltale symptoms – the sudden appearance of “floaters” in her field of vision – Cheryl was at a loss for why it happened.

Retinal detachment occurs when the thin layer of tissue at the back of the eye pulls away from its normal position, separating the retinal

cells from the layer of blood vessels that provide oxygen and nourishment to the eye. It is considered a medical emergency, and left untreated, can lead to permanent vision loss in the affected eye.

“I was scared to death,” she admits.

Cheryl was referred to a specialist near her home and underwent surgeries to reattach the retina on two separate occasions. But her vision problems persisted for months.

Unknown to Cheryl, the procedures left her with a “wrinkled retina” caused by scarring from her previous surgeries. Though the original problem had been fixed, the veteran church secretary was left with compromised vision in her right eye, and her doctor couldn’t give her an explanation why.

Determined to find a fix, Cheryl arranged for a second opinion at the Cleveland Clinic. Before her trip, though, a church friend stopped by to see her at work.

“She asked how my eye was doing,” Cheryl recalls. “Then she told me about her husband. He had scar tissue from previous retina surgeries, and they were going to see a specialist who could fix it.”

The specialist was retinal vascular surgeon Vivek Chaturvedi, M.D., at the Irwin Retina Center at Ingalls.

“It was like God had shown me a path,” she says. “He connected me to this woman so that I could find Dr. Chaturvedi too. I had the exact same diagnosis as her husband.” Cheryl made an appointment to see Dr. Chaturvedi, and he told her about a surgical procedure that could help.

“A wrinkle in the retina is another name for an epiretinal membrane,” Dr. Chaturvedi explains. “It develops from the growth of scar tissue across the surface of the retina. When the scar tissue contracts, it causes the retina to ‘wrinkle,’ leading to distorted or blurred vision.”

Restoring Vision, Relieving Pressure

Much of the eye’s interior is filled with vitreous, a gel-like substance that helps the eye maintain a round shape. With aging, the vitreous slowly shrinks and pulls away from the retinal surface. Most of the time, it’s harmless.

“But sometimes the vitreous can damage the retina when it pulls away,” he explains. When this happens, the retina begins a healing process to the damaged area and forms scar tissue on the retina surface. When it shrinks, it causes the retina to wrinkle, or pucker. Severe cases may require a surgical procedure called vitrectomy.

During a vitrectomy, the surgeon suctions out the vitreous gel. After removing the gel, the surgeon may treat the retina with a laser; peel fibrous or scar tissue from the retina (as in Cheryl’s case); flatten areas where the retina had become detached; or repair tears or holes in the retina. At the end of the surgery, silicone oil or a gas is injected into the eye to replace the vitreous gel and restore normal pressure in the eye. Healing and vision recovery can take several months to a year.

Cheryl had the procedure at Ingalls the Monday before Thanksgiving last year. During surgery, Dr. Chaturvedi discovered a slight retinal tear and repaired that at the same time.

Following a brief recovery at home, Cheryl was back to work the following week. She uses assistive devices to help her see, including a large-screen computer and a lighted desk-top magnifier. She drives too. But most importantly, her vision is improving.

“Instead of spinning my wheels like I had been doing, I’m moving forward now,” Cheryl adds. “Dr. Chaturvedi truly was the answer to my prayers.”

Immunotherapy: Ingalls Offers “Presidential” Cancer Treatment

While melanoma accounts for less than two percent of all skin cancer cases, it’s responsible for the vast majority of skin cancer deaths. In fact, according to the American Cancer Society, melanoma claims one life every hour in the United States.



But Keytruda, a powerful new immunotherapy drug available at Ingalls Cancer Care, is showing excellent results in patients with advanced melanoma. In fact, it’s the very same drug that President Jimmy Carter recently credited for destroying his melanoma-related brain tumors and putting him into remission.

“The immune system is the body’s natural defense against disease,” explains Mark Kozloff, M.D., Medical Director of Ingalls Cancer Care. “It sends specific types of cells called ‘T cells’ throughout the body to detect and fight infections and diseases – including cancers like advanced melanoma.”

However, certain cancer cells are good at hiding from the body’s immune fighters, allowing the cancer to grow and spread.

“Keytruda helps the immune system do what it was meant to do: find and fight cancer cells,” Dr. Kozloff adds.

Seventy-eight-year-old Zoe Ewan of East Hazel Crest recently completed her tenth Keytruda treatment at the Ingalls Infusion Center in Flossmoor and is experiencing excellent results. Ewan was diagnosed with metastatic melanoma of the right lung, liver and bones earlier this year, and recent diagnostic scans show her cancer is gone. This is Ewan’s second go-round with melanoma; she was treated for it in 2001. It recurred in 2015; that’s when Dr. Kozloff recommended the new targeted immunotherapy drug.

“Cancer cells have a way of inhibiting the immune system,” Dr. Kozloff adds. “But immunotherapy drugs like Keytruda are changing the landscape by ‘turning on’ the immune system and unleashing its potential against the invading cells. Here at Ingalls, we’ve been investigating and using these types of therapies for two years. There’s considerable potential to use immunotherapy to fight other types of cancer too, including lung, kidney and bladder.”

Studies have shown that Keytruda can shrink tumors by as much as 90 percent in about a third of patients. And Ewan, who has had an outstanding response to the treatment with very few side effects, couldn’t be happier.

“I haven’t had to change my lifestyle at all,” she said. In fact, the optimistic great-grandmother continues to work two part-time jobs, including one as a trustee for the Village of East Hazel Crest.

Ewan credits God, Dr. Kozloff and Keytruda with her miraculous turnaround. And when she discovered she’s on the same treatment regimen as the former president, she was thrilled – and grateful.

“I’m right up there with someone who’s important,” she adds with a smile. “They wouldn’t give President Carter anything but the best, and that’s what I’m getting too. I put my life in God’s and Dr. Kozloff’s hands, and it’s paying off. I guess God thinks I’m worth keeping around for a while.”

For more information about immunotherapy and other forms of cancer treatment at Ingalls, call 708.915.HOPE (4673).



Mark Kozloff, M.D., and Zoe Ewan

Ingalls Echo Tech Faces Breast Cancer That Strikes Young Women, Too

Breast cancer doesn't discriminate. It strikes women of all ages. Chrys Mirabella, a 41-year-old Ingalls employee, is a perfect example of an unlikely victim.



Dr. James Wallace

Her story began in the summer of 2014 when she noticed a lump in her right breast. After a visit to her primary doctor, Bella Prospero, M.D., she was immediately sent for a diagnostic mammogram with ultrasound.

A biopsy soon followed, and then Chrys was given the news she was dreading: breast cancer. With no family history, illness, or symptoms

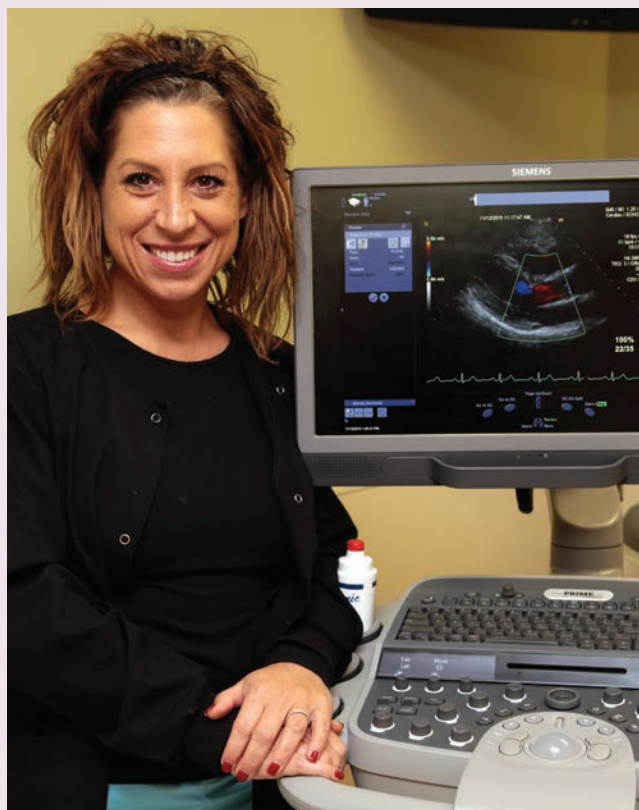
of the disease, Chrys says her diagnosis "came out of the blue and was a complete shock."

"I turned 40 in May, and by July my life had fallen apart," she admits.

But the energetic and positive cardiac sonographer spent little time dwelling on it. She met with her team of doctors who, with careful consideration, recommended a double mastectomy as the best course of action to reduce the risk of recurrence, especially since imaging showed other areas of concern in her breast.

With the support of her husband Jim and five children, Chrys underwent a double mastectomy with immediate reconstruction in September of 2014. Her treatment team included a panel of Ingalls experts: oncologist James Wallace, M.D.; general/cancer surgeon Gary Peplinski, M.D.; plastic/reconstructive surgeon Sami Bittar, M.D.; and gynecologist Jacqueline White, M.D.

After a two-day hospital stay, Chrys went home to recover. In October, she began four rounds of chemotherapy, finishing up her last treatment on New Year's Eve. Chrys also took preventive measures and opted for an elective hysterectomy in February 2015. For the next five years, she will continue taking a daily medication called Aromasin to reduce the likelihood of a recurrence. Her breast reconstruction surgeries – four in all – are nearly complete, and should be finished by year's end.



Chrys Mirabella

"It was a long journey for Chrys," says her Non-Invasive Cardiology Supervisor Lorrie Kranz, "but through it all, she's been phenomenal. You would never have known she was battling this from day to day. She never missed a beat. She's been an inspiration to all of us. And as much as her coworkers were supportive of her, she was supportive of them too. She knew everyone was feeling bad for her, and at times, she was the one consoling them."

"Yes, the big hurdles are past but there are still hurdles that need to be jumped," Chrys adds. "While I didn't feel the greatest physically at times, mentally I stayed strong, and that has everything to do with my support systems. For me, the key has been maintaining as much of a normal life as possible." That means working, teaching, keeping a routine, exercising and eating healthier than ever before.

The Crown Point, Ind., resident is also grateful to be an Ingalls patient – and an Ingalls employee.

"Chances are, if I hadn't worked at Ingalls, I would have gone all the way to Chicago for my care," she says. "Ingalls Cancer Care is amazing; from the scheduling department to the transportation team, the technicians (mammography, ultrasound, nuclear), nurses, doctors and the entire staff. The compassion and patient care were nothing short of excellent. I will always be eternally grateful."

Ingalls: Treating Hard-to-Heal Wounds Inside and Out

Try to remember the last time you got a paper cut and the quick sharp sting as the paper sliced through your tender skin. Thinking about it now may even make you cringe. But eventually, the cut healed, and the pain was forgotten.

Now try to imagine the pain and discomfort for millions of Americans who live with chronic, non-healing wounds that are far bigger, more serious and more painful than a simple nick of the skin.

More than five million Americans are suffering from a non-healing wound, defined as a wound that has resisted healing after months, and sometimes years, of traditional treatment.

“Without effective treatment, chronic wound sufferers may become disabled, unable to work and dependent on care from their loved ones,” explains Bohdan Iwanetz, M.D., surgeon and Medical Director of the Ingalls Wound Center.

Sadly, nearly 90,000 amputations in the U.S. each year are the result of non-healing foot ulcers that plague one out of every seven people with diabetes.

The good news: World-class wound care is a lot closer than you think.

Ingalls Treats the Most Difficult Wounds

Ingalls Hyperbaric & Wound/Ostomy Center is a proven program with more than 20 years of quality outcomes. The center has performed nearly 20,000 hyperbaric procedures, with a >90% success rate for healing wounds – including chronic and hard-to-heal wounds.

George's Story

Most people think of a wound as something that occurs on the outside of the body. But sometimes wounds and scar tissue develop on the inside too.

When 78-year-old George Williams of Hammond, Ind., received care for prostate cancer several years ago, the treatment, while successful, didn't leave him completely



George Williams and Michael Romberg, M.D.

unscathed. The internal radiation seeds produced scarring that eventually led to urination problems.

His urologist performed two separate procedures to remove the scarring and dead tissue, but George's problems persisted.

Eventually, he saw a specialist at the University of Chicago Medicine who recommended an ileal conduit procedure that would remove his damaged bladder and reroute urine flow using a portion of the small intestine and placing it at an opening made on the surface of the abdomen.

But before he could undergo surgery, his surgeon recommended hyperbaric oxygen therapy at Ingalls to heal his internal wounds first.

Under Dr. Michael Romberg's expert supervision, George underwent 30 hour-long hyperbaric sessions at Ingalls. Satisfied with George's healing, his surgeon performed the urinary procedure and recommended more hyperbaric therapy following surgery to further aid in healing.

Today, George is fully recovered and feeling better than ever.

“I'm thrilled with the results and grateful to Dr. Romberg and Ingalls for offering the care I needed, when I needed it, close to my home,” he says.

What's more, the Ingalls Wound Center is a major referral center for other wound clinics in the Chicagoland area.

"Ingalls is the only wound treatment program in the area that has a total of three hyperbaric chambers, capable of treating up to 15 patients a day," Dr. Iwanetz says. "That also makes Ingalls the most experienced center in the area."

Hyperbaric oxygen therapy (HBOT) is a medical treatment that enhances the body's natural healing process through inhalation of 100% oxygen in a total body chamber, where atmospheric pressure is increased and controlled. It's used for a wide variety of treatments and is particularly beneficial for wounds that won't heal as a result of diabetes or radiation injury from cancer treatment.

HBOT is also used to treat individuals with burns, carbon monoxide poisoning, crush injuries, pressure sores, skin flaps and grafts, gas gangrene, necrotizing soft tissue infections, and osteomyelitis.

"During hyperbaric oxygen therapy, a patient breathes pure oxygen while cradled in a special pressurized chamber," adds Michael Romberg, M.D., board-certified general surgeon and wound care physician. "This allows greater amounts of oxygen to be dissolved into the bloodstream and carried to body tissues that need healing."

The Ingalls wound care team, composed of board-certified physicians, nurses and technicians, has advanced training in wound care. Together, they work with a patient's personal physician to assess, treat and manage hard-to-heal wounds. Treatments and services include individualized wound assessment and recommendations; compression therapy; advanced wound care products; care for draining wounds; prevention and treatment of pressure ulcers; onsite podiatry, physical therapy and orthotics; ostomy care; HBOT; and prosthetics.

For more information about wound care and hyperbaric services at Ingalls, call 708.915.5585.

Lois' Story

Most of the time, bug bites are harmless. After a few days of itching and irritation, they generally go away on their own.

But that's not always the case, especially with certain types of spiders like the black widow and brown recluse.

Last summer, 83-year-old Lois Lucious of Harvey woke up with a red, "lemon-sized" blister on her left leg. She immediately went to the Ingalls Emergency Department, where doctors determined the most likely culprit was a black widow spider. Worse, the bite was infected and needed urgent treatment.

Bohdan Iwanetz, M.D., surgeon and Medical Director of the Ingalls Wound Center, evaluated her and scheduled her for surgery the very next day to remove the damaged tissue and perform a skin graft.

After a weeklong hospital stay, Lois began outpatient wound care treatments. Three times a week for four months, she received specialized treatments and bandaging from Ingalls wound care experts under Dr. Iwanetz's direction. She was released from care in December.

Today, the energetic octogenarian is back to what she loves best: volunteering in the Ingalls Nook Gift Shop three days a week. She also had her home sprayed for spiders several times!



Lois Lucious and Bohdan Iwanetz, M.D.

"Dr. Iwanetz is the best," Lois says. "He's very professional and really cares about his patients. The nurses were excellent too!"

Heart to Heart: Homewood Couple Supports Each Other During Health Scare

After nearly five decades of marriage, Carla and Dennis Benard still travel together, enjoy fine dining, and are committed to leading a healthy lifestyle. The fun-loving Homewood couple shares just about everything. Last year, they discovered they have something else in common: heart disease.

Carla's Story



For Carla, it all began in June 2015 when the avid walker noticed something out of the ordinary during her morning workouts.

"My throat would constrict when I walked a couple blocks," the retired teacher explains. "I would stop and try to get my breathing under control, and then I would start up again. At first, I honestly thought it might be stress."

When Carla's daughter finally convinced her to see her family doctor, Cressa Perish, M.D., Dr. Perish told Carla it could be something much more serious – coronary artery disease.

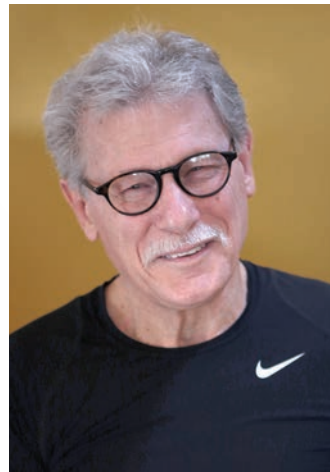
"Dr. Perish said women's symptoms aren't necessarily the same as men's," Carla says. "I never had any chest pain, arm pain or nausea."

Following a referral to cardiologist P. Sandy Sundram, M.D., Carla was stunned to hear she had not one but five blocked coronary arteries that were constricting blood flow to her heart. Though she exercised regularly and never smoked, she had an elevated cholesterol level – especially her LDL – and what she refers to as an "obnoxious family history" of heart disease. "I guess I had been in wonderful denial," she explains.

In June, she underwent the first of two stent procedures at Ingalls. "I had three stents put in in June for the most severely blocked arteries," she adds. "I needed two more, but I decided to wait until August because my husband and I were traveling in July."

Their trip to Orlando, Fla., went smoothly until a day or two before they left, when Dennis, who's always been the picture of health, felt pressure in his chest walking from his car to a restaurant where they planned to eat. "I didn't know what in the world it was," he remembers.

Dennis's Story



When they returned home, Dennis, who owns a medical staffing company in Chicago, was getting ready for work one morning. All seemed well until the uncomfortable pressure in his chest returned. Nervous, Dennis prayed for a definitive sign so he would know what to do. He got his answer when he broke out in a cold sweat.

He alerted Carla and told her he needed help. But instead of letting Carla call an ambulance, he told her to take him to Ingalls Urgent Aid in Flossmoor.

"That was the most harrowing eight minutes of my life," Carla adds.

When he arrived at Flossmoor, the team there quickly assessed he was having a specific type of heart attack called a STEMI (ST-segment elevation myocardial infarction) that needed immediate treatment to reopen his blocked artery.

Within minutes, he was taken by ambulance to Ingalls Hospital. Dennis was whisked to one of the hospital's cardiac catheterization labs where he was met by interventional cardiologist Abed Dehnee, M.D., who performed a lifesaving angioplasty to reopen Dennis's 90-percent blocked right coronary artery. Dr. Dehnee then implanted a drug-eluting stent to keep the artery open. "I remember asking one of the nurses at Ingalls, 'When are we going to get started?' And she told me, 'We're already done!' The Ingalls team was all over me. They were amazing," he added.

The American College of Cardiology calls it "door-to-balloon" time – the minutes it takes from the time a STEMI patient arrives at the hospital until his or her artery has been reopened. The standard is 90 minutes or less, which Ingalls heart experts handily met in Dennis's case – even with his initial stop at Flossmoor!



Dennis and Carla Benard

Dr. Abed Dehnee Dr. P. Sandy Sundram

Following a brief hospital stay, Dennis was back to work the following week. Carla had her remaining two stents put in the following month and takes a statin drug to bring her LDL back down to a safe level. Today, the two are more committed than ever to living a heart-healthy life.

His and Hers Rehab

Though they both completed 12 full weeks of cardiac rehabilitation at Ingalls, they didn't do it together. "I'm retired; 6:30 a.m.'s too early for me," Carla explains with a laugh. Carla continues her fitness work with a personal

trainer, and lifelong fitness enthusiast Dennis now splits his time between weight training and cardio workouts.

"The Ingalls Cardiac Rehab team was fantastic," Dennis adds. "Ingalls really has a Cadillac program there." Best of all, the devoted duo motivate and encourage each other.

"Spouses can play a big role in supporting each other," Dr. Dehnee explains. "Carla and Dennis are a great couple, and they're very engaged in their treatment plan."

"It's all about creating a better lifestyle for ourselves," Carla adds. "I'm working closely with Dr. Dehnee on my medication and diet choices so that I never have to get another stent again."

MEN'S Heart Attack Symptoms

- Standard chest pain that feels like "an elephant" is sitting on your chest, with a squeezing sensation that may come and go or remain constant and intense
- Upper body pain or discomfort, including arms, left shoulder, back, neck, jaw, or stomach
- Rapid or irregular heartbeat
- Stomach discomfort that feels like indigestion
- Shortness of breath, which may leave you feeling like you can't get enough air, even when resting
- Dizziness or feeling like you're going to pass out
- Breaking out in a cold sweat

WOMEN'S Heart Attack Symptoms

- Unusual fatigue lasting for several days or sudden severe fatigue
- Shortness of breath
- Sleep disturbances
- Anxiety
- Lightheadedness
- Indigestion or gas-like pain
- Upper back, shoulder, or throat pain
- Jaw pain or pain that spreads up to your jaw
- Pressure or pain in the center of your chest, which may spread to your arm

We bring quality care to your neighborhood

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**
(156th and Wood Streets)
708.333.2300
- > **Ingalls Family Care Center, Calumet City**
(170th and Torrence Ave)
708.730.1300
- > **Ingalls Family Care Center, Flossmoor**
(Governors Highway between Kedzie and Vollmer)
708.799.8400
- > **Ingalls Family Care Center, Tinley Park**
(159th St. east of Oak Park Ave)
708.429.3300
- > **Ingalls Care Center, Crestwood**
(Cal Sag Road at Cicero)
708.915.ASAP (2727)
- > **Ingalls Center for Outpatient Rehabilitation (ICOR)**
(Rt. 6, just west of I-94)
South Holland
708.915.4700
- > **Ingalls Home Care**
708.331.0226
- > **Ingalls Cancer Care Center**
708.915.6620
- > **Ingalls Same Day Surgery**
Tinley Park
708.429.0222
- > **Ingalls Care Connection**
Information and Referral Line
708.915.CARE (2273)
- > **TTY for hard of hearing:**
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