

# INGALLS Progress

SUMMER 2009



## Father of Three Deals with Stunning Cancer Diagnosis

Titanium Ankle Implant Gets Patient Back on Her Feet

GPS Technology Pinpoints Lesions Deep in the Lungs

A Breakthrough Treatment for Chronic Sinus Infections

# Here's to a Healthy, Safe Summer!



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

Roasting marshmallows around the campfire. A leisurely walk in the country. Weekends lounging at the beach.

Without a doubt, summer offers endless opportunities to enjoy the great outdoors. Busy families everywhere plan getaways to reconnect with each other after a long, hectic winter. This year, a growing number of families are choosing "staycations" as a way to relax and have fun without breaking the budget.

Whatever your plans may be this summer, remember to set aside some time for physical activity. Even with today's busy schedules, it's easier than you might think.

Round up the family for a daily after-dinner walk around the neighborhood. Get the kids off the couch and off their computers by playing a pickup game of baseball or basketball. Dust off your bikes and take a family ride through the forest preserve. Play a game of jump-rope with your daughter. Run around the yard and catch fireflies with your grandson.

Health experts recommend 30 minutes of physical activity most days of the week. If you don't have 30 minutes to spare all at once, divide it up into two 15-minute sessions, and you'll still enjoy the same health benefits. Summer's longer days and shorter nights offer ample opportunities for family fun and fitness!

But before you head outdoors to enjoy the warmer temperatures, I hope you will take time to read about what's new within Ingalls Health System. This issue of Ingalls *Progress* is filled with stories about how Ingalls is making a positive difference in people's lives every single day.

There are stories about innovative techniques like the anterior hip procedure that help our patients recover faster; investigational treatments that may one day add years to the lives of cancer and stroke patients; a minimally invasive alternative to sinus surgery; an advanced biopsy technique that can locate lesions deep in the lungs without surgery; and much, much more. These are just a few examples of how Ingalls is committed to bringing you the care you need...close to home.

On behalf of all of your friends at Ingalls, I wish you the very best for a happy, healthy and safe summer!

Be well,

# Welcome New Doctors to the Neighborhood

For more information about physicians on staff at Ingalls, or to make an appointment with any of the physicians listed below, please call the Ingalls Care Connection at 1.800.221.2199.

**Michelle S. Meeks, M.D.**, is a board-certified physician specializing in family medicine. Dr. Meeks received her medical degree from Northwestern University Medical Center, Chicago, and has an office in Crete with South Suburban Family Health.



**Tejvir S. Nanda, M.D.**, is a board-certified physician specializing in diagnostic, vascular and interventional radiology. Dr. Nanda received his medical degree from Wayne State University School of Medicine, Detroit.



Dr. Nanda served residencies at Wm. Beaumont Hospital in Royal Oak, Mich., and University of Southern California. He served a fellowship at University of Michigan, Ann Arbor, and practices out of Ingalls Hospital.

**Cheryl Thompson-Cragwell, M.D.**, is a board-certified physician specializing in obstetrics and gynecology. Dr. Thompson-Cragwell received her medical degree from Howard University Colleges of Medicine, Washington, DC. She served residencies at Harlem Hospital, New York, and Boston City Hospital and is affiliated with the Family Christian Health Center in Harvey.



**Nwanneka U. Nwokolo, M.D.**, is a board-certified physician specializing in general pediatrics. Dr. Nwokolo received her medical degree from University of Jos, Niger, and served her residency at University of Nigeria Teaching Hospital. She served a second residency at Lincoln Medical & Mental Health Center, NY. She is in private practice with offices in Calumet City and Harvey.



**On the cover:** Ingalls patient Mike Baiker pictured with his three children (from left), Michael Baiker Jr., Jonathan and Kaitlin. Special thanks to the Tinley Park-Park District for providing the Freedom Park location. (See his story on page 4).

# Anterior Hip Surgery Helps Busy Olympia Fields Woman Stay Independent

When doctors told Ilene Waite of Olympia Fields she needed a hip replacement in 2008, she fought it every step of the way. The thought of another trip to the operating room – following right on the heels of a recent back surgery – was out of the question.

Unfortunately, Ilene couldn't ignore the pain in her arthritic left hip. When even her chiropractor told her hip replacement surgery was the only option left, Ilene went to see Daniel Weber, M.D., board-certified orthopedic surgeon on staff at the Advanced Orthopedic Institute at Ingalls. To her relief, Dr. Weber told her she was a candidate for a different kind of hip replacement called the anterior hip, which offers a quicker recovery.

"It was important to me to be able to be as independent as possible after surgery," she explained.

## How Anterior Hip Replacement Works

The anterior approach to hip replacement allows surgeons to reach the hip joint from the front, instead of the side or back. This enables surgeons to work between the muscles and tissues without detaching them from either the pelvic or thigh bones. Keeping these muscles intact helps prevent dislocation of the hip, a major benefit to patients.

"By and large, most individuals with hip arthritis would be candidates for anterior hip replacement," Dr. Weber said. "One of the biggest advantages is that patients are able to be up and around much more quickly."

The anterior approach at Ingalls is made possible with the use of a high-tech operating table that places the leg and pelvis in a stable position. The specially engineered table includes leg supports that allow the surgeon to adjust the operative leg during surgery with a great degree of control and precision, helping to achieve excellent alignment and positioning of the implant. X-rays taken during surgery ensure correct positioning, sizing and fit of the artificial hip components, as well as correct leg length.

*Dr. Daniel Weber and Ilene Waite, photographed at Olympia Fields Country Club, where she was back in action within 8 weeks of surgery*

Other benefits include less muscle trauma, less post-operative pain and a more rapid return to normal activities.

"Conventional hip replacement surgery requires limited hip motion for six to eight weeks," Dr. Weber added, complicating normal activities like sitting in a chair or on a toilet seat, putting on shoes, climbing the stairs or getting in a car.

After the anterior procedure, however, patients can immediately bend at the hip and bear full weight when comfortable. In supervised physical therapy, patients go up and down stairs before their hospital release.

"I had no movement restrictions at all," Ilene added. "A friend who had conventional hip replacement surgery couldn't cross her legs for six months! I was up and walking around in just a couple days.

"I would definitely recommend the anterior hip," she added. "And I can't say enough good things about the physical therapists at Ingalls Family Care Center in Flossmoor."

"You don't have to travel to a downtown medical center when you've got the Advanced Orthopedic Institute at Ingalls in your own backyard," added Ilene's husband Bob. The Waites look forward to many days on the golf course this summer, especially Ilene.

"You have to work at it," she added. "But I was determined!"

**Visit the Advanced Orthopedics Institute at [www.ingalls.org/AOI](http://www.ingalls.org/AOI) to learn more about this and other innovative procedures.**

# Revolutionary Technique Restores Damaged Knee Cartilage

If you could “turn back the clock” on an injured knee to a time when it performed at its peak, chances are you’d do it without a second thought.

Using highly advanced cartilage restoration techniques, orthopedic surgeons on staff at Ingalls are doing just that, offering patients as close to a complete recovery as they can get – without knee replacement surgery.

“More than two million Americans suffer cartilage injuries to the knee each year, resulting in pain and swelling that make it difficult to maintain an active lifestyle,” explains Mark Nikkel, D.O., board-certified orthopedic surgeon and sports medicine specialist.

Left untreated, damaged cartilage may eventually necessitate a partial or total knee replacement. That’s where autologous cartilage cell implantation, or ACI, comes in.

“ACI is one of the most advanced techniques available for cartilage regeneration,” Dr. Nikkel said. “This revolutionary two-part technique allows us to harvest cells from a patient’s own cartilage, grow them in a lab and then later implant them in the injured knee.”

Following a simple arthroscopic procedure, the harvested cells are biologically engineered and grown in a culture where they reproduce in the millions. These cells are re-implanted in the knee to repair and resurface areas where there’s been cartilage loss.



Sean Athy

Over time, the cells fill in the damaged area, restoring the knee to near normal function. Complete recovery can take up to a year or more, with an extended period of time on crutches.

But 19-year-old Sean Athy of Palos Heights says the end result is definitely worth the wait.



Dr. Mark Nikkel and Dennis Gravitt

Athy, who injured his left knee in a high school wrestling match, underwent the two-part ACI procedure with Dr. Nikkel starting in late 2007. In 2008, the biologically engineered new cartilage was implanted, and today, Athy is almost fully recovered.

“I can’t run just yet, but I can ride a bike and work out at the gym,” he says. “Dr. Nikkel has been really happy with the progress that I’ve made. I plan on taking up martial arts once I’m completely healed.”

## Benefits of ACI

“With ACI, complications are rare, and in most cases, the procedure restores pain-free knee joint movement,” Dr. Nikkel added.

And because ACI uses the patient’s own cells, there is no danger of rejection by the immune system, which appealed to 45-year-old Dennis Gravitt, a financial planner from Frankfort.

An avid runner and marathoner, Gravitt began his ACI experience in May 2008.

“In the past, the death knell for runners was a cartilage injury,” he said. “I didn’t want a knee replacement. I definitely prefer to have my own tissue used in a knee repair. I’m very optimistic that I’ll run again.”

While the procedure is effective for nearly 90 percent of patients, ACI isn’t appropriate for everyone. A younger person with a traumatic knee injury can benefit from this procedure, but older people with advanced osteoarthritis may not be good candidates. Talk to your physician about whether this procedure is right for you. If you need a physician referral, call 1.800.221.2199.



## Titanium Ankle Implant Gets Gift Shop Manager Back on Her Feet

When Linda Carlson of Hickory Hills broke her ankle in Germany back in the 1960s, everything from the price of a postage stamp to the value of a dollar bill was a lot different than it is today. Not to mention the advances in the field of medicine!

Luckily for Carlson, the acclaimed orthopedic surgeon who repaired her badly broken joint in Stuttgart did a commendable job.

“It was a very bad break at the time, and they told me I would probably never walk again,” the 63-year-old manager of the hospital’s gift shop, the IngallsNook, recalls. “But up until two years ago, I was fine. I never limped or had any pain. The specialist in Germany had put a screw in my ankle, and that’s what I thought was causing the problem.”

As the pain worsened, Carlson devised a make-shift ankle wrap – a “Mickey Mouse” shoe worn over an ankle brace – to get through her busy work days. By the end of each day, though, the troublesome joint was swollen to five times its normal size. Eventually, she lost feeling in her foot, and couldn’t even wiggle her toes.

An avid gardener, Carlson became depressed when she could no longer mow her half-acre yard last year.



Dr. Joseph Tansey

“I have a high tolerance for pain, but I didn’t think I’d ever be able to do it again,” she said.

Then Carlson found orthopedic foot and ankle specialist Joseph Tansey, M.D. After a thorough examination, Dr. Tansey told Carlson she was a candidate for ankle replacement surgery, one of the rarest forms of joint replacement surgery available.

“While ankle fractures and ankle sprains can heal well, they can also lead to problems much later in life,” Dr. Tansey explained. “The ankle is a weight-bearing joint that absorbs the body’s full impact, so pain from an injured or diseased ankle can be especially debilitating.”

In Carlson’s case, arthritis had overtaken the affected joint, causing excruciating pain whenever she walked or stood.

### Ankle Replacement at Ingalls

In November 2008, Dr. Tansey replaced Carlson’s arthritic ankle joint with a state-of-the-art implant made of titanium. The artificial joint’s design offered the potential to reduce ankle pain and restore mobility.

Dr. Tansey assured Carlson that after a full recovery, she would be able to enjoy more natural motion in her ankle and leg – and do things she’d always enjoyed.

To Carlson’s amazement, she was able to wiggle her toes immediately after surgery. And though she couldn’t bear weight on the new ankle for six weeks, once she was able, Carlson quickly progressed from walker to cane to no assistance at all. Several months of physical therapy helped strengthen the new joint.

“This really has been a wonderful experience,” she added. “I have no pain in my ankle at all, and I have very good movement. I can even cut the grass again. I’m so grateful to Dr. Tansey. He is truly amazing!”

# Ingalls Doctors Put the ‘Deep Freeze’ on Tumors and Save Patient’s Kidneys



A diagnosis of kidney cancer came out of left field for 34-year-old Mike Baiker of Montgomery. Barely sick a day in his life, the robust father of three was stunned when he received the bad news in late 2007.

As he struggled to make sense of it, Baiker was hit with another curveball. His doctor told him the only viable treatment option involved removal of both kidneys, followed by grueling dialysis treatments and a lengthy wait on a kidney transplant list.

The cancer was bad enough, Baiker thought, but the treatment would be unbearable.

“As a paramedic for Trace Ambulance, I’ve transported dialysis patients to treatment for 15 years. I have three kids to support, and my fiancé has three kids. There was no way I could be hooked up to a machine three days a week for the rest of my life. I was very depressed.”

“The standard treatment for kidney cancer is removal of the whole kidney or the tumor,” board-certified urologist Rajesh Patel, M.D., explained.

But to Baiker’s relief, Dr. Patel told him he was a candidate for cryoablation, a highly advanced and targeted form of cancer treatment that involves “freezing” the tumor to destroy the cancer. Instead of removing the kidneys, Dr. Patel would target just the tumors.

Most patients are able to go home the next day and experience little or no pain, fewer complications and a quicker overall recovery.

“I was in such a great mood when I left Dr. Patel’s office,” Baiker said. “For the first time, I had hope.”

Baiker underwent cryoablation of both kidney tumors at Ingalls in 2008. He went home the next day with his kidneys intact and resumed work in a week.

Several months later, a follow-up CT scan showed traces of remaining cancer on the left kidney. A second cryoablation procedure on that kidney would be necessary.

Because the remaining tumor was located near critical kidney structures, Dr. Patel called on the expertise of board-certified interventional radiologist Thomas Aquisto, M.D.

For the follow-up procedure, Dr. Aquisto recommended highly detailed CT-guided imaging to help visualize and target the cancerous mass with maximum precision to spare as much kidney and kidney function as possible.

So in January of this year, Dr. Aquisto successfully performed CT-guided cryoablation on Baiker’s left kidney, removing the remainder of the cancerous tumor while preserving the kidney and its overall function. Baiker felt so good after the procedure, he went home the very same day. Several months later, a repeat CT scan showed no evidence of cancer on either kidney.

“Patients benefit when physicians collaborate on complicated cases like this one,” Dr. Aquisto said.

“We are very pleased with the results,” Dr. Patel added. Baiker is too.

“I’m healthy. I’m working, and I don’t have to worry about other treatments,” he said. “My family and I are so grateful to Dr. Patel and Dr. Aquisto. They gave me my life back.”

# Ingalls Enrolling Patients in National Pancreatic Cancer Study

Pancreatic cancer has made national headlines several times this year, with ongoing news of actor Patrick Swayze's very public battle with the disease and Supreme Court Justice Ruth Bader Ginsberg's recent diagnosis in February.

Unfortunately, pancreatic cancer is one of the most deadly, with less than 20 percent of patients surviving five years after their initial diagnosis. To extend life and improve quality of life, patients are often encouraged to participate in clinical research studies like those available at Ingalls to receive newer – and potentially more effective – therapies.

“The perception is that clinical research studies are available only at major academic medical centers,” explains Patricia Gowland, R.N., B.S.N., O.C.N., C.C.R.C., director of the Ingalls Cancer Research Center.

“But that's not the case. Ingalls is affiliated with more clinical trials than any other cancer program in the area.”

In fact, Ingalls is one of only two hospitals in Illinois (and fewer than 50 in the nation) currently enrolling patients with advanced metastatic cancer of the pancreas in a Phase II study.

The first part of the trial, already completed, was designed to determine the safety, tolerability and maximum tolerated dose of one of the targeted therapies when combined with a standard drug for pancreatic cancer. The randomized Phase II portion will determine the effectiveness and safety of both targeted therapies or a placebo when given with the standard dose of the drug.

To be eligible, participants must be 18 years or older, with untreated Stage 4 metastatic adenocarcinoma of the pancreas. Participants must also have acceptable bone marrow, liver functions, and kidney functions.



Patricia Gowland, R.N., (front center) and the Cancer Research team

A 77-year-old Harvey women currently enrolled in the Ingalls study (who preferred not to be identified in this article) was diagnosed with pancreatic cancer last

October. Following two stent procedures of the pancreas, she enrolled in the clinical trial in January.

Though she says she has “good days and bad days,” she is hopeful.

“I'm still driving and able to function on my own,” she said. “And a recent CT scan showed that my cancer has not grown or spread. I live in hope and tell my family and friends to do the same.”

## About Pancreatic Cancer

The American Cancer Society estimates nearly 38,000 will be diagnosed with pancreatic cancer this year, and 34,000 will die from it.

It is sometimes called a “silent disease” because symptoms don't often appear until the disease is advanced. Symptoms may include:

- Upper abdominal or upper back pain
- Yellow skin and eyes, and dark urine from jaundice
- Weakness
- Loss of appetite
- Nausea and vomiting
- Weight loss

These symptoms, however, are not sure signs of pancreatic cancer. An infection or other condition may also be the cause. Contact your doctor right away if you have these symptoms.

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

# New Therapy for Patients with Inoperable Liver Cancer

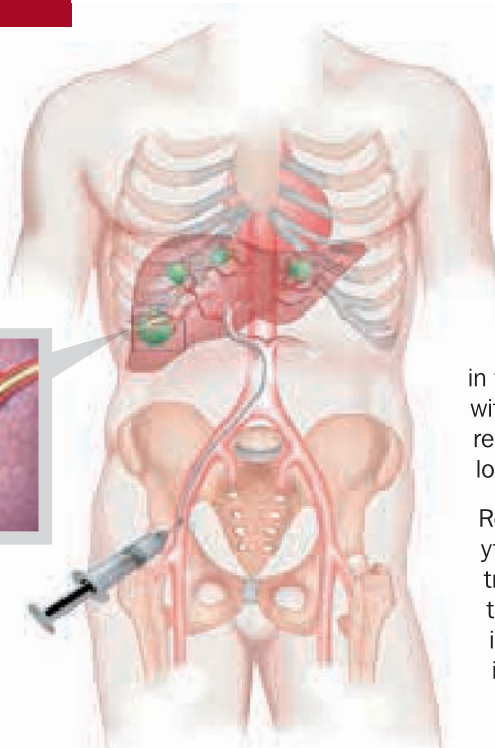
Interventional radiologists at the Ingalls Cancer Institute are treating patients who have inoperable liver cancer with a revolutionary internal radiation treatment to help destroy tumors from the inside out.

The new selective internal radiation treatment, known as SIR-Spheres therapy, is the only Food and Drug Administration-approved microsphere therapy for patients with primary colorectal cancer that has spread to the liver.

“Of the nearly 150,000 Americans diagnosed with colorectal cancer every year, at least 60 percent will

see their cancer spread to the liver, and most liver tumors cannot be surgically removed,” explains Perry Gilbert, M.D., medical director of Interventional Radiology.

In fact, according to the manufacturer, up to 90 percent of patients with metastatic liver cancer die from liver failure.



Using sophisticated X-ray imaging, the catheter is threaded into the hepatic artery, a major blood vessel in the liver. The radioactive beads then lodge in the small blood vessels that feed the tumor.

Within two to six hours, patients are ready to go home. The beads remain in the liver and lose their radiation within two weeks. Patients usually receive two treatments, one to each lobe of the liver, four weeks apart.

Research into the use of yttrium-90 microspheres as a treatment for liver cancer began in the 1960s, and the early pioneers included an impressive list of international research scientists, radiologists and oncologists. The microspheres selectively target the tumors with a dose

of radiation up to 40 times greater than conventional radiotherapy, leaving the surrounding healthy liver tissue relatively unaffected.

The radiation poses no risk to family members.

“We believe this is a very sound and promising treatment option for one of the deadliest forms of cancer,” Dr. Gilbert said, adding that in clinical trials, microsphere therapy has been shown to shrink liver tumors, extend patient survival and help patients maintain a good quality of life.

Microsphere therapy is one of several targeted cancer therapies at Ingalls for patients with inoperable liver cancer. Other treatment options include radiofrequency ablation (which uses radio waves to destroy tumors with heat) and chemoembolization (which involves injecting tumors with chemotherapy drugs and tiny particles that block the tumor’s blood vessels).

“Microspheres therapy has emerged as a novel treatment option when most other treatment options have failed,” Dr. Gilbert added.

## How it Works

The polymer beads – one-third the thickness of a human hair and imbedded with the radioactive element yttrium-90 – are delivered by the millions directly to the tumor site, via a tiny catheter placed in the femoral artery in the upper thigh.



Dr. Perry Gilbert



# Advanced Technique Uses ‘GPS’ Technology to Pinpoint Lesions Deep in the Lungs

Pulmonologists at Ingalls were among the first in the Midwest to offer a new, minimally invasive lung biopsy technique that uses “GPS”-like technology to detect lung cancer and other pulmonary diseases earlier – and with greater accuracy.

Using the inReach™ Electromagnetic Navigational Bronchoscopy system, lung specialists at Ingalls can reach tiny lesions in remote sections of the lung that cannot be reached with other types of diagnostic equipment.

“This technology goes far beyond the capabilities of standard bronchoscopes, enabling us to locate benign and cancerous lesions deep within the airways, without any incisions or surgery,” explains Charles Beck, M.D., board-certified pulmonologist on staff at Ingalls. “Now, a patient who has an abnormal chest X-ray or CT scan can come to Ingalls and receive answers faster and more accurately.”

During a traditional bronchoscopy, a flexible lighted tube about the width of a pencil is inserted through the nose or mouth and into the lungs. Small instruments are inserted through the tube to collect tissue from suspicious lesions. However, there are limitations.

“We can direct a typical bronchoscope down only two or three airway branches, but there may be 20 or more branches before you get to a small nodule in the periphery of the lung,” adds Bsher Touleimat, M.D., board-certified pulmonologist on staff at Ingalls. “The new system allows us to biopsy nodules located in the far reaches of the lungs with better diagnostic detail.”

The inReach advanced bronchoscopy technique combines several sophisticated technologies. These include electromagnetic GPS similar to that available for cars; three-dimensional CT scanning, which shows the patient’s lung in stunning anatomical detail; a sensor-equipped steerable catheter that permits 360-degree travel through the lung’s complex bronchial tree; and advanced computer software.



Dr. Bsher Touleimat and Dr. Charles Beck

“These elements combine to create powerful capabilities for diagnosing lung cancer and other diseases of the lung,” Dr. Touleimat said.

The procedure, which is done on an outpatient basis in the hospital’s surgical suite, virtually eliminates the risk of lung collapse.

“Most lung lesions found on a CT scan are benign, caused by scars from an old infection,” Dr. Beck added. “Unfortunately, they can cause considerable patient anxiety. The new inReach system allows us to reach and sample lesions deep in the lungs that we suspect are benign but haven’t been able to get to in the past without open surgery.”

**For a referral to a pulmonary specialist, call Ingalls Care Connection at 1.800.221.2199.**

*Lung illustration © Sebastian Kaulitzki | Dreamstime.com*

# Ingalls Enrolling Participants in Landmark Stroke Prevention Study

The Ingalls Stroke Center is actively recruiting participants for a landmark research study aimed at preventing recurrent stroke or heart attack in individuals who have had a recent stroke or transient ischemic attack (TIA).

Ingalls is the only hospital in the south suburbs – and one of only 100 hospitals nationwide – to participate in the Insulin Resistance Intervention after Stroke (IRIS) trial. IRIS will enroll more than 3,000 patients from major health centers throughout the world.

Sponsored by the National Institute of Neurological Disorders and Stroke, IRIS will determine if a diabetes medication called pioglitazone (brand name Actos) will help reduce insulin resistance and prevent future stroke or heart attack in non-diabetic patients.

“People with insulin resistance do not respond normally to insulin, a hormone that regulates blood sugar, putting them at added risk for diabetes,” explains Deborah Lawrence, M.S., A.C.N.S.-B.C., A.P.N., Stroke Center coordinator at Ingalls.

Over time, insulin resistance may lead to atherosclerosis, the same blood vessel disease that causes most strokes and heart attacks.

“Despite current treatments, 25 percent of stroke or TIA patients will have a subsequent stroke or heart attack within five years,” adds Engin Yilmaz, M.D., Ph.D., medical director of the Ingalls Stroke Center and a neurologist who completed a unique fellowship in cerebrovascular disease and clinical neurophysiology. “Preventing these events is a major goal of the study.”



Dr. Engin Yilmaz and Deborah Lawrence, M.S.

According to the National Institutes of Health, half of all stroke or TIA patients have insulin resistance. Scientists believe that treating this condition with pioglitazone may help prevent stroke and heart attack.

“Recent clinical studies showed that diabetic individuals who received pioglitazone had fewer strokes, heart attacks or deaths compared to patients who did not,” Dr. Yilmaz said. “IRIS will test if pioglitazone has a similar benefit in non-diabetic patients.”

When diabetics take pioglitazone, insulin resistance is reduced and blood sugar improves. Right now, medications like pioglitazone are not used to treat insulin resistance unless a patient is already diabetic.

“Researchers don’t yet know if reducing insulin resistance in non-diabetics is of benefit. Several studies like the one at Ingalls are looking to answer this very important question,” Dr. Yilmaz added.

To participate in this free study, an individual must:

- Be at least 40 years old
- Not be taking a medication for diabetes
- Have had a stroke or TIA within the past 6 months
- Be insulin-resistant (by blood test)

Certain conditions, such as pregnancy, advanced liver disease and heart failure may prevent participation.

“Participants will stay on the study for an average of four years and will be followed closely for any new strokes or heart attacks,” Lawrence added.

For more information about enrolling in the IRIS trial, call Deborah Lawrence, M.S., Stroke Center coordinator, at 708.915.5563, or visit [www.iris-trial.org](http://www.iris-trial.org).

The Ingalls Center for Rehabilitative Medicine recently became a “home away from home” for 65-year-old Ronald Burke of Orland Hills following shoulder surgery last October – and a second time in January – this time, at his request.

“I’ve been in other rehabilitation units, but Ingalls is by far the best,” he explains. “When you’re a patient there, they devote 100 percent to you.”

When Burke was discharged from the inpatient unit last fall, he continued physical therapy at home. But therapy was complicated by Burke’s reliance on a walker since undergoing a partial amputation of his right leg in 2007. With restrictions on how much weight his recovering shoulder could bear, using the walker to get around his house proved difficult.



Ronald Burke with physical therapist Stephanie Davis

## Ingalls Rehab ‘Home Away from Home’ for Orland Hills Man

Burke contacted his doctors and asked them to send him back to the rehabilitation experts at Ingalls so he could continue to work on his weakened shoulder.

“If I could live there, I would. Every member of the team...they treated me like a king,” he added. “My therapists taught me everything I needed to know, and they helped me strengthen my shoulder so that I could use my walker again at home.”

After a brief stay, Burke was discharged home, fully able to care for himself.

“I’m not exaggerating when I say it’s the best rehab I’ve ever had,” he said. In fact, Burke is so pleased with the Center, he plans to volunteer there in the near future.

### Inpatient Rehabilitation at Ingalls

The Ingalls Center for Rehabilitative Medicine is a nationally recognized 53-bed facility focusing on acute rehabilitation in five primary areas: amputee, general rehabilitation, neurological, orthopedics/spinal cord, and stroke/brain dysfunction.

Because of the program’s comprehensive nature, many patients are referred to Ingalls from local and Chicago-area hospitals.

In fact, in 2006 the Center became the first and only in the State of Illinois to receive a three-year stroke specialty accreditation by the prestigious Commission on Accreditation of Rehabilitation Facilities (CARF). CARF also awarded Ingalls three-year accreditation for its overall inpatient adult rehabilitation program, with Ingalls scoring in the top three percent nationwide.

In addition to 24-hour nursing care, the program offers physical, occupational and recreational therapy, with speech therapy and neuropsychology available by physician order. Patients follow a rigorous daily treatment program that consists of at least three hours of therapy five days a week.

“Our patients receive therapy and training in all aspects of their lives – from simple activities of daily living such as eating and grooming, to adapting their homes for eventual discharge, to preparing them for return to work,” explains Debbie VanScheper, director of patient care services at Ingalls. “The goal is to make our patients as independent and functional as possible after they leave our unit.”

**For more information about the Ingalls Center for Rehabilitative Medicine, please call 708.915.5126.**



Nicole Mikulich

# Balloon Sinuplasty— a Breakthrough for Chronic Sinus Infections

A clinically proven, minimally invasive technology for treating chronic sinus inflammation called Balloon Sinuplasty is now available at Ingalls. Board-certified ear, nose and throat specialist and head and neck surgeon Natan Scher, M.D., is one of the first physicians in the area to offer the new technology, which uses a small catheter and balloon to quickly open and expand blocked sinuses.

“Sinusitis is one of the most common chronic health problems in the United States,” Dr. Scher explained. “Patients suffer headaches, congestion, fatigue and other symptoms, significantly impacting their physical, functional and emotional quality of life.”

Until recently, sinusitis patients were limited to two treatment options: medication such as antibiotics and topical nasal steroids, or conventional sinus surgery. Medical therapy helps 75 to 80 percent of chronic sinus patients, but is inadequate for the rest. For them, sinus surgery is the best option. But because surgery involves painful bone and tissue removal, many patients opt to live with chronic sinus conditions instead.

“Balloon Sinuplasty represents a real breakthrough in endoscopic sinus surgery,” Dr. Scher said.

During the procedure, a small, flexible balloon catheter is placed through a nostril into the blocked sinus passageway. The balloon is then inflated to gently restructure and open the sinus passageway, restoring normal sinus drainage and function. Sinuplasty is performed as an outpatient procedure under general anesthesia.

“In most cases, Balloon Sinuplasty can be done without removing any tissue or bone, which means faster recovery times and less discomfort after the procedure. In fact, many of my patients have been able to return to normal activities within 24 hours and have had significant improvement with their sinus symptoms.”

Fifteen-year-old Nicole Mikulich of Mokena is evidence of that.

The high school freshman, who’s also a talented flute player, was plagued with chronic sinus infections last fall that cost her nearly a dozen sick days from school and several missed band practices.

Although Mikulich battled seasonal hay fever every year, last year’s bout was severe, with repeated, painful sinus infections. Marching band practice outside made it even worse.

“I would get really bad headaches. It was like a sharp, stabbing pain in my forehead,” she recalls. “I would get dizzy, too. Everything would just spin.”

Antibiotics did little to ease the condition. Eventually she was referred to Dr. Scher, who recommended the Balloon Sinuplasty procedure.

Mikulich had the procedure in December, and two weeks later joined her school marching band at their Fiesta Bowl performance in Phoenix, Ariz.

“I’m doing great,” she adds.

“Nicole used to suffer horrible sinus infections,” added her mother, Sandy. “We’re thrilled that she’s doing so much better and that she didn’t have to miss her band performance at the Fiesta Bowl.”

The sinuplasty procedure has a 96 percent success rate in eligible patients.

“If you suffer from sinusitis, and medication alone has not been effective in relieving your symptoms, you may be a candidate for Balloon Sinuplasty,” Dr. Scher added. Talk to your doctor, or for a physician referral, call 1.800.221.2199.



Dr. Natan Scher

If you could trade chronic, debilitating back pain for a mild tingling sensation instead, chances are, you probably would. Especially if it meant you could resume most of the activities that back pain forced you to give up in the first place.



Blocking pain signals from the brain and replacing them with mild tingles is precisely what spinal cord stimulation offers to thousands of Americans suffering with chronic, long-term back pain.

“Spinal cord stimulation (SCS) allows patients with certain types of chronic back pain to reduce or eliminate their need for pain medications and return to comfortable, productive lives,” explains Zaki Anwar, M.D., anesthesiologist and fellowship-trained interventional pain management specialist at Ingalls Family Care Center in Flossmoor.

### How does it work?

With spinal cord stimulation, a tiny programmable generator and electrical leads are implanted beneath the skin. Small electrical currents are directed to the areas of the spinal cord involved with the pain. These electrical impulses interfere with the transmission of pain signals to the brain and relieve pain without causing side effects associated with long-term use of medications. A magnetic remote control allows the patient to turn the current on or off, and adjust the intensity of the stimulation.



“A pleasant tingling sensation is substituted for the pain, blocking the brain’s ability to sense pain in the stimulated areas,” Dr. Anwar added. “It’s similar to the relief felt by rubbing an area after getting an injury.”

The electrical impulses are targeted to specific locations and, as pain changes or improves, stimulation can be adjusted as necessary.

The goal of SCS is to achieve significant or total relief from back pain. While it doesn’t work for everyone, most patients with SCS report a 60-70 percent reduction in their overall pain and are able to decrease or completely taper off narcotic painkiller medications – and resume an active lifestyle.

## Spinal Cord Stimulation: Helping Patients Overcome Chronic Back Pain and Get Back to Living!

“With successful SCS, patients can function during normal activities, return to work, and more fully participate in family and community life,” he said.

Thirty-year-old George Davidson says that is what SCS did for him. Plagued with chronic, severe back pain for nearly a decade following a work-related injury, Davidson tried everything: physical therapy, pain medications, spinal injections and surgery. Unfortunately, nothing worked for very long – until Dr. Anwar implanted a SCS last August.

“It’s made a big difference,” the young husband and father of two explains. “I can get up in the morning and take my kids for a walk to the park if I want to. Before if I did that, I’d be sore for three or four days.”

Davidson, who has worked as a machine operator, admits he plans to find a less strenuous job in the future, since he still experiences a limited amount of pain.

“But it’s not like it was,” he added.

Generally, an SCS trial is considered first, prior to implant, when conservative treatments such as physical therapy or medications have not been successful and surgery is not likely to help.

**For more information or an appointment with the pain institute, call 708.922.1902 or visit [www.pain-institute.com](http://www.pain-institute.com).**

*Images © Medtronic, Inc. 2008*

# Uterine Fibroid Embolization: Minimally Invasive Alternative to Hysterectomy

As a college professor, Lorri Glass, Ph.D., of Homewood appreciates the value of thorough research.



So when her uterine fibroids started causing uncomfortable cramping and unexpectedly heavy bleeding in 2008, Glass did some research and discovered uterine fibroid embolization (UFE) at Ingalls. A minimally invasive alternative to hysterectomy, UFE treats just the fibroids, leaving the uterus intact.

“That was important to me,” the Governors State University social work instructor explained. “I didn’t want to have major surgery, and I didn’t want to deal with the issues that can accompany hysterectomy. It was important for me to have another option.”

## What are Uterine Fibroids?

Uterine fibroids are non-cancerous tumors that grow on or within the muscle tissue of the uterus, affecting up to 40 percent of women 35 years and older. Fibroids are twice as common among African-American women.

Fibroids range from very small (walnut size) to as large as a cantaloupe, or larger. Symptoms include heavy, prolonged periods, pelvic pain, and an abnormally enlarged abdomen, all of which can negatively impact quality of life.

“Fibroids are hormonally sensitive so symptoms are usually cyclical, like menstruation,” explains Kevin Keele, M.D., board-certified interventional radiologist on staff at Ingalls who performs UFEs.

Ingalls is one of the only south suburban hospitals to offer this safe, effective treatment.

“UFE blocks the arteries that supply blood to the fibroids, and is successful more than 90 percent of the time,” Dr. Keele added.

The procedure is performed with local anesthesia. A small skin nick is made in the groin region to place a catheter (a hollow tube about the size of a spaghetti noodle) into the femoral artery. The catheter is steered into the larger of the uterine arteries and small particles (the size of a grain of sand) are mixed with X-ray dye and injected until the blood supply to the fibroids is blocked.

Eventually, the fibroid tumor shrivels up and is reabsorbed into the body. The entire procedure takes 60 to 90 minutes, and most patients are observed for 23 hours, and then discharged the next day.

Benefits include a more rapid recovery and return to normal activities; virtually no blood loss; potential preservation of fertility; and reproductive organs and supporting structures remain intact.

Glass, who underwent a UFE at Ingalls last summer, is so pleased with the results, she agreed to share her story at a recent Ingalls program on the topic.

“I would definitely recommend this to other women. If your doctor doesn’t tell you about UFE, ask. Don’t settle for a hysterectomy if you really don’t need it.”

**Call for a brochure or a consultation with one of the experienced specialists at Ingalls, at 1.800.221.2199.**

# Expert Wound Care Heals South Holland man's foot

When a chronic wound on his right ankle wouldn't heal last year, 59-year-old Wesley Wilson of South Holland turned to the wound care experts at Ingalls. Using highly specialized treatments, Ingalls nurses successfully healed Wilson's foot, helping him to avoid a possible amputation.

Wilson's troubles began when a surgical incision on the inside of his right ankle became infected. To treat the infection, doctors opened up the incision and drained it three different times. As a result, Wilson was left with a wound the size of a half-dollar.

"It was so deep and so profound," recalls his wife, Rochelle. "My husband was basically incapacitated and feeling very hopeless."

Things took a decided turn for the better when board-certified wound care specialist Mary Purvin, R.N., C.W.S., arrived at the Wilson's home in July 2008. From day one, Purvin told the Wilsons Wesley's wound could heal.

"Wounds are a symptom of an underlying disease process," Purvin explains.

In Wilson's case, although an infected incision initially caused the gaping wound, his diabetes complicated things even more.

"For most people, wound healing is a natural, uneventful process," she added. "But for some individuals, it becomes a complex problem that requires very specialized care and treatment."

For Wilson that meant the use of vacuum-assisted wound therapy (commonly known as a wound VAC) and regular application of collagen to promote healing.

Treatment time varies depending on the wound's size and response to therapy. In Wilson's case, three months of VAC therapy closed the deep, painful hole in his foot.

"Wesley's doctors were amazed when they examined him," Rochelle said. "We're so grateful to Mary and the other nurses."

"I had been very depressed, but Mary always came to our home in a good mood. She made me laugh and that encouraged me," Wesley added.



Wesley Wilson with (left) Mary Purvin, R.N., C.W.S. and Rochelle Wilson

Purvin also taught Rochelle how to care for Wesley's wound and run the wound VAC equipment.

"Because of my advanced training and certification as a wound care specialist, I can tell what phase a wound is in," Purvin added.

"Wesley was a very complicated case," Rochelle said. "His wound was in a troublesome spot. But with Mary's expertise and encouragement, it healed. When your caregiver has faith, along with a positive attitude, it gives you a sense of hope."

Ingalls Hyperbaric and Wound Center incorporates a comprehensive, individualized approach for treating diabetic, arterial and venous stasis ulcers; failing skin grafts; pressure or bed sores; wounds resulting from radiation therapy; burns; ostomy-related skin problems; and more. The Wound Center provides skilled dressing changes, hyperbaric oxygen therapy, patient and family education, and instructions on proper at-home wound care.

**For more information, please call Ingalls Home Care at 708.331.0226.**

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

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- > **Ingalls Family Care Center, Flossmoor**  
(Governors Highway between Kedzie and Vollmer)  
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(Route 30 east of Cicero)  
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