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The Changing Face of Neurological Care
St. Luke's Neuroscience Center  Page 4
Another World-Class Center of Care

Neurosurgery is Cornerstone of St. Luke's Emerging Neuroscience Program  Page 5
Dr. Arvind Ahuja and his associates create medical miracles every day at St. Luke's.

Aggressive Tumor – Aggressive Treatment  Page 10
Brain cancer can't sideline this wife and mother of three, Sandy Gries.

Ending Seizures, Returning Control  Page 14
The Regional Epilepsy Center

Fabiana Gets a Sign of Hope  Page 16
Brain mapping gives Fabiana Mollinger a second chance to control her epilepsy.

Brain Mapping – A Mother's Road to Recovery  Page 18
After 25 years, wife and mother Donna Pluskota undergoes brain surgery and begins a new life without seizures.

Finding Better Ways to Treat MS  Page 20
The Regional Multiple Sclerosis Center

Pioneering Treatment Restores Vitality Lost to MS  Page 22
MS patient Eric Dahlstrom regains his life, thanks to life-saving blood treatment.

Revolutionizing the Scope of Care for Parkinson Disease  Page 24
The Regional Parkinson Center

Living with Parkinson Disease  Page 29
Getting Help and Getting On With Life

Cutting-Edge Treatment Close to Home  Page 30
The Regional Neuroautonomic Center

“Family” Practice Focused on Easing Pain  Page 32
In the office of Dr. James C. Barton, patient care is all in the family.

A Common Treatment Cures a Rare Nerve Disease  Page 34
Jim Molenda beats the odds and battles back from a rare nerve disease.

Gamma Knife Center at St. Luke’s  Page 35
Dr. P. Daniel Suberviola advances neurological care at St. Luke’s.
Grow
Your Named Endowment Fund will be carefully invested to increase in overall value.

Produce
Your Named Endowment Fund will provide annual gifts to help St. Luke’s Medical Center fulfill its worthy mission.

Endure
Your Named Endowment Fund will last because only the interest income will be used each year.

Plant Your Legacy

Named Endowment Funds

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- Sileno Families Endowment Fund
- James T. and Carol G. Williams Gamma Knife Endowment Fund
- William Worzalla Heart Research Endowment Fund
- Karen Yontz Women’s Cardiac Awareness Endowment Fund

To learn more about Named Endowment Funds and other giving programs at St. Luke’s, please call 414-649-7122.
We are excited to share with you important advancements in St. Luke’s Medical Center’s efforts to build an excellent and renowned Neuroscience Center. In recent years, readers of The Spirit have read about advances in neurosurgical techniques and technology (see Spring 2002 and Winter 1996 editions). The Gamma Knife – found first in Wisconsin at St. Luke’s Medical Center, state-of-the-art imaging equipment and world-class physicians have advanced our strong neurosurgical program into the 21st century. These developments have enabled St. Luke’s to assemble a strong team of internationally respected and caring physicians specializing in diseases of the central nervous system – tumors, cerebral aneurysms, cervical and lumbar diseases, epilepsy, multiple sclerosis, Parkinson disease and other disorders. In this issue, you will meet the physicians leading their teams in cutting-edge diagnosis, treatment, research and supportive therapies enabling patients with these complex disorders to live more productive and enjoyable lives.

The same excellent services available at St. Luke’s Medical Center for the treatment of heart disease and cancer enable us to launch this comprehensive Neuroscience Center. Highly trained and compassionate nurses, radiology technicians, operating room staff and support staff contribute to our ability to expand the neuroscience program. We are providing the best neurological care available to people throughout our state, the Midwest and the country.

In this season when we give thanks for our blessings in life, you will sense the gratitude from real people whose lives have been changed – and saved – at St. Luke’s Medical Center. Neurological diseases are very difficult to properly diagnose and treat. Many of these men and women suffered needlessly for years, because they could not find adequate treatment. Relief from pain, freedom to walk, the ability to live without unpredictable, disabling seizures – these are truly a godsend for the patients profiled here.

None of this would be possible without your philanthropic support. Visionary and generous people like you have consistently helped to bring the latest technology, research trials and support programs available to patients of St. Luke’s Medical Center. In reading this issue, you will see how your past contributions have been put to good use in providing support, relief and meaning to patients suffering from devastating, crippling diseases. Our efforts will not be complete until these programs reach out to all in need. We hope that you will find it in your hearts during this holiday season to support these incredible programs through your charitable giving and join us in these efforts.

Wishing you and your family a blessed holiday season,
Neurological disorders (injury or diseases of the brain, spine or peripheral nerves) are the third leading cause of illness in America today, behind heart disease and cancer. In the last five years, St. Luke’s Medical Center has made remarkable strides to expand its neuroscience program and improve treatment options for patients with neurological disorders and their families. “It’s a natural progression in our comprehensive approach to patient care,” says Mark Ambrosius, president of Aurora Health Care’s Metro Region. “Our neuroscience program is fast on its way to achieving the excellence and recognition that have been associated with our world-class heart and cancer care programs.”

Today, a state-of-the-art Neuroscience Center has been assembled at St. Luke’s, attracting talented surgeons and neurological specialists to complement the experienced team of physicians and services already available. Recent advancements in neurosurgical and medical treatment options now offer patients greater hope and improved quality of life. And word of our success is spreading. In 2002, the number of people turning to Aurora for their neurological care has grown by 50 percent, with the majority of these patients coming to St. Luke’s.

The development of our Neuroscience Center began with the successful establishment of a neurosurgery program. It is now fully integrated with Aurora’s Regional Multiple Sclerosis Center, the Regional Neuroautonomic Center, the Regional Epilepsy Center and the Regional Parkinson Center – nationally recognized centers offering the latest treatments of these chronic diseases by specialists renowned in their field. When you combine St. Luke’s strong primary care physician base with specialty consultation, our operating room expertise, our award-winning nursing, and the latest diagnostic testing and imaging equipment found nowhere else in the state, it’s easy to see how our unique hospital complements the full spectrum of a Neuroscience Center.

Many patients with neurological problems require lifelong treatment. In our quest to find better ways to diagnose and treat these disorders, we have to put the latest tools in the hands of the best and brightest physicians. Your continued support of St. Luke’s helps us in this goal. From clinical research studies (conducted right here or gathered from all points across the globe) to patient and family support groups to professional and public education programs to new and improved diagnostic equipment – every aspect of neurological care can be affected in a meaningful way through charitable giving.

As you read the following stories, we hope you will learn more about our talented physicians and be inspired by the many patients who are finding new hope for their neurological conditions. Together, we are committed to advancing this life-saving work at St. Luke’s Neuroscience Center.
Neurosurgery is Cornerstone of St. Luke’s Emerging Neuroscience Program

Last April, Kari Bird of Lake Geneva arrived at the emergency room of Aurora Lakeland Medical Center. She and her two children, ages 3 and 1, had been in a serious rear-end collision riding in the family minivan. Thanks to their car seats, the children were not injured. Kari wasn’t so lucky. She was thrown from the driver’s seat, landing on her neck in the back seat floor of the van. Almost completely immobile and in excruciating pain, Kari’s initial tests revealed spinal disc and spinal cord damage. Recognizing that Kari needed specialized neurological care not available at Aurora Lakeland, the emergency room doctor had her transported to St. Luke’s Medical Center for more thorough evaluation by Arvind Ahuja, MD, one of the foremost neurosurgeons in the region.

Alerted to Kari’s condition, Dr. Ahuja’s nurse met Kari when she arrived at St. Luke’s. On their way to the MRI (magnetic resonance imaging) lab for tests, the nurse’s sleeve brushed across Kari’s hand ... the pain was unbearable. An MRI revealed two herniated disks and a cervical cord contusion. These injuries caused extensive damage to Kari’s spinal cord and nerves. If it had not been diagnosed right away, the young wife and mother might not have ever regained movement in her arms and legs.

Critical cases like Kari’s are all part of the job for Dr. Ahuja and his partners at Midwest Neurosurgical Associates, SC. “I know that the first time I meet someone, the patient is under duress, having suffered a trauma like Kari, or having been diagnosed with a devastating illness. The patient does not know all the treatment options available for them. We talk in-depth at the first encounter, and throughout the course of treatment, to ensure the patient feels comfortable and connected to us,” he said. “The more they understand their care, the better able they are to participate and improve their recovery.”

After waiting two days for the swelling in Kari’s neck to subside, Dr. Ahuja operated by removing the two herniated disks and placing a titanium plate in her neck to protect the area. Despite the serious circumstances, Kari had every confidence in Dr. Ahuja. “From the moment we met, he made me feel so comfortable and relaxed – the way he looked me in the eye and told me exactly what was going on,” she said.

Today, Kari has regained almost 90 percent of the movement she had prior to her accident. She credits Dr. Ahuja with saving her life and giving her hope when she needed it most.

As a board certified neurosurgeon and neuroendovascular specialist, Dr. Ahuja offers patients a breadth of treatment options not available by any other single physician in Wisconsin. He and his partners at Midwest Neurosurgical Associates, Cully R. White, DO, and Shekhar A. Dagam, MD, will treat thousands of patients suffering from illnesses or injuries to the brain, spine, neck or central nervous system. Dr. White is an expert in movement disorders, including Parkinson disease and spinal surgery. Dr. Dagam specializes in treating brain tumors and stopping seizures through surgery or implantation of the Vagus Nerve Stimulator. Between the three surgeons, they perform 70 percent of the neurosurgeries at St. Luke’s.

Continued on next page
While we are very busy, each patient who enters our door is very brother, sister, mother or father, and I think of the care I would

Dr. Ahuja Chooses St. Luke’s
Dr. Ahuja joined St. Luke’s Medical Center in 1995, when his wife, Dr. Namrata Ahuja of Milwaukee Digestive Consultants, SC, wanted to return to her hometown of Milwaukee. For many reasons, St. Luke’s was an obvious choice to establish his practice. As the leading heart care center in the region, St. Luke’s serves a patient population also at high risk for stroke, one of Dr. Ahuja’s specialties. In fact, in 1994 Dr. Ahuja helped form one of delicate procedures from inside blood vessels in the brain, neck and spine. Dr. Ahuja has conducted numerous clinical studies and published extensively on the specialty, uniquely qualifying him to make the most accurate diagnosis and plan the most appropriate treatment based on an individual’s disease or injury. Before this innovative treatment, many neurological conditions were considered inoperable or very high risk. It’s rare for a single physician to offer the breadth of expertise that Dr. Ahuja does.

A Ticking Time Bomb
Two years ago, school principal Mike Howell had fallen at home. The following day, he developed a severe headache and double vision. An alert coworker, recognizing the signs of something that could be much worse, rushed him to the emergency room. Once there, an MRI and angiogram revealed Mike had a concussion with brain bleed — but there was something else. The test also revealed he had an unrelated brain aneurysm (a weak, balloon-like defect protruding from an artery wall). Had he not fallen, the aneurysm might not have been detected until it was too late. Doctors recommended brain surgery.

Like most people, the thought of brain surgery frightened him. While considering his treatment options, Mike was referred to Dr. Ahuja for discussion of a procedure called cerebral aneurysm coiling – a state-of-the-art neuroendovascular therapy for the treatment of cerebral aneurysms. St. Luke’s is one of a limited number of non-academic medical centers with experts who are specially trained in this type of procedure.

Within a week, Mike had his first appointment with Dr. Ahuja and was determined to be an excellent candidate for the procedure. Cerebral aneurysm coiling involves filling the aneurysm with soft coil(s) made of platinum. The coils are placed in the artery via a catheter inserted through an artery in the leg. Once in place, the coil fills the aneurysm, isolating it from the circulation and thereby reducing the pressure and the likelihood of a rupture and/or stroke.

(Pictured left to right) Dr. Shekhar A. Dagam, Dr. Arvind Ahuja and Dr. Cully R. White of Midwest Neurosurgical Associates, SC.
Mike, a Vietnam veteran, remembers a very poignant moment on the day of his surgery. A member of the operating team, noticing Mike's military record on his medical chart, told him that if he could make it through that war, he could make it through the coiling. Feeling much more at ease, Mike underwent the procedure without any complications. Three days later, he went home and finished out the school year. Today, Mike is still calling Dr. Ahuja "the miracle doctor."

A Stroke of Luck

In May 2002, Gary Schumacher suffered two strokes (brain attacks) within one week of each other. Gary’s family has a history of heart disease, so he thought the symptoms of the first stroke were actually a heart attack: chest pains, nausea and numbness in the arms. When a second attack occurred two days later, Gary’s cardiologist called Dr. Ahuja, who met Gary in the emergency room at St. Luke’s. There, a CT scan revealed a blocked vertebral artery in Gary’s neck.

Dr. Ahuja recommended stenting, a procedure to prevent arteries from collapsing and blocking the flow of blood. A stent is a tiny spring-like device wrapped around an angioplasty balloon, which is inserted into the diseased artery through a microcatheter. The balloon is then inflated, causing the stent to press into the artery wall. The stent remains permanently in the artery, to prevent it from collapsing.

In the weeks leading up to the procedure, Gary, his wife and family, became particularly close to neuroendovascular technician Bruce Dooley, who spent time speaking with the family prior to the procedure and explaining things step by step. On the day of the procedure, Gary was nervous and anxious. But upon hearing Bruce’s voice, reassuring him with words of encouragement, Gary was able to relax. Dr. Ahuja then performed the stenting, and the procedure went well. While Gary recovered in the hospital, Bruce visited daily with the family. Gary has recuperated, with no evidence of further blockage. The Schumacher family is grateful for the time that Dr. Ahuja, Bruce and the entire team spent to ensure that they would feel comfortable with the procedure.

Building Patient Relationships

“When you have a disease, you want to feel like you are the only one that matters,” says Dr. Ahuja. “Each patient who walks through our door is very important to our practice. I know I am treating someone’s child, brother, sister, mother or father, and I think of the care I would expect for my own family.”

Dr. Ahuja collaborates with many referring physicians who share his dedication to patient-focused care. “The physicians who practice at St. Luke’s know their patients as individuals and share my philosophy of treating the whole person,” he says. Physicians in Burlington, Lake Geneva, Kenosha, Plymouth and Sheboygan know of Dr. Ahuja’s work through his outreach to these outlying communities. He wants to ensure that all people in need of comprehensive neurosurgical care will be able to access the full range of services of the

About Neuroendovascular Therapy

Neuroendovascular therapies can be highly effective and much less invasive for patients. The procedure begins with a tiny microcatheter inserted into the femoral artery near the groin and threaded through the body into the intricate blood vessels of the neck and head. Dye injected through the catheter allows the surgery team to examine the arteries and veins, brain and spinal column, as well as search for any abnormal lesions (blockage, tumor or seizure locations). Neuroendovascular therapy can effectively treat blockages, aneurysms or other central nervous system conditions by blocking, filling, or opening up blood vessels.

continued on next page
Too often people suffering with neurological disorders think they themselves of improving their quality of life. When they come to

Jeffrey Nell, an active 31-year-old sheriff’s deputy, had experienced periods of extreme lower back pain for over a decade. Earlier this year, over Memorial Day weekend, his pain intensified. He could not sit, stand or walk; he could only lie down. An MRI revealed that Jeffrey had a herniated disk, and his chiropractor referred him to Dr. Ahuja. Upon examining Eric and looking at his records, Dr. Ahuja scheduled him for the microdiskectomy the very next day. Jeffrey expected to be out of commission for days after the surgery but found that he could manage without pain medication after only two days. He has now returned to work full time and looks forward to playing golf, volleyball and weightlifting as his strength returns.

Microdiskectomy returned Jeffrey to an active life within days. Restoring Lyle Davis to full functioning was a little more complicated. For the past 30 years, Lyle has worked in construction, landscaping and manufacturing. Lyle guesses that he first injured his back 25 years ago, in the late 1970s. Over the years, Lyle’s pain increased. In 2001, the pain became so great that Lyle could no longer keep up at his job. His pain management specialist, Nileshkumar Patel, MD, tried cortisone shots, to no avail. Through special x-rays, Dr. Ahuja detected the problem. Lyle suffered from spinal stenosis, a narrowing of the spinal canal. The spinal canal is a small space within the backbone containing the nerve roots and spinal cord. If this space grows smaller, it can squeeze the nerves and the spinal cord causing pain.

To alleviate Lyle’s pain, Dr. Ahuja opened up the space in Lyle’s spine by inserting screws and rods to stabilize the affected area. With a regimen of physical therapy following the surgery, Lyle was back to work part-time within four months; by fall, he was pain free and working full time.

Dr. Ahuja and his partners take great satisfaction in restoring movement, vitality and quality of life to people who have struggled with disabling pain. Thanks to advances in medical equipment, surgical techniques and drug therapies, patient outcomes continue to improve.

Neuroscience Center at St. Luke’s. The network of Aurora Health Care facilities throughout Wisconsin allows patients to get lab work and other routine treatment right in their own community, while still benefiting from the continuity of care through the St. Luke’s Neuroscience Center.

The dedicated team at Midwest Neurosurgical puts in long hours with Dr. Ahuja. Their contributions enable him to maintain a dynamic practice meeting the needs of patients locally, regionally and nationally. On clinic days, the appointment schedule can be interrupted at any moment if the emergency room calls with a critical condition requiring Dr. Ahuja’s expertise. Most clinic patients understand these interruptions, as many of them became patients of Dr. Ahuja’s under similar circumstances.

New Options for Back Pain
Advances in imaging and surgical techniques have created new, less invasive options for back surgery. Drs. Ahuja, White and Dagam have frequently performed microdiskectomy, which incorporates the aid of a microscope to remove or repair damaged spinal disks. The magnified view allows the surgeon to operate within a smaller field, causing less damage to surrounding tissue and decreasing the size of the incision. Patients have a quicker recovery time, with a smaller scar.

Dr. Ahuja performs neurosurgery at St. Luke’s.
New Hope for Brain Cancers

Cancer of the brain and spinal cord is relatively rare, representing less than two percent of all cancers reported in the United States. According to the American Brain Tumor Association, about 20,000 people are diagnosed with primary brain tumors each year. The challenge for the neurosurgeon is to locate the lesion and treat it without sacrificing function. Many tumors, both benign and cancerous, can be surgically resected. The amount of tumor removed depends on the size and location of the lesion and function of adjacent areas in the brain.

Imaging technology has evolved and enables the surgeon to better identify both the lesion and surrounding structures. Magnetic resonance images (MRI) are incorporated into a computerized navigational system in the operating room to assist the surgeon in determining the safest and most direct path to the tumor.

Some tumors are best treated with stereotactic radiosurgery (SRS), which is not really surgery but focused radiation or Gamma Knife. SRS with Gamma Knife is a complex process where the lesion is located by MRI and then multiple beams of low intensity radiation are delivered and converge on the target tumor. One benign tumor often treated with Gamma Knife is acoustic neuroma. An acoustic neuroma (or vestibular schwannoma) is a tumor of the nerve that is responsible for hearing.

In other cases this tumor is best treated with microsurgery. Neuro-otologist Steven J. Millen, MD, of Milwaukee Otologic, has worked closely with Dr. Ahuja on many of these specialized and precise procedures. Dr. Millen and his partner, Steven A. Harvey, MD, treat inner ear disorders.

The Future of Neuroscience at St. Luke’s

Maintaining a world-class neuroscience program requires an ongoing commitment. This is accomplished through continual investment in clinical research, new diagnostic and treatment technology and specialized physicians to provide the outstanding care that patients deserve. In addition, increasing public awareness of neurological disease and treatment through education is essential. “Too often people suffering with neurological disorders think they have exhausted all treatment options, needlessly cheating themselves of improving their quality of life,” says Dr. Ahuja. One of his goals is to expand the breadth of public education currently offered in the community.

To ensure St. Luke’s maintains its leadership position in neurosciences, Dr. Ahuja would like to establish an endowed chair of the Neuroscience Center. The chair would further the opportunities for professional education, while attracting clinical research studies.

In keeping with his commitment to patient-centered care, Dr. Ahuja envisions a neuroscience “welcome center,” serving as a focal point for patients and families utilizing St. Luke’s neuroscience services. There, patients could meet with a staff member of the program who would help guide them through the services the program provides. “It is important for patients to feel confident about the level of care they receive,” he says. “Neurosurgery and all that is associated with it can seem very scary at first. By walking patients through the facility and explaining how different specialties are related, they can better relax and concentrate on their treatment and recovery.”

As groundbreaking work at St. Luke’s continues to draw patients from all over the country, it’s the patient success stories that underline the importance of the commitment to advancing neurological care. “Dr. Ahuja brought a new level of expertise and commitment to our community,” says Aurora Health Care president Mark Ambrosius. “His foresight and reputation have helped our neuroscience program grow by attracting other renowned specialists. With Dr. Ahuja as a driving force, St. Luke’s is able to make significant contributions to the changing face of neurological care.”

Midwest Neurosurgical Associates, SC, and the St. Luke’s Neuroendovascular Program, may be reached by calling 414-649-3232 (or 1-800-991-4323).
Sandy Gries of Kiel, Wisconsin, and her husband Dennis had big plans for August 2002. Their oldest son, Tony, was moving to Milwaukee for his freshman year at Marquette University. Sandy planned to shop, pack and worry, as any mother sending her first child away from home would. Their next two sons were preparing to “rule the school,” as the saying goes; Christopher beginning his senior year of high school, and Benjamin entering the eighth grade. Brandon, the youngest, would start fifth grade. The 39-year-old mother expected to spend that August helping her sons prepare for school. Little did she know her focus—and her family’s—was about to change in a dramatic way.

Sandy’s first symptoms of illness appeared toward the end of July 2002. At first, she experienced headaches and blurred vision. She was glad that her secretarial job at Stoelting, a manufacturing company, was in her hometown. When she became exhausted, she would go home and lie down after her shift ended. She did not connect these early symptoms with her occasional bouts of nausea and a one-time incident when she lost her peripheral vision while driving home. After all, Sandy thought, “mothers take care of everyone, we don’t get sick.” It would take the scrutiny of her concerned sister to piece together the significance of these symptoms.

On Monday, August 5, Sandy met with her family doctor. She gave him a brief description of her symptoms, not realizing how every detail would matter. The doctor thought she might have an ear infection and advised her to take it easy. Thinking there was nothing to worry about, Dennis, her husband of nearly 20 years and high school sweetheart, took the younger boys to baseball camp. Almost immediately after they left, Sandy became seriously ill, vomiting continuously and finding relief only by curling up in a fetal position. Her sister, Jeanne Heberlein, happened to drop by that day. Realizing that something was desperately wrong, she told Sandy she had better go to the emergency room. However, it took her soon-to-be high school senior son to convince Sandy to take action. When Sandy heard Chris begging his aunt Jeanne to take care of his mother, she knew it was time to go to the hospital.

The two women made the 25-mile trip from Kiel to Sheboygan Memorial Medical Center. A fast-acting doctor in the emergency room ordered a CT (computerized tomography) scan. The scan revealed a brain tumor in the left frontal lobe of Sandy’s brain. The sisters were shocked. As Sandy struggled with the news, Jeanne called Dennis and their parents. At the same time, knowing that Sandy’s tumor would require the most aggressive treatment available, the emergency room physician called neurosurgeon Arvind Ahuja, MD, at St. Luke’s Medical Center in Milwaukee. Sandy was transported to St. Luke’s the next day.

Cancer of the brain is extremely rare, representing less than 2 percent of all cancers in the U.S. Each year, 20,000 people are diagnosed with primary brain tumors, and despite aggressive treatment, nearly half these people relapse. While Sandy’s initial prognosis was not good, she and Dennis took comfort in knowing she was getting the best care possible under the experienced hands of Dr. Ahuja.

“Dr. Ahuja told it like it was, speaking genuinely and openly about my condition. I was told he was highly experienced and treated many patients with tumors, yet I never felt like a number. Each time we met, he sat down across from me, cupped my hands, and looked me in the eye as he asked how I was doing. Dennis and I put our complete trust in him,” said Sandy.
Dr. Ahuja and his team acted quickly. The following day, Tuesday, Sandy underwent many tests in preparation for surgery to remove the tumor. On Wednesday, Dr. Ahuja performed a craniotomy, a delicate surgical procedure that involves opening the skull, to successfully remove Sandy’s tumor. After the surgery, she spent two days in the intensive care unit. On Friday, Sandy was transferred to a regular room, and by Saturday, August 10, she was headed home to Kiel.

Despite the whirlwind week Sandy had just endured, she felt great. “From the moment I entered the emergency room, my pain disappeared,” she said. “The expert medical care, combined with the knowledge that I was receiving the best possible treatment, eased my physical discomfort and helped me develop a positive attitude.” This positive attitude would sustain Sandy as she faced the rigors of living with cancer.

Sandy spent the rest of August recovering at home. Her children, husband, parents and extended family all took turns waiting on her hand-and-foot, wanting to do so much for the mother who always put everyone else before herself. Others in her small town helped out as well. Sandy received over 200 get well cards, and members of her church brought two meals a week to her home throughout the fall. “It’s times like this when you learn who your friends are and what really matters,” she says.

As August ended, college-bound Tony made it to Marquette and, after Labor Day, her younger sons also returned to school. The end of summer marked another milestone for Sandy. On September 10, she began chemotherapy and radiation treatments. Sandy took an oral chemotherapy pill, in combination with anti-nausea medication to relieve this common side effect. Dennis and her parents took turns driving her to St. Luke’s Vince Lombardi Cancer Clinic (VLCC) in Sheboygan for radiation treatments through the end of October. Sandy treasured this one-on-one time with her parents, discovering things she never knew about their lives and reliving stories from their childhood.

Sandy appreciated the caring and compassionate staff at the VLCC. They put her at ease during the radiation treatments by asking about her children, making inquiries of her weekend plans and taking the time to listen patiently and thoughtfully. It made Sandy feel normal, despite the extraordinary circumstances she found herself in.

It takes a very special kind of compassion to be a cancer nurse. The VLCC staff were uniquely qualified to be an emotional support to Sandy. In turn, she felt comfortable sharing with them her concerns for her children. “When I found out about the cancer, my first thought was for the kids. I was so glad it was me and not one of them or Dennis. I couldn’t bear to watch my family suffer,” Sandy said. Throughout the surgery and treatment, Sandy and Dennis had been very straightforward with the children, keeping them informed of everything they knew about the cancer and its treatment. Living in such a tight-knit community, Sandy knew that her boys had opportunities to talk about their feelings with teachers at school or with other friends.

Fortunately, Sandy’s cancer treatments did not have prolonged side effects. She was able to return to work part-time in mid-September, appreciating how flexible and supportive her company had been throughout the ordeal. By October, Sandy began concentrating on regaining her everyday life. She now attends her son’s football games with Dennis and has resumed the regular walks she enjoys with her sister; life is moving forward, one day at a time. This is exactly how Sandy wants it, explaining, “I feel normal, not sick, and I don’t want to be perceived as ‘the woman with cancer’.”

Sandy is focusing her positive thoughts on the next milestones in her family. A younger brother will be married in April 2003, prompting her to find a solution to her hair loss, currently the only noticeable side effect of treatment. Sandy heeds Dr. Ahuja’s advice to appreciate each day of life. “I am going to pull through,” she says.
After a car accident, I had neck pain so severe, I couldn't raise my right arm. Still, I chose to live with the pain rather than have surgery. Then I was referred to a neurosurgeon at St. Luke's. He understood my concerns, and he told me about advances in micro-surgery. I chose to have the surgery — four discs in my spine were fused together. After hard work in rehab, I'm pain-free and have full range of motion. And I'll be competing in table tennis at the 2003 Summer National Senior Games.

— Steve Grassel, New Berlin

More patients choose to have their spinal surgery performed at St. Luke’s Medical Center than any other hospital in the state. And one reason why they come here is the expert staff at the St. Luke’s Neuroscience Center. The center is offering new hope to patients, not only with spinal disorders, but also in other areas like MS, brain cancer and neuropathic pain. St. Luke’s Neuroscience Center is using the leading technologies and the latest discoveries to improve patient care. For a free brochure, call 888-863-5502 or visit www.AuroraHealthCare.org.
**How Can I Direct My Gift?**

One of the questions we often hear is “How can I direct my gift?” For example, “Is there a fund to which I can direct a gift for nursing education?” Yes, there is a Nursing Fund. It was established a number of years ago specifically for that purpose. In addition, there are many funds available to meet the growing needs of the hospital. Listed below is just a partial listing of funds to which you can designate your support. We will continue to feature hospital funds that benefit the patients, programs and services at St. Luke’s Medical Center in upcoming issues of *The Spirit.*

**Cancer Counseling Center**
Featured in this issue of *The Spirit,* the services provided at the center focus on the emotional aspects of cancer and offers specialized care regarding the specific symptoms of distress caused by cancer. Charitable support is used, for example, to add to the center’s library to purchase relaxation tapes, books to help patients and their families cope and other educational materials and programming.

**Clarke Square Family Health Center**
Their mission is to provide quality, safe, accessible and affordable health care to whomever needs their services, targeting primarily the uninsured and underinsured community. They are facing severe capacity space limitations because their patient volumes have almost doubled in one year.

**Gamma Knife Center**
Patients whose conditions were previously inoperable because of lesion location or other factors now have a treatment option. The Gamma Knife, a form of radiosurgery, delivers a high dose of ionizing radiation to targeted areas deep within the brain. The “blades” used by the surgeons are as many as 201 beams of gamma radiation that are programmed to intersect on a precise target.

**Reach Out and Read Program**
The goals of St. Luke’s Family Practice Center include increasing parent/child bonding, increasing their compliance with well child checks and immunizations through the incentive of a free book offered to children at each visit and increasing awareness of and referrals to adult literacy resources.

**Robotic Technology Fund**
St. Luke’s remains on the cutting edge of technological advancements and continues to pave the road to the future with computer-assisted surgery. Robotic surgery will allow for continued progress toward faster recovery, less pain and safer surgery.

Funds featured in the Fall/Winter 2001 issue of *The Spirit* included:
- Cardiac Care Fund
- Endocrine-Diabetes Fund
- Immunotherapy Program
- Madison Street Outreach Clinic
- Nursing Fund
- Vince Lombardi Cancer Clinic

For more information on designating a gift to your area of interest, please call 414-649-7122.
Seizures are one of the most common neurological illnesses, affecting 10 percent of the U.S. population. When a seizure takes hold of the body, a person feels as though they have lost all control. The unpredictability of seizures is devastating, restricting people from participating in many of the daily activities we take for granted, such as driving, caring for young children or even holding a job. Having one seizure, however, does not mean that a person has epilepsy. Only when a person has multiple seizures is epilepsy considered.

Epilepsy is characterized by chronic, recurring seizures. Occurring suddenly and unpredictably, a seizure is triggered by an abnormal electrical discharge in the brain. Seizures are somewhat like a power surge on a computer. The result is an outward change in an individual's movement, behavior or consciousness. Epilepsy is caused by an injury to an area in the brain that damages brain cells. When abnormal impulses travel through this damaged area, a seizure occurs. Seizures continue to happen because the memory cells "remember" how to make these impulses.

Epilepsy can begin anytime throughout life, contrary to the general belief that it is a children's illness. Eighty-five percent of people with epilepsy are adults — from every walk of life. Their seizures may occur hourly, daily, weekly, monthly or may have stopped for years, only to return suddenly. Treatments can help slow or end seizure activity, allowing patients to more fully experience life.

A common misconception is that all people with epilepsy experience episodes of stiffening and shaking, known as tonic-clonic seizures or convulsions. In fact, the most common types of seizures are far less noticeable. They usually include a momentary lack of awareness of surroundings and a variety of subtle movements. Symptoms of epilepsy can include:
- A convulsion or stiffening and shaking episode (as commonly perceived)
- Short periods of blackout or memory loss
- Occasional "fainting spells," followed by extreme fatigue
- Episodes of blank staring with no response to questioning or communication
- Warning signs that a blackout is imminent, such as familiar memories, odors, sounds, nausea, fear or panic
- Sudden uncontrolled movement or tingling

The Regional Epilepsy Center
Each year, one percent of Americans, or 180,000 people, develop epilepsy. In Wisconsin, 40,000 people live with epilepsy, approximately 15,000 of whom live in greater Milwaukee. Neurologist-epileptologist George L. "Chip" Morris, MD, medical director of the Regional Epilepsy Center at St. Luke’s, has distinguished himself as a local, national and international leader in the pursuit of new and better therapies to treat epilepsy. He has assembled a multidisciplinary team of highly trained specialists, including a neuroradiologist (a radiologist specializing in nuclear medicine), a pharmacologist, a neuropsychologist and an educational counselor. At the Regional Epilepsy Center, this unique group of specialists meets regularly to develop an individualized treatment plan for each patient and to ensure all possible treatment options are being explored.

In 2002, Dr. Morris moved his practice from the Medical College of Wisconsin to St. Luke’s Neuroscience Center. "There is nowhere else in the city where I can build a Regional Epilepsy Center of this scope to meet the needs
of our community and the nation. St. Luke's has a capacity to provide high levels of care, with experienced and trained physicians and staff. I appreciate the commitment St. Luke's has made to support this work,” said Dr. Morris.

**Diagnosis and Treatment**

Epilepsy reveals itself in many ways, depending upon the area of the brain affected. It takes skill, experience and precision diagnostic equipment to be correctly diagnosed. New patients coming to the Regional Epilepsy Center at St. Luke’s bring recent test results or undergo an EEG (electroencephalogram) and MRI (magnetic resonance imaging) when meeting with Dr. Morris. This meeting with the patient and immediate family members reviews the history of medications, past treatments and degree of seizure control the patient has achieved. After a battery of tests, Dr. Morris and his team are able to determine whether the patient’s seizure(s) is an isolated event or related to epilepsy. These tests may also reveal other brain abnormalities and whether anti-seizure medication would be helpful.

Anti-seizure medications are the first option in treating epilepsy, requiring close monitoring to assess effectiveness and side effects. Dr. Morris has participated in numerous clinical research trials, including two current studies for medications seeking FDA approval. “Anti-seizure medication should completely stop seizures; when it merely reduces the number of seizures, it is not working effectively,” he says. If the seizures continue, or the patient experiences disabling side effects, then different drugs are prescribed until the right medication is found.

Many popular epilepsy medications have unpleasant side effects, including fatigue, unsteadiness and confusion. While newer medications may not always be more effective at preventing seizures, they will often produce fewer side effects. Over 50 percent of people with epilepsy find relief through medication.

If medications do not work, patients will find other treatment options at the Regional Epilepsy Center. Inpatient evaluation allows Dr. Morris and his team to observe a seizure in a safe environment to learn more about why the medicines did not work. Patients are connected to a video EEG machine to measure brain wave activity. Dr. Morris likens this process to a cardiac stress test. Video EEG is very useful in determining the type of seizures a patient experiences and where they occur in the brain. “It takes what patients report to me and turns it into something we can review together,” Dr. Morris says. The use of video EEG has tripled over the past 15 years, to 10,000 performed annually nationwide, but Dr. Morris estimates that 15,000 more patients would benefit from this diagnostic method.

**Breakthroughs in Treatment**

**Brain Mapping** — Left untreated, epileptic seizures will eventually damage the part of the brain that controls function. The good news is that promising new surgical techniques and advances in brain mapping, a procedure that identifies precisely which areas of the brain control specific outward functions, have increased treatment options when medications have failed. In many instances, surgery will stop or at least significantly reduce seizures that did not respond to other treatments. Doctors can now safely operate on a specific area of the brain without patients losing important memory, motor or speech skills.

**The Vagus Nerve Stimulator** — Dr. Morris was instrumental in testing and expediting approval of a new device called the Vagus Nerve Stimulator (VNS), a type of generator that acts as a “pacemaker for the brain.” The VNS is implanted under the collarbone and programmed to deliver small electrical shocks to the vagus nerve, a nerve in the neck that is connected to the brain. This drug-free alternative has been proven to decrease and even eliminate seizures for patients who have not responded to medications or surgery.

The Regional Epilepsy Center can be reached by calling 414-385-8780.
In September 2002, 22-year-old Fabiana Mollinger was delighted to find out she could finally look forward to driving herself around town, staying out late with friends and regaining some of the control over her life that she had lost to epilepsy. Doctors at the Regional Epilepsy Center at St. Luke’s Medical Center approved Fabiana for surgery that would indeed stop her epileptic seizures, without harming any other brain functions.

Fabiana’s seizures started back when she was seven years old. The diagnosis of epilepsy was particularly devastating because Fabiana is hearing impaired. Today, even with medication, she typically has five to eight seizures a month, each lasting from one to five minutes. Prior to her coming to the Regional Epilepsy Center at St. Luke’s, surgery was not an option. Because Fabiana relies on several parts of her brain to communicate, doctors in the past feared surgery would impact her ability to lip read and sign.

When doctors are able to pinpoint the exact part of the brain where seizures originate from, surgically removing that part of the brain becomes an option. “The trick is, we want to take away the seizures but nothing else,” says George L. “Chip” Morris, MD, medical director of the Regional Epilepsy Center at St. Luke’s, and Fabiana’s neurologist-epileptologist.

To qualify her for surgery, doctors needed to learn more about Fabiana’s language, memory and cognitive skills through a series of neurological exams. One such test was the “WADA” exam, where each hemisphere of the brain is anesthetized separately in order to determine which part controls speech and memory. Although doctors normally test epilepsy patients to determine these functions, Fabiana presented a

Vince Lombardi Charitable Funds is proud to sponsor the 33rd annual Vince Lombardi Golf Classic on Friday & Saturday, June 6 & 7, 2003 and the 16th annual Lombardi Walk for Cancer on Saturday, June 7, 2003. All funds raised from the two events go to support the Vince Lombardi Cancer Clinic, Cancer Counseling Center and Gene Therapy Research Laboratory at St. Luke’s Medical Center.

**Lombardi Golf Classic**

The Classic is held at North Hills Country Club in Menomonee Falls and is host to many celebrities in the sports and entertainment fields. The Classic is open to spectators on Saturday, June 7, beginning at 7 a.m. and admission is free. Bring your family and friends and enjoy the day.

**Lombardi Walk for Cancer**

**Walk Together. Win Together.**

The Lombardi Walk for Cancer is held at Menomonee Falls High School on Saturday June 7, and begins at 9:30 a.m. Join the pledge program and be eligible for prizes.

There are many opportunities to volunteer or participate in these fun events. For more information, contact Shelly Rosenstock at 414-649-7015.
unique situation. Doctors were not
sure if one or both sides of her brain
would be needed to continue commu-
nicating through sign language.

With the help of three interpreters, a
neuropsychologist administered the
WADA exam to Fabiana. Doctors
first put the right side of her brain to
sleep to test the active left side. Then
a series of eight objects were shown
to Fabiana, which she was later
asked to recall. She was also asked
to name different parts on her body,
such as the thumb, and to repeat sen-
tences and read using sign language.
At the end of the five-minute exam,
the left side of Fabiana's brain was
put to sleep so that the right side
could be tested.

At the conclusion of the exam,
Dr. Morris was pleased. Fabiana's
right side brain functions would not
be compromised by the surgical
removal of the lesion that grew there.

As she prepares for her surgery,
Fabiana is excited for the long-
awaited freedoms that come with
being a typical twentysomething.
"I want to feel better," she said. "I
know I will still need to take medica-
tion, but my seizures will be gone,
and I will finally be able to get my
driver's license!"

Symbol of Your Caring . . .

A gift to The Tribute Fund is a thoughtful way to express your feelings and benefit St. Luke's Medical Center
at the same time. Your gift can help heal a heart or bring a smile on a special occasion. Through your giving,
an anniversary, holiday, recovery from an illness and other significant occasion in your life or the life of
someone special to you can become a symbol of your caring.

When you give a gift to The Tribute Fund, you will receive an acknowledgement. Notification will also be
promptly sent to the person or family you designate. No mention of the amount of the gift will be made. All
Tribute gifts are recognized with your name and that of the person being honored or memorialized in The
Spirit of St. Luke's. Additional distinctive opportunities for recognition are provided at higher levels of giving.

To request a Tribute Fund booklet,
please call the Office of Philanthropy at 414-747-4326.
Brain Mapping
A Mother’s Road to Recovery

The Pluskota family (clockwise from upper left): Tom, Danny, Donna, Kimberly, Murphy and Amy.

Almost every young mother feels tired at the end of a busy day. But as a result of her epilepsy medication, Donna Pluskota felt tired around-the-clock. When her three children (Kimberly, now 19, Danny, 14, and Amy, 12) were younger, she slept half the day. Each morning, after preparing breakfast and getting the children off to school or out to play, Donna napped. After feeding the children lunch or doing a light task, she needed to nap again. Although her friends were helpful and understanding, Donna was frustrated by the chronic fatigue. And despite taking the medication, she still experienced seizures and memory lapses. The unpredictability of it all prevented her from driving, volunteering at her children’s school and simply playing with them. It became a way of life she got used to.

Donna experienced a seizure at the age of 15, nearly 25 years ago. She took anti-seizure medications for the next seven years, stopping the regimen in her early 20s because her seizures had stopped. In 1987, a traffic accident caused her to bump her head near the source of her previous seizures. In 1989, she experienced yet another seizure in the middle of the night. Frightened by the episode, Donna’s husband, Tom, called 911 and paramedics took her to the hospital. From that point on, Donna resumed taking her anti-seizure medication. She also surrendered her driver’s license in 1995 after totaling her car in an accident resulting from a seizure. Her epilepsy had robbed her of energy and control over her life.

But sometimes fate steps in and puts you in the right place at the right time. Earlier this year, Donna and Tom attended an education session at The Regional Epilepsy Center at St. Luke’s Medical Center. Inspired by what she heard, Donna called to schedule an appointment the very next day. New hope was on the horizon.

Donna also surrendered her driver’s license in 1995 after totaling her car in an accident resulting from a seizure. Her epilepsy had robbed her of energy and control over her life.

On a February day in 2002, Donna had her first meeting with epileptologist George L. “Chip” Morris, MD, medical director of the Regional Epilepsy Center. Prior to this first visit, Donna underwent an EEG (electroencephalogram), a non-invasive test used to evaluate brain function. When Dr. Morris walked into the room, he surprised Donna and Tom with the revelation that Donna had experienced a mild seizure during the test. The good
news was that the seizure was so isolated in the brain that Donna would be a good candidate for a left temporal lobectomy — a procedure that involves removing the area of the brain that is producing the seizures. Further tests would prepare her for the operation.

In the spring, pre-surgery testing began. On a Monday morning, Donna checked in to St. Luke’s Medical Center to be weaned from her current seizure medication in a controlled environment. The goal was to record her brain having three seizures, thus helping Dr. Morris confirm their point of origin in the left temporal lobe. After five days, Donna experienced the three seizures. Additionally, as her system was purged of all previous medications, Dr. Morris placed her on a new anti-seizure drug with fewer side effects. Donna felt better than she had in years.

The next test was the “WADA” exam, which determines which side of the brain speech, memory and language functions reside. Dr. Morris worked closely with the neuropsychologist to perform the test. The WADA told the team whether Donna could be sedated during her surgery or must remain awake in order to respond to cognitive testing. The cognitive testing pinpoints the precise areas of the brain associated with speech and memory.

Concerned that her seizures originated from an area close to the language center of her brain, the doctors chose to perform “awake” surgery, combined with brain mapping, to ensure Donna’s language abilities were not put at risk. These amazing techniques enable neurosurgeons to operate as close to a tumor or lesion as possible, while protecting the patient’s ability to function in other areas.

Donna entered St. Luke’s on Monday, July 22, to have her brain surgery. Awake and conscious throughout most of the procedure, she remembers hearing the activity around her. After some delicate probing, the neurosurgeon determined the exact area of her left temporal lobe controlling her language ability. After a short series of speech and memory tasks, Donna drifted off to sleep as the procedure was completed. At 5:30 the next morning, Donna woke up feeling perfectly normal. Aside from some mild brain swelling, a typical post-surgical reaction that slightly impaired her speech, she recovered well and was released on Friday of the same week.

Since the operation, Donna has not had another seizure. After a month of convalescence, she returned to work and was able to resume everyday activities – minus the naps! Donna credits Dr. Morris and the dedicated team of specialists at the Regional Epilepsy Center with giving her back her life. Says Donna, “I’ve never met a physician like Dr. Morris who is so committed. He took the time to actually find something to make my seizures go away, instead of just trying to manage them. He has such a positive attitude … and he knows his treatment options will actually cure you.”

“I’ve never met a physician like Dr. Morris. He took the time to actually find something to make my seizures go away, instead of just trying to manage them.”

— Donna Pluskota

As Donna looks forward to life without seizures, she’s made a list of things she wants to do. Having fun with her children is at the top! She would also like to volunteer more at her youngest daughter’s school. Once she knows for sure that she is seizure free, she would like to resume driving.
Finding Better Ways to Treat MS

In 1979, a young medical resident working in the emergency room met a young patient who would make a lasting professional — and personal — impression on him. Over the next 19 years, that resident, Bhupendra Khatri, MD, now a neurologist and medical director of the Regional Multiple Sclerosis Center, would care for that patient and witness firsthand the full spectrum of MS and how it takes over a person’s life.

Twenty-two-year-old Laura Hoye entered the emergency room in 1979 suffering from weakness in her legs and diminished vision. A thorough diagnostic exam revealed that Laura had multiple sclerosis (MS), a chronic and often disabling disease of the central nervous system. Dr. Khatri and the ER staff were given the unenviable task of breaking this sad news to young Laura. For the next 19 years, Dr. Khatri cared for Laura throughout her illness. As he tried to relieve her suffering, he focused on finding more effective treatments for all patients struggling with MS.

Twenty years ago, there were few options to slow the progression of MS. In the years Dr. Khatri cared for Laura, the only treatments available were merely remedies to ease her physical symptoms. To keep her alive, Laura underwent many invasive procedures, such as having tendons and bones severed to stop the severe spasticity (uncontrollable movements) in her legs, catheterization for bladder control, surgery to remove bowel obstructions, the insertion of a feeding tube when she could no longer swallow, and finally, in order to breathe, a tracheotomy was performed and she was placed on a respirator. With each new procedure, Laura faced the reality of her treatment bravely, despite the physical loss it represented. “I learned so much about MS from Laura — the kinds of things they don’t teach you in textbooks. MS is much more than physical symptoms, it reaches into all areas of a patient’s life,” says Dr. Khatri. Laura died in 1998 at the age of 32.

In the early stages of her disease, Dr. Khatri tried to make the most of Laura’s limited time. A big Harley Davidson fan, Laura always dreamed of participating in the Milwaukee motorcycle company’s big parades and festivals. In 1992, Dr. Khatri helped arrange for Laura, at this point connected to a respirator, to ride in the 90th Anniversary Harley Davidson Reunion. “MS robbed Laura of her physical abilities, but it did not take the dignity from her soul,” he said.

The heartbreak of watching Laura undergo all the painful procedures of treatment was one reason Dr. Khatri chose to focus his career on MS. His pioneering research has gained him international recognition as a leader in the fight against MS. An Indian born and raised in Kenya, today Dr. Khatri serves as medical director for the National MS Society and is on the editorial board for the Apheresis Journal. He recently relocated his practice to St. Luke’s Medical Center so he and his patients could better access the cutting-edge technology of the growing neuroscience program. “St. Luke’s offers a strong neurosurgical program to complement what we do — good neuro-oncology and state of the art neuro-diagnostics,” says Dr. Khatri.

The team of specialists (Dr. Khatri in practice with neurologist Varun K. Saxena, MD) at the Regional MS Center have pioneered innovative new treatments, participated in advanced research studies and developed one of the largest MS centers in the country. The Center cares for over 3,000 MS patients each year.

Dr. Khatri still thinks often of Laura Hoye and the advances in MS treatment over the past 20 years. “If Laura Hoye were alive today, she would have a much longer, more pleasant life. We now have preventive therapies that would have reduced the frequency and severity
Laura Hoye
1956—1998

of her attacks. We have more alternatives that would have improved Laura’s quality of life.” While Laura did not survive physically, her inspiration and spirit live on at the Regional MS Center.

“Dr. Khatri and Laura had a special, instantaneous bond. He always took such good care of us,” says Laura’s mother, Lillian Hoye. Laura and the doctor worked as a team, exploring new approaches to treatment. “Laura was willing to try anything — new medications or procedures — in an effort to keep living,” says Lillian. She feels that her daughter’s courage and bravery have helped other patients with MS secure new treatment options.

On the Cutting Edge
The Regional MS Center specializes in innovative methods to evaluate, diagnose and treat the symptoms of MS, including bowel, bladder, cognitive and sexual dysfunctions, fatigue, spasticity, tremors, weakness and visual problems. As part of a holistic and comprehensive approach, the Center also treats the psychological and spiritual needs of patients living with this destructive disease. Counseling for patients and their families, yoga, exercise, physical therapy and nutrition advice round out the plan of care options.

Additionally, the Regional MS Center participates in research into new therapies and medications. It is currently conducting a clinical study to see if Antegren (monoclonal antibody T-cells) will eliminate MS attacks. It is the only center in Wisconsin chosen to participate in this international trial.

What is Multiple Sclerosis?

Multiple sclerosis (MS) is second only to trauma as the most common cause of disability in young adults in the United States. Approximately 333,000 Americans live with MS, most diagnosed as young adults between the ages of 20 and 40. The unpredictable physical and emotional effects of MS last a lifetime.

While the cause of MS remains a mystery, it is known that the immune system plays a major role in the disease. People with MS produce abnormal antibodies that attack myelin, the covering of the nerve fibers in the brain and spinal cord. Symptoms of MS vary greatly among patients, and may include numbness, weakness, tremors, impaired vision, dizziness, slurred speech and decreased short-term memory. MS is a relapsing, remitting disease; for example, a patient may have an episode of numbness that goes away, then later have what appears to be an unrelated vision problem. It takes a highly skilled and experienced physician to piece together the clues that lead to an MS diagnosis.

“MS is not what it used to be 20 years ago. The majority of patients continue to lead very active lives now,” says Dr. Khatri. Today, there are many more drugs to relieve symptoms associated with MS, such as fatigue, cognitive impairment, bladder control and memory. The Regional MS Center has begun to conduct long-term studies to evaluate the effects of these new medications over time in order to ensure that they continue to enhance quality of life. Within the last 10 years, the FDA has approved four new medications, raising hope among MS patients that one day a cure will be found.

The Regional Multiple Sclerosis Center can be reached by calling 414-385-1801.
Pioneering Treatment
Restores Vitality Lost to MS

Eric Dahlstrom, an engineer with LDV, Inc., has been working round the clock all summer. His company builds command communications vehicles for law enforcement, including the FBI and CIA. During the September 11 terrorist attacks, a dozen of these vehicles were mobilized in New York and Washington. The demand for this product is high, so Eric is grateful to now have the extra energy he needs to maintain the hectic pace of production. You see, Eric has had multiple sclerosis (MS) since 1986. But up until this spring, most days he was exhausted and fatigued before the work day even started. While his employer was extremely accommodating, Eric was disappointed he could not put in the extra hours during this critical time for national security.

Eric’s first MS symptom appeared sixteen years ago, when he was just 25, as the vision in his left eye began to blur. Eric was diagnosed with optic neuritis, a decaying of the optic nerve. Learning that this condition could be an indicator of MS terrified Eric. He had two young sons, aged four and six months. Unfortunately, at that time, there were not many treatments to help prevent the progression of MS. Eric was advised to wait and see what would develop.

Five years later, at age 30, Eric experienced sensory problems. He had tingling in his limbs, he could not feel hot or cold, and the right side of his body began to go numb.

Tests, including a CT scan (a series of highly specific x-rays that take pictures of internal organs) and spinal tap, revealed a small lesion in his brain. While the doctors acknowledged that it could be MS, they were hesitant to make a formal diagnosis or recommend a course of treatment. As an engineer, Eric was used to finding solutions to problems. But not knowing how to help himself with this health problem, Eric could only accept the news and hope for the best.

By age 35, Eric’s condition worsened. He now suffered from balance problems, severe fatigue and muscle weakness. When he asked his family doctor to recommend a specialist, he was referred to neurologist Bhupendra Khatri, MD, medical director of the Regional Multiple Sclerosis Center. Dr. Khatri determined that Eric’s brain lesions were growing and diagnosed him with relapsing and remitting MS. The progressive nature of Eric’s symptoms required immediate action. Dr. Khatri prescribed IV steroids, as well as a daily injection of protein to stop his immune system from attacking his nerves.

At that time, there were not many treatments to help prevent the progression of MS. Eric was advised to wait and see what would develop.

As an engineer, Eric relates to MS in electrical terms. “The nerve fibers are like wires that carry electrical impulses back and forth in your brain. Like electrical wires, the nerves have insulation, called myelin. A trigger in the immune system attacks certain viruses, which then attacks the nervous system, damaging the myelin,” he explains. “There are then ‘short circuits’ in the nerves that lead to miscommunication.” In Eric’s case, when he
felt pain, there was not necessarily a physical reason for it. When he tried to walk, he could not get his legs to move as he wanted. This miscommunication led to extra fatigue and frustration.

After two years of treatment, Eric’s MS eventually progressed with lesions now appearing on his spinal cord. The diagnosis changed to secondary progressive MS, requiring more advanced treatment. In Spring 2002, Dr. Khatri began plasmapheresis* treatments. This process promotes self-healing by taking the patient’s own blood, discarding the plasma and then returning the healthy red and white blood cells. In essence, it’s like donating blood to yourself, only the blood is cleaned before being returned to your body. This prevents harmful substances that exist in the plasma from circulating in the blood and further impairing the nervous system. Eric started with one plasmapheresis treatment a week. The results were nothing short of amazing. Now, he has one treatment every three weeks.

“Plasmapheresis has been extremely helpful. I saw the benefit after the first month,” said Eric. By summer, he was able to ride a bike and visit his company’s wellness center to exercise for the first time in seven years! Prior to his illness, Eric had been very active — lifting weights, running and hiking outdoors. Today, he has the strength to resume activities with his sons Adam, now age 20, and Andrew, 16. With his energy and strength returned, Eric looks toward an active and enjoyable future.

* A double blind randomized crossover trial carried out at the Mayo Clinic recently confirmed the effectiveness of plasmapheresis in patients with severely progressive MS who had not responded to conventional therapy such as intravenous steroids.
There is no known cure for Parkinson disease, but there is much that can be done to reduce its symptoms and keep people healthy and active. "The challenge for doctors and patients with Parkinson is to find the right combination of treatments," says Paul A. Nausieda, MD, a nationally recognized Parkinson expert and medical director of the Regional Parkinson Center at Aurora Sinai Medical Center.

Treatment may include medication, lifestyle adaptations, rehabilitation, emotional support and surgical options. "Parkinson is not a fatal disease, but it can be complicated," says Dr. Nausieda. "Treatment needs to be multi-dimensional. The goal is to orchestrate a global plan to help patients stay functional."

Despite the vast numbers of people afflicted with Parkinson (1 in 100 people over the age of 70), and its increasing public profile, Parkinson patients often live with the disease for many years before learning that they have it.

**What is Parkinson Disease?**

Parkinson disease is a chronic and slowly progressive neurological condition associated with a breakdown of nerve cells in the part of the brain that controls coordinated movement and balance. These cells normally produce *dopamine*, the neurotransmitter that sends messages between nerve cells. In Parkinson disease, as the production of dopamine decreases, the nerve cells no longer communicate, resulting in the symptoms of the disease.

Early warning signs of Parkinson disease usually start on one side of the body and progress slowly to the other side. The subtle nature of these functional changes often delays the diagnosis, as does the fact they may be related to the side effects of commonly prescribed medications.

The classic signs of Parkinson disease include constant shaking or tremors, rigidity or increased muscle tone, slowness of movement and impaired balance. Not all individuals experience all symptoms, and the impact of the disease varies widely from one person to another. No lab tests exist to detect Parkinson disease; doctors can only diagnose this illness through clinical examination.

Without proper diagnosis and treatment, individuals with Parkinson disease may also experience other painful physical, emotional and cognitive problems. These include severe depression, sleep disturbances and difficulty with speech and swallowing. The goal of the Regional Parkinson Center is to help each patient achieve maximum control over the disease's debilitating effects by employing medication, improving coping skills and maintaining a healthy lifestyle through good nutrition and exercise.

**About the Regional Parkinson Center**

In 1982, Dr. Nausieda founded the first Regional Parkinson Center in Wisconsin. Today, it is the largest comprehensive Parkinson disease center in the world, following the progress of 6,000 patients annually. The Center serves people throughout the Midwest and all across the nation. In an average week, Dr. Nausieda sees
150 outpatient visits and monitors an additional 20 patients participating in drug research trials. Headquartered at Aurora Sinai Medical Center in downtown Milwaukee, the Regional Parkinson Center is the only one in the country with an inpatient monitoring program, allowing meticulous treatment control of hospitalized patients.

**Individualized Plan of Care**
The Regional Parkinson Center uses a global treatment approach to evaluate the medical, educational and psychological implications of the disease. Dr. Nausieda has assembled a diverse team of specialists who can tailor treatment plans to meet the needs of each patient. Gary J. Leo, DO, associate medical director of the Center, is a recognized movement disorder specialist, as well as a specialist in sleep disorders. Dr. Leo has a special interest in dystonic movement disorders and was the first physician in Wisconsin to offer *botulinum toxin* treatments for this group of movement disorders. Other team members include gerontologists, geriatric psychiatrists and clinical psychologists, a certified physician assistant, registered nurses, research nurses, social workers, pharmacists, dieticians, physical and occupational therapists and speech pathologists. The specialty skills and successful integration of these multiple disciplines is what sets treatment at the Regional Parkinson Center apart from the rest. In addition, the Center is uniquely qualified to offer its patients innovative new drug therapies through participation in ongoing research studies.

Scope of Services
Since 1990, Gloria Bock, APRN, BC, has served as program coordinator at the Regional Parkinson Center. By providing education and information to people with Parkinson disease, she helps them to better understand their illness. She also works to promote an understanding of Parkinson disease in the community and to educate other health care providers to ensure patients receive the best care available.

Gloria also coordinates the Regional Parkinson Center’s extensive outreach activities. She established and maintains 54 support groups throughout Wisconsin and surrounding states. The goal of these groups is to educate the consumer so individuals and families develop healthy coping skills and to address the daily challenges of living with a chronic illness. As an advocate for people with Parkinson disease, Gloria assists people in accessing the resources they need for optimal functioning.

The Wisconsin Parkinson Association offers community education and support to over 5,000 people. Community programs promote early detection of Parkinson disease. Falls and orthopedic injuries can often be prevented by early detection of Parkinson disease.

continued on next page
**Medication Therapy**

Medications remain the backbone of Parkinson disease treatment. However, many of these drugs have adverse side effects, such as the uncontrolled movements that most of us associate with the disease. Dr. Nausieda’s extensive background in pharmacology helps to lessen these side effects and avoid adverse interactions between multiple drugs (an all too common occurrence).

**Effects on Mood**

Chemical changes in the brain of a Parkinson patient often affect mood and emotion, which can lead to extreme depression or anxiety. As the disease progresses these mood swings may intensify. Dr. Nausieda has studies in progress comparing the effectiveness of various antidepressants in people with Parkinson disease to clarify the underlying causes of this treatment complication.

**Effects on Memory**

Parkinson disease can affect cognition, particularly for people who take anti-Parkinson medications for many years. Dr. Nausieda is involved in research studies to determine the effectiveness of anti-Alzheimer medications in people with memory problems and their role in offsetting this serious problem.

**Innovation in Treatment**

Levodopa, an amino acid considered a mainstay in the treatment of Parkinson disease, was found, over time, to create a host of other problems more troubling than the disease. Using synthetic dopamine stimulants has been a recent breakthrough and provides some patients with a much better alternative. Dr. Nausieda’s studies have contributed significantly to this research and novel applications of synthetic agents are a unique feature of the Regional Parkinson Center practice.

In 1997, the Regional Parkinson Center participated in FDA-sponsored research on Ropinerole (Requip), a synthetic dopamine stimulant. This research tested the drug’s effectiveness to reduce the adverse side effects of Levodopa. A large percentage of patients who responded favorably to the medication might otherwise have undergone unnecessary surgery. The use of high-dose Ropinerole as an alternative to neurosurgical treatment is an active area of study at the Center.

In 1999, the Center initiated controlled studies with quetiapine fumarate or Seroquel, an anti-psychotic medication originally prescribed for patients with schizophrenia. Seroquel was found to be extremely effective in controlling confusion and hallucinations. Within two months of the study, patient data indicated the overwhelming effectiveness of the drug. By 2000, following presentation of the Center’s results at international meetings, every Parkinson Disease Center in the country was using Seroquel as the preferred agent for hallucinations.

These are just some of the innovations in the treatment of Parkinson disease that have been developed at the Regional Parkinson Center.

**Breakthrough Research**

With its large and diverse patient population, the Regional Parkinson Center is able to recruit large numbers of participants for clinical research studies. As a result, pharmaceutical companies often approach the Center as a test site, offering patients promising new treatment options with the newest drugs in development.

In addition to sponsored drug trials, Dr. Nausieda and his associates are supported by the Parkinson Research Foundation, whose goals include:

- Analyzing the Center’s enormous patient database, spanning over 20 years, to look for genetic, environmental, behavioral and medication responses to better predict later complications and the patterns of progression.

- Creating a *Consumer Reports* type of evaluation for alternative medical treatments for Parkinson disease. While therapies such as herbal remedies, growth hormones, cranial facial massage and acupuncture have grown in popularity, little data exists to validate their effectiveness. The Center employs research funds to explore the utility of these treatments.
• Finding the most effective medications for the mood and personality changes associated with Parkinson disease. By testing agents with differing neurochemical effects, Dr. Nausieda hopes to identify the neurochemical system responsible for these psychological events.

Giving Voice to Parkinson Disease
Fifteen years ago, the National Institutes of Health (NIH) estimated there were a total of 250,000 people diagnosed with Parkinson disease in the U.S. In actuality, when pharmaceutical companies began tracking Parkinson disease prescriptions and patients, that projection increased to an estimated 2.0 million individuals. Unfortunately, the lack of accurate statistics impeded the treatment and legislative support for Parkinson patients nationwide.

Dr. Nausieda is tremendously proud of the Center’s success in unifying patients to make a bold impact on Parkinson disease treatment. He recognizes the collective power they have to raise awareness of the disease. “As a clinician, you realize that there are a lot of patients with this disease, and when you unify them as a group, with a direction, then you’re able to make major changes in the health care delivery system,” he said.

continued on next page

For Referral, Information and Treatment:
REGIONAL PARKINSON CENTER
A National Parkinson Foundation Center of Excellence
WISCONSIN PARKINSON ASSOCIATION
Located at:
Aurora Sinai Medical Center
945 N. 12th Street, Suite 4602 • Milwaukee, WI 53201-0342
414-219-7061 1-800-972-5455

Contraindicated Drugs in Parkinson Patients
The term “contraindicated” essentially means that the drug in question cannot be given to a patient. In individuals with Parkinson Disease, the basic problem is the chemical nature of the disease itself. Many drugs alter the brain’s dopamine system and may not be recognized as having a potential to markedly alter the symptoms of Parkinson Disease simply because the drugs are employed for the treatment of non-neurologic conditions. Every patient with Parkinson Disease should have a list of these agents available for their physician’s reference.

Dr. Nausieda was the first physician in the U.S. to compile a list of contraindicated medications Parkinson patients should avoid taking. It has been distributed nationally, and the Regional Parkinson Center frequently receives requests for reprints. If you would like a wallet-size card of this list, please call 414-219-7061.
Several years ago, Medicare tried to limit coverage related to Parkinson disease. This would have compromised care for millions of people and sent a dangerous message that Parkinson disease is not a significant medical illness. Dr. Nausieda’s patients engaged in a write-in campaign, prompting Medicare to re-evaluate and ultimately reverse their decision. In another instance, patient advocacy led to a congressional policy change to earn FDA approval of Eldepryl, another Parkinson medication. One of Dr. Nausieda’s patients even testified before Congress, with actor Michael J. Fox, on the need for more research funding for Parkinson disease.

Dr. Nausieda speaks passionately about the role his patients play in advancing their treatment options. “You can’t limit your program to medical treatment alone. It becomes very obvious that forces beyond the control of a doctor writing a prescription or a nurse making a visit impacts these patients,” he said. “This program serves as an advocacy vehicle by bringing a large number of patients together, giving them organizing capacity and ultimately the power to really make a difference.”

Richard Mueller, PharmD, pharmacist at Aurora Sinai Medical Center.

Parkinson Center for rehabilitation and medication adjustment. “This partnership allows the most expert personnel to care for Parkinson patients and provides a smooth transition between programs,” says Dr. Nausieda.

The Regional Parkinson Center can be reached by calling 414-219-7061.

Since 1972, Dr. Paul Nausieda has been at the forefront in the fight against Parkinson disease. He is a nationally recognized Parkinson disease and sleep disorder specialist (the two afflictions are integrally linked) and has held numerous academic appointments including associate professor at both Rush University in Chicago and the Medical College of Wisconsin. He is currently a clinical Professor of Neurology at the University of Wisconsin. Additionally, he has published over 100 articles on the subject of sleep and movement disorders. As Medical Director for the Regional Parkinson Center and the Wisconsin Parkinson Association, both headquartered at Aurora Sinai Medical Center in Milwaukee, Dr. Nausieda was one of the first physicians in the country to organize his patients to speak out on national issues related to Parkinson disease. The success of Dr. Nausieda’s mission to advance the treatment of this disease has led to the Regional Parkinson Center’s designation as one of the largest and most comprehensive “Centers of Excellence” supported by the National Parkinson Foundation in Miami.
Living with Parkinson Disease —

Getting Help and Getting On With Life

**Betty** is a spirited 74-year-old gardener and grandmother from Guttenberg, Iowa. She also has Parkinson disease. She and her husband Donald lead a busy life. Their large garden is filled with many fruits and vegetables. When the local grocery store runs out of produce, they call Betty. Her 99-year-old neighbor also counts on Betty for help with cooking, cleaning and paying bills. With four grown children, seven grandchildren and a great-grandchild on the way, Betty needs all the energy she can get. For over a year, Betty suffered from constant fatigue and weakness. When she told her oldest son Jay, a pharmacist, of her constant tiring, he suggested that she might be overmedicated—since none of his customers with Parkinson disease filled as many prescriptions as his mom. Betty consulted her doctor and was quickly referred to Dr. Paul Nausieda and the Regional Parkinson Center at Aurora Sinai Medical Center in Milwaukee. At one of the largest centers in the world, Betty’s doctor knew she would get the help she needed.

Dr. Nausieda admitted Betty to the hospital right away, in order to adjust her current medications in a safe environment and provide her with necessary therapy. When Betty arrived, she was taking three different drugs, at a cost of $22 per day. After four days in the hospital, she was down to just one drug, at a cost of only $7. Most importantly, Betty felt more energetic than she had in years. She looked forward to returning to Iowa and getting back to her family, friends and garden with renewed energy.

**Margie** had experienced symptoms of Parkinson disease for many years before it was formally diagnosed in 2000. When she did finally get treatment, the medications left her with uncontrollable movements, sleeplessness, and severe depression. Margie could not eat or think clearly, and her weight dropped to 91 pounds. One day, as her health was continuing to spiral downward, Margie fell at home but did not want to go to the doctor. Three days after the fall, when Margie still had trouble walking, her daughter became very worried and called an ambulance.

Having attended an educational session sponsored by the Regional Parkinson Center, an alert social worker from the nursing home recognized Margie’s distress and referred her to the Center. Dr. Nausieda admitted Margie to Aurora Sinai Medical Center to adjust her medications and begin a physical therapy program to regain strength in her arm. Gladys quickly improved and was soon able to use a walker with her good arm. She continues to do very well.

**Gladys**, a 75-year-old widow who was used to living alone and taking care of herself, fell and broke her arm. The uncontrollable movements she had as a result of her Parkinson disease prevented the arm from healing. After two surgeries to reset the bones in her arm, Gladys needed 24-hour care—so she moved into a nursing facility. This loss of independence plunged Gladys into a deep depression. She also began having hallucinations.

“"We are excited when we can help people get the treatment they need to manage their symptoms and learn how to access the education and support programs to help them and their families to better understand and deal with this chronic disease," says Gloria Bock, APRN, BC, program coordinator at the Regional Parkinson Center. Helping people achieve a dramatic improvement in their symptoms and seeing the relief on their face when they are finally able to take back control of their life is very gratifying for the team.

Patients also have many opportunities at such a large Parkinson disease center, such as involvement in clinical drug research trials and participating in Parkinson disease awareness programs.
For the first time in over a year, Richard Rowley now gets out of bed in the morning without collapsing. He can get around without a wheelchair, and he has even left the house with Sherry, his wife, to go to the store or out for dinner. This has made a world of difference for the 47-year-old father of three, grandfather, motorcycle enthusiast and sportsman. And he attributes his good health to a special neurologist at St. Luke’s Neuroscience Center.

Richard’s problems began three years ago. From time to time, he would become dizzy, then lose consciousness. This would happen while at work or home, in the midst of everyday activities. At first, these unpredictable episodes troubled Richard, keeping him on his guard at work and deterring him from driving or riding his motorcycle and other favorite pastimes. As Richard began to recognize the warning signs that came before a blackout, he managed to continue working and eventually resume driving.

Unfortunately, his health continued to deteriorate, sapping his strength and jeopardizing his safety and the safety of others. After visiting four different doctors in that first year of illness, none of whom could correctly diagnose him, Richard was frustrated and frightened. He had lost 42 pounds, going from a strapping 200 pounds to 158. In June 2001, he took a medical leave from work.

That same month, a neurologist diagnosed Richard with severe autonomic failure – a condition that changed his autonomic functions and affected his heart rate. When Richard stood up, his blood pressure became dangerously low, causing him to pass out; when he lay down, it skyrocketed. Due to the severity of Richard’s condition, he was referred to the Mayo Clinic in Rochester, Minnesota, the prototype from which autonomic laboratories across the country are modeled after. However, while waiting months for the first appointment, his neurologist discovered a new local doctor. Neurologist Rose Dotson, MD, had recently relocated from the autonomic laboratory at Mayo to St. Luke’s to develop the Regional Neuroautonomic Center. Richard was relieved to find a local specialist to handle his condition.

Dr. Dotson joined St. Luke’s in 2001 to open the Regional Neuroautonomic Center. A Milwaukee native, Dr. Dotson chose St. Luke’s because of its commitment to expanding neuroscience services, the opportunity to develop her own neuroautonomic laboratory and St. Luke’s reputation for excellence in patient care. Dr. Dotson had previously helped to establish two other autonomic laboratories: one at Oregon Health Sciences University and the other at the Medical College of Wisconsin. She also instructs physicians in autonomic testing through the American Association of Electromyography (EMG), a diagnostic procedure that measures nerve and muscle function. This is an effective, non-invasive tool to determine carpal tunnel syndrome, pinched nerves of the back or neck, and peripheral neuropathy.
Richard Rowley was one of Dr. Dotson's first patients at St. Luke's. She confirmed the diagnosis of autonomic failure. Additional tests identified the presence of an antibody that attacks the nerve cells of the autonomic nervous system. Working closely with her former colleagues at the Mayo Clinic, Dr. Dotson tried an experimental treatment, *intravenous immunoglobulin* (IVIG) — a therapy where medicine is delivered intravenously through a saline drip. This treatment had been proven effective for treating patients with other inflammatory neuropathies, but remains in the experimental phase for patients with autonomic failure, particularly to the extent of Richard's illness.

Richard had his first IVIG treatments at the Vince Lombardi Cancer Clinic (VLCC) at St. Luke's. The kindness and compassion of the VLCC staff put Richard at ease right away. Dr. Dotson felt it was important for Richard to receive this experimental treatment in a highly skilled, controlled environment.

Three weeks after his first treatment, Richard walked into Dr. Dotson's office without the aid of a wheelchair. He was excited to report that he had taken the stairs at home and even walked down the aisle with Sherry at their son's wedding in October. While Richard is far from cured, the treatment has restored his quality of life. He's been able to eliminate some of his unpleasant medications and, for the first time in two years, he feels hope for the future. “Dr. Dotson and her treatments have been a lifesaver for me. I hope that this type of medical specialty can help other people who are needlessly suffering and scared.”

The Regional Neuroautonomic Center offers specialized, life-saving care for autonomic nervous system disease, right in our own community. If you or someone you know would like more information, please call 414-385-8795.
Imagine having unexplained pain or movement problems, not knowing the source of your illness or whether you will ever feel better again, and desperately searching for the right doctor and treatment while your suffering increases. Neurological illnesses are some of the most difficult disorders to diagnose. Often patients spend months or years trying to find the right doctor who can correctly diagnose their problem and begin to heal them.

Neurologist James C. Barton, MD, has practiced at St. Luke’s Medical Center for a quarter century, alleviating pain and anguish in thousands of patients. In his practice, Neuro Wisconsin, SC, Dr. Barton specializes in diseases of the brain, spinal cord, problems with the peripheral nerve, back pain, multiple sclerosis (MS), headaches and seizures. His wife Peggy, a master’s educated nurse, is his office manager and works to comfort patients and their families. “She has a special relationship with the patients; she discusses issues the patients have forgotten to discuss with the doctor or just feel more comfortable discussing with a nurse,” Dr. Barton says. Daughter Lindsay, a recent graduate of Tufts University, joins them at the practice as her schedule permits, to help with paperwork. And last, but not least, is family cat Fluffy — the self-appointed vice president of public relations. Fluffy is known for making special appearances at the office, cuddling with family members while they wait or bringing smiles to the faces of patients young and old.

Dr. Barton and his wife first met in the 1970s, in Massachusetts, through their mutual professional interest in caring for people with MS. After marrying, they moved to Milwaukee in 1976, where Dr. Barton joined the medical staff at St. Luke’s. Peggy earned her master’s degree in nursing at Marquette University, specializing in the care of terminally ill patients and their families. She worked for a time on St. Luke’s oncology unit. In 1996, Peggy joined her husband’s Neuro Wisconsin practice. Dr. Barton knew Peggy’s professional experience, education and compassion would be an asset to his patients.

When Peggy schedules new patient appointments, she is able to obtain a brief reason for the visit to assess whether they are seeing the appropriate specialist. After Dr. Barton examines the patient, Peggy explains medication prescriptions and physician orders and answers any other questions the patient may have. Since Peggy staffs the office all day, she is able to respond quickly to patient calls. Peggy listens and encourages patients and family members as they work through the emotional issues of their sometimes-debilitating conditions. This uniquely close and personal contact between Dr. Barton, his wife, and his patients, ensures coordinated communication among all involved — and seamless attention to patient care. Dr. Barton credits the close relationship he and his staff have with his patients as a distinguishing feature of his practice.

Maria Bross, a patient of Dr. Barton’s (who has made special shampoos and other treats for Fluffy over the years), suffers from a range of medical issues including diabetes, bad knees and arterial blockage. In 1999, Maria experienced severe headaches and feared she had a brain tumor — just like her mother. She was also losing her vision in one eye. Being told that the problems were “all in her head,” she searched until she found a doctor who would listen — Dr. Barton. At her first appointment, Maria told Dr. Barton her suspicion that she had a brain tumor. He ran the appropriate tests...
and found the angioma, a non-malignant tumor. After a month of radiation, her tumor shrank and her symptoms subsided. Today, Maria visits Dr. Barton regularly and, every six months, he reviews her MRI (magnetic resonance imaging) results to ensure that the tumor has not grown larger. Maria credits the good care she received from Dr. Barton, as well as the continual encouragement and support from Peggy Barton, as the key to her recovery.

Dr. Barton’s instinctive diagnostic skills help him establish a bond of trust with his patients. By looking holistically at the patient’s individual history, Dr. Barton is usually able to find the source of the problem and begin exploring treatment soon after the first visit. He welcomes complex and challenging conditions. On a daily basis, Dr. Barton has many treatment options at his fingertips to alleviate pain and suffering. Nerve blocks and epidural steroid injections for back pain have provided a non-surgical option for thousands of patients. Triptans, a fairly new category of medications for headaches, offer relief in place of narcotics, which often lead to addiction and dependence.

Dr. Barton has also participated in Phase Three research trials for stroke treatments. It is now well established that immediate intervention within the first three hours of the onset of stroke symptoms can lead to increased patient survival and decreased residual symptoms.

With the expansion of the neurosciences program at St. Luke’s, Dr. Barton credits the team’s effort of related disciplines, such as the EEG lab he directs, as a prime factor in the program’s success. The dedication of the diverse staff, their willingness to embrace new technologies and test new theories, and their commitment to finding better ways to improve medical outcomes is what keeps Dr. Barton encouraged for the future of his patients.
In November 1999, accountant and business owner Jim Molenda was too weak to walk across the street. The very active 55-year-old enjoyed swimming and golfing, and prior to a knee injury in 1989, had jogged and played racquetball regularly. Unable to identify the cause of Jim’s condition, his family doctor referred him to neurologist James C. Barton, MD, of Neuro Wisconsin, SC.

At the very first visit, Dr. Barton determined that Jim had an autoimmune deficiency. A battery of tests, including muscle and nerve biopsies, revealed a rare nerve disease called chronic inflammatory demyelinating polyneuropathy (CIDP). In essence, Jim’s immune system was attacking his nerves, wearing off their protective coating. “I walked out of Dr. Barton’s office feeling that I understood what was going on and having a lot of confidence in him,” says Jim. He decided then and there to work as an active partner in his treatment plan. “Dr. Barton and I were in this together.”

Part of the “plan” compelled Jim to fax a health update each Friday to Dr. Barton, letting him know what physical changes had happened to him that week. If he missed a fax, Peggy Barton, Dr. Barton’s office manager and wife, would call to make sure everything was okay.

Unfortunately, Jim’s condition was deteriorating rapidly. By New Year’s Day, 2000, he began walking with a cane. Dr. Barton prescribed a high dose of Prednisone, a steroid that slows the progression of the disease. Knowing this would not be a long-term solution, Dr. Barton continued to try other treatments — including IVIG (intravenous immunoglobulin), a promising new treatment of daily injections of immunoglobulins, proteins that are naturally produced by the body’s immune system, administered over a five-day period. Unfortunately, Jim did not respond to IVIG. He continued to grow weak, barely able to walk, but still keeping hope. Jim’s naturally upbeat outlook, combined with the support he received from Dr. Barton and Peggy, helped him persevere.

In April 2001, Dr. Barton prescribed six chemotherapy treatments to help Jim’s immune system stop attacking his nerves. Once a month, Jim was hospitalized for 30 hours of extended chemotherapy. Jim was fairly lucky; he neither became sick nor lost his hair. For a week following each chemo session, Jim had to avoid crowds or other situations that would expose him to infection.

Jim credits his employees at Molenda and Associates for keeping his accounting business on track during this trying time. They all took on extra hours during the busy tax season, while Sue Molenda split her time between the office and helping Jim at home. It was a relief for both of them to know that the business was in such good hands while the family, including daughters Sherry and Kerri, focused on Jim’s treatment.

After the sixth chemotherapy session, Jim showed a glimmer of improvement. Dr. Barton extended the treatment and over the next four months, each chemotherapy session improved Jim’s strength. On January 1, 2001, as Jim prepared to enter the hospital for his 11th round of chemo, Dr. Barton called with a New Year’s gift – Jim’s blood test from the previous day indicated he no longer needed chemotherapy. Over the next year, Jim’s strength slowly returned and he began to walk without a cane. By April 2002, Dr. Barton pronounced Jim completely cured of his rare nerve disease.

While Jim isn’t quite 100 percent yet, he knows he is a long way from the self-described “pitiful” state he languished in the previous year. “My story is so great,” he exclaims. “Over the past two years, I didn’t know if I would ever walk again.” Jim adds, “Dr. Barton and Peggy are the best. I don’t know how my family and I would have done this without them.”

This summer, Jim bumped into an acquaintance he had not seen for over a year and received the best compliment he’s ever heard, “Jim, you look completely normal.” For someone who couldn’t cross the street two years ago, it felt good to finally be normal.
In 1992, Kelly, a 37-year-old wife and mother, was diagnosed with a malignant brain tumor. She had her first craniotomy — brain surgery — immediately, and another in 1998 when the cancer recurred. To further shrink the tumor, she received the maximum amount of radiation possible as part of her overall care plan. When the cancer came back in late 1999, Kelly’s options for treatment were running out.

While another open brain surgery was possible, her oncologist knew that St. Luke’s in Milwaukee was soon going to be opening the Gamma Knife Center. He thought Kelly would be a good candidate for the procedure, and referred her to P. Daniel Suberviola, MD, a neurological surgeon and also one of St. Luke’s Gamma Knife program coordinators.

“For patients like Kelly, who’ve already had the maximum amount of conventional radiation, the Gamma Knife offered another option that could provide real hope,” says Dr. Suberviola. “The exciting thing about the Gamma Knife,” he says, “is that the radiation is so precise and so calculated, it is able to destroy the diseased cells without affecting the healthy, normal tissue around the tumor or lesion.”

For Kelly, the Gamma Knife not only provided a potential cure, it did so with minimal interruption to everyday life. Kelly, in fact, worked all day at her job on Wednesday, came in for Gamma Knife treatment on Thursday, and returned to work on Monday. “When I had the two brain surgeries, it took weeks to recover,” Kelly recalls. “It was much more traumatic.”

The Gamma Knife procedure is virtually painless, has minimal risk of complications and does not involve extended hospitalization. Patients do not have to be put to sleep, and there is no loss of blood. Most people go home from the hospital in 24 to 36 hours and return to work as early as the next day.

Dr. Suberviola is a fellow of the Royal College of Surgeons of Canada (and only the 216th fellow to be selected in the 50 years prior to his induction) and the International College of Surgeons. He is one of three program coordinators for the Gamma Knife Center. Dr. Suberviola has special interest in the surgical treatment of brain tumors, degenerative diseases of the spine, movement disorders and stereotactic radiosurgery modalities.

“Our primary mission is to treat patients, and to do it in the best possible manner. The breadth of services at St. Luke’s makes this possible,” says Dr. Suberviola.

The Gamma Knife Center at St. Luke’s can be reached by calling 414-385-2660.

**Gamma Knife** is recognized worldwide as the preferred treatment for metastatic brain tumors, primary benign and malignant brain tumors, and other intracranial lesions. It is not really a knife in the usual sense of the word but rather a bladeless “knife” that performs neurosurgery without an incision. Gamma Knife treatment uses multiple, low-intensity beams of radiation which converge on a target to slow the growth of cancerous tumors. The radiation actually destroys the DNA in the tumor cells so that they are no longer able to grow and reproduce. When the cell matures and is unable to replicate itself, it simply dies. Due to this inability to replace dying cells, the tumor’s growth is halted.
St. Luke’s Medical Center welcomes Stuart Merritt to the Philanthropy Department as our new Director of Planned Giving. Stuart brings a wealth of experience in this area, having previously worked for over 16 years in philanthropy and planned giving with a major international religious and social service program. While Stuart learned many technical aspects of planned giving that will ultimately benefit our donors and St. Luke’s, his experiences working with people are our greatest gift. “The most important lesson is how people care for their fellow man and search for the best, most effective way to fulfill their dreams of what could be, through philanthropy,” Stuart says.

Originally from Chicago, Stuart and his wife, Lynelle, live on rural land near a lake in Cedar Grove with their three sons, aged four, seven and nine. When he is not visiting with donors, Stuart can be found coaching on the baseball and soccer fields or tending the fields near his home. He is proud of the landscaping he and his wife have completed, boasting, “not bad for a city boy…” He is also an accomplished trombone player, having performed with the DePaul University Orchestra and Salvation Army Musical Group.

To acquaint himself with the wonderful programs at St. Luke’s Medical Center, Stuart has strolled the halls of the hospital and introduced himself to many devoted donors and grateful patients. Initially, Stuart was humbled and amazed by the level of passion and commitment expressed by St. Luke’s benefactors, until a donor told him, “Once your life has been saved by this institution, it changes your perspective.” Stuart aims to match donors’ desires to further the life-saving treatment, cutting edge research and compassionate care with the most effective gift-giving vehicle.

“Planned giving has an ability to match dreams and passions in a unique fashion. It’s exciting to help people see that they can make a larger gift through property or other assets they did not realize they had,” says Stuart. St. Luke’s Medical Center has appreciated bequests through estate planning as a means of furthering medical excellence. “There are so many wonderful ways, both revocable and irrevocable, through beneficiary designations of saving bonds, bank accounts, insurance or retirement plans to create a charitable dream without taking away support from your family,” Stuart explains.

For donors interested in expanding their life income options, the Charitable Gift Annuity offers another option. Donors can make a charitable gift, with resulting tax deduction, while providing themselves or another family member with income for life. As a baby boomer, Stuart has made these gift arrangements for each of his sons, in order to save for college while supporting institutions to which he is deeply committed.

“I share a passion for the mission of St. Luke’s Medical Center. I can only work for an institution in which I’m personally invested,” says Stuart. To this end, he has included St. Luke’s Medical Center in his estate plan and joined the Employee Philanthropy Club through his current charitable giving.

Readers of The Spirit may meet Stuart in the coming months as he continues to acquaint himself with the programs and services available at St. Luke’s Medical Center. “I look forward to greeting our donors and learning of their dreams for the hospital,” he says. As donor dreams become reality, our community, state, country and world will have greater options for excellence in health care.

When writing out your will, remember St. Luke’s Medical Center
Welcome New Donors

Gifts Received January 1, 2002 through September 30, 2002

Gifts received after September 30, 2002 will be recognized in the next issue of The Spirit.

Mr. and Mrs. Clark Beier
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“A year ago in June, my mother was admitted to St. Luke’s after a heart attack. Because of several major complications, she stayed for 17 days. During that time, she had wonderful, fabulous care and treatment from nurses, aides and doctors in Intensive Care, as well as on several other floors. That is why she is alive today! I also spent late hours in the visitor’s lounge, and the cleaning staff was also so kind and helpful! My mother almost died three different times, and during two of the crises, I wanted to call my sister in Indiana and brother in Palmyra. I couldn’t think straight and was so nervous and scared, but when the operator at your switchboard realized my condition, she allowed me to call them at St. Luke’s expense. She was so understanding and helpful, and I was so grateful. I am sending a donation to express my appreciation for all the care and help we received! Thank you all from the bottom of my heart!”

— Jean Ann V.

“A year been five years since I lost my wife to cancer. I will always be thankful for the loving care she received at St. Luke’s. The encouragement I received from Dr. Hanson and his caring staff will always be remembered.”

— Dick M.

Please note that in order to retain your privacy, we do not share our mailing lists.
Corporations, Foundations and Organizations
Gifts Received January 1, 2002 through September 30, 2002
Gifts received after September 30, 2002 will be recognized in the next issue of The Spirit.

The commitment from corporations and foundations is integral to the excellent programs, equipment and services we provide every day to our patients at St. Luke’s Medical Center. Through their contributions, we can successfully meet and anticipate the health care needs of the nearly 33,000 inpatients and 448,000 outpatients who come to St. Luke’s each year.

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Photos on pages 38 through 59 were taken at the 2002 Desert Gala

Anthony J. Zekich and Ann Wallen

Photos on pages 38 through 59 were taken at the 2002 Desert Gala

Bold print indicates an increased gift.
+ Deceased
The Gift Programs of St. Luke’s Medical Center/Office of Philanthropy

Congratulations and thanks are extended to those whose names follow for sharing their resources. We salute them for their compassion and sense of community.

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The family would appreciate memorials to St. Luke's Medical Center,
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St. Luke's Medical Center Lifetime Philanthropists is an organization of benefactors and friends of St. Luke's who have made provision to support the hospital in their estate plans or through life income gifts.

Because of their generous commitment, the excellence of health care available at St. Luke's Medical Center will be continued and enhanced for present and future generations.

If you have provided for St. Luke's Medical Center in your estate plans, but are not among those listed, please let us know. We would be pleased to welcome you as a member of the Lifetime Philanthropists.

For more information on becoming a member of the Lifetime Philanthropists, call or write St. Luke's Medical Center/Office of Philanthropy, P.O. Box 2901, Milwaukee, WI 53201-2901. Phone: 414-649-7008.

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In memory of St. Luke’s Lifetime Philanthropists and benefactors whose bequests are living on to advance the quality of health care at St. Luke’s Medical Center

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Charitable Gift Ideas to Help You Chart Your Course in the Choppy Waters of Uncertain Financial Markets

A few years ago, a funny radio ad aired where someone had to “break the news” to a fellow employee that their “hot stock” had just turned a profit. His friends console him as if “profits” were the kiss of death to his skyrocketing stock pick. What a difference a few years makes. Now many of us are faced with the arduous task of trying to steer our investments through this difficult market, searching through the fog for a safe harbor to ride out the storm. We have learned some valuable lessons, though. Diversification, moderation and income are important components to financial planning, especially when keeping sight of college savings and retirement goals.

One way to navigate this storm may be the St. Luke's Medical Center Charitable Gift Annuity program. This simple method supports the life-saving mission of St. Luke’s, while offering helpful “financial anchors” like generous fixed payments for life, partial tax-free income, an income tax deduction, and capital gains relief when funded with appreciated property.

Grandparents, or parents, searching for a safe harbor for college savings, might consider a deferred college gift annuity. This variation of gift annuity provides deferred income to a child or grandchild, then “compresses” lifetime income into a brief term of years, while they attend school. The resulting income for the student is quite significant, especially when combined with a tax deduction for the parents or grandparents.

This deferred college annuity may assist parents, or grandparents, in passing on important charitable values to younger generations. Because St. Luke’s can expend the charitable remainder sooner, this will enable the student, parent and even grandparents to experience the joy of giving together. You might even make a family project out of choosing how you want to benefit St. Luke’s, involving all generations in the process. And that may be the best gift of all.

If you would like information about charitable gift annuities or other ways to make a significant difference in the lives of many through a charitable gift to St. Luke’s Medical Center, please stop by the Office of Philanthropy, call or write our Director of Planned Giving, Stuart Merritt, at 414-649-7008 or stuart.merritt@aurora.org.

All the best, and “smooth sailing to you!”
Thank You
for your generosity throughout the year.

St. Luke's Office of Philanthropy

A gift to Aurora Health Care is an investment in the future of innovative, compassionate health care. For your convenience, you can use the pledge form below, or log on to www.AuroraHealthCare.org and make a donation online.

Please use my gift as an investment in medical progress. I want to help others live a better life.

☐ $500* ☐ $250* ☐ $100* ☐ $50 ☐ $25 ☐ Other $ _______

Gift in memory of ____________________________________________

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Please notify the following of my gift:

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Please make your gift payable to St. Luke's Medical Center and return this form with your gift.

St. Luke's Philanthropists Club – Suggested Gift Plan

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<th>Giving Level</th>
<th>Annual Contribution</th>
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<td>Hanover Society</td>
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* With your gift of $100 or more, you are invited to become a member of St. Luke's Philanthropists Club. You will receive an invitation to the Annual Dessert Gala and your name will be recognized on a unique display in St. Luke's distinguished recognition area. Additional benefits are provided with increased levels of giving.
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Volunteering at St. Luke’s Medical Center is something you can do for others. By sharing time, talent and skills, volunteers create a bridge between patients and medical staff that is vital to high quality patient care.

To find out more about volunteering, call Volunteer Services at 414-649-7022.

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