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The Spirit of St. Luke's, Fall/Winter 1999

Aurora Health Care
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Cover Photos: (left) Dr. Alfred J. Tector with Bob Kasten—his neighbor, friend, and patient.
(right) Dr. Theodore Gronski—Mr. Kasten's pulmonologist.
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Dear St. Luke's benefactors:

Every gift to St. Luke's Medical Center makes a difference!

Part of our job in the Office of Philanthropy is to help you, the donor, understand how your gift makes a difference in the lives of those who come to St. Luke's Medical Center for their medical care. There are countless wonderful stories we could tell you about what your gifts mean to our patients at St. Luke's.

For Ken Yontz, giving to St. Luke's meant helping women prevent and recover from heart disease. Ken lost his wife, Karen, to heart disease when she was only 48 years old. He wanted to honor her memory and also have an impact on the lives of other women and on the community. Ken knew the startling statistics about women and heart disease: heart disease is the number one killer of women in our country. Every year over 500,000 women are diagnosed with heart disease. So, in memory of his wife, Ken made a substantial contribution to establish the Karen Yontz Women's Cardiac Awareness Center at St. Luke's. Now each day his generous gift helps numerous women and undoubtedly has saved many lives.

You may not be able to contribute a million dollars, but I want to emphasize that each gift to St. Luke's makes a difference. The size of your gift does not matter. Every donor has the opportunity to make a difference and it is our job in the Office of Philanthropy—actually it is our privilege—to help in whatever way we can. Every gift helps St. Luke's Medical Center achieve its mission of providing programs and services to all those who come here. Last year St. Luke's had over 28,750 inpatient visits and over 370,600 outpatient visits.

Another person who is making a difference at St. Luke's is Laurie, a dedicated and wonderful volunteer in our department who helps us out one day a week and often other times as well. Laurie, who is on disability because of her diabetes, not only volunteers her time but gives a gift of $25 each year to the cancer Tree of Light program in memory of her mother. Laurie's gift is extremely important to her and it is important to us. Money raised from the annual Tree of Light program helps to provide reading materials for cancer patients and their families. Laurie is indeed a true philanthropist because of her volunteerism and her annual gift to our Tree of Light program.

Some people we talk with think they need to be able to give a lot of money away in order to truly become philanthropists, but that simply is not true—as I hope you can see by Laurie's example.

A philanthropist is a person who gives to make a difference in the life of another individual because there is a compelling need at the medical center for a piece of medical...
equipment or the need for a new program or a research project. The amount one gives does not matter. What does matter is your gift and your intent—why you are giving a gift.

When many gifts are combined, the impact can be tremendous. When 2,000 people who are members of our Philanthropists Club give a gift of $100 or more a year and become annual supporters of St. Luke's Medical Center, their support totals more than $200,000 each year. St. Luke's counts on this annual support to advance medicine and all these philanthropists make an enormous difference to our patients and their families who count on St. Luke's to provide the latest in technology, programs, services, and research.

Those of us who work in the Office of Philanthropy at St. Luke's are blessed with the opportunity to meet with many donors and to watch as they come to understand how they are making a difference. We have developed many wonderful friendships among our donors. Our relationships with them become richer because we get to know them as people and not just donors. When these people start to recognize what a difference their gifts make, it is a heartwarming process. We see it in their body language and we see it in their faces—as they begin to understand that they are actually advancing heart or cancer care, or whatever they choose to support.

And then we truly know that this is what giving is all about. Our friendships with these donors and their relationships with St. Luke's are critically important to the good work our hospital does.

It is wonderful to have the privilege of working with these donors as they come to this realization. Unfortunately, we do not have the opportunity to work with each and every donor in this way. When you send us a gift, we do not necessarily have the chance to meet you or get to know you. We are fortunate to receive many gifts so that meeting each of you is a challenge, but we...

"We would like to have the opportunity to extend our hand in friendship to each of you. We want you to know your gift will make a difference and that we are working to put your gift to good use."

To those of you who already support St. Luke's each year with your annual and extra year-end gifts—or to those of you who have designated a gift in your estate—I would like to say what I have said to others: "Remember, your kindness in making a gift directly touches the lives of others." I would like you to think about how you would like your gift to change lives and even save lives at St. Luke's. And, finally, how can we help you? Please call us and give us the opportunity to get to know you.

Ultimately, your relationship with St. Luke's and with those of us in the Office of Philanthropy is not about money. It is about helping and making a difference. It would be our privilege to help you do just that. On behalf of the many people who benefit because of your caring gifts, thank you. All of us in the Office of Philanthropy want to wish you and your family a very joyous holiday season and the best of health in the new millennium.

Brad Holmes
Vice President for Philanthropy
Robert Kasten, Sr., has always led a busy, active life, full of wonderful family activities and exciting business endeavors. At the age of 82, Bob has much to be proud of—including a long, happy marriage of 58 years and four bright, successful children and six grandchildren.

Bob is a Milwaukee native who majored in economics at Bowdoin College in Maine and also attended Harvard Business School. He was an instructor in the Army Air Force during World War II. After returning from the war, he pursued several business activities and eventually bought a shoe company. He now owns and manages a self-storage business.

One of his daughters, Susan Brumder, describes her father as “very involved and interested in life, and also a truly nice person.”

Bob has also been blessed with good health throughout most of his life. So last year when Bob started slowing down, everyone in the family was concerned. He was having trouble breathing and sleeping and, most significantly, seemed to have lost his usual zest for living.

Last year when Bob started slowing down, everyone in the family was concerned. He was having trouble breathing and sleeping and, most significantly, seemed to have lost his usual zest for living.

Toward the end of last year, Bob’s condition reached a crisis point. He slept in a seated position because of shortness of breath and was generally feeling very badly. His daughter, Chrissy Connelly, recalls, “We were all very scared. We had never seen Dad in such poor condition and we didn’t know what was wrong. He seemed to be giving up.”

On a Sunday when Bob found himself with shortness of breath, Chrissy’s husband, Jim Connelly, called a longtime neighbor and family friend of the Kastens, Dr. Alfred J. Tector, a well-known cardiac surgeon and heart care specialist at St. Luke’s Medical Center.

Alfred J. Tector, M.D.

Bob and Mary Kasten have been happily married for 58 years.
Bob's wife, Mary, remembers, "Bob was coughing all the time and having such a hard time breathing. He was also very weak. The best decision we made was turning to Dr. Tector."

Both of Bob's daughters now admit that at this point their father was so sick they were not sure he would make it through this crisis. Fortunately, Dr. Tector immediately took charge of the situation, sending Bob to the St. Luke's Emergency Department where a medical team awaited him. Dr. Tector examined Bob and determined that his condition was severe lung disease, complicated by congestive heart failure.

At this point, Dr. Tector referred Bob to St. Luke's pulmonologist, Dr. Theodore Gronski. Dr. Gronski subsequently treated Bob Kasten for severe emphysema and chronic bronchitis—a condition collectively known as Chronic Obstructive Pulmonary Disease or COPD, which affects 14 million people in the United States and is the fourth leading cause of death in the United States. Dr. Gronski says, "When Bob was admitted to St. Luke's, he had severe shortness of breath and was very uncomfortable. I'm pleased that we were able to establish a diagnosis of Bob's condition and treat him with the medications and recommend the therapy that got him moving in the right direction."

Because of his critical condition, Bob first spent several days in intensive care where he was closely monitored and treated with medications and therapy. Since he was so sick, Bob does not remember much about the ten days he spent at St. Luke's, but his family remembers it well. His children were frequent visitors—including his oldest son, former U.S. Senator Bob Kasten, Jr., who came in from Washington, D.C., and his youngest son, Bill Kasten, who visited from his home in the Chicago area. Both of his daughters, Susan and Chrissy, live in the Milwaukee area and spent quite a bit of time with their father while he was hospitalized.

Chrissy says, "Dad, who is usually such an agreeable person, was not the easiest patient for the nurses, but they were wonderful. If they asked him to do something and he said 'no,' they just came back and asked him again. They were so caring and patient. They really seemed to understand what he was going through and were also very accessible to the family."

Susan says, "Dr. Tector checked up on Dad all the time and was very involved in his care. The combination of Dr. Tector, Dr. Gronski, and the skilled staff at St. Luke's made all the difference in our dad's remarkable recovery."

Mary says, "We were so pleased about everything and Bob made

"I learned firsthand what a magnificent hospital St. Luke's is. It's a tremendous asset to our community. I want to express my deep appreciation to Dr. Tector, Dr. Gronski, and everyone on the staff who helped me recover."

— Bob Kasten, Sr.
Following his extraordinary care from Dr. Alfred Tector, Dr. Gronski, and the staff of St. Luke's Medical Center, and sixty-one years after his graduation from the school, Bob Kasten, Sr. was able to return to Bowdoin College to watch his grandson, Thomas Connelly, play in his Homecoming game.

such good progress. Even though he was very weak at first, we saw improvement every day and everyone answered all our questions.”

Chriisy says, “I think the main thing that happened at St. Luke’s is that they gave my dad back his will to live. Before, he had seemed ready to give up. The nurses kept telling him that he was going to get better, that he couldn’t give up, that he had to have hope. And they were right. He did get better.”

After being released from St. Luke’s, Bob spent about three weeks at a rehabilitation facility, where he gradually regained his strength, breathing capacity, and mobility. Today Bob is just about back to normal. As a matter of fact, his daughters feel he is better than he has been in years. While he still has a weakened heart condition that needs to be monitored, his lung infection is gone and he is excited about life again. He rides his bike regularly and works almost every day at his storage business. Bob and his family also spend quite a bit of relaxing time at their summer home on Cedar Lake. There’s no doubt that life is good again for the Kastens.

Recently Bob and Mary traveled to Bowdoin College in Maine, Bob’s alma mater, where their grandson, Thomas, is a student and member of the football team. They were thrilled to have the opportunity to watch him in a football game.

Dr. Tector says, “Bob was a neighbor of ours for many years. He’s a good friend and a caring person with a marvelous sense of humor. Dr. Gronski did an excellent job of caring for him. I’m really happy we could help him at St. Luke’s.”

Dr. Gronski says, “I believe Bob’s participation in pulmonary rehabilitation was a major factor in his good recovery. Pulmonary rehab is geared toward getting people moving and active again. It’s great to know that Bob has been able to continue working and is now back to leading his busy, active life.”

Even though Bob has a hard time remembering his stay at St. Luke’s, he has heard about it from his family and he knows his good health today

“I believe Bob’s participation in pulmonary rehabilitation was a major factor in his good recovery. Pulmonary rehab is geared toward getting people moving and active again. It’s great to know that Bob has been able to continue working and is now back to leading his busy, active life.”

— Theodore Gronski, M.D.
Pulmonologist

is due, in great part, to his experience at St. Luke’s.

Bob says, “I learned firsthand what a magnificent hospital St. Luke’s is. It’s a tremendous asset to our community. I want to express my deep appreciation to Dr. Tector, Dr. Gronski, and everyone on the staff who helped me recover.”
Last May Dr. Serguei Skorokhodov, an interventional cardiologist from Moscow, took time off from his busy schedule of observing cardiac procedures at St. Luke's Medical Center to discuss his experience in Milwaukee with *The Spirit of St. Luke's*. With him were three Russian cardiovascular nurses who were also part of the exchange program that St. Luke's has with their hospital—the Moscow City Center of Interventional Cardioangiology. The nurses were Lena Filmimonova, Valentina Tsareva, and Lena Makarina. In addition to observing procedures, the group also participated in a variety of medical education programs.

"It is very valuable to see how advanced cardiac technology is applied in the United States. We do not have such state-of-the-art equipment, but we need to learn what is possible and how the same procedures we do in Russia are done here."

— Dr. Serguei Skorokhodov, Cardiologist from Moscow

Russian health care providers have been visiting St. Luke's for about nine years. Because of the success of these visits, the Foundation for International Medical Exchange (FIME) was established as a nonprofit corporation in 1998 to promote this exchange of medical personnel, patients, and education with republics of the former Soviet Union, particularly the Russian Federation, the Republics of Georgia, Uzbekistan, and Kyrgyzstan.

FIME was founded by four Milwaukee-area physicians, all of whom practice at St. Luke's Medical Center or Sinai Samaritan Medical Center: Dr. Samuel Wann, president of FIME and a cardiologist with Wisconsin Heart and Vascular Clinics; Dr. Valeri Chekanov, a Russian-born heart surgeon; Dr. Teimuraz Gurchumelidze, a family practitioner from the Republic of Georgia; and Dr. Mahmood Mirhoseini, a Milwaukee cardiovascular surgeon. Many other cardiologists and cardiac surgeons from St. Luke's
participate in the exchange program in a variety of ways, including inviting the Russian participants to observe during their procedures.

Dr. Skorokhodov, who regularly performs heart catheterizations, angioplasties and other cardiac procedures in Russia, says, “It is very valuable to see how advanced cardiac technology is applied in the United States. We do not have such state-of-the-art equipment, but we need to learn what is possible and how the same procedures we do in Russia are done here.”

Dr. Skorokhodov continues, “While I believe we provide good heart care for the patients at our hospital, there are many differences between what we can do and what is done here at St. Luke’s. We are underfinanced and are just in the process of switching from government financing to health insurance financing, which should help the situation. There is a much higher level of technology here and also organizational ideas we cannot afford; however, we will take back new information and make changes in our hospital when we are back in Russia.”

The visiting cardiac nurses also see some major differences between the ways they provide care in Russia and how nurses function in the United States. For instance, they felt they had a much larger patient load, longer hours, and a wider scope of responsibilities. In addition to performing high level clinical tasks as St. Luke’s nurses do, nurses in Russia may also be expected to perform personal care and housekeeping duties. While the nurses said they typically had two years of training in a college level program, they indicated that in Russia it is difficult to survive on a typical nurse’s salary.

As part of the exchange, physicians, nurses, and cath lab personnel from the United States also visit Russian hospitals. There is a great demand to learn more about advanced cardiovascular care in Russia, where heart disease is the most common cause of death, just as it is in the United States. A major focus of the American physicians visiting Russia is prevention. Dr. Wann says, “A significant majority of Russians smoke, a key factor in heart disease. So when we’re in Russia we talk extensively about preventive measures, including stopping smoking, exercising, and lowering cholesterol.”

Dr. Wann points out, “These exchanges benefit everyone. The Russian specialists learn about advanced cardiac technology and procedures, and we benefit in many ways, too. It is very valuable for us, as American physicians, to focus on the principles of preventive heart care, as we do when we’re in Russia. With all our high tech procedures, we sometimes lose sight of the basics of preventing cardiac disease in the first place. It’s also good for our health care providers to realize that we’re doing things that other people are interested in and that we have the same goals with heart care as the Russian people—people who are really more like us than they are different.”

— Dr. Samuel Wann
St. Luke’s cardiologist

ARE YOU A SNOWBIRD OR ARE YOU MOVING?
WE NEED YOUR HELP TO SAVE POSTAGE COSTS!

If you go south for the winter, or have a change of address, please let the Office of Philanthropy know.
Then we can send your issues of The Spirit of St. Luke’s and other mailings directly to you. Not only will you receive your mail from us more promptly, but our office will save the significant costs associated with returned mail. You can send your change of address, with the time period you will be at that address, to us by mail, call 414-649-7122, or e-mail our office at shelly_rosenstock@aurora.org.

Thanks so much for your help and have a great winter!
Staff Profile is a new feature which will appear regularly in The Spirit of St. Luke's.

Joan has been working for St. Luke's Office of Philanthropy for about three years. She is responsible for handling and processing all the donations that come into the hospital, making sure that contributions are credited to donor accounts and writing letters of appreciation. A major part of her job is handling the large amount of memorial giving.

Joan says, "I really enjoy working with our donors because they feel so good about what they are doing. It's very heartwarming to see people give to the hospital from their hearts. It's also such a positive experience to see how much people appreciate the memorial contributions that are made to honor a loved one. We get contributions from all over the country and people write us such nice notes about the wonderful care their loved ones have received at St. Luke's. It's also very challenging and fun to be part of the exciting growth going on at St. Luke's."

Joan particularly enjoys attending St. Luke's annual Dessert Gala for Philanthropists Club members, where she is able to put faces with names and talk to some of the donors in person.

Joan was born and raised in the Milwaukee area. She has four children between the ages of 27 and 32 and three young grandchildren who are a major focus of her attention. Joan has a saying posted by her desk which summarizes her attitude toward grandchildren. It says, "If I had known grandchildren would be so much fun, I would have had them first."

Joan points out that she has a daughter, Jean, who lives at home and also has two "badly spoiled" poodles that take up a lot of her time. Joan also enjoys cooking, reading, and playing cards, but, next to her grandchildren (and her poodles), her great love is the Green Bay Packers. She says, "I'm unavailable for anything else on Packer Sundays!"

"I really enjoy working with our donors because they feel so good about what they are doing. It's very heartwarming to see people give to the hospital from their hearts."

— Joan Schultz,
Office of Philanthropy

E-MAIL US AND WE'LL RESPOND!

The St. Luke's Office of Philanthropy is now operating in cyberspace. If you're a computer user, please check out Aurora Health Care's Website on the Internet. The address is www.aurorahealthcare.org. You'll find descriptions of all of Aurora's affiliates, including St. Luke's Medical Center, and be able to make connections with physicians and staff members.* If you would like to communicate with us through e-mail, please send us your e-mail address.

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* Make sure to check out the philanthropy section of the website too!
Our Heartfelt Appeal to You

The Compelling Need
When a loved one is critically ill, even thirty miles is too great a distance for daily travel. If you are a patient undergoing frequent chemotherapy treatments, fatigue may make driving home too difficult. If you are faced with critical surgery, and your spouse must drive 200 miles alone to see you each day, stress may aggravate an already unstable condition. Nearby lodging the night before an early morning testing procedure may well ease the stress of your morning.

At St. Luke's Medical Center, we recognize this need for affordable, overnight lodging for our patients and their loved ones. We researched area hotels and found nothing less than $48 per night for single room occupancy. Our average patient stay is five and one-half days.

Many times affordability prevents loved ones from being together. Yet at no other time does a family need each other more than during a medical crisis. Being alone as a patient or caregiver, can be very lonely and stressful. As former St. Luke’s patient Tap Taplin recalls his wife “Ruth spent long, lonely days when I was in the hospital for bypass surgery.”

In 1998, St. Luke’s served 1,313 individuals as inpatients who came from outside Wisconsin. An additional 5,854 inpatients traveled within Wisconsin but from outside Milwaukee and Waukesha counties.

What Can We Do?
Recognizing that patients heal more quickly when they are comforted by the presence of close friends and family, we began to explore a solution.

We sought the experience of the Ronald McDonald House. Across the United States, these “Houses that Love Built” are providing affordable lodging in a home setting for family members of hospitalized children. We also learned much from the National Association of Hospital Hospitality Houses, which has more than 150 member houses throughout the U.S. and enhancing the hospitalization experiences of countless patients and their families.

The Beth Mensing Kidney House in Minneapolis became a reality after the patient service committee of the University of Minnesota Hospital designated it priority number one. This 118-bed “house and home” provides immeasurable emotional support for those who reside there temporarily. The home-like atmosphere allows individuals to prepare their own meals, relax in private rooms and most importantly, enjoy the fellowship of others in a similar circumstance.

We knew this was needed by patients in Milwaukee (where there is no such residence open to adult patients.) Our research convinced us we were moving in the right direction but how could we afford it? Where would it be? While staff was
united in their earnest desire to bring this to our patients and their loved ones, we realized we could not divert needed medical resources and therefore did not have the funds to make it happen.

How? Where?
As we continued to ask, our exploration began to take on life through the enthusiasm of those who learned about a prospective hospitality house. The answers to our questions soon became clear. How? Philanthropy. Where? We learned that there was a church across the street from St. Luke's that might be for sale. Further inquiry and visits revealed that it is the ideal facility for this purpose, and the congregation needs to sell the building. It represents a true win-win solution for all involved.

While our contractors' faith and generosity have given this project life, only your combined gifts will make it happen and bring untold comfort to countless patients.

The Contractors
That's when our major building contractors, on their own initiative, made our "Dream" a real possibility. Boldt Construction's staff volunteered their time to tour the facility and estimate the renovation needed. They determined that modification should provide a total of two floors and a basement. This would afford 18 private bedrooms each with private bath and capacity for two to four individuals. Modification would further add two large kitchen/dining areas, an elevator, and living and play areas for fellowship and recreation.

In sum, this would facilitate lodging for 36 individuals each evening, or 13,140 guests each year.

The overall projected costs of $2.8 million would have ended the momentum that was building, if it were not for the generous individuals pictured in this article. While hospital staff responded positively to the "Dream," this team of contractors has been uniquely able to focus the momentum and give shape and definition to the possibility.

Together with their subcontractors, Gerry, Harold, Michael, R.G. and Dick will attempt to collectively raise almost $1.4 million in goods and services to renovate the church. However, this outstanding effort will at best, cover only half of the project costs. They cannot begin renovation until we have secured the first two years of operating expenses, totaling $592,000. This committed team invites you to join their efforts. They can't do it alone. It will take many.

To Our Friends
Approximately 10,000 individuals will read this edition of The Spirit of St. Luke's. If each of you respond by sending an extra check of $60—The house would open! But we respect that not all of you may be able to do that. Still, the pressing need of patients and families compels us to appeal to you to make a special gift, above and beyond your other annual contributions, for this once-in-a-lifetime St. Luke's project.

We ask you to join with us by making an extra gift of $75 this year and pledging $75 for year 2000. This hospitality house will be realized only if enough generous donors give. A return envelope has been enclosed in this issue for your convenience. Simply designate your two-year pledge or check totaling $150 to the Hospitality House.

Just as you welcome guests in your home, please give your deepest consideration to this heartfelt hospitality. It would serve as a home away from home for those in medical crisis; a place where anxieties are shared and understood, fellowship and mutual support are ever present, and lifelong friendships are formed. While the contractors' faith and generosity have given this project life, only your combined gifts will make it happen and bring untold comfort to countless patients and families, during a time when they need it most.

Please designate an extra special pledge to the "Hospitality House"
Every year the St. Luke's Philanthropists Club honors very special benefactors of St. Luke's Medical Center. This year's honoree, who was recognized at the club's annual Dessert Gala, is John P. Hanson, Jr. M.D. Dr. Hanson is the first physician to receive this recognition from the Philanthropists Club and has been a long-time major contributor to St. Luke's. His contributions have supported a variety of technological advances, projects, and programs, particularly in the areas of cancer treatment and research.

As the director of St. Luke's Immunotherapy Program, Dr. Hanson is the attending physician in charge of the care a patient receives while undergoing immunotherapy—a very advanced treatment which boosts the patient's immune system by producing in the lab the same cells that healthy bodies generate to fight off disease and then administering these cells to the patient.

In 1974, Dr. Hanson established his practice as a medical oncologist and hematologist at St. Luke's Medical Center, where he introduced cooperative clinical chemotherapy trials. He was also the first person at St. Luke's to do Phase I clinical trials and, with Dr. Robert Petit, the first to bring a study for an investigational new drug (Interleukin-2) to the hospital. Dr. Hanson, who has published widely, is well known nationally for his state-of-the-art cancer research and treatment.

Dr. Hanson is a partner in a group practice, Medical Consultants, Ltd. He is also an assistant professor in the Department of Medicine at the Medical College of Wisconsin, and at the Mount Sinai Medical Center School of Medicine in New York.

Dr. Hanson says, "My support of St. Luke's through philanthropy is my way of saying 'thank you' to the institution for allowing me to work and pursue my dreams. The cooperation and interest the hospital has had in my work has helped make some
of my medical goals come true. St. Luke's has helped me in so many ways in my efforts to do what I want to do for my patients.”

Dr. Hanson continues with comments on the importance of philanthropy in health care. He says, "I believe we have an obligation to continue to support medical research and technology until we have cures for everything. We can never stop short of finding cures and better ways of treating patients."

A native of Milwaukee, Dr. Hanson received his medical degree from Marquette University and completed his internship and residency in internal medicine at the Northwestern University School of Medicine in Chicago. He subsequently served as chief of emergency room and general medical clinics from 1968 to 1969 at Cam Rahn Bay in the Republic of Vietnam, receiving the Bronze Star. Dr. Hanson returned to the United States in 1969 and served with the U.S. Air Force Medical Corps in Sacramento, California, until 1970.

Dr. Hanson was trained as an oncologist, or cancer specialist, at Memorial Hospital Sloan-Kettering Cancer Center and Mount Sinai Medical Center in New York City. Before that, he spent several years expanding his knowledge and training in other areas of medicine.

Dr. Hanson was gratified to be honored by the Philanthropists Club. He says, "I was very pleased to receive this award, mainly because this has given me the opportunity to publicly thank St. Luke's for its support and also to express deep appreciation to my patients who motivate me to continue my efforts to improve their treatment. These people undergo their suffering so graciously. I am overwhelmed by their positive attitudes and hope in the face of life-threatening illnesses. We must use philanthropy, now and in the future, to keep advancing technology and research for these wonderful people."

THE ANNUAL DESSERT GALA

Each year, St. Luke's donors who have made a gift of $100 or more in a calendar year are invited to the Dessert Gala where they are honored and recognized for their generosity. This annual event is held at the Wisconsin Club and features one of the hospital's programs or services in addition to "sweet delights and continental coffees."

The program featured in April of this year was the Madison Street Clinic, one of St. Luke's outreach programs serving the community. The presenters included Dr. John Brill, medical director, community health programs; Steve Ohly, manager; and Kay Heyer, violence prevention nurse.

For information on becoming a member of St. Luke's Philanthropists Club, please call Laverne Schmidt at 414-649-7123.
The first named cath lab in St. Luke's long history of providing innovative heart care will be named in honor of Bob and Jo Hyland for their family's recent major gift in support of St. Luke's heart program. In recognition of this significant support, one of the new catheterization labs being constructed at the hospital will be named the Robert J. and Josephine D. Hyland Cardiac Catheterization Lab.

Bob and Jo Hyland were first introduced to St. Luke's almost six years ago when Bob was flown via an air ambulance to St. Luke's after he suffered a massive heart attack in Woodruff, Wisconsin, where he had been hunting. Bob had five coronary bypasses and spent the Christmas holidays in the Intensive Care Unit, four weeks of which he was in a coma. At exactly the same time one year later, Jo, too, had five coronary bypasses and spent Thanksgiving, Christmas and New Years at St. Luke's, also in ICU and in a coma for a month. In fact, she recalls waking up from her coma and wondering why everyone was wishing each other a Happy New Year. She had missed the entire month of December.

Bob passed away in April and is lovingly missed by his family and...
many friends. Jo says, “St. Luke’s has always taken very good care of us. Thanks to St. Luke’s, Bob was able to lead a quality life for six years.”

Both patients of Dr. Alfred J. Tector, cardiovascular surgeon, they were very impressed with the care they received at St. Luke’s. In appreciation, Bob, Jo and their son, Duane, became dedicated donors to the hospital. In 1997, Bob and Jo were

“We know that by giving to St. Luke’s, our money will be directly used to help other people. St. Luke’s has always had top-notch technology and we wanted to see that continue, especially in the area of cardiac care.”

—Bob Hyland

named Philanthropists of the Year at St. Luke’s Philanthropists Club Annual Dessert Gala. At that time, Bob said, “We know that by giving to St. Luke’s, our money will be directly used to help other people. St. Luke’s has always had top-notch technology and we wanted to see that continue, especially in the area of cardiac care.”

The Hylands’ commitment to St. Luke’s is continuing through this recent major gift Jo and the Hylands’ son, Duane, have made to support the hospital’s cardiac care program. Four new catheterization labs are planned to be ready for use on the first floor of the hospital next summer. These spacious new cath labs will be state-of-the-art, allowing the staff to perform not only cardiac catheterizations but also the latest in peripheral vascular and cardiac procedures.

Jo Hyland said, “We know Bob would want us to help St. Luke’s in this way if he were still here. We saw the need for this contribution and so we made it. The important thing is that our gift will make a difference to many patients who come to St. Luke’s for heart care.”

Mark Wiener, administrator of St. Luke’s Medical Center, says, “The Hylands’ contribution will further enhance cardiac care at St. Luke’s. We have a rich tradition of excelling in cardiac services and philanthropy such as this will allow us to continue this tradition. St. Luke’s has always had the reputation of being at the forefront of technology and the new cath labs are an example of our efforts to continue to have the most advanced equipment and technology. Technology is dynamic and always changing so we have to change with it. We need continuing philanthropy to remain state-of-the-art. A generous gift, such as the one from the Hylands, helps us provide the most advanced care for our patients.”

There are many naming opportunities at various giving levels available at St. Luke’s to express your appreciation for care received. With a gift or pledge of $100,000 or more in honor of a family member or someone special in your life, recognition will be provided with the naming of a cardiac catheterization lab. For more information about naming opportunities at St. Luke’s, please call Laverne Schmidt at 414-649-7123.

THREE CHEERS FOR ST. LUKE’S STUFFER DUFFERS

This group of special people discovered a way to provide a valuable service for the hospital and have fun doing it, too! Several times a year a group of hospital friends get together to help with mailings from the philanthropy office. Last spring this congenial group was affectionately named the Stuffer Duffers by Walter Landowski, one of the volunteers.

Our grateful and special thanks to:

John and Hope Farr
Lorraine Borck
Clarence and Priscilla Derepkowski
George and Jeanette Fiolich
Agnes Hamilton
Kenneth and June Jorgensen
Carlton and Donna Kirst
Walter and Phyllis Landowski
Rose Luba
John and Mary Nault
Dorothy M. Raasch
Albin and Irene Rutkowski
Margaret Tomczyk

If you have a few hours to spare and are interested in helping, please call Shelly, Stuffer Duffers “chair,” in the Office of Philanthropy at 414-649-7122.
When Les Braze’s father, Edward, who is 83 years old, was hospitalized with congestive heart failure at a hospital out of the Milwaukee area, Les wanted to understand what was going on and help his father in every way possible. This proved to be a challenge. Since Les, who lives and works in Milwaukee, was not able to visit his father every day, much of their communication took place on the phone. His parents seemed confused about his father’s diagnosis and the treatment being prescribed. When Les tried to talk to the medical staff providing his father’s care, he didn’t know what questions to ask. The situation was further complicated because his father’s doctors changed several times during his hospitalization.

When Les expressed his frustration to a friend who works at St. Luke’s Medical Center in Milwaukee, she put him in touch with a nurse clinician at St. Luke’s—Cindy Kollauf, who was working in cardiac medical nursing and had a special interest in congestive heart failure. Soon Cindy became Les’s health care advocate as he in turn tried to become a more knowledgeable advocate for his father. Cindy and Les started talking regularly on the phone about what was going on with his father.

Les says, “Cindy gave me very helpful information about congestive heart failure and was able to give me some direction about what questions I should be asking my father’s doctors. I was then able to reassure my parents and explain to them what was happening. Without Cindy, I would not have known where to start.”

Cindy says, “It was very satisfying for me to help Les deal with his father’s illness, but it was a unique situation since I was working at St. Luke’s and was not directly involved with his father’s care. My goal was to help Les become an advocate for his father’s care. I tried to give him an understanding of what the normal chain of events would be in treating congestive heart failure and advise him on questions he should ask. I suggested key areas where he could provide support to his dad. I was also able to share some wonderful educational materials with him.”

Les says, “My parents and I have had very little experience in hospitals so this was a new situation for us. Older people, especially, may be very frightened and not prepared to ask the questions which would help them understand their condition. Once I was better informed, I had the confidence to ask pertinent questions and provide the active support my parents needed. Cindy was a tremendous advocate for us.”

While Cindy’s role with Les was not the same as working directly with a patient at St. Luke’s, it demonstrates a commitment to patients everywhere regardless of where they access care. Clearly, Cindy was very helpful to Les.
The gift you're planning to make to St. Luke's might not cost you as much as you first thought. Consider making a gift without using your checkbook! More and more people are making tax-wise gifts of appreciated assets, like stock or mutual fund shares, to their favorite charitable organizations, rather than giving cash.

**Financial advantages of gifts of appreciated assets:**

- You receive a charitable income tax deduction for the full fair market value of the asset, not just the amount you paid for it.
- You avoid or reduce the capital gains tax that would be payable if you were to sell the asset outright.

---

**Certificate**

100 shares of XYZ Company

John and Mary want to give 100 shares of XYZ Company to St. Luke's to be used for cancer research. The stock is held in their brokerage account at Robert W. Baird & Co. They contact their broker by letter and state the following:

Please transfer 100 shares of XYZ Company from our account #123456 to account #654321 at Robert W. Baird, DTC Firm #0547, for the benefit of St. Luke's Medical Center, Milwaukee, WI.

Their broker then transfers 100 shares of XYZ Company from John and Mary's account to St. Luke's account.

Talk about having your cake and eating it too! With the blessings of "Uncle Sam," John and Mary not only get a tax deduction for their gift, but they also save on capital gains taxes — and St. Luke's will get the benefit of the full fair market value of their gift. The real winners in this situation are the many patients who will benefit from the cancer research done at St. Luke's.

In order to avoid incurring capital gains tax on the appreciation, it's important to remember you must transfer the stock or mutual fund shares to St. Luke's account rather than selling the stock yourself and then giving the proceeds.

Please contact Laverne Schmidt or Kelly Sachse in the Office of Philanthropy at 414-649-7122 if you have questions or are interested in learning more.

As always, we encourage you to consult with your financial advisor about the tax implications for your personal situation.
Orville and Dorothy Wentworth

Orville (Ken) and Dorothy Wentworth are from Waukegan, Illinois, but their hospital of choice is St. Luke’s Medical Center in Milwaukee. They discovered St. Luke’s 21 years ago when Ken had his first of four heart attacks. Dorothy says, “We feel that our cardiologist, Dr. James King, and St. Luke’s Medical Center have actually saved Ken’s life four times!”

She remembers well the time when their family physician referred them to St. Luke’s. She says, “Our doctor said to me, ‘You need the very best because your husband is the most important thing in your life, so go to St. Luke’s Medical Center.’” Ken’s cardiac care has involved four angioplasties and the placement of two stents. Dorothy, who has also had a heart attack and been treated at St. Luke’s, says, “St. Luke’s has always been there for us when we needed heart care. We’ve always received tremendous care.”

Because of their confidence in St. Luke’s, the Wentworths have become regular donors and have designated their donations to be used for cardiac programs and technology. Dorothy says, “I can’t begin to tell you how excited we are about how St. Luke’s has used our money.” The Wentworths emphasize that they have had first-hand experience with the tremendous advances that have been made in cardiac care since they first started coming to St. Luke’s for heart care.

The care the Wentworths have received at St. Luke’s has allowed them to live very active, happy lives. After working at Abbott Laboratories for many years—Ken for 38 years and Dorothy for 36—they retired several years ago and took to the road, traveling all over the country in their 35-foot motor home. They have visited all 50 states and just finished a trip to Canada.

When they’re not traveling, the Wentworths keep very busy at home. Ken enjoys yard work and Dorothy takes great pride in her beautiful roses. Dorothy admits that Ken is the best cook in the family, especially when it comes to baking. They are also very intent on staying healthy. Ken exercises in a gym four mornings a week and Dorothy participates in water aerobics.

Next year the Wentworths plan on celebrating their fiftieth wedding anniversary by going to Hawaii with their daughter, her husband, and their ten-year-old grandson. Dorothy says, “Because we feel good, life is good for us.”
Brad Sabre

Brad has worked at St. Luke's Medical Center for almost 20 years. He is a Construction Coordinator for the Metro Region of Aurora Health Care but is primarily involved in St. Luke's projects. In his position, he is responsible for coordinating the new construction and renovation projects at the hospital as well as tracking schedules and budgets. He says, "Construction in the health care environment poses many unique challenges. Building in and adjacent to patient care areas requires us to be sensitive to the needs of patients, visitors, and medical staff."

Brad finds his job very satisfying. He says, "When we complete a project, I feel that we have contributed to improving patient care at this facility, and that's a very positive experience for me."

Brad is a member of St. Luke's Employee Philanthropy Club and is a regular donor to the hospital. When asked why he contributes to his employer, St. Luke's, he points out, "I feel that it is very important to engage your heart in what you do and part of that for me is attempting to ensure that St. Luke's remains a leader in patient care. I know that it takes continual investment in new technology for St. Luke's to provide the high quality, cost effective patient care that it is known for."

Brad encourages other employees to become donors to St. Luke's. He says, "I would definitely like to encourage other employees to contribute to the hospital if possible. It's just being part of a team and supporting a common goal. If you're here for patient care, and want St. Luke's to continue to provide the best patient care possible, the Philanthropy Club gives you this opportunity."

Brad and his wife, Susan, who is an elementary school teacher, have two children in college and are an active family. They enjoy the seasons in northern Wisconsin, particularly snow-shoeing and cross-country skiing in winter.

Dorothy Raasch

Dorothy Raasch is a refreshing exception. In these days when people are very transient, sometimes moving and changing jobs on a yearly basis, Dorothy Raasch is a refreshing exception. Dorothy still lives in the same house she was born in on the south side of Milwaukee near St. Luke's Medical Center—although she has traveled extensively throughout her life. She has also stayed committed to one career, teaching elementary school in Fox Point and Bayside for 39 years.

Dorothy has had surgery three times at St. Luke's and she says, "Being at St. Luke's has always been a very good experience. If I ever have to go to a hospital again, it will be St. Luke's. I feel that by making a contribution to the hospital each year I can help St. Luke's have the latest equipment and technology for its patients. St. Luke's has a great international reputation and I believe my giving will help maintain that reputation."

Dorothy's surgeries have obviously not slowed her down. She enjoys going on day trips with the city recreation department and has been on 28 Elderhostel trips that have taken her all over the world. During these trips she has pursued a variety of different interests including water color painting. She has even taken trips to Oslo, Norway, over a weekend to buy yarn for her knitting projects. She also takes swimming lessons and enjoys water aerobics. In addition, spending time with her nieces and nephews is a priority in Dorothy's life.

Dorothy also has a great interest in music. She plays the mandolin, guitar, autoharp, and cello, and has been a member of the Chicago Zither Orchestra for the past eight years.

Dorothy particularly enjoys attending St. Luke's Dessert Gala which is held each spring for members of the Philanthropists Club. She recalls, "One time I had just flown in from Turkey and I still made it to the Dessert Gala that evening."

The new century will hold some changes for Dorothy since she is planning to move out of her life-long home into a retirement home; however, this move will in no way hamper her travel plans. In January she'll be going to Las Vegas and in March to Hawaii. And who knows what other distant places she'll visit in the year 2000. One thing is for sure—she'll keep having a good time! Bon Voyage, Dorothy!
Welcome New Donors

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"When people are serving, life is no longer meaningless."

—John Gardner

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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 28,750 inpatients and 370,600 outpatients who come to St. Luke's each year.

Gifts Received January 1, 1999 through September 30, 1999.
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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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"A human being is happiest and most successful when dedicated to a cause outside his own individual, selfish satisfaction."

—Benjamin Spock

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The photographs on these pages were taken at the 1999 Annual Dessert Gala.

Please note that in order to retain your privacy, we do not share our mailing lists.

Gifts Received January 1 Through September 30, 1999

When writing or updating your will, please remember St. Luke's Medical Center.
Every gift is like a precious gem

Annual participation in the St. Luke’s Philanthropists Club is designated at the following levels:

- Garnet $100
- Emerald $150
- Ruby $250
- Crystal $500
- Diamond $1,000
- Benefactors $5,000


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

ST. LUKE’S PHILANTHROPISTS CLUB

St. Luke’s Philanthropists Club is an honorary membership organization established as a special way of expressing our appreciation to individuals who support the mission of St. Luke’s Medical Center with an annual gift of $100 or more within a calendar year.

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"With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love, asking His blessing and His help, but knowing that here on earth God's work must truly be our own."

—John F. Kennedy

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Mr. Geoffrey C. Liban

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Are you or your spouse employed by a matching gift company? Many companies will match or double your gift, thereby multiplying its value. When making a gift to St. Luke's, please obtain the proper form from your employer, fill it out, and return it with your gift.

—Thank you
"I expect to pass through this world but once.
Any good therefore that I can do, or any kindness that I can show to any fellow creature
let me do it now. Let me not defer or neglect it,
for I shall not pass this way again."

—Stephen Grellet
Media Rounds is a regular section in *The Spirit of St. Luke’s*. This section presents a sampling of stories involving St. Luke’s Medical Center that have been recently published or broadcast. As you will see after reading these inspiring stories, the news media continue to respond to the public’s desire for health-related news and information. We think our readers will be very interested to see the many exciting stories that are continually evolving at St. Luke’s.

**IMAGINE . . . BRAIN SURGERY WITHOUT A SCALPEL**

*Milwaukee Journal Sentinel Healthbeat*
*September 15, 1999*
*Milwaukee, Wisconsin*

**Surgery but no knife?**
It’s now possible, thanks to a unique, proven device known as the Leksell Gamma Knife. **St. Luke’s Medical Center** will be the first to make this technology available in Wisconsin.

This revolutionary instrument is safe, accurate, and more importantly, successful—which means that something very powerful is happening for patients with previously inoperable brain tumors: They’re gaining hope.

Because the Gamma Knife uses precise, targeted radiation to destroy brain tumors and abnormal blood vessels (arteriovenous malformations) deep within the brain without a single incision, it is a treatment option for many patients who were previously inoperable due to age, health condition, or lesion location.

The procedure is virtually painless, has minimal risk of complications, and does not involve extended hospitalization. In fact, patients are able to return to their normal daily activities, including work, within one day of the procedure. The procedure is backed by three decades of research and is covered by most insurance plans, including Medicare.

The Leksell Gamma Knife is a form of radiosurgery and delivers a high dose of ionizing radiation to targeted beams of gamma radiation that are programmed to intersect on a precise target—a tumor or abnormal blood vessel. This dose of radiation is calculated to injure or kill the diseased cells or their supporting blood vessels, while minimizing injury to surrounding healthy tissue.

St. Luke’s has assembled a multidisciplinary Gamma Knife team that includes a broad range of medical expertise, including neurosurgeons, radiation oncologists, radiation physicists, and nurses. Together, the team will provide optimal individualized care for each patient undergoing treatment in the new Gamma Knife Center that is scheduled to open this fall.

The Gamma Knife Center is another example of Aurora Health Care’s commitment to providing proven technology and the highest level of care possible to patients in Wisconsin. The Gamma Knife technology will complement St. Luke’s established neuroscience program and nationally recognized comprehensive cancer care program.
HEART TRANSPLANT ALLOWS WOMAN TO ENJOY SIMPLE PLEASURES

By Beth Williams
The Press Staff
June 6, 1999
Milwaukee, Wisconsin

A walk on the beach with friends and family is something many people take for granted. Lori Horr knows better.

The 43-year-old Horr has listened as friends and families tell stories of walks on the beach and visits to a neighbor's windmill 1½ miles away as she sat inside her sister's vacation home near Oostburg.

"For the past four summers everyone around this area has walked to the windmill, and I had to sit there," Horr said.

However, an April 29 heart transplant gave Horr the ability to see the windmill for the first time on Sunday afternoon as friends, family, and medical staff who cared for her while she was ill gathered to celebrate her recovery and walk to the windmill Horr had never seen.

Horr, who lives in Seattle, came to Milwaukee's St. Luke's Medical Center in April to see what could be done about her heart failure.

For the past nine years, Horr has battled health problems. Her first fight came with breast cancer, which required two rounds of chemotherapy and a mastectomy.

But one of the drugs she had taken to fight cancer had an unforeseen side effect, causing her heart to deteriorate. She went into heart failure three times over the course of nine years. The first two time's drugs had been able to control the failure, but in April there were not many options left.

It was then that Horr and her doctors at St. Luke's decided a transplant was her best option.

"It was a miracle," Horr said. "As soon as that heart was in me, it was mine and I was going to treat it as a special gift. I owe it to the donor."

By May 5, Horr was out of the hospital and at the house of her sister, Vicki George, in River Hills just outside of Milwaukee.

"It gave me my life back," Horr said of the transplant. It gave my whole family their life back." Horr said she hopes her story will encourage others to donate organs. "The donor saved three lives that night," she said, noting that other organs went to additional recipients.

The little things, such as walking to the windmill, are what matter to Horr now. "Something simple like a windmill can thrill me," she said. "It's the simple things that mean a lot."

"To enjoy seeing trees and flowers and life instead of four walls and white sheets, the donor gave me that too," Horr said.

Horr is planning to return to Seattle Aug. 18 and be reunited with her husband, Rick, and 12-year-old son, Rickie, who could not go with her to the windmill.

After the transplant, Horr had three goals: to learn to play the piano, to learn to ice skate, and to walk to the windmill.

Sunday she accomplished her goal of walking to the windmill, and she said she has already had four piano lessons.
The medical equivalent of an old-fashioned metal detector is being used to locate a biological treasure in men undergoing removal of a cancerous prostate—the nerves that control an erection.

It's the latest weapon in one of the most sensitive and problematic outcomes of prostate removal—the loss of potency, or "erectile dysfunction," the term now used for impotence.

With an estimated 185,000 new cases of prostate cancer expected this year nationally (4,100 in Wisconsin), the issue is a major one. That figure includes as many as 55,000 men who will undergo a radical prostatectomy, or complete removal of the prostate.

Now with a double strategy of "nerve-sparing" surgery, a technique pioneered in the 1980s, and a new device that helps surgeons locate and avoid the critical nerves, there is a growing expectation that the previous spotty record in preserving erectile function will improve.

An examination of 14 studies of radical prostatectomies and their complications by the American Urological Association shows that, depending on the study, the range of erectile dysfunction after surgery was 20% to 100%, with most studies finding a range of 40% to 70%. Erectile dysfunction was defined as the inability to achieve or maintain an erection.

The levels of success depend on several factors, including the type of surgery, the surgeon's skill, and the patient's age. Still, most urologists agree, there remains great room for improvement.

The whole problem rests in the anatomy of the area. The prostate is a walnut-sized gland that surrounds the urethra, the tube that carries urine and ejaculate. It is located at the base of the bladder.

Running along the prostate and somewhat below it—sort of like railroad tracks, as one urologist put it—are two nerves, the cavernous nerves. These are no thicker than a strand of thin spaghetti, and not much sturdier than the noodle after it's cooked.

When these nerves become stimulated through sexual arousal, they kick off a cascade of events that results in the penis becoming erect. If one or both of the nerves are cut or damaged during surgery, the likelihood of maintaining this normal physical sequence is drastically reduced.

Complex Problem

For decades, the likelihood that nerves would be cut or damaged was high because they frequently are difficult or impossible to see or locate. That's because they are obscured by overlying tissue, by the bloody field of the surgery, or are not where they normally should be.

"In my last 10 cases, I think I could see the nerves clearly in only one case," said Milwaukee urologist Stuart Fine, who nevertheless uses a relatively new technique called nerve-sparing surgery.

In the 1980s, Patrick Walsh, a professor of urology at Johns Hopkins University Medical School in Baltimore, pioneered such surgery during complete removal of the prostate.

At its simplest, it means taking the time, patience, and meticulous surgical approach necessary to locate the nerves, isolate them, and avoid injuring them when removing the prostate.

In his hands and those of others who have studiously followed the procedure, such as William Catalona, professor of urology at the Washington University School of Medicine in St. Louis, the rate of success in maintaining erectile function has been as high as 85% in men under age 50, decreasing to 65% in men in their 60s, and less than half in men older than 70.

Now, to assist the greater number of community-based surgeons, comes a new device called CaverMap. The hand-held tool has a probe at the end that helps the surgeon confirm the location of the nerves.

When the probe is placed against what is believed to be the nerve and energized, a ring fastened around
the penis measures whether the penis responds—either by beginning an erection or, paradoxically, shrinking. Either step denotes that the nerve has been located.

When the surgery is over, the probe can be used again to confirm that the nerves still are functioning.

Fine and colleague Mark Waples of the Clinic of Urology are using CaverMap in Milwaukee and both think the concept is a good idea, though it remains unclear how successful it ultimately will be.

Waples and other urologists also pointed out that about 50% of all prostate cancer patients are candidates for nerve-sparing surgery and CaverMap. Individuals must be able to have erections before surgery, have localized cancer, and want to maintain sexual activity after surgery.

"Whether mapping the nerve using this device is going to translate into improved maintenance, we can't answer that now," Waples said.

Although he already has used it on some patients, it is too soon in most cases to judge whether the patient's ability to develop a normal erection has been achieved. It can take up to a year and a half after surgery to develop full, potent erections.

Both physicians emphasized that getting rid of the cancer comes first; saving nerves is second.

The most critical element of the surgery is to make sure the entire prostate comes out and with it, all the cancer. Some surgeons are concerned that in a zealous effort to save the nerves, not enough tissue will be removed and some cancer will be left behind.

"This is a cancer operation, not surgery to maintain potency," said Fine. "If the issue comes down to curing cancer or maintaining an erection, we will treat for the cancer."

Just such a dilemma faces many prostate cancer patients with localized disease, that is, cancer that appears to be contained within the prostate. They face a very good likelihood their cancer will be cured.

**Difficult Choices**

The question is which technique should be used, with the least complications. Three major techniques—surgery, radiation, and radiation by implanted radioactive seeds—are available.

A 56-year-old Milwaukee family practitioner faced just such a choice when he learned he had localized prostate cancer in 1995. Married, with an active sexual life, he was leaning toward the radioactive seed treatment because the rates of erectile dysfunction were lower than for surgery.

"Maintaining my sexuality was very important to me," he said.

His wife was more concerned with making sure the cancer would be gone and cast a strong vote for a radical prostatectomy. "Erectile dysfunction would not be a factor for her," he said she told him.

After the physician underwent the nerve-sparing surgery, his wife took control—to help him reassert his potency, he said.

Not long after his catheter was removed, three weeks after surgery, she began to physically stimulate him. "I was nervous that I might damage something" by engaging in sexual stimulation that early, he said. But within two weeks, even without an erection, he achieved an orgasm.

Week by week, month by month, with the patient support of his wife, things improved. After some months, he managed a partial erection; and by a year, he had resumed normal sexual activity with full erections.

That is not atypical. Urologists talk about rare cases of "supermen" who can gain a solid erection within weeks of having the catheter removed. But more often, when there is success, it occurs six to 12 months after the procedure.

Catalona thinks the CaverMap will be most useful to the community physician who does fewer radical prostatectomies, less so for surgeons at "centers of excellence" where a urologist does 400 or more radical prostatectomies a year.

The CaverMap adds cost to the operation, about $900 a procedure, according to a spokesman for St. Luke's Medical Center, where it is being used. It also makes the procedure longer, about 1 5 to 3 minutes, and increases the risk that additional blood may be necessary during the procedure.

In a small study sample, use of the CaverMap indicated a higher success rate than usually reported, about 73%.

But, Catalona said, for the most part "the jury is still out."
RACINE MAN WAITS FOR NEW HEART: WEEKEND WALK RAISES AWARENESS OF DISEASE

Andy Johnson, Burlington Bureau
Racine, Wisconsin

Dale Slaasted died for a bit in March 1995. He doesn’t remember much about it.

“I died on a cruise ship,” the Racine man said Saturday. “I lost three days. I don’t remember anything.”

Slaasted’s life changed in ways he never contemplated as he and his wife, Sharon, were on that Caribbean cruise.

After heart bypass surgery and the installation of a heart defibrillator and a pacemaker, Slaasted finds himself on a waiting list for a heart transplant. The waiting is something he tries not to think about.

Surrounded by family and friends at the eighth annual American Heart Walk at the Racine Zoo Saturday, Slaasted considered his situation. He’s not about to let this get the best of him. That much Slaasted has figured out.

His message to others waiting for organ transplants: Follow your doctor’s orders.

“If you don’t have patience, learn some,” he said. “Try to keep a sense of humor. And, encourage everybody, whenever you can, to donate their organs.”

Slaasted said his support group at St. Luke’s Medical Center in Milwaukee is very helpful. He hears how others cope, and he tries to benefit from the experience of other people.

“It has alleviated a lot of anxiety and fear about the whole thing,” he said.

Slaasted has been on the waiting list since last December. He doesn’t have a pager yet, but once he does have one, Slaasted suspects he’ll be thinking about the waiting more often. But for now, the idea is to keep it simple.

“I’m able to do a few things, but can’t travel more than two hours from home,” he said. “I read a lot more than I ever did.”

When this chapter in Slaasted’s life began, and his doctor told him he wasn’t going back to work, the retired Navy veteran had decisions to make.

“I decided I wasn’t going to become a couch potato, watching television all day long,” he said.

While Slaasted didn’t participate in Saturday’s walk, just seeing the hundreds show up in support of the event made him feel better than any medicine.

As walkers found their way around the one-, two-, and three-mile routes, Jim Eastman, chairman of the 1999 Heart Walk, said he was pleased with the turnout.

“All of the proceeds from the event go toward education and research. It’s an excellent investment for the community,” he said.

Eastman said people are aware of the statistics and rate of heart disease and stroke. Officials from the American Heart Association say heart disease is the leading cause of death in Racine and Kenosha counties.

“The problem is getting public awareness and the fact that people can take steps to prevent heart disease,” he said.

Eastman cited Beth Krupka, Racine, as an important force in organizing the walk.

“Hers is a remarkable story,” he said. “Beth is certainly an inspiration for everyone working on this campaign.”

This is Eastman’s first year of involvement with the walk, and while he doesn’t have anyone in his family with heart disease, he still has a poignant story to tell.

“The mother of two employees died of a heart attack this spring,” he said. “She was a lady in her 40s. I know how difficult this was for the family.”

That event captured Eastman’s attention and prompted him to become involved with the 1999 American Heart Walk.

It’s those stories that can’t be forgotten. Meanwhile, Slaasted waits for his heart.

At first, Slaasted said he was convinced he didn’t want to meet his donor family. Since then, he’s changed his thinking and if it’s possible, Slaasted would like to meet his donor family some day.

Even now, he still has the recurring thought about the origins of the gift he will receive at some point.

“Somebody has to die for me to have this,” said Slaasted. “I’m still working through that. I pray a lot and that helps.”
An emergency physician at St. Luke's Medical Center thinks he has come up with a better mousetrap for taking the edge off jet lag—the sometimes ballyhooed, sometimes bad-mouthed steroid.

John E. Whitcomb thinks a single 20-milligram pill of hydrocortisone taken on arrival in London around, say, 7 a.m. to 9 a.m. can trick your body clock, which is telling you, "Hey, it's 2 a.m. Milwaukee time, let's get some shut-eye!"

The reason: Forget about steroids as a muscle-builder; this type converts carbohydrates into sugar. The result: a burst in energy or a second wind, if you will, that might not have you clicking your heels, but "removes that really low feeling," Whitcomb said.

Whitcomb said he has used it himself and offered it to friends, most of whom reported positive results. He says he's used it for years when working the graveyard shift in the emergency room, as have some other of his colleagues who swear to its ability to ward off the feeling of an all-nighter.

How can a dose of a steroid help with jet lag? Whitcomb, who also is head of St. Luke's International Travel Clinic, explained that there is a circadian rise and fall in levels of cortisol, a corticosteroid, about every 25 hours. Blood levels of cortisol peak about 7 a.m. to 8 a.m., at about 16 to 20 micrograms per deciliter. By noon, it declines to 10 to 12 micrograms, falling further to 7 to 10 micrograms about 5 p.m.; 5 to 8 micrograms at 10 p.m.; and 1 to 5 micrograms at 2 a.m.

His theory is simple. If you take a 20-milligram pill of hydrocortisone in the morning upon landing in London or a related time zone, it converts into cortisol, mimicking a level of 20 micrograms per deciliter in the blood. By immediately mobilizing sugars and breaking them down into energy, there is a boost, and a heightened sense of wakefulness and activity level, Whitcomb suggests.

Attempts have been legion to mitigate the problems of jet lag—a condition in which the body's sense of time is so out of whack with the time zone upon landing that it produces myriad symptoms, including extreme fatigue, nausea, headaches, memory problems, attention deficit, appetite disturbances, depression, anxiety, and clouded thinking.

Sleeping pills, bizarre diets—high protein or high carbohydrate—exposure to light or over-exposure to darkness, acupressure, and herbal remedies all have been touted as aids to overcoming jet lag.

But there are universally accepted tips on how to mitigate jet lag. Among them:

- Drink lots of non-alcoholic, non-caffeinated beverages (8 ounces for every hour of flying time).
- Sleep while traveling at night and arriving in the morning.
- Exercise and walk periodically during waking hours.
- Avoid wearing shoes while sitting.
- Upon arrival in the morning, expose yourself to bright light for as long as possible.

Whitcomb also believes that sleeping during the trip helps alleviate jet lag. Putting both methods together is the purpose of an experiment Whitcomb is starting in an attempt to prove his approach.

He is seeking volunteers who are heading to Europe from the Milwaukee area or Chicago. In the experiment, they will be randomly assigned to take a placebo, sleeping pill or melatonin—another type of sleep aid—after takeoff and will be asked to attempt to sleep. Upon arrival, the travelers will take either a placebo or the hydrocortisone tablet.

They also will have to fill out a standardized survey describing their mood and alertness levels the day before travel, upon arrival, and during the afternoon of the arrival day.

To volunteer for the jet lag experiment, you must travel at least five time zones east (for example, Chicago to London) and be at least age 18. There is no cost to participate in the experiment, but travel costs are the responsibility of the volunteer. To register or for more information call (414) 649-6664.
LASER HEART PROCEDURE HELPED ANGINA PATIENTS
By John Fauber, Milwaukee Journal Sentinel
September 30, 1999
Milwaukee, Wisconsin

Study shows 72% of those receiving treatment developed by local surgeon improved

A laser-based procedure developed by a Milwaukee heart surgeon improves the health and quality of life for patients with severe angina who are not candidates for conventional treatment, according to a study released Wednesday.

The study in the New England Journal of Medicine found that 72% of the laser patients had significant improvement, compared with 13% of patients who received only medication.

Only 2% of the laser patients needed to be hospitalized for unstable angina in the year after the procedure, compared with 69% of the medication-only patients.

The laser patients also had a 20% increase in blood flow to the heart. Blood flow worsened by an average of 27% in the medication-only patients.

The study involved 192 patients at 12 sites around the country, including St. Luke's Medical Center in Milwaukee.

"I am very proud that my wife Mary Cayton and I spent 26 years in the lab developing this," said Mahmood Mirhoseini, a heart surgeon at St. Luke's.

Mirhoseini has performed the procedure, approved last year by the U.S. Food and Drug Administration, on more than 200 patients, the most of any U.S. physician. Mirhoseini came up with the idea in the late 1960s, did animal studies in the 1970s and did his first human case in 1985 at St. Luke's. He later tested the model approved by the FDA.

The technique, known as transmyocardial revascularization, uses a split-second burst from a carbon dioxide laser to place channels through oxygen-deprived heart muscle.

The procedure is performed on a beating heart through a small incision in the chest. The computersynchronized laser creates between 20 and 40 one-millimeter-wide channels into the left ventricle of the heart. The channels provide oxygen-rich blood to the area that had been deprived of blood.

Each year, about 80,000 Americans develop severe coronary artery disease that can't be treated by conventional techniques such as bypass surgery or angioplasty.

They include patients such as Marian Hartwig, 72, of Monroe, who had the procedure performed on her by Mirhoseini at St. Luke's in 1996. Hartwig said she had very painful angina and thought she would not live much longer.

But after the procedure, her pain decreased substantially and she feels stronger. "I felt like a new person," she said.

"Because severe CAD (coronary artery disease) patients have run out of options, short of transplant, the results from this study are very encouraging," said O. Howard Frazier, lead author of the study and chief of cardiopulmonary transplantation at the Texas Heart Institute, said in a statement.

Patent rights to the device, known as the Heart Laser System, are owned by PLC Systems Inc. of Franklin, Mass.
Guided imagery tapes—a mix of New Age music, meditative exercises, and positive thinking—are being used to calm pre-surgery jitters and post-surgery discomfort among heart surgery patients at St. Luke’s Medical Center.

The results so far have been positive: dosages of narcotic painkillers have been reduced by about half, and patients reported markedly reduced discomfort during post-operative recovery. That has prompted all 12 heart surgeons at the center to offer the tapes.

The New Age music was so soothing for Sandra Soronen before and after her heart surgery last week that it usually knocked her out.

“It really works,” said the 59-year-old Sheboygan woman, who had a benign tumor removed from her heart. “I was anxious, and I would get hyper. Every time they asked if I wanted the tape and I used it, I would float off and fall asleep.”

About 60 patients have taken the hospital up on its offer so far.

Lynn Fisher, program manager for cardiovascular services at the hospital, said they hit upon the idea of guided imagery when they were searching for a way to reduce the time a patient was intubated after surgery. That procedure involves having a breathing tube inserted in the windpipe to assist breathing.

At first it was believed that shorter periods of intubation reduced patient discomfort. But when they compared a group of patients who had the tubes in for less than six hours after surgery with a group that had them in longer, both groups expressed the same degree of post-operative discomfort.

“What we learned is, it doesn’t matter how long it is in,” Fisher said. So hospital officials searched for a way to reduce discomfort and a tendency for patients to focus on the tube, regardless of the length of time it was in.

They became aware of Cleveland Clinic experiments with guided imagery and started their own study last summer of 30 patients—half of whom used guided imagery and half of whom did not.

The results were unequivocal. On a scale of 1 to 10, with 10 being the most discomfort, the guided imagery patients graded their discomfort level while intubated at 3, vs. 6 for regular patients.

Similarly, on an awareness scale—how much patients focused on their intubation—the guided imagery patients rated the experience as a 3, vs. 6 for others.

The study also showed that post-operative narcotic usage was markedly reduced and that the guided imagery patients were intubated for less time—less than six hours, compared with 10 hours for other patients.

The decidedly low-tech program involves a simple cassette recorder and two tapes. One tape has two guided-imagery scenarios, both involving instruction in relaxed breathing, concentration, meditative exercises, and an imaginary walk along a beach or in a meadow. During this imaginary trip, narrated in a sort of breathless, seductive, slow-motion tone, the listener is instructed to discard all “negativity, ill feelings and disappointments.”

The second tape offers 25 minutes of classical New Age music.

On the day of surgery, patients are instructed to listen only to the music. The volume control is set at a comfortable level indicated by the patient and then taped at that setting so it can not accidentally be jostled louder or softer.

The patient then listens to the music as he or she is wheeled into surgery and prepared for anesthesia. Then, as the patient is induced into anesthetic unconsciousness, the earphones are removed; then replaced as the patient is wheeled to recovery.

The earphones generally are left on during the first day of intensive care, Fisher said. The tape has an automatic rewind feature, so there is continuous play, which conjures an image of brainwashing.

But Fisher demurred. The patients love it and have never complained, she said. If aware enough, they can ask for the earphones to be removed.

Soronen emphatically agreed. Three days after her surgery she still had the tapes on a table near her hospital bed. “I still listen to them a couple times a day. Whenever I listen to them a calmness comes over me until I fall asleep,” she said.

An added advantage: in an era of steep medical costs, this is on the house. Fisher said there was no charge to the patient and the costs were not buried in any other fees.

The patient gets to keep the tapes. But the cassette player must be returned for another patient.
"Do all the good you can.
By all the means you can.
In all the ways you can.
In all the places you can.
At all the times you can.
To all the people you can.
As long as ever you can."
—Charles Wesley
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Gifts received January 1 through September 30, 1999
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A Special Way of Giving

Every department and patient has benefited in some way from the gifts of donors who cared enough to make a difference in another human being's life. Establishing a named endowment is one way to help continue this tradition of caring.

An endowment is made up of donated funds and remains intact forever. The interest from the endowment's principal is used to purchase state-of-the-art equipment, begin new programs and services, conduct innovative research and meet other hospital needs. Gifts from friends, relatives and community members can be added to the fund at any time and in any amount.

With a gift of $25,000 or more, a named fund can be established in your name, a family member's name or someone special in your life. It is a very meaningful way to ensure that excellence in health and patient care continues at St. Luke's Medical Center.

For information on the various ways to establish a named endowment fund, please call Laverne Schmidt at 414-649-7123.

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- John H. and Hope E. Barr Immunotherapy Research Endowment Fund
- Mitzi L. Dillworth Nursing Education Fund
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- Fred C. and Edna Goad Educational Endowment Fund
- Jahr Cancer Research Endowment Fund
- Knisely Clinical Pastoral Education
- Russell Rutter Nursing Education Fund
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St. Luke's Planned Giving Design Center:

Important New Resource for Professional Advisors Using the Power of the Internet!

Wouldn't it be wonderful if the professional advisors you depend on to help you structure your charitable gifts had an easy way to access information on charitable giving?

Here in the Office of Philanthropy at St. Luke's, we deal with charitable gift plans every day, but we realize your legal, tax and financial advisors may not. That's why the Office of Philanthropy at St. Luke's, in conjunction with our sponsor, Foley & Lardner, has created an Internet-based information resource, the Planned Giving Design Center (PGDC). The web address of the site is www.pgdc.net/SLMC.

By using the power of the Internet, St. Luke's PGDC provides professional advisors with the current and comprehensive information on charitable gift planning they need to give you the best possible advice regarding gift plans. And the service is free! Many professional advisors in our area are taking advantage of this informational resource to help them when planning with their clients.

If you know of an attorney, CPA, trust officer, investment advisor, insurance professional, or any other financial services professional who might benefit from our PGDC, we would be glad to add them to our subscriber list. Simply give Kelly Sachse, Regional Manager of Planned Giving at St. Luke's, a call at (414) 649-7008. Thank you!

48 THE SPIRIT OF ST. LUKE'S
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Income for Life!

Benefits include:
- Fixed income
- Dependable payments
- Partially tax-free payments
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Make a sound financial investment that will support medical excellence at the same time!

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As always, we encourage you to consult with your financial advisor about the tax implications for your personal situation.

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*Note: Two-life rates are slightly lower due to added life expectancy.

St. Luke’s offers charitable gift annuities at attractive rates.

St. Luke's Medical Center
Office of Philanthropy
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