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The Spirit of St. Luke's, Spring 1995

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St. Luke's Responds to Women's Needs

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Cover Photos
(left) Ilk H. Bae, M.D., and his patient, Floran Metz; (top right) Elmer G. Lehman, M.D., and his patient, Mary Steinke; (bottom right) K. Paul Katayama, M.D., Ph. D., meets with a patient.
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St. Luke’s responds to women’s needs

Women’s lives . . . The emotions of a woman’s life experiences can be anywhere on a continuum from great joy to deep sorrow, from unbounded hope to equally great despair. But whatever the highs and lows of their experiences, women usually have a way of triumphing—of finding good in some of the most challenging events in their lives. The staff involved in the broad scope of Women’s Healthcare Services at St. Luke’s Medical Center has the opportunity and privilege of sharing many of these experiences with women and of providing them with the support and services they need to survive and ultimately thrive in the face of these challenges.

These women’s stories are numerous and varied. The women involved are of all ages and have all kinds of needs. There’s Janet who has a very serious degenerative heart condition that posed a threat to her much-wanted pregnancy. And Kim and Susan and Diane who had each tried for many years to have a baby with no success. There’s Mary, a talented high school teacher who at the young age of 41 was devastated to discover she had ovarian cancer. Then there’s Arlene who suffered from the very common but rarely discussed and very frustrating problem of urinary incontinence. And there’s Floran who, despite a tubal ligation reversal and a subsequent miscarriage and ectopic pregnancy, still wanted a baby. And finally, there’s Michelle whose joyfully anticipated first baby was no: born alive.

These courageous and impressive women all share one thing: they had a medical problem that they faced with great courage and with the compassionate, expert support of the staff at St. Luke’s Medical Center. The women whose stories are told in this article represent only a sampling of the thousands of women whose lives have been and continue to be enriched by their experiences at St. Luke’s.

Lee Marki, director of Women’s Healthcare Services, says, “Our goal is to meet women wherever they are, whatever their unique needs may be, and to pull together the services they need to solve their medical problems and help them make informed decisions.”

—Lee Marki, Director of Women’s Healthcare Services
"I felt that everyone I had contact with was so happy to be working at St. Luke’s and to be caring for me. Their commitment to women’s health permeated everything they did."

—Patient, Mary Steinke

Women’s Healthcare Services has been designated as one of the Centers of Excellence at St. Luke’s and acts as an access point for all the services of the hospital with a focus on women’s special needs. Women’s Healthcare Services also has a membership program for women in the community, offering them a range of benefits and programs particularly designed for women.

Lee Marki emphasizes that St. Luke’s has a goal of offering women highly personalized services that focus on the full life cycle of women’s healthcare issues. As an example, in response to patient requests, St. Luke’s has designated a floor for all women patients with gynecological conditions and needs. Women’s Healthcare Services also offers women a range of educational programs and support groups that address their specific concerns.

But the story of Women’s Healthcare Services at St. Luke’s is best told by the patients themselves. Here are their stories.

Mary Steinke benefits from a unique specialty

Mary Steinke was leading a very productive and active life as a high school English teacher and mother of a ten-year-old son when, as the result of a routine Pap smear, she was shocked to discover she had ovarian cancer. Her regular gynecologist referred her to Dr. Elmer G. Lehman, who is one of only a handful of physicians in Wisconsin who specialize in gynecologic oncology. Dr. Lehman performed an ovarian cancer tumor debulking in August of 1994 and Mary is currently undergoing chemotherapy treatments under the care of St. Luke’s oncologist, Dr. John P. Hanson.

Mary says, “Though I’ve faced a very difficult situation, my entire experience at St. Luke’s has been wonderful. Without exception, the staff seems to understand women and their special needs—both physically and emotionally. I have had nothing but tremendous care. I felt that everyone I had contact with was so happy to be working at St. Luke’s and to be caring for me. Their commitment to women’s health permeated everything they did.”

She is especially grateful to Dr. Lehman. She says, “He has a very caring but professional way with patients. He gave me the motivation to fight without telling me fairy tales.
"I believe our specialty of gynecology/oncology offers a distinct advantage to patients because of our comprehensive knowledge of women's cancers."

—Elmer G. Lehman, M.D.

His experience and expertise with ovarian cancer also gave me a lot of confidence.

Since there are a limited number of gynecologic oncologists in the country, Dr. Lehman's expertise is unique and invaluable to his numerous patients. He is basically a surgeon who focuses on women's cancers, ranging from vulvar, vaginal and cervical cancer to uterine, fallopian tube or ovarian cancer. He says, "I believe our specialty of gynecologic oncology offers a distinct advantage to patients because of our comprehensive knowledge of women's cancers. We have developed a special skill and expertise for removing these kinds of cancers and, consequently, we have an excellent success rate."

One of Dr. Lehman's most frequent procedures is a radical hysterectomy for cervical cancer which is different from a regular hysterectomy because not only are the uterus and cervix removed but also all the connective tissue that surrounds these organs to make sure there are some margins around the cancer. Dr. Lehman says, "This is a technically tough procedure that takes some experience."

Jeannette says, "We have dedicated a floor at St. Luke's to dealing with women's health needs, part of which relates to cancer. Right now statistics tell us that cancer directly affects one in four families. Half of these people are women. One of our goals is to encourage women to focus on early detection and prevention of cancer, but when cancer does strike we have learned that women face a special group of challenges, especially since cancer of the female organs may threaten a woman's femininity. I try to help women put all the pieces together and get the support they need."

Jeannette is particularly proud of the staff she works with on the fourth floor. She says, "Our staff is specially trained in gynecology and oncology. They do incredibly well with women of all ages and are especially effective in responding to the..."
“The people at St. Luke’s knew what I needed even though I didn’t know.”

—Patient, Michelle Heyerdahl

dynamics of what goes on when a woman has a cancer diagnosis.”

Mary Steinke was particularly appreciative of Jeannette’s support when she found out she had cancer. She says, “Right before I went into surgery I remember Jeannette reassuring me that I was in good hands and would have the support I needed to get through this. That really made a difference to me. I especially appreciated the fact that Jeannette was so upbeat and hopeful. Because she seems to be watching out for me, I like to call her ‘my angel nurse.’ Another especially important person has been the oncology chaplain, Marcia Marino.”

Mary emphasizes that caring for someone with cancer is much more than just physical care at St. Luke’s. She says, “The spiritual and emotional support you get at St. Luke’s is crucial when you’re dealing with cancer.”

**Obstetric services: expert care with compassion**

When Michelle Heyerdahl went to St. Luke’s over a year ago to deliver her first child she was only seven months into her pregnancy, but she still had high hopes that her baby would be all right. As her labor progressed, it became clear that her hopes would not come true and that her baby would not be born alive. When he was born, they named him “Jordan.” Despite the incredible emotional pain of such an experience, Michelle and her husband, Scott, went back to St. Luke’s when it was time to deliver their second child. Their healthy baby girl, Alyssa, was born this past December and is doing beautifully.

Michelle remembers how caring and sensitive the St. Luke’s staff was when Jordan was born. She says, “My husband and I wanted to be alone with Jordan and they let us do that. They also encouraged me to bathe him the next day which was a very healing experience for me. The people at St. Luke’s knew what I needed even though I didn’t know. They even took photographs of him which we treasure. I would never have thought to ask for these things.”

Michelle and her husband benefited from the Resolve Through Sharing Bereavement Program which trains nurses, clergy, social workers and other healthcare providers at St. Luke’s to be counselors with families experiencing pregnancy loss.

Barb Haag, a clinical nurse specialist in perinatal services, says, “There are many reasons people grieve. In addition to stillbirths, they may have a baby with a genetic disorder, a premature baby, or a miscarriage early in the pregnancy. In each case, the family has lost the baby they
"Though the delivery took place in obstetrics, we had all our heart monitoring equipment ready so we could offer immediate assistance in case Janet went into any kind of cardiac distress."

—Karen Just, R.N., M.S.N., cardiovascular clinical nurse specialist

Barb Haag emphasizes that the focus of St. Luke's obstetric services is to deliver expert care in a homelike, family-centered setting. The goal is to meet the family's needs—whatever they may be.

Barb emphasizes that the focus of St. Luke's obstetric services is to deliver expert care in a homelike, family-centered setting. There are few rules in this unit. The goal is to meet the family's needs—whatever they may be. Consequently, grandparents and siblings are frequent visitors to the unit. The atmosphere is positive, personalized and supportive. Fortunately, the great majority of births go well, as did the Heyerdahls' second delivery.

Michelle Heyerdahl says, “When Alyssa was delivered, it was very comforting to go back to the same supportive nurses because they understood what we had been through. The nursing staff was just so wonderful both times. I wouldn’t go anywhere else.”

Barb says, “We have the ability to do high tech procedures and provide expert care to very sick patients, but we also focus on tailoring a birthing experience to the family’s needs and expectations. Having a baby is a highlight of a family’s life and we want it to be a memorable experience.”

Obstetrics unit handles complex cardiac cases

Barb Haag points out that the St. Luke’s obstetric staff has successfully handled some very challenging cases. Two recent situations involved patients with cardiac complications. In one situation, a woman had a heart attack during her pregnancy. When it was time for delivery, there was great concern that the strain of labor would provoke another heart attack.

Consequently, coronary intensive care unit (CICU) nurses came to the delivery room. A cardiologist, anesthesiologist, and obstetrician were also standing by. The woman was able to have the full benefit of monitoring available in the CICU even though she was not in that unit. In addition, several of her family members were present during the delivery. Fortunately, the delivery went very well with both mother and baby doing fine.

In an equally risky situation, Janet Braun, a young woman with cardiomyopathy, a degenerative weakness in the heart muscle, wanted to have a baby. Her cardiologist, Dr. Robert W. Ninneman, her obstetrician, Dr. Timothy D. Heitman, and her perinatologist, Dr. Fredrik Broekhuizen, cautiously approved her pregnancy and were
very involved in her care. Janet says, “My husband, Brian, and I really wanted a baby but I was very scared going into this—yet my doctors and the staff at St. Luke’s gave me the confidence to go forward.”

Though her baby was born on the obstetric unit, the CICU staff and her cardiologist were also present in case any cardiac complications developed. Janet says, “The presence of the cardiac staff and the planning that went into my delivery gave me tremendous peace of mind.” The end result was a smooth delivery and a beautiful baby boy named Zachary.

Karen Yust, a clinical nurse specialist in the coronary intensive care unit, emphasizes that Janet’s delivery is an example of how effectively different departments at St. Luke’s can work together to handle a patient’s unique needs.

She says, “Barb Haag from obstetrics alerted us to Janet’s specific needs and introduced us to Janet and her family. Together, all the team members worked with the nurses from obstetrics to plan the delivery. I met with Janet several weeks before the delivery to make sure that we were all working together to meet her needs and to let her know what to expect. Though the delivery took place in obstetrics, we had all our heart monitoring equipment ready so we could offer immediate assistance in case Janet went into any kind of cardiac distress.”

**St. Luke’s meets women’s cardiac needs**

Karen also points out that St. Luke’s is well equipped to handle any heart problems that women may develop. Recently, quite a bit of media attention across the country has been focused on the lack of attention paid to women’s cardiac problems, even though heart disease is the leading cause of death in women. Karen emphasizes that St. Luke’s is paying attention to women.

Karen says, “We are very aware of the importance of responding to any symptoms a woman may have of heart problems. Younger women are usually more protected from heart disease because of their estrogen levels, but as women grow older, and particularly after menopause, their risk of heart disease is equal to men’s. I think women sometimes ignore symptoms of heart disease because, unlike men, they haven’t been taught to recognize these symptoms.”

She advises women to see their physicians if they find they cannot tolerate activity as well as in the past or if they feel any discomfort in the chest. Obviously, the symptoms of an actual heart attack would be the same for a woman as for a man. Any of these symptoms—crushing chest pain, pain down into the left arm and up to the jaw, shortness of breath or sweating—should warrant immediate medical attention.

She also advises women to exercise regularly, keep their weight down, and monitor their cholesterol and blood pressure. And, of course, no one should smoke since smoking is the worst risk factor for heart disease.

Karen, who has been a cardiovascular nurse at St. Luke’s for fifteen years, feels that cardiac services at St. Luke’s are unique. She says,
"I was very pleased to have both procedures taken care of at the same time and to have my problem solved. I lead a very active life . . ."

—Patient, Arlene Baade

“We offer state-of-the-art technology, but we also offer very personalized, responsive care. We get to know our cardiac patients as people, not just as patients in beds hooked up to all kinds of monitors. We offer emotional support and the education a patient needs to make any necessary lifestyle changes.”

Quality of life is improved for two women

The gynecological surgery expertise available at St. Luke’s has also improved many women’s lives through a variety of advanced techniques and procedures. Arlene Baade, 58, is one of many women who suffered from the distressing problem of urinary incontinence. She also had a fibroid tumor and had been told she needed a hysterectomy. Consequently, she had been anticipating the “not-too-appealing” prospect of two separate surgical procedures.

Fortunately, she went to Dr. Ik H. Bae, a gynecological surgeon at St. Luke’s who specializes in a surgical procedure called a “bladder suspension.” He was also able to perform Arlene’s hysterectomy during the same operation. Arlene had surgery at the end of this past January. Her recovery went very smoothly and she is no longer inconvenienced by incontinence.

Arlene says, “I was very pleased to have both procedures taken care of at the same time and to have my problem solved. I lead a very active life because I am raising two of my grandchildren. As Dr. Bae said, ‘You have a long life ahead of you so you might as well enjoy it.’ Now I can.”

Dr. Bae says, “Incontinence is a very common problem for women, though many of them don’t talk about it and just suffer with it for much of their lives. Before menopause, about one-third of all women have this problem, and after menopause, the incidence is well over 40 percent. For many women, a bladder suspension can be performed through laparoscopic surgery, which means it can be done on an outpatient basis and the recovery period is much easier than with traditional surgery.”

Dr. Bae uses laparoscopy and other less invasive high tech procedures for a variety of gynecological conditions. During laparoscopy, he uses a telescope-like instrument which is inserted through the belly button and can be used for diagnosis and also to perform a whole range of gynecological procedures from removal of the uterus to removal of tumors or polyps.

Another cutting edge procedure is called hysteroscopy. This allows the surgeon to use an instrument inserted through the vagina and cervix to look inside the uterus for the purpose of diagnosing or treating a uterine problem. For example, uterine adhesions or fibroid tumors can often be removed through the hysteroscope and sometimes a procedure called an “operative hysteroscopy” can be substituted for a conventional hysterectomy and can actually take place in an outpatient setting—resulting in less pain, a quicker recovery, and less expense.

Laparoscopic procedures are also used more and more frequently for reproductive problems. Floran
Metz, 35, is a surgical technician at St. Luke's and has worked with Dr. Bae during surgery for the past several years. Consequently, when she wanted to have a reversal of her tubal ligation (called a tubalplasty), she knew she would be in good hands with Dr. Bae and that he had an excellent success rate with these procedures.

Though Floran has two children, aged 11 and 14, when she remarried she and her new husband, Tim, wanted their own child, particularly since Tim had never had any children. They were thrilled when the tubalplasty worked and she became pregnant; however, unfortunately this good news was followed shortly by a miscarriage. Not one to give up easily, Floran became pregnant again, but this time an ectopic pregnancy resulted. This means the embryo was attached to one of her fallopian tubes and could not develop normally. This difficulty resulted in a 50 percent reduction of her likelihood of becoming pregnant again; however, she beat the odds and is now well along with a successful pregnancy and is expecting a baby in April.

She says, “I attribute my successful pregnancy to Dr. Bae’s fine surgical technique. Also, despite all my complications and setbacks, he never gave up on me. He and everyone in his office have always been very responsive and helpful.”

Dr. Bae says, “The scope and effectiveness of the services we can offer patients at St. Luke’s is improving all the time. We are really pioneering and advancing laparoscopic surgery in gynecology.”

Three “miracle babies” result from leading edge techniques

Kim and Jeff Peters had been married for eight years and had not been successful in having a baby. They had been seeing a fertility specialist in Ohio before they moved to Milwaukee and were referred by friends to Dr. K. Paul Katayama, an infertility specialist who is director of the Advanced Institute of Fertility and is on the staff at St. Luke’s Medical Center. Dr. Katayama suggested in vitro fertilization. Kim and Jeff were delighted when their first attempt was successful. Their daughter, McKenzie, was born last October at St. Luke’s. Their obstetrician was Dr. Timothy Heitman.

“I attribute my successful pregnancy to Dr. Bae’s fine surgical technique. Also, despite all my complications and setbacks, he never gave up on me. He and everyone in his office have always been very responsive and helpful.”

—Patient, Floran Metz
"Our whole experience was wonderful from the first meeting with Dr. Katayama through the delivery. We feel very blessed to have a healthy little girl. We call her 'our little miracle.'"

—Patient, Kim Peters

Kim says, “Our whole experience was wonderful from the first meeting with Dr. Katayama through the delivery. We feel very blessed to have a healthy little girl. We call her ‘our little miracle.’ Without Dr. Katayama and in vitro fertilization, we would not have McKenzie.”

During the in vitro fertilization process a woman’s egg production is stimulated through a series of hormone injections. The eggs are taken from the woman at the optimal time for fertilization and combined with the man’s sperm which have been treated to enhance their ability to fertilize. The resulting embryo is transferred to the woman’s uterus and the couple are able to have their own biological child.

Another high tech procedure called GIFT has an extremely high success rate. Susan Rand, 36, and her husband had been married for nine years and had been unable to have a child. After her husband’s vasectomy was reversed, their doctor felt they should be able to conceive, but nothing happened. Then they were referred to Dr. Katayama. They were particularly attracted to the GIFT procedure because of its high success rate and the fact that it was covered by their insurance program.

GIFT stands for “gamete intra fallopian transfer” and offers an attractive alternative for the woman with healthy fallopian tubes. Eggs are retrieved by an ultrasound-guided needle or laparoscopy, and deposited into the woman’s fallopian tubes where fertilization would normally occur. At that point, the normal fertilization process can take over.

So far Dr. Katayama has had a success rate significantly above the national norm at St. Luke’s with the GIFT program. Susan and her husband are
Dr. Katayama points out that infertility affects about 15 percent of the population and can be caused by a variety of problems in both females and males.

thilled to be expecting a baby in May. Susan says, “We are very excited that after all these years of waiting for a baby we are finally going to have one. Dr. Katayama and his staff also offered the emotional support we needed to try this procedure.”

GIFT also worked for Diane Melleck, 35, and her husband who now have a baby boy named Justin. She says, “After being married for 17 years and trying to have a baby for eight years, things moved very quickly after we met with Dr. Katayama. After learning about all the alternatives available to us, we decided to try GIFT—and it worked! Not being able to have a baby is an emotional roller coaster for people and they need to know that there are many options for most people—and that many times these procedures work.”

Dr. Katayama points out that infertility affects about 15 percent of the population and can be caused by a variety of problems in both females and males. He says that as couples postpone their childbearing until they are older, the likelihood of problems increases. In the woman, there may be problems with ovulation. There may be blockages or scarring around the fallopian tubes or there may be fibroid tumors in the uterus. There may be problems with the lining of the womb appearing and growing in abnormal locations such as the ovaries, fallopian tubes, and abdominal cavity. This condition is called endometriosis. Sometimes the problem may be related to the man who may have a low sperm count and varicose veins from the testicles. All these conditions can usually be treated and the likelihood for achieving a pregnancy can be dramatically increased.

There are also a wide range of state-of-the-art techniques, beyond in vitro fertilization and GIFT available to enhance fertilization. For instance, it is possible for a woman without a uterus to still have a biological child with her husband through a gestational surrogate program. For couples experiencing advanced age, absence of the ovaries or ovarian dysfunction, an oocyte (egg) donation program is available. Cryo-preserved donor sperm offers an additional option.

Another cutting edge program called ICSI (for “intracytoplasmic sperm injection”) is also available at St. Luke’s. During this procedure a single sperm from the male is injected directly into the female’s egg. ICSI is especially helpful when a severe male infertility problem is involved. There are many other innovative and effective approaches to achieving fertility depending on a couple’s particular situation.

“We are very excited that after all these years of waiting for a baby we are finally going to have one.

Dr. Katayama and his staff also offered the emotional support we needed to try this procedure.”

—Patient, Susan Rand
Dr. Katayama chuckles when he says, “At St. Luke’s we can offer all the services conceivable. Anything that is being done anywhere in this fast-changing field of infertility is being done at St. Luke’s—and it is being done with an impressive success rate.”

—K. Paul Katayama, M.D., Ph.D.

Women’s Healthcare Services covers the spectrum

Lee Marki, director of Women’s Healthcare Services, says, “Any woman with any kind of medical problem or concern can come to St. Luke’s and find the help she needs. Women’s Healthcare Services can be a starting place for many women, a way to comfortably access the system. We can help bring together all the services a woman needs—whether it’s help in finding the right physician for a particular problem or support in breastfeeding, whether it’s compassionate handling of a family medical crisis or advice on hormone replacement therapy. If a woman has a medical concern, St. Luke’s is the place to come.”

The women profiled in this article would wholeheartedly agree. Diane, Kim, Susan, Arlene, Janet, Mary, Michelle, Floran—their needs were profound and challenging. Yet, they all agree without hesitation that their lives and the lives of their families have been dramatically improved because they came to St. Luke’s Medical Center.

Perhaps patient Mary Steinke (mentioned earlier in this article) says it best. She says, “Whenever I walk in the door at St. Luke’s and head to the fourth floor, I know I’m going to be well taken care of. I know there are people who understand my needs and I feel confident and secure. At St. Luke’s, I know there are people who care about me.”

“Whenever I walk in the door at St. Luke’s and head to the fourth floor, I know I’m going to be well taken care of. I know there are people who understand my needs and I feel confident and secure. At St. Luke’s, I know there are people who care about me.”

—Patient, Mary Steinke
Why we give . . .

The following generous supporters of St. Luke’s Medical Center explain why they have chosen to make contributions to St. Luke’s

Catherine and Bill Buckeridge

Catherine and Bill Buckeridge of Oconomowoc have a twenty-year relationship with St. Luke’s Medical Center. Catherine remembers that they were first introduced to St. Luke’s when Bill had bypass surgery in 1975. She says, “We were very pleased and delighted with the results so we’ve always had great affection for St. Luke’s.”

She adds that their interest “doubled” when she had bypass surgery in 1988. She says, “Because of Bill’s experience, I knew I couldn’t be in a better place.” Since their bypass surgeries, Bill has had one angioplasty and Catherine has had five angioplasties; however, Catherine emphasizes that they are both doing very well right now.

Bill points out that they decided to support St. Luke’s because they have both been so impressed with the hospital. She says, “Our attention was obviously called to St. Luke’s because of our experiences as patients, but as we became more familiar with the hospital, we saw what an excellent institution it is and decided that this is an important organization to support. We have the highest regard for the staff, including everyone working on the floors and also St. Luke’s president, Mark Ambrosius, who has always been very gracious to us.”

Catherine recalls a particularly hard time when she was hospitalized after an angioplasty and her husband was also hospitalized with chest pains. She says, “Everyone was so kind to us and took such good care of us.”

Catherine and Bill feel better all the time. They walk at least three miles a day and are active in a variety of community activities. Bill volunteers at the hospital in Oconomowoc and is active in the American Legion. Catherine has held offices on a number of levels in the American Legion Auxiliary.

St. Luke’s Philanthropists Club

St. Luke’s Philanthropists Club is an annual giving club established to honor and recognize annual donors of $100 and above for their charitable support of St. Luke’s Medical Center. Recognition is provided on an annual basis with your name engraved on a brass plaque on a prominent display in the Outpatient Building. Membership benefits also include an invitation to the Annual Dessert Gala.

We cordially invite you to join the many friends of the hospital with your charitable support and become a member of this prestigious honorary organization. Your generosity will have a significant impact on people’s lives. For further information please call Laverne Schmidt, director of annual giving, at 414-649-7123.
Marge and Donald Bobbe

It is understandable why Marge Bobbe calls St. Luke’s Medical Center “my second home.” She and her husband, Don, have had many connections to St. Luke’s over many years. Though she is now retired, Marge worked as an RN at St. Luke’s for eighteen years, most of the time as a patient care manager in Circulatory Dynamics, better known as the “Cath Lab.” In addition, she and Don have both been patients at St. Luke’s and she is now a volunteer in Same Day Surgery.

Marge says, “Since I worked at St. Luke’s for so many years, I know firsthand how excellent their nursing staff is. We always had the most up-to-date equipment so that patients could have the best diagnostic procedures. Don and I want to do what we can to see that St. Luke’s continues to be an excellent hospital. We feel that it’s important to support St. Luke’s because it has so much to offer the community. I want to help the institution that has meant so much to me and to my family.”

Don has been treated at St. Luke’s for blood clots in his lungs and in Same Day Surgery for carpal tunnel syndrome. He says, “I’ve always had very good experiences at St. Luke’s. We appreciate having such good hospital care so close by.”

Marge emphasizes, “I know St. Luke’s so well, but there’s something very special about it. It’s interesting that as a volunteer I transport patients in wheelchairs to their cars and I have the opportunity to talk with them. They are usually very thankful for the wonderful care they’ve received.”

When Marge isn’t volunteering and Don isn’t working part-time, they enjoy visiting their three children and nine grandchildren who live in different parts of the country.

Carroll Schmitt

Carroll is a man with many interests and a fascinating life history. While he is retired from the construction trade and also ran his own insurance company for several years, he has always been involved in aviation—both as a U.S. Air Force pilot in World War II and as a recreational pilot since that time. Now he particularly enjoys working with a group of fellow aviators to restore old planes. His most recent project was a 1948 Cub Cruiser.

Carroll says he supports St. Luke’s “because I’m so appreciative of what the hospital has done for me, and especially for my wife when she was very ill.” Carroll has had two bypass surgical procedures at St. Luke’s and his wife, who had cancer and passed away five years ago, was also treated at St. Luke’s. He says, “I can’t say enough about the care both my wife and I have received at St. Luke’s. I will never forget how well my wife was treated during her three-year battle with cancer. I tell all my friends they shouldn’t go to any other hospital.”

Carroll obviously has a lot of exciting stories to tell about his World War II experiences when he traveled extensively with the air force. He was a flight engineer for the commanding general of the China-Burma-India theater and took many trips to India, South Africa and the Hawaiian Islands. He recalls that “flying the Hump was probably the most dangerous air route in the world.”

While his life may be a bit calmer now, Carroll is still very active. He walks every morning at Northridge, socializes with many friends, and is the caregiver for a disabled gentleman whom he takes to dinner several times a week. He says, “I like to help people. That’s one reason I give to St. Luke’s. I like to know I’m making a difference.”
Kathleen Nesseth

Kathleen Nesseth has worked at St. Luke's for over eighteen years. She is a registered nurse in St. Luke's emergency department and is also the coordinator of St. Luke's International Traveler's Clinic. As an emergency nurse, she deals with the unexpected on a daily basis and is a caregiver for patients with different conditions—from minor injuries to those who are critically ill. The International Traveler's Clinic offers medical assistance to overseas travelers, providing immunizations and advice on health care to prevent illness and injury abroad.

She says, “My husband and I have strong feelings about being donors to St. Luke’s. St. Luke’s has been very good to us over the years. From the first day of orientation eighteen years ago to today, I have felt very good about the quality of nursing care and the support of nursing at St. Luke’s and I’ve been proud to be a nurse at St. Luke’s. The nurses here have a voice in what their practice is. We give to St. Luke’s because I want to give back to the institution that has meant so much to me and has contributed so much to my professional development.”

She points out that when she moved to Milwaukee from Kenosha she needed to develop a whole new circle of friends and support and she found much of that at St. Luke’s. She says, “We have become very close to a network of people at St. Luke’s who are supportive and caring.”

Kathy and her husband, John, live with their two sons, David, 8, and Eric, 6, about fifteen blocks from the hospital. Kathy points out, “In addition to working at St. Luke’s, it is our community hospital and we couldn’t imagine going anywhere else for our healthcare needs.”

John Nesseth is a family therapist and supervisor at Catholic Social Services. John, who is equally enthusiastic about St. Luke’s, coordinates several community outreach programs which are connected to Aurora. As a family, the Nesseths enjoy downhill skiing and the outdoors during the summer. Kathleen emphasizes, “During the school year we spend a lot of time concentrating on reading and math facts, and on instilling a basic value system in our children.”

Note:
We apologize to Dominic Lydwick who was profiled in the last issue. We inadvertently reported that he had two sons. Dominic is actually very pleased to have a daughter and a son.
Gifts received November and December 1994

The Gift Programs of St. Luke’s Medical Center/Office of Philanthropy

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For information on membership in St. Luke’s Philanthropists Club, please call Laverne Schmidt, director of annual giving, 414-649-7123.

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ST. LUKE’S DOCTOR USES NEW AORTIC TECHNIQUE
The Milwaukee Journal
February 2, 1995
Marilynn Marchione, Medical Reporter

Imagine fixing a leaky bicycle inner tube by passing a patch through the tire valve to plug the hole from the inside, rather than taking the inner tube off the rim.

A cardiologist at St. Luke’s Medical Center has done something similar to repair a life-threatening weak spot in a woman’s aorta, the main blood vessel in the body.

The patient, 68-year-old Leoda Brookshire of Milwaukee, was in serious but stable condition nearly a week after the operation, which only a couple of physicians in the United States have attempted.

Cardiologist Gerald Dorros performed the procedure Friday, assisted by Paul Werner, a surgeon from Columbia Hospital, where Brookshire’s medical treatment began.

Repairing an aortic aneurysm is one of the riskiest jobs for a surgeon. An aneurysm is a weakness in the wall of a blood vessel that bulges out and fills with blood. It is life-threatening because if it were to rupture, the patient would suffer sudden and great loss of blood, often leading to shock and death.

Brookshire had an aortic aneurysm in the chest region close to her heart repaired in November the standard way—in open heart surgery—by cardiovascular surgeon Edward Dunn, at Columbia.

He used grafts made of Dacron to repair the area, but one came loose. That created a hole in the aorta, allowing blood to leak in the chest cavity from a sac known as a pseudoaneurysm.

It was not possible to treat the problem surgically, so Dunn called Dorros to see whether any other options existed.

In recent years, a small number of other medical centers around the country have tried repairing aortic aneurysms with balloon angioplasty.

A catheter, or hollow tube, is inserted into a blood vessel in the groin region and maneuvered up the vessel to the problem area. The Dacron grafts are passed through the catheter, and a tiny balloon is inflated in the artery to help press the graft into place.

Dorros decided to try something similar to repair Brookshire’s pseudoaneurysm—a virtually unprecedented operation.

He used a graft made of Dacron and Gore-Tex, and a stent—a meshlike, expandable fence that reinforces a weak area of a blood vessel—and positioned all three within the Dacron graft Dunn had placed.

“So there was a tube inside a tube, and the stent held it in place,” Dorros explained.

Diagnostic tests have confirmed that it worked, and that blood no longer is leaking into the chest.

Dorros credited the entire team, including anesthesiology, nursing and diagnostic specialists. Such a procedure could be done only in a hospital with advanced imaging equipment.

“We had a lot of people and a lot of expertise to get this done,” he said.

Brookshire’s daughter, Margaret Quincy, said the family was pleased.

“We’re really happy it was able to be done without surgery,” she said.
LASER DENTAL SURGERY PERFORMED AT ST. LUKE’S

WITI-TV (FOX) Channel 6
Channel 6 News at Nine
February 9, 1995

JOYCE GARBACIAK, CO-ANCHOR: Tonight’s Medical Breakthrough may ease your fears about going to the dentist.

VINCE GIBBENS, CO-ANCHOR: It’s about a new surgery that can eliminate gum disease with almost no pain and no bleeding. Sound too good to be true? Julie Feldman shows us living proof in tonight’s Medical Breakthrough.

JULIE FELDMAN REPORTING: When it comes to the dentist, Linda Pleur was always a coward. So she hardly ever went to the dentist, ignored her teeth and developed badly infected gums.

LINDA PLEUR (PATIENT): My worst fear came true, went through the horror, the torture of it.

FELDMAN: Linda’s talking about her first surgery to eliminate the bacterial infection which had infiltrated her gums.

PLEUR: I couldn’t believe what it was like and I thought, I’m never going to do this again ever.

FELDMAN: If doctors only knew then what they know now. Linda did have another gum surgery years later, with this laser—something both Linda and her dentist feel very good about.

DR. JORGE PINERO (ST. LUKE’S MEDICAL CENTER DENTIST): The level of pain during the procedure and after the procedure is a tenfold decrease.

FELDMAN: Here’s how you ruin your gums in the first place; it starts with bad hygiene.

DR. PINERO: Areas like this where you’re going to have tissues that are very inflamed and you’re going to have teeth that are moving around.

FELDMAN: And ends with little gum and bone support for your teeth. But watch, as Dr. Pinero shows us how he now fixed the problem with virtually no bleeding, swelling or pain. The intense focused heat of the laser beam literally vaporizes away the diseased tissue.

Without the laser, the doctor would use this sharp scalpel to cut away the diseased tissue, then stitch the remaining gum back up.

Linda’s still talking about her first long painful recovery.

PLEUR: I could not eat. I was more or less on soft food, and I mean soft food, yogurt, ice cream shakes, for way over a month.

FELDMAN: Over a month?

PLEUR: Mm Hmm.

FELDMAN: But she also wants you to know about her second experience with the laser surgery. Linda says she was eating solid foods within a week. In fact, the surgery was so much better, listen to her now.

PLEUR: It’s like a new lease on life, you know, I want to be proud of my mouth and my teeth and my smile.

FELDMAN: And she’s going the whole nine yards; braces, flossing, enjoying food like never before. After the laser surgery, Linda no longer worries about ignoring her teeth or dreading the dentist anymore. Julie Feldman, TV 6 News.
ST. LUKE’S CARDIOLOGIST “STARS” ON OPRAH

WISN-TV (ABC) Channel 12
Channel 12 News at Six
January 26, 1995

MARTY BURNS WOLFE, CO-ANCHOR: Well, a doctor who works in Milwaukee is known all over the country. He’s a cardiologist in the national spotlight. Joel Kleefisch talked with him today.

JOEL KLEEFISCH REPORTING: Meet doctor Gerald Dorros . . . He’s not always so serious.

ROBERT CAREY (HEART HEALTHY): Dr. Dorros . . . he’s a character.

KLEEFISCH: But he saved Robert Carey’s life with a new heart technology. Dorros is one of the leading interventional cardiologists in the country, and that recognition has moved him from small time TV to big time.

Dr. Dorros and his patient, Robert, are on “The Oprah Winfrey Show” tomorrow, and they’re going to tell you what to do if you’re riding the unhealthy heart highway.

DORROS (ST. LUKE’S MEDICAL CENTER): I’m going to tell you to wake up.

NEW YEAR BRINGS NEW HEARTS FOR 2

Milwaukee Sentinel
January 5, 1995
Joe Manning, Staff Writer

Two patients with a rare blood type welcomed in the new year with new hearts at St. Luke’s Medical Center.

Under unusual circumstances, the two patients received new hearts in back-to-back operations New Year’s Day performed by two surgeons who gave up their holiday.

The patients both have rare AB blood types, Alfred Tector, medical director of the transplant program at St. Luke’s, said Wednesday.

While it is unusual for AB hearts to become available for transplantation, to have two in one day is an extremely rare event, Tector said.

Both hearts came from out of state, which also is unusual, he said.

Most hearts used for transplantation in Wisconsin come from Wisconsin.

Tector said he went to St. Luke’s after going out to dinner New Year’s Eve.

The year turned from 1994 to 1995 while Tector’s surgical transplant team waited in the operating room for a heart to be flown from Michigan for a 56-year-old Waukesha man.

“We all wished each other a happy new year,” Tector said. “But, we weren’t wearing party hats. We were wearing surgical hats.”

In the early morning, as that procedure was being completed, word came that a second AB heart was available in Pittsburgh. Tector flew to Pittsburgh to bring it back.

The second operation, on a 43-year-old Milwaukee man, was completed by the afternoon, he said. Helping to perform both operations was Frank Downey, a transplant surgeon who works with Tector.

“The patients are doing well,” Tector said.

“Transplants can come in bunches. The reason we got these two from out of state was because of the holiday and not as many transplant teams were working. And, also, because they are both ABs, a very rare blood type.”

Diane Dressler, senior transplant coordinator at St. Luke’s, said the situation was very unusual.

“We are very happy. Fate was on our side,” she said.

“Only 2% of the population has type AB blood.”
EMOTIONAL SUPPORT NECESSARY IN HEART ATTACK RECOVERY

WITI-TV (FOX) Channel 6
Channel 6 News at Four-Thirty
January 19, 1995

JANET ROACH, CO-ANCHOR: How can you improve the odds that you will recover from a heart attack? Get plenty of people on your team.

MIKE BARTLEY, CO-ANCHOR: Not your medical team, your emotional team. In today’s 4:30 Check-up, medical reporter Joanne Williams says a new study has found that emotional support from family and friends can increase your chances of a good recovery.

JOANNE WILLIAMS, REPORTING: Mary Beth Gabel helps patients with their physical rehabilitation and has seen major differences between patients who don’t have support from family and those who do.

MARY BETH GABEL (ST. LUKE’S CARDIAC): Family comes, they see the person exercising and that gives them confidence that this person is also getting better and together, I think that makes the patient recuperate much quicker.

WILLIAMS: Recuperation is slower for those who go through this frightening experience alone.

GABEL: If you see someone without support from a family or a significant other, you would see, and we have seen, a greater amount of depression, anxiety; real difficult time accepting what has happened to them.

WILLIAMS: Yale researcher Lisa Brookman says emotional support and social ties may even lower blood pressure.

JUDGE JOHN MCCORMICK (HEART ATTACK SUFFERER): I said ‘Honey, I hate to realize this, but I think we gotta go.’ So she made all the arrangements, the sweetheart. She called the hospital.

WILLIAMS: His nine children pulled together to lend support to McCormick in and out of the hospital.

McCORMICK: The family support has just been marvelous. Now, they all took us home, they visited us at the hospital, and there are many moods, you know, low periods that you do suffer and it was so refreshing to see members of the family come here. Undoubtedly, they contributed to my early release.

WILLIAMS: Medicines, operations, physical rehabilitation, all play important roles when recovering from a heart attack. But it turns out that the EKG can do a better job coupled with plenty of TLC.
BLOOD PUMP USER IS CELEBRATING LIFE AT HOME WITH KIN

Milwaukee Sentinel
January 6, 1995
Joe Manning, Staff Writer

A Port Washington man who is kept alive by an experimental blood pump in his abdomen marked his first anniversary on the device Thursday.

Bob Wellenstein, 48, who was sent home from the hospital in July, has spent more time at home on the blood pump than any other recipient.

“It’s an anniversary to celebrate because I am still here,” said Wellenstein. “It’s good to be alive and at home with your family.”

Before being sent home in July, Wellenstein spent 11 months at St. Luke’s Medical Center awaiting a heart transplant.

He is the nation’s second patient with the implant to be allowed to return home, according to Alfred Tector, the heart surgeon at St. Luke’s who implanted the pump.

The first patient sent home was from the Texas Heart Institute in Houston. He later received a transplant.

Wellenstein’s weakened heart is aided by a $50,000 experimental device called a HeartMate. Technically, it is a left ventricular assist device, or a VAD. VADs are used commonly for patients confined to hospital beds.

Wellenstein’s portable HeartMate keeps him alive by steadily pumping blood through the left side of his heart. It is powered by a battery pack that Wellenstein must carry.

Wellenstein’s heart problems began two years ago. Tector, fearing his patient might die before he could undergo a transplant, decided to use the device.

“He’s getting along well,” Tector said. “He is very happy to be home. He obviously would like to be transplanted and out of limbo.”

Because Wellenstein’s immune system has developed antibodies to a blood transfusion, the donated heart must be carefully selected to avoid rejection, Tector said.

“When the right heart comes along, he’ll get it,” Tector said this week.

Wellenstein said he still is eager to get a transplant but expects the HeartMate will eventually be used as a permanent substitute for heart transplants for some older patients.

Wellenstein says he feels “nearly normal” and at times forgets he has the pump plunking away inside him.

“It feels good to be home,” he said. “I had a good holiday with the family (wife, Gayle, and four children) and everything is going real good. We’re just playing the waiting game now.”

“I feel good. There are times when I can sit down and watch TV and forget all about it. I cannot do too many physical things because I get winded,” he said.

But in recent months, he has raked leaves, shoveled snow and installed a garage door opener.

He is required to visit St. Luke’s once a week and he must always have someone with him in case of an emergency.

“I could feel sorry for myself, but there is always someone else with a bigger problem,” he said.

Because of the severe shortage of hearts for transplant, Tector believes, the pumps will be the only option for many patients needing heart transplants.

“This will take some of the stress off the organ shortage,” he said.

Thermo Cardiosystems, which also makes an air-powered heart pump, estimates that 70,000 heart patients could benefit from the devices. The Woburn, Mass., company’s air-powered pump has U.S. Food and Drug Administration approval, but the electrical HeartMate remains experimental, Tector said.
ST. LUKE'S MEDICAL CENTER has established a program to improve the treatment and early diagnosis of pancreatic and biliary diseases, including many common gastrointestinal disorders and cancers.

Creation of the Biliary Center was announced Thursday at a reception attended by several physicians well-known in the field nationally, as well as a high-ranking official of the American Medical Association.

"This has been in the assembly process for several years," hospital President Mark Ambrosius said of the project.

Cancer of the pancreas is one of the fastest-increasing cancers, and one of the most deadly. Each year, more than 30,000 new cases are diagnosed and 25,000 people succumb to it.

All gastrointestinal cancers collectively cause more than 200,000 deaths each year.

Hospital officials hope to attract many out-of-state patients because few such centers exist around the country.

One of the speakers at the announcement Thursday, Robert Hawes, a nationally known gastroenterologist from the Medical University of South Carolina, reported on his hospital’s pancreatic and biliary center, which opened in July.

Under the leadership of gastroenterologist Joseph Geenen, the hospital identified specialist physicians, specially trained nurses, equipment and support staff needed for such a venture.

"We’ve pulled it all together to give some consistent expertise in treating pancreatic and biliary disorders," Ambrosius said.

The center at St. Luke’s will include surgeons, radiologists and gastroenterologists, or specialists in diagnosis and treatment of pancreatic and biliary diseases. It also will serve as a base for research.

Geenen and another physician, Marc Catalano, are experts on endoscopic ultrasounds, a procedure in which a viewing scope is passed down the esophagus and closer to the pancreas or other organs. Treatment often can be done through an endoscope as well.

Of all gastrointestinal problems, the most serious involve the gall bladder, bile ducts and pancreas.

The liver and gall bladder produce bile, which aids in digestion. About 500,000 people have surgery each year for gall stones. About 50,000 people each year develop cancer of the gall bladder or bile duct.

The pancreas produces enzymes that break down food so the nutrients they contain can be absorbed. Pancreatic problems lead to about 350,000 hospitalizations a year. About 80,000 cases of pancreatitis—inflammation of the pancreatic duct—are diagnosed each year, many the consequence of alcoholism or gall stones.

To treat pancreatitis, physicians sometimes install a stent, which is like a tube that helps drain fluid and relieves obstruction.
LASER TREATMENT HELPS HEART PATIENTS

Milwaukee Sentinel
November 28, 1994
Joe Manning, Staff Writer

It seems odd that burning tiny laser holes in the ailing hearts of some patients actually may benefit them.

But doing just that has been the heart’s desire of a Milwaukee husband and wife cardiac research team.

And early results show that holes blasted through the wall of the heart increased blood flow to the heart muscle.

Mahmood Mirhoseini, of St. Luke’s Medical Center, and his wife, Mary Cayton, a nurse, studied 36 patients who underwent the procedure in which a laser was used to poke holes through the heart muscle.

Of the patients studied, all had dramatic reductions in chest pain, or angina, following the experimental treatment.

The researchers are now waiting to learn whether their laser technique will be approved for further study by the U.S. Food and Drug Administration, which is examining research results from Milwaukee and elsewhere.

The technique works for patients with coronary artery disease who failed to benefit from cardiac surgery or other treatments.

Pioneered by Mirhoseini, a carbon dioxide laser is used to create tiny holes through the wall of the heart muscle.

The holes allow blood inside the heart to seep into the oxygen-starved heart muscle, which has been deprived of blood because of clogged arteries.

Cayton said patients who have had the procedure, called transmyocardial laser revascularization, or TMLR, had such extensive heart disease before the operation that simply moving in bed caused crushing chest pain.

The laser holes, about the size of the lead in a pencil, function as new blood vessels, Cayton said.

The laser-cut holes don’t allow blood to leak out of the heart, she said, because the wounds clot and close on the surface of the heart. They remain open on the inside of the heart, where the blood is accumulated before being pumped throughout the body.

She and her husband still are trying to determine how many holes are best. Fifteen to 40 are currently being used.

Researchers in Houston, Texas, using Mirhoseini’s technique, last week reported successfully cutting laser holes in the hearts of 14 men and three women who had coronary artery disease.

Studies show the laser holes link up with tiny vessels already in the heart muscle, allowing blood to flow into the heart wall from the inside.

“It looks promising. We are cautiously optimistic about the future of TMLR,” Cayton said.

Mirhoseini and Cayton began research on the technique in 1969.

The two knew that reptile hearts absorbed blood directly from the inside of their three-chambered hearts. If it were possible in reptiles, Cayton said she and her husband reasoned, it should also be possible in people once the channels were cut.

With the new technique, a computer allows the laser to fire holes through the heart tissue while the heart is still in motion.

A laser blast, which leaves a cloud of smoke from the vaporization of tissue, lasts a thousandth of a second.

In 1985, Mirhoseini performed the TMLR operation for the first time in conjunction with coronary bypass surgery at St. Luke’s Medical Center, the first study site designated by the FDA.

To perform the procedure, Mirhoseini makes a 4- to 5-inch incision in the chest. Once the heart is exposed, he fires the computer controlled laser between the patient’s heartbeats.

The laser fires when the left ventricle is full of blood.

“This blood prevents the laser beam from continuing through the heart, since carbon dioxide laser energy is absorbed and dispersed by liquids,” Mirhoseini said.

“Shooting laser beams into heart muscle may seem unorthodox, but the number of people who have finally found relief through TMLR is extremely encouraging,” Mirhoseini said.
MILWAUKEE AREA WOMAN RECEIVES LONG-AWAITED HEART TRANSPLANT

WTIT-TV (CBS) Channel Six
TV6 News from 5:00-5:30
November 14, 1994

Vince Gibbens, Co-Anchor: A Milwaukee area woman has weathered what may be the worst part of her fight with heart disease. Over the weekend, sixty-two-year-old Mary Brigden received a new heart, but she had to wait nearly two months to get it. As we hear from TV6’s Rosalind Jordan, Brigden’s family wants her experience to serve as a lesson to others.

Irene Hogan (Heart Recipient’s Daughter): We just knew that we had to have this heart, and this heart to work . . .

Rosalind Jordan Reporting: The prayer of Mary Brigden’s children was answered last Saturday night; that’s when doctors at St. Luke’s took the heart of another forty-two-year-old man from Kentucky and handed Mary another chance to enjoy her family.

The children understood nothing was guaranteed, since Mary’s condition had gone downhill in the last forty-eight hours.

Hogan: They hadn’t seen the heart yet, and we weren’t sure of the heart. And from the last time we had talked to my mom’s doctor, which was Friday night, he had told us she was, you know, the most critically ill patient the hospital had that night; they were taking it hour to hour.

Jordan: Mary Brigden’s operation was a success, but her doctors say she still has some hard work ahead of her.

Dr. Alfred Tector (Heart Recipient’s Surgeon): Rejection is most severe for the first three nights, and after that the patient’s body becomes somewhat more tolerant to the donated heart.

Jordan: The Brigdens call their mother’s surgery a miracle, a miracle that needs human intervention to come about.

John Brigden (Heart Recipient’s Son): It’s very important that people talk to their families, and sign their cards and donate. If everyone did that, we wouldn’t have people waiting in the hospital on machines.

Jordan: And if all goes well, Mary Brigden can soon tell these machines good-bye and get on with living.

Gibbens: You can learn more about organ donation by contacting the Wisconsin Organ Network. It’s a toll-free telephone number: 1-800-432-5405. That’s 1-800-432-5405, open twenty-four hours a day.

FAMILY THANKFUL FOR MOTHER’S HEART TRANSPLANT

WTMJ-TV (NBC) Channel Four
TV4 News from 10:00-10:30pm
November 14, 1994

Mike Gousha, Co-Anchor: The family of a sixty-year-old Wauwatosa woman is thankful tonight.

Carole Meekins, Co-Anchor: That’s because Mary Brigden is recovering after a heart transplant at St. Luke’s Medical Center, and the family says her ordeal can teach us all a lesson.

The family of sixty-two-year-old Mary Brigden is counting its blessings. Brigden, a mother of nine and grandmother of three, received a heart transplant here at St. Luke’s Medical Center Saturday evening.

Libby Brigden (Mary’s Daughter): We’re all pretty much still in shock. We didn’t expect this, but we were hoping for it. And now that she has it, we’re just amazed and really happy.

Meekins: Mary Brigden has been waiting for a heart for the past nine months. She’s been here at St. Luke’s Medical Center for the past nine weeks, and her family says her health has been declining quite rapidly.

Irene Brigden (Mary’s Daughter): Compared to just forty-eight hours ago, she’s doing great. She’s off the respirator and she’s talking, and she’s got her sense of humor, and she feels really blessed and so pleased to be feeling better.

Meekins: And now, members of the Brigden family give support to other families who are waiting for hearts. Right now in Wisconsin there are more than one hundred people on the waiting list; four people are here at St. Luke’s waiting hearts. But Mary’s children say we all need to remember how important it is to give the gift of life. . .
Two Milwaukee hospitals have a new treatment for prostate cancer, which is a leading cause of death in men and one of the toughest diseases to treat without the risk of serious side effects.

It’s called radiation seed therapy, and involves permanently implanting as many as 100 tiny radioactive pellets into the prostate gland, where they give off low doses of radiation for about a year.

The implantation procedure takes about an hour, is done on an outpatient basis with a spinal anesthesia, and costs $9,000 to $12,000—roughly half the cost of surgery to remove the prostate gland or of conventional radiation treatments.

Physicians at St. Luke’s Medical Center did one of the implants two weeks ago, and St. Joseph’s Hospital had its first such procedure on Tuesday.

A team of three medical professionals do the procedure—a urologist, a radiation oncologist (cancer specialist) and radiation physicist. The urologist doing the procedures at both Milwaukee hospitals is William Annesley.

At St. Luke’s, the radiation oncologist is Marcia Richards. At St. Joseph’s, it’s Stuart Blacher. The radiation physicist at St. Joseph’s is William Artner and at St. Luke’s, Tyler Lembcke.

“One of the main advantages for the treatment in general is it’s very quick,” Blacher said, and the risk of impotence as a side effect “is as low as any treatments that are available.”

... This year in the United States, an estimated 38,000 lives will be claimed by the disease. The cause is unknown, and the risk increases with age. The main treatment option has been surgery to remove the prostate gland through an incision in the lower abdomen, but that can cause incontinence or impotence, and older men often can’t tolerate such major surgery.

External-beam radiation therapy also can lead to impotence and can have other side effects on surrounding normal tissue. It requires almost daily visits to a hospital for nearly two months.

Radioactive seed implants are the newest treatment option. Some 75 to 120 tiny radioactive pellets—iodine-125 or palladium-103—are permanently implanted into the cancerous area. They emit low levels of radioactivity for about a year to kill cancer cells while sparing surrounding normal tissue.

No surgery is needed. The seeds, which are half a millimeter long and smaller than grains of rice, are implanted with the aid of an ultrasound-guided template that provides a grid to guide physicians. A tiny needle is passed through the guide plate into the tissue behind the scrotum then into the prostate. Ultrasound is used to check the position of the needle.

When the needle is in the right place, the seeds are injected. The procedure is usually done with a spinal or epidural anesthetic—the kind often used for women in childbirth.

“They don’t feel the seeds once they’re in place,” said Richards, radiation oncologist at St. Luke’s.

The radiation poses minimal risk to others.

“Because of the type of isotope—it has a very low energy level—very little comes out of their bodies,” she explained...

... The seeds are especially good for more frail elderly men because those patients often are less able to make frequent trips to a hospital for treatment and sometimes are too old for surgery. The seeds also are good for treating recurrent disease after standard radiation therapy, Richards said.

... The medical school, St. Luke’s and the University of Wisconsin Medical School also are part of a national study testing a related radiation therapy for ocular melanoma, a rare eye cancer.
Active throughout most of his life, Jerry Stokes was being disabled by severe chest pain...

...A 1986 bypass operation had served him well initially, but over time it began to fail as some of his arteries became blocked with plaque.

His heart was not receiving an adequate supply of oxygen. And doctors had ruled out additional artery surgery because of widespread blockages around which blood could not be rerouted with bypass surgery.

But on July 19 at Rush-Presbyterian-St. Luke’s Medical Center in Chicago, Stokes underwent a still-experimental operation—known as transmyocardial laser revascularization—that he feels has given him another chance at life.

The surgery uses lasers to zap channels in the heart muscle in hopes of restoring blood flow in patients whose hearts previously were considered beyond repair.

Though some doctors are waiting for scientific documentation that the laser treatment works, Stokes is a believer. He is riding his motorcycle, mowing his lawn and even moving furniture—free from disabling chest pain.

By using lasers to drill a network of pencil-lead-thin holes in the heart muscle or myocardium, researchers are trying to demonstrate that transmyocardial laser revascularization restores the flow of nourishing blood to the oxygen-starved areas of the heart...

The research technique began about 30 years ago.

Researchers theorized that they could feed the oxygen-starved heart by creating channels in the muscle through which blood could flow from the left ventricle, the heart’s main pumping chamber...

...Starting in 1969, Dr. Mahmood Mirhoseini, a cardiovascular surgeon at St. Luke’s Medical Center in Milwaukee, and his wife, Mary Cayton, a nurse, began exploring the use of lasers to open channels in the heart, to allow blood to seep into the heart muscle from the inner chamber.

Based on animal research, Mirhoseini said that while the acupuncture needles caused scarring, the gentler laser light created channels within the heart that remained open.

(Openings on the outer surface of the heart sealed up.)

Based on his ongoing work and the development of improved lasers, the pace of the research picked up over the past decade. In 1985, Mirhoseini performed the operation for the first time in connection with bypass surgery.

In 1990, research began on a new high-powered carbon dioxide laser to drill the heart channels. Mirhoseini said the new device, which costs $350,000, allowed doctors to make channels in the heart with minimal damage to nearby tissue.

March, who has used the technique on six patients, said the results thus far are impressive. He said patients are reporting relief from pain and objective follow-up tests support that blood flow to their hearts is improving...
When people choose a hospital to have heart bypass surgery performed, a pacemaker installed or a clogged artery opened, there are big questions: What will it cost, and what are the chances I'll die?

Heart procedures are expensive, high-profile services, and Milwaukee has more hospitals doing them than many cities of similar size.

Yet patients have little ability to comparison-shop because there are no “report cards” comparing hospitals’ performance—a key concept behind health-care reform and managed competition.

Today, The Milwaukee Journal aims to fill that gap with a guide to charges and mortality—death rate—for the last two years at the nine Milwaukee and Waukesha county hospitals with major heart-care programs.

Here’s how hospitals fared, plus comparisons with the average mortality rate and cost for each procedure.

**St. Luke’s Medical Center.** This hospital really is the 500-pound gorilla when it comes to heart care. St. Luke’s did more than triple the volume of surgeries and heart procedures than its nearest competitors. Its charges reflect economies of scale—St. Luke’s beat the area average charges by wide margins in virtually every category.

Mortality was a little lower than the two-county averages for mitral or aortic valve repair or replacement, and treating heart attacks. The hospital was the low-cost leader by far in all categories except non-surgical treatment of heart attacks . . .

. . . What’s staggering is its volume. In two years, St. Luke’s performed 3,873 heart catheterizations on patients who had been admitted. Far more are done outpatient. In 1993 alone, it did 6,448 heart catheterizations, outpatient and inpatient combined.

St. Luke’s did 1,700 cardiac surgeries last year—five or six a day, said its president, Mark Ambrosius. When you consider “all the pieces that are necessary to make this work”—cardiac intensive care units, perfusionists, specialized nurses and anesthesiologists—hospitals averaging one such surgery a day can’t compete on cost, he said.

The hospital’s charges are low despite having the highest percentage of Medicare patients in the city—56% or 57%, although it also has one of the lowest percentages of Medicaid patients—3%.

“Twenty percent of the work that comes to St. Luke’s is from out of state, including many medically difficult cases,” he added . . .
ICE STORMS INCREASE EMERGENCY DEPARTMENT VISITS

St. Luke’s Media Rounds

JANET ROACH, CO-ANCHOR: There was only one thing worse than roads covered with freezing rain this morning—the sidewalks.

MIKE BARTLEY, CO-ANCHOR: As Leslie Knauf tells us, slippery sidewalks sent many people tumbling right into the emergency room.

LESLIE KNAUF REPORTING: Ice can send us slipping and sliding on the roads. It can cause just as many problems on the sidewalks.

DR. JOHN WHITCOMB (EMERGENCY SERVICE DIRECTOR, ST. LUKE’S): We see it immediately. We’ve probably seen ten patients here at St. Luke’s specifically related to serious falls.

KNAUF: Ten patients out of twenty-five who came to St. Luke’s emergency room—and Dr. Whitcomb’s not just talking about bumps and bruises.

WHITCOMB: You see a fragment sticking out there (gestures to x-ray).

KNAUF: As these x-rays show, most of the patients he saw this morning had fractured bones. Many need surgery to repair them, and recovery can be complicated—especially if the patient is elderly.

WHITCOMB: If you fall and break a hip, you have probably somewhere in the range of ten to twenty percent chance of dying from the complications of that broken hip.

KNAUF: These x-rays are from a woman who’s already had hip surgery. Today’s fall was the second time Pam Soltysiak’s mother broke her hip.

PAM SOLTYSIAK (PATIENT’S DAUGHTER): She took the first step—she didn’t even get all the way out the front door. She took the first step, and down she went. When she screamed for me to come down…

KNAUF: Her mom’s shaken up, but doing OK, and next storm Soltysiak says she’ll stay one step ahead of everyone, spreading plenty of sand before the snow and ice hit. In Milwaukee, Leslie Knauf, TV6 News.

BARTLEY: Again, Dr. Whitcomb has that same advice: He says salt sidewalks the night before the storm is expected, and be ready to lend a helping hand to elderly relatives and neighbors.
Mr. Joseph Connelly
Mr. Alfred B. Cooley
Mrs. Kathryn B. Cooper
Mr. Orville Copolus
Mr. Peter H. Cordova
Mr. Robert C. Cornwell
Ms. Helen L. Cummings
Mr. Robert Curley
Mr. Charles Cypral
Mr. Marvin F. Dahlke
Mr. Dean H. Darkow
Mrs. Esther E. David
Mr. and Mrs. Donald K. Day
Mr. Dale DelPonte
Mr. Anthony J. DePetro
Mr. LeRoy L. DeSmit
Mr. and Mrs. Herbert C. Devine
Mrs. Mary Devita
Mr. Terence D. Devlin
Mr. Jack Dexheimer
Mr. and Mrs. Edward Dierer
Mr. and Mrs. Theodore Doehla
Mr. Charles H. Doering
Mrs. Dorothy Doonson

Mr. Daniel N. Forlano
Dr. and Mrs. Eugene H. Fram
Mr. Glenn A. Francke
Mr. Raymond J. Franz
Mr. Duane Frenzfelder
Mr. Gardner L. Friedlander
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In my career, I have learned that giving your services for free gives you a good return on your investment, not just financially but morally. It supplements your personal integrity.

—Stevie Wonder
The vineyards of philanthropy are pleasant places...and if these vineyards are to thrive and bear the best fruit, they must always have first-class attention.”

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—Bob Hope

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