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The Spirit of St. Luke's

Expert cardiac team thrives on challenge

Cancer clinic captures spirit of Lombardi

Winter 1994
The Spirit of St. Luke's is produced three times a year by

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Cover
Photo top left: Richard T. Shore, M.D., discusses heart surgery with his patient, LaVerne Schaller. Photo right: It takes a team of cardiac specialists to handle complex coronary artery disease: (left to right) nurse clinician Nancy Reeves, R.N., M.S.N.; physician assistant, John Nachodsky, P.A.-C; nurse clinician Elizabeth Algiers, R.N., M.A.; heart surgeon Richard T. Shore, M.D. Photo bottom left: Marja Bjegovich, R.N., B.S.N., is the acting director of the St. Luke’s Medical Center cancer center.
Winter 1994

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Five years ago we launched our inaugural issue of *The Spirit of St. Luke's* and I welcomed your readership. Since then our circulation has increased from 3,000 to over 12,000. We’ve told you numerous heartwarming stories about the patients and healthcare professionals who make St. Luke’s such an important institution in our community. And we have been gratified that your response to the publication has been very positive.

Much has changed at St. Luke’s in the last five years. We have expanded dramatically—both in our physical plant and in the scope of services we offer to our community.

All these changes at St. Luke’s have taken place in the midst of a rapidly changing and somewhat uncertain healthcare environment.

As all this has been happening, St. Luke’s Medical Center has continued to excel and provide superb medical care to our community. As evidence of this, St. Luke’s was recently named one of “Milwaukee’s Superlative Six” by Management Decisions Incorporated (MDI) in their *1994 MDI Metro Quality of Life Report*. St. Luke’s was the only service organization to be honored with this recognition—which comes on the heels of St. Luke’s being named one of the top 100 hospitals in the country by an independent firm that analyzed the costs and quality of all 5,600 hospitals in the United States.

There are great things happening at St. Luke’s and we want you to know about it—since your friendship and support have been such a key ingredient in this success.

We appreciate your commitment to St. Luke’s. In turn, we are committed to continuing to provide you with superior health care. We will also continue to tell you about the exciting things happening at St. Luke’s through *The Spirit of St. Luke’s*.

Wishing you peace and good health this holiday season . . .

Mark Ambrosius
President, St. Luke’s Medical Center
Maynard Lauterbach had already had open heart surgery twice, and, though he had done well for several years, his condition had deteriorated again. After becoming dizzy at work last February, he was hospitalized and learned that some of his bypasses were closed. The doctors who reviewed his case in his home town of Baltimore said they wouldn’t perform surgery again. They said his condition was too complex, his blockages too extensive. One doctor gave him only six months to live, but Maynard wasn’t about to sit back and wait to die. As a Baltimore County police officer and chaplain, he had faced plenty of difficult situations in his life and he wasn’t going to back down now.

He was only 68 years old and he had too much to live for, including a devoted wife, four grandchildren, and a new, very satisfying job as a chaplain for the Baltimore County Police and Fire Department. What he needed was a complete coronary artery reconstruction, but very few doctors in the country would be willing to take on such a challenging case.

Fortunately, his cardiologist in Baltimore referred Maynard to Dr. Richard T. Shore at St. Luke’s Medical Center in Milwaukee. His cardiologist knew that Dr. Shore and his team of specialists thrive on challenge and had the experience and expertise to tackle Maynard Lauterbach’s complicated problems.

Maynard recalls, “I had a sinking feeling that I wasn’t going to come out of this, but I did. I know that Dr. Shore and his team literally saved my life. He was my only option and the surgery was successful.”

LaVerne Schaller presented a completely different kind of challenge to Dr. Shore’s team about a year and a half ago. She had never had heart problems in her life and suddenly collapsed in her own home in South Milwaukee. She was rushed by paramedics to one hospital and then referred to St. Luke’s.

The diagnosis was grim. She had a dissecting aneurysm in her thoracic aorta (the large vessel that carries blood from the heart to the rest of the body as it courses through the chest) and her situation was extremely grave since the blood vessel could burst at any moment. Though hoping for the

When Dr. Shore emerged from the operating room, he was optimistic. He and his team had tipped the tenuous balance in a life or death situation dramatically toward life. LaVerne Schaller would live.
"Our success is very much the result of a tremendous team effort. Our team focuses on delivering quality. I know quality is a ‘buzz word,’ but that’s what we do—we deliver an excellent product."

—Dr. Richard T. Shore

best, the medical staff tried to prepare her husband, Ivan, for the worst, advising him to call their children, their friends, and their pastor. It was a Sunday evening, but—as luck would have it—Dr. Shore was at the hospital and became involved in the case right away.

LaVerne was only 69 years old and had grandchildren she expected to see grow up; however, LaVerne was unaware of how perilously close she was to losing this opportunity. She had been unconscious from the moment she collapsed, but her husband remembers every minute vividly. She was rushed to surgery almost immediately.

The surgery was long and complicated. Her body temperature was lowered to almost 60 degrees so she could withstand such a lengthy operation. Ivan was joined during this long wait by the Schallers’ son who is a physician in Wausau and who helped interpret what was going on for Ivan. It was a long, tense night, but at 6:30 the next morning when Dr. Shore emerged from the operating room, he was optimistic. He and his team had tipped the tenuous balance in a life or death situation dramatically toward life. LaVerne Schaller would live.

These were not common heart surgery cases. Dr. Richard Shore specializes in handling what he calls “diffuse coronary artery disease”—cases where coronary artery obstruction is so extensive that straightforward coronary bypass surgery or interventional techniques such as angioplasty will not be sufficient to solve the problem. These cases typically demand complex and widespread artery reconstruction. Because of his expertise, patients come to see Dr. Shore from all over the country. As was the case with Maynard Lauterbach, Dr. Shore’s patients have frequently been turned down as surgical candidates by other surgeons.

Dr. Shore says, “My feeling is that each case deserves careful attention. We sit down with the patient’s films and other records. We evaluate all the information we have about a patient. Then we see if there is a reasonable surgical option we can pursue. Usually, there is.”

Dr. Shore’s expertise has developed through extensive training and years of dealing with complex cases. He also meets once a year with a group of 25 heart surgeons from around the country who talk for three days straight about how they have handled difficult cases. He describes these meetings as “very valuable and an intense learning experience.”

It takes a team effort

Dr. Shore rarely says “I” when discussing his work—instead his sentences usually begin with “we”—and he doesn’t let any discussion of his work go too far without bringing the importance of his team of support staff into it.

He says, with just a hint of pride, “Our success is very much the result of a tremendous team effort. Our team focuses on delivering quality. I know quality is a ‘buzz word,’ but that’s what we do—we deliver an excellent product. And our product is superb patient care. All the team members are interested in doing excellent work and are concerned about our patients first and foremost as people.”

Mr. and Mrs. Maynard Lauterbach, from Baltimore, Maryland, are leading active lives ten months after Maynard’s reconstructive heart surgery at St. Luke’s.

“I had a sinking feeling that I wasn’t going to come out of this, but I did. I know that Dr. Shore and his team literally saved my life. He was my only option and the surgery was successful.”

Patient, Maynard Lauterbach
"This is risky surgery but most of our patients have no alternative. They would die if the surgery wasn't performed—and, fortunately, most of our patients actually do quite well after the surgery."

—Dr. Richard T. Shore

Most of the members of Dr. Shore’s team have worked together for a number of years. The surgery team includes two nurses, a physician assistant, two surgical technical assistants, and a perfusionist who manages the heart-lung bypass machine. (See the accompanying article on page seven for an interview with three of Dr. Shore’s team members.)

Dr. Shore says, “I feel honored to have these people as members of our team and I am always in awe of their capabilities. The patients also really appreciate them.”

The team gets together at frequent intervals to discuss how they can best take care of their patients. One area of team focus is crisis management. They try to define areas where problems may arise and discuss how they will deal with these problems. Dr. Shore emphasizes, “When you are in the midst of a problem it’s not always the best time to think about all the options available. We try to anticipate problems and decide in advance how best to deal with them.”

Specialized techniques

Every case is unique and requires a variety of specialized techniques. Endarterectomy is one of those techniques and involves opening a coronary vessel and meticulously extracting the material which is blocking the vessel. This material usually comes out in one multi-branched piece. (The illustration on the right illustrates this procedure. It was created by Dr. Shore who is known among his staff members as a “doodler” and is actually an excellent medical illustrator.)

During these complex surgical procedures, it’s hoped that the cholesterol plaque can be removed in one piece. When necessary, the individual particles are removed and these branches may have to be opened in multiple locations to ensure a good result.

Dr. Shore emphasizes that technical judgments have to be made constantly during these complex surgical procedures. He says, “We may find ourselves on a dangerous excursion since we are frequently trying to change a situation which, while not ideal, has been under control.”

For instance, blood may be flowing around an area of obstruction and reconstruction involves opening up the bed so that blood flow can be accepted into this area. The area may involve a huge concentration of blocked vessels. Judgments have to be made about which vessels should be grafted. Sometimes vein or arterial patches are placed over and through narrowed vessel segments to restore suitable blood flow.

In addition, the team may need to be concerned about the presence of carotid artery disease which is frequently present with diffuse coronary artery atherosclerosis and presents a potential threat of stroke during this complex surgery.

Dr. Shore points out that each situation is unique and requires improvisation and a customized approach. In addition, the complexity of cases increases with multiple repeat operations, older patient populations, and patients with other health problems.

Dr. Shore emphasizes, “This is risky surgery but most of our patients have no alternative. They would die if the surgery wasn’t performed—and, fortunately, most of our patients actually do quite well after the surgery. Like Mr. Lauterbach and Mrs. Schaller, they are leading full, satisfying lives.”
Caring and expertise combined

Dr. Shore emphasizes that while his patients may be impressed with the expertise of his surgical team, they are equally impressed with the compassion and concern of everyone they have contact with at St. Luke’s.

He says, “My patients come from all over the country and they always comment on how delightful the staff is at St. Luke’s. Our staffing here is superb, including the R.N.s, the kitchen staff, the technicians, and every one else who works at the hospital. This is a big hospital, but when people are here they don’t feel its size because they get such personal, caring attention.”

Dr. Shore is also interested in analyzing the outcomes of his surgery and in defining the kinds of patients who can most benefit from reconstructive surgery. Long term follow-up of his patients shows that patient groups with multiple grafts (seven or more) have survival rates that are similar to patient groups with less severe problems requiring fewer grafts. Despite their high risk category, his patients typically do very well.

Maynard Lauterbach and LaVerne Schaller are perfect examples. Maynard is back to work part-time and has high hopes of getting back on his motorcycle soon. LaVerne is living a happy, satisfied life, spending time with her husband, children and grandchildren. Both are exercising and watching their diets.

They almost sound like a broken record when they talk about Dr. Shore. Mrs. Schaller’s husband, Ivan, says, “I know my wife wouldn’t be alive right now if it hadn’t been for Dr. Shore.” And Maynard Lauterbach says, “I know I wouldn’t be here today if it wasn’t for Dr. Shore.” But it isn’t a broken record—it’s real life and real people—people who are alive today because a team of experts was willing to give them another chance.

Richard T. Shore, M.D., discusses his surgical techniques with heart patient, LaVerne Schaller.
The Spirit of St. Luke's had a round table discussion with three of Dr. Shore's team members. Nurse clinician Elizabeth (Beth) Algiers, R.N., M.A., has worked with Dr. Shore for almost eighteen years and nurse clinician Nancy Reeves, R.N., M.S.N., for six years. Physician assistant John Nachodsky, P.A.-C., has worked with Dr. Shore for five years. The highlights of some of their comments follow:

**Spirit:** Could you each tell me what you do on Dr. Shore's cardiac surgical team?

**Beth:** As nurse clinicians, Nancy and I are involved in the total care of the patient. We meet our patients and their families preoperatively, learn of their healthcare history, their familiarity with their problems, and their family network. A good amount of time is spent on preoperative education so that all family members have an understanding of how we're going to proceed. When Nancy and I talk to patients, one of our main goals is to dispel misconceptions. They come to us at a time when they are very concerned and usually frightened. We help them get through the surgery and then direct their focus to how they can actively pursue good healthcare practices.

**Nancy:** During surgery we keep the families informed about what's going on in the operating suite. The teaching sessions continue with the family during this waiting period. This is very important because these surgeries may require several hours to accomplish. We also have a close liaison with the intensive care unit staff, the operating room staff, and the nurses on the floor postoperatively. We also follow-through with patients after they are discharged.

**John:** As a physician's assistant, my role is mainly in the operating room since I first assist Dr. Shore in surgery. Before the surgery, I'll review the cardiac catheterization films with Dr. Shore and discuss what's going to happen with other members of our team and also during the case as problems arise. Since Dr. Shore takes on a lot of very sick patients with extensive disease, the procedures he uses are very complex and require a lot of time, dedication, and skill. I spend time learning and

"They come to us at a time when they are very concerned and usually frightened. We help them get through the surgery and then direct their focus to how they can actively pursue good healthcare practices."

*Nurse clinician Beth Algiers, R.N., M.A.*
reviewing these techniques. I also work closely with the perfusionist.

**Spirit:** What does a perfusionist do?

**John:** The perfusionist is the person who keeps the patient alive while we stop the heart so the surgery can be performed. The perfusionist controls the pump which pumps blood into the patient, puts oxygen into the blood, and also removes the carbon dioxide. Along with the anesthesiologist, the perfusionist also keeps all the medications at the right levels.

**Spirit:** What are some of the biggest challenges you face?

**Beth:** We are frequently dealing with an aging, changing population. This may mean that they come to us with a myriad of health problems. It's very seldom that we see someone with an isolated coronary lesion needing one or two bypasses. Many people come in needing a number of procedures at the same surgical setting. When you combine this with many other healthcare concerns, you have a very complicated situation to handle. However, we're very familiar with these kinds of complexities and I think we all find this kind of situation to be a personal challenge.

**Nancy:** We try to keep these people together as a family unit. They have a multitude of emotions going on and it's so easy to become fatigued and upset, but we want to keep them functioning as a group so they can regain control and get back to their lives after the surgery is over.

**John:** Dr. Shore gives these people a second chance at life. Most of them have been rejected by other physicians and are only being treated with medications to make them comfortable. Frequently, the surgery we take on is very difficult and time-consuming. We have to be able to handle the unexpected. This is all extremely challenging, but also very satisfying because we know we have helped save a person who otherwise might not have made it.

**Spirit:** What do you find to be so unique about your team?

**John:** One of the unique things about working with Dr. Shore is that he's willing to listen to your ideas and he'll take the ideas which he thinks have merit and actually utilize them. Being on his team is a two-way street full of constant discussion of how we can best take care of the patient. Then if a crisis comes up, we're able to handle it because we have good communication among team members. Because we are dealing with such challenging cases, it's important that each team member be aware of what's going on—down to the finest detail.

**Beth:** The team approach is really a collaborative effort. We rely on each team member to contribute often, coming up with new ideas or approaches in the care of the patient. Since every case is unique, each solution is individualized. Everything we do is on a personal level—not just for the patient, but for the family.

**Nancy:** We get frustrated sometimes thinking of all the people out there waiting to die who we might be able to help. We’re not afraid of a challenge—even a big challenge that others might not take on.

**John:** I think that's a characteristic of everyone in our group. We all like a challenge. I do think it takes a special group of people to face what we face on a regular basis.

"We try to keep these people together as a family unit. They have a multitude of emotions going on and it's so easy to become fatigued and upset, but we want to keep them functioning as a group so they can regain control and get back to their lives after the surgery is over."

—Nurse clinician Nancy Reeves, R.N., M.S.N.
Cancer clinic captures spirit of Lombardi

"The quality of a person's life is in direct proportion to their commitment to excellence..."

—Vince Lombardi

These familiar words from the late renowned Green Bay Packer coach capture the essence of the Vince Lombardi Cancer Clinic. And "excellence," as it describes the cancer clinic, relates as much to its superb medical services as to the nursing care with which these services are delivered.

A diagnosis of cancer is hard enough to handle without having to navigate your way through a large, complex medical system to get all the services you need. That's why the Vince Lombardi Cancer Clinic was established—to bring together in one place, as much as possible, the outpatient services that a patient with cancer needs—and to do it with exemplary skill and great compassion.

Everthing that happens at the Vince Lombardi Cancer Clinic reflects Lombardi's philosophy of excellence. Testimonials to the excellence of the clinic abound from patients and their families who are grateful for the clinic's unique combination of high tech care combined with much-needed emotional support.

Doug Norman, 34, expresses a typical patient reaction to the clinic's outpatient services, when he says, "When we found out I had cancer, my wife and I thought it was the end of the world, but our doctor and the people at the clinic gave us hope. We also had a place to go where people understood what we were going through. We particularly appreciated the Caring Connection Support Group that met at the clinic. It helped both my wife and me get through a very difficult time."

It has been over six years since Doug was first diagnosed with testicular cancer and he is now in complete remission and leading an active life, including working full-time as an accountant at A.O. Smith, but he is most excited about his newfound fatherhood and a daughter born 15 months ago. Doug is very interested in telling his story to other patients with cancer because he wants to encourage them to be hopeful.

He says, "When people are diagnosed with cancer, they are overwhelmed, but they need to know they have a good chance of surviving. Look at me. People need to know they're not alone—this is especially true if they are involved in the Vince Lombardi Cancer Clinic where they can get support and encouragement."

Marija Bjegovich, R.N., B.S.N., acting director of St. Luke's cancer center, points out that Doug's case is not unusual. She says, "Many people who are diagnosed with cancer survive and go on to lead productive lives. People often associate cancer with dying, but I am quick to point out that with early detection techniques (such as breast self exam) and current technology, we are able to treat more cancers than ever before. As a result, the overall cancer cure rate is approaching 50 percent and..."
"When we found out I had cancer, my wife and I thought it was the end of the world, but our doctor and the people at the clinic gave us hope."

—Patient, Doug Norman

that percentage is increasing due to early detection efforts.

St. Luke’s has always provided outstanding cancer services—both inpatient and outpatient; however, the dedication of the Vince Lombardi Cancer Clinic in 1989 gave its outpatient program more visibility than it had had in the past. The clinic is a collaboration with the Vince Lombardi Memorial Golf Classic which raises funds for cancer research and education. The classic and the clinic are both intended to commemorate Vince Lombardi and his commitment to excellence. This tribute is very appropriate since both Vince Lombardi and his wife died of cancer.

The establishment of the Vince Lombardi Cancer Clinic at St. Luke’s Medical Center was a logical step because of St. Luke’s outstanding cancer program which is one of five “centers of excellence” at the hospital. The clinic is the cancer program’s outpatient arm, providing comprehensive, state-of-the-art cancer care and treatment.

In addition, as a direct result of contributions from the classic, the clinic has been able to sponsor a wide range of outreach activities, including a community-based lecture series; prevention, detection and screening programs; and community-based cancer-related research.

In early 1993, the Vince Lombardi Cancer Clinic took a major step forward when it moved to the newly-constructed outpatient building that nearly tripled the size of the clinic. The atmosphere in the clinic, however, is still warm, friendly and home-like.

Through the clinic, a patient can receive a full range of services related to treatment, symptom management, education, and counseling for both patient and family. The professional team offers patients physician specialists in cancer and blood disorders, autologous bone marrow transplants, and gynecological, breast and orthopedic surgery, in addition to oncological nurses, social workers and chaplains.

A cornerstone of the clinic’s services is the Vince Lombardi Cancer Hotline which operates five days a week from 8:30 a.m. to 5 p.m. During those hours, anyone can call and request information about cancer or be directed to a nurse or other expert who might be able to help them. The hotline operator is able to refer patients to specific programs such as the immunotherapy, autologous bone marrow transplant and support group programs, or to specialists such as those in breast care, gynecology or musculo-skeletal tumor surgeons.

Since St. Luke’s and the Vince Lombardi Cancer Clinic have such a widespread reputation, there is an 800-number for calls from out-of-town.

At the heart of the clinic’s effectiveness is its well-trained, experienced staff of caring professionals. When asked about their reactions to the cancer clinic, patients usually mention the staff first.

Fritzi Prieben, 72, who has been treated at St. Luke’s over the past 11 years says, “At the Vince Lombardi Cancer Clinic, you are not a number. You are a person with a name and feelings. It’s like a family to me. I walk in and the staff all say ‘hi.’ They know me and they are genuinely concerned about me. I just can’t say enough about the nurses and the rest of the staff.” Fritzi Prieben also emphasizes
"What the Vince Lombardi Cancer Clinic gives me is a continuity of care and an almost seamless integration with my office. My patients and I have confidence that their care at the clinic will be the kind of high quality care they deserve."

—Dr. Ajit Divgi

that her oncologist, Dr. Ajit Divgi, not only provided expert medical care, but was there with crucial emotional support when she needed it.

Fritzi was diagnosed with breast cancer 11 years ago. After having a mastectomy, she was treated with chemotherapy and radiation and did fire for quite a long time. Then she had a recurrence about two years ago. Until recently, she has been going regularly to the Vince Lombardi Cancer Clinic for blood tests and treatments related to chemotherapy. Being able to receive these services as an outpatient has helped Fritzi go on with her busy life working at her family-owned furniture store. She is an ideal example of the clinic’s success in helping patients get on with their lives.

Her oncologist, Dr. Divgi, appreciates having the clinic available as a resource for his patients. He says, “I think the Vince Lombardi Cancer Clinic is a great help to my patients. The clinic’s nurses are very experienced and are extremely diligent in monitoring complex situations, especially on weekends or any other time when my office is not open. What the Vince Lombardi Cancer Clinic gives me is a continuity of care with an almost seamless integration with my office. My patients and I have confidence that their care at the clinic will be the kind of high quality care they deserve.”

Marija Bjeogradic emphasizes, “A diagnosis of cancer delivers a heavy blow to a patient and that patient’s family and loved ones. I believe the medical, nursing and support staff at the Lombardi Clinic are there for patients and their loved ones as highly skilled clinicians but also as friends—friends that will be there to help them through the cancer experience—friends with familiar faces who greet them at the door and meet them in the treatment area. Our philosophy of care is patient/family centered. Our goal is to minimize fragmented care so that almost everything a patient or loved ones needs can be accessed through the clinic.”

The Vince Lombardi Cancer Clinic is also committed to being state-of-the-art in everything it does. It provides services that support St. Luke’s pioneering immunotherapy program which provides a new method of treating cancer by boosting an individual’s immune system. It also supports St. Luke’s autologous bone marrow transplant program, a cutting edge procedure in which a patient’s own marrow is collected, treated, stored and returned to the patient. Bone marrow transplants have been shown to be highly effective for some cancer patients when other treatments are not successful. It has been used quite widely for breast cancer, lymphomas and leukemias.

Recently, a St. Luke’s patient was the first person in southeastern Wisconsin (and one of only about 200 in the country) to have an autologous bone marrow transplant for ovarian cancer. This patient, Diane Kennedy, is now a medical assistant at St. Luke’s. She was diagnosed with ovarian cancer when she was 37 years old. She had originally been treated at another hospital where she did not feel she received the care and compassion she needed.

She says, “Our first impression of the Vince Lombardi Cancer Clinic was

"Our philosophy of care is patient and family centered. Our goal is to minimize fragmented care so that almost everything a patient or loved ones needs can be accessed through the clinic."

—Marija Bjeogradic, R.N., B.S.N., acting director of St. Luke’s center
"Our first impression of the Vince Lombardi Cancer Clinic was phenomenal. My husband and I walked in and right away we felt like we mattered."

—Patient, Diane Kennedy

phenomenal. My husband and I walked in and right away we felt like we mattered. For being such a big hospital, they were really able to personalize care and the Vince Lombardi Cancer Clinic really helped that happen."

Statistics were working against Diane since she had already had one recurrence of her cancer in less than ten months. Conventional cancer treatment was obviously not working. Her oncologist recommended that they try a bone marrow transplant. Even though she knew the procedure would be arduous, she decided to go ahead with it.

She says, "My odds of living beyond two years were not great. A transplant seemed to be my only option."

During this procedure a portion of her bone marrow was removed and frozen. She was then given high doses of chemotherapy to kill the cancer. Then the marrow which had been removed was transplanted back.

She was in the hospital a total of 36 days. After her release from the hospital, she visited the Vince Lombardi Cancer Clinic regularly for a variety of assessments and treatments. Because the extensive chemotherapy dehydrated her, she frequently had to have hydration treatments where fluids were pumped into her body. She also had blood transfusions occasionally to keep her blood counts up.

Dr. Robert F. Taylor, director of the bone marrow transplant program, has an office in the clinic so she would go to see him frequently.

As happens with most patients, the Vince Lombardi Cancer Clinic became Diane's "home away from home" at St. Luke's. She didn't have to traipse all over the hospital for the treatments she needed; they were all coordinated right in one place—and they were managed by people she knew and trusted.

Diane says, "It was really wonderful to be able to deal with the same nurses and other staff members. They always knew me and greeted me warmly. It was never anything like 'Oh let me pull your chart and see who you are.' It's hard to express in words how much I appreciated the concern and care I received from my doctors and from all the people at St. Luke's and the Vince Lombardi Cancer Clinic."

Diane's bone marrow transplant was completed at the end of March and she is doing fine. All the tests she
"Not only was the entire staff at both the Lombardi Clinic and St. Luke's highly skilled in what they were doing, they were so upbeat—and this feeling spreads to the patients."

—Patient, Cynthia Culligan

The Vince Lombardi Cancer Clinic’s reputation, along with St. Luke’s, has spread way beyond southeastern Wisconsin with patients coming from long distances to take advantage of its expert care. Cynthia Culligan, who had Hodgkin’s disease, came from El Paso, Texas, four years ago to be treated by St. Luke’s oncologist Dr. John P. Hanson who suggested she talk to Dr. Taylor about having an autologous bone marrow transplant. She had been turned down by other places for this procedure because her disease was so advanced. After the transplant, she chose to stay in the area for several months so she could continue her follow-up tests and treatments at the Vince Lombardi Cancer Clinic.

She says, “The Cancer Clinic is a premier cancer center. I’ve been to a lot of different places during the course of my illness and the first thing my mother and I noticed about the Vince Lombardi Cancer Clinic was the atmosphere. Not only was the entire staff at both the Lombardi Clinic and St. Luke’s highly skilled in what they were doing, they were so upbeat—and this feeling spreads to the patients. I couldn’t have asked for more support.”

Patty Abella feels that the Vince Lombardi Cancer Clinic is unique, not only because of its atmosphere and expertise, but because of its focus on treating patients in one setting. She emphasizes that the clinic is open seven days a week which is also unusual and is a tremendous benefit to patients since many of them have jobs and families and need flexibility in hours to fit their clinic visits into their lifestyles.

There’s no doubt that Vince Lombardi would be proud to be associated with an institution that continues to make such a positive difference in the lives of so many people—just as Vince Lombardi himself did—and an institution that is always striving for excellence—just as Vince Lombardi did.

Most importantly, though, he would be proud that just as he always placed a great emphasis on his players as people, the Vince Lombardi Cancer Clinic focuses on patients as people. It was a winning formula for Vince and it’s working just as well at the clinic that carries his name.

Cynthia Culligan, who had an autologous bone marrow transplant at St. Luke’s, is feeling good and enjoying life in El Paso, Texas.

The Spirit of St. Luke’s
The Spirit of St. Luke's

Surviving the Holidays
(or "how to stay in shape and still have fun")

by Laurie Meyer, R.D.,
Cardiac Rehabilitation Dietitian,
Aggressive Lifestyle Management Program,
St. Luke's Medical Center

The holidays are back and you know what that means—cookies bursting with butter, fruitcakes chock full of nuts, and eggnog drowning in whipping cream! (Certainly enough fat to ruin anyone's "good intentions" for healthful eating.) While overindulging has become a holiday ritual, so has the new year fall-out: extra pounds on the scale, extra flab on the waistline, and extra points on the cholesterol monitor. How can a health-conscious holiday-party-goer battle the temptations of the season? The best solution is to do a little pre-planning, to set realistic goals and expectations, and to learn to relax.

Before the holiday parties begin, remind yourself how good you feel when you don't overstuff yourself or drink too much. Decide in advance that you can be satisfied with small portions of your favorite holiday foods, and that you don't have to eat huge amounts of anything to be satisfied. The first bite is always the best. Remember, there will be many holiday celebrations and other opportunities to enjoy the same foods, so you won't miss out "forever" by not indulging in all of the holiday treats at one particular occasion.

Don't go on a crash diet just before the holidays to give yourself that so-called "dieter's edge!" Drastic pre-holiday dieting usually leads to an all-out binge when you are suddenly face-to-face with your favorite holiday treats. Once you've released the reins and allow yourself to indulge, you will gain any weight that you lost. Quick weight loss is usually followed by quicker weight gain! Plan to maintain your weight during the holidays, and if you need to lose weight, do it after the holidays are over.

Don't let an occasional indulgence be an excuse for completely abandoning your healthful eating plan. Eating one piece of fudge isn't "blowing your diet," but if you eat ten pieces of fudge, you may be on your way to "fat city." Instead, follow the 90-10 rule. Eat healthfully 90 percent of the time and the other 10 percent eat whatever you really want. The trick is to give yourself permission to enjoy your favorite holiday treats without going nuts about it (as in eating a whole plate of holiday cookies). Also, avoid getting overtired, since fatigue lowers your dietary self-control. If you are tired, take a nap. Don't sit around eating in the vain hope that food will restore your energy—it never does.

Since holiday foods tend to be more fat and calorie dense than everyday foods, here are some tips to get you through your next holiday party or gathering:

- Don't go to a party hungry. Eat something light like fruit, yogurt, soup, or low-fat cheese and crackers to take the edge off your appetite.
- At a buffet, look over the entire table before you pick up a plate. Decide in advance what you are going to eat and then stick to your plan.
- Try to pass on foods that are buttered, breaded, fried or smothered in a sauce.
- Load up on raw vegetables and fruit with yogurt dips, marinated vegetables, boiled shrimp, crab claws, skewered beef or chicken, smoked fish, pretzels or popcorn.
- Don't stand near the buffet table. Move away as soon as you have made your selections to avoid unconscious eating.

Don't be an overindulgent holiday yo-yo dieter. Your weight fluctuates, goes up and down, up and down. It's normal. It's human. But don't make yourself feel like a failure. You will come through the holidays feeling fine (and much fitter than before the holiday season).
Sample small amounts of rich desserts. Remember you don’t have to eat the entire portion, and you can always share with a friend.

Next to fat, alcohol is the most fattening thing you can put in your mouth. Research shows calories from alcohol may actually enhance your body’s tendency to store fat. Alcohol also undermines discretion and determination. People tend to eat more high fat foods under the influence of alcohol. Try to limit alcoholic beverages to one or two a day. If you plan to have wine with dinner, drink club soda or mineral water during cocktail hour, or try a Virgin Mary.

During the holidays, visions of sugarplums may be dancing in your head, however visions of fat, cholesterol and calories will be bouncing on your stomach, hips and thighs if you give in to all of the holiday treats. To help you reduce the fat, check out the healthful substitutions in the box above.

Along with healthful eating, a little exercise can go a long way toward relieving tension, burning calories and keeping you in high holiday spirits. Exercise is more important during the holidays than ever. But rather than trying to jam your regular exercise routine into an already crammed schedule, keep in mind that “exercise is exercise”—whether you’re running around the track or mall, or walking through the woods on a snowy afternoon. Five minutes here, ten minutes there—it all adds up and it’s better than doing nothing at all.

Don’t get crazy about missing a day or two of your regular routine, as long as you keep moving. Exercising at a moderate intensity may be better at both burning body fat and reducing stress, and is preferable to strenuous exercise especially at the holidays. If you are tempted to skip exercise altogether consider this: not only does your body use extra calories during exercise, but it will continue to use more calories for several hours after you stop exercising, maybe enough to take care of that fudge or cookie!

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**Holiday Treat Substitution Ideas:**

**Instead of:**
- 1 c. eggnog (19g fat)
- 1 pc. kringle (12g fat)
- 1 pc. fudge (8g fat)
- 5 cocktail franks (10g fat)
- handful of peanuts (15g fat)
- 2 T. French onion dip (5g fat)
- 5 oz. roast goose (35g fat)

**Choose:**
- 1 c. champagne (0 fat)
- 1 pc. stollen (2g fat)
- 1 peppermint stick (0 fat)
- 5 shrimp and sauce (1g fat)
- 1/2 c. pretzels (1g fat)
- 2 T. salsa (0 fat)
- 5 oz. roast turkey (4g fat)

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**Recipe Substitution Tips**

**Instead of:**
- cream or half & half sour cream whole egg chocolate butter or margarine

**Use:**
- evaporated skim milk nonfat yogurt or nonfat sour cream 2 egg whites or 1/4 c. egg substitute cocoa powder or carob powder applesauce, prune paste, nonfat yogurt, mashed banana

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**Left-overs Turkey Salad**

<table>
<thead>
<tr>
<th>1/4 c. fat-free mayonnaise</th>
<th>1/8 tsp. ground ginger</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4 c. plain nonfat yogurt</td>
<td>3 c. chopped cooked turkey breast</td>
</tr>
<tr>
<td>1 T. honey</td>
<td>1-1/4 c. diced unpeeled apple</td>
</tr>
<tr>
<td>1 T. spicy brown mustard</td>
<td>1/2 c. thinly sliced celery</td>
</tr>
<tr>
<td>1/2 tsp. dried marjoram leaf</td>
<td>1/2 c. coarsely chopped cranberries</td>
</tr>
<tr>
<td>1/8 tsp. white pepper</td>
<td>2 T. chopped walnuts (optional)</td>
</tr>
</tbody>
</table>

Combine first seven ingredients in a small bowl; stir with a wire whisk until blended. Combine turkey and next four ingredients in a large bowl; add mayonnaise mixture, tossing gently to coat.

Yield: 4 servings; 1 serving (1-1/2 c.)=234 calories, 2.5g fat, 9% fat, 99mg cholesterol.
Even though most of us don’t think about it too often, you probably have an idea about how you would like your health care to be handled in case you become incapacitated, but few people have actually taken the steps to make sure that their wishes are followed. As you contemplate your health care in the future and the health care of other family members, you may want to consider legal options in effect in the state of Wisconsin.

On December 1, 1991, the Patient-Self Determination Act of 1990 went into effect. As a result of this law, all hospitals, nursing facilities, home healthcare agencies, hospices and HMOs participating in Medicare and Medicaid are required to ask patients upon admission questions about Advance Directives.

This Act supports the long-standing legal concept that competent adults have the right to make decisions concerning their medical care. Under the Act, an “Advance Directive” is a written document that is executed by a competent adult relating to how their health care will be provided if they become incapacitated and unable to make decisions.

Incacity is defined in Wisconsin statutes as the inability to receive and evaluate information effectively or to communicate decisions to such an extent that you lack the ability to manage your own healthcare decisions. It takes the certification of two physicians, or one physician and one licensed psychologist, to make this determination.

There are two kinds of Advance Directives documents in Wisconsin—the Living Will and the Power of Attorney for Health Care.

A Living Will is a document that allows an individual to refuse life-sustaining procedures in the event of a terminal condition or persistent vegetative state. This document only allows you to make decisions about specific situations:

- If you have a terminal condition you can choose to have a feeding tube used or not used.
- If you are in a persistent vegetative state you can choose to have life-sustaining procedures employed or not and you can choose to have a feeding tube used or not.

A Power of Attorney for Health Care is a document with a much broader scope. It names someone to make healthcare decisions for you should you become incapacitated. This person is called a healthcare agent and should be someone who is at least 18 years old and cannot be an employee of a healthcare institution where you are receiving care (unless that person is also a relative). Many people designate their spouse or an adult child to be their healthcare agent. You might also indicate another relative, a friend or a professional colleague such as an attorney.

You should spend time discussing your healthcare wishes with your healthcare agent. This person will speak for you in case you become incapacitated so it is important that your wishes are understood.
"By having such a document in place you will gain the peace of mind that comes from knowing that you have made important decisions about your own health care."

—Deborah Brandt, manager of Social Services and Discharge Planning

You should spend time discussing your healthcare wishes with your healthcare agent. This person will speak for you in case you become incapacitated so it is important that your wishes are understood. They should know your desires about what medical treatment you want or don’t want if you are dying.

For instance, do you want a feeding tube, medication, or CPR? What is important to you in such a situation? Issues such as the following should be discussed: physical comfort, pain control, presence of family members, organ donation, nursing home or long-term facility placement, preferred physicians, and religious preferences and involvement.

There are some limitations as to what your healthcare agent can do. For instance, the person cannot admit or commit you to an inpatient institution or treatment facility for the treatment of mental illness.

You can get a copy of an Advance Directives document from your attorney or from the Department of Health, P.O. Box 309, Madison, WI 53701, at no cost. The document is also available from the St. Luke’s Medical Center social services department and can be requested by calling 649-6340.

When you get a copy of an Advance Directive, you should be able to complete it yourself. Answer the questions and fill in the blanks on the form. The most confusing part is the Power of Attorney for Health Care (POA). In that document, you are referred to as the “principal.” You are asked to name a healthcare agent and, if you wish, an alternate healthcare agent in case your primary agent becomes unwilling or unable to act in that role. (As an example, what if your spouse is your agent and you are both in a serious car accident and cannot make decisions for each other?) However, you don’t have to name an alternative agent for the document to be valid.

On the Advance Directives form you will be asked about admission to a nursing home or community based residential facility (group home). If you check “yes” to these, your healthcare agent may admit you to such a facility if it is the most appropriate place for you once you are incapacitated. If you check “no,” your healthcare agent may not admit you except for short stays for recuperative care or respite care. In order to admit you for a long term stay your family would have to pursue the route of legal guardianship.

You will be asked your preference about withholding or withdrawing a feeding tube. If you say “yes,” your healthcare agent may have the feeding tube withheld or withdrawn unless your physician advises you against it because it will cause you pain or will reduce your comfort.

If you are a female of child bearing age, you can give your healthcare agent the right to make your healthcare decisions should you become pregnant and are deemed incapacitated.

And finally, you can list any special desires, provisions or limitations. You then sign the document and that signature should be witnessed by two people who are not relatives or heirs to your estate, and not healthcare providers in an institution where you receive care (unless they are chaplains or social workers). Your healthcare agent must sign the document to make it valid. If you wish to have an alternate healthcare agent, that person must also sign the document.

These steps may seem complicated; however, by having such a document in place you will gain the peace of mind that comes from knowing that you have made important decisions about your own health care. This document can also be very helpful to your relatives and healthcare providers as they try to make decisions about your health care in a crisis situation.
Year-end planning may minimize taxes

by Kelly Sachse,
Director of Planned Giving
St. Luke's Medical Center

As 1994 draws to a close, many people begin the annual reappraisal of their finances. As a service to our many friends, here are a few planning ideas for helping you minimize your tax burden. We encourage you to consult with your personal tax advisor about the best ideas for your particular situation.

Opportunities for employees

Take maximum advantage of any tax-qualified retirement plans available to you, like your company's 401(k) plan or tax-sheltered annuity, an IRA or Keogh plan if you are self-employed. Contributing to these plans can reduce your current tax liability, while allowing your investment earnings to grow tax deferred, features made even more compelling by higher tax rates. Utilize any flexible spending accounts which enable you to pay for dependent-care costs and unreimbursed medical expenses with money deducted from your paycheck pre-tax.

Maximizing itemized deductions

Medical expenses

You may deduct unreimbursed medical expenses to the extent they exceed 7.5 percent of your adjusted gross income (AGI). Some examples of deductible expenses are health insurance premiums, prescription drugs, eyeglasses and contacts, and transportation to and from medical facilities. You may get more benefit out of "bunching" your medical expenses into one year to the extent you can if you don’t otherwise expect to exceed the 7.5 percent floor.

State income taxes and real estate taxes

Pay any state income taxes and real estate taxes you owe before the end of the year to take full advantage of these deductions.

Home mortgage interest

Because mortgage interest is the only deductible interest still available, consider making your January 1995 mortgage payment at the end of 1994. You may also want to consider taking out a home equity loan to pay off and replace non-deductible, personal interest debt. Points paid for a mortgage to purchase your primary residence are generally deductible in the year paid.

Miscellaneous deductions

Miscellaneous deductions are deductible only to the extent they exceed 2 percent of your AGI. If possible, try to pre-pay any 1995 expenses to "bunch" your miscellaneous deductions into 1994 to overcome this 2 percent limitation. Common miscellaneous deductions include union dues, job search expenses, subscriptions to professional publications, dues for professional organizations, investment fees, IRA trustee fees, trust administration fees, safe deposit box fees, and tax advice and preparation fees.

Charitable contributions

Our nation's tax laws recognize the value of individual support for non-profit organizations that have such a valuable impact on our communities. With top federal tax rates at 36 percent and 39.6 percent, a charitable
The newest staff member in the Office of Philanthropy at St. Luke's is Kelly Sachse who assumed the position of director of planned giving September 26th. Kelly comes to St. Luke's with experience and background in financial planning and banking. Kelly most recently served as a financial counselor with a financial planning and investment advisory firm in Brookfield. In this position she had the opportunity to work with clients to help them make the most of their financial resources through retirement, income tax and estate planning. Kelly is a Certified Financial Planner (CFP) and has degrees in business administration and international business from Carthage College in Kenosha.

Kelly is very excited to join the philanthropy team at St. Luke's. She says, "I'm anxious to meet our friends and express our heartfelt appreciation for the gifts that have made so much of what St. Luke's has accomplished possible. People should be proud to have a facility like St. Luke's—a leader in technology and research which also provides superior patient care. This excellence results in large measure because of the continued support of our donors."

"I look forward to talking to our friends and working with them to find ways to meet both their personal financial and philanthropic goals for St. Luke’s. Charitable vehicles like charitable gift annuities, pooled income funds, and other life income gifts, provide many ways to maximize your support of St. Luke’s while reducing your taxes and increasing your income."

Kelly is married and has lived in the Milwaukee area since childhood. She loves working with children and teaches first and second grade Sunday School. Kelly enjoys music, reading, outdoor activities and basketball.

Kelly Sachse is the new director of planned giving in the Office of Philanthropy at St. Luke’s Medical Center.
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

Jo and Bob Hyland

Jo and Bob Hyland gladly contribute to St. Luke's Medical Center. They feel that Bob's life was saved a year ago at St. Luke's. Their son, Dennis, agrees. It was actually Dennis who directed them to St. Luke's.

Bob's dramatic story began a year ago in the fall while he was hunting with friends in northern Wisconsin. Though he had never had heart problems in his life, Bob suffered a completely unexpected massive heart attack in the middle of the night. He was rushed to a small hospital in Woodruff where he was advised that he should get to a hospital better equipped to handle his worsening problem—and that he should do it as quickly as possible.

Fortunately, Bob was alert enough to call his son, Dennis, who immediately made arrangements to have his father transported to St. Luke's Medical Center in Milwaukee via an “air ambulance.” Though no one in Bob's family had been treated at St. Luke's, Dennis had friends who had had good experiences at St. Luke’s and he knew about its reputation as a premier place to go for heart care.

Bob’s early morning ride to Milwaukee was tense since another heart attack at any time was a real possibility. An ambulance met Bob at Mitchell Field and rushed him to St. Luke’s. Bob remembers being wheeled in the door of St. Luke’s. After that, he lost consciousness. His wife and son remember that harrowing time as a touch-and-go situation as Bob underwent extensive emergency bypass surgery. No one was sure that Bob would pull through, but he did.

Bob spent six weeks at the hospital as he recovered from surgery which was complicated by a variety of other health factors. He and his family cannot say enough about the expert care and concern showered on them by everyone they met at St. Luke’s.

Bob says, “They couldn’t have been more caring and my care couldn’t have been better.” His wife, Jo, nods her head in complete agreement.

His son, Dennis, says, “We were especially impressed because everyone took the time to explain to us what was happening and what we could expect. We were treated with great respect and concern.”

Jo points out that the most wonderful thing about their experience at St. Luke’s is that one year later, Bob is doing so well. He is now back working almost full days at the construction company he founded in 1946.

So, the reason the Hylands support St. Luke’s is fairly obvious; however, their support goes beyond their own personal experience.

Jo Hyland says, “We wanted to make a difference in the lives of other people so that more patients and families could have the same good experience we did.”

And Bob emphasizes, “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.”

“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.”

—Bob Hyland
Loretta Brown

Loretta Brown is an active, energetic person who lives very independently in Oconomowoc with her beloved dog, Lady Tiffany; however, Loretta has had some challenges to face in the last several years. In 1982, she had heart bypass surgery at St. Luke’s and in 1985 her husband passed away after battling lung cancer.

Loretta goes back to St. Luke’s regularly for tests and the reports on her heart condition have been excellent. She says, “I live in my own home and do all the work around the house, including taking care of half an acre of land. It’s beautiful out here. Today the sky is so blue and my yard is all yellow with leaves. I’m outside everyday now raking up leaves. I stay on top of this place.”

Loretta is also very involved at the Oconomowoc Senior Center and is an officer in the local AARP chapter. Three years ago she took an extensive tour of Ireland. Since she has an Irish heritage, she emphasizes that she had an especially good time. Loretta has always led an active life. Before her husband passed away, they traveled extensively all over the country in a motor home and she worked full-time as an accountant. She says, “I really loved to work. I like to keep busy.”

Loretta says her experiences with St. Luke’s have been wonderful. She says, “I support St. Luke’s because I’m so grateful for all the care I’ve received. I think that’s why I’ve had such good results. I want to do what I can to show my appreciation.”

Dominic Lychwick

Dominic Lychwick’s experience with St. Luke’s goes back many years—and so does his support. Though much of his experience relates to his wife, Jeannette, he has also been treated at St. Luke’s. In 1963, he survived a difficult bout with pneumonia at the hospital. The couple’s two sons were also cared for at St. Luke’s as they grew up. They had their tonsils cut at St. Luke’s and were treated for typical childhood injuries.

His wife was treated for many years at St. Luke’s for diabetes and arthritis. She also had cancer three times and all of her surgery and chemotherapy treatments took place at St. Luke’s. She ultimately died of heart failure two years ago.

Dominic says, “Some time ago my wife and I decided that St. Luke’s deserved a lot of attention from us. So, we established a giving program to support the hospital. We were able to direct our dollars toward the areas where we had been helped the most—such as endocrinology, heart care and cancer. Our goal was to help St. Luke’s stay at the cutting edge of technology. We wanted the hospital to have the latest equipment and the best trained staff—which is always what has happened.”

Dominic was first introduced to St. Luke’s through his employer of 37 years, Allen-Bradley, where he managed the Electronics Division. Dominic is now retired and enjoys his four grandchildren.

Dominic emphasizes, “I think it’s important to know that your philanthropic dollars are being well used—and that’s definitely the case at St. Luke’s. I feel good being able to help others get the kind of care my family has received.”
Holly Rehberg

Holly Rehberg is chairperson of the St. Luke’s Employee Philanthropy Club. As a certified nuclear medicine technologist at St. Luke’s, she performs a variety of diagnostic tests using radioactive materials. She says, “Some of the tests we do are nuclear stress tests and bone scans. In general, we inject radioactive materials into a vein and then we are able to take pictures of the target organ which is helpful in diagnosing problems.”

Holly is very enthusiastic about working at St. Luke’s and has strong feelings about why employees should support St. Luke’s through their contributions.

She says, “St. Luke’s provides tremendous benefits to the community, including some of the most state-of-the-art health care available in Southeastern Wisconsin—especially in our areas of excellence, such as cancer, heart care and emergency services. I also think St. Luke’s administration does a good job of planning for the future by keeping one step ahead of the changes going on in health care. However, to keep on the cutting edge, with all the reforms taking place in health care, St. Luke’s is going to need new sources of money to continue to provide the quality of care it does now.”

She emphasizes, “As an employee, I have a great sense of pride in working at St. Luke’s and in being able to offer the kinds of services we do to our patients. I feel St. Luke’s is as worthy of my philanthropic dollars as anywhere else and I think many other employees feel the same way. It’s related to the personal pride we feel in our jobs and to the important contributions St. Luke’s makes to our community.”

The Employee Philanthropy Club was formed last year and is anticipating holding its second annual fund-raising campaign in February, 1995. Holly says, “We don’t have dollar goals as much as participation goals. Our hope is to have more employees participate each year.”

In addition to her work responsibilities, Holly, who grew up on the south side of Milwaukee, is an avid reader and active athlete. She plays volleyball two nights a week and softball in the summer.

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.
St. Luke's Media Rounds

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 which have been recently published or broadcast. As you will see after reading these moving 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 which are continually evolving at St. Luke’s.

IMMUNOTHERAPY: CUTTING EDGE TECHNIQUE FIGHTS ADVANCED CANCER

WTIT-TV (CBS) Channel Six
TV6 News from 4:30-5:00
October 12, 1994

JOYCE GARRACIAK, ANCHOR: Medical researchers continue making great strides in the treatment of cancer.

JANET ROACH, CO-ANCHOR: Much of that breakthrough research is happening right here in Milwaukee. TV6’s Jeff Mirasola joins us with more on how doctors at St. Luke’s Medical Center are using the body’s own immune system to fight cancer.

JEFF MIRASOLA REPORTING: Janet, it’s a relatively new treatment called immunotherapy. It started at the National Cancer Institute in the 1980s. Today, the man who pioneered the treatment visited the immunotherapy treatment center at St. Luke’s, and met with a patient who’s around today because of the treatment.

He is Dr. Steven Rosenberg, Chief of Surgery for the National Cancer Institute. Immunotherapy simply helps the body develop cancer-fighting cells to put cancer into remission. This is done by using part of the cancerous tumor to help multiply cancer-fighting blood cells, or by injecting a protein into the blood that helps enhance the development of cancer-killing cells.

DR. STEVEN ROSENBERG (NATIONAL CANCER INSTITUTE): We apply it to patients who have advanced cancer, who don’t have other effective treatments available to them. And so all the patients we treat are patients that have very limited life expectancies.

JACK GODBOUT (IMMUNOTHERAPY PATIENT): There wasn’t very much I could do except find a miracle.

MIRASOLA: And that made Jack Godbout a prime candidate for treatment. Kidney cancer crept into his bones and adrenal gland. Two month-long treatments, four years ago this month, and he’s cured.

GODBOUT: I bowl in two leagues, twice a week, and I play golf twice a week also, so I’m doing fine.

MIRASOLA: Also in the lab today was the man who donated a million dollars to provide the renovated lab. William Schuett says we must all do more.

WILLIAM SCHUETT (PRESIDENT/CEO SECURITY BANK): It’s stalking everyone in this room; everyone in this world, on Earth, is being stalked by cancer. If there was a stalker loose in the streets of the City of Milwaukee hiding someplace, we would certainly mobilize all of our forces, mobilize the police to apprehend this culprit. Yet, we are very, very apathetic about cancer.

MIRASOLA: In fact, Dr. Rosenberg points out that even with the success they’ve had with immunotherapy and the other forms of treatment, they are only fifty percent successful; still, five hundred twenty thousand people die each year of cancer.

ROACH: Jeff, is there a form of cancer where this treatment works best?

MIRASOLA: Right now, they’ve tried it in many different forms. But really, kidney and melanoma, which is a skin cancer, they’ve found the success rate is the best. It is used in the other forms, but not enough years have passed so they have no hard numbers. They would like to be able to do it where you have a flu shot, and at the same time you have a flu shot you have your immune shot.

ROACH: That’s interesting.

MIRASOLA: That would be some years down the line.
St. Luke’s Media Rounds

VINCE LOMBARDI MEMORIAL GOLF CLASSIC HELPS FIGHT CANCER

WTMJ-TV (NBC) Channel Four
News at Six
June 6, 1994

HANK STODDARD REPORTING: The twenty-fourth annual Vince Lombardi Memorial Golf Classic this coming Saturday at North Hills County Club figures to be like the previous ones — a lot of fun for the participants and the spectators.

Flailing away will be Packer greats who played for Lombardi, media types of questionable ability, and other sports and entertainment celebrities. If you decide to attend, you'll be helping people such as Ken Smith.

KEN SMITH (CANCER PATIENT): My goal is to beat this cancer so I can watch the Packers in the next Super Bowl, or a Super Bowl. First two Super Bowls they won, I was in Vietnam.

STODDARD: Ken is a patient of Lombardi Cancer Clinic at St. Luke’s Medical Center. Along with Classic committee members, I recently toured that facility.

How many people would you treat here in a year?

MARK AMBROSIOUS (PRESIDENT OF ST. LUKES): Well, in the Vince Lombardi Cancer Clinic itself, as many as ten thousand patients a year come here. More new patients with cancer are treated at St. Luke’s than at any other hospital in this area of Wisconsin. So, it’s a very large clinical service.

DR. RONALD HART (MEDICAL DIRECTOR): Much of the research that we’re doing is specifically designed for this community. It’s unique to this particular patient population; it’s looking at problems that this patient population has. So this is really very specific research for our own people.

STODDARD: So far, the Lombardi Golf Classic and accompanying run have raised over two and a half million dollars in the fight against cancer. If people could see, as I did, where the money goes, there would be a record turnout come Saturday.

ROGER KRIEYE (LOMBARDI CLASSIC DIRECTOR): This is what it's all about. This is what many hundreds of volunteers have dedicated thousands of hours to do to try to save lives at St. Luke’s.

STODDARD: Great cause.

GRIEF MINISTRIES HELP PEOPLE COPE WITH DEATH

Milwaukee Sentinel
June 11, 1994
Ernst-Ulrich Franzen, Religion Editor

Three of 10 people consulting a psychologist suffer from unresolved grief over a loved one’s death, according to a recent survey of the nation’s psychologists by the Jewish Funeral Directors of America.

The psychologists in the survey blamed poor mourning environments, abbreviated funerals and lack of an opportunity to express grief fully. The 300 psychologists surveyed also predicted the situation would worsen as baby boomers reach the end of their lives.

Two-thirds of those surveyed said religious traditions play a major role in helping people cope with the death of someone close, and 24% said the failure to follow religious traditions was a primary cause of long-term problems.

Father Guy Gurath thinks part of the problem lies in the fact we live in a more secular society.

"In an age of secularization, all of the emphasis is on the here and now; there is no time for God," said Gurath, pastor of St. Casimir’s Catholic Church, 2618 N. Bremen St. "Death takes away the here and now."...

The Rev. Harvey Berg also is in the business of helping deal with death. At 7 p.m. Tuesday in the Stiemke Auditorium at St. Luke’s Medical Center, 2900 W. Oklahoma Ave., Berg will hold one of the three Life Memorial Services the hospital holds every year.

"We’ve been doing this for about 15 years. Other hospitals also have these," said Berg, a Lutheran minister and director of pastoral care at St. Luke’s. "The service is in honor of people who have died at the hospital. We send out about 1,200 invitations a year."

"A lot of healing goes on," he said. "It’s sort of a return to the scene of the crime to make peace with the grief. It’s a chance to grieve in public, particularly for men, who often find that very difficult."

Although the service is as “inclusive as we can make it,”
Berg said, it also is expressly religious and expressly Christian. “There is a strong Christian tradition here,” said Berg. “We don’t want to alienate anyone, but if you water the service down too much, it becomes a case of the bland leading the bland.”

Invitations are sent at least a month after the loss of a loved one, Berg said, because “it’s often hardest after the initial period has passed and people start settling back into their normal life.”

TINY LASER HOLES SHOT THROUGH HEARTS MAY SAVE SOME LIVES
Pittsburgh Post-Gazette
June 13, 1994
Byron Spice, Science Editor

Taking a step forward to treat heart disease in some cases may require taking an evolutionary leap backward.

Using a new, high-powered surgical laser, doctors at the University of Pittsburgh and a handful of other medical centers are attempting to refashion diseased human hearts so that their heart muscle is supplied with blood in much the same way as are the hearts of snakes and other reptiles.

The laser punches tiny holes through the wall of the heart’s main pumping chamber, creating channels through which oxygen-rich blood can seep directly into the spongy muscle.

The experimental procedure may be the only hope for patients whose coronary arteries—the muscle’s normal source of blood—are hopelessly clogged with plaque and who cannot be helped by coronary bypass surgery or by balloon angioplasty.

“This is really wacky,” admitted Dr. Bartley Griffith, chief of cardiothoracic surgery at the Pitt Medical Center, who performed the procedure last month on a 36-year-old woman. “This is scary because it really might work.”

Even the man who pioneered the procedure, Dr. Mahmood Mirhoseini of St. Luke’s Medical Center in Milwaukee, concedes that shooting holes in the heart “sounds crazy.” But preliminary results seem encouraging. A report earlier this spring on the first 46 patients nationwide showed that most reported less chest pain and that all had increased their activity level.

“Every day, I feel like I’m doing a little bit more,” said Karen Borys of Economy, who underwent the procedure at Pitt: May 5. “I haven’t had any chest pain,” though she said she’s been advised that it will take three to six months to tell how well it worked.

The idea for the procedure, called transmyocardial revascularization, goes back decades, perhaps even centuries, Mirhoseini said.

Like any other muscle, the heart muscle must receive a steady flow of blood, which supplies the muscle with oxygen and nutrients and carries away wastes. When the blood supply is interrupted for prolonged periods, as in a heart attack, the muscle dies.

The muscle of the primitive, three-chambered reptile heart gets 95 percent of its blood supply by absorbing it directly through the inner surface of the muscle wall. Only tiny arteries are found on the heart’s exterior.

The hearts of human embryos are supplied blood the same way, Mirhoseini said. But as the human embryo develops, it grows a network of coronary arteries on the exterior of the heart that carries the bulk of the heart muscle’s blood supply.

The inner third of the heart wall, however, retains the spongy structure that is needed for blood to be absorbed.

In 1964, a physician from India described using needles to create channels in the heart muscle for blood to seep into the muscle. Though the procedure didn’t gain acceptance, it caused Mirhoseini to wonder if a then-new invention—the laser—might be used to create such channels.

Using a laser borrowed from an optical company, Mirhoseini began experiments with dogs in 1969. A private-practice physician, he and his wife worked nights and weekends to perfect the technique.

But skepticism was great. Once he had completed his animal research, it took Mirhoseini three years to convince hospital and other officials that the laser technique was safe to perform on humans.

Between 1980 and 1986, he treated about 30 patients, but concluded that he needed a more powerful laser.

The problem, said Dr. Rodney Landreneau, who attempted the laser procedure in the mid-1980s at the University of Missouri, is that the 100-watt laser then available burned more than it cut, creating excessive scar tissue. Landreneau, now at Pitt, is one of the researchers in the clinical trial here of transmyocardial revascularization.

Mirhoseini eventually connected with a small company in Milford, Mass., called PLC Systems Inc., that agreed to build a 1,000-watt surgical laser to his specification. The device, called the Heart Laser, is now being tested at Pitt, St. Luke’s, the Texas Heart Institute in Houston, Brigham and Women’s Hospital in Boston, and Seton Medical Center in San Francisco. The more-powerful laser is able to cleanly cut 1-millimeter holes through the wall of the left ventricle.
Many of us instinctively run the other way from a crisis. Not Marcia Williams. She greets crisis with open arms and calm assurance.

“I like unusual situations and unusual solutions,” says Williams as she relaxes in a small cubicle just off the emergency room at St. Luke’s Medical Center one fine spring morning. “I’ve always been good at problem-solving. I like that. I like the challenge. It suits me.”

Which makes Williams perfect for the job of crisis intervention, a role she has carved out for herself at St. Luke’s. When a child dies in the hospital; when a plane explodes on the runway at Mitchell Field; when a father-son holdup team stages a shootout in Wales—look for a tall woman with a sympathetic and competent manner.

Williams, who holds a master’s degree in nursing and is working on another in educational psychology, sometimes helps people cope with what is happening to them in the midst of a crisis. But more often, she works with them 48 to 72 hours after the crisis, when shock is wearing off and reality is rushing in. That’s when Williams holds a debriefing.

“In a debriefing, people get a chance to tell about the event and explore feelings about it in a protected environment,” she says. “You get people to talk about what they don’t want to talk about—and they get better.”

If the crisis involves a large number of survivors or emergency workers, Williams brings along a team of four nurses who are trained in crisis intervention. They work with small groups of people for debriefing and in follow-up sessions. Contact continues during the following weeks until healing has begun. That usually takes four to six weeks, but sometimes the process is longer.

“I see dramatic results,” she says. “What I do most is to normalize the process. People are so fearful that what they’re experiencing means they are crazy. If they are reassured at the time, they can relax into the process.”

Crisis intervention has been around for quite a few years, but usually it is done by social workers, Williams says. “When I got my master’s degree, I saw the need at the hospital. My supervisor here said ‘yes’. Not long after that I became involved in the Midwest Express crash—that was my first big community crisis.”

That was September 1985. Since then, Williams has established a reputation as someone who is available and effective when disaster strikes. She might go into a company where a tragedy has occurred and meet with employees to help them deal with the emotional effects of the incident. Or she might simply spend several hours in the hospital with the parents of a baby who has died. St. Luke’s underwrites all of her work.

Williams went to Florida two years ago, shortly after Hurricane Andrew devastated whole communities. For two weeks, she worked through the traumatic experience with relief workers, many of them from the Red Cross.

She considers it her most profound experience in crisis intervention.

“It was a moment in time that really grabbed me,” she says. “I couldn’t talk about it without weeping for two months. It touched my life in a special way, which gave me even more enthusiasm for what I do. I was real buoyed up by the people and their ability to help and to heal. It was real rewarding.”

All of this sounds like a surefire prescription for psychological burnout. Williams smiles and shakes her head.

“I take care of myself,” she says.

“One reason I’m effective is that I can enter the moment,” she says. “But I have ways of protecting myself. I exercise—I plan my week with three or four times for exercise. I play tennis—I take play seriously. My weekends are my time. And I’m a talker. When things pile up, I call a friend and talk.”

But like many healers, Williams’ job satisfaction comes from the people she touches.

“The healing for me occurs as I watch people heal,” she says.
The mind is the most powerful medicine. It has enormous influence over the body. This is not to say that people can mentally cure or prevent disease. If they could, no one would ever be ill.

Illness, disease and death are part of every living thing—with or without a mind—and science is taking increased interest. Some examples:

* The placebo effect—someone believing a medication or treatment will work—is powerful stuff. A new study in the Journal of the American Medical Association found that when physician and patient believe in a treatment, "the effects can be potent." The effect is so potent, in fact, that researchers can be tricked into thinking a new treatment works when what they are actually measuring is the placebo effect.

* A two-year study of 40,000 men finds that some are literally scared to death. Men who have phobias suffer sudden death from heart attacks more often than those without phobias.

* Women with fatal diseases often are able to rally their forces to live past their upcoming birthdays, whereas terminally ill men are more likely to die before an upcoming birthday.

* Hostile people who shift into emotional overdrive at the slightest provocation have more heart attacks than people who live a less angry lifestyle.

* People who have recently suffered the loss of a loved one and become severely depressed often die prematurely.

* Chronic stress and depression have been linked to cancer. High levels of stress hormones can impair memory.

* A Harvard University study found that sexual abuse in childhood resulted in permanently weakened immune systems for victims because the abuse changed the brain’s stress-response system.

* A widely quoted 1989 study by Stanford University professor and psychiatrist David Spiegel found that women with advanced breast cancer who participated in weekly support groups not only did much better emotionally but also survived the disease 1½ years longer on average than those who did not.

* Human touch is known to reduce stress, relieve depression and lower blood pressure...

...St. Luke’s Medical Center’s cellular immunologist Ann LeFever, said she used to think of neuroimmunology as "neuro-mythology."

But, with the recent discovery that immune system cells have receptors on them for messenger chemicals from the brain, she has become “more and more a believer” that something is going on between the mind and the body.

“In terms of stress and the immune system, the brain releases a number of different molecules that can suppress the immune system’s ability to kill cancer cells,” she said.

LeFever said mental well-being “is a component in a patient’s response to the disease.”

She wants to learn more about the mind-body connection to give patients the best crack at fighting their disease. LeFever does not believe someone can bring on their own cancer or cure themselves through mental powers.

A cancer researcher who looks for ways to enhance patients’ immune systems, she said the best results in cancer patients are found among people with positive attitudes.

“There are several studies that show that in those patients the immune function is enhanced, but we haven’t gotten to the point that the (brain) molecule has been identified. There are a number of candidates."

“This whole area of neuroimmunology has taken off in the past four or five years,” she said.
CROSS-COUNTRY BIKER GETS HERO’S WELCOME
Wauwatosa News-Times
June 30, 1994
Audrey Juds, Staff Writer

Mark Davies received a hero’s welcome when he returned to Glen Park School after completing more than 3,200 miles in the 1994 Southern Cross Bicycle Classic.

The father of two Glen Park students, Michael and Mark (M.J.), was given an equally enthusiastic send-off two months ago when he left for California where he would join 74 other participants who were biking across the nation, from Disneyland to Florida’s Disney World.

Each could choose his own charity. Davies had a special reason to raise money for the Vince Lombardi Cancer Clinic. His wife, Sandy, has breast cancer.

His goal was to raise $40,000. He proudly announced to the children, “I raised $43,000 with your help. We were the No. 1 money raiser of anyone who has ever done this ride before.”

Davies, now 25 pounds lighter, and sporting a sunburned and peeled nose, recounted his experiences. Leaving Anaheim April 18, he said they headed south towards San Diego, and for the first week rode through the California and Arizona deserts where the mercury climbed to 108 degrees. As a northerner, he noted he was not acclimated to the heat... .

Davies, who often had to work out on his bicycling trainer in the basement due to Wisconsin weather, said he did not feel he was going to be in shape for the trip. “I was surprised at how easy it was. I never felt totally exhausted,” he said.

Also, he did not get saddle sore. He used a miracle product which farmers apply on cow udders, which cut down the welts.

At age 39, he said he was the average age of the bikers. The oldest were a man, age 66, and a woman, 64. The youngest was a 15-year old girl.

Although it rained 10 of the 47 days of the trip, he said it only rained three or four times while they were riding. In Florida they would hit the 4 p.m. rain showers, but by then they were at their destination.

He described the thrill of finally riding into Fort Wilderness with police escort, and going past his family. “I hadn’t seen them for 49 days,” he said.

That was June 3. Together they spent time in Epcott, Universal Studios and Typhoon Lagoon, a water park, before heading home June 6.

The money Davies raised will be used for breast cancer detection. The clinic operates out of St. Luke’s Medical Center in Milwaukee.

Davies, a house husband who does consulting for the Miller Lite Ride for the Arts, said he paid for all his expenses. Although he will not have time to participate in this event again, he noted he wants to be involved in the campaign each year.

WOMAN DIES OF BREAST CANCER
WITI-TV (CBS) Channel Six
TV6 News at 5:30
August 14, 1994

JOYCE GARABACIACK, ANCHOR: A New Berlin woman who fought to increase awareness of breast cancer has lost her battle with the disease. Sandra Davies passed away this morning from complications of breast cancer. She was thirty-nine years old. The pictures are from an interview we did with Davies in June.

Last April, her husband Mark took it upon himself to bike across the country, from California to Florida, raising money, not for himself, but for an early cancer detection program at St. Luke’s Medical Center.

Also, she did not get saddle sore. He used a miracle product which farmers apply on cow udders, which cut down the welts.

At age 39, he said he was the average age of the bikers. The oldest were a man, age 66, and a woman, 64. The youngest was a 15-year old girl.

Although it rained 10 of the 47 days of the trip, he said it only rained three or four times while they were riding. In Florida they would hit the 4 p.m. rain showers, but by then they were at their destination.

He described the thrill of finally riding into Fort Wilderness with police escort, and going past his family. “I hadn’t seen them for 49 days,” he said.

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SANDRA DAVIES (BREAST CANCER VICTIM): I know my own personal experiences are that people that I know are more conscientious and more proactive. And if that can result from this, then great.

GARABACIACK: They ended up raising more than forty-three thousand dollars for a cancer prevention and education program that will be named in Sandra Davies’ honor. You can still donate to that program. Here’s that address: The Vince Lombardi Cancer Center, 5/6 St. Luke’s Medical Center, 2900 W. Oklahoma Ave. in Milwaukee, and the zip code — 53215.
PATIENT'S HOPES KEPT ALIVE WITH PUMP IMPLANT

Milwaukee Sentinel
June 29, 1994
Joe Manning, Staff Writer

For about eight hours, Robert Wellenstein, a St. Luke's Medical Center heart patient, sat on the deck of his Port Washington home, ate a grilled steak and spent time in the sun with his family.

During his home visit Monday, Wellenstein, 47, was kept alive by an experimental blood pump implanted in his chest and powered by a battery pack.

He is Wisconsin’s first patient to receive the $50,000 pump and, as such, the first patient in the state to be allowed to leave the hospital on the pump.

Tuesday, he was back in St. Luke's where he has been awaiting a heart transplant since August.

“The hospital is fantastic, but there’s no place like home,” he said. “I got home yesterday for the first time in months. It was a beautiful day. It was a very good experience.

“It raises your spirit,” he said. “I sat on my deck with my family. My sons bought us a new grill, and we made steaks. I came back with a new perspective and will fight for the next day.”

The pump in Wellenstein’s chest may soon become a standard treatment for many heart patients whose hearts have been destroyed by disease.

With heart transplants numbering only about 2,000 a year, the HeartMate pump could be used permanently by the 35,000 to 70,000 patients who need heart transplants, said Alfred Tector, the St. Luke’s surgeon who implanted the device in Wellenstein Jan. 2.

The pump, called a ventricular assist device, is attached to the left side of Wellenstein’s heart. It is powered by an external battery pack connected by a wire to the motor through an opening in the abdominal wall. The battery pack weighs 2½ pounds.

Tector said patients on the pump have gone home in Texas and New York. The goal is to have patients using the pumps stay at home and check in with the hospital once a week.

Tector said the pump, under Food and Drug Administration clinical trials, is being used as a temporary bridge until a patient can undergo a heart transplant.

“But, this could become a permanent device,” he said.

DEVICE CHECKS ARTERIES DURING BYPASSES

Alexandria Daily Town Talk
July 21, 1994
Luba Vikhanski, Medical Tribune News

JERUSALEM—Israeli researchers have turned a military night-vision camera into a device that helps doctors determine whether a patient’s blood is flowing properly through the heart arteries during heart-bypass surgery.

The heat-sensing device detects changes in blood flow by perceiving even the slightest changes in temperature, according to Dr. Gideon Merin, head of cardiothoracic surgery at Hadassah University Hospital here, where the first prototype of the equipment is installed.

The “heat camera” shows whether a newly grafted heart artery is working properly, without exposing the patient to radiation or potentially irritating dyes, Merin said.

Called a thermal angiography machine, the device has a highly sensitive camera that is suspended 3 feet above the patient’s open chest during surgery.

The camera picks up differences in temperature of as little as 0.1 degrees, he explained. These differences are translated into video images of the heart and vessels, which are continuously displayed on a monitor next to the operating table.

When a surgeon grafts a new piece of artery into the chest to take the place of a clogged vessel and injects it with a saline solution, the blood vessels that fill with solution immediately darken on the display monitor.

This shows whether the blood is flowing properly...

Doppler ultrasound probes currently used to check grafts during bypass surgery reveal only whether there is flow of blood, not where the blood flows, said Merlin, who helped develop the prototype and has used it in more than 50 heart-bypass procedures....

Dr. Alfred Tector, an American cardiothoracic surgeon who used an earlier prototype, said the main advantage of thermal angiography is “that it is non-invasive and requires no dyes and no injections.”

“The concept is very good,” said Tector, director of the transplant program at St. Luke’s Medical Center in Milwaukee. “The early prototype worked pretty well, and with the refinements in imaging process, the Israeli surgeons tell me the revised model is a big improvement.”
Home—that’s where his heart was, but in unguarded moments, Bob Wellenstein feared he might never see it again. That fear is gone.

After living 11 months at St. Luke’s Medical Center, Milwaukee, Wellenstein, 47, is home in the house on Port Washington’s Randy Circle that he has added onto and remodeled over the years.

It never looked so beautiful.

Wellenstein was sent home July 14 to wait for a heart transplant.

It was a momentous occasion, for he is the first and only patient at St. Luke’s—and one of 10 patients worldwide—to receive an experimental electric heart pump, called the HeartMate ventricular assist device (VAD), to keep him alive.

Heart surgeon Alfred Teodor implanted the device on Jan. 5, when Wellenstein’s condition became critical.

Only six hospitals in the United States have federal drug administration (FDA) approval to use the $50,000 device as a bridge to a heart transplant.

Waiting For A Heart

Wellenstein is at the top of the list for a heart transplant, but his antibody level has been hovering at the 86 mark since the HeartMate was implanted. Until his antibodies decline—zero would be ideal, but even 45 offers hope—he cannot receive a transplant.

The HeartMate has made it possible for him to wait at home. “This is a good device,” Wellenstein said. “It will save lives and make people a lot more comfortable. It isn’t approved yet, but it should be.”

Extensive paperwork was required before the FDA granted permission for Wellenstein to go home. Future HeartMate recipients at St. Luke’s will be allowed to go home after 30 days . . .

Wellenstein heaped praises on St. Luke’s staff, who did everything possible to make him feel at home. They treated him like a member of the family, bringing souvenirs from vacation trips and throwing a party for their 25th wedding anniversary in November.

“The care was fantastic. Whatever they could do to make us comfortable, they did,” he said. “For a bad experience, it was good.”

But it wasn’t home.

Part of the Family Again

It wasn’t the house or his own bed that he missed most—although he enjoys both and hasn’t needed a sleeping pill since he’s been home—it was being an active part of the family.

“I always felt I was putting my family out having to go down there. I was just glad that I could be home and be part of it again,” said Wellenstein.

Gayle, who works at St. Mary’s Hospital, Ozaukee, visited her husband every other day. Jayme and Chris came at least once during the week, and Jason, 19, joined them on weekends. Jeff, 20, called the hospital’s toll-free line from the University of Wisconsin-Stout almost every day to talk to his father.

“I think the family got a lot closer,” Wellenstein said. “We were always close, but now we take the time to sit around the table to talk. What’s nice about being home is that they can go on with their lives.” . . .

Support From Many

Family and friends continue to provide immeasurable support. They had central air conditioning installed before Wellenstein came home and provide rides to the hospital. Gayle’s co-workers donated vacation time. Friends took the children on outings.

KMC Stamping has assured Wellenstein there is always a place for him in the company.

“I feel very fortunate I have such a good boss. It’s things like that that make you feel good and keep you going,” Wellenstein said.

At first, Gayle tried to keep bad news from her husband, not wanting to add more stress.

“I was told that was the worst thing I could do because the only control he has left is over his mind, that I should give him things to think about,” Gayle said. “I unloaded on him after that. I really wanted to give him my checkbook to balance, but he wouldn’t do that.”

Although one patient in Texas has turned down a heart transplant, preferring to continue on the HeartMate, Wellenstein is eager to get a heart.

“I have mixed feelings, because you don’t want somebody to die,” he said.

Because his antibody level was too high, he watched other people go home with hearts that might have been his.

“I’m really happy for them, but . . . ,” he said leaving the sentence unfinished. “It was hard to see people come in and go home in two weeks.”

“I want to have the transplant so I’m able to go back to work and support my family. It’s nice to be home now and feel half normal, but I would like to feel completely normal again.”
An Illinois couple is receiving treatment at St. Luke's Medical Center—he, for a heart attack suffered in Eastern Europe; she, for heart disease symptoms brought on by the stress of arranging her husband's treatment.

At one point last month, Janusz Kuta and his wife, Bernice, shared a hospital room at St. Luke's.

In July, the family had to pay $47,000 to fly Mr. Kuta, 63, out of Russia on a private jet after he suffered a heart attack while vacationing in his native Belarus.

Commercial airlines would not return him to the United States, the Kutas said last week in an interview at St. Luke's, where they were undergoing checkups in the wake of their discharge from the hospital.

The Schaumburg couple had gone to Belarus, which shares a border with Poland, to visit the grave of Mr. Kuta's mother, who was executed by the Nazis during World War II when he was 9.

He said his mother was taken off a street while shopping after partisans had killed a German soldier.

She was shot in a park along with 19 others in retaliation.

When Mr. Kuta got to the park where his mother died, his wife said, he fell to the earth weeping.

Soon after that, he began to suffer chest pains and was hospitalized July 20.

The hospital in Belarus was completely inadequate to treat him, however, Mrs. Kuta said.

There were no sheets or blankets or even screens on the windows.

It also lacked food and medicine. Relatives were able to provide most of the unavailable items, but the only treatment the hospital provided Mr. Kuta was half an aspirin, his wife said.

Christine Narozniak, a daughter living in Schaumburg, and Cindy Cichon, of Milwaukee, a niece and cardiac nurse at St. Luke's, sent medicines that never arrived.

Mrs. Kuta had to turn to an air ambulance company, which would not make the flight until it was guaranteed that the $47,000 would be paid immediately after the flight.

"We're broke. All the money we had, our retirements, savings, are gone. All our savings flew out the window," said Mrs. Kuta, 58.

The nightmare continued even after the air ambulance returned the retired tool and die maker and his wife to Chicago.

A Chicago hospital refused to admit him to its cardiac intensive-care unit and made him spend the night in the emergency room.

When Cichon visited him in Chicago, she found him to be extremely ill and not receiving what she judged to be proper care.

She said she wanted her uncle taken to St. Luke's, but the Chicago hospital would not release him.

Cichon arranged for the Flight for Life helicopter to take him to St. Luke's, where a bed and physicians were standing by.

She said the Flight for Life crew literally swooped into Mr. Kuta's room and removed him over the objections of the hospital.

On the night of July 30, Mr. Kuta was admitted to St. Luke's and underwent triple bypass surgery early the next day, his niece said.

Several days later, his wife began to suffer severe chest pains in her husband's hospital room. She was taken to the emergency room in a wheelchair and admitted to the hospital.

"We got them into the same room so they would share it," Cichon said.

Mrs. Kuta's condition was able to be controlled with medication, and she did not need surgery.

"It was just all the stress, emotional upheaval and worry about her husband," Cichon said.

"We lost everything," Mrs. Kuta said, "but he's alive. He spent seven years in a Siberian prison camp, but that's another story."
**DEVICE TURNS TROUBLED SLEEPER’S LIFE AROUND**

*Milwaukee Journal*  
*August 29, 1994*  
*William Cracraft, The Journal Staff*

John Auer of Mequon never felt rested. He went through a sleep analysis during which he was awakened by a nurse in the middle of the night. She told him his sleep was disturbed on the average of 41 times an hour. He was suffering from something called sleep apnea—a condition characterized by tossing, turning and repetitive awakenings, said Michael Katzoff, certified sleep specialist at St. Luke’s Medical Center.

Auer said his wife worried about him. “You wake up, and the person next to you is not breathing. You wonder if they’re going to wake up,” he said.

Apnea, a condition often missed by patients, family and doctors, occurs in 3% of adults.

People with apnea often wake with a headache and a dry or sore throat, and “if an individual is waking up choking or gasping, we are very concerned,” Katzoff said.

The typical person with apnea is a middle-aged, overweight male. There is a correlation between obesity and the likelihood of having sleep apnea, Katzoff said.

Katzoff has apnea patients wear a device, called a nasal CPAP, while sleeping. CPAP stands for Continuous Positive Airway Pressure.

Sleep apnea also can be treated with surgery. “Unfortunately, the success rate is only about 50%,” Katzoff said.

Sleep medication does not help because it only relaxes the muscles more, making the problem worse.

“Weight loss is not a realistic treatment for it, though weight loss is always recommended for obesity,” Katzoff said.

CPAP results often are dramatic, Katzoff said.

Auer said that since he began using CPAP, “I sleep like a baby. I’ve got my sense of humor back, and my wife has the guy she married back.”

**EXERCISE REDUCES BREAST CANCER AND HEART DISEASE RISKS**

*WTIT-TV (CBS) Channel Six*  
*TV6 News at Six*  
*September 21, 1994*

**Vince Giebens, Anchor:** Exercise: Doctors have long recommended it if we want to stay fit and trim. Now some researchers are suggesting plenty of exercise. That’s because the bottom line in a new study indicates regular exercise can help younger women avoid developing breast cancer. TV Six’s Rosiland Jordan has been looking into this new research and joins me with the details. Ros?

**Rosiland Jordan, Reporting:** Well Vince, this research comes to us from the University of Southern California and it’s being published in today’s *Journal of the National Cancer Institute*. It offers women under forty yet another reason to start exercising.

About half of the people in this weight training class are women and they agree exercise is important for women of all ages.

**Dawn Thompson (UWM Senior):** Keeping body fat levels down. Strength training and cardiovascular training. It’s just overall going to help make them a healthier person.

**Debe Schreiter (Weight Training Student):** You have to start early. Take care of yourself. If you don’t take care of yourself, nobody else is going to. You have to make a conscious effort of doing it and believe that you’re worth it.

**Jordan:** Researchers at USC say they may have found another benefit of exercise: a lower chance of developing breast cancer. After studying nearly eleven hundred women, half with breast cancer and half without, the researchers have found this: women who exercise four or more hours a week can cut their risk by fifty to sixty percent. Even women who exercise only one to three hours per week can cut their risk by thirty percent.

**Dr. Marcia Richards (St. Luke’s Medical Center):** I’m pleased, however, to see that something that is good for you may help motivate women to exercise because of potential reduction.

**Jordan:** But Doctor Richards says that doesn’t mean women should see exercise as a fool proof way of avoiding this deadly disease.

**Richards:** Many things add to our quality of life. Probably the women who exercise more eat better, drink less, smoke less—all things which decrease your incidence of cancer.

**Jordan:** So what this means is that exercise is probably just one tool to win the fight against breast cancer. And Vince, the experts say that along with fighting breast cancer, women are also fighting heart disease, which apparently is on the rise among females.
A FINAL BLESSING
Couple fights time, distance to see each other one last time
The Journal Times (Racine)
August 14, 1994
Catherine Ann Velasco, Journal Times

It wasn't supposed to end up this way. Bobbie Bartz, 54, was
going to have a new, healthy heart and Jim Bartz' cancer was
going to stay away.

But one Friday afternoon while most people were looking
forward to the weekend, Bobbie and Jim, 65, struggled to see
each other just one more time.

From a hospital bed in Milwaukee, Bobbie orchestrated the
impossible while her husband, Jim, hung onto life from his
bedroom in Racine.

"He's asking about me. If I had my heart, I would be there.
I wouldn't be up here waiting, trying to stay alive. I just can't
walk out and run to him," said Bobbie, who is waiting for a
heart in the heart and lung intensive care unit at St. Luke's
Medical Center in Milwaukee.

"I feel I have to do this. I have to see him. When you love
someone that much . . . I have to hold his hand. I have to
whisper in his ears the last time that I love him. It's important.

The purpose is to put him at rest. To give him permission
to die. He's fighting because he wants to see me and it's a
good idea for me to come."

About two hours later, their dream was approved. A nurse
was to take Bobbie home.

"The nurse is doing this on her own time," she said. "Can
you believe that? It's really a cool place. It's unbelievable what
they are doing for me."

Then, there was just the long wait . . .

A half-hour late, Bobbie arrived in the nurse's family van.
She sat in the back with a portable pump to help her heart keep
going while the nurse's bright-eyed seven-year-old bounced up
and down in front.

Clad in a blue hospital shirt and pants, Bobbie quickly
greeted her loved ones.

With her dog, Duchess, following close behind, Bobbie
headed directly to the bedroom to see Jim.

He was stretched out on the bed, so she sneaked behind
him and whispered in his ear. About 10 minutes later, Bobbie
returned with tears in her eyes.

Pale and very tired, she took a break because her nurse
wanted to check her blood sugar level.

After an insulin shot she went back in the bedroom to be
with Jim while relatives sat in the living room and waited to the
sounds of the pet cockatoo ringing a bell . . .

After a long hug from her nurse, Bobbie cried her heart out.
"I'm tired, I want to go home and sleep for a long time," she said.

Almost out the door with her entourage, Bobbie made a
quick stop.

"I want to say goodbye to Petey," she said about her cockatoo.

After a final peck and a bite on the finger, Bobbie left Jim
for the last time.

"He remembered me. We talked a long time. We told each
other we loved each other," she said while sitting in the van.
"He didn't want me to go. He wanted to know if I could
come back tomorrow. He's a brave man."

There wasn't another tomorrow for Bobbie and Jim.

He died early Sunday in his home while Bobbie was hooked
up to tubes in Milwaukee.

"It happened at 7 a.m. this morning . . . and I'm here stuck
in the hospital. It was a blessing that I saw him," Bobbie said.
"It helped him. It helped him relax and kind of get ready," she said.
"It helped me. If I was sitting here and didn't see him: 
. . . it would have torn everything out of me.

"I'm OK. I don't know to what point. I cry off and on. If I
didn't see him, I don't think I could handle it. I got to say good-
bye, laying next to him. I saw in his eyes that it would be OK."

(Bobbie underwent heart transplant surgery at St. Luke's
in September and went home a few weeks later. She continues
to do well.)
QUESTIONS AND ANSWERS ABOUT PROSTATE CANCER
WISN-TV (ABC) Channel Twelve
Channel 12 News at Six
September 21, 1994

MIKE ANDERSON, ANCHOR: You know, there are forty-seven hundred new cases of prostate cancer in Wisconsin each year.

LORI STAFFORD, CO-ANCHOR: It has become the deadliest cancer in older men. Kathy Michaelby and medical professionals are joining us now with some answers about prostate cancer tonight. Kathy?

KATHY MICHAELBY, REPORTING: Yes, our doctors and nurses are from St. Luke's and Sinai Samaritan tonight. They are answering all sorts of questions. All you have to do is call 799-WISN. Now, the kinds of questions they're answering actually saved this man's life.

Lou is sixty-two, enjoying retirement after a scare that runs in his family. He and three of his brothers had prostate cancer.

LOU GUNDROM (PROSTATE CANCER SURVIVOR): One of them died last December. Another one had the prostate taken out and still has the cancer. Another one had the prostate out and apparently is fine.

MICHAELBY: And you're okay.

GUNDROM: And I had the prostate out last year and I'm fine.

MICHAELBY: The doctor uses a barnyard metaphor to explain the complex cancer.

DR. MARK WAPLES (UROLOGIST): There's a turtle type prostate cancer which is going to wander around inside the prostate. It's not going to get out. It's not going to spread and it won't cause you any trouble.

MICHAELBY: The bird type advances and is out before it can be seen. The detectable rabbit form jumps outside the prostate.

WAPLES: We want to detect this in gentlemen whose general health would allow them to tolerate treatments for prostate cancer.

MICHAELBY: That was Lou's case. He notes impotence can be a side effect. It's easier to deal with if your wife joins the surgery consultations.

GUNDROM: I have six children. I have six beautiful children and three beautiful grandchildren. I mean, what more can I hope out of life?

MICHAELBY: You want life?

GUNDROM: Yes. And the way it looks, I will maybe live another ten, twenty years.

MICHAELBY: Lou's a great guy. Now, you can keep calling our phone banks. They're quite busy right now but keep calling at 799-WISN. Also, there is a lecture on prostate cancer this Tuesday at the Grand Milwaukee hotel on Tuesday night. You can call St. Luke's cancer center or clinic at 649-7200 to register. Meantime, call the phone bank at 799-WISN. People are asking all sorts of questions about new developments and screenings. It's really a great thing for them to be here tonight.
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—Grateful Patient

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Oh what a blessing that there are reasons.
Our soul too must have seasons.
From pain, there can be new light."
— "Seasons of the Soul"
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“I am the only one; but still I am one.
I cannot do everything, but still I can
do something; I will not refuse to do the
something I can do.”

—Helen Keller

“When writing or updating your will, please remember St. Luke's Medical Center.”
The Spirit of St. Luke's

Lifetime Philanthropists

St. Luke's Medical Center Lifetime Philanthropists is an organization of benefactors and friends of St. Luke's who have made provision to support the Hospital in their estate plans.

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

If you have provided for St. Luke's Medical Center in your estate plans or through life income gifts, please let us know. We would be pleased to welcome you as a member of the Lifetime Philanthropists.

For more information on becoming a member of the Lifetime Philanthropists, call or write Kelly Sachse, Director of Planned Giving, at St. Luke's Medical Center/Office of Philanthropy, 2900 West Oklahoma Avenue, Milwaukee, WI 53215. Phone: 414-649-7008.

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"When writing or updating your will, please remember St. Luke's Medical Center."
Thank You for your generosity throughout the year. We wish you a joyous holiday season.
A practical example of how planning for your future can benefit both you and St. Luke’s

Many people are unaware of how life income plans can be personally beneficial and at the same time benefit their favorite charity. In our efforts to keep you informed, the following is an example of one of those life income plans—a charitable remainder annuity trust:

Mr. and Mrs. Johnson, both age 70, own a stock which they bought 30 years ago for $10,000 that is now worth $100,000. Although the current income from the stock is only 2 percent or $2,000 annually, the Johnsons are reluctant to sell it and reinvest the proceeds in a higher yielding investment because the sale will generate a capital gains tax of $25,000 (28 percent tax rate times the $90,000 appreciation).

As an alternative to holding the stock or selling it outright, the Johnsons establish a Charitable Remainder Annuity Trust for St. Luke’s Medical Center. The Johnsons choose to receive a $7,000 annual annuity payment. The Johnsons realize the following benefits:

- an increase in income from $2,000 to $7,000
- capital gains tax savings of $25,000
- a charitable income tax deduction of $32,000 ($100,000 less the present value of the annuity payments to the Johnsons)
- a significant gift to St. Luke’s upon the death of the survivor of the Johnsons, which they direct to the Cardiovascular Research Fund, an area of particular interest to the Johnsons.

(Note: these benefits may differ based upon your personal situation.)

If the Johnsons desire, there is also a way to replace the value of their stock so the same amount can also go to their heirs. Please contact our office at 649-7008 if you are interested in learning more about how a charitable trust or other life income plans could provide you with income for life, while allowing you to touch other people’s lives through your philanthropy.

St. Luke’s Medical Center
Office of Philanthropy
P.O. Box 2901
Milwaukee, Wisconsin 53201-2901

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