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The Spirit of St. Luke's, Summer 1994

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Gastroenterology: St. Luke's offers full ranging expertise in complex field
The Spirit of St. Luke's is produced three times a year by

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Cover
Clockwise: Gastroenterologists Dr. Jerome Hanson, Dr. Joseph Geenen, and
Dr. John T. Bjork treat and evaluate patients through endoscopic procedures.
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Gastroenterology:
St. Luke's offers full ranging expertise in complex field

Gastro-enter-ol-o-gy. It's pronounced just like it looks if you divide it into syllables, but most of us still stumble over this long medical term. Not only is it difficult to pronounce, it describes a field that is confusing to many people because it is so broad and includes many medical conditions; however, it is actually a very exciting field of medicine that is fairly easy to define.

Dr. John T. Bjork has been chief of the gastroenterology section at St. Luke's Medical Center since 1981 and has a medical practice in the Health Sciences Center on the St. Luke's campus. He offers an easy-to-understand definition of the field.

He says, “Gastroenterology refers to the digestive organs and to their function in helping people absorb nutrients and secrete water, electrolytes, and digestive enzymes. The digestive organs start below the mouth and include the esophagus, the stomach, the gallbladder, the bile ducts, and the small and large intestines, including the rectum. In addition, gastroenterologists evaluate and treat solid organs involved in the digestive process, such as the pancreas and the liver.”

Dr. Jerome Hanson, a gastroenterologist on the St. Luke's staff who also has a practice at the Health Sciences Center, says, “Almost
"Gastroenterology refers to the digestive organs and to their function in helping people absorb nutrients and secrete water, electrolytes, and digestive enzymes."

—Dr. John T. Bjork

everyone has a complaint at one time or another about the gastrointestinal (GI) system. Such problems may be simple heartburn or indigestion; however, if persistent, even these symptoms warrant a doctor’s evaluation.”

Dr. Joseph Geenen, who is on the St. Luke’s staff and has his primary practice at the Health Sciences Center, emphasizes that the field of gastroenterology has expanded in recent years. He observes that the specialty started flourishing in the late 1960s and early 1970s and says, “When I first started going to conferences, there were four or five hundred gastroenterologists around the country. Now there’s something like eight to ten thousand. The field is expanding rapidly.”

Twenty million people suffer from chronic digestive diseases in the United States each year. Approximately $50 million are spent annually as a result of diseases of the digestive tract, and $17 billion are incurred in direct medical costs.

**Common gastrointestinal complaints**

A gastroenterologist sees a wide range of conditions with varying degrees of seriousness. Inflammation of the esophagus, stomach or duodenum may cause heartburn and abdominal pain, or a serious complication such as bleeding, perforation and obstruction. Endoscopy (a non-surgical procedure explained later in this article) may eliminate the need for surgery for a bleeding ulcer.

Colon polyps may be benign or may be the precursor of colon cancer. Colonoscopy allows a safe and effective removal of polyps, which will decrease the subsequent risk of cancer, and improve the patient’s survival.

Gallstones may cause abdominal pain, which is sometimes severe enough or accompanied by inflammation so that surgical removal of the gallbladder is required. About ten percent of these patients have stones lodged in the bile ducts which can be removed by endoscopic methods without the need for surgery.

Diarrhea and excessive gas may simply be related to food intolerance or could suggest the diagnosis of inflammatory bowel disease, which includes ulcerative colitis and Crohn’s disease. These conditions are chronic problems which require medical management and, on occasion, surgery.

Hepatitis, or inflammation of the liver, could be an adverse reaction to medication or a viral infection. However, in some instances, hepatitis may progress to chronic liver disease and even cirrhosis. Through a number of physical examination findings, laboratory and radiology tests, and liver biopsy, a gastroenterologist can determine the severity and the cause of hepatitis.

Even malignancies in the digestive system may have an improved outcome because of gastrointestinal evaluation. Accurate diagnosis and determination of the extent of the cancer will allow the best possible management of the problem with the best possible results.

Patients with gastrointestinal conditions come from all walks of life and represent the whole age spectrum.
“Endoscopy involves inserting a flexible instrument into the digestive system in order to evaluate and possibly treat a medical condition in an internal organ.”

High tech procedures performed at St. Luke’s

Endoscopy is becoming a more common means of diagnosing and treating digestive disorders. Endoscopy involves inserting a flexible instrument into the digestive system, in order to evaluate and possibly treat a medical condition in an internal organ. While endoscopy has been performed in this country for about 25 years, the instrumentation has improved dramatically, allowing for better visualization and the elimination of blind spots. Video technology has made it possible to store and retrieve photographs of procedures, videotape procedures, and is an aide in teaching.

According to Dr. Hanson, “Endoscopic procedures put the patient at very little risk, and are typically done on an outpatient basis. They represent an easy way to evaluate and treat a digestive problem without any long-lasting side effects.” He points out that bleeding ulcers are now regularly diagnosed and often treated with endoscopy, rather than surgery. Gallstones in the bile duct are now routinely removed endoscopically, saving numerous patients from what used to be major surgery.

Endoscopic Retrograde Cholangiopancreatography, or ERCP, may involve not only the removal of gallstones from the bile ducts, but also the diagnosis and treatment of abnormalities of the pancreatic and biliary ducts. (“Biliary” refers to any part of the digestive system which transports bile.) ERCP is performed by injecting a dye or contrast material into the ducts, and then taking x-ray films. A variety of accessory instruments can then be passed through the endoscope to remove stones or relieve obstructions.

Major Organs in Digestive System

The digestive organs start below the mouth and include the esophagus, the stomach, the gall bladder, the bile ducts, and the small and large intestines, including the rectum. In addition, gastroenterologists evaluate and treat solid organs involved in the digestive process, such as the pancreas and liver.

How are gastroenterologists trained?

Gastroenterologists are trained and board certified in internal medicine followed by a two- or three-year fellowship in the specialty of gastroenterology. While gastroenterologists specialize in treating the digestive organs, they must also deal with
“St. Luke’s has the most complete and up-to-date facility in the community, and also has an excellent support staff. It’s in a class of its own with the number of gastroenterologists on staff and the broad number of tests and procedures that can be done.”

—Dr. Jerome Hanson

the relationships these organs have to the rest of the body. Consequently, their training in internal medicine is very important.

As an example, Dr. Bjork states, “Digestive disorders frequently accompany cardiac disease. For instance, cardiac patients on blood thinners obviously have increased frequency of bleeding and this can affect the gastrointestinal system. In gastroenterology, we have to deal with the entire patient. It’s a very broad field which makes it challenging and always interesting.”

Advice from gastroenterologists

All the gastroenterologists interviewed for this article agreed that it is difficult to come up with a list of common GI complaints that warrant a doctor’s attention because the possible GI problems are so diverse; however, there are some obvious warning signs that would naturally send most of us to a doctor—such as severe, continuing abdominal pain; vomiting; nausea; weight loss; or diarrhea. Blood in the stool and jaundice (turning yellow) are also some important warning signs.

Dr. Hanson, however, stresses that most GI disorders are easily treatable. He says that while many patients coming to him with a GI problem are worried that they have cancer, only about ten percent of the patients he typically treats have cancer and, even if they do, a range of treatment options are available, depending on the specific condition.

Dr. Bjork points out that diagnosing medical conditions is a major part of what a gastroenterologist does and that many patients are treated with medications and given advice for lifestyle changes. Not every GI disorder is treated through surgery or endoscopic procedures.

Practicing gastroenterology at St. Luke’s

At St. Luke’s, a Digestive Diseases Center has been established to provide the staff and technology needed to perform a full line of services. Dr. Bjork emphasizes that almost every procedure being done worldwide is also being performed
“We are on the cutting edge of the field at St. Luke’s. I think we’re going to be seeing more and more advanced tools and refinement of procedures and technology.”

—Dr. John T. Bjork

Gastroenterology: the future

Dr. Hanson says, “Endoscopy is here to stay and the equipment will continue to improve, allowing more opportunities for direct visualization of the internal organs being examined. It’s also a certainty that more blood tests will be developed for the diagnosis of a variety of conditions, from polyps to cancer to certain types of ulcers.”

According to Dr. Bjork, “We are on the cutting edge of the field at St. Luke’s. I think we’re going to be seeing more and more advanced tools and refinement of procedures and technology.”
Dr. Geenen turns patients' lives around
—with cutting edge procedures

Alice Beatty went to doctors all over the state of Ohio who couldn’t solve her pancreatic problem. She lost her job, her house, most of her money, and almost lost her sanity before she found Dr. Joseph Geenen and the road to recovery.

Robert Stenger was diagnosed with terminal pancreatic cancer. The first doctor he saw told him that without major surgery he wouldn’t live until the end of the week. With Dr. Geenen’s help he lived almost a year and had a good quality of life during that time.

Joanne Wells was a vibrant young mother from Albuquerque when a surgical accident caused severe damage to her bile duct and left her an invalid—in pain and unable to live a normal life. After several procedures performed by Dr. Geenen she is now home with her husband and daughter and her life is back on track.

Dr. Joseph Geenen is a gastroenterologist on the staff of St. Luke’s Medical Center with his practice’s primary office at the Health Sciences Center at St. Luke’s. He is naturally pleased about the dramatic impact he has made on the lives of these patients and countless others, but he is quick to not take all the credit.

He says, “Our technology and expertise are developing at a very fast rate. In the past, doctors would be forced to tell a patient, ‘There’s nothing we can do. You’ll just have to live with it.’ Patients would go home with no hope.

But today, because of the contributions of researchers, we can treat many of these digestive problems successfully.”

Dr. Geenen’s career is highlighted by numerous achievements which have resulted in a worldwide reputation for excellence. He has pioneered research in the area of therapeutic endoscopy for the treatment of biliary and pancreatic disease. He is the editor of six books, has published over 100 articles, and written numerous book chapters. He speaks regularly at national and international medical conferences.

“I can’t tell you how grateful I am that I discovered Dr. Geenen after everyone else left me hanging. The St. Luke’s staff was also an important part of the whole story. They knew exactly what they were doing.”

Patient Alice Beatty
Dr. Geenen has received many awards, including the prestigious Schindler Award from the American Society for Gastrointestinal Endoscopy, and the Bengt Ihre Award, presented to him by the Swedish Medical Society. He was named one of the “400 Best Doctors in America” by the department chairmen from major medical centers nationwide. In addition, he has held many important offices in his field, including past Governor of the American College of Gastroenterologists for the State of Wisconsin, past president of the American Society for Gastrointestinal Endoscopy, and a past councilor of the American Gastroenterological Association.

His patients come from all over the United States and throughout the world. There are very few physicians who have performed as many ERCP procedures (described in preceding article) as he has. Most of his referrals are from other gastroenterologists for pancreatic and biliary tract disease which can be treated with an endoscope. He actually has a variety of endoscopic tools named after him—from mini-baskets to stents (plastic tubes), and brushes.

Though Dr. Geenen’s list of awards and honors is impressive, his most valued achievements undoubtedly come from his success with his patients. He says, “Many people think when they have pancreatic disease there’s nothing you can do about it. That’s not true. We frequently see patients with severe strictures or obstructions of the pancreas or bile duct. In many instances, a stent—a small little tube like a straw—can be inserted into the pancreas to relieve an obstruction, which is a common cause of pancreatitis. This stent helps fluid drain from the pancreas more freely and can cure pancreatitis. A stent can also relieve the pain associated with ductal narrowing or pancreatic stones. Patients often have symptoms of itching and jaundice due to poor drainage of bile. We can quickly relieve these symptoms by bypassing the strictures with a stent which bridges the obstruction and allows the bile to get through.”

The following three actual patient stories illustrate what a dramatic difference Dr. Geenen can make in patients’ lives with some of these cutting edge techniques.

After becoming severely dehydrated several times, Alice Beatty was diagnosed as having a congenital malformation of her pancreatic duct which was causing obstruction of bile. She went from doctor to doctor in her home state of Ohio and received no encouragement that her condition could be corrected. Meanwhile, she was drinking 18 glasses of water a day and taking just as many pills.
"Because of the procedure Dr. Geenen performed, my husband's life was extended and he was very comfortable almost until the end of his life. We spent many good months together and his spirits were good."
—Patient’s wife, Mrs. Robert Stenger

She was in constant pain and suffered a dramatic weight loss since, as she says, “I was only eating mashed potatoes and chicken noodle soup.”

She was fired from her job and found herself heading toward deep financial trouble. A self-sufficient divorced mother of three, Alice had always been a strong, optimistic woman. She now found her life devastated and was becoming very depressed.

She remembers, “I sold my beautiful antiques and my pearls. I had to sell the house I had worked so hard to maintain. I had no energy and no one could help me. I knew I was going to hit bottom soon. One doctor even suggested to me that this was all in my head.”

It was at this low point that Alice took control of her life by writing to the National Institutes of Health looking for an expert in pancreatic disorders. Through a series of referrals, she found Dr. Geenen. She and a cousin drove to Wisconsin where Dr. Geenen examined her and suggested that he place a small stent into her pancreas to help it drain. This endoscopic procedure took place in May and she will have a larger stent inserted in August.

She says, “After almost two years of hopelessness and suffering, I feel wonderful. I’ve gained weight and my usual high energy level is almost back to normal. I went to a wedding last Saturday and everyone said ‘Alice, you’ve never looked so good.’”

Alice says, “I can’t tell you how grateful I am that I discovered Dr. Geenen after everyone else left me hanging. The St. Luke’s staff was
also an important part of the whole story. They knew exactly what they were doing. My cousin says she has never seen such a clean hospital with such a caring staff.

Another patient story is equally compelling. Though Robert Stenger eventually died as a result of pancreatic cancer, he was given many more good months because of Dr. Geenen’s intervention in his case. Robert Stenger, former president of the Milwaukee Company, a well-known Milwaukee brokerage firm, at first was given little hope for living more than a few weeks when he was diagnosed with pancreatic cancer.

The first physician he visited said that if he didn’t have surgery he would die right away, but he didn’t want to believe that and a friend suggested Dr. Geenen. Dr. Geenen performed an endoscopic procedure during which he put a stent into his bile duct to allow it to drain despite the cancerous blockage. Robert didn’t have to have an operation and he had an additional beautiful year of life that he might not have had otherwise.

Mrs. Stenger says, “Because of the procedure Dr. Geenen performed, my husband’s life was extended and he was very comfortable almost until the end of his life. We spent many good months together and his spirits were good. He had great confidence in Dr. Geenen and the St. Luke’s staff. Together they kept him alive as long as was possible.”

Joanne Wells, 40, came all the way from Albuquerque, New Mexico, to be treated by Dr. Geenen. She was the unfortunate victim of a surgical accident. During what should have been routine gallbladder surgery, her bile duct was accidentally damaged. She subsequently endured several unsuccessful surgeries attempting to repair the damaged organ. A stricture had formed on her bile duct from scar tissue, closing it down.

Joanne was experiencing a great deal of pain and subsequently developed pancreatitis, a life-threatening condition which is an inflammation of the pancreas. She was in and out of hospitals. Doctors were giving her mixed messages about the best approach to solving her problem. She was told everything from “live with it, there’s nothing we can do” to “major surgery is the only answer.” Her life was put on hold. Her daughter and husband were left

"Since I have been going to Dr. Geenen I’ve felt much more confident about my care and much more optimistic about my future. I totally trust him—and that’s a good feeling after the experiences I’ve had. One of the big differences with Dr. Geenen is that his experience with this kind of procedure is so extensive.”

—Patient, Mrs. Joanne Wells
alone to fend for themselves for extended periods of time. Her life, as she describes it, was “a nightmare that grew worse every day.”

After consulting physicians at the University of Chicago, Northwestern University, and the University of Wisconsin, she was referred to Dr. Geenen who performed an endoscopic procedure, dilating her bile duct and placing a stent in it for drainage. The procedure went very smoothly. She has returned twice for larger stents. The goal is for her bile duct to eventually be strong enough to function without a stent. Joanne is no longer in pain and is leading the most normal life she has had in a long time.

Joanne can’t say enough about her positive experience with Dr. Geenen. She says, “Since I have been going to Dr. Geenen I’ve felt much more confident about my care and much more optimistic about my future. I totally trust him—and that’s a good feeling after the experiences I’ve had. One of the big differences with Dr. Geenen is that his experience with this kind of procedure is so extensive. The nurses also went the extra mile. One nurse even made sure I had a warm blanket while I was in the recovery room. It’s the little things that make a difference when you’re going through such a traumatic event.”

Because Dr. Geenen has learned from his patients that not enough physicians are aware of the new treatment options for biliary disorders, he is taking steps to share his expertise in this developing field with other physicians.

Within his practice, Gastroenterology Consultants, Ltd., he has established a training program for board certified gastroenterologists in therapeutic endoscopy, focusing on the pancreas and bile duct. Doctors come from all over the world—France, Germany, England. Normally, three doctors at a time spend a year with Dr. Geenen’s practice.

In addition, Dr. Geenen and St. Luke’s are looking toward creating a Pancreatic Biliary Center to help educate patients and physicians about the advances in treating pancreatic and biliary tract disorders. Dr. Geenen says, “We are establishing a multi-disciplinary approach to biliary and pancreatic disease with gastroenterologists, radiologists, and surgeons. We want to educate people, including doctors who aren’t aware of all the treatment options available.”

While education and staying on top of treatment options are obvious priorities for Dr. Geenen, his basic focus is always the patient—what approach can best help the patient recover or remain as comfortable as possible.

Nathaniel Zelazo, the chief executive officer of Astronautics Corporation in Milwaukee, was a patient of Dr. Geenen’s several years ago. He sums up the typical reaction most patients have after being treated by Dr. Geenen when he says, “We place tremendous trust in him. He gives great comfort to his patients. I think he’s actually more concerned about his patient’s problems than they are.”
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

Mrs. Morland Hamilton

Agnes Hamilton’s husband, Morland, passed away in November after a massive stroke; however, until that time he was cared for through the St. Luke’s cardiac department. Agnes and Morland lived in Milwaukee their entire lives and Morland was the owner of a gear company until he retired. They had been married 54 years before he passed away.

Agnes says, "I give to St. Luke’s because the hospital meant so much to my husband. He had several strokes over the past few years and had wonderful care at St. Luke’s. He was so interested in everything the hospital did for him. The physical therapy department did wonders for him. He was the kind of person who couldn’t sit still and the people at St. Luke’s helped him keep moving. They even encouraged us to join the stroke club because they felt he would be an inspiration to other people. We were both very interested in joining the Philanthropists Club when it was formed because we believed so much in what the hospital was doing. It makes me very happy to make donations to St. Luke’s.”

Mr. and Mrs. Robert Luebke

After Bob Luebke, 74, retired from his career as a professional engineer and Olive, 71, retired from her career as a teacher, they have become what is known as “WTs” or world travelers. They have been to Yugoslavia, China, Scandinavia, Greece, Mexico, Alaska, Venice, Thailand, Russia and the Canary Islands—to name only some of the exotic destinations they’ve visited. Many of their trips have been in the form of cruises. They’ve actually taken over 15 cruises in the last few years.

The Luebkes have two children and two grandchildren. Bob was able to participate in all these adventures, despite several hospitalizations at St. Luke’s. Several years ago he had emergency bypass surgery. He also has had gallbladder surgery and a knee replacement.

Bob says “All of our experiences at St. Luke’s have been good. We’re pleased with the overall level of service and the concern and expertise of the nursing staff. We’re impressed that St. Luke’s has been a pioneer in so many areas of medicine. There are just so many places where our contributions can go and we want to give to what is important to us.” Olive adds, “We want to give where our money will do the most good for the most people so St. Luke’s is the perfect place.”
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.

Mr. and Mrs. Brian Kling

Brian Kling, 32, has worked in St. Luke’s Housekeeping Services since 1981. He and his wife have two children, 6 and 1-1/2 years old. He has lived in Milwaukee all his life within a couple of miles of the hospital. Brian’s favorite hobby, when he’s not working or taking care of his children, is tinkering with electronics and computers. Brian and his wife are active participants in St. Luke’s Employee Philanthropy Club.

Mr. and Mrs. Martin Gray

Martin Gray, 74, retired from Harmschfeger in 1982. He and his wife, Violet, who are native Milwaukeeans, have two children and four grandchildren and are getting great joy from seeing their grandchildren become successful young adults. Martin had emergency heart bypass surgery at St. Luke’s two and one-half years ago.

Violet says, “St. Luke’s saved my husband’s life. To us his surgery was a miracle. Without St. Luke’s he wouldn’t be walking around today. He had some complications and they pulled him through. When we tell people what he’s been through and they see him walking around today, they can’t believe it. That’s why we support St. Luke’s. I just feel they do such wonderful work and they’re so caring. We contribute to the hospital in appreciation for the excellent care my husband received during his stay at St. Luke’s.”

Mr. and Mrs. Brian Kling

He says, “Ever since I’ve worked at St. Luke’s, I’ve felt a great deal of pride in working for the medical center. When the opportunity came to donate to the hospital, I felt it was a chance to give back and show my support and appreciation for the place I work. My wife was fully behind this decision because some time ago her father was a heart patient at St. Luke’s and received such good care. I definitely plan to continue to support the hospital.”
Carole Bruner
named Philanthropist of the Year

Mrs. James (Carole) Bruner was named Philanthropist of the Year at St. Luke’s Philanthropists Club 1994 Dessert Gala held in May. Brad Holmes, vice president of St. Luke’s Medical Center/Office of Philanthropy, says, “Carole and her family have been extremely supportive of St. Luke’s throughout the years. We are very pleased to award this honor to such a deserving person who has had such a positive impact on the lives of so many patients.”

Carole Bruner says she supports St. Luke’s Medical Center because of her family’s involvement with the hospital over many years. Her late husband, Robert Houston, was the executive secretary of St. Luke’s Medical Center’s board of directors when he passed away in January 1974. He had been very involved with the hospital and was always impressed with the kind of care it provided.

She says, “During the time before Bob died, we both became very appreciative of the care he was receiving at St. Luke’s. I knew he wanted me to continue to support the hospital.”

In September 1975, Carole married James Bruner who passed away unexpectedly this past spring. Throughout the years of their marriage, the Bruners continued to support St. Luke’s.

Carole says, “I had already designated St. Luke’s in my will when the Philanthropists Club was formed and I was very glad to become a member. I didn’t expect to receive this honor of being named Philanthropist of the Year, but I am very pleased. I do wish my husband, Jim, had been alive to share this honor with me since he was also very impressed with St. Luke’s.”

She continues, “St. Luke’s certainly does a wonderful job and I’m very happy I can help in some way. I’m very proud to be a part of the hospital.”

Carole, who lives in Elm Grove, moved to Milwaukee from Oshkosh when she married Robert Houston in 1960. She has one son and a two-year-old grand-daughter. Since 1980, she has gone to Florida every winter, but she comes back to Milwaukee to play golf during the summer months.
The Spirit of St. Luke's

Gifts received January through May 1994

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

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

CORPORATIONS AND FOUNDATIONS
The commitment from corporations and foundations is integral to the excellent programs, equipment and services we provide every day to our patients at St. Luke’s Medical Center. Through their contributions, we can successfully meet and anticipate the health care needs of the 23,000 inpatients and 260,000 outpatients who come to St. Luke’s each year.

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Benefactors encourage the perpetuation of the highest standards of patient care and compassionate concern for all who turn to St. Luke’s Medical Center for their health care needs. Through their interest and philanthropic support of $5,000 or more, members enable St. Luke’s Medical Center to remain in the forefront of modern technology and provide quality health care to all in need.

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

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

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

"When writing or updating your will, please remember St. Luke's Medical Center."
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**Mark Ambrosius, president, St. Luke's Medical Center, (left) greeting Fred Goad on his 91st birthday.**

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“While I was one of the lucky ones whose tumor turned out to be benign, I will never forget the anxiety and fear I felt during this period. Please accept my donation to further breast cancer research or to make patients who come to the Vince Lombardi Cancer Clinic more comfortable.”

—St. Luke’s Patient

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Elizabeth and Harry Henke
With this issue of *The Spirit of St. Luke's*, we’re introducing a new section called Media Rounds which will present a sampling of stories involving St. Luke’s Medical Center which have recently been published or broadcast. As you will see after reading these stories, the news media continue to respond to the general public’s desire for health-related news and information. In our continuing efforts to contribute to the public’s health knowledge, St. Luke’s is pleased to see these stories published and broadcast. We think our readers will be very interested in the many exciting stories developing at St. Luke’s.

ANTI-CYANIDE DRUG SAVES LIVES

WITI-TV (CBS) Channel Six
TV6 News at Ten
February 3, 1994

JOYCE GARBACIAK, CO-ANCHOR: Carbon monoxide is a common killer in house fires, but tonight, doctors warn smoke with cyanide can kill even faster.

VINCE GIBBONS, CO-ANCHOR: Smoke inhalation victims have just moments to live if they inhale lethal cyanide, but a local doctor says life and death drug can save your life if you get it in time. Mike Bartley and photojournalist Jim Plouta investigated why that drug is not more readily available.

MIKE BARTLEY REPORTING: Early morning, Sunday, November 7: heavy smoke engulfs this home on North Thirty-Eighth Street. Inside, a nine-year-old boy is dying. He stops breathing after inhaling cyanide, a lethal poison caused by burning plastics, a poison which can kill within five minutes. In a battle against time, Milwaukee paramedics are able to restore the boy’s pulse on the way to St. Luke’s emergency room.

DR. JOHN WHITCOMB (ST. LUKE’S MEDICAL CENTER): He was about as close to dead as you can get and still have a pulse. He had no reflexes of any kind. He had no neurological signs of life.

BARTLEY: Emergency room Doctor John Whitcomb then injects the boy with this rarely-used anti-cyanide drug, hoping to remove the killer cyanide from his bloodstream. What happened next, says the doctor, seems like a miracle.

WHITCOMB: It took about, maybe, three or four minutes, and he went from being a little boy who was in this deep coma to fighting so hard that it took three people to hold him down.

BARTLEY: You are looking at Dr. Whitcomb’s miracle today: Michael Story, nine years old and full of life. And that smile that no one ever thought they’d see again.

SUKETA STORY (MICHAEL’S SISTER): I think it was a miracle because if it wasn’t for that, my brother would have been dead now.

BARTLEY: Dr. Whitcomb says that paramedics getting a pulse, coupled with the anti-cyanide injection, all done within mere minutes, saved Michael’s life. But, he says, most cyanide victims aren’t so lucky. He says time runs out and most die on the way to the hospital, and he wonders why paramedics don’t have the life and death drug available at the scene, since injecting the drug would not harm a person, even if they aren’t suffering from cyanide.
NEW LASER TREATMENT FOR SNORING SUFFERERS
Mondovi Herald-News
December 23, 1993

St. Luke’s Medical Center in Milwaukee is offering a new laser technique that is revolutionizing the way doctors treat snoring and selected cases of sleep apnea.

Treatment consists of three to five outpatient hospital visits—about 10 to 15 minutes each—where the uvula or unsupported tissue in the throat is reshaped using a laser technique. The procedure is performed under local anesthesia, and patients report minimal pain and continue with normal activity. Snoring reduction occurs almost immediately. St. Luke’s is the first hospital in the state to make this treatment available to patients.

Some 45 percent of normal adults snore at least occasionally, and 25 percent are habitual snorers, according to the American Academy of Otolaryngology—Head and Neck Surgery. Problem snoring is more frequent in males and overweight persons, and usually worsens with age. The noisy sounds of snoring occur when there is a partial obstruction of the free flow of air through the passages at the back of the mouth and nose. Many times the problem is caused by a long palate that may narrow the opening from the nose into the throat—as it dangles in the airway, it acts as a flutter valve during relaxed breathing, and contributes to the noise of snoring.

The new procedure employs a hand-held carbon dioxide laser to burn away portions of the soft, unsupported tissue in the throat. About 85 percent of loud snorers produce the sound in their throats and would be candidates for the procedure, which was developed recently in France. The remaining 15 percent of people who snore do so because of problems in the nose, often the result of a fracture, and cannot be treated with the new procedure, called Laser Assisted Uvulapalatoplasty (LAUP).

“Snoring is not only a social problem, disruptive to family life—it can be a medical problem as well,” said Dr. James Barton, ENT physician on staff at St. Luke’s performing the laser assisted surgery. “The snorer may not sleep restfully and may have difficulty staying alert and awake during the day.”

EXPERIMENTAL PUMP GIVES PATIENT INDEPENDENCE
Milwaukee Journal
February 3, 1994
Joe Manning, Staff Writer

The first encounter with Bob Wellenstein is his firm handshake and his steady, friendly gaze.

Then, a rhythmic, metallic plunking sound can be heard exuding gently from beneath Wellenstein’s green jogging suit jacket.

It is the sound of the future. Pumping in Wellenstein’s abdomen is the closest thing yet to a permanent, implantable, artificial heart.

The $50,000 experimental device could someday soon be used in thousands of heart disease patients as a permanent alternative to heart transplants.

The first in Wisconsin and one of only 10 implanted in the United States, the device is an electrically powered mechanical blood pump that helps Wellenstein’s weakened heart in its vital job of circulating his blood.

Because the pump is powered by batteries, Wellenstein is free to move about unattached to machines. Eventually, Wellenstein may be allowed to go home.

“It's very portable. This system makes waiting for a heart transplant a lot easier. I’m independent. When you have your own independence you feel more alive. I could actually get up and walk out of this hospital,” Wellenstein said.

Patients on other blood-pump systems have to spend most of their days in hospital beds with air hoses running into their abdomens from air-compressing machines that power the pumps.

The thin electrical power line running the pump motor inside Wellenstein passes through his abdomen wall and plugs into a portable battery pack.

While Wellenstein, 47, of Port Washington, awaits a heart transplant at St. Luke’s Medical Center, the pump, called a HeartMate, keeps him alive by pulsing blood steadily through the left side of his damaged heart.
The device is powered by battery packs carried in holsters worn by Wellenstein. It could be a solution to the shortage of human hearts for transplantation, said Victor Poirier, president of Thermo Cardiosystems of Wobur, Mass. Poirier invented and designed the device. Poirier said 2,000 hearts are available for transplantation each year while 35,000 to 70,000 people need heart transplants.

HeartMate could fill the void in human hearts, he said, because it assists the heart’s left pumping chamber, the chamber that is defective in 85% of patients needing heart transplants. “We’re very excited about this,” said Alfred Tector, the surgeon who implanted the device in Wellenstein Jan. 5. “He was not far from dying.” St. Luke’s is one of six centers in the country testing the HeartMate in a Food and Drug Administration clinical trial.

NEW RADIATION THERAPY HELPS CANCER PATIENTS

WISN-TV (ABC) Channel Twelve
Live at Five
March 9, 1994

MIKE ANDERSON, CO-ANCHOR: New treatment for cancer patients tonight, and it’s coming from a Milwaukee hospital.

KATHY MYKLEBY, CO-ANCHOR: Tonight’s Family Health Report takes us to St. Luke’s Medical Center to see safer, easier radiation treatments.

Breast cancer patient Jay Ruffo is lucky; her tumor was discovered in its early stages and removed. She’s having follow-up radiation therapy, with a new technique known as “Multi Leaf Collimation.”

DR. MITCHELL PINCUS (RADIATION SPECIALIST): The Multi Leaf Collimation is a new form of beam shaping technology for radiation therapy treatments. We’re able to more accurately deliver the radiation to the tumor, or target volume, as opposed to the normal tissue.

MYKLEBY: They used to use lead bricks to block radiation from normal tissue. A brick must be custom made for each patient, and changed as the tumor size changes, a process time consuming and costly. But with Multi Leaf Collimation, the technician simply traces the tumor site into the computer’s memory. The computer automatically redirects the radiation beam towards the tumor and away from normal tissue. The lead brick method takes about an hour and a half; the Multi Leaf Collimation takes ten seconds.

DR. PINCUS: It allows us to treat more patients over the same course of time, and I believe, to treat them as accurately and as well as in the past.

MYKLEBY: The new process also lessens side effects for patients by reducing the amount of radiation to normal tissue.

JAY RUFFO (BREAST CANCER PATIENT): Everything is done to safeguard your body from any radiation that would not be helpful.

MYKLEBY: Dr. Pincus says the next advance will be three dimension treatment of tumors.
EXPERIMENTAL HEART SURGERY GIVES PATIENTS HOPE

ABC
World News Tonight
March 17, 1994

PETER JENNINGS, ANCHOR: We put medicine on the American Agenda tonight because heart surgeons at a conference in Atlanta this week are learning about a genuinely dramatic new kind of high-tech surgery. It is still very experimental, but it may now be possible to treat heart patients who cannot be helped by regular surgery or other treatments. Tonight, an extraordinary demonstration of how it’s done. Our Agenda reporter is our medical editor, Tim Johnson.

DR. TIMOTHY JOHNSON REPORTING: Seventy-one year-old Willie Williams is remarkably active considering he has had one heart attack, two bypass operations, and twenty holes punched in his heart. Before his surgery, Willie couldn’t live without constantly taking nitroglycerine for his heart pain.

WILLIE WILLIAMS (HEART PATIENT): I couldn’t walk before, because I hurt too bad. I couldn’t take another nitro to walk.

JOHNSON: Then, two and a half years ago, Willie went to Seton Medical Center in San Francisco, where he became the ninth patient to be treated by Dr. John Crew, with an extraordinary kind of laser surgery that literally pokes holes in the heart.

DR. JOHN CREW (SETON MEDICAL CENTER): It isn’t logical to feel that a heart can be fed by holes drilled in it. That kind of logic says that it’s impossible, but we know it isn’t. It does work, and it works spectacularly well in some patients.

JOHNSON: The surgery became possible five years ago when a Massachusetts company developed a laser ten times more powerful than the strongest one then available. It produces a beam that cannot only penetrate a phone book, but even a block of wood. (Visual of demonstration)

Here’s how the procedure works: On this front view of the heart (visual of heart diagram), with part of the muscle wall removed, the large, lower chamber is filled with blood. After the laser pokes fifteen to thirty tiny holes, creating tunnels through the wall of the chamber. The outer openings close within minutes as the blood clots. But on the inside, the tunnels are kept open by the constant beating of the heart, which forces blood into the tunnels and through the heart muscle. This allows the heart muscle to be nourished directly from blood within its own chamber.

The procedure has its downside. It requires general anesthesia and cutting open the chest. But the laser part is relatively easy. Here the laser instrument is placed on the surface of the beating heart (visual of surgical procedure). When the laser beam is released, the energy produces a puff of smoke. And in this ultrasound view during the procedure, as the laser beam explodes through the heart muscle wall, it produces a cloud of steam bubbles in the blood. The bubbles are proof of success.

CREW: When you press the button and you see smoke, you see blood—you must see bubbles. If you don’t see bubbles, you didn’t go through.

JOHNSON: The first heart laser procedure in the U.S. was done just four years ago in San Francisco. Today there are six major medical centers studying the procedure under FDA guidelines. One of them is the Brigham and Women’s Hospital here in Boston.

Heart surgeon Doctor Lawrence Cohn is part of the FDA study. At first he was very skeptical.

DR. LAWRENCE COHN (BRIGHAM AND WOMEN’S HOSPITAL): I was incredulous, and I said "You’ve got the wrong place. You want the department of defense. You’re talking Star Wars here."

JOHNSON: So far, less than eighty patients have been treated. The most recent was sixty-nine year-old William Stanton, who was treated Monday in Milwaukee by Dr. Mahmood Mirhoseini, the surgeon who started the whole process twenty-five years ago by experimenting with lasers in animal hearts.

DR. MAHMOOD MIRHOSEINI (ST. LUKE’S MEDICAL CENTER): The patients are extremely ill. These are the patients who had bypass surgeries one, two, and some of them, three times before...

JOHNSON: While not enough patients have yet been treated to draw any long-term conclusions, for those who have already benefitted, the surgery is just incredible.

WILLIAMS: Isn’t that amazing? Most people get shot in the heart—they die. I got better.
A 20-year-old Illinois woman has become pregnant through a new in vitro fertilization procedure in which a single sperm is injected into a single egg and the resulting embryo is implanted.

Milwaukee infertility expert K. Paul Katayama did the procedure, which was first performed in Belgium last year and now is offered in at least half a dozen fertility centers around the United States.

Normal human sperm count is about 20 million per cubic centimeter, Katayama said.

"When the count decreases, we have to resort to in vitro fertilization," he said. "That involves removing some of a woman's eggs, mixing them with a man's sperm in a test tube or Petri dish, and then implanting the embryos in the woman."

"Traditional in vitro fertilization uses multiple sperm and often multiple eggs," Katayama said.

But in many cases, not only is a man's sperm count low, but the sperm also has poor ability to penetrate the shell of the egg to fertilize it—a factor known as sperm competency.

The next step in such cases was for infertility physicians like Katayama to try to cut the shell of the eggs to allow the sperm a greater chance to get in or to try other micro-manipulation techniques, as they're known.

The usual in vitro technique and the egg-cutting were tried without success for the Illinois woman, whose husband had one-tenth of the normal sperm count and severe sperm competency problems, Katayama said.

But directly injecting a sperm into an egg under a microscope—known as intra-cytoplasmic sperm injection—was successful. The woman is now nine weeks pregnant; the couple recently were able to listen to the fetus' heartbeat.

"It's like a dream, hard to believe," the woman, a Japanese national, said through an interpreter. She requested anonymity.

The woman had the procedure done at Katayama's clinic in Arlington Heights. Locally, he practices at Waukesha Memorial Hospital, Sinai Samaritan Medical Center and St. Luke's Medical Center.
ST. LUKE'S PIONEERS BONE MARROW TRANSPLANT FOR OVARIAN CANCER
WISN-TV (ABC) Channel Twelve
Channel 12 News at Ten
March 21, 1994

JERRY TAUPE, CO-ANCHOR: Good evening, and thanks for joining us. Marty has the night off. Tomorrow, an Oak Creek woman begins a journey which she hopes will save her life—it's a bone marrow transplant. Duane Gay tells us tonight it may be a major step toward finding a cure for cancer.

DUANE GAY REPORTING: Tomorrow, St. Luke's Medical Center will do something new to save a woman's life. She is Diane Kennedy; she has ovarian cancer. Coincidentally, Diane is also a nurse who worked with ovarian cancer patients, so she knows the odds. Tonight, she's trying to keep busy, trying not to think about that.

DIANE KENNEDY (CANCER PATIENT): I've got my parents. Everybody's praying for me, and things like that. And I guess in the back of my mind, you just have to say, 'If it's your time, it's your time.' Yep.

GAY: But this is where she will try to extend her time. Diane has had bone marrow removed from her body. She will undergo intensive chemotherapy treatments to kill her cancer, and then the uncontaminated bone marrow will be replaced. (Visual St. Luke's Medical Center interior).

These types of bone marrow transplants have been used successfully to treat other kinds of cancers before, but this will be the first time in Wisconsin it's used to treat ovarian cancer.

ROBERT TAYLOR (CANCER SPECIALIST): She is in uncharted waters, basically. And we're doing this on the basis of early studies and we hope that she's going to be successful, but we're going to have to wait and see.

GAY: The treatment is costly and dangerous, but Diane has no reservations, partly because she is a nurse and believes in her doctors, but mostly because she has a lot to live for.

OVARIAN CANCER REMEDY GETS FIRST USE IN STATE
Milwaukee Journal
March 21, 1994
Marilynn Marchione, Medical Reporter

Physicians at St. Luke's Medical Center are attempting the state's first bone marrow transplant aimed at curing ovarian cancer.

The patient, Diane Kennedy, a 38-year-old nurse from Oak Creek, said she and her physicians decided to try a transplant because "that is my only chance to live." Despite conventional treatment, her cancer has spread.

Ovarian cancer has a high death rate because it often produces no symptoms and isn't detected until an advanced stage. Standard chemotherapy produces remission in up to 90% of women, but drug resistance commonly develops, and relapses are common.

"The fact of the matter is, conventional chemotherapy cannot cure the vast majority of patients," said Robert Taylor, a cancer specialist at St. Luke's who will attempt the bone-marrow procedure. "We're looking at new ways to treat these diseases because the ways we have now just aren't good enough."
BIKE RIDERS FIGHT BREAST CANCER
WTIT-TV (CBS) Channel Six
TV6 News at Six
April 9, 1994

JULIE FELDMAN, ANCHOR: And now to the story of a New Berlin couple and their quest to help others with a bicycle trip. It's a trip that won't stop at many glamorous stops, unless you consider Buckhorn, New Mexico cosmopolitan. But it is a trip that hopes to put a stop to breast cancer. Ted Perry and photojournalist Keith Crawford Lovski bring us the story.

TED PERRY REPORTING: Mark Davies is going to Disneyland. That in and of itself isn't all that impressive. How he's getting there and why he's going is.

MARK DAVIES (BIKING TO DISNEYWORLD): It's just been very, very pleasing to see the support that we've got.

PERRY: As he tools along the Root River Parkway, his thoughts were on a grueling forty-six day bike trip that lies ahead, his wife, and the lives of others they will touch.

SANDRA DAVIES (MARK'S WIFE): While I was there I noticed a lump in my breast...

PERRY: Disneyland is where Sandra Davies first discovered something was wrong. In the spring of '92, she had surgery, chemotherapy, and a bone marrow transplant. For months she was in remission. Recently the news worsened.

SANDRA: I had another setback several weeks ago, and I was also diagnosed with a brain tumor, and I underwent radiation.

PERRY: Which brings us back to the bike trip. Next week, Mark begins a cross country ride that will take him from Disneyland to raise forty-thousand dollars. The money is not for Sandra; her insurance has covered her medical expenses. They want to raise money for early detection programs at St. Luke's Medical Center. They want to help others.

MARK: We felt very blessed in that we have not had to fight some of the battles that some of the other women have had to fight.

SANDRA: Kind of something fun out of what's not been fun over the last three years.

PERRY: Sandra says she does not want other women to go down the same path she has. With Mark travelling the path he is, maybe they won't have to. Ted Perry, TV6 News, Milwaukee.

FELDMAN: Mark is paying for his trip. All donations he receives will go to the Vince Lombardi Cancer Center.

And if you'd like to help, donations can be sent to St. Luke's Medical Center, 2900 West Oklahoma, Milwaukee. Please write "Davies ride" at the bottom of your check.

ST. LUKE'S PHYSICIAN USES LASERS TO TREAT HEART PATIENTS
WISN-TV (ABC) Channel Twelve
Channel 12 News at Six
March 17, 1994

JERRY TAFF, CO ANCHOR: Well, I hope you saw a minute ago a Milwaukee heart doctor on "World News Tonight." Dr. Mahmood Mirhoseini of St. Luke's was featured by Peter Jennings for his revolutionary use of lasers in treating heart patients who can't have surgery.

DR. MAHMOOD MIRHOSEINI (ST. LUKE'S HEART SURGEON): The importance of that is patients who have multiple surgeries or surgeries that have failed, or people, they can't have open heart surgery...

TAFF: His method is only used right now at four hospitals nationwide; St. Luke's is one of them.
DESPITE ODDS AGAINST HIM, RAYNOR KEEPS COMING BACK

Milwaukee Sentinel
April 15, 1994
William Janz, Staff Writer

If life were a game, he'd be the dealer. For much of his adult life, John Patrick Raynor has been in control. Of buildings and budgets and attitudes and events. In his area of influence, the wind blew at his direction.

Raynor is the consummate corporate man, a CEO of the turned around collar brigade, a Jesuit priest who ran a huge business known as Marquette University. Raynor was president of Marquette for 25 years, is now chancellor, and has been in charge of so much for so long that it is difficult to believe that he wasn't even in charge of his breathing recently.

On Nov. 1, he telephoned his office that he'd be about an hour late because he wasn't feeling well. And here it is, the middle of April, and he still isn't back to work.

But he's back on campus, and he said, "I should have died at least three times."

“He was as sick as you could get,” said James E. Auer, his surgeon.

During the worst of the illness, Auer, as well as Raynor’s family, had wondered “whether he would be here much longer,” the physician said.

Raynor had a stroke. He had major paralysis. He had high fever and an infection so bad that Auer and other physicians decided Raynor couldn’t stand an emergency operation, so they waited 10 days, which some didn’t expect him to live through.

Raynor, 70, credits doctors and nurses and St. Luke’s Medical Center and therapists and prayers and friends and everyone who mentioned, wrote, telephoned, or thought about him, but Auer added an individual Raynor hadn’t thought of: Raynor.

SIGNATURE ON DRIVER’S LICENSE CAN SAVE A LIFE
—ORGAN DONOR AWARENESS

WISN-TV (ABC) Channel Twelve
Channel 12 News at Noon
April 18, 1994

DAVID DAVIS, CO-ANCHOR: Across the United States right now there are approximately thirty-five thousand people waiting for a chance at life, a chance you can give them by simply signing the back of your driver’s license. This is Organ Donor Awareness Week, and joining us right now is Jane Iglar with the transplant team at St. Luke’s Medical Center.

First of all, I’d like for you to explain, what do you do with St. Luke’s?

JANE IGLAR (ST. LUKE’S MEDICAL CENTER): I’m a recovery coordinator. I work with the heart and lung transplant program. I go with a team to the donor hospital to recover those organs that we need for transplant at St. Luke’s.

DAVIS: That is important. You don’t want to just take it out at the noon hour and sign it. You want to discuss it with your family.

IGLAR: Right.

DAVIS: What are some of the common fears that people have going into this?

IGLAR: I think the most common fear is disfigurement, that your body won’t be able to be viewed at a normal-type funeral. What people also fear is that it will cost them money. So those are the two biggest fears. Some people are afraid, also, that they won’t get the medical attention you need.
that they really would need if they were brought into an emergency room, that they’re more concerned about their organs than they are saving their life. And that’s absolutely not true.

DAVIS: It sounds silly, but I’m sure a lot of people are concerned about it. And you mentioned money. It won’t cost the family anything, right?

IGLAR: No, a donation does not cost the family of the donor any money whatsoever. The transplant programs help defer the cost of that.

DAVIS: How important is it?

IGLAR: Oh, it’s a vital need. Basically thirty-five thousand people in the United States are waiting for a life-saving organ transplant. It’s estimated that by the time we reach 1995 that number will increase by ten thousand, up to forty-five thousand waiting. Here in Wisconsin close to nine hundred people need a life-saving organ transplant.

DAVIS: I notice on the back of the license—it says, only the following organs or parts, or any organ or part necessary. What are the most common ones that are needed?

IGLAR: Well, most commonly, the largest numbers waiting are for kidney transplants. After that the numbers are pretty much even for heart and liver. We’re doing, now, a lot of experimental—previously thought to be experimental, but a lot of other transplants like small bowel, pancreas transplants, those types of things.
NEW ADVANCES IN CORONARY ARTERY DISEASE.

WTMJ-TV (NBC) Channel Four
The 10:00 Report
June 2, 1994

Mike Gousha, co-anchor: We’re going to switch gears here a little bit and talk about coronary disease; it’s the number one cause of death in the United States.

Carol Meekins, co-anchor: But a technology is offering hope for those who have hard to treat coronary disease. It’s called a rotablator, and it’s now being offered right here in Milwaukee.

Walter Shepard (has coronary heart disease): I have a very bad family history—both my mother and my father died of coronary. As a result, when I got to be forty, I thought I better do something.

Meekins: What Walter did was go to the Milwaukee Heart and Vascular Clinic of St. Luke’s Medical Center. He had his plaque removed through the rotablator system, a modern technology helping those with hard to treat coronary disease. Dr. Gerald Dorros performs about six to seven angioplasties a day.

Dr. Gerald Dorros (St. Luke’s Medical Center): It’s a high speed drill that goes over a wire, and it upgrades the material; that is, it really sands the material into very fine particles.

Meekins: A study of more than two thousand patients showed that the overall success rate of the rotablator system was ninety-five percent. It removes diseased plaque rather than healthy arterial tissue, and treats a wide range of plaque, and complications are low. Most patients want to forget what they felt like before being treated with the rotablator.

Doris Arder (underwent rotablator treatment): It was difficult for me to walk from the house to the car without having to take a nitrotab because the angina pain was so severe.

Meekins: David Auth, a physicist and bioengineer, developed the rotablator system.

David Auft (founder, rotablator system): The rotablator provides a very new alternative to bypass surgery. It also provides an alternative to conventional balloon angioplasty, which stretches and cracks the plaque inside the artery.

Dorros: The rotablator, by allowing people to undergo these kinds of procedures which previously would have delegated them or resigned them to roles of just bypass surgery or nothing, you have changed their lives significantly. The hospital stay is usually less than thirty-six hours.
A physician at St. Luke's Medical Center has developed a new way to perform coronary artery bypass surgery using two arteries in a patient's chest instead of veins from the leg.

The new technique spares the patient a long and often painful incision in the leg. Also, the chest arteries are known to be more resistant to developing blockages than leg veins, so using them is expected to prolong the benefits of bypass surgery.

Alfred Tector, a cardiovascular surgeon who heads the medical center's transplant program, and several colleagues at St. Luke's recently published results of the new technique, called a T-graft, on 287 patients over two years.

Bypass surgery is the procedure of choice when a patient has three or more blocked coronary arteries. Fewer than three usually are treated by angioplasty, in which a balloon is pushed into a blood vessel to the point of obstruction, inflated to flatten the plaque or buildup and then removed.

A common way to do bypass surgery is to use an artery in the chest—the left internal thoracic artery—and graft it into position to bypass blockage in the left anterior descending artery.

But the same procedure usually could not be done with the right internal thoracic artery to bypass blockages in vessels that supply the back of the heart because that artery is too short.

"They're just not long enough to reach the back part," Tector said.

So to bypass the arteries in the back of the heart, surgeons usually remove a long vein—the saphenous—from the patient's leg, cut it into however many segments are needed and graft those segments into place to "replumb" around areas of blockage.

In the new technique Tector has been using, the right internal thoracic artery is sewn into the left internal thoracic artery at a perpendicular angle, making a T-shaped intersection.

This moves it closer to the area of the heart it needs to supply with blood—compensating for the artery's relatively short length and allowing it to be used to bypass blockages in those more remote coronary arteries, Tector said.

The only incision needed is into the chest, eliminating leg-related complications and pain.

It also allows the surgeon to use only chest arteries as bypass grafts. These arteries have been shown in clinical trials to remain open and disease-free up to 20 years after bypass grafting, while half of all leg veins grafted into coronary arteries will become reclogged in 10 years, Tector said.
GOLFERS JOIN FOR COMMON CAUSE—FIGHTING CANCER

WITI-TV (CBS) Channel Six
TV 6 News at Five
May 24, 1994

**TOM PIPINIS REPORTING:** The twenty-fourth annual Vince Lombardi Memorial Golf Classic is June Tenth and eleventh at North Hills Country Club. The weekend’s all about sports and entertainment celebrities coming together for a common cause—the fight against cancer. This morning John Anderson joined Lombardi board members on a tour of the cancer clinic at St. Luke’s Medical Center.

**JOHN ANDERSON REPORTING:** The high-tech equipment used in the fight against cancer was another reminder to the Classic committee of the reasons for this year’s twenty-fourth annual event. And for the first time this year research monies are being allocated in a different direction.

**MARCIA MARINO (ONCOLOGY STAFF CHAPLAIN):** We are going to be looking at spiritual well-being and hope in cancer patients, and seeing if the two are correlated, and seeing how the two affect a patient’s recovery from cancer.

**ANDERSON:** As a seminary graduate, Marino knows that her input is just part of a team effort.

**MARINO:** When we’re looking at holistic care, we’re looking at the physical, emotional, and spiritual well-being of patients. And so as a member of the team, each one of us has our own focus, and my focus is that of spiritual care of patients. And it really does influence how well patients are doing.

**ANDERSON:** Of course any team approach needs a vision, and where better to find it than at the Vince Lombardi Cancer Clinic.

**MARINO:** And Vince Lombardi is the spirit that pervades this clinic. And the way that he lived his life touched many people, and continues to touch many people. He had a great deal of courage and a lot of grit. And I think that his ability to achieve the goals that he did is a source of inspiration both to our patients and to our staff.

**ANDERSON:** John Anderson, TV6 Sports.

CAR IDLING IN GARAGE KILLS VISITOR

Chicago Tribune
March 29, 1994
Douglas Holt, Staff Writer

When Tricia Ellis came home from work at Abbott Laboratories Sunday afternoon, she told police she went into her Gurnee townhouse just long enough to retrieve her in-line skates.

Ellis, 23, noticed one oddity: she had left her roommate’s white Honda running after moving it in the morning. For seven hours, the car had idled behind a closed garage door. Now she turned it off.

She noticed the smell of car fumes, described by fire officials called in later as overwhelming, but was apparently not overly alarmed.

“She started airing the place out, but apparently didn’t associate the odor with anything of danger,” Gurnee Deputy Fire Chief Joseph Hubbard said.

Ellis’ roommate and the roommate’s boyfriend were upstairs, but she decided not to disturb them, Hubbard said, before leaving for a brief skate on the streets of the subdivision.

That sequence of events was part of a bizarre accident that claimed the life of a Des Plaines man, Eric L. Harvey, 30, presumably poisoned by carbon monoxide, the odorless, colorless gas emitted in car fumes.

The incident also left Ellis, her roommate, Maria Paluselli, 21, and a police officer who responded to the call hospitalized Monday.

Paluselli was flown to St. Luke’s Medical Center in Milwaukee where she was listed in stable condition after intensive-care treatment in a pressurized air chamber, a spokeswoman said.

Doctors there treat carbon monoxide patients in a 9-by-18-foot chamber pressurized to three times normal atmospheric levels. The process allows the victim to take in massive amounts of oxygen, purge carbon monoxide in a fraction of the time that would otherwise be required, helping avoid the risk of permanent physical damage, according to Stephen Fabus, supervisor of hyperbaric medicine.
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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."
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P.O. Box 2901
Milwaukee, Wisconsin 53201-2901

ADDRESS CORRECTION REQUESTED