Surgery

A teenager from Tennessee undergoes complex plastic surgery to remove a pigmented birthmark.
Pioneering Treatments for Brain and Spine Conditions

NorthShore University HealthSystem is bringing together top physicians in their field to create an integrated team providing cutting edge neurosurgical and neurology care in the Chicago region.

By Sara S. Patterson

Hailing from the Mayo Clinic, Jim Maraganore, M.D., is one of the new physician-researchers to join NorthShore who specialize in brain and spine conditions. “I have dedicated my career to the development of methods to predict, prevent and halt brain disorders,” said Dr. Maraganore, new Chairman of Neurology at NorthShore University HealthSystem (NorthShore). “At NorthShore, I join an outstanding team of neurologists and neurosurgeons who share this vision.”

In addition, the physicians from the renowned Chicago Institute of Neurosurgery and Neuroresearch (CINN) have joined NorthShore, creating an integrated team to deliver the most innovative and effective treatment for patients suffering from brain and spine disease. CINN physicians will complement NorthShore’s current programs and expand our capacity to treat spine injuries, brain tumors and other neurosurgical procedures.

They are also among the most experienced in spine surgery and particularly renowned for investigating new technologies such as preserving motion in spine surgeries. Placing a major emphasis on quality of life for patients, NorthShore physicians will continue to offer the widest range of minimally invasive and noninvasive spine procedures available.

CINN was founded by Leonard J. Cerullo, M.D., a board-certified neurosurgeon with more than 30 years of experience. He has been instrumental in advancing the use of noninvasive and minimally invasive treatments for a wide range of neurological disorders. “NorthShore is committed to investing in the technologies and programs necessary to deliver the safest and most effective treatment options for patients suffering from neurological conditions,” Dr. Cerullo said.

“We are most enthusiastic that these outstanding physicians are joining our team to enhance the breadth and depth of our neuroscience capabilities,” said Mark R. Neaman, President and CEO at NorthShore. “This will benefit both our clinical care, especially in breakthrough minimally invasive techniques, and our academic programs in partnership with the University of Chicago Pritzker School of Medicine. Their recruitment benefits patients by expanding our physician sub-specialty capabilities and geographic reach.”

Other exciting developments encompass research collaborations with the University of Chicago Pritzker School of Medicine; Vagus Nerve Stimulation (VNS) surgery for patients with epilepsy and depression; and deep brain stimulation (DBS) surgery for patients with Parkinson’s disease and other neurological disorders. To discover more about DBS surgery, see page 2.

It’s clear that separately these physicians have reached milestones, but together they will discover breakthroughs in neurological care that will positively affect the lives of NorthShore patients and families for years to come.
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FRONT COVER: The photographs of Allie Albritton (right) on the cover and inside this issue were taken shortly after surgery. Her facial scarring will continue to heal. Another surgical procedure will further minimize the effect of her nevus (pigmented birthmark).
Becoming Still Again

A patient with tremors opts for a life-changing procedure with “a pacemaker for his brain” implanted through the exceptional teamwork of NorthShore University HealthSystem physicians.

By Sara S. Patterson

More than a year ago, Mark Travis became a grandfather for the first time, but he was afraid to hold the baby. He suffered from essential tremor—an involuntary shaking movement in which no exact cause can be identified—and his tremors were getting worse.

Taking progressively stronger medications to control his tremors over the past 35 years had taken its toll. By early 2009, Travis, 65, suffered excessive side effects from the medications, and his tremors were especially noticeable when he wrote or ate. His work as a financial adviser had become almost impossible.

“Medications no longer worked for me,” Travis explained. “I wanted to improve the quality of my life—personally and professionally.”

To remedy his condition that outwardly appears like Parkinson’s disease, NorthShore University HealthSystem (NorthShore) neurologist Jesse Taber, M.D., referred Travis to a team of physicians who are highly experienced in deep brain stimulation (DBS), including Arif Dalvi, M.D., neurologist, and Lawrence Bernstein, M.D., neurophysiologist, who both serve on faculty at the University of Chicago Pritzker School of Medicine.

DBS uses electrical impulses to stimulate a target area in the brain and correct the abnormal rhythms found there that cause the essential tremors.

“DBS surgery is a life-changing procedure when applied to the right patient,” Dr. Dalvi said.

Innovative Procedure

After extensive physical and psychological evaluation, Travis was confirmed as a good candidate for the brain surgery. He was awake during the surgery as his doctors mapped the target in his brain and listened to the signal from the tremor cells responsible for his condition. This method ensured the device was placed in exactly the right location, so the tremors could be controlled without side effects.

“DBS regulates the rhythms in the brain, suppressing the abnormal ones, and acts like a pacemaker for the brain,” Dr. Dalvi said.

During the DBS surgery, a NorthShore neurosurgeon implanted a small battery-operated generator similar to a pacemaker in Travis’s chest. It is connected to the electrodes implanted in his brain by a thin wire.

“I had no pain or discomfort during the surgery,” said Travis, who wore a “halo” to help map the abnormal electrical signals. “The white sheet made it seem like I was in heaven surrounded by many doctors.”

He spent the night at NorthShore’s Evanston Hospital and was home by the next evening. After experiencing a rapid recovery, Travis can do simple things like picking up a dime, baiting a fish hook and taking notes at work. And especially significant, he can hold his grandchild without worrying.

“My doctors were open about the benefits and risks of DBS surgery, so I could make a well-informed decision,” said Travis, who had undergone major heart surgery four years ago. “For me, the benefits far outweighed the risks.

“Also, I built great relationships with my doctors at NorthShore and know they cared about me as a person. I hope DBS surgery can help other people to improve the quality of their lives as much as it has mine.”

For more information about DBS, call (847) 492-5700 (Ext. 1284).
Pain Free at Last

A patient finally gets relief from excruciating back pain through a NorthShore University HealthSystem physician and the Pain Management Clinic.

By Susan J. White

Mark Solomon, 43 years old, regularly works 12-hour days that have him on his feet loading, unloading and then driving a 60-foot, 18-wheeler truck for his family’s wholesale produce business.

Five years ago, he started getting searing pain in his legs that seemed like sciatica. He tried different positions while driving the truck. He changed his habits by using a ramp rather than jumping off the truck to reduce the strain on his body. The pain did not let up, and, in fact, it spread, growing more constant and leaving him with crippling back pain.

Solomon had several treatments from a chiropractor, took major doses of over-the-counter pain pills and still was miserable. “Nothing was helping,” Solomon said. “I couldn’t sleep—just getting in the truck was agonizing.”

He felt like he was running out of options. “I was terrified of surgery,” Solomon explained. “I don’t even like going to the dentist. And I couldn’t take three months off of work to recuperate.”

Solomon had a much dreaded surgical consultation scheduled when he met the man he now calls a “miracle worker.” NorthShore University HealthSystem (NorthShore) physician Steven Blum, M.D., and Solomon were volunteering at the same charitable food drive around the Jewish High Holidays. After hearing Solomon’s story, Dr. Blum encouraged him to visit the Pain Management Center at NorthShore’s Skokie Hospital.

A few days later, Dr. Blum injected two shots of cortisone into the space around Solomon’s spinal cord to treat a severe disk herniation that had pinched nerves and was releasing toxins into Solomon’s system. Experiencing immediate relief, Solomon was back at work the next day.

“Dr. Blum saved my life,” Solomon said. For the past 30 years, Dr. Blum, an anesthesiologist and pain management physician and on faculty at the University of Chicago Pritzker School of Medicine, has focused on caring for patients with both chronic and acute pain.

Using advanced imaging techniques like fluoroscopy to provide real-time images of the spine and affected areas helps physicians direct the injections into the specific nerve roots involved, delivering the medicine straight to the inflamed area, Dr. Blum explained. But it wasn’t the latest technology that convinced Solomon to undergo treatment, it was Dr. Blum.

“I remember heading into the procedure and telling him I was scared to death,” Solomon said. “But he was so calming and reassuring. I trusted him completely.”

Five years later, Dr. Blum and Solomon encountered each other at the annual charitable food drive where they had their first meeting. “Every time I see him, I kiss and hug him,” Solomon said. “I have his cell phone number on my desk.”

Dr. Blum and the other physicians at the Pain Management Center, which has clinics at NorthShore’s Skokie and Evanston Hospitals, provide a wide range of treatment options, leveraging the latest technology for patients suffering from many painful conditions. For more information about the Pain Management Center at NorthShore, call (847) 492-5700 (Ext. 1285) at Evanston Hospital and (847) 492-5700 (Ext. 1286) at Skokie Hospital.
Swift Diagnosis

In the early months of her pregnancy, a 29-year-old patient suddenly loses feeling and movement in her right hand and then later in her right arm. The swift, unexpected diagnosis of a brain abscess by her team of NorthShore University HealthSystem physicians, followed by surgery the next day, saves her life and the life of her unborn baby.

By Sara S. Patterson

Excited about being pregnant, Kersten Weber Tatarelis and her husband, Neal Tatarelis, were looking forward to her first ultrasound at NorthShore University HealthSystem’s Evanston Hospital. But the day before her appointment, she began experiencing loss of movement in her right hand. So on short notice, Tatarelis first stopped at the office of Lawrence Bernstein, M.D., the NorthShore physician who had been treating her for migraine headaches.

Dr. Bernstein initially thought her loss of mobility might be related to the discontinuation of migraine medications during her pregnancy. But her neurological symptoms were unusual. At this point, Tatarelis could no longer move her right arm.

“I told Kersten that I wanted to get an MRI of her brain right away,” said Dr. Bernstein, Senior Attending Physician in Neurology at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine.

The MRI showed that Tatarelis had a brain abscess, or a localized collection of pus surrounding infected tissue, that included swelling in her brain. According to Dr. Bernstein, the film presented “a vivid image of exactly what you do not want to see,” indicating a life-threatening condition.

Tatarelis spent an anxious night in the Intensive Care Unit at Evanston Hospital, awaiting emergency neurosurgery. A team of physicians, including a NorthShore neurosurgeon and NorthShore-affiliated obstetrician, Narissa Hoprasart, M.D., had conferred and decided it was best to perform surgery the next morning.

The surgical challenge was to determine where to go safely within the cortex of the dominant hemisphere of Tatarelis’s brain without causing any harm to cognitive functions, which could affect her thinking, reasoning and memory. The neurosurgeon performed a biopsy of very small samples of the abscess to ascertain the right path and removed only a minimal amount of the abscess to get an exact diagnosis.

After surgery, Tatarelis received intravenous antibiotics for the infection under the supervision of Leonard Kaplan, M.D., Associate Physician in Infectious Diseases at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine. Her right arm and leg temporarily lost mobility. But through two months of intensive physical therapy, her movement and fine motor skills gradually returned, first in her leg and finally in her hand.

“I have to thank Dr. Bernstein for saving my life and my baby’s life,” said Tatarelis, a board-certified clinical pharmacist at the University of Chicago Medical Center. “He followed his instinct that something was wrong. The quick diagnosis made all the difference. I think it is both unique and admirable to come across such phenomenal care in a high-pressure, economically driven time.”

In the early months of her pregnancy, Kersten Weber Tatarelis was unexpectedly diagnosed with a brain abscess by her team of NorthShore physicians. Surgery the next day saved her life and the life of her unborn baby. From left: Kersten Weber Tatarelis and Neal Tatarelis
Regaining Mobility
A patient finds a NorthShore University HealthSystem orthopaedic surgeon who performs less invasive hip replacements, enabling much faster recovery.

By Jim Anthony

When Charlotte Miller began experiencing intense pain in her left hip, she knew something was seriously wrong. Then 57 years old, Miller soon discovered that she was one of the 21 million people in the U.S. with osteoarthritis—a disease that destroys bone cartilage and can render people incapacitated.

In 2005, the Huntley, Ill., resident decided to have posterior total hip replacement surgery at an area hospital. Miller’s surgery was successful, but her three-month rehab was restrictive.

“I couldn’t flex my hip or bend down, which made it difficult to sit and stand,” Miller recalled. “I had to sleep a certain way, and I also used a walker.” Two years later when the osteoarthritis worsened on her right side, she wanted to find a better alternative to replace that hip.

Miller learned from a friend about a less invasive surgery called the anterior total hip replacement. Her research of the procedure on the Internet led her to David Beigler, M.D., an orthopaedic surgeon and Section Head of Trauma at NorthShore University HealthSystem (NorthShore). He is one of a handful of surgeons in Illinois—fewer than 10—trained in the anterior approach.

“Charlotte did her homework,” said Dr. Beigler, who is on faculty at the University of Chicago Pritzker School of Medicine. “I reviewed her X-ray, which showed osteoarthritis, and we discussed the procedure.”

With the anterior technique, the surgeon approaches the hip joint from the front instead of the back or side, allowing him or her to cut between muscles without detaching them from the hip or femur. Because the key muscles remain intact, patients may have a quicker recovery, minimal pain and blood loss, reduced risk of dislocation and greater muscular stability and strength than with the posterior technique.

For the procedure, the surgeon makes a 4-inch incision, removes the damaged cartilage and reshapes the femur and pelvic hip socket to insert a new metal prosthesis. Unlike the posterior technique, the anterior approach allows the surgeon to control the procedure intraoperatively.

“The operating table with its X-ray imaging capability helps to ensure the prosthesis is aligned and inserted accurately, thereby optimizing the patient’s hip function and leg length after surgery,” Dr. Beigler added.

Miller’s surgery lasted 90 minutes. Initially, she had physical therapy, but her therapists stopped the sessions almost immediately because she was progressing so well.

“Within a few weeks, I felt great,” Miller said. “I could bend and flex just fine. I started water aerobic classes and resumed my vigorous walks. Dr. Beigler helped me move on with enjoying life.”

NorthShore Benefit Concert

In celebration of the 10th anniversary of NorthShore University HealthSystem’s (NorthShore) Integrative Medicine Program, Billy Corgan, the leader of the Smashing Pumpkins, and Matt Walker, a former drummer of the Smashing Pumpkins and currently of Morrissey, have agreed to play for a Benefit Concert on Feb. 18, 2010, at LaSalle Power Co. in Chicago. Funds raised will support uninsured and under-served patients receiving care through Integrative Medicine at NorthShore’s Kellogg Cancer Centers and the Park Center in Glenview.
Allie Albritton is grateful for the transformative surgery performed by Dr. Bruce Bauer.
A teenager from Tennessee undergoes complex plastic surgery to remove a pigmented birthmark under the care of an internationally renowned NorthShore University HealthSystem surgeon and his team.

By Susan J. White
Unique Expertise
While Bruce S. Bauer, M.D., performs a full range of pediatric plastic surgery procedures to correct cleft lip and palate, craniofacial deformities and congenital and acquired ear deformities, he has a special interest in treatment for large and giant pigmented nevi. He is recognized for having the most surgical experience in the world for treatment of giant nevi with tissue expanders.

Occasionally, Dr. Bauer also treats an adult patient who requires his specific expertise. His practice is further enhanced by knowledge and skills of the other full-time members of NorthShore’s Division of Plastic Surgery.

An internationally known expert, Dr. Bauer routinely draws patients nationally and internationally who look to him for treatment of large nevi and other congenital and acquired deformities. He makes the most of his expertise by spending an increasing amount of time teaching and collaborating with colleagues around the world.

“One of the beauties of communication these days is that I can get a picture of a patient and point out the kinds of things to look for in their treatment,” he said.

Large nevi, like the one Allie Albritton was born with, are as rare as one in every 100,000 to 200,000 births. Giant nevi, which can cover a vast area of an individual’s body, are as rare as one in 500,000 births, according to Dr. Bauer.

Allie Albritton was born with a large pigmented birthmark known as a nevus on her face. The 13 year old carries herself with tremendous poise and grace, and shrugs off mention of any challenges she may have faced growing up with a disfiguring birthmark. Allie had grown accustomed to the rather irregular facial scars and discoloration from skin grafts she underwent as a baby to treat the nevus. But her mom, Giselle Albritton, wanted more for her daughter.

Thanks to the extraordinary treatment she received from NorthShore University HealthSystem’s (NorthShore) Bruce S. Bauer, M.D., Director of Pediatric Plastic Surgery and on faculty at the University of Chicago Pritzker School of Medicine, Allie now looks like any other pretty teenage girl but smiles even more often.

Albritton first learned of Dr. Bauer and the possibility of tissue expansion when she saw a TLC television show several years ago related to treatment of large facial nevi with tissue expansion. She was immediately intrigued with the possibility and began exploring options for her daughter. In addition to the aesthetic issues and related psychological concerns, nevi can lead to melanoma, and Allie’s facial scars were already showing signs of affecting her facial growth.

The Albrittons live in Memphis, Tenn., and they first visited an East Coast specialist, who Albritton said was more concerned with their insurance than with their daughter. At their first meeting with Dr. Bauer, they knew they were in good hands. “He’s awesome, he treats you like a person, not just a patient,” Albritton recalled. “He really cares about us.”

While Allie took some time deciding whether to undergo the procedure, she and her parents knew Dr. Bauer had both the skillful technique and the compassion they were seeking. Tissue expansion is a procedure designed to stretch skin adjacent to the disfigurement, so the nevus or scarred tissue can be surgically removed. The new, expanded skin then can cover the area, matching color and texture.

While the result is an enormous physical improvement, the tissue expansion process includes a three-month period with expanders that create the appearance of large, bulging growths. Placed under the skin in a surgical procedure, the expanders look strange enough to draw more than an occasional stare.

Allie admits that while she had seen photographs of others undergoing tissue expansion, she didn’t think they would be quite as big as they were. “When I went out, some people did stare. But I just ignored them,” she said. “I would rather have people ask about it than be scared of them. It was hard at first, but it was worth it.”

Her five-year-old brother was shocked...
when he first saw his big sister. But like everyone else around her, he soon got used to the expanders and began referring to them as her “bubbles” or “jelly beans.”

Dr. Bauer and his nurses—Susan Hoadley, RN, and Mim Tournell, RN—were able to monitor the progress during expansion with frequent conversations and digital photos the Albrittons sent from Tennessee. Families are given in-depth education about the expansion process by the nurses and benefit from near instantaneous communication by e-mail, wherever they live.

When the tissue expansion is complete, patients return for surgery to have the expanders removed.

“She went through the surgery beautifully,” Dr. Bauer said of his latest star patient. It does not take a medical expert to see what he’s talking about.

Following the tissue expansion, Dr. Bauer did surgery to reconstruct Allie’s cheek and forehead. For the first time in her life, she has a normal hairline—something that pleases the teen.

The surgery to remove the expanders at Highland Park Hospital was even easier than the first procedure, according to Allie. The whole process was actually less painful than she expected. “I would definitely do it again,” she said.

At a post-operative visit, Dr. Bauer and his team were visibly pleased with Allie’s rapid healing, and at least one nurse commented on the purple eye shadow the teenager was wearing. A visit to a cosmetics store was a highlight on a recent trip to Chicago, Albritton said, smiling at her daughter’s progress.

“As a mom, I just wanted something good for her,” she said, summing up the entire process and expressing gratitude for Dr. Bauer’s care.

With a calm and quiet demeanor, Dr. Bauer obviously inspires confidence. “He treats each patient like they are the first one he’s cared for,” said Hoadley, who has worked with Dr. Bauer for 15 years.

Caring for these patients and their families is exceptionally rewarding, according to Dr. Bauer. He has formed many lasting relationships with his patients and stays in contact with families for decades after their treatment.

His full team of Tournell, Hoadley and Practice Supervisor Wendy Czmiel coordinates care from the time of the first patient contact through treatment and forms a “caring family” for the repeat patients when they return for subsequent surgeries. Together the team has years of experience with treating these complex lesions and the full range of other pediatric plastic surgical problems.

“We really make a long-term commitment to our patients,” said Dr. Bauer, who recently attended the weddings of two of his earliest tissue-expander patients.

As for Allie, the possibilities seem endless. A good student, she is especially interested in science and thinks she would like to pursue a career as a podiatrist. For now, she’s enjoying life as a “regular” eighth-grade student who is anything but ordinary.

For more information about pediatric plastic surgery, call (847) 492-5700 (Ext. 1287).
NorthShore University HealthSystem physicians diagnose and treat a man’s rare heart condition that changes the course of his health and life.
At 57, Terry Horner loved playing golf and tinkering with cars. He was looking forward to his daughter’s wedding and could not imagine that his episodes of dizziness and faintness would lead to a surprise diagnosis that would change—and save—his life.

“I knew something wasn’t right. But my daughter’s wedding was coming up, and I didn’t want to spoil her special day,” he said about postponing his doctor’s visit. But Horner eventually made an appointment with William Seiden, M.D., his NorthShore University HealthSystem (NorthShore) primary care physician, which resulted in a cascade of diagnostic tests and appointments with specialists. Like putting together pieces of a puzzle, his physicians—who also are on faculty at the University of Chicago Pritzker School of Medicine—confirmed and treated a disorder that was thought unlikely given Horner’s age, fitness level and good health.

Upon examining Horner, Dr. Seiden ordered a stress test. After running the stress test and an electrocardiogram that showed some abnormalities, cardiologist Jeffrey Marogil, M.D., called Dr. Seiden and sent Horner to Evanston Hospital for a cardiac MRI (magnetic resonance imaging).

Although he had never seen Arrhythmogenic Right Ventricular Dysplasia (ARVD) outside of a textbook, Dr. Marogil suspected that Horner could have this rare, progressive disorder of the cardiac muscle that causes abnormal heart rhythms. After cardiologists Federico Mordini, M.D., interpreted the MRI and Michael Salinger, M.D., conducted an angiogram, the ARVD diagnosis was confirmed.

“ARVD is estimated to affect less than .01 percent of the population and typically men,” Dr. Marogil said. “With ARVD, the muscle of the heart’s right ventricle is replaced by fat and fibrosis, causing the electrical system of the heart to go awry. Instead of a normal and steady heartbeat, the heart beats with a disorganized pattern that puts people with ARVD at high risk for having a sudden, fatal heart attack.”

It can be difficult to treat because there is no single test that can definitively make or exclude the diagnosis. “No one test clinches it,” Dr. Marogil said. “It’s important to put everything together.”

Symptoms can be similar to other heart disorders, so it takes a skillful physician evaluating a patient’s medical history, physical exam and various cardiac tests to accurately pinpoint the problem. Horner also learned that the disorder is genetic, giving him important information to share with his family.

Informed Decision

“Terry was very lucky that Dr. Marogil investigated the abnormal results of his stress test further,” said Alex Ro, M.D., an electrophysiologist at NorthShore. “Very often, patients with ARVD are not diagnosed properly.” In this case, the diagnosis was only the beginning because there is not just one way to care for patients with ARVD.

“There are not vast textbooks on how to treat ARVD, but the American College of Cardiology and the American Heart Association have guidelines that assist us in providing patients with good information to make an educated decision,” Dr. Ro said. Horner’s MRI showed evidence of an aneurysm on the right side of his heart that placed him at an even higher risk for a cardiac arrest.

After discussing treatment options, Dr. Ro recommended that Horner receive an implantable cardioverter-defibrillator (ICD), commonly called a cardiac pacemaker, to regulate his heartbeat. He performed the surgery to implant the device.

“There really wasn’t a choice to have the ICD implanted,” Horner said. “However, the realization that your life is going to change doesn’t really sink in until you review the list of restrictions. You have to avoid strong electrical or magnetic fields, including ignition systems and arc-welding equipment.”

Such restrictions meant adjustments to his work managing a fleet of tractor trailers, as well as to his hobby of restoring vintage Corvettes. Horner has resumed other hobbies, however. “I’m playing golf again and now have an excuse for my poor game,” he joked.

Kidding aside, Horner is grateful for the care he received at NorthShore. The physicians and clinical staff, including nurses and radiology technicians, worked collaboratively to provide him with the best possible care.

“I never anticipated having anything wrong with me, let alone a heart condition,” he said. “The doctors and staff offered numerous resources for me to understand my situation. It was these simple acts of kindness—taking time to explain in layman’s terms what was happening—that made all the difference in the world.”

For more information about cardiac care at NorthShore, call (847) 492-5700 (Ext. 1288).
Lucky Break

A team of NorthShore University HealthSystem physicians join forces on an unusual medical odyssey that leads to the detection and surgical repair of an abdominal aneurysm for a father of four.

By Susan J. White

When is falling off a ladder and fracturing back bones a lucky break? In the case of John Nicolau, whose fall led to the exceptional medical care from several physicians at NorthShore University HealthSystem (NorthShore) that saved his life.

Appearing to be a healthy 50-year-old husband and father, Nicolau had always considered himself blessed. But in May 2009, he fell from a 15-foot ladder, breaking four bones in his back, and was advised to rest and take medication for the pain.

Two weeks later, he began experiencing excruciating pain that resulted in a trip to the Emergency Department at NorthShore’s Glenbrook Hospital and a diagnosis of kidney stones. After passing a small stone, Nicolau felt normal again. But two days later, the pain returned and he was back at Glenbrook.

A CT scan revealed another kidney stone, but NorthShore Emergency Department physician Frederick Hess, M.D., was not convinced the stone was the extent of the problem. More scans and a thorough examination revealed fluid in Nicolau’s abdomen (which could have been the result of drinking lots of water to pass the stone) and a heart murmur.

“The heart murmur didn’t sound to me like something not to worry about,” Dr. Hess said. Told about his heart murmur in December during a routine physical with his primary care physician, Leonardo Vargas, Nicolau was not concerned. But Dr. Hess quickly determined that it was not the same murmur Dr. Vargas had heard just five months earlier. Both physicians are on faculty at the University of Chicago Pritzker School of Medicine.

As luck would have it, Nicolau’s friend and client, cardiologist Michael J. Waligora, M.D., was doing rounds at Glenbrook and conferred with Dr. Hess. Suspecting aortic insufficiency, Dr. Waligora ordered Nicolau to undergo an echocardiogram.

The next night, after the test, Nicolau passed the kidney stone. He felt pain-free, relieved and certain the echocardiogram would show nothing. Instead, when Dr. Waligora called the next morning, Nicolau found out he had an abdominal aneurysm—a bulge in the wall of his aorta. “We’re nervous at three centimeters, we fix them at five centimeters, and you’re at seven and a half,” Dr. Waligora told Nicolau.

“It was crazy how this whole thing presented,” Dr. Waligora said. “If he hadn’t fallen off the ladder and had the kidney stones, we might never have found it.” Despite the depth of the tear and the sheerness of the arterial wall, Nicolau’s surgery performed by Michael Frank, M.D., who is on faculty at the University of Chicago Pritzker School of Medicine, went smoothly, and his recovery was buoyed by a tremendous outpouring of prayer and good wishes from family, friends and the extended family of his Glenview parish, Our Lady of Perpetual Help.

“I am convinced that had it not been for Dr. Hess’s skill, my life would have been cut short at 50 years young.”
“Cancer hates laughter,” someone once told Northbrook resident Debbie Oleson. So she made laughter—and football—weapons in her fight against breast cancer and lymphoma.

“My brother played football,” Oleson said, “and he told me the secret is to take it one set of downs at a time. First and 10, do it again. First and 10, do it again.” With this determination—and a few sparkly tiaras—she got through a grueling course of treatment.

Oleson found a lump in her breast in December 2008, just a year after the death of her fiancé, Barry McRaith. Frightened and overwhelmed, Oleson received great support from the physicians and staff at NorthShore University HealthSystem’s (NorthShore).

When she found the lump, she saw her primary care physician, Claudia Petersen, M.D., who got her in for a diagnostic mammogram that afternoon.

“Dr. Tim Merrill in radiology was very kind when he explained to me that they saw a mass,” she said. Then oncologist Elaine Wade, M.D., saw something on her CT scan that looked suspicious, so she asked the pathologist, Mark Dieterich, M.D., to go back and do a special stain on Oleson’s lymph nodes, leading to a diagnosis of lymphoma.

According to Oleson, Dr. Wade “made a scary situation not so scary. She insisted I call her with any question or side effect, no matter how small.”

Oleson was scheduled for surgery on New Year’s Eve with Ermilo Barrera, M.D., on faculty at the University of Chicago Pritzker School of Medicine, and she was determined to set the tone. “I wore a crown into surgery—Dr. Barrera let me keep it on!”

After the surgery, Oleson needed chemotherapy and radiation. A lifelong Bears fan, she immediately compared her 16 doses of chemotherapy to the 16 games in a football season.

“I made myself a crown each week,” Oleson explained. “The first one said ‘Debbie 1, Cancer 0’ and the last one had feathers and sparkles and my record: 16 and 0.” She recently completed a course of radiation therapy under the care of radiation oncologist Vathsala Raghavan, M.D.

During treatment, Oleson would walk around the Kellogg Cancer Care Center, talking to the other patients and trying to cheer them up. “There was no not noticing her,” recalled Dr. Wade, who is on faculty at the Pritzker School of Medicine. “The clinic was extra happy when Debbie was there—it was contagious.”

For more information about the Breast Health Center at NorthShore, call (847) 492-5700 (Ext. 1289).
chronic and highly debilitating condition, schizophrenia remains a largely elusive disorder with no known cure. But thanks to a major breakthrough that identifies genetic associations with the disease, the newfound knowledge may lead to development of better treatments for the estimated 70 million schizophrenics worldwide.

An international collaboration led by Pablo V. Gejman, M.D., Director of NorthShore University HealthSystem’s (NorthShore) Center for Psychiatric Genetics, revealed a group of genetic markers associated with schizophrenia, and the striking findings were published along with two companion papers in August 2009 in the prestigious international journal *Nature*.

Schizophrenia most commonly affects adolescents and can wreak havoc on patients and their families. First-degree relatives of a person diagnosed with schizophrenia have a 5- to 10-percent increase in their risk of developing the disease.

The symptoms of schizophrenia are easily recognized, but little is known about the pathophysiology of the disorder, according to Dr. Gejman, the Dr. Louis W. Sauer Chair of Research. The genetic findings of this breakthrough study will give the scientific community a springboard for answering fundamental questions about the biology of schizophrenia and may lead to more specific and effective treatments, he explained.

For example, one of the observed associations was with markers from a region of chromosome 6 that contain many genes related to our immune system function. This might underlie why some autoimmune disorders are more frequent in people with schizophrenia than in the general population.

New technological developments have made it possible to more accurately and rapidly study human DNA. “Our results will give us more information about the causes of schizophrenia and the genes associated with it, and how environmental and genetic risk factors (such as infections during early pregnancy) could interact,” Dr. Gejman said. “Furthermore, recent experiments have uncovered common genetic factors between schizophrenia and bipolar disorder, as well as schizophrenia and autism. So research done in one area can illuminate the others.”

The enormous potential to help patients struggling with this complex, severe condition has long fueled Dr. Gejman’s interest in related research. As a result, he is appreciative of support from NorthShore Research Institute and The Paul Michael Donovan Charitable Foundation.

Dr. Gejman and his colleagues, including NorthShore’s Alan R. Sanders, M.D., and Jubao Duan, Ph.D., will continue multiple studies aimed at increasing knowledge of schizophrenia to generate better treatments including more effective medications with fewer side effects.

“We need to ask the right questions,” Dr. Gejman explained. “For example, we can sequence suspected genes to understand which DNA changes lead to disease, examine environmental risk factors by epidemiological research and study the interphase of the two. There are many promising experiments.”

Although he receives significant federal funding for his research, the need for continued private support is critical to rapid progress. “Traditionally, studies in schizophrenia are underfunded, so private contributions will be fundamental for further scientific progress,” Dr. Gejman added.
COMMUNITY RELATIONS

Making the Difference

NorthShore University HealthSystem’s Outpatient Clinic has extended its hours, added more services and is treating more underserved patients than ever before.

By Sara S. Patterson

Five times per day, Barbara Wine takes insulin to control her blood sugar because of type 2 diabetes. Following the advice of her doctor at NorthShore’s Outpatient Clinic, she traded diet pop for Crystal Light, monitors her carbs at every meal and eats more fruits and vegetables now than she ever has before.

“Dr. Cary Belen fights really hard to keep my diabetes under control,” said Wine, 67, who was diagnosed 18 years ago and has a genetic predisposition to the chronic disease. For the past four years, she has been seeing a doctor, nurses and various specialists, including a medical social worker, a dentist and Mary Suarez, a diabetes nutritionist, at NorthShore’s Outpatient Clinic.

Wine is one of nearly 5,000 patients who came to NorthShore’s Outpatient Clinic at Evanston Hospital for comprehensive medical services during the past year. Patients ranging from newborns to seniors made a total of more than 20,000 visits to the primary care physicians, specialists who cover almost every aspect of clinical services and those who offer supporting services like nutrition and social work.

“We see patients across a continuum of care and follow many of their lives from childhood through becoming parents and grandparents,” said Liz Raymond, Clinical Nurse Manager of Outpatient Services at NorthShore. “We form relationships with patients, so they return time and time again for care. We provide a very essential service: healthcare. None of us can take healthcare for granted.

At NorthShore, we are keeping our doors open and seeing all the patients we can.”

During the past year, with the worsening economy and high unemployment, the numbers of patients are growing. As a result, NorthShore has extended the hours of the General Medicine Clinic—an extra hour—five days a week. “Due to increased demand, we have added clinics during the past year such as Infectious Disease and added to the capacity of the obstetrics/gynecology specialty,” Raymond said.

Overall, NorthShore’s Outpatient Clinic covers 16 different specialties—four in obstetrics/gynecology and 12 that are a mixture of surgical and medical specialties—to ensure comprehensive care for its patients. Rather than operate as a traditional clinic where it’s first-come, first-serve, patients make appointments to see the Outpatient Clinic physicians and specialists. “I entered medicine to take care of underserved patients,” said Dr. Jacqueline Ivey-Brown, Medical Director of the Medical Clinic at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine. “When I began working at NorthShore University HealthSystem’s Outpatient Clinic as a resident, I realized there was a great need here. As my chief residency year was ending, the position of Medical Director of the Medical Ward Service Clinic opened up, and I immediately asked for consideration. This position in NorthShore’s Outpatient Clinic allows me to continue pursuing my goal to care for underserved patients in the Chicago region. I expect to stay here for a long time because it’s great to make a difference in these patients’ health and well-being.”
Enduring Relationships

A patient follows his physician, Hemant Roy, M.D., across state lines from the University of Nebraska to NorthShore University HealthSystem to continue with his excellent care.

By Eileen Norris

Hal Spurrier’s healthcare troubles started in 1997 with a diagnosis of Crohn’s disease. An eye doctor he was seeing suggested the 58-year-old Lincoln, Neb.-based engineer and business owner seek out the advice of Hemant K. Roy, M.D., a gastroenterologist at the University of Nebraska Medical Center in Omaha.

Dr. Roy treated Spurrier for Crohn’s disease, but a year later a routine X-ray of his lungs for a bad cough revealed he had nodules in his lungs that needed further investigation. “That was a nightmarish year for me,” said Spurrier, now 69. “They did a needle biopsy and then surgical biopsy and discovered the Crohn’s had invaded my lungs. I was told there were only two other cases like this in the country.”

Not only was the Crohn’s active, but Spurrier was found to have precancerous cells in his colon, prompting doctors to remove 90 percent of his colon. “I thought I’d be wearing a colostomy bag for the rest of my life, but it didn’t happen,” Spurrier said. “I was a complicated case, but Dr. Roy put me on an immunosuppressive drug for Crohn’s. Luckily, I’ve been in remission for years without symptoms. Dr. Roy wants the best for his patients. He’s hung the moon for me, and I’m more than grateful.”

In fact, Spurrier has been so delighted with his treatment and improved prognosis that he has followed his doctor all the way from Nebraska to NorthShore University Health System (NorthShore), where Dr. Roy arrived in 2002.

Once or twice a year, Spurrier and his wife (she’s under Dr. Roy’s care as well) make a “field trip” for follow-up care to NorthShore’s Evanston Hospital to see Dr. Roy, Director of Gastroenterology Research and Division Head of the Gastroenterology Residency Training Program at NorthShore, as well as on faculty at the University of Chicago Pritzker School of Medicine.

Recently, Dr. Roy was named to the Duckworth Family Chair of Cancer Research contributed by Mr. And Mrs. Thomas J. Duckworth. “Dr. Roy is making tremendous strides in the battle against colon cancer,” Connie Duckworth said. “His innovative approach could be instrumental in early prevention of the deadly disease.”

In the investiture ceremony, Dr. Roy and Bruce E. Brockstein, M.D., were recognized for contributing to patient care as part of NorthShore’s commitment to excellence in medical research.

“The oncology field benefits enormously from the expertise and leadership of Dr. Brockstein,” said William K. Kellogg III, who contributed to the endowed Kellogg-Scanlon Chair that gives ongoing support to Dr. Brockstein’s oncology research at NorthShore.

“Dr. Brockstein and the Kellogg Cancer Center provide hope and a network of care. He’s a leader in oncology research and he’s a dynamic contributor.”

Dr. Brockstein is the Medical Director of NorthShore’s Kellogg Cancer Care Center, Chairman of the NorthShore Cancer Committee, the Division Head of Oncology at NorthShore and on faculty at the University of Chicago Pritzker School of Medicine.

“Both Dr. Brockstein and Dr. Roy are outstanding leaders at NorthShore and have made prodigious contributions to their respective field,” said Colleen D. Mitchell, President at NorthShore Foundation. “With the gifting of these two endowed chairs, we celebrate their exceptional work.”

To learn more about fund-raising events, visit northshore.org/foundation.
Ensuring Individualized Treatments for Prostate Cancer Patients

By Susan J. White

Prostate cancer is the second leading cause of cancer death in American men. NorthShore University Health System’s (NorthShore) Comprehensive Prostate Cancer Center, co-led by University of Chicago faculty members Charles B. Brendler, M.D. and Michael S. McGuire, M.D., is at the forefront of advanced diagnostics, treatment and clinical research, providing hope and better options for men with prostate cancer. Dr. Brendler has been recognized by Men’s Health magazine as one of the country’s top urologists and is a nationally recognized surgeon for leading-edge research initiatives in prostate cancer.

**Question:** What is the impetus for the active surveillance trial?

**Answer:** Recent studies have shown that many men diagnosed with prostate cancer are actually overtreated and experience serious side effects from unnecessary therapies that may not extend life expectancy. Typically, prostate cancer grows very slowly, but many men feel compelled to seek treatment when an early cancer is found. As a result, they often suffer from urinary incontinence and erectile dysfunction.

In addition to providing the best and most appropriate care for men enrolled in the study, the trial is designed to investigate new techniques to better identify early-stage prostate cancer and predict individual prognosis. It is one of only a few such trials in the United States.

**Q:** What is the protocol for men enrolled in the trial?

**A:** Men enrolled in the trial are followed very closely with blood and urine tests every three months to measure prostate specific antigen (PSA) and other promising new biological markers. Physical exams occur every six months and a biopsy once a year. Treatment will be recommended and offered for individuals whose cancer progresses.

PSA screenings do help identify early cancer, but they also result in a significant number of false positives and false negatives. We anticipate the new blood and urine biomarkers used in this trial could prove more accurate in diagnosis and predicting cancer progression.

**Q:** When should men begin screening exams for prostate cancer?

**A:** Although the benefits of screening for prostate cancer remain somewhat controversial, most men should have their first prostate cancer screening at age 50 and continue with PSA testing through age 75. The older a man is when diagnosed with prostate cancer, the less likely he is to die from it. Again, a rush to treatment can negatively affect quality of life while not providing long-term survival benefits. African-American men and those with one or more first degree relative diagnosed with prostate cancer should begin screening at age 40.

**Q:** What are some of the emerging risk factors for prostate cancer?

**A:** We are doing some exciting research related to nutritional factors that may affect both cancer risk and the progression of the disease. We are studying metabolic factors that may explain why obese men with prostate cancer have a worse prognosis.

At NorthShore, we are also studying genetic mutations, including the BRCA2. This gene alteration is known to increase risk for breast and ovarian cancer, which may be linked to a higher mortality rate for men with prostate cancer.
We are shaping the future of neurological care.

NorthShore University HealthSystem connects you to an integrated network of world-renowned neurologists, neurosurgeons, physiatrists, and interventional radiologists, all sharing their expertise to bring you the most advanced care for brain and spine conditions.

With the addition of Leonard Cerullo, MD, and the physicians of the Chicago Institute of Neurosurgery and Neuroresearch (CINN), along with the expertise of neurosurgeons Ivan S. Ciric, MD, and Egon Doppenberg, MD, and neuro-oncologists Nina Paleologos, MD, and Nicholas A. Vick, MD, we have assembled one of the most esteemed physician teams in the nation.

Our team is led by Demetrius Maraganore, MD, Neurology Department Chairman and formerly of the Mayo Clinic, and Theodore Eller, MD, Head of Neurosurgery. Working together, we are enhancing our ability to bring breakthroughs in diagnosis and treatment directly to you.

To learn about our entire neurosciences team, visit northshore.org

Leonard Cerullo, MD
Founder, Chicago Institute of Neurosurgery and Neuroresearch

Theodore Eller, MD
Head, Division of Neurosurgery

Demetrius Maraganore, MD
Chairman, Department of Neurology

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A teaching affiliate of the University of Chicago Pritzker School of Medicine