More than Skin DIEP

The DIEP flap procedure — breast reconstruction using a woman’s own tissue — makes for natural curves with faster recovery. See page 6.
Many of our patients choose Froedtert Hospital for the breadth and depth of care we offer as an academic medical center. The nearly 700 physicians from the Medical College of Wisconsin who make up the Froedtert medical staff have expertise in dozens of specialties. Our model fosters multi-disciplinary care delivery and enables us to meet care needs from routine to rare. That excellence was again acknowledged recently when Froedtert Hospital was ranked first in the Milwaukee metro area in US News & World Report’s “America’s Best Hospitals” metropolitan area guide, and was recognized for 11 medical specialties.

Meeting diverse care needs for a growing number of patients requires a large physical space. Our campus and facilities have grown over time, to meet capacity needs that increased as more patients chose Froedtert, as new services were developed and added, and as research became more integrated in care delivery settings. With everything we have to offer, navigating our campus can be confusing. We want our patients to feel welcome and to make access to care as easy as possible. We are investing in improved signage and wayfinding on campus. Our interior and exterior signs will be upgraded and our friendly volunteers and staff members will continue to be on hand to help you find your way when needed.

Our care offerings continue to grow and change. In this issue, you can learn more about the work we are doing to make sure that patients with symptoms of dementia receive the correct diagnosis and care. You can also learn about the unique care model that helps patients with severe irritable bowel disease get back to normal sooner and the research project that we hope will help improve ovarian cancer survival rates by matching individual patients with the right medications for the best possible outcomes.

As health care grows and changes, we are continuing to focus on you, our patient, and how we can best meet your individual needs.
 ABOVE
KATIE SCHULTZ (left), who has Crohn’s disease, and surgeon MARY OTTERSON, MD, MS.
Katie is one of more than a million Americans who suffer the serious effects of the digestive diseases known together as inflammatory bowel disease (IBD). See page 10.

 COVER
The Froedtert & The Medical College of Wisconsin Plastic Surgery Center is one of the few places in the country routinely performing breast reconstruction with an advanced microsurgery called DIEP Flap. It offers a faster recovery and fewer complications than other techniques. See page 6.

Research
Study to improve ovarian cancer survival rates; safe sleep awareness aims to prevent infant deaths

Science and Technology
Sports medicine equipment and staff expertise help patients return to function

Quality
Evaluating and managing normal pressure hydrocephalus, a potentially fatal condition

Feature Story  MOST ADVANCED OPTIONS FOR BREAST RECONSTRUCTION ARE AVAILABLE

Feature Story  SOLE FOCUS ON INFLAMMATORY BOWEL DISEASE RESULTS IN OPTIMAL CARE

Empowered Consumer
Expertise sets Sleep Disorders Program apart from other centers

Exceptional Staff
More Best Doctors in America® than any other hospital in Wisconsin; ranked first in Milwaukee in US News & World Report guide

World Class Service
New campus wayfinding signs enhance patient, visitor experience; services and products for those coping with cancer
Local Research, Global Results

At Froedtert & The Medical College of Wisconsin, Medical College of Wisconsin physicians and scientists are committed to finding new ways to diagnose and treat a wide range of diseases and disorders. This commitment, which distinguishes an academic medical center, is an important advantage for patients who receive care at Froedtert & The Medical College.

Individualized Treatment for Ovarian Cancer

About 500 women are diagnosed with ovarian cancer annually in Wisconsin. Even after treatment, this disease recurs in about 75 percent of patients, according to Janet Rader, MD, a Medical College of Wisconsin gynecologic oncologist and chair of the Department of Obstetrics and Gynecology. When ovarian cancer does come back, it greatly diminishes the patient’s chances of survival.

A research project under way seeks to improve the odds of survival by better matching medications with individual patients.

Led by Dr. Rader and William Bradley, MD, Medical College of Wisconsin gynecologic oncologists, and teaming with UW-Madison and Medical College bioinformaticists (those who apply computer science, statistics and mathematics to biological systems), researchers are analyzing existing tumor databases, including 500-plus ovarian tumor samples collected by the nationwide Cancer Genome Atlas Project (TCGA).

“We’re looking at the tendencies of the cancers and expression of genes, hoping to find out which cancers and which gene expression patterns respond to certain treatments,” Dr. Bradley said. By examining how tumor cells have responded to different therapies, Drs. Rader and Bradley expect to develop a profile for predicting which drugs will work best on each patient.

The research is being funded through the support of Froedtert Hospital Foundation donors.

Addressing Infant Mortality

Nurses at Froedtert & The Medical College initiated and are leading a new project addressing the high infant mortality rate in our community. Called We CARE, the project will help new parents understand safe sleep practices and the risks of bed sharing. It was initiated by nurses in the Birth Center and the Mother/Baby Unit after a series of high-profile infant deaths in Milwaukee resulting from adults co-sleeping with babies.

“It is heart wrenching — some of the babies who died came through our unit,” said Marilynn Klemstein, BSN, RN, and an international board-certified lactation consultant, who developed We CARE with colleague Nicole Abraham, BSN, RN, who is a certified lactation counselor.

Now, patients receive safe-sleep education, including an overview of factors that can reduce Sudden Infant Death Syndrome (SIDS), an explanation of the difference between room- and bed-sharing and a discussion of alternatives to expensive cribs, Marilynn said.

“Through the project, we will also follow up with phone calls to re-emphasize safe-sleep practices,” she said. The program will eventually repeat safe-sleep concepts at numerous touch points, such as during prenatal consultations, upon patient admission to the hospital, during their stay and at discharge.

“It sounds cliché, but it’s all worthwhile if we can save even one life,” Marilynn said.
Anti-gravity Treadmill Bolsters Physical Therapy

For weekend athletes, elite athletes or other patients in physical therapy, less is more when it comes to weight and rehabilitating from injuries. Just ask Cristin Van Driel of Grafton, who uses a new anti-gravity treadmill at the Froedtert & The Medical College of Wisconsin Sports Medicine Center. Cristin is recovering from recent spinal-fusion surgery and training to qualify for the Olympic marathon trials.

“The treadmill allows me to train at a percentage of my body weight, which eliminates a lot of pounding on muscles and joints,” Cristin said. She already carries a couple of extra pounds of titanium hardware, thanks to the surgery that has resolved lingering numbness and weakness in her left leg resulting from a traumatic bike crash in 2000.

Called the AlterG, the treadmill can “remove” a percentage or even all of a person’s body weight during running exercises, allowing a rehabilitation patient to begin exercises earlier and potentially heal faster. It is helpful for athletes or a wide range of other patients, such as those recovering from ACL surgery, hip replacement, tendon repair, stroke or obese patients.

“It is one of the many tools available to the experts in our comprehensive physical therapy department,” said Michael Ribar, the center’s head athletic trainer and performance-enhancement coordinator. Through the Sports Medicine Center, patients can access fellowship-trained Medical College of Wisconsin physicians, certified athletic trainers, registered dietitians and physical therapists. They work together to help patients recover or enhance athletic performance.

“Mike and the staff are the reason I can keep training,” said Cristin. “They’re second to none.”

Very few sports/rehabilitation centers offer the AlterG anti-gravity treadmill.

To reserve a session, call the Sports Medicine Center at 414-805-7114.

Alzheimer’s, Parkinson’s — Or Something Else Entirely?

Memory loss and difficulty walking for an older adult might readily suggest Alzheimer’s disease or Parkinson’s disease. As we age, bladder control problems are also common. But together, these three symptoms could point to something else — an under-diagnosed but treatable condition called normal pressure hydrocephalus (NPH). Also known as “water on the brain,” it occurs when excess cerebrospinal fluid builds up deep in the brain and compresses it.

“NPH can be difficult to diagnose because symptoms are not specific and often overlap with many other disorders common in older people,” said Malgorzata Franczak, MD, Medical College of Wisconsin neurologist and director of the NPH Program at Froedtert & The Medical College of Wisconsin. It is the only program in Wisconsin dedicated to diagnosing and treating NPH.

Diagnosis of NPH is based on a patient’s history, a thorough physical and neurological examination and brain imaging, such as a CT or MRI scan and testing to confirm it.

The NPH program uses a multidisciplinary team approach, including experts in neurology, neurosurgery, neuropsychology, physical therapy and radiology who offer the most comprehensive treatment options.

“We test to determine which patients with NPH will respond to treatment,” Dr. Franczak said. Physicians remove fluid and assess if the patient’s symptoms improved. If so, the patient may be treated with a shunt, a small catheter that will continue to drain excess fluid from the brain. For those with NPH who are not candidates for the surgery, the program works to relieve negative symptoms and maximize functioning.

Dementia caused by NPH (about 5 percent of all dementia cases) is one of the few causes of dementia that is treatable if caught early. An estimated 200,000 to 375,000 Americans have NPH, with many more undiagnosed and, therefore, never properly treated.

Dr. Franczak emphasized the importance of a thorough workup in patients who have NPH symptoms: “The condition gets progressively worse if left untreated or is misdiagnosed and will eventually lead to death.”

Patients may be referred to the Froedtert & The Medical College of Wisconsin NPH Program by their physician, or call 414-805-3666 or 800-272-3666.
When it comes to

**BREAST RECONSTRUCTION,**

Froedtert & The Medical College

supports patient choices.

Confident Choice

When Mary Ochowicz-Sczesny underwent a mastectomy, she also decided to have breast reconstruction using a technique called DIEP Flap. Froedtert & The Medical College of Wisconsin are among the few places in the country routinely performing the advanced microsurgery, which offers faster recovery than other reconstructions and fewer complications than its predecessor. So Mary can stay focused on caring for her family ... especially her son, who also has cancer.

Mary Ochowicz-Sczesny, 56, of Franklin, is a realtor, an avid cyclist and a long-time volunteer. She comes from a family of bike racers and speed skaters, including several Olympians, and she runs and bikes year-round, indoors and out.

In 2008, her husband, Gene, and their teenage son, David, went to donate blood. Gene is a longtime blood/platelet donor and David was eager to start following that tradition.

“David called me and said, ‘Mom I can’t give blood today. They told me I’m anemic,’” Mary recalled. Maybe it had to do with the typical teenager’s diet, but Mary’s instinct told her something wasn’t right. David went to the doctor, and eventually was diagnosed with myelodysplastic syndrome, (MDS), a bone marrow cancer rarely seen in children. He needed a bone marrow transplant to save his life.

Mary, Gene, and their daughter, Alexandra, were tested, and each was only a half-match as a bone marrow donor for David. That started a worldwide search for a donor.

“I had to be proactive, that’s just my personality,” said Mary, who started an organization called David’s Donors. They held drives to find a bone marrow donor and to raise awareness about the need for donors worldwide.

Doctors soon decided to use Mary’s bone marrow, even though she wasn’t a perfect match.

**INSTINCT TAKES OVER**

In the midst of planning for the transplant, Mary came due for her annual mammogram. She first thought of putting it off, but instinct kicked in. “I have very strong intuition that I’ve lived by my whole life,” Mary said. “And my gut said you better get in there.”

That mammogram led to Mary’s breast cancer diagnosis, which also meant she could no longer be David’s bone marrow donor.
“So now my son had cancer and no donor, and mom, who’s supposed to be the caregiver, has cancer,” Mary said. “If I wasn’t a bike rider through all of this, I think I’d be somewhere curled up in a ball.” Mary said. “I would go out on my bike and scream and cry and pray. I would do my best thinking on my bike.”

Another donor was eventually found for David, a man living in Florida, and he had a bone marrow transplant at Children’s Hospital of Wisconsin.

For Mary, she sought treatment from Froedtert & The Medical College of Wisconsin’s Breast Cancer Program “because it’s a state-of-the-art academic medical center.”

Two years later, Mary chose Froedtert again after making a personal decision to undergo a double mastectomy (both breasts removed). She was focused on helping her son fight his cancer and breast reconstruction wasn’t immediately on her radar.

But after meeting with John Hijjawi, MD, FACS, Medical College of Wisconsin plastic surgeon and director of the Reconstructive Breast Surgery Program, and doing her own research, she began considering it. Dr. Hijjawi completed a fellowship in Belgium with one of the originators of a technique for microvascular breast reconstruction called the DIEP Flap procedure.

**BETTER RECONSTRUCTION OPTIONS**

There are generally two kinds of breast reconstruction procedures, according to Dr. Hijjawi. One uses breast implants and the other uses the patient’s own tissue. The DIEP Flap procedure transfers skin, fat and blood vessels from a patient’s abdomen to create a breast. It improves upon an earlier technique that also involved cutting core muscles.

“Leaving the core muscles intact leads to fewer complications, less pain and a quicker recovery overall,” Dr. Hijjawi said.

Dr. Hijjawi performed Mary’s DIEP Flap procedure with John LoGiudice, MD, Medical College of Wisconsin plastic surgeon. Both are board-certified plastic surgeons who have also completed fellowships in microvascular surgery. The two are among the relatively few surgeons in the country who perform the DIEP Flap routinely.

“Essentially, DIEP Flap is the gold standard of breast reconstruction,” Dr. Hijjawi said. “Not only do we not need to take that muscle, we can shape the breast more creatively and it has, in many ways, a better blood supply than the old techniques.” It’s also an option for women who had mastectomies or lumpectomies years, even decades, ago.

**ADVANCED TRAINING HAS ADVANTAGES**

The DIEP Flap requires more advanced training and so fewer surgeons are qualified to perform it, despite its many advantages. In fact, said Dr. Hijjawi, “The Medical College of Wisconsin is a training site for this operation. There’s no other microvascular DIEP Flap training program in the state of Wisconsin.”

The DIEP Flap can have advantages over implants as well.

“There are fewer additional procedures. If you use an implant, you need at least two procedures and implants, like anything man-made, can wear out,” Dr. Hijjawi explained. “While it is not life threatening, that situation usually requires another operation.”

Dr. Hijjawi emphasized that breast implants are extremely safe, but that some women prefer to use their own natural tissue.

“We’re passionate about supporting a patient’s choices. My practice is pretty evenly split between the DIEP Flap and implants. We want to offer options so that the operation fits that individual woman.”

Although not every procedure is right for every patient, Dr. Hijjawi said that almost every woman can have some form of reconstruction.

“We can usually find something that will provide that patient with breast reconstruction without putting them at any significant risk,” he said.

In Mary’s case, her double mastectomy and breast reconstruction were done at the same time, so she would have one fewer surgical procedure. First, the breast cancer surgeon and his team removed both of her breasts, then Dr. Hijjawi and Dr. LoGiudice performed the DIEP Flap to reconstruct her breasts using her abdominal tissue.

“A patient falls asleep with breasts and she wakes up with breasts made out of her extra tummy tissue,” said Dr. Hijjawi. “An offshoot is that you get a tummy tuck at the same time. Not to make light of it, but cancer is hard, and it’s nice to have a silver lining. And the tummy tuck is a normal part of this type of breast reconstruction.”
DIEP Flap

What is DIEP Flap?
Using a woman’s own abdominal tissue to create a new breast is a newer technique in breast reconstruction. The abdomen provides skin and soft tissue that is warm and mobile, very much like the original breast.

DIEP Flap (Deep Inferior Epigastric Artery Perforator Flap) is a microsurgical technique that involves precisely separating the skin, soft tissue and tiny blood vessels from the abdomen without removing any of the abdominal muscles. Blood vessels are matched to supplying vessels at the mastectomy site, and a new breast is formed. Three months later, a new nipple is reconstructed, and tattooing of the nipple completes the reconstruction. Leaving the abdominal muscles intact results in less post-operative pain, a shorter hospital stay and a quicker recovery.

Candidates for DIEP Flap Are Women Who Have/Had:
- Breast Reconstruction — performed after mastectomy for breast cancer, either immediately following mastectomy or delayed for years
- Breast Implant Issues — replacing implants that were either placed during reconstruction after cancer treatment or for cosmetic breast augmentation
- Congenital Breast Abnormalities — addressing conditions such as a rare birth defect wherein one breast and chest wall are underdeveloped

Froedtert & The Medical College of Wisconsin Plastic Surgery Center
Froedtert & The Medical College of Wisconsin’s team of plastic surgeons is committed to providing women with every established alternative currently available in breast reconstruction.

“The Road to Recovery
Given her love of cycling, it’s no surprise that was one of the things on Mary’s mind right after surgery.

“In the recovery room, I remember the doctor saying, ‘Mary, it’s Dr. Hijjawi, and you’re all done, everything went well.’ And I said to him, ‘where’s my bike,’” Mary recalled with a laugh. She knew Dr. Hijjawi would appreciate the joke, because he is also an avid biker and they’ve spent time swapping ‘road stories.’ Of course, David was also on her mind. He and her extended family all waited at the hospital during the surgery.

With a smooth recovery and positive prognosis, Mary can focus on being the best mom, wife and caregiver she can.

David still has a way to go in his fight against cancer. The family remains upbeat as David continues to receive infusions of donor cells and undergoes exhausting bone marrow biopsies to check the progression of his transplant.

Mary is confident of one thing — that she made the right decision regarding where she had her cancer treated and her reconstruction.

“It was a win-win really, especially considering I wasn’t looking at any reconstruction at first,” Mary said. “I now have this flat stomach and breasts made out of my own tissue — what more could a gal ask for.”

The Froedtert & The Medical College of Wisconsin Plastic Surgery Center offers reconstructive surgery following breast cancer, bariatric surgery or injury, as well as cosmetic procedures. For information or to schedule an appointment, call the center at 414-805-5440.

For comprehensive cancer treatment for children, visit chw.org or call 414-266-2420.
Inflammatory Bowel Disease Program

Back to a Normal Life

Complete Care for Inflammatory Bowel Disease Helps Patient Return to Normalcy

Katie Schultz
of Menasha
In the prime of her life, and the mother of two boys, Katie Schultz of Menasha couldn’t afford to sit on the sidelines as uncontrolled Crohn’s disease made her sick and sapped her energy. Katie turned to Froedtert & The Medical College of Wisconsin, where experts in the area’s only comprehensive program for Crohn’s and other inflammatory bowel diseases have helped Katie’s condition improve so she can finally get on with a normal life.

Katie Schultz’s life suddenly changed 10 years ago. She was just 19, the wife of an Army serviceman stationed in Tennessee.

“It started out with fevers and nausea and a lot of pain in my stomach,” Katie recalled. Her doctor believed she had a virus, but her symptoms persisted for weeks. She lost weight and felt increasingly listless.

“It was so frustrating. I thought there is something wrong with me, because this is not going away.” That summer, Katie and her husband, Rick, returned home to Wisconsin on leave.

“I was on the couch the whole vacation,” Katie said. “My mom said, ‘You’re not going back until we find out what’s wrong with you.’”

At a friend’s suggestion, Katie visited a gastroenterologist, an internal medicine physician who specializes in the treatment of disorders of the gastrointestinal tract. She had an exam and several imaging procedures.

“The doctor called later that evening. She said I had Crohn’s disease.”

LIFELONG CONDITION
Crohn’s disease is a chronic condition that causes inflammation of the digestive tract. It usually strikes the small intestines, but problems can appear anywhere in the gastrointestinal tract from the mouth to the anus. A similar disease called ulcerative colitis affects the large intestines alone. The two diseases together are known as inflammatory bowel disease (IBD). More than a million Americans suffer from IBD, and experts say that number is on the rise.

According to Lilani Perera, MD, Medical College of Wisconsin gastroenterologist and medical director of the IBD Program, IBD can be a taxing disease.

Patients may experience diarrhea with or without blood, frequent abdominal pain, fever and many other issues. Symptoms may subside for a time, but flare-ups are a lifelong problem. In severe cases, IBD leads to weight loss and malnourishment.

“IBD is not caused by a single factor, but a combination of genetic susceptibility and environmental triggers that lead to an unusual immune response,” Dr. Perera said.

Foreign substances (antigens) in the environment may be the direct cause of the inflammation, or they may stimulate the body’s defenses to produce inflammation that continues without control. Uncontrolled inflammation damages the intestines. One goal of medical therapy is to help patients better regulate the immune system.

One unique aspect of IBD is that it most often strikes people in their late teens and twenties.

“These are very productive, active years of life,” Dr. Perera said. “If you have undiagnosed IBD or poorly controlled disease, it can have a significant impact on your quality of life.”

DRAINS ENERGY
After Katie Schultz was diagnosed, she began taking prednisone, a powerful steroid used to control IBD flare-ups. Long-term use of prednisone can cause serious side effects, so she was switched to a milder medication as soon as possible. Over the next several years, Katie moved back and forth between steroids and other drugs as doctors in Tennessee tried to keep her disease in check.

Meanwhile her life moved forward. When Rick was discharged in 2002, the couple moved back to Wisconsin and settled in Menasha. Katie and Rick started a family, with their first son born in 2004 and another son born in 2007.

Still, her health problems persisted.

“Every time I got off prednisone, I would get sick again,” Katie said. She suffered from frequent diarrhea, vomiting and low-grade fevers. She also began having new symptoms like sores inside her mouth and eye inflammation.

“Crohn’s is a really hard disease,” Katie said. “It drains all your energy. Sometimes I would sleep for 12 hours at night, then get up for a few hours, then be back in bed for another eight hours. You sit and think about all the things you should be doing — doing the dishes, going to the store, taking the kids out to play, but you just can’t.”

continued
Last summer, Katie’s illness flared up again. She lost weight and became very malnourished. Her doctor wanted to put her back on prednisone. Katie decided it was time to look at other options.

“I have a couple of friends I met through the Crohn’s & Colitis Foundation of America,” she said. “They were getting care at Froedtert & The Medical College of Wisconsin, and they always said to me, ‘you can’t believe the care you receive there.’ I decided I wanted to go to Froedtert.”

**MORE OPTIONS**

The IBD Program at Froedtert & The Medical College of Wisconsin is the only comprehensive program for Crohn’s disease and ulcerative colitis in southeastern Wisconsin. Team members, including physicians Daniel Stein, MD, Nanda Venu, MD, and Amar Naik, MD, combine clinical care with ongoing research, so patients have access to the most advanced treatments.

“We now have many more options for treating IBD compared to 10 or 20 years ago,” Dr. Perera said. Newer therapies include biologic drugs that target the inflammatory process. Specialists have also developed new treatment strategies.

“The traditional approach is called step-up therapy,” Dr. Perera explained. “Patients begin with the mildest medications, then progress to stronger drugs as needed. In the past five years, we have begun using a different approach called step-down therapy. If a patient is identified initially with very severe disease, we begin aggressively, with stronger agents. The idea is to try to control the disease as soon as possible, because the longer you leave IBD uncontrolled, the higher the risk of complications.”

Some complications of IBD can only be treated with surgery. According to Lauren Kosinski, MD, Medical College of Wisconsin colorectal surgeon, chronic inflammation of intestinal tissue can lead to severe scarring, which causes areas of blockage called strictures.

“We can treat strictures by removing them, but an alternative is strictureplasty, a procedure that widens the opening without leading to the loss of small bowel tissue,” Dr. Kosinski said. Surgery is also required to treat fistulas, abnormal ‘bypass’ channels that can form when pressure builds up in the intestines.

For uncontrolled ulcerative colitis, treatment often includes complete removal of the colon. In these cases, surgeons may be able to construct a new rectum out of a portion of the small intestine, enabling normal bowel function.

Increasingly, Dr. Kosinski said, IBD procedures can be performed using minimally invasive laparoscopic techniques. “Most people with Crohn’s disease who require surgery will actually need comprehensive care can make a tremendous difference.”

Lilani Perera, MD
Medical College of Wisconsin gastroenterologist and medical director of the IBD Program
several surgeries during their lifetimes, so a laparoscopic approach offers the advantage of minimizing incision sites.”

Nutritional support is an important element of individualized care. “Each person is unique in what they can or cannot tolerate eating,” said registered dietitian Sarah Zangerle, who focuses on helping patients with IBD. “The goal of nutrition therapy is to help patients maintain normal body weight, prevent nutritional deficiency, treat any malnourishment — and include foods the patient enjoys eating.”

Patients can also find support for the emotional burden of IBD. Mark Rusch, PhD, Medical College of Wisconsin rehabilitation psychologist, helps patients deal with depression and anxiety.

“Many patients struggle with a sense of isolation,” Dr. Rusch said. “We try to help patients figure out how to live as productive and satisfying a life as they can with these symptoms.”

The good news for patients with IBD, Dr. Perera said, is that comprehensive care can make a tremendous difference.

“If treated effectively, at the right time and with the right interventions, the majority of patients respond with good control of the disease and good quality of life,” she said.

NEW POSSIBILITIES

Katie met Dr. Perera in July 2010.

“My first appointment was amazing. She met with me for over an hour, really listening to me,” Katie said. Dr. Perera ordered a series of tests, adjusted Katie’s medications and presented several new options. One suggestion was switching temporarily to an all-liquid diet.

“It was really hard, but I buckled down and did it,” Katie said. For two months, she had nothing but liquid supplements high in protein, calories and vitamins. “It gave my intestines a rest and a chance to heal, and it allowed my body to absorb nutrients. I regained some of my energy level and actually gained three pounds.”

After the new year, Dr. Perera performed an endoscopic exam. Katie’s inflammation had healed significantly, but there was severe scarring at her ileocecal (IC) valve, the sphincter that separates the small and large intestines. A follow-up CT scan revealed a nearby stricture.

Katie had surgery in February with Mary Otterson, MD, MS, Medical College of Wisconsin surgeon. During a several-hour procedure, Dr. Otterson removed Katie’s IC valve and about one foot of small intestine.

Katie was in the hospital for about a week following her surgery. She recovered quickly, and is looking forward to getting back to her life.

Her advice to others with IBD? Be proactive.

“Don’t take a back seat, because if you don’t take IBD seriously it can easily get out of hand. I will always have Crohn’s, but the key now is to keep it under control,” Katie said. “I am doing a world better than I was.”

Patients can be referred to the Froedtert & The Medical College IBD Program by their physicians. For more information, call 414-805-3666 or 800-272-3666 or visit froedtert.com.
Expertise Sets Apart Sleep Disorders Program

The difference between how John Dubey sleeps now versus a year ago is like night and day. “It was killing me to just get up and go to work,” the New Berlin resident said. John had health issues over the years causing him to recently gain weight, and at some point he knew he was more than just tired — it was extreme fatigue. “I’d sleep in my car during lunch. Then I’d sleep when I got home, eat dinner and go to bed.”

An assessment by the Froedtert & The Medical College of Wisconsin Sleep Disorders Program revealed John had sleep apnea, causing him to stop breathing about every 40 seconds. He was prescribed a continuous positive airway pressure (CPAP) device that is used at night and John says he now wakes up refreshed.

“Treating sleep disorders is more than getting an overnight sleep study in the sleep lab,” said B. Tucker Woodson, MD, a Medical College of Wisconsin otolaryngologist, sleep physician and the program’s director. “What sets our program apart from other centers is our physician expertise.”

The Medical College faculty includes seven dual board-certified physicians specializing in sleep medicine and pulmonary medicine, neurology and reconstructive upper airway surgery, plus experts in cognitive behavioral therapies for sleep disorders.

“We have one of the most multi-disciplinary faculty of any program in the country,” Dr. Woodson said. “Patients benefit because they often suffer from multiple, often unrecognized, sleep problems that benefit from an integrated approach. Physicians from different backgrounds may also be better able to offer multiple therapeutic options for patients with difficult sleep issues. Plus our accredited fellowship-training program for sleep medicine doctors keeps us on the forefront of knowledge.”

The Sleep Disorders Program is available at Froedtert Hospital and Community Memorial Medical Commons in Menomonee Falls. For more information, call 414-805-3666 or 800-272-3666 or visit froedtert.com/sleep.

Froedtert Has Most “Best Doctors” in State

A total of 270 Medical College of Wisconsin physicians who practice at Froedtert & The Medical College of Wisconsin were nominated by their peers as the Best Doctors in America® for 2011-2012 — more than any other hospital in Wisconsin. Thousands of physicians across the nation are surveyed annually to identify the most skilled specialists treating complex medical conditions.

Also, Froedtert Hospital ranks first in Milwaukee in US News & World Report’s inaugural “America’s Best Hospitals” metropolitan area guide released in March. To be ranked in its metro area, a hospital had to score in the top 25 percent among its peers in at least one of 16 medical specialties. Froedtert Hospital was recognized for 11 medical specialties: gastroenterology; cancer; diabetes and endocrinology; ear, nose and throat; geriatrics; gynecology; heart and heart surgery; kidney disease; orthopedics; pulmonary; and urology.

To find a physician that is right for you, visit froedtert.com.
Self-image Counts in Cancer Care

Patients undergoing treatment for cancer can experience changes in the way they look. These changes — such as loss of hair, brows and lashes and skin changes — are constant reminders of the disease for the patient and can announce their health issues to the rest of world. They can affect self-image, exacerbate depression and even affect the way patients cope with their illness.

While an academic medical center might not be the first place people think of when they need hair styling or a cosmetics consultation, Small Stones Wellness Center, located in the Clinical Cancer Center at Froedtert & The Medical College of Wisconsin, can play an integral role in patient care. “Looking good and feeling good are an important part of treatment,” said Maggie Lausten, the aesthetic wellness coordinator of Small Stones. Small Stones offers numerous lines of skin-, body- and nail-care products and cosmetics that are safe for cancer patients, many of them specifically created for those who are affected by treatment.

“A lot of them are organic, some free of animal products or chemical preservatives,” said Maggie. The staff experts can help patients choose the right product for their needs. Maggie teaches patients cosmetic techniques to work around brow and lash loss, how to apply makeup, choose a hat and scarf-tying.

Small Stones also offers wigs and other hair products, and has a complete hair styling salon. Lisa Brzezinski, a cosmetologist who is also a breast cancer survivor, helps women choose and style wigs to replace hair lost during chemotherapy.

The center also offers books for sale that focus on self-help, spiritual support, nutrition, relaxation and other topics.

The Clinical Cancer Center is dedicated to preventing, detecting and treating all types of cancer. Physician specialists work together to combine their expertise, offering patients the best available treatment options.

Small Stones Wellness Center is open 9 a.m. - 4 p.m. Monday-Friday. Appointments are recommended for wig consultations; call 414-805-0998.
To improve human health, scientific discovery must be translated into practical applications. Such discoveries typically begin with basic research at “the bench,” where scientists study disease at a molecular or cellular level, then extend their progress to the clinical level, or the patient’s “bedside.”

A number of topics covered in this issue of Froedtert Today directly relate to translational research at Froedtert & The Medical College of Wisconsin:

- **Inflammatory Bowel Disease (IBD)** — the affects of long-term treatment of this often debilitating condition
- **Ovarian cancer treatment** — predicting which types of drugs will work best for individual patients

Reading these inspirational stories, there is no doubt about the worthiness of the work these researchers, clinicians and care providers do to benefit individuals and communities in our state and beyond.

You might not be a researcher, nurse or physician, but you needn’t stand on the sidelines.

You can support their work through Froedtert Hospital Foundation, the charitable arm of Froedtert Hospital. Support for translational research comes from individual donors as well as federal funds, collaborations with other organizations and philanthropic sources. Recently, hundreds turned out to support translational research at the Heritage and Hope event, which raised more than $150,000.

For more information on how to support translational research and other programs, contact the Froedtert Hospital Foundation at 414-805-2699 or froedterthospitalfoundation.org.