

# breakthroughs

THE MAGAZINE OF SAINT JOHN'S HEALTH CENTER

Fall 2009

Advanced Maternity  
Services for All  
Types of Pregnancies

**ALSO INSIDE THIS ISSUE:**

Neurosurgery Pioneer Joins Saint John's  
Breast Cancer Developments Show Promise



**Saint John's  
Health Center**

*Breakthrough Medicine. Inspired Healing.™*

# breakthroughs



## ceo message

I have always been delighted by the large number of people I meet who tell me that they or their children were born at Saint John's Health Center. They consistently smile when they comment on our maternity services. Over the decades, our expert team of physicians, nurses and staff has earned a reputation for clinical excellence, professionalism and compassion that embodies our mission of providing breakthrough medicine and inspired healing.

For generations, each member of our multispecialty team—from obstetricians to nurses to dietitians—has been committed to making every birth a special event for parents, children, families and friends. That legacy enters a new chapter with the recent opening of the Howard Keck Center—home of Southern California's newest and most advanced comprehensive women's unit, the McAlister Women's Health Center. Working with physicians, nurses, patients and others, we feel we have created the ideal environment that complements our mission and competence.

From the moment that expectant moms arrive through labor, delivery and recovery, modern technology and home-like comforts are combined to make childbirth a special experience for women and their loved ones.

The unit includes a 12-bed neonatal intensive care unit (NICU) supported by a gifted medical team that features some of Los Angeles' best obstetricians, gynecologists, perinatologists, neonatologists and nurses. Other babies born at Saint John's are cared for in the light-filled, 14-bed Maria Shriver Nursery. Named after the state's first lady, the nursery was a surprise birthday present from Governor Arnold Schwarzenegger.

The Women's Health Center also includes 15 private rooms where women of all ages can recuperate from surgery in comfort, with personalized attention from physicians and staff.

You will find more details about the entire unit in this issue of *Breakthroughs*. We also provide online information at [www.newstjohns.org](http://www.newstjohns.org). And, for a firsthand view, you are welcome to visit our women's unit, which comprises the entire third floor of the Howard Keck Center.



Kind regards,

Lou Lazatin  
President and Chief Executive Officer

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ON THE COVER:  
BO THORDARSON, MD, WITH  
NEWBORN BABY, HENRY  
CRUMP, IN THE MCALISTER  
WOMEN'S HEALTH CENTER.



FROM LEFT: PARI GHAFARI, RN, & AUDREY DAVIS, MD,  
WITH NICU BABY, ARCHER CALTABIANO

# advanced treatment for at-risk pregnancies

Skilled clinicians, leading-edge technology and TLC make a difference

Not only was Susan having her second baby just 10 months after her first, but she was going into labor more than two months early. Older than most mothers, Susan, a 39-year-old business professional, chose Saint John's Health Center for her delivery because she knew that she and her baby would receive the technologically advanced care they needed—as well as devoted nurturing by a unique medical staff.

"I was a 'preemie' born at Saint John's, and I know how pleased my mother was [with her care]," Susan said. "I have a lot of friends who were either born or delivered at Saint John's, and we've all had a similar positive experience with the doctors and nurses."

Women like Susan who are at risk for pregnancy complications need a medical team that is highly skilled and experienced in maternal-fetal medicine. With a longstanding commitment to a team approach, Saint John's provides a comprehensive, multidisciplinary care environment. Here, women with high-risk pregnancies and babies with complications can be accurately diagnosed, treated and managed.

The Saint John's Maternal-Fetal Medical Team is comprised of obstetricians, perinatologists, neonatologists, pediatricians,

specially trained nurses and expert ultrasound technologists. "We really pride ourselves on our unique team approach," said Bo Thordarson, MD, a board-certified obstetrician/gynecologist at Saint John's. "We are a finely tuned synergistic group that is always ready to meet any challenge that may arise."

"Once a woman has been identified as high-risk, we work closely with her obstetrician to set a course of care that will best manage the pregnancy," said Larry Platt, MD, Medical Director of the Center for Maternal-Fetal Medicine at Saint John's and a board-certified perinatologist. (A perinatologist is an obstetrician who has special training in high-risk pregnancies.)

"We do detailed prenatal diagnoses and ultrasounds so we can anticipate any problems that may occur," Dr. Platt explained. "Our experienced nurses give our patients the personal care and attention needed during what are often complex and trying situations."

"It's not just that we have highly skilled physicians and the latest technology to support patients through difficult pregnancies—it's also the culture here," Dr. Thordarson added. "It's more like family and less institutional. It really enhances the personal care we give our patients."

With a longstanding commitment to a team approach, Saint John's provides a comprehensive, multidisciplinary care environment. Here, women with high-risk pregnancies and babies with complications can be accurately diagnosed, treated and managed.

## high-risk pregnancies on the rise

High-risk pregnancies are on the rise in the United States and may be more common now than at any other time since modern obstetric care became available. **Reasons that contribute to the higher rate of pregnancy and birth complications include:**

### maternal age

According to the American Society for Reproductive Medicine, one in five women in the United States is having her first child after age 35. As a woman gets older, her chances of having a baby with certain birth defects increase.

### weight

Statistics show that of every five women who get pregnant, one is obese. Obesity during pregnancy can cause a higher rate of complications, such as pre-term delivery, hypertension and/or gestational diabetes.

### pregnancy with multiples

Women who are pregnant with more than one baby are at higher risk for various complications, such as pre-term labor, anemia, birth defects and miscarriage. According to the National Center for Health Statistics, the twin birth rate has risen 59 percent since 1980. The birth rate for triplets and other higher-order multiples has risen a staggering 423 percent.

### previous pregnancy problems

When women have had a problem in one pregnancy, they are more likely to have complications in subsequent pregnancies.



HUGH MACDONALD, MD  
& EVELYN TINTOC, MD

### Tending to High-Risk Newborns

“We offer women a chance to deliver a high-risk baby at Saint John’s without having to be transferred elsewhere,” said Hugh MacDonald, MD, a board-certified neonatologist and Medical Director of the Irene Dunne Guild Neonatal Intensive Care Unit (NICU). “We follow a mother from 22 weeks to birth so we can design an appropriate care plan.”

Once a premature or ill baby is delivered, the course of care may range from a few days to several months. “Because babies can be in the NICU for a long time, we have designed our care to be a family-oriented experience,” said Dr. MacDonald. Research shows that early skin-to-skin contact between mother and baby—especially if the baby is ill—can soothe the newborn and may speed recovery. “We always have the mother see the baby as soon as possible, and we encourage a lot of touching. The lights in the NICU are muted and can be adjusted to darkness. This keeps the environment more soothing so the baby can relax and grow. We are ahead of the curve on this,” he added.

“Our new NICU is open and airy, and has a flexible design. Based on the number of patients we might have, we can

configure the unit as necessary. Families also have more room to interact with their baby, which is a huge plus,” said Dr. MacDonald. “But the NICU isn’t just ‘pretty’—it’s also equipped with the latest in lifesaving technology. We take care of the sickest and smallest babies so they will grow into healthy children one day.”

After a baby is healthy enough to be discharged from the hospital, the pediatrician plays a critical role in the long-term care of the child. That is why the neonatologist and pediatrician stay in constant contact while the baby is in the NICU. “We have great interpersonal communication that trickles all the way down,” said Danelle Fisher, MD, a Saint John’s board-certified pediatrician. “The neonatologists keep us informed with phone calls and detailed summaries, and the NICU nurses are outstanding. They take what they do very seriously, and it’s wonderful to see how involved they are.”

**For more information about an expert obstetrician, gynecologist or other physician, call 1-800-STJOHNS or visit [www.stjohns.org](http://www.stjohns.org).** ■



## McAlister Women’s Health Center

Southern California’s newest dedicated space for women’s special medical needs

Encompassing the entire third floor of the new Howard Keck Center, the McAlister Women’s Health Center has been designed to offer comfort and privacy while providing exceptional care by leading women’s healthcare specialists.

“We designed the inpatient unit with three distinct areas—labor, delivery and recovery; postpartum; and women’s services,” said Bo Thordarson, MD, a board-certified obstetrician/gynecologist at Saint John’s Health Center who was involved in the planning of the new unit. “By consolidating areas for specific needs, we’ve improved navigation and staff efficiency. The rooms in each area are configured in a rectangular pattern around a central nursing core, facilitating easy visitor greeting while preserving patient privacy.”

The McAlister Women’s Health Center features 12 large, luxurious birthing suites where women can enjoy a home-like environment while having access to academic-level medical expertise and equipment. Each suite is beautifully appointed with wood-tone cabinetry, comforting décor, a 42-inch television, wireless Internet connectivity and a daybed for overnight guests. A large window fills the suite with natural light, contributing to the feeling of spaciousness.

Two fully equipped operating rooms for C-sections have been positioned with easy access to the Irene Dunne Guild Neonatal Intensive Care Unit (NICU), now doubled in size to 12 beds. For newborns requiring extra medical attention, the Level II NICU offers clinically advanced care by renowned specialists in a warm, supportive environment. Equipped with the latest technology, the Saint John’s NICU provides babies with around-the-clock, special-needs care from experienced neonatologists, neonatal nurses and pediatric respiratory therapists.

For healthy babies, rooming in with mothers is encouraged to support bonding and breastfeeding. Should those babies at any point require minor procedures or temporary monitoring, they are attended to in the nearby Maria Shriver Nursery.

Once mothers and babies are stabilized, they move into the 20-bed postpartum area for their final stay before release. Four of these rooms have been specially outfitted with fetal monitoring equipment to accommodate women with high-risk pregnancies,

who may be required to have a prolonged stay in the unit while they are followed by their obstetricians and/or perinatologists.

In a third and separate area of the unit, 15 beds have been set aside for women recuperating from gynecological and other surgeries. “Everything related to women’s health happens on one floor now,” Dr. Thordarson said. “The new unit is much more comfortable and offers more privacy and constant support to women in a technologically advanced environment.”

While hospitalized, women are cared for by Saint John’s renowned, clinically advanced staff of gynecologists,

**While hospitalized, women are cared for by Saint John’s renowned, clinically advanced staff of gynecologists, obstetricians, perinatologists, neonatologists and nurses.**

obstetricians, perinatologists, neonatologists and nurses. “Our compassionate caring is not limited to inpatients,” said Dr. Thordarson. “We also have a Women’s Health Panel composed of primary care physicians and specialists, who are available to provide age-specific screening exams for women 18 years and older. Saint John’s is dedicated to promoting wellness as well as providing exceptional birthing and surgical care.”

**For more information about the unit, visit [www.newstjohns.org](http://www.newstjohns.org).** ■



## what women don't talk about

### Incontinence affects millions of women

**Q. Is urinary incontinence a normal part of aging?**

**A.** No. Although urinary incontinence affects 30 percent of women over the age of 60, it is not a normal part of the aging process. It is a treatable condition and anyone suffering from it should consult their physician to determine which treatment option is best for them.

**Q. What causes urinary incontinence?**

**A.** One of the most common causes is stress urinary incontinence, which occurs when the pelvic muscles are weakened. If the pelvic muscles are not strong enough to keep the opening from the bladder neck closed while you are under physical stress, such as laughing, coughing or exercising, it allows urine to escape.

In women, stress urinary incontinence is often caused by childbirth, pelvic surgery and hormonal changes, such as menopause or an estrogen deficiency.

Other types of incontinence are caused by overactive bladder muscles, a blockage in the urethra or medication side effects

**Q. Is surgery the only option to treat urinary incontinence?**

**A.** Many patients are reluctant to discuss their problem with their physician because they are afraid of undergoing surgery. However, there are many treatments available that do not involve surgery. For women with stress urinary incontinence, your physician may recommend muscle therapy to control your

bladder, such as learning Kegel exercises, which are used to strengthen the pelvic floor muscles. Other forms of therapy may include biofeedback and/or electrical stimulation.

**Q. Are there any new medical advances in the treatment of incontinence?**

**A.** Yes, there is a new, minimally invasive surgical procedure now available to treat incontinence. A variation of the tension-free vaginal tape (TVT) procedure is being performed at Saint John's which is much less invasive than the traditional TVT procedure first developed in 1995.

The TVT procedure involves the insertion of a thin strip of supporting tape into the pelvic region to form a hammock under the urethra. The tape grips the surrounding tissues and holds itself in place without sutures.

Under the new procedure, the tape is inserted through a tiny opening in the thigh crease, instead of in the skin above the pubic bone, so the surgery is much less invasive and leaves no scarring. There are no stitches; the incisions are so small that the skin is glued together after the tape is inserted.

The surgery is done on an outpatient basis, under a local or epidural anesthetic, with minimum discomfort. ■

For more information call 1-800-STJOHNS

**Amy Rosenman, MD,** is a urogynecologist and gynecologic physician for Women's Health at Saint John's Health Center. She is an active member of the American Urogynecologic Society (AUGS) as well as the Past President of the AUGS Foundation. She is also a member of the American Medical Society and the California Medical Society, among many others.

Her expertise in women's health issues is well-known and has earned her teaching appointments at the UCLA School of Medicine, Director of the Saint John's rotation of the Harbor UCLA Pelvic Medicine Fellowship, as well as leadership positions in national organizations. She has chaired the Women's Service Task Force at Saint John's, has been an officer of the medical staff and is presently Chair of the Multidisciplinary Credentials Committee. She is a published author, contributing to the *Journal of Gynecologic Techniques* and *A Gynecologist's Second Opinion*. She is the co-author of *The Incontinence Solution: Answers for Women of all Ages*. Topics include bladder and incontinence issues as well as bladder and vaginal prolapse. Dr. Rosenman has focused much of her practice on these issues, as well as on hormone transition, menopause, and uterine-conserving surgery for prolapse.



TWINS KAYLIANA AND NATHANIEL KARIE ARE NOW ON SOLID GROUND

## the karie twins were born, and the earth moved

### 15 years after the Northridge earthquake, a mother remembers

For most people who lived through the Northridge earthquake, the detailed memories have gradually faded over the years. Kim Karie, however, remembers every minute with acute clarity.

Karie, pregnant with twins, went into labor five weeks early at Saint John's Health Center. Both Nathaniel and Kayliana appeared to be healthy after Karie's C-section and were placed in the nursery. "About two hours later, a nurse noticed that Nathaniel's breathing was irregular and he was moved to the neonatal intensive care unit [NICU]," recalled Karie. "Because the main valve to his heart had not closed and he had immature lungs, he had to be on a ventilator for the next five days. The nurses were wonderful, keeping us informed and letting us bring Kayliana into the NICU to be close to her brother."

The day before the Jan. 17, 1994 earthquake, Karie was discharged and took Kayliana home, but Nathaniel remained in the NICU. In the early morning darkness of the next day when the temblor struck, the NICU suffered extreme damage. The nurses placed the four NICU babies under their uniforms, keeping them warm by holding them close to their bare skin. Lighting the way with flashlights, the nurses carefully treaded down broken, dangling staircases to reach the street. Someone found a van, turned on the heater and the nurses remained with the infants. "That day I became a member of the Saint John's family," Karie said.

Fortunately, Nathaniel grew strong enough to be brought home, and today both he and Kayliana are happy, healthy teenagers. "We owe Nathaniel's life to the bravery and quick thinking of the NICU nurses, and we will be forever grateful to Saint John's," said Karie. ■

**The day before the Jan. 17, 1994 earthquake, Karie was discharged and took Kayliana home, but Nathaniel remained in the NICU.**

## dear Saint John's NICU

It's been five months since we've seen you, but you've been on our minds as we care for Haplan and Lucy, and see them growing so big and beautiful. You knew better than us how busy we would get after both of our babies made it home safely. In short, we are sorry for the delayed communication.

To say we are grateful for the loving care and guidance you offered our family is not anywhere near the hugeness of our emotion. Just looking at the photos from those early days, we weep with gratitude. With your support, our son is alive after having walked the gauntlet, and there is no way to thank you for that.

With your compassion and teaching, we learned to look after these tiny people, and now they are big and buoyant in body and spirit. For these last months, your names come rolling off our tongues like a mantra. We remember each of you and have not forgotten the smallest words and gestures, and we tell Hap and Lu about the doctors and nurses who brought them through—their own personal mythology. Hearing the sounds of a shower curtain pulled...the gentle whooshing of hands scrubbed soft...a compassionate voice saying, "Like this" and "It's very simple," and "You can do it" and "Mommy's here"...these are the sounds that catch us off guard, and even now, make us come undone and feel overcome with love and something much more than thanks.

**Please know that even the smallest acts of yours in that soft-lit room become like prayer beads to the families you tend.**

With much love and respect,  
Jordan, Julianne, Haplan and Lucy Cohen



For more information call 1-800-STJOHNS

# developments show promise

Q&A with Alice Chung, MD, Assistant Director of the Breast Program, John Wayne Cancer Institute at Saint John's

**Q.** Why did you decide to practice at John Wayne Cancer Institute at Saint John's?

**A.** John Wayne Cancer Institute at Saint John's is internationally known for its excellence as well as for the reputation of the medical staff and researchers. Having Armando Giuliano, MD, and Donald Morton, MD, as mentors is invaluable. Medical oncology and radiology are at the forefront of their disciplines and it's exciting to be a part of that. So many excellent departments are working together for the betterment of patients. The Breast Center was a big pull for me. I am also pursuing an academic career, and Saint John's is at the center of the action.

**Q.** Why is the new comprehensive Breast Center such an improvement?

**A.** The new Breast Center is part of the Margie and Robert E. Petersen Foundation Cancer Centers at John Wayne Cancer Institute in the new Howard Keck Center. Located on the Garden Level, the new Breast Center is beautifully decorated and has more space and equipment to accommodate the high volume of patients that we see. We now have new digital mammography machines. We also provide ultrasound and bone density services and are able to perform minor surgical procedures that don't require anesthesia.

The Vasek Polak Radiation Therapy Center is adjacent to the Breast Center, providing easy access for breast cancer patients requiring radiation therapy. The Positive Appearance Center is also just steps away, offering free, individualized consultations in a nurturing boutique environment.

**Q.** You mentioned digital mammography—what are the advantages of this new technology?

**A.** The images are stored on a computer, and the software we use makes it easy to manipulate the images to improve our ability to pick up things we might not on film. While the average age of women being diagnosed with breast cancer is 60, it seems that more women are being diagnosed in their mid-30s. Younger women have breasts that are denser, and digital mammography

is particularly helpful for identifying tumors in this age group.

**Q.** What are the most promising discoveries in breast cancer research?

**A.** Genetic profiling of breast cancer tumors has become a major focus in breast cancer research. By knowing the genetic profile of the tumor, we will be able to predict how a cancer will behave or how it will respond to certain types of treatment. This will allow us to better tailor therapy and perhaps even identify specific genes that can be a target for drug development. One example of such targeted therapy is Herceptin®, a drug developed in the 1990s to target tumors that over-express a gene called Her2/neu. This type of tumor is very aggressive, but thanks to this discovery, the survival of women with this type of tumor has been dramatically increased. We hope to identify more potential targets in the future.

**Q.** What clinical research are you currently pursuing?

**A.** We are currently investigating a novel imaging technology that uses a derivative of a glucose injection in combination with a camera to image breast cancer. Similar to a PET scan, this new technology is a handheld probe used in the operating room for patients undergoing a lumpectomy. One of the biggest challenges for these patients is the 30 percent chance of the tumor involving the margins of the lumpectomy cavity. When the margins are close or positive, patients have to undergo another surgery to clean out the margins. We are hopeful that we can eliminate second surgeries by using this new technology.

**Q.** What advances have been made recently in breast cancer treatment and surgery?

**A.** Radiation oncology has been instrumental for better local control and has recently been shown in a meta-analysis to improve survival rates for breast cancer patients. Advancements in radiation therapy technology have led to improvements in targeting the beams at the cancer and avoiding healthy vital structures, such as the heart and lungs.



**Alice Chung, MD**, is a board-certified surgeon specializing in breast cancer and a guest lecturer on the health and welfare of women. She has performed innumerable surgeries, authored a myriad research articles on breast surgery and presented on such diverse topics as nutrition, imaging and metastases. Dr. Chung has dedicated her practice to helping women everywhere and has volunteered her medical assistance in Guatemala, Cameroon, Malawi and Zambia.

After undergraduate education at the University of Michigan, Dr. Chung earned her medical degree from Chicago Medical School. Her residency and research fellowship in surgery were completed at Cedars-Sinai Medical Center in Los Angeles, where she received numerous awards. Dr. Chung completed her fellowship in breast surgery at Memorial Sloan-Kettering Cancer Center in New York. She has been the Assistant Director of the Breast Program at John Wayne Cancer Institute at Saint John's for more than a year.

Patients are now also able to receive required radiation doses over a shorter period of time. In addition, more patients are having partial breast radiation and conservation of the breast. In the last several years, there have been improvements in reconstructive surgery for breast cancer. Also, new drugs have been developed that target specific tumors, leading to better survival outcomes.

**Q.** What advice would you give women so they can make the best-informed decision about breast reconstruction after breast surgery?

**A.** Find a plastic surgeon you're comfortable with and have all the options explained. The cosmetic results may be more natural-appearing if you use your own tissue, such as for a tissue flap, but this requires being in generally good health. Otherwise, implant reconstruction is a great option and a less-involved operation.

Then you have to make a decision about whether you'll have reconstruction at the same time you have the breast surgery. The advantages are that you'll have less surgery than if you waited and did the reconstruction as a separate operation, and doing immediate reconstruction allows the skin and nipple to be spared, if appropriate. This option also helps with a woman's self-image.

The one major caution regarding reconstructive surgery is not to smoke, since that impairs circulation. Being overweight will also affect outcomes, especially for patients who choose flap reconstruction.

**Q.** What advice would you give women diagnosed with breast cancer?

**A.** Choose a dedicated breast center with a multidisciplinary team, where everything is well-coordinated and focused on your best outcome. Then learn all your treatment options. Having a strong support network is also very important. ■

# identifying pancreatic cancer sooner

Procedure also facilitates diagnosis and early treatment of digestive problems

Surgeons at Saint John's Health Center are using the endoscopic retrograde cholangiopancreatography (ERCP) procedure, in combination with other advanced imaging technologies, to identify pancreatic cancer sooner.

"About 50 percent of the patients we diagnose already have cancer that has spread, although they may be asymptomatic," said Gagandeep Singh, MD, an internationally recognized hepatobiliary and pancreatic board-certified surgeon and Director of the Liver and Pancreas Cancer Center, Gastrointestinal Surgical Oncology at John Wayne Cancer Institute at Saint John's. "ERCP allows us to visualize the portal vein, which drains the intestine and supplies the liver, and its proximity to cancerous tissue. Thus, we are able to determine the full extent of the disease and, when necessary, move forward with aggressive treatment."

"Our plan is to make pancreatic cancer—currently the fourth leading cause of death in the United States—as curable as colon cancer in five years," added Dr. Singh, who has devoted the last two years to building the center.

Using a lighted, flexible scope (endoscope) in combination with X-rays, the ERCP procedure allows for the visualization of the channels that drain the liver, gallbladder and pancreas, and assists in the diagnosis of bile duct, gallbladder, liver and pancreas problems. In addition to helping identify pancreatic cancer sooner, the procedure is used to facilitate diagnosis and early treatment of digestive problems.



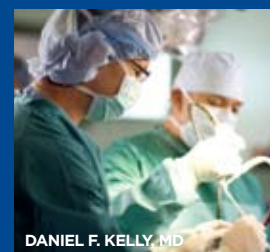
FROM LEFT: GAGANDEEP SINGH, MD, SEAN FISCHER, MD, AND RUDY BEDFORD, MD

ERCP is generally done on an outpatient basis and takes approximately 20 to 40 minutes. The throat is anesthetized and the patient is usually mildly sedated. The endoscope is then gently inserted through the esophagus, stomach and duodenum—the first part of the small intestine. Next, a thin tube is inserted through the endoscope to the bile duct. Dye is injected into this bile duct and/or the pancreatic duct, and X-rays are immediately taken.

"The ERCP procedure allows us to see things a CT scan may not be able to detect," said Dr. Singh. "What's unique about this procedure is that it not only helps us in diagnosis, but combined with X-ray, MRI and an ultrasound probe, we can study the entire pancreas. This allows us to identify pancreatic cancer lesions earlier."

In addition to early diagnosis, ERCP also can be used to treat certain digestive problems—eliminating the need for more complex surgical interventions. Using instruments inserted through the endoscope, the physician can remove gallstones or insert stents to widen narrowed ducts. "Also, using endoscopic ultrasound, we are able to detect abnormal intestinal tissue and then perform fine needle biopsies during the procedure," added Bill Katkov, MD, a board-certified gastroenterologist who also performs ERCPs at Saint John's. ■

For more information call 1-800-STJOHNS



DANIEL F. KELLY, MD

# brain tumors effectively removed through the nose

Study shows success of comprehensive treatment approach

Although not cancerous, giant pituitary adenomas are dangerous, causing visual loss and impairing many of the body's basic functions. But fortunately, even the largest of these giant tumors can be effectively treated using a multimodality approach, starting with minimally invasive surgery through the patient's nostril, according to the findings of a new study at John Wayne Cancer Institute at Saint John's.

Located at the base of the brain and behind the nasal cavity, the pituitary gland secretes powerful hormones that coordinate other glands, controlling such basic functions as metabolism, the stress response, and water balance. A tumor of the pituitary gland—which can grow to the size of an egg and invade nearby structures—can cause headaches and visual loss, as well as glandular failure by cutting off the flow of hormones. These symptoms typically develop slowly over months or years, but they can occur rapidly over days or even hours if there is bleeding into the tumor.

Using an endonasal (nostril) approach to reach the tumor eliminates the need for traditional open-skull surgery (craniotomy) and, in experienced hands, results in less trauma, fewer complications and a shorter recovery time. "Patients prefer the idea of a minimally invasive procedure through a natural opening," said Daniel

F. Kelly, MD, Director of the Saint John's Brain Tumor Center, and senior author of the study.

The study, published in the June 2009 issue of *Clinical Endocrinology*, reviewed 51 cases of patients treated for giant pituitary adenomas by Dr. Kelly during a 10-year period. The tumors averaged nearly 2 inches, with some larger than 3 inches.

Using a multimodal approach, effective tumor control was achieved in 96 percent of patients. Of these, 59 percent required only endonasal surgery, while 41 percent required surgery plus one or more additional treatments to control residual tumor not safely accessed by surgery.

"Fortunately, treating these tumors through a nostril and avoiding a craniotomy is the beginning of returning these patients to a state of health," Dr. Kelly continued. "However, many patients may need radiation or medical therapy and long-term hormonal replacement therapy. Yet with properly coordinated care, most patients can look forward to an excellent quality of life."

Because endonasal surgery is highly specialized, Dr. Kelly urges patients diagnosed with a pituitary adenoma or brain tumor to seek out a center of excellence where a high volume of such surgeries are performed. ■



## spine facet joint replacement

Clinical trial tests new device

The spine's mobility and stability are dependent on small facet joints, which link the vertebrae. Over time, these joints can become inflamed and arthritic. As they wear down, bone spurs may develop, narrowing the space around the spinal cord and pinching spinal nerves. When this occurs in the lower spine, it can create a condition called lower spinal stenosis. Symptoms may include pain, weakness and numbness in the lower back and legs, which progressively worsen.

Traditionally, the treatment for lumbar spinal stenosis has been the removal of bone, including the facet joints, pressing on the nerves. Then, because the spine lacks stability without the facet joints, adjacent vertebrae are fused together to help stabilize the spine. "The problem with fusion is that it eliminates the natural motion between vertebrae," said John Regan, MD, a board-certified orthopedic spine surgeon at Saint John's Health Center. "It also increases stress on adjacent areas of the spine."

Because of fusion's drawbacks, Dr. Regan and Saint John's Health Center are participating in the ACADIA™ Facet Replacement Study to investigate the use of a metal implant that is designed to restore the range of motion provided by the facet joints. Saint John's is one of 20 centers across the nation participating in the trial, which will compare facet replacement to fusion.

"After decompressing the affected area of the spine by removing the excess bone and facet joints, we insert an implant that is anatomically similar to the body's own facet joints," explained

**The spine's mobility and stability are dependent on small facet joints, which link the vertebrae.**

Dr. Regan. "This is a very exciting advance in treatment for spinal stenosis because it restores motion, balance and stability to the lower spine."

The facet replacement trial at Saint John's was initiated in October 2008 and is still open for enrollment. "To date, we are pleased with the results of the procedure and have had no problems related to the implant," Dr. Regan said.

To qualify for enrollment, patients must be 21 to 85 years of age; have symptoms of leg pain, numbness or tingling; have undergone six months of conservative treatment; and must be available to complete five follow-up visits over a two-year period. ■

For more information, call 1-800-STJOHNS or visit [www.stjohns.org](http://www.stjohns.org).

## procedure for congenitally abnormal hip

Unique procedure transforms congenitally abnormal hip into normal one

On any given day, Julie Firestone can be found running up and down the 18 stairs in her home up to 30 times as she chases her three young children. In her free time, Firestone enjoys golfing and vacationing abroad—walking the cobblestone streets of Europe or exploring exotic terrain. It seems like normal activity for a healthy 36-year-old until you learn that Firestone was born with a congenital hip disorder, spent her first four and a half years in a body cast and suffered severe pain for decades.

Firestone was born with congenital bilateral hip dysplasia. Her hip sockets—the acetabulums—were not completely formed. To correct the problem, doctors put her in a body cast that had to be changed every six weeks. When the last cast was finally removed, Firestone had no muscle tone or flexibility.

Her mother enrolled her in a tumbling class, and Firestone began to heal. "My first memory from childhood is riding a big wheel," she said. "I didn't walk until I was 5. But as the years went by, I also became very good at gymnastics."

Firestone became so good at gymnastics that she eventually earned a full four-year scholarship to Southern Utah University, where she became the first gymnast ever to



**"Periacetabular Osteotomy (PAO) preserves and enhances a patient's own hip joint rather than replacing it with an artificial part."**

—Joel Matta, MD

qualify for post-season competition. But the casts from her infancy had not solved her acetabulum problem. In fact, she fractured one of her acetabulums during her years of competition. "Throughout my teenage years and into my early 20s, I experienced severe pain and could hear lots of clicking sounds when I moved," recalled Firestone.

At 25, Firestone was working as an X-ray technician for two orthopedic surgeons. No longer participating in gymnastics, she was living with debilitating pain on a daily basis. She showed a set of X-rays that had been taken years before to her bosses, independently of each other. Both told her to see Joel Matta, MD, a board-certified orthopedic surgeon and founder and Medical Director of Saint John's Hip & Pelvis Institute.

Dr. Matta is also a pioneer in periacetabular osteotomy (PAO), which was developed in Switzerland in 1984. He has been performing this type of surgery in the United States since 1987. "Periacetabular osteotomy is a procedure that can fix a shallow hip socket, as was the case with Julie Firestone. Our goal is to take an abnormal hip and make a normal hip," said Dr. Matta. "PAO preserves and enhances a patient's own hip joint rather than replacing it with an artificial part. The goal is to alleviate pain, restore function and maximize the functional life of a dysplastic hip. The procedure cuts the bone around the hip socket, detaching the acetabulum, which is then rotated into a new position."

The operation allowed Firestone to indulge her passion for travel. "Five months after my surgery, I was walking the cobblestone streets of Italy," she said. "I've traveled to Turkey, Greece and Russia—all places where I needed to be able to walk. Without this surgery, I wouldn't have been able to march forward and experience these life-altering events. Dr. Matta changed my life." ■



## disc replacement preserves motion

Procedure quickly returns athlete to full activity

Konrad Bright hears "Surf's up!" and he's out the door. Living on the beach in Oahu, Bright is a pro surfer—stand-up, kite and tow surfing—and the bigger the waves, the better. His other favorite sports include jet skiing, swimming, outrigger canoe paddling and mountain biking. "Everything came to a grinding halt when I blew out my back while surfing a couple of years ago," Bright said.

In extreme pain, Bright searched out the best solution for his problem. After reaching several dead ends, Bright found Todd Lanman, MD, a board-certified neurosurgeon specializing in the treatment of spinal disorders at Saint John's Health Center. Dr. Lanman is a leading authority on artificial disc replacement and minimal-access surgical techniques performed through micro-incisions. "My practice is dedicated to the relief of pain and motion preservation. My goal is to keep patients as active as possible," said Dr. Lanman.

The conventional treatment for severely damaged discs is to remove the discs and then use bone grafts from a patient's hip or from a cadaver to fuse adjoining vertebrae together. "But many patients are reluctant to use bone grafts because fusion limits mobility," Dr. Lanman said. "With artificial

disc replacement, we insert an implant between the affected vertebrae after removing the damaged disc."

The mechanical movement of artificial discs, which are made of titanium and high molecular weight polyethylene, is closely comparable to normal movement within the vertebral segment. "Using artificial discs, we are able to restore normal disc height and achieve nearly complete pain relief while preserving mobility," said Dr. Lanman.

Dr. Lanman, who has performed artificial disc replacement on many athletes, found Bright to be a good candidate for the procedure. "He had two degenerated disks in his lower spine and was very motivated to return to his active lifestyle," Dr. Lanman said. "After surgery, patients need to be willing to engage in exercise therapy for about eight weeks. I do half the work and the patient needs to do the other half to achieve optimal results."

"I was walking around within a week, and two months later I was jet-skiing," recalled Bright, now 46. "Four months later, I was kite-surfing 30-foot waves, and I paddled 45 miles soon after. I'm able to do everything I did before I had back problems, and I know that my back will never give out on me again." ■



## new innovative treatment for atrial fibrillation pioneered at Saint John's

Nonsurgical LARIAT procedure reduces stroke risk in patients who can't tolerate blood thinners

Cardiologists at Saint John's Health Center are the first on the West Coast—and only the second in the entire nation—to perform an innovative nonsurgical procedure using sutures to tie off the left atrial appendage (LAA). LAA is the primary source of blood clots leading to stroke in patients with atrial fibrillation (AF). The most common heart rhythm disorder, AF causes the upper chambers of the heart to beat fast and erratically. If uncontrolled, the condition can have serious consequences, including stroke and early death.

The first LARIAT procedure, which precludes the need for open-heart surgery, was performed in late August by Shephal

K. Doshi, MD, Director of Cardiac Electrophysiology and Pacing at Saint John's. With the patient under general anesthesia, the physicians guided two catheters into the patient's heart to seal the LAA with a pre-tied suture loop—similar to a lasso—with the new FDA-approved LARIAT® Suture Delivery Device.

“The ‘lasso’ is a very attractive alternative to the possibility of a lifetime of blood thinners (warfarin and Coumadin®) that can have serious side effects, as well as to invasive open-heart surgery,” Dr. Doshi said.

This nonsurgical lasso procedure could provide long-term protection against stroke in patients with AF who are unable to tolerate blood thinners. Dr. Doshi and

the Saint John's cardiology team placed the pre-tied suture loop on the outside of the LAA using a pericardial approach, similar to what is used in surgery, without having to spread the ribcage or cut through bone to access the LAA. Rather than a surgical procedure, the technique uses a needle to introduce catheters into the heart.

Approximately 6 million adults in the United States have been diagnosed with AF, and the condition accounts for more than 20 percent of stroke-related deaths. Individuals who do take blood thinners and other anticoagulants must rigorously manage the level of the drugs in their blood. For some, this management regime can mean monthly tests over the course of many years. By eliminating the

need to take long-term medications, the LAA procedure can reduce the need for frequent medical visits.

“This pioneering work has the potential to help redirect the field of cardiac rhythm disorders,” said Lou Lazatin, Chief Executive Officer of Saint John's. “It immediately follows the groundbreaking work Dr. Doshi and Saint John's completed in evaluating a new device that is another excellent alternative to blood thinners.”

From February 2005 through June 2008, the Saint John's team, led by Dr. Doshi, participated in a clinical trial evaluating the WATCHMAN® device in 59 centers in the United States and Europe. A polyester fabric-covered, expandable

“We are currently the worldwide leader in implant volume, and our safety record is outstanding.”

—Shephal K. Doshi, MD

metal cage that resembles a parachute, the device is guided through a catheter that is inserted into a vein in the upper leg, and then threaded through the atrial chambers. Once appropriately positioned, the WATCHMAN is released at the opening of the LAA, where it expands to cover the opening. The body then forms scar tissue over the device, permanently sealing off the pouch and blocking the formation and release of blood clots.

The clinical trial enrolled 707 AF patients randomly assigned to long-term warfarin therapy or implantation of the WATCHMAN device with discontinuation of warfarin. Results of the trial, published in the August 15, 2009 issue of *The Lancet*, showed that the device group had a significant reduction in the combined rate of stroke, bleeding and cardiovascular death when compared to the warfarin group. At two years, the combined event rate was 5.9 percent in the device group in contrast to 8.3 percent in the warfarin group. In successfully treated patients, the safety event rate was also lower in the device group than in the warfarin group. Based on the results of this pivotal study, an FDA Advisory Panel recently recommended approval of the WATCHMAN device.

“Saint John's enrolled 53 patients in the PROTECT AF study, and we remain one of a select group of centers that can implant this device now in patients who meet appropriate criteria,” said Dr. Doshi. “Since the conclusion of the clinical trial, we have successfully implanted another 50 devices. We are currently the worldwide leader in implant volume, and our safety record is outstanding.”

Both the LARIAT procedure and implantation of the WATCHMAN device are available to patients at Saint John's and are covered by Medicare. ■

For more information call 1-800-STJOHNS

## New Saint John's features advanced cath labs

Enhanced imaging capabilities improve treatment, safety, outcomes

The new catheterization and electro-physiology (EP) laboratories in the Howard Keck Center represent a “quantum leap” in imaging capabilities over Saint John's old laboratory facilities.

That's according to Peter Pelikan, MD, Medical Director of the Cardiac Catheterization Laboratories at Saint John's Health Center. “Instead of two labs, with a third in the old Radiology Department, we now have a four-lab unit, conveniently located on the second floor, for use by cardiologists, radiologists, vascular surgeons and electrophysiologists,” Dr. Pelikan said. Two of the labs are designed for a smaller field of view for cardiac and electrophysiology procedures, while the other two are designed for imaging body parts other than the heart, such as the abdomen, kidney or leg.

“Even more exciting than the increased number of labs is the improvement in image quality,” Dr. Pelikan added. “The new equipment produces perfectly crisp pictures. X-ray and digital images, including CT scans and MRIs, performed anywhere in the hospital, can be imported within seconds and reviewed on our monitors. This provides us with so much more data than we previously had access to, and ultimately results in more accurate diagnosis, more precise treatment, increased patient safety and improved outcomes.”

Another new lab capability is digital subtraction angiography. “We are able to take a picture, called a ‘mask,’ inject dye into an artery and then take a second picture. The computer then digitally subtracts everything in the mask from the second picture. What remains is a clear picture of the artery. The end



result is a better image with much less dye injected into the patient,” explained Dr. Pelikan.

“For various complex heart rhythm disorders, we perform catheter ablation—a procedure that destroys abnormal tissue. With our new technology, we can pinpoint the diseased tissue with greater accuracy and minimize the treatment area,” said Shephal K. Doshi, MD, Director of Cardiac Electrophysiology and Pacing. “Also, we often use cryoablation rather than radiofrequency ablation. Because we freeze rather than heat the tissue, the procedure is safer and usually painless.”

“I am particularly enthused about the labs being equipped with the latest in electroanatomical mapping and other forms of intracardiac imaging,” Dr. Doshi added. “We are part of a select group that will be the first to use this advanced technology. Our labs will also be the first in California to use laser balloon ablation to treat patients with cardiac arrhythmia, and we will continue to be an international leader in implanting devices that reduce stroke and the need for blood thinners in patients with atrial fibrillation.” ■

For more information call 1-800-STJOHNS

## Kathy Magliato, MD, to lead AHA in LA

The American Heart Association's Los Angeles Division has named Kathy Magliato, MD, Director of Women's Cardiac Services at Saint John's Health Center, as the new President-Elect of its Board of Directors.

Dr. Magliato is one of the few female cardiothoracic surgeons in the world and will be the first woman to serve as President of the Los Angeles Division Board, a post she will assume in July 2010. A recipient of many national and regional awards, including the Women's Leadership Exchange Compass Award, Dr. Magliato was recently initiated into the American College of Surgeons. She is

also the author of *Healing Hearts: A Memoir of a Female Heart Surgeon*, to be released by Random House, Inc. in late January 2010.

“As a physician, I am keenly aware of how universally respected the American Heart Association is in the medical community,” Dr. Magliato said. “This organization has played a vital role in most of the significant advances in treatment of cardiovascular disease, funding cutting-edge research and educating the public about risk and prevention. I am proud to help steer the Los Angeles Division in its efforts to continue that lifesaving and life-improving work.” ■



AMIN KASSAM, MD

# Saint John's creates international minimally invasive neurosurgery center

Saint John's Health Center has appointed internationally renowned neurosurgeon Amin Kassam, MD, as Director of the new Saint John's Neuroscience Institute and faculty member of the John Wayne Cancer Institute at Saint John's. Dr. Kassam will lead the development of the Neuroscience Institute, which will offer an international, minimally invasive neurosurgery center, as well as neuro-oncology, neuro-vascular surgery and other neuroscience services. The Institute will build on the foundation established over the last two years by Daniel F. Kelly, MD, Medical Director of the highly regarded Saint John's Brain Tumor Center.

Prior to his arrival at Saint John's, Dr. Kassam held several positions during his 12-year tenure at the University of Pittsburgh Medical Center (UPMC), including professor of Neurological Surgery, Chairman of the Department of Neurological Surgery, Director of the Center for Cranial Nerve Disorders and Director, Minimally Invasive Endo-Neurosurgery Center. Under his direction, UPMC was consistently ranked as one of America's best neuroscience facilities by *U.S. News & World Report*.

Among his many innovations at UPMC was the establishment of the multidisciplinary Minimally Invasive Endo-Neurosurgery Center, which deals with complex skull base pathology. Dr. Kassam also was a pioneer in the development of the Expanded Endonasal Approach, which uses the nostrils as natural portals to remove brain and skull base tumors rather than traditional open skull surgery.

"We are privileged to have someone of Dr. Kassam's unique and rare expertise join Saint John's," said Lou Lazatin, Chief Executive Officer of Saint John's and John Wayne Cancer Institute at Saint John's. "His appointment advances what Dr. Kelly founded at Saint John's. The Kelly and Kassam team will further our mission of providing breakthrough medicine with inspired healing."

Dr. Kassam is the latest in a series of nationally recognized medical experts to join Saint John's from leading academic medical centers, dating back to the relocation of the John Wayne Cancer Institute from UCLA in 1991. Saint John's began developing its neuroscience program with the arrival of Dr. Kelly

**Dr. Kassam will lead the development of the Neuroscience Institute, which will offer an international, minimally invasive neurosurgery center, as well as neuro-oncology, neuro-vascular surgery and other neuroscience services.**

from UCLA and the establishment of Saint John's Brain Tumor Center in 2007. The Brain Tumor Center provides comprehensive care, minimally invasive surgery and support for patients with brain tumors, skull base tumors and pituitary adenomas.

"I am blessed to have the opportunity to join Dr. Kelly, a true world authority and innovator in minimally invasive

neurosurgery," Dr. Kassam said. "And I am very excited about practicing at Saint John's Health Center, with its unwavering commitment to patient care and its new state-of-the-art facility that is the future home of the Chan Soon-Shiong Center for Translational Sciences. I hope to be able to contribute to the foundation Dr. Kelly has established in Southern California and to the history of groundbreaking research at the John Wayne Cancer Institute."

Dr. Kassam has performed more than 3,000 neurosurgical procedures, including more than 1,000 minimally invasive endoscopic endonasal procedures. He specializes in minimally invasive endoscopic brain tumor surgery, vascular surgery, skull base surgery, pituitary surgery, tumors, trigeminal neuralgia and hemifacial spasm. His recent focus has been on the development of a surgical tube combined with detailed fiber tract mapping to allow maximal and safe endoscopic removal of deeply situated brain tumors. A board-certified neurosurgeon, Dr. Kassam is widely published and is an internationally renowned teacher and lecturer. ■



JAIME SHAMONKI, MD

# safeguarding community blood supply

The Transfusion Committee of Saint John's Health Center has launched an advanced blood management program to further safeguard the community's blood supply. The cornerstone of the program is the implementation of evidence-based transfusion guidelines to optimize the use of blood and blood products, and reduce variability in transfusion practice at Saint John's.

"We are studying hospital transfusion practices to broaden the awareness of practitioners regarding the risks versus benefits of blood transfusions, alternative treatments and their economics," said laboratory physician Jaime Shamonki, MD, who is spearheading the new program along with pathologist David Krasne, MD, and Transfusion Committee Chairman and Saint John's Director of Cardiovascular Surgery John Robertson, MD. Another key component of the program is education of patients about blood transfusions and effective alternative options. "This is a far-reaching effort on the part of the hospital and medical staff to promote safe and clinically effective blood utilization practices," said Dr. Shamonki.

Dr. Shamonki pointed out that advances in minimally invasive surgeries, new technology and medical research have demonstrably changed the science of blood transfusions. Although donor blood transfusions can be lifesaving, they are not without risk. While the most serious risks, including transfusion reactions and infections, have been minimized by current scientific methods, research shows that, as a "liquid transplant," donor transfusions may alter the immune system, with potentially long-term effects.

"We feel our program can help us notably reduce blood utilization over time while improving patient care and increasing patient safety," Dr. Shamonki noted. "It's a 'win-win' for our patients and community. Patients know that when a blood transfusion is clinically called for, it will be there for them. And the community knows that through the judicious use of blood and blood products, more will be available for the hospitals in our area."

# green mission

Environmental commitment sets community example

One of Saint John's core values is stewardship—and this includes environmental stewardship. To help manage and track its efforts, Saint John's established the Environmental Stewardship Committee with Tish Starbuck, Vice President of Mission and Ethics, as its administrative champion.

"It is a part of Saint John's mission to help improve the community in which we reside," Starbuck said. "By recycling and reducing our footprint on the environment, we're not only bettering Santa Monica, but also setting an example for other businesses in the area. We're doing everything we can to make an impact."

Efforts have been underway on many fronts. By combining architectural design elements and advanced environmental technologies, the new campus is twice as energy efficient as the community standard. Using a natural gas-powered turbine with steam and heat byproducts, Saint John's co-generates up to 95 percent of its energy requirements. Among other innovations, the Health Center uses the building's water flow and sunlight to maintain comfortable temperatures inside. Compact fluorescent lamps and time-out switches are installed in both the Chan Soon-Shiong Center for Life Sciences and the Howard Keck Center, and new technology lighting systems in the Keck Center help reduce energy consumption by up to 50 percent.

Saint John's uses reclaimed water through the cooling tower, which saves 30,000 gallons daily. Installing low-flow toilets and showerheads in both buildings and using microfiber mops also have significantly contributed to water conservation. The Health Center is recycling paper, cardboard, bottles, aluminum cans, batteries and more. This year alone, Saint John's has recycled more than 16 tons of e-waste. An autoclave renders biohazard waste sanitary for disposal and reduces the volume of waste produced.

In recognition of these and many other activities, the City of Santa Monica and the Santa Monica Chamber of Commerce have selected Saint John's as the Grand Prize winner of the city's 2009 Sustainable Quality Awards. ■

# The New Saint John's

The opening of the Howard Keck Center was celebrated with a series of events that marked the addition of a significant new center to Los Angeles.



PRESIDENT AND CEO LOU LAZATIN AND SISTER MARIE MADELEINE ARE JOINED BY A DISTINGUISHED GROUP AS THEY CUT THE RIBBON, OFFICIALLY MARKING THE OPENING OF THE HOWARD KECK CENTER AT THE NEW SAINT JOHN'S.



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## [ events ]

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Mondays  
Evenings: 7-8:30 p.m.  
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Tuesdays and Thursdays  
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Since its founding in 1942 by the Sisters of Charity of Leavenworth, Saint John's Health Center has been providing the patients and families of Santa Monica, West Los Angeles and ocean communities with breakthrough medicine and inspired healing. Saint John's provides a spectrum of treatment and diagnostic services with distinguished areas of excellence in cancer, spine, orthopedics, neurosurgery women's health, cardiac and specialized programs such as the internationally acclaimed John Wayne Cancer Institute. Saint John's is dedicated to bringing to the community the most innovative advances in medicine and technology.



For more information, call 1-800-STJOHNS or visit [www.stjohns.org](http://www.stjohns.org).

THE SISTERS OF CHARITY JOIN CARDINAL ROGER MAHONEY AT THE BLESSING OF THE NEW SAINT JOHN'S