

breakthroughs

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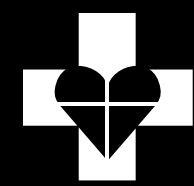


Orthopedic Surgeons So Advanced They Can Mend Lives

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The John Wayne Cancer Institute at Saint John's



**Saint John's
Health Center**

Breakthrough Medicine. Inspired Healing.™

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JOHN REGAN, MD

advances in joint surgery shorten recovery times and increase durability



ANGELA LANSBURY

“Playing an eccentric psychic medium who stirs up ghostly trouble in *Blithe Spirit*, Angela Lansbury is the spark in the new production of Noel Coward’s 1941 comedy. Watching the 83-year-old Lansbury work her magic is endless fun... You wonder what the actress will do next, and when she launches into her go-into-my-trance dance, she’s simply hilarious.”

This was the recent review *New York Daily News* critic Joe Dziemianowicz gave multiple joint replacement patient Angela Lansbury for her new Broadway performance. It’s also reflective of the positive reviews the four-time Tony Award and six-time Golden Globe winner gives to her surgeon.

Suffering from excruciating hip pain, Lansbury had her first joint replacement surgery in 1994 at Saint John’s Health Center after the end of the ninth year of her hit television series, *Murder She Wrote*. Her operation was performed by Saint John’s orthopedic surgeon John Moreland, MD.

“It’s terribly important that the surgeon you choose be performing surgery on a regular basis,” Lansbury said. “Dr. Moreland is an absolute expert.”

During the 14 years since her first surgery, Lansbury turned to Dr. Moreland for replacement of her other hip and both knees. As a result, the highly respected, versatile actress has extended her career to cover seven decades. “At 83, I look to many more good years thanks to Dr. Moreland,” said Lansbury,

“It’s terribly important that the surgeon you choose be performing surgery on a regular basis.” —Angela Lansbury

who already has another play in the works.

Dr. Moreland points to Lansbury as an example of the durability and high functional levels of modern joint replacement procedures. “Recent advances in surgical techniques, surgical implants and pain control have made incredible improvements in recovery time and durability of joint surgery,” said Dr. Moreland, who is board-certified and one of only 100 members of the American Hip Society.

Dr. Moreland points to another of his patients, Warner Brothers actress and writer Moira Squier, as an example of how quickly hip patients can now recover. At only 43, Squier suffered from



JOHN MORELAND, MD

JOHN MORELAND, MD

Dr. Moreland has performed thousands of surgeries during more than 30 years of specializing in joint replacement surgery. He is a clinical faculty member at the David Geffen School of Medicine at UCLA and has a solo practice on the campus of Saint John’s Health Center. He is widely published and has lectured around the country. **For more information about Dr. Moreland or another Saint John’s physician, call 1-800-STJOHNS or visit www.stjohns.org/ortho.**

osteoarthritis and hip dysplasia.

After in-depth research, Squier turned to Dr. Moreland. She met with him on a Monday and had surgery three days later. Nine days after surgery, she returned to work. She walked without crutches after two and half weeks. And within four weeks, she was back in the gym. “Dr. Moreland was amazing,” she said. “The chronic pain affected me so much, and

he and the hospital staff brought me relief so quickly. Plus, my scar was only four inches long. I’m still asking myself, ‘How did they do that?’”

According to Dr. Moreland, the improved surgical methods allow surgeons to avoid cutting muscles, which prolongs recovery. In addition, more minimally invasive techniques allow patients to return home sooner. ■

“breakthrough medicine. inspired healing.”SM

For more than 65 years, the physicians and employees of Saint John’s Health Center have focused on our healing ministry. Although we have been reserved and quiet about our accomplishments, we have never wavered in providing high-quality care to our surrounding communities.

Recently, we conducted market research to help us determine how Saint John’s is viewed in the communities we serve. Even with our internationally recognized physicians and the major construction occurring during the last few years to replace our hospital, many people in the West Los Angeles areas were unaware of the academic-level quality of care we provide. While some people were not familiar with Saint John’s, all participants were interested in hearing more about our programs and services. Based on this feedback and more, we have embarked on a new awareness campaign. Central to the campaign will be creating forums for our nationally renowned physicians to explain how they use the latest medical technology and techniques to diagnose and treat the major health issues facing our community.

This awareness campaign will have an organizing theme or “tagline”: *Breakthrough Medicine. Inspired Healing.*SM The tagline balances Saint John’s commitment to providing leading-edge medicine with unwavering compassion and personalized care—elements embedded in the healing mission of our organization.

One of the major avenues to share information will be our new community magazine, *Breakthroughs*. Beginning with this issue, we will send you a copy of the magazine every quarter. Each issue will include insightful stories related to our core services, including cardiac care, oncology, orthopedics and women’s health.

I am confident you will find the articles helpful and that they will give you a better understanding of the academic-level quality of care and compassion available to you at Saint John’s Health Center.



Kind regards,

Lou Lazatin
President and Chief Executive Officer

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Breakthroughs is the official quarterly community magazine of Saint John’s Health Center, nationally recognized for its outstanding medical care and patient safety.

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ON THE COVER:
JOHN MORELAND, MD

anterior approach hip surgery gets tom watson back in his game



JOEL MATTA, MD, IN SURGERY.



TOM WATSON

More and more Americans needing hip replacement surgery are turning to surgeons who use the anterior approach.

hip surgery.

“The anterior approach is a dramatic improvement in hip surgery that helps people get back on their feet faster, without restrictions,” Dr. Matta said.

Watson’s experience was everything he expected. The day after surgery, he left with only a cane and boarded a plane back to his home in Kansas City. A week later, he was able to walk without a cane. He put his hip to the test two months later by hitting 200 consecutive golf balls and experienced “no issues.” Within four months, he was back on the senior professional golf circuit.

Dr. Matta said that the success of the surgery is enhanced by using a special table with robotic function that he developed with a surgical equipment company. The HANA™ table holds and turns the patient and lower extremity precisely as needed, giving the surgeon better access and limiting soft tissue trauma.

“The special table, supine patient position and during-surgery X-ray checks combine to ensure that both the position of the components and leg length will be correct, which are critical to normal hip function,” Dr. Matta said.

Tom Watson agrees. “Hip rotation drives the golf swing, and the anterior approach is the way to go for hip replacement surgery,” he said. ■

lot of due diligence, I selected Dr. Joel Matta.”

Dr. Matta is the founder and Medical Director of Saint John’s Hip and Pelvis Institute. He also is one of the world’s leading anterior approach hip replacement surgeons. He has performed more than 1,800 anterior approach hip surgeries and trains physicians around the world.

The anterior approach lets the surgeon reach the hip joint from the front of the body instead of from the back or side, and with a 3- to 4-inch incision. This allows the hip to be replaced without

detachment of muscles from the pelvis or thigh bone (femur) during surgery.

Watson concluded that the anterior approach had a number of advantages over other hip replacement techniques. His research determined that the anterior approach is the least invasive, allows for faster recovery times, provides maximum range of motion and reduces risk of complications such as hip dislocation. More and more Americans needing hip replacement surgery are turning to surgeons who use the anterior approach. Saint John’s Health Center is arguably the leading center for anterior approach

JOEL MATTA, MD

Dr. Matta is the founder and Medical Director of Saint John’s Hip and Pelvis Institute. He pioneered the anterior approach procedure in North America. He chairs organizations and teaches courses about the anterior approach technique to other surgeons both nationally and internationally. Dr. Matta is board-certified and one of only 100 members of the American Hip Society, and one of only 100 members of the International Hip Society. Dr. Matta and the other Hip and Pelvis Institute surgeons—Andrew Yun, MD, and Robert Klenck, MD—have performed more than 2,500 anterior approach primary hip surgeries. **For more information about Dr. Matta or another Saint John’s physician, call 1-800-STJOHNS or visit www.stjohns.org/ortho.**

Renowned golfer Tom Watson’s hip caused him so much pain that he couldn’t sleep, let alone play competitively on an 18-hole course. The winner of eight major championships, Watson had a severely limited range of motion and knew his game was jeopardized. It was time for hip surgery.

“I studied a variety of surgeons and techniques. I wanted to know about complication rates, recovery time and how well the anatomy was put back together,” Watson said. “I decided on total replacement rather than hip resurfacing. Then I sought the best surgeon. After a

hip resurfacing

Preserving bone offers a new lease on an active life

Roy Rosenblatt has been active all of his life. Running, tournament tennis, distance cycling, hiking—you name it, and Rosenblatt was doing it with the gusto that defines his personality. But when extreme hip pain from osteoarthritis began to take a toll on his regular activities, he decided to take action.

His journey took him to a chiropractor, a physical therapist, a pain management doctor and then to arthroscopic surgery and rehabilitation. After all of that, Rosenblatt found himself at age 55 in even worse pain, using a cane and with no cartilage left in his hip. Finally, Rosenblatt came in contact with Andrew Yun, MD, an orthopedic surgeon at the Hip & Pelvis Institute at Saint John’s Health Center, who recommended hip resurfacing.

“Hip resurfacing allows people like Roy to get back to their normal activities. It’s really an athlete’s dream,” said Dr. Yun. “With hip resurfacing, the worn cartilage and damaged first layer of bone are replaced with a fresh, low-wearing metal surface. The procedure reproduces normal anatomy and normal bone loading, allowing for athletic activities that normal hips can tolerate, including impact activities after successful rehabilitation.” In contrast, total hip replacement requires replacement of the upper segment of bone with a large metal stem.

Researchers have found the best candidates for hip resurfacing are active people, ages 40 to 55. Older people with good bone quality and overall health, however, may also be considered. Dr. Yun has performed hip resurfacing on a variety of patients with traumatic injuries or osteoarthritis, including a NASCAR racer, a fire chief and an international surfer. “All were able to get



ANDREW YUN, MD

back to their usual lifestyles. The racer is back to competition. The fire chief is still the fire chief, and the surfer just traveled to Indonesia in search of the perfect wave,” said Dr. Yun.

Having undergone the procedure in April 2008, Rosenblatt admits that the post-surgery rehabilitation is tougher than most, but he feels it is worth it. “I was initially walking using crutches. Within three weeks, I was walking a mile each day. Now, I’m cycling again,” Rosenblatt said.

“You are supported not just prior to surgery—but, importantly, post-surgery and during rehab. Dr. Yun views our relationship as a lifetime commitment, which means a lot. I recommend this to anyone who’s a candidate. It will change your life,” Rosenblatt added. ■

“Hip resurfacing allows people to get back to their normal activities. It’s really an athlete’s dream.” —Dr. Yun

For more information, call 1-800-STJOHNS or visit www.stjohns.org/ortho.

spine program

Comprehensive approach offers one-stop care

Many back and neck problems are the result of stress or overuse and get better on their own. But when the pain continues, it may indicate a serious condition, such as osteoarthritis or a herniated or degenerated disc. Getting an accurate diagnosis and determining the best way to treat the problem can be quite complex, as well as time-consuming.

That is why Saint John’s Health Center has assembled a team of orthopedic surgeons, rehabilitation specialists, exercise therapists and pain experts to offer a comprehensive, one-stop treatment facility for spinal conditions. Focused on minimally invasive treatments, the Spine Program also provides corrective surgical procedures, as well as the latest conservative healing and rehabilitation practices. Staffed by seasoned experts, the team uses the most advanced technology available to determine an accurate diagnosis.

Whether the need is for complex surgery or just relief from the aches and pains experienced by the occasional weekend warrior, the Spine Program at Saint John’s Health Center provides the latest approaches. ■

For an expert spine surgeon, call 1-800-STJOHNS or visit www.stjohns.org/ortho.



JOHN REGAN, MD



ADAM RAMIN, MD

da vinci prostate surgery

Advanced robotics improves accuracy, speeds recovery

When Mo Borghei was facing surgery for the removal of his cancerous prostate at age 62, he looked at all the options. “I did a lot of research on the Internet and discussed it with my son, who is a doctor. I then met with three doctors before I chose Dr. Ramin,” he said. “I was convinced that the da Vinci robotic procedure Dr. Ramin performs was my best choice.”

Dr. S. Adam Ramin, a urological surgeon at Saint John’s Health Center, performed the first da Vinci minimally invasive, laparoscopic, robotic-assisted prostatectomy at Saint John’s more than six years ago and has since performed more than 500 procedures. “The da Vinci Robotic Prostatectomy and Pelvic Lymph Node Dissection procedure allows for the entire operation to be performed through very small skin incisions. A small telescope is placed into the abdomen through the belly button and pencil-thin instruments are introduced,” explained Dr. Ramin.

“There are some terrific benefits for patients like Mo, as there is faster recovery and little pain since open surgery is

avoided. With the da Vinci procedure, there is also minimal blood loss, with less than 1 percent of patients requiring a transfusion,” Dr. Ramin said.

Patients usually stay in the hospital for one to two days, followed by two to three weeks recovering at home before resuming all normal activities. Many patients return to work and sports activities within two weeks after surgery. “Within a week after surgery, I was working part-time, and within three weeks, working full-time,” reported Borghei. “I definitely recommend this. It’s a lifesaver.”

The da Vinci procedure is performed with a computer-enhanced surgical system that uses robotic arms holding pencil-thin surgical instruments and a surgeon’s console that controls the robotic arms. The robot’s surgical instruments move under the direction of the surgeon’s hands. The surgeon views the operative field through a 3-D TV screen. “Because the instruments move like your wrist, the procedure is extremely precise, and you can navigate around organs with greater ease,” explained Dr. Ramin.

The highly magnified 3-D viewing screen allows the surgeon to feel “immersed” within the patient, aiding in the differentiation between healthy and diseased tissue. The surgeon is able to accurately remove the prostate and pelvic lymph nodes while preserving vital structures such as the neurovascular bundles responsible for erections and pelvic floor muscles responsible for quick recovery of bladder control.

Men in the early stages of prostate cancer with at least a 10-year life expectancy are excellent candidates for the da Vinci procedure. Men with locally advanced or highly aggressive cancers are also candidates if the adjacent tissue is not involved, and those who have gone through chemotherapy with little to no results should also consider this procedure. “Within a month after surgery, the patient will know if he is cancer-free, as opposed to up to two years after radiation. That’s a big plus,” Dr. Ramin said. ■

For more information, call 1-800-STJOHNS or visit www.stjohns.org.

melanoma clinical trial

Trial offers less toxic treatment for advanced disease

An estimated 62,480 new cases and 8,420 deaths from melanoma were reported in the United States in 2008, according to the National Cancer Institute. Melanoma is a serious and sometimes life-threatening skin cancer, but if found and treated in its early stages, the chances of recovery are very good. However, if it is not found early, melanoma can grow deeper into the skin and spread to other parts of the body.

“Once melanoma has spread to other parts of the body beyond the skin, it is difficult to treat,” said Mark Faries, MD, Director of Translational Tumor Immunology at the John Wayne Cancer Institute at Saint John’s. “Surgery is the first treatment for all stages of melanoma. However, in later stages it can often spread to the liver to such an extent that it can’t be removed surgically. Current treatments are ineffective. Our clinical trial, in conjunction with Delcath Systems, Inc., is addressing this very problem.”

“Once melanoma has spread to other parts of the body beyond the skin, it is difficult to treat.” —Mark Faries, MD

Delcath’s Phase III clinical trial for the treatment of metastatic melanoma in the liver is a multicenter trial testing the company’s system for the isolated, high-dose delivery of the anti-cancer agent melphalan. The Institute is one of 11 centers to be involved in this clinical trial and the only center so far on the West Coast to participate.

“What is significant about the Delcath Systems technology, known as percutaneous hepatic perfusion, is that it allows us to target only the liver without exposing the patient’s entire body to those same potent levels of the drug,” explained

john wayne cancer institute at saint john’s

World-renowned researchers pioneer advances in prevention, diagnosis and treatment

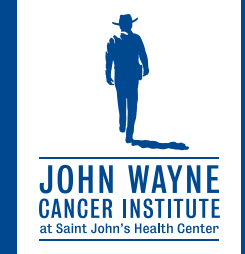
Since 1981, the John Wayne name has been committed by the Wayne Family to leading-edge cancer research and education, in memory of their father who died of stomach cancer in 1979. Originally housed at UCLA, the John Wayne Cancer Institute was affiliated with Saint John’s Health Center and opened in Santa Monica in 1991. Over the next decade, eldest son Michael Wayne served as Chairman of the Board—a position he held until his death in 2003. Patrick Wayne, Michael’s brother, now serves as Chairman of the Board and continues the family’s determination to find a cure for this dreaded disease.

The Institute’s acclaimed scientists and surgeons have been at the forefront of translational research and the treatment of solid tumors, including surgical oncology, immunotherapy, chemotherapy and radiation. One such breakthrough, the sentinel node biopsy, is now the international diagnostic standard for melanoma and breast cancer, offering a minimally invasive technique to determine the spread of tumor cells.

Today, the tradition of innovation continues as Institute researchers conduct multidisciplinary, clinical translational investigations on many complex cancer problems, focusing in particular on melanoma, breast cancer, prostate cancer, colon cancer and sarcoma.

While there have been many advances in scientific knowledge and therapeutic modalities, surgery still remains the most frequently used and single-most effective treatment of solid tumors. The Institute’s surgical oncology fellowship program was developed to train and educate world-class surgeons to find solutions to currently unsolved cancer problems. Recognized as one of only 16 training programs in the United States approved by the Society of Surgical Oncology, the program has trained more than 100 surgical oncologists and remains a leader in surgical oncology education. ■

For more information, visit www.jwci.org.



Dr. Faries. “This way, we can give a much stronger dose of melphalan.” Currently, the standard treatment for metastatic melanoma in the liver is chemotherapy to the entire body.

“Initial clinical results from studies treating cancer in the liver indicate that delivering more drug to the tumor site and less to the other regions of the body enhances tumor shrinkage, with improved quality of life over systemic cancer therapies,” added Dr. Faries. “And so far with certain melanomas, data has shown that some patients will have tumors disappear, and more than 50 percent will have significant reductions.” ■

pioneering molecular assessment

More sensitive techniques may help identify patients at high risk for recurrence of colorectal cancer

Colorectal cancer kills about 50,000 Americans every year. The disease frequently spreads to other areas of the body, such as the liver, making it difficult to treat. Even when patients are judged to be cancer-free, the disease can recur, indicating that conventional pathology techniques may miss microscopic tumors.

In a pioneering multicenter study, led by researchers at the John Wayne Cancer Institute at Saint John’s, investigators compared a conventional pathology method with newer techniques. “Our goal was to apply highly sensitive detection methods to specimens from early-stage colorectal cancer patients, and evaluate whether these advanced methods could help predict which patients are likeliest to recur, so that they could receive more aggressive therapies,” said Dave S. B. Hoon, PhD, Director of Molecular Oncology at the Institute and the study’s senior scientist.

Over a five-year period, researchers analyzed sentinel lymph nodes (SLN) from 67 patients and blood samples from 34 patients with early-stage colorectal cancer. Sentinel lymph nodes removed during surgery were paraffin-embedded and analyzed for the presence of cancer cells using three methods: routine pathology with hematoxylin and eosin (H&E) staining; cytokeratin immunohistochemistry (IHC); and molecular



analysis using quantitative real-time reverse transcriptase-PCR (qRT-PCR), targeting messenger RNA (mRNA) biomarkers.

In patients whose SLN were originally believed to be tumor-free using H&E staining—but whose cancer recurred—30 percent of samples were found to be positive for cancer cells using cytokeratin IHC, while 60 percent of the samples were upstaged to positive using qRT-PCR. Using both techniques increased detection rates to 70 percent. Both the IHC and the molecular biomarker techniques demonstrated prognostic value, with patients identified as tumor-free by these methods showing increased survival compared to those who tested positive.

“This is the first prospective upstaging study of colorectal cancer SLN preserved in paraffin using molecular techniques, and one of the first studies demonstrating the clinical relevance of detecting circulating tumor cells in early-stage colorectal cancer by a sensitive molecular assay,” said Dr. Hoon.

Results of the study, published in *Clinical Cancer Research* in November 2008, will support efforts to develop more consistent, automated molecular tests for lymph nodes, as well as a reliable blood test for early-stage colorectal cancer. Such tests would be useful in early detection, in assessing a patient’s response to therapy and in monitoring for cancer recurrence. ■



women's health program

Dedicated physician panel provides superior care

Saint John's Health Center is committed to providing a continuum of care for women—from preventive education to optimal services in both outpatient and inpatient settings.

A full range of services is available for primary care and reproductive-related care, as well as for complex problems requiring specialist expertise.

"All too often, women are so busy taking care of others, they forget to take care of their own health—many don't even have a personal physician," said Saint John's Executive Vice President and COO Eleanor Ramirez, who is the administrative champion for the Women's Health Program. "We want women to know that we are concerned about their wellness and have all of the services they need."

One key aspect of the newly improved Women's Health Program at Saint John's

is the creation of a special Women's Health Physician Panel. The panel is made up of physicians who agree to provide superior care to women in an efficient, patient-friendly environment and to participate in community lectures, health conferences and other outreach efforts.

"Women deserve excellent care," said Saint John's Health Center urogynecologist and Women's Health Panel member Amy Rosenman, MD, who was one of the first to envision a women's health program. "We have the providers to give that care, so we wanted to organize and promote them in an effective manner."

Physicians participating on the panel are board-certified men and women and are available to see new and established patients, as well as return all calls, lab work and patient information in a timely manner. Doctors on the panel have

"All too often, women are so busy taking care of others, they forget to take care of their own health—many don't even have a personal physician."

—Saint John's Executive Vice President and COO Eleanor Ramirez

also agreed to provide age-appropriate screening packages, as outlined by the Women's Health Physician Committee. Approximately 250 doctors have already signed up to participate on the panel. Panel members will help Saint John's develop the best practices in patient

service and educate the community about women's health issues.

"Having this panel will help improve the responsiveness of physicians to specific women's health care needs," said Kathy Magliato, MD, MBA, FACS, Director of Women's Cardiac Services at Saint John's and one of the few female cardiothoracic surgeons in the world. "The panel will also provide women in the community with a resource for finding well-qualified doctors who have experience with the full range of women's health issues, and give these women access to the information they need to improve their own healthcare." ■

For more information about Women's Health at Saint John's, call 1-800-STJOHNS.

perinatologists manage high-risk pregnancies

Improving birthing outcomes for women with medical problems

High-risk pregnancies are on the rise in the United States. A pregnancy is considered high-risk due to medical conditions that either existed prior to pregnancy or that develop during a pregnancy, such as diabetes, high blood pressure or developmental issues with the fetus. Other causes include being pregnant with more than one baby, previous problem pregnancies or being pregnant over age 35.

"No one knows precisely how many high-risk pregnancies there are," said Lawrence Platt, MD, an internationally known obstetrician/gynecologist who specializes in maternal-fetal medicine (also called a perinatologist) at the Center for Fetal Medicine at Saint John's Health Center. "But pregnancy outcomes for women with medical problems are improving as a result of advances in ultrasound technology and ongoing perinatal research."

"When a woman is termed to have a high-risk pregnancy, her obstetrician refers her to a perinatologist," explained Dr. Platt. "We offer comprehensive services that extend from pre-pregnancy counseling through the entire pregnancy. We work very closely with the patient's obstetrician to co-manage her individual issues to try to ensure a successful pregnancy. Our scope of services

ranges from ultrasound and prenatal diagnosis to consulting on unusual medical or obstetric problems.

Most patients who are referred to perinatologists have complications requiring not only the special expertise of a perinatologist, but also the facilities of a large hospital equipped with the latest technology. "Our group came to Saint John's because we saw an opportunity to extend our academic level of care, as well as the depth of our expertise, to the doctors and patients at this center," said Dr. Platt. The group also consists of Neil Silverman, MD, a recognized expert in infectious complications of pregnancy, and Deborah Krakow, MD, internationally respected both as a perinatologist and as a medical geneticist authority in fetal skeletal development and abnormalities.

"We are focused on bringing more education about high-risk pregnancies to our community. We saw that the compassionate, personalized care offered at Saint John's mirrored our philosophy of care perfectly," added Dr. Platt. ■

For more information about Dr. Platt or another Saint John's Physician, call 1-800-STJOHNS or visit www.stjohns.org.

nicu

SPECIALIZED CARE FOR THE TINIEST NEWBORNS

When premature delivery brings babies into the world before they are strong enough to survive on their own, they are cared for in the Irene Dunne Guild Neonatal Intensive Care Unit (NICU) at Saint John's Health Center. Fully equipped with the latest technology, the unit is located next to the Maria Shriver Nursery, with a comfortable waiting area for parents. The NICU will be expanding to an 18-bed unit in August 2009.

"What I found there is caring you cannot find anywhere else. It's unlimited and way beyond what you expect...the NICU team is an incredible, harmonious, loving bunch of people."

Emily Iker, MD
Mother of twins Marco and Bianca

saint john's women's health screening packages

Primary care physicians, as part of the Women's Health Panel, are available to perform age-appropriate screening tests. We have organized exams into helpful packages. These guidelines should be discussed with a physician.

| BASIC WELL WOMAN PACKAGE AGE 18+ | COMPREHENSIVE WELL WOMAN PACKAGE AGE 18+ | PRE-PREGNANCY PACKAGE | IN YOUR PRIME PACKAGE AGE 45+ | HIGH-RISK CARDIAC EVALUATION PACKAGE as appropriate* |
|---|--|---|---|--|
| <p>Gynecologic consultation and examination</p> <p>Height, weight and blood pressure</p> <p>Breast examination</p> <p>Pap smear</p> <p>Pelvis ultrasound, if indicated</p> <p>STD screen when appropriate</p> <p>HPV vaccine, if under age 26</p> | <p>Gynecologic consultation and examination</p> <p>Height, weight and blood pressure</p> <p>Breast examination</p> <p>Pap smear, with follow-up HPV vaccine, if indicated</p> <p>HPV vaccine, if under age 26</p> <p>Pelvis ultrasound, if indicated</p> <p>Full blood investigations, including screening for blood disorders, diabetes, coronary risk (heart attack risk), kidney function, liver function</p> <p>Hepatitis screen, if indicated</p> <p>VDRL and HIV screen, if indicated</p> <p>Urinalysis</p> | <p>Gynecologic consultation and examination</p> <p>Height, weight and blood pressure</p> <p>Breast examination</p> <p>Pap smear</p> <p>Pelvis ultrasound, if indicated</p> <p>Complete blood count</p> <p>Blood grouping</p> <p>Hepatitis B screen</p> <p>Urinalysis</p> <p>Rubella and chickenpox immunity screen</p> <p>VDRL and HIV screen</p> | <p>Complete medical history</p> <p>Complete family history</p> <p>Evaluation for high-risk factors</p> <p>Gynecologic consultation and examination</p> <p>Height, weight and blood pressure</p> <p>Physical exam</p> <p>Breast examination</p> <p>Pap smear</p> <p>Pelvis ultrasound, if indicated</p> <p>Mammogram</p> <p>Bone mineral density test</p> <p>Urinalysis</p> <p>Counseling and explanation of hormone replacement therapy (HRT) and menopause</p> <p>Full lipid panel</p> <p>Blood glucose test</p> <p>Waist measurement</p> <p>Ankle brachial index</p> | <p>C-reactive protein test</p> <p>Lipoprotein A test</p> <p>Homocysteine test</p> <p>Echocardiogram</p> <p>Electrocardiogram</p> <p>Intimal medial thickness ultrasound and carotid duplex</p> <p>Aortic ultrasound</p> <p>Coronary artery calcium scoring</p> <p>Stress test</p> |

*High-risk factors include smoking, high blood pressure, high cholesterol, diabetes, being overweight or obese and physical inactivity.

Note: Not all tests may be covered by insurance. It is the patient's responsibility to discuss coverage with her insurance company.



the heart of a woman

Vague symptoms may delay diagnosis

Many people think of heart disease as a man's problem, but the disease doesn't discriminate between men and women. "Actually, heart disease is the leading cause of death for women and kills more women than men," said Nicole Weinberg, MD, a cardiologist at Saint John's Health Center. "It's the most serious threat to a woman's health, far greater than breast cancer and all other cancers."

But there is a gender gap when it comes to diagnosis and treatment for women. Dr. Weinberg attributes this disparity to women presenting symptoms that may be

vague, often leading to misinterpretation of their condition.

"Some women may come to the doctor complaining of abdominal pain, indigestion, nausea or unexplained fatigue," explained Dr. Weinberg, "while men will describe their pain as an elephant sitting on their chest, prompting a quick diagnosis and treatment."

The likelihood of misdiagnosing a heart attack in women is also increased by the fact that women tend to have heart attacks later in life, when they often have other diseases, such as arthritis

or diabetes, that can mask heart attack symptoms. According to Dr. Weinberg, another contributing factor is that younger women usually only see their OB/GYN once a year and may not get checked for heart disease at that time.

Studies have also shown that women with chest pain wait too long before heading to the emergency room. Clot-busting medication, such as TPA, is usually administered in the emergency room as part of the treatment. The medication is effective 50 percent of the time if given within the first hour, but

Studies have shown that women with chest pain wait too long before heading to the emergency room.

its efficacy drops to only 20 percent if given two to six hours later. Researchers have demonstrated that women's survival improves with these drugs, but not to the same extent as men, although it is not known why. "There are no cookie-cutter ways to treat anyone with heart disease," Dr. Weinberg added.

Since coronary heart disease is a condition in which plaque builds up inside the coronary arteries, which supply the heart muscle with oxygen-rich blood, women's physiology may be a factor. Women have smaller hearts and smaller arteries than men. One major study found that plaque is more likely to build up throughout women's arteries, whereas in men, plaque often builds up in only one or two areas.

"Doctors used to think that women in general were protected by estrogen before menopause," said Dr. Weinberg. "We now know that hormones alone do not protect women before menopause and may be a factor in heart disease. We know that women in their 20s to 50s aren't immune, either. The older a woman gets, the more likely she is to get heart disease. But women of all ages should be concerned. Prevention is important, since studies show that two-thirds of women who have a heart attack fail to make a full recovery.

"Too often people just accept they'll get heart disease if there is a family history. The key here is to be proactive and preventive," Dr. Weinberg said. According to the National Heart, Lung and Blood Institute, by doing just four things—eating right, being physically active, keeping a healthy weight and not smoking—people can reduce their risk of heart disease by as much as 82 percent.

"It's important to remember that heart disease cannot be cured. It's a lifelong condition, and once you develop it, you'll always have it. That's why knowing your risk factors and taking preventive steps are so important," added Dr. Weinberg. ■

transfusion-free surgery

Proven techniques speed recovery and minimize risk

As concerns about the availability and reliability of blood supply increase and potential health advantages emerge, more physicians, hospitals and patients are looking to transfusion-free operations as a preferred surgical option.

"Considering surgery without a blood transfusion would seem to run counter to the average person's concept of surgery," said Manuel R. Estioko, MD, a cardiothoracic surgeon and Medical Director of the Transfusion-Free Medicine and Surgery Program at Saint John's Health Center. "But it is now accepted as a modern specialty and is becoming the choice of many patients for excellent reasons: The transfusion-free approach has been found to speed healing and hasten the recovery process."

Transfusion-free surgery utilizes state-of-the-art techniques for providing medical care without using donated blood. Today, this option is available across the United States and in many different countries. "This approach is not just for open-heart surgery," emphasized Dr. Estioko. "Orthopedic, gynecologic, liver and pancreas, and oncologic surgeons are increasingly performing major operations without the use of blood. Our mission is to reduce the need for blood transfusions by taking a comprehensive approach, including detection of bleeding tendencies, treatment of anemia, diminishing blood loss, utilizing new technology and optimizing the patient's overall recovery."

Blood transfusions have been shown to depress the immune system. As a result, patients who receive transfusions may have a higher incidence of infection, longer hospitalization and a



MANUEL R. ESTIOKO, MD

higher rate of recurrence of some types of cancer. "There is mounting evidence that patients who do not receive blood transfusions have less mortality, both immediate and long-term, and fewer complications than patients who are transfused. Almost 90 percent of my patients don't receive any transfusions," said Dr. Estioko.

Bloodless procedures also minimize patient risk in other ways. Despite stringent testing of the blood supply, there is always a chance of transmitting blood-borne disease, such as hepatitis, through a transfusion. The possibility of clerical errors while handling donated blood specimens is another risk factor. And because it effectively decreases the demand for donated blood, transfusion-free surgery is a powerful tool for addressing the critical shortage of blood at our nation's blood banks.

As one of the earliest pioneers in the field, and as cofounder of the Society for the Advancement of Blood Management, Dr. Estioko has performed surgery without blood transfusions for nearly 30 years. ■

For more information, call 1-800-STJOHNS or visit www.stjohns.org.

noninvasive heart monitors

Advanced technology improves patient management

The noninvasive Reliant® Monitoring System, now being used in multiple Saint John's Health Center departments, provides physicians and nurses with continuous cardiac output and other clinical information previously only available by inserting a catheter through the veins and into the patient's heart. Catheter insertions have been associated with additional costs and potential complications that can affect patient outcomes and prolong their length of stay in the hospital.

Using a proprietary method of advanced electronics and sophisticated computer technology, the Reliant Monitor, in addition to other vital parameters, measures how much blood the heart pumps with each heartbeat. With this information, physicians can determine whether the amount of blood being pumped through the body is at optimal levels to maintain adequate blood pressure and deliver enough oxygen and nutrients to the body's tissues. Clinical studies have demonstrated that having this information

available and using it with other inputs to guide treatment can improve patient management, and help prevent or decrease the incidence and risk of complications from a number of serious health conditions.

"Having these monitors will improve healthcare, especially for individuals determined to be at higher risk for heart and blood pressure complications after cardiac surgery and for people with heart failure and serious infections," said John Robertson, MD, Director of Cardiac Surgery at Saint John's Health Center. "It's really as simple and fast as placing four EKG electrodes on a person's chest. We are pleased to be the first hospital on the West Coast to make this technology available to the community we serve."

Saint John's purchased six Reliant Monitors from Cheetah Medical, Inc., using gifts made to the Saint John's Health Foundation by donors committed to keeping Saint John's equipped with the most advanced medical technology available. ■



warning signals

SPEEDY ACTION SAVES LIVES

Some heart attacks are sudden and intense—and obvious. But most heart attacks start slowly, with only mild pain or discomfort. Often, people affected aren't sure what's wrong and wait too long before getting help. Here are some signs and symptoms that can mean a heart attack is happening:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas** of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, the most common heart attack symptom for women is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

If you or someone you are with has chest discomfort, especially with one or more of the other signs, don't wait longer than five minutes before calling for help. Call 911 for ambulance transport to a hospital emergency room. Immediate action can save lives.

Source: American Heart Association



HOWARD KECK CENTER

Its opening, scheduled for August, will mark the completion of the new Saint John's—Los Angeles' newest hospital facility.

howard keck center

“New Saint John's” nears completion

The 275,000-square-foot, four-story Howard Keck Center is in the final stages of construction. Its opening, scheduled for August, will mark the completion of the New Saint John's—Los Angeles' newest hospital facility.

The Keck building is designed from a patient care perspective, with floor configurations laid out for the most effective delivery of care. In addition, the facility will feature state-of-the-art equipment in each unit, including an imaging center housing a 64-slice CT and a 3.0 Tesla MRI, the newest and most up-to-date emergency room in the region and luxurious birthing suites.

The New Saint John's will be one of the only hospitals in Southern California fitted with the most advanced base isolators currently available. Base isolators are structural elements that keep the building stable during an earthquake. The largest ever built, the base isolators in the Keck building are part of a comprehensive infrastructure, including water, sewage and power, designed to keep the hospital open and running during any community crisis. ■

PROGRESS

Here are some of the milestones that have been achieved at the Howard Keck Center during the last few months, as well as some future signs of progress to watch for:

- All exterior scaffolding has been removed.
- A new, state-of-the-art patient TV system that features video-on-demand, email, Internet and educational videos-on-demand is in final development.
- All equipment for the building has been ordered and will be installed between March and June.
- The atrium is 85 percent complete, with scaffolding being recently removed.
- Saint John's is scheduled to take possession of the building in June. It will take two months to complete installation of equipment, training of staff and coordination of patient transfers.
- The old South Tower is scheduled to be demolished in the fall.

ACCESS

- A temporary entrance will be used until the old tower is demolished. A permanent entrance will be opened at that point.
- Special way-finding guides are being trained to help patients and guests navigate the facility once the Keck building opens.
- Detailed campus maps also are being created showing the initial temporary entrance and access, as well as the permanent configuration.
- Clearly defined signage will be installed at all key access points.



evidence-based nursing

Proven techniques speed recovery and minimize risk



With a generous two-year grant from the UniHealth Foundation, Saint John's Health Center has embarked on a training program that will enhance the practice of nursing at the Health Center.

Long established in the practice of medicine, evidence-based nursing has gained momentum in recent years, as research has documented both better patient outcomes and increased job satisfaction among nurses when they use evidence to support their practices.

“Our overall goal is to create a culture of inquiry in the Department of Nursing,” explained Crystal Bennett, DNSc, RN, Director of Saint John's Evidence-Based Nursing Practice Program. “Rather than sticking to old routines, nurses are being trained to identify and implement the best nursing practices available.”

This shift in culture will be accomplished through leadership, mentorship, education and ongoing research activities to support a systematic implementation of evidence-based nursing practices. As an initial step, Bennett has provided training to more than 70 nurse leaders, including directors, managers, clinical educators, clinical nurse specialists and charge nurses. Introductory training is currently underway for staff nurses. “The goals are to train 600 staff nurses and to identify at least one nurse from each unit who will want to engage in a mentored evidence-based project, as well as participate in research-related activities,” said Bennett.

“By reviewing the clinical literature and expert opinion, we can determine the most successful techniques and develop new guidelines and protocols. Once tested and evaluated, the ultimate result is improved patient care,” Bennett said. ■

“Rather than sticking to old routines, nurses are being trained to identify and implement the best nursing practices available.”

—Crystal Bennett, DNSc, RN,
Director of Saint John's Evidence-Based Nursing Practice Program

single incision

Latest innovation in laparoscopic surgery

“Would you rather have four incisions or one?” Matthew Lublin, MD, a laparoscopic surgeon at Saint John’s Health Center, recently asked Kelly, his 28-year-old patient who needed gallbladder surgery. It’s no surprise that she opted for the latest development in laparoscopic surgery—single-incision laparoscopic surgery (SILS).

Laparoscopic surgery is a minimally invasive surgical procedure often used to treat digestive problems. Instead of one large incision, the surgeon typically makes four or more small incisions in the abdomen through which surgical instruments and a thin, lighted tube

“Laparoscopy is continuing to evolve technologically, and single-incision laparoscopic surgery shows great promise for patients eligible for minimally invasive surgery,” explained Dr. Lublin. “With Kelly, I was able to make a single incision through her belly button to remove her gallbladder.”

Kelly enthusiastically endorses the procedure. “I had gallbladder pain for a couple of years after my pregnancy, and I was looking for the least amount of cutting when I knew I had to have this surgery,” she said. Kelly was in surgery by 5 a.m. and home by noon the same day. Three days later she was back at work. “I

“Laparoscopy is continuing to evolve technologically, and single-incision laparoscopic surgery shows great promise for patients eligible for minimally invasive surgery.”—Matthew Lublin, MD

known as a laparoscope are inserted. The laparoscope transmits pictures to a video monitor as the surgeon performs the operation. In single-incision laparoscopic surgery, the laparoscope and all of the instruments are inserted through one small incision within the navel.

Studies show patients who undergo laparoscopic surgery instead of open surgery experience reduced postoperative pain, shorter hospital stays and a quicker return to normal physical activities and work. A study published in *Surgical Endoscopy*, the journal of the Society of American Gastrointestinal and Endoscopic Surgeons, in April 2008 found a 50 percent reduction in hospital-acquired infection rates and a 65 percent reduction in hospital readmissions for patients who had laparoscopic procedures compared to those who had open surgery.

had no stitches, nothing to worry about and the quality of my life has greatly improved,” Kelly said.

Among only a few surgeons in the nation—and the only one in Los Angeles—performing the SILS procedure, Dr. Lublin anticipates that more surgeons will use SILS to remove gallbladders, appendixes and parts of the colon, rather than the standard four to six skin incisions used during standard laparoscopic surgery. “What’s exciting about SILS is that because there are fewer incisions, there is less chance of infection, less scarring and much better cosmetic results,” Dr. Lublin said. “And that means my patients can recover that much faster. That’s a win-win.” ■

For more information, call 1-800-STJOHNS or visit www.stjohns.org.



PHOTOGRAPH BY NICK WILDE
TO BE FEATURED ON THE ART WALL

media artwall

Interactive display blends art and healing

The first digital art display of its kind, the Saint John’s Media Artwall™ will engage hospital visitors with a photomosaic mural and community art gallery projected on 16 50-inch video screens on a 16-foot by 16-foot digital display. The Artwall will be installed in the Howard Keck Center’s atrium cafeteria when the new building opens in August 2009. In addition, dedicated monitors will show a live feed from the Artwall, sharing the digital images in conference rooms and patient waiting areas. Hospitalized patients will also have access to the display through one of the channels on their TV monitors.

“The experience that we really want to create is to connect people to the hospital, and to provide soothing art that informs and educates the community,” said Maura Winesburg, Vice President, Transition Planning at Saint John’s Health Center. “The benefit of the Artwall is that everyone feels a sense of ownership. Through an engaging art experience, the hospital is connected to the community, and the community to the hospital.”

In addition to being aesthetically pleasing, the Artwall has many informative applications. “People will walk into the cafeteria and see moving images such

as dolphins and sea turtles swimming across the display,” explained Deborah Roundtree, President of Roundtree Visuals and art consultant to Saint John’s.

“A 45-minute video of soothing landscape images from artist Charles Woodman will take visitors from Cape Cod to San Francisco. Short ‘visual sound bites’ will appear on the screen, letting visitors know about upcoming events and recognizing volunteers, employees and donors for their contributions. We’re really building the message into the art through the technology,” Roundtree added.

“Saint John’s is accepting submissions, including children’s artwork, from emerging and established artists from the Health Center and local community,” said Marla Koosed, Saint John’s Art Program curator. “We are pleased that more than 320 pieces of art with healing themes have been submitted. But to keep the Artwall dynamic and fresh, we need continual participation from the community.” ■

To learn more about the Artwall and how you can submit personal photos for the photomosaic mural and artwork images for the art gallery, visit www.stjohnsartwall.com.

“The experience that we really want to create is to connect people to the hospital, and to provide soothing art that informs and educates the community.”

—Maura Winesburg, Vice President, Transition Planning at Saint John’s Health Center

no one dies alone

Volunteers provide bedside comfort

It’s a nightmarish scenario—dying alone in a hospital with no family or loved ones. Now, a program is in place at Saint John’s Health Center to prevent such an occurrence. As part of Saint John’s efforts to develop a formalized end-of-life program, employees and volunteers have implemented the No One Dies Alone (NODA) program. More than 40 volunteers are on-call to be with patients who are nearing death.

Volunteers include off-hours employees as well as community members. All have undergone specialized training in the NODA program, which was initiated by an Oregon nurse and has since been adopted by more than 400 hospitals nationwide.

“All too often, an elderly person may have no family members or anyone who can be at the hospital around the clock,” said Latisha Starbuck, Vice President of Mission and Ethics. “Volunteers are able to be a comforting presence—to read, play music or talk softly with the patient.”

Starbuck recalled a situation when the husband of a young woman dying of cancer was torn between staying at his wife’s bedside and picking up their daughter from grade school. The volunteer from the Health Center was there to relieve him.

The volunteers’ visits range from a few hours to a day or more. They enter patients’ rooms with empathy and compassion,



and a rolling suitcase of supplies—including literature from all faiths and cultural backgrounds. Their service is especially appreciated by nurses, who are reassured by knowing that their dying patients are not left alone when their other responsibilities prevent them from providing the needed attention.

Volunteers are encouraged to keep a journal about their visits and are supported by periodic feedback sessions with Spiritual Care staff members, who help them process their experiences and feelings. ■

“All too often, an elderly person may have no family members or anyone who can be at the hospital around the clock.”

—Latisha Starbuck, Vice President of Mission and Ethics at Saint John’s

hospital beds find new use in africa

Thanks to the compassion and environmental awareness of Material Management employees Manny Rojas and Dave Welch, a clinic in Africa is making good use of seven of Saint John’s old hospital beds.

The two employees asked the Biomed Department to make sure that the beds—which were collecting dust in hospital storage and probably destined to end up in a landfill—were in working order. They then took responsibility for having them moved to Project Handclasp in San Diego, which matches requests from Third World agencies with donated goods. The beds were soon loaded into unused cargo space on a US Navy hospital ship and transported to the African clinic. ■



CLEFT PALATE CENTER

A cleft palate is a gap or split in the roof of the mouth. Many children with cleft palates also have cleft lips. Cleft conditions are one of the most common birth defects, occurring in one of 700 births worldwide. More than 5,000 babies are born with these deformities in the United States each year.

Under the medical direction of plastic surgeon Janet Salomonson, MD, Saint John’s Health Center has been involved in treating children with cleft problems since 1964.

“We’re a community-based team with surgeons, orthodontists, ENTs (ear, nose and throat doctors), a pediatrician, nurses and speech pathologists who work closely together to provide the most appropriate care for each individual child,” said Ann Masson, RN, Nurse Coordinator of the Cleft Palate Center. “The sooner we can connect with the family, the sooner the parents can relax and enjoy their wonderful new baby.”

Saint John’s proactive approach reflects the knowledge and expertise that the Cleft Palate Team has gained over the decades. For example, the Health Center has been on the leading edge of neonatal naso-alveolar molding. Initiated in 1993, this technique takes advantage of a newborn’s cartilage plasticity during the first six weeks of life. This procedure improves the shape and position of the distorted and displaced facial structures before surgery for a more natural-looking nose and lip.

“These patients are children first; the cleft is something to be addressed so they can move on with their lives. It’s such a joy to see the results,” said Masson.



**Saint John's
Health Center**

Breakthrough Medicine. Inspired Healing.™

Saint John's Health Center

1328 22nd Street

Santa Monica, CA 90404

(310) 829-5511

www.stjohns.org

[events]

THE FLORA L. THORNTON COMMUNITY HEALTH EDUCATION PROGRAM

Community Forum

Stroke and Heart Disease—The Cardiovascular Connection

Tuesday, May 5, 2009, 6:30 to 8:30 p.m.

Wednesday, May 6, 2009, 2 to 4 p.m.

Santa Monica Public Library, 2nd Floor-MPR

Free and open to any interested person

Advance Reservations Required—Call (310) 829-8453

Health and Wellness

Freedom from Smoking®

8-session behavior modification program developed by
The American Lung Association

Dates: To be determined (twice weekly)

Time: 7 to 8:30 p.m.

Fee: \$80

Advance Registration Required—Call (310) 829-8453

Lose Weight for Good

13-session educational support group program

Dates: To be determined (weekly)

Time: 7 to 8:30 p.m.

Fee: \$300.00

Advance Registration Required—Call (310) 829-8453

WOMEN'S HEALTH LECTURE SERIES:

Being Healthy at Any Age

Thursday, June 4, 2009 from 6:30 to 8:30 p.m.

Santa Monica Public Library, MLK Auditorium

601 Santa Monica Boulevard, Santa Monica, CA

Advance Registration Required. Call 1-800-STJOHNS

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 care, cardiac care, orthopedics, women's health 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.

