

breakthroughs

THE MAGAZINE OF SAINT JOHN'S HEALTH CENTER

Summer 2009

The New Saint John's

ALSO INSIDE THIS ISSUE:

Orthopedic Mecca for Athletes

Retaining Ovaries During Hysterectomies



**Saint John's
Health Center**

Breakthrough Medicine. Inspired Healing.™

[welcome]

ceo message

The opening of the Howard Keck Center culminates a 15-year journey to rebuild Saint John's Health Center. It also launches a new, technologically advanced era in our 65-year healing mission.

Together with the Chan Soon-Shiong Center for Life Sciences, which opened in 2005, the opening of the Howard Keck Center completes the New Saint John's, where all our efforts are dedicated to providing breakthrough medicine with inspired healing.

At the Keck Center, patients will have easy access to the latest in medical procedures and technology, conveniently located in a logical configuration. For example, we've moved our cutting-edge Emergency Department (ED) from the congestion of Santa Monica Boulevard to less-crowded Arizona Avenue. Designed with input from local paramedics, the ED is adjacent to the Imaging Center and near the Diagnostic Center, so patients needing X-rays, ultrasounds, lab work or EKGs will only have to go a hallway away.

The Imaging Center also provides fast services for outpatient testing, including a 64-slice CT and a 3.0 Tesla MRI—the most precise and advanced imaging technology available in our community.

We have combined multiple oncology units into a single site, equipped with advanced radiation oncology technology. Margie and Robert E. Petersen Cancer Centers provide treatments for brain, breast, gastroenterological, gynecological, liver and pancreas, and melanoma cancers. These centers are supported by internationally acclaimed surgeons of the John Wayne Cancer Institute at Saint John's, as well as by regionally recognized oncology specialists.

The Keck Center also includes the McAlister Women's Health Center, the newest women's health services unit in Southern California. The unit features home-like birthing suites, the Maria Shriver Nursery and the Irene Dunne Guild Neonatal Intensive Care Unit. This dedicated women's center also includes 15 rooms for women recuperating from surgery. The McAlister Women's Health Center is supported by our excellent team of Saint John's nurses, obstetricians, gynecologists, perinatologists and neonatologists.

In addition, surgeons at the new Keck Center will operate in state-of-the-art surgical suites, including three extra-large operating rooms that can accommodate additional future technology. These new surgical suites are standardized and equipped with ceiling-mounted technology for increased efficiency and safety.

We are certain that our patients will find the New Saint John's comfortable and easy to navigate. Above all, I think you'll find that our entire clinical team provides a unique blend of groundbreaking technology and techniques with personalized attention in a comfortable, healing environment.



Kind regards,

Lou Lazatin
President and Chief Executive Officer

breakthroughs



the New Saint John's 1

The opening of the Howard Keck Center is the capstone to the New Saint John's.

oncology 6

minimally invasive brain tumor surgery
new tumor treatment shows promise
advanced radiation technology

breakthroughs 8

Red Cross honors ED
patient simulator changes nurse training
cancer research awards
QVC and FFANY present JWCI \$363,875
Santa Monica grand prize winner

heart 10

when seconds count
atrial fibrillation patients have lower risks
broken heart syndrome

women's health 12

retaining ovaries offers benefits
advanced care for mothers and babies
simultaneous surgeries

orthopedics 14

orthopedic mecca for athletes
new "back jack" for spinal stenosis
acupuncturist turns to western medicine

community 17

palliative care
respite beds for the homeless

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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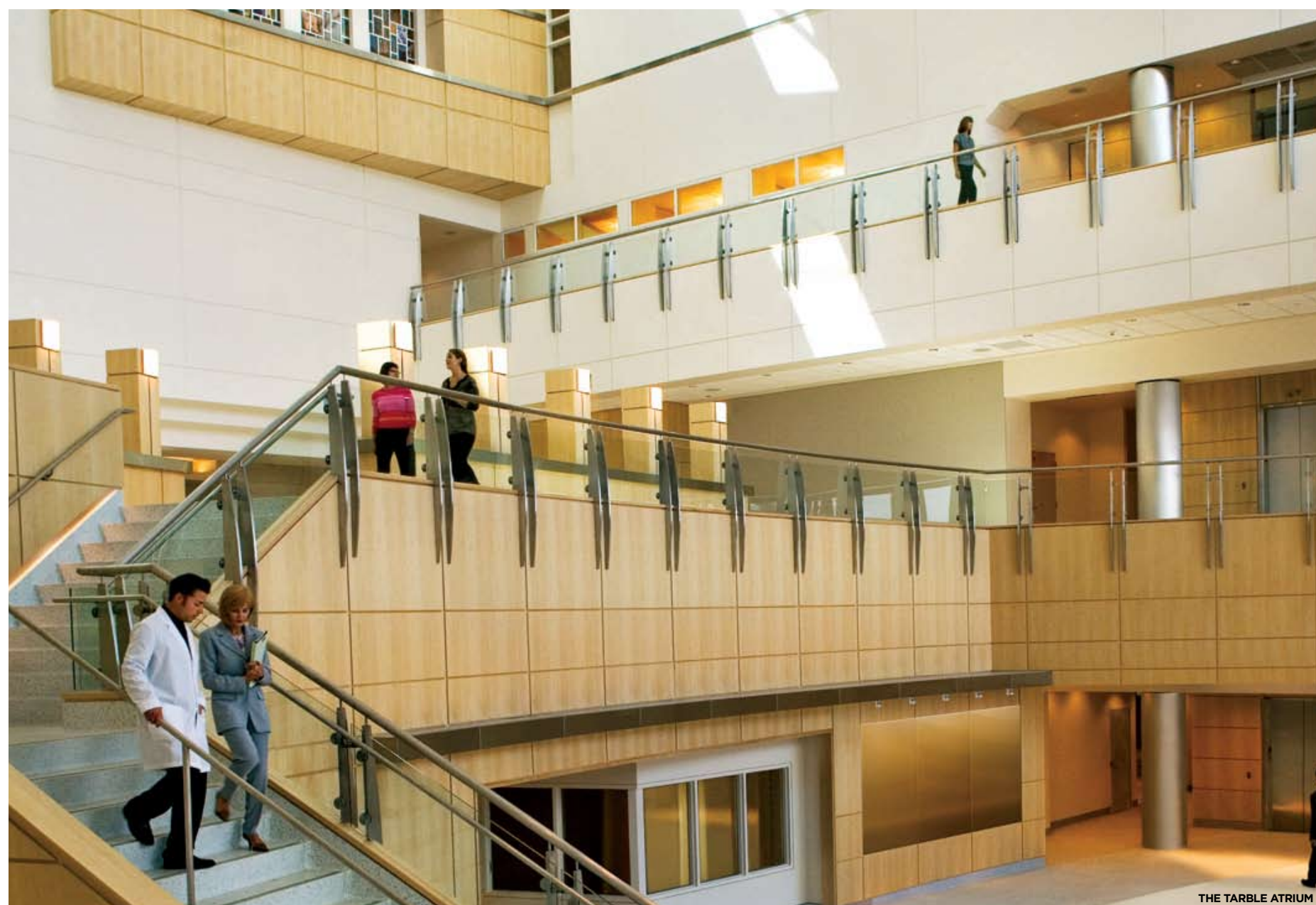


ON THE COVER:
THE HOWARD
KECK CENTER

the New Saint John's



THE HOWARD KECK CENTER



THE TARBLE ATRIUM

breakthrough medicine. inspired healing.

Embedded in the mission of Saint John's Health Center is our commitment to providing leading-edge medicine with unwavering compassion and personalized care.

For more than 65 years, the physicians and employees of Saint John's Health Center have focused on our healing ministry. Founded on a deep commitment to meeting the health needs of our community, Saint John's has grown into a nationally recognized center of medical excellence.

The opening of the Howard Keck Center is the capstone that completes the New Saint John's. From the state-of-the-art, earthquake-absorbing base isolators upon which the hospital is built to the peak of its light-filled, four-story atrium, the New Saint John's creates an inspired environment where clinical expertise and compassionate care meet every day.

Designed for optimal patient care and comfort

The New Saint John's is designed to provide the fastest, most efficient delivery of clinically advanced, lifesaving medical care

to patients. Our room designs create a healing environment for patients while offering comfortable accommodations for family members and guests.

The two buildings that make up the New Saint John's—the Howard Keck Center and the Chan Soon-Shiong Center for Life Sciences—were constructed from a patient's perspective as one complete plan, not the kind of confusing mixture of building projects that can make the hospital experience so challenging for patients, family members and staff. The two buildings have a combined total of 236 private beds, with the capability to expand to 268 beds (including semi-private rooms) during peak demand.

To better understand patients' needs and desires, Saint John's conducted focus groups with former patients, physicians, employees and governing board and community members. Their input was then benchmarked against existing best practices. More than 100 physicians and 150 staff members were involved in the planning process to develop an optimal

design for professional and patient practicalities and comfort. As a result, the new hospital provides fast, efficient patient flow and access in a uniquely comfortable, reassuring atmosphere.

The Howard Keck Center

From the moment you enter the expansive Tarble Atrium radiating with the glow of natural sunlight, the inspirational healing environment of the New Saint John's is evident. The dramatically curved, 285,000-square-foot, four-story Howard Keck Center was constructed on the site of the original hospital. Elements of the historical mission of the hospital can be found in various architectural and artistic elements of the building, from the terrazzo floors to the stained glass in the chapel.

Multiple oncology units have been brought together into a single site on the Garden Level of the Keck Center, along with state-of-the-art radiation oncology technology. Margie and Robert E. Petersen Cancer Centers provide treatments for brain, breast, gastroenterological, gynecological, liver and pancreas, and melanoma cancers. These centers are supported by internationally acclaimed surgeons from the John Wayne Cancer Institute at Saint John's, as well as by regionally recognized oncology specialists.

Using advanced technology, Saint John's nationally recognized radiation oncologists, neurosurgeons and other specialists can treat cancers, tumors and other conditions with precision and efficiency in the Vasek Polak Radiation Therapy Center. The new Trilogy™ linear accelerator technology allows patients to receive higher-dose radiation treatments precisely targeted to the tumor in shorter sessions. As a result, patients are more comfortable, healthy tissue is spared and outcomes are improved. The versatile system can also be used for radiosurgery, a less traumatic way of treating a brain tumor than conventional surgery.

At a time when many emergency rooms have been closing, Saint John's has opened the highly modern Weingart Foundation Emergency Department (ED). Designed with input from local paramedics, the new ED provides the fastest access at the point where timing of care is most critical. The easily accessible main



WAITING ROOM

entrance to the ED is now on Arizona Avenue, in marked contrast to the former, quickly congested entrance on busy Santa Monica Boulevard.

The ED is designed to accommodate up to seven ambulances and paramedic trucks simultaneously. It has 14 exam rooms, plus a Fast Track for urgent care patients. The ED is adjacent to the Mrs. Henry E. Singleton Imaging Center, so patients needing X-rays only have to be transported a few feet. This area is equipped with the latest technology for detecting and treating cancer and other conditions, including a 64-slice CT and a 3.0 Tesla MRI.

Also near the ED is the Thomas and Dorothy Leavey Diagnostic Center. This, too, is designed for patient convenience and faster medical attention.

Also located on the first floor is the advanced Frances Hilton Endoscopy Center, an ambulatory suite dedicated to gastrointestinal (GI) scope tests and procedures. Using the latest in laparoscopic and minimally invasive techniques and technology, Saint John's strives to treat and release patients to the comfort of their own home on the same day as their surgery.

Above the Emergency Department on the second floor are 13 state-of-the-art surgical suites, including three extra-large operating rooms. The new surgical suites are considerably larger to accommodate all cases regardless of specialty. They are standardized to enable physicians to move easily from one to another without needing to reorient themselves.

On the third floor is the McAlister Women's Health Center. Home to Southern California's newest Women's Health unit, it features 12 birthing suites, the Maria Shriver Nursery and the 12-bed Irene Dunne Guild Neonatal Intensive Care Unit, supported by leading neonatologists and specially trained nurses. This dedicated women's unit also includes 15 rooms for women recuperating from surgery.

Meticulous attention has been devoted to creating a healing environment. Vibrant artwork offers the aesthetically pleasing energy of artistic curiosity and cultural interest. The 16-foot by 16-foot Media ArtWall™ in the second-floor food court



The New Saint John's is designed to provide the fastest, most efficient delivery of clinically advanced, lifesaving medical care to patients.

is a massive digital canvas that displays works of local and national artists. The spiritual heritage of the hospital is depicted in wall art on the first floor of the building, while employee and physician commitment to quality care is captured in other wall displays.

The Sister Marie Madeleine Shonka Chapel, located on the fourth floor, is open to all for prayer and quiet reflection, and Mass is celebrated every day. Elements of the old Saint John's chapel have been integrated into the new chapel to incorporate the history of healing and spiritual comfort of the Sisters of Charity of Leavenworth.

The adjacent Sister Maureen Craig Garden is a haven for anyone who needs a green place to reflect, meditate or just get away for a moment or two from the bustle of the patient care areas. The Healing Garden, located between the Keck Center and the Chan Soon-Shiong Center for Life Sciences on the first floor, provides another green area for quiet repose.

As a further convenience for guests, restaurant-quality food is available in the second-floor food court, which features a diverse menu of selections. Gifts, magazines and other items can be found in the Irene Dunne Guild Gift Shop in the first-floor atrium.

Chan Soon-Shiong Center for Life Sciences

Opened in 2005, this gracefully curving, four-story, 185-bed inpatient facility houses critical care, oncology, orthopedics, cardiac and telemetry units. With the opening of the Keck building, the Chan Soon-Shiong Center for Life Sciences also has been modified and updated for increased patient acuity.

The first floor includes 48 medical/surgical rooms, divided into two triangular-shaped units with eight rooms on each side. Nurses' stations are located at the corners for easiest patient access and visibility. All of the rooms were designed with extra-large windows to bring in natural light throughout the day.



ORTHOPEDIC UNIT PATIENT ROOM

The second floor features the Donna and Ruben Mettler Critical Care Center, which includes 24 critical care and 24 post-critical care rooms.

THE CHAN SOON-SHIONG CENTER FOR LIFE SCIENCES



Rooms also feature comfortable, built-in beds for loved ones who want to stay overnight. Each room has a large, flat-screen television that offers Internet service, e-mail, video-on-demand, health education and hospital information through a single remote-control unit.

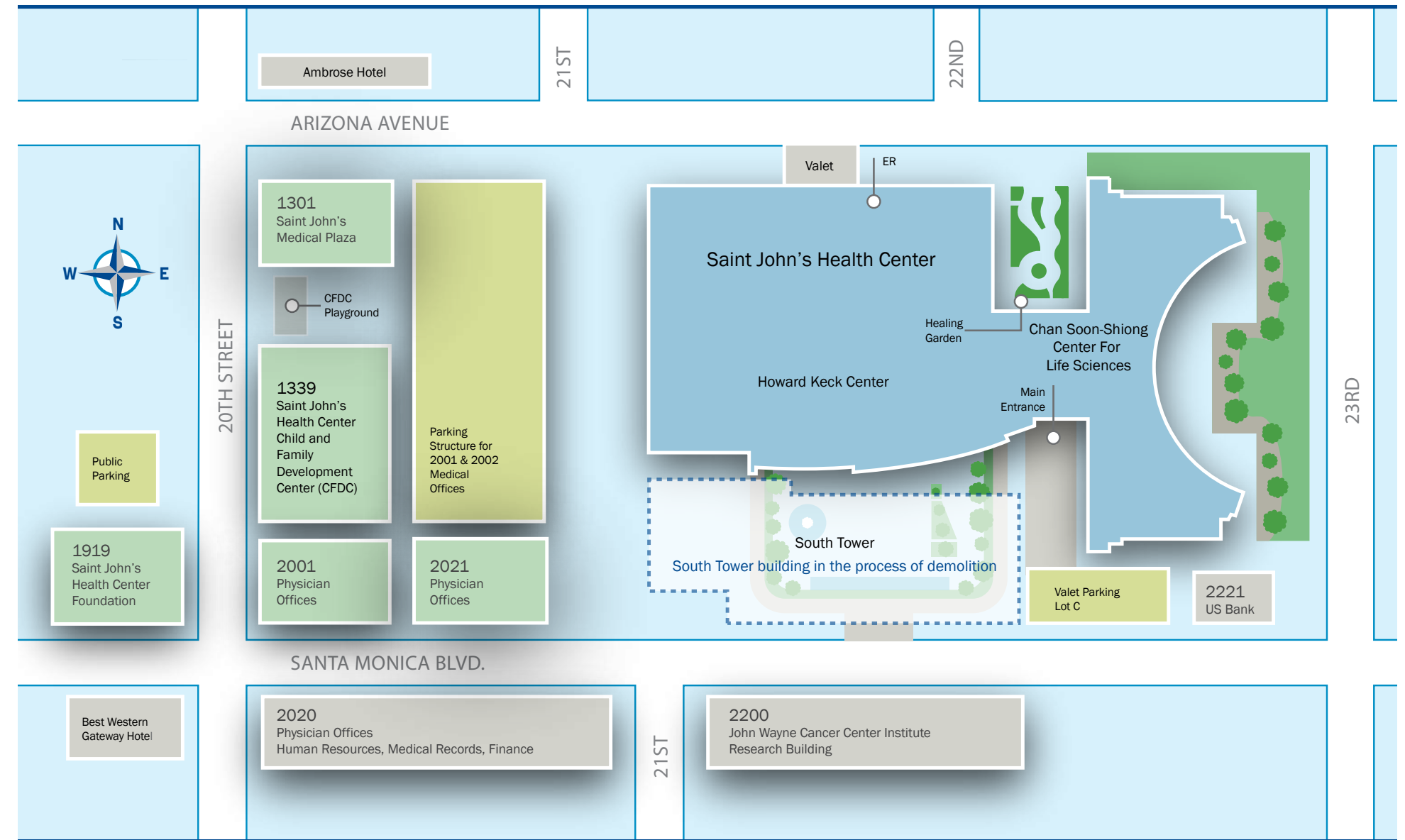
The second floor features the Donna and Ruben Mettler Critical Care Center, which includes 24 critical care and 24 post-critical care rooms. The central columns in these rooms are flexible, allowing nurses to configure each room to the patient's needs. Each nurse on this floor cares for only two patients at a time, so built-in nurses' substations are located between each set of rooms. Here, nurses can complete their charting while keeping a careful watch over their patients. Since critical care patients often have an immediate need for respiratory therapy (RT), the RT Department is also located on this floor.

The third-floor, 48-room Orthopedic Unit features a highly experienced staff dedicated to patients recuperating from spine, hip, knee and other types of specialized joint surgery. The Physical Therapy Department is also located on this floor to provide patients with easy access to the rehabilitative care they need to regain function.

The Cancer Unit is on the fourth floor. Patients are treated by surgeons from the renowned John Wayne Cancer Institute at Saint John's, other leading oncologic surgeons, oncologists and additional cancer experts. The floor also features 12 Caritas suites that are private and oversized. ■

For more information, visit www.newstjohns.org.

Saint John's Health Center campus map



directions and admitting

- Easily accessible from the 405 and 10 freeways, the main entrance to Saint John's Health Center is through the valet parking lot on the north side of Santa Monica Boulevard, just west of 23rd Street.
- A friendly concierge will greet you and direct you to the main entrance to the hospital through the Chan Soon-Shiong Center for Life Sciences. The permanent entrance to the front of the Howard Keck Center will be open in the coming months after the old hospital structures are demolished.
- There also is an emergency entrance, off Arizona Avenue through the new Emergency Department. Limited short-term parking is available for patient drop-off.
- For faster check-in, admitting has been decentralized and placed in each specialty care area. For example, emergency patients will check in at the ED entrance and Breast Center patients will register at the Breast Center on the Garden Level. Patients needing CTs or MRIs would be registered in the Imaging Center on the first floor.



DANIEL KELLY, MD

minimally invasive brain tumor surgery

Landmark study identifies best approaches for different tumor types

A landmark study by neurosurgeons at Saint John's Health Center is giving brain surgeons an edge in planning delicate operations. The study focuses on two minimally invasive approaches to remove brain tumors—through either the nostril or a keyhole-size incision in an eyebrow. Both approaches have benefits over traditional open-skull surgery (large, complex craniotomies), but choosing the best strategy for a particular patient has not been an easy call. Now, the first comparative study of these two approaches, published in the May 2009 issue of *Operative Neurosurgery*, offers neurosurgeons some guidance.

"With recent advances in micro-instrumentation, endoscopy for visualization and computerized surgical navigation, keyhole approaches are often used to remove brain tumors traditionally requiring more extensive craniotomies," said Daniel Kelly, MD, Medical Director of the Saint John's Brain Tumor Center, faculty member at John Wayne Cancer Institute at Saint John's and senior author of the study. "Going through the nose or eyebrow gives surgeons two very different minimally invasive routes to reach the same intracranial region."

Minimally invasive approaches are increasingly used to remove many types of brain and skull base tumors. The nostril route eliminates the need for either a facial or scalp incision, while the eyebrow route requires only a small incision. Compared with traditional craniotomies, both involve far less bone removal, brain exposure and brain retraction. Typically, recovery is faster and less painful, and both medical and cosmetic outcomes are excellent.

Over eight years, the researchers tracked patients who were operated on using either the nostril or eyebrow route to remove craniopharyngiomas and meningiomas, two types of benign brain tumors that arise in the skull base area near the optic nerves and pituitary gland—the "master gland" for hormonal function.

Craniopharyngiomas are tumors that occur in open spaces in the brain in both children and adults. Although benign, they can become quite large. If they interfere with intracranial blood vessels, nerves and the pituitary gland, these tumors can cause serious problems, including visual loss and hormonal dysfunction. Meningiomas, the most common benign brain tumor, typically occur in adults. A variety called

tuberculum sellae meningioma can compress the optic nerves, causing visual loss, and can also surround critical blood vessels, such as the carotid arteries.

A total of 22 patients with craniopharyngioma and 21 patients with meningioma were treated with one surgical approach or the other, and in some cases with both. An analysis evaluating the completeness of tumor removal, visual recovery and occurrence of postsurgical complications suggests the nostril route is ideal for most craniopharyngiomas, especially those located behind the optic nerves. The eyebrow route was found to be better for larger meningiomas and those that grow beyond the carotid arteries.

"Until now, no one had done an ongoing comparison of these two approaches," Dr. Kelly said. "Our experience suggests that in many cases, either route can be used, but for particular tumor types, the eyebrow route has advantages over the endonasal, and vice versa. We found that most craniopharyngiomas can be approached from below, through the nose, while large meningiomas are best approached from above, through the eyebrow.

"Both of these minimally invasive

JOSEPHINE EDU

Edu is one patient of many who has benefited from Dr. Kelly's expertise. A 43-year-old registered nurse, Edu was almost six months pregnant with twins when she found herself almost completely blind in her left eye and with deteriorating vision in her right eye. An MRI revealed a large tumor, nearly the size of a golf ball, pressing on the optic nerves and compressing the pituitary gland.

"Mrs. Edu had a meningioma, which was causing her to rapidly lose her vision and had the potential for her to lose her twins because of the tumor's effect on her pituitary hormonal function," explained Dr. Kelly.

Using the eyebrow approach, Dr. Kelly was able to completely remove Edu's tumor. Over the next several weeks, her vision markedly improved. Most importantly, three months later, she delivered healthy, fraternal twin boys. Two years after surgery, her MRI showed the tumor had not returned. Her twins—Daniel, named for Dr. Kelly, and Emmanuel, named for her obstetrician—are happy and healthy. "My life is full," Edu said. "We're waiting to see what the future will bring."

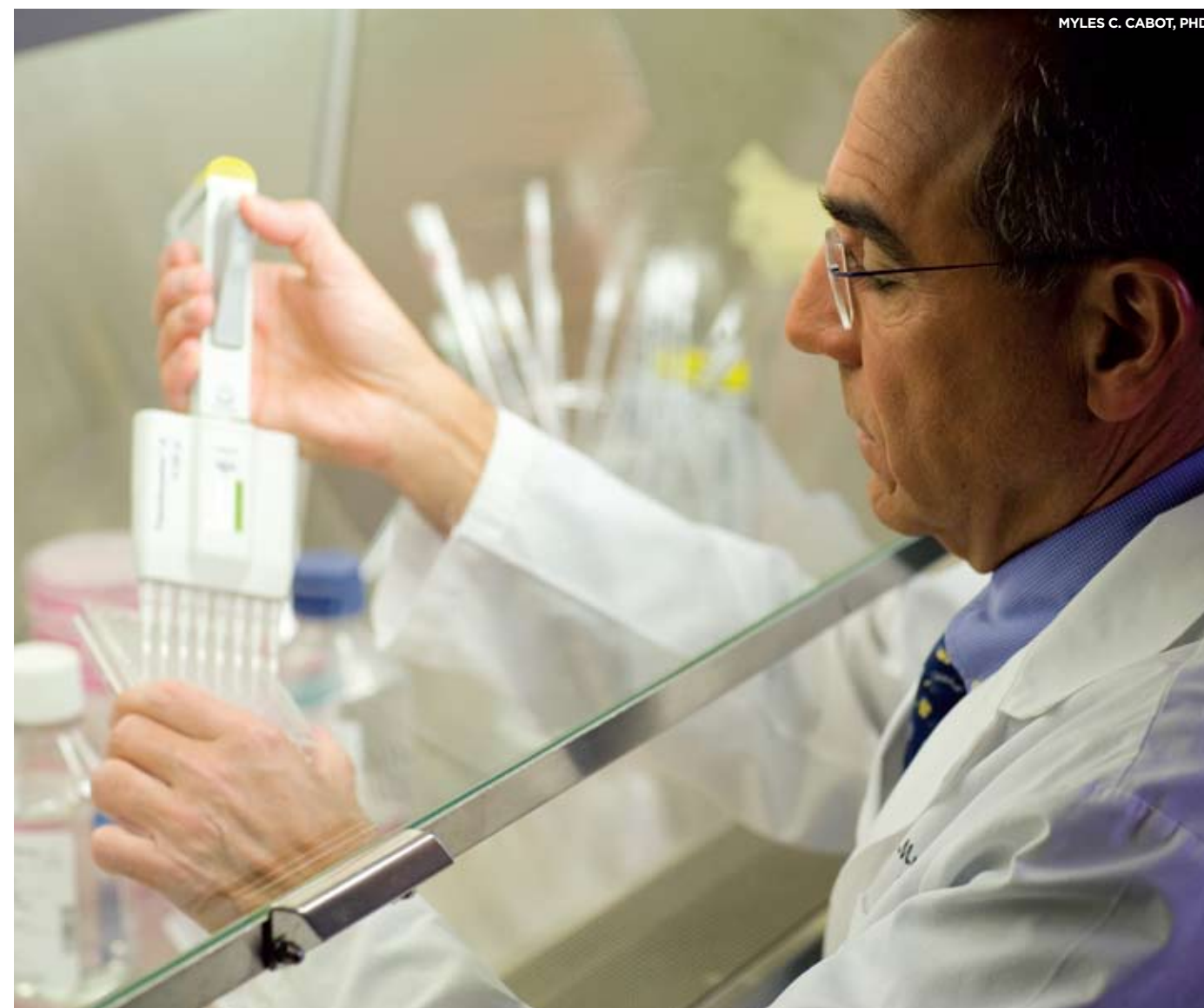
"Ultimately, surgeon experience and the specific tumor anatomy will be the deciding factors in choosing the best approach."

—Daniel Kelly, MD

approaches typically yield excellent results with rapid recovery," Dr. Kelly continued. "Ultimately, surgeon experience and the specific tumor anatomy will be the deciding factors in choosing the best approach.

"The surgeon's goals are to remove the tumor as completely as possible, to restore vision and to preserve pituitary hormonal function, with a low risk of complications," Dr. Kelly explained. But operating through such small anatomical corridors requires significant skill that can only be gained by practical experience. ■

For more information, visit www.brain-tumor.org.



MYLES C. CABOT, PHD

new tumor treatment shows promise

JWCI researcher leads collaborative effort

In a medical breakthrough, a team of researchers, including Myles C. Cabot, PhD, of the John Wayne Cancer Institute (JWCI) at Saint John's, has determined that it's actually a spoonful of cookie dough—not sugar—that helps the medicine go down.

Over the past decade, Dr. Cabot, in collaboration with scientists at the National Institutes of Health (NIH) and Children's Hospital Los Angeles (CHLA), has developed fenretinide, a vitamin A analog that is showing promise for selectively killing certain types of cancer cells.

The new drug, used alone or in combination with other anti-cancer agents, appears to be a successful therapy for recurring malignant disease in both children and adults. In order to be effective, however, fenretinide must be delivered to the disease sites at clinically effective concentrations.



"In prior clinical trials in children with neuroblastoma, it was found that large capsules of fenretinide were hard for the children to swallow and difficult for the body to absorb," reported Dr. Cabot. "The solution was to develop a unique way to effectively deliver the drug by combining it in a palatable formulation that tastes like cookie dough." An intravenous emulsion was also created for easier administration.

To speed the business of translating a scientific discovery into a readily available therapy, the JWCI, NIH and CHLA recently granted worldwide exclusive intellectual property rights to CerRx, a newly formed company in Lubbock, Texas, to commercially develop the innovative technology.

The future of fenretinide is promising, Dr. Cabot noted. "Based on studies thus far, fenretinide will likely be effective in the treatment of malignant solid tumors, leukemias and lymphomas." ■

advanced radiation technology

The Varian Medical Systems Trilogy™ linear accelerator system, recently acquired by Saint John's Health Center, is the first in a new generation of cancer care systems that are optimized for multiple forms of treatment. The Trilogy enables more rapid and more accurate patient positioning and the confirmation of site localization with ultra-precise CT scans prior to treatment. Most importantly, the technology allows patients to receive higher-dose radiation treatments precisely targeted to the tumor in shorter sessions. Saint John's also will add Rapid Arc technology to increase precision and speed of treatment—the first in the community. As a result, patients are more comfortable, healthy tissue is spared and outcomes are improved. The versatile system can also be used for radiosurgery, a less traumatic way of treating a tumor than conventional surgery. The Trilogy is particularly useful for treating prostate, head/neck, lung and brain tumors. The technology will be fully operational in the new Howard Keck Center in early 2010.



Red Cross honors ED clinicians

The American Red Cross of Santa Monica recently honored Saint John's Emergency Department and Russ Kino, MD, Medical Director of Emergency Services at Saint John's, at its Red Tie Affair gala. The Emergency Department was awarded a Spirit of Humanitarianism Award, while Dr. Kino received the Rick Crocker Spirit of Volunteerism Award for his extraordinary dedication to the field of emergency medicine.

Russ Kino, MD

Dr. Kino is board certified in emergency medicine, both in the United States and in Australia, where he won an award for graduating first in the country in the specialty of emergency medicine. Prior to arriving in Los Angeles, Dr. Kino worked in the Royal Flying Doctor Service in outback Australia, and volunteered as a doctor in East and Central Africa and in the Amazon.

Before coming to Saint John's, Dr. Kino was awarded "Outstanding Teacher of the Year" by the emergency medicine residents at Ronald Reagan UCLA Medical Center, where he worked and taught for six years. It was during this time that he had a role in the development of the TV show *ER*. Writers for the show followed Dr. Kino during his shifts, gathering material for many episodes—and many of the actors spent time with him while researching their roles.

Before coming to Saint John's, Dr. Kino was awarded "Outstanding Teacher of the Year" by the emergency medical residents at Ronald Reagan UCLA Medical Center.

After moving to Saint John's and becoming the Emergency Department Director, he graduated with an MBA from the UCLA Anderson School of Business. "With an ED to run, medical school alone wasn't going to cut it," Dr. Kino said. He has worked closely with Saint John's to keep the ED open to ambulance traffic, better treat the homeless, implement a fast track to speed patients through the ED and much more. He also volunteers his time for the David Geffen School of Medicine at UCLA, the Los Angeles County Medical Directors Association and the City of Santa Monica's disaster preparedness efforts.



Saint John's Emergency Department

The Emergency Department (ED) is often a patient's first introduction to Saint John's. Handling approximately 30,000 patients each year, nurses and physicians staffing the ED are skilled in making rapid assessments and providing expert treatment for a wide variety of cases.

By adding beds and increasing efficiency, Saint John's has significantly expanded its ED to care more effectively for patients. A greater number of less seriously ill or injured patients can now be treated more quickly than ever in our Fast Track, while those with serious injuries or illnesses continue to receive outstanding care.

Other recent innovations include bedside registration and laboratory testing, and our picture archiving communications system, which enables physicians outside the ED to provide instantaneous consultation to emergency personnel. Patients who require ongoing observation, testing or treatment, but not hospital admission, are served in our adjacent six-bed Clinical Decision Unit for up to 24 hours.

Compassionate caring meets high-tech in the ED as patients are nurtured by the Angels in the ER. The Angels are volunteers, specially trained to serve people in crisis. From answering questions to providing a cup of tea or a blanket, the Angels are a comforting presence, remaining with patients and their loved ones until patients are released or admitted to the hospital. ■

patient simulator enhances nurse training

A longtime training tool for airline pilots and military personnel, simulators are increasingly being used in the medical field. With a generous donation from the Jean Perkins Foundation, Saint John's Health Center has acquired a state-of-the-art patient simulator to train Saint John's nurses.

The Human Patient Simulator® (HPS®) is a fully automated mannequin that does everything a human does. It breathes, it bleeds, it makes real heart and bowel sounds, its joints bend, it has lifelike skin—and it talks. This top-of-the-line model is specifically designed for training in anesthesia, respiratory care and critical care.



The automated mannequin is accompanied by software that presents structured, simulated clinical experiences. "For example, critical care nurses who train on the mannequin respond to the hemodynamic changes programmed in the simulated clinical experiences," explained Shirley Edwards, RN, Director of Education. "As the patient's simulated condition changes from stable to unstable, they are taught to take appropriate actions while receiving dynamic feedback from the HPS. Today's nurses are challenged with knowing more and doing more in compressed timeframes. Using the HPS, learners are able to more quickly gain important skills without fear of harming real patients."

QVC & FFANY present JWCI \$363,875

With thousands of shoes at half the suggested retail price, shoe lovers had the opportunity to splurge in the name of charity at the 15th Annual QVC Presents "FFANY Shoes on Sale" event. The John Wayne Cancer Institute Breast Center at Saint John's Health Center was one of the beneficiaries of the televised fundraiser that benefits breast cancer research and education institutions.

QVC and FFANY representatives presented Patrick Wayne, Chairman of the JWCI Board of Directors, and William Watson, Chief Development Officer, with a check in the amount of \$363,875.

"For many years, we have greatly appreciated QVC and FFANY's generosity and deep commitment to finding a cure for this dreadful disease," said Armando E. Giuliano, MD, Chief



of Science and Medicine, Director, John Wayne Cancer Institute Breast Center. "We are making tremendous progress in research and education thanks to this high level of support."

Since its inception, the QVC Presents "FFANY Shoes on Sale" event has sold more than one million pairs of shoes and donated more than \$30 million to leading breast cancer research and education institutions. It is the largest fundraising event in the shoe industry, where dozens of top name brands, such as Nine West, AK Anne Klein, Via Spiga, Enzo Angiolini, Bandolino, Etienne Aigner, Calvin Klein, Coach Footwear, UGG Australia, Michael by Michael Kors and Naturalizer, graciously donate products to help fund research for a cure for breast cancer. ■



cleft palate team approval

The Saint John's Cleft Palate Program has been approved by the Commission on Approval of Teams, a standards review board recently established by the American Cleft Palate-Craniofacial Association and Cleft Palate Foundation. As a participating center in the Commission's pilot program, Saint John's documented rigorous adherence to national standards of care for treating children with cleft lip and palate. A cleft palate is a gap or split in the roof of the mouth. Many children with cleft palates 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 the anomalies in the United States every year. The five-year approval begins January 1, 2010. ■

research awards

Each year, oncology professionals from around the globe gather at the American Society of Clinical Oncology (ASCO) annual meeting—the premier research and educational event for the oncology community.

At this year's meeting, held May 29–June 2 in Orlando, Fla., four teams from the John Wayne Cancer Institute at Saint John's, including several Surgical Oncology Fellows, received Merit Awards for their outstanding research in the areas of melanoma, triple negative breast cancer and malignant colonic polyps.

The John Wayne Cancer Institute Surgical Oncology Fellowship Program is one of only 16 centers in the United States approved by the Society of Surgical Oncology. The program provides a synergistic learning experience between the laboratory and the clinic. Dedicated to training world-class surgeons to find solutions to unsolved cancer problems, Institute faculty have trained more than 100 surgical oncologists. This year's ASCO awards serve as a testament to the continuing quality of this prestigious program. ■

FROM LEFT: RONALD A. FROMM, 2008 CHAIRMAN, THE FASHION FOOTWEAR CHARITABLE FOUNDATION; WILLIAM WATSON, SENIOR VICE PRESIDENT & CHIEF DEVELOPMENT OFFICER, SAINT JOHN'S HEALTH CENTER FOUNDATION; PATRICK WAYNE, CHAIRMAN, JOHN WAYNE CANCER INSTITUTE BOARD OF DIRECTORS; MICHAEL GEORGE, PRESIDENT & CEO, QVC, INC.; JOSEPH C. MOORE, PRESIDENT & CEO, FASHION FOOTWEAR ASSOCIATION OF NEW YORK



green hospital

SANTA MONICA GRAND PRIZE WINNER

A variety of advanced environmental technologies and architectural design elements have been combined to make the new Saint John's twice as energy efficient as the community standard. Among other innovations, the new facility co-generates 95 percent of its energy and uses the building's water flow and sunlight to maintain comfortable temperatures. In recognition of the Health Center's environmental commitment, the City of Santa Monica and the Santa Monica Chamber of Commerce have named Saint John's the Grand Prize winner of the city's 2009 Sustainable Quality Awards.



SHEPHAL DOSHI, MD

atrial fibrillation patients have lower stroke risk with new device

An alternative to blood thinners is pioneered at Saint John's

Atrial fibrillation (AF), the most common heart rhythm disorder, causes the upper chambers of the heart to beat fast and erratically. In many patients, blood can become stagnant, pool in a small pouch at the top of the heart—called the left atrial appendage—and cause blood clots to form. These clots can break loose from the pouch, enter the bloodstream and cause a stroke.

"AF accounts for 20 percent of all strokes, and in people who have strokes, more than 90 percent of the clots originate in the pouch," said Shephal K. Doshi, MD, Director of Cardiac Electrophysiology and Pacing at Saint John's Health Center.

"To prevent clot formation, the standard treatment for the condition has been to have AF patients take the blood thinners Coumadin® or warfarin. But using the drugs creates many problems, including the risk of increased bleeding, difficulty in maintaining appropriate levels, interactions with many medications and often restriction of some patient activities," explained Dr. Doshi.

To explore a better alternative, Dr. Doshi participated in a multicenter trial evaluating the WATCHMAN® device, a polyester fabric-covered, expandable 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 device is released at the opening of the left atrial appendage, 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.

Fifty-three Saint John's patients were originally enrolled in the multicenter Protect AF study, which compared a total of 707 patients, randomly assigned to insertion of

the WATCHMAN with discontinuation of warfarin or to long-term treatment with warfarin. "The purpose of the study was to evaluate the safety and success of the device compared to warfarin treatment," Dr. Doshi said.

The results of the study, presented in April at the American College of Cardiology's 58th annual scientific session in Orlando, Fla., showed that compared with patients on long-term warfarin, patients with the implanted WATCHMAN had less bleeding and fewer strokes and deaths from cardiovascular disease. The device group was found to have a 32 percent reduction in the combined rate of stroke and cardiovascular death. After successful implantation, the complication rates were also found to be significantly lower in the device group than in the warfarin group.

Based on the results of this pivotal study, an FDA Advisory Panel has recommended that the WATCHMAN device be approved. "Saint John's has been selected as one of the few sites worldwide to continue implantation of the device for patients who qualify," said Dr. Doshi. "Since the Protect AF study ended, we have implanted another 26 devices. We currently have what I believe to be the most experience worldwide doing this procedure. Both our safety record and volume are outstanding."

The WATCHMAN device is available to patients for implantation at Saint John's and is covered by Medicare. To be a candidate for the procedure, patients must have AF and at least one of five additional risk factors: age 75 or older, diabetes, history of high blood pressure, history of stroke or history of congestive heart failure. ■

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

when seconds count

Cardiac surgery team shifts into high gear to save a life

Jeff Adams was having a tough day at work. He had a report due to his boss and the printer wasn't working properly. He jumped up from his desk, steaming mad. The next thing he knew, he was pushed back into his chair by an incredible force. Clutching his chest in excruciating pain, he barely managed to get out the words "Call 911."

After a quick response by local paramedics, the 39-year-old Adams soon found himself at nearby Marina del Rey Hospital. During the next 24 hours, he underwent a variety of tests to determine whether he had suffered a heart attack or if there were some other cause of his pain. Through imaging studies, it was determined that he had an aortic dissection. An uncommon, very serious condition, an aortic dissection is a tear in the inner layer of the aorta, the large blood vessel that carries blood away from the heart. If the aorta ruptures through the outside aortic wall, the condition is usually fatal.

"We received an urgent call in the late afternoon from Marina del Rey Hospital," said John Robertson, MD, Director of

Cardiovascular Surgery at Saint John's Health Center. "Since they don't have cardiac surgeons at that hospital, he was transferred to Saint John's.

"With aortic dissection, the patient can die at any second unless treated. Without surgery, half of all patients die within 48 hours, and only 8 percent survive a month. Unfortunately, this is what happened with actor John Ritter, who did not receive an accurate diagnosis in time," Dr. Robertson

"I felt so welcomed and warmly received. I found myself being lifted onto a gurney and then wheeled rapidly down a hallway surrounded by a phalanx of running people."

— Jeff Adams



THE MEDICAL TEAM AWAITS THE HEART PATIENT OUTSIDE THE EMERGENCY DEPARTMENT

explained. "We arranged for immediate transport to Saint John's and moved into surgical high gear. Dr. Kathy Magliato and I, along with a number of other staff members, gathered at the trauma bay to meet the ambulance."

Adams recalled the moment he arrived at Saint John's. "I was amazed to see this big group of people waiting for me," he said. "I felt so welcomed and warmly received. I found myself being lifted onto a gurney and then wheeled rapidly down a hallway surrounded by a phalanx of running people."

"Dr. Robertson and I wheeled the patient to the ICU while taking a history during transport," said Dr. Magliato, another Saint John's heart surgeon. "In the ICU, we drew blood and did a physical exam and a confirming imaging study. Consent forms were signed, admission was handled and the patient was in the

OR in 22 minutes. It was an amazing team effort by all involved."

"As I was being wheeled in," continued Adams, "I looked up at Dr. Robertson and asked, 'Am I going to die today?' In a calm and professional manner, he explained the seriousness of my condition and my odds without the surgery. After I agreed to the surgery, his answer was 'No, you are not going to die today.' Even as the realization hit me that open heart surgery is not for the meek, his steady confidence allowed me to relax."

Dr. Robertson described the intricacies of the surgery. "We actually involved three cardiothoracic surgeons in the complex operation," he said. "While Dr. Magliato and I opened the chest to expose the aorta, Dr. Manuel Estioko opened the groin and connected the patient to the cardiopulmonary bypass machine. All three surgeons participated in the actual replacement of the diseased aorta and the repair of the patient's aortic valve. With our experience with this condition and our finely coordinated surgical team, we achieved a successful outcome."

Saint John's will forever hold a special place in Adams' heart. "From the moment I arrived through the days I spent in the hospital recovering, everyone at Saint John's was so caring," he said. "They saved my life and surrounded me with love. I tell everyone how grateful I am." ■



KATHY MAGLIATO, MD

broken heart syndrome

IT MAY FEEL AND LOOK LIKE A HEART ATTACK, BUT STRESS IS THE CULPRIT

Occurring most often in postmenopausal women, broken heart syndrome—a relatively rare but potentially life-threatening condition—can mimic an acute heart attack or profound heart failure. It is brought on by intense emotional stressors, such as extreme anger, fear, grief or surprise. It can also be triggered by physical stressors, including a flare-up of asthma, significant bleeding or a car accident. Symptoms, which include severe chest pain and shortness of breath, typically begin within just minutes to hours after exposure to a major and unexpected stress.

"When patients come in with heart attack or heart failure symptoms, we immediately do a series of evaluations. Broken heart syndrome is diagnosed when we find by cardiac catheterization that the coronary arteries are not blocked," explained Kathy Magliato, MD, a heart surgeon at Saint John's. "When we image the heart with echocardiography, we find an unusual ballooning on the apex of the left side of the heart." Japanese physicians who first described

the condition called it takotsubo cardiomyopathy because the heart image resembled a pot used by Japanese fishermen to catch octopuses.

Also called stress cardiomyopathy, the condition causes rapid and severe heart muscle weakness. Although the exact mechanism is not yet understood, it is believed that the condition is caused by a surge of stress hormones that may narrow or spasm the arteries that supply blood to the heart, or that the hormones may bind to and negatively impact the function of the heart's cells. Unlike a heart attack, which causes permanent damage to the heart muscle, broken heart syndrome is a temporary stunning and is completely reversible. Patients typically get better within a few days to weeks.

"Broken heart syndrome tells us that stress is a real and definitive risk factor for heart disease. More and more data are becoming available linking the two," said Dr. Magliato. "It may, in fact, turn out that managing stress is an even more important preventive measure than controlling cholesterol or not smoking."

retaining ovaries offers benefits

Landmark study questions decades of conventional practice

For nearly four decades, gynecologists have routinely removed both ovaries along with the uterus during a hysterectomy to eliminate the risk of later development of ovarian cancer. Now, a group of researchers—led by William H. Parker, MD, a gynecological surgeon on the adjunct faculty of the John Wayne Cancer Institute at Saint John's—has presented data that question the long-term survival benefits of this practice.

After many years in private practice, Dr. Parker began to question whether the conventional wisdom was right. “It didn't make sense to me to advise women to have their ovaries removed when there might be benefits that we hadn't accounted for,” he said. “Nobody had thought to look at the big picture.”

The international study team—which included researchers from Harvard Medical School, Stanford, UCLA, USC and the University of Auckland (New Zealand)—analyzed data from the Nurses' Health Study, which has continuously tracked the health of 121,700 female registered nurses since 1976. The study, published in the

May 2009 issue of the journal *Obstetrics & Gynecology*, compared 16,345 women who had a hysterectomy with a bilateral oophorectomy—a procedure in which both ovaries are removed—with 13,035 women who retained their ovaries when they had a hysterectomy.

The women were categorized by age at the time of the hysterectomy and whether they had received estrogen replacement therapy. Other medical conditions and lifestyle issues, such as smoking, were accounted for in the analysis. The researchers then analyzed incidence rates and deaths from coronary heart disease, stroke, breast cancer, ovarian cancer, lung cancer, colorectal cancer, total cancers, hip fracture and pulmonary embolism, as well as death from all causes.

The analysis revealed that compared to women who retained their ovaries, those who had their ovaries removed had a decreased risk of breast and ovarian cancer, but an increased risk of fatal and nonfatal heart disease, lung cancer and death from all causes. Those women who had a bilateral oophorectomy before age 50 and

never used estrogen replacement therapy were found to have an increased risk of heart disease and stroke and death from all causes. Further analysis found that removal of the ovaries did not offer the benefit of increased survival to women of any age.

“It didn't make sense to me to advise women to have their ovaries removed when there might be benefits that we hadn't accounted for.”

—William H. Parker, MD

“Before menopause, the ovaries make a lot of estrogen plus androgens, including testosterone and androstenedione. These hormones keep the heart, bones and blood vessels healthy,” Dr. Parker explained. “After menopause, the ovaries make much less estrogen, but continue to produce

androgens, which are converted by fat and muscle cells into estrogen. So there is a continued source of estrogen from these hormones that protects the blood vessels. If you remove the ovaries, you lose the estrogen and the androgens, and the benefits to the blood vessels.”

Women with a family history of ovarian cancer and women who carry BRCA1 or BRCA2 gene mutations that increase the risk of ovarian and breast cancer should definitely consider oophorectomy. “However, for the majority of women, the risk of ovarian cancer is very low,” Dr. Parker continued. “While taking out the ovaries will effectively prevent ovarian cancer, this study shows that removing the ovaries significantly increases the risk of other diseases that are much more likely to kill you, such as heart disease, stroke and lung cancer.

“An automatic recommendation for ovary removal with hysterectomy is no longer warranted,” Dr. Parker noted. “We believe these results highlight the need for a new conversation between the patient and doctor, framed by the patient's specific risk factors and personal concerns.” ■



advanced care for mothers and babies

Welcoming new life requires specialized expertise

For more than six decades, celebrities and not-so-famous people alike have come to Saint John's because the Health Center makes childbirth a special experience for all women.

That legacy continues with the opening of 12 birthing suites in Southern California's newest Women's Unit—the McAlister Women's Health Center. Located on the third floor of the Howard Keck Center, the unit is designed to allow women to have an at-home birthing experience while ensuring access to academic-level medical expertise.

The private suites are beautifully appointed with wood-tone cabinetry, soothing wall coloring, a 42-inch television and wireless Internet connectivity. Each room also features a large window that fills the space with natural light as well as a daybed so that fathers or birthing coaches can stay overnight.

“What really differentiates Saint John's is the renowned, clinically advanced staff of obstetricians, perinatologists, neonatologists, pediatricians and nurses, as well as the nurturing attention we provide to women and their families,” said Irena Zuanic, Director of Women's Health Services. “Our physicians and nurses are

continually learning and researching new techniques and best practices—all in an effort to bring the best care to women and their babies.”

This high level of expertise can also be found in the Saint John's Irene Dunne Guild Neonatal Intensive Care Unit (NICU). Should a newborn require 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 and pediatric respiratory therapists and nurses.

“Our staff intimately shares the families' concerns and is dedicated to improving each baby's status from surviving to thriving,” said Zuanic. “We have expanded to a 12-bed NICU additional capacity and further extended our special caring to the community.”

The McAlister Women's Health Center also houses two operating rooms adjacent to the birthing suites and the Maria Shriver Nursery. ■



That legacy continues with the opening of 12 birthing suites in Southern California's newest Women's Unit—the McAlister Women's Health Center.

simultaneous surgeries

WHILE A BABY UNDERWENT SCHEDULED SURGERY, HER MOTHER UNEXPECTEDLY FOUND HERSELF ON AN OPERATING TABLE

It was a day that Gabriel and Michelle Morales had been eagerly anticipating. Their 4-month-old daughter, Chelsea, who had been born with a cleft lip and palate, was scheduled for surgery with Chip Miller, MD, and Janet Salomonson, MD, Director of the Cleft Palate Center, to correct her lip. “The night before, I had been shaking and in a lot of pain, but I was determined to keep Chelsea's appointment,” Michelle recalled.

But the next day, before she could get to the elevator that would take her up to the preoperative department, Morales fainted and found herself being wheeled rather than walking into the preoperative waiting room. Noticing that Morales was in severe abdominal pain, Jean Burgdorf, RN, immediately sent her down to the Emergency Department. Gabriel stayed with his daughter Chelsea while Dr. Miller began the first part of the baby's surgery.

As soon as Dr. Miller had finished his surgery on Chelsea, he went down to the Emergency Department to check on her mother. A quick diagnosis by the emergency staff revealed that Morales, who had lost a lot of blood, had a ruptured ectopic

pregnancy, a condition that is one of the leading causes of maternal death. Called in to perform emergency surgery, fertility specialist Hal Danzer, MD, gave Morales two units of blood and was able to quickly remedy her condition with minimally invasive laparoscopic surgery. Just as Morales was about to be given anesthesia, Dr. Salomonson let her know that Chelsea's surgery had been successful.

The baby came into recovery just 30 minutes before Morales did, and Ann Masson, RN, Coordinator of the Cleft Palate Center, arranged adjoining postoperative rooms. Wheeling Morales to her room, the transportation team paused by the baby's room so Morales could see Chelsea's new face. Mother and daughter were both discharged the next day.

“There were so many steps along the way, and each was done so perfectly,” said Dr. Salomonson. Morales agrees wholeheartedly. “People at Saint John's really care about their patients. I appreciate everything they did to help Chelsea and me,” she said. “On a scale of 1 to 10, I rate Saint John's a 10 plus.”



ROHN STARK



GEORGE HINCAPIE

STARK: AL MESSERSCHMIDT ARCHIVE/GETTY IMAGES SPORT; HINCAPIE: DOUG PENSINGER/GETTY IMAGES SPORT

Saint John's—an orthopedic mecca for professional athletes

World-class care for any sports injury

Most retirees who play golf and have hip replacement surgery are able to play a leisurely 18 holes. Three months after anterior approach hip replacement at Saint John's Health Center, Tom Watson returned to professional tournament golf. Six months later, the 59-year-old finished tied for the lead in regulation play of the 2009 British Open. This unprecedented performance will stand as a singular milestone in professional sports.

Nine months before the British Open, Watson's hip was so painful he couldn't sleep, let alone competitively play on an 18-hole course. The winner of eight major championships, Watson had a severely limited range of motion and he 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 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 is considered the world's leading anterior approach hip replacement surgeon. He has performed more than 1,800 primary anterior approach hip surgeries and trains physicians around the world on the anterior approach.

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 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.

"I don't know of another instance of an athlete of any age successfully competing at the top level of professional sports with an artificial joint," Dr. Matta said. "In relation to this, Tom deserves a huge credit. I also believe that his performance demonstrates that the ante-

rior approach takes hip replacement to a new level."

Saint John's Health Center is arguably the leading center for anterior approach hip surgery. More than that, Saint John's is an orthopedic mecca for active and retired professional athletes. "There's tremendous synergy and talent for treating athletes at Saint John's," said Bert Mandelbaum, MD, a board-certified orthopedic surgeon and sports medicine expert who is recognized as one of the top knee injury specialists in the United States. Dr. Mandelbaum is the team physician for all U.S. Soccer Federation teams, the U.S. Gymnastics Federation, the FIFA World Cup U.S.A. (where he is the medical director for the U.S. World Cup Team) and Pepperdine University, among others.

"We can work with any injured athlete—from the lowest level of care to the highest," Dr. Mandelbaum said. "We also work with athletes to better understand their performance, prevention of injuries, restoration, surgical management and rehabilitation."

Dr. Mandelbaum is one of many surgical experts at the Santa Monica Orthopaedic and Sports Medicine Group. In 2007, the group was designated the only FIFA Medical Center of Excellence in North and South America. FIFA (Fédération Internationale de Football Association) is the international governing association of the sport of soccer. Dr. Mandelbaum and his colleagues have focused on the prevention of anterior cruciate ligament (ACL) injuries in women athletes and groin-related injuries in men.

Patients' attitudes play an important role in successful treatment. According to the surgeons, athletes are very good patients because they set goals and are highly motivated. "My experience has proven to me that athletes who are dedicated to their sports simply don't give up in their efforts to get well, no matter what injury they have," said Tom Knapp, MD, another renowned board-certified orthopedic surgeon at Saint John's. "It all comes back to their training and how they see the world. They always picture the finish line and that keeps them moving forward."

Dr. Knapp gained the attention of the golf world last February when he performed arthroscopic surgery to repair Rocco Mediate's torn knee cartilage. Mediate, 46, a professional golfer with multiple PGA Tour wins, was the game's second best-known golfer when he took Tiger Woods to extra holes in the U.S. Open at Torrey Pines in 2008.

Arthroscopic surgery is a common orthopedic procedure that is used to treat problems in joints. For the procedure, a fiber-optic camera is inserted into the joint through a small incision, with one or more additional incisions made to insert instruments that can treat the underlying problem. The surgeon uses pressurized water to "inflate" the knee, allowing more maneuverability and the removal of debris. Because the joint does not have to be fully opened up, recovery time is reduced and the rate of surgical success may be increased due to less trauma to the connective tissue. The smaller incisions also mean less scarring.

"Rocco is an amazing competitor," Dr. Knapp said. "Two days after the surgery, he filmed a commercial for Callaway Golf, hitting golf balls for eight hours."

MEDIATE: DAVID CANNON/GETTY IMAGES SPORT

In addition to golfers, Dr. Matta has performed hip replacement surgery on all-pro and Hall of Fame football players and on tennis professionals. One of his patients is four-time Pro Bowler Rohn Stark, who played 16 seasons in the NFL, 13 of those with the Baltimore/Indianapolis Colts. Years of punishing college athletics and unforgiving stadium AstroTurf wore down his hip. Two years ago, Stark, 50, traveled more than 1,000 miles to have Dr. Matta perform anterior approach hip surgery on him.

"I now have to protect my 'good' hip when I play golf since Dr. Matta did such a great job," Stark said. "It's so natural, I can't tell the difference. The surgery and care I received at Saint John's was awesome. I never even used crutches."

It wasn't a hip that eventually gave out on another NFL veteran, Bob Klein. It was his knee. Ten years of hitting and being hit as a tight end for the Los Angeles Rams and San Diego Chargers took their toll on the former first-round draft pick from USC. After retiring from football, Klein worked in the business world for years before deciding to consider surgery.

Klein, a very active 61-year-old who serves as Vice President for Saint John's Health Center Foundation, is constantly on his feet. "I got to the point where surgery became a very viable option because of the almost constant ache of my knee," Klein said. "But I didn't have time for a long period away from work—we were in the middle of completing our new hospital."

He turned to Andy Yun, MD, of Saint John's Hip and Pelvis Institute. Klein had heard Dr. Yun speak several times and was impressed. Klein also checked with former patients, staff and other physicians, and all spoke highly of Dr. Yun's clinical expertise in minimally invasive laparoscopic knee surgery, as well as his personal integrity and dedication to patients. "Within days of the surgery, I was back on the job," Klein said. "I can't speak highly enough of Dr. Yun, our nurses and staff. It makes me proud to work at Saint John's."

Some athletes need surgical attention while they are still competing. One of the most recognized professional cyclists in the world, George Hincapie, has won races in the Tour de France, the Olympics and many other international cycling competitions. But early in the 2007 season during the Tour of California, he crashed and fractured his wrist. Luckily, the race doctor was Ramin Modabber,

MD, a highly regarded board-certified orthopedic surgeon at Saint John's and a fellow cyclist.

Hincapie, 35, went to Saint John's, where Dr. Modabber put in a plate and screws to support the radius bone in his wrist. "I was hurt on a Saturday afternoon, went into surgery the next day and was quickly out of the hospital," Hincapie said. "The care I received at Saint John's was seamless and I'm very grateful." The surgery stabilized his wrist so he could train without straining or reinjuring it. Just three days after surgery he was back on his bike.

Hincapie missed some races, but still had a successful year. This summer, he nearly won the Tour de France. He attributes his recovery to Dr. Modabber, who has since become a friend. "Dr. Modabber kept on me weeks after the surgery, paying a lot of attention to my rehab," he said. "The key is to stay positive, work with your medical team and get great care—like at Saint John's."

Athletes are frequently shaped by the type of sport in which they compete. Cyclists are usually thin. Bodybuilders tend to be "hulky." And then there's Lou Ferrigno. Years of competition and physically challenging acting roles like the Incredible Hulk wore on the bodybuilder-turned-actor to the point where he needed surgery.

When Ferrigno, 57, met renowned board-certified orthopedic surgeon Kevin Ehrhart, MD, at Saint John's for the first time, all Dr. Ehrhart could think of was whether the prosthesis for the hip replacement would be available in Ferrigno's size. "He's enormous, but prostheses come in all sizes, and one fit Lou's needs," Dr. Ehrhart said.

"I had heard that Dr. Ehrhart had done Arnold Schwarzenegger's hip, so I went to him," Ferrigno said. "I felt safe with him. He understands my lifestyle and respects what I do." Dr. Ehrhart replaced both of Ferrigno's hips and one of his knees. "I should have done this sooner, rather than suffer with the pain," Ferrigno said. "The care I received at Saint John's was excellent—and that also makes a difference."

Like many athletes, Ferrigno was highly motivated to recover and return to work. Dr. Ehrhart has noticed that more and more of the patients at Saint John's are approaching their surgeries like professional athletes. "People are healthier and want to keep active as long as they can. The fear of surgery is waning as the changes in technique are making it easier to get it done with less pain and better results," he said. ■

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



ROCCO MEDIATE



HYUN BAE, MD

new “back jack” for spinal stenosis

Insertion of spacer “jacks up” spine and returns damaged area to natural state

Only 37, Janie Lee had endured excruciating back pain for 20 years. She couldn’t stay in one position for more than five minutes, and walking hunched over was the only way she could get around. Her search for help took her to several doctors and an emergency room, but it wasn’t until she found Hyun Bae, MD, a renowned spine specialist at Saint John’s Health Center, that she received the diagnosis and care that would return her life to her.

After taking Lee’s MRI, orthopedic surgeon Dr. Bae diagnosed her with spinal stenosis, a narrowing of the spinal canal. Spinal stenosis, which affects about 500,000 people, is usually found in older people due to the wear and tear of aging. But about 15 percent of patients are born with a narrow spinal canal. “This was the case with Janie,” said Dr. Bae. “The narrowing of her spinal canal was pinching her nerves. Her pain was even more severe because she also had a collapsed vertebral disc at the same location as the narrowed canal.”

Lee knew she was in good hands. “Even though I was in extreme pain, I felt very comfortable with Dr. Bae,” she said.

“I trusted that he understood my condition and knew what he was doing.”

Dr. Bae removed the collapsed disc and restored Lee’s spinal canal to an open position by inserting an ILIF, an FDA-approved device he helped develop in collaboration with San Diego-based NuVasive, Inc. “It’s like a car jack for the back,” he explained. “Done with fiberoptic assistance, the minimally invasive procedure requires an incision of only about an inch and a half, and results in minimal blood loss.”

Patients typically require a one- to two-day hospital stay. Lee needed just three weeks of rehabilitation instead of the three to four months that spinal fusion, the conventional treatment for the condition, requires. “The nursing staff at Saint John’s was so supportive,” Lee said. And she has high praise for Arbor View Rehabilitation and Wellness Center.

The mother of three, now pain-free, is able to do everyday tasks that were previously impossible and is enjoying life. “My back has straightened up and my life is getting straightened up,” she said with a laugh. ■

acupuncturist turns to western medicine

Disc replacement relieves pain and numbness

When acupuncturist Julie Tillar was in a car accident last year, her whole world changed. She found herself with two ruptured discs in her neck and suffering from pain and numbness in her left arm.

“The pain was with me almost all the time, and numbness made it impossible for me to continue as an acupuncturist,” Tillar said. “I couldn’t sleep. I couldn’t work. It was pretty miserable.”

Hoping that a more natural approach would help her, she initially turned to acupuncture for pain relief. “It only helped temporarily,” she said. “Then it got progressively worse. The pain and numbness intensified.”

Tillar had an MRI to better diagnose the cause of her pain. The image showed two ruptured neck discs pressing on her spinal cord.

“I went to two doctors to see what could be done,” Tillar recalled. “One wanted to fuse the discs and the other wanted to fuse one disc and replace the other. But it all seemed so contradictory and confusing.”

While looking for a better solution, Tillar had to go through several months of insurance issues to get any treatment authorized. Then she found John Regan, MD, a nationally recognized, board-certified orthopedic spine surgeon at Saint John’s Health Center. “I felt his integrity was so strong. He was very focused and soft-spoken,” she said of meeting Dr. Regan. “He takes everything in. I felt really safe with him.”

Dr. Regan recommended disc replacement to Tillar and explained the benefits of this minimally invasive spine surgery. “Replacement surgery allows motion to be preserved,” Dr. Regan said. “You can usually begin moving a few days after surgery, and you don’t need a neck brace. A big plus is that this approach will not put stress on other discs and cause other problems.”

Since the incision is very small, there is less trauma to the patient and recovery is much faster. The procedure is often done on an outpatient basis. “After only three weeks, I was getting my life back,” Tillar said.

Her 17-year-old son, who wants to be a surgeon, asked Dr. Regan for permission to observe his mother’s surgery.

“Dr. Regan said that even he couldn’t watch a relative’s surgery, but he offered to have my son watch another surgery. That’s pretty impressive,” Tillar noted.

“The remarkable thing for me was the complete cessation of pain and numbness in my left arm and hand,” she said. “I’m so grateful.” By the second month, Tillar was able to return to her job as an acupuncturist. ■

For more information about the spine program at Saint John’s, call 1-800-STJOHNS or visit www.stjohns.org/ortho.

“I felt his integrity was so strong. He was very focused and soft-spoken,” she said of meeting Dr. Regan. “He takes everything in. I felt really safe with him.”



palliative care

Team approach soothes patients’ pain and comforts families

“The biggest fear people have when they’re admitted to the hospital is pain,” said Nancy Parks, RN, Palliative Nurse Coordinator at Saint John’s Health Center. “My role on the healthcare team is to make sure we address this fear up front.”

The goal of palliative care is to relieve the pain, symptoms and stress of serious illness, regardless of the eventual outcome. Saint John’s Palliative Care Team provides consultation for patients with serious, often progressive illnesses. Services include clarifying care goals, helping to manage difficult symptoms, smoothing transitions across the continuum of care and improving the quality of living and dying. “When you’re facing a serious illness, you want relief not just from the pain, but also from fatigue, loss of appetite, shortness of breath, stress and the accompanying fears,” explained Parks.

The Palliative Care Team includes a pain pharmacist, social workers, chaplains, a speech pathologist and other professionals

participating in the patient’s care, who partner with the patient’s primary physician. “The sooner we can get involved, the better the patient’s experience and outcome will be,” said Parks. “For example, with a cancer patient undergoing chemotherapy, early intervention can mitigate the effects of treatments before the onset of symptoms.”

As Parks explained, palliative care is also dedicated to helping patients and their loved ones better understand their conditions and their care options. This knowledge and the support of the team improve patients’ ability to tolerate medical treatments and make more informed decisions about the care they’re willing to accept.

With more than 31 years as an RN, Parks approaches her patients with compassion and understanding. “I’m grateful to have the opportunity to serve people at their most vulnerable time. It’s why I became a nurse,” she said. ■



NANCY PARKS, RN

The goal of palliative care is to relieve the pain, symptoms and stress of serious illness, regardless of the eventual outcome.

respite beds for the homeless

Community collaboration meets crucial need

Emergency Departments often are places where homeless people—many with multiple medical problems—seek care. With nowhere to recover after treatment, they come back repeatedly as their health declines.

“In keeping with our mission of ‘improving the health of the individuals and communities we serve, especially those who are poor or vulnerable,’ Saint John’s has formed a partnership with Venice Family Clinic and Westside homeless services provider OPCC to provide a safe place for the homeless to recover,” said Latisha Starbuck, Vice President of Mission and Ethics. “Project Hearth’s goals are to improve the quality of life and break the cycle of downward spiraling.”

With pilot project grant awards from Los Angeles County Homeless Prevention Initiative and the Tides Foundation, 10 respite beds were established at OPCC’s Samoshel facility in January. “Before our project was initiated,

there were no respite beds available for the homeless on the Westside,” said Debby Maddis, MPH, OPCC’s Associate Director.

Now, homeless patients at Saint John’s who are stable enough to be discharged are asked by a case manager if they want a place to stay where they can recuperate. If so, the hospital contacts OPCC Samoshel, and the patient is sent over to the facility by taxi.

At OPCC, patients are able to stay for up to three weeks. In addition to having a bed in which to rest, they are provided with three meals a day and case

Saint John’s has formed a partnership to provide a safe place for the homeless to recover.



management services. During their stay, patients also receive medical care from Venice Family Clinic physicians, who operate an on-site clinic at the OPCC Access Center.

“The longer-term goal of the project is to help these individuals transition from the hospital into the community, with stable housing and the possibility of establishing a relationship with a primary care doctor at Venice Family Clinic,” explained Maddis.

During the first three months of the project, six patients from Saint John’s received respite care at OPCC. “One patient who was referred from Saint John’s was a 35-year-old woman who came into the Emergency Department on a cold winter night in January,” recounted Maddis.

“She was suffering from disorientation, sleeplessness and exposure to the elements. Diagnosed with bipolar disorder, she spent a week in a respite bed and received medical care while she was here. Our case manager learned that the woman had been homeless for about a year, after losing her job due to alleged sexual harassment. Originally from Maryland, she expressed a desire to be reunited with her mother there. We were able to find funds for her transportation and facilitate a successful reunion with her mother.”

As part of this innovative project, Saint John’s, OPCC and the Venice Family Clinic are collaborating on the development of discharge protocols and procedures that will allow this model to be replicated by other communities. ■



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1328 22nd Street
Santa Monica, CA 90404
(310) 829-5511
www.stjohns.org

[events]

WOMEN'S HEALTH LECTURE SERIES

Women and Orthopedics—Easing Back and Joint Pain

Wednesday, September 2, 2009
3:30–5:30 p.m. and 6:30–8:30 p.m.
Santa Monica Public Library, MLK Auditorium
601 Santa Monica Boulevard, Santa Monica, CA
Advance registration required. Call 1-800-STJOHNS.

THE FLORA L. THORNTON COMMUNITY HEALTH EDUCATION PROGRAM

Freedom from Smoking

Tuesdays and Thursdays, September 22–October 15, 2009
Evenings: 7–8:30 p.m.
Advance registration required
Call 310-829-8453 for more information.

Lose Weight for Good

Mondays, September 21–December 14, 2009
Evenings: 7–8:30 p.m.
Advance registration required
Call 310-829-8453 for more information.

COMMUNITY FORUM

Colorectal Health and Cancer (Cancer Awareness and Education)

October date pending
Santa Monica Public Library, Auditorium
Call 310-829-8453 for more information.

SANTA MONICA 5000 (5K/10K RUN)

Sunday, October 11, 2009
Santa Monica Pier Exhibit Grounds
Call 310-829-8453 for more information.

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

