

healthmatters

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advances at Elkhart General Hospital

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a comprehensive team approach to saving lives

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Winter

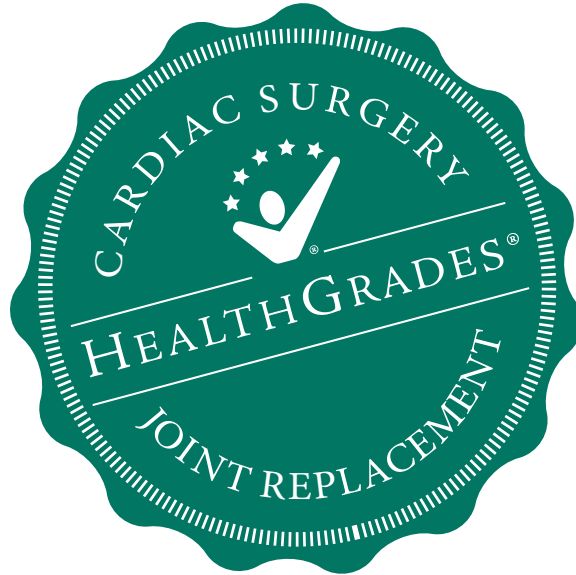
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Ranked #1 in Indiana for Cardiac Surgery

Recipient of the 2012 Cardiac Surgery Excellence Award

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Recipient of the Joint Replacement Excellence Award 4 years in a Row

While we have always known we provide excellent care to our patients, it's always nice to see that someone else agrees. HealthGrades®, the nation's most trusted, independent source of hospital quality ratings, has once again chosen to recognize Elkhart General Hospital with multiple honors.

For the complete list of our HealthGrades® recognitions, visit egh.org or healthgrades.com.

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600 East Boulevard • Elkhart, IN 46514

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Meet Our New Medical Staff



Christopher M. Annis, MD
OSMC

Pain Management Physician

Dr. Annis earned his medical degree from the University of Illinois College of Medicine in Chicago and completed his anesthesia residency at The Ohio State University Hospital. He then received his pain medicine fellowship from the University of Chicago. Dr. Annis is Board Certified in Anesthesiology.



Luis A. Benavente, MD
General & Vascular Surgery, PC

General & Bariatric Surgeon

Dr. Benavente earned his medical degree from The Autonomous University of San Luis Potosi in Mexico and completed his general surgery residency at The Mayo Clinic. He then received his fellowship in advanced minimally invasive surgery at Methodist Hospital. Dr. Benavente is Board Certified in General Surgery.



Vikram Mehta, MD
Elkhart Clinic

Family Physician

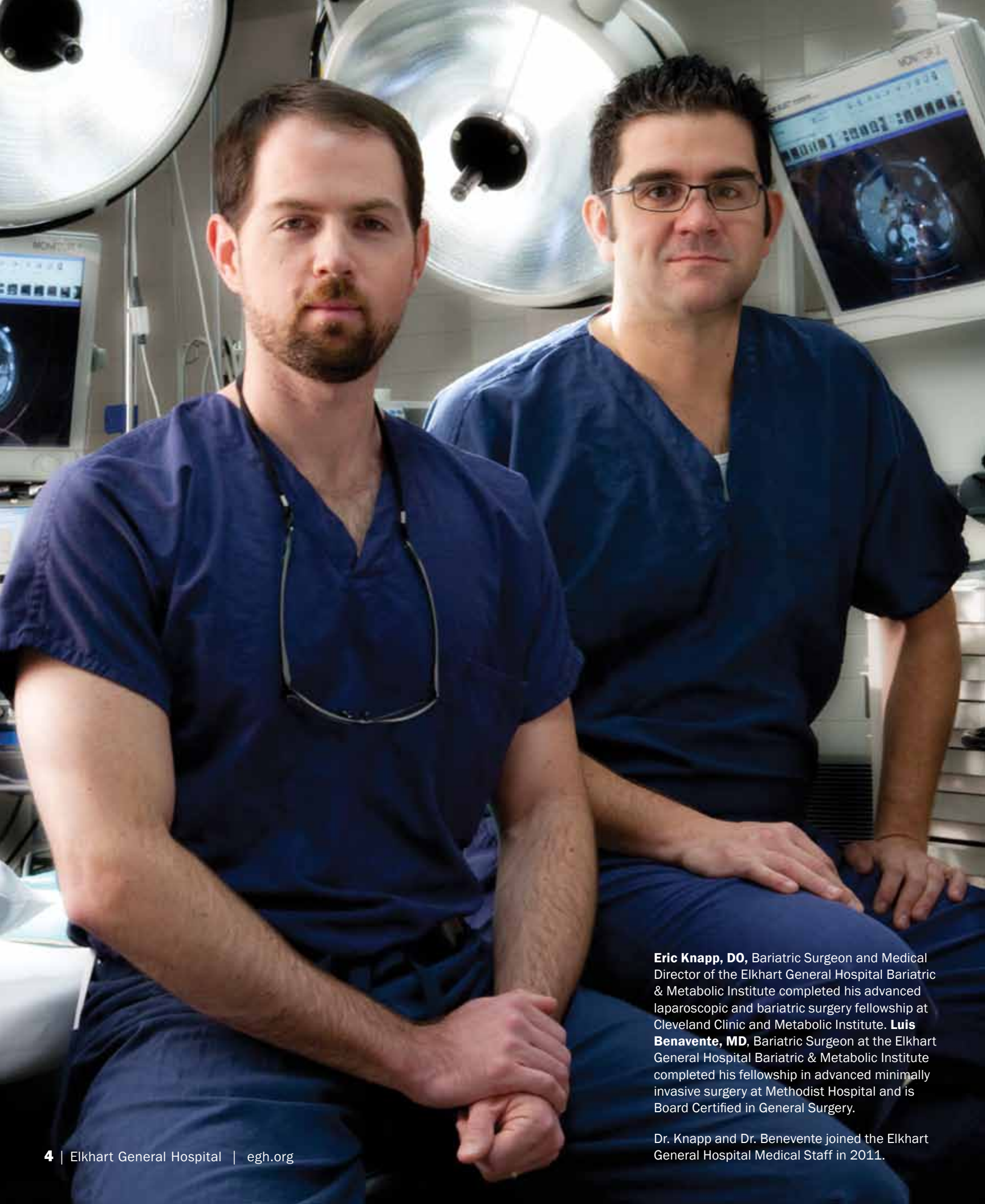
Dr. Mehta earned his medical degree from Ross University School of Medicine and completed his family medicine residency at Resurrection Medical Center in Chicago, Illinois. Dr. Mehta is Board Certified in Family Medicine.



Laura Ragauskaitė, MD
Elkhart Clinic

General Surgeon

Dr. Ragauskaitė earned her medical degree at Rosalind Franklin University of Medicine and Science and completed her general surgery residency at the University of Illinois College of Medicine.



Eric Knapp, DO, Bariatric Surgeon and Medical Director of the Elkhart General Hospital Bariatric & Metabolic Institute completed his advanced laparoscopic and bariatric surgery fellowship at Cleveland Clinic and Metabolic Institute. **Luis Benevente, MD**, Bariatric Surgeon at the Elkhart General Hospital Bariatric & Metabolic Institute completed his fellowship in advanced minimally invasive surgery at Methodist Hospital and is Board Certified in General Surgery.

Dr. Knapp and Dr. Benevente joined the Elkhart General Hospital Medical Staff in 2011.

Bariatric Surgery Advances at Elkhart General Hospital

Over the past several years, hundreds of area residents who had previously tried and failed to beat obesity through non-surgical measures are now living normal and healthy lifestyles thanks to Laparoscopic Gastric Bypass or Lap-band Surgery. Now, in addition to these procedures, a third option, Laparoscopic Sleeve Gastrectomy, is offered at the Elkhart General Hospital Bariatric & Metabolic Institute by fellowship trained Bariatric Surgeons Eric Knapp, DO, and Luis Benavente, MD, both of whom are experienced in all forms of bariatric surgery.

“For many severely obese patients, Gastric Bypass Surgery continues to be the best approach,” Dr. Knapp said. “It’s particularly appropriate for patients who are morbidly obese and suffer from other medical conditions such as diabetes and high blood pressure. Gastric Bypass Surgery is generally considered the most effective surgical approach to weight-loss because we’re able to not only reduce the size of the stomach but also reroute the digestive tract, bypassing a large portion of the normal calorie-absorbing stomach and intestine.”

For an obese patient also suffering from diabetes, Gastric Bypass Surgery offers the added benefit of an almost instant effect on the disease. It’s reported that as many as one in three patients who, at the time of surgery, were insulin-dependent left the hospital insulin free or using less insulin.

A second approach is known as Sleeve Gastrectomy. Like the other procedures, Sleeve Gastrectomy is a minimally invasive laparoscopic surgery. It involves reshaping the stomach into a tube about the size of a banana. The remaining tissue, or about 80 percent of the original stomach, is removed. The natural entrance from the esophagus to the stomach as well as the natural exit from

the stomach to the intestine is not affected. Food, though a lot less of it, travels through the same path it always did.

This can be a particularly effective solution for an older, high-risk patient who is morbidly obese and suffers from a range of other conditions. For this type of patient, the best approach may be a two-staged procedure – a sleeve surgery now, followed by gastric bypass in a year or two after general health has improved and the patient is better able to tolerate the more involved surgery.

The third technique, Lap-Band Surgery, involves surgically fitting an adjustable band around the upper portion of the stomach, creating a small pouch and limiting the passage of food to the rest of the stomach. Though it has become a popular form of weight-loss surgery in recent years, the surgeons emphasize that it’s not the best approach for everyone. “It may be the right answer for patients with a BMI of 45 or less without other obesity-related diseases,” said Dr. Benavente. “But it calls for a high level of commitment on the part of the patient because adjustments may be needed frequently to achieve optimal results. Patients who need to lose a lot of weight and have other diseases like diabetes may have a better outcome with one of the other procedures.”

For more information on the Elkhart General Hospital Bariatric & Metabolic Institute, call (574) 523-3264.

Informational seminars on bariatric surgery are scheduled for Thursday evenings and Saturday mornings. For a complete list of dates and times, visit egh.org.



Collaborative Care

A Comprehensive Team Approach to Saving Lives

A few weeks ago a very, very sick gentleman was brought to the Elkhart General Hospital Emergency Department. He wasn't breathing well. His blood pressure was off the charts. His coronary arteries were clogged. He was diabetic. He had pneumonia. His kidneys were shutting down. And he'd recently suffered a heart attack. He was in terrible shape, and in real trouble.

The only bright news was that he was in good hands, having come to the hospital that is an acknowledged leader in *Collaborative Care*. "*Collaborative Care* means bringing together the skill sets of different physicians from different

specialties, all working together to make the patient better," said Walter Halloran, MD, the Cardiothoracic Surgeon who teamed up with eight other physicians and a myriad of other clinicians and nurses over the next several weeks to save this patient's life.

This patient's journey serves as a vivid illustration of just how well *Collaborative Care* works.

The first challenge was for the Emergency Department physicians to get the patient stabilized, make a full assessment of everything that was wrong and decide on the best plan of action. The most immediate need was to keep

him breathing, so a pulmonologist was called in to place the patient on a respirator, ensuring he would get sufficient oxygen while other specialists prepared for the work ahead.

The next move was to the Cath Lab where heart specialists assessed the extent of the patient's heart condition. Were the arteries blocked so severely that Bypass Surgery was needed? Could angioplasty and stenting get the job done? How much heart muscle was still viable, given the prior heart attack? Three physicians were involved in this evaluation: Walter Halloran, MD, the Cardiothoracic Surgeon who could do a bypass if needed, Don Westerhausen, MD, the Cardiologist who would perform angioplasty and stenting if that was the chosen approach, and Samir Patel, MD, the Diagnostic Radiologist who would be called on to perform the cardiac MRI to provide a clear picture of the heart's condition.

“ Collaborative Care doesn't happen because of policies and procedures. It happens because of our culture. It's second nature here.

– Walter Halloran, MD
Cardiothoracic Surgeon

It was decided that Bypass Surgery was likely the best approach. But it couldn't be done right away. The patient needed time to stabilize before it would be safe to undertake the procedure. A temporary pacemaker was implanted to provide needed support to the heart, and that called on yet another cardiologist's skills.

That step improved the blood/oxygen flow, allowing the pulmonologist to remove the respirator. Medications were adjusted to bring the pneumonia under control, and the patient was once again breathing on his own.

Over the span of the next week and a half, the cardiologists, radiologists and other specialists performed a variety of advanced diagnostic tests on the patient's coronary anatomy to measure the strength of his heart and the associated vessels. It was also during this period that a

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Walter Halloran, MD
Cardiothoracic Surgery of Northern Indiana
500 Arcade Avenue, Suite 230
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(574) 522-6565



HealthGrades®, the nation's most trusted, independent source of hospital quality ratings, ranks Elkhart General Hospital one of the Top 100 Hospitals in the Nation for Cardiac Surgery. Additionally, the Hospital is ranked Number One in Indiana for Cardiac Surgery, and has been one of the Top 10 Hospitals in Indiana for Cardiology Services for three years in a row.

2012 Clinical Achievements for Cardiac Care

One of America's Best 100 Hospitals for Cardiac Surgery

Recipient of the HealthGrades® Cardiac Surgery Excellence Award™

Ranked #1 in Indiana for Cardiac Surgery

Ranked Among the Top 5% in the Nation for Cardiac Surgery

Ranked #5 in Indiana for Overall Cardiac Services

Ranked #7 in Indiana for Cardiology Services

Five-Star Rated for Cardiac Surgery, Coronary Bypass Surgery and Treatment of Heart Attack

Five-Star Rated for Treatment of Heart Failure for 10 Years in a Row



Two heads are always better than one, so the more input we can get from other physicians, the more likely we'll arrive at the best treatment plan for the patient. No physician here has a problem asking for a second opinion.

– Thomas Nolan, MD, Interventional Cardiologist

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nephrology specialist was called in to perform the dialysis needed to get the patient's blood sugar under control and bring the kidneys back to health.

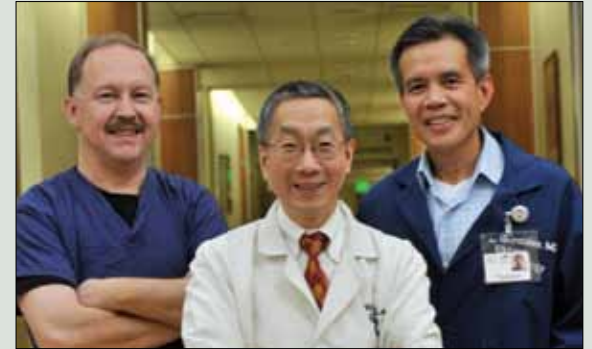
Thanks to this team effort, the patient was finally in a condition that allowed the team to again consider Bypass Surgery. The tests revealed that nearly two thirds of the heart was damaged; even at rest he wasn't getting sufficient blood flow from the heart to keep him going. So the entire team again pulled together, including the family, and reached the conclusion to go ahead with the Bypass.

During the Bypass Surgery, Dr. Halloran and his surgical team were able to rebuild the patient's coronary anatomy, bypassing the diseased areas and restoring healthy blood flow to the vessels. "I can't say enough about the surgical team we have here," said Dr. Halloran. "The anesthesiologists, the nurses, everyone is first rate. There's no question that a big reason Elkhart General is number one in the state in cardiac surgery is because of these people."


So how's the patient doing today? His heart function is now back in the normal zone, and a new pacemaker has been implanted to help keep it that way. His recovery will take some time and he still has issues to deal with including learning how to take better care of himself. But thanks to the truly collaborative efforts of this team, nine different physicians along with nurses and other clinicians, the patient is back home with his family and enjoying life again.

According to Troy Weirick, MD, another Cardiologist on the Elkhart General team, "There's no room for turf protection or parochial attitudes when you're involved with a case like this. The only thing that matters is what's best for the patient." And as Cardiologist Thomas Nolan, MD, who was also involved in this case, said, "The value of this collaborative approach goes even beyond what's best for an individual patient. By working together this way – and it truly is second nature here – we're ensuring that every Elkhart General patient gets the absolute best care possible."

For more information on the Elkhart General Medical Group and our cardiac physicians, visit egh.org.



**Thomas Nolan, MD • Wai Hung Lee, MD
Luisito Gonzales, MD**

 **Elkhart Cardiology** | egh.org
Elkhart General Medical Group

303 S. Nappanee Street, Suite B
Elkhart, Indiana 46514
(574) 296-3466



**Gurudutt Kulkarni, MD • Troy Weirick, MD • Charles Mathis, MD
Vijay Mehta, MD • Don Westerhausen, MD**

 **North Central Cardiovascular Specialists** | egh.org
Elkhart General Medical Group

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Pulmonary Rehabilitation: More Living with Less Air

One flight of stairs demands a two-minute breather. Getting dressed in the morning seems like it takes until Noon. Playing on the floor with the grandkids? Forget it. Welcome to the life you live when you have chronic lung disease.

Conditions like COPD, emphysema, chronic bronchitis and a myriad of other severe respiratory diseases affect thousands of people in the Michiana area. The good news is that the Pulmonary Rehabilitation Program at Elkhart General Hospital, the only accredited program in the region, is here to help.

“Our job is simple,” said Karen Thompson, RN, Manager of the Elkhart General Pulmonary Rehabilitation Program. “To improve the well-being of people who have chronic breathing problems. Although there’s no real cure for many lung diseases, we can go a long way toward helping the patient regain and maintain the healthiest, most active lifestyle possible.”

How do they do it? Through outpatient rehabilitation that focuses on exercise and patient education that helps them discover techniques they can use in their daily lives. “Our goal is to help patients get the most out of every breath they take,” said Rehab Therapist Linda Gonzalez, RN. “A lot of it has to do with energy conservation. Every move a person makes requires oxygen. Since most of our patients don’t have much oxygen to work with, we teach them how to make the most of what they do have. For example, there’s a right way and a wrong way to bend over to tie your shoes. For most of us that doesn’t matter much. But if you have COPD, this simple task can wipe you out. We’ll teach you how to do it without losing all your air.”

When a physician refers a patient to Pulmonary Rehab, the first step is a thorough evaluation of the individual’s condition and needs, which

includes performing baseline tests so that improvement can be carefully monitored and reported back to the physician. A highly individualized rehabilitation plan is then developed and customized to the patient’s lifestyle and everyday needs. “If a patient lives on a second floor, we’ll work on exercises and techniques to help him cope with the stairs,” said Thompson. “Much of our work will focus on rebuilding muscles because respiratory diseases tend to cause a downward spiral in terms of strength. When it becomes more difficult to do certain tasks, such as climbing stairs, you’re less likely to do them and the muscles required for that task weaken. We work on rebuilding those muscles. Even a small improvement can make a huge difference when it comes to efficient use of oxygen.”

Most insurance plans including Medicare cover up to 18 weeks of twice-a-week therapy, providing the patient makes progress at every session. “It’s amazing how much most patients are able to achieve in 18 weeks. In fact, many reach their goals in less time,” Thompson said. “We may not get a patient back to the level of function she enjoyed 10 years ago. But five? That’s often very doable.”

In order to participate in the Pulmonary Rehabilitation Program at Elkhart General Hospital, please talk to your family physician. For more information, visit egh.org or call (574) 296-6496.

Bullying. These Days It's Not Just About Beating Up a Kid for Lunch Money.



Not only is bullying more common today, technology has made it less visible. “It’s a perfect storm,” said Michelle Thomas, a Licensed Clinical Social Worker and Outpatient Therapist at the Elkhart General Hospital Center

for Behavioral Medicine. In her practice she frequently sees parents and children who are struggling with the psychological toll bullying can take.

“Bullying behavior is no longer limited to the school hallways and playground,” Thomas said. “With things like Facebook, Twitter, email and texting, kids have more opportunities to exhibit and be victimized by bad behavior. And it’s 24/7, so it’s not surprising that we’ve seen an increase in the number of children who need help.”

Parents need to be on the lookout for the typical symptoms that a bullying victim may exhibit. Classic signs may include a drop in grades, increased agitation and anxiety, depression or lower self-esteem, even unexplained weight loss. “Most kids are initially reluctant to talk with an adult about bullying experiences,” Thomas said. “The last thing a bullying victim wants is for Mom or Dad to jump in and take care of it. *‘That’ll just make it worse,’* is a typical response from children. So parents need to know what signs to look for and what to do so they *don’t* make it worse.”

Although it’s natural for a parent to want to intervene, that may send a signal that you don’t think they are capable of handling the situation. “The goal is to build their self-esteem and instill a sense of confidence that they can solve this problem on their own,” said Thomas. “Make it clear that you understand that it hurts to be going through this, and that you’re there for them *if they want* your help. Then work with them to figure out some things they are comfortable with that will help them move out of the victim role.”

Children who bully are looking for a desired response, and when the target shows predictable reactions like fear or crying it just feeds into the bully’s mission. One suggestion: look for teachable moments as you’re watching TV or reading a story with your child. “When you see a scene that portrays bullying-like behavior, hit the pause button and talk about it. ‘How do you feel about what we just watched? How would you react if that happened to you?’ By role-playing situations before they happen, children can learn how to avoid a freeze up when the time comes and instead be prepared with strategies that are counterproductive to the bully’s goals.” Thomas said that building confidence is key. “The more confident children feel, the less chance bullying will have an impact and the more likely the child doing the bullying will give up and move on.”

Unfortunately some bullying goes beyond the scope of what children can reasonably be expected to handle on their own. Thomas stresses that if a situation is so serious that the children are in danger, the parents must step in right away and involve authorities as necessary. “Safety is the number one priority.”

If your child is being bullied and you are seeking professional assistance, call the Elkhart General Hospital Center for Behavioral Medicine Outpatient Services at (574) 523-3347. Our Outpatient Services is located at 1506 Osolo Road, Suite A in Elkhart.



Bullying Prevention a Priority at Elkhart Community Schools

“It’s hard to concentrate on your multiplication tables when your mind is focused on the threat of getting a swirl during the lunch period,” said Mary Holsopple, Bullying Prevention Coordinator for Elkhart Community Schools (ECS). The issue is clearly a priority at ECS, considering that it is one of only a few school districts in the country with a full-time Bullying Prevention Coordinator. For the past six years Holsopple has been responsible for ensuring that every adult in the District—teachers, bus drivers, cafeteria workers, custodians— is trained in the District’s bullying prevention program.

“It’s not about being a cop,” Holsopple said. “It’s about helping kids form appropriate behavior patterns and creating a healthy environment that makes it okay to talk about bullying problems. When we need to intervene, we do. Our real focus is on helping the kids learn how to deal with it in a healthy manner. Weekly class discussions give students a chance to talk about bullying behavior and explore creative ways to not just handle it but to prevent it in the first place.”



⋮ Treat Yourself to a Healthy 2012 ⋮

Most of us start the New Year with ambitious resolutions to leave our bad habits behind and embark on a path to a healthier lifestyle. Unfortunately, for many, by late January we've already fallen into "maybe next year" mode.

But the year is young, and it's not too late to get on track. Elkhart General Hospital Clinical Dietitian Maria Haisley, RD, CD offers the following no-nonsense tips to living healthier in 2012 and beyond.

According to Haisley, success starts with an attitude adjustment. "New Year's resolutions tend to be spur-of-the-moment whims that lack true commitment," she said. "Success requires that we take the time to carefully think about how we want to improve our health and our habits, and

make an honest pledge with ourselves to make that happen. Embrace the vision that these can be lifetime changes, not just short-term fixes to get you through the next year."

Here are a few of Haisley's specific recommendations:



Make Room for Breakfast

"You need fuel to start your day," Haisley said. "You've been fasting for several hours, and it's time to reload. Breakfast supports a healthy metabolism, and eating a

decent meal first thing in the morning can curb snack attacks later in the day. Go for high-protein, high-fiber foods like oatmeal or get creative by fixing an egg white 'McMuffin'."



Take the Time to Eat at Home – With the Family

Yes, it’s busy out there. But eating at home with the family has multidimensional benefits. It’s almost always less expensive to prepare a home-cooked meal than it is to eat out. And home cooking is more nutritious than restaurant food that’s loaded with fats, sugars and salts. Plus,

spending quality time with the family can help reduce stress, another positive impact on improved health.



Shop Fresh

We tend to eat a lot of pre-packaged, artificially flavored foods. Avoid them. Shop the perimeter aisles of the store for fresh produce, meats and dairy. And visit Farmer’s Markets for a great variety of the freshest, most nutritious foods.



Learn to Love Water Again

It can be tough, but limit sodas, shakes, mochas and lattes. Limit coffee to two cups a day. Better yet, turn to hot tea, 100 percent fruit juice, low-fat dairy, unsweetened beverages and WATER. It’s important to stay hydrated throughout the day and water is the best and cheapest option.



Snack Healthy

Snacking is a good thing if you make the right choices. Snacking also helps avoid overeating at mealtime. And there are plenty of healthy options. Fruits, vegetables, nuts and granola bars provide needed between-meal satisfaction. And for those sweet-tooth cravings, go for low-calorie yogurt with fruit.



Get Moving!

You knew this was coming: Exercise! You don’t have to join a gym or hire a personal trainer to get the exercise your body needs to stay healthy. A brisk 15 minute walk at Noon or after work can do wonders. It’s important to find an exercise you LIKE. If your treadmill has become a clothes

collector, it’s a sign it isn’t right for you. So find something that is and do it.

Haisley’s final recommendation: “BE PATIENT. If your goals involve losing weight or cooking healthier meals, it can take time to see sustainable results. Remember, you’re working on a lifetime commitment and it deserves patience. Write down your goals. Set small-step milestones and treat yourself – maybe new walking shoes or a spa day – when you hit them.”

Healthy Websites and Recipes

Need some help following this advice? You may find the following helpful in achieving and maintaining healthy eating habits.

Importance of Family Meals
www.mealsmatter.org

Shopping Fresh
www.localharvest.org

Breakfast, Beverages, Snacking and Exercise
www.sparkpeople.com

Quick and Easy Breakfast Recipes

Breakfast Smoothie

Mix your favorite Greek yogurt or low-fat yogurt, your favorite fruit and ice in a blender.

Example: Vanilla Greek Yogurt with strawberries, banana and ice.

Hearty Breakfast Sandwich

Cook one whole egg and one egg white in a skillet coated with cooking spray. Place on a toasted whole wheat English muffin and top with sliced avocado and tomato.

For more great recipes, visit www.sparkrecipes.com.



Psychiatrist **Jennifer Knapp, DO** demonstrates one of the special light boxes that can reduce Seasonal Affective Disorder symptoms. Dr. Knapp earned her medical degree at the Nova Southeastern University College of Osteopathic Medicine. She completed her internal medicine internship at OhioHealth Doctors Hospital and her psychiatry residency at The Ohio State University Hospital. Dr. Knapp has been part of the Elkhart General Hospital Medical Staff since 2011.

Seasonal Affective Disorder: Shining a Light on the Winter Blues

The Winter Blues isn't just in your head. It's actually a medically recognized condition known as Seasonal Affective Disorder that can affect as many as one in ten of us in this area of the country.

According to Elkhart General Hospital Psychiatrist Jennifer Knapp, DO, Seasonal Affective Disorder, often referred to by its acronym SAD, is characterized by mild to moderate depression, increased appetite, sluggishness and reduced motivation to do the things you generally like to do.

"There's a real biological reason for these feelings, which are caused by the reduced amount of natural sunlight we get as winter approaches and the days get shorter," Dr. Knapp said. "It's tied to a hormone called melatonin. As our exposure to sunlight decreases, the brain reacts by producing more melatonin, triggering the emotional responses we see in people with Seasonal Affective Disorder."

It's believed this same phenomenon causes certain mammals to hibernate in the wintertime. Melatonin tells the animal's brain it's time to store energy. Consequently, the appetite grows and more food is packed away so the body has the fuel needed to get through the winter months. For the animal, it's an effective energy-conservation strategy.

Unfortunately, humans don't have the option of crawling into a cave for a few months, although many who suffer from SAD may be tempted. The good news is that there is a real, effective and remarkably simple treatment for these people. In fact, it's as simple as turning on a light.

"We've discovered that we can actually fool the brain into cutting back on the production of melatonin, thus reducing and often eliminating SAD symptoms," Dr. Knapp said. "Special light boxes are available that accurately mimic sunlight, and exposure to this light effectively convinces the

brain that it's okay to keep the melatonin levels down. For most SAD sufferers it usually only takes 15 to 20 minutes of exposure a day and it's common to see dramatic results within the first week or so."

Most models of these lights are relatively small, about the size of an iPad and many are portable with battery power. The cost is generally in the \$150 range for the type of unit Dr. Knapp recommends (look for an illumination level of 10,000 LUX). The unit should be placed about arm's length away (next to the computer monitor for example) and positioned off to the side so it's visible through peripheral vision. It's not necessary or recommended to stare directly into the light.

"There are no side effects to these lights; no pills to take or prescriptions required; it's one of the easiest-to-use and affordable medical remedies you can imagine; and noticeable results happen in just a few days instead of the weeks it might take for a drug to kick in," Dr. Knapp said. "Many of my patients use the light as part of their normal morning routine while putting on makeup, reading the morning paper or checking their email."

Dr. Knapp emphasized that, although this treatment is a remarkably effective remedy for people with SAD, it must be used in combination with medications and psychotherapy for patients suffering from Major Depressive Disorder or Bipolar Disorder. "If after a week or two with the light box the symptoms continue or worsen, it's time to seek professional help."

To schedule an appointment at the Center for Behavioral Medicine Outpatient Services, located at 1506 Osolo Road, Suite A in Elkhart, call (574) 523-3347.



Total Care at Home

Returning home after a stay in the hospital often presents special challenges.

Elkhart General Home Care recognizes these challenges and offers an array of services by skilled nurses, whether you need just a single visit or 24-hour assistance. Our Home Infusion Therapy provides a cost effective alternative to repeat trips to the hospital if you require home infusion or nutritional therapy.

And Elkhart General Home Medical Equipment allows you to achieve greater independence with the delivery of medical equipment and supplies straight to your door.