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MICHIGAN MEDICAL REPORT

FROM THE PHYSICIANS AT ST. JOSEPH MERCY OAKLAND

WINTER 2009

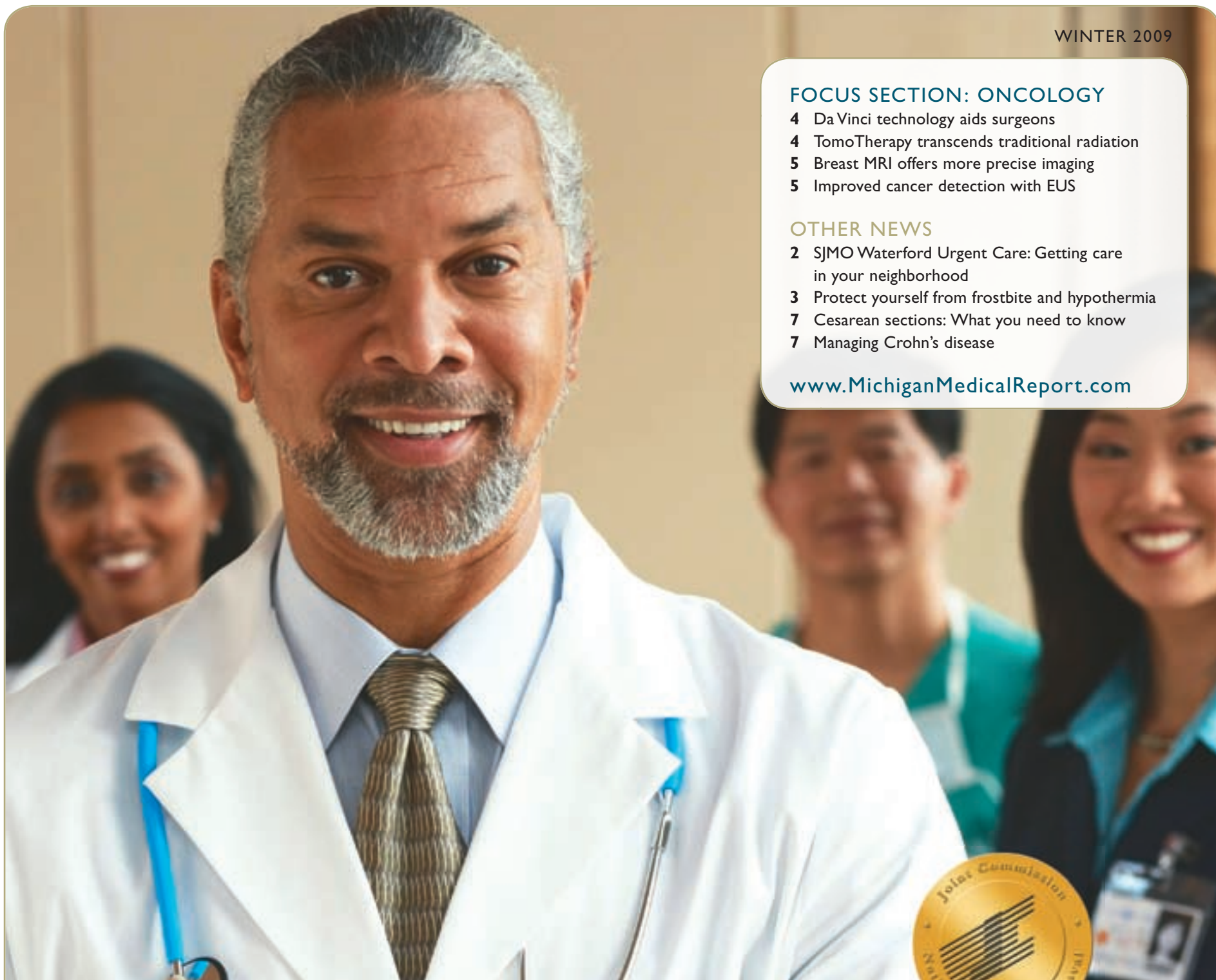
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ST. JOSEPH MERCY OAKLAND
SAINT JOSEPH MERCY HEALTH SYSTEM

St. Joseph Mercy Oakland is a tobacco- and smoke-free campus.



CANCER CARE: PERSONALIZED SERVICE, ADVANCED TECHNOLOGY



JUDIE
GOODMAN, DO

Cancer care continues to be a vibrant, dynamic and growing program at St. Joseph Mercy Oakland (SJMO). We pride ourselves on a personalized cancer service approach supported by advanced technology.

St. Joe specialists will provide an interdisciplinary approach to your treatment with state-of-the-art capabilities in diagnostic, surgical and medical treatments. In the vast majority of cases, you no longer have to leave the convenience of your community to find the latest comprehensive cancer care.

The team at SJMO is equipped to support you or your loved one through this often difficult and challenging journey. Here are a few of the highlights of our program:

The comprehensive Women's Imaging Center was recently recognized by the American College of Radiology as one of five Breast Imaging Centers of Excellence in

the state of Michigan. We provide digital mammography, ultrasound, biopsy—both ultrasound and stereotactic—and breast MRI services.

A radiation oncology program provides the latest advances in treatment, including TomoTherapy—the first treatment unit of its kind in Oakland County, IMRT, HDR, IGRT and partial breast irradiation.

Surgical treatment, both inpatient and outpatient, with experts in thoracic, breast, gastrointestinal, urologic and gynecologic oncologic procedures, is a mainstay of the program. Our most recent addition is the da Vinci robot, used for minimally invasive surgery for a number of common cancers.

A nurse navigator acts as a personal advocate and assists the patient with unique resource needs throughout his or her cancer journey.

Weekly multidisciplinary tumor conferences provide a forum for discussion of all new cancer cases. The

conferences are site-specific and provide an opportunity for various specialists to propose an individual treatment plan.

Clinical trials are available for every stage of cancer—from prevention and symptom management to treatment. Our major affiliate is Mayo Clinic, although we offer trials from every national cooperative group in the country. These trials afford patients the ability to participate in cutting-edge therapy without leaving their own physicians.

Community outreach. We provide outreach education and screening programs for breast, colon and prostate cancer. We look forward to participating with our surrounding community to improve cancer care.

St. Joseph Mercy Oakland's comprehensive oncology program provides high-quality care across the continuum, focusing on the needs of patients, their families and the community.

To learn more, visit www.stjoesoakland.org.

BETTER ACCESS, LOWER COST

SJMO WATERFORD URGENT CARE

It's Friday evening, and your child has a fever and is tugging on his ear. You want to take him to an emergency room, but you know the wait is often long. What do you do?

You can bring your child to the St. Joseph Mercy Oakland (SJMO) Waterford Urgent Care Center.

Located at 5800 Highland Rd., the urgent care center has board-certified physicians and highly qualified health professionals who can help with non-emergency medical care. However, if the physician deems an ailment or injury to be severe, he or she will make arrangements to get you or your loved one to the emergency room.

Office hours at the Waterford urgent care facility are 5 to 10 p.m. Monday through Friday and 8 a.m. to 8 p.m. Saturdays and Sundays. No appointment is necessary. Most health insurance plans are accepted. For more information, call SJMO's Waterford Urgent Care at **248.673.2474**.

WHY URGENT CARE? Location, access and cost matter. With an urgent care center in your neighborhood, you can reduce travel time when you or a loved one needs to see a physician. In addition, at an urgent care center, you won't have the long wait you'd normally experience at an emergency room. And there's the reduced cost: Visits to an urgent care center are often one-half the cost of going to an emergency room.

WHEN TO GO TO AN URGENT CARE CENTER When you or a loved one has

a medical condition that needs attention and you can't wait until your physician's office opens, you should go to the urgent care center.

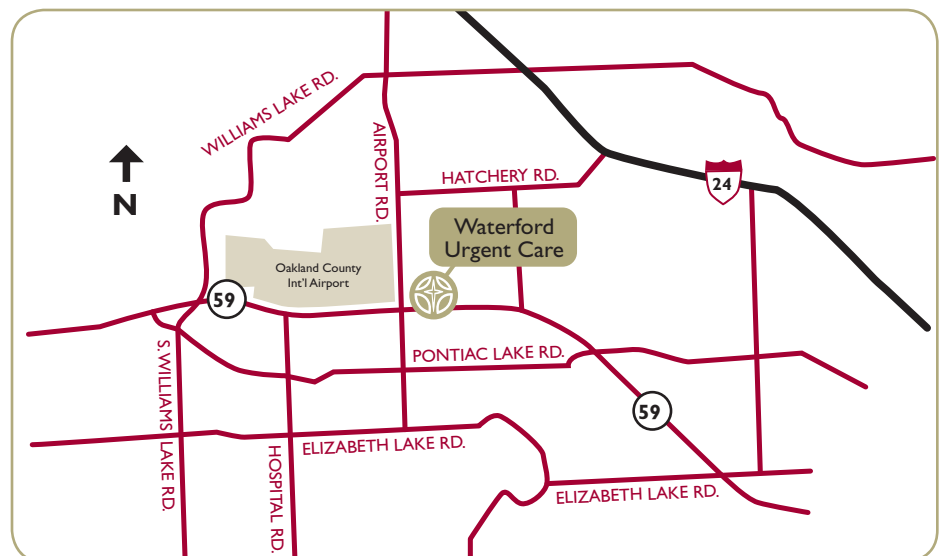
The types of conditions typically treated at the Waterford Urgent Care include:

- Minor asthma-related symptoms
- Minor cuts or animal bites in which bleeding is controlled
- Broken bones or sprains (when the bone is not showing or the limb is not deformed)
- Skin rashes, sunburns or minor burns
- Fever
- Earache, cough and sore throat
- Nausea, vomiting and diarrhea
- Eye infections

In addition, the SJMO Waterford Urgent Care Center offers treatments for allergies (ages 6 and older); bladder infections (female, ages 12 to 65); bronchitis (ages 10 to 65); ear infections, pinkeye and styes; sinus infections (ages 5 and older); strep throat; swimmer's ear; athlete's foot; cold sores; deer tick bites (ages 12 and older); impetigo; skin infections; poison ivy (ages 3 and older); and ringworm.

Other services include wart removal, pregnancy testing, vaccines, and sports and school physicals. Prescriptions are written when clinically appropriate.

Patients are encouraged to seek follow-up care from their own family physician. Those without a physician can select one through the SJMO Same-Day Appointments program.



In addition to the Waterford Urgent Care Center, St. Joe operates the Lake Orion Urgent Care, located at 1375 S. Lapeer Rd., Suite 106, whose facilities are open 24/7. Adjacent to the Lake Orion center are SJMO-sponsored imaging services, open five days a week.

SJMO WINS MPRO 2007 GOVERNOR'S AWARD



DONALD BIGNOTTI, MD

St. Joseph Mercy Oakland (SJMO) does it again! SJMO was recognized in October with MPRO's 2007 Governor's Award for Improving the Quality of Care and Patient Safety in the Hospital Setting, announces Donald Bignotti, MD, vice president of medical affairs and chief medical officer.

SJMO won the award in the following areas:

- Appropriate Care Measure
- Surgical Care Improvement Project
- AV Fistula
- Computerized Physician Order Entry Level II
- Emergency Department



SJMO Chief Accreditation and Regulatory Officer Carole Woolsey, center, accepts the Governor's Award at the recent MPRO ceremonies in Kalamazoo. Pictured with her are (from left) Robert Yellan, president and CEO, MPRO; Pamela Yager, Office of the Governor; Janet Olszewski, director, Michigan Department of Community Health; and Colleen Cieszkowski, senior vice president, MPRO.

St. Joe also received the governor's Recognition of Excellence Award for being a top performer.

MPRO is the Medicare Quality Improvement Organization for the state of Michi-

gan. The governor of Michigan presents the award in partnership with MPRO.

According to MPRO, hospitals self-nominate for the award and must choose to conduct initiatives in selected clinical areas. These

pre-selected clinical areas are designated as national health care priorities by the U.S. Centers for Medicare & Medicaid Services. The award is for efforts conducted during 2007. Data for selected clinical areas are submitted quarterly to MPRO.

FROSTBITE AND HYPOTHERMIA

WHAT YOU NEED TO KNOW ABOUT TWO HAZARDS OF WINTER



BARBARA SZCZOMAK-BOBER, MD

Pink cheeks may look healthy, and cold air can even feel refreshing. But that tingle can turn into a bite for cheeks, fingers, toes and other vulnerable areas. In fact, winter weather can turn downright dangerous if you're not prepared.

FROZEN SKIN Frostbite happens when the skin, and sometimes the underlying tissues, freeze.

"As the temperature goes down, frostbite is a risk," says Barbara Szczomak-Bober, MD, a St. Joseph Mercy Oakland (SJMO) internal medicine physician. "It's important to keep your skin covered, especially your hands, face and ears."

Dr. Szczomak-Bober recommends wearing heavily insulated gloves. "If you feel pain in your fingers, you have the wrong gloves," she says.

According to the American College of Physicians (ACP), frostbite causes the skin to turn white in patches, then tingle and eventually lose feeling. In more severe frostbite, the skin can become hard, blistered and very painful.

Any temperature below freezing can lead to frostbite, and the colder it gets, the

faster frostbite happens—especially if it's windy. It takes only 30 minutes for exposed skin to freeze if the temperature is zero and the wind is blowing at 15 mph, reports the National Oceanic and Atmospheric Administration.

If you have frostbite, follow these steps from the American Medical Association (AMA):

- Until you get out of the cold, cover your frozen skin with clothing or tuck your hands into your armpits.
- Once inside a warm room, gently heat your skin in warm, not hot, water. Use warm, moist compresses on frostbitten areas, such as ears, nose or cheeks.
- Do not rub frostbitten areas or warm them with direct heat, such as from a

campfire, heater or hair dryer.

- Do not walk on frostbitten feet.

If frostbitten skin does not completely recover when it is warmed, go to a hospital as soon as possible. The skin may need special treatment to complete warming and to avoid infection.

"The best treatment for frostbite is prevention," Dr. Szczomak-Bober says. "If you feel tingling or pain, get out of the cold."

COLD TO THE CORE People who don't dress warmly enough or who are exposed to very cold conditions for a prolonged time are at risk for a life-threatening condition called hypothermia. This occurs when the

body temperature drops below 95 degrees, according to the ACP.

People with hypothermia may shiver uncontrollably, be confused or slur their speech. They need immediate emergency care, so call 911 or send someone for help.

Then follow these steps from the AMA:

- Shelter the person from the weather, or move him or her to a warm place.
- Once in a warm room, remove any wet clothing from that person.
- Cover the person with warm, dry clothing and blankets. If necessary, use your own body to provide more warmth.
- Give the person something warm to drink, but not an alcoholic or caffeinated beverage.



ONCOLOGY

comprehensive, compassionate care

PATIENT AND SURGEON BENEFITS

DA VINCI AIDS DELICATE PROSTATECTOMY



RICHARD SARLE, MD

Patients and surgeons can benefit from the state-of-the-art da Vinci surgical system, recently acquired by St. Joseph Mercy Oakland (SJMO).

Prostatectomies will be among the first procedures to be performed with the new technology.

ENHANCED PRECISION The da Vinci consists of an ergonomically designed surgeon's console, a patient-side cart with four interactive robotic arms, and a technologically advanced vision system and instruments.

During a procedure, the surgeon operates while seated comfortably at a console viewing a 3-D image of the surgical field. The surgeon's fingers grasp the master controls below the display, with hands and wrists naturally positioned relative to his or her eyes. The system seamlessly translates the surgeon's hand, wrist and finger movements into precise, real-time movements of surgical instruments inside the patient.

"The da Vinci is a powerful tool that we are proud to offer to our patients," says Richard Sarle, MD, an SJMO urologist. "The da Vinci gives surgeons precision that has never before been available. Additionally, patients no longer have the large scars that they would have with traditional surgery as procedures performed with the da Vinci are minimally invasive."

THE SYSTEM'S ADVANTAGES The da Vinci has many benefits for the surgeons who use it in delicate procedures, as well as for the patients they treat. First, the da Vinci provides an extension of the surgeon's eyes and hands in the surgical field. It offers more than twice the viewing resolution and 20 percent more viewing area, giving improved clarity and detail of tissue planes and anatomy. Surgeons who use the da Vinci will find that many standard laparoscopic techniques may be performed more quickly and easily using the new system.

At the same time, the da Vinci will enhance the surgeon's capabilities and improve clinical outcomes. Much like the minimally invasive procedures currently in use at SJMO, those performed with the aid of the da Vinci will provide patients with benefits such as

reduced trauma to the body, reduced blood loss and pain, less risk of infection, a shorter hospital stay, and a faster recovery.

PROSTATECTOMIES

A prostatectomy procedure begins with the inflation of the patient's abdomen with carbon dioxide gas, creating an operating space. Next, six small incisions, ¼- to ½-inch in length, are made in the patient's abdomen. Ports are inserted to keep the incisions open.

The surgeon then uses laparoscopic surgical instruments and a video camera, via the temporary ports, to direct the dissection of the prostate gland and adjacent tissue. If deemed appropriate, the surgeon tries to preserve the nerves attached to the patient's prostate gland.

At the end of the surgery, the ports are removed from the patient's abdomen and the remaining incisions are closed with sutures.



Da Vinci-guided surgery has benefits for the patients and for the surgeons who perform delicate procedures.

Patients will generally spend one night in the hospital and the following week resting and recovering. At follow-up appointments, they can speak to their physicians regarding any pain, incontinence or erectile dysfunction.

In addition to urologic surgery, gynecologic, cardiothoracic, general and colorectal surgery will be among the first specialties to use the new da Vinci surgical system.

For a referral to an SJMO urologist, please call the SJMO referral line at **800.372.6094**.

Source: Da Vinci Prostatectomy

TOMOTHERAPY TRANSCENDS TRADITIONAL RADIATION TREATMENT



JEFFREY FORMAN, MD

TomoTherapy is a form of intensity-modulated radiation therapy (IMRT). This new type of radiation treatment relies on CT technology and is, therefore, able to deliver

radiation precisely to the cancerous tumor without damaging the healthy tissues or organs located near the growth. This new technology delivers radiation in ways that traditional radiation never could. For example, it is now possible to treat the lining of the lung and not the lung itself.

TomoTherapy allows the patient to lie comfortably while he or she is put into a machine similar to a CT for daily imag-

ing. Daily imaging allows treatment teams to adjust the position and intensity of the radiation beams. TomoTherapy uses special technology that allows one beam to be divided into several smaller beamlets. The additional beamlet angles provide precise and effective doses of radiation in a way that was not previously possible.

Cancers typically treated by this method include lung, breast, prostate and pancreatic, as well as head and neck tumors. Cancerous lesions that were originally treated with standard external beam radiation can be treated with TomoTherapy.

BENEFITS FOR PATIENTS There are many advantages to TomoTherapy, including:

- **Precision.** Radiation is delivered only to the tumor site, preserving the healthy, surrounding tissue and organs.

- **Customization.** Because TomoTherapy uses high-tech imaging, treatment teams can take daily images of the cancer to ensure that a patient's weight loss or tumor growth or shrinkage has not changed the location of the radiation site.

- **Adaptability.** Treatment plans can be changed at any time.

HOW IT IS GIVEN TomoTherapy is usually administered daily, Monday through Friday. While this sounds time-consuming, it actually is not. Each treatment session is about 20 minutes long and includes five minutes for a daily CT scan and five more minutes for the delivery of treatment. The remaining 10 minutes are used to properly position the patient for treatment. Additionally, daily treatment and scans ensure that tumors are not being under- or over-dosed.

During treatment, patients lie on their backs and may be fitted with a device to keep them from moving. As with CT or MRI, it is important that patients do not move while in the machine. The table or couch that they are lying on will move them.

"With the introduction of TomoTherapy, cancer radiation oncologists at St. Joseph Mercy Oakland (SJMO) can more accurately treat disease and lessen patient discomfort," says Jeffrey Forman, MD, an SJMO radiation oncologist.

To find an SJMO oncologist near you, please call the SJMO referral line at **800.372.6094**.

BREAST MRI—MORE PRECISE IMAGING FOR BETTER DIAGNOSES



BIREN SHAH, MD

Magnetic resonance imaging (MRI) is a way of taking detailed pictures and imaging organs, soft tissues, bone and other internal body parts. It is generally a quick, non-invasive and painless procedure that helps physicians diagnose and treat medical conditions.

MRI relies on a magnetic field, radio waves, a computer and software to produce images of the body. These images may then be viewed on the computer or printed out.

"MRI is a powerful diagnostic tool, especially when used to help detect breast abnormalities," says Biren Shah, MD, a St. Joseph Mercy Oakland (SJMO) radiologist. "The image shows great accuracy and provides more details about abnormalities and, therefore, gives us more information about how to treat the patient."

Physicians can use MRI to analyze and diagnose certain body parts or conditions that would not be detected by other imaging techniques, such as ultrasound, x-ray or CT scanning. Additionally, physicians prefer MRI for breasts because it enables them to see things that mammography and ultrasound do not.

AN ADDITIONAL TOOL Traditional mammography is still recommended beginning at age 40 for those women with no immediate family history of breast cancer.

MRI is not an alternative to mammography. It is an ancillary tool that is used to better image abnormalities or cancers of the breasts. MRI can provide information on different stages of cancer, whereas ultrasound and mammography cannot.

With MRI, physicians can:

- Evaluate abnormalities detected by mammography
- Screen for cancer in women who have implants that may hinder the accuracy of a normal mammography reading
- Identify breast cancer at the earliest stage possible
- Assess multiple tumor locations
- Assess the effect of chemotherapy
- Better tailor treatment plans to each patient, thanks to the clarity of picture provided
- Evaluate breast implants. Breast MRI is the best tool to assess possible breast implant rupture.

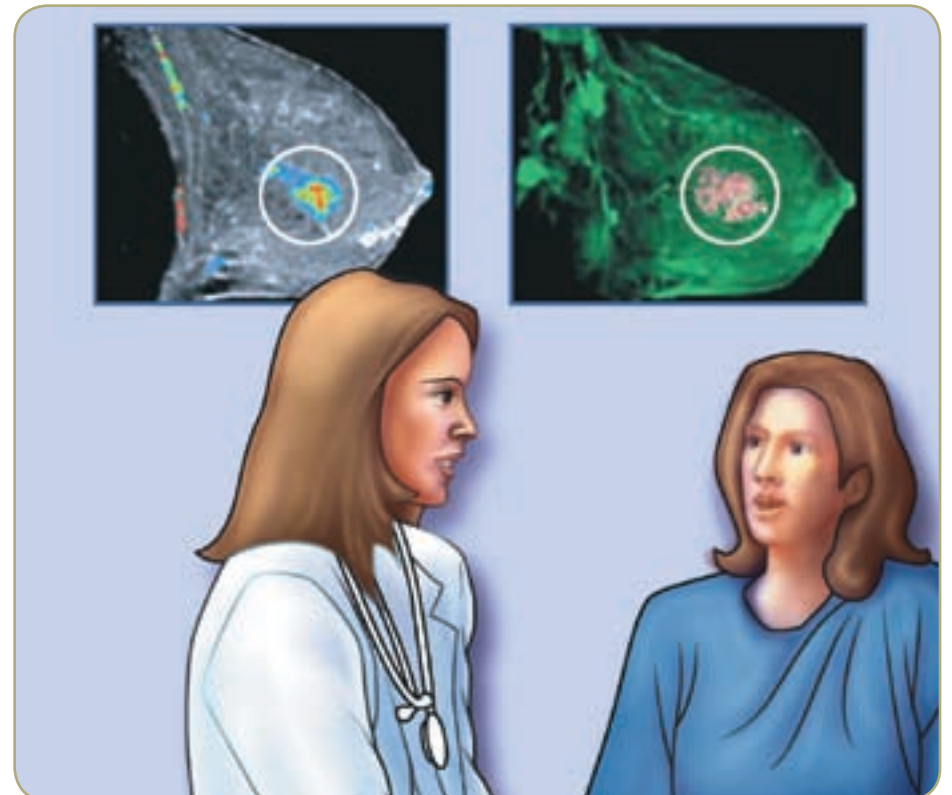
Breast MRI also may use contrast material in order to gain more detailed images. Contrast material helps physicians determine whether a growth is benign (non-cancerous) or malignant (cancerous), as well as its exact location. Contrast material will illustrate whether or not lymph nodes are enlarged.

WHAT BREAST MRI INVOLVES MRI is a non-invasive, virtually pain-free procedure. Depending on the facility, you may be asked to get into a gown or you may be able to wear your own clothes. Additionally, you may follow your regular dietary routine unless otherwise directed. The radiologist will ask you about your medical history and provide the contrast material if necessary.

You will lie in the MRI unit and radio waves will be directed to the area of your body under study. The computer will then generate images of the targeted body part.

The procedure is usually done on an outpatient basis and takes 30 to 45 minutes.

To find a physician near you, please call the SJMO referral line at **800.372.6094**.



Breast MRI can show certain body parts and conditions more accurately than other imaging techniques, thus giving more information about how to treat the patient.

ENDOSCOPIC ULTRASOUND IMPROVED CANCER DETECTION



JAMIL AKHRAS, MD

Advances in medical technology have given physicians better tools for looking inside the body to diagnose health problems. Among these advances is

endoscopic ultrasound (EUS), an innovative diagnostic tool that combines endoscopy and ultrasound to produce images and information about the digestive tract and surrounding tissue and organs.

"EUS represents state-of-the-art technology in diagnostic care for patients with illnesses such as gastrointestinal (GI) cancers," says Jamil Akhras, MD, a St. Joseph Mercy Oakland (SJMO) gastroenterologist. "The test shows great accuracy and provides more details about these cancers. The more accurate the diagnosis, the better we are able to treat cancer."

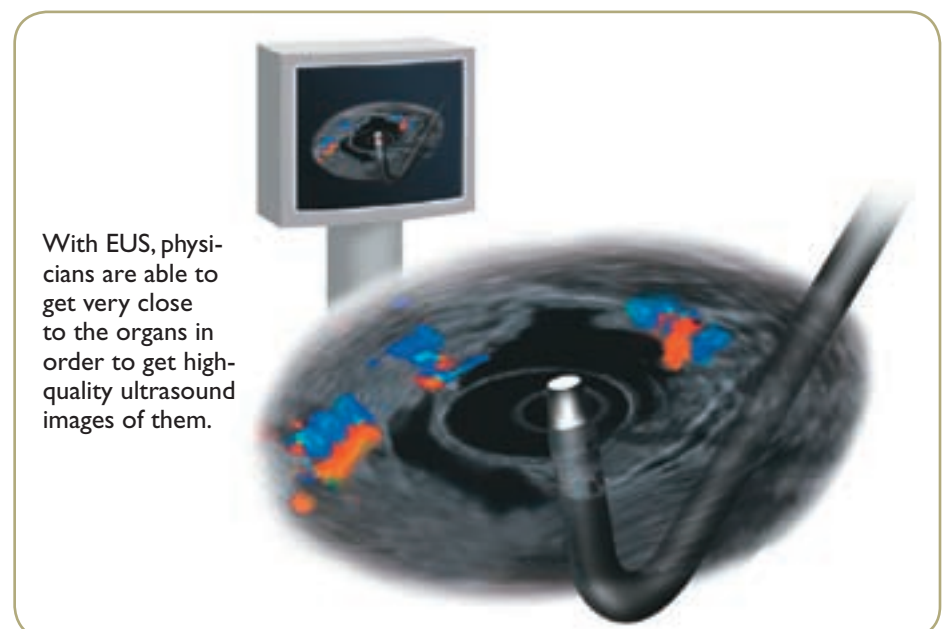
The procedure is performed by inserting

a long flexible tube—via the mouth or rectum—in order to visualize the digestive tract. Ultrasound uses high-frequency sound waves to produce images of the organs and structures inside the body and provides physicians with detailed pictures of the digestive tract. During this procedure, tissue samples may be obtained.

Physicians can use EUS to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. When a physician has ruled out certain conditions, EUS can confirm a diagnosis and give patients a clean bill of health.

A CLOSER LOOK Traditional ultrasound sends sound waves to the organ and back with a transducer placed on the skin overlying the organs of interest. However, the pictures produced are not always of high quality.

With EUS, a small ultrasound transducer is on the tip of the endoscope. By inserting the endoscope into the upper or lower



With EUS, physicians are able to get very close to the organs in order to get high-quality ultrasound images of them.

digestive tract, physicians are able to get very close to the organs and get high-quality ultrasound images.

EUS can also give physicians information about the layers of the intestinal wall, as well as adjacent areas, such as lymph nodes and blood vessels. Other uses of EUS include the study of blood flow inside blood vessels. In addition, physicians are able to obtain

tissue samples with a procedure called fine needle aspiration by passing a special needle into enlarged lymph nodes or suspicious tumors. The tissue or cells obtained by the needle can be examined by a pathologist under a microscope.

To find a gastroenterologist near you, please call the SJMO referral line at **800.372.6094**.

STAVE OFF ALZHEIMER'S DISEASE BY EXERCISING YOUR BRAIN



CHRISTIAN
McTURK, MD

Physical exercise can help keep your body healthy, but what about your brain? Exercising your brain has benefits, too—it can help stave off or slow the progression of Alzheimer's disease.

According to St. Joseph Mercy Oakland (SJMO) internist Christian McTurk, MD, exercising your brain by doing crossword puzzles, reading, playing "thinking" games like Scrabble, playing musical instruments and dancing can help keep your brain sharp.

WHAT IS ALZHEIMER'S DISEASE? Alzheimer's disease, a form of dementia, is identified by a progressive degeneration of brain tissue and mental decline. More than 4.5 million people suffer from the disease, which usually strikes adults age 60 and older.

Typical indications of Alzheimer's disease are "lack of memory and lack of ability to do complex tasks or reason," Dr. McTurk says. "Patients with the disease may also have difficulty with language and orienting themselves."

To determine if a patient has the disease, a physician will do a CT or MRI scan to "make sure it's not something reversible," Dr. McTurk says. "We want to rule out what mimics Alzheimer's, like a thyroid problem or tumor." He adds that the physician also will look for patterns, such as atrophy. The patient will have a neurological exam followed by testing for such things as memory and reasoning.

How can the physician tell if it's Alzheimer's rather than normal memory loss that occurs with aging? "Most people will forget things at times, but when it interferes with your ability to do your job or it's progressive, it's likely Alzheimer's," Dr. McTurk explains.

WHAT CAUSES IT? Age is the greatest risk factor for Alzheimer's, Dr. McTurk says. But family history plays a role, too. "If you have a first-degree relative

who had it, you're 10 to 30 percent more likely to develop Alzheimer's," he says.

People who are obese, smoke, or have diabetes or hypertension also may be at risk for the disease. Those who have the gene that makes a protein called apolipoprotein (ApoE) have an increased risk for Alzheimer's.

Other factors that may increase the risk for Alzheimer's disease include gender, having Down syndrome, head injuries, exposure to environmental toxins and having a low education level.

HOW IS IT TREATED? The newest treatments for the disease are drugs generically known as cholinesterase inhibitors, which stop the breakdown of acetylcholine, a chemical in the brain used for memory and other mental functions. These drugs don't cure Alzheimer's, but they have been shown to improve mental function. "These drugs can arrest the progression of symptoms," Dr. McTurk says. The drugs have been found to be most effective when the disease is diagnosed in its early stages.

Another medication used for patients with moderate to severe Alzheimer's disease regulates a chemical called glutamate, which plays a role in learning and memory. Glutamate regulates other necessary brain chemicals, such as calcium. The medication keeps glutamate in check so that it doesn't send too many of the other chemicals to the brain, thereby improving the brain's ability to process information and retrieve memories.

"It's the first agent that may help slow the progression of the disease," Dr. McTurk says. However, he adds, the two drugs work better together.

Although there is no cure for Alzheimer's, Dr. McTurk recommends ways of slowing its progression. "Stay physically active and socially interactive," he says. "Make leisure activities thinking activities."

For a referral to an SJMO internal medicine specialist, call the referral line at **800.372.6094**.



Making leisure activities thinking activities can slow the progression of Alzheimer's disease.

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Call the SJMO
referral line at
800.372.6094
to find a physician
near you.

CESAREAN SECTIONS KEEPING MOM AND BABY SAFE



HSIN WANG, MD

A cesarean section, commonly called a c-section, is a procedure in which an infant is surgically delivered through an incision in the mother's abdomen and uterus.

"Most women deliver naturally through the birth canal; however, there are instances where a c-section may be necessary to ensure safety for the mother and the baby," says Hsin Wang, MD, a St. Joseph Mercy Oakland (SJMO) obstetrician/gynecologist (OB/GYN).

Situations that may require a c-section include:

- Fetal distress
- Stalled labor
- Having a baby that is too large to be delivered vaginally
- Multiple pregnancies
- Breech delivery
- Umbilical cord or placenta complications

- Maternal illness that may cause too much stress for a vaginal delivery

"Because situations can arise during delivery, it is important that all women, even those who are planning a vaginal birth, be familiar with c-sections," Dr. Wang says.

WHAT HAPPENS IN A C-SECTION?

C-sections generally take 45 to 60 minutes and are usually conducted under regional anesthesia, which numbs the lower half of a woman's body.

In order to prepare for the surgery, a catheter is inserted into the bladder and an IV provides fluid and medication through a vein in the woman's arm or hand.

After preparation, abdominal and uterine incisions will be made. The abdominal incision is usually horizontal and situated above the pubic area. A vertical incision may be necessary, however, if the baby is very large or if there is a need to deliver the baby very quickly.

The uterine incision is also generally horizontal and made across the lower portion of the uterus. These two incisions make it possible for the doctor to deliver the baby.

After delivery, the doctor follows the same procedures as in a natural birth. Your physician will clear your baby's mouth and nose of fluids and then clamp and cut the umbilical cord. Afterwards, the placenta will be removed from the uterus, and the doctor will begin to close the incisions.

AFTER THE C-SECTION Because a c-section is a surgical procedure, recovery will take longer than that of a vaginal delivery; however, most mothers and babies do well afterward.

The majority of women who undergo a c-section will leave the hospital in three to five days, but it can take six to eight weeks to return to normal activities.

While you will receive personalized instructions before discharge, generally women with a c-section should:

- **Take it easy.** New moms will need time to relax and heal. It's important that women also limit the number of visitors in the first couple of weeks because having company can be trying on any new mom, especially one recovering from a c-section.



Although a c-section is surgery, most mothers and babies do well afterward.

- **Take medicine as directed.** Most women will experience stomach pain and require pain medication for one to two weeks.

- **Hydrate.** It's important to consume a lot of fluids to replace the ones that are lost during delivery and breastfeeding. Staying well-hydrated will also help to prevent constipation.

- **Contact their physician with any concerns.** If the woman experiences severe pain around the incisions, swelling, redness, discharge or flulike symptoms, she may have an infection and should contact her doctor immediately.

To find an SJMO OB/GYN near you, call the physician referral line at **800.372.6094**.

DO YOU HAVE CROHN'S DISEASE?



MONESTAKRITI, MD

If you have an unusual amount of abdominal pain or diarrhea or experience gastrointestinal bleeding, you may have Crohn's disease.

PAINFUL SYMPTOMS A form of inflammatory bowel disease, Crohn's is an ongoing disorder characterized by an inflammation

of the lining of the gastrointestinal (GI) tract, particularly the small intestine. It affects more than 700,000 Americans—nearly 50,000 in Michigan. People with Crohn's may experience stomach cramps, fever, lack of appetite and weight loss.

According to St. Joseph Mercy Oakland (SJMO) gastroenterologist Mones Takriti, MD, people with Crohn's "can have symptoms outside the intestines, such as arthritis, eye inflammation, spinal disorders and inflammation of the bile ducts."

Often linked to irritable bowel syndrome (IBS), Crohn's differs in that it is marked by inflammation, while IBS is characterized by muscle contractions in the intestines.

A chronic disease, Crohn's is a "skipping disease," Dr. Takriti says. It can affect many segments of the large or small intestine or just one segment.

CONTRIBUTING FACTORS Although there is no known cause for Crohn's, there are factors that contribute to it, such as age and ethnicity. "Youngsters and older adults are most likely to have Crohn's," Dr. Takriti says. The Crohn's and

Colitis Foundation of America reports that men and women are affected equally, and American Jews of Eastern European descent are four to five times more likely to develop the disease. Caucasians have the highest incidence of Crohn's, followed by African Americans, Hispanics and Asians.

In addition, family history may play a role in whether or not you have Crohn's, Dr. Takriti says. "If multiple family members have Crohn's, you will have a higher index of suspicion of the disease." People living in highly industrialized areas, people who smoke, and people who have a diet high in fat and refined foods also may be at risk for Crohn's.

At the same time, researchers believe that some people who develop Crohn's have an abnormal immune response to bacteria that are normally present in the intestine. Stress is not a cause, but can worsen the condition.

FINDING TREATMENT It's time to see your physician if you have a change in bowel habits or signs of the disease. To determine if you have Crohn's, your physician may choose from a number of tests, such as an x-ray of the upper GI tract, a CT scan or a blood test. "Some blood test markers are helpful in certain cases if the diagnosis is not clear-cut," Dr. Takriti says.

Your physician may also want to examine the interior of the colon with a colonoscopy. Or your physician may examine the small intestine with capsule endoscopy. With this method, the patient swallows a pill-sized camera that takes pictures as it travels through the small intestine.

Once the diagnosis is confirmed, your physician may start



Crohn's disease is marked by an inflammation of the lining of the gastrointestinal tract.

you on several medications that may include steroids to cut down on the acute and severe inflammation. If the Crohn's doesn't improve, then immunosuppressive therapy is employed. However, if medications fail and there are complications, Dr. Takriti recommends surgery to remove diseased portions of the intestine.

Despite treatment, Crohn's can return. Although you may be in remission, it's important to see your physician both when you're well and when you're not doing well.

"Communicating with your physician and being compliant with your medications is crucial to minimize the incidence of flare-ups," Dr. Takriti says. "Crohn's doesn't have to take over your life. A majority of patients learn to co-exist with the condition. They carry on with their lives and jobs. They learn not to let Crohn's be in charge of their lives."

For a referral to an SJMO gastroenterologist near you, call the referral line at **800.372.6094**.



WELCOME, NEW DOCTORS

St. Joseph Mercy Oakland (SJMO) is constantly searching for physicians to bring you the best care. Listed below are some of the recent additions to our medical staff. Please visit our

Web site at www.stjoesoakland.org for the most up-to-date information on SJMO physicians. You also may call our physician referral line toll-free at **800.372.6094**.



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Participating physicians reserve appointments each day for patients requesting same-day scheduling. That way, you don't have to wait to see a doctor, and you save the cost of an emergency room visit.

If you call before noon, you'll get an appointment the same day, and if you call after noon, you'll be seen the following business day. To schedule an appointment with an SJMO primary care physician or to find one near you, call the SJMO physician referral line at **800.372.6094**.



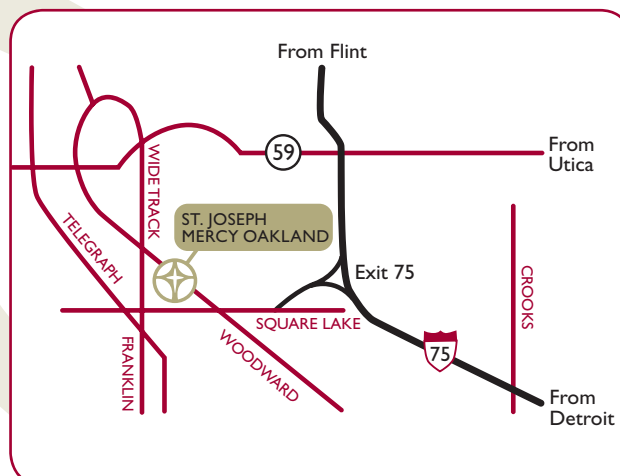
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