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MICHIGAN MEDICAL REPORT

FROM THE PHYSICIANS AT ST. JOSEPH MERCY OAKLAND

FALL 2009

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ST. JOSEPH MERCY OAKLAND
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SJMO LEADS THE WAY WITH ADVANCED NEUROLOGIC SPECIALISTS



A message from PAUL D. CROISSANT, MD, neurosurgeon

St. Joseph Mercy Oakland (SJMO) consistently retains its position as a leader in the field of neuroscience on many levels.

PAUL D. CROISSANT, MD

WIDE-RANGING EXPERIENCE

Our board-certified specialists in neurology, neurosurgery and neuroendovascular care apply their superior expertise in the treatment of stroke, spinal ailments, Parkinson's disease, multiple sclerosis, brain tumors, cerebral aneurysms, lumbar spinal stenosis and other neurologic-based health concerns to bring about the best possible outcomes for patients.

UP-TO-THE-MINUTE METHODS Our highly trained nursing staff, cutting-edge technology and the availability of an intensivist managing the Adult Intensive Care Unit

all contribute to the compassionate care patients receive through our neuroscience program.

COLLABORATION WITH OTHER HOSPITALS Our Michigan Stroke Network (MSN) continues to be the nation's leader in the field of telemedicine.

Our stroke specialists guide emergency room physicians at 30 outlying hospitals throughout the state in the diagnosis and treatment of patients who arrive with stroke symptoms utilizing two-way robotic remote presence. The stroke specialists assist in making the decision whether the patient is eligible for treatment with clot-busting drugs or needs to be transferred to SJMO, where the stroke team jumps into action to help restore the patient's quality of life. Since its founding in October 2006, the MSN has made more than 600 consultations.

NATIONAL RECOGNITION Our stroke program is Michigan's first certified primary stroke center, ninth in the

U.S. Our neuroscience program has enhanced cerebrovascular care with the addition of endovascular interventions, has cutting-edge spine implants and instrumentation procedures, and has increased the neuroscience unit capacity from 18 to 29 beds.

These accomplishments in neuroscience have helped garner many awards. Locally, SJMO was named a top hospital for performance in the Greater Detroit Health Council's Save Lives, Save Dollars Hospital Performance Report. On a statewide level, SJMO has received the highest awards for patient safety. Nationally, SJMO has been named among America's Top 100 hospitals for quality.

With award-winning compassionate care from a team of highly skilled physicians and nurses using state-of-the-art technology, it's no wonder that patients who need treatment for a neuroscience concern come to SJMO.

GET THE KIDS VACCINATED



WALTER CULVER, MD

It's back-to-school time, and in the midst of buying new clothes, books and school supplies, parents should make sure their kids are vaccinated against major childhood diseases.

According to the Centers for Disease Control and Prevention (CDC), although there's been a decrease in the incidence of these diseases—diphtheria, pertussis (whooping cough), tetanus (DPT); measles, mumps, rubella (MMR); chicken pox; and polio—there still are outbreaks.

TREATMENT Walter Culver, MD, a St. Joseph Mercy Oakland (SJMO) pediatrician and internal medicine specialist, encourages parents to get their children vaccinated before they go back to school. Recommended vaccinations are DPT, MMR, the chicken pox immunization and a polio booster. Getting vaccinated is the best protection for children against these diseases, he advises. In addition, Dr. Culver recommends that all children age 6 months and older have a flu shot.

Children in close quarters or contact with others also should be protected against meningitis. Kids as young as 11 and 12 can be vaccinated against the disease, but Dr. Culver especially recommends it for teenagers going into college.

In addition to the vaccinations listed above, Dr. Culver encourages parents to get their infants vaccinated against hemophilus influenza B, which causes epiglottitis (a swelling of the epiglottis), resulting in airway obstruction.

There is no proven connection between vaccination and autism.

It's given to infants at 2, 4 and 6 months of age, with a booster at 12 to 15 months. "All infants need this," Dr. Culver says.

The state of Michigan mandates that children be vaccinated before going back to school. However, some parents elect not to get their children vaccinated because of side effects or fear of autism. But, says Dr. Culver, "there is no causal effect between vaccinations and autism."

CAUTIONS Sometimes there are minor side effects from vaccinations, such as soreness at the site of the injection or mild fever. However, not all vaccinations are right for all kids. "Parents shouldn't give the pertussis vaccine to their children who have neurologic disorders," Dr. Culver advises. "It can aggravate neurologic problems."

At the same time, parents of children with egg allergies

should speak with a physician before the child gets a flu shot, because the inactivated virus for the injection is grown in eggs and can cause life-threatening allergic reactions. These can include breathing problems, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness. If they do occur, it is within a few minutes to a few hours after the shot.

If parents are unsure about getting their children vaccinated, Dr. Culver can provide them with the latest literature from the American Academy of Pediatrics and the Michigan Department of Community Health.

"The vaccinations are safe," he says. "I've given them to my own children. I feel very comfortable with them."

For a referral to an SJMO pediatrician near you, call the referral line at **800-372-6094**.



RAGWEED TRIGGERS FALL ALLERGIES



MONICA NICOLA,
MD, FACP

The flowers have stopped blooming. The grass is no longer seeding. But ragweed is in full bloom, and it's creating misery for allergy sufferers.

BACKGROUND In late summer, hay fever, or allergic rhinitis, is common among people who have allergies. But hay has nothing to do with it. Ragweed is the culprit for triggering allergy symptoms. It's a plant that proliferates in Michigan in late August, September and early October. It emits billions of grains of pollen, an allergen or allergy trigger that can evoke a variety of symptoms. Airborne pollen grains can travel hundreds of miles and have been measured up to two miles into the atmosphere.

When they enter the nose, these "foreign invaders" trigger antibodies that cause the release of a chemical called histamine into the bloodstream, which results in a variety of allergic reactions.

SYMPTOMS Allergies usually affect the upper airways, eyes, nose and sinuses, says Monica Nicola, MD, FACP, a St. Joseph Mercy Oakland (SJMO) internal medicine specialist. People who are allergic to ragweed pollen may experience watery, itchy eyes or swelling of the eyelids; sneezing; stuffy or runny nose; pain or pressure in the sinuses; headache; fatigue; or difficulty breathing.

Allergy symptoms are "episodic," and reproducible, explains Dr. Nicola. "They only occur at a specific time of year and are resolved when the triggers are removed." And in some patients they're hereditary. If you have a family history of allergies, chances are, you will have allergies, too.

Fall allergies differ from spring allergies in that the triggers are different, says Dr. Nicola. In spring, tree pollen is the trigger; in fall, it's ragweed. Molds are a common cause of

allergies, but they're not limited to a specific season. They occur wherever heat and humidity are highest. For example, piles of wet leaves in the fall are breeding grounds for mold and should be avoided by those with allergies.

ALLERGIES AND A COLD Although allergies and a cold have many similar symptoms, they have different triggers, according to Dr. Nicola. "Allergy symptoms start suddenly and stop, and you never have a fever or muscle aches and pains," as you would with a cold, explains Dr. Nicola. "The common cold is caused by a virus and transmitted from person to person, and symptoms, including a cough, can last up to a week."

THE FOOD-POLLEN CONNECTION Hay fever also is related to food allergies, according to Dr. Nicola. "People with allergies to pollen can have a cross allergy to food, called oral allergy syndrome," she says. The reason? The chemical structure of the proteins in pollen is the same as that found in cantaloupe, honeydew, watermelon, zucchini, cucumbers and bananas. The reaction is generally in the mouth or throat—itching, swelling of the lips and throat, and redness in the throat—and lasts only a few minutes. The reaction is generally triggered by consuming uncooked food.

PREVENTION Dr. Nicola lists ways to limit exposure to ragweed pollens:

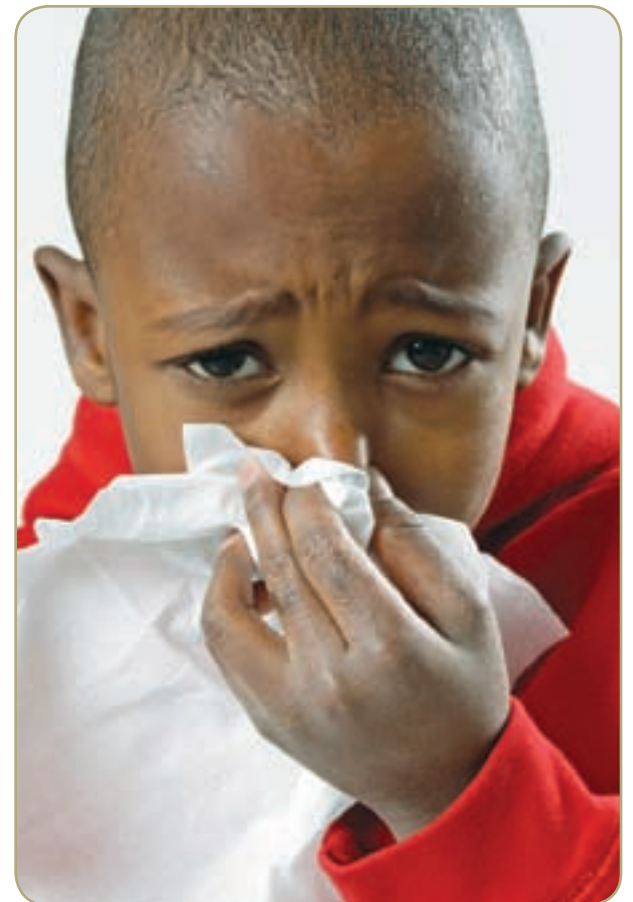
- Limit the time you're exposed to pollens. They're more prevalent in the morning and early afternoon.
- Keep the windows closed in the house and car.
- Use your home and car air conditioners. Make sure the filters are changed frequently.
- When you come in from working outdoors, wash your clothes and take a shower to rid yourself of pollen.
- Dry clothes in the dryer rather than outside to avoid pollen exposure.

TREATMENT There are several ways to treat fall allergies, Dr. Nicola explains. First, avoid the source of the al-

lergies whenever possible. Second are medications, both over-the-counter and prescription. These include intranasal corticosteroids and antihistamines, oral antihistamines, combination antihistamines and decongestants, and combination antihistamine/vasoconstrictor eye drops. Third is allergen immunotherapy, or allergy shots, for people with severe symptoms.

"Protect yourself and avoid the allergy triggers," Dr. Nicola advises. "If you do have allergy symptoms, over-the-counter medications are helpful, but it is important to seek guidance from your physician who is familiar with your individual situation."

To locate an SJMO primary care physician near you, call the referral line at **800-372-6094**.



TREATING EXTREME ANXIETY



DAVINDER P.
KAKAR, MD

While it is typical to feel anxious at times, those with generalized anxiety disorder (GAD) have unrealistic worries or fears that go beyond what would be normal for the situation. People who have GAD experience elevated and exaggerated levels of worry, fear and tension, even if there is little or nothing to provoke it.

Nearly seven million American adults have GAD, and almost twice as many women are affected as men. Often-times, those with GAD go through their days constantly worrying about health issues, finances, relationships and work difficulties.

SYMPTOMS AND DIAGNOSIS "Many patients wait too long to seek treatment," says Davinder P. Kakar, MD, a St. Joseph Mercy Oakland (SJMO) behavioral medicine physician. "People often classify themselves as 'a worrier'

and think that the heightened level of anxiety is normal. That is not the case, and there are treatments that can help to restore their quality of life."

Additional symptoms of GAD include:

- Restlessness and feeling on edge
- Difficulty concentrating
- Irritability
- Impatience
- Muscle soreness
- Trouble sleeping
- Headache
- Stomachache

Those who have had childhood hardships or have a chronic illness, stress or a family history of GAD may be more susceptible to the disorder.

GAD is diagnosed when someone has been worrying excessively for six or more months. A physician will perform a psychological evaluation and may also suggest a

physical exam to ensure that the worry is not the cause of another health problem.

If it is not treated, GAD can lead to other serious illnesses such as depression, insomnia, gastrointestinal complications and substance abuse.

However, the good news is that there are treatments that can help to lessen the effects of GAD. These include psychotherapy and medications.

THERAPY Psychotherapy is a form of counseling where a patient works with a behavioral medicine specialist in order to address and work through his or her anxieties. This type of treatment is usually short-term and helps patients learn how to control their thoughts and avoid excessive worrying.

MEDICATION Physicians usually recommend either an anti-anxiety medication or an antidepressant for people with GAD. Anti-anxiety medications are generally prescribed for shorter periods of time, as they can be habit forming. Antidepressants can be prescribed for longer periods and also will help to alleviate the effects of GAD.

NEUROSCIENCE

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WATER ON THE BRAIN? NPH IS CURABLE



HAROLD D. PORTNOY, MD

to diagnose and cure people with NPH.

Normal pressure hydrocephalus (NPH), commonly known as “water on the brain,” is a little-known disease that can significantly alter a person’s life. It often is confused with other ailments. But a new hydrocephalus clinic, under the direction of St. Joseph Mercy Oakland (SJMO) neurosurgeon Harold D. Portnoy, MD, is helping

with NPH may have had a head injury, a tumor, meningitis, a brain hemorrhage or a stroke. However, the majority do not appear to have a specific cause, Dr. Portnoy says.

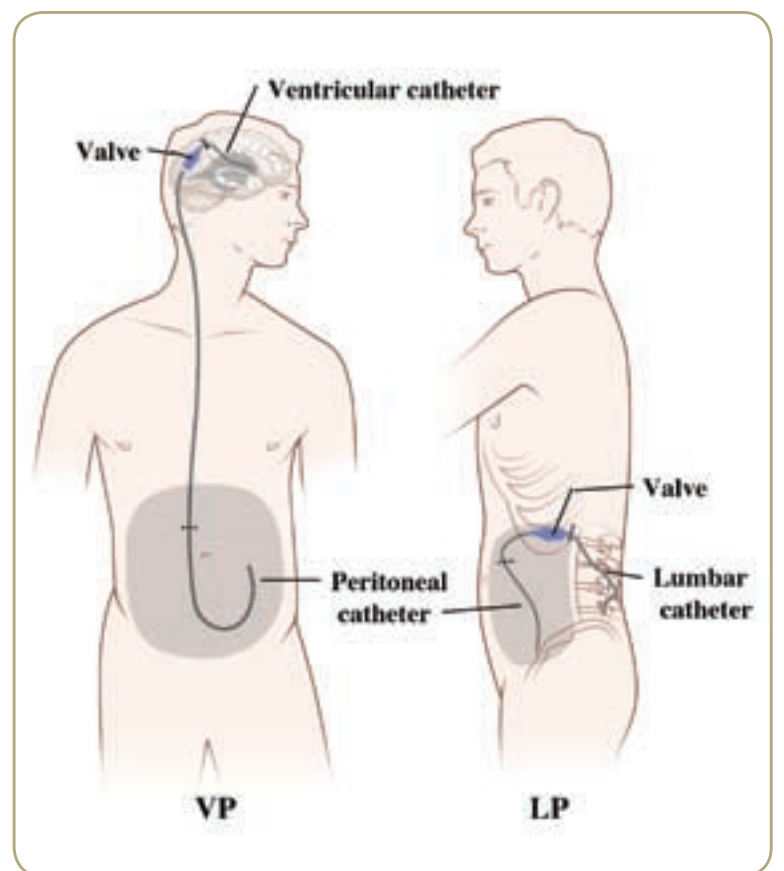
It is estimated that between 5 and 10 percent of patients with dementia or Alzheimer’s disease actually have NPH. Some NPH patients with difficulty walking have been misdiagnosed as having Parkinson’s disease. Unlike Alzheimer’s or Parkinson’s, NPH is curable.

“The most important factor in diagnosing NPH is suspecting that a patient has NPH,” Dr. Portnoy explains. “In that case, a physician will order a CT scan or MRI. NPH is indicated if the ventricles are enlarged and there is not a significant amount of brain atrophy.”

The treatment for NPH is the insertion of a shunt. This is a mechanical device composed of a catheter placed either in the ventricle of the brain or in the lumbar spine, a valve that regulates the amount of CSF that passes through the shunt, and a distal catheter that empties the CSF—most commonly into the peritoneal cavity. The shunt lies under the skin.

FLUID OVERLOAD The spaces in the center of the brain, called ventricles, are filled with a clear, colorless fluid called cerebrospinal fluid (CSF). CSF also surrounds the brain and spinal cord. About one pint of CSF is formed every day, and normally one pint is absorbed back into the blood every day. Hydrocephalus occurs when the absorbing mechanism breaks down, the CSF pressure increases and the ventricles enlarge. Eventually, the CSF will find other, less adequate absorptive pathways and the pressure will return to normal. However, the ventricles remain dilated.

According to Dr. Portnoy, the disease usually occurs in people around age 60, but can appear earlier. Symptoms include: mild to profound dementia, difficulty walking (gait disturbance) and incontinence. People



In most cases, the patient can be discharged on the same day or the day following the shunt insertion.

For more information or an appointment, call the SJMO hydrocephalus clinic at **248-858-2606**.

WHEN IT’S MORE THAN A BUMP ON THE HEAD



BILL UNDERWOOD, MD, PHD

All head trauma falls into one of two categories: closed-head injuries and open-head injuries.

Closed-head injuries are caused by a person’s head moving suddenly back and forth or side-to-side, causing the brain to crash against the inside of the skull. This causes damage to brain tissue, resulting in bruising and the tearing of blood

Head trauma describes any injury to the brain and is a serious condition that can affect all populations, from toddlers to the elderly. It refers to any damage of brain tissue caused by an outside force. Such trauma can be the result of a car crash, a fall, assault or any other situation that includes a forceful blow to the head.

vessels. Additionally, neuronal axons, the part of a brain nerve cell that links various parts of the brain together—as well as the link between the brain and the rest of the body—can become badly damaged as a result of head trauma. If there is severe damage to the axons, there may be serious impairment to other body functions.

Open-head injuries occur when an object penetrates the skull and brain. Such injuries generally affect a specific area of the brain at the puncture site.

SYMPTOMS Signs and symptoms of head injuries vary by the severity of the injury.

Minor head trauma is often characterized by confusion, brief loss of consciousness, headaches, nausea, irritability and blurred vision. People with minor head trauma may also be sensitive to light and loud noises.

Prolonged loss of consciousness and difficulty speaking, walking, hearing or comprehending may be symptoms of severe head trauma.

WHEN TO SEEK CARE If you or a loved one suffers a head injury, go to the emergency room when any of the

following symptoms are present: headache, nausea, vomiting, visual disturbances, numbness or weakness in the extremities, sleepiness, or seizure.

“It is important to err on the side of caution when it comes to head injuries,” says St. Joseph Mercy Oakland (SJMO) neurosurgeon Bill Underwood, MD, PhD. “The physician will be able to make an accurate assessment and treatment decisions after conducting a physical exam and learning the details of the injury and the person’s medical history.”

“Recovery is dependent on the severity of the head trauma and is generally individual-specific,” Dr. Underwood says. “Those with more mild head trauma may recover in a matter of days, whereas someone with a severe brain injury would require a long, multistage recovery which could range from months to years.”

For a referral to an SJMO neurosurgeon, please call our physician referral line: **800-372-6094**.

MICHIGAN STROKE NETWORK

ROBOT-ASSISTED QUALITY STROKE CARE

Stroke is the third leading cause of death in the U.S. Nearly 800,000 people have strokes each year. St. Joseph Mercy Oakland (SJMO) has taken a leadership role when it comes to delivering quality stroke care.

A TRADITION OF TOP-NOTCH STROKE CARE In 2003 the Joint Commission (then known as JCAHO), the country's leading health care accreditation agency, certified the stroke program at SJMO with the prestigious designation of primary stroke center. Three years later, the Michigan Stroke Network (MSN) was born at SJMO, which became the hub of the network, delivering the most comprehensive stroke care in the state.

The MSN is a system of hospitals working together to provide their communities with the most advanced stroke care possible. The MSN consists of 30 hospitals, ranging in size from 15 to 400-plus beds, using telemedicine to reach patients throughout Michigan. The network currently provides remote presence telemedicine (stroke robots) in hospital emergency rooms in 24 counties. Through the network, remote hospitals have 24/7 access to stroke specialists, which include some of the finest neuroendovascular specialists in the nation.

The stroke center at SJMO has a specialized clinical team, which includes the emergency department, intensive care unit, radiology, laboratory services, stroke unit, rehabilitation and a state-of-the-art neurovascular cath lab. The stroke team provides rapid triage, assessment and advanced stroke care management.

HOW STROKE HAPPENS A stroke occurs when a blood vessel in the brain becomes blocked (ischemic stroke) or bursts (hemorrhagic stroke). The results can be as serious as brain damage or death. Prompt treatment is essential to protect brain cells. Member hospitals within the MSN have 24/7 access to highly specialized neuroendovascular technol-

STROKE SYMPTOMS

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

If you have any of these symptoms, get to the emergency room immediately.

ogy that can mean the difference between life and death for many stroke victims. These hospitals also receive around-the-clock access to leading neuroendovascular specialists, access to rapid transport (helicopter or ambulance) and cutting-edge technology.

Through the use of telemedicine—robots with two-way, audiovisual communications capabilities—physicians in the network can perform a neurological consultation over the Internet. Using bedside videoconferencing, medical teams in hospital emergency centers can consult with neurospecialists by making one phone call to a dedicated 800 number. This consultative approach improves access to neurospecialists and reduces the need for unnecessary patient transports.

A stroke specialist at SJMO who is on call for the MSN uses an Internet connection, which allows him or her to be at the stroke patient's bedside within 15 minutes of receiving the call. The patient may be at a hospital as far as 200 miles away.

Families of patients benefit because they, too, can see and speak with the stroke specialist remotely connected



◀ **The Michigan Stroke Network currently provides telemedicine (stroke robots) in 24 counties.**

on the robot at the patient's bedside. In cases where patients are transported to SJMO, family members are provided with overnight housing thanks to the generosity of donors and grant funding.

To date, the stroke network has helped more than 500 stroke patients.

NEW DEVELOPMENT Earlier this year, the American Stroke Association issued new guidelines regarding the window of time for treating stroke. Previously, the guidelines

directed physicians to administer the clot-busting drug rt-PA up to three hours after the onset of symptoms, providing the greatest benefit for patients suffering an ischemic stroke. However, new guidelines say that stroke patients who are candidates may receive rt-PA up to 4.5 hours following symptom onset.

SJMO offers speech rehabilitation services for people who have been affected by stroke. Two convenient Speech-Language Pathology clinics can help patients regain their quality of life. For an appointment, call the Auburn Hills clinic at 248-377-3648 or the Union Lake clinic at 248-360-0052.

COPING WITH RESTLESS LEGS SYNDROME



LEE MARSHALL, DO

You've just climbed into bed after a long day. You want to go to sleep, but your legs have another idea. They're twitching or keeping you awake with tingling, mini electric shocks, a creepy-crawly sensation, jerking movements or an uncontrollable urge to move. You've got restless legs syndrome (RLS).

For some, the symptoms are barely noticeable. For others, they can rob them of sleep, resulting in daytime sleepiness, chronic fatigue, inability to concentrate and worse—anxiety and depression. Although there's no cure, RLS can be managed.

A VERY REAL PROBLEM RLS is a central nervous system disorder affecting up to 12 million Americans, according to the National Institute of Neurological Disorders and Stroke. It may seem like a made-up disease, but it's actually very real.

RLS affects men and women and begins in middle age, but is

known to increase in severity as people age. About half the people with RLS have a family history of the condition.

St. Joseph Mercy Oakland (SJMO) neurologist Lee Marshall, DO, says other causes may include reduced iron in the brain, kidney disease requiring dialysis, diabetes, Parkinson's disease and pregnancy. Caffeine; alcohol; tobacco; late-day vigorous exercise; and some medications—including cold, allergy and antinausea medicines; antihistamines; and antidepressants—also can aggravate symptoms.



RLS is diagnosed based on four criteria:

- An urge to move the limbs
- Symptoms that appear or are worse during rest
- Restlessness
- Nighttime worsening of symptoms

STOP THE URGES "Many patients with RLS find temporary relief with movement," explains Dr. Marshall. "However, a long-term solution can be determined after a medical exam with history and evaluation of your symptoms. Your physician may recommend a blood test, a test to measure electrical activity in muscles and nerves, or a sleep study." The solution may be a simple lifestyle change, or it might take more, he adds.

Oftentimes, physicians will prescribe pain, antiseizure or sleep medications or muscle relaxers to reduce the symptoms and help you get to sleep.

Patients with RLS also can benefit from physical therapy, stretching; taking hot or cold baths; soaking in whirlpool baths; applying hot or cold packs; or massage, exercise and relaxation techniques.

"If you suspect that you have RLS, see your physician," Dr. Marshall advises. "He or she will help you find relief to restore your quality of life."

CARING FOR YOUR KIDNEYS



USMAN MASTER, MD

Chronic kidney disease (CKD) affects an estimated 15.5 million adults in the United States. While there is no cure for CKD, the good news is that the condition is manageable.

YOUR BODY'S CLEAN-UP CREW

Your kidneys, two bean-shaped organs, are located in the middle of your back and sit just below your rib cage. Your kidneys separate the waste products and extra water out of your bloodstream and transform them into urine so that your body may dispose of the waste. However, if your kidneys are not working properly, the waste materials and extra water remain in your bloodstream. Individuals with CKD require the help of a multidisciplinary team to manage and live with the condition.

"Similar to high blood pressure, kidney disease often goes undetected as there are not any obvious symptoms," says Usman Master, MD, a St. Joseph Mercy Oakland (SJMO)

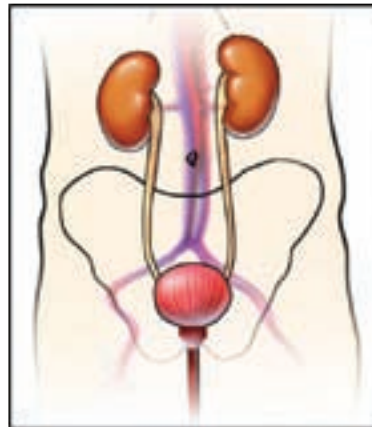
nephrologist and chair of the Department of Medicine. "That is why we stress healthy lifestyle choices for our patients as well as continued education so that they understand the risk factors as well as propensity for the disease."

WHAT ARE THE RISK FACTORS? While there may be no apparent indicators of CKD, there are common causes you should be aware of:

High blood pressure. Because high blood pressure can damage the small blood vessels in your kidneys, they may not be able to filter waste as effectively or at all. If you have high blood pressure, be sure to take the medications as prescribed by your physician. They will take additional pressure off of your kidneys.

Heredity. Like many other diseases, kidney disease can also be inherited. If any member of your family has a history of kidney disease, speak with your primary care physician.

Diabetes. People with diabetes should closely monitor their blood sugar levels. Their bodies have a difficult time processing sugar, and it may stay in their bloodstream. If



Normal kidney



the sugar is not processed and properly disposed of, it can become toxic to the body.

SHOULD YOU BE TESTED? If you believe that you are at risk for kidney disease, there are several routine tests that your physician can perform, such as:

- Checking and monitoring blood pressure
- Measuring protein levels in a urine sample
- Blood testing for serum creatinine levels

Please call the SJMO referral line at **800-372-6094** for a referral to a kidney specialist near you.

If your kidneys are not working properly, waste materials and extra water remain in your bloodstream. Causes include high blood pressure, heredity and diabetes.

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TREATMENT FOR OVARIAN CYSTS



JULIE MLADIC, DO

During a routine pelvic exam, your doctor tells you that you have a cyst on your ovary. Don't let the word cyst scare you. Developing an ovarian cyst is normal, and most cysts go away on their own, reports the American College of Obstetricians and Gynecologists. In fact, most women will

have ovarian cysts at some point in their lives. Additionally, most of these cysts will cause little or no discomfort.

However, there are times when a cyst may require treatment.

HOW CAN A CYST BE NORMAL? A cyst is a fluid-filled sac that can form anywhere in the body, including the ovaries. A woman can develop one or more ovarian cysts, and they can vary in size. Most ovarian cysts are benign. But some can be cancerous.

The most common type of ovarian cyst forms during a woman's menstrual cycle and is known as a functional cyst, according to the National Women's Health Information Center (NWHIC). Functional cysts come in two varieties: follicular and corpus luteum.

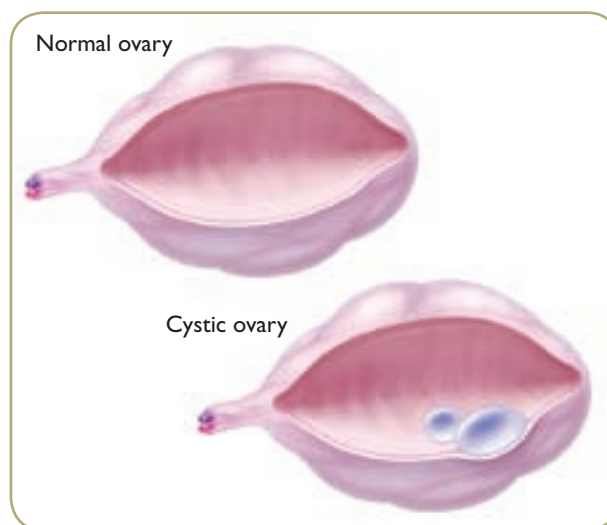
When a woman is about to ovulate, her ovaries form tiny cysts that hold the eggs. When an egg breaks through a sac during ovulation, the sac usually dissolves. When it doesn't, the sac closes and fills with fluid, forming a corpus luteum

cyst. If the egg never breaks through and keeps growing, a follicular cyst will develop.

CRAMPS ARE NOT ALWAYS WHAT THEY SEEM Many women who have functional ovarian cysts don't experience symptoms. But some cysts can grow as large as four inches and might bleed or twist the ovary and cause pain, says the NWHIC.

Symptoms of an ovarian cyst can also include:

- Pressure, fullness or pain in the abdomen
- Painful menstrual periods and abnormal bleeding
- A dull ache in the lower back and thighs
- Pelvic heaviness
- Pain during sexual intercourse



"If women experience sudden severe abdominal pain that is accompanied with nausea or vomiting, then they should seek immediate medical attention," cautions Julie Mladic, DO, a St. Joseph Mercy Oakland (SJMO) obstetrician/gynecologist.

FINDING RELIEF The most common treatment for an ovarian cyst is no treatment at all. Most follicular cysts found on routine examination disappear spontaneously in one to two months. Asymptomatic simple cysts less than 6 centimeters on ultrasound examination can be observed. Women who have not reached menopause and have no symptoms are often told to wait and see what happens. In most cases, ovarian cysts go away on their own.

However, if a woman has a fluid-filled cyst that is increasing beyond 6 centimeters or is painful, then a laparoscopic cystectomy is generally required. Additionally, if after several menstrual periods a woman still has a cyst or it has gotten larger or is causing pain, then treatment, such as surgery to remove the cyst, may be necessary.

However, recent innovations allow for the removal of ovarian cysts to be an easier procedure for patients. Many obstetrician/gynecologists are now using a laparoscope—a thin, lighted tube used to look at tissues and organs inside the abdomen. Laparoscopic surgery allows for smaller incisions, less anesthesia, fewer risks and quicker recovery time. An ultrasound and blood tests may also be useful tools to confirm a diagnosis.

To speak with an SJMO obstetrician/gynecologist near you, please call **800-372-6094**.

Did you know that if you call St. Joseph Mercy Oakland for an appointment before noon, you can see a doctor the very same day?

It's true. With the Same-Day Appointment program, you can call **800-372-6094** to schedule an appointment to see a St. Joe doctor that day.



WARNING SIGNS OF DIABETES



JEETENDER MATHARU, MD

If you're not getting any exercise, are overweight and eating a diet heavy in starchy, sugary foods, you're setting yourself up for diabetes.

With diabetes, your cells are not getting enough energy-producing sugar (glucose). With type I diabetes, you may have a lack of insulin to regulate the amount of glucose going to your cells, thereby producing high sugar levels in the blood. With type II, insulin may be present, but there may not be enough or it's ineffective.

Generally, type I diabetes is autoimmune-based and found in children and young adults. It may be caused by a virus or genetic mutation. Type II diabetes is most common among overweight adults, usually in their 50s and 60s, but children as young as 12 have been known to have this

form of the disease.

Some of the signs are:

- Frequent urination
- Extreme thirst
- Weight loss without trying
- Weakness and fatigue
- Blurred vision
- Tingling or numbness in legs, hands or feet

According to Jeetender Matharu, MD, a St. Joseph Mercy Oakland (SJMO) family medicine specialist, it's important to pay attention to these signs because they may signal that your body is not able to control your blood sugar.

"Untreated, these symptoms will contribute to blindness, heart disease and kidney disease and make you more susceptible to infection," Dr. Matharu explains.

Your physician can also test for glucose intolerance, a pre-diabetic condition. Your blood sugar is not in the diabetic range, "but you're heading toward it," says Dr. Matharu. "There are no gross physical symptoms, but

you'll need to make lifestyle modifications."

Although diabetes can't be cured, it can be treated. "Your blood sugar can be kept under control, and you can live a healthy life," Dr. Matharu says.

GETTING BACK IN CONTROL To prevent diabetes or to learn if you may have the disease, see your physician. He or she can assess your risks, review your family history, do a weight and height analysis, and create a diet and exercise program. "The physician also would see if there's a need to start medications or just monitor the patient," Dr. Matharu adds.

According to Dr. Matharu, modifying your lifestyle and following these tips can keep you healthy:

- Eat low-fat, low-calorie foods and reduce your portion sizes.
- Lose weight.
- Limit the time you spend on the couch and computer.
- Get a yearly diabetes screening from your physician.

For a referral to an SJMO primary care physician, 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 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**.



Scott A. Brown, DO
Orthopaedic Surgery
44405 Woodward Ave.
Suite 503
Pontiac
248-858-6773



Darius J. Karimipour, MD
Dermatology
43700 Woodward Ave.
Suite 110
Bloomfield Hills
248-332-0103



David Lemos, MD
Orthopaedic Surgery
44555 Woodward Ave.
Suite 503
Pontiac
248-858-6773



Tom M. Rifai, MD
Internal Medicine/
Weight Management
44555 Woodward Ave.
Suite 305
Pontiac
248-858-2475



Andrea A. Rowe, MD
Emergency Medicine
44405 Woodward Ave.
Pontiac
248-758-7000



Brian J. Scallen, MD
Emergency Medicine
44405 Woodward Ave.
Pontiac
248-758-7000



Ethan N. Goldstein, MD
Obstetrics/Gynecology
2520 S. Telegraph Rd.
Suite 200
Bloomfield Hills
248-335-9207



Esam A. Kazem, MD
Pediatrics
44405 Woodward Ave.
Pontiac
248-858-3526



Thomas O'Hara, MD
Neurosurgery
7650 Dixie Hwy.
Suite 100
Clarkston
248-620-9310



Moiz T. Vohra, MD
Radiology
44405 Woodward Ave.
Pontiac
248-858-3040



Tyler H. Wesorick, MD
Emergency Medicine
44405 Woodward Ave.
Pontiac
248-758-7000



Lisa Helmick, DO
Obstetrics/Gynecology
44405 Woodward Ave.
Pontiac
248-338-0100



Derek Lanier, MD
Family Medicine
46 N. Saginaw
Pontiac
248-322-6747



Varsha S. Revankar, MD
Internal Medicine
280 N. Old Woodward Ave.
Suite 208
Birmingham
248-723-9201



Tallal M. Zeni, MD
Surgery/Bariatric Surgery
44555 Woodward Ave.
Suite 305
Pontiac
877-949-9344

HEALTH CARE FOR ALL

Nearly 50 million Americans—10 million of them children—are without health insurance. As a result, more than 20,000 people a year die because of lack of medical care.

Recognizing this, Trinity Health, parent company of St. Joseph Mercy Oakland, has embarked on the Find A Way Campaign to ensure that everyone has access to high-quality, affordable health care. Trinity is urging legislators to create a health care system

that promotes more coordinated and efficient care, with a strong focus on prevention, and is advancing the concept of each person's responsibility to adopt healthier behaviors.

You can join this effort to help ensure that everyone has access to good health care. Just visit our Web site, stjoesoakland.org/aboutus_mission.htm, and click on the "Find A Way" icon to learn how.



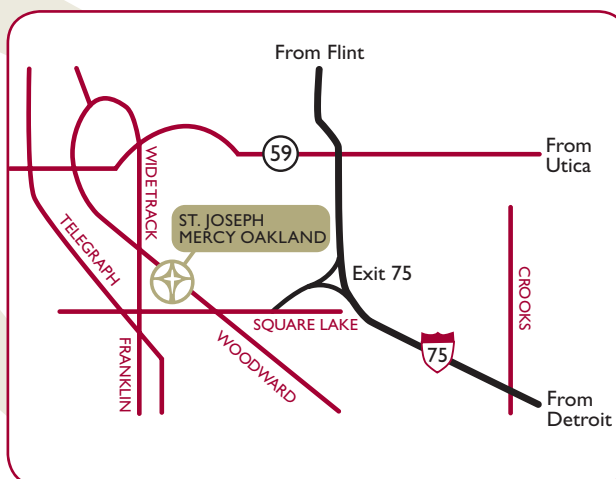
Find a doctor who is right for you. Click on "Find a Physician" under "Health Info" at stjoesoakland.org.

NORTHERN OAKLAND COUNTY'S HOSPITAL OF CHOICE.

To learn more about St. Joseph Mercy Oakland, a Thomson Reuters Top 100 Hospital award winner, visit our Web site at stjoesoakland.org or call **800-372-6094**.

OUR MISSION

We serve together in Trinity Health in the spirit of the Gospel to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.



MICHIGAN MEDICAL REPORT

FROM THE PHYSICIANS AT ST. JOSEPH MERCY OAKLAND

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