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# MICHIGAN MEDICAL REPORT

FROM THE PHYSICIANS AT ST. JOSEPH MERCY OAKLAND

SUMMER 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.



## WE'RE KEEPING YOU MOBILE, ONE STEP AT A TIME



A message from  
SAFA S. KASSAB, MD  
Chair, Division of Orthopedics

SAFA S. KASSAB, MD

St. Joseph Mercy Oakland (SJMO) is a leader in treating orthopedic conditions and problems. Our orthopedic program has been nationally recognized for quality of care and expertise. Whether you need minimally invasive surgery or a major procedure, you can rest assured that our highly skilled physicians and surgeons have state-of-the-art equipment and the most up-to-date techniques to handle all of your orthopedic concerns.

Our board-certified orthopedic surgeons specialize in treating spine, hand, shoulder, hip and knee disorders. They provide comprehensive care, before, during and after surgery. For example:

- Our renowned foot and ankle program specializes in

artificial ankle replacement and correcting and treating postural and post-traumatic deformities, diabetic conditions, and arthritis.

- Our orthopedic surgeons use cutting-edge procedures like kyphoplasty and minimally invasive, patient-specific surgery.
- The surgeons at SJMO were the first in Michigan to use MRI and custom-fit technology for total knee replacements.
- The orthopedic program offers acute trauma care around the clock at the SJMO Emergency Center.

**RESTORING MOBILITY** SJMO's Joint Care Center takes pride in the fact that more than 5,000 patients have had their quality of life restored with total knee or hip replacement. With more than 10 years of experience, the SJMO Joint Care Center is one of the most successful in the area and has garnered national recognition and awards. With the addition of the custom-fit knee procedure, we are reducing the pain, trauma and recovery time that patients often experience after traditional knee surgery. Our performance and outcomes speak for themselves:

- More than 90 percent of our Joint Care Center patients can go home after only three days rather than to a rehabilitation or extended care facility.
- Our patient satisfaction scores are consistently in the 90th percentile.
- Most of our patients can walk with a cane or no assistance within two weeks of having a joint replaced.

Other services provided by our orthopedics department include orthotics and prosthetics services, outpatient procedures, physical therapy, sports medicine, trauma surgery, and treatment of fractures and workplace injuries.

Our team of nurses, physical therapists and board-certified orthopedic surgeons shares the common goal of providing exemplary care to each of our patients and their families. We're with you every step of the way. From the day you and your physician decide that you should have a procedure through your full recovery, you will receive exceptional service and support from our dedicated staff.



TOUCH  
THE FUTURE

### COMING THIS FALL

## SURGICAL PAVILION AN SJMO MILESTONE

Anticipation is high as St. Joseph Mercy Oakland (SJMO) marks a milestone event: the opening of its new Surgical Pavilion this fall.

The pavilion, the first phase of the SJMO Campus Regeneration plan, will have space for 12 technologically advanced operating suites, double the size of the current operating rooms.

Ceiling-mounted surgical booms will keep tools and equipment elevated and cords and cables off the floor, increasing safety. Multiple monitors in each suite will allow minimally invasive surgery to be done with state-of-the-art cameras and laparoscopic functions. The monitors will provide audio and video integration, enabling medical staff to project

video images to conference rooms and offices for teaching, as well as consultation with specialists.

**THE ART OF FASTER RECOVERIES** Incorporated into the new Surgical Pavilion will be the da Vinci Robotic Surgical System, which enables complex surgery to be performed using a minimally invasive approach. Patients who have minimally invasive procedures usually have less pain, shorter hospital stays and faster recovery times.

Families will have an easy time locating and following their loved one's progress, thanks to a consolidation of pre- and postoperative care spaces scheduled to open in 2010. The area will have 33 new private rooms for patients and an expanded family waiting area where friends and family

can visit with loved ones before their surgery.

The Surgical Pavilion also will have a separate reception area, admitting office and cashier for easier access by patients and visitors. There also will be enhanced waiting areas with comfortable seating, private consultation rooms and business workspaces.

The new pavilion is funded by the hospital's operating revenue, long-term financing arranged by Trinity Health and \$10 million in philanthropic support from the community through SJMO's *Touch the Future* Campaign.

The minimally invasive da Vinci Robotic Surgical System will be installed in the new Surgical Pavilion.

MINIMALLY INVASIVE OB/GYN SURGERY

HYSTERECTOMY GOES HIGH-TECH



PAUL CORSI, MD

"This is not the same surgery that your grandmother or even your mother had," says Paul Corsi, MD, a St. Joe obstetrician/gynecologist (OB/GYN). "We can now take care of the conditions that were previously infringing on women's everyday lives. With a small procedure, we can dramatically alter a woman's life and help to reclaim her life."

Dr. Corsi is one of the many St. Joseph Mercy Oakland (SJMO) physicians to use the da Vinci Surgical System—which enables complex surgery to be performed using a minimally invasive approach—in his gynecologic surgical cases. Currently, SJMO offers advanced surgical and robotics technology to provide two procedures to local women—a minimally invasive hysterectomy and myomectomy.

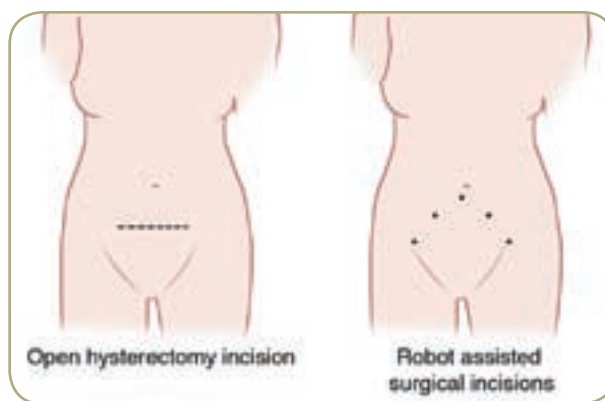
The use of robotic assistance provides the surgeon with better visualization of anatomy, which is especially critical when working around delicate and confined structures like the bladder. Additionally, the new technology provides capabilities such as high-definition 3-D vision and a magnified view. This means that surgeons have a distinct advantage over typical open approaches when performing gynecological surgeries with da Vinci.

**THE NEW HYSTERECTOMY** A hysterectomy, the surgical removal of the uterus, had been the primary means

of treating a wide variety of non-cancerous conditions, including endometriosis, uterine prolapse and fibroids. Symptoms such as heavy, uncontrolled bleeding and constant pain often accompany the conditions and, as such, have a severely debilitating effect on a woman's life. What's more, hysterectomy is the second most common surgical procedure for women in the United States, and an estimated one-third of all U.S. women will have a hysterectomy by age 60.

In the past, a woman who had undergone a hysterectomy had to go through a six-week recovery, excessive pain and significant blood loss and then would live with a large scar on her abdomen. However, the new approach to hysterectomy throws those old rules out the window!

Today, your surgeon can use the most advanced, state-of-the-art surgical system, which offers a precise and minimally



invasive procedure. Instead of a long scar, patients will have a few small incisions as well as less pain and blood loss, fewer complications, a shorter hospital stay, and quicker return to normal activities.

**MYOMECTOMY: A NEW APPROACH FOR TREATING FIBROIDS** Uterine fibroids, non-cancerous tumors located within the uterine wall, are found in one in five women over age 35.

In the past, if a woman had fibroids and conservative treatments did not solve the problem, a large abdominal incision would be required, resulting in a large amount of blood loss and a longer recovery. And, if the myomectomy failed, the patient would have to have a full hysterectomy. This meant that the woman's uterus had to be removed and, therefore, the woman could no longer conceive. However, with the assistance of robotic surgery, a surgeon can remove the fibroids and preserve the uterus through a minimally invasive procedure. The new approach also typically means a shorter hospital stay, less pain, smaller scars and a lower risk of wound infection. Additionally, women who undergo this new approach usually have a faster recovery and quicker return to normal activities.

"We are proud to be able to stay true to our commitment to women's health and offer these new procedures to our patients at St. Joe," says Dr. Corsi.

As with all procedures, this one should be discussed with your doctor so he or she can suggest a surgical approach that is best for you and your lifestyle.

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

A NEW TWIST ON COLON SURGERY



FAROUK TOOTLA, MD

The abdominal pain has become unbearable. You've got stomach cramps, fever, chills, nausea and your bowel habits have changed. Chances are you have diverticulitis, the inflammation of pouches (diverticula) that protrude from your colon. Oftentimes, diverticulitis can be treated by clearing up the inflammation, resting the colon, resting in bed, taking oral antibiotics and pain relievers and switching to a liquid diet. However, if medications don't work or if there are complications, surgery is necessary.

During colon surgery, particularly for diverticulitis, a surgeon will remove the affected part of the colon and join the remaining parts in a procedure called a colon resection. This procedure is used to prevent complications and a recurrence of diverticulitis. Traditional surgery would result in a large incision and scar and a long recuperation period. However, surgeons are now doing these procedures using minimally invasive surgery, with greater benefit to patients.

**TINY INCISIONS, BIG RESULTS** Farouk Tootla, MD, a St. Joseph Mercy Oakland (SJMO) colon and rectal surgeon, has performed minimally invasive procedures on his

patients since 1995. "The patients do much better with a minimally invasive procedure," he says. "There are smaller incisions, fewer complications, and they go home sooner. The average hospital stay is three days."

Dr. Tootla says patients who have minimally invasive surgery have less need for pain medication and lower risk of complications. Often colon surgery patients will be able to consume liquids a day after surgery.

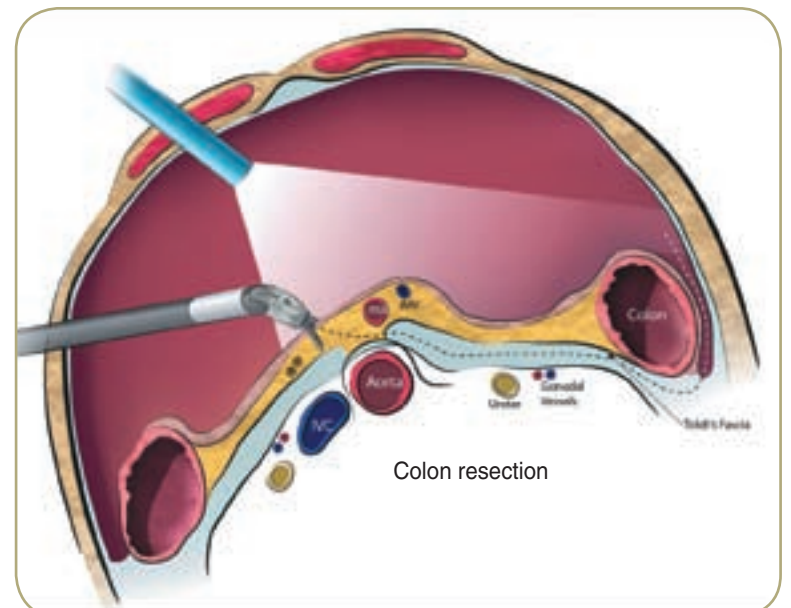
Dr. Tootla explains that during minimally invasive colon surgery, patients generally need five tiny incisions, 1/2- to 1/4-inch in size. "Cosmetically, the incisions look better. After a few months, you don't see the incisions at all because they're so small." At the same time, there's less trauma to the body, less blood loss and less risk of infection.

Meanwhile, new technology has not only improved surgical results, but also has made the surgeon's job easier and more precise. Dr. Tootla uses the da Vinci Surgical System—a robotic system that provides the surgeon with a high-definition 3-D image, improved clarity and detail of tissue planes and anatomy. Use of the da Vinci enhances the surgeon's capabilities and improves clinical outcomes. Dr. Tootla also finds that because the da Vinci instruments work like a wrist and hand, they allow for finer dissection of the tissues and easier suturing and identification of structures.

**SPECIAL BENEFITS FOR CANCER PATIENTS** Dr. Tootla says patients with colon cancer can benefit further from minimally invasive surgery. "In a minimally invasive procedure, the immune system is not suppressed as much [as in traditional surgery], and you can better fight cancer."

He estimates that he performs about 80 minimally invasive procedures a year, and the average age of his patients is 60. He uses this procedure for patients who have colon cancer, diverticulitis and Crohn's disease.

"Minimally invasive surgery—this is the future," Dr. Tootla says. "Going to the da Vinci is a step up."



# ORTHOPEDICS

## Joint Care Center of Excellence



RICHARD BARTHOLOMEW, DO



SAFA S. KASSAB, MD



WILLIAM KOHEN, MD



SHIVAJEE NALLAMOTHU, DO

### SJMO PIONEERS CUSTOM-FIT KNEE

St. Joseph Mercy Oakland (SJMO) was the first Michigan health care provider to offer the custom-fit knee replacement in December 2007. Safa Kassab, MD; Richard Bartholomew, DO; William Kohen, MD; and Shivajee Nallamothu, DO, are SJMO orthopedic surgeons who have been on the forefront of this technology. They provide the community with a wealth of experience, expertise and the ability to perform the latest and most effective technologies in joint replacement.

**ACHING KNEES** Joint replacement can be an effective treatment when a patient lives with osteoarthritis, a chronic disease of the joints that can occur anywhere in the body, but most commonly occurs in weight-bearing joints, such as the knees. Osteoarthritis is usually treated with prescription medicines and physical therapy, but if those don't prove effective, a knee replacement may be the only option.

Advanced cases of osteoarthritis lead to more than 300,000 total knee replacements a year. Traditionally, surgeons used a standard implant device that has a similar overall fit and placement for each patient. This approach does not take into account individual differences such as age, gender, ethnicity, weight or lifestyle. However, there is a new approach that takes into account the unique nature of each person's knee.

**WHY GO CUSTOM?** "This new procedure is an exciting advancement in knee replacement surgery. By using 3-D MRI technology, a custom mold is made which allows the surgeon to make exact cuts," explains Dr. Bartholomew. "This procedure allows us to make all the measurements needed before the surgery from the MRI and, therefore, there is no need to drill large tunnels into the bone or do other invasive techniques to assist with alignment and placement of the knee."

The process begins with a magnetic resonance imaging (MRI) exam. Computer software is then used to create a 3-D image of the knee, to direct the surgeon. Deformities are corrected on the MRI to return the knee to its pre-arthritis shape. The next step involves a computerized 3-D image of the implant that is created to match the anatomically correct virtual knee model. Lastly, special guidelines are created for the surgeon to use during the procedure. These patient-specific guides show the surgeon the precise location to make the bone cuts—minimizing the steps needed at surgery—and how to tailor and fit the knee replacement to the patient.

According to Dr. Kassab, the new procedure is changing the way doctors approach knee replacement. "There's less dissection, less bone cutting and less time in surgery," he says. "It also decreases the trauma to the knee." This equates to a less-invasive surgery, less pain, quicker recovery time and, ultimately, better outcomes.

Experts say the custom procedure is beneficial to every patient, regardless of individual differences. "This new approach re-creates the patient's own anatomy, taking into account rotation, alignment, fit and size," Dr. Kohen explains. "When these elements are taken into consideration, they produce a perfect fit, giving a more natural feel to the knee replacement."

"The beauty of this procedure is the fact that everything is tailored to the patient," says Dr. Nallamothu. "This is truly a revolutionary breakthrough that we're proud to be able to provide."

### GENDER-SPECIFIC TOTAL KNEE REPLACEMENT

## KNEES DESIGNED WITH WOMEN IN MIND



WILLIAM WARD, MD

An innovative new surgical procedure for female patients who are in need of a knee replacement is generating significant interest. There are more than 300,000 knee replacement surgeries occurring in the United States each year, and virtually all of them use a unisex device. These devices are designed based on averaging the sizes of both men's and women's knees combined.

However, with the number of women who are undergoing total knee replacements growing, the unique anatomy of a woman's knee has been brought to the forefront. Many orthopedic surgeons were making adjustments to devices during surgery with the unisex devices. As such, new models have been built especially to provide a more natural fit for a woman's anatomy.

**DESIGNED WITH COMFORT IN MIND** "Long-term re-

sults are very good when a gender-specific knee replacement is performed on the right patients," says William Ward, MD, a St. Joseph Mercy Oakland orthopedic surgeon. "Additionally, many of my patients report feeling more comfortable making the decision to have a total knee replacement when they know that the device was made especially for their anatomy."

Gender-specific knee replacements differ from traditional knee replacement devices in several aspects. Female-specific knees have a unique shape and size, specifically demonstrating a thinner profile, which allows for a more comfortable and natural movement of the knee cap. Furthermore, the shape has also been molded to better mimic the appearance of a woman's knee.

In addition to having a thinner profile, the replacements are also made to match the narrower structure of women's knees. Therefore, women experience a better-fitting replacement and increased mobility and functionality.

**IS IT RIGHT FOR YOU?** A gender-specific knee may not be necessary for every female patient undergoing or considering a total knee replacement. For many women the unisex devices have yielded positive results. Recent medical and technical innovations allow physicians to project upward of a 20-year expectancy for new unisex replacements.

To learn if a gender-specific knee is the correct choice for you, please consult your orthopedic surgeon.

Please contact the SJMO referral line at **800.372.6094** for an orthopedic surgeon near you.



## KNEE REPAIRS WITHOUT REPLACEMENT



ANDREW CIARLONE, MD

The knee is the largest joint in the body. And since it is a weight-bearing joint, it is also one of the most easily and frequently injured.

The knee is composed of three bones: the femur (lower end of the thigh bone), the tibia (the upper end of the shin bone) and the patella (knee cap). Tissues, ligaments and muscles help to connect these structures and also provide stability. However, if any of these elements is stressed, torn or otherwise injured, the functionality of the knee as a whole suffers.

Patients can experience a range of symptoms, including swelling, chronic pain, loss of stability or the knee suddenly giving out. Injuries may need to be surgically repaired if a traumatic event caused a tear and symptoms fail to improve after trying conservative treatment measures. If you

Knee arthroscopy causes less postoperative pain and has a shorter healing time than traditional open-joint techniques. Most patients can return home the same day they have the procedure.

experience any of these symptoms, you may be a candidate for knee arthroscopy.

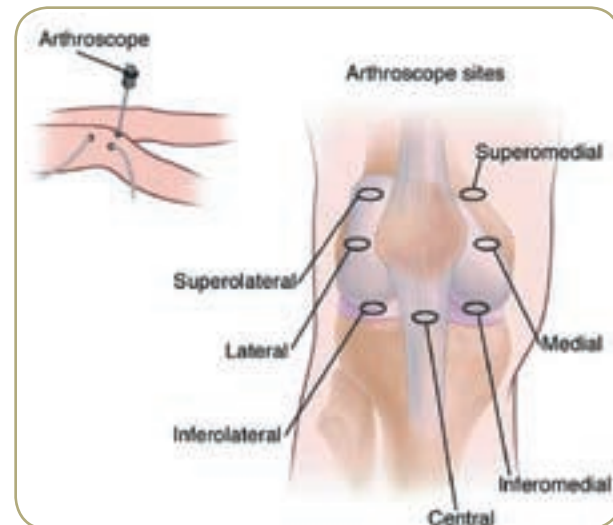
**AN INSIDE VIEW** Today, surgeons are turning to arthroscopic surgery to repair knee damage. An arthroscope is a small, soft tube with a light and lenses on the tip. Surgeries completed arthroscopically are done through small openings with the scope connected to a video monitor to view the inside of the knee.

This new optical and digital technology has enabled knee arthroscopy to serve as an important diagnostic and therapeutic tool for patients requiring surgery. "Employing the use of a small circular lens through three or fewer small incisions creates accessibility and perspectives that we haven't had before," explains SJMO orthopedic surgeon Andrew Ciarlone, MD. "The clarity of the picture also allows us to determine what type of reconstructive surgery, if any, is necessary."

Additionally, knee arthroscopy is helpful for diagnosing and treating a multitude of knee ailments, including:

- Torn meniscal cartilage
- Torn ligaments
- Loose fragments of bone or cartilage
- Damaged joint surfaces
- Diagnosing rheumatoid arthritis

**SAME-DAY CONVENIENCE** Choosing to use knee arthroscopy in operative situations has several advantages. Arthroscopic evaluation and treatment only requires



several small incisions, thus limiting the degree of scarring and trauma associated with surgery. It also inspects the joint environment much more precisely, enabling an accurate removal of damaged or scarred joint tissue. Additionally, knee arthroscopy also has reduced postoperative pain and healing times in comparison to traditional open-joint techniques. Knee arthroscopy is also typically conducted in an outpatient setting—most patients can return home the same day as the procedure.

**PROCEED WITH CAUTION** There are risks associated with any surgery. In rare circumstances this procedure may cause bleeding, infection or injury to another part of the knee. There is also the chance that a problem in a vein could cause a blood clot to form.

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

## RELIEF FOR HARDWORKING SHOULDERS



MATT BAHU, MD

The shoulder is one of the most commonly used joints in the body and can be affected with arthritis the same way that hips and knees are.

"The shoulder is composed of multiple joints," explains Matt Bahu, MD, an SJMO orthopedic surgeon. "The glenohumeral joint is the 'ball and socket' portion of the shoulder and the most clinically relevant part painfully affected by arthritis."

While anyone can develop arthritis, people age 50 and older are affected most. Shoulder arthritis, like most other arthritic sites, can occur spontaneously as a result of overuse of the joint or secondary to previous trauma, including fracture, dislocation or rotator cuff tear. Three types of arthritis that affect the shoulder are:

**Osteoarthritis.** This type of arthritis commonly affects those age 50 and over. It occurs due to overuse of the joint and is a degenerative condition that will continue to break down the cartilage that covers and protects the bone.

**Rheumatoid arthritis.** This type can affect anyone, regardless of age, and is a systemic inflammatory condition—meaning that it often affects multiple joints on either side of the body.

**Post-traumatic arthritis and cuff-tear arthritis.** As the names suggest, these types of arthritis occur after trauma or injury to the shoulder, such as fractures and dislocations, or secondary to massive, non-repairable rotator cuff tears.

Those living with arthritis may have feelings of heaviness, stiffness and chronic pain around the shoulder. Others with shoulder arthritis experience a limited range of motion and also may hear a clicking or popping noise when they rotate the joint. Many patients also experience increased pain or stiffness in the morning.

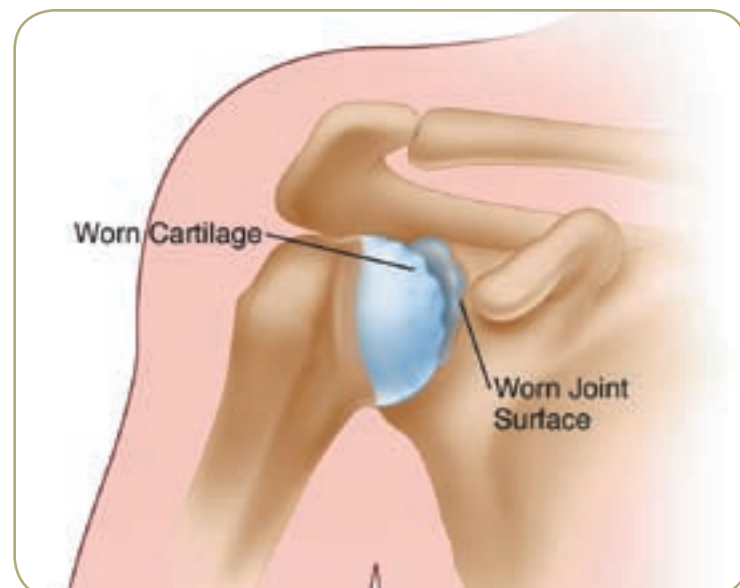
After undergoing a routine physical exam, your physician may request that you have x-rays or an MRI in order to properly diagnose and characterize arthritis of the shoulder. You may then be referred to a shoulder specialist.

**EASING THE ACHE** Depending on the severity of the arthritis, most physicians will suggest non-surgical methods as the first line of treatment. Some steps that your physician may start with include: resting the joint, applying heat, physical therapy or taking an anti-inflammatory medication such as ibuprofen to decrease inflammation. If the arthritis is not advanced, these methods may provide some relief. However, for more severe cases, surgical intervention may be the only way to permanently relieve pain.

While arthroscopic procedures may help mild arthritis or fix rotator cuff tears (preventing certain types of arthritis), joint replacement may be the only option for severe cases. This procedure is typically very successful at relieving pain and restoring motion.

There are risks associated with any surgery. In some circumstances this procedure may cause bleeding, infection, dislocation, or other undesirable outcomes. Fortunately, these complications are very rare when an orthopedic surgeon trained in the specifics of the shoulder performs the surgery.

Please contact our physician referral line at **800.372.6094** to find an SJMO orthopedic surgeon near you.



## LET'S GET (A SPORTS) PHYSICAL!



BRANDON ALLEN, MD

Although it's summer, kids are starting to think about fall leagues for soccer, basketball, hockey and more. But in Michigan they can't play sports unless they have a sports physical.

According to Brandon Allen, MD, SJMO pediatrician and internal medicine specialist, there are two reasons why a child or teen should have a sports physical. First, it's a way for the family physician to see if the child's overall health is good, and second, the doctor can check whether the child has any type of previous injury that could cause a more serious injury later.

During a sports physical, often called a pre-participation physical examination or PPE, a physician will look at the child's medical history and do a physical exam from head to toe. The physician will check out the child's musculo-skeletal system, strength, heart, lungs and abdomen and do vision and hearing screenings and a urinalysis to look for potential health problems, such as kidney disease or diabetes.

Dr. Allen says a physician will typically ask the patient if he or she has had shortness of breath, chest pains or discomfort, fainting spells, or previous injuries or surgeries. In addition, the physician will ask about family history to see if there were instances of heart disease or sudden death.

**ON THE SIDELINES** Some conditions could preclude a child from participating in sports, Dr. Allen says. These include asthma, abnormal heart rhythms and use of some medications. However, he adds, kids whose asthma is controlled "can participate in any kind of sport, while a child with a heart murmur would have to see a specialist before he or she can be cleared for activity."

Dr. Allen says that children can get involved in organized sports as young as age 5. "It's a great way for kids to get out and get regular physical activity," he says. "It's also a good way to prevent having problems like obesity." Besides the physical, there are other benefits—emotional and mental. "[Playing sports] helps them make friends and have good self-esteem."

Any time a child starts to participate in organized sports, it's a good idea for him or her to have a sports physical "just so the parents have peace of mind that their child is healthy enough to participate," Dr. Allen advises. At the same time, kids should work on preparing themselves for the activity. Warm-ups, stretches, light jogging, running, some cardiovascular activity and some weight lifting are recommended. However, the age of the child will dictate the type of preparation he or she requires.

SJMO urgent care centers and primary care physicians offer sports physicals for kids. For a referral, call the SJMO referral line at **800.372.6094**.



### SJMO LAKE ORION URGENT CARE AND IMAGING SERVICES

1375 S. Lapeer Rd., Suite 106, Lake Orion

**Urgent care hours: Always open.**

**Imaging services hours: 8 a.m. to 6 p.m. on Monday, Tuesday, Thursday and Friday; 10 a.m. to 8 p.m. on Wednesday.**

**248.693.9040 (urgent care)**

**248.814.7800 (imaging services)**

### SJMO WATERFORD URGENT CARE

5800 Highland Rd., Waterford

**Hours: 5 to 10 p.m., Monday through Friday; 8 a.m. to 8 p.m., Saturday and Sunday**

**248.673.2474**

## SJMO ORTHOPEDIC SPECIALISTS

**Bruce D. Abrams, MD**  
General Orthopedics  
55 Clinton St.  
Pontiac  
248.333.0840

**Matt J. Bahu, MD**  
Shoulder/Elbow/Sports Medicine  
● 44555 Woodward  
Suite 105  
Pontiac  
248.335.2977  
● 6060 Dixie Hwy.  
Suite F  
Clarkston  
248.858.3855

**Richard S. Bartholomew, DO**  
Shoulder/Hip  
4800 Highland Rd.  
Waterford  
248.673.0500

**Peg Chilvers, MD**  
Foot/Ankle  
44555 Woodward Ave.  
Suite 503  
Pontiac  
248.858.6773

**Andrew P. Ciarlone, DO**  
General Orthopedics  
6310 Sashabaw Rd.  
Suite A  
Clarkston  
248.620.2325

**Joseph M. Failla, MD**  
Hand/Wrist  
29829 Telegraph Rd.  
Suite 201  
Southfield  
248.352.4263

**Michael J. Fugle, DO**  
Joint Replacement  
● 1350 W. Huron  
Waterford  
248.681.4206  
● 940 W. Avon Rd.  
Suite 10  
Rochester  
248.656.0440

**Jeffrey E. Gorosh, DO**  
Hand/Wrist  
● 11012 E. 13 Mile  
Suite 112  
Warren  
586.573.6880  
● 385 N. Lapeer Rd.  
Oxford  
248.628.3000  
● 455 Barclay Cir.  
Suite B  
Rochester Hills  
248.852.5300

**Bruce T. Henderson, MD**  
Spine  
44555 Woodward Ave.  
Suite 406  
Pontiac  
248.334.0524

**Safa S. Kassab, MD**  
Knee/Hip  
● 6060 Dixie Hwy.  
Suite F  
Clarkston  
248.858.3855  
● 44555 Woodward Ave.  
Suite 105  
Pontiac  
248.335.2977

**William M. Kohen, MD**  
Knee/Hip  
4800 Highland Rd.  
Waterford  
248.673.0500

**Robert S. Levine, MD**  
Knee/Spine/Pain/Shoulder  
43368 Woodward Ave.  
Suite 101  
Bloomfield Hills  
248.334.4535

**Paul C. Lewis, DO**  
Sports Medicine  
44555 Woodward Ave.  
Suite 406  
Pontiac  
248.858.6951

**Edward J. Lis Jr., DO**  
Sports Medicine/  
Joint Replacement  
6310 Sashabaw Rd.  
Suite A  
Clarkston  
248.620.2325

**Arthur Manoli, MD**  
Foot/Ankle  
44555 Woodward Ave.  
Suite 503  
Pontiac  
248.858.6773

**Frederick V. Minkow, MD**  
Hand/Wrist  
43700 Woodward Ave.  
Suite 205  
Bloomfield Hills  
248.332.8391

**Shivajee V. Nallamothe, DO**  
Sports Medicine  
6310 Sashabaw Rd.  
Suite A  
Clarkston  
248.620.2325

**John R. Olenyn, MD**  
Knee/Hip/Hand  
3100 Cross Creek Pkwy.  
Suite 200  
Auburn Hills  
248.377.8000

**Jignesh N. Patel, DO**  
Total Joint Reconstruction  
● 940 W. Avon Rd.  
Suite 10  
Rochester  
248.656.0440  
● 1350 W. Huron  
Waterford  
248.681.4206

**Michael I. Quinn, MD**  
Hand/Wrist  
43700 Woodward Ave.  
Suite 205  
Bloomfield Hills  
248.332.8391

**Louis N. Radden, DO**  
Spine  
● 14555 Levan Rd.  
Suite 116  
Livonia  
734.464.0400  
● 30055 Northwestern Hwy.  
Suite 270  
Farmington Hills  
248.865.4262

**John E. Samani, MD**  
Knee/Shoulder  
937 Godyke Rd.  
Auburn Hills  
248.373.7600

**Brenda L. Sanford, MD**  
Foot/Ankle  
4800 Highland Rd.  
Waterford  
248.673.0500

**Paul J. Siatczynski, MD**  
Knee/Shoulder/Elbow  
3100 Cross Creek Pkwy.  
Suite 200  
Auburn Hills  
248.377.8000

**Christopher L. Tisdell, MD**  
Foot/Ankle  
44555 Woodward Ave.  
Suite 406  
Pontiac  
248.858.6951

**John R. Wagner Jr., MD**  
Hand/Wrist  
● 11012 E. 13 Mile  
Suite 112  
Warren  
586.573.6880  
● 455 Barclay Cir.  
Suite B  
Rochester Hills  
248.852.5300

**William S. Ward, MD**  
Knee/Shoulder  
● 7210 N. Main St.  
Suite 200  
Clarkston  
248.625.1600  
● 44555 Woodward Ave.  
Suite 406  
Pontiac  
248.334.0524

**Stephen E. Werner, MD**  
Hand/Wrist  
43700 Woodward Ave.  
Suite 205  
Bloomfield Hills  
248.332.8391

**Ira Zaltz, MD**  
Pediatric Orthopedics  
● 2799 W. Grand Blvd.  
Suite K-12  
Detroit  
313.916.2013  
● 30575 Woodward Ave.  
Suite 100  
Royal Oak  
248.280.8550

## FOOD SAFETY: IT'S A MATTER OF DEGREES



NADIA SADIK, MD

Packing a picnic or having an outdoor barbecue can be fun, but it can also be dangerous if precautions aren't taken to keep food at the right temperature.

One of the major mistakes people make when eating outdoors is not keeping cold food cold and hot food hot. For example, mayonnaise-based foods need to be kept chilled. If food is left out under the hot sun for more than an hour, bacteria can grow, resulting in foodborne illnesses if eaten. At the same time, meats and poultry should be grilled to germ-killing temperatures as measured by a thermometer, not by sight.

The Centers for Disease Control and Prevention estimates that more than 325,000 people are hospitalized and 5,000 die each year from foodborne illnesses.

Symptoms of foodborne illness include stomach pain, vomiting and diarrhea and can appear within two or three hours of eating, says Nadia Sadik, MD, a St. Joseph Mercy Oakland (SJMO) internal medicine specialist. Usually, symptoms last from a few hours to a few days, and medical treatment is generally not required. However, contaminated food and beverages can have a severe or life-threatening effect on older adults; infants and young children; pregnant women; and people with HIV/AIDS, cancer or conditions that weaken their immune systems.

**KEEP IT CLEAN** According to Dr. Sadik, consumers should follow the same food safety regimen at picnics and barbecues as they do at home. First, make sure your hands, surfaces, utensils, cutting boards and dishes are clean. Rinse

fruits and vegetables thoroughly, and use a produce brush. Peel fresh fruit. "Use disposables, or wash utensils in hot water," Dr. Sadik advises.

Second, avoid cross-contamination. Use separate cutting boards for raw and cooked meats and another for items that aren't cooked, like fruits and vegetables. Separate raw meats, poultry and seafood and their juices from other foods. In addition, "avoid using others' utensils, glasses and plates," Dr. Sadik says. "Make sure surfaces are sterile and clean before putting raw or cooked food on them."

**COOK FOODS THOROUGHLY** The U.S. Food and Drug Administration says that food is safely cooked when it reaches an internal temperature high enough to kill harmful bacteria. Before cooking, preheat the coals on the grill for at least 20 minutes or until the coals are lightly coated with ash. A food thermometer will tell you when you've reached the appropriate temperature for your food:

- **Hamburgers and red meats:** 160 degrees
- **Ground poultry:** 165 degrees
- **Poultry breast:** 170 degrees
- **Dark meat poultry:** 180 degrees
- **Fish:** 145 degrees

No matter which meat you choose, don't stop cooking until the juices run clear.

Finally, pack the cooler with lots of ice or freezer packs to keep potato salad, coleslaw, and egg-, mayonnaise- or sour-cream-based foods cold. These foods spoil at room temperature and even faster under the summer sun.

Leftovers should be refrigerated immediately, but if they've sat out in the sun, they should be discarded.

If you've taken all of these precautions and you still get sick, Dr. Sadik recommends drinking plenty of fluids to keep yourself well hydrated. "Eat potassium-containing foods because you're losing a lot of potassium with diarrhea." She advises that if you're still having symptoms after 24 hours, you should go to the emergency room.

Taking these food precautions will help ensure that your picnic or barbecue is an enjoyable experience.

To find a St. Joseph Mercy Oakland primary care physician near you, call the referral line at **800.372.6094**.



## HIGH BLOOD PRESSURE: THE SILENT KILLER



CARMEN BOGDAN, MD

One in three adults has high blood pressure, reports the Centers for Disease Control and Prevention. What's more, many of those with high blood pressure—also known as hypertension—aren't even aware they have the condition.

"High blood pressure is often called the 'silent killer' because it is often without symptoms, or the symptoms seem so minor that individuals do not seek medical attention," says Carmen Bogdan, MD, a St. Joseph Mercy Oakland internist.

There are two different types of pressure: systolic and diastolic. They are recorded as two numbers, such as in a normal blood pressure reading of 120/80. Systolic pressure is the top number and reflects the pressure of the blood against arterial walls. The bottom number, diastolic pressure, reflects the pressure in the arteries while the

heart is filling and resting between heartbeats.

If your blood pressure is consistently higher than the normal range, you may have high blood pressure.

Uncontrolled high blood pressure can lead to stroke, heart attack, peripheral arterial disease and kidney failure. However, a simple blood pressure check will help you to determine if you are at risk. Additionally, your primary care physician can provide advice and guidance to help you to live a heart-healthy life.

"While the specific cause of high blood pressure is unknown, there are several factors that contribute to the condition," explains Dr. Bogdan.

**Heredity.** High blood pressure tends to run in families.

**Gender.** Men are more likely to develop high blood pressure than women.

**Ethnic group.** African Americans often have higher blood pressure than other ethnic groups. Additionally, African Americans may develop high blood pressure at a younger age and, therefore, are more apt to develop severe complications sooner.

**Age.** As people age, they are more likely to develop high blood pressure. Plus, systolic pressure is more likely to increase, as arteries will begin to stiffen with age.

**TREATMENTS FOR HIGH BLOOD PRESSURE** While many of the causes of high blood pressure are unalterable, the good news is that there are a variety of controllable ways to lower blood pressure.

Controlling stress and maintaining a healthy weight through a properly balanced diet and active lifestyle will help to manage blood pressure.

While many people can lower their blood pressure through lifestyle modifications, others still require medication to keep their blood pressure in a healthy range.

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.

## 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](http://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**.



**Michel M. Alkhalil, MD**  
Internal Medicine  
1639 E. Big Beaver Rd.  
Suite 104  
Troy  
248.689.1000



**Ali A. K. Elhorr, MD**  
General Surgery  
1555 W. Big Beaver Rd.  
Building G  
Troy  
248.643.4646



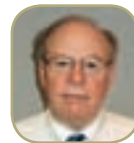
**Ravis B. Curry, MD**  
Pulmonary Disease  
44405 Woodward Ave.  
Pontiac  
248.858.3000



**Aaron Ellenbogen, DO**  
Neurology  
28595 Orchard Lake Rd.  
Suite 200  
Farmington Hills  
248.553.0010



**Robert Farhat, DO**  
Pain Management  
44200 Woodward Ave.  
Suite 112  
Pontiac  
248.334.2568



**Robert D. Halpert, MD**  
Radiology  
36175 Harper Ave.  
Clinton Township  
586.741.3772



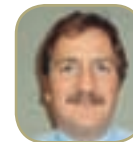
**Danny Zhi Ma, MD**  
Radiology  
44405 Woodward Ave.  
Pontiac  
248.858.3040



**Richard Nadjarian, MD**  
Pain Management  
36880 Woodward Ave.  
Suite 200  
Bloomfield Hills  
248.594.7900



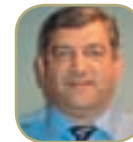
**Robert Pierce, DO**  
Neurology  
28595 Orchard Lake Rd.  
Suite 200  
Farmington Hills  
248.553.0010



**Timothy P. Pierron, DO**  
Radiology  
36175 Harper Ave.  
Clinton Township  
586.741.3772



**Khanum Saleha, MD**  
General Pediatrics  
2561 Elizabeth Lake Rd.  
Waterford  
248.682.3300



**Bassel Salman, MD**  
Pediatrics  
3663 Woodward Ave.  
Suite 100  
Detroit  
313.745.5870



**Faisal Shareefuddin, MD**  
Family Medicine  
8355 Highland Rd.  
White Lake  
248.666.6005

## SAME-DAY CARE AT SJMO

When your health care just can't wait but you know it isn't an emergency, remember that you can make an appointment for that same day with a St. Joseph Mercy Oakland (SJMO) primary care physician, thanks to our same-day scheduling service.

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**.

## 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, [www.stjoesoakland.org/aboutus\\_mission.htm](http://www.stjoesoakland.org/aboutus_mission.htm), and click on the "Find A Way" icon to learn how.



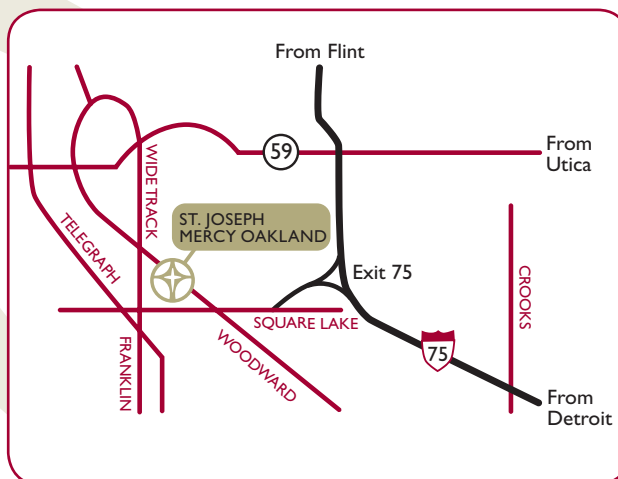
Find a doctor who is right for you. Click on "Find a Physician" under "Health Info" at [www.stjoesoakland.org](http://www.stjoesoakland.org).

## 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](http://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

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**Jack Weiner**  
President and CEO

**Tyrone Andrews**  
Chief Marketing Officer

**Heidi Press**  
Public Relations Specialist/Editor

**Rebecca O'Grady**  
Marketing Communication Specialist

**Leah Omilion**  
Marketing Communication Specialist

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