



UWHealth

UW Medical Foundation
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www.uwhealth.org

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Emergency Care for All Ages

Seeing a family member whisked away on the Med Flight helicopter to UW Hospital's Level One Trauma Center is a very hard moment to forget. For many people, the mere presence of the aircraft evokes an unusual mix of fear, anxiety and comfort, as they realize the severity of their loved one's injury but feel reassured that he or she is now in qualified hands.

Now, those hands care for people on the ground as well as in the air. In August, UW Med Flight introduced a new pediatric critical care transport vehicle known as CHETA, or the UW Children's Hospital Emergency Transport Ambulance. CHETA joins the stable of two Med Flight helicopters to give the hospital what pediatric intensivist Dr. Tom Brazelton calls "a full-service emergency transport system."

"This is really a dream come true," says Dr. Brazelton, whose work at UW Children's Hospital involves caring for critically injured children. "We really needed to be able to complement the Med Flight

helicopters. We now have a well-rounded transport system."

Med Flight helicopters travel within a 225-mile radius of Madison to serve the transportation needs of severely ill and injured children. Med Flight, cannot, however, respond to every transportation request because both helicopters are sometimes in use, or must remain on the ground due to maintenance or inclement weather.

CHETA will carry surgeons, nurses and respiratory therapists who have undergone specialty training in providing care for critically ill and injured pediatric patients. The ambulance will be used primarily for moving patients from one hospital to another.

For more information about the trauma services at UW Hospital and UW Children's Hospital, go to the emergency services/trauma section of www.uwhealth.org

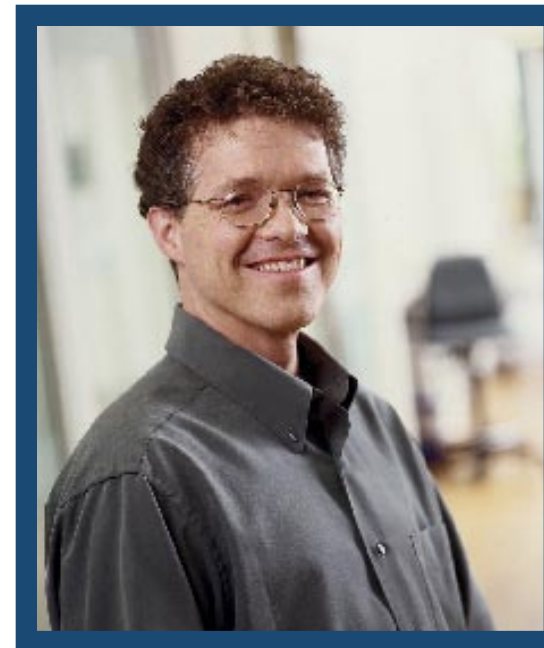
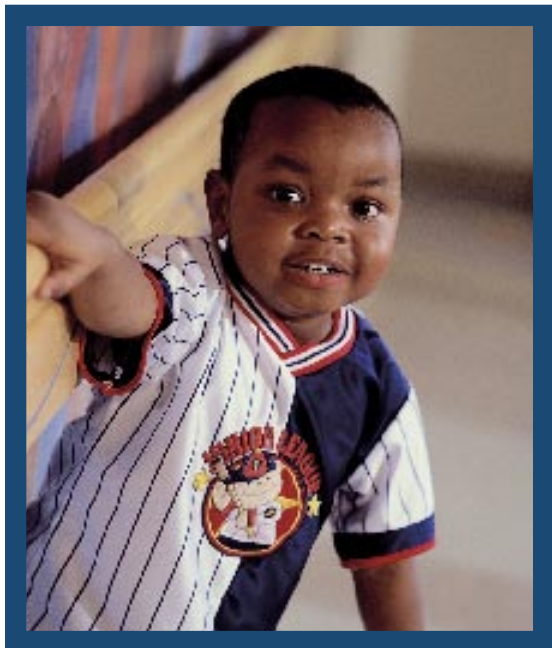
The American College of Surgeons recently certified UW Hospital and Clinics as a pediatric Level One Trauma center. A Level One-verified trauma facility is recognized as a hospital that can provide the highest level of trauma care available. UW Hospital's adult trauma unit has had Level One status for six years, and when its verification was renewed this year, UW Children's Hospital received the assignation for its pediatric trauma services.

HELP BRING OUR CHILDREN a WORLD-CLASS FACILITY

The campaign to build the new American Family Children's Hospital now has a new home base: nofinergift.com, a Web site that provides a place for visitors to learn more about the planned \$67-million dollar facility, as well as make a donation to help make the building a reality.

The site includes the latest information about the project, including an advertisement featuring Olympic gold medalist and speed-skater Casey Fitzrandolph. Groundbreaking for the 80-bed hospital is scheduled to occur later this year, and the facility is planned for completion in 2007.





The Quality Difference

Key Measures of Excellence

The “Q” word is often tossed about in the business world, as if sprinkling it liberally in discussions and marketing materials were all that is needed to achieve it. The truth, however, is that the pursuit of quality, particularly in health care, is a daily challenge requiring a sizable investment. It’s also more complex than you may realize.

“Most people don’t really understand what quality of care is,” says Dr. Carl Getto, senior vice president of medical affairs for UW Hospital and Clinics. “They define it in terms of customer service, and that’s one very important element—but it’s not the only one.”

The Institute of Medicine, which authored a groundbreaking study on the prevalence of medical errors in 1999, defines quality care as safe, timely, effective, efficient, equitable and patient-centered. To make sure that care provided at UW Health meets each of those criteria, we routinely measure our performance and compare it to nationally accepted standards and best practices. More and more, we’re making the quality information we collect available to you, the consumer.

“What we’re seeing is a trend toward making information public, so that people can make more informed decisions about their health care,” explains Getto. “This is clear,

hard evidence that health care organizations are taking quality reporting seriously.”

UW Hospital and Clinics participates in quality reporting through several national organizations, including the Leapfrog Group, a consortium of 150 organizations that provide health care benefits, and the Joint Commission on Accreditation of Healthcare Organizations. Leapfrog results for 2004 place UW Hospital and Clinics in the top 25 percent of the nation’s hospitals, Leapfrog’s highest-performing group in key areas of patient safety identified by the National Quality Forum.

At the state level, UW Health reports to CheckPoint, a program begun in 2004 by the Wisconsin Hospital Association to publish quality and safety measures for consumers. UW Health also belongs to the Wisconsin Collaborative for Health Care Quality, a voluntary consortium of providers offering information to help consumers make sound health care decisions.

That’s a significant amount of data—enough perhaps to overwhelm the unprepared consumer. “There are now so many places you can go to find information,” Getto notes. “You look at the quality measures, and

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Quality Report *from page 1*

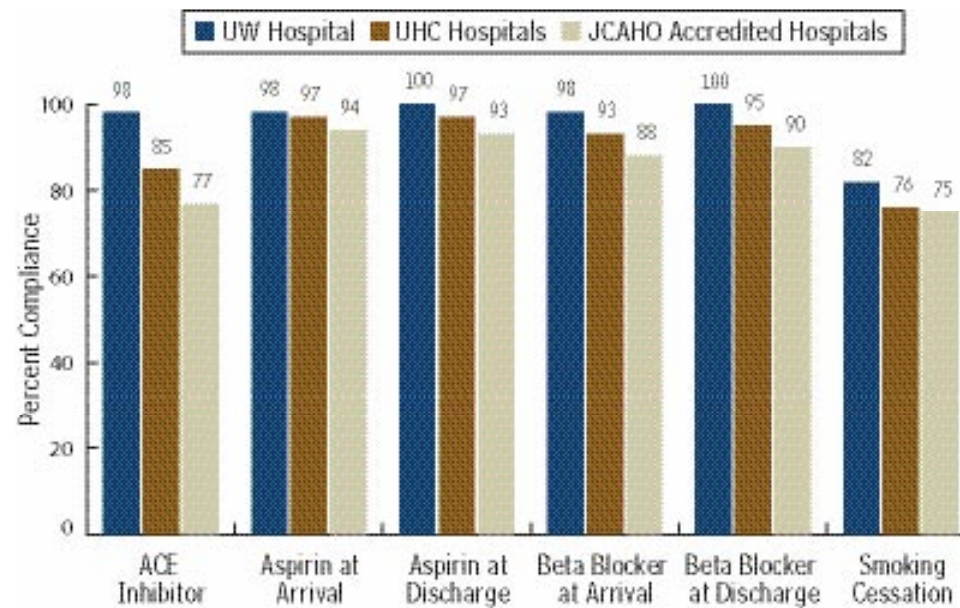
are you better informed than when you started? Chances are, you're more confused."

That's why UW Health is making an effort through a recently published brochure and a new section on its Web site, uwhealth.org/quality, to bring together information from several sources and present it in a format that's easy to understand. Like the graph (at right) showing UW Hospital's performance on steps important to effective heart attack care, most measures compare UW Health to similar organizations nationwide.

UW Health believes that collecting and reporting quality information benefits patients and families by holding us accountable and helping to drive performance improvements that will continue to raise our standards of care and service. That kind of continuous improvement is the goal of everything we do.

Heart Attack Care: Core Measure Results

Source: University HealthSystem Consortium JCAHO Core Measures, 2003



This graph represents just one of the ways in which UW Health is making quality data available to the consumer. Here, UW Hospital and Clinics' use of approved therapies for heart-attack care is compared to other accredited hospitals.

Quality—A Critical Investment

The pursuit of quality isn't accomplished without investing significant time and financial resources to attract and retain skilled employees, and to provide them with the latest technology to enhance patient safety.

UW Hospital and Clinics is a national leader in use of technology to help reduce medication errors, the most common form of medical error. The hospital is currently implementing Computerized Provider Order Entry (CPOE), an electronic process that eliminates many of the problems and potential errors associated with writing prescriptions and other patient care orders manually. CPOE works along with handheld computers to improve safety in bedside medication administration and "smart" IV pumps that reduce errors in the use of intravenous medications.

Check It Out for Yourself

To request a brochure or to review UW Health quietly and safety information on-line, please visit uwhealth.org/quality. Or view quality and safety information on these additional Web sites:

The Leapfrog Group: leapfroggroup.org

Joint Commission on Accreditation of Healthcare Organizations: jcaho.org

CheckPoint: wicheckpoint.org

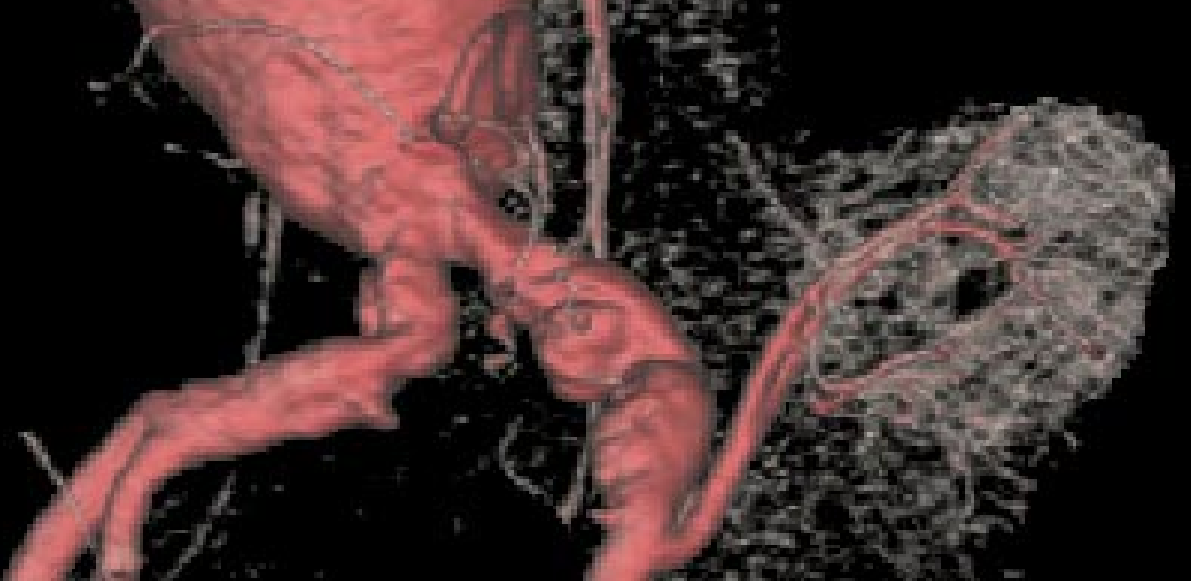
Wisconsin Collaborative for Health Care Quality: wchq.org

To request "The Quality Difference," a brochure highlighting UW Health's quality rankings and initiatives, please call **(608) 265-1676**.



U.S. News and World Report recently ranked UW Hospital and Clinics among the top 50 hospitals in the country in eight medical specialties: cancer; digestive diseases; ear, nose and throat; geriatrics; hormonal disorders; kidney disease; respiratory disorders and urology. The rankings appear in the magazine's July 2004 edition. To see the full list of rankings, go to usnews.com.

Aortic Aneurysm



Patricia Whyte had no idea what hit her. The 61-year-old Madison artist and real estate agent had taken a rare Sunday morning off to attend a church lecture. She was returning to her car when suddenly, she felt her knees buckle. Her hands felt weak, and she couldn't grasp her car keys.

"I felt this terrible pressure in my chest," Whyte recalls. "But it wasn't pain."

Whyte didn't know that her aortic arch, the artery that feeds blood to the brain, had just ruptured like an over-inflated inner tube. Luckily, a young couple spotted her plight and rushed Whyte to the emergency room at UW Hospital and Clinics, only a few blocks away. The proximity may have saved her life.

"The doctors told me, 'You had 20 minutes to live. If you had been at home, you would have been dead,'" says Whyte. UW Health surgeons were able to repair the aneurysm surgically, and Whyte is now recuperating. It turned out that her condition was congenital—she'd had the aneurysm her entire life, and never realized it until the artery ruptured.

Say the phrase "silent killer" and most people are likely to think "heart attack." While that's certainly accurate, aortic aneurysm, a condition in which the body's largest artery bulges and sometimes bursts, is just as silent and deadly. Famous individuals such as George C. Scott, Lucille Ball and John Ritter all died from aortic aneurysms,

but the condition doesn't discriminate by fame or age. Earlier this year, a 19-year old female athlete at Florida State University died on the basketball court, her aortic artery ruptured.

Cardiovascular specialists classify aneurysms as either common or complex. In either case, repairing them requires a skilled surgical hand. At UW Health, a multidisciplinary team of vascular and cardiothoracic surgeons is led by Dr. Charles Acher and Dr. Robert Love. The team, which also includes cardiologists and anesthesiologists, as well as imaging radiologists and intensive-care intensivists, performs more than 100 common aortic aneurysm surgeries each year. Highly regarded for their skills and success, they also perform more than 50 complex aneurysm surgeries a year.

"We're the center in the Midwest most recognized for the treatment of complex aortic problems," says Dr. Acher. "We've made huge strides in our abilities to get patients through these procedures."

Surgeons repair common aortic aneurysms, like the one that nearly claimed Whyte's life, by opening the patient's sternum and repairing it. Uncommon, complex aortic aneurysms involve the thoracic and abdominal aorta, and require additional surgical expertise.

"This is something we do on a regular basis, and it takes a team approach,"

says Dr. Love. "There's no question this is a very complex disease. You have to do the surgery right, but you also have to take proper care of the patient afterward."

Depending on a patient's anatomy and the seriousness of their aortic disease, UW Health surgeons may use minimally invasive, state-of-the-art techniques to place stents to repair the aneurysm. These techniques have been shown to reduce the paralysis and mortality rates once associated with this type of aortic surgery by 80 percent. Patient trauma and length of hospital stay are also reduced.

Dr. Acher would like to see more at-risk patients receiving screenings, giving him and his colleagues the chance to diagnose aneurysms earlier. Using abdominal ultrasound techniques, X-rays and state-of-the-art magnetic resonance imaging equipment, it's

possible for UW Health radiologists to capture incredibly detailed 3-D images of the aorta, allowing team members to pinpoint both the size and location of an aneurysm.

"Unfortunately, 20 percent of the aneurysms we find are ruptured, and that number is far too high," says Dr. Acher. "Patients with thoracic aortic disease often have other forms of cardiovascular disease as well, and screening helps us diagnose it.

If a screening shows that a patient has an aneurysm that isn't large enough to require immediate surgery, doctors can monitor the patient's condition and often prevent serious problems from developing.

For more information on aortic care at UW Health, including the complex aortic surgery program, please call **(608) 263-5215** or visit **uwhealth.org**

Are You at Risk?

The symptoms of aortic aneurysm are silent and often indistinct, placing patients in sudden, unexpected jeopardy if the aneurysm bursts. Patients who smoke, have high blood pressure, or have a family history of aortic aneurysm disease should talk to their primary care physician about receiving a screening. They should also watch carefully for the following symptoms:

- Back, groin or abdominal pain
- Light-headedness
- Weakness
- Shortness of breath or rapid heart beat
- Numbness or tingling

What You Can Do

- Know the signs and symptoms of gynecologic cancers—abnormal vaginal bleeding, pelvic pain, abdominal bloating, bladder and bowel changes.
- Know your body—be aware of the subtle but natural changes your body is experiencing on a monthly basis. When something doesn't seem normal, contact your health care provider.
- Know your family history—find out if your mother, aunts or grandmothers have had gynecologic cancer.
- Know how often to get a physical—for most women an annual exam, including a pelvic exam and a Pap test, is a must.

Visiting the Women's Cancer Network Web site (wcn.org) to conduct an online cancer risk assessment is another positive, proactive step. Should you or someone you know need more information about gynecologic cancer treatment, please visit cancer.wisc.edu or contact Cancer Connect at **(800) 622-8922**.

Gynecologic Cancers — Awareness is Key to Hope

This year, an estimated 82,550 women in the United States will be diagnosed with gynecologic cancers affecting their reproductive organs. Gynecologic cancers include those affecting the cervix, ovaries, uterus, fallopian tubes, vagina and vulva.

“One in every 20 women in this country will be told they have gynecologic cancer at some time in their lives,” says Dr. Ellen Hartenbach, a UW Health gynecologic oncologist and head of the gynecologic oncology program at the UW Comprehensive Cancer Center. “Unfortunately, some of these cancers don't have a test to help detect when something is wrong. That means women have to be aware of their bodies and speak up when something doesn't seem right.”

The Gynecologic Cancer Foundation provides clear and concise information on each type of cancer at www.wcn.org/gcf. Following are brief summaries of the most common types of gynecologic cancer.

Uterine cancer is the most common gynecologic cancer in the United States, comprising nearly half of the estimated cases this year. Uterine cancer begins in the lining of the uterus (endometrium), usually after menopause, although it can occur in pre-menopausal women. Warning signs include any bleeding after menopause or irregular bleeding before menopause. Risk

factors include obesity, hypertension, diabetes, inappropriate estrogen use, tamoxifen use and late menopause. Women who have not been pregnant have a slightly higher risk.

Ovarian cancer, the most deadly of the reproductive cancers, will affect 25,580 women this year, comprising one third of all gynecologic cancers. The malignancy usually arises on the surface of the ovary. Symptoms include changes or discomforts, such as a pressure or fullness in the pelvis, abdominal bloating, and changes in bowel and bladder that are constant and progressive. The risk of ovarian cancer increases with age, especially around the time of menopause. A family history of ovarian cancer is one of the most important risk factors. Infertility and not bearing children are also risk factors.

Cervical cancer comprises about 13 percent of reproductive cancers, usually affecting younger women before menopause. It is caused by abnormal cellular changes in the cervix. The symptoms include bleeding after intercourse, excessive discharge and abnormal bleeding between periods. Risk factors include smoking, a high number of sexual partners, certain sexually transmitted infections and first intercourse at an early age.

Vulvar cancer is less common, accounting for only 5 percent of gynecologic cancers. It typically

affects older women, and appears as an ulcer on the surface of the vulva or labia. Symptoms can include persistent itching. Risk factors include diabetes, advanced age and chronic vulvar irritation. A second type of vulvar cancer, associated with the human papillomavirus (HPV), is on the rise in the United States.

In all cases, early detection and treatment is vital for good outcomes. “One of the triumphs of cancer prevention has been the consistent use of the Pap smear screening to detect cervical cancer,” says Dr. Hartenbach. “Over the last 50 years routine use of this test has reduced deaths from this disease by 74 percent.”

Dr. Hartenbach says that uterine and cervical cancers are often detected very early and therefore have better outcomes. By contrast, ovarian cancer spreads quickly and is often not detected until the disease is more advanced. Researchers are working on developing screening tests for ovarian cancer, but to date they have not been shown to be effective.

“Women should empower themselves,” says Hartenbach. “By taking an active role in awareness and being an advocate for their own health, they can reduce their risk of these reproductive cancers.”

Dr. Hartenbach advises women to know what they can do (see sidebar)



Diane Barcellona

One Woman's Story

It would be very easy for Diane Barcellona of Janesville to see the proverbial glass as half-empty.

- In 1996, Diane's mother, Eva Barcellona, died at age 76, two years after being diagnosed with advanced (stage IV) ovarian cancer.
- In 1998, Diane's sister, Betty Preston, died at age 53 following a

"When I was first diagnosed four years ago, I was a single mom with three children. I was told I had 30 percent chance of living five years. Quite frankly, that was not good enough for me."

recurrence of breast cancer 10 years after her original diagnosis.

- In 2000, Diane herself was diagnosed with advanced (stage III) ovarian cancer at the age of 44. Following surgery and six months of chemotherapy at the University of Wisconsin Comprehensive Cancer Center (UWCCC), Diane has been cancer-free for four years.
- In the Summer of 2003, a second sister of Diane's, Mary Ann Henning of Freeport Ill., was diagnosed with advanced (stage III) ovarian cancer. Mary Ann is currently undergoing chemotherapy treatment at the UWCCC.

Moreover, Diane and her two surviving sisters—Mary Ann Henning and Teresa Rochetto of the Chicago area—have all tested positive for the BRCA-1 gene mutation known to significantly increase a woman's risk for breast and ovarian cancers. (To get tested for the BRCA-1 gene, contact your primary care physician.) As a result, both Diane and Teresa have undergone a double mastectomy to reduce their breast cancer risk and maximize their survival prospects. And, even though she has never been diagnosed with cancer, Teresa had an oophorectomy (surgical removal of the ovaries) several years ago to reduce her risk of ovarian

cancer following a pre-cancerous fibroid condition.

Now 48, Diane wants to help other women and their families become more aware of the importance of early detection and prevention of gynecologic cancers. "We have to find a cure for this," Diane says. "When I was first diagnosed four years ago, I was a single mom with three children. I was told I had 30 percent chance of living five years. Quite frankly, that was not good enough for me."

Since then, Diane has remarried and has lived to see her children—now 27, 24 and 17—become step-siblings to her husband Jacob's children of 26, 24 and 22. Although Diane cannot yet be considered cured, her cancer-free state for four years puts her beyond the point where many ovarian cancers tend to recur.

Pacing for Control Over Incontinence

You've heard of pacemakers for the heart, electronic devices that control an irregular heartbeat. Why should an irregular bladder receive anything less?

For the 15-30 percent of middle-aged women who suffer from an overactive bladder, the latest treatment offered by the UW Health bladder clinic—a pacemaker to control bladder function—may represent a ticket back to normal life.

The therapy device is called InterStim, and it's designed for active women whose overactive bladders aren't calmed by medication or exercise.

InterStim is installed in two outpatient visits. In the first visit, patients are given a mild sedative while surgeons use a needle to locate a particular nerve that travels from the base of the spine to the bladder.

A tiny electrode is placed near the nerve, then attached to a pacemaker worn on a belt outside the patient's body. The patient wears the device for about two weeks, as it sends mild electrical pulses to the nerves that control erratic bladder function.

"If the patient's symptoms improve, we install the pacemaker permanently in the upper portion of the patient's buttocks," says Dr. Wade Bushman, a UW Health urologist who heads UW Health Bladder Clinic. According to Dr. Bushman, the device has proven effective in more than 50 percent of patients who have failed standard therapies.

"In the right patient, it can work wonders," he says. "InterStim can alleviate urgency and leakage and dramatically improve an active woman's quality of life."

Bushman stresses that ideal candidates are women ages 40-60 who have not responded to medication or exercises. For more information, visit uwhealth.org. To schedule an appointment and evaluation, contact Heather Sorum, NP, at the UW Health Bladder Clinic: **(608) 263-4757** or visit uwhealth.org.



Tracking Teens

Adults who worry that every red-blooded American teenager uses drugs and alcohol might be reassured by a recent survey conducted by researchers at the University of Michigan: Less than 50 percent of twelfth graders admitted using alcohol and only 40 percent reported drug use. While those numbers are lower than some expected, they reinforce the need for parents to remain vigilant about their teens' potential drug and alcohol activity, especially now that school is back in full swing.

"Don't assume your kids aren't going to be around drugs and alcohol," says Stephanie Haugen, a counselor with Gateway Recovery, a counseling service offered by UW Health. "Even if they've never used substances themselves, they're going to be around it."

Haugen and her colleague, Ted Izydor, spend a fair amount of time around troubled teens; both run one-on-one and group sessions designed to help teens and parents deal with substance-abuse issues. And both agree that parents can make a critical difference in heading off potential problems.

"Very rarely do parents pick up on substance abuse right when it starts," says Izydor. "It usually takes some dramatic discovery to shock them into awareness."

Izydor and Haugen suggest that in addition to setting up clear rules and staying connected to their teenagers' lives, parents should watch carefully for warning signs of substance abuse:

- Fatigue
- Sudden change in personality

- Disinterest in normal activities
- Withdrawal from family and friends
- Problems at school—falling grades or truancy

Recently, Izydor and Haugen have noticed another disturbing trend: Teens using and selling legally obtained prescription painkillers such as oxycontin or oxycodone. These painkillers are opiates, close cousins to harder drugs like heroin; if they're ground up and snorted, they can yield a potent—and sometimes deadly—effect.

The symptoms of opiate withdrawal are different from other drug and alcohol-use symptoms: sweating, tremors, muscle twitching, anxiety and cramps. Izydor and Haugen know of cases in which teens have skimmed pills from their parents' prescriptions.

"Parents need to make sure they store those drugs safely and dispose of any leftover pills," suggests Haugen.

If you're a parent of a teen who may be struggling with substance abuse, call the Gateway recovery counselors at **(608) 278-8200**.



I'm With the Band

New bariatric procedure is potentially safer

For an increasing number of Americans struggling with morbid obesity, the Roux-en-Y gastric bypass has become the gold standard of bariatric surgery. Surgeons at UW Health recently added another option that appears to result in fewer complications: laparoscopic adjustable gastric banding, or LapBand for short.

The LapBand is a device that helps patients lose weight by restricting the size of the stomach. The procedure involves no cutting or staples—surgeons simply wrap a band around the upper part of the stomach, creating a small pouch and effectively reducing the amount of food a patient can take in.

"There are some clear advantages and disadvantages over gastric bypass," says Dr. Jon Gould, a UW Health bariatric surgeon. "Perhaps the most important advantage is reduced risk of serious complication with the LapBand."

According to Gould, LapBand patients are also likely to have a shorter recovery time and need to take fewer vitamin supplements to prevent malnutrition, since the LapBand procedure doesn't involve bypassing the

intestines, where nutrients are absorbed. LapBand also costs less: About \$17,000, as compared to approximately \$30,000 for Roux-en-Y.

With LapBand, the weight loss is slower. The majority of weight loss after Roux-en-Y bypass occurs in the first six months. With the LapBand, it may take three to five years after surgery for weight loss to approach the levels seen shortly after gastric bypass.

Though demand for bariatric surgery is rising, Dr. Gould warns that potential patients need to be aware that the procedures like LapBand are not a quick-fix weight-loss strategy. To stay slim, patients must commit to radical and long-term lifestyle changes that involve completely altering eating habits and adhering to a regular exercise routine.

"The LapBand is purely a tool, and without commitment and a lot of effort on the patient's part, it won't work as effectively as it should," Dr. Gould says.

To find out if LapBand or other bariatric procedures may be right for you, please call **(608) 287-2100** or visit uwhealth.org/bariatricsurgery.

Classes & Support Groups



Healthy Living with Type 2 Diabetes

This series of four, two-hour classes for people with Type 2 diabetes includes an overview of diabetes, treatment options, nutrition guidelines, blood glucose monitoring and lifestyle management. Presented by certified diabetes educators with the UW Health Diabetes Clinic, the program is recognized by the American Diabetes Association. Health-care provider referral required.

Classes held Tuesdays, 4-6 p.m.
UW Health West Clinic,
451 Junction Road
For information and fees, call
(608) 263-7741.

To join classes at UW Health East Clinic, 5249 East Terrace Drive, call (608) 263-7515 or (608) 265-7703 for dates and times.

Healthy Activity for People with Diabetes

The Healthy Living with Diabetes Program and the UW Health Sports Medicine Center offer free monthly meetings for education and optional group walks.

Second Saturday of the month,
8:30 a.m.

UW Health Research Park Clinic,
621 Science Drive
(608) 263-7741.

NEW! Beautiful Beginnings – UW Health Childbirth Class.

Expectant moms and their support person learn how to effectively cope with the childbirth experience through active participation, informed decision-making, relaxation

techniques and pain management skills. This new 4-week class from UW Health combines information from physicians and other providers with caring support from certified prenatal class instructors. The class will help you understand what to expect in labor and includes infant care education.

Registration forms available at any UW Health obstetrics/gynecology clinics or go to uwhealth.org/classes

Evening classes 6:30-9 p.m.
\$95 (Unity and PPIC provide partial reimbursement. Contact your health plan for details.

UW Health West Clinic,
451 Junction Road
(608) 265-7666

Sensational Soy

Explore the benefits of incorporating soy into a healthy diet for women. Nutritionist Jill Schreier, MS, RD, presents research about soy and breast cancer risk, osteoporosis, menopausal symptoms and cardiovascular disease. If you are not familiar with the wide variety of soy products available and how to incorporate them into your diet, this class will provide practical, tasty suggestions.

Monday, October 18
6:30-8 p.m.
\$12 per person

UW Health West Clinic,
451 Junction Road, Room 1288
(608) 263-4869

Kids in the Kitchen: Celebrate Fall!

Get ready for fall with this three-part, hands-on cooking class for children ages 6 to 10. Instructors will teach children how to make tasty foods and snacks for their family and friends while learning how to measure food properly, use kitchen equipment and handle food safely. Classes focus on fall foods and holidays with sessions featuring Halloween, Edible Art and Thanksgiving! Join UW Health pediatric nutritionists Erin Tarter, MS, RD; Amy Caulum, MS, RD; and Mary Marcus, MS, RD in a culinary adventure! Parents are invited to join in the fun.

(Please let us know if your child has any food allergies.)

Mondays, October 18, November 1 & 15
3:45-5:15 p.m.
\$45 for 1 child, \$20 each additional sibling

UW Health West Clinic,
451 Junction Road, Room 1288
(608) 263-4869

Experience a Northern Baja Peninsula Kitchen

Join Chef John Marks and Nutritionist Marge Morgan as they introduce the cooking style of the Northern Baja Peninsula. Enjoy the fresh foods native to the Baja Peninsula prepared in a minimum amount of time. Dine on Carne Asada, Fish Tacos and other dishes from just south of the border.

Monday, October 25,
5-6:30 pm
\$25 per person

UW Health West Clinic,
451 Junction Road
(608) 263-4869

Cholesterol Screening

Total cholesterol screening is available on a first-come, first-served basis. No registration or fasting required.

Saturday, November 13
9:30 a.m.-Noon
\$8 per person.

Westgate Mall,
Whitney Way and Odana Road
(608) 263-4869

Cancer Connect

Information about the services available at the UW Comprehensive Cancer Center.

(608) 262-5223 or (800) 622-8922

Active Hearts

Information and support for people living with and managing heart disease.

First Monday of the month,
October-May
7-8:30 p.m.

UW Health Research Park Clinic,
621 Science Drive
(608) 265-8391

Alzheimer's Disease Educational Seminar

Experts from the Memory Research Program explain the disease, its diagnosis, prevention and treatment, as well as outlining coping strategies for sufferers and their families.

Thursday, November 11
6-8 p.m.

Monona Terrace Convention Center
1 John Nolen Drive, Madison

Constipation and Kids... What You Can Do



For some children, bowel movements are no big deal—they're soft and easy, occurring every day or every other day. Other children experience constipation, infrequent bowel movements with stools that are hard, painful, and may even involve a small amount of bleeding. Watching their child struggle and suffer through such a normal physical function may cause parents to think something is physically wrong—could the problem mean a disease of some kind?—but as Dr. Robert H. Judd, a UW Health pediatric gastroenterologist explains, the cause is more likely psychological.

“Most constipation occurs because the child has passed a painful stool sometime in the past and has become afraid of experiencing it again,” says Dr. Judd. “When this happens, the child will often withhold the stool as long as possible, then finally pass a hard, painful stool. This starts the cycle of constipation: fear of pain, followed by stool withholding and a painful stool.”

Constipation can occur at different ages, and for different reasons. Some infants experience a change in stooling patterns when they switch from breast milk to formula, or when solid foods are introduced into their diet. Constipation in this age group tends to resolve on its own as the child's diet expands. Toilet training is another time when children can become constipated. Some children begin withholding their stools as they are learning to have a bowel movement on the toilet. If the child withholds the stool long enough, it becomes hard and painful to pass. This causes the child to withhold the stool again, beginning the cycle of constipation. When children reach school age, they may withhold stool at school because they are not comfortable using the restrooms, or do not feel they have enough time or privacy.

The goal for treating constipation is for a child to have soft, non-painful, easy-to-pass stools on a regular basis. Over time, the child's fear of having painful bowel movements

will decrease, making the child less likely to withhold stool. The best way to accomplish this is to consistently follow a treatment plan that includes medication, dietary changes and regular toilet time.

“Most children with constipation need to take a stool softener, such as mineral oil, every day for several months,” explains Dr. Judd. “This will help soften the stool so it is not painful to pass and also decrease the likelihood the child will withhold stool.”

Increasing the fiber in the child's diet is also helpful. Fruits, vegetables, whole grains and certain cereals are excellent sources of fiber. Children should also drink plenty of water throughout the day. The more water the body is given, the less water it will pull out of the colon, and the softer the stools will be. Finally, parents should make toilet-time part of a regulated schedule. For instance, the child should sit on the toilet every day after breakfast to promote regular stooling habits.

Constipation is a common childhood problem that can be treated successfully with a consistent, long-term plan. If you have questions about your child's bowel habits, please contact your primary care doctor.

Dr. Judd sees patients with gastrointestinal diseases at the UW Health/Affinity Children's Health Center located at St. Elizabeth Hospital, 1506 S. Oneida St. in Appleton. More information on the Children's Health Center is available by calling (920) 730-2650.