

# Medical Directions

## Unraveling aneurysms

*New complex aortic surgery program tackles tough patients*

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- I N S I D E**
- 2** Speech therapy for Parkinson's patients
  - 3** Pacemaker for bladder function
  - 4** Unleashing the C.H.E.T.A.
  - 7** UHC to purchase Unity Health Plans

A skilled general surgeon can treat a common infernal aneurysm by simply opening the patient's abdomen and repairing it. The uncommon, complex aortic aneurysm—the type that involves the thoracic and abdominal aorta—requires the talents of an expert surgical team trained to handle this often-silent, difficult-to-treat condition.

Headed by Charles Acher, MD, and Robert Love, MD, the team of vascular and cardiothoracic surgeons that forms the UW Health Complex Aortic Surgery Program performs

more than 125 complex aortic surgeries each year, in addition to more than 100 common aneurysm repairs.

“In the Midwest, we’re the center most recognized for the treatment of complex aortic problems,” says Acher. “We’ve made huge strides in our abilities to get patients through these procedures.”

The program combines the talents of multiple medical specialties, including a dedicated team of vascular and cardiothoracic

*continued on page 2*

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## Aneurysms from page 1

surgeons, cardiologists and anesthesiologists, as well as imaging radiologists and ICU intensivists. Depending on a patient's anatomy and the seriousness of their aortic disease, treatment options may include one of several state-of-the-art procedures, including **minimally invasive endografts**, in which surgeons enter through the patient's groin, using catheters and guide wires to insert a stent endograft through the femoral artery and repair the aneurysm.

Other patients may be candidates for a **minimally invasive mini-laparotomy**, a procedure that reduces patient trauma, shortening length of hospital stay without increasing mortality risk.

Over the past two decades, UW Health surgeons have used advances in medical technology to reduce the paralysis and mortality rate often associated

with complex aortic surgery by 80 percent.

Acher hopes to begin shifting the focus of complex aortic disease care to include earlier screening and diagnosis. Because the disease is silent—symptoms such as back, groin, abdominal and testicular pain are often indistinct—patients are often placed in sudden, unexpected jeopardy. “Unfortunately, 20 percent of the aneurysms we find are ruptured, and that number is far too high,” says Acher. Patients with thoracic aortic disease often have other forms of carotid or vascular disease as well.

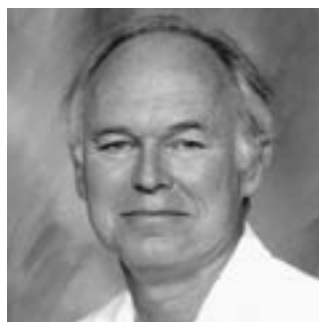
For patients whose aneurysms aren't large enough to require immediate surgical intervention, UW Health's complex aortic surgery program offers careful, frequent monitoring of the patient's condition, and is often effective at preventing serious problems from developing. For this reason, UW Health surgeons

recommend that at-risk patients receive screenings to determine whether they have aortic disease.

Using abdominal ultrasound techniques, X-rays and state-of-the-art magnetic resonance imaging equipment, UW Health radiologists are able to capture extremely detailed 3-D images of the aorta, allowing team members to pinpoint both the size and location of the aneurysm. Those patients whose aneurysms are larger than 5.5 centimeters can be evaluated for surgical risk, and after correction of any significant cardiac and vascular risk factors

are advised about options and treatment risk for surgery. Patients with smaller aneurysms can be carefully tracked over time.

For more information on UW Health's Complex Aortic Surgery program or to refer a patient, please contact Robert Love, MD at UW Hospital and Clinics, **(608) 263-5215**, or Charles Acher, MD at the UW Health Vascular Surgery Clinic, **(608) 263-8915**. Additional information is also available at **uwhealth.org**.



Charles Acher, MD



Robert Love, MD

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## Parkinson's speech therapy produces lasting improvements

### Saving voices

Among the many motor problems that accompany idiopathic Parkinson's Disease, speech disorders are among the most common; from 75 to 90 percent of idiopathic Parkinson's patients have problems with the quality of their speech. Historically, only three to four percent received speech therapy.

In the past, such a low rate of treatment was understandable, because traditional speech therapy focused on correcting problems with articulation and the rate of speech. Because traditional therapy does not address the sound production difficulty in Parkinson's patients,

the success rate in the patients was low and both physicians and patients became discouraged.

A more recent approach that focuses on vocal loudness has proven much more helpful in enabling patients to speak. Introduced in 1987, the approach—known as the Lee Silverman Voice Treatment® (LSVT®)—works on the principle that an overall reduced drive to the voice and speech mechanism results in decreased loudness, rate of speech changes, and decreased breath support for communication. In addition, the edges of the vocal folds must touch in order to produce an easily heard voice with good quality. Parkinson's often causes the

vocal folds to “bow,” making it difficult for them to come together. LSVT® trains loudness as a single motor-organizing theme to reduce the bowed posture and improve the drive to the entire vocal anatomy.

After the case history, the first step in the treatment is an evaluation of the voice through videostroboscopic and acoustic testing. Videostroboscopy permits the actual vocal fold vibrations—too fast to be seen by the unaided eye—to be recorded and analyzed in slow motion. Trial therapy helps to confirm that the

*continued on page 4*

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## *New pacemaker helps to control bladder function*

# Setting the pace

The UW Health bladder clinic has added a new therapy for patients suffering from excessive urinary frequency and urgent urination: a pacemaker for bladder function.

Developed by the Minneapolis-based company MedTronic, the device is called InterStim. According to Wade Bushman, MD, the urologist who heads the UW Health Bladder Clinic, 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,” says Bushman. “InterStim can alleviate urgency and leakage and dramatically

improve an active woman’s quality of life.”

If a woman has tried medication and exercises without success, she can come to the bladder clinic for an initial consultation. Jennifer Baker, RN, and Heather Sorum, NP, both of whom have played a central role in setting up the InterStim program, help to identify women who are good candidates for the procedure, as well as provide extensive pre-operative education and counseling.

The surgery itself is done on an outpatient basis, and usually in two stages. In the first stage, patients are given a mild sedative while surgeons place a tiny

electrode near the sacral nerve that travels from the base of the spine to the bladder. The electrode is attached to a pacemaker worn on a belt outside the patient’s body. The patient wears it for a period of about two weeks, sending mild electrical pulses to the nerve that helps to control erratic bladder function. If pacing improves the patient’s symptoms, surgeons install it permanently, in the upper portion of one of the patient’s buttocks.

Bushman stresses that the InterStim device is ideal for active patients between the ages of 40 and 60 who have failed standard therapies.



*The pacemaker stimulates the sacral nerve near the base of the spine.*

For more information about the bladder clinic, visit [uwhealth.org](http://uwhealth.org). To schedule an appointment and evaluation, contact **(608) 263-4757**.

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## *Cardiologists debut cryoablation for arrhythmias*

# FREEZE!

Physicians at UW Hospital and Clinics recently became the first in Madison to use cryoablation, a procedure that involves freezing targeted portions of heart tissue to correct arrhythmias.

Douglas Kopp, MD, a UW Health electrophysiologist, performed a successful catheter cryoablation on a 31-year-old woman with supraventricular tachycardia. While the patient remained conscious but sedated, physicians inserted the catheter through a vein to the heart, using the catheter tip to moderately freeze an area of the heart to about -25 degrees Celsius. Moderately cooling the tissue allows doctors to

test the area about to be ablated before freezing it all the way down to about -75 degrees Celsius to kill the tissue. If the targeted area is not the precise tissue causing the patient’s arrhythmia, the physician can restore the cells to their normal temperature and function. That reversal is not possible with the more traditional radiofrequency ablation, which uses heat to destroy heart tissue.

“Catheter cryoablation offers a significant advantage in that we can freeze areas of the heart where we normally would be reluctant to give a traditional (radiofrequency) burn,” says Kopp, one of about 100 physicians

in the United States performing the procedure.

Kopp emphasizes that cryoablation is just one method that can be used to treat arrhythmias in certain areas of the heart, and that radiofrequency ablation is still effective in treating many patients.

“I view (cryoablation) as an additional tool in our toolbox,” Dr. Kopp said. “It gives an added degree of safety and confidence in selected patients.”

Kopp also says that cryoablation will be a great benefit in treating pediatric patients, whose small hearts require, for safety reasons, that lesions be kept as small as



possible. Electrophysiologists at UW Hospital and Clinics completed their first successful catheter cryoablation on a pediatric patient in late August.

For more information contact **(608) 263-1530** or visit [uwhealth.org](http://uwhealth.org).

## Unleashing the



Already verified as a Level One trauma center for adult patients, UW Hospital recently announced its verification as a Level One pediatric trauma center—on the same day it unveiled its new pediatric critical care transport vehicle.

CHETA—the UW Children's Hospital Emergency Transport Ambulance—is now part of the stable of two Med Flight helicopters, giving the hospital what pediatric intensivist Tom Brazelton, MD, calls “a full-service emergency transport system.”

“This is really a dream come true,” says Brazelton, whose work at the Children's Hospital involves caring for critically-injured children. “The ambulance is an excellent complement to the Med Flight helicopters. This is really a well-rounded transport system now.”

CHETA will carry surgeons, nurses and respiratory therapists who have undergone specialty training in providing care for critically-injured pediatric patients. The ambulance will primarily be used to transport critically ill patients between hospitals when both Med Flight helicopters are in use simultaneously, or must remain on the ground due to maintenance or inclement weather.

“This tremendous achievement speaks volumes about our commitment to treating children as children, and not as small adults,” says UW Hospital and Clinics President and CEO Donna Sollenberger.

Of similar significance is the Children's Hospital's verification as a Level One pediatric trauma center, which coincided with

UW Hospital's verification as a Level One trauma center for adults. The rating is awarded by the American College of Surgeons (ACS), which creates national guidelines for trauma care in the United States. ACS conducts regular site visits to assess the readiness and capability of trauma units, and its criteria are considered the gold standard for emergency department evaluation.

UW Hospital's adult trauma unit has been designated as Level One for six years. This is the first year UW Children's Hospital has received a similar designation for its pediatric trauma care. UW Hospital and Clinics is now the only Wisconsin hospital with Level One status for both pediatric and adult care.

“What certification implies,” says UW Children's Hospital surgeon-

in-chief Dennis Lund, MD, “is that the hospital has made the commitment to be available 24 hours a day, seven days a week to provide care for the most severely ill and injured adults and children.”

For more information about trauma services at UW Hospital and UW Children's Hospital, go to the emergency services/trauma section of [uwhealth.org](http://uwhealth.org).



Tom Brazelton, MD

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### Parkinsons *from page 2*

patient is a good candidate for the therapy and establishes a baseline for voice characteristics.

The LSVT<sup>®</sup> is an intensive program, given through a series of 16 treatment sessions in a month (four sessions per week). The therapist focuses on how to help the patient create and sustain vocal loudness; many patients don't even realize, at the beginning of treatment, that they speak too softly to be heard. High effort and multiple repetitions, with measurement of the resulting changes, form the cornerstone of the Silverman technique.

With 17 years of experience, the practitioners of the Lee Silverman Voice Treatment<sup>®</sup> have been able to gather data on the program's efficacy. During treatment, 90 percent of patients report improvement. Research to date shows that about 80 percent maintain those improvements 12 to 24 months afterward.

The Voice Clinic at UW Hospital and Clinics offers evaluation and treatment by LSVT<sup>®</sup>-certified clinicians. More information about LSVT<sup>®</sup> and other voice clinic services is available at **(608) 263-4448**.

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## Egg and Embryo Donation Program

# Offering hope to infertile couples

Although conceiving a child is a natural process, health complications preclude many couples from becoming parents without reproductive assistance. In fact, about 10 to 20 percent of U.S. couples experience infertility, defined as the inability to conceive after a full year of regular, unprotected intercourse.

The inability to conceive can be devastating, but UW Health reproductive endocrinology specialists offer the latest technology and several proven options to assist couples who wish to become parents—including an extensive egg and embryo donation program headed by Stephen Lindheim, MD. At UW Health, the rate of achieving pregnancies through these procedures exceeds the national average.

Lindheim's program offers hope of motherhood to women who have lost ovarian function prematurely, have survived cancer

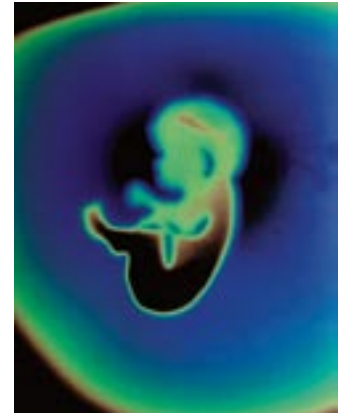
of a reproductive organ or carry genetic diseases. Donated eggs can be combined with the partner's sperm and implanted into the patient's uterus. In other cases, an egg can be extracted from the patient's uterus, combined with the partner's sperm to form an embryo and then implanted in the uterus of a surrogate.

Rebecca Schachter, RN, serves as the program's egg-donor coordinator. "I provide a continuity of care that patients value," says Schachter. "I am involved with recipients and donors from day one."

For donors, day one involves a screening conducted over the phone. Donors then meet with Schachter in the clinic to fill out an extensive questionnaire covering their medical history, family medical history, educational background and hobbies. Lindheim reviews the questionnaires and determines which to

approve. Then Lindheim interviews the donors, who undergo a physical examination, blood work and an evaluation by a clinical psychologist. Based on the full assessment, he decides whether to accept the individual as a donor. At UW Health, donors receive \$4000.

For couples seeking reproductive assistance, the screening process focuses on checking medical histories, psychological profiles and social support networks. With Schachter's help, recipients fill out a "wish list" that ranks the qualities they desire in an egg donor. Lindheim then spends several weeks evaluating the information and coming up with potential matches from a donor pool that includes various cultural and ethnic backgrounds. Recipients meet with Lindheim to look carefully at the possible matches and choose a donor. The process typically takes just three months.



An alternative to onception is embryo donation, a notion that becomes possible when a couple undergoes in vitro fertilization, a process that can involve creation of multiple embryos. "After a successful delivery, a couple may decide their family is complete," says Lindheim. "This led us to establish a program for couples to donate their unused embryos to other couples hoping for children."

Currently, Lindheim's program is seeking recipients for donated eggs and embryos. For more information or to recommend a patient for recipient screening, contact **(608) 265-0300** or visit **uwhealth.org**.

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## Second \$7 million grant for UWCCC

The U.S. Department of Health and Human Services (HHS) recently approved a second \$7 million construction grant for the University of Wisconsin Comprehensive Cancer Center (UWCCC), providing funding to house interdisciplinary breast cancer research on one of four new Cancer Center floors planned for the HealthStar Interdisciplinary

Research Complex (IRC), scheduled for groundbreaking in 2005. The grant is composed of \$4 million from the National Center for Research Resources and \$3 million from the National Cancer Institute.

Located adjacent to the Clinical Sciences Center that houses University of Wisconsin Hospital and Clinics as well as existing

UWCCC research space, the IRC will bring together cancer researchers in the clinical and basic sciences in an interactive environment with the latest technology. Completion of the IRC will transform the research potential of the UW Medical School and greatly impact the health of Wisconsin citizens.

The announcement of this federal grant is another step toward naming the University of Wisconsin Comprehensive Cancer Center (UWCCC) after the late Paul P. Carbone, MD. Carbone died in February 2002 at the age of 70. He served as director of the UWCCC from 1978 until 1997.

*International study shows nearly doubled survival rates*

## Erbitux offers hope for head, neck cancer patients

Patients with head and neck cancer appear to survive nearly twice as long after receiving a new drug known as Erbitux™ (scientific name: cetuximab) in conjunction with radiation therapy, compared with patients treated solely with radiation therapy.

In findings announced at the American Society of Clinical Oncology (ASCO) 2004 Annual Meeting, Paul M. Harari, MD, a radiation oncologist with the University of Wisconsin Comprehensive Cancer Center, said the findings of the phase III international study are highly promising.

“Head and neck cancer, which includes tumors of the mouth and

throat, are among the most aggressive and debilitating types of cancer,” says Harari, one of three principal investigators of the international study of 424 advanced head and neck cancer patients. “A drug that appears to nearly double survival time with relatively minor side effects is very good news for patients with head and neck cancer,” he adds.

In the study, researchers in the United States, Europe and elsewhere compared survival between two groups of patients:

- 211 patients with locally advanced squamous cell cancer of the head and neck who received high-dose radiation therapy alone; and



- 213 matched patients who received high-dose radiation therapy plus Erbitux.

Median survival was nearly twice as long in the Erbitux group (54 months vs. 28 months). In addition, more of the Erbitux patients were alive at two years (62 percent vs. 55 percent) and three years (57 percent vs. 44 percent). Side effects among the Erbitux patients were relatively minor compared with conventional chemotherapy, with skin reactions being the most common.

A part-mouse, part-human protein, Erbitux appears to enhance the

cancer-killing effect of radiation therapy by binding to the epidermal growth factor receptor (EGFR) found in abnormally high amounts in many cancer cells.

In addition to the favorable survival impact, new molecular agents like Erbitux do not commonly induce nausea, vomiting, hair loss, decreased blood counts and other side effects that frequently accompany conventional chemotherapy.

For more information, contact CancerConnect at **(800) 622-8922** or visit **uwhealth.org**.

## Studying falls among older adults



Jane Mahoney, MD

Older adults and their caregivers have good reason to be concerned about falls: They are the leading cause of unintentional death and injury among older adults. For reasons that are not clear, the death rate from falls

among older adults in Wisconsin is nearly twice the national average.

Jane Mahoney, MD, is leading a UW Medical School research team that aims to find an approach to falls prevention treatment that not only reduces the number of falls but decreases hospital and nursing-home stays, improves the physical function of the older adults and reduces their fear of falling. The study, funded by a federal CDC grant to the Wisconsin Department of Health and Family Services, aims to enroll approximately 400 high-risk older adults in Dane County by February 2005.

Those taking part are randomly assigned to one of two groups. One group receives general information booklets on how to reduce fall risk by adjusting the home, one's behavior and diet. The other group receives individualized counseling from a physical therapist who will provide tailored advice based on the patient's specific medical, physical and behavioral risks. Participants in this group may take part in certified exercise classes and be linked to medical and social-service networks that can provide help. Members of each group are assessed after one year of participation.

“Falls are often a pivotal event in the lives of elderly people,” notes Mahoney. “They can lead to a spiral of negative consequences that result in injury, disability, fear and great expense. This project explores how we can set up an effective approach to falls prevention in the community, using resources that already exist.”

Wisconsin is the only state that received the CDC grant, which was awarded through a nationwide competitive process. Those interested in the Safety Assessment for Elders (SAFE) study can get more information at **uwhealth.org**.

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## UHC to purchase Unity Health Plans



University Health Care, Inc. (UHC) and its UW Health partner recently entered into an agreement to purchase Unity Health Plans Insurance Corporation (Unity), a Sauk City-based health plan serving 20 counties in South Central Wisconsin, by the close of 2004. UHC is a not-for-profit corporation representing three UW Health sponsor organizations: UW Hospital and Clinics (UWHC), the UW Medical Foundation (UWMF) and the UW Medical School.

Jeffrey Grossman, MD, senior associate dean for clinical affairs of UW Medical School and CEO

of UW Medical Foundation, and Donna Sollenberger, president and CEO of UW Hospital and Clinics, confirmed that employers and members covered by Unity policies should see business as usual as a result of the ownership transition.

Unity was created in 1994 when Blue Cross Blue Shield of Wisconsin (BCBSWI) acquired the former HMO of Wisconsin and U-Care HMO. Since that time, Unity has been a joint venture among BCBSWI, UHC and a group of rural hospitals and physicians called Community Health Systems (CHS).

An offer to purchase the assets of Unity from BCBSWI, which was purchased by WellPoint Health Networks of California in September, 2003, has been

submitted for a purchase price to be determined based on the net worth of the company at the time of the closing. The agreement is slated to close by year-end, pending approval from the Office of the Commissioner of Insurance.

The negotiations that created Unity more than 10 years ago included an option for CHS and UHC to reacquire the company from BCBSWI if the joint venture was not renewed.

Unity joint venture negotiations between the parties recently concluded. CHS members sold their CHS membership interests to UHC in order to consolidate the health plan's governance structure and to allow for unified decision making regarding the acquisition.

"The University of Wisconsin academic medical enterprise has always understood the importance of having close relationships with health insurance providers," said Jane Barnett, CEO of UHC. "In today's environment, we see benefits to owning an HMO. Acting on these option rights to acquire Unity seemed like the perfect way for UW Health to increase its focus on remaining directly involved in decisions that impact the care of patients and their families."

Unity provides health insurance for approximately 76,000 members, with nearly 50,000 participants in Dane County and 26,000 participants in 19 counties surrounding Dane.

For more information, visit [uwhealth.org](http://uwhealth.org).

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## Dermatopathology, done directly

When physicians in Wisconsin need pathologic examinations of skin biopsies and other specimens, they frequently need results quickly. Rapid turnaround time is top priority at UW Health's Dermatopathology Laboratory, a service of the UW Medical School's department of dermatology.

The lab, led by Jack Longley, MD, professor and vice-chairman of dermatopathology at UW Madison, is an independent anatomic pathology laboratory. Longley's experience includes extensive experience at Columbia and Yale Universities, where he directed a dermatopathology laboratory, a fellowship training program and an NIH-funded research laboratory.

"We offer a full range of laboratory services, including complete processing of tissue and consultation on slides prepared elsewhere," says Longley. "We offer accurate interpretation to support the treatment and management of biopsies from skin, subcutaneous tissues, mucous membranes, hair and nails."

The dermatopathology laboratory also functions as teaching facility, generating income while training the next generation of dermatology residents and fellows. Longley notes that the expectation is that many of the residents will eventually practice in Wisconsin.

In addition to Longley, George Reizner, MD, and Gary Wood, MD,

staff the dermatopathology laboratory.

"We are all available to referring physicians for discussion of clinical-pathologic correlation and patient management," Longley says. "We've made it a goal to provide rapid verbal reports within one working day of receipt of a biopsy and will fax a copy of the report within two working days of receipt of the biopsy. Advanced diagnostic techniques, including immunoperoxidase studies and molecular genetic studies are available when indicated."

With an eye toward providing a service that is competitive with laboratories offering similar services, Longley sought out a

specialized courier service to ensure rapid and safe delivery of biopsies. Once the biopsy is received, trained technicians process specimens and slides for Longley and his colleagues to read and diagnose. "Physicians can expect free delivery service for specimen pick-up and delivery of reports, and free supplies," says Longley. "Our intention is to work closely with physicians, and we will customize requisitions and reports."

The UW Health Dermatopathology Laboratory participates in a wide range of insurance and managed-care plans and uses direct billing. For more information, contact Longley at **(608) 265-1661**.

# MD News MD News MD News MD News MD News



## **U.S. News and World Report**

recently ranked UW Hospital and Clinics ranked 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 edition.

The UW Hospital and Clinics PREP Center, the team that handles incoming patient referrals, has a new name, new leadership and a new direction. Now called the **Access Center**, it integrates the admissions department, the Prep Center intake phone nurses and medical communication specialists, as well as the hospital's bed

control staff. Geri Murphy, Director of Access Services for UW Hospital and Clinics, will oversee operations; Jerry Collins will manage the Access Center.

According to Murphy, the Access Center's primary goal in the coming months will be to enhance functionality and efficiency of inpatient admissions. Questions can be directed to manager Jerry Collins at **(608) 265-0727**.

UW Hospital and Clinics recently became one of the few institutions in the world with the ability to combine X-ray imaging with MRI capabilities in the same procedure. The **XMR suite** combines a complete diagnostic and interventional angiography lab with MRI capabilities. The two systems are installed in adjoining bays, and a floating table in the suite can move a patient easily from one system to the next.

The advantage to patient care becomes clear in the example of a stroke patient receiving a thrombolytic. Angiography is useful in threading the catheter to the clot, but MRI helps ensure that the correct amount of drug is given to improve blood flow without causing bleeding. This unique

ability has the potential to dramatically affect treatments and outcomes.

According to survey results compiled by **The Leapfrog Group**, a national consortium of more than 150 public and private organizations that provide health care, UW Hospital and Clinics performed in the top quartile—Leapfrog's highest ranking—in several key areas of patient safety.

Member organizations in The Leapfrog Group submit data annually as part of a progress report that measures their commitment to installing key patient safety initiatives. To be included among the top performers in the survey, a health-care organization must score well in four particular categories: creating a culture of safety, hiring and retention of quality staff, effective communication of medical information, safe use of anticoagulation medicine.

"Patient safety and clinical outcomes are the ultimate goal of any quality hospital," says Dr. Carl Getto, senior vice president of medical affairs for UW Hospital and Clinics. "Measurement surveys like Leapfrog tell us we're heading in a positive direction."



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