Cancer Care By Any Other Name...

UW Health would like to introduce you to its new comprehensive cancer center: It looks exactly like the old one, offers the same world-class level of cancer research and care and is still the only one in Wisconsin . . . it just has a new name.

On September 26, UW-Madison celebrated the school’s world-recognized leadership in the study and treatment of cancer by renaming the UW Comprehensive Cancer Center as the **Paul P. Carbone Comprehensive Cancer Center**. Carbone, a cancer pioneer who guided the center from 1978-1997, was responsible for key innovations in research and patient care. On the same date, the central tower of the cancer center will be renamed the Harold P. Rusch Translational Research Tower to honor the founding director of the McArdle Laboratory for Cancer Research and original architect of the cancer research program at the University of Wisconsin.

Dazzle in Dairyland Cow Parade Wisconsin Auction

**Psssst! Wanna buy a cow?**

Not just any cow, mind you. We’re talking about works of art: Rosie the Rosemooled Cow, Mookal Leckrone and Frank Loin Wright. For the last several months, you’ve seen them holding bovine court in various locations throughout Dane County as part of the Wisconsin Milk Marketing Board’s CowParade Wisconsin 2006.

Now, one of them can be yours—if you’re one of the winning bidders in a special fund-raising auction slated for Friday, November 10, at the Alliant Energy Center in Madison.

Fifty colorful representatives of the 101-cow herd will be trotting to the bidding block in an event that promises to be a far “MOO” from your typical stodgy auction. Proceeds will fund the ongoing construction of the $78 million American Family Children’s Hospital, scheduled to open in August 2007, and other local charities.

The auction is a joint venture between the Wisconsin Milk Marketing Board and Friends of UW Hospital and Clinics. Those who lack the room to house a full-sized cow can also bid on mini- and micro-moos, smaller sculptures created by local artists and high school students. (These will be sold in a separate silent auction.)

Interested in purchasing tickets? Sign up for the event mailing list by calling (608) 263-6047 or e-mailing friends@uwhospital.org.

Dazzle in Dairyland

Friday, November 10, 6 p.m.
Alliant Energy Center, Exhibition Hall
Madison

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Robot, MD

Da Vinci® brings the surgical robotic revolution to UW Health

Ask about his recent prostate surgery and Steve Bentin will spend several minutes raving about the surgeon: He stands about six feet tall, has four arms, and is named after a famous Italian painter and inventor.

He's also a robot.

This spring, Bentin became one of a growing number of patients at UW Hospital and Clinics to have his prostate removed with the da Vinci® surgical robot, a technological advancement that allows surgeons to execute complex surgeries using minimally invasive techniques.

While doctors enjoy the robot’s increased precision, patients appreciate the reduced recovery time.

“I’m a major fan of the robot,” says Bentin, 62, who coaches the women’s basketball team at Madison Area Technical College. “I actually feel bad telling some of my friends how good my surgery was. Instead of spending weeks sitting around in the backyard reading books, I was up and walking around.”

Patients who have their prostate glands removed in a traditional open surgery typically remain in the hospital an average of two days. Patients who have the procedure done using the surgical robot typically go home the next day and return to normal activity in as little as one week.

Da Vinci® has been in the operating room at UW Hospital and Clinics since January, putting the hospital at the forefront of a growing national trend. In addition to prostate removal, UW Health surgeons are using it to perform complex heart surgeries, gland removals, hysterectomies and cancer staging.

“This has been a very exciting development for us,” says Dr. David Jarrard, a physician with the UW Paul P. Carbone Cancer Center, and one of three UW Health urological surgeons trained to use the robot. “The robot really makes a significant difference with patient recovery time.”

Surgery, Reimagined

Here’s how it works: As the patient lies on the operating table under the watchful eye of a surgical assistant, the surgeon operates the robot while seated at a console a few feet away. The surgeon views the patient’s internal anatomy through a dual-screen viewer that produces a 3-D image magnified 10 times.

The robot’s three main arms are controlled by a pair of knobs that the surgeon can squeeze like castanets. Each can be fitted with five- to eight-millimeter surgical instruments that handle cutting and suturing. A fourth arm controls a miniscule camera that gives the surgeon an extremely detailed view of the patient. The end of the robot’s arms feature “wrists” that can move 360 degrees.

“Using the robot is like having my hands inside the patient,” says Dr. Niloo Edwards, head of cardiothoracic surgery at the UW School of Medicine and Public Health. “Every movement I make, the robot replicates.”

One of the biggest advantages the robot offers patients like Bentin is its minimally invasive approach. In contrast to open prostate surgery, which requires an 8-10 inch incision in the lower
New procedure finally available in U.S.

It’s Hip to Resurface

Patients have eagerly anticipated it for years. Some have even gone overseas to Belgium and Australia for an alternative to traditional hip replacement that allows greater mobility and reduced risk of dislocation.

The wait is now over. Drs. Richard Illgen, John Heiner and Matthew Squire, UW Health orthopedic surgeons, are among a handful of U.S. surgeons offering hip resurfacing. For the right kind of patient, the newly available procedure can have a significant impact on quality of life.

“Hip replacement has really undergone an evolution in the last several years,” says Dr. Illgen. “We went from the traditional procedure, with a metal spike down the middle of the femur bone and a ball that’s more normal size,” he explains. “Now we’re at the point where we can avoid the metal spike altogether.”

Unlike traditional hip replacement, a procedure that requires surgeons to cut the neck of the femur and remove the femoral head, resurfacing a hip involves removing the cartilage at the end of the femur, placing a metal cap over the top, and repositioning it in a metal socket.

Patients who have had hips resurfaced report increased range of motion and decreased dislocation. Better still, resurfacing preserves bone for future hip revision surgeries, a very real possibility for patients who undergo hip replacements in their 30s and 40s.

“For young, active patients with hip arthritis, resurfacing is one more option for revision potential, and that’s critically important for certain types of patients. This is the most conservative, bone-sparing option we can offer.”

Dr. Illgen cautions that hip resurfacing isn’t right for every patient, and that patients need to carefully discuss the advantages and disadvantages of the procedure with their physician before proceeding. The operation is invasive—surgeons must pop the hip out and briefly disrupt the blood supply to the femoral head, as well remove a greater amount of soft tissue. Because hip resurfacing is a relatively new procedure, there are no long-term studies of how well the cemented metal components used in the surgery will hold up over the long term.

For younger, active patients, however, hip resurfacing may offer hope of greater mobility today—and the possibility of surgical options down the line.

To learn more about hip resurfacing at UW Health or to schedule a referral, visit uwhealth.org or call (608) 263-4069.
Trimming Time, Saving Heart Muscle

After receiving recognition in 2004 for “best performance” in heart attack care*, cardiac and emergency care teams at UW Hospital didn’t rest on their laurels. In March, the hospital implemented a Level 1 Heart Attack Program to bring patients to its award-winning care in even faster time.

UW’s new Level 1 program focuses on reducing transport time for a patient in need of coronary angioplasty to restore blood flow to the heart. Angioplasty (opening a blocked artery) has been proven to significantly reduce heart damage and death. The earlier the angioplasty treatment is provided, the more effective it is. According to guidelines from the American Heart Association and the American College of Cardiology, the ideal time for angioplasty to occur is within 90 minutes.

With the 90-minute goal in mind, staff from Med Flight and UW’s heart attack care teams developed protocols for each step in a heart attack patient’s care. The time spent in the referring emergency room, the time before that department calls for medical transport, the time Med Flight spends on the ground at that emergency department—every stage was reviewed to find ways to expedite care.

With the new protocols in hand, UW worked with regional emergency departments, and established a 24-hour hotline to immediately activate Med Flight and the UW Hospital cardiac catheterization lab once a heart attack is identified. Regional emergency room staff have also adjusted their delivery of medications, allowing the Med Flight crew to load the patient sooner.

“The concept of the golden hour, long associated with trauma care, is now applied to regional cardiac care. The new process allows referring physicians to activate Med Flight and UW’s interventional cardiology team within the first 30 seconds of the phone call,” says Dr. Darren Bean, a UW Health emergency and Med Flight physician who co-directs the Level 1 Heart Attack Program at UW Hospital.

Dr. Bean says the activation is similar to Med Flight’s rapid response to a trauma scene. “We don’t know all the specifics about the patient when we leave for flight. However, we do know that patient’s outcome is absolutely dependent on how quickly blood supply is restored to the starving heart muscle,” he says.

Once the patient is en route to UW Hospital, the referring emergency department faxes critical information to UW Hospital’s cardiac catheterization lab so staff can make final preparations for the patient’s arrival.

The first three months of the program have shown outstanding results. Time in stages of care have been reduced as much as 40 percent. For patients, those precious minutes mean the flow of blood to the heart is restored quicker, saving heart muscle and reducing potential long-term damage.

Even with the new Level 1 program going well, Dr. Bean says time can still be reduced if another important step is taken. Too often people aren’t sure of the symptoms and wait before calling 9-1-1. “Everyone can make a difference by learning the signs and symptoms of a heart attack, and knowing how to respond,” says Dr. Bean. “The sooner a heart attack patient is under medical care, the better.”

"UW Hospital was recognized by University HealthSystem Consortium as a national “best performer” and outperformed more than 50 teaching hospitals, achieving the best overall score on eight criteria critical to providing optimal care for heart attack patients."

Every minute counts

At a camp-out in early August, Burt McIntyre was overcome with a sudden severe headache. As he took a break in his air-conditioned RV, he began shaking and developed a cramp in his left jaw and elbow. He felt a little pressure in his chest but never experienced pain. His wife and fellow campers weren’t sure of heart attack symptoms, but knew he needed medical help and called 9-1-1.

On the ambulance ride to Fort Atkinson Memorial Hospital, a nurse determined that McIntyre was having a heart attack. She explained to him exactly what would happen next. As soon as he arrived at the Fort Atkinson emergency room, staff called to activate both Med Flight and the UW Hospital catheterization lab to prepare for his arrival. His flight was a brief 20 minutes to UW’s cardiac cath lab where staff were waiting to open his blocked artery.

McIntyre awoke in the cardiac intensive care unit, and his wife Pat stayed the night with him. Just 72 hours later, he returned home to Green Bay with no damage to his heart. The combined efforts of everyone—his wife’s call to 9-1-1, the ambulance crew’s early identification of a heart attack, Fort Hospital’s preparation for transport—all amounted to the best possible heart attack care.

Heart Attack Symptoms

If you see or have any of these symptoms, call 9-1-1.

- Chest discomfort that lasts more than a few minutes.
- Uncomfortable chest pressure, squeezing, fullness or pain.
- Pain or discomfort in other areas such as one/both arms, back, neck, jaw or stomach
- Shortness of breath
- Breaking out in a cold sweat, nausea or light-headedness

Symptoms vary for individuals, and especially between men and women.
Hypertension in Kids: Silent and Deadly

Pediatric hypertension, or high blood pressure, silently threatens the health of approximately 4 percent of children in the United States, increasing their risk of developing stroke and cardiovascular disease as adults.

National guidelines recommend that blood pressure be checked each time a child over the age of three is seen in a medical setting, whether for a well-child check or an emergency visit.

Unfortunately, the recommendation often doesn’t reflect reality.

“In general, opportunities to measure blood pressure are frequently missed,” says Dr. Sharon Bartosh, UW Health pediatric nephrologist and chief of pediatric nephrology at UW School of Medicine and Public Health. “Given the growing epidemic of obesity in our youth, this is particularly relevant.”

Like many physicians, Dr. Bartosh is concerned that hypertension in children is increasing. In a recent study of 5,000 children age 10 to 19 years, the prevalence of hypertension grew with increasing degrees of obesity, with the most overweight children in the study having an 11 percent incidence of hypertension.

“As children and teenagers increase in weight, their blood pressures are increasing, and those high blood pressures are tracking into adulthood,” says Dr. Bartosh.

After early childhood, most children visit their primary care provider’s office only for urgent care needs. “The expectation is that we will take every opportunity to measure blood pressure, regardless of why they are in the office,”

To focus attention on this growing problem, Dr. Bartosh and her colleagues have created UW Health’s multidisciplinary pediatric hypertension clinic. Drawing on expertise from pediatric cardiology, pediatric radiology, pediatric nutrition and pediatric fitness, the clinic offers blood and urine testing, as well as X-ray diagnostics, screening for end-organ damage and drug therapy. Another key service is 24-hour blood pressure monitoring, a tool that helps doctors differentiate children with “white-coat” hypertension—elevated blood pressure that triggers only in a medical setting—from those with true hypertension.

The most frequent cause of secondary hypertension in children, especially those under the age of 10, is kidney disease. Unfortunately, hypertension tends to be silent, with only a minority of children experiencing serious symptoms—headaches, nosebleeds or seizures. Often, children who are discovered to have hypertension already have evidence of heart and kidney problems.

“We are very successful at treating high blood pressure in childhood,” says Dr. Bartosh. “Now we just need to improve the frequency with which we look for and recognize hypertension in children.”

If you’re concerned that your child may have undetected high blood pressure, contact the clinic at (608) 255-6020 or visit uwhealth.org.

One-stop unit offers adaptability, privacy and plenty of room for visitors

Designed by physicians and nurses with patient safety, privacy and comfort in mind, UW Hospital’s new heart and thoracic unit is a one-stop shop for chest surgery patients.

Following surgery, patients arrive at one of the unit’s 27 suites, where they remain until discharge instead of moving from the intensive care unit to floor rooms and beyond.

During the recovery process, the equipment moves, not the patients. Ventilators are wheeled in as needed and supplies such as dressings are stocked from outside the room via two-way closets.

“The unit speaks to our commitment to being on the cutting edge of patient care,” says Dr. Niloo Edwards, head of cardiothoracic surgery with UW Health. “We’re proactive in looking at innovation to deliver care more efficiently and effectively.”
Whether the goal is to reverse the signs of premature aging or to improve an aspect of their appearance, men and women of all ages are turning to cosmetic procedures at an increasing rate.

On October 2, UW Health Transformations opened its doors as the region’s only free-standing cosmetic services center, offering a vast array of physician expertise. Thirteen physicians representing five clinical disciplines will offer patients cosmetic procedures in a state-of-the-art facility.

“We’re excited about what UW Health Transformations will mean for our community,” says Dr. Michael Bentz, professor and chairman of the division of plastic and reconstructive surgery at UW School of Medicine and Public Health. “Interest in cosmetic services is rapidly increasing and we’re pleased that our patients will have access to our skilled physicians in this wonderful new facility.”

The new center offers consultations, procedures, surgeries and follow-up appointments all within the same building. In addition to surgical procedures, UW Health physicians will offer the latest trends in facial rejuvenation, including injectibles. Aesthetician services and a line of skin care products and cosmetics will also be available.

UW Health Transformations is located at 2349 Deming Way in Middleton, just off the West Beltline Hwy. To schedule an appointment, call (608) 836-9990 or toll-free (866) 447-9990. More information about services and physicians, including video discussion, is available on the Web at uwhealth.org/transformations.

Board-certified UW Health faculty offering services at UW Health Transformations:
- Plastic and Reconstructive Surgery
- Otolaryngology
- Ophthalmology
- Vascular Surgery
- Dermatology

Services offered at UW Health Transformations include but are not limited to:
- Abdominoplasty
- Breast augmentation
- Breast lift
- Breast reconstruction
- Breast reduction (women and men)
- Body contouring
- Botox®, Restylane® and other injectibles
- Chemical peels
- Contour Threadlifts™
- Dermabrasion
- Ear procedures
- Eyelid surgery
- Face lift
- Forehead/eyebrow lifts
- Hair removal
- Laser treatment
- Liposuction
- Rhinoplasty
- Skin care consultations
- Spider veins, varicose veins and general venous disease
- Make up consultations, lessons and post-operative camouflage cosmetics
Discovery of an abused child is among the most devastating occurrences any parent, teacher or physician can imagine. As horrific as the actual incident is, the long-term effects of physical or sexual abuse and neglect are often more staggering. Fear, anxiety, depression, guilt, anger, hostility, and poor self esteem are just a few of the consequences that millions of abused children and survivors of child abuse deal with every day. On top of this, nearly four children in America die each day as a result of abuse and neglect.

As a full-service children’s hospital with a commitment to community service, UW Children’s Hospital recently created a Child Protection Program designed to be a regional resource for Wisconsin, Northern Illinois and Eastern Iowa. Led by Dr. Barbara Knox, the Child Protection Program reflects an intensified commitment on the part of the UW to diagnose, report and treat instances of suspected child abuse and neglect.

“If there is even the slightest suspicion of physical or sexual abuse, I can’t say this strongly enough: ‘Believe your children!’” says Dr. Knox. “While no one wants to believe his or her daughter or son has been abused, the child’s physical and mental well-being depends on you taking anything they say very seriously.”

A 2002 UW School of Medicine and Public Health graduate who recently completed a fellowship in Child Abuse and Neglect at Cincinnati Children’s Hospital and Medical Center, Dr. Knox brings incredible passion to helping abused children and their families.

“Our Child Protection Program at UW Children’s Hospital provides a needed voice for children who cannot speak for themselves,” Dr. Knox says. “When you treat children who are abused, you see the worst of the worst in humanity, but the satisfaction is there even if you save just one child.”

In her practice, Dr. Knox provides comprehensive service, including photo documentation of injuries and submittal of the child abuse report to the appropriate social services agency, law enforcement, the referring physician and the prosecutor’s office. If necessary, she also testifies in court for cases that go to trial.

Brenda Nelson, program director of Safe Harbor Child Advocacy Center, Inc. in Madison, says that Dr. Knox’s arrival represents the last piece of the puzzle for comprehensive child abuse diagnosis and treatment.

“Child abuse is not pretty,” Nelson says. “You’ve got to have a passion for helping get these kids and families on the right track, and Dr. Knox really has that. She not only brings the training and compassion, but also the willingness to deal with the legal system as needed.”

If child abuse is suspected—be it through the appearance of suspicious bruising on the body, any concerning injury, or something said by a parent or child—Dr. Knox is available for consultation 24 hours a day, 7 days a week.

“If there is a need for an immediate visit of a patient, I will meet a child and family day or night. I also am very committed to ensuring that every child’s regular pediatrician or family physician is kept abreast of what we do.”

**CHILD ABUSE SUSPECTED?**

**New UW Children’s Hospital physician ready to help**

**How to contact Dr. Knox**

If child abuse is suspected, an appointment with Dr. Barbara Knox can be scheduled by calling (608) 263-6420. In cases requiring immediate attention, Dr. Knox can be reached 24 hours a day, 7 days a week through the UW Children’s Hospital paging service at (608) 262-2122.
Could You Be A Living Kidney Donor?
It’s not as difficult as you think

UW Health patients awaiting a kidney transplant spend, on average, only 16.5 months on a waiting list—far below the national average of 37.7 months. That’s nice, but what if there were no list at all?

“We could wipe out the waiting list for kidney patients pretty quickly if we had more live donors,” says Heidi Gladding, UW Health kidney transplant coordinator.

UW Health surgeons have performed kidney transplants with living donors since 1966. While the living kidney donor program used to be restricted to the relatives of a patient, today, anyone can participate as long as he or she has a blood type compatible with the recipient. Last year, UW Health surgeons performed 112 living-donor transplants.

“The donors know the recipient more than 98 percent of the time,” Gladding says. “Many are directed donors—a friend of a friend coming forward to help out. A small percentage are humanitarian donors who give their kidney to someone on the waiting list.”

There are numerous advantages to having a living donor, including decreased wait time for the recipient, better outcomes and known kidney quality.

Long before a patient receives a new kidney, a prospective donor fills out a questionnaire about his or her motivation and health history. If the interest is strong and the reasons are sound, the potential donor will then meet with a transplant social worker, nephrologist, and others on the care team.

“We help the donor to think through the decision,” says Rebecca Hays, a transplant social worker. “People can have mixed feelings. They’re scared but they want to help.”

Hays says it’s normal for people to have doubts. It’s her job to help them work through their concerns.

“Some people need all the information they can get, and we can provide it all, right down to a video of the whole procedure,” Hays says. “Others just need a detailed plan in place. We help them work out all the lifestyle issues, such as who will pick up the kids and prepare food during recovery.”

One popular orientation method is the living donor mentor program, in which potential donors discuss the procedure with people who have already donated a kidney.

The next step for donors is a surgical workup. Tests are done to make sure the procedure is medically safe. If a potential donor passes the tests, they then discuss specifics about their donation.

Gladding says anybody is eligible to be a donor. “There is no upper age limit for donating a kidney,” Gladding says. “We’re just concerned with the overall health of the person.”

Gladding adds that the whole process can be very rewarding. “It takes a really special person to be a living kidney donor, especially a humanitarian one. But it can be a wonderful gift to give.”

Interested in becoming a live kidney donor? Call the UW Health transplant program at (608) 263-1424 to receive a patient questionnaire.

Robot, MD from page 1

abdomen, the robotic procedure uses five small incisions to create openings for the robotic instruments.

“The cancer outcomes with the robot are similar to the open prostatectomy,” says Dr. Jarrard. “However, the hospital stay and amount of blood loss a patient suffers during the procedure are significantly decreased.” In addition, the amount of post-procedure time a patient must have a catheter to drain the bladder is reduced by half, from 14 to seven days.

Currently, UW Hospital and Clinics is the only hospital in the Madison area using robotics in the operating room, and one of five medical centers in Wisconsin.

“We’re really on the front end of the curve with surgical robotics,” says Dr. Jarrard. “We’re only just beginning to see the ways in which this will change the way we treat patients.”

To learn more about robotic surgery at UW Health, visit uwhealth.org/roboticsurgery or call (608) 263-4757 (for urology), (608) 263-1220 (for cardiothoracic) and (608) 265-1700 (for gynecologic oncology).