

HealthWise

Winter 2016

Health news from St. Joseph and St. Mary's Medical Centers

Getting Your Heart Back to What It Desires

Coming Back After Sudden Death

HBO Therapy

It's not What You Think It Is

Outpatient Joint Replacement

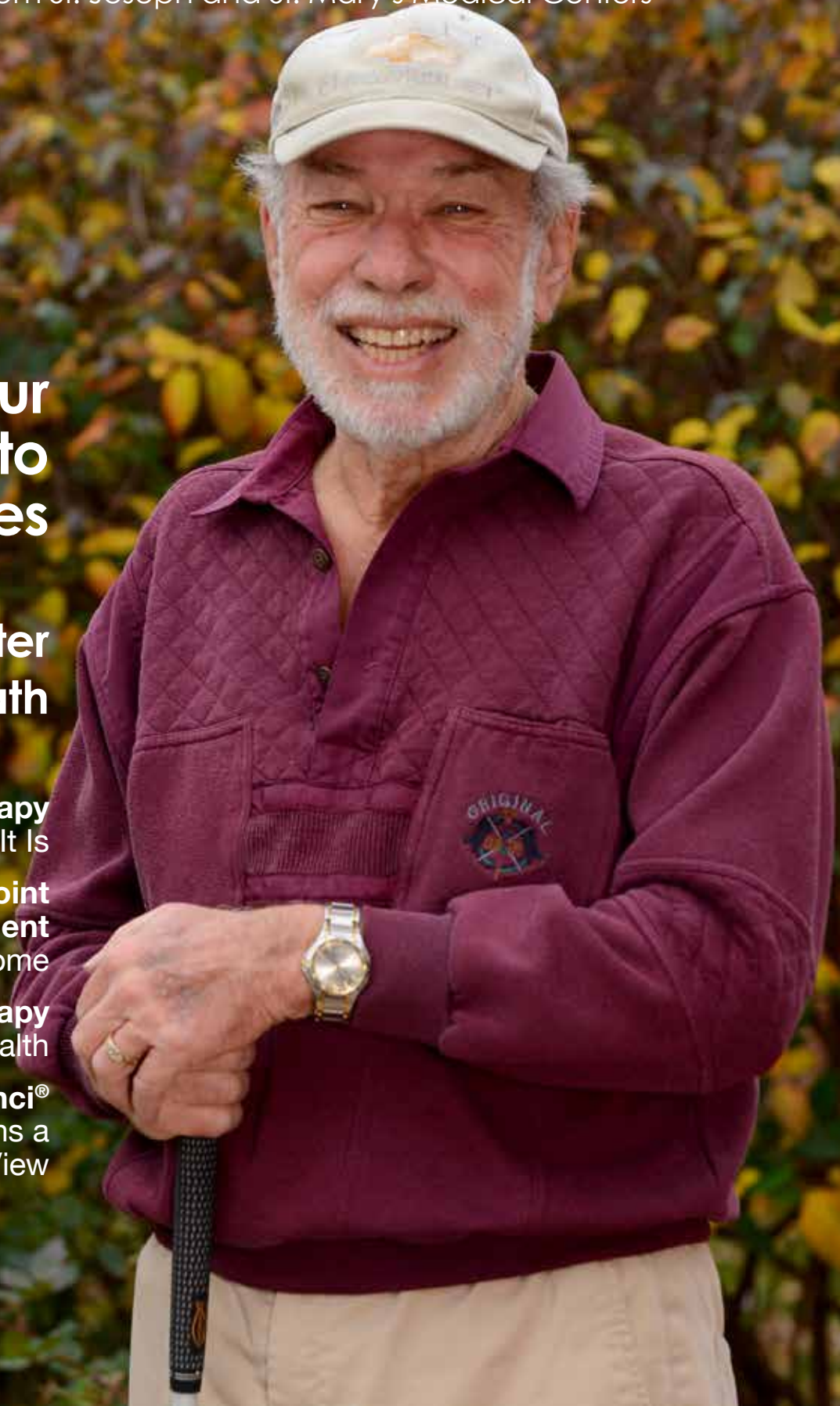
It's an Option for Some

Radiation Therapy

Music to One Man's Health

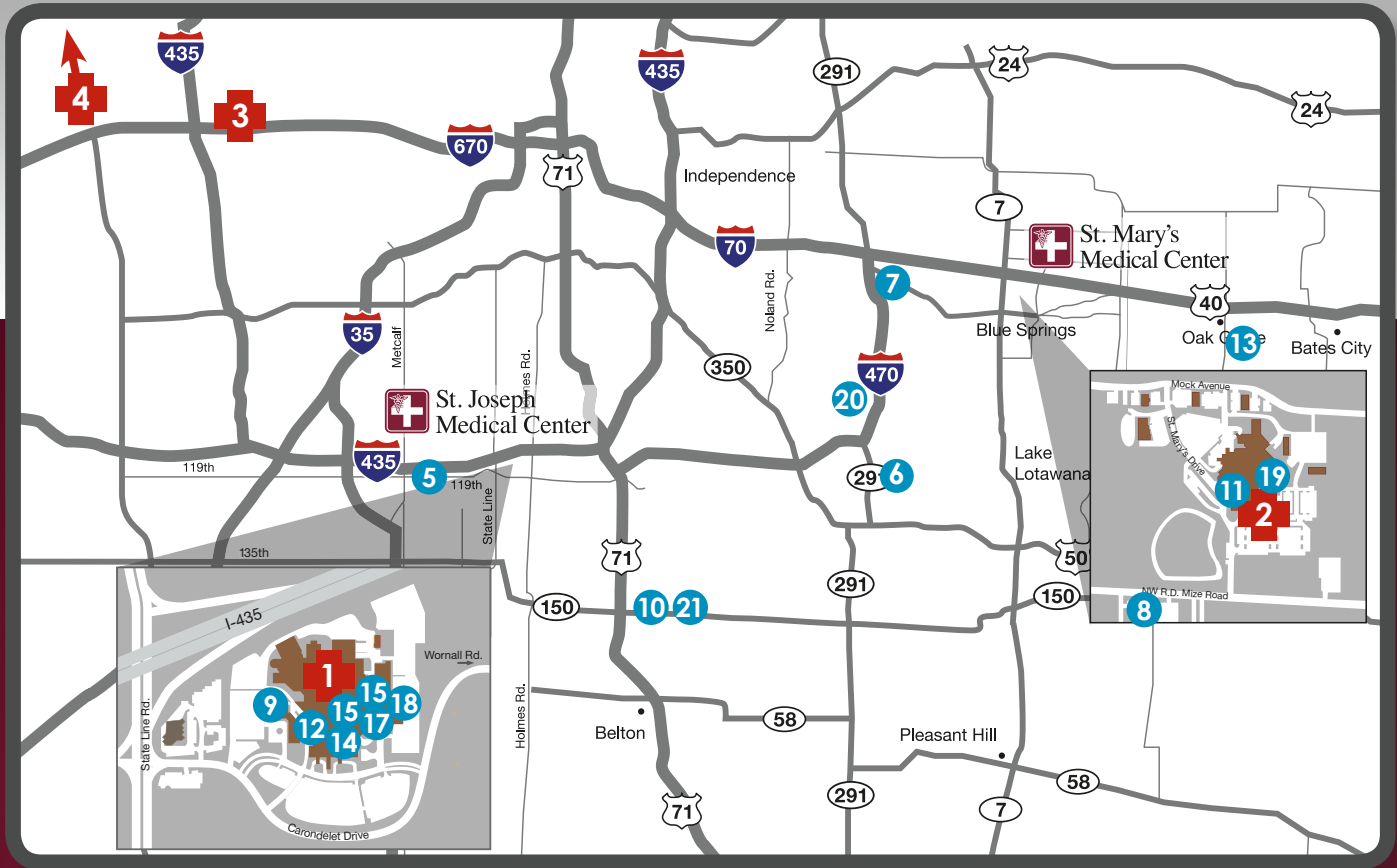
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Cover Story

- 4 Getting Your Heart Back to What it Desires**
- 6 Feature Story**
A Second Chance at Life after Sudden Death
- 1 Outpatient Joint Replacement**
It's Here—for Some Patients
- 2 Do you have PVD?**
An Easy Study Can Tell You
- 2 Cryoablation for Treatment of AFib**
- 3 HBO Therapy**
Giving Life to Limbs
- 8 Preserving One Man's Voice**
with Radiation Therapy
- 9 Wound Care Expands**
at St. Joseph Medical Center

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Outpatient Joint Replacement

Jeffrey Driskill of Lee's Summit is very happy with his decision to have outpatient hip replacement.

It seems hard to believe, but imagine having joint replacement surgery in the morning and going home the same day. Imagine no more—outpatient joint replacement is now possible for some patients at St. Mary's Surgical Center.

Jeffrey Driskill, a 54-year-old Lee's Summit man, was very happy to have the opportunity for outpatient joint replacement.

"I've known for years that I was going to need a hip replacement," says Driskill, who injured his hip while playing football in college. "I was told to try to put it off until I was 60." A very active man, Driskill says he hadn't been able to run outside for a couple of years. Then the pain was so severe, he couldn't even take a walk with his wife. He decided enough was enough.

Driskill did a lot of research before making a decision. He knew he wanted a surgeon proficient with the anterior technique. His quest led him to Robert Paul, DO, an orthopedic surgeon with Orthopedic Surgeons, Inc., at St. Mary's Medical Center. Dr. Paul has been among the leaders of the technique in the area and uses the anterior approach almost exclusively.

In simple terms, the difference between an anterior approach and the posterior approach is how the surgeon gets to the hip joint. An anterior replacement requires a smaller incision and the frontal entry makes it possible to get to the joint by separating, rather than cutting the muscles. Recovery is usually faster and with few, if any, of the restrictions that come with the traditional posterior replacement. "My wife thought I was crazy to consider doing this as outpatient," says Driskill. "But when I learned it was an option, I knew I wanted it."

Those who know Jeff Driskill are not surprised that he would be the first person in the area to have outpatient hip replacement. Not only is he very driven, he makes a living coaching and motivating others. His business, Driskill Business Development Group, is a Sandler Training franchise specializing in training people in sales and management. He's also on the coaching staff at Lee's Summit West High School.

"Outpatient replacement is not for everyone," says Dr. Paul. "But Jeff is the perfect example of who could benefit from it. He's highly motivated, has a great support system at home, is overall very healthy and in great physical shape." Patients who are candidates go through a "boot camp" of sorts that includes education and pre-therapy before surgery.

Dr. Paul says his part of the procedure and the risks associated with the surgery are the same whether the replacement is done in- or outpatient. "But there is a great team that works hard to get patients ready and to provide seamless care before, during and after surgery," says Dr. Paul.

Driskill had therapy with a home health agency for a few days, then returned to St. Mary's daily for physical therapy. He says he's very happy with the way things have turned out and is looking forward to getting back to the physical activities he enjoys.

Battling PVD

Peripheral vascular disease, or PVD, refers to deposits of fat and calcium that narrow arteries throughout the body. People with PVD have narrowed arteries in their extremities, (usually the legs) which reduce blood flow to the area and causes pain.

“PVD can be very serious,” says Chris Walker, MD, an interventional radiologist at St. Joseph and St. Mary’s Medical Centers. “It can lead to heart attack, stroke, amputation or even death. And it’s fairly common—20 percent of people over the age of 65 have it.”

Symptoms include:

- Pain in the legs after walking
- Wounds that won’t heal (or heal slowly)
- Legs that feel colder than other parts of the body
- Shiny skin or loss of hair on the legs
- Leg ulcers.

“St. Joseph and St. Mary’s Medical Centers have developed an initiative focusing on a team approach in identifying and treating PVD,” says Dr. Walker. “It starts with a patient’s primary care physician, but can include interventional radiologists, vascular surgeons and wound care specialists, depending on the need.”

Dr. Walker says new technology has been developed to diagnose and treat PVD in its earliest stages, when treatment is most effective. “It starts with an arterial study done in the physician’s office,” explains Dr. Walker. “The study is quick, non-invasive and painless.”

To find a physician at St. Joseph or St. Mary’s Medical Centers, call 816-943-2345.

For Those with AFib, Cryoablation May Be for You

Atrial fibrillation is the most common cardiac arrhythmia, or heart rhythm disorder experienced by patients. A person’s lifetime risk of developing atrial fibrillation is approximately 25 percent. Some common risk factors for the development of atrial fibrillation include obesity, diabetes, uncontrolled blood pressure, as well as obstructive sleep apnea.

Atrial fibrillation results in irregular and rapid contraction of the atria, or top chambers of the heart. Patients can experience palpitations, chest pain, fatigue, shortness of breath and lightheadedness. This irregular atrial activity also can lead to blood clot formation within the atria or atrial appendage, which can result in stroke. Atrial fibrillation can be diagnosed by an electrocardiogram, or by wearing a cardiac monitor for several weeks.

Once diagnosed, treatment can include blood thinners to prevent stroke. For patients with symptomatic atrial fibrillation, antiarrhythmic drugs, designed to maintain the heart in normal rhythm, may be prescribed. When these medications fail or cannot be tolerated, patients can undergo an invasive procedure called an atrial fibrillation ablation.

“Patient with atrial fibrillation can undergo an ablation procedure for treatment of their atrial fibrillation,” says Luis Couchonnal, MD, a cardiologist with Healient Physicians Group at St. Joseph Medical Center. “Traditionally, this had been done using radiofrequency ablation. A new option that patients now have at St. Joseph Medical Center is cryoablation. It allows us to effectively eliminate the abnormal signals from the left atrium by utilizing a balloon that freezes the tissue around the pulmonary veins. I have been using this technique for more than four years. It allows me to perform the procedure both quickly and safely, with a high success rate.”

The da Vinci® Comes to St. Joseph Medical Center

The da Vinci® Surgery System continues to get a lot of attention more than 15 years after its approval by the FDA. The da Vinci system uses robotic arms that help surgeons get to hard-to-reach places. The surgeon is not hovering over the patient, he or she is at a console, studying a magnified view of the surgical site and operating the robotic arms.

The system’s manufacturer, Intuitive, says the system is called “da Vinci” in part in homage to Leonardo da Vinci’s study of human anatomy. The robot helps surgeons with more precise surgery through very small incisions.

“The da Vinci Surgical System allows our skilled surgeons to perform complex and delicate procedures with great precision using very small incisions” explains Barbara Adkins, RN, BSN, Director of Surgery at St. Joseph Medical Center. “With it, there are smaller incisions, less bleeding, less pain and a faster recovery. It’s not right for every case. Patients need to discuss the options with their surgeons.”

Adkins points out that while the da Vinci is named a robotic system, it is not programmed and doesn’t work independently. It does only what the surgeon inputs in real time. “Some people say it works somewhat like playing a video game,” says Atkins. “But of course, it’s not a game—it’s a highly-technical piece of medical equipment that assists us when small, precise movements and tiny instruments are needed. Still, it is pretty cool.”



Rita Patel, OR Surgical Tech, is one of four on the St. Joseph robotic team.



Specialized Care *for* Wound Healing

John Benefiel nearly lost a finger in a woodworking accident. Hyperbaric oxygen therapy has him back in the shop.

In retirement, John Benefiel spends a lot of time in his wood shop. Making cabinets and furniture gives Benefiel a great deal of pleasure and pride in the objects he's created. But woodworking can be a dangerous past time and forgetting that danger for just one moment nearly cost Benefiel a couple of fingers.

With a friend, Benefiel had been cutting out door blanks for a cabinet. "We had just cut the last blank," recalls Benefiel. "My friend shut off the saw, but as it continued to turn, I reached down to pull away a piece of plywood." That decision ended in the tips of the index and middle fingers of his right hand severely lacerated. "Had the saw been under full power, I might have lost a finger," recalls Benefiel.

To his friend's horror, Benefiel very calmly wrapped the wound and actually took the time to shut down his shop before returning to the house to inform his wife they were going to the hospital. Once at St. Mary's Medical Center Emergency Department, the wounds were cleaned and sutured and Benefiel returned home. But, follow up visits showed his fingers were not healing well, which can be common with the type of lacerations Benefiel suffered. Benefiel was referred to the Center for Wound Care and Hyperbaric Medicine at St. Mary's. According to the Under Sea and Hyperbaric Medical Society, The Center is one of only five accredited centers in the state of Missouri.

"The lacerations were very ragged, because table saw blades don't make clean lacerations," according to Wound Specialist, Kenneth Newman, MD. "Complex wounds involving flaps that don't have good blood supply can end in tissue death. "We didn't want to lose any more tissue on the pads of his fingers." The timely referral may have saved them.

The Center is one of only five accredited centers in the state of Missouri.

Thanks to the swift referral from the St. Mary's Emergency Department, Benefiel was consulted and quickly scheduled for hyperbaric treatment through the Wound Care Center. Hyperbaric oxygen therapy (HBOT) is the medical use of oxygen at levels higher than our normal atmosphere, first pioneered to help divers recover from disorders such as decompression sickness. Patients spend time in a HBO chamber, which delivers 100 percent oxygen under pressure according to a predetermined schedule.

Over Benefiel's course of treatment, he spent five days each week in the hyperbaric chamber. The results proved more than satisfactory to both patient and doctor. "A lot of that compromised tissue, that is the tissue in between living and dying - survived," says Newman. "He ended up with very nice healing. The index finger lost almost no tissue at all. The middle finger lost some of its fleshy round tip, but there's plenty left for normal activity."

Hyperbaric medicine tends to be used mostly in helping diabetic patients with wounds on extremities that don't heal well due to their illness. Another class of patients that Dr. Newman sees is cancer patients, who have tissue damage caused by radiation therapy. However, it's the emergency cases which often go un-referred. Currently, the Medicare Guidelines have fifteen approved indications for HBOT.

Benefiel knows he was lucky and he is a bit more guarded now in his approach to the table saw. But he was back in his shop days after the accident. "It's just like riding a horse," says Benefiel. "You just get back on it."



Kenneth Newman, MD, is one of a team of specialists who worked on John Benefiel's treatment.

Getting Your Heart Back to What It Desires

One Heart Beating the Odds

For Larry Terrill, last Fourth of July holiday had more than its share of fireworks. The 72-year-old Hallmark Cards retiree was engaged in a favored pastime of cutting and splitting firewood, when he began to notice something wasn't quite right.

"I got to where I wasn't feeling well, so I loaded up all the wood I had cut, which happened to be a pickup load," says Terrill. Things didn't get better when he returned home a short time later. "I knew something wasn't right and by the time I got home, I was sweating A LOT. My wife and daughter-in-law decided I needed to go to the hospital," said Terrill, adding "When I got there, they discovered I was having a heart attack."

Had Terrill not made it to the ER of St. Mary's Medical Center when he did, the trip to St. Mary's might have been his last. On arrival, Terrill collapsed in full cardiac arrest and was defibrillated before being moved to the catheterization lab where doctors found two major arteries to his heart mostly blocked.

"His right coronary artery and two others had occluded," says Marco Mazzella, MD, FACC, Cardiologist with the St. Mary's Heart Center. "Three quarters of the time, most people wouldn't walk away from this type of event."

Of the 735,000 heart attacks recorded each year, cardiac arrest outside the hospital kills nearly 250,000 Americans each year. The average survival rate for those events can be less than one in ten. Those who do survive are at great risk for neurologic injury. Only about 20 percent of cardiac arrest survivors who remained comatose for any length of time experienced good neurologic outcomes. This is because the more time that passes without treatment to restore blood and oxygen flow, the greater the damage to the heart muscle--and the brain.

Because Terrill got to St. Mary's when he did, doctors and staff were able to quickly restart his heart, diagnose and repair the blockages and even utilize a procedure called therapeutic hypothermia, in which the body temperature is cooled to between 89.6° and 93.2°. This therapy has been improving neurologic outcomes for



Larry Terrill is back on the golf course and the life he loves after treatment for a heart attack.

heart attack patients for more than a decade now and is strongly recommended by the American Heart Association. Therapeutic hypothermia causes the brain metabolism to slow and to use less oxygen. It essentially resets the brain in the same way defibrillating resets the heart rhythm.

It would be several days before Terrill's first memory after arriving. "They came in and told my family they weren't sure I was even going to pull through all this," recalled Terrill. "Of course I didn't know any of it, because I was out for three days and I suppose that's a good thing."

Humor, if sometimes dark, is part of Terrill's personality and his take on the experience. Terrill says he was also told that the family's minister visited the hospital during procedures and that Dr. Mazzella told him he feared there may be some brain damage, as oxygen had been cut off to the brain. The minister replied, "With Larry, how are we going to know? (laughing)"

"It was fortunate, he (Terrill) was able to regain enough function to leave the hospital on his own, let alone without significant neurological maladies," says Mazzella, who is among many astonished at how good Terrill's outcome was in that respect.



Brian Flickinger helps Larry Terrill through Cardiac Rehabilitation

“I saw him in the office in September, while he was participating in cardiac rehabilitation. He was doing quite well neurologically.”

“The first time I saw Dr. Mazella, after I got out of the hospital, he said, ‘Man, you look much different than the last time I saw you,’” remembers Terrill.

Just as significant is the fact that this was Terrill’s second heart attack. Having one heart attack is a high risk factor for a second. His first had occurred more than 11 years earlier. “He had been doing well up until this incident,” says Mazzella, who noted that Terrill had been on statins for cholesterol and medication for blood pressure, but, apart from exercise had not made significant lifestyle changes.

“I pretty much do what I want, but I know my limitations,” says Terrill. “I’m almost 73 years old. I know I’m not as good as I was even five years ago.”

Terrill is not particularly surprised by his fortune in dodging even minimal brain damage from the event. “I considered myself in good shape before it ever happened,” says Terrill, adding, “My body said it was time to have another heart attack, and that’s what happened. When the good Lord tells me it’s time to go, then I’ll go. It’s been 11 and a half years since my last episode. If I make it another 11 and a half, I will have been around long enough to watch my great grand kids grow up and that’ll take care of me.”

Terrill continues to cut firewood, play golf once a week and work part time for an auto parts business. Above all, he tries not to take life too seriously. “Life’s too short to be serious about too much,” allows Terrill, adding “It doesn’t do any good to get mad at anything.” That said, Terrill is well known for ribbing his family and friends. “I think I’m still on this earth for a reason, and I think that reason is to watch those great-grand children grow up. There’s always something to do, help neighbors or whatever and I enjoy doing it.”



Heart Attack Signs

According to the American Heart Association, some heart attacks are sudden and intense, like you see portrayed in the movies where no one doubts what’s happening. But most heart attacks start slowly, with mild pain or discomfort. Some people mistake heart attack symptoms for heartburn, take an antacid and wait for it to work.

Here are signs that can mean a heart attack is happening:

- Chest discomfort that lasts more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort or pain in upper body that may include pain in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or lightheadedness.

If you or someone you know are experiencing any of these symptoms, call 911. First responders are equipped with knowledge and resources that get you treatment fast. Every second lost is heart or brain tissue lost, increasing the risk for death or disability.



A Second Chance at Life

Sudden Death

Overtime



Ray Rockwood experienced sudden death but fast-acting co-workers saved his life.

One moment, Ray Rockwood was asking co-workers if he could stow his tools in the construction site job box, and the next moment he was staring down into his tool bucket, which quickly turned into nothingness.

“I remember looking down in my bucket and was going to pick it up. And that’s the last thing I remember,” recalls the 57-year-old construction worker from Gladstone. Rockwood had just experienced a sudden cardiac death. Even an EMT on the scene, shortly after the event, advised crew members that Rockwood was clinically gone—a victim of Sudden Death Syndrome.

Sudden Death Syndrome describes a sudden, unexpected death which may occur during sleep, while one is awake or just after exercise. Most sudden deaths are due to a heart condition and are known as sudden arrhythmia death or sudden cardiac death syndrome. Whatever term you use, it’s a frightening scenario—a heart attack that often cannot be resuscitated. Sudden cardiac death can strike anyone, even young people. The majority of victims have no warning signs or prior symptoms.

“I felt no pain at that time,” says Rockwood, admitting he had been a little short of breath, as the job entailed moving glass for installation up flights of stairs. “I noticed I was having a few troubles on stairs. I was getting out of breath and the back of my leg would cramp up,” he continued, chalking it up to just getting old. “Our job is very demanding physically. And frankly, I haven’t been kind to myself.

Through the haze, Rockwood remembers being annoyed by a beeping sound and asking (in a tone of voice) about it. “I heard a voice saying, ‘That’s the defibrillator, Ray,’” says Rockwood. His next recollection would be from the ICU at St. Joseph Medical Center.

Among the memories, were very sore ribs from the effort to resuscitate him. “I had an idea that something wasn’t right.” recalls Rockwood. “I kinda remember one of them saying, well, you had a heart attack,

Ray. It took three attempts (to resuscitate me), is what I’m hearing. It was all pretty much black to me. When I woke up, I was in ICU.”

Rockwood’s coworkers, who he found standing around him in the hospital later, apparently did enough to keep him in the picture until emergency personnel arrived. “He got the full court press in the field,” says cardiac surgeon, John Forman MD, adding “He had great colleagues, they did a great job.”

“They chuckled (during the hospital room visit) because they didn’t think I was alive or was even going to make it,” says Rockwood. But he says his coworkers had just taken a refresher CPR course.

Rockwood never had any problems similar to those leading up to the event, with the exception of the leg cramps, which Rockwood noticed had been more prevalent in the past

five to six years. “I hadn’t been feeling really great, but I thought it had more to do with diet and exercise.”

“Everybody doesn’t present as dramatic an episode as Mr. Rockwood,” according to Dr. Forman, “but the risk factors are the same. We bypassed the blockages and restored circulation and pretty much fixed the problem. He was a very easy guy to take care of in the hospital, had a normal convalescence, and when we’ve seen him in the clinic after, he seems to be doing nicely.”

Only five days after surgery, Ray Rockwood was released from the hospital - a new man, with quite a story.” I really liked the staff at St. Joseph,” says Rockwood. “They treated me really well. I had anything I needed. It was not something I wanted to do, but I enjoyed the stay and I’m just happy to be alive.”

Continued on next page.

“You can’t change your heredity, but you can change your habits.”



Hands-Only CPR Can Save Lives

What would you do if a coworker or family member suddenly collapsed? First, call 911, but you may save a life while you wait for EMS to arrive.

CPR has changed a lot in the past decade. You've probably heard about "Hands-Only CPR" this newer technique is not as complicated, or as intimidating as the old "ABC" method that included mouth-to-mouth resuscitation. Studies have repeatedly shown that victims who receive only chest compressions from untrained bystanders survive as well as those who received traditional CPR.

Hands-only CPR is simple to do:

- Place the heel of one hand in the center of the chest.
- Place the heel of the other hand on top of the first hand.
- Lace fingers together.
- Push hard on the chest—compress the chest at least two inches.
- Push fast—compress about 100 times per minute. Experts suggest compressions to the beat of the Bee Gees' "Staying Alive."
- Let the chest rise completely after each compression.
- It's still a good idea to learn traditional CPR. The American Heart Association recommends CPR with a combination of breaths and compressions for all infants and children, for adult victims who are found already unconscious and not breathing normally, for victims of drowning or those who collapse due to breathing problems.

Sudden Death Overtime



Ray Rockwood talks with John Forman, MD, about his experience after sudden death.

Continued from page 5

As part of his recovery, Rockwood will be taking advantage of cardiac rehab in Northtown and perhaps a few lifestyle changes. "We want all of our patients to exercise, follow a prudent diet, refrain from using tobacco," says Dr. Forman, adding, "You can't change your heredity, but you can change your habits."

Rockwood's experience came not only with lessons learned, but also blessings realized, in the form of a brother, who had been a great help to him, along with a lot of good friends, co-workers and medical professionals. "I think the thing this type of case dramatizes, is that it is a team effort," according to Dr. Forman. "No one person is making all the good decisions. A lot of people have had their hands in this—from his colleagues, to the heart team, just a lot of people working together toward the same goal."

"Well, I've lived a pretty good life," admits Rockwood. "I've raced drag cars for 30 years. I've done a lot of different things. I did some travelling, I was a chef's assistant at one time, I was a welder for 13 years. I also build model cars." (Which is what he was doing at the time of this interview.)

"That's the thing about surgery, you get to see the full story, from the beginning to the end," says Dr. Forman. "It's incredible when they come back to the office and we reflect on what they've been through. It can be very gratifying."

Gratitude is very much on Rockwood's mind. "A lot of people say I get a second chance at life," muses Rockwood. "I guess everybody has a purpose. I don't know if I've figured that purpose out yet, but I'll definitely be a different person. I'm planning on going to work still, and just hopefully be a better person. So, if something comes along that I can help someone out with something.... I will."

Preserving a Voice



Napoleon Bonaparte once said, “Music is the voice that tells us that the human race is greater than it knows.” But for one area music teacher, his personal voice and career was recently threatened with permanent silence in the form of vocal cord cancer.

Terrance Bell developed a scratchy throat, but he thought it was due to medication he was on for treatment of a leg infection. “My doctor said, ‘I’m really worried about your voice,’” says Bell. A laryngoscopy of his throat revealed polyps on his vocal cords. Surgery to remove those polyps revealed cancer and prompted a referral to Daniel Keleti, MD, radiation oncologist at St. Mary’s Medical Center.

“The good thing about most true vocal cord cancers is, in early stages, they tend to stay localized,” says Dr. Keleti. “Generally the cancer in early stages causes symptoms of hoarseness, so ENT’s (Ear, Nose and Throat specialists) detect it that way, which is good that a symptom can alert doctors to this.”

“I need my voice to teach, to make announcements,” says Bell. “I could hardly talk. I had to use a microphone for everything, and after my polyp surgery, I had to use one of those little boards to write on for my students. It was difficult to communicate. I asked Dr. Keleti if he thought I would ever get my voice back again, and, he just nodded and said Yeah, you will. I’ve never had a doctor as positive as Dr. Keleti.”

Because of how early the cancer was discovered, Bell was told the success rate of saving his vocal cords could be as high as 90 percent. Many head and neck cancers tend to be silent and are caught at more advanced stages, making treatment difficult. “Since they (early vocal cord cancers) do not typically go to the lymph nodes, you can treat them with a small field of radiation,” says Dr. Keleti. “Patients tolerate that and we can preserve the vocal cord, which is our goal.”

Bell underwent daily radiation therapy sessions, which took about 10 minutes a day on weekdays, for about six weeks. Three-dimensional planning was used to target the affected area and to minimize the radiation dose to the unaffected areas.



Cancer stole music teacher Terrance Bell's voice, but radiation therapy brought it back to him.

“About half way through the process, patients may begin having difficulty swallowing and may want to switch to softer foods,” says Dr. Keleti, adding “They experience hoarseness and even loss of voice. Those symptoms usually resolve as the patient recovers after the completion of their radiation therapy. Some patients may also have a less-active thyroid after radiation therapy, which can be treated with medication.”

A follow up exam confirmed Keleti’s confidence in the fix. Bell was cancer free and without any thyroid issues. Bell says he continues to teach and performs more than a dozen times each month in local clubs and restaurants.

For information on Radiation Therapy at St. Mary’s, call 816-655-5592.

The Inside Track to Heart Health

Tuesday, February 23

9 – 11 a.m.

Dillard's Court
Independence Center

In honor of National Heart Month, St. Joseph and St. Mary's Medical Centers are teaming up with Independence Center for a fun-filled event dedicated to your heart health.

- Health Screenings—Blood pressure, blood sugar, cholesterol checks
- Heart Health Presentations
- Eating for Heart Health
- Prizes and Giveaways

Go to stjosephkc.com or stmaryskc.com for the latest information.



Welcome

New Physicians

St. Joseph Physician Network

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James A. D'Angelo, DO

Neal A. Erickson, MD

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Healient Physician Group

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Cardiology

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Cardiology

Craig Lundgren, MD, FACC,
Cardiology

Gerald Mancuso, MD, FACC,
Cardiology

Jin S. Park, MD, FACC,
Cardiology

Thad Stephens, MD, UHM,
Wound Care

Robert Tung, MD, FACC,
Cardiology/EP

St. Mary's Physician Network

Blue River Medical Group

Lin Clark, MD

Dean Mundhenke, MD

Wound Care Expansion at St. Joseph Medical Center

Wounds that don't heal normally, or which take unusually long periods of time to heal, can lead to dangerous complications, including pain and loss of function for patients who suffer them. Chronic wounds typically fall into several categories: diabetic ulcers, venous leg ulcers and pressure ulcers, as well as soft tissue and bone destruction from radiation therapy.

A new partnership with the Healient Physician Group is bringing enhanced wound care to St. Joseph Medical Center. A wound-care specialist for more than 20 years, Thad Stephens, MD, UHM, heads this effort that early this year will include hyperbaric medicine.

"Chronic wounds often require a comprehensive approach," says Dr. Stephens. "But with proper care, and the right tools, we can heal the vast majority of wounds."

If you have a wound or ulcer that doesn't heal, or gets worse within four to six weeks, it should be examined. Please don't wait. A physician referral may be required for treatment. For more information, call 816-943-5690.

St. Joseph Outpatient Pharmacy

7:30-a.m.-6 p.m.
Monday –Friday

816-943-4879 – phone
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