

Heart center opens at CRH
By Marla Miller

Source:
Republic
September 25, 2002

Heart center opens at CRH

Cardiac care takes big step into future

By Marla Miller

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Fresh white paint, bright fluorescent lights and shiny tile signal the way to the sterile, pristine wing.

Turn the corner. The marvels of modern medicine materialize.

High-tech machines abound. Machines that can digitally dissect the heart and keep blood flowing while the body's main muscle is stopped.

The Heart Center at Columbus Regional Hospital opened two weeks ago. Features of the inclusive unit include two cardiac operating rooms and the first all-digital cardiac catheterization lab in use in Indiana.

The count of successful open-heart surgeries is climbing. As of Friday, surgeons with Cardiac & Vascular Surgery Associates had performed seven operations, said Elaine Martin, director of CRH's surgical services.

CVSA, an Indianapolis-based group of surgeons associated with St. Francis Hospital and Health Center, is a partner in the venture.

"We couldn't be happier with the support we've had from the hospital," said Dan Raess, a cardiothoracic surgeon and the center's medical director.

"Not only did they decide they could do it, but that they should do it. It sets them in a different league from other communities this size."

Full spectrum of care

The center is the first in southeastern Indiana to offer open-heart surgery and interventional cardiology services, rounding out the hospital's menu of cardiac care.

CRH has, for years, performed a full series of non-invasive heart testing such as EKG, Holter monitoring, echocardiography, blood tests, nuclear cardiology stress tests and vascular scanning, said Denise Glesing, CRH's community relations specialist.

"We've done diagnostic work for 15 years," she said. "But we've not been able to do surgery or interventional cardiology because we didn't have a cardiac operating room."

The goal is to perform 300 to 500 surgeries annually, Raess said.

Indiana Heart Physicians of Columbus and Indianapolis will provide interventional cardiology services, such as coronary angioplasty, stent placement and pacemaker implants.

The less invasive procedures, which will be phased in gradually, help prevent or treat heart attacks by widening a narrowed artery to increase oxygen and blood flow to the heart.

"We're going to wait a month or so before we start the interventional program," Raess said. "We want to have surgery up and running and stable before we start something that could require emergency surgery."

With that in mind, the wing was designed to provide easy access between the surgery rooms and new cardiac catheterization lab - where the diagnostic and interventional procedures will take place.

The cath lab, equipped with a GE Inova digital diagnostic machine to X-ray the heart, is across the hall from the two operating rooms. The hospital also will continue using its original cath lab, which performs more than 500 procedures per year.

Well-designed, staffed

The Heart Center is on the hospital's north side, adjacent to the existing surgery area. To minimize expense, CRH renovated space that formerly housed mechanical equipment, Glesing said.

The project's price tag totaled \$6.3 million: \$3 million for renovation work and \$3.3 million for equipment and technology.

"That also included renovation of the intensive care unit," Glesing said. "We remodeled it to create an eight-bed dedicated cardiovascular unit. Patients will start out in that unit and go home from that unit."

The center employs 42, many of whom were recruited from other cardiovascular programs, said Sandie Green, CRH's director of cardiovascular services.

CVSA hired Michael Levy from Long Island, N.Y., as the center's full-time surgeon. He will live in Columbus and plans to start work later this fall.

Until then, operations will be performed by CVSA surgeons, several of whom have held a weekly clinic in Columbus for more than 12 years for local heart-surgery patients.

"We wanted it to be a part of our program, not an appendage of it," Raess said. "We have an apartment here, and surgeons will live here 24-7 while they're doing surgeries."

Initial procedures include bypass surgery, heart valve repair and valve replacement, Raess said.

"We're taking it very slow to start with," he said. "Cases that are pretty standard."

Baby battles heart defect
By Marla Miller

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Baby battles heart defect

By Marla Miller

mmiller@therepublic.com

Zoe Callies' bright eyes and doll-like face eclipse the pain she's suffered since birth.

The fragile, free-spirited toddler is finally winning the fight against a life-threatening cardiac defect that swelled her heart to twice its size.

The 16-month-old is "a totally different baby" since her second open-heart surgery in December, said her parents, Kyle and Vanessa Callies, who live in rural Bartholomew County.

"I think she knows she's not that sick anymore and she's pretty happy about that," Kyle said.

Born Oct. 3, 2001, at Columbus Regional Hospital, Zoe was diagnosed with atrioventricular canal defect the next day. Doctors initially detected a heart murmur and sent her to Riley Hospital for Children in Indianapolis for further tests.

Cardiologists there discovered Zoe had a large hole in her heart where the wall between the upper chambers joins the wall between the lower chambers. A single large valve crossed the defect, whereas in a normal heart, two valves separate the heart's upper and lower chambers.

Zoe, who had severe symptoms, would need surgery during infancy.

"They told us she would grow normally until she was 6 or 8 weeks old," Vanessa said. "Sure enough, at 6 weeks she quit eating and quit gaining weight. She was hospitalized a couple of times for failure to thrive."

Most infants with an atrioventricular canal grow abnormally. They also may become undernourished because the heart is overworked.

Doctors ran a feeding tube through Zoe's nose to help her keep food down and gain weight prior to surgery. At 5 months old, she could barely hold up her head, Kyle said.

"It was like she was exercising all the time," he said. "Her heart was having to work twice as hard. It was using all her energy, she didn't have any to eat or play."

Miracle in the making

Last February, when Zoe continued to vomit and run a high temperature, a worried Vanessa called her mother and stepfather for advice. Her stepfather contacted a physician friend in Florida, Henry Goldberg, who referred the Callies to a surgeon at Texas Children's Hospital in Houston.

"It was definitely meant to be," Vanessa said. "We had the opportunity to take her to the best place we could. I feel like it was a miracle how everything happened."

Angel Flights, a volunteer organization that flies families in need of medical care for free, transported the Callies to and from Texas. Goldberg also offered to cover what insurance would not and paid the \$40,000-hospital-bill.

On March 13, Zoe underwent a nine-hour surgery to patch the hole and create a second valve, but during her recovery, the surgeon discovered her heart tissue was too weak to hold the stitches.

A second operation became necessary, but doctors recommended waiting until Zoe grew stronger. She weighed less than 12 pounds before her first surgery and weighs 18 pounds today.

On the mend

The Callies took Zoe to Cincinnati Children's Hospital for follow-up treatment and scheduled her second operation for December.

The four-hour procedure was a success: Surgeons restitched the second valve without artificial replacement.

"She will have to keep going back for check-ups," Vanessa said. "We hope and pray she doesn't have to go back in for another surgery."

Zoe has made great strides since surgery, gaining three pounds, starting to crawl and eating solid foods. Her four therapists, who work with her at home, have marveled over her progress, Vanessa said.

"She's come so far in two months," she said. "They're pretty amazed at how strong she's getting."

Vanessa has stayed home with Zoe throughout the ordeal -- rarely taking her out for fear she will catch a virus or cold. She and Kyle remained by Zoe's side during their six-week trip to Texas.

They are extremely devoted parents, said Phyllis Apple, who rents a farmhouse to the Callies.

"Vanessa was willing to stay home all last winter because Zoe was so fragile," she said. "They've given up a lot for the love of this little girl."

"It's changed their whole life. They've just been wonderful to Zoe and I really respect them for that."

Zoe's illness has been emotionally and financially taxing, but Vanessa and Kyle feel blessed to finally see her healthy.

"She's amazing now," Kyle said. "It's just awesome to see her doing well."

"She pulled us through this," Vanessa added. "We were completely helpless. All we could do is love her."

Blanket brigade

WHAT: Blanket drive for Cincinnati Children's Medical Center.

WHO: Blankets will be given to newly diagnosed heart patients.

WHAT'S NEEDED: Handmade or store-bought baby blankets. Blankets should be bassinet to crib size and reflect a heart theme. Donors may choose their fabric and style. Donations of material or cash also are welcome.

Cash donations should be sent to: Cincinnati Children's Hospital Medical Center, Attn: Wendi Long, blanket drive, 3333 Burnet Ave., Cincinnati, OH 45229-3039.

INFORMATION: Vanessa Callies, 579-5018, or Long, (513) 636-2157.

Beware: Illness can sneak up on you

By Marla Miller

Source:
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Beware: Illness can sneak up on you

First of two parts

By Marla Miller

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Diabetes is a complicated illness to understand and manage that has severe health repercussions if left undiagnosed or untreated.

The good news: A person can significantly alter the illness' outcome if he practices good self management.

The bad news: It is on its way to reaching epidemic proportions.

Diabetes, divided into two main types, is an illness in which the body does not properly produce or use insulin, a hormone that moves sugar out of the blood stream and into the body's cells where it can be used as energy.

Type 1 occurs when the body cannot produce insulin and cells starve for sugar to burn.

In Type 2, the body makes insulin, but it is either not enough for cells to convert fuel into energy or the cells are not receptive.

"If the body can't produce enough or the insulin can't be used properly, then the sugar stays in the blood stream," said Sheri Couch, a registered nurse and certified diabetes educator at Columbus Regional Hospital. "Both types are very serious and should be treated that way. It doesn't matter why the sugar is high in the blood stream, it does the same damage."

Type 1 is more common in children, whereas Type 2 tends to develop in adulthood. It is closely linked to heredity, obesity and a sedentary lifestyle.

"Diabetes is very slow and insidious," said Lucina Kessler, a clinical nurse specialist and certified diabetes educator at CRH. "That's why they estimate one-third of the people who have diabetes don't know it. The symptoms are vague."

The number of children being diagnosed with Type 2 concerns educators, Kessler said.

"The face of diabetes used to be a 55-year-old person who was plump but didn't necessarily look sick," she said. "It is becoming an epidemic because we're finding it in all age groups."

In a recent edition of "Cooking Light," Kenneth Cooper of The Cooper Institute in Dallas reported a 14-year-old who develops diabetes is shortening his life span by 17 to 27 years.

Couch noted a study found 30 minutes of moderate physical activity a day, along with a 5 to 10 percent reduction in body weight, can decrease a person's risk of developing diabetes by 50 percent.

"Individuals that are overweight are typically more insulin resistant," she said. "The cells become more resistant and they can't use the insulin they produce effectively."

Obesity does not cause diabetes, but it plays a big role, Kessler added. Eighty percent of people with Type 2 are overweight.

"Insulin can't open the door for sugar to get inside the cells," she said. "Diabetes is more of a syndrome than it is a disease in and of itself. A lot of vascular changes are going on."

Staying active and maintaining a healthy weight is the best way to alter the illness' course and prevent its onset, Kessler said.

"Exercise makes your cells more receptive," she said. "If you lose weight and exercise, it helps your doors come open. Losing weight and moving are the two biggest things people can do to prevent diabetes and health problems in general."

Coming Monday: How many emergency runs are caused by diabetes?

Higher risk

Early detection is key

Anyone can develop diabetes, but those at higher risk include:

l 40 or older.

l Overweight.

l Have a family history of diabetes.

l Had diabetes during pregnancy or a baby weighing more than 9 pounds at birth.

l Are of Hispanic, Africa-American or American Indian heritage.

If you have any of these risk factors, you should talk to your doctor about regular blood sugar screening.

Common signs of diabetes

l Extreme thirst.

l Frequent urination.

l Excessive hunger.

l Blurred vision.

l Feeling more tired than usual.

l Sudden weight changes.

l Frequent infections or slow healing.

Information: 376-5709, (800) 841-4938 ext. 5709 or crh.org.

Alarming numbers

Diabetes affects more than 18.2 million Americans and is the fourth leading cause of death in the United States. Of the 363,000 Hoosiers with diabetes, more than one-third do not know they have the disease and go untreated.

Even more surprising is the rate diabetes is increasing. By 2010, the number of people affected will explode to more than 221 million.

In fact, the prevalence of diabetes has already risen 76 percent among persons age 30 to 50 and an estimated 20 million people are pre-diabetes.

Patients with diabetes have a two- to four-fold increase in rates of hospitalization and their length of stay is one to three days longer than those without diabetes.

The disease can cause serious complications to many parts of the body including the kidneys, heart, feet, nerves and eyes. With early detection and management, these complications can be delayed and even avoided.

Source: Columbus Regional Hospital Outpatient Diabetes Services brochure and 2004 annual report.

Managing Diabetes By Marla Miller

Source:
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A small meter is one of the tools diabetics use to test blood sugar levels. Managing Diabetes

Instruction a vital role in treatment of illness

By Marla Miller

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After Linda Staples learned how to take insulin injections to manage her diabetes, she also invested in an alarm clock to remind herself of the 10 p.m. ritual.

Administering a shot in her stomach every night is far from fun, but the rural Scipio resident said she feels better than she has since being diagnosed four years ago.

Staples, who has a long family history of the illness, attended a six-hour training course offered as part of Columbus Regional Hospital's Diabetes Self-Management Training Program in early January and wishes she had known about it sooner.

"It's like someone who doesn't know how to swim and throwing them in a lake and saying 'swim,'" she said. "It's hard to keep your head above water. You're there with no instruction. It's very hard."

Management, through education, diet, exercise, medication and monitoring blood sugar levels, is key to living with the illness and improving quality of life, according to certified diabetes educators, or CDEs, at CRH's outpatient diabetes services.

If left undiagnosed or untreated, diabetes can have significant long-term complications, including cardiovascular disease, kidney failure, blindness and limb loss.

"Once you develop diabetes, it's a permanent condition," said Sheri Couch, a registered nurse and diabetes educator at CRH. "If you have diabetes and you don't manage it, those long-term complications are going to take effect. The good news is a lot of individuals control it so effectively they have no problems with it."

Lucina Kessler, a clinical nurse specialist and CDE, uses the analogy of being the captain of a ship to explain diabetes management to program participants.

Diabetics ultimately chart their own course, but it's good to have several co-pilots on board, including doctors, family members and diabetes educators.

"People who have team management to help them do better," she said. "Change in behavior is where we all get stuck. We try to help people move on that behavior continuum."

Kessler recommends the A1c test to diagnose and monitor diabetes because it gives the big picture. A normal result for the test is 4 to 6 percent.

"It is the gold standard regarding testing," she said. "That A1c looks back over the last three months and shows how high your blood sugars have been.

"Most people know the other (target blood glucose level) number, because most have a monitor. Home monitoring is really important, because it directs day-to-day behavior. Those numbers should match up."

Staples' doctor referred her to CRH's self-management program after he recommended insulin injections. Staples suffered fatigue and side effects from her diabetes medication and wanted another option. A CDE taught her how to give herself the shot, and she started it Dec. 20.

"Why sure it hurts, and yeah, you're scared, but it's not like you have a choice," she said. "They sit down and really go through it with you. Since I've been on the shot, I feel so much better."

Staples took four medications to help regulate her body's insulin production, but suffered complications such as swelling in her feet. Now she takes three pills per day and the injection every evening.

Oral medication is a key component of most treatment regimes, Kessler said. Diabetes pills work in a variety of ways, including helping the body make more insulin, helping the cells use sugar better, keeping the body from putting sugar in the blood when it is not needed and causing sugar to enter the blood more slowly.

Based on what Staples learned in the class, she believes the stress of her father's death triggered the illness. She discovered she had Type 2 diabetes after ending up in the emergency room for an irregular heartbeat.

"My heart range jumped from a very normal range to a very high range so they took me to the ER and did blood work, and I found out I was diabetic," she said. "All around, you just feel bad and can't put your finger on it. When you gradually get sick, it's so gradual you don't notice it until you get so bad you say 'Look, I'm tired of feeling bad.'"

A diabetes diagnosis and dealing with its day-to-day difficulties triggers a range of emotions, including fear, anger, anxiety and depression, Kessler said.

"Depression is very common with diabetes, and it is chemical in nature," she said. "Emotional stress really affects your blood sugar. If we treat depression, it helps to get to target numbers."

Staples found Kessler's session on understanding blood sugar, cholesterol and A1c levels especially helpful.

"I didn't know what they meant," she said. "I didn't have the knowledge. It's like taking a math test, but no one has shown you the equations or how to get the answer."

She also learned that skipping meals is a very ineffective way to control blood sugar levels.

"I thought doing without would make it right, but it didn't," she said. "You have to eat three meals a day and eat a good, healthy meal."

Now feeling like a new woman, Staples offers simple advice for other diabetics who feel lost.

"Learn as much as you can," she said. "You can't take a test if you don't study. You can't help yourself if you don't know what to help yourself with. Find out what to do so you can start making the right choices."

Classes help diabetes awareness

By Marla Miller

Source:

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Classes help diabetes awareness

Disease growth epidemic; millions undiagnosed

By Marla Miller

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Lucina Kessler's passion for diabetes education shines through when she is in her element, standing in front of a group of diabetics preaching the benefits of self-management.

A member of Columbus Regional Hospital's outpatient diabetes team, Kessler is one of four certified diabetes educators devoted to helping local diabetics better understand the illness and enact behavior changes.

The petite brunette with a Kentucky twang has made a career out of teaching diabetics how to attain blood sugar control and make sense of test results vital to the process. Her down-home verbiage and animated lecture style puts confusing numbers into context and makes the consequences of ignoring the illness clear.

"When you check a blood sugar, it ought to mean something to you," the clinical nurse specialist told a recent class of diabetics taking part in CRH's Diabetes Self-Management Program.

"Know what your numbers should be. If you get your numbers to target, you can alter the outcome of diabetes. You need the knowledge to navigate. The more you know about the therapy, the more freedom you can have with food, with life."

The focus of the hospital's program is to help patients effectively manage their diabetes in daily life and minimize its long-term complications.

"It's definitely becoming an epidemic," said Sheri Couch, a CRH registered nurse and diabetes educator. "The hospital developed an outpatient program to increase awareness and education. There are 5.2 million people that are not aware they have it."

Couch has a personal interest in the illness. Her diabetic grandmother died at age 64 from a heart attack.

"Her doctor said, 'Elizabeth your blood sugar is high. Take this little white pill and watch what you eat,'" she said. "I believe we would have had her much longer if her high blood sugar had not contributed to cardiovascular disease. Education is available where it wasn't years ago. We can make a difference."

Other team members include a part-time dietitian, Cristin McKinley, and pharmacist, Laurie Elmes.

Recognized by the American Diabetes Association, CRH's program serves as a source for ongoing support, education, and management assistance.

Classes are offered for:

1 people newly diagnosed,

1 people previously diagnosed,

1 women with gestational diabetes and;

1 All types of diabetes management including meal planning, exercise, medication, insulin, and insulin pump therapy.

Every participant begins with an individual assessment. Based on the participant's needs, education may be offered in a small group setting or one-on-one basis.

"A lot of patients have had diabetes education in the past and haven't been following it, or had a change in their treatment regiment," Couch said.

Promotion needed

In 2004, diabetes service visits exceeded 1,000, and 120 people went through the comprehensive, day-long training course, Kessler said. She recognizes the need to better promote the program, especially since it is covered by many insurance plans.

"Doctors are doing a much better job at referring patients to the program if they're newly diagnosed or starting on insulin," Kessler said.

She is satisfied with patient outcomes but would like to boost follow-up participation. Educators encourage visits at one, three, six and 12 months to address management questions and concerns.

"Sometimes we're seeing people just for a visit," she said. "Follow-ups are much more important to us because self-management requires ongoing connection with an educator."

Patients also can attend the free monthly awareness program, which is CRH's largest and most active support group. It features relevant educational topics presented by different health-care professionals.

"We have 25 to 30 people who attend each month," Kessler said. "That's very successful for an awareness type program."

Ambulances busy aiding diabetics
By Marla Miller

Source:
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February 14, 2005

Ambulances busy aiding diabetics

Last of two parts

By Marla Miller

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HOPE -- Chuck Shaw knows how it feels to wake up shaking, sweating and on the verge of passing out.

A diabetic since 1988, Shaw, 64, battled bouts of low blood sugar until finding the right balance of insulin and oral medications. Fortunately, he never had to call for an ambulance -- even the night his sugar plunged to 49 milligrams per deciliter.

Diabetes generates multiple 911 calls each week in Bartholomew County. In 2004, diabetic reactions accounted for 210 out of more than 6,000 ambulance runs.

It is a relatively low percentage, but John Shoaf, a paramedic with Columbus Fire Department, considers it a fairly common occurrence -- one that can be deadly if not treated in time.

Nearly 90 percent of calls stem from low blood sugar, termed hypoglycemia, Shoaf said. First responders usually find patients unconscious, or in a diabetic coma, when they arrive.

EMTs and paramedics stabilize the patient, but encourage them to go to the hospital. Treatment methods vary depending on the blood sugar level, which is tested through a finger prick.

A normal range for diabetics is 90-130 mg/dL before meals and less than 180 mg/dL two hours after meals. If it is below 60, paramedics give them an IV of a sugar-water mixture called dextrose.

"Whenever we give them this dextrose, it's a quick fix," he said. "They come around real quick, but that may only last 20 or 30 minutes."

Those who test above 60 also receive a basic IV and oxygen and hooked up to a heart monitor until they can talk and appear coherent. Medics draw blood for further evaluation at the hospital.

"We like to transport everyone," Shoaf said. "If they refuse at that point, we can't transport them. A lot of them do. The ones you run on a lot refuse a lot. If they don't want to be transported, they need to eat and make sure they're not left alone."

Some diabetics do end up in the emergency room, but it's not something that happens a lot, said Kim White, Columbus Regional Hospital's emergency room manager.

Still, the fact that so many with diabetes call for an ambulance concerns Lucina Kessler, a clinical nurse specialist and certified diabetes educator at CRH.

"The interesting point to look at would be 'are they the same people?'" she said. "Where are we missing the boat on education? 9-1-1 should be your last step to treating hypoglycemia. I find it high given what we can do to prevent it."

Balancing act

The brain likes blood sugar levels to stay between 70 and 100, said Sheri Couch, a CRH registered nurse and certified diabetes educator.

"If it drops below 70, the brain starts putting out warning signals," she said. "If they start feeling shaky, sweaty or dizzy, that should trigger someone to check their blood sugar."

Hypoglycemia can be treated by drinking orange juice, a regular soda or eating hard candy. An emergency injection, glucagon, also should be in every diabetic's medicine cabinet who struggles with low blood sugar, Couch said.

Exercising excessively or skipping meals can cause unexpected lows in insulin patients.

"It's a fine balancing act if you exert yourself more on a certain day," Shoaf said. "If they take insulin without eating, it will get low very quickly."

Shaw, now on a short- and long-acting insulin, said low blood sugar gave him the biggest problems at night. He felt he managed his diabetes fairly well until 18 months ago, when he started experiencing a range of high and low sugars.

"If I did take what I thought was the right amount (of insulin), I'd get low blood sugars," he said. "If I didn't take it, then I'd check my blood sugar and it would be 300 to 400. I was doing insulin after the fact. If I ate six or seven carbs, I'd take a little extra."

A person becomes less aware of the body's natural warning signals the longer they have diabetes, and Kessler suspects it could be one reason for the number of 911 calls.

"Over time, they lose that adrenaline response," she said. "Of those 200 calls, were those people aware they were going low?"

Personal responsibility

Shoaf said CFD first responders treat a mix of diabetics: Some experiencing severe hypoglycemia for the first time and others who routinely let their blood sugar fall to the point of passing out.

"Some patients will apologize and say 'I've been diabetic my whole life and this has never happened,'" he said. "You do have some you run on over and over. Some of those are the brittle ones. They are real hard to manage."

He attributes the number of diabetic reaction calls to a variety of things. Some come from elderly people who live alone. Others simply ignore their treatment regime.

"A lot of it is personal responsibility," he said. "You have a few who can't or won't eat right. You have some people that won't take care of themselves and follow their doctor's orders. There are others who take their medication every day, then a lot of them won't follow the diet as well."

Shaw admits he was one of those people. His family doctor suggested he see an endocrinologist in April 2004. The specialist changed his medications, dosages and time he took them, emphasized the importance of following a schedule, and encouraged him to attend an education class.

He recently took part in CRH's Diabetes Self-Management Training program and realizes now that doctors and educators know what they are talking about. Open heart surgery in November and cardiac rehab also provided the nudge to get him exercising daily.

"Diabetes was managing me and now I'm managing it," he said. "I've really gotten a good handle on it in the last 90 days."

"The exercise and just watching the diet has helped me as much as the medication. They finally got through to me. When you hear it over and over again, it must be true."

Called to duty

Countywide diabetic reaction calls and ensuing ambulance runs dispatched through the emergency operations center:

2004 2003

Medic 1 132 98

CRH 58 51

Hope 5 10

German Twp. 15 4

Total 210 163

-- Source: Les England,

director of Bartholomew County Emergency Management

All about diabetes

Causes of low blood sugar

1 Did you skip a meal?

1 Did you eat less than usual?

1 Was your meal delayed?

1 Did you take more insulin or diabetes pills than your body needed?

1 Did you exercise more than usual?

Signs of low blood sugar

1 Getting sweaty

1 Hunger

1 Feeling confused

1 Feeling dizzy

1 Having a rapid heartbeat

1 Feeling nervous and shaky

1 Being in a bad mood.

How to treat low blood sugar

Eat or drink something sugary -- fast.

1 A tube of glucose gel or three to four glucose tablets.

1 ½ cup juice or regular soda

1 Three to four hard candies, which should be chewed, not sucked for faster action.

Wait 15 minutes then check your blood sugar again. If it's still below 70 mg/dL, and you still are feeling symptoms of low blood sugar, repeat the treatment.

Recheck blood sugar again in 15 minutes. Eat a small snack if it will be more than an hour before your next meal.

Take it easy until you feel better. In 30 minutes, check blood sugar again.

Always be prepared for low blood sugar. Carry a sugar testing meter and juice, candy or glucose gel or tablets to eat if it suddenly happens.

-- Source: The Diabetes Care Guide

Spunky lady proof spirit overcomes diseases
By Marla Miller

Source:
Republic
July 19, 2004

Spunky lady proof spirit overcomes diseases

By Marla Miller

mmiller@therepublic.com

A twin bed still serves as the couch in Wanda Combs' small Fox Pointe Apartment where she spent three months recovering from a multitude of health problems.

The 52-year-old knows what it's like to be confined to a bed and not to want to get out of it. She also understands why the chronically ill contemplate suicide, having pondered it herself.

But the spunky woman who goes everywhere in her wheelchair also is proof that the human spirit does overcome. She wants to encourage others battling debilitating diseases to keep fighting and, most importantly, get out and make the most of life.

Combs' health problems started in 1995, when she was living in Florida and had a bad cough. Doctors initially diagnosed her with asthma and later with chronic obstructive pulmonary disease, which makes breathing difficult.

"There's hope for people with breathing problems and arthritis and things," she said. "People with COPD can live a good life. It takes a lot of encouragement."

A smoker for 35 years, Combs was in and out of the hospital for IV antibiotic treatments until she moved to Indiana in 1996 to help care for an ill relative. Two weeks after returning to the Hoosier state, she fell ill again and was admitted to Columbus Regional Hospital.

Combs needed insurance so she took a full-time job at Foods Plus, later Pic 'n Save, in the deli department. But work-related conditions irritated her COPD and she was frequently hospitalized.

She had a stress fracture in her left heel and had to be off work for a month. Attendance got to be an issue, so Combs applied for Social Security disability and finally was accepted.

A common treatment for COPD includes prednisone, an oral steroid which decreases the body's ability to fight infections and can weaken bones and tendons.

"Prednisone is used for really bad cases and she's got a really bad case," said Dr. Tracy Salinas, her family doctor at Columbus Medical. "COPD is a disease of the airways of the lungs. It's like breathing through a straw."

Prone to breaks, tears

A diabetic, Combs has taken prednisone on and off for the last decade and believes it's contributed to her most recent health issues.

In November 2002, while walking across the parking lot of her apartment complex, she tore her left Achilles tendon. She was doing relatively well and had recovered from surgery when she tore her left rotator cuff while moving furniture. She had surgery for it in March 2003, and it healed in about a month with no problems, she said.

That summer, as Combs was shutting the car door, she felt extreme pain in her right arm. She went to the doctor and learned she had torn her right rotator cuff.

"It's really a very common problem," said Combs' doctor, Larry Olson of Southern Indiana Orthopedics. "But people with diabetes, the circulation in their tendons really isn't very good. Their tendons just aren't as strong."

Olson repaired her right rotator cuff in August. But a few days after surgery, Combs came down with pneumonia and spent five days in the hospital.

Her shoulder wound became infected, and Olson monitored it by draining the fluid, doing cultures and putting her on oral antibiotics.

"People with diabetes have more problems with infections and wounds healing," Olson said.

Home health nurses visited twice weekly to change the bandage. But the wound continued to swell and seep.

"We would pack my shoulder with sterile packing strips to help bring out the liquid," she said. "I finally said 'you cut that sucker open.'"

Olson aspirated the wound in October to take out fluid and it seemed to be mending despite a small amount of drainage.

"It didn't look like an infection initially," Olson said. "But in November she continued to have pain."

Combs also planned in early November to see a plastic surgeon, who was going to pull the muscle over the hole in her shoulder, or "flap it" to stop the drainage.

"That didn't happen," she said. "I never made it."

Staph takes over

On Nov. 16, Combs started having severe chest pains on her right side so she pushed the emergency call system in her apartment.

"I knew it wasn't a heart attack," she said. "I was pretty sure it was the infection in my shoulder. I went to the hospital and they discovered the staph. That's why it never healed."

Combs was diagnosed with a type of staph resistant to certain antibiotics, Olson said. Neither Salinas nor Olson are sure where she got it, but said it's fairly common to transmit, especially in a health care environment.

"Once you get an infection in a tendon or joint, it's really hard to get rid of," Olson said. "Especially when it doesn't respond to certain antibiotics."

Olson did a more thorough debridement, cleaning the wound of bacteria and infection, and sent her home on IV antibiotics to start the healing process over. During the holidays, she had to sit at home for fear of infecting other people. She didn't go to a family function until May 22.

Combs doctored the wound along throughout the winter and planned to see a plastic surgeon in March to graft the hole.

But like the last time, the visit never happened.

"Dr. Olson called on March 10 and said 'get to the hospital by 1:30 p.m. so I can operate on you at 4:30,'" she said. "I said 'what for?' He said 'you have staph again.'"

That day, Olson removed damaged tissue and muscle from her shoulder to her elbow. She stayed in the hospital nine days recovering.

Combs was sent home with an IV line in her forearm, feeding antibiotics into her body to fight the infection. She also went to the infectious disease control center at Indiana University Medical Center in Indianapolis for a second opinion.

Since April, Combs has felt better and had few problems. She still may need to have plastic surgery to completely seal the inside of her shoulder.

"I can't lift with my right arm, but for all that it's been through I think it's doing good," she said.

Finally on the mend

Combs is back washing her hair and can stand and cook at home but still has aides come and help with laundry and chores. She wants to be able to do things like peel potatoes and apples with her right arm.

"Thank God for these electric wheelchairs," she said. "My wheelchair has brought me a lot of happiness. I can go out and get my own mail. I can go to Kmart on my own."

Despite all that she's been through, she remains optimistic.

"She's a real special lady," Olson said. "She is extremely positive. There's never been a time she didn't come in laughing. She's just as happy as she can be."

It's not that she hasn't had her emotional ups and downs, however. At one time, Combs felt like doing nothing but laying in bed, but realized it isn't the answer.

Her two cats, Baby and Little Sissy, helped her get through the dark, lonely days.

"It does a lot of wear and tear on your body mentally and physically," she said. "I see why people commit suicide. It's so hard to make yourself get up and get out there."

"But we all have our stories. There's always someone worse than we are. I feel like I have to help other people get through the same thing. If you don't get up, you're going to be sicker."

New Hospice Center deluged with compliments

By Marla Miller

Source:

Republic

January 19, 2004

New Hospice Center deluged with compliments

By Marla Miller

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Lisa Rolph-Rambaud of Fortville smiled when she first spotted her mother's memorial brick in the Hospice Center's outdoor courtyard.

The bricks, like everything in the \$4.9 million center on 17th Street, were marveled over at Sunday's public open house.

More than 800 people had passed through Hospice of South Central Indiana's new home by 4 p.m., according to the registry. Such words as "beautiful," "perfect," "marvelous," and "wonderful" floated through the air as visitors inspected the facility's finer points.

And there are plenty of them -- from the Tree of Life in the lobby to the 5-foot water feature in the chapel.

The Hospice Center, funded through community and private donations, will provide high-quality, specialized care to the terminally ill in a comfortable, homelike setting. The inpatient facility is an alternative to hospitalization, assisted-living or nursing-home care and will start accepting patients in early February.

Features include 14 private patient rooms, two family rooms with kitchenettes, a family dining room, a chapel, meditation garden, children's playroom and outdoor courtyard. The second floor contains Hospice's administrative, clinical and volunteer offices, a bereavement center and room for expansion.

The open house, scheduled from 1 to 5 p.m., kicked off early as a crowd gathered outside the building's main entrance.

Mary Hoskins, manager of inpatient services, enjoyed greeting guests at the door.

"It was incredible," she said. "We couldn't get them in the door fast enough."

Hoskins joined Hospice's staff four months ago but first came in contact with the organization six years ago, when her mother needed Hospice care.

"I think it's a tremendous achievement that the community gave to itself," she said. "It's very telling of the services Hospice provides."

Seeing the center packed pleased Sandy Carmichael, executive director.

"We're just thrilled," she said. "Everybody has been so supportive. At one point, it was so crowded you couldn't see the fireplace."

Rolph-Rambaud, a Columbus native, met her mother's good friend, Ellen Chesnut of Columbus, at the open house.

The two women were impressed with the center's homey feel and believe it will be a well used community asset. Rolph-Rambaud's mother, Phyllis, died in May 2001, of colon cancer and received Hospice's in-home care services in her final months.

"I came to honor her and help celebrate that there's such a wonderful facility in the community now," Chesnut said.

A psychiatric nurse and marriage and family therapist, Chesnut said some families need that inpatient option.

"It's wonderful to have a facility like this because I know it can be stressful during the time families are dealing with a terminal illness," she said. "Not every family can set up their home to take care of a dying person."

Rolph-Rambaud came especially to see the brick dedicated to her mother but enjoyed touring the entire facility.

The brick's inscription contains a line from a prayer her mother wrote before her death: "Lord, in my final moment, may I hear you say 'come to me as you did good and made a difference.' Then I soar."

"It makes me feel good," Rolph-Rambaud said. "It's neat to see her name finally written on a stone."

Pat Thurman, a nurse at Columbus Regional Hospital, watched the center take shape. She lives across the street.

"I think it's a wonderful offering for the community," she said. "There is a need. You never know when it's going to hit home."

Her favorite feature: the patient rooms.

"They're so comfortable and homey," she said.

Her friend and co-worker, Wanda McGaha, also wanted to check it out. Hospice helped her ex-husband through the dying process.

"It's almost like being in a hotel," she said. "You have your own private room, but you have the care. Plus, there are so many things for the family."

Maxine Zeigler, a CRH volunteer, joined the two women on the tour. She described it as "light and airy."

When asked what she liked best about the building, she responded: "Everything, really."

CRH's Lone Ranger
By Marla Miller

Source:
Republic
January 12, 2003

CRH's Lone Ranger

New breed of doctors supports patients' full-time physicians by performing their hospital duties

By Marla Miller

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Roy Behrman, recently hospitalized with a blood clot in his leg, responded with cheer to his doctor's inquiry.

"I'm kicking along," said the 85-year-old from his Columbus Regional Hospital bed.

Sent to CRH for a leg ultrasound by his family doctor, Behrman came under the charge of hospitalist Doug Rookstool. Further tests showed the clot had broken off and moved to his lung.

"It's not going to change at all what our treatment's going to be," Rookstool said. "But it's very possible you'll need to go home on some oxygen."

Rookstool makes morning rounds at CRH like a typical physician. The only difference is he sees other doctor's patients or those without a physician.

The word "hospitalist," coined in 1996, refers to a budding breed of medical practitioners trained to treat hospital patients' assorted ailments and navigate them through the hospital system.

Hospitalists are involved in every aspect of hospital care, including admission, inpatient tests, treatments, therapy and the subsequent scheduling of outpatient visits. They also help indigent or uninsured patients admitted through the emergency room.

The process is a big change from the traditional system in which primary-care physicians admit and tend to their patients in the hospital, then return to treating them in the office.

Although the movement is catching on state and nationwide, Rookstool is the first physician to try the venture in Columbus.

"It's a very new thing for this area," he said. "In 1997, the hospitalist movement was just starting out. I strongly considered doing it at that time, but there are a lot of fads in medicine. Instead of fading, it got stronger and stronger."

Uncharted territory

Recruited during his residency, Rookstool moved to Columbus five years ago to join Woodcrest Medical. After the internal medicine practice closed in July, he decided to reinvent himself as a hospitalist.

"I really found I was unhappy in the office," he said. "We didn't really have a lot of experience with achy backs, colds and sniffles. I relished the opportunity to take care of someone who was really sick in the hospital."

Since internists receive extensive training in a hospital setting, it's been an easy transition, he said. They also have more experience treating chronic health problems such as hypertension, diabetes and lung disease.

Teresa Lovins, a Columbus family practice physician, has referred a dozen patients to Rookstool. She has no qualms about handing him her more complex cases, such as those who are hospitalized for chest pains, diabetes or pneumonia.

"For medical diagnoses, I think Dr. Rookstool would do a better job than I would do," she said. "Patients who are going to the hospital are sicker than just five years ago. Efficiency of time is a big factor. Since he sees them (complex patients) more often, they are treated better and quicker."

Besides patient management, Rookstool also performs pre-operative physicals and cardiac stress tests, and consults for surgeons.

Earning respect

The key to building a successful hospitalist program is making it optional, said Jeffrey Dichter, a hospitalist in Muncie and president-elect of the National Association of Inpatient Physicians.

The NAIP, a professional hospitalist organization which has 3,400 members, supports voluntary hospitalist programs.

Dichter, along with another hospitalist, started out using a referral system at Muncie's Ball Memorial Hospital. Now the practice includes four hospitalists and plans to add two more in July.

"When a hospitalist program is being started, it requires teamwork among those using the program," he said. "You have to have a hospital that wants to support it and primary care physicians that want it to be there."

"We had some physicians that were very wary at first. But we worked hard on providing service. After a while, we pretty much won over all the doctor's here. They use it when they want."

Proving himself

Most hospitalists are hospital employees or affiliated with a hospitalist practice, Rookstool said. Right now, he is making his way, hoping to gain a following of physicians and win the respect of patients in his care.

So far the response has been positive. He ranges between five and 15 patients per day, trekking all over the hospital to address all sorts of ailments.

"It's been busy, but the winter is always busier," he said. "I'd like to keep a census of 10 people per day."

Rookstool keeps an office at Northside Family Medicine, where he still sees patients in the afternoons. Eventually, he hopes to spend all his time at CRH and perhaps join its staff.

Hospital CEO Doug Leonard welcomes Rookstool's presence, but is waiting to see if the doctor-hospitalist partnership works.

"I think he is making a good effort," he said. "I'm anxiously watching the outcome to see if it will take hold here."

Lovins believes his service will grow in popularity.

"I think it's a great thing for the community," she said. "A lot of the newer treatment options take a little while to come into this community. Once the physicians feel comfortable with the care and quality of care, I think they will be more accepting."

"Patients have to accept the idea, too. They're used to having their doctor come and see them every day."

Volunteers in Medicine focuses on chronic care
By Marla Miller

Source:
Republic
November 3, 2002

Volunteers in Medicine focuses on chronic care

Clinic averages 900 visits a month

By Marla Miller

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Most days its doors are open, Volunteers in Medicine's small waiting room fills quickly.

A few minutes after opening one recent Friday, all the chairs were taken, leaving people to stand as they waited to pick up medication.

Prescriptions are an invaluable, often lifesaving, commodity for patients -- especially those with chronic illnesses.

In its sixth year, chronic-care management has become an important part of the clinic's mission.

"Our focus on chronic illness has been significant," said Lisa Maple, clinic director. "We want to mature as an organization, which is why we're targeting specific groups and working on outcomes. We want to make a difference on how people feel and how they're able to live their lives."

Volunteers in Medicine, a Healthy Communities Initiative, receives financial support from the Columbus Regional Hospital Foundation. Its largest annual fund-raiser, the reverse raffle, begins at 6:30 p.m. Friday at The Commons.

Chronically ill rising

The free health-care clinic serves Bartholomew County residents who meet income guidelines and have no health insurance.

So far in 2002, the clinic has averaged 900 visits per month -- more than double its 1997 monthly average of 400, Maple said.

VIM's patient charts recently topped 6,000. Although many people visit the clinic for acute problems, a growing number return regularly for treatment of a chronic illness or condition.

Diabetes, high blood pressure, depression, arthritis, lower back pain and respiratory infections are among the clinic's top diagnoses, Maple said.

VIM's chronically ill patients average five to 10 medications each. The costly drugs are dispensed for at-will donations through the clinic's Patient Assistant Program.

Chronic-care management has become increasingly important, because a continual illness usually coexists with or leads to other health problems, said Lucina Kessler, VIM's diabetes clinical nurse specialist.

"Diabetes rarely exists in isolation," she said. "It makes a huge difference when they get to be in their 50s and 60s."

People with diabetes are likely to be overweight, exercise little and have high blood pressure and cholesterol. If left untreated, it can lead to periodontal disease, heart disease, stroke, kidney disease or death.

Comprehensive program

The clinic has become the primary provider for many chronically ill clients, even developing a multidiscipline program for diabetics.

Kessler, who joined VIM's staff about two years ago, helped start the program using standards outlined by the American Diabetes Association.

"It certainly involves a relationship with a primary provider, whom they see every month to every three," she said. "We also offer a counseling component. Depression is something that's not always treated. It goes undiagnosed and untreated in a large percentage of patients."

Followed by a team of health-care professionals, patients learn how medication, diet and exercise can help them manage the disease.

They also have access to ophthalmologists, podiatrists, dietitians, and dentists through the clinic's referral network.

Self-management visits focus on setting realistic goals to progress in a positive direction on the self-care continuum, Kessler said.

VIM also is developing a registry for diabetes patients, which will allow a more proactive management approach and tracking of outcomes.

Disease management

What people with chronic diseases need:

1 A continuous healing relationship.

1 Regular assessments of how they are doing.

1 Effective clinical management using a teach approach.

1 Information and ongoing support for self-management.

1 Shared care plan.

1 Active, sustained followup.

Source: "Closing the Quality Chasm for the Chronically Ill" by E. Wagoner, 2002.

Dramatic turnaround

By Marla Miller

Source:

Republic

November 3, 2002

Dramatic turnaround

Volunteer in Medicine's diabetes care shows path to managing disease

By Marla Miller

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ONE day at work, Alice Bogard felt too fatigued to continue waiting tables.

"All of a sudden, I saw little silver dots when I coughed," she said. "It seemed like I was sleeping a lot, I was tired a lot."

Lacking medical insurance, the Denny's waitress made an appointment at Volunteers in Medicine. Several tests confirmed what Bogard suspected -- that she had diabetes.

For two years, she's been a patient at the free health care clinic, which serves Bartholomew County residents who meet income guidelines and have no insurance.

Diabetes is the fourth-leading diagnosis made there, representing approximately 125 active patients in 2001 and 146 in 2002.

"Statistically, when someone is diagnosed, they've generally had the disease for seven years," said Lucina Kessler, a VIM diabetes clinical nurse specialist. "There's a lot of signs out there that people don't see. Frequent infections, a strong family history."

Of the diabetes patients identified at the clinic, 90 percent have Type 2, where the body does not make enough insulin or use it well.

Bogard, who has Type 2, takes insulin shots three times a day and reads her blood sugar levels four times a day.

Affecting lives

The 36-year-old Bogard tolerated the fatigue and low energy for a year after learning she could have diabetes.

A doctor in Seymour initially tested her for the disease, but she did not have the means to seek follow-up treatment. Diabetes medication is expensive and requires sustained use.

Although Denny's offers health insurance to its employees, Bogard said there would be little left of her paycheck if she purchased the plan.

"There's no way I could afford it," she said. "By the time you take out insurance and taxes, you barely have enough to pay your rent or stock up on groceries."

Many of VIM's clients work in the service industry, either as housekeepers, waitresses or laborers for small businesses, and face a similar predicament, said Lisa Maple, clinic director.

"We're still caring for some of the same people who came here when we opened because they're never going to be insured," she said. "We're a permanent solution for them."

The high cost of medication is the biggest hurdle for many patients. VIM's chronically ill clients are on five to 10 medications each, Maple said.

Through its Patient Assistance Program, the clinic obtains free medication from pharmaceutical companies for those who meet income requirements.

"We have an application process where we apply to the company that makes the drug," Maple said. "It comes in in the patient's name and is dispensed to that patient specifically. They require fairly extensive documentation, such as a W-2 or tax return.

"It's an intensive process, but the outcome is very good."

Positive outcomes

Although the ultimate goal is for clients to graduate from the clinic with health insurance, Bogard is, in the eye's of clinic staff, a success story, Maple said.

"We're really proud of the way she's accepted the knowledge, taken the knowledge and turned them into to lifestyle changes," she said. "Her coping mechanisms are better."

A proud Bogard happily reports her A1c is 6.8 percent, down from a high of 8.1 percent. The hemoglobin A1c blood test gives the average blood sugar for an individual for the past 120 days. Non-diabetics normally have a reading of about 4 to 6 percent.

It is the gold standard with regard to measuring control and outcomes in diabetes, Kessler said, and VIM lab data shows the average patient A1c level is on the decline.

For diabetes patients, the goal is less than 7 percent. A determined Bogard is working toward normal: between 6 and 6.5 percent.

With a "you go" from Kessler, she adds: "She's done that with a combination of medication, diet and understanding the importance of exercise."

Besides taking an active role in her self-care, Bogard has established trust with clinic staff, especially Kessler. It makes a difference having someone to call with questions, she said.

"I wouldn't have known what to do without them," she said. "I feel comfortable when I come here. There was a lot of care here. You could see it."

Bogard visits the clinic at least once a month to pick up medication and has her A1c checked quarterly.

"You have to struggle and succeed in order to make it better," she said. "I do exercises now. I definitely walk a lot. I feel energetic."

Through the clinic's referral network, Bogard also will soon have all her teeth pulled -- necessary because any type of infection raises blood sugar.

Without VIM, the single mother of one is not sure how she'd be doing.

"I would probably be in a coma," she said. "If you don't take medication, your blood sugar can get so high it can put you in a coma."

Bogard's energy level and overall health is on the upswing thanks to the care, knowledge and support she's received there.

"I've learned you can still have everything you want (to eat)," she said. "You just have to cut down on the portions. I don't see it as disabling. If you take care of yourself, take medication and eat right, you can live for a long time."

Preview

Reaching out to the sick

WHAT: Volunteers In Medicine clinic's annual reverse raffle dinner and fund-raiser with a top prize of \$10,000.

WHEN: 7:30 p.m. Friday.

WHERE: The Commons.

WHY: To generate funds so Volunteers In Medicine can better treat local patients without insurance or any other way to pay for medical care.

TICKETS: Raffle tickets are \$100 each. One dinner and one raffle ticket are \$140. Two of each are \$180.

INFORMATION: Columbus Regional Hospital Foundation at 376-5100.

What is diabetes?

1 Diabetes changes the way the body uses food. In the body, eaten food turns to sugar.

Blood takes this sugar all over the body. Insulin is necessary for the body to be able to use sugar, which is the basic fuel for cells in the body.

Insulin takes the sugar from the blood into the cells for energy.

Without sufficient insulin, the body does not get the fuel it needs, and blood sugar stays high.

Over time, high blood sugar can cause heart and kidney problems, blindness, stroke, the loss of a foot or leg, or even death.

The three main types:

1 Type 1 -- the body does not produce any insulin. People with Type 1 diabetes must take insulin every day to stay alive. It is usually diagnosed in children and young adults.

1 Type 2 -- the body does not make enough, or use insulin well. Most people with diabetes have Type 2 and 80 percent are overweight.

1 Gestational diabetes -- women get diabetes when they are pregnant.

Warning signs:

1 Going to the bathroom frequently.

1 Feeling hungry or thirsty all the time.

1 Blurred vision.

1 Lose weight without trying.

1 Cuts/bruises that are slow to heal.

1 Feeling tired all the time.

1 Tingling or numbness of the hands and feet.

1 Most people with diabetes do not notice any signs.

Prevalence:

1 Approximately 17 million people in the United States, or 6.2 percent of the population, have diabetes. While an estimated 11 million have been diagnosed, roughly 6 million people are unaware that they have the disease.

1 An estimated 9.1 million women have diabetes and 3 million of them don't know it. Women who have diabetes are more likely to have a miscarriage or baby with birth defects. They're also more likely to have a heart attack and have it at a younger age.

1 Application of national prevalence statistics to population estimates 4,321 persons in Bartholomew County have diabetes, and of these individuals, 1,440 are undiagnosed.

Facing an uncertain future
By Marla Miller

Source:
Republic
October 27, 2002

Facing an uncertain future

Physical therapist's strong will sustains her, inspires others, amid recurring breast cancer

By Marla Miller

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COLLEEN Thomson's smile radiates strength, overshadowing the hat she wears to cover a head left bald by radiation.

The petite 40-year-old is enduring the pain, devastation and physical changes that accompany cancer for a second time. She was diagnosed with recurrent breast cancer in April.

Her determination and courage were recently recognized by colleagues at Columbus Regional Hospital. Thomson, a senior outpatient physical therapist, received the first Spirit of Rehabilitation staff award.

"Colleen worked until the pain became intolerable and then returned as soon as she was feeling better to work half days," Physical Therapy Manager Robin Town wrote in her nomination letter. "Throughout this entire endeavor, Colleen continues to present herself with a smile to everyone and a sparkle in her eyes."

For breast cancer survivors, a recurrence can happen within a relatively short period of time after initial treatment, or many years later.

Thomson, who had a mastectomy during her first bout with the illness, felt relieved last January when she celebrated her fifth cancer-free anniversary. Her health seemed to be fine and statistics were on her side.

"With breast cancer, there's always a chance it can come back," she said. "But 80 percent of recurrences happen within the first five years.

"Everything was great. I never forgot, but it got to the point where I wasn't always worried about it."

In February, abdominal pain sent her to the doctor.

After numerous blood tests, a cat scan and an MRI, doctors discovered a tumor in her liver. A biopsy confirmed it was cancerous.

"I had had other episodes of hip pain and headaches where I was sure it was a recurrence," she said. "But this didn't fit. I was very surprised."

The diagnosis of a recurrence is often more devastating and psychologically difficult for women than the initial diagnosis, according to the cancer.med.unc.edu Web site on advanced breast cancer.

Invading the body

If there's anything to learn from her story, it's that women should take the time to perform self-breast examinations, Thomson said.

That's how she found her initial lump five years ago -- when it was already big and firm.

"I was not good about doing self-breast exams," she said. "By the time I found it, I already had positive lymph nodes. I know a lot of women under 35 getting breast cancer."

Regardless of tumor size, a diagnosis of metastatic breast cancer means that the cancer cells have moved to other parts of the body or to lymph nodes that are not near the breast. Although new regions are invaded, it is still called breast cancer.

In Thomson's case, the cancer has now spread to her lungs, bones and brain -- areas commonly targeted by breast cancer cells. Termed a distant recurrence, or metastasis, it is the most serious type.

"I started chemo in May and radiation in July," she said. "In August, they found out the chemo had stopped working. But they switched the type of chemo and now it seems to be working."

She is feeling good and the tumor in her liver has shrunk by 30 percent, she said.

"Things are on a positive note right now," she said. "We're hoping to shrink the tumor until we can get the cancer into remission. But it's in so many areas. Most treatments eventually fail because the cancer becomes resistant to the medicine."

Although statistics show that, in general, women diagnosed with advanced breast cancer have a low five-year survival rate, some women live beyond five years and some much longer, according to the cancer.med.unc.edu Web site.

Unless they find a cure, Thomson knows her days are numbered -- a fact that is hard to face.

"Not being able to think about a future," she said, referring to what is most difficult. "Wanting things to feel normal again."

Living in the moment

Thomson tries to stay focused on the now by working part time, landscaping her yard and enjoying friends and family.

She and husband, Mark, live near Edinburgh with their four dogs and six cats. Angel statues blend with Halloween decorations in front of their brick, ranch-style home -- a subtle reminder of what has helped give her strength to face each day.

"My husband and my family have given me constant, unwavering support," she said. "And my faith, knowing I've got hundreds of people keeping me in their prayers."

"People at work have been extremely supportive and I have a good group of friends that have been really involved and helpful."

Thomson returned to work in early June after a six-week leave of absence. Sometimes sickness keeps her at home. Other times it's weakness.

"I'm still pretty tired, but my goal is to get back to full time," she said. "It's gotten easier. It's much harder when you're not feeling good. Getting back into a routine is helpful."

A seven-year CRH employee, she works with stroke and Parkinson's patients and people who have spinal cord, brain injuries and neurological damage.

"It's good to focus on other people and other problems rather than just myself," she said. "With cancer, you become very self-focused and I don't like that."

Last month, Thomson was one of 10 staff members honored at CRH Rehabilitation Center's annual awards banquet.

Town nominated Thomson for her determination, courage, attitude and success as both a patient and employee.

"She is a positive role model and mentor," she said. "Her spirit and will is encouraging and uplifting. As one person stated 'Colleen is stunning.'"

Long road home

Source:
Republic
June 9, 2002

Long road home

Step by step, stroke victim works for 'miracle' recovery

by Marla Miller

ROY Brandsma sat slouched in his car for 90 minutes, drifting in and out of consciousness.

Those helpless minutes almost proved fatal for the 43-year-old.

"The cars looked like they were traveling upside down," he said. "I remember seeing the ambulance come. They were concerned that I couldn't move."

Brandsma, an otherwise healthy father of two, suffered a massive brain stem stroke on May 5, 2000. He shared his "miracle" recovery story last month at the kickoff of Operation Stroke, a new community initiative aimed at educating the public about stroke warning signs.

Stroke is the leading cause of adult disability and the third-leading cause of death in the United States.

A stroke is a disruption of blood flow to the brain caused by a blocked or burst blood vessel. When blood flow is interrupted for more than a few minutes, brain cells can die.

"It's like a heart attack in your head," Brandsma said. "In a way it's kind of surprising. You can have a massive stroke like I had and can still have your long term memory."

Devastating blow

The Cummins engineer is living proof that a stroke can strike suddenly and severely. He had no signs, symptoms or family history.

"A stroke can happen to anybody," he said. "And it can be a very damaging thing."

Brandsma's recovery has surprised all his doctors and therapists. His journey back is a story of hope, determination and inspiration. Somehow, he's managed to keep his sense of humor through it all.

"Things didn't look good," he told the crowd at the Operation Stroke dinner. "I was in the hospital longer than the flood, at six and a half months, and they discharged me in a wheelchair."

It's been two years since that life-changing day and Brandsma can now answer his own doorbell. He greets visitors with a smile, adjusting his cane to offer a handshake.

Maneuvering to his kitchen table, he apologizes in advance for being hard to understand.

Initially, the stroke stripped him of his ability to talk, move or eat on his own. He was totally paralyzed for a time.

"All I could move were my eyes, and, of course, pump with my heart. I did initially breathe with a ventilator," he said. "I remember that I couldn't see the pictures on the walls very clearly."

"I was fed through two tubes. I had a surgery to implant a more permanent receiver for my feeding lines -- that was not used. I had a trach installed in my throat so the respiratory therapists could clear out my lungs. I lost my ability to speak for about four months or so. I could not move my arms to operate the bed."

There were periods when Brandsma's prognosis didn't look good.

"With that massive of a stroke, the doctors told me he should not have lived," said his wife, Janealis. "It was an emotional back-and-forth. It was amazing to see him move at first. I kept hearing that if he did make it, he was going to be in a vegetative state."

Fighting back

Most of his lengthy hospital stay was spent on CRH's seventh floor rehabilitation unit, where he worked with occupational, speech and physical therapists. His motor skills took the biggest hit.

"It was a slow process," he said. "First I blinked my eyes. Then I tried wiggling my toes, squeezing things with my hand."

His co-workers made frequent visits to the hospital to help keep his spirits lifted.

"We visited him a lot," said Lee Shipman, a software engineer who worked with Brandsma since he started at Cummins in December 1997. "We use to go out and try to make him laugh, that was our goal. And our boss made it very conducive for us to go visit. We had a lot of lunches at the hospital and then at his home."

After Brandsma was discharged, he continued outpatient therapy for a year. He slowly progressed from a wheelchair to a walker, cuffed canes and finally to the walking-stick type canes he uses today.

"He was really driven to get back as much as possible in terms of his strength and function," said Colleen Thomson, CRH outpatient physical therapist.

Thomson worked with Brandsma several times a week on strength, balance and coordination until he ended therapy.

"He's highly motivated," she said. "If you gave him exercises to do at home, he'd come back having done 200 of them."

Brandsma continues to exercise regularly, using free weights, ankle weights and a treadmill, to improve his physical conditioning and stamina.

"A cardiologist said 'Time is muscle,'" he said. "When you're trying to build muscle over time, time is muscle."

Relearning to live

Last fall, Brandsma returned to his job as a software engineer, two days a week. Simple tasks remain challenging, such as answering the phone and taking bathroom breaks.

He could once type 50 words per minute; now it's eight or nine. Writing is equally difficult.

"When I write a note, people think I'm the doctor and not the patient," he said with a laugh.

Brandsma works in a different group than he did prior to the stroke. But all his former co-workers are glad to see him back on the job

"It's just been a miraculous recovery," said Joyce Howard, secretary of Cummins industrial electronic department. "Everybody that I know just adores him. Even now, he always has something lighthearted to say. He's a wonderful person and a great family man."

At 45, he's also learning to drive again.

"Now is a good time to stay off the sidewalks," he joked at the Operation Stroke event. "As I remember, you should honk before you hit something, but I could be wrong. It's good to be behind the wheel again. I've found that my driving improves as my physical conditioning improves."

Brandsma's grateful for the support he received from his family, co-workers and friends at Community Church of Columbus. His illness took a toll on his wife and two daughters, Ashley, 12, and Courtney, 8.

Their church friends eased the burden by cooking meals, running errands and doing work around the house. Brandsma also praises the doctors and nurses who encouraged him to keep going.

"I know the hospital too well, and many of the staff on a first-name basis," he said. "Rest assured that our hospital is the best kept secret in town."

Each day brings new struggles -- and new strides.

"Every day I'm a little bit better," he said. "It's been a hard, remarkable journey. But I'm proof that there's always reason for hope. You never know who is going to improve."

Profile

NAME: Roy Brandsma.

AGE: 45.

FAMILY: Wife, Janealis; two daughters, Ashley, 12, and Courtney, 8.

CAREER: Software engineer at Cummins Inc. since December 1997. Works two days a week at the State Street building.

STROKE SURVIVOR: Suffered a massive brain stem stroke in May 2000 that left him totally paralyzed. Stayed in Columbus Regional Hospital more than six months, then underwent extensive therapy to regain motor skills. He exercises three times a week using free weights, ankle weights and a treadmill to improve stamina and strength. He also recently started driving again.

Hannah's 1 wish **By Marla Miller**

Source:
Republic
March 2, 2005

Hannah's 1 wish

Community, day-care center rally around preschooler to help fight illness

By Marla Miller

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Hannah Abts rarely meets a stranger, and her bubbly demeanor masks her sickly interior.

The petite preschooler continues to show grownup grace and face a scary illness head on.

"People just take to Hannah," said her mother, Dedra. "She's just kind of 'little Miss Personality.'"

Cummins Child Development Center declared last week "Hannah Week" in hopes of helping to raise money for this magnetic child's one wish: to meet Mickey Mouse. Hannah, battling acute lymphatic leukemia, will visit Walt Disney World in May thanks to the Make-A-Wish Foundation.

The center has collected about \$700 toward the \$2,700 trip through donations and the sale of American Cancer Society "I Am Strong" and "Hannah's Wish" bracelets, said Stacy Gant, assistant director.

"We would do this for any of our students, but what makes Hannah so special is she's been with us since we opened," she said. "She's kind of like a grownup girl in a child's body. She's creative and a free spirit who truly loves life.

"She doesn't look at this as a hindrance. She takes it all in stride. She understands everything that is going on with her and doesn't let it get her down."

Classmates helped celebrate her birthday Friday by wearing their favorite hats, the rubber bracelets and snacking on cupcakes. Hannah, a Leap Year baby, turned 5 Monday.

Gant decided to organize a week's worth of activities to show support for Hannah in a fun way. Her parents, Dedra and Bruce, enrolled her at age 2 and she has many friends.

"I tried to pick things that Hannah likes," she said. "On Wednesday, even the little infants were wearing pajamas. All the parents have been really good about supporting it and helping out."

Cancer in remission

Hannah celebrated another milestone last week, moving into the maintenance phase of chemotherapy treatment. That means she will go for treatments monthly rather than weekly until September 2006 -- as long as the cancer stays in remission.

Doctors diagnosed Hannah with acute lymphatic leukemia in May. Dedra noticed bruises on her legs and said she seemed fatigued and pale. Her Columbus physician ordered blood work and immediately referred her to Riley Hospital for Children.

"They said, 'We're not sure, but we're pretty sure,'" Dedra said. "They had us booked and ready to go to Riley within two hours. She went in on Wednesday and had her first treatment on a Friday."

Dedra's one-word description of that day: Devastating.

"It was definitely the worst day of my life," she said. "You just never know what you can handle until you're faced with something."

Hannah's experienced small setbacks, including a seizure at the day-care center and a couple of mini-strokes, but continues to face each day with bravery and optimism. She attends school when she can.

"She's had some ups and downs, but overall, she's responded well to everything," she said. "We're very optimistic. Hannah's a fighter. She's been through a lot, but she's very resilient."

Unsolicited support

Hannah's parents will accompany her to Florida, where they will have a six-night, seven-day stay at Give Kids the World, a resort for children on wish-granting trips, and tickets to various theme parks, said Kendra Klink, director of program services at Make-A-Wish Foundation of Indiana.

The nonprofit foundation grants wishes for children with life-threatening illnesses, but seeks community partners to help offset trip expenses when possible. Make-A-Wish covers what is not raised.

Gant hopes community members will pitch in with contributions or buy bracelets.

"A proceeds go to Hannah," she said. "A woman who used to work with Hannah's grandmother at Cummins came over and bought 100 bracelets and took them to work to sell."

Day-care staffers and students have stepped up to help the Abts family before. Teachers used to cook food and take it to them when Hannah was spending lots of time at Riley, Gant said.

The center's Better Together group organized a carnival in the summer at Mill Race Park and raffled off an expensive purebred dog. The animal's new owner named it Miracle, Gant said.

Dedra's friends held a car wash in June, raising \$800 to help with medical expenses, and Hannah's on "every prayer list you can imagine," Dedra said.

"There's really been an outpouring of generosity from a lot of people, some of them I don't even know," she said. "It's just amazing to me. There have been people from all over that have sent her cards and gifts."

Give to Hannah

Donations to help fund Hannah Abts' Make-A-Wish Foundation Walt Disney World trip can be dropped off or mailed to: Cummins Child Development Center, 650 Pleasant Grove, Columbus, IN 47201. Checks should be made payable to the Make-A-Wish Foundation in care of Hannah Abts. "Hannah's Wish" bracelets are being sold for \$3 through the center. All proceeds benefit Hannah's trip.

Information: Stacy Gant, 378-5833.

Stepping up to the challenge
By Marla Miller

Source:
Republic
April 18, 2004

Stepping up to the challenge

Local woman perseveres through MS, dedicates time to raise funds, awareness

By Marla Miller

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A determined Donna Dobbs didn't let multiple sclerosis deter her fun on a recent trip to Florida.

The 51-year-old hit all the Walt Disney World hot spots with her teenage daughter.

Dobbs, diagnosed with multiple sclerosis in April 1995, is helping to organize Columbus' third annual MS Walk. She also wants to raise awareness for the disabling disease that attacks the central nervous system and affects nearly 400,000 Americans and an estimated 8,000 Indiana residents.

Currently there is no cure, which is why raising money for research is so important, Dobbs said. She credits a weekly, injectable dose of Avonex with controlling her level of disability.

The progress, severity and specific symptoms of MS in any one person cannot be predicted. Some sufferers experience only mild complications, such as numbness in the limbs, while others end up paralyzed or blind.

"Something tricks your immune system into believing your nerve tissue is an infection," said Stephen Baker, a neurologist with Columbus' Neurology and Sleep Science PC. "There's a variety of theories on what causes it, but nothing has been proven.

"People with MS are like snowflakes. Every person is different. Some people have very rapid progression; others have few symptoms; most people fall somewhere in between."

Fortunately, Dobbs is still able to walk, drive and live a relatively normal life.

"Most people who knew how sick I was can't believe that I came through all that, that I'm walking," she said. "If you look at me, you wouldn't know there's anything wrong with me."

The official diagnosis took months, as Dobbs started suffering pain in her right eye in December 1994.

George Brueggeman, a Columbus ophthalmologist, treated the initial problem.

"The first thing he asked is 'Had I felt numb anywhere?'" she said. "I said, 'no,' but I got to thinking about it later, so I made an appointment to see a neurologist."

Neurologists usually diagnose MS and recommend treatment options, Baker said. Symptoms vary depending on what part of the nervous system is being attacked.

An MRI showed plaques on Dobbs' brain, and a spinal tap confirmed it was multiple sclerosis.

"Right away, Dr. (Richard) Funkey thought it was MS," she said. "But I had always been so healthy. I had four kids by cesarean section. I was kind of in shock."

Dobbs immediately started taking medication and reading everything she could about the illness. An administrative assistant for 20 years, she continued to work at Unysis until 1996.

"It was too much stress," she said. "I was having problems with my back, legs. I finally realized I had to give it up."

Battling bouts of depression, Dobbs coped as best she could and received help with intravenous medication from a home nurse. She also credits her first neurologist, the late Richard Funkey, with helping her understand how to live with the chronic illness.

"From the very beginning, Dr. Funkey put me on (depression) medication," she said. "He said normally people need it, that you get very depressed. But he also always said to keep a positive attitude on life, and I believe that."

Dobbs suffered a major setback in July 1997 when her kidneys failed. After a few days of dialysis, her kidneys started working again, but she spent a month in Columbus Regional Hospital recovering.

"Dr. (Russell) Pikus wasn't sure I would make it," she said. "At that point, I was so weak I couldn't walk. I had to have physical therapy. I think prayer had a lot to do with the fact that I ever made it out of that."

Slowly, Dobbs resumed some of her normal activities, including driving and playing the piano. She currently takes eight pills a day, and sees her new neurologist, Stephen Baker, every six months.

Baker started her on Avonex, one of four federally approved medications that treat MS, in 1996.

"The drugs work by calming down the immune system, by keeping it from attacking the tissue," Baker said. "Before these drugs, we couldn't really treat MS. The problem is, it takes about five or 10 years to determine if a drug like that's going to work."

"We're in desperate need of better and more effective treatments. Some people can't tolerate the side effects."

If Dobbs had to pay for the medicine out of pocket, it would cost \$1,000 for a month's supply, she said.

"Avonex is the main medicine that really is maintaining my MS," she said. "The biggest thing is I sometimes have trouble with my walking. My legs get so tired. And I can't get too hot."

Dobbs was dealt another blow in 2002, when her husband of 30 years wanted a divorce. She picked up the pieces, however, and realized she needed to go on.

"I don't think he could deal with it," she said. "That's been pretty hard, but if I made it through what I went through in 1997, then I can get through anything."

Her faith in God also has kept her looking to the future.

"I just try to stay positive in my life," she said. "I'm getting out and meeting new people. Healthwise, I feel I'm doing well."

Dobbs decided to surprise her daughter, Rachel, with a spring break trip to Florida. A Columbus East High School senior, Rachel is focusing her senior project on MS awareness.

"We had a really nice time," Dobbs said. "I rode all kinds of things. I did everything I wanted to do."

Dobbs remains optimistic that researchers will find a cure for the elusive illness. She also hopes public awareness will encourage people suffering in silence to seek treatment.

"A lot of people won't admit they even have it, so they never really get in the official count," she said. "It's something a person needs to learn to live with. You can get by. You can survive from it. You just have to go on."

WHAT: Third annual Columbus MS Walk.

WHY: To raise money and awareness for multiple sclerosis, a chronic, often-disabling disease of the central nervous system that strikes people between the ages of 20 and 50.

WHEN: Registration begins at 9 a.m. Saturday. The walk starts at 10 a.m.

WHERE: Begins and ends at Columbus City Hall.

ROUTES: 1- and 3-mile options through downtown and scenic Mill Race Park.

GOAL: 150 walkers; \$17,000 raised.

INFORMATION: (800) FIGHT-MS or msindiana.org. To volunteer on walk day, call Donna Dobbs at 342-3914.

MS facts

1 MS is an unpredictable disease. Symptoms vary greatly from person to person and vary over time in the same person.

1 MS is thought to be an autoimmune disease. The body's defense system attacks myelin, the fatty substance that surrounds and protects the nerve fibers of the brain, optic nerves and spinal cord. When any part of the myelin sheath or nerve fiber is damaged or destroyed, nerve impulses to and from the brain are distorted or interrupted.

1 The symptoms of MS may include tingling, numbness, painful sensations, slurred speech and blurred or double vision. Some people experience muscle weakness, poor balance, poor coordination, muscle tightness or spasticity, or paralysis.

1 MS is not a fatal disease. Individuals have near-normal life expectancies. Statistics suggest that two out of three people with MS remain able to walk over their lifetime, but many of them will need a cane or other assistive device.

1 MS is not always easy to diagnose because symptoms come and go. A conclusive or definitive diagnosis requires evidence of multiple patches of scar tissue in different parts of the central nervous system, and at least two separate attacks.

1 Others experience a progressive disease course with steadily worsening symptoms. The disease may worsen steadily from the onset (primary-progressive MS) or may become progressive after a relapsing-remitting course (secondary-progressive MS.)

1 Most people are diagnosed between the ages of 20 and 50, and about two-thirds are women. The disease is frequently found among people who grew up in colder climates.

1 Studies indicate that genetic factors make certain individuals susceptible to the disease, but there is no evidence that MS is directly inherited.

1 Today, there are four federally approved medications that treat MS. Avonex, Betaseron and Copaxone have been shown to be effective in slowing down the natural course of MS. Clinical experience suggests they are most effective if taken early. Novantrone is effective in slowing MS that is rapidly worsening or becoming progressive. It is not approved for primary-progressive MS.

Source: National MS Society brochure "What is Multiple Sclerosis?"