Endovascular treatment improves outcomes for stroke patients - continued

According to Dr. Kabbani, the benefits of endovascular treatment include:

- More time—treatment can be provided up to six hours after a stroke versus the four-and-a-half-hour window for tPA.
- It offers a potential treatment option for patients who are not eligible for tPA.
- There was no increase in mortality or intracerebral hemorrhage. In one study, mortality was actually reduced by 50 percent.
- There’s a clinically significant increase in functional independence. In the studies, many patients had a modified Rankin Scale (mRS) score of 2 or lower when assessed 90 days after stroke.

So why the difference in results of these recent studies compared with earlier studies? "The primary reason seems to be the development of stent retrievers— they were not available in the earlier studies. Also, the endovascular treatments were delivered more quickly and there are appropriate facilities, protocols and staff in place including a neurointerventionalist."

To get your patient the best and fastest care possible, Gundersen also offers telestroke services to many regional emergency rooms as well as critical ground and air transport.

Endovascular intervention isn’t for all stroke patients and there are some risks including downstream embolization, vessel dissections and perforations. But in the studies, the occurrences were very small and the benefits outweigh the risks.

With careful patient selection using CT, fast treatment and use of retrieval devices, there is an overwhelming clinical benefit to clot removal in conjunction with standard treatment. "It’s just a matter of time before this becomes the new standard of care," concludes Dr. Kabbani.

*MR CLEAN, ESCAPE, EXTEND-IA and SWIFT PRIME, all presented at the 2015 International Stroke Conference.*
Hematology and medical oncology outreach available in Boscobel

Gundersen Health System’s commitment to quality care close to home is being enhanced with the Center for Cancer & Blood Disorder’s new outreach in Boscobel, Wis. Gundersen hematologist and medical oncologist David Marinier, MD, FACP, now sees patients at Gundersen Boscobel Area Hospital and Clinics.

By traveling to Boscobel on the second and fourth Thursday of every month, Dr. Marinier is helping relieve the burden of a 130-mile round-trip drive to La Crosse for area patients. He provides consults for newly referred hematology and medical oncology patients, and routine follow-up care for existing patients. Oral and intravenous chemotherapy treatments are also available in Boscobel.

Gundersen Echocardiography receives reaccreditation

Among the advanced diagnostic tools frequently used to evaluate heart structure and function is a noninvasive echocardiogram. The skill of the technologist performing the exam, equipment used, knowledge of the interpreting doctor and quality measures are all critical to quality patient testing.

Gundersen in La Crosse, has been granted three-year reaccreditation in pediatric and adult transthoracic echocardiography by the Intersocietal Accreditation Commission (IAC). Gundersen has held accreditation continuously since 2006. To receive accreditation, Gundersen Echocardiography Laboratory has undergone a thorough review of its operational and technical components by a panel of experts—confirmation that you and your patients can rely on.

Echocardiography accreditation is required in some states and regions by the Centers for Medicare and Medicaid Services (CMS) and by some private insurers. Make certain your patients’ echocardiography procedures are performed within accredited facilities, because, for many organizations, accreditation is voluntary.

New Telemmedicine Services
To schedule a telemedicine appointment for your patient, call MedLink at (800) 336-5465 or in La Crosse call 775-5465.

Medical Oncology
David Marinier, MD
Locations: Gundersen Boscobel Area Hospital and Clinics, Boscobel, Wis.

Diabetic Education
Holly Barrichter, RN, MD
Locations: Gundersen Tri County Hospital and Clinics, Whitehall, Wis and Gundersen Harmony Clinic, Minn.

Telesstroke
Clare Braun Hashemi, MD; Gregory Fischer, MD; Mary Goodsett, MD; John-Peter Temple, MD; Ragasri Kumar, MD; and Concepcion Santillan, MD
Emergency Departments in these Wis. locations: Black River Memorial Hospital; Gundersen Boscobel Area Hospital and Clinics, Boscobel; Gundersen St. Joseph’s Hospital and Clinics, Hillsboro; Tomah Memorial Hospital; Vernon Memorial Hospital, Viroqua, and Gundersen Tri County Hospital and Clinics, Whitehall

Palliative Care
Allison Harbour, MD
Location: Gundersen St. Joseph’s Hospital and Clinics – Hillsboro, Wis.

Palliative Care
Concepcion Santillan, MD
Location: Gundersen St. Joseph’s Hospital and Clinics – Hillsboro, Wis.

Radiation Oncology
Colin Driscoll, MD
Location: Gundersen Prairie du Chien Clinic, Wis.

New Practices
Laurie Polubinsky, MD
Behavioral Health
Gundersen La Crosse Clinic

Charles Clark, MD
Family Medicine
Gundersen Onalaska Clinic

Kate O’Rourke, DO
Family Medicine
Gundersen St. Joseph’s Hospital and Clinics – Hillsboro

Medical Education
2015 Ethics and Boundaries—Risk Management Tips for Mental Health Professionals
May 18, Rasmus Center, Gundersen Healthy System, La Crosse

2015 Pharmacology Conference
Sept. 25, Lunda Center, Western Technical College, La Crosse

For more information and/or register visit gundersenhealth.org/seminars

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Neonet delivers prompt video support to providers managing newborns in crisis - continued

Seeing a baby in real time while consulting with a physician has definite advantages, according to neonatologist Ngozi Nduka, MD. “With a telemedicine unit, I can listen to the baby’s heart rate with a stethoscope and talk to the provider while examining the color of the baby, its movement, alertness and any signs of respiratory distress. It helps us make a better decision about whether the baby needs to be transferred or if we can work with the provider to treat the infant,” explains Dr. Nduka.

Neonet was not established to encourage the transfer of babies to Gundersen’s NICU. “It’s always beneficial to have mom and baby stay in their hometown hospital when possible. Telemedicine provides families access to a neonatologist who can work collaboratively with the provider to decide if transfer is necessary,” says Kim.

If a transfer is necessary, telemedicine can help stabilize the baby. “The first hour is often critical for premature infants who require respiratory support. With telemedicine, we can advise how much c-pap to give and keep babies going without intubation until our Neonatal Transport Team arrives,” explains Dr. Nduka.

Telemedicine also prepares the team for the condition NeoNET was not established for—when the arrival is expected to go live with NeoNET this year. To refer a patient or for more information, contact the NeoNET protocol at (800) 336-5465. If you have questions on how to set up a telemedicine program in your newborn nursery, contact Kimberly Hable, RN, Regional Services, at (608) 799-6548.

The Uterine Fibroid Clinic is here to help educate patients about all of their options, refer them to the appropriate specialist(s), and ultimately, help them select a treatment that best fits their needs,” says Dr. Benden.

The Uterine Fibroid Clinic is here to help educate patients about all of their options, including:

- Medications to slow or stop fibroid growth
- Laparoscopic or robotic myomectomy
- Vaginal, laparoscopic or robotic hysterectomy—the only procedure to guarantee an end to fibroids

“Neonatal Transport Team arrives,” explains Dr. Nduka.

With early intervention, PAD can lead to ulcers, infections, gangrene, amputation, poor quality of life and early death.”

Researchers, using data from the Centers for Medicare and Medicaid Services (CMS) for 2000 through 2008, looked at PAD and amputations. Of the roughly 3 million patients hospitalized for PAD, about 6.7 percent underwent lower extremity amputations as a result.

But, there’s promising news. The number of PAD-related amputations has declined in the last 10 years because of:

- Early recognition
- Medical management when caught early
- Improved revascularization techniques

With PAD, healthcare providers need to look at intermittent claudication and critical limb ischemia, but also be aware that fewer than half of patients with PAD are symptomatic. That’s why it’s so important to screen patients for PAD and look at co-morbidities such as diabetes, renal disease and coronary/carotid artery disease,” suggests Dr. Shakhnovich.

“Patients who have had diabetes for a decade or more have a 23 times greater risk of ulcers,” she adds. “So if your patient has diabetes and foot ulcers, consider a referral to a vascular specialist right away. The earlier your patient sees a specialist, the better the chance of successful revascularization and preventing amputation.”

Dr. Shakhnovich also suggests, “If you have a patient with PAD symptoms, you should perform an ankle-brachial index (ABI) to establish PAD. ABI should also be performed as part of annual physicals for patients who are:

- Older than age 70
- Age 50-69 with other risk factors like diabetes or smoking
- Experiencing exertional leg pain

But note that an ABI in diabetic patients can result in falsely elevated numbers secondary to severe calcification. Above 1.4, the patient needs further studies such as toe pressure or angiogram which can be done at Gundersen.

Treatment of PAD is mainly medical, not surgical. If treated early, most patients can avoid percutaneous or surgical intervention. First-line treatment should include:

- Smoking cessation
- Diabetes management
- Antiplatelets like aspirin
- Lipid reduction generally using statins
- Structured walking program
- Patient education and monitoring

But if that fails after a few months, or there’s life-limiting claudication, surgery may be needed. Dr. Shakhnovich explains, “Your patients may be a candidate for revascularization if there are ulcerations on the feet, pain in the calf or toe at rest and/or critical limb ischemia—all symptoms that put the patient at higher risk of amputation.”

Gundersen Vascular Medicine takes a multidisciplinary approach for the diagnosis, treatment, secondary treatment and vascular rehabilitation of patients. Those with intermittent claudication are generally seen by a Vascular Medicine physician, but if patients have more serious symptoms, they are seen by a vascular surgery and/or interventionalist to expedite the process.

For questions or a referral, contact Gundersen Vascular Medicine via MedLink at (800)336-5465 or 775-5465 in La Crosse.

To refer a patient or for more information, contact the NeoNET protocol at (800) 336-5465. If you have questions on how to set up a telemedicine program in your newborn nursery, contact Kimberly Hable, RN, Regional Services, at (608) 799-6548.

“Telemedicine also prepares the team for the condition most under-recognized and under-treated diseases in our country,” reports Gundersen vascular surgeon Irina Shakhnovich, MD. “Without early intervention, PAD can lead to ulcers, infections, gangrene, amputation, poor quality of life and early death.”

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You can sign up for the electronic version of Medlink News at gundersenhealth.org/medlink.
Pediatric hematology and oncology offered close to home

Jennifer Orozco, MD
Gundersen Pediatric Hematology & Oncology

Groups 和 adolescent cancer clinical trials organization. Through COG, Gundersen collaborates with other institutions, such as MD Anderson and St. Jude Children’s Research Hospital, to identify the most effective cancer treatment methods.

Childhood cancer definitely affects the child, but has an obvious impact on the parents, siblings and extended family. “For this reason, we not only treat the child but the whole family.” The team works collaboratively with Child Life, Social Work, Spiritual Care, Behavioral Health, Nutrition Therapy, Music and Pet Therapy, and Palliative Care to ensure all of the family’s needs are met. “And because we’re a small program, we can spend extra time with the children and families, or make classroom visits for age-appropriate discussion of the child’s diagnosis,” she adds.

In addition to focusing on the needs of the family, communication with the child’s primary care team is also key. “We notify the primary care clinician of the patient’s diagnosis or admission within 24 hours of seeing the patient. During the treatment of cancer, children are often not seen as frequently in their primary care clinic. Therefore, we provide regular updates on the child’s status to smooth the transition back to the primary care physician once the child is in remission,” states Dr. Orozco.

To refer a patient to Pediatric Cancer & Blood Disorders, call the MedLink scheduling specialist at (800) 336-5465. In La Crosse, call (608) 775-5465. To learn more, go to gundersenhealth.org/kidscancer.

Headache Clinic offers teen patients easy access to multiple specialists

An estimated half of all teenagers, ages 13-18, get chronic headaches—migraines, tension/stress headaches or both. Often these are frequent headaches which lead to missing a lot of school, extracurricular activities, social life and family life.

“Many times, headaches and migraines can be treated in the primary care setting, but if a case is complicated, difficult to manage and the headaches are interfering with quality of life, it may be time to refer your patient to Gundersen’s Child and Adolescent Headache Clinic,” reports pediatric neurologist John-Peter Temple, MD.

In a single visit in Neurosciences on the Gundersen La Crosse Campus, the patient meets with members of the multidisciplinary team, including:

- Dr. Temple or a Pediatric Neurology nurse practitioner who takes a history and performs an examination
- Pediatric behavioral health therapist in New Beginnings
- Psy2, for an evaluation of emotional causes or results of the headaches

Registered dietitian Valerie Pampuch, RD, to review the importance of good nutrition and hydration, and avoiding headache triggers such as caffeine and concentrated sweets

A pediatric neurology nurse to discuss the impact of exercise, sleep habits, activities and screen time, and review the team’s assessment and plan

Depending on the findings, further testing may be required, including an MRI or blood tests. Treatment may include medications to prevent headaches or to take when headaches occur; diet, sleep and other lifestyle modifications; and counseling.

Your teenage patient may also be a candidate for a special five-week group program. The group meets weekly to discuss headache causes and prevention, peer support, relationships and stress management to help manage headaches.

If the first visit, a member of our team will follow up with a phone call. We recommend a follow-up clinic visit in six to eight weeks to see if we are on the right treatment path and to make adjustments if needed,” explains Dr. Temple. “The patient is seen again at three months and then every three to six months.”

According to Dr. Temple, “Sometimes headaches are so ingrained it can take a while to turn things around. We may need to try different medications or treatment options. But once a treatment plan is in place and working well, we generally send the patient back to the primary care provider for ongoing management. But we’re always available for consultation or another referral appointment, if needed.”

Gundersen also offers a pediatric Traumatic Brain Injury/Concussion Clinic and First Seizure Clinic. For a referral or consultation to any of these specialty clinics, call Pediatric Neurology via MedLink at (800) 336-5465 or 775-5465 in La Crosse.

Uterine Fibroid Clinic outlines all treatment options for patients

Ezana Azene, MD, PhD
Gundersen Obstetrics & Gynecology

Nearly one third of women will develop uterine fibroids by the time they reach age 35, and about 70-80 percent of women will do so by age 50. Now, patients seeking minimally invasive treatment for problematic fibroids can learn about all of their options at Gundersen Health System’s new Uterine Fibroid Clinic.

“Thirty years ago, medications or total abdominal hysterectomy would have been the only choices for patients with fibroids. Today, there are several minimally invasive treatments which can lead to quicker recovery,” says Gundersen obstetrician/gynecologist Dana Benden, MD, who together with interventional radiologist Ezana Azene, MD, PhD, developed the Uterine Fibroid Clinic at Gundersen.

The comprehensive clinic is designed to be a starting point for patients where all therapy options can be discussed. This includes uterine fibroid embolization (UFE, pronounced “you-fee”), an effective non-surgical procedure that is underutilized in our region.

Performed by an interventional radiologist, UFE is a minimally invasive, image-guided procedure that blocks blood flow to fibroids in the uterus. “UFE has been extensively studied in multiple trials, all of which support it as a safe, effective therapy for symptomatic fibroids in appropriately selected women. The strength of this data led the American College of Obstetrics and Gynecology to give UFE a ‘Level A’ recommendation as an alternative to hysterectomy in the management of fibroids,” explains Dr. Azene.

Hundreds of thousands of women in the U.S. and around the world have had UFE. Advantages of UFE include fewer complications than surgery, faster recovery, it’s an outpatient procedure, it treats the entire uterus, there’s no abdominal scar and it may be repeated if necessary.

Although UFE is very safe with an extremely low risk of side effects, it’s not right for all women, especially those