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Spirit of St. Luke's, Spring/Summer 2004

Aurora Health Care

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As I read through the articles in this issue of Spirit, I cannot help but think about miracles. Although organ and tissue transplantation is a fairly common procedure in today’s world, it still seems miraculous to me. As a young nursing student at University Hospital in Madison, Wisconsin, I had the privilege of working on the hospital’s kidney transplantation unit. These were the early days in transplantation’s history, and we spent far more time mourning our failures than celebrating our successes. Yet I experienced the joy of seeing patients leave the hospital the healthiest they had been in months or years. We witnessed a new life begin.

In a far less dramatic way, I am currently in the midst of change. I am beginning a new phase of my professional life as a Wisconsin resident once again, with a new position as Vice President of Philanthropy for Aurora Health Care. I am thrilled to be part of a health care system that is constantly innovating — seeking cutting edge, better ways to improve health and health care. In addition to the treatment breakthroughs chronicled in this issue of the Spirit, St. Luke’s pioneers in so many areas of health care provision. I am impressed by the outstanding efforts of the Karen Yontz Center to educate women about heart disease. Heart disease is the #1 killer of women nationwide, yet it is recognized as such by only 13% of us. I am equally impressed by the Cancer Counseling Center’s efforts to reach out and heal the emotional wounds cancer inflicts on patients and families.

Each time I see people from all walks of life using these services, I am reminded that each of us can make a difference. I want to begin my tenure here by thanking you for making miracles happen every day at St. Luke’s. Together we will continue the legacy of caring, volunteer action and financial support that makes it possible to offer state-of-the-art programs like the Karen Yontz and Cancer Counseling Centers. It is my hope that I will be able to play a part in continuing this legacy, to benefit St. Luke’s patients and our families of the future.

Nancy Kaufman
Vice President of Philanthropy
Aurora Health Care
St. Luke’s Heart Care Center and Patient Tower

Raising standards in care and comfort

Inside the Patient Tower

In addition to supporting specialty care, the new Tower was designed with innovative features that promote efficient patient care delivery while enhancing a healing environment:

- Decentralized nurse stations offer more face-to-face interaction with patients and their families.
- Private, spacious rooms allow loved ones to remain in the room, staying involved with the patient’s care and recovery.
- Computerized patient charting provides quick access to information.
- Lab and radiology services located on each floor provide critical information about a patient’s status quickly to expedite diagnosis and treatment.
- Dedicated patient elevators offer quick transport and privacy.
- Bedside registration, meaning patients who are being admitted can go directly to their rooms.
- Large, comfortable family lounges with kitchenettes provide a place for visitors to store and prepare snacks and special meals brought from home.
- Individual temperature controls in each room, as well as patient-controlled lighting options.

If you’d like to tour the new St. Luke’s Heart Care Center and Patient Tower, please contact Damon Lodge in the St. Luke’s Office of Philanthropy at (414) 649-7122.

The Multi-Organ Transplant Program at St. Luke’s Medical Center

If you ask the people at St. Luke’s Medical Center who specialize in transplant medicine about what they do, their talk quickly goes beyond organs and tissues. In their view, the St. Luke’s story is less about transplant surgery and more about transforming lives.

The first thing you’ll learn at St. Luke’s is that some of the traditional rules for assessing a medical specialty don’t fully apply to a transplant program. Transplant programs aren’t about surgical soloists or one-of-a-kind medical technology. Successful transplant teams are the ones that excel at every step of the process, from comforting the family of an organ donor to making sure patient medications stay up to date for decades after a successful transplant takes place.

“The quality of every accredited transplant program is a given, at least as far as the basics are concerned,” said Ralph B. Fairchild, MD, a transplant surgeon and Director of St. Luke’s abdominal transplant program. “No group of specialties is more highly scrutinized than transplant surgeons. The difference between programs can be seen in the way they do surgery and all the things that surround the surgical event.”

A prestigious heart history

This history of St. Luke’s transplant program stretches back to 1960, when Dr. Derward Leply joined St. Luke’s and developed the state’s first cardiac catheterization program, turning St. Luke’s into one of the Midwest’s top heart care centers. Dr. Leply’s primary specialty was heart valve surgery, but perhaps he was best known for performing the Midwest’s first heart transplant, with Dr. W. Dudley Johnson, on October 21, 1968, on Betty Anick of West Allis. Betty became the 64th patient to undergo a heart transplant in the world and only the 7th or 8th in the United States. She went on to become the world’s longest living female heart transplant survivor. Betty died in 1977, eight years and five months after her surgery.

Elvina Fillner was the second person to receive a heart transplant at St. Luke’s. Fillner died 25 days after surgery. As a result, St. Luke’s physicians suggested that an active transplant program at the hospital should be delayed because a solid research program had not been established to support it.

With the introduction of promising new anti-rejection drugs in the early 1980s, organ transplant programs were jumpstarted again. The new generation of medications significantly improved patients’ chances of surviving long-term with a new heart, lung or liver. “It was really dramatic,” recalled David H. Van Thiel, MD, who was a transplant physician at the time and today serves as the primary transplant hepatologist for the liver transplant program at St. Luke’s. “Before then, liver transplants were a cottage industry at best.” he said. “Then suddenly survival rates shot up from 30% to 75%. Today they’re at 90%-95%.”

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A transplant is always a team effort, and our focus has been on finding people who won't settle for anything less than the best outcome, and who are willing to work 24 hours a day, seven days a week to achieve it.

In 1984, Alfred J. Tector, MD, one of the nation’s leading thoracic surgeons and a major contributor to St. Luke’s world renowned reputation for excellence in heart care, took the lead in establishing a heart transplant program here. “I believe St. Luke’s has a transplant program today because of the vision and foresight of Dr. Tector,” said Cindy Hoyt-Harvey, RN, Manager of St. Luke’s Transplant Services. “He had the passion and dedication to put together a superior team of experts that has been able to accomplish it.”

Dr. Tector traces his interest in transplantation to his earlier experiences as a surgical resident, in the days when the technique was pioneered. “I remember doing my first transplant…how exciting it was, and how interesting,” Dr. Tector recalled. “It’s still exciting to me when I’m able to take a desperately ill person and do something that can literally turn their life around.”

Now Director of St. Luke’s entire multi-organ transplant program, Dr. Tector oversees the unique collaboration of medical specialties that is critical to a successful transplant program. “Everyone must do their job to the Nth degree,” he stated. “A transplant is always a team effort, and our focus has been on finding people who won’t settle for anything less than the best outcome, and who are willing to work 24 hours a day, seven days a week to achieve it.”

Multiple organs with equal excellence
After establishing a nationally recognized program in heart transplantation, the team at St. Luke’s began expanding its scope of care to other transplant organs.

Growing the program required the recruitment of additional transplant surgeons, a task made more challenging by the fact that world-class expertise in this area is possessed by relatively few physicians. “Not just any surgeon can transplant a heart, a lung or a liver,” said Dr. Fairchild. “A procedure this complex takes a special kind of skill, and you only find that in a physician with an extraordinarily high level of commitment.”

Fortunately for St. Luke’s, the distinguished reputation of Dr. Tector and his first-rate heart transplant team make it possible to continually recruit other high-caliber doctors to Milwaukee, such as world-renowned transplant pathologist David H. Van Thiel, MD. A hepatologist is a physician with special training in the treatment and management of liver diseases. Dr. Van Thiel now leads the liver disease program at St. Luke’s, working with surgeons to manage a patient’s care before and after the operation. He helped pioneer many of the techniques of liver medicine over the course of 20 years at the University of Pittsburgh Medical Center, long known as the nation’s leading liver transplant hospital.

Dr. Van Thiel was recently drawn to St. Luke’s by the same spirit of innovation he enjoyed in Pittsburgh. “When I looked around, I saw the opportunity to truly create something excellent here with Dr. Tector and Dr. Fairchild,” he said. “From our very first conversation, Dr. Fairchild’s and my visions were identical… it’s uncanny.”

Over the years, the program has continued to attract top physicians from across the nation. Among them is transplant pulmonologist Theodore J. Gronski, MD, from Washington University in St. Louis, the nation’s leading lung transplant center, and Francis X. Downey, MD, who brought with him extensive experience in lung transplant surgery from Loyola University Medical Center in Chicago, where he was part of a team that performed over 50 of these relatively rare operations in a single year.

Dr. Fairchild joined the St. Luke’s staff from Tufts-New England Medical Center, where he was recognized as both a noted transplant surgeon and an internationally renowned clinical educator. “It’s important that we bring a wide range of experience from different centers,” said abdominal transplant surgeon Anil Parmesb, MD, who recently came to St. Luke’s from Mount Sinai Hospital in New York City. “It’s the combination of people from outstanding backgrounds that gives us our strength and successful patient outcomes.”

Transplant pulmonaryologist Theodore J. Gronski, MD

The best medicine: long-term relationships
In addition to practicing among some of the most skilled transplant surgeons in a state-of-the-art medical center, many St. Luke’s physicians were also attracted to the hospital’s unique approach toward the transplant patient as an individual.

The personal connection between a patient and the transplant team is particularly acute in the intense days and weeks immediately following a transplant. The schedule tapers over the months following transplant.

Building a close relationship does more than merely make a patient feel comfortable, the doctors said. The quality of interaction also plays a critical role in the long-term health of transplant patients; since the body’s immune system never fully accepts a transplanted organ, a regimen of rejection-fighting drugs is a lifelong necessity. Patients form a close personal attachment to the physicians, nurses and technologists on their transplant team.

“Our patients really become our families,” said program manager Hoyt-Harvey. “That’s an important part of the healing process, and our environment makes that happen. You really are connected to the transplant center for life.”

Coordinators make a difference
A key component of St. Luke’s transplant program is the presence of a Transplant Coordinator — a nursing professional who follows each transplant patient beginning with the first office visit, through their surgery, and continuing throughout the subsequent years of follow-up care. “Our patients really prefer it that way,” stated Pauline Schauer, RN, a thoracic transplant coordinator who works with lung transplant patients. “Some other transplant programs have separate coordinators for each phase of the process. That may make it easier for the program, but it doesn’t necessarily make it better for the patient.”

By providing

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We're doing pioneering work in assessing the quality of life ... Our target for success is getting people back to work and the everyday activities they enjoyed before they got sick, not simply keeping them alive.

The Organ Donation Process

Today there are over 84,900 Americans awaiting an organ transplant. St. Luke's Medical Center has more than 150 patients waiting.

When a patient is accepted for placement on the transplant program's waiting list, they are registered with the Organ Procurement and Transplant Network's centralized computer network which links all the organ procurement organizations and transplant centers. When a donor organ becomes available, the computer generates a list of potential recipients ranked according to objective medical criteria:

- Blood type
- Tissue type
- Size of the organ
- Medical urgency of patient
- Time patient has spent on waiting list
- Distance between donor and recipient

We often hear of the wonderful results of organ transplantation, but what many people don't realize is that even before the recipient is taken to the operating room to receive his or her gift of life, there have been people working behind the scenes to make certain that everything goes smoothly. The St. Luke's Organ Sharing Network (OSN) coordinator is just that person. The process begins when a donor is identified as a potential match for a patient waiting for a transplant — that's when the OSN coordinator goes to work. The OSN coordinator plays a key role in the process — organizing everything from the donor evaluation, to communicating with the transplant surgeon and arranging for the organ recovery and transporting it to its final destination . . . the individual waiting for a second chance at life.

Each person who chooses to donate organs and tissues has the power to save or improve 60 lives.