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Clinical CORNER

Nonsurgical treatment offers relief from bowel incontinence

Surgeons at RUSH are now offering a minimally invasive procedure to treat patients with bowel incontinence, a condition that affects approximately one in 13 adults. Bowel incontinence is most commonly caused by damage to the pelvic floor sustained during childbirth, but it may also be a side effect of anorectal surgery, neurologic disease or age-related nerve slowdown and muscle weakness.

Currently, the treatment options for patients with bowel incontinence include taking fiber supplements, medical management, biofeedback or surgery. "But the conservative treatments have only modest effectiveness. And while surgery is effective, it may entail a significant recovery period," says colorectal surgeon Marc Brand, MD. "By contrast, the Secca procedure is performed on an outpatient basis and requires relatively minimal interruption in the patient's daily life, while allowing a significant chance for improvement."

The Secca procedure involves delivery of radiofrequency energy to the anal canal to improve the barrier function of the muscle. The procedure takes approximately 45 minutes with the patient under conscious sedation. Patients go home approximately one to two hours after the procedure and typically resume normal activities within several days.

RUSH Programs and Services Spotlight

RUSH Fetal and Neonatal Medicine Program

The RUSH Fetal and Neonatal Medicine Program provides specialized, multidisciplinary care for pregnant women and their unborn children. The program brings together myriad specialists (see complete list under "Participating physicians") who meet as a group with parents prior to delivery, review patient cases, exchange opinions and share observations based on their experience and expertise. Their goal: to accurately diagnose problems as early as possible in utero, then devise well-coordinated, individualized treatment plans for each pregnant patient and her infant.

Using a variety of diagnostic tools — first- and second-trimester serum screening for chromosomal anomalies, ultrasound (including 3D and 4D, as necessary), fetal echocardiography, amniocentesis, chorionic villus sampling and fetal MRI — physicians at RUSH can diagnose problems such as:

- Abdominal wall defects
- Any combination of structural or genetic disorders
- Congenital fetal heart anomalies
- Craniofacial defects
- Genetic disorders, such as cystic fibrosis or Down syndrome
- Isoimmunization
- Neural tube defects (e.g., spina bifida)

After diagnosis is confirmed, the fetal and neonatal team develops treatment plans to implement in utero and/or once the child is born, working closely with the parents and their primary health care providers. Expectant parents have 24-hour access to a prenatal nurse practitioner, and care is coordinated by one person who is a direct link between parents and caregivers.

Participating physicians

Co-directors, RUSH Fetal and Neonatal Medicine Program

Robert E. Kimura, MD
Director, Section of Neonatology

Jacques S. Abramowicz, MD
Director of obstetrical and gynecological ultrasound

Specialists

Ethicists
Geneticists
Obstetricians
Orthopedic specialists
Pediatric cardiologists
Pediatric hematologists
Pediatric neurologists
Pediatric surgeons
Pediatricians
Perinatologists
Neonatologists
Neurosurgeons
Reconstructive surgeons
Social workers
Urologists
Other pediatric subspecialists
Advanced training nurses
Chaplains

Patients and referring physicians may first contact Maria R. Reyes, RNC, MSN, CNP, to ensure they see the appropriate specialists. To schedule an appointment, call Maria at (312) 942-9472 or the hotline at (312) 942-RUSH (7874). For more information, see the program listing under "Clinical Services" on the RUSH Web site, www.rush.edu.

focus on CONTINUING AND GRADUATE MEDICAL EDUCATION

Continuing Medical Education

Revisiting Approaches to the Management of Complex Gastrointestinal Disorders: NSAID-Induced Injuries and Pediatric GERD Digestive Disease Week – 2006

May 22, 2006
Credit hours: 1.5
Sponsoring department: Department of Medicine, Division of Digestive Diseases and Nutrition
Course director: Seymour M. Sabesin, MD
Location: Los Angeles
Contact: Seymour M. Sabesin, MD, University Gastroenterologists
Phone: (312) 563-3877
Fax: (312) 563-3930
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The 18th Annual Thesis Day

Department of Orthopedic Surgery

Searle Conference Center – Room 542
Friday, June 30, 8 a.m. - 4 p.m.

"Why Did We Leave Charnley Total Hip Replacement?" and "Mobile Bearing Knee Replacements: Are We Going Forward, Backwards or Sideways?"

Featured speaker: John J. Callaghan, MD, University of Iowa Health Care, the Jorge O. Galante, MD, Visiting Professor



From the Research and Clinical Trials Administration Office

Systemic Lupus Erythematosus Study

Systemic lupus erythematosus (SLE) is a disease in which flares may occur, causing a wide range of symptoms, disease activity and damaging effects on many organs and body systems. The Section of Rheumatology is conducting two phase three studies of the drug Epratuzumab: The first will determine whether the drug is an effective treatment for acute lupus flares; the second will determine whether the drug improves the signs and symptoms of SLE. Both studies will be conducted over a 48-week period, with each patient completing three consecutive 12-week treatment cycles.

Patients may qualify for these studies if they:

- Are 18 years of age or older
- Have been diagnosed with SLE for at least six months
- Have been on oral prednisone (7.5-20 mg./day) for at least four weeks
- Have been receiving either an immunosuppressant for at least eight weeks or an antimalarial for at least 12 weeks

For more information, contact Joel Block, MD, at (312) 942-2167. Prospective patients should call Sharon Lariosa, MD, at (312) 942-2167.

Schizophrenia Study

The Psychiatric Clinical Research Center at RUSH is conducting a phase three, randomized, double-blind, crossover study to compare the overall safety and tolerability of an investigational antipsychotic medication in people with schizophrenia. Patients are randomized to one of three doses of a long-acting, injectable antipsychotic over a period of approximately six months.

Patients may qualify if they:

- Are 18 years of age or older
- Have a primary diagnosis of schizophrenia and are medically stable
- Have been on a stable antipsychotic regimen for at least 45 days

For more information, contact Philip Janicak, MD, at (312) 942-942-7287 or page the Psychiatric Clinical Research Center at (312) 942-6000, ID# 7355. Prospective patients should call (888) 762-7272.

Correction

The investigator for the Pediatric Growth Study featured in the February/March issue is Richard Levy, MD, (312) 942-8989. *RUSH Physician* regrets the mistake.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of RUSH University Medical Center between January 1, 2006, and February 28, 2006. The Medical Staff Office and the Office of Marketing Communications have made every effort to publish accurate information that is as complete as possible; however, if the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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EYE on QUALITY: JCAHO Update

A critical distinction between tests and results

Q: Within the national patient safety goal “improving the effectiveness of communication among caregivers,” what is meant by the term “critical test/results?”

A: Much of the confusion about this requirement has centered on the term “critical test/result.” Is JCAHO talking about a test result that is critical or the result of a critical test, or both? To clarify, it’s important to make a distinction between “critical tests” — tests that will always require rapid communication of the results, even if the results are normal — and “critical results” — findings, even from routine tests, that must always be rapidly communicated.

Critical tests are commonly identified as “stat” exams. According to JCAHO, an organization may define other types of tests that should always require rapid communication of results. The key measurement for any critical test is the interval of time from when the test is ordered to when the results are reported.

For critical results, it may be useful to develop a list of the more common findings that warrant rapid communication (e.g., “panic values” or “red-line values”) and add “other results that are determined by the laboratorian, radiologist or other diagnostician to be critical to the patient’s subsequent treatment decisions.” Since you won’t know whether the result is critical until the test is done, the key measurement here is the amount of time between identification of the critical result and the reporting of it. If a subset of critical results is not defined by the organization, JCAHO surveyors will consider all verbal or telephone reports of diagnostic tests to be critical.

RUSH has defined these terms for the medical labs, cardiology, anatomical pathology and diagnostic radiology. If you have any questions regarding this patient safety goal or anything related to the Joint Commission, please call Quality Improvement at (312) 942-7116.

Kudos

Cancer program honored

RUSH’s cancer program recently received a 2005 Outstanding Achievement Award from the American College of Surgeons Commission on Cancer (CoC). Established by the CoC in 2004, the award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. It is given annually to those programs that demonstrate a “commendation” level of compliance with seven standards, including program leadership, clinical services, research, community outreach and quality improvement. RUSH was the only cancer program in Chicago, and one of only two in Illinois, to receive this honor.

RUSH Ball raises the roof, sets records

The numbers are in, and they’re impressive. The 15th Annual RUSH Ball, held on January 21, 2006, drew an event record 469 guests and raised nearly \$92,000 — also a record — for RUSH Medical College student financial assistance. The event has become so popular that it has outgrown its venue; next year’s ball debuts at the spacious Hilton Chicago on February 3, 2007. After their successful run as event co-chairs, Jerome Hoeksema, MD, and Robert DeCresce, MD, have passed the torch to Joseph Hennessy, MD, and Robert March, MD. Hoeksema and DeCresce will continue to serve on the event committee.

Progress Notes

Kenneth J. Tuman, MD, has been appointed chairperson of the Department of Anesthesiology and also holds the new Anthony D. Ivankovich, MD, Endowed Chair in Anesthesiology. He previously was vice chairperson of the department. Nationally and internationally known for his research in cardiovascular anesthesiology, Tuman has served in leadership positions in numerous societies and organizations of his medical specialty, including as president of the American Board of Anesthesiology.