



From the Research and Clinical Trials Administration Office

Frequent Optimization of the Cardiac Resynchronization Therapy Defibrillator

The Section of Cardiology is participating in a frequent optimization study using the QuickOpt method. This worldwide study will evaluate the treatment benefits of optimizing the cardiac resynchronization therapy defibrillator (by adjusting the timing features within the device).

Participants must meet the following criteria:

- Have a St. Jude Medical Cardiac Resynchronization Therapy Defibrillator that has the advanced timing features, along with a compatible lead system
- Be able to complete a six-minute hall walk
- Be able to independently understand and complete a quality-of-life questionnaire

This is a partial list of inclusion and exclusion criteria. **Kousik Krishnan, MD**, is the principal investigator at Rush. For more information, contact Jeanine Murphy, RN, BSN, at (312) 942-6745.

Overt Type 2 Diabetic Nephropathy Study

The Section of Nephrology is participating in a collaborative, worldwide group trial in overt type 2 diabetic nephropathy. The study will evaluate a new drug that has been shown to decrease the amount of protein in the urine, one of the early signs of kidney disease. Subjects will be randomized to either active drug therapy or matching placebo and will be seen at Rush every three months for approximately two to four years.

Participants must meet the following criteria:

- Have type 2 diabetes
- Be 18 years of age or older
- Have protein in the urine greater than 900 mg
- Have blood creatinine level between 1.5 and 3.0 mg/dL

This is a partial list of inclusion and exclusion criteria. **Marvin Sinsakul, MD**, is the principal investigator at Rush. For more information, contact Josephine Volgi, RN, CDE, at (312) 850-8434, ext. 248.

Rush Needs Your Vital Stats!

Update your physician profile any time your information changes using a convenient Web link. Your profile is used for "find a doctor" on the Rush Web site and by the Rush call center to guide referrals. To request the link, contact Barb Krah, director of call center services and customer relationship management, at (312) 563-4723 or Barbara_J_Krah@rush.edu. She will send the link to you via e-mail, along with instructions on how to access the online profile form.

Rush University Transplant Program

The Rush University Transplant Program, one of the largest and most experienced abdominal transplant programs in the Chicago area, provides comprehensive, personalized services for adults and children who undergo kidney, pancreas, kidney/pancreas and liver transplants.

Led by renowned transplant surgeon **S. Forrest Dodson, MD**, the program comprises five surgeons, a nephrologist, a social worker and transplant nurse coordinators. This experienced team is known for handling even the most complex patient cases, including high-risk recipients, and for using the latest medical and surgical innovations to improve outcomes.

The program offers the following services:

- Living donor transplants. There is a 95 percent greater chance of long-term success with living donor transplantation than with organs transplanted from deceased donors, according to national statistics.
- Micro-invasive and laparoscopic assisted nephrectomy procedures for kidney donors. In August, Rush began performing living donor kidney transplants using the new high-definition da Vinci Surgical System, which offers improved precision, shorter recovery and smaller incisions for the donor patient.
- Advanced techniques for vascular access renal procedures, including access grafts in patients who have no other access sites.
- Transplants using expanded criteria donor kidneys. The team at Rush has the most experience in Illinois — and an excellent success rate — with these organs.
- Transplantation for patients with HIV. The team at Rush is among the most experienced in Illinois at performing transplants in this patient population.
- Liver resections and living-related transplants using laparoscopic techniques.
- Innovative techniques, including intravenous immunoglobulin G and plasmapheresis, to ensure that highly sensitized patients are able to receive a transplant.
- Steroid-free immunosuppression customized for each patient.

Participating Physicians

University Transplant Program
1725 W. Harrison St., Suite 161

S. Forrest Dodson, MD
Director of Transplantation
Liver transplant surgeon

Edie Chan, MD
Liver transplant surgeon

Mariano S. Dy-Liacco, MD
Liver, kidney, kidney/pancreas and
pancreas transplant surgeon

Stephen Jensik, MD, PhD
Kidney transplant surgeon

Deepak Mital, MD
Kidney and kidney/pancreas
transplant surgeon

Samuel Saltzberg, MD
Nephrologist

To refer a patient or for more information about the transplant program, call (312) 942-4252.

— Rush Transformation Update —

During the first phase of planning for the new hospital, employees were given the opportunity to walk the floors when a giant "footprint" outlining a portion of a standard nursing unit was painted to scale on the ground directly east of the Atrium. This enabled employees to move from one area to another to get a sense of distances, adjacencies and work flow.

As the transformation plans continue and we begin to look at a higher level of detail in the design, employees will once again have the opportunity to take a break from discussions and written plans, and physically walk the units they are used to seeing only on paper.

Give Your Feedback on Mock-Up Rooms

A total of 10 mock-up rooms will be on display, each a fluid work in progress that will continue to evolve as more decisions are made. Built to scale, each room will start out with only four walls. As the design development stage continues, new components, from sinks and handrails to medical equipment, will be added to the rooms to test the feasibility of the recommendations.

Here is a list of the 10 mock-up rooms opening soon. The Office of Transformation will keep you posted as each room opens:

- 6 Rawson – a neonatal intensive care unit room, an emergency department exam room and an environmental service closet
- Ground floor Atrium – acute care and critical care patient rooms
- Rush West Campus (2150 W. Harrison St.) – a labor and delivery room, an operating room, a CAT scan room, a phase 2 recovery room and a meeting room

These rooms will continue to evolve and give us a sneak preview of what to expect in our new hospital. Your input is critical to the success of this process, so please take the time to provide feedback.



Clinical CORNER

Less Invasive Treatment for Varicose Veins

Treatment of varicose veins used to require the stripping of the vein, a procedure that involves an overnight hospital stay, a painful recovery period and a series of scars down the leg.

But a newer, minimally invasive approach called endovascular laser ablation and ambulatory microphlebectomy gives patients the same results with fewer adverse side effects. During the procedure, a laser is fed into the proximal portion of the greater saphenous vein through a catheter. The laser is slowly withdrawn as it pulses energy into the vein, causing the vein to close down. Branches of the varicose vein are then hooked and pulled, one at a time, out of the leg through 2-mm incisions. The miniscule incisions are closed with steri-strips and leave no scars.

Lasting approximately 90 minutes, the outpatient procedure is done under local anesthesia in the office. Patients are typically able to resume normal activity and return to work in a few days.

"Many of these patients have pain from their varicose veins that interferes with their daily activities," says general surgeon **Steven D. Bines, MD**. "With this approach, we're able to safely, effectively treat the underlying problem and restore quality of life."

Easy Relief From Problem Periods

More than 10 million women in the United States suffer from menorrhagia, or problem periods, characterized by heavy, prolonged bleeding that impacts quality of life. Signs include periods that last for more than seven days, and having to change a sanitary napkin or tampon every hour or less during a period.

Historically, women with heavy periods were offered treatments ranging from drug therapy to hysterectomy. But when the cause of the heavy bleeding is benign (e.g., hormonal changes, genetic bleeding disorders), these treatments are often ineffective or unnecessarily invasive.

One of the newer alternatives offered by urogynecologist **Bruce Rosenzweig, MD**, is endometrial ablation, which permanently removes the uterine lining. The NovaSure System, the most widely used endometrial ablation technique, is a 90-second outpatient procedure that can be performed under any anesthesia protocol at any time during a woman's cycle. Most patients return to work within a few days, whereas a hysterectomy often requires a recovery time of up to two months.

In May, the American College of Obstetricians and Gynecologists issued revised guidelines, concluding that endometrial ablation should be considered as a frontline treatment for women with "patient-perceived heavy menstrual bleeding."

That's good news says Rosenzweig, who estimates that 95 percent of the women he has treated with NovaSure have had successful outcomes.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of Rush University Medical Center between July 1 and July 31*, 2007. The Medical Staff Office and the Office of Marketing and Communications have made every effort to publish accurate information that is as complete as possible; if, however, 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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*Typically, this section covers a two-month period. Since an exceedingly high volume of physicians arrived in July and August, physicians who joined the Medical Staff between August 1 and August 31 will instead be featured in the December issue.

Progress Notes

Julio Silva, MD, has been appointed acting associate vice president and chief medical information officer, replacing Angela Tiberio, MD, in the role. Silva, who has been at Rush since July 2001 as associate clinical chair of the emergency department, has been an important member of the Epic implementation team. In his new role, he will be involved in information technology-related operations and projects, and will also support clinical strategy and services for the Medical Center.

Kudos

David A. Klodd, PhD, professor of otolaryngology and associate professor of communication sciences and disorders, was elected to the board of directors of the American Hearing Research Foundation. He will also serve on the research committee for the foundation. Klodd is an audiologist with expertise in audiological evaluation and management in patients with facial nerve disorders, vestibular/balance disorders and other

otoneurologic hearing disorders, such as acoustic neuroma and neurofibromatosis type II. He sees patients for hearing aid evaluation and fitting as well as auditory implants, including cochlear, bone-anchored and auditory brainstem implants.

James L. Mulshine, MD, associate provost of research, was awarded the Joseph Cullen Prevention Award at the 12th International Association for the Study of Lung Cancer World Congress in Seoul, Korea, Sept. 2 to 6. An internationally recognized expert on lung cancer, Mulshine's research is focused on improving integrated management of early lung cancer as a key strategy for improving outcomes. He has been working with a number of organizations to accelerate the use of high-resolution spiral CT in the quantitative evaluation of drug response for early lung cancer.

Correction: In the August story about the Rush Center for Congenital and Structural Heart Disease, Michel Ilbawi's name was misspelled. Rush Physician regrets the error.