

# KNOWING *you*



HAND IN HAND FOR YOUR HEALTH

## SUPERIOR CARE PROVIDED BY THE CHN SURGICAL TEAM



*Community Health Network's surgical team uses their experience and expertise to provide superior services.*

As construction continues on Community Health Network's new state-of-the art surgical facility, staff continue to help the large amount of patients who benefit from surgery at Berlin Memorial Hospital each year. Whether it's from the current facility with five surgical suites or within the walls of the new surgical center that will have six surgical suites, you can

expect exceptional care from the experienced staff. With surgical services team members averaging more than 20 years of experience, CHN's surgical team is well above the national average.

Continue reading this issue of *Knowing You* to find out more about the surgical services offered through CHN.

The professional team pictured on the left includes –

**Front row l to r:** Stacey Dunn, Karen Brusio, Harriet Brotske, Jenny Tessaro, Patty Sobieski, Kathy Roehl, Mel Sohm, Lori Drews

**Second row l to r:** Lisa Verheyen, Kathy Beulen, Deb Carlson, Jackie Balistreri, Briann Ninneman, Peggy Brownlow, Pam Marks

**Third row l to r:** Lori Kray, Allison Krause, Karen Roeske, Diana Krause, Leanne Hansen, Heidi Hopfensperger, Carol Lippert, Mia Johnson, Janis Schwarz, Linda Taylor

**Fourth row l to r:** Robin Tollard, Lisa Tollard, Linda Murray, Cyndy Kuncl, Karen Macijeski, Keri Olkiewicz, Mary Ann Nero, Terri Vandekolk, Jodi Struzynski

Missing from picture: Mary Becker, Judi Case, Arnie Claflin, Susan Frechette, Tammy Resop, Lori Ryf, Anissa Tollakson

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## BIG STRIDES IN TONSILLECTOMY AT BERLIN MEMORIAL HOSPITAL



*Dr. Chris Keller shows the Coblator II, a surgery system providing precise control during tonsillectomy procedures at Berlin Memorial Hospital.*

At Berlin Memorial Hospital, the painful surgery and long recovery associated with tonsil removal is quickly becoming a thing of the past. Coblation tonsillectomy replaces traditional tonsillectomy surgery by using radio-frequency energy to precisely remove the tissue attaching the tonsil to the throat.

According to Ear, Nose & Throat Specialist Chris Keller, MD, it's a significantly cooler and gentler process than traditional surgery, minimizing tissue damage. Less tissue damage means less pain. "It's a great advancement for anyone needing their tonsils and adenoids removed," says Dr. Keller.

The technique gently breaks down tissue surrounding the tonsil instead of burning or cutting it out, causing minimal tissue damage and virtually no bleeding. "Conventionally, removing tonsils was done using

a high concentration of electricity and temperature," says Dr. Keller. "Tissue damage was significant because temperatures in the range of 400 to 600 degree C were used. With this new procedure, temperature ranges from 40 to 70 degree C."

Results speak for themselves, as statistics on this new procedure are showing very positive results. Topping the charts are the significant reduction in pain, a quicker return to a normal diet, and a drop in complications such as bleeding following the surgery. Dr. Keller says he's noticed kids are back in school faster, adults are back to work quicker and overall less pain medication is needed.

Dr. Keller, with ENT Specialists of Wisconsin, sees patients two days a week in his Berlin office. He can be reached at 1-800-435-4851.

## Keeping the Community Informed

### Cancer Support Group

This American Cancer Society endorsed program promotes camaraderie and sharing among cancer patients and their loved ones. No fee.

**Second Tuesday, 7 p.m.**  
Berlin Memorial Hospital,  
225 Memorial Drive

### Diabetes Support Group

Meets quarterly  
Berlin Memorial Hospital,  
225 Memorial Drive

Call for next date and time:  
920-361-5480 or  
1-800-236-1283 ext. 5480

### Stroke Support Group

Open to all area stroke survivors and their loved ones. No fee.

**First Thursday, 1:30 p.m.**  
Meets April through November  
Juliette Manor,  
169 E. Huron Street, Berlin

### CHN Health Fair and "Helping Hands for Cancer" 5K Run/Walk

A great day, a great cause.

**Saturday, May 21**  
Health Fair, 10:00 a.m. - 1:00 p.m.  
5K Run/Walk, 11:30 a.m.  
Riverside Park, Berlin

### CHN Charity Golf Classic

Proceeds benefit "Lucille Schultz Caring For Kids" fund.

**Wednesday, June 15**  
Mascoutin Golf Club, Berlin

**Register now!**  
golf@partnershealth.org  
or call 920-361-5574

## SURGICAL OPTIONS IN HYSTERECTOMY AVAILABLE TO MEET PATIENT NEEDS

For a woman, the decision to have a hysterectomy is never an easy one. But as one of the most common surgeries among women, hysterectomy – the surgical removal of the uterus – is often needed to treat a number of conditions. Fortunately for women in the Berlin area, Ob/Gyn Patrick Bruno, MD, performs a number of different

**"With all the different options, it's important to consider each patient's specific medical needs."**

Dr. Patrick Bruno  
Ob/Gyn

types of hysterectomy to match each patient's specific condition and needs.

According to Dr. Bruno, hysterectomy may be needed to treat gynecologic cancer, fibroids, endometriosis, uterine prolapse, persistent vaginal bleeding and chronic pelvic pain. As a physician specializing in women's health, Dr. Bruno is trained to perform surgery based on the specific needs of each patient. "There are a number of different indicators that help in the choice of surgery," says Dr. Bruno. "All of the indicators need to be considered before making a surgical decision."

Hysterectomies can be performed as an abdominal, vaginal or laparoscopically-assisted procedure. With large tumors or the presence

**Obstetrician/Gynecologist  
Dr. Patrick Bruno of CHN is a board certified specialist with 20 years of experience. He sees patients in Berlin, Ripon, and Wild Rose.**



of cancer, the abdominal method is preferred. In the case of uterine prolapse, Dr. Bruno would likely choose to perform the surgery vaginally.

Laparoscopic-assisted vaginal hysterectomy is a minimally invasive surgery that needs just one small abdominal incision to perform the surgery, resulting in less trauma and post-surgery pain. The surgery can be performed laparoscopically even on a larger uterus.

"With all the different options, it's important to consider each patient's specific medical needs," says Dr. Bruno. "I'll discuss their needs, the surgical options and recovery associated with each procedure and we'll come up with the best surgical choice."

### Hysterectomy may be needed to treat any one of the following conditions:

- **Gynecologic Cancer:** Cancer of the uterus or cervix
- **Fibroids:** Benign uterine tumors that cause persistent bleeding, anemia, pelvic pain or bladder pressure
- **Uterine prolapse:** Organs inside the pelvis fall from their normal positions causing incontinence, pelvic pressure or difficulty with bowel movements
- **Endometriosis:** A condition where tissue lining the inside of the uterus grows outside the uterus causing pain or irregular bleeding
- **Persistent vaginal bleeding:** Heavy, irregular periods
- **Chronic pelvic pain:** Some form of pelvic pain can be linked to the uterus or ovaries being the source of the pain

## BREAST CANCER PROCEDURE REDUCES RECOVERY TIME AND RISK

For years, the next step after being diagnosed with breast cancer was to have lymph nodes removed so that physicians could accurately predict whether or not cancer cells had spread from the breast to other parts of the body. Berlin Memorial Hospital offers the latest alternative.

Instead of removing 10 to 30 lymph nodes from under the arm, just the very first node, or sentinel node, is removed. This procedure, called a sentinel node lymph biopsy, is much less invasive and reduces the chance of chronic swelling (lymphedema) following the procedure to almost zero.

According to Community Health Network General Surgeon Darren Nelson, MD, this advancement is just one more way physicians are trying to adequately treat – but not overtreat – breast cancer.

A sentinel node biopsy is conducted at the same time that the cancerous tumor is removed from the breast. It's a relatively easy procedure with many patients going home the same day. To locate the sentinel node, a radioactive tracer and blue dye are injected into the breast. Once the location of the sentinel node is pinpointed, a small incision is made to remove it. The sentinel

node is then examined by a pathologist for cancer cells. If no cancer is found, the patient can sometimes return home the same day. If cancer is found, the remaining lymph nodes are removed for further testing.

For women, having a sentinel node biopsy performed versus a full dissection where most or all the nodes are removed provides many advantages. According to Dr. Nelson, removing all the lymph nodes means the arm no longer has drainage of the fluid that normally runs through the lymph nodes. That can lead to significant swelling and in some cases, loss of use of the arm.

“The sentinel node procedure is also much less invasive, with a smaller incision and less risk to the nerves and other structures,” says Dr. Nelson.

Dr. Nelson says sentinel node biopsies are becoming the standard of care in breast cancer treatment and that the procedure serves patients well. “We’ve been using this technique with melanoma for some time and studies now show it can be applied to breast cancer with good success,” he says. “It may not be appropriate for every patient, but studies have supported that it’s an effective tool for staging the axillary nodes.”

## LESS PAIN, QUICKER RECOVERY WITH MINIMALLY-INVASIVE SURGERY

Since the early 1990's, minimally-invasive surgery has become commonplace in hospitals throughout the world. Compared with traditional open surgery, minimally invasive procedures result in less tissue trauma, less scarring, and faster recovery time. Like other facilities, the surgeons at Berlin Memorial Hospital perform a number of minimally-invasive procedures using a laparoscope.

In fact, General Surgeon Barry Rogers, MD, says more than half of the general surgeries

performed at Berlin Memorial Hospital are laparoscopic procedures. The procedures include bowel resection, hysterectomy, ovarian cyst removal, appendectomy, hernia repair and gall bladder removal and nissen fundoplication.

During a laparoscopic procedure the surgeon makes three to four small incisions and inserts tube-like instruments through the incisions. A camera is inserted in one of the tubes, allowing the surgeon to view inside the body on a monitor in the surgical suite.

The other tubes hold instruments to perform the surgery.

According to Dr. Rogers, the smaller incisions cause less pain for surgical patients and allow them to return home sooner. “The largest incision is only a couple inches long compared to the 6-inch incision of open surgery,” says Dr. Rogers. “And since there’s less intervention, internal organs start working quicker and recovery time is almost cut in half.”

Berlin Hospital has also been a leader in the use of regional

anesthesia instead of general anesthesia. “The chance for complications decreases significantly when you can use a regional anesthesia,” says Dr. Rogers. By being able to offer regional anesthesia and laparoscopic surgery, Dr. Rogers has seen a marked change in how rapidly patients can return home and resume normal activity. “It’s phenomenal,” says Rogers. “Patients used to stay in the hospital a week, now they’re out driving and splitting wood in less time than that.”

## MEET OUR SURGEONS



*General Surgeons Dr. Barry Rogers (left) and Dr. Darren Nelson enjoy the personal and professional benefits of practicing at a community hospital.*

### **Barry Rogers, MD**

*General Surgery*

*Rogers & Nelson Surgical Associates*

*933 Newbury Street, Ripon*

*920-361-5340 or 920-748-0488*

Dr. Rogers is a graduate of Emory University in Atlanta, Georgia and completed his residency at Grady Memorial Hospital in Atlanta. He is Board Certified in General Surgery and is a Fellow of the American College of Surgeons.

After completing his residency in Atlanta, Dr. Rogers knew he wanted to move back to the Midwest. This year will be his 25th year practicing in the area. “It’s been such a rewarding practice,” he says. “It’s challenging because I’m able to perform a number of different surgeries and deal with the patient as a whole. I wouldn’t want to be anywhere else.”

### **Darren Nelson, MD**

*General Surgery*

*Rogers & Nelson Surgical Associates*

*933 Newbury Street, Ripon*

*920-361-5340 or 920-748-0488*

Dr. Nelson graduated from Loyola University-Chicago Stritch School of Medicine and completed his residency at Columbus Hospital in Chicago. He is Board Certified in General Surgery and is a Fellow of the American College of Surgeons.

Dr. Nelson left Chicago eight years ago to serve patients in the Berlin area and enjoys working in a community hospital setting. “I had the opportunity to stay in Chicago and work at a large hospital,” says Dr. Nelson. “I find it more satisfying to be a part of a community and have better relationships with my patients.”

## MEN CAN ZAP PROSTATE PROBLEMS WITH HIGH-POWERED LASER

Prostate problems are commonplace in men, especially after the age of 50. Although medications have become first-line treatment, surgery is sometimes required. Unfortunately, many men avoid traditional surgery to remove part of the enlarged prostate because of the 1-2 day hospital stay and six-week recovery period.

With the recent introduction of GreenLight Laser to Berlin Memorial Hospital, Urologists Omar Atassi, MD, and Matt Anderson, MD, have relieved many of those concerns for area men. The high-powered laser removes enlarged prostate tissue where, in some cases, no overnight hospital stay is required and a return to normal activity occurs in 1-2 days.

GreenLight Photoselective Vaporization of the Prostate (PPV) is a very powerful, yet simple procedure to treat an enlarged prostate also known as benign prostatic hyperplasia.

The prostate is a walnut-sized gland that surrounds the urethra. With age and time, the prostate enlarges putting pressure on the urethra and causing problems with urination. The GreenLight Laser vaporizes and precisely removes enlarged prostate tissue, allowing urine to flow freely. "It's a minimally-invasive procedure that quickly gets patients back to normal activity," says Dr. Atassi. "It's a big improvement over the traditional surgery."

*This GreenLight precisely removes enlarged prostate tissue allowing a return to activity in 1-2 days.*



According to Dr. Atassi, the GreenLight Laser is the most powerful urologic laser being used in operating rooms today. "Because it's a fairly new procedure, there aren't that many facilities using it," he says. "Berlin Memorial Hospital is very fortunate to have access to what may become the gold standard for treating enlarged prostates."

## BERLIN MEMORIAL HOSPITAL OFFERS SURGICAL SOLUTION FOR ACID REFLUX

For years, people with acid reflux have been avoiding certain foods, popping Rolaids and living with pain. Although the recent developments of effective prescription medications like Prevacid and Nexium have aided some heartburn sufferers, others aren't thrilled with taking medications. If you suffer from acid reflux and don't enjoy pill popping, there is a minimally-invasive surgical alternative available at Berlin Memorial Hospital.

The procedure is called laparoscopic fundoplication. The

goal of the surgery is to relieve heartburn and prevent complications caused by longstanding acid reflux. According to Community Health Network General Surgeon Darren Nelson, MD, the procedure recreates the valve mechanism between the esophagus and stomach. Normally, the valve closes automatically to keep stomach acids down. In a person with acid reflux, the muscle controlling the valve weakens, sometimes keeping the valve open which allows stomach acid to travel up into the esophagus.

"This isn't a procedure for everyone. It's designed to help people who have severe acid reflux and are very dependent on medications," says Dr. Nelson. "We test for esophageal function and acid in the esophagus to be sure each patient is a good candidate for the procedure."

Since the procedure is done with a laparoscope, the surgeon makes only four or five very small incisions to provide access for surgical instruments. Most people are able to return home after one to two days in the hospital.

## ANESTHESIA OPTION LEADS TO LESS POST-SURGERY SICKNESS

All too often after surgery, patients are slow to recover from the effects of anesthesia. There's grogginess, nausea and sometimes vomiting. The Anesthesia and Pain Management Department at Berlin Memorial Hospital is trying to change all that.

According to Berlin Memorial Hospital Anesthesiologist Daniel Resop, MD, of Central Wisconsin Anesthesia Associates, general anesthesia was used in the past to put patients completely to sleep during most procedures. although it's effective, a general anesthesia is often more than the patient needs.

By using a regional anesthetic to numb a specific area of the body, patients don't have to deal with as much post-operative sickness. "Under regional anesthesia, patients don't suffer so badly

*The Anesthesia and Pain Management Team work to keep patients comfortable. Shown from left to right are: Tony Singh, CRNA; Mike Wolf, CRNA; Mary Lausch Arrigoni, CRNA; Dan Resop, MD; Keith Krause, CRNA; Frank McShane, CRNA; and Phillip Mittlestaedt, CRNA.*



from the nausea and vomiting that occurs with general anesthetic," says Dr. Resop. "We don't have to rely so heavily on narcotics, since pain control is often markedly improved with regional anesthesia alone. Hence patients often have more control and input into the process."

In addition to reducing post-surgery sickness, Dr. Resop says that regional anesthesia also has

the potential to reduce the risk of blood clots, blood loss, cardio-respiratory depression, and overall infection rates.

"We're able to offer any anesthesia option that's available at larger hospitals," says Resop. "We talk to our patients and examine their medical history thoroughly. Based on clinical condition we are often able to accommodate their choice of anesthetic."

## IS ESOPHOGEAL SURGERY RIGHT FOR YOU?

Acid Reflux can range from mild to very severe, and two procedures performed at Berlin Memorial Hospital determine if surgery is necessary. Tom Willett, DO, is the only physician at BMH to perform these procedures.

The first one, an esophageal pH, is a test that determines the actual amount of acid in the esophagus. "A small capsule transmitter (approximately 1.5 cm in length) is placed in the lower esophagus with the help of a gastroscope. This transmitter records the acid refluxing into the esophagus from the stomach, and transmits this information into a box the patient wears on a belt. After 48 hours, the information in the box is transferred to a computer and interpreted by a physician. At this point it becomes very clear the severity of acid reflux and what steps to take next," said Dr. Willett.

A second procedure measures the motility of the esophagus. According to Willett, this involves recording the contractions of the esophagus, which determines whether or not dismobility is contributing to the patients heart burn or swallowing difficulties.

"Both procedures are quick, painless, and a big step in determining the cause of various health concerns the patient may be faced with," concluded Willett.



*Dr. Tom Willett*

## MARKESAN RESIDENT BENEFITS FROM COMPUTER-ASSISTED SURGERY

With the arrival of Spring, 74-year-old Martin Kirst has plenty of projects to fill his days. There are 15 fruit trees to maintain, furniture to build and a vegetable garden to plant. Fortunately for Kirst, his projects will continue now that he's completely recovered from a February full knee replacement at Berlin Memorial Hospital.

Kirst was one of the first area patients to benefit from a state-of-the-art computer-assisted surgery system recently purchased by Community Health Network. Using DePuy Orthopaedics Ci



*Martin and Phyllis Kirst*

*Good news is all that is heard at the follow-up check for Martin Kirst, shown with his wife Phyllis, along with Orthopedic Surgeon Dr. David Jones.*

System, Orthopedic Surgeon David Jones, MD, of Central Wisconsin Orthopedics and Sports Medicine, replaced Kirst's knee in the most advanced method currently available.

According to Dr. Jones, the new technology gives him and his partner, Joel Cler, MD, a three-dimensional view of the knee joint to more accurately align the implant without using X-rays during surgery. And for the patient, the surgical accuracy and small incision required means faster recovery, less bleeding and reduced pain.

Kirst calls his results miraculous. "I don't know all the details about how it worked, but I know it worked," he says. "It was miraculous that I could move up and down so quickly after my surgery."

Although the Markesan resident worked hard during his rehabilitation, he credits his



quick recovery to the surgical method. "There was a time last winter when I couldn't walk because the cartilage in my knee was completely gone," Kirst remembers. "This surgery has me up and around moving better than I have in a very long time."

### KNOWING you

**Community Health Network**  
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[www.communityhealthnetwork.org](http://www.communityhealthnetwork.org)

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