



advances



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A LIFE RECLAIMED

Bonnie Dirr Is Thankful for Successful Scoliosis Surgery



Frank Rand, MD, specializes in surgery for scoliosis and other complex spine conditions.



As Bonnie Dirr woke up in the intensive care unit at New England Baptist Hospital, tears ran down her face. She just had nine hours of surgery to repair her scoliosis—a disorder that causes an abnormal curve in the spine. When they saw her tears, family members assumed she was in pain.

But Ms. Dirr wasn't in pain. Rather, she was overwhelmed at finally being able to breathe normally. "I hadn't taken a full breath in years," she explains, referring to how her spine deformity had impinged on her respiratory system. "When I woke up after surgery, I realized my left lung was inflated. It's remarkable how the body compensates. I had been missing so much."

Shortness of breath was one symptom, among many, that led Ms. Dirr, a nurse practitioner at Dana-Farber Cancer Institute, to proceed with the difficult, two-part surgery required to correct her extensive deformity, stabilize her spine and alleviate her unremitting pain. Ms. Dirr had used exercise, bracing and regular cortisone shots to keep going in the face of her worsening condition, but she reached the point where life became too difficult.

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SCOLIOSIS SURGERY

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“My job is to help patients learn about their problem, but they’re in the driver’s seat on when and how their scoliosis is treated.”

—Frank Rand, MD

“Every day, by mid-morning, the searing pain in my left thoracic spine would extend around my flank to the front,” the Watertown, Massachusetts, resident recalls. “As my spine continued to curve, my vertebrae protruded so that the skin on my back was raw. I couldn’t sit back in a chair.”

Moreover, Ms. Durr, who is 36, hardly recognized herself. A ballet student for many years, she had been proud of her height—5 feet, 8.5 inches—and swan-like neck. As her scoliosis worsened, her spine compressed, and she shrank to 5 feet, 4 inches.

All roads led to Dr. Rand and the Baptist

The decision to have scoliosis surgery, although inevitable for many individuals, is not easy. Ms. Durr knew she was facing 18 hours of surgery. The first surgery, performed in January 2009, was followed by a second, two weeks later, and then a long, difficult rehabilitation that kept her out of work for close to a year.

Frank Rand, MD, an orthopedic surgeon at NEBH who specializes in surgery for scoliosis and other complex spine conditions, diagnosed Ms. Durr a decade earlier, carefully managed her scoliosis as it worsened and performed her successful surgery. She had visited other spine surgeons in the area for a second opinion.

“All roads led back to Dr. Rand and the Baptist,” she says. “I knew about Dr. Rand’s skill and knowledge, but I didn’t know the level of care and compassion he has for his patients. As we started down the road to my surgery, I saw the man behind the surgeon. Dr. Rand is indescribable.”

Ms. Durr appreciates how he managed her case over time. An active, athletic individual, she was running in road races and lifting weights when, in her mid-twenties, she developed sciatic pain in both legs. Despite her young age, she wasn’t entirely surprised when Dr. Rand told her that she had three herniated discs, congenital lumbar stenosis and, worst of all, significant scoliosis.

“There is a history of spine problems in my family; both my mother and sister were born with classic kyphosis,” she says, referring to the condition where the spine bends forward. Her mother, Pat, developed a 100-degree curve in her spine and wore a brace until age 31, when she had experimental spine surgery to correct the deformity. Ms. Durr’s sister, Ann, had spine surgery at age 16. Her mother and sister now both receive their care from Dr. Rand.

“My job is to help patients learn about their problem,” says Dr. Rand, “but they’re in the driver’s seat on when and how their scoliosis is treated. We try a number of conservative measures to help put off surgery. It’s not uncommon for me to see a patient who is seeking surgery and realize, when I look at their chart, that the last time I saw them was eight years earlier.”

Dr. Rand doesn’t tell his patients that it’s time for surgery. “But he’s there and, when you’re ready, he explains everything involved in making the surgical correction,” says Ms. Durr, who concentrated on staying active and mentally strong as she prepared for surgery. During the two prior years, her scoliosis progressed rapidly, and she wore a custom-made brace to control the pain.

Extensive fusion is life-changing

As a result of the two surgeries, Ms. Durr’s spine is fused from her pelvis to her chest. Dr. Rand removed joints to increase the spine’s flexibility, implanted hardware—screws, rods and hooks—decompressed her spinal canal where needed and straightened her spine as much as possible. Her second surgery involved a front approach to the spine, so Michael Belkin, MD, chief of vascular and endovascular surgery at Brigham and Women’s Hospital, participated, as he often does for such complex cases.

Her two inpatient stays at the Baptist, which totaled about two weeks, went well. She was under the watchful eye of Dr. Rand and cared for by nurses and physical therapists who impressed her thoroughly. “They were all so amazing,” says Ms. Durr. “They have such a level of skill and excellence, and they are completely in tune with what spine patients need.”

She was visited regularly by Dennis Girard, EdD, a member of the behavioral medicine staff, who helped Ms. Durr with pain management and her adjustment to the life-changing surgery. The extensive fusion of her spine means that Ms. Durr will never again move the way she did before.

“How do you bend over and pick something up off the floor? How are you going to drive? You can’t turn or twist your body anymore,” says Ms. Durr. “Dr. Girard was a blessing from above. Not only did he help get me on a non-narcotic pain regimen, but he became my confidante—my sounding board. I appreciated him so much.”

Ms. Durr left the Baptist after her second surgery with instructions to walk regularly—and nothing more. “After scoliosis surgery, there’s a healing phase of about three to four months when the fusion needs to stiffen up,” Dr. Rand explains. “Then patients can begin the rehab phase. Nothing happens quickly; some patients tell me they’re still recovering 18 months after surgery.”

“There I was, in the dead of winter, bundled up to go outside and walk,” recalls Ms. Durr, who started on a walker before advancing to a cane. “When it was finally time for physical therapy—boy, was I ready to go.”

She never looked back. Ms. Durr—5 feet, 8.5 inches again—returned to work and began running and lifting weights. Although Dr. Rand encourages patients to proceed with



Two-part surgery performed by Frank Rand, MD, an orthopedic spine surgeon at NEBH, has returned Bonnie Durr—preparing to run—to the active life she missed.

caution, he is supportive. “He would prefer I cycle and swim,” says Ms. Durr, “but Dr. Rand respects everyone as an individual. He has never held me back.”

She is grateful to her sister. And her mother, who faced so many challenges, inspires her. “My spine deformity wasn’t a fraction as serious as hers,” Ms. Durr explains. “If it wasn’t for her, my journey wouldn’t have been as easy as it was.”

Her journey was not easy, but Dr. Girard has an appreciation for how much things have changed. “Some of our patients—individuals in their late 50s and 60s—had surgery when they were teenagers and have come to the Baptist for revision surgery,” he explains. “Many of them are traumatized by what they went through years ago, which included wearing a body cast for weeks or months. It is still a very difficult surgery, but it’s nothing compared to what those patients went through.”

Ms. Durr has the whole thing in perspective. “How could I not be motivated and disciplined to get my muscles moving and use the new spine that Dr. Rand has given me?” says Ms. Durr. “I feel great, and I’m so thankful for every day I’ve been given.”

“I don’t want to put Dr. Rand on a pedestal, but he gave me my life back.”

Yawkey Gym: Popular with Baptist Patients

One Year of Helping Patients Prepare to Go Home

The Yawkey Gym at New England Baptist Hospital, which has been operating for just over a year, has become an essential stop for patients who are heading home, especially after orthopedic surgery. The gym, made possible by a generous grant from the Yawkey Foundation, includes a staircase; bathtub and shower; full kitchen with stove, refrigerator, cabinets and table; and a practice car.

According to Megan Malizioso, OTR/L, occupational therapy clinical leader, orthopedic surgery can present patients with a challenge. “Our physical therapists get people up and walking, but when someone on crutches goes home and heads into the kitchen in order to prepare a meal, it can paralyze them,” says Ms. Malizioso. “They want to function at home, but they don’t know where to begin.”

The fact is, they need practice. Even a brief session in the Yawkey Gym can make the difference, she says. “Bathrooms can present a challenge to elderly patients, so we spend time on moving around safely,” she says. “Those who are using a walking device, whether it’s a walker or crutches, need help figuring out object transport—getting a simple item from point A, which might be the refrigerator, to point B. We offer lots of tips, such as using a basket, bag or apron. Also, we encourage patients to re-arrange the furniture—anything that allows them to function safely and independently.”

She says patients of all types and all ages benefit from a practice session. “A lot of our younger patients don’t have anyone to care for them once they go home after surgery,” says Ms. Malizioso. “They either live alone or their room mate or significant other has to work during the day. It’s also true that younger people assume they can multi-task and don’t need to ask for help. Once they spend time in the Yawkey Gym, they appreciate the opportunity to practice their activities of daily living.”

Across the board, patients are impressed. “They are pleasantly surprised when they see the gym, because it demonstrates how thoroughly we care for our patients at the Baptist.”

Recumbent Bikes Arrive Thanks to Tufts Health Plan Gift

As anyone who has had knee surgery knows, early mobilization—getting the knee moving soon after surgery—is an important step in rehabilitation, specifically in order to gain strength and achieve maximum range of motion. Continuous passive motion (CPM) machines are helpful while patients are in bed, but Baptist orthopedic surgeons have been requesting that the hospital purchase recumbent bikes for those who are further along in their rehab. Thanks to a \$5,000 gift from Tufts Health Plan, three recumbent bikes arrived at NEBH this spring—two for use by inpatients, and one for outpatients. Recumbent bikes place the “rider” in a reclining position, which distributes their weight comfortably while their knees are in motion. This gift from Tufts Health Plan is greatly appreciated and benefits Baptist patients every day.



THE ANKLE: UNIQUE JOINT BEARS A HEAVY LOAD

Mark Slovenkai, MD, chief of foot and ankle surgery, provides insights

From sprained ankles to fractured heels, Mark Slovenkai, MD, sees the full range of problems that occur in the ankle and foot. As chief of foot and ankle surgery at New England Baptist Hospital, Dr. Slovenkai concentrates on sports medicine and reconstructive surgery of the foot and ankle. In this issue of Advances, Dr. Slovenkai, who practices at Boston Sports & Shoulder Center, provides his insights on ankle injuries and weighs in on the current barefoot running trend.

Q. What makes the ankle such a unique joint?

A. The ankle is capable of handling the entire body load, one ankle at a time. And it's a relatively small joint; you have a lot of force concentrated in a small area. Beyond that, the ankle has complex motions that vary with different foot positions. As a result, various ligaments apply stress at different times, moment to moment, during the running or walking cycle.

Q. Are sprains the most common ankle injury?

A. Absolutely. Sprains are extremely common; they account for an enormous number of visits to the emergency room each year. Ankle sprains are often more difficult to heal than fractures. While a simple fracture typically will heal in a matter of six weeks, a sprain involves multiple ligament tears and areas of soft tissue trauma. Between 10 and 15 percent of patients who severely sprain their ankles develop chronic instability problems. That is why initial good treatment, including specified periods of immobilization and adequate physical therapy, is important.

Q. Which sports make people vulnerable to spraining their ankles?

A. Basketball, tennis and soccer—any of the jumping or cutting sports—put the ankle at risk. While playing those sports, the ankles are often put into a position of vulnerability, known as plantar flexion, with the foot pointing down. Younger patients, in their late teens and twenties, who are active in sports may develop ankle problems.

Persistent pain after a bad sprain could be caused by cartilage or tendon injury, subtle fractures or chronic scar tissue. In those cases, we can perform arthroscopic or open procedures, which can be helpful.

Q. Does rheumatoid arthritis tend to affect the ankles?

A. Many people with rheumatoid arthritis develop problems in the foot and ankle. It's a complex area to treat, but conservative treatment with injections, bracing or periods of immobilization can be helpful.

The good news is that we see less severe rheumatoid arthritis cases nowadays because of advances in medication. If arthritis of the ankle is severe enough, ankle replacement surgery can help patients maintain independence and function, specifically since the disease often involves both lower extremities.

Q. Have there been advances in ankle replacement implants?

A. Yes. The current implant we use, which is a French design, reproduces the ankle anatomy quite nicely. Also, it requires that we cut away less bone than was true with the earlier implants, which helps the patient maintain bone stock. We're still quite selective about who should receive this surgery. The ideal candidate is an older patient—someone who is rather sedentary—and is the ideal body weight. The best candidates have minimal ankle deformity, fairly good ankle motion and good skin condition. We prefer to perform ankle fusions in younger patients who have decades of activity ahead of them. These young patients potentially can be converted to ankle replacement when they are older.

Q. What is your opinion of the current craze in running barefoot?

A. The idea behind barefoot running is to use more of your forefoot, instead of your heel. Running with sneakers on, the pattern is heel-toe, which imparts certain forces on the foot and ankle. Proponents of barefoot running say that it uses different muscles in the foot and causes fewer stress-related injuries.



“The ankle is a relatively small joint; you have a lot of force concentrated in a small area.”

—Mark Slovenkai, MD



As chief of foot and ankle surgery at New England Baptist Hospital, Mark Slovenkai, MD, concentrates on sports medicine and reconstructive surgery of the foot and ankle.

They also say this is how people have run from time immemorial. However, runners from centuries ago never wore shoes; their feet and ankles were accustomed to that from birth. So they developed the appropriate muscle strength you need to run that way, as well as callouses that allowed them to withstand the force at the ground-foot interface. I’m concerned that, if people begin running barefoot, we’ll see more stress-related conditions, such as forefoot fractures and tendon injuries.

DEVELOPMENT NEWS

Rose Society Annual Recognition Dinner Wednesday, November 3, 2010 6:00 pm Fairmont Copley Plaza Hotel

The New England Baptist Hospital Rose Society is the cornerstone of unrestricted Annual Fund support. Rose Society members understand the importance of unrestricted giving at the leadership level, which provides vital support to clinical programs, quality initiatives and the Baptist’s legendary service. Each year, members of the Rose Society are invited to gather for dinner and celebrate their involvement.

Please make your gift today and join us!

www.nebh.org/donateonline or call 617-754-6880.

NATIONAL DOCTOR’S DAY ELICITS PRAISE AND DONATIONS

New England Baptist Hospital patients continue to respond enthusiastically to National Doctor’s Day—March 30—and the Annual Fund mail appeal that invites them to honor their doctor or caregiver. The Development Office recognizes the level of gratitude NEBH patients have for their caregivers. Here is a sampling of notes sent by patients who appreciate their NEBH doctors and honored them with a donation.

About James Bono, MD, orthopedic surgeon:

“My new hip has changed my life! I am very grateful for your excellent care.”

About David Mattingly, MD, orthopedic surgeon:

“Thank you, Dr. Mattingly, for my two knee replacements and my hip replacement. Now I can go to the beach with my grandchildren.”

About Frank Rand, MD, spine surgeon:

“I shall be grateful forever for the surgical competence of Dr. Rand.”

About Donald Reilly, MD, orthopedic surgeon:

“Dr. Reilly’s wonderful work on my knees has vastly improved my life!”

About Richard Scott, MD, orthopedic surgeon:

“I was very fortunate to have Dr. Scott as my surgeon. Thanks to him, my quality of life has greatly improved.”

About Gerard Sweeney, MD, cardiologist:

“He is kind, caring, compassionate, dependable and responds readily in a calm and quiet manner.”

About Carl Talmo, MD, orthopedic surgeon:

“Thanks to the knee replacement I received under your care, I have been able to return to the activities I love—skiing and hiking—with no pain!”

A LETTER FROM DEBRA COLEMAN

Dear Friends:

As you can see from these photos, everyone enjoyed our Transformation and Innovation Gala, which was held on April 29 at the Westin Copley Place. The Gala featured displays on Baptist innovations, including areas of clinical expertise that have transformed the lives of countless Baptist patients. We welcomed new supporters and those who have sponsored past galas. Despite being in the thick of the NBA playoffs covering the Boston Celtics, Tommy Heinsohn joined us in order to receive the NEBH Legendary Leader Award. I am pleased to report that the Gala raised \$450,000 for The Campaign for Care.

Elsewhere, Rose Society giving continues at a strong pace. Please note that our fiscal year ends on September 30, and please consider making your Rose Society gift of \$1,000 or more to the hospital's Annual Fund.

We continue to grow our family of Baptist donors, who are invited periodically to appreciation events, including the popular Lunchtime Lectures given by members of our medical staff.

Please consider including the Baptist as you engage in estate planning. Your planned gift will make you a valued member of our 1893 Club.

Thank you for your ongoing support and interest in this very special institution.

Sincerely,



Debra A. Coleman
Vice President and Chief Development Officer



(Clockwise from upper left) Left to right: Trish Hannon, president and CEO, chats with Richard Maloney, chairman of the NEBH Board of Trustees, his wife, Cynthia, and Chris and John Richmond, MD, chair of the department of orthopedics. Michael Graham, radio host on WTKK-FM, congratulates Tommy Heinsohn, NEBH Legendary Leader Award honoree, along with Peter Smyth, chairman and CEO of Greater Media and member of the NEBH Board of Trustees. Abdel Mehio, MD, NEBH anesthesiologist, and his wife, Chirine, visit with Daniel Ward, MD, NEBH orthopedic surgeon. Kenneth Larsen, DMin, PhD, director of behavioral medicine, enjoyed the event along with Brian McKeon, MD, NEBH orthopedic surgeon and chief medical officer for the Boston Celtics, and his wife, Heidi.

INNOVATION



(Clockwise from upper left) Left to right: Tommy Heinsohn chats with Trish Hannon, Jan Sliby, RN, medical coordinator for the Boston Celtics, and her husband, Ken. Alan and Susan Harris greet Trish Hannon. Jeffrey Libert visits with Eric Woodard, MD, chief of neurosurgery, his wife, Julia, and Arthur Goldsmith. Stephen Camer, MD, chair, NEBH department of surgery, chats with Adam Walsh, MD, and Michael Kearney, MD, an NEBH urologist. Marguerite and James Bono, MD, NEBH orthopedic surgeon and vice chair of orthopedics, with Richard Maloney, chairman of the NEBH Board of Trustees, and his wife, Cynthia.

The Transformation and Innovation Gala raised \$450,000 for The Campaign for Care.
SAVE THE DATE! FRIDAY, APRIL 29, 2011
TRANSFORMATION AND INNOVATION GALA! INFORMATION TO FOLLOW!

advances features important programs at New England Baptist Hospital. If you are interested in supporting the Hospital, please contact the Development Office at 617-754-6880. www.nebh.org/donateonline
Debra Coleman, Vice President and Chief Development Officer

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Donor Appreciation Lecture Series Engages Baptist Supporters

As a way to say “thank you” and provide useful clinical information to friends and donors, New England Baptist Hospital periodically hosts lectures on interesting topics. Along with sandwiches, dessert and coffee, Baptist supporters receive current clinical information and an opportunity to ask questions in a setting where they can mingle with other hospital friends.

On March 11, **Eugenio Martinez, MD**, a physiatrist at the hospital’s Spine Center, as well as the Musculoskeletal Center, presented a talk on aging and exercise. Dr. Martinez explained that loss of muscle mass and strength begins in our 40s and continues to decline at a rate of 1 percent per year. “The decline is worse in those who are inactive,” he added.

Dr. Martinez cited recent research that proved the value of brisk walking. “It’s about living well,” he said. “You need to make a commitment to exercise.”

On June 10, **Christopher Wenger, MD**, an anesthesiologist in the NEBH Pain Management Center, provided an historic overview of pain and treatments. “Chronic pain—pain that lasts too long—is its own disease,” said Dr. Wenger, noting that one estimate has 86 million Americans suffering from chronic pain. He described some of the newer treatments available at the Baptist and explained that the careful injection of steroid medication is one of the center’s mainstay treatments. “About 70 percent of patients get successful pain relief from steroid injections,” said Dr. Wenger.

Watch your mail for future lectures at the Baptist!



Eugenio Martinez, MD, described how and why exercise becomes important as we age.



Christopher Wenger, MD, discussed chronic pain and provided an overview of current treatments.