

Our UW Health

Connecting you to health news and resources • uwhealth.org

SPRING/SUMMER 2012

New diagnostic tool for detecting bladder cancer

In 2012, nearly 70,000 people in the United States will be diagnosed with bladder cancer and 14,000 will die, according to estimates by the National Cancer Institute. Bladder cancer is the fourth most common type of cancer in men and the eighth most common in women. Smoking is the most likely cause of bladder cancer.

“This technology gives us greater confidence that we can detect and remove all of the cancer the first time...”

– Tracy M. Downs, MD

UW Hospital and Clinics is currently the only hospital in the state and one of only 16 in the country using *Cysview*, a new diagnostic technology to help physicians better detect and treat bladder cancer, while potentially reducing the costs associated with the disease.

Cysview, which was approved by the FDA in November of 2010, is an optical imaging

agent that makes bladder tumors glow when viewed with a cystoscope equipped with a blue-light lens. The technology allows physicians to more clearly detect and define tumor boundaries in the bladder during a cystoscopy—the test most widely used for identifying problems in the bladder or urethra.

Tracy M. Downs, MD, UW Health urologist and director of the bladder cancer and intravesical therapy program at UW Hospital in Madison, says the new technology marks a significant advance in the diagnosis and treatment of bladder cancer.

“*Cysview* allows us to find this cancer earlier, treat it more effectively, and help improve the lives of those living with the disease,” says Dr. Downs. “It is an important investment in our ability to provide the most comprehensive and effective care for patients with bladder cancer in our tri-state area.”

Cysview cystoscopy was shown in a clinical trial to detect nearly 17 percent more papillary tumors that had not invaded muscle than the standard white-light

cystoscopy procedure alone had detected. Incomplete detection of cancerous tumors is a key reason that bladder cancer has one of the highest recurrence rates and is the most expensive cancer to treat on a per-patient basis—mainly as a result of multiple surgeries and longer recovery times. Currently, this technology is available at the time of outpatient bladder cancer surgeries (transurethral resection of bladder tumors or bladder biopsies) as opposed to office based cystoscopy procedures.

According to Dr. Downs, *Cysview* dramatically enhances the visual clarity of cancerous lesions in the bladder and increases the likelihood of finding so-called “silent” tumors, which are smaller, harder to detect and responsible for the vast majority of follow-up surgeries.

“This technology gives us greater confidence that we can detect and remove all of the cancer the first time,” says Dr. Downs. “In doing so, we

hope to provide greater quality of life for our patients while potentially improving their long-term outcomes as well.”

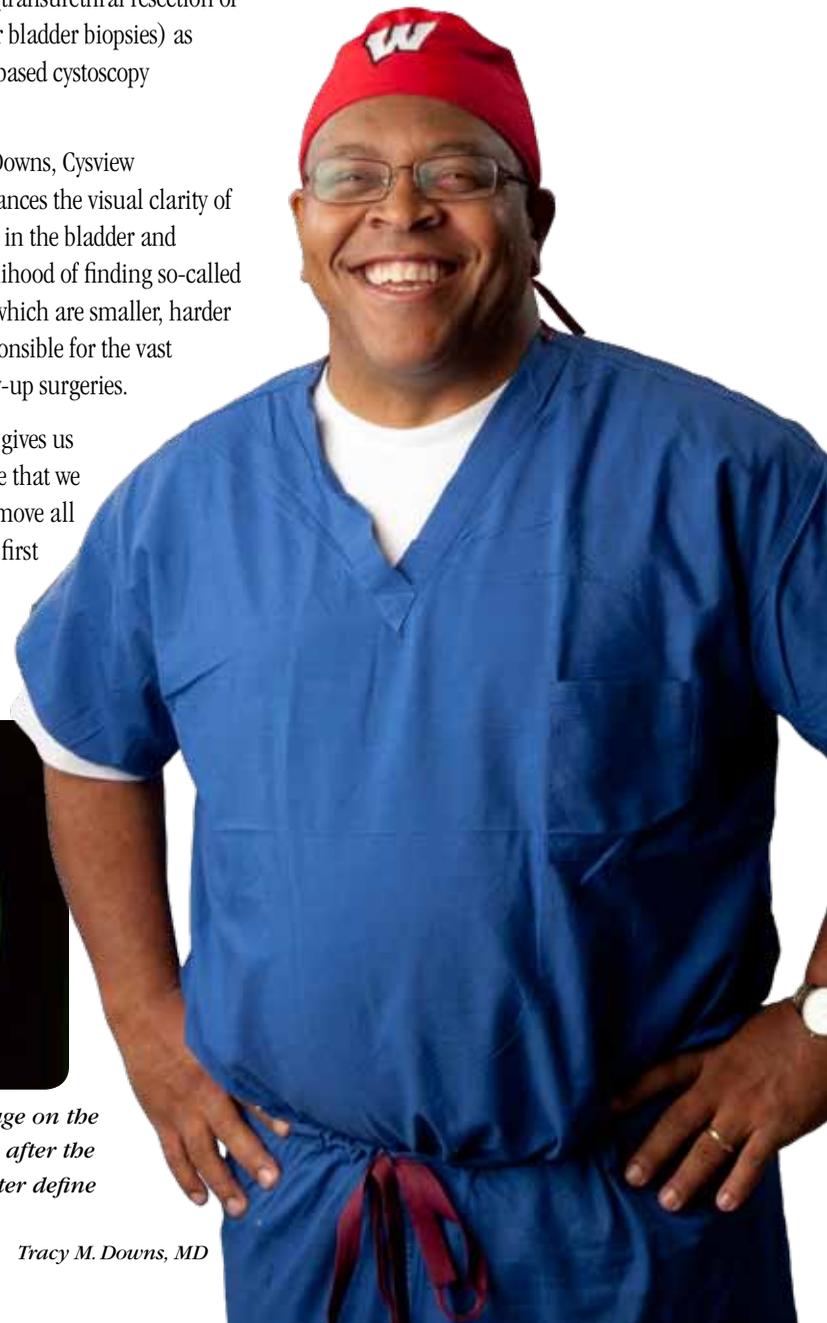


Visit uwhealth.org/urology for more information on *Cysview* or urology services at UW Health.



Cysview technology allows UW Health urologists to better visualize bladder cancer tumors. The image on the left shows a view of the bladder wall with two small tumors. The image on the right shows the view after the *Cysview* agent has been injected. The tumors are more clearly identifiable. This technology helps better define the boundaries of the tumors for removal, often reducing the need for follow-up surgeries.

Tracy M. Downs, MD



American Family Children's Hospital at UW hits growth spurt "Sick Kids Can't Wait" Campaign Launched

American Family Children's Hospital at UW-Madison is on the cusp of a growth spurt.

Now approaching its 5th birthday, this beautiful facility will soon begin adding 26 critical-care beds and state-of-the-art clinical spaces to meet the growing needs of patients and families.

"No one ever wants to see their child hospitalized," says UW Hospital and Clinics President and CEO, Donna Katen-Bahensky, "but we need to grow to be sure we can care for every child who needs us."

Katen-Bahensky noted that hospitalized children today are typically much sicker than those of a generation ago. Accordingly, the needs are especially acute for rooms where care can be provided to newborns with complex surgical needs.

"By early 2014, we will open a 14-bed surgical, high-acuity neonatal intensive care unit (NICU) – something we currently lack in south-central Wisconsin," says Katen-Bahensky. "Families with very sick babies whom are currently sent elsewhere will be able to stay in Madison until they are healthy enough to return to their community hospital."

Complementing the surgical NICU are several other enhancements: a 12-bed addition to the Pediatric Intensive Care Unit; new treatment areas where invasive cardiology procedures and low-dose radiology imaging will be performed; and two more pediatric operating rooms.

If approved by municipal and university officials, two floors will be added to the existing 6-story children's hospital to accommodate these projects and still leave available space to be developed when more beds are needed in a few years.

A new fundraising effort called *Sick Kids Can't Wait* – bolstered by a high-profile advertising campaign featuring supermodel Cindy Crawford and UW coaches Bo Ryan, Bret Bielema, Mark Johnson and Mike Eaves – was launched in February to help raise both public awareness and the dollars needed to make these dreams come true for patients and families. The expansion's \$45 million price tag will be shared between a UW Hospital investment of \$29 million and the \$16 million goal for the *Sick Kids Can't Wait* fundraising campaign.

"We knew when we opened our doors in 2007 that we would ultimately need to expand," says American Family Children's Hospital Vice President, Jeff Poltawsky. "We did not realize the need would come about this quickly."

Poltawsky says that while most patients come from Wisconsin and Illinois, the Children's Hospital has cared for patients from all but one state since it opened.

"American Family Children's Hospital is already a regional referral center for community hospitals across Wisconsin and beyond," Poltawsky says. "With these new capabilities, we will be able to help even more children using the latest advances in medical and surgical care of infants, children and adolescents."



Cindy Crawford



Coach Bret Bielema



Coach Bo Ryan



YOU CAN HELP! To learn how you can support Sick Kids Can't Wait, visit uwhealthkids.org or call (608) 264-KIDS.



Did you know that supermodel Cindy Crawford has been a longtime supporter of American Family Children's Hospital? Her little brother Jeff was treated for leukemia here during the 1970s before passing away just before his 4th birthday. Since then, Cindy has generously supported the children's hospital and pediatric cancer research at the UW.

STROKE: What to know and what to do

As one of the top 100 stroke hospitals in America and an American Stroke Association Silver Plus Award recipient, UW Hospital and Clinics covers all aspects of stroke care from prevention and risk assessment to medical management, surgery and rehabilitation.

UW Health is dedicated to communicating critical stroke information so that lives are saved.

"Informing the public about stroke symptoms and how to respond is the basis for all of our community outreach programs," says Chris Whelley, UW Health's stroke program coordinator. Recognizing symptoms and calling 911 is important for the best patient outcome.

Call 911 immediately with the following symptoms:

- Sudden weakness or numbness of the face, arm or leg, especially on one side

- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe and unusual headache with no known cause

One quick way to remember stroke symptoms is with the acronym **F.A.S.T.** These letters stand for the signs and actions needed for possible strokes:

- ▶ **Face** (Does one side droop?)
- ▶ **Arms** (Does one arm drift downward when raised?)
- ▶ **Speech** (Is speech slurred or strange?)
- ▶ **Time** (Call 9-1-1 immediately if any signs are observed.)

One way community hospitals make use of the expertise of UW Health stroke neurologists is through a system called Telestroke.



This technology allows regional hospitals' emergency departments to access UW Health experts to diagnose and treat acute stroke patients. With the aid of a video system and microphone, the UW stroke neurologist can see and hear the patient while interacting with the physician onsite. Because acting quickly is critical in treating stroke patients, this extra level of stroke-specific knowledge can make a real difference. With three

systems already operational and another ready to launch this summer, the UW Health Comprehensive Stroke Program is providing an important emergency service to regional communities.

It is easy to be prepared, so take a few minutes and get stroke smart. Go to uwhealth.org/stroke for more information.

Four Things for Parents to Remember in Medical Emergencies

No one wants their child to end up in the emergency department (ED), let alone think about it before it happens. But trained child-life specialists at American Family Children's Hospital say parents and primary caregivers can make a tough situation a little easier by having a common-sense plan worked out in advance. The emotion of the situation can make common sense hard to keep in mind.

Child-life specialists are trained in working with stressed-out children going through traumatic

medical assessment and treatment in the ED.

When child-life specialists at a hospital are assigned to a family in a medical crisis, they stay

with and comfort the patient and support parents, caregivers and siblings. "The ED is the last place kids and families want to be," says Amanda Roudebush, UW Health ED child-life specialist. "But having a plan could make a big difference for your child and your family during a very stressful and emotional time."

Roudebush and her colleagues on the American Family Children's Hospital child-life team recommend four things for any medical emergency involving children:

- 1 Identify the child's favorite comfort item and bring it with you to the ED. It could be a blanket, stuffed animal, pacifier or anything that provides comfort and security.
- 2 Think about someone who can go to the ED and support you. If you don't have time to call someone before you go to the ED, child-life specialists can do that for you when you arrive.

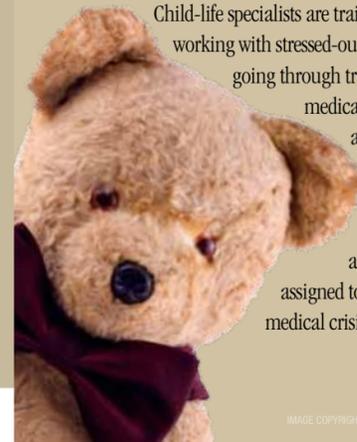
3 When you're with an injured or ill child, try to be as calm as possible. "Kids take their cues from their parents or caregivers," says child-life specialist Regina Yocum. "When you're stressed and emotional, they will be too." Yocum says that at the same time, parents have every right to feel upset and emotional. "We don't expect parents to be stoic robots. They need time and space to be emotional. But we ask parents and loved ones to be as calm and encouraging as possible when they are at the child's bedside."

4 Advocate for your child. Parents and primary caregivers know the child best. "We encourage parents and caregivers to speak up and provide information that will help the medical team make a quick assessment and begin treatment," says child-life specialist, Amanda Meyer. "You may know that the child has trouble taking pills or that they respond well to being comforted in some way."

Michael Kim, MD, head of UW Health pediatric emergency medicine, says even the best advice for coping with a child's medical emergency can be difficult to remember because of the stress and emotion of the moment.

"That's exactly why our hospital has child-life specialists. You can count on them to support patients, parents, caregivers and families during very challenging and unexpected situations," says Dr. Kim.

Visit uwhealthkids.org/emergency to help kids learn how to respond in emergency situations.



LIVING KIDNEY DONATION: NEW WAYS TO GIVE THE GIFT OF LIFE

With more than 1,500 individuals in Wisconsin (90,000 in the nation) awaiting kidney transplants, living donation offers a vital option for people suffering kidney failure. The UW Health Transplant Program offers several options for living donation which reduces patients' time on a wait list, and their need for dialysis. And, because patients who receive a live donor kidney do better for longer than those who receive a deceased donor organ, living donation has quickly become the best transplant option.

UW transplant surgeons have already performed more than 2,800 transplants through living kidney donation, but kidney transplant wait lists continue to grow. Because people are born with two kidneys, but need only one to sustain life, many individuals now consider becoming living donors – to help a family member, a friend or sometimes even a total stranger. UW Health offers several options for living kidney donation:

Direct Donation: Direct donation occurs when the living donor, often a friend or family member, knows the organ recipient and wants to **donate directly** to them. Donors must be healthy and match the recipient's blood type and antigens. If they do not match, the donors and recipients also have the option to enroll in a national kidney exchange program offered through the UW Health Transplant Program.

Kidney Exchange Program: Through this program, UW Health transplant patients who have a willing, but incompatible donor, can still receive a living donor kidney transplant. These incompatible pairs are listed with the kidney exchange program, which runs a national match list to identify other donors and recipients who may be compatible with them. If a compatible pair is located, and accepted, donors are given the opportunity to donate a kidney to the recipient who matches their kidney, while their intended



Rebecca donated a kidney through a national exchange program—one of 16 donors and recipients in UW's first national kidney exchange.

(incompatible) recipient receives a kidney from someone else. This **paired exchange** enables both recipients the opportunity to receive a live donor kidney transplant. When exchanges include multiple pairs, a kidney "chain" is formed. Recently, UW Health cared for a donor and recipient who participated in the nation's longest chain, which included 30 donors and recipients from across the U.S. The UW Health Transplant Program joined the National Kidney Registry (NKR) in December of 2010 and completed 17 transplants through the program in the first year of membership.

Non-Directed (Humanitarian) Donation: In non-directed donation, donors do not have a relative or friend in need, nor have any specific recipient identified, but will donate to any recipient who is a good medical match. The donor may choose to donate to the next person they

match at a specific transplant center or can participate in a paired exchange through the kidney exchange program. To maximize the gift of life provided by a non-directed donor, kidney registries attempt to start a donor chain whenever a non-directed donor enters the registry. Because kidney chains involve many donors and recipients, they provide a way for poorly matched donors and recipients to improve their donor match compatibility. Since the inception of its live donor kidney program, UW Health has served 36 non-directed donors.

Living donation not only benefits recipients, but also reduces wait times for those who do not have a living donor. Because transplanted patients are removed from the deceased donor wait list, the chance for other patients to receive a deceased donor organ is shortened. Though the median time to transplant is considerably shorter at UW Hospital compared to the national wait

time, patients waiting for a deceased donor organ can sometimes wait several years, based on their blood type or disease progression. Living donation can change this reality for thousands, and given the shortage of deceased donor organs, it is an effective way to return more people to a better quality of life.

The UW Health Transplant program offers many resources for people considering living donation, including a donor advocate and mentorship programs.

Please visit uwhealth.org/livingdonor or email transplant@uwhealth.org to learn more.

Replacing a heart valve – *without surgery*

In the United States, it's estimated that up to 1.5 million people suffer from aortic stenosis, a progressive disease that affects the aortic valve of the heart. Symptoms of the disease can be debilitating and often restrict day-to-day activities like going up a flight of stairs or walking to get the mail. While many people benefit from receiving a new aortic valve through traditional open heart surgery, some patients are considered inoperable because of coexisting health conditions. And until recently, those patients had no treatment options for this life-threatening condition.

Now, thanks to a new procedure approved this past year by the U.S. Food and Drug Administration (FDA), these patients can have their diseased aortic valve replaced without undergoing open heart surgery or being put on a cardiopulmonary bypass machine. The procedure, called transcatheter aortic valve replacement therapy (TAVR), is considered one of the most significant breakthroughs in cardiac care in nearly a decade. UW Hospital and Clinics was selected as one of the first sites in the country to offer this innovative new therapy to patients.

"This procedure has the potential to markedly improve the quality of life for patients who cannot undergo open heart surgery to correct their diseased heart valve," says Lucian Lozonschi, MD, UW Health cardiac surgeon and director of Robotic and Minimally Invasive Cardiac

Surgery at University of Wisconsin School of Medicine and Public Health. "This is a huge leap forward for seriously ill patients who previously had no effective long term option for this life-threatening condition. TAVR broadens the already strong portfolio of treatment options currently offered through the UW Health Valve Clinic."

Why is transcatheter heart valve replacement important?

The aortic valve directs blood from the left ventricle into the aorta (the large vessel that carries blood to the rest of the body), and when the valve does not function properly, the heart has to work harder to pump the blood. This condition, known as aortic stenosis, causes extra strain that weakens the heart and puts patients at risk for heart failure and irregular heart rhythms. Patients may have symptoms such as dizziness, fatigue, chest pain and intolerance to exercise that get progressively worse.

During the transcatheter valve replacement procedure, the new valve is collapsed and inserted via the femoral artery in the thigh using a catheter that is pushed through the blood vessels until it reaches the diseased aortic valve. A balloon on the end of the catheter expands the new valve to the correct size so it will remain in position. This valve replacement procedure is done without stopping the heart and does not require cardiopulmonary bypass.

UW Health physicians are working with providers across the region to bring this innovative option to patients. "It's extremely gratifying as a physician when you have the opportunity to provide a new therapy for patients who were previously running out of options," says Giorgio Gimelli, MD, UW Health interventional cardiologist and director of the Cardiac Catheterization Lab at UW Hospital and Clinics. "Our multidisciplinary team of surgeons, cardiologists and heart health experts is well positioned to provide this life-changing procedure to patients throughout the state and the region."

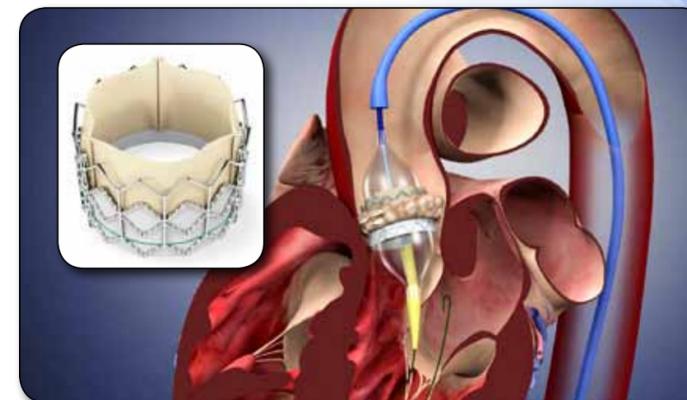
Patients Appropriate for TAVR

The SAPIEN Transcatheter Heart Valve is currently approved only for adult patients with severe symptomatic native aortic valve stenosis who have been determined by a cardiac surgeon to be inoperable for open aortic valve replacement, and in whom existing conditions would not preclude the expected benefit from correction of the aortic stenosis.

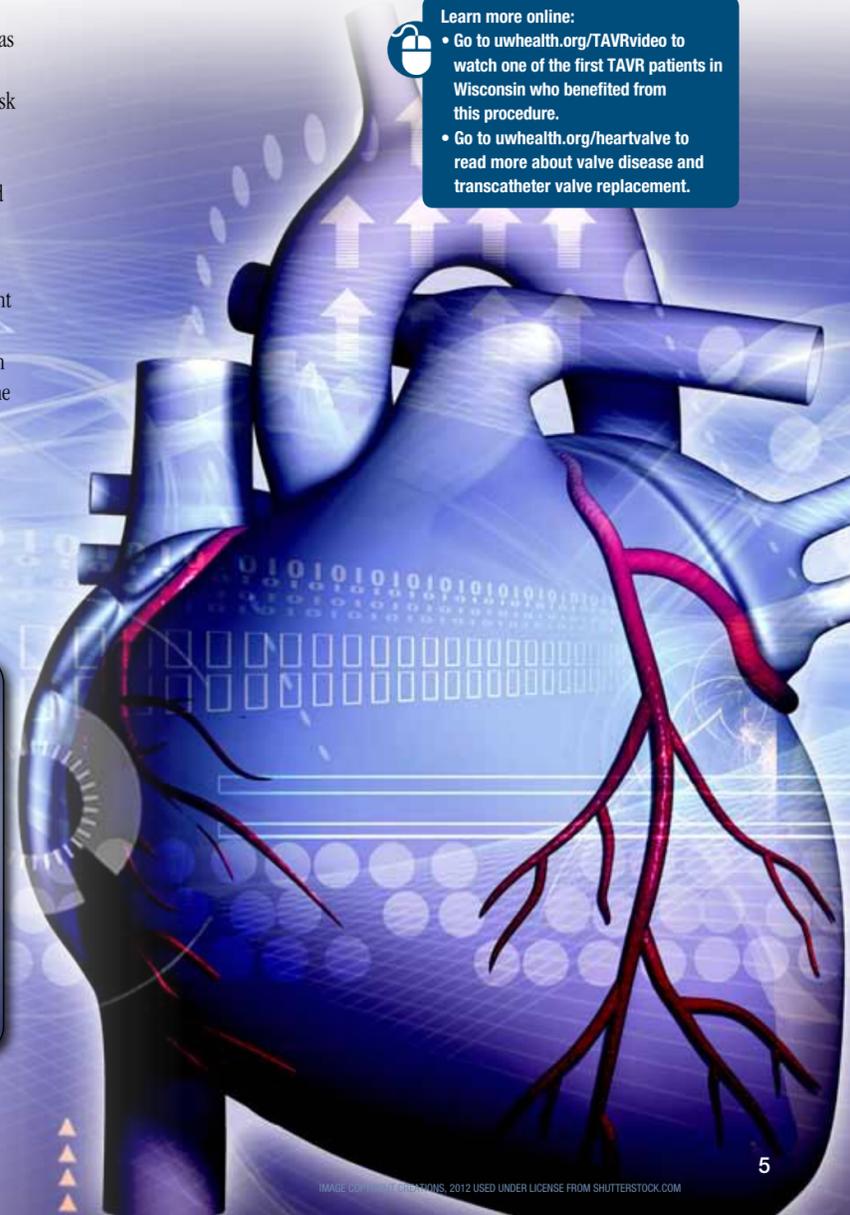
Patients are encouraged to contact their primary care provider for more information about this procedure and the risks involved.

Learn more online:

- Go to uwhealth.org/TAVRvideo to watch one of the first TAVR patients in Wisconsin who benefited from this procedure.
- Go to uwhealth.org/heartvalve to read more about valve disease and transcatheter valve replacement.



The inset photo shows the valve used in a TAVR procedure. The valve is collapsed and fed through an artery to the appropriate location in the heart, and then expanded into place with a balloon.



NEW Hip Replacement Technology

Wisconsin's Only Robotic-Assisted Hip Surgery

Robotic-arm assisted partial knee replacements have been offered at UW Hospital and Clinics since 2010. Now this technology is being used for total hip replacements. The UW Health Joint Replacement Program is the only one of its kind in Wisconsin and one of a select group of programs in the United States to offer robotic-assisted total hip replacement.

Robotic-assisted total hip replacement uses three-dimensional visualization to improve surgical precision compared with traditional manual techniques.

Inaccurate placement of implants used in hip replacements often results in early failure, revisions, hip dislocations and leg length discrepancies. With robotic-assisted technology, orthopedic surgeons at UW Hospital and Clinics have a more

accurate way of performing hip replacements and can avoid these common complications.

UW Health orthopedic surgeons use a computed tomography (CT) scan of the patient's damaged hip to construct a three-dimensional model of the surgical area. During surgery, the surgical robot interprets the information provided by the CT scan and guides the surgeon in preparing the implant point and positioning the hip implant.

The primary advantages of the robotic-assisted procedure are accuracy and precision. Accurate alignment and positioning of hip implants are critical factors in hip replacement procedures. The surgical robot provides a stable environment for hip replacement and

clear, accurate information about the hip that the surgeon can use for optimum implantation.

Additionally, the surgical robot's software maps out a detailed "envelope" in which the surgeon works, and will not allow for any movement outside of that envelope, minimizing the potential for damaging surrounding tissue.

Although nearly 400,000 people nationwide each year benefit from traditional hip replacement, some studies suggest that implant positioning are outside the acceptable range in about 20 to 30 percent of cases.

Poor replacement positioning doesn't necessarily mean that a new hip will fail or even result in severe clinical problems.

However, robotic-assisted surgery offers a new level of precision to total hip replacement that can result in a more natural feeling after surgery and the potential for better long term function.

Robotic-assisted surgery for knees and hips is performed by UW Health orthopedic surgeons, John Heiner, MD; Richard Illgen, MD; and Matthew Squire, MD.



Visit uwhealth.org/hip for more information or to request a consult.



Be Part of Something Remarkable

UW Health is proud to provide a workplace that encourages and supports professional growth, work/life balance and community involvement. Visit uwhealth.org/careers to learn how you can be part of something remarkable. You can also find us on Careerbuilder, Facebook and LinkedIn.

UW Health Breast Center Offers Hope and Expertise to Patients with Breast Disease

The UW Health Breast Center provides leading-edge treatment as well as hope and personalized care for patients at all stages of breast disease. The comprehensive multidisciplinary approach to clinical and support services includes digital mammography and state-of-the-art advanced imaging, innovative plastic surgery options, integrative medicine, genetic counseling, cutting-edge research and clinical trials.



Lee Wilke, MD

The UW Health Breast Center allows women with the full spectrum of breast conditions, benign or malignant, to be seen and diagnosed quickly, often on the same day. Breast imaging and minimally invasive biopsy procedures enable the team to arrive at a diagnosis without the need for surgery.

Lee Wilke, MD, director of the UW Health Breast Center, notes that the clinic will soon embark on the use of *breast tomosynthesis*, also called 3D mammography, which has the potential to minimize false alarms that can occur with screening mammograms. Dr. Wilke is championing a personalized approach to

breast diagnosis that "will look at each woman's risk factors to determine the individualized screening schedule that is right for her."

The Breast Center, which is affiliated with the UW Carbone Cancer Center, uses a team approach for treating patients diagnosed with breast cancer. Each patient is cared for by an experienced group of providers who collaboratively generate the plan of care; designing a combination of medical therapy, radiation therapy and surgery. Multidisciplinary conferences bring together a full spectrum of breast cancer specialists to refine these treatment plans and implement the best plan for each individual.

Today, there are a number of surgical options that provide excellent cosmetic outcomes for women needing breast surgery. Experienced breast surgeons using novel onco-plastic techniques, and surgical oncologists collaborating with plastic surgeons, work to provide exceptional outcomes for each patient. "What sets our center apart is our unique ability to offer multiple options for breast reconstructive surgery," says Dr. Wilke.

Anesthetic choices for patients undergoing breast interventions continue to evolve. Modern drugs result in less postoperative

nausea and vomiting, and a regional block, or paravertebral block, is becoming more widely adopted as it improves short-term pain and narcotic requirements for patients undergoing outpatient or short-stay surgery.

The UW Health Breast Center also offers guidance and support for both high-risk patients and breast cancer survivors. The *Preventive and Tailored Health Screening (PATHS) Clinic* provides genetic counseling based on family history, and the *Breast Cancer Survivorship Clinic* offers services to meet the unique needs of patients who have completed active treatment.

As providers strive to learn about a patient's needs at different disease stages and to provide the most innovative approaches to care, Dr. Wilke reflects, "I believe we are moving toward an era of truly personalized medicine. We are now, more than ever, able to offer each patient a tailored approach to their care based on risk factors and individual needs."

To learn more, please visit uwhealth.org/breastcare or call (800) 323-8942.



IMAGE COPYRIGHT ALLIANCE. 2012 USED UNDER LICENSE FROM SHUTTERSTOCK.COM



Making Families Happen

When Yolanda and Chad Riddell first got married, they couldn't wait to start a family together. After trying unsuccessfully to conceive for more than four years, they were referred to UW Health. During the course of the next seven years, they had two happy, healthy babies.

After celebrating their 10 year wedding anniversary in 2011, they decided to move ahead with additional fertility treatment to try and conceive for the third time. With care from Dr. Sana Salih, at Generations Fertility Care, an independent fertility clinic operated by UW Health and Meriter Hospital, the Riddell family is expecting their third child in September.

Since that initial pregnancy, Yolanda and her husband have remained patients of the fertility clinic at UW Health and feel that the physicians and staff at Generations have made a personal investment to make their family what it is today. Over the years, they have gone through an emotional journey and have always felt that their care team is there for them every step of the way.

Visit uwhealth.org/generations for more information.

Summertime Myths

Summer is almost here. Do you know the truth about some common summertime myths?

- Myth #1** Kids are more active in the summer.
- Myth #2** It's summer break, kids don't need to read.
- Myth #3** Kids don't get stressed.
- Myth #4** There is no way to get picky eaters to eat vegetables.
- Myth #5** Children who know how to swim are safe to swim alone.

Follow our *Growing Up Healthy* blog and WIN PRIZES!



Go to blogs.uwhealth.org/kids and sign up today.



UWHealth

University of Wisconsin
Hospital and Clinics
600 Highland Avenue
Madison, WI 53792-9700

NONPROFIT ORG.
U.S. POSTAGE PAID
MADISON, WI
PERMIT NO. 2223

IMAGE COPYRIGHT WET NOSE, 2012 USED UNDER LICENSE FROM SHUTTERSTOCK.COM

© 2012 UW Health. UW Health is the academic medical center for the University of Wisconsin School of Medicine and Public Health and includes UW Hospital and Clinics and UW Medical Foundation in Madison, Wisconsin. Comments are welcome. Email eschwenn@uwhealth.org or call (608) 262-6343.

Check out uwhealthkids.org

American Family Children's Hospital has unveiled a completely redesigned website: uwhealthkids.org.

"We are very excited about the new website and encourage everyone to check it out," says Jeff Poltawsky, Vice President of the American Family Children's Hospital. "The new look and feel is much more aligned with the warm, child-friendly environment of our facility. People already have told us how much fun it is to navigate."

At uwhealthkids.org, patients and families can:

- Watch a video of your child's doctor before your first appointment
- Sign up for our free e-newsletter, *Kids Connection*
- Sign up for our *Growing Up Healthy* blog
- Get the latest pediatric health information courtesy of KidsHealth®, featuring fun-to-use, interactive material specially geared to kids, teens and parents
- Support American Family Children's Hospital by making an online donation

Tummy Troubles?

Check out our special insert for more information on your digestive tract and suggestions and tips to keep it running smoothly.

