Less Is More

Minimally invasive surgeries at Baylor are returning women like Dollie Thomas to their normal activities faster page 4

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After marrying nine years ago, Liza and Eric Gustafson of Rockwall kept trying to start a family, but nature just wouldn’t cooperate. Turns out, they’re not alone.

“Anywhere from 10 percent to 20 percent of reproductive-age couples have trouble achieving or maintaining a pregnancy,” says Barry Jacobs, M.D., a reproductive endocrinologist on the medical staff at Baylor Medical Center at Carrollton (formerly Trinity Medical Center).

The good news is that reproductive endocrinologists have made tremendous strides in the diagnosis and treatment of infertility. “We are continuously learning and developing new tools to help couples have families,” Dr. Jacobs says.

One Step at a Time

The Gustafsons approached the Fertility Services Program at Trinity Medical Center, now Baylor Carrollton.

“The great majority of reproductive-age couples experiencing fertility problems can be treated successfully with conventional therapies, such as medication or surgery,” says Anil Pinto, M.D., a reproductive endocrinologist on the medical staff at Baylor Carrollton. One example is clomiphene, a medication that increases the woman’s egg production. If that alone doesn’t work, physicians will boost it with intrauterine insemination, injecting a high concentration of sperm into the uterus at the time of ovulation. “This maximizes the chance of achieving pregnancy without advanced reproductive techniques,” Dr. Pinto says.

Surgery can reverse a tubal ligation, open blocked fallopian tubes and repair congenital uterine defects. In men, repairing a varicose vein in the scrotum called a varicocele frequently results in better sperm quality and production.

That’s what happened in the Gustafsons’ case. An investigation revealed that a very low sperm count was responsible for the couple’s infertility.
Q: What is infertility?
A: Infertility is a disease of the reproductive system that impairs the conception of children. About one-third of infertility cases can be attributed to male factors, and about one-third to female factors. The remaining cases are caused by a combination of problems or are unexplained.

Q: What causes infertility in females of childbearing age?
A: The most common factor is an ovulation disorder. Others include blocked fallopian tubes, which can occur after pelvic inflammatory disease or endometriosis. Structural defects and fibroids of the uterus often cause repeated miscarriages.

Q: What causes infertility in males?
A: A man is most likely infertile due to low sperm count, poor sperm motility (movement), abnormally shaped sperm (poor morphology) or a combination of the two.

A Sound Philosophy

The Fertility Services Program at Baylor Medical Center at Carrollton (formerly Trinity Medical Center) has been offering assisted reproduction techniques since 1985.

The program’s goal is to help patients achieve pregnancy with the lowest level of technology possible. So the reproductive endocrinologists on the Baylor Carrollton medical staff conduct a thorough medical history and examination to determine what’s realistically possible to help each couple.

“Often there is plenty that can be done before turning to advanced techniques such as in-vitro fertilization [IVF],” says W.F. Howard, M.D., a reproductive endocrinologist on the medical staff at Baylor Carrollton. However, when IVF is the only option, the program’s guideline is to transfer no more than two embryos per cycle, leading to a single baby 60 percent of the time and twins 40 percent of the time.

The IVF Lab at Baylor Carrollton is fully accredited by the College of American Pathologists, and all procedures are performed under the supervision of experienced reproductive endocrinologists.

During in-vitro fertilization (IVF), the husband’s sperm and the wife’s eggs are placed together in a dish in the laboratory, and the resulting fertilized embryos are implanted into the wife’s uterus. Taking IVF a step further, in intracytoplasmic sperm injection (ICSI) the eggs are hand-fertilized in the laboratory by direct injection of a single sperm into each egg. With ICSI, fertilization is still possible using sperm of lower quality.

Eric underwent the varicocele procedure and, fingers crossed, the Gustafsons returned for another sperm count. Again, their hopes were dashed. Another four or five months went by. “Eric wanted to try one more time, so we went back to the doctor,” Liza says. “To our complete surprise, the embryologist found four or five sperm that were healthy enough for IVF!”

At 33, Liza began a regimen of daily hormone injections to increase her egg production, “which was difficult, and there were times I wanted to give up,” she says. But it worked, and the physician retrieved 25 healthy eggs. After combining the best eggs with Eric’s precious sperm, he implanted two embryos into Liza, which she carried to full term.

Today, Preston and Parker are 20 months old, and the Gustafsons have the healthy family they always wanted.

By Deborah Paddison

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September 2009

BaylorHealth
Women’s health returns faster and easier with less invasive breast cancer treatment and gynecological surgery

By Teresa Caldwell Board

When Dollie Thomas went to the doctor in February 2008 for heavy, painful periods, she had a pelvic sonogram, as well as an overdue mammogram. Thomas, a 50-year-old Plano resident, wasn’t surprised to be diagnosed with benign uterine fibroid tumors. But she didn’t expect to find out she also had breast cancer.

Reflecting on the nine months of surgeries and treatments that followed, she says, “Everything went so well.” What made an arduous series of medical treatments more bearable? Thomas benefited from several minimally invasive options.

Targeting Breast Cancer Precisely
Breast cancer diagnosis and treatment include several less invasive options, says Lynn Canavan, M.D., a breast surgeon on the medical staff at Baylor Regional Medical Center at Plano.

First, needle biopsies help physicians diagnose breast cancer without surgery. Guided by mammogram or ultrasound,

Survivor Story
To hear more from Dollie Thomas (shown at left) on how she’s surviving and thriving after her treatment, watch her video at BaylorHealth.com/mystory.

Photo by Todd Myers, hair and makeup by Dane Nelson
physicians use a hollow needle to remove multiple tissue samples as thin as a pencil lead.

“It’s better for women mentally and physically,” Dr. Canavan says. Because 80 percent of breast biopsies are benign, many women can skip the operating room altogether.

Because of the size of her tumor, Thomas needed a mastectomy to remove her left breast. But for many women, lumpectomy is a less-invasive treatment option, in which only the tumor and some surrounding tissue are removed. “If followed by radiation, lumpectomy can be equivalent to mastectomy in effectiveness,” Dr. Canavan says.

Third, partial breast radiation following a lumpectomy uses more concentrated radiation for a shorter time. “The majority of breast cancer recurrences are within 1 centimeter of the lumpectomy cavity,” Dr. Canavan says. Traditional radiation treatments last about six and a half weeks, but partial breast radiation is performed twice a day for only five days.

Finally, sentinel lymph node biopsy spares women the side effects—including swelling and chronic pain in the inner arm—of removing all the lymph nodes under the arm to find out whether breast cancer has spread.

“We find the first one to four lymph nodes that drain the breast and, if they are clear, there is a 95 percent chance there is no cancer in the rest,” Dr. Canavan explains. Thanks to this option, Thomas had only two nodes removed to confirm her cancer hadn’t spread.

Faster Recovery from Surgery
Gynecologists also use less invasive approaches when possible. With minimally invasive gynecological surgery, “Women typically have less pain, blood loss and infection, as well as shorter hospital stays and a quicker return to work,” says Murray Fox, M.D., a gynecologist on the Baylor Plano medical staff.

“The most common minimally invasive surgery to treat stress urinary incontinence is placing a sling,” says Muriel Boreham, M.D., a urogynecologist on the medical staff at Baylor University Medical Center at Dallas and Baylor Plano. Using two small incisions over the pubic bone and a 3-centimeter vaginal incision, a sling made of polypropylene mesh is placed underneath the urethra to support it and promote better bladder control.

As a less invasive alternative to open surgery, laparoscopic surgery uses several small incisions to insert special instruments and a scope to see inside the body. Some laparoscopic surgeries are now performed with the help of a robot.

With da Vinci robotic surgery, the surgeon works at a console with a 3-dimensional, magnified, high-definition screen. “The visualization of the surgical field is improved,” Dr. Fox says. Also, the robotic instruments are more precise than traditional laparoscopic tools. “The robotic arm has more range of motion than a human wrist,” says Barbara Coulter-Smith, D.O., an obstetrician/gynecologist on the medical staff at Baylor Regional Medical Center at Grapevine.

When Maria Lummus, a 44-year-old Euless resident, had a robot-assisted laparoscopic hysterectomy in January 2009, she was back to work within two weeks. “Four days after the surgery, I cannot tell you how good I felt. I wish I would have had it done years ago.”

Lummus’ endometriosis was very invasive, but the precision of robotic surgery made it possible for her to avoid an open surgery. “With the robot, a more difficult case can be done less invasively,” Dr. Coulter-Smith says.

After Thomas had a robot-assisted laparoscopic hysterectomy in November 2008, she says, “by the end of the week, I felt great. I understood what they meant by minimally invasive!”

CELEBRATING WOMEN
The 10th annual Celebrating Women luncheon, benefiting breast cancer research, outreach and expanded technology, will be Oct. 22 at the Hilton Anatole Hotel in Dallas.

New York Times best-selling author Kelly Corrigan will be the headline speaker. Her book, The Middle Place, addresses her treatment for breast cancer at the same time her father was diagnosed with late-stage bladder cancer.

For more information about the Celebrating Women luncheon, please call 214-820-4500 or send an e-mail with the subject line Celebrating Women to BaylorEvent@BaylorHealth.edu. You also can find information online at BaylorHealth.com.

Dr. Right
For a referral to an obstetrician/gynecologist or urogynecologist on the medical staff at Baylor, call 1-800-4BAYLOR or visit BaylorHealth.com/physicianfinder.
We teach our kids to “have heart.” We nurse them through broken hearts. But what can we do to actually help their hearts? Plenty.

In fact, you can establish heart-healthy habits now that last long into adulthood. Memorizing these five F’s can help.

**FAT AND FIBER** “These are the frontlines of defense to reduce risk for heart disease,” says Stephanie Dean, R.D., dietitian at Baylor University Medical Center at Dallas. Fiber-rich foods, such as fruits, vegetables, beans and whole grains, help control cholesterol.

Limiting trans fats and saturated fats early also reduces risk. A recent study in the journal *Hypertension* found lower blood pressure in adolescents who had been on a low-fat diet since infancy.

**FOOD LABELS** Foster nutrition savvy at a young age by making food label reading a habit. “Your child may thank you when they are 58 years old for teaching them healthy habits when they were 5,” Dean says. See mypyramid.gov for games and ideas.

**FITNESS** Emphasize exercise, making it frequent and fun. Not only will exercise control cholesterol, blood pressure and obesity, but when your children leave the nest, they’ll also be armed with a natural antidote to combat the stress that can accompany college life.

**FIRST IMPRESSION** “Recognize the positive force you are for your child,” Dean says. When they are young—and curious—use a preventive, positive focus to explain your lifestyle choices.

For example, instead of explaining your exercise as a necessary chore to lose weight, tell your kids you’re exercising to strengthen your heart.

**FAST-ACTING** Once your children have the inside track to heart health, make sure you’re equipped in a heart emergency. Call 1-800-4BAYLOR to find a CPR class near you.

*By Laurie Davies*

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**Early Intervention**

Some infants need Baylor neonatal intensive care units (NICU) to get a jump-start on a healthy life. Such was the case for Carson Hadnot, born in March 2008 with his “heart barely beating,” says his mom, Aime Hadnot.

Carson was Baylor’s first candidate for a technology called total body cooling. A cooling blanket lowers body temperature, protecting brain cells from harmful chemicals created by a lack of oxygen at birth. “The blanket keeps a baby’s brain cooled until those chemicals are gone from the blood,” says Craig Shoemaker, M.D., medical director of neonatology for Baylor University Medical Center at Dallas.

Today, Carson is a happily developing toddler who shows just some signs of motor delay and hearing loss. “He beat so many odds. What’s a little hearing loss?” Hadnot says.

**Carson’s Story**

Read more about Carson’s story and the innovative treatment that helped save his life at BaylorHealth.com/healthcast.
The Grim Sleeper

If you’re still tired after sleeping all night, you may need a sleep study

J esse Vasquez, 43, of Cedar Hill, was so fatigued he would fall asleep three minutes into a conversation, and every time he watched TV. “My wife told me, ‘Something’s wrong, Jesse, you’re sleeping all day,’” he says.

A doctor recommended a sleep study, and while watching a video prior to the study that night, Jesse crashed to the floor, asleep. During the study, he was aware of waking up four times, but the study showed he stirred many more times than that. Sleep apnea—interrupted breathing—was waking him repeatedly, which was causing the daytime fatigue.

His doctor prescribed a machine to reduce the nighttime breathing interruptions. Now, he can sleep through the night and stay awake during the day. He’s also lost 20 pounds, cutting out the daytime snacks he used to eat to bolster his energy.

For Karen DeLavan, of Richardson, symptoms were more subtle. Following a surgical procedure, one of the nurses told her she had stopped breathing several times in just a couple of minutes. After a sleep study at Baylor Regional Medical Center at Plano, she was diagnosed with sleep apnea and started using a continuous positive airway pressure (CPAP) machine to help keep her airway open during the night.

“I hadn’t had a full night’s sleep in years, but I was able to blame being tired on a lot of different things—getting old or being stressed or having too much going on. Within a week of getting the CPAP I could see a huge difference—I had more energy and was feeling better,” she says.

Sleep studies are used when sleep apnea, narcolepsy or abnormal sleep behaviors are suspected, says Sunil Mathews, M.D., medical director for the sleep lab at Baylor Medical Center at Irving. They usually are not recommended for insomnia. “The sleep lab’s setting is similar to a hotel room. People can sleep in a position that’s comfortable for them, during normal sleep hours,” says Stephanie Snowden, sleep center supervisor for Baylor Irving.

During the study, technicians monitor the patient’s heart rate, oxygen levels, brain waves, muscle tension and breathing patterns, explains Raul Noriega, manager of the Comprehensive Epilepsy and Sleep Disorders Center at Baylor Regional Medical Center at Grapevine.

Sleep apnea is the most common sleep disorder diagnosis. Most people find relief with a CPAP machine, says David Luterman, M.D., medical director of the Baylor Sleep Center at Baylor University Medical Center in Dallas. For others, oral appliances or surgery may help.  • By Stephanie Thurrott
Baylor is participating in the largest trial ever developed to study options for patients with both diabetes and multivessel heart disease—an endeavor that could affect trials and interventional approaches for years and even decades to come. Through Baylor Research Institute (BRI), THE HEART HOSPITAL Baylor Plano and Baylor Jack and Jane Hamilton Heart and Vascular Hospital are participating in the FREEDOM trial (Future REvascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease).

FREEDOM is sponsored by the National Institutes of Health (NIH) and is designed to compare two treatments for people with diabetes and multivessel coronary artery disease. This means they have blockages in the arteries that bring blood to the heart, which can lead to a heart attack.

Looking into the Options
The first procedure is the most common treatment approach: open-heart surgery with coronary artery bypass graft, which uses healthy vessels from other parts of the body to bypass the blocked vessels and restore blood flow. The second is angioplasty with the insertion of drug-eluting stents, a minimally invasive procedure that uses a tiny tube to prop open blocked arteries and improve blood flow.

“This trial may answer a very critical question about the best way to manage heart disease in people with diabetes,” says Michael Mack, M.D., medical director of cardiovascular surgery for Baylor Health Care System.

David Brown, M.D., medical director of research, THE HEART HOSPITAL Baylor Plano, adds that both procedures have been used on patients with multivessel heart disease, but no one knows which one is better.

“People with diabetes have various issues, including those related to healing, that can make treatment problematic,” he explains. “These people and their doctors would certainly like to know which solution might be best suited to them.”

Both physicians emphasize that whatever the study results reveal, there won’t be a clear “winner” or
“loser” in terms of a single optimal procedure. “At the end of the trial, it isn’t as if everybody will need to go either to surgery or to stenting,” Dr. Mack explains. “But we’ll have a better definition of the appropriate choice for particular patients.”

An Entryway to Discovery

The FREEDOM trial, which officially commenced in 2004, involves 2,400 patients across multiple locations. The study will last five years and will include a minimum of three years of follow-up.

Patients who meet the study criteria are given a thorough explanation of what the study involves before they agree to participate. They are informed that the treatment method used on them will be chosen at random. In other words, patients don’t have a say in whether they will have open-heart surgery—a four-hour operation that requires a weeklong hospital stay—or minimally invasive stenting procedures that will typically allow them go home in a day or two.

But, according to Dr. Mack, large, randomized trials are the only way science can answer the question about whether one therapy is better than another, in general or for a particular set of patients.

“This is the largest database in the world of diabetic subjects with multivessel disease, and it may answer a lot of questions,” he explains. “Especially when you’re inserting a large number of stents—the average in the trial is around four—there’s a greatly increased risk of recurrence of blockages. The researchers are looking for answers about the potential for recurrence, among other things.”

Baylor’s involvement with the FREEDOM trial began with patients at THE HEART HOSPITAL Baylor Plano, and now has been expanded to include patients at Baylor Heart and Vascular Hospital. The infrastructure to administer and support the trials is provided by BRI, which facilitates the process of bringing studies to Baylor.

“Having the FREEDOM trial at both Baylor locations is a great opportunity for collaboration and to bring more volume and outcome data to the trial,” Dr. Brown says. “This puts us in a better position to be national investigators in more major trials.”

It also reinforces the strength of the research program at THE HEART HOSPITAL Baylor Plano, which has focused on pioneering research and therapies since it opened in 2007. The hospital is participating in almost 30 trials that are either active or in development.

“Because of our participation in research trials, we’re able to offer our patients care options that aren’t available otherwise.”

Michael Mack, M.D., Medical Director of Cardiovascular Surgery for Baylor Health Care System

For a physician referral, visit BaylorHealth.com • September 2009 BaylorHealth
Defining Quality

Numerous awards and recognitions speak to Baylor’s quality of care

Quality is a characteristic that’s hard to define. But when it comes to defining the level of quality that exists across the Baylor Health Care System, there’s certainly no shortage of outside organizations that think that Baylor is making the grade. Baylor and its hospitals have been honored for quality clinical expertise, care and leadership.

“One of the reasons Baylor is such a special place is our unwavering commitment to our vision to be trusted as the best place to give and receive safe, quality, compassionate care,” says Joel Allison, president and CEO of Baylor Health Care System.

Among the most notable awards to date is the 2009 U.S. News & World Report Rankings, which listed BAYLOR UNIVERSITY MEDICAL CENTER AT DALLAS among the nation’s top 50 hospitals—for the 17th consecutive year—in two out of 16 specialty areas. In addition, BAYLOR INSTITUTE FOR REHABILITATION ranked 13th among the nation’s top rehabilitation facilities.

Baylor also received the National Quality Healthcare Award from the National Quality Forum in 2008. In February 2009, BAYLOR DALLAS earned reaccreditation of its Magnet status for “Excellence in Nursing Service.” In addition, Baylor earned the 2008 VHA Leadership Award for Clinical Excellence at several of its locations.

THE BAYLOR Jack and Jane Hamilton Heart and Vascular Hospital, BAYLOR MEDICAL CENTER AT GARLAND, BAYLOR MEDICAL CENTER AT WAXAHACHIE and BAYLOR SPECIALTY HOSPITAL were all recognized for superior patient safety and clinical expertise.

Other Baylor hospitals earning recognition and awards include:

- **BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE** Texas Award for Performance Excellence, in recognition of best practices, including process improvement and customer-focused care
- **BAYLOR ALL SAINTS MEDICAL CENTER AT FORT WORTH** American Diabetes Association recognition for its Diabetes Education Center. This honor also was received by six other Baylor entities.

- **BAYLOR MEDICAL CENTER AT IRVING** Named a Breast Imaging Center of Excellence by the American College of Radiology
- **BAYLOR REGIONAL MEDICAL CENTER AT PLANO** American Society for Metabolic and Bariatric Surgery recognized Baylor Plano as a Bariatric Surgery Center of Excellence.

This is just a small sampling of the local and national honors bestowed on Baylor. These recognitions are a source of pride for the people of Baylor—and motivate them to maintain their pursuit of excellence every day. “I am so proud of the entire Baylor health care team,” says Allison. “We work continuously to come up with clinical processes, practices and technologies to enhance the health care we provide, while never forgetting that the patient is at the center of all we do.”

*By Amy Lynn Smith*

To see a complete listing of the awards and accreditations received across Baylor Health Care System, visit BaylorHealth.com/awards.
Create a CaringBridge™
During your stay at Baylor, our focus is helping you heal. But we know that family and friends can play an essential role in your recovery, too. That’s why we’re offering a free service to help you stay connected during a health crisis, treatment and recovery. You can set up your own unique, personal CaringBridge™ website that allows you to share important information and lets your friends and family provide messages of support and encouragement. Set up is easy at CaringBridge.org.

NO FLU FOR YOU
The flu typically comes to town in winter, but now is the time to start thinking about getting a flu shot. Your body needs time to develop the immunity a flu shot provides. Just about everyone can benefit from a flu shot. But people in the following groups are at high risk for complications from the flu and should get a flu shot between now and mid-November:

- Children ages 6 months to 2 years
- Adults ages 65 years and older.
- Anyone ages 2 to 64 with underlying chronic medical conditions.
- All women who will be pregnant during the influenza season.
- Residents of nursing homes and long-term care facilities.
- Children ages 6 months to 18 years on chronic aspirin therapy.
- Health care workers involved in direct patient care.
- Out-of-home caregivers and household contacts of children age less than 6 months.

Baylor Among ‘America’s Best’
Baylor Institute for Rehabilitation (BIR) and Baylor University Medical Center at Dallas are two of 174 U.S. hospitals to be ranked in the U.S. News & World Report 20th annual “America’s Best Hospitals” issue. Baylor Dallas is the only North Texas hospital to earn this distinction for 17 years in a row.

BIR ranked 13th among the nation’s top 25 rehabilitation facilities, marking 13 years for BIR’s recognition in the “America’s Best Hospitals” issue.

“National recognition just reaffirms my belief of Baylor’s quality,” says Joel Allison, president and chief executive officer, Baylor Health Care System. “I could not be more proud of the safe, quality, compassionate health care provided to each and every one of our patients.”

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HEALTH BRIEFS
We Are Here

Trinity Medical Center is now Baylor Medical Center at Carrollton. The credentials, reputation and advanced medicine associated with Baylor have come to your community. That means a whole new level of health care for you. In addition to general acute care services, an ER and a Level III NICU, we have wide-ranging services including a fertility program, women's health and a bariatics program. We also have more than 480 active members of our medical staff representing 37 specialties. You’ll find new renovations and technologies to enhance the entire patient experience, and we’ll be adding new services to take care of your medical needs. Plus, you’ll have access to the entire Baylor Health Care System network of physicians and facilities. This is more than a name. It’s great health news.