BaylorHealth

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Slice of Life

Baylor University Medical Center at Dallas

1-800-4BAYLOR • March 2010
Register to be a bone or bone marrow donor at Baylor

Who wouldn’t save a life if they could? And you can, by donating a small amount of blood or bone marrow.

Registering to be a blood stem cell or bone marrow donor is easy, and your donation could be lifesaving for someone with leukemia, lymphoma, certain immune diseases or genetic disorders.

“Being a blood or marrow donor is safe, especially when you’re working with an experienced center,” explains Edward Agura, M.D., medical director of the Blood and Marrow Transplant Program at the Baylor Charles A. Sammons Cancer Center at Baylor University Medical Center at Dallas.

Established in 1982, the Baylor Sammons Cancer Center has performed more than 4,000 blood and bone marrow transplants. The center, which is home to one of the nation’s National Marrow Donor Program (NMDP) offices, also recruits people willing to donate and, if they’re a match, collects their blood stem cells or bone marrow.

People of diverse backgrounds are needed to sign up for the donor registry, because patients need donors who are a close genetic match—but that doesn’t mean you have to be related.

Registering only requires some paperwork and a sample taken from the inside of your cheek with a swab. You’ll be entered into a national database and notified if you match a recipient in need.

According to Dr. Agura, most donations are done with a blood stem cell donation, which he says is much like giving a pint of blood. Bone marrow donations are performed under anesthesia and sometimes require an overnight hospital stay. Neither option is painful or involves any significant risk.

“The Baylor Dallas Blood and Marrow Transplant program has been ranked ‘First in the Nation’ above all other transplant programs by the NMDP, for the speed with which it procures donors,” Dr. Agura adds. “We hope many more people will register to be donors and help us save lives.”

By Amy Lynn Smith

Give Life

To register to donate blood or bone marrow, or for more information, call 214-820-4279 or visit BaylorHealth.com/DallasCancer and click the “National Marrow Donor Program” link.

Find Dr. Right

For a physician referral, visit FindDrRight.com

Visit BaylorHealth.com or call 1-800-4BAYLOR for information about Baylor University Medical Center at Dallas services, upcoming events, physician referrals, career opportunities and more.

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An Assist for Ailing Hearts

Therapy can keep patients going while awaiting a heart transplant

No one likes to wait. But just imagine if you were waiting for a heart transplant, and your heart and other organs were failing fast.

Fortunately, there’s a therapy available to help people with end-stage heart failure get through the waiting game with an improved quality of life and less risk of organ damage.

At Baylor University Medical Center at Dallas, surgeons on the medical staff can insert a mechanical heart pump known as a left ventricular assist device (LVAD). This pump takes over the function of the left side of the heart.

“We use these types of heart pumps when patients get so sick they can’t wait any longer for an organ to become available, at which point it’s a lifesaving procedure,” says Dan Meyer, M.D., surgical director of cardiothoracic transplantation at Baylor Dallas. “While they’re waiting for a transplant, an LVAD can allow them to stay out of the hospital and pretty much continue with everyday activities. Even though it’s mechanical, it’s basically like a new heart that’s reliable and well-tolerated by the patient.”

Inserting the LVAD requires open-heart surgery and about two weeks in the hospital, and is usually done after other therapies have failed. And, as the quality of the pumps has improved and the risks of surgery have decreased over the years, LVAD therapy is now used more often in patients before their situation is dire.

According to Dr. Meyer, this gives patients a better quality of life for a longer period of time, because an LVAD lasts about five years and newer devices being developed may last even longer.

Baylor Dallas has been dedicated to LVAD therapy since 1996 and was the first hospital in the United States to receive the Gold Seal of Approval™ from The Joint Commission for its Ventricular Assist Device (VAD) program.

Currently, between 10 and 15 LVAD insertions are done annually at Baylor Dallas. However, with the recent Food and Drug Administration (FDA) approval of LVADs for destination therapy, that number is expected to increase in 2010.

“There are patients who don’t qualify for a heart transplant due to their age or other factors,” he explains. “This could be a potential treatment for many patients with heart failure who currently don’t have a lot of other options.”

Learn About LVAD
For more information about LVAD or the cardiothoracic transplant program, call 214-820-6856.

To make a donation, visit BaylorHealth.com • March 2010 BaylorHealth
It's an uncomfortable feeling to be out of control. Women with urinary incontinence experience that sensation physically. But they can control what they do about their problem.

“Women today want to live well in their bodies and maintain their quality of life into their retirement years,” says Shayzreen Roshanravan, M.D., a urogynecologist on the medical staff at Baylor Regional Medical Center at Plano. “More women are realizing urinary incontinence is not normal and they don’t have to live with it.”

**Pinpoint the Problem**

Stress incontinence, which is common in women after pregnancy, is leaking that happens with activities such as sneezing, coughing, lifting or exercising.

Relax incontinence is a sudden, strong urge to urinate, followed by bladder contraction and leakage.

“The treatments can sometimes be completely different,” says S. Alexis Gordon, M.D., a urologist and urologic surgeon on the medical staff at Baylor Regional Medical Center at Grapevine. “For example, a medication is usually not helpful for stress incontinence. Therefore, it’s important to correctly identify the type of incontinence a woman has.”

**Relief Without Surgery**

Not all women with incontinence need surgery. Kegel exercises complement any treatment plan by strengthening the pelvic floor muscles that support the bladder and urethra.

“Medication is the first line of treatment for urge incontinence,” says Aldo Ghobriel, M.D., a urologist on the medical staff at Baylor Medical Center at Garland.

For stress incontinence, collagen injections may be used to thicken the area around the urethra, helping to control leakage. “In some cases, we can even use radio-frequency energy to repair the urethra or electromagnetic energy to strengthen the pelvic muscles without surgery,” says Peter Sakovich, M.D., an obstetrician and gynecologist on the medical staff at Baylor Medical Center at Irving.

**Small Surgery, Big Results**

If surgery is necessary, minimally invasive options can bring a major improvement to women’s quality of life.

For women with stress incontinence, the sling procedure is the most common surgical treatment. Working through several small incisions, the surgeon attaches a small piece of mesh underneath the urethra. “When a patient coughs or sneezes, the sling provides a foundation for the urethra to lie on,” Dr. Roshanravan explains.

Surgery is less commonly used to treat urge incontinence. “An InterStim® unit, which is like a bladder pacemaker, can be surgically implanted if patients don’t respond to medication,” Dr. Ghobriel says. The InterStim sends small electrical pulses to the sacral nerve, which can relieve the frequency of bladder contractions.

If you’re experiencing urinary incontinence, the right treatment option can get you out of the ladies’ room and back in control.  

**Why Wait?**

If incontinence is affecting your quality of life, talk to your doctor. For a referral to a physician on the medical staff at Baylor, call 1-800-4BAYLOR or visit FindDrRight.com.
There are two widely accepted techniques for performing coronary bypass surgery—and a third, much newer, method that’s only available at a few specialized centers such as THE HEART HOSPITAL Baylor Plano.

Even though each technique is a good one, it isn’t always easy to tell which would be the best choice for an individual patient. Researchers at Baylor hope to change all that, with a study known as the IMPROVE trial.

The researchers are examining the results of patients who undergo one of these three types of surgery. The first, and most common, involves stopping the heart and putting the patient on a heart-lung bypass machine. The second, known as off-pump surgery, is performed while the heart is still beating. And then there’s the third, a new technology called the MECC system, which can be described as a “more patient-friendly version of the heart-lung machine,” says Michael Mack, M.D., medical director of cardiovascular surgery for Baylor Health Care System and chairman of THE HEART HOSPITAL Baylor Plano Research Center.

“Certain people have an intense inflammatory response to the heart-lung machine,” says Bill Brinkman, M.D., a cardiovascular surgeon on the medical staff at THE HEART HOSPITAL Baylor Plano. “If we could figure out which people were likely to have this response, which can slow recovery, we could tailor the choice of procedure to the genetics of each patient.”

The degree of inflammation experienced by each patient is being measured through blood samples that are being evaluated by the Baylor Institute for Immunology Research (BIIR). This is the first time BIIR and THE HEART HOSPITAL Baylor Plano are collaborating on research.

“Because of our own pioneering studies, we have some very high-tech tools to measure the immune status of patients and quantify the changes that take place in the blood of patients participating in this study,” explains Damien Chaussabel, Ph.D., associate investigator and director of the BIIR Center for Personalized Medicine.

Patients who are scheduled for bypass surgery will be invited to participate in the study, which will only require the donation of a blood sample.

“Bypass surgery isn’t a one-size-fits-all procedure,” says Dr. Mack. “So we’re hoping to learn if certain ways of doing this procedure will fit some patients better than others.”

By Amy Lynn Smith

Heart to Heart
Baylor researchers seek ways to determine the right bypass surgery for each patient

At the Heart of Research
To find out more about research trials under way at Baylor, visit BaylorHealth.com/AdvancingMedicine.
Deanne Weill has jumped back into life after doctors removed a brain tumor.

Deanne Weill, 47, of Southlake, found her busy life screeching to a halt three years ago. This mother of two says, “I was exhausted all the time. I love to work out, but after spin class I’d have to rest all day to have enough energy to keep up with the kids. And I was having really bad sinus headaches.” Her problem? A brain tumor the size of an orange behind her forehead.

Doctors who diagnosed her tumor recognized that it could be life threatening, so Weill’s husband, battling a rare Texas snowstorm, drove her immediately to Baylor Regional Medical Center at Grapevine. An ambulance met her there and transferred her to Baylor University Medical Center in Dallas, where neurosurgeons on the medical staff removed the tumor. “The tumor was slow growing, but it had reached a critical mass,” explains Shaad Bidiwala, M.D., a neurosurgeon on the medical staff at Baylor Dallas. “It began in the coverings of the brain, just behind the forehead and had grown to compress parts of the brain critical to Deanne’s day-to-day functioning.”

After a two-week hospital stay, Weill was able to head home with her family, and once her strength returned, she got right back to what she calls her crazy life.

Hear Her Story
For more about Deanne’s diagnosis and treatment, watch her video at BaylorHealth.com/HealthCast.

Photo by Todd Myers; hair and makeup by Dane Nelson
While techniques and technologies to treat brain problems may seem futuristic, they’re part of the here and now for Baylor Health Care System. Here, doctors on the Baylor medical staff share some advances:

**INTEROPERATIVE MRI**
This technology allows surgeons to synchronize presurgery MRIs with those taken during surgery to help pinpoint a tumor’s exact location. “This allows the incision to be as small as possible and in exactly the right place,” Dr. Bidiwala says. By using an MRI during surgery, the neurosurgeon can determine whether a tumor was fully removed or whether spots remain behind that aren’t visible. “Removing tumors completely helps people live longer,” says Christopher Michael, M.D., a neurosurgeon on the medical staff and medical director of the interoperative MRI at Baylor Dallas.

**AWAKE MAPPING TECHNIQUES**
With tumors in particularly sensitive parts of the brain, such as areas controlling language and motor skills, doctors can perform the operation while the patient is awake, checking for response to know whether it’s safe to cut into a certain part of the brain. With this type of surgery, Dr. Bidiwala says, “we map out the exposed surface to the brain before deciding where it would be best to make an incision.”

**DEEP BRAIN STIMULATION**
People with Parkinson’s disease or essential tremor can find their symptoms reversed with the electrical stimulation of electrodes placed within the deep nuclei of the brain.

**SKULL BASE SURGERY**
Surgeons on the Baylor medical staff can remove tumors and lesions by entering the skull through orifices such as the nose or mouth. These new minimally invasive surgical techniques make it less risky to operate in the sensitive part of the skull that supports the brain.

**RADIOSURGERY**
Tools such as the Gamma Knife® and CyberKnife® use focused radiation to eliminate brain tumors and vascular lesions with surgical precision, explains Thomas S. Ellis, M.D., a neurosurgeon on the medical staff at Baylor All Saints Medical Center at Fort Worth. With these technologies, doctors can treat some patients with difficult-to-reach tumors who run a high risk of complications from traditional surgical techniques.

**We Have Neuro Know-How**
To learn more about brain and spine treatments available at Baylor, visit BaylorHealth.com/Neuroscience. For a referral to a neurologist or neurosurgeon on the medical staff at Baylor, call 1-800-4BAYLOR or visit FindDrRight.com.

**Support for the Spine**
For Marilyn Couch, 62, of Frisco, debilitating back pain struck suddenly over one weekend. She tried medication at first, but nothing was strong enough to combat the pain in her back and leg. “It hurt to wear shoes and to walk on my left foot because it felt like I was walking on a rock in my arch,” she says.

Her surgeons scheduled an operation at Baylor Regional Medical Center at Plano to remove a cyst that was pinching her nerves, but they realized Couch would probably also need spinal fusion—her spine was shifting slightly from side to side, and without fusion the results of her surgery would last only three to six months. Apprehensive at first, Couch finally agreed to the fusion and both procedures were done at the same time.

“Things now are wonderful,” she says. “Ever since the surgery, I’ve been back at work, back at the gym and my back doesn’t hurt. I’m back to my old self.” Longevity runs in her family, she says, so she expects her revamped back to be there for her for 30 years.

Advances in spine surgery bring faster recoveries with fewer risks for patients like Couch.

With **minimally invasive spine surgery**, surgeons can place screws and rods in the spine via incisions as small as 1 inch, so people often feel better sooner and go home from the hospital more quickly. By stimulating the big toe and reading the response with an electrode on the scalp via **electrophysiologic monitoring**, doctors can monitor spinal cord function throughout surgery.
Most people are taught from an early age not to discuss their bathroom habits. But if more people talked about colon cancer, fewer people might die from the disease.

Just ask Rick Gulledge, a resident of Aubrey, whose brother was diagnosed with colon cancer in 2007. Just one month later, when Gulledge began experiencing heavy rectal bleeding—a sign of colon cancer—he knew he needed medical attention.

Gulledge was diagnosed with colon cancer at the age of 47 and had part of his colon and some of his lymph nodes removed. His treatment at Baylor Regional Medical Center at Plano also included six months of chemotherapy. So far, Gulledge remains cancer-free. Sadly, his brother wasn’t so lucky, and died just one year after his diagnosis.

“They did everything they could, but they just found my brother’s cancer too late,” Gulledge says. “People need to get screened because it’s the only way they can find it.”

**Early Detection**

According to the National Cancer Institute, colorectal cancer—which includes cancers of the colon and rectum—is the second leading cause of cancer deaths in the United States.

However, it’s also one of the most preventable forms of cancer, especially if it’s diagnosed early when it can be treated effectively.

“The most important preventive measure is to have a screening as recommended by your doctor,” says Eduardo Castillo, M.D., a colon and rectal surgeon on the medical staff at Baylor All Saints Medical Center at Fort Worth. “A colonoscopy is the best, because it’s both diagnostic and therapeutic.”

Colon cancer usually starts with benign polyps that can become cancerous if they’re not removed. While performing a screening colonoscopy, the doctor can often remove polyps. Most people only need a colonoscopy every 10 years unless they have a history of polyps or colon cancer.

Doctors recognize that no one likes getting a colonoscopy, mostly because of the rather unpleasant preparation required the day before.

“We do everything possible to make the entire experience as tolerable as we can, because we want people to come back when it’s time for their next colonoscopy,” says Dale D. Burleson, M.D., a colon and rectal surgeon on the Baylor Plano medical staff.

**No Time to Waste**

Make sure you get the screenings you need. To find a physician on the medical staff at a Baylor location near you, call 1-800-4BAYLOR or visit FindDrRight.com.

After being diagnosed with colon cancer at age 47, Rick Gulledge was treated at Baylor and today he’s cancer-free.
Do the Right Things
Most people should begin having a screening colonoscopy as their “50th birthday present,” says Gavin Melmed, M.D., a medical oncologist on the medical staff at Baylor Medical Center at Garland. But if you have a family history of colon cancer, polyps, other gastrointestinal cancers, or gynecological cancers, particularly in young first-degree relatives, ask your doctor if you need to start sooner.

There are other steps you can take to help prevent colon cancer. There’s evidence that a diet high in fiber and leafy green vegetables, and low in animal fat, may reduce your risk.

“Diet, regular exercise and not being overweight are important preventive measures,” Dr. Melmed says, “not just for colon cancer but for other cancers and diseases as well.”

BAYLOR PAVES THE WAY FOR A NEW SCREENING STRATEGY
Far too many people put off getting a colonoscopy or don’t get one at all. So a multinational team of researchers at the Baylor Research Institute (BRI) began looking for other ways to test for colon cancer. The team developed a simple test of stool samples that detects DNA changes, known as methylation, which can indicate the presence of cancer. This test could lead to the introduction of a screening method that would only require patients to collect a stool sample at home.

“Our research took us further ahead than we’ve been before in terms of developing a noninvasive diagnostic test for colorectal cancer,” says Ajay Goel, Ph.D., principal investigator and senior scientist with BRI. He acknowledges the pioneering work of Takeshi Nagasaka, M.D., Ph.D., who was part of the research team.

If DNA methylation stool testing is optimized and becomes commercially available, one of the major advantages would be the ability to determine whether someone needs a colonoscopy, says C. Richard Boland, M.D., chief of gastroenterology and a physician on the medical staff at Baylor University Medical Center at Dallas.

“We’d be able to identify the people who have polyps we need to remove,” he explains, “and tell everyone else they can wait another year because we can tell they don’t have cancer.”

Visit FindDrRight.com • March 2010 Baylor Health
When Tough Is Not Enough

If you’re tired of gritting your teeth through painful uterine fibroid symptoms, a range of treatment options can bring relief.

Sometimes what you don’t know really doesn’t hurt you. Uterine fibroids are benign smooth muscle tumors in or on the uterus, and as many as one in five women may develop them during her childbearing years. But only about a quarter of those women experience symptoms.

“You may never even know you have them, and that’s OK,” says Carrie P. Morris, M.D., an obstetrician and gynecologist on the medical staff at Baylor Regional Medical Center at Grapevine.

When uterine fibroids do cause trouble, these symptoms are common:

- Heavy menstrual bleeding
- Bleeding between periods
- Pelvic cramping or pain with periods
- Abdominal pressure

“When fibroids press on surrounding organs, they also can cause more frequent urination or constipation,” says Fred Creutzmann, M.D., an obstetrician and gynecologist on the medical staff at Baylor Medical Center at Carrollton.

Find the Right Relief

Some women focus on symptom relief in managing their fibroids. “Birth control pills can control heavy bleeding and pain,” Dr. Morris says.

Anemia caused by heavy bleeding can be treated with iron supplements, and over-the-counter anti-inflammatory medication can relieve pain and cramping.

As a more long-term way to address fibroid symptoms, women may have fibroids removed. “Treatment depends on the size and location of the fibroids, as well as the woman’s desires,” Dr. Creutzmann says.

Hysterectomy, the surgical removal of the uterus, will eliminate fibroids, but more conservative surgery also may be an option. A hysteroscopy is an outpatient procedure in which a small camera and surgical instruments are inserted through a dilated cervix to view and remove fibroids inside the uterus. Myomectomy is the surgical removal of fibroids, and is typically recommended for women who still want to have children.

For women who are done having children, uterine fibroid embolization is a minimally invasive, nonsurgical option, says Jay Patel, M.D., an interventional radiologist on the medical staff at Baylor Medical Center at Irving.

“Small particles are injected through a catheter into the artery that goes to the uterus, cutting off the blood supply to the fibroids,” Dr. Patel explains. The fibroids shrink over time, reducing or eliminating symptoms.

By Teresa Caldwell Board

Find more about minimally invasive treatments for women at BaylorHealth.com/HealthCast.

For a referral to a gynecologist on the medical staff at Baylor, call 1-800-4BAYLOR or visit FindDrRight.com.

For Women Only
The arrival of spring brings more opportunities for outdoor sports and activities—and more potential for injuries. Avoid getting hurt by exercising some good common sense about getting back into working out in the great outdoors.

First, make sure your equipment is still in good shape. If you exercise a lot, chances are it’s time for a new pair of shoes. Also make sure you have the right shoes for your sport. For example, running shoes are no good for playing soccer.

Then check your body’s equipment. If you haven’t played a sport for a while, ease in. Don’t short-change warming up and stretching, and if you’re using muscles you haven’t flexed in a while, perform some targeted exercises before getting into the game. If you’re taking up tennis after a winter of treadmill-walking, do some upper-body strengthening. You might even consider taking a lesson or two to make sure you’re using proper form, which can help prevent injuries.

Start Your Day Off Right
You’ve heard it before: Breakfast is the most important meal of the day—and it’s true. According to the American Dietetic Association, research shows that breakfast-eaters are more productive, have a greater capacity for concentration and problem-solving, and have better strength and endurance than people who skip breakfast.

Breakfast doesn’t have to be complicated. Try instant oatmeal with dried fruit, a whole-wheat pita stuffed with sliced hard-boiled eggs, or toasted waffles topped with peanut butter.

For a healthy fruit smoothie recipe plus delicious and nutritious ways to pair fruit and chocolate, visit BaylorHealth.com/HealthCast.

Get Smart About MS
March is National Multiple Sclerosis Education and Awareness Month, making it a good time to learn more about this condition.

According to the National Multiple Sclerosis Society, multiple sclerosis (MS) is a chronic disease that attacks the central nervous system. MS, which affects 400,000 Americans, can be disabling. Scientists are still learning about this disease, but they do know it’s more common in women, Caucasians and people of northern European ancestry. It’s not directly inherited, but there is a genetic component.

Symptoms of MS can vary, but among the most common are fatigue, numbness, problems with walking, balance and coordination, bowel and bladder dysfunction, dizziness and vision problems.

There is no cure for MS, although treatments can help manage the symptoms—and research is ongoing. To learn more, visit nationalmssociety.org.
Daytime Sleepiness? We may have answers.

SLEEP SEMINAR

Lack of quality sleep creates fatigue and can be dangerous to your health. Fatigue is often the cause of accidents and contributes to health problems such as heart disease, high blood pressure, weight gain, an inability to concentrate.

Thursday, April 29, 2010

Speaker: David Luterman, M.D. - medical director, Sleep Center, Baylor Dallas
6:30 p.m. Light refreshments
7-8:30 p.m. Presentation, questions and answers
Location: DoubleTree Hotel-Campbell Centre: 8250 N. Central Expressway, Dallas, TX 75206
Free Parking

To register for this free sleep seminar, call 1.800.4BAYLOR or visit Baylorhealth.com/DallasEvents. Or for more information, visit BaylorHealth.com/SleepDallas.

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