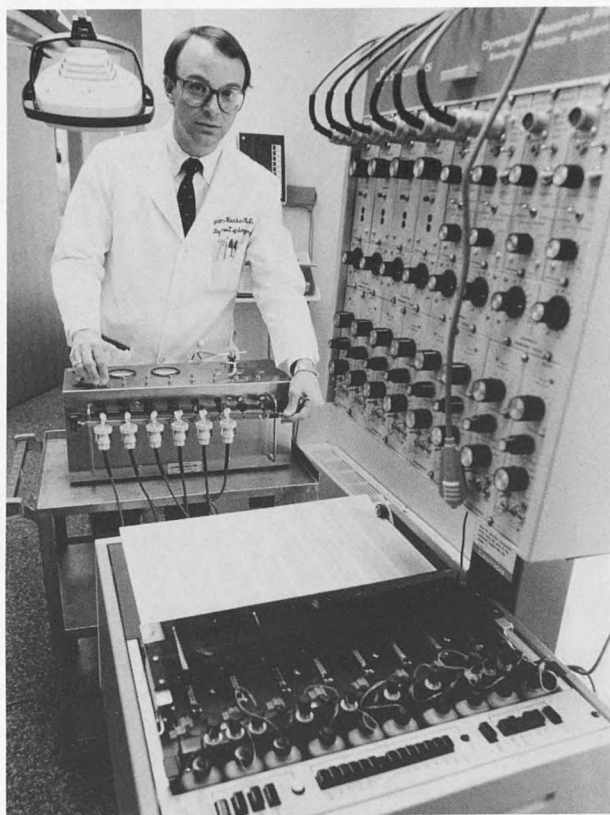


# Bulletin

Barnes Hospital, St. Louis, Mo.  
March, 1987, Vol. 41, No. 3



Dr. James Becker exhibits manometry equipment used to test bowel function of patients before and after ileoanal pull-through procedure, a dramatic advance in gastrointestinal surgery.

## New procedure expands gastrointestinal service

An innovative surgical procedure performed last month by Dr. James M. Becker, gastrointestinal surgeon, marked the establishment of a new gastrointestinal program at Barnes Hospital. The procedure, colectomy with an ileoanal pull-through, offers a dramatic new alternative for patients suffering from chronic ulcerative colitis or one of the genetic colonic polyposis syndromes (familial polyposis).

Ulcerative colitis and familial polyposis are gastrointestinal disorders which affect the entire colon, or large intestine, and rectum, arising from the mucosa lining of the bowel. Until recent years, the only alternative for chronic sufferers whose disorders did not respond to medication and continued to worsen was complete removal of the colon and rectum. A permanent ileostomy was then created to allow waste from the ileum, or small intestine, to be eliminated through the abdomen into an external collecting bag. An ileoanal pull-through eliminates the need for a permanent ileostomy by leaving the muscle layers of the rectum and anus intact and then joining the ileum to the anus after selective removal of the diseased colon and rectal mucosa.

"A permanent ileostomy can be difficult to care for," says Dr. Becker, "and is a major physical and emotional strain for many patients. The ileoanal pull-through procedure was designed to respond to those concerns without compromising definitive treatment of the disease." Dr. Becker credits the ingenuity of the original pro-

cedure design, as well as recent technological advances and surgical modifications, for making successful ileoanal pull-through surgery possible.

During the initial four- to six-hour operation, the colon and rectal mucosa are removed and an ileal pouch is constructed as a reservoir to increase stool storage capacity. The pouch is then pulled through the rectal muscle tube and attached to the anus. A temporary loop ileostomy is created to divert waste material while the internal incisions heal, for approximately two months. At that time, during a one-hour operation, the loop ileostomy is closed and returned to the abdominal cavity, allowing intestinal content to pass all the way to the fully healed pouch and ileoanal connection. Patients are tested before and after surgery to ensure that anal sphincter muscle activity is adequate for normal control of waste elimination.

With the addition of Dr. Becker to the medical staff, Barnes becomes one of a relatively small number of major centers in the country offering ileoanal pull-through surgery. Dr. Becker came to Barnes in January, 1987, from the University of Utah Hospitals in Salt Lake City, where he performed 159 ileoanal pull-throughs. He earned his undergraduate degree from Yale University and his medical degree from Case Western Reserve University School of Medicine. After serving internships and residencies at the University of Utah, Dr. Becker served a fellowship in digestive diseases at the Mayo Clinic. He was appointed to the University of Utah Hospitals staff in 1982.



Margaret A. (Peg) Tichacek

## Tichacek promoted to planning/marketing VP

Margaret A. (Peg) Tichacek was named vice-president for planning and marketing last month in an announcement by Barnes president Max Poll. Ms. Tichacek, formerly assistant vice-president for planning, maintains responsibility for the strategic planning process and assumes responsibility for marketing, public relations and government relations activities.

Ms. Tichacek joined the Barnes staff in 1979 as assistant director of the admitting department, a position she held until she became director of planning in 1981. She was named an assistant administrator for planning in 1986, and underwent a title change to assistant vice-president later that year. Ms. Tichacek holds a bachelor of science in nursing degree from the University of Tulsa and a master of arts in health facilities management from Webster University. She will complete an executive master of business administration degree at Washington University in May, 1987.

## Multichannel implant gives new world of sound

A transformation from isolation to involvement is how some recipients of an exciting new implantable hearing device are describing their renewed worlds of sound. A St. Louis County woman became the first Barnes Hospital patient to receive the device, a 22-electrode cochlear implant, February 12. The recipient, Ruby Boyd, is among the first 200 patients in the country to benefit from the device, recently approved for clinical use by the Food and Drug Administration. Barnes otolaryngologist Dr. Peter Smith performed the two-hour operation with otolaryngologist-in-chief Dr. John Fredrickson assisting.

A multichannel implant provides the best hearing results of all inner ear implants available today, says Dr. Fredrickson. The implant is designed to improve the ability of profoundly deaf persons to understand speech by increasing the range of available sounds they may hear and interpret. Approximately 43 percent of patients with the 22-electrode implant can understand some speech without the aid of lipreading.

The multichannel cochlear implant contains 22 electrode pairs capable of producing a different hearing sensation. Cochlear implant models that rely upon a single electrode pair to stimulate nerve cells within the cochlea limit the sounds that can be interpreted.

Many profoundly deaf persons cannot hear because disease, trauma or other conditions have irreversibly damaged the inner ear, which sends sound signals to the brain; however, most have a sufficient number of remaining nerve fibers to produce sound sensation if stimulated directly. Multichannel cochlear implants provide that direct stimulation in small regions of the cochlea to produce different pitch perceptions.

Hearing impaired persons who communicate through lipreading and speaking with the hearing world, rather than through sign language, and whose complete hearing loss is recent tend to gain the most benefit from the multichannel cochlear implant, according to audiologists at Washington University School of Medicine.

The battery-powered multichannel cochlear device enables sound to travel through an external microphone, speech processor and transmitter to the receiver/stimulator and then to the implanted, individually programmed electrodes. The speech processor is fine-tuned to match the

(continued on page 2)

**Front cover:** Barnes otolaryngologist Dr. Peter Smith (left), assisted by otolaryngologist-in-chief Dr. John Fredrickson, performs surgery to implant the first multichannel cochlear device at Barnes Hospital. The 22-channel device is designed to restore some degree of hearing to profoundly deaf persons. (See story, page 1.)



## Multichannel implant

(continued from page 1)

recipient's needs and may be adjusted over time as hearing sensations change.

The multichannel device is implanted during a surgical procedure in which a receiver/stimulator is inserted into the mastoid bone behind the ear while the electrode array, approximately 17 mm. long, is threaded into the cochlea in the inner ear. Approximately three to five weeks after surgery, the patient returns for proper fitting of the external device and special training, by an audiologist, which may last six to ten weeks.

Mrs. Boyd, 60, was considered an excellent candidate for the multichannel implant. Although she suffered from hearing problems as a child, and began using hearing aids in 1973, she did not suffer a complete hearing loss until August, 1985. At that time, she chose to continue to communicate with the hearing world by wearing a vibrotactile device which converts sound waves to tactile vibrations and improves lipreading capabilities. In addition, Mrs. Boyd is considered highly motivated and receives strong support from her family, other important factors for success.

## Long-time benefactor Carlyn Wohl dies

Philanthropist Carlyn H. Wohl, a long-time benefactor of Washington University School of Medicine, died January 31 at her home in St. Louis. Mrs. Wohl, 92, had donated millions of dollars to St. Louis institutions and charities through her family's philanthropic foundation. Mrs. Wohl was the widow of David P. Wohl Sr., founder of the Wohl Shoe Company and the Wohl Foundation. She managed the foundation for 10 years after her husband's death in 1960 until its dissolution in 1970.

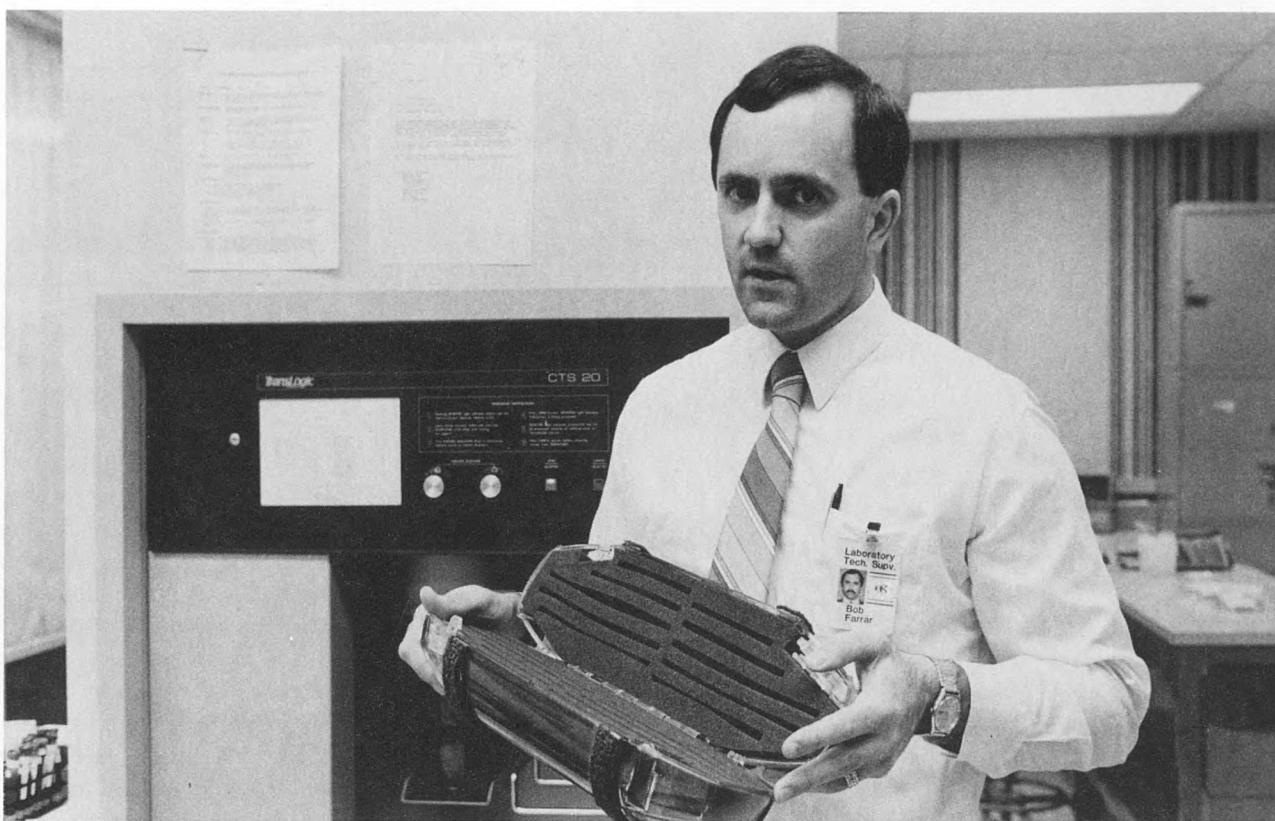
The Wohls provided funds for the hospital named in memory of their son, David P. Wohl Jr., who was killed in a bombing raid over Germany in World War II. The Wohl Hospital building on Audubon Avenue currently houses doctors' offices and research laboratories for Washington University School of Medicine. The adjacent Wohl Clinic building, which houses Barnes' emergency department and clinics, also bears their name.

Mrs. Wohl is survived by two daughters, Elizabeth Rothschild of Clayton, a long-time Barnes benefactor, and Francelle Marcus of Winnetka, Illinois; a sister; seven grandchildren; and 14 great-grandchildren.

## Radiation oncology hosts monthly support group

Patients undergoing radiation therapy and their families may attend meetings of an educational support group sponsored by Barnes Hospital, Washington University School of Medicine and Mallinckrodt Institute of Radiology (MIR). The group meets the second Tuesday of each month from 6 to 7 p.m. in the MIR first floor conference room, located just off the main east-west corridor at Barnes.

Patients and their families may ask questions, share feelings and discuss common concerns with the professional staff and one another. Representatives from nursing service, social work, dietary and the radiation treatment team are present. For more information, call Joyce Mayer at (314)362-2652.



Blood bank supervisor Bob Farrar displays pneumatic tube capsule.

## Transfer system gets pneumatic boost

A new pneumatic tube system designed to facilitate the transfer of laboratory specimens, prescriptions and other important patient information among departments and nursing divisions was completed last month. The 2,500-ft. system, which connects the pharmacy, emergency department, laboratories, blood bank, intensive care units and some operating rooms, can cut some turnaround times by up to one hour.

Pneumatic tube systems have revolutionized transactions in the banking and retail industries in recent years, increasing efficiency and client convenience. Although earlier pneumatic tube systems were installed in Barnes Hospital buildings constructed in the 1960s and 1970s, newer technology has greatly improved the efficiency of the system, according to Norm Shipley, assistant director of design and construction. The pneumatic tube system is expected to handle some 100,000 transfers per year.

## "I'm Important, Too" class offered monthly

"I'm Important, Too," a sibling preparation class designed to increase children's acceptance of a new baby in the family is offered to children, ages 2-6, and their parents from 10 to 11:30 a.m. on the first Monday of each month at Barnes. The program helps prepare older brothers and sisters for their family's new arrival and teaches parents ways to make the transition smoother for the entire family.

The children's class includes a movie and discussion of each child's importance in the family; practice in holding, feeding and diapering a life-like baby doll; and a trip to the newborn nursery to view the babies through a glass partition.

While the children are busy with their special activities, expectant or adoptive parents discuss expectations of what a new baby will mean to the older sibling and to the family unit, anticipated problem areas, and possible solutions.

Instructors from education and training, social work and nursing teach the classes. Cost for the course is \$6 per child. For more information or to register, call (314) 362-5250.

## Two employees named to Women In Leadership

Dottie Biggar, respiratory nurse coordinator, and Mary Ellen Rosche, associate director of the laboratories, have been chosen to participate in the local Women In Leadership program sponsored by the Junior League of St. Louis and conducted by the Coro Foundation/Midwest Center.

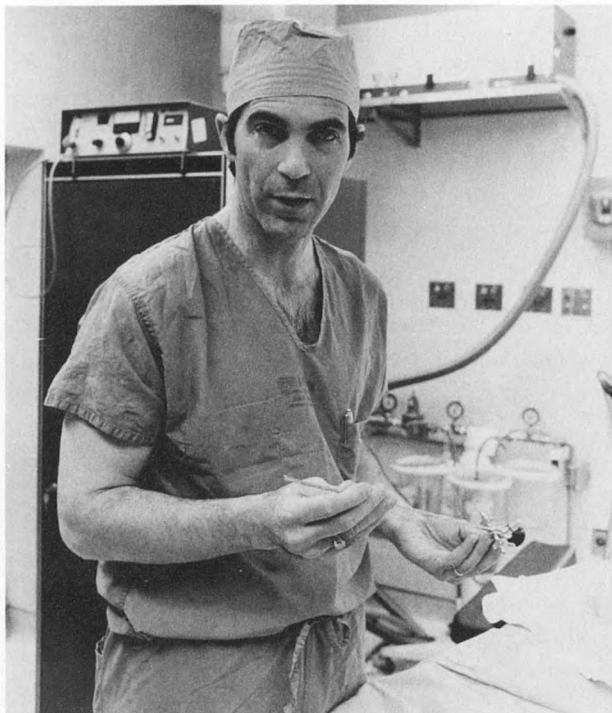
The Women In Leadership program is designed to train women for effective leadership in careers and community service. It is conducted over a period of six months and includes one week of field experience in public affairs at selected sites in business, labor, government, community organizations and the media. Ms. Biggar, Ms. Rosche and other participants chosen for the bi-annual program have demonstrated leadership capabilities and have made a commitment to a career or to the community through full-time work or volunteer service.

Ms. Biggar joined the Barnes staff in 1973 as a staff nurse in the respiratory intensive care unit. She was named clinical respiratory nurse specialist in 1977 and director of chest therapy in 1978. In 1986, she became respiratory nurse coordinator, responsible for inpatient and outpatient pulmonary education, the pulmonary rehabilitation program and departmental quality assurance. Ms. Biggar holds a bachelor of science in nursing degree from East Tennessee State University and a master of science in medical-surgical nursing from St. Louis University.

Ms. Roche came to Barnes from The Johns Hopkins Hospital as chief blood bank technologist in 1983 and was named an associate director of the laboratories in 1984. She earned a B.S. in medical technology from Towson State College and an M.B.A. from Loyola College in Baltimore, Maryland. Earlier this year, Ms. Rosche was named to the national Outstanding Young Women of America program, which recognizes achievement by professional women.

*The next issue of the  
Barnes Hospital  
Bulletin  
will be published  
May 1.*





Dr. Ralph Clayman displays the laser fiber, threaded through a narrow endoscope, used to destroy kidney stones located in the lower urinary tract. The instrument is housed at Mallinckrodt Institute of Radiology in the Barnes complex.

## Laser joins forces against kidney stones

A pulsating dye laser is the latest addition to the medical arsenal of non-invasive technology to eliminate painful kidney stones. The pulsating laser complements other current techniques by targeting stones which are lodged in the ureter, the tube leading from the kidney to the bladder. Barnes is among only ten centers across the nation, including Massachusetts General Hospital in Boston and the Mayo Clinic in Minnesota, which recently began investigational use of the laser. The project at Barnes is under the direction of Dr. Ralph Clayman, urologist specializing in the treatment of kidney stones.

Technological developments in the last decade have almost eliminated the need for major surgery in kidney stone removal, says Dr. Clayman. "The pulsating laser enhances our capabilities in a new area by enabling us to reach stones in the lower urinary tract more effectively than with the extracorporeal shock wave lithotripter or percutaneous techniques."

During the procedure, the patient receives a local or general anesthetic to alleviate any discomfort. The laser fiber, a mere one-thousandth of an inch thick, is threaded through a small endoscope inserted into the ureter through the urethra (the tube draining urine from the bladder) to the stone. The urologist rests the fiber on the stone and activates the pulsating laser; the laser creates a series of mechanical shock waves and reduces the stone to sandlike particles that are flushed out with urine. The pulsating beam allows fragmentation of the stone without risk of damage to surrounding tissue. Following treatment, the patient usually is able to leave the hospital the next morning.

Recent developments in elimination of kidney stones without conventional surgery, available here, include extracorporeal shock wave lithotripsy, which shatters stones by pummeling them with shock waves; and percutaneous lithotripsy, in which a less than one-half inch incision in the back provides a channel to the kidney through which the kidney stones may be grasped and removed. The techniques negate the need for conventional surgery in more than 95 percent of patients with kidney stones.

"The introduction of laser technology further simplifies the methods of non-operative therapy

for ureteral stones while significantly increasing the safety of the procedure," adds Dr. Clayman. "As further advances in endoscopic technology occur, it is likely that the laser also will be used for renal stones."

## Free course helps patients breathe easier

A free course on coping with chronic lung disease is being offered by Barnes Hospital for people with lung disease and for their families. Classes will meet from 1:30 to 3:30 p.m. every Tuesday from March 11 through April 15 in the discharge waiting room on the ground floor of the hospital.

The six-week course is designed to help people with emphysema, chronic bronchitis, bronchiectasis and asthma learn more about their disease and its treatments, improve their nutrition, develop a more positive self-image and reduce the need for hospitalization. Members of Barnes' respiratory care team teach the classes, which include pulmonary hygiene, exercise, medications, diet and coping with chronic obstructive lung disease.

For more information or to register for the course, call (314) 362-5214. Free parking will be provided in the subsurface garage, directly south of the hospital.



Edward Schnuck, vice-chairman of Barnes' board of directors, died February 4.

## Edward J. Schnuck, board member, dies

Barnes board vice-chairman Edward J. Schnuck, a St. Louis business and civic leader for many years, died of cancer February 4 in his home. Mr. Schnuck, 71, was chairman of the executive committee of Schnuck Markets, Inc. at the time of his death. He was elected to the Barnes board of directors in 1976 and served on nine committees, including the executive committee, during his tenure. He was currently serving his fourth term as vice-chairman.

Recognized unanimously as an outstanding and dedicated civic leader, Mr. Schnuck was described by one co-chairman of an organization he founded as a man "who got a lot out of this town and put a lot back in." Former *St. Louis Globe-Democrat* publisher G. Duncan Bauman said Mr. Schnuck "had a talent for achievement and a determination that was just unquenchable."

Barnes president Max Poll noted that Mr. Schnuck exhibited the same enthusiasm and commitment in his activities on the Barnes

board. "Barnes Hospital and the St. Louis community have lost a great friend and leader in Ed Schnuck. His genuine concern and unflagging spirit will be long remembered and greatly missed."

Mr. Schnuck was one of three children in the family that turned a neighborhood grocery store into the area's largest supermarket chain. Schnuck Markets currently employs some 8,000 employees in 59 stores throughout the metropolitan area. Mr. Schnuck opened his first store following service as a riveter and production supervisor at McDonnell Douglas during World War II. He became vice-president of the supermarket chain when he, his father and his brother incorporated the company in 1952 and bought their first large supermarket in Brentwood. He was named president in 1961 and board chairman in 1970.

An active participant in community affairs, Mr. Schnuck served on the boards of several area businesses and non-profit organizations, including Washington University, Civic Progress, the Backstoppers and the Boy Scouts Council of Greater St. Louis. He was past chairman of the Regional Commerce and Growth Association (RCGA), Salvation Army Tree of Lights, Better Business Bureau, Municipal Opera Association and United Way.

Mr. Schnuck, the recipient of numerous civic awards, was the only person to receive both the *St. Louis Globe-Democrat* Man of the Year and Humanities Awards for outstanding contributions to the community. He also was the recipient of honors from the RCGA, Urban League and Salvation Army.

Mr. Schnuck is survived by his wife of 23 years, Marilyn; daughter, Stephanie; brother, Donald; and sister, Annette.

## Nutrition Month urges healthy food choices

If you could choose between a bran muffin and a chocolate cupcake, which would you pick? National Nutrition Month, celebrated during March, is striving to influence that answer by urging healthy food choices. Barnes Hospital has joined with Schnuck Markets, Inc., to increase community awareness of proper nutrition and its effects on overall health.

On Mondays, Tuesdays and Wednesdays throughout March, Barnes dietitians are hosting grocery store tours at each of 12 Schnuck supermarkets throughout the metropolitan St. Louis area to assist shoppers in making proper nutrition choices. Each tour, offered two to three times each day and limited to 10 shoppers, will offer general shopping tips and specific instruction on how to find the best nutrition value in all grocery products. Dietitians also will staff an information desk at Schnuck stores Saturday, March 21, from 10 a.m. until 2 p.m.

In addition, Schnuck Markets shoppers will receive "Food for Thought" pamphlets, prepared by Barnes dietitians, during March. The free, informational leaflet discusses nutrition factors such as calories, fat, sugar, sodium, fiber and calcium, and offers suggestions for dietary improvements in each area.

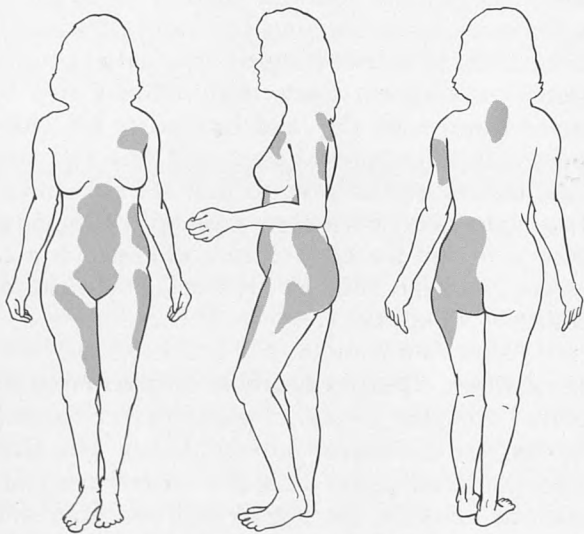
Community residents may call a nutrition hotline, staffed by Barnes dietitians on Thursdays and Fridays from 8:30 a.m. to 12:30 p.m., throughout the month. To talk to a professional registered dietitian about nutrition concerns, call the hotline at (314) 362-3398.



# The Body Beautiful



Dr. Richard Hayden notes that dramatic changes such as these can be achieved with today's cosmetic surgery techniques.



Shaded areas on front, back and sides of body indicate where fat can be removed by suction lipectomy.

From Michelangelo's "David" to Leonardo DaVinci's "Mona Lisa," art throughout the ages has mirrored mankind's idea of beauty and has reflected its pursuit of perfection. Through art, man can blur the sharp edges of reality to smooth over earthly imperfections; until recent years, that power of creation rested solely with artists working on canvas or in stone.

A long evolution in aesthetic (cosmetic) plastic surgery has brought mankind a few steps closer to achieving the physical ideals once possible only in the artist's medium. Today, through advances in the surgical specialty, men and women may attain a physical image they once only dreamed of.

Historians can trace the roots of plastic surgery as far back as 750-800 B.C., when a Hindu surgeon described the replacement of a lost nose through a cheek flap technique. A 15th century treatise on the subject by a professor at the University of Bologna, Italy, revealed that plastic surgery flourished along with other arts and sciences of the Italian Renaissance. While the term plastic surgery, from the Greek "to mold" or "to give form," was coined in the 1800s, World War I proved to be the impetus of the specialty field, as trench warfare left in its wake severe disfigurements that cried for repair. In the year 1919, Dr. John Staigg Davis became the first doctor in the United States to call himself a

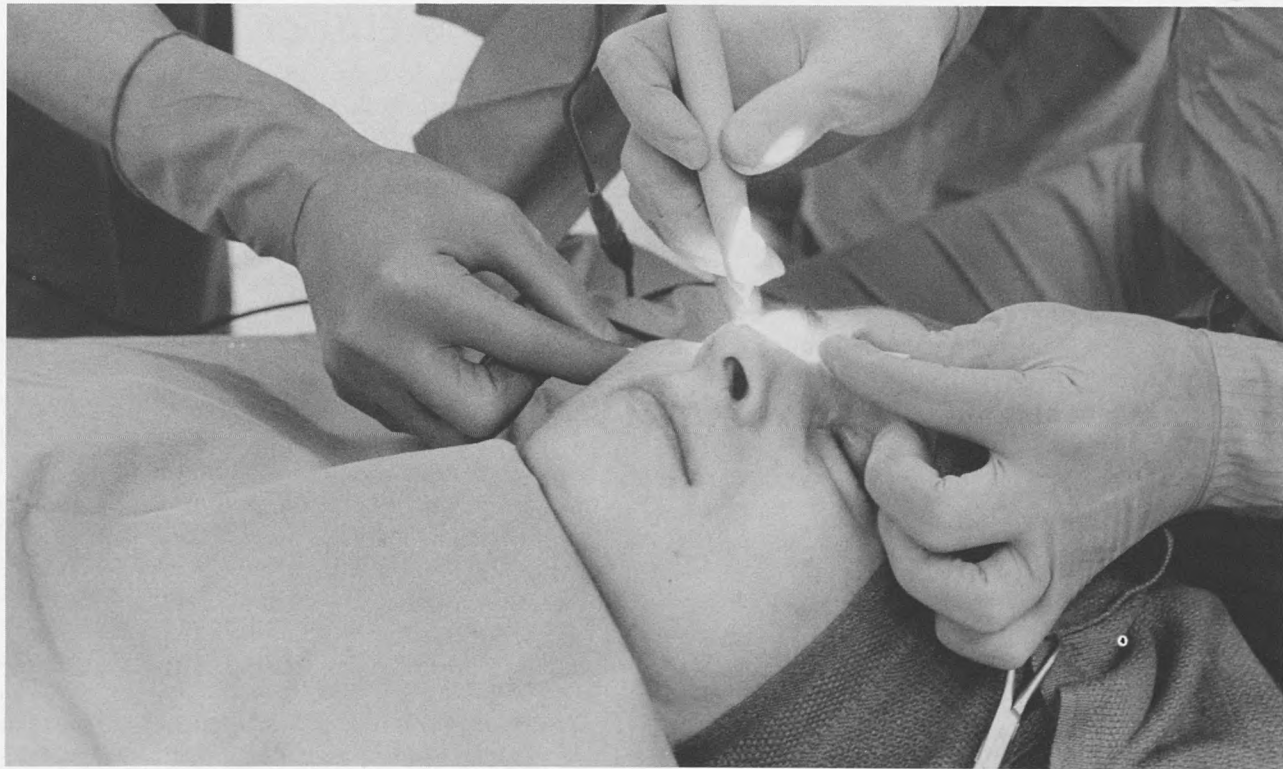
plastic surgeon and, by the 1930s, the field was a recognized surgical specialty.

While plastic surgery, historically, was used to correct deformities or disfigurements, the success of those operations made a transition to body-enhancing surgery natural. "In the past, many felt such operations were frivolous because old-time plastic surgeons dealt primarily with reconstruction of genetic or trauma-induced defects," explains Dr. V. Leroy Young, Barnes plastic and reconstructive surgeon.

"Cosmetic plastic surgery can be very successful, as long as the patient realizes what can and cannot be done." Examining motivations and setting realistic expectations are essential for patients considering cosmetic surgery, say surgeons who perform the operations, and it is part of the surgeon's job to facilitate that understanding.

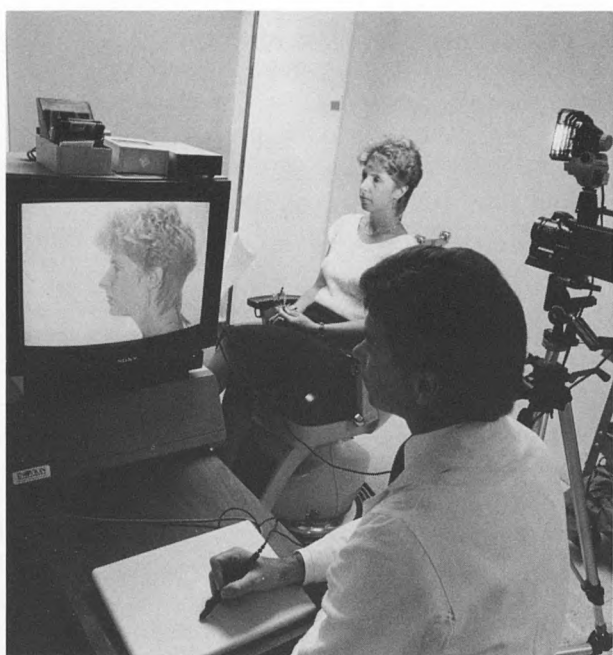
"It is very important for the surgeon to get a grasp of the patient's psychological profile," says Dr. Richard Hayden, Barnes otolaryngologist specializing in facial cosmetic surgery. "Planning the actual procedure is probably the final step of a long analysis of each patient."

"Patients should have cosmetic surgery because they want a better body image or want to feel better about themselves," adds Dr. Young.



Popular cosmetic surgery procedures range from permanent eyeliner insertion (above) and face lifts to breast augmentation and suction lipectomy.





Computer technology enables surgeon and patient to discuss proposed cosmetic changes long before entering the operating room.

"Cosmetic surgery will not make problems that existed before surgery go away, but it can help boost the self-confidence necessary to achieve certain goals. The more realistic a patient's expectations, the more successful the surgery."

In addition to addressing a patient's wants, says Dr. Hayden, the surgeon must assess individual needs. "It is imperative that each patient has a natural appearance, with features consistent with his or her facial contour, body and personality. While a delicate, upturned nose could be achieved technically, it would look very inappropriate on a middle linebacker."

Dr. Regan Thomas, another Barnes otolaryngologist specializing in facial cosmetic surgery, stresses the vital importance of communication between surgeon and patient to reach a mutual understanding of surgical goals. To enhance that communication, Dr. Thomas uses computer-enhanced imaging during pre-surgery consultations. A computer freezes life-like pictures on the video screen and provides the capability to air-brush contours as patient and surgeon discuss the site and location of the proposed change. Freeze-frame and split-screen imaging offer "before and after" likenesses to ensure clear understanding of surgical goals.

"While the computer imagery is not exact, it does offer a firm idea of surgical goals and reinforces the image of the post-operative look," says Dr. Thomas. "The best possible communication is essential to successful cosmetic surgery. Even a technically perfect operation is not a true success if the patient is not satisfied with the results."

All patients considering cosmetic surgery are cautioned about the risks of the cosmetic procedure. The doctors emphasize that no surgical procedure is "minor" and that the risk of infection is present in any operation. In addition, cosmetic results are not instantly apparent, as the patient experiences some swelling, bruising and discomfort for days or weeks; scars are unavoidable, although a skilled surgeon can strategically conceal them.

What options are available to create or renew the body beautiful? Following is a list of today's most common procedures which run from head (almost) to toe:

**Hair flap transfers** can reinforce receding hairlines for some men with male-pattern baldness. The surgical procedure lifts a strip of hair from the side of the head and rotates it to the front to give a uniform, normal-appearing hairline. Remaining bald areas are filled in with tiny

"plugs" of hair transplanted from the back of the head.

**Rhitydoplasty (face lift)** removes excess skin, raises sagging skin and may tighten underlying tissue throughout the facial area. While rhitydoplasty does not stop the aging process, the procedure can be repeated to maintain the desired appearance. Facelift incisions run from the temple hairline down around the ear and into the hairline at the neck. For men, incisions differ slightly to accommodate facial hair growth and the possibility of future male-pattern baldness. A forehead lift can be performed as part of a face lift or as a single procedure to remove furrows in the brow.

**Dermabrasion or chemical peel** is a process which removes outer layers of skin to restore a smooth appearance. The procedures, performed on the whole face or as a "mask" around the eyes, mouth and chin, can minimize scars, pigmented spots and fine wrinkles for a limited time.

**A series of collagen injections** is another alternative to face lift surgery that removes depressions left by scars and some wrinkles. The fibrous protein, injected beneath the skin with a needle and then massaged to even out the facial surface, does not harden or shift position. Collagen injections also can be used before or after a face lift procedure.

**Blepharoplasty (eyelid repair)** removes excess skin and fat deposits from the upper and lower lids to restore a more rested appearance. Incisions are hidden in natural skin folds or beneath the lower lash lines. Another procedure to refresh the eye area is an eyebrow lift, in which an incision at the upper edge of the brow allows removal of furrows around the eyes.

**A permanent eyeliner** procedure implants natural-colored pigment along the upper and lower lids to define lash lines and enhance the eyes. The pigment is implanted with a penlight-sized, vibrating instrument with a microsurgical needle tip in a series of tiny dots to give the illusion of a line. The pigment is available in natural shades of medium brown, dark brown, grey and black.

**Rhinoplasty (nose repair)** cuts and reshapes the nasal bones and molds the skin and cartilage to fit the new frame. Rhinoplasty can relieve breathing problems in addition to enhancing the shape.

**Otoplasty (ear repair)** alters the shape of the ear to create or restore a center fold in disproportionately large or protruding ears. An incision to expose the cartilage enables the surgeon to fold and reshape the ear to bring it closer to the head.

**Mentoplasty (chin repair)** augments, reduces or otherwise modifies the chin through an incision in the mouth or under the chin. Some patients who originally believe they need rhinoplasty find that, after consultation with a surgeon, chin modification can more effectively present the look they are seeking.

**Mammoplasty** encompasses augmentation, reduction, or lifting of the breasts. Breasts are enlarged through the implantation of flexible sacs containing silicon gel or saline solution through an incision in the natural breast fold or the armpit. Straight silicon injections are not used because the substance can form lumps or drift. Breasts that have lost elasticity or volume may be "lifted" in a procedure which removes excess skin from the lower part of the breast and repositions the nipple and areola in the new

## What Price, Beauty?

Procedure	Surgeon's Average Fee	Time in Hospital
Hair flap transfer	Depends on flap size	Outpatient
Hair plug transplant	\$50 per plug	Outpatient
Rhitydoplasty	\$2,000-3,000	Outpatient
Dermabrasion	\$1,500 (full face)	Outpatient
Chemical peel	\$1,500 (full face)	Outpatient
Collagen injection	\$100 (initial visit) \$40 (each follow-up) \$208 per cc. collagen	Outpatient
Blepharoplasty	\$1,500-2,000	Outpatient
Eyebrow lift	\$1,500	Outpatient
Permanent eyeliner	\$600-\$650	Outpatient
Rhinoplasty	\$2,100-2,800	Outpatient
Otoplasty	\$1,700-2,000	Outpatient
Mentoplasty	\$1,100-1,500	Outpatient
Mammoplasty		
Augment	\$1,500	Outpatient
Lift	\$2,000	Overnight
Reduction	\$3,600	5 days
Abdominoplasty	\$1,500	5 days
Suction lipectomy	\$500-1,500	Outpatient

central location. Skin flaps are brought down to reshape the breast. Breast reduction to relieve pain and discomfort caused by overly large breasts also removes excess tissue, reconstructs breasts and repositions nipples and areolas.

**Abdominoplasty (tummy-tuck)** removes excess abdominal skin and tightens underlying musculature through a transverse incision above the pubic line. The umbilical area is left intact and returned to the original site to complete the procedure.

**Suction lipectomy (fat suction)**, known as body contouring, removes localized fat deposits which resist the conventional reduction techniques of diet and exercise. Developed in France, suction lipectomy utilizes a blunt cannula inserted through a one-half inch incision in the fatty area to break up and remove the fat cells. The procedure is not recommended for obese persons or as an alternative to proper diet and exercise, but is offered as a way to rid the body of fat cells that do not respond to metabolic changes that normally occur during diet and exercise programs. Common lipectomy sites include the thighs, hips, buttocks, abdomen and, sometimes, chin as part of a face lift. The nature of the procedure requires performance by an experienced surgeon who has received special training in the technique. Excessive or uneven removal can result in lumps, bumps, dents and ripples. And while suction lipectomy does remove fat cells, it cannot alter the uneven appearance of fatty areas commonly called cellulite.



## Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1986, more than 1,800 queries from broadcast and print media representatives were made to the public relations department requesting that Barnes medical and professional staff explain current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include the following:

A national **rise in deaths from lung disease** was covered by KSDK-TV January 13. Dr. **Robert M. Bruce**, pulmonary specialist, said large numbers of smokers, who are more susceptible to emphysema, are entering their 50s, the age at which the mortality rate from such lung disorders begins to rise. Also interviewed was **Dottie Biggar**, director of chest therapy, who said many patients with chronic lung diseases can benefit from supervised breathing exercises.

**Cosmetic use of collagen** to fill out wrinkles and depressions was covered in the January 14 *West End Word*. Dr. **J. Regan Thomas**, otolaryngologist specializing in facial cosmetic surgery, said collagen is an animal protein that can be injected beneath the skin.

*Cosmopolitan* magazine presented a story about the **success of women in advanced technical fields** in medicine. Those interviewed nationally included **Laura James**, an infection control specialist at Barnes.

The **Mohs and Dermatologic Surgery Center** continues to receive news coverage. Dr. **Maxine Tabas**, dermatologist, told the *North County Journal* in the January 15 edition that Mohs surgery is most helpful for skin cancers that have recurred.

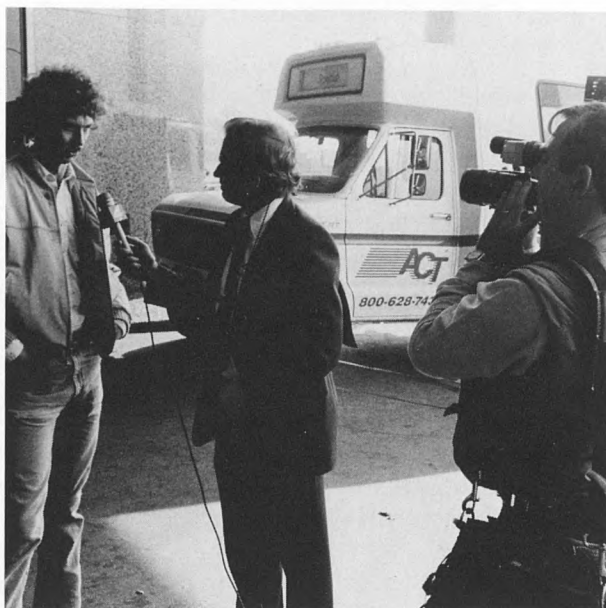
**Mid-winter temperatures** near zero degrees prompted calls for interviews with doctors to provide general precautions. Those interviewed on KSDK-TV from the emergency department were Dr. **Brad Rockwell** on January 22 and Dr. **Andrew Chan**, January 24.

**Sports injuries** continued to be one of KMOX-AM radio's most popular "Ask the Doctor" programs. Dr. **Robert A. Shively**, orthopedic surgeon and sports medicine specialist, answered questions from listeners prior to the January 25 Super Bowl.

**John Hackett**, administrative director of Barnes/Sutter Healthcare, noted in the January 26 *St. Louis Business Journal* that **occupational healthcare services** have evolved from treating injuries to emphasizing prevention.

Among **drugs under investigation to help dialysis patients**, the drug labeled EPO shows promise of preventing anemia. Dr. **Saulo Klahr**, kidney specialist, told KSDK-TV's Tom O'Neal January 27. The drug has not been approved for general use.

A series on KPLR-TV January 26 to 28 by reporter John Schieszer about heart disease included interviews with two Barnes specialists. Dr. **James L. Cox**, cardiothoracic surgeon-in-chief, said a technique under investigation in Pittsburgh called a "**muscle patch**" has yet to be proved effective. The technique involves patching a weak heart with a strip of muscle taken from the patient's back. Dr. **Alan J. Tiefenbrunn**, cardiologist, explained the clinical investigation of the **heart attack drug t-PA**, which was pioneered at Barnes and Washington University School of Medicine.



Dave Diekmann, husband of Barnes bone marrow transplant patient Dorothy, took time out to speak with KMOV-TV's medical reporter Al Wiman in celebration of Mrs. Diekmann's February 13 discharge to her Fenton, Missouri, home.

Dr. **Christine M. Cherry**, obstetrician/gynecologist, urged more educational **programs for women to learn about AIDS** in a January 30 *St. Louis Post-Dispatch* story. Dr. Cherry said AIDS has been documented in a small but growing number of women who are intravenous drug users. She said these cases indicate a threat to the heterosexual population.

**Organ transplantation** was the cover story of the *St. Louis Post-Dispatch* February 1 Sunday magazine. Those interviewed included Dr. **M. Wayne Flye**, head of the liver transplant service; Dr. **R. Morton Bolman**, head of the heart transplant service; and **Judith Dickens**, R.N., transplant coordinator. Photographer Robert LaRouche included prominent pictures of a heart transplant at Barnes.

**Burn Awareness Week**, February 9-15, was presented on KMOV-TV February 9. Reporter Max Leber interviewed **Beverly Weber**, head nurse in the burn center. Ms. Weber said burns are the leading cause of accidental death in the United States, taking more than 7,000 lives annually and warranting increased preventive measures.

## Hospital notes

The following doctors have joined the Barnes Hospital medical staff: Drs. **James M. Becker** and **Bruce A. Kraemer**, assistant surgeons; Dr. **James A. Fernandez**, assistant otolaryngologist; Dr. **James A. Goldstein**, assistant physician; Dr. **Kenneth O. Green**, assistant ophthalmologist; Dr. **Barbel Holtmann**, assistant anesthesiologist; and Dr. **Henry D. Royal**, associate radiologist.

Barnes oncologist Dr. **Virgil Loeb** represented the United States as national president of the American Cancer Society at the Second United Arab Emirates Cancer Conference last month. The United Arab Emirates is located on the Persian Gulf northeast of Arabia.

Dr. **Burton Sobel**, Barnes cardiologist, has been named the recipient of the American College of Cardiology's Distinguished Scientist Award. Dr. Sobel will receive the award at the organization's annual conference this month in New Orleans, Louisiana.

The American Academy of Ophthalmology recently recognized eight Barnes ophthalmologists with honor awards at the association's 90th annual meeting. Senior honor awards were presented to Drs. **Ronald M. Burde** and **Benjamin Miller**, while honor awards went to

Drs. **Neva P. Arribas**, **Dean B. Burgess**, **Fred C. Chu**, **Richard S. Escoffery**, **James M. Gordon** and **M. Gilbert Grand**.

Dr. **Charles B. Anderson**, general surgeon-in-chief, and Dr. **Gregorio Sicard**, surgeon, will lead a continuing medical education symposium at Washington University School of Medicine March 12-13 on peripheral vascular disorders.

Dr. **Jack Hartstein**, ophthalmologist, has received the Physicians Recognition Award from the American Medical Association. Also, Dr. Hartstein recently presented papers at the annual meeting of the Contact Lens Association of Ophthalmologists. He is an associate editor of the organization's journal and a past president of the CLAO.

**Julio Happa**, chief technologist in the surgical pathology histology section of the laboratories, recently presented a week-long seminar for the Argentine Congress of Pathology in Buenos Aires. The presentation described practical aspects of and recent techniques in histology.

## January marks deaths of two retired physicians

Dr. **Harold A. Scheff**, physician, and Dr. **Frances Stewart Furlong**, obstetrician-gynecologist, two retired members of Barnes' medical staff, died in January.

Dr. Scheff, a physician specializing in gastroenterology, died January 14 at the age of 79. Dr. Scheff, who received his medical degree from the University of Toronto in 1931, joined the Barnes staff in 1942. He was among the first group of doctors honored for 25 or more years of service at Barnes when the annual tradition began in 1977. Dr. Scheff took emeritus status in 1984.

Retired obstetrician-gynecologist Dr. **Frances Stewart Furlong**, 82, died January 19 at Barnes following a cardiac arrest. The widow of Dr. Robert Furlong, she was known professionally as Dr. **Frances Stewart** and gained national renown for her work in family planning.

A 1927 graduate of Washington University School of Medicine, Dr. Stewart joined the Barnes Hospital staff in 1935. She retired in 1977. A former medical director of Planned Parenthood, Dr. Stewart had been active on the staffs of the St. Louis City and County Health Departments in the area of family planning. She was a founding fellow of the American College of Obstetrics and Gynecology and a past president of the old St. Louis Women's Medical Group.

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*Barnes volunteer Norma Stern (center) recently presented a check to Mary Jane Meyer, director of Barnes Hospital School of Nursing, to establish the Sheryl Stern Nursing School Scholarship in honor of her daughter (right). The scholarship is to be awarded annually to a promising student entering the three-year diploma program at Barnes.*

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