

BULLETIN

Barnes Hospital, St. Louis, MO
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Thoracic Cancer Center uses team approach

A new thoracic cancer center has brought together a multidisciplinary team of Barnes specialists. The new center, located in the Barnard Cancer Center, specializes in the treatment of lung and chest cancers.

The center was created to give patients who have a suspected or already diagnosed case of lung or thoracic cancer the opportunity to consult with a medical oncologist, a radiation oncologist and a surgeon at one time, in one place.

Patients may be referred to the center by their physician or may make an appointment on their own. The center is open each Thursday from 9 a.m. to noon.

The clinic's medical staff includes Dr. Joanne Mortimer, Barnes oncologist, Dr. Larry Kaiser, Barnes thoracic surgeon, and Dr. Bahman Emami, radiation oncologist, with the Mallinckrodt Institute of Radiology.

"The new center gives cancer patients access to all three services in the same setting. We will take an interdisciplinary approach to patients with cancer in the chest," Dr. Mortimer said.

Approximately 160,000 new cases of lung cancer



Patients of the Thoracic Cancer Center benefit from the combined expertise of Drs. Kaiser, Mortimer and Emami.

are diagnosed each year, resulting in about 140,000 deaths. Lung cancer has surpassed breast cancer as the number one cancer killer in

women. In 1990, an estimated 3,700 new lung cancer cases will be diagnosed in Missouri. These numbers continue to increase, especially in women, with solid evidence linking lung cancer to cigarette smoking. But new approaches to treating lung cancer, often combining radiation, chemotherapy and surgery, may have a significant impact on lung cancer patients' survival, said Dr. Kaiser.

There are two major groups of lung cancer: small cell and non-small cell. Chemotherapy has lengthened survival in patients with small cell lung cancer, though very few patients are actually cured, Dr. Kaiser said.

Clinical trials, sponsored by several of the national cancer cooperative groups and available through Barnes Hospital, are attempting to improve results with more intensive chemotherapy and radiation treatments.

Surgery is the most effect treatment for patients with non-small cell lung cancer. The majority of patients with lung tumors that have not spread outside of the chest can be treated successfully with surgery.

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Urgent Care Center opens at Barnes West County

An Urgent Care Center is the first new service to open at Barnes West County Hospital.

The Urgent Care Center's design and services will mean faster, more convenient treatment of minor medical emergencies for area residents, according to Ken Smithmier, Barnes West County administrator.

"Urgent Care concentrates on sprains, strains, fevers and flus, as well as other minor injuries and ailments," Mr. Smithmier said. "Because of our size, we can deliver high-quality, convenient urgent care in a friendly, personal atmosphere."

The center's three treatment rooms, adjacent to the hospital's Emergency Department, have been updated with new diagnostic and treatment equipment. Physicians staff the department 24 hours a day, seven days a week.

Families are encouraged to pre-register with the center to further facilitate treatment at the time of need. For more information on pre-registration, call 434-0600.

"We offer convenient, in-and-out service with lots of free parking nearby," said Smithmier.

Other services scheduled to open later this year include an Asthma Center, a Sports Medicine

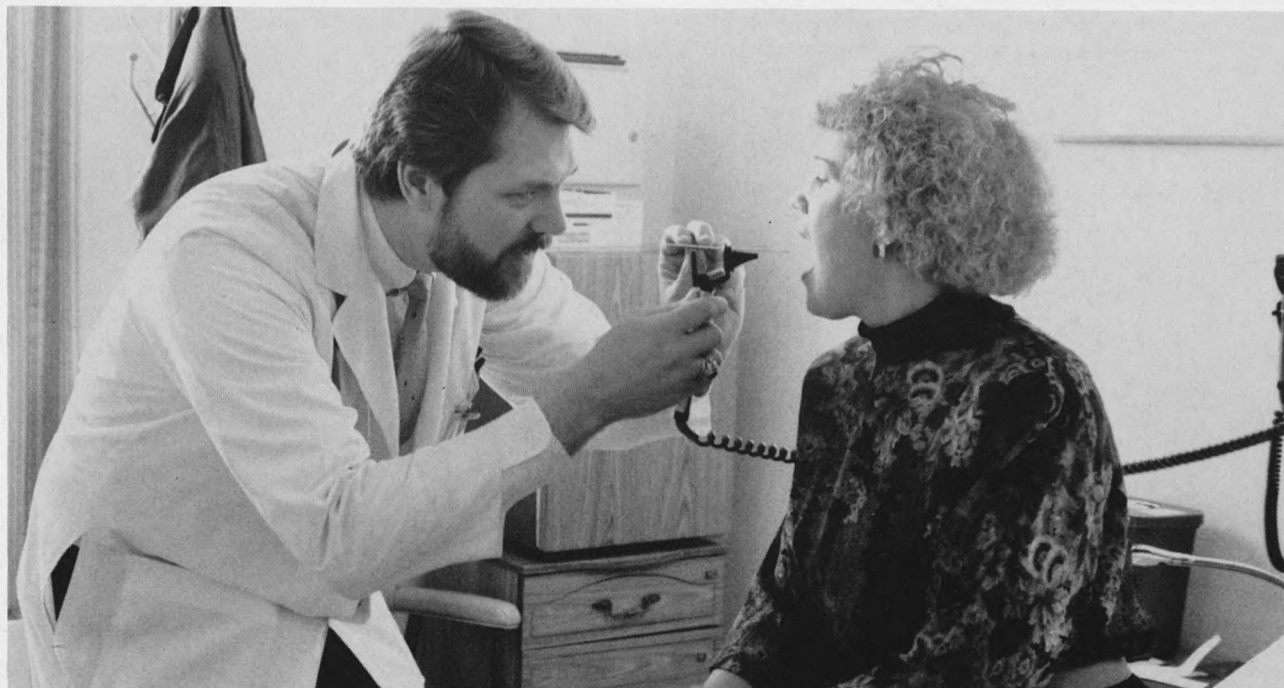
Center and a cardiac/pulmonary rehabilitation service. A broad range of other services will include internal medicine, heart, cosmetic surgery and ophthalmology.

Applications for the hospital's medical staff are being accepted and reviewed.

Admitting privileges have been extended to about 60 doctors in the areas of internal medicine, family practice, neurology, emergency

medicine, psychiatry, orthopedic surgery, plastic surgery, otolaryngology (ear, nose and throat), general surgery, dental surgery and obstetrics and gynecology.

Many of the Barnes West County physicians already have offices at various west county locations. For information about physicians who are affiliated with Barnes West County Hospital, or to receive a brochure on the Urgent Care Center, dial (314) DOC-TORS (362-8677).



The Barnes West County Urgent Care Center combines high-quality care with convenience in a friendly, personal atmosphere. Dr. Steven W. Cooley, left, is medical director of the Emergency Department.

Front cover: Flowers, balloons and harp music accompanied the opening of the Plaza Shop Jan. 12 in the new first floor lobby. Additional photos on Pages 4 and 5.

New gallstone surgery may become 'gold standard'

Doctors at Barnes Hospital are among a handful of surgeons in the country to use a new, less traumatic surgical procedure for removing the gallbladder. The procedure offers patients a quicker recovery and shorter hospital stay.

A conventional "cholecystectomy" (gall bladder removal) requires a single, large incision below the rib cage. The new procedure is performed through four incisions ranging from one-quarter to one-half inch long, with a laparoscope, a hollow metal tube equipped with a camera lens.

The procedure results in less pain, a shorter recovery period and less noticeable scarring, according to Dr. Nathaniel J. Soper, gastrointestinal surgeon, who along with general surgeon Dr. Stanley W. Ashley, began performing laparoscopic cholecystectomies at Barnes in September.

First, surgeons make a half-inch incision in the navel and then inflate the abdominal cavity with carbon dioxide gas to improve visibility. The laparoscope is inserted and connected to a television monitor from which the rest of the operation is viewed and conducted. Three other small incisions are made below the right rib cage through which smaller metal tubes are placed. Surgeons then use various instruments to detach the gallbladder from the bile ducts and liver.

"At that point we decompress the gallbladder by placing a needle in it and removing the bile. It's really a very small organ when deflated and can



Dr. Nathaniel Soper, right, performs a cholecystectomy with the aid of a laparoscope.

be removed through the navel incision," Dr. Soper said.

The entire procedure takes about 90 minutes. The patient is hospitalized overnight and can return to work three to four days after the operation.

"With the previous surgery, hospitalization was from three to six days and return to work could be delayed as long as four to six weeks," Dr. Soper said.

Approximately 20 million Americans suffer from gallstones, which leads to half a million cholecystectomies annually.

Dr. Soper is hopeful that the new procedure may benefit the majority of gallstone patients needing surgery.

"Laparoscopic cholecystectomy may become the 'gold standard' of therapy for removal of the gallbladder with its contained stones. Eventually, up to three quarters of patients suffering from gallstones could be treated using this technique," he said.

Dr. Soper is among a group of specialists investigating new treatments for gallstones, including gallstone lithotripsy, a technique for fragmenting stones with shock waves. Although some patients are ideal candidates for this treatment, lithotripsy is useful only for patients whose stones are of a specific size, type and location. Stones also may recur when the gallbladder is left in place. Other alternative methods of treating gallstones are currently being investigated by the multidisciplinary group of physicians staffing the Barnes Gallstone Center.

For more information on the treatment of gallstones, call the Gallstone Center at (314) 362-1613.

Clayton facility to open in summer

Extended care construction on schedule

Work on two Barnes Extended Care facilities is well underway, with both projects targeted for completion within 1990, according to Sandra Grant, Barnes director of long term care.

At Barnes Extended Care at Clayton, steel framing has been completed. Work began on the roof during the first week in February. The 120-bed facility is located on two acres of the 23-acre development at the former County Hospital site.

Concrete has been poured and framing has

been at Barnes Extended Care at Chesterfield Pointe. The facility, also 120 beds, will occupy 13 acres of a 28-acre site on Olive Street Road in West St. Louis County. Plans call for the remaining acreage to be developed into a retirement community.

Work at both sites is progressing close to schedule, said Ms. Grant. Construction on the Clayton facility is targeted for completion in June with opening scheduled for early August. Work on the Chesterfield site should be completed in

October, with the opening scheduled for December 1990.

The facilities are larger than typical nursing homes, with spacious patient rooms, dining rooms, therapy and activity rooms, Ms. Grant said. The interiors are designed to be home-like, with comfortable, traditional decor.

Most importantly, the facilities will provide a higher level of skilled nursing care than is available at most area nursing homes, Ms. Grant said. For several years, Barnes administrators and physicians have recognized a shortage of such facilities in the area when trying to place patients who need skilled nursing care after discharge. Because Barnes Hospital is a tertiary care facility that often treats patients with more complex, highly acute problems, a number of its patients are discharged needing such care.

Ms. Grant expects both facilities to have a higher percentage of patients with IVs or ventilators, or needing therapy or rehabilitation that they can't obtain at home or on an outpatient basis. However, both also will accept patients who need routine nursing care.

The goal of both facilities is to return patients to a more independent lifestyle, Ms. Grant said.

In addition to skilled nursing, services at both Clayton and Chesterfield will include physical therapy, speech therapy, occupational therapy, pharmaceutical and laboratory services and respiratory therapy, as well as social services and activities.



Barnes Extended Care at Clayton, a 120-bed facility, is targeted to open this summer.

Barnes team pioneers technique

Lung procedure offers hope to CF patients

A new double-lung transplant procedure developed by the Barnes Hospital lung transplant team offers new hope to patients suffering from end-stage cystic fibrosis (CF), a genetically transmitted disease of the lungs.

The Barnes team recently performed the new procedure on Paul Hattala, a 31-year-old man with CF from Spartanburg, S.C. He has made a dramatic recovery and is currently riding a stationary bicycle eight miles a day.

Previously, double-lung transplants had been very complex and risky. In some centers, the combined heart-lung transplant has been attempted for cystic fibrosis, but this procedure is also complex, requires the recipient to give up his own healthy heart, and is associated with a very long waiting period for a donor heart-lung block.

The new procedure, an extension of the techniques used in single-lung transplantation, involves splitting the set of lungs and implanting each separately. This greatly simplifies the procedure and eliminates the need to place the patient on a heart-lung machine for several hours. It also allows the diseased lungs to be removed more quickly and safely, and results in a reduced waiting time for donor organs, said Dr. Joel D. Cooper, head of the transplant team.

Cancer center

(continued from p. 1)

"Currently, Barnes doctors are actively involved in assessing the effectiveness of chemotherapy given before surgery in patients whose tumors are more advanced, in order to see if they can improve the overall results," Dr. Kaiser said. "Initial results seem to demonstrate that more patients may be candidates for surgery than we had initially thought. We would encourage patients who have been told that their tumor is inoperable to seek an additional opinion."

Unfortunately, by the time most patients with non-small cell lung cancer has been diagnosed, the disease has spread outside of the lungs. These patients are not considered for surgery. They are treated with chemotherapy, radiation treatments or sometimes a combination of both. A recent study completed by one of the national cooperative groups, in which Barnes participated, demonstrated a significant advantage to combining the treatments, Dr. Kaiser said.

For more information on the Barnes Thoracic Cancer Center, call (314) 362-7578.

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Kathy Holleman, Editor
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BARNES

Barnes Hospital
at Washington University
Medical Center

"We've reduced the risk and can now take advantage of the lungs from heart donors to apply them to patients with cystic fibrosis," Dr. Cooper said.

The procedure is being watched closely by the Cystic Fibrosis Foundation, according to Dr. Cooper. He explains that although medical treatment and therapies for cystic fibrosis patients

The technique can be learned more easily by other surgeons, which should open a new door of opportunity for CF patients.

Instead of three to four hours of total support on the bypass pump, the new procedure requires only one hour partial bypass support as the donor left lung is being implanted.

"Even this short period of temporary support may prove unnecessary in the future," Dr. Cooper said.

Heart-lung transplants have been done for several years in the U.S. and in Europe. However, Dr. Cooper said, the technique is not ideal for CF patients, because it requires the removal of the patient's healthy heart.

Additionally, because of the shortage of donor organs, patients waiting for lungs and a heart may have to wait for one to two years. Lungs, meanwhile, frequently can be retrieved separately from the more than 1,500 heart donors each year in the U.S.

The team also used the technique recently for a 48-year-old woman from Massachusetts suffering from emphysema. The patient has made a full recovery.

Dr. Cooper says the technique can be learned more easily by other surgeons, which should open a new door of opportunity for CF patients.

have improved, most victims of the disease die before the age of 30.

About 30,000 Americans are afflicted with cystic fibrosis. It is known that a recessive gene causes CF. The gene, in a little-understood process, cause the body to secrete a thick mucous that clogs the lungs, leading to repeated infections. The transplanted lungs are not affected by this disease.

In a related development, the transplant team successfully performed a single-lung transplant on a 36-year-old Dallas woman suffering from pulmonary hypertension. In the past, this condition had also been treated with a heart-lung transplant.

The combined transplant had been thought to be necessary because the pressure in the patient's diseased lungs causes the heart to enlarge. However, the Dallas woman's own heart is recovering now that she has a healthy lung.

A second woman, from St. Louis, underwent the procedure after having waited for more than a year for a heart-lung transplant. She was discharged two weeks after her single-lung transplant. Subsequent cardiac catheterization showed that her heart function had recovered completely and is now normal.

Hospital notes

Barnes Social Worker **Jerry Copeland**, ACSW, co-authored "The Misconception of Trauma Reimbursement," published in the October issue of "The Archives of Surgery."

Several Barnes Home Health staff members were presenters at the National Association of Home Care Meeting in Orlando, Fla., recently. They included **Paula Gianino**, Hospice Manager, who presented the workshops, "Preceptors of the Recently Bereaved: Self Assessments After One Year," and "Hospice Volunteers: Strategies for Recruitment, Training, Utilization and Retention;" **Helayne O'Keiff**, Director of Home Health Services, **Annette Stowers-Graves**, Patient Care Manager, and **Kris Susa**, Home Health Nurse, who presented, "A Winning Documentation System: Key Components to Ensure Quality, Reimbursement and Productivity," and **Dennis Street**, HME/IV General Manager, and **Mrs. O'Keiff**, who presented, "Diversification: A Case for Becoming Involved in Home IV Therapy." This presentation has also been accepted for the Illinois Home Care Council Winter Meeting in Chicago, Ill.

Mr. Street also presented a poster about home dobutamine therapy at the poster session of the American Society of Hospital Pharmacists Meeting in Atlanta, Ga., in December.

The Illinois Home Care Council has accepted a presentation by **Mrs. O'Keiff**, **Ms. Stowers-Graves** and **Mary Kay Miller**, Patient Care Manager, on "Increasing Visit Productivity Through a Standards of Care System."

Mrs. O'Keiff, **Ms. Miller** and **Colette Chase**, Quality Assurance Nurse, will present "Total Quality Management: A Complete Home Health Service Program," at the Missouri Alliance of Home Care Meeting in May.

Barnes Hospital President **Max Poll** has been appointed to the honorary board of the "From All Walks of Life Program." The program, a joint effort of the St. Louis chapter of the Junior League and the St. Louis AIDS Foundation, will feature a walk on Sunday, April 22, to benefit AIDS education programs and services in St. Louis.

Open for business

New gift shop, lobby greet visitors



Auxilian Darlene Roland handed out gifts to those visiting the Plaza Shop after the ribbon cutting.



Guests got a preview of the new lobby and gift shop at a reception Jan. 11.



Cutting the ribbon to open the new Plaza Shop Jan. 12 are, left to right, Board Chairman Armand Stalnaker, Barnes Hospital Auxiliary President Norma Stern, Auxiliary Gift Shop Chairman Mary Ann Fritschle and Barnes President Max Poll.

Jan. 12 marked the grand opening of Barnes Hospital's new gift shop and flower shop. The Plaza Shop, which replaces the Wishing Well Gift Shop and the Flower Shop, was opened with a ribbon cutting and celebration. The Plaza Shop is operated by the Barnes Auxiliary and features an expanded line of merchandise, including ceramics, brass figurines, jewelry and clothing. A flower shop is located at the rear of the store.

Special guests got a sneak preview of the Plaza Shop and the new first floor lobby at an evening reception Jan. 11. The reception was also a celebration of the Auxiliary's 30th anniversary.

The new lobby, which greets visitors entering Barnes from the pedestrian bridge, provides easy access to Admitting, the intersection of the hospital's two main corridors or the central elevators. The lobby contains a large information desk, a fountain and a history wall highlighting Barnes' past, present and future.

Construction work will begin soon on the east end of the lobby, where two shuttle elevators will be installed. The elevators will service the terrace (tunnel) level, ground floor and first floor only.



The information desk is situated prominently in the new lobby.



Visitors, employees and patients can browse through an extensive variety of gifts, including clothing printed with the Barnes logo, at the Barnes Hospital Auxiliary's Plaza Shop.



The Plaza Shop offers a selection of ceramics, brass figurines, jewelry and clothing.

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A Grand Opening