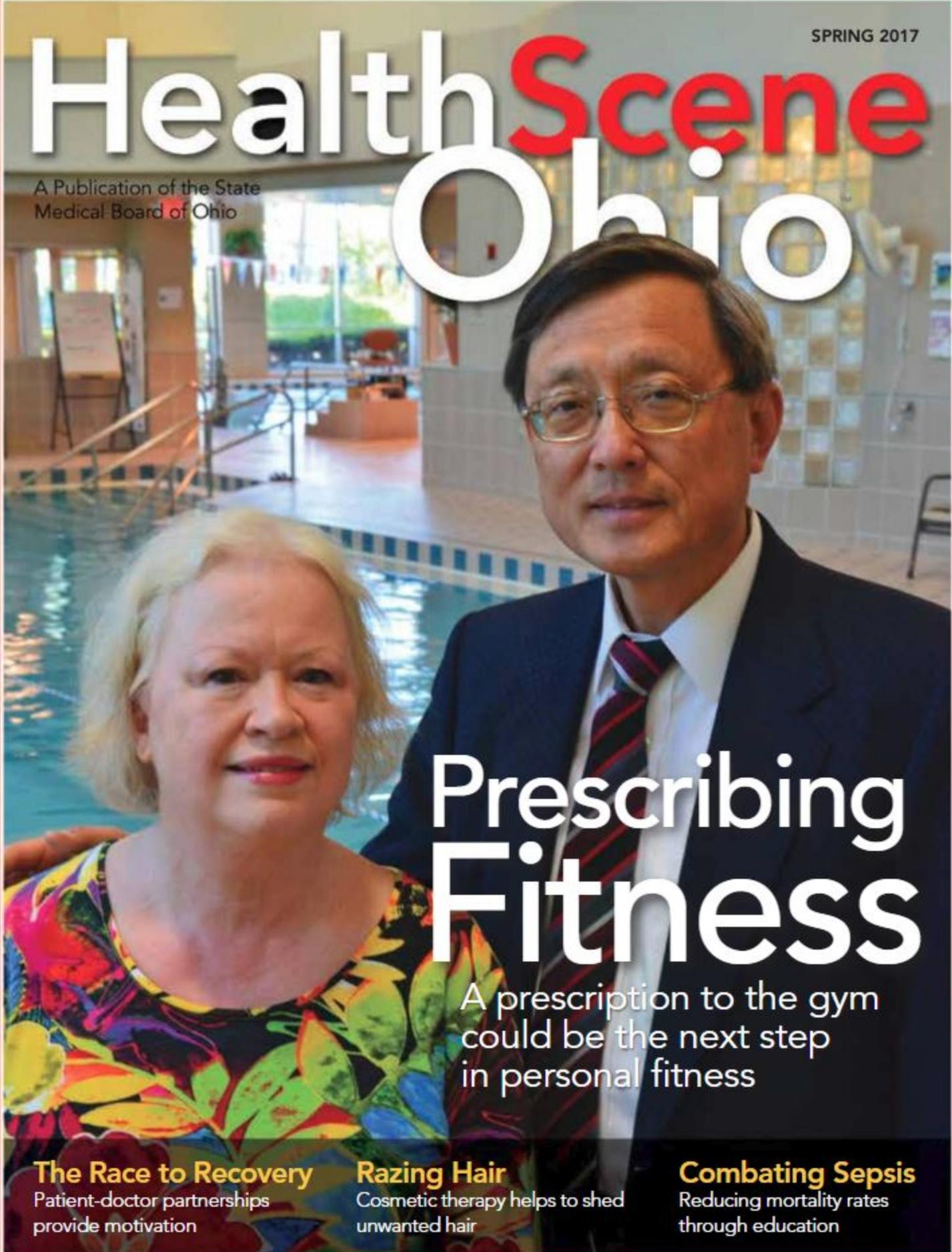


SPRING 2017

HealthScene Ohio

A Publication of the State
Medical Board of Ohio



Prescribing Fitness

A prescription to the gym
could be the next step
in personal fitness

The Race to Recovery

Patient-doctor partnerships
provide motivation

Razing Hair

Cosmetic therapy helps to shed
unwanted hair

Combating Sepsis

Reducing mortality rates
through education



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Spring Forward

Welcome to the spring 2017 edition of *HealthScene Ohio*. Read on, and you'll see how our licensees go above and beyond to adapt to any situation, whether a curveball is thrown at them in the waiting room, operating room or weight room. The following stories are proof that, though our Ohio physicians are experts in their fields, they are well-equipped to succeed despite adversity.

Health care guidelines can change rapidly, and physicians must tweak their methods to bring the highest-quality care to patients across the state. In this issue, you'll read about the Ohio Hospital Association's plan to reduce sepsis mortality, the efforts a TriHealth physician is taking to make Exercise is Medicine the norm and the Success Story about a man who found security in guided exercise following a heart attack and quadruple bypass surgery.

You'll also read about an oncologist at The Ohio State University, a pediatrician in Akron, an emergency medicine doctor in Toledo and a surgeon in Cincinnati. These physicians are bringing with them to the hospital not only educational and medical expertise, but also experience and commitment.

If you were ever curious to learn more about preventing problems with eyesight, headaches, the skin and ear, nose and throat, look no further. You'll learn all about these topics in our Write Advice section, straight from the desks of our Ohio physicians.

Many of our physicians have found themselves in their fields because of family history, or a deep-seated passion for treating patients in that field. While no one wants to wake up in a hospital, Ohioans can rest assured knowing that from the hospital bed, they will receive high-quality care from our dedicated licensees.

We sincerely hope you enjoy reading this edition of *HealthScene Ohio*, and are able to learn something new about the ever-advancing health climate in Ohio.



Sincerely,
Amol Soin, MD, MBA
President, State Medical Board of Ohio



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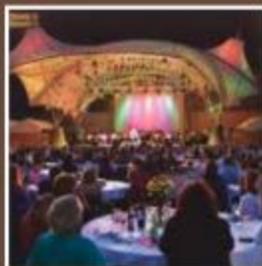


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weekend scene



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SUCCESS STORY



Racing to Recovery

After a heart attack, patient and doctor work together to find stability

By Amanda DePerro

Jim Abbott was always fairly active: a multi-sport coach and referee, he was far from a couch potato.

Then, without warning, while mowing the lawn on July 1, 2015, Abbott collapsed, and everything went dark.



Methodist Hospital in Columbus. He was put into a medically-induced coma, and his body temperature was lowered substantially so his heart wouldn't have to pump as hard. On July 6, Abbott awoke from his coma.

"Here's the funny part: I love the Fourth of July," says Abbott. "I woke up and I looked up – I have things sticking in me – and I look at this monitor, and it says July 6. The first thing that crossed my mind was, 'Oh crap, I missed the Fourth of July.'"

After the initial disappointment upon realizing he'd missed his favorite holiday, Abbott was informed he had a long road to recovery. Three of his arteries were 100 percent clogged, and another was 60 percent clogged. On top of that, he had contracted pneumonia while in the coma.

"Dr. Rajjoub talked to my wife after he got me stabilized," says Abbott. "He said, 'I don't know how he's still alive.'"

With Abbott awake, it was time to hit the ground running. On July 10, he would need to undergo quadruple bypass surgery. He would get out of the hospital July 14 and begin a 12-week fitness program to strengthen his heart and body. The program focused on cardio exercises, and aimed to get Abbott's heart healthy again as well as prevent future cardiac events. The plan was not just to get him back to where he was prior to the heart attack. It was to get him better than he was before.

Abbott has a family history of cardiac events. His father had triple bypass surgery in 1996, and his grandfather had died of heart-related problems. As a result, it was vital that Abbott make a major life change. He needed to quit smoking and start a lifelong journey of cardio exercise. Up for the challenge, Abbott committed.

"I haven't smoked a cigarette since the day it happened," he says. "I told my wife that whatever directions the doctor gives me, we'll follow them to a T. He's recuperated more cardiac patients than I ever have."

Knowing the 12-week program was just the beginning, Abbott and his wife, Vickie, joined a gym. It was time to make exercise a priority.

Even before he became a cardiologist, Rajjoub was no stranger to cardiac events. He had family members in their 40s die

of heart troubles and a long list of physicians in his extended family, so Rajjoub figured he could do no better than to become a cardiologist. Now, he focuses on preventive measures for his patients.

"Most of the patients I deal with are people who have had heart attacks," says Rajjoub. "It's really important to tell them what to do to prevent the second heart attack: Lifestyle modification like diet, smoking cessation, checking their blood pressure and exercise is a big part of it."

Abbott was no different, and now that he was out of the hospital and the Licking Memorial fitness program, he had to rely on himself for motivation to get to the gym, and to stay away from cigarettes. After seeing how quickly he began to make progress and get his life back on track, Abbott stuck with it. His biggest goal was to get back to refereeing.

"Right after it happened, my sole purpose and drive was (that) I want to start refereeing basketball this year," Abbott says. "In November, when the season started, I was on the court with no problems at all."

Rajjoub says the biggest key to regaining normalcy after a cardiac event is not to overdo workouts, which can result in injury. The key to sticking with it is choosing a workout that works for the patient. If he or she hates running, for example, trying to run every day isn't sustainable.

"It doesn't have to be fancy, it doesn't have to be something specific, a fast-paced walk for 20 minutes a day," Rajjoub says.

"Whatever motivates you.

Join a hiking group, go with a team, start playing basketball again. For the heart, you don't need much exercise. Whatever gets your heart rate up."

Due to his dedication to recovery, Abbott has gotten his life back to normal in less than two years' time. After a heart attack that almost took his life, his health is even better.

"I feel so much better. I can go out and walk two miles, and run up and down a basketball court all day long," says Abbott. "I went back to mowing the grass. I told my neighbor, 'I'm not mowing the grass unless I know you're home.'"



Dr. Hassan Rajjoub

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His dogs surrounded him and began to bark, exciting his neighbor's dogs as well. Hearing the commotion, the neighbor's 13-year-old daughter saw Abbott lying motionless in the grass, and alerted her father, who called a retired nurse who lived down the street. The neighbors performed CPR on Abbott for eight minutes while the ambulance arrived. Medics used an automated external defibrillator (AED) on him three times.

Abbott was rushed to Licking Memorial Hospital in Newark, where cardiologist Dr. Hassan Rajjoub was on call. Rajjoub fixed Abbott with a tube, stabilized him and had him flown to OhioHealth Riverside

Hair Razers

Cosmetic therapy continues to help patients shed unwanted body hair

By Dylanne Petros

There's much more to cosmetic procedures than mere aesthetics.

Cosmetic therapy is a growing industry in the state of Ohio, and it is the only profession in the state through which licensed professionals can permanently remove hair, says cosmetic therapist Cynthia Odens of Centerville-based Fountain of Youth Med Spa.

Cosmetic therapists are not the same as cosmetologists or estheticians, though people sometimes confuse the three professions.

"Most people don't know what it is or what we do," she says. "We're strictly hair removal professionals."

The practice's recent growth notwithstanding, cosmetic therapy has been in use for some 200 years, with the first book on the subject published in 1857, says Odens.

Hair can be removed two different ways: electrolysis or laser removal.

"Electrolysis is the actual process of removing hair by using electricity," she says.

Electrolysis, the only permanent hair removal method recognized by the Food and Drug Administration, has been around since cosmetic therapy's early days in the 1800s. As one might guess, though, it's evolved a great deal since then.

"They used to use multiple needles at that time, but now, it's just one needle per insertion," Odens says. "You use a small needle. ... You slide that alongside the hair follicle without puncturing the skin. Once you get the needle all the way to the end of that hair follicle, then you deliver the electricity."

This method loosens the hair, which means it slides out of the follicle more easily. Of the two chief hair removal techniques, only electrolysis removes it permanently.

"You can have 1,000 (laser) treatments, but you're always going to have some hair," Odens says.

Both forms of therapy, though, require multiple sessions to be effective, she says. Laser treatment must be repeated every two months, Odens says. Electrolysis must be performed every few weeks for up to a year, until the hair can no longer grow back.





Most of the time, patients opt for laser therapy because the results are faster than electrolysis, says Odens. But in addition to being temporary, laser therapy also does not work on gray or light-colored hair.

"The darker the hair, the better," Odens says.

Electrolysis can work on any hair color or ethnic background.

The decision to undergo hair removal is not just about vanity, as some might suggest, Odens says. Cosmetic therapists also work with:

- Women with polycystic ovarian syndrome, an endocrine disorder that, among other symptoms, may cause excess hair growth;
- Men with cystic bumps;
- Women with hirsutism, unwanted male-pattern hair growth;
- Transgender people; and
- People with hormone imbalances.

"Hair problems (typically arise) during puberty, pregnancy, menopause or other major physiological changes that the body goes through," Odens says. "That could (include) stress, or just very hard, life-changing events that cause stress."

There is also a misconception that if people shave their hair, it grows back thicker, darker and coarser than before.

"If you tear that hair out of the follicle, that's when it grows thicker, coarser and darker on certain parts of the body," Odens says. "The hair can't grow back any worse than when you shaved it off."

Odens is president of the Cosmetic Therapy Association of Ohio, which was formed in 1956 as part of an effort on the part of cosmetic therapists to protect their practice and help educate consumers on electrolysis. Electrolysis plays a crucial role for cosmetic therapists by giving them a space to learn and grow.

"In order to maintain your license as a cosmetic therapist, you have to have 25 hours of continuing education every two years," Odens says.

The association often arranges for guest speakers and seminars so therapists can receive the continuing education credits they need to maintain their licenses.

To become a cosmetic therapist, prospects must learn how to perform both electrolysis and laser hair removal, and have 750 to 800 hours of experience under their belts before taking the licensing test in front of the State Medical Board of Ohio. Overall, she says, it takes a year to a year and half for the average therapist to earn his or her license.

Regional cosmetic therapy schools are the Ohio Medical Electrology Institute in Mansfield, which teaches only electrolysis; the Cosmetic Therapy Training Center in Columbus, which teaches both procedures; and the Southeastern School of Electrology in Lexington, Ky, which also teaches both.

Odens expects the industry to continue to grow as long as individuals find themselves with unwanted hair they don't know how to remove.

"I think it's going to continue to expand," she says. "It's here to stay."

The Cosmetic Therapy Association of Ohio can be found online at www.cosmetictherapist.com and www.facebook.com/cosmeticttherapy.

Dylanne Petros is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



For most of us, visiting the doctor means answering the dreaded, “How much are you exercising?” question. And unfortunately, for many of us, the answer is, “Not enough.”

But new studies may sway the more couch-inclined to exercise not only for physical benefits, but for mental benefits as well. These studies suggest that exercise can be used to effectively treat a plethora of different ailments – not just high blood pressure, but depression; not just obesity, but memory problems.

Exercise has been found to effectively reduce symptoms of anxiety and depression, and we’re not talking about high-intensity workouts, or competing in triathlons. In fact, a 2004 study in the *Primary Care Companion to the Journal of Clinical Psychiatry* found that moderate-intensity exercises that increase the heart rate to between 60 and 80 percent of the maximum produces greater enjoyment in the patient than do very intense exercises. That means that, overall, it’s better to get the heart rate up doing lighter, enjoyable exercises than to burn oneself out doing dreaded, intense exercises.

The global initiative Exercise is Medicine (EIM), created in 2007 through a

Prescribing Personal Records

A prescription to the gym may be the next step in medicine

By Amanda DePerro

TriHealth’s Fitness and Health Pavilion is testament to the commitment TriHealth made to using exercise for treatment 20 years ago, long before Exercise is Medicine was born.





The Fitness and Health Pavilion offers all the basics of a gym, and then some. The warm water pool was critical for Nata Etherton, who uses it as part of her routine.

collaboration of the American Medical Association and the American College of Sports Medicine, is pushing the idea of using exercise as medicine to not just patients, but physicians as well. According to the organization's website, www.exerciseismedicine.org, EIM's goal is for health care providers to keep track of each patient's physical activity, ensure he or she is meeting U.S. National Physical Activity Guidelines, and help motivate him or her to continue to exercise.

Cincinnati TriHealth's Dr. Peter Sheng has long known the benefits of exercise for physical and mental wellness, as he saw success using it with his own oncology patients. According to the American Institute for Cancer Research, a 2016 study found that exercise reduces the risk of 13 cancers. The American Cancer Society suggests that patients who have been diagnosed with cancer should exercise as much as they're physically able, even if those exercises just focus on balance. Exercise during cancer treatment boosts prevention of future ailments and improves prognosis as well.

"Almost 30 years ago, when I finished my training, I had one question:

What can I do to make my patients feel better?" says Sheng, a hematologist and oncologist who is now medical director in TriHealth's acupuncture and holistic health institute.

For Sheng, the answer was integrative medicine. By using medical practices such as acupuncture and prescribing exercise to patients, he saw his patients feel better and get healthier in the process.

"When I went to the clinic, people were very sick, and they didn't really have a dramatic clinical outcome," says Sheng. "I was struck by the bigger gap between the clinical science and the outcome, and I said I wanted to come up with something better."

Sheng traveled to San Diego in the 1990s to interview patients of a physician who was using many traditional Eastern medicines, and found solid evidence that it was working.

"About 80 percent of his patients said, 'I feel better.'... And some of them said, 'I reduced my medication,'" says Sheng. "This cannot be fake, or placebo effect. This is much higher than placebo effect."

Sheng is quick to note that treatments such as exercise and acupuncture are not end-all cures; in fact, for many ailments, they must be used in combination with medication, not instead of it. However, if patients exercise regularly and take medication as prescribed, he says, they will



“Almost 30 years ago, when I finished my training, I had one question: What can I do to make my patients feel better?”

- Dr. Peter Sheng

likely start to feel much better. Some may even find that they can wean themselves off certain supplementary medications.

Sheng found success through exercise with a patient who had the incurable, collagen-affecting Ehlers-Danlos syndrome (EDS). Patients with EDS, such as TriHealth patient Nata Etherton, may suffer from a variety of symptoms, including chronic pain, osteoarthritis, loose joints and aortic dissection.

For 65-year-old Etherton, symptoms of EDS began when she was young, but it would be years before she was given a true diagnosis. Her symptoms were only exacerbated by her Sjogren's syndrome, which causes chronic dry eyes and mouth, and also dries out the skin and causes joint pain, swelling and stiffness.

"I was always very clumsy as a child," says Etherton. "My mother put me in dancing school because I tripped over my own feet."

Etherton figured the increased pain was just a sign she was getting older, but when she was in her 50s, the pain became too much to ignore. After injections, ablations and other treatments to ease the pain, TriHealth primary care

Located on the near northeast side of Cincinnati, the Fitness and Health Pavilion also offers guided programs to educate patients on how to work out smartly and prevent injuring oneself.



physician and anesthesiologist Dr. James Molnar theorized she suffered from the one-two punch of EDS and Sjogren's.

TriHealth, a pioneer in Ohio in using exercise for treatment, committed to the notion of exercise as medicine 20 years ago, well before the birth of EIM. Etherton had been going to TriHealth's Fitness and Health Pavilion for years, but now that she had a diagnosis, she figured it was time to find a program tailored to her own health. After TriHealth athletic trainer Karen Sims helped develop the exact program Etherton needed, the two met and hit it off.

"The biggest roadblock with people with exercise is that they do the wrong thing, or they start too hard, then it hurts, then they quit," says Sims. "When we do a specific program like (Etherton's), we get good outcomes because everyone's dealing with the same things."

Before the program was implemented, Etherton would utilize TriHealth's warm water pool as well as the fitness floor. However, she was frequently hurting herself due to EDS. Now, thanks to TriHealth's targeted fitness program, Etherton can work out pain-free.

"I quit getting hurt (on the fitness floor). I used to wear a brace every day, and this wasn't your run-of-the-mill brace; this was a German-made brace that was heavy-duty," says Etherton. "Once I started exercising more frequently, and building up those muscles, I no longer (needed to) use that."

Sheng believes other hospitals around the nation – and the world – will follow in TriHealth's footsteps, as patients, physicians and health care providers see the benefits



One program the Fitness and Health Pavilion offered was for patients with Ehlers-Danlos syndrome, such as Etherton. The Pavilion regular went from injuring herself nearly every work out to being able to leave her cane and joint braces at home.

of EIM. Once other organizations see the reduction in patients' pain, health-related expenses and number of visits to the hospital, EIM will become the norm.

"Exercise is important. ... There's more of an awareness that we have to emphasize; we give people expensive treatment, and drugs are getting more expensive, and we have to do something else," says Sheng. "Making them feel better is what I want."

Amanda DePerro is an assistant editor. Feedback welcome at gbishop@cityscenemediagroup.com.

Shutting Down Sepsis

OHA aims to reduce sepsis mortality rates with education campaign

By Hannah Bealer

By the end of 2018, the Ohio Hospital Association hopes to see a 30 percent reduction in sepsis mortality.

Sepsis is a potentially life-threatening condition that occurs when the body's immune response to a bacterial infection results in inflammation throughout the body, sometimes leading to the damage or failure of organs and organ systems. Sepsis impacted 34,000 Ohioans in 2015, and resulted in more than 7,400 deaths.

Currently, 125 member hospitals participate in OHA's campaign, which began in June 2015. The campaign – OHA SOS (Signs of Sepsis) – aims to educate and combat misconceptions about sepsis.

"People think sepsis is an infection that they get in a hospital," says Amy Andres, senior vice president of quality and data for OHA. "The truth is, 80 percent of sepsis happens outside of the hospital, and people show up at the hospital with sepsis already."

The initiative is focused on educating and monitoring sepsis at a hospital level, as well as working with emergency medical staff, nursing homes, long-term care and residential facilities, school nurses, and more, says OHA Vice President of Quality Programs James Guliano.

"Our hospital leaders, over the course of the last year, have stepped forward and taken a commitment to operational efforts that improve care such as instituting early warning systems, dedicating staff members to work (on the cam-

paign) and committing to education," Guliano says.

OHA looks at its data on a quarterly basis and evaluates based on its goal of a 30 percent reduction.

"We calculate what a 30 percent reduction would be," Guliano says. "Currently, we are at an 11 percent reduction based on second quarter 2016 data. We're well on our way, but there's still work to do."

Guliano stresses that the campaign works to combat mortality by stressing early intervention. It does not necessarily count or focus on specific incidences of sepsis.

"If we can recognize (sepsis) early and treat it early, then we can prevent it from leading to death," Guliano says.

There are no real disparities between Ohio's sepsis rate and those of other states, Guliano says. Just about every hospital in the country has a sepsis specific program, but OHA SOS is unique to Ohio. In fact, through the Centers for Medicare and Medicaid, OHA has one of 16 Hospital Improvement Innovation Network contracts that set ambitious new standards for patient safety, with the goal of reducing hospital-acquired infections by 20 percent and 30-day hospital readmissions by 12 percent from 2014 to 2019. Sepsis is one of the conditions that must be addressed under the contract.

"A lot of times, when we look at rates and reductions, we need to put those things into perspective," Andres says. "I also like to look at it in terms of human beings and people's lives. We can calculate that this number of people did not die of sepsis because of our work."

Hannah Bealer is a contributing writer. Feedback welcome at ghishop@cityscenemediagroup.com.



For more information on what OHA is doing to combat sepsis, visit www.ohiohospitals.org/sepsis.

Want to read more about sepsis? Visit www.healthsceneohio.com to read the first part of this series on infections in Ohio, in which *HealthScene Ohio* spoke with a Cleveland-area woman who overcame sepsis following the birth of her son.

Sepsis Fast Facts

- Eighty percent of sepsis cases arrive at the hospital door; it's not often developed within a hospital.
- 7 in 10 patients with sepsis had recently used health care services or had chronic diseases requiring frequent medical care according to the Centers for Disease Control and Prevention.
- 4 types of infections are most often associated with sepsis: lung, urinary tract, skin and gut.
- Sepsis can impact anyone. While sepsis is more likely to affect very young children, older adults or those with weakened immune systems, it can impact people of all ages.
- Symptoms are body temperature above 101 degrees Fahrenheit or below 96.8 degrees Fahrenheit, extreme pain or discomfort, clammy or sweaty skin, confusion or disorientation, shortness of breath, or heart rate above 90 beats per minute.
- Talk to a health care provider about managing chronic conditions and getting vaccines.
- Practice good hygiene, such as washing hands.
- With sepsis, minutes matter. Getting medical attention as soon as possible can make all the difference. Rapid treatment increases survival rates. Mortality rates increase by 8 percent with every hour that treatment is delayed.
- Many experience a full recovery from sepsis. However, others suffer from long-lasting effects such as missing limbs, or organ dysfunction such as kidney failure. Other impacts include memory loss, anxiety and depression.
- Sepsis is the most expensive condition that hospitals treat, costing more than \$24 billion each year.
- The average cost per hospital stay for sepsis is \$17,000 in Ohio, and more than \$100,000 for a case of severe sepsis or septic shock.
- OHA is committed to saving \$1.2 billion annually through the OHA SOS campaign.



Personalities

Both Sides of the Story

Experience with micro preemie baby informs pediatric doctor's work

By Dylanne Petros

For a pediatric doctor, having to deliver bad news to parents is tough.

Having to receive the bad news can be tougher.

That's exactly what happened to Dr. Rachel Nebelsick, a pediatric medical resident at Akron Children's Hospital, in August.

Nebelsick, a transplant from South Dakota, was 23 weeks pregnant with her first child, Westin, when she received shocking news.

"I was (10 centimeters) dilated," Nebelsick says.

Up to that point, Nebelsick – fit, young, generally healthy, a half-marathon runner – had the perfect pregnancy, she says. In the back of her mind, though, she had her fears.

"Being in pediatrics, I know all the things that can go wrong," she said. "I was, of course, nervous from the get-go because we see the worst of the worst, and I work in the NICU (Neonatal Intensive Care Unit)."

Nebelsick, who is now in her third year of residency at Akron Children's, was taking a three-hour test one day when, she says, she felt something was "off" with her pregnancy. She called her doctor, went into the office and found out she was dilating.

"It was terrifying. It was like a bad dream," she says. "I just assumed I was overreacting, because I do that."

After her exam, Nebelsick was immediately admitted. Doctors performed a procedure to stop the dilation and keep Westin "in as long as possible."

"I sat on my bed ... for two weeks," Nebelsick says. "Despite all of that, Westin was born on Aug. 3."

Doctors induced labor after seeing Nebelsick's white blood cell count dropping.

Born at just 1 lb., 13 oz., and at 25 weeks, Westin spent 121 days in the NICU. He was classified as a micro preemie: a baby weighing less than 1 lb., 12 oz. at birth, or born before 26 weeks gestation.



Above: Dr. Rachel Nebelsick with her husband, Jeremy, and their son, Westin. Top: Westin in the NICU.



“When he was born, he had a breathing tube, he was intubated, he had a feeding tube, he couldn’t do anything,” Nebelsick says.

After six weeks off work, Nebelsick returned to Akron Children’s, but she was never far from Westin.

“I went back to work for eight weeks while he was still there,” she says. “They gave me nine more weeks when he went home to have true bonding time at home and have us all adjust to home life.”

Nebelsick returned to Akron Children’s on Feb. 6.

“We hired a nanny so he wouldn’t get sick during cold and flu season,” she says. “Since he’s so high-risk, we wanted to keep him healthy.”

Even though Westin is high-risk for colds and flus, he’s growing into a normal, healthy baby boy, Nebelsick says.

“For a 4-month-old, he’s doing absolutely everything he’s supposed to do,” she says. “We met with the developmental doctors ... and he’s right on track with where he’s supposed to be.”

As of March, Westin was 13 lbs. and doing well, Nebelsick says. He no longer

had a feeding tube, though feeding was still a battle.

“He just doesn’t really care if he eats,” she says. “He would literally rather play with me than take his bottle.”

Nebelsick doesn’t mind the challenge, she says.

“It’s frustrating, but if, at the end of the day, that’s our biggest battle for being born at 25 weeks and everything we’ve been through, then I feel like we’ll be OK,” she says.

Giving birth to a preemie was rough going, Nebelsick says, but it’s definitely shaped her into a better person, and doctor, because of it.

“I think that going through everything that we’ve been through, I can sympathize with parents in ways that only people have been in their shoes can,” she says.

A lot of parents fear leaving a newborn child in the NICU with doctors they barely know, and Nebelsick says she would have felt the same way had she not been working with Akron Children’s. In the future, she is going to use that fear to her advantage.

Nebelsick plans to stay one more year and continue to work at Akron Children’s as a chief resident, overseeing everyone in the residency program. After that, she plans to become a hospitalist, working at inpatient units.

“It’s going to be wherever I get that job that I love, whether that’s at Akron Children’s or if I need to go elsewhere,” she says. “We’re not in a huge hurry to leave.”

Dylanne Petros is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



The Write Advice

With David Allen

A Head for Headaches

Pioneering surgeon addresses migraine headaches

For someone who suffers from migraines, the pain of the headache is bad enough, and the dread that one may be coming on can be even worse.

Dr. Bahman Guyuron, a Cleveland plastic surgeon associated with the American Migraine Center and a pioneer in the surgical treatment of migraines, offered *HealthScene Ohio* his expertise on this fearsome class of headache.

HealthScene Ohio: What got you interested in the field of migraine study?

Dr. Bahman Guyuron: Two patients who had undergone forehead lift reported that they no longer had migraine headaches after the surgery.

I did a retrospective study on 314 patients who had undergone forehead lift, and 31 of the 39 patients who had migraine headaches preoperatively experienced either complete elimination or significant improvement of migraine headaches with close to average four-year follow up. This prompted me to conduct several prospective studies, including a pilot study, randomized with control, randomized with sham surgery and randomized study with five-year follow-up.

All in all, we have completed 27 studies, and all of them have been published in peer-reviewed journals, demonstrating efficacy and safety of surgical treatment of migraine headaches.

HSO: What do patients most want to accomplish when they see you?

BG: They want to reduce or eliminate the headaches and gain control of their lives.



HSO: What are some barriers to meeting patients' expectations?

BG: The complexity of migraine headaches and the fact that, in rare cases, patients have many migraine trigger sites can be barriers. Additionally, when the patients are dependent on narcotics, it is hard to be sure whether the persistent pain is related to the residual migraine or patients' need for narcotics.

HSO: What are some new things you are trying out to help your patients with migraines?

BG: We are simplifying the procedures so that most of them can be done under local anesthesia, and patients can return to work the same day or the next day.

HSO: What have been some of your most successful tactics or treatment methods?

BG: Migraine surgery is all about deactivation of the migraine trigger site. Employing ultrasound Doppler and CT imaging has enabled us to more accurately detect and stop the triggers.

HSO: What are some of the anxieties patients have when they come to see you? How do you try to remedy that?

BG: Surgery is always a frightening prospect for patients, and there is a great deal of anxiety about the potential failure. For many of these patients, this is a desperate last hope.

We reduce the anxiety by showing understanding and compassion, offering realistic assurance, and by letting the patient know that with the surgery there is always a plan B, C and even D should plan A fail.

HSO: How do you work with the patient to reach his or her goals?

BG: It is important to have the patient's utmost cooperation in describing symptoms accurately; recording his or her headaches in detailed logs; using every tool effectively to detect the trigger sites; avoiding drug-overdose headaches; and avoiding or minimizing use of narcotics.

It's also important to the patient's full cooperation postoperatively to deliver a successful surgical outcome.

HSO: What is some exciting research in the field of migraine study today?

BG: We are working on the use of stem cells to try to repair the myelin deficiency in the axons that the patients with migraine headaches have inherited, as demonstrated through our studies at Case Western Reserve University in cooperation with the proteomics and neurobiology departments.

HSO: What's the difference between a headache and a migraine?

BG: Most headaches are essentially part of the same spectrum. The mild, non-migraine headaches are related to the peripheral nerve irritation without central involvement. Migraine headaches are associated with central nervous system symptoms such as nausea, vomiting, photophobia and phonophobia.

HSO: How can someone pinpoint the cause of his or her migraine?

BG: By listening to the patients explain where the headaches start, along with a constellation of symptoms that we have described and reported. I also use ultrasound Doppler and CT imaging of the peri-nasal sinuses to pinpoint migraine trigger sites.

HSO: Under what circumstances should you visit your doctor? What symptoms are the most worrisome?

BG: Whenever the symptoms cannot be controlled with conventional migraine medications, when there is potential for dehydration because of persistent vomiting, when side effects of the medications make their use unwise or impossible, it is time to visit the doctor.

HSO: Are there any lifestyle changes that can help with headache/migraine relief?

BG: Not with surgery. If the surgery is going to work, patients should not have to

change their lifestyles. Medical treatments may require avoidance of usual triggers.

HSO: What is the most effective way to treat a migraine?

BG: Most migraine headaches respond to the triptans. There are newer medications on the horizon as well. However, for those who have frequent migraine headaches and do not respond to medical treatments, or do not wish to or cannot consume migraine medications, surgery becomes a great choice.

HSO: What are spinal headaches?

BG: Spinal headaches are the consequence of spinal fluid leak as a result of injury, surgery or spinal tap.

David Allen is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

About the Expert



Dr. Bahman Guyuron is a graduate of Tehran University Medical School. He completed a residency in general surgery at Boston University in 1978 and a residency in plastic surgery at the Cleveland Clinic Foundation in 1980. Dr. Guyuron also completed a fellowship in craniofacial surgery at Toronto University Hospital for Sick Children in 1980. He is certified by the American Board of Surgery and the American Board of Plastic Surgery. He has been in private practice since 2015, has previously practiced at the Cleveland Clinic Foundation, Mt. Sinai Medical Center and University Hospital Case Medical Center and Case School of Medicine, where he still holds the title of emeritus professor. Dr. Guyuron has developed an international reputation for his innovations in rhinoplasty and facial aesthetic surgery, and has more than 40 peer-reviewed publications on surgical treatment of migraine headaches.



Healthy Happenings



Cleveland Clinic holds a free ice-skating event on Feb. 11, in honor of February being National Heart Health Awareness Month.

Cleveland Clinic

Photos courtesy of Cleveland Clinic

Mayor Frank Jackson attends the ribbon-cutting ceremony for Cleveland Clinic East, a new state-of-the-art dialysis center from the Ohio Renal Care Group, a joint venture partnership of Cleveland Clinic, MetroHealth and Fresenius Kidney Care. The event was held Jan. 4.





98.1 KDD DJ Keith Kennedy reveals the three-day total of the Radiothon.



**Have a Heart, Do Your
Part Radiothon**

Photos courtesy of Akron Children's Hospital

Akron Children's patient Spencer Beal, who has a rare form of dwarfism called achondroplasia, shares his story.



AROUND THE STATE
NORTHWEST OHIO

Personalities

Thinking Globally

UT emergency medicine professor approaches health on a worldwide scale

By David Allen



Teaching at The University of Toledo College of Medicine and Life Sciences, Dr. Kristopher Brickman found his students were not satisfied with learning medicine on a small scale.

They wanted a global health program, says Brickman, an emergency medicine doctor. He was heartened by the students' interest, it being a passion of his own, and he was happy to accommodate them.

"I had already been involved in a lot of international missions in Haiti ever since my second year of medical school," Brickman says.

Brickman's global health resume also includes being a part of a delegation to China to develop the first EMS system there for the Beijing Olympics while also assisting in setting up the medical infrastructure for the event. In fact, it was this prominent role in China that caught his students' attention and prompted their inquiries about a global health program at UT.

"The global health program really was a student-led initiative," Brickman says.

The program was initiated in 2007 and has established international collaborations in Lebanon, the Philippines, Pakistan, India, Jordan, China and Ethiopia.

Brickman grew up in Lexington, Ohio and attended The Ohio State University, competing on the wrestling team there.

"I was taking a full breadth of classes - law, ... science. I was on the pre-med

route; however, I initially decided to do the pre-law route," says Brickman. "But it was interesting to compete in the environment of science classes, as I enjoyed the challenge of those courses. The experience gave me an opportunity to define who I am and define what I do."

He also reminisces about his athletic past, and how his athlete status caused some OSU advisers to doubt his odds of scientific success.

"I was a jock and they didn't expect me to perform well," he laughs. "However, even though I was doing well, I guess they just never took me seriously."

After graduating from OSU, Brickman attended medical school at Wright State University en route to pursuing a career in emergency medicine, which was just beginning to emerge as a specific specialization.

"Emergency medicine was relatively new when I graduated medical school in 1983," he says. "I was just intrigued by it because I like to see people get better rapidly. I was kind of an entrepreneur, and felt emergency medicine provided that scope of care."

Brickman developed an organization that staffed hospitals all throughout northwest Ohio, eventually using that experience to lead UT's Medical Center Emergency Department, formerly known as the Medical College of Ohio, in 1992. The position eventually gave him the chance to develop a residency program in emergency medicine.

When Brickman's students came to him about the global health program, the college polled students to gauge interest.

"Ninety-seven percent of them had an interest in a global health program and 79 percent of them said they would fund at least part of it, so I got tasked with developing the program," he says.

The key to a successful global health program, he says, is not merely for his students to gain experience, but to learn.

"It is crucial for our students to understand how the world is working. We must be able to understand other cultures, and the health care systems of other cultures," says Brickman. "It will

help our students deal with the world we live in. Thus, I need to take students out of their comfort zone."

Iraqi Endeavors

Brickman's extensive global health background has also led him to pursue other endeavors, such as an emergency medicine program in Iraq.

"I had a good friend of mine, a Lebanese physician. He knew I was getting more involved in global health, and we joined on a project in the Middle East," Brickman says. "He was at the American University of Beirut, which is a prominent academic medical institution in the Middle East. I go over there and give some lectures from time to time, and one time, I attended a major Middle East conference where I got integrated with Iraq."

Given that he already had experience in global health, and had worked with Saudi Arabian students and their embassy, he was just the person to lead a new group to start such an endeavor in Iraq. Brickman began working on a plan to take an emergency medicine delegation to Iraq and offer an improvement from the primitive conditions in many parts of the country.

However, after ISIS started creating problems in the region, Brickman and his colleagues created a new plan.

"We decided to talk to the Iraqis at a neutral site where we can have a meeting and develop the program, and when we did this, they willingly embraced it," he says. "We created a conference at the University of Beirut. This allowed us to focus our training program to refine the doctors into functional emergency medicine doctors."

Unfortunately, the rising tensions in the region has forced the program into a "holding pattern," Brickman says, though he and his colleagues are fully prepared to jump back in as soon as possible.

David Allen is a contributing writer. Feedback welcome at gbsishop@cityscenemediagroup.com.

Avoiding the ER

More than 9.2 million people are treated in emergency rooms each year, the Centers for Disease Control and Prevention reported in 2008.

"Falling on a hand (or) wrist, twisting an ankle, back pain; these are the most common things we see in the emergency room," Brickman says.

Many household injuries are not ER-worthy, though, and patients need to use a certain amount of discretion, he says.

"If you twist your ankle, it doesn't mean it's broken or that it needs an X-ray, as (such injuries) rarely are fractures," he says. "The rule we use for the ER is if you can put weight on it and walk on your ankle, you can be confident – even if the body part is swelling – that it's not broken."

If he were to see that type of injury in the emergency room, Brickman would most likely apply a hook-and-loop fastener splint and suggest over-the-counter Advil or Motrin. The patient should follow up in a week, and only go to the doctor for an X-ray if there has been no improvement.

Household injuries sometimes look gruesome, says Brickman, but looks can be deceiving.

"It's all a matter of how much you can function, not swelling," he says.



Dr. Kristopher R. Brickman, MD, FACEP is professor and chairman of emergency medicine and medical director of the emergency department at The University of Toledo. He graduated

from Wright State University School of Medicine in 1983 and completed an emergency medicine residency at St. Vincent Medical Center/Toledo Hospital in 1988. He is founder and director of the Office of Global Health at The University of Toledo College of Medicine and Life Sciences and has served as president of The University of Toledo Physicians since July 2012.



The Write Advice

With Matthew Kent

Preventing Polyps and Sinusitis

A look at ailments of the ear, nose and throat

Dealing with nasal polyps is just one part of the job for doctors who specialize in issues surrounding the ear, nose and throat, though the scope is much wider.

Identifying symptoms and presenting a solution before problems worsen are just two parts of an ENT doctor's day. *HealthScene Ohio* spoke with Dr. Sophia Omoro, who specializes in otolaryngology and practices at Lima Memorial Health System, to bring more awareness to the field, and to highlight nasal polyps and other medical issues that are commonly seen within it.

HealthScene Ohio: What are nasal polyps?

Dr. Sophia Omoro: One of the more common diseases of the nose is nasal polyps. Polyps just means that the tissue in the nose forms these grape-like extensions, which are called polyps.

“When you have sinusitis, it might be from a bacterial infection that is affecting the sinuses, or one affecting the upper airways. People whose allergies are really bad and not treated can also get sinusitis.”

HSO: What happens when someone has nasal polyps?

SO: When you have polyps in your nose, not only may it cause obstruction so you can't breathe and perform regular functions of the nose such as smelling, but it obstructs the flow of mucus, which most of us produce naturally. When there's an obstruction like that, you can get an infection on top of it.

HSO: What causes them to occur?

SO: When we have allergies or irritating things that we're breathing in the air, some of us just get the stuffy nose, runny nose, watery eyes, itchy eyes, coughing. But for some of us, our bodies react by lining the nose, forming these extensions. It's mostly people who have reactive airways; people who react to allergies are prone to getting polyps.

HSO: How are they treated? Is surgery typically needed?

SO: Treatment of polyps involves medical therapy, such as nasal sprays. Some (patients) are very responsive to that, and some need surgery to remove them. Overall, as a surgeon, we like to use medications where we can first, and certainly, people with mild polyps respond very well.

HSO: What sorts of people are most likely to get polyps?

SO: You can get polyps pretty much at any age, but we tend to see them in middle to older age groups ... and people

who have allergies, people who have asthma, people who have other certain medical conditions.

HSO: Can you describe what sinusitis is?

SO: Sinuses are cavities that we all have in our bones and head. We have a pair above the eyes, we have another in between the eyes. In an ideal situation, these are full of air and nothing else. When someone has sinusitis, it means that one, two or all of these sinuses are inflamed, and when they're infected, they're usually full of fluid. Resulting symptoms are fevers, chills, pus draining out of the nose or back of the throat, coughing, headache, toothache and, when it's really bad, eyes running.

HSO: What causes sinusitis?

SO: When you have sinusitis, it might be from a bacterial infection that is affecting the sinuses, or one affecting the upper airways. People whose allergies are severe and untreated can also get sinusitis.

HSO: What kind of treatment is involved?

SO: They may need antibiotics and they may need to rinse out their sinus pathways with saline and nasal sprays. They may need to manage their allergies better, so that their passageways can remain open and sinuses drain naturally, but there are cases when we need to go in with surgery, clean out the sinuses and open the drainage pathways.



HSO: Who gets sinusitis? Is it common in a particular age group?

SO: There's not a specific age relation to sinusitis. It's more anatomy and the environment. I tell people that the nose and sinuses are connected and, again, people with those environmental issues – such as bad allergies, hyperreactive airways and asthma – can get sinusitis. There's not a certain age group; it's just what you're predisposed to in terms of the environment, your genetics and congenital problems.

HSO: What are some other areas within your field that you deal with?

SO: Ear, nose and throat doctors deal with anything in the head and neck except the brain and the eyes. We deal with hearing loss with kids, but more commonly in adults, and we deal with diseases that affect the mouth. That includes any cancers, any tongue problems, any lining of the mouth problems. Moving on to the throat, people come to see us with problems with their voice, swallowing problems, vocal cord problems. Going on into the neck area, there are a lot of glands that we deal with.

Matthew Kent is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

About the Expert



Dr. Sophia Omoro specializes in otolaryngology and practices at Lima Memorial Health System in Lima, Ohio. She earned her medical degree from Tulane University in New Orleans in 2002.



Healthy Happenings



Dave's 10 Miler & 5K

Photos courtesy of Candu Creative

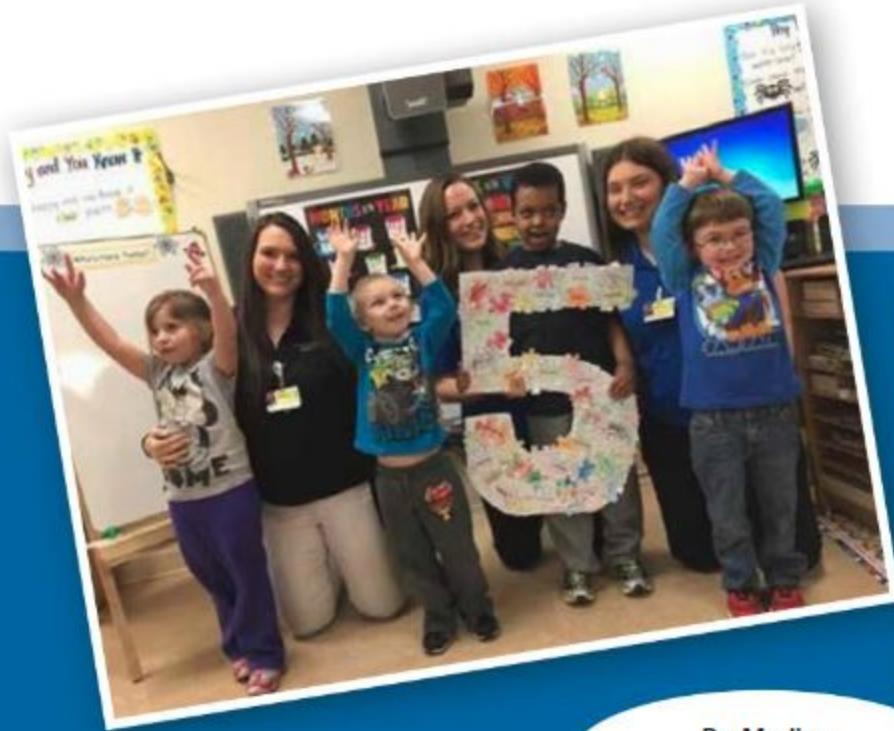
The annual Dave's 10-Miler & 5K was held Jan. 22 in Delta.

Have a Heart Auction

Photos courtesy of Interrupt

This annual Valentine's Day event organized by Sylvania-based Interrupt raises money for the American Heart Association.





The ProMedica Toledo Children's Hospital Autism Early Learning Program turned five years old in January. The children and the staff members celebrated with a group photo.

ProMedica

Photos courtesy of ProMedica



On Feb. 7, ProMedica and Lathrop Turner hosted a Construction Day for pediatric patients to build excitement around the Generations of Care project. In 2016, ProMedica began construction of the 13-story, 302-bed patient care tower on the campus of ProMedica Toledo Hospital and Toledo Children's Hospital. The project is set to be completed in 2019.



The sixth Impact and Inspire event was held at Shorty's Back Forty on Jan. 26. Brittany and Heather Robbins shared their engaging story about how Austin's Book Club was created in memory of their son, who passed away shortly after birth. Their goal is to carry on their Austin's legacy through the power of literature.



Personalities

An Ounce of Prevention

OSU doctor takes aim at viruses that may lead to cancer

By Matthew Kent

Cancer is a major target for medical professionals of all stripes, and Dr. Robert Baiocchi has his sights set on viruses that may lead to it.

Baiocchi, an assistant professor at The Ohio State University College of Medicine for 19 years, has been working to develop a vaccine against a virus associated with cancers such as lymphoma, and hopes to see it approved.

His scientific interest developed in graduate school, where he was able to learn directly from Dr. Michael Caligiuri, director of OSU's Comprehensive Cancer Center and CEO of the James Cancer Hospital and Solove Research Institute. Most of Baiocchi's work was done in the laboratory using animal models with lymphoma, and that eventually sparked his interest.

"I really started getting excited about medicine when I saw some of the therapies that we were working on in mice move into humans," Baiocchi says.

Baiocchi used the hormone interleukin-2 in HIV patients, allowing him to document how it was changing their immune responses to viruses and other infections. He also had some experience in a bone marrow transplant clinic, which allowed him to see how patients responded when they developed cancers in the post-transplant setting.

Baiocchi says he was able to document one of the first reports of a spontaneous immune response in a bone marrow transplant patient with lymphoma.



"To see that immunity bounce back and totally clear cancer was just fascinating for me, and it made me really want to go into medicine," he says.

Baiocchi describes his work in the lab as being "translational," knowing that at some point, the research being performed could impact patients. The three main areas of focus within the laboratory program are experimental therapeutics for lymphomas, mechanisms of Epstein-Barr virus-driven B cell transformation and clinical research focusing on new methods to treat immune deficient patients who develop cancer.

OSU announced a license agreement last year between the Ohio State Technology Commercialization Office – which is dedicated to supporting academic and clinical researchers and inventors by advancing their discoveries and innovations to market – and a startup therapeutics company to develop new drugs inhibiting a specific enzyme known as PRMT5 as potential treatments, as well as address other unmet medical needs, such as benign blood disease and autoimmune disease. Baiocchi was among a group of scientists named last year to work in collaboration with the OSU Comprehensive Cancer Center's Drug Developmental Institute (DDI) to advance the PRMT5 therapeutic program toward pre-clinical drug development.

PRMT5 alters the structure of chromatin to suppress the transcription of genes and the production of proteins. Baiocchi says his group's experimental treatment is likely a year away from being a clinical candidate for several diseases, noting that drug development efforts first began in 2010.

"From the time of inception of the idea to actually having a pharmaceutical company close to a clinical drug, it's been very rapid," Baiocchi says.

He's hopeful the products will prevent cancers in high-risk individuals, as well as treat aggressive diseases such as lymphomas. The effort is a collaboration among multiple departments that deal with different types of cancers, in addition to chemists and

representatives of the pharmaceutical company as well.

"Collectively, we're talking about dozens of people who are working on this," Baiocchi says.

DDI is also supporting the research team to develop a vaccine against Epstein-Barr virus, a member of the herpes family. It affects 90 to 95 percent of adults and is associated with the development of several cancers, including lymphomas, in patients receiving organ or bone marrow transplants. The vaccine could be used to improve the body's immune response to the virus, thus helping to prevent cancer.

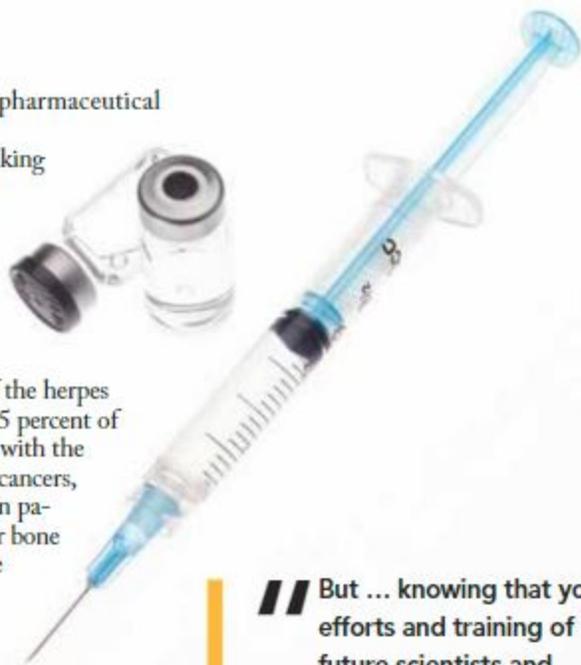
Helping others develop their own pathways has been an important aspect of Baiocchi's career, he says.

"I think when you're looking at impact and long-term outcomes, it'd be wonderful if (the) therapies we developed worked and helped patients," he says. "But ... knowing that your efforts and training of future scientists and physician scientists to make their discoveries down the road is (also) an incredibly gratifying aspect of this job."

Baiocchi anticipates the vaccine being in phase 1 trials testing toxicity, safety and activity in healthy volunteers in the next 12 to 18 months. He also predicts that the PRMT5 drug will move along quickly.

"There are other companies pursuing this, but we believe we have a unique angle and currently have very exciting drugs that we are close to moving forward in pre-clinical models of lymphoma," he says. "Once that's through, we'll probably be a year out from moving to the FDA for clinical trials."

Matthew Kent is a contributing writer. Feedback welcome at gbsishop@cityscenemediagroup.com.



// But ... knowing that your efforts and training of future scientists and physician scientists to make their discoveries down the road is (also) an incredibly gratifying aspect of this job."



Dr. Robert Baiocchi is an assistant professor at The Ohio State University College of Medicine. He earned his medical degree from OSU and completed his internship and residency in

internal medicine through ABIM Research Pathway, his fellowship in medical oncology at the OSU College of Medicine and his post-doctorate fellowship in hematology and oncology at Roswell Park Cancer Institute Department of Medicine in Buffalo, N.Y.



The Write Advice

With Lydia Freudenberg

A True Visionary

Tips on overcoming eyesight issues



For many people, having good eyesight later means having good foresight now.

From Olentangy Eye & Laser Associates in Columbus, J. Geoffrey Allen, M.D. clears up some questions about cataracts, retinal tears and detachments, and also gives his expert opinion on how to keep optic health optimal.

HealthScene Ohio: Is it true that cataracts naturally develop as we grow older? If so, what are some signs of developing cataracts?

Dr. J. Geoffrey Allen: Yes, cataracts are most often the result of the natural aging process. In the early stages, people developing cataracts might notice more difficulty with glare and driving at night, a sense that their glasses are dirty, and

more trouble reading fine print or text on their television set.

HSO: What do you tell patients who are nervous about scheduled cataract surgery?

JGA: Almost everyone is nervous about surgery, especially on their eyes. However, modern techniques and surgical equipment have dramatically improved patient safety and outcomes. Most patients find that the surgery is surprisingly easy and nothing like they feared it might be.

HSO: If a patient opts out of cataract surgery, what would be their options?

JGA: If a cataract is the cause of vision problems for an eye, one either lives with it or has it removed surgically. There are no other options. Unfortunately, cataracts virtually always get worse with time. Once the cataract has become a significant problem, there is little reason not to have it removed and regain quality of sight. Of course, it is the patient's decision as to whether the cataract has become enough of a problem that surgery is warranted. As ophthalmologists, we can advise if surgery is indicated, but patients must decide for themselves if it is necessary.

HSO: Can cataract surgery correct other vision problems, such as astigmatism?

JGA: Yes. There are means of addressing astigmatism surgically via corneal incisions, laser or special intraocular lenses designed specifically for such purpose. However, many people still prefer to use spectacles or contact lenses for some activities after cataract surgery.

HSO: Can you explain retinal tear/detachment and the symptoms that correlate with it?

JGA: Typically, retinal tears occur when the gel that fills most of the eye, the vitreous humor, separates from the retina and tears a hole in it. Symptoms are usually the sensation of flashes of

light in the peripheral field of vision and new floaters or faint shadows swirling around, which may look like cobwebs, round dots, gnats, etc. These symptoms can indicate that the retina has detached or separated from the retina. As that happens, the retina can tear, which could lead to a retinal detachment. Retinal detachment is usually noticed as a veil or curtain obscuring peripheral vision that often moves towards the center.

HSO: Who is at increased risk for retinal detachment? Is it preventable?

JGA: Highly near-sighted people are at the greatest risk, but virtually anyone could develop a detached retina. Patients with family history of retinal detachment, prior eye surgery, certain kinds of pre-existing retinal changes or a history of significant direct eye trauma are also at increased risk. The best way to prevent a retinal detachment is to get regular eye examinations, wear protective eyewear to avoid trauma to the eyes and be sure to get to an eye specialist promptly if one experiences a new onset of flashes of light, floaters or a change in peripheral vision. Should one develop a retinal tear and have it diagnosed promptly, it is usually successfully treated using a simple in-office laser procedure to help seal around the tear to reduce the risk of developing a retinal detachment.

HSO: How is retinal detachment treated?

JGA: Retinal detachments are treated in such a way as to secure the break or tear that allowed fluid to advance beneath the retina (detachment) so that no more fluid can get through, and allow the retina to reattach. This can be accomplished in a variety of ways, including laser, cryotherapy and surgery.

HSO: What are some common eye discomforts and how are they preventable?

JGA: Dryness is the most common, and can be treated with lubricating artificial tears. Itching is another common

complaint; antihistamine drops can help with this.

HSO: What are some tips to improving eye health?

JGA: The eyes benefit from efforts to be healthy in general, such as eating a well-balanced diet, exercise and not smoking. Many experts believe there is benefit to protecting the eyes from UV light by wearing UV-absorbing sunglasses or a hat. Use proper protective eyewear when engaging in activities that could result in an injury, such as using a hammer or weed-eater, or working with dangerous chemicals such as when servicing a lead-acid battery.

HSO: With technological advances, such as the ever-evolving bionic eye, what else can patients look forward to in terms of technology that will help improve their vision?

JGA: Treatments such as gene therapy may well lead to significant improvements in the treatment of potentially visually-disabling conditions, such as macular degeneration, which is becoming more prevalent as people live longer than a generation or two ago.

Lydia Freudenberg is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

About the Expert



Dr. J. Geoffrey Allen has over 26 years of experience in the field of ophthalmology. Allen earned his doctorate at The Ohio State University College of Medicine and is currently at the

Olentangy Eye & Laser Associates, Inc. His areas of expertise are cataract surgery, diabetes and glaucoma.



Healthy Happenings



OhioHealth Wellness on Wheels

Photos courtesy of OhioHealth

On Jan. 26, OhioHealth held a ribbon-cutting ceremony at the Hilltop YMCA for its Wellness on Wheels Primary Care program. The program, made possible by a nearly \$1 million grant from Huntington Bank, will bring OhioHealth primary care services to the Y three afternoons per week.



Party with the Pros

Photos by Simon Lau, courtesy of Muscle Insider Magazine



The Arnold Sports Festival Party with the Pros event was held March 4 in the Battelle Grand Ballroom at the Greater Columbus Convention Center.



The Ohio State University Wexner Medical Center

Photos courtesy of OSU Wexner Medical Center

On Valentine's Day, also National Donor Day, surgeons from The Ohio State University Wexner Medical Center's Comprehensive Transplant Center team participated in a five-way kidney exchange. Five living donors donated their kidneys to five others in need.



Chilly Chili Mile

Photos courtesy of Healthy New Albany Inc.

The first-ever Chilly Chili Mile was held Feb. 12 in New Albany.



The Jefferson Series

Photos courtesy of Lorn Spolar Photography

The Jefferson Series, sponsored by the New Albany Community Foundation, hosted former U.S. Rep. Patrick Kennedy Feb. 1 for a discussion of mental health and addiction.





AROUND THE STATE
SOUTHERN OHIO

Personalities

Care and Options

Dr. Mitiek brings passion and innovation to cardiothoracic surgery

By Hailey Stangebye



“We are human beings and we have to show it. We have to care. Patients come to you because they are looking for care, No. 1, and options, No. 2. Sometimes, you cannot offer options, but you can always care.”

Patients with conditions such as Barrett's esophagus and esophageal cancer may not have to travel far anymore to receive the most advanced surgical options.

Dr. Mohi Mitiek of Mercy Health Anderson Hospital in Cincinnati brings the latest techniques in robotic surgery to the Cincinnati region.

Though he was born in Libya, Mitiek claims Washington D.C. as his hometown. He completed his education and medical school in Libya before moving to the U.S. in 1997 for his general surgery training at the University of Kansas.

Mitiek furthered his education by specializing in cardiothoracic surgery at the Albert Einstein College of Medicine in New York. He went on to study minimal access thoracic and heart surgery for another year before serving on the teaching staff at the University of Minnesota.

While teaching in Minnesota, Mitiek dedicated most of his time to working with the surgical robot to improve its technique and design. He then went into private practice before ultimately ending up at Anderson.

In January 2017, Mitiek performed Anderson's first robotic esophageal resection.

"The esophagus is the connection between the mouth and the stomach, and if you devolve a cancer there, we need to invent a tube to ... recreate the food pipe," says Mitiek.

To perform this procedure, the surgeon must resect, or remove, the damaged or cancerous part of the esophagus.

"We go to the abdomen first and we fashion the stomach as a tube, and we go to the chest and resect the esophagus. To

me, the most important part is to resect, as much and as clean as possible, the lymph nodes around the esophagus," says Mitiek. "(We then) pull the tube from the stomach side and reconnect it back to the upper part of the esophagus."

Mitiek says a majority of these complex procedures are done open, but he performed the surgery robotically.

"It was less invasive, which means less recovery time for the patient. They're not having everything opened up," says Sheila Palmer, director of cardiovascular services at Anderson. "When you have it robotically, you just have a few different incisions throughout your body, versus a hincingous cut."

"The goal here is to give the patient (a) similar surgery as open, with less pain, with less bleeding," says Mitiek. "And that's what we accomplish with the robot."

Mitiek says the patient, who had been diagnosed with Barrett's esophagus – a complication of GERD in which the tissue lining the esophagus is replaced by tissue resembling that lining the stomach – was able to return to a normal diet just two weeks after the surgery.

"For me, it's very exciting, and I think for our hospital and for our patients, it's wonderful to have somebody like him on our staff because we're able to look at doing things that we didn't do before," says Palmer. "We're able to offer things to our patients in their backyard, where they used to have to drive long distances."

New options are just one facet of the growing availability of technology. Another major benefit is increased quality of care, Palmer says.

"We are human beings and we have to show it. We have to care. Patients come to you because they are looking for care, No. 1, and options, No. 2," says Mitiek. "Sometimes, you cannot offer options, but you can always care."

Hailey Stangebye is a contributing writer. Feedback welcome at gibshop@cityscenemediagroup.com.

The Post-Op Walk

Dr. Mitiek walks with patients after surgery

Major surgery – such as a lung resection, or a removal of a portion of the lung – can be a scary procedure for some patients. That's why Mitiek uses a simple post-operative routine to boost his patients' confidence.

"When I do (a) lung resection, for example, I usually do the surgery in the morning," says Mitiek. "Before I finish the surgery, I inject the chest with local anesthetics (to) improve their pain tolerance after surgery. With the robot, their pain is (significantly less)."

Once the patient wakes up in the ICU, Dr. Mitiek pays him or her a visit. Then, they go for a walk.

"I make sure that I walk with them because most people, they think ... the lung surgery is extensive, so they get scared and they don't want to move," says Mitiek. "When they walk with their physician, No. 1, they feel the safety that it's okay to move. No. 2, it's a good gesture from me that I really do care. And I do care. I'm very passionate about what I do and passionate about my patients. I want them to do well."

About the Expert



Dr. Mohi Mitiek is a cardiovascular and thoracic surgeon at Mercy Health Physicians. His areas of expertise include a variety of innovative cardiac, thoracic and esophageal surgeries.

Dr. Mitiek received his medical degree from University of Tripoli, Libya, before coming to the U.S. for further surgical training. He completed his residency in general surgery at Kansas, and completed two fellowships: in cardiothoracic surgery at Long Island Jewish Medical Center in New York, and in minimally invasive thoracic surgery at the University of Minnesota.



The Write Advice

With Amanda Etchison

Know Your Moles

Tips for informed and healthy skin care

Though warm weather makes it tempting to swap your winter coats for T-shirts, unprotected sun exposure can be harmful to your skin and lead to noticeable changes, such as the development of moles. TriHealth dermatology division director Dr. LeAnna Lane spoke with *HealthScene Ohio* about proper care and treatment of moles, and shared advice on how to safely enjoy the sunshine.

HealthScene Ohio: What are moles and how do they develop?

Dr. LeAnna Lane: Moles are clusters of melanocytes, which are the types of cells in our skin that make pigment. They are more numerous in lighter skin types, mole-prone families and areas of sun exposure.

HSO: What are the defining features of the different types of moles?

LL: There are three broad types:

Congenital moles: Moles people are born with. Can be larger than other types of moles. Usually brown, raised and often have hair.

Acquired moles: Usually first appear in childhood and become more numerous over time. May be flat or raised, and are usually brown or flesh-colored with even pigmentation and smooth borders.

Dysplastic moles: Tend to be larger moles with more haphazard pigment and fuzzy borders. Come in more variety of colors.

HSO: Which types of moles require professional treatment and which ones can be left alone?

LL: Most moles are normal growths on the skin. However, if a mole changes over time and becomes worrisome for melanoma, the mole should be removed. If a mole is bothersome because it is itchy or rubbed by clothing, for example, it can also be removed.

HSO: How often should an individual check himself or herself for moles, and how often should he or she consult a dermatologist for a general checkup?

LL: The American Academy of Dermatology (AAD) recommends, at a minimum, checking your birthday suit on your birthday. Many dermatologists will recommend patients perform a self-skin exam once monthly, often combined with a monthly self-breast exam. There are no formal guidelines from the AAD or the American Cancer Society on how often adults should be screened, although it is recommended as part of health maintenance. The frequency is often determined by personal risk factors. In general, those with lighter skin types, more numerous moles and family members with a history of melanoma should have more frequent checks.

HSO: When should patients seek medical consultation regarding concerns about a mole?

LL: The ABCDEs are a good guide:

Asymmetry: One half of a mole is unlike the other half

Border: Fuzzy borders or scooped borders

Color: Color changes from one area of the mole to another with multiple shades

Diameter: Most melanomas are greater than 6mm, or the size of a pencil eraser

Evolving: A mole or skin spot that looks different from the rest or is changing in size, shape, color

A mole that becomes tender or bleeds by itself can be another sign of a problem.





HSO: What should patients expect from the mole removal process?

LL: The skin around a mole is injected with a numbing medicine. The mole is then scooped or shaved from the skin with a small blade. This is the most common way, and it leaves behind a small circular wound that heals with a small circular scar. Larger moles may need to be excised, or cut out, in which case a deeper cut is made and stitches are usually required to bring the skin back together. This will leave a larger line type of scar.

HSO: How long does it normally take for skin to recover following the removal?

LL: Usually two to three weeks for healing.

HSO: How likely is it that a mole will grow back once it is removed?

LL: This often depends on the size of the mole and how it was removed. Moles that are excised are less likely to come back, but this tends to be a larger and more invasive procedure than shave removal.

HSO: What concerns, if any, would you share with someone who is looking to remove a benign mole for cosmetic purposes?

LL: There is no scar-free way to remove a mole; they cannot be frozen with liquid nitrogen or treated with a laser. Unfortunately, patients may be less happy with the scar than they were with the mole, and there is no way to put the mole back.

HSO: Do moles need to be covered with sunscreen? How should someone approach sun exposure?

LL: Moles should be covered with sunscreen, but no more so than the rest of the skin. Melanoma most often develops on new skin, not from an existing mole, so patients should take care to protect all of their skin. Patients just need to be smart about their skin when they are outside. Wearing sunscreen with at least an SPF 30 on all the areas not covered by clothing, wearing protective clothing and hats when possible, staying in the shade,

going out in the morning or evening hours – these are all ways of protecting the skin and moles.

HSO: What are some other things readers can do to prevent the development or growth of moles?

LL: Moles most commonly develop in areas of sun exposure. For example, look at the number of moles on the outside versus the inside of your arm. So, protecting the skin from sun, starting early in life, is the best way to prevent the development and growth of moles. And never, ever use a tanning bed. But some moles are going to be part of our genetics and will develop in spite of sun protection.

Amanda Etchison is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

“ In general, those with lighter skin types, more numerous moles and family members with a history of melanoma should have more frequent checks.”

About the Expert



Dr. LeAnna Lane is the dermatology division director at TriHealth. A graduate of the University of Missouri-Columbia School of Medicine, Dr. Lane is a member of the Alpha Omega Alpha Honor Medical Society and is certified by the American Board of Dermatology. Dr. Lane's practice focus is on general dermatology and skin cancer prevention and screening. Her research on public attitudes toward tanning and protection of skin from sun has been featured in journals such as *Pediatric Annals* and *Pediatric Dermatology*, and has also been presented at the American College of Sports Medicine's annual conference.



Healthy Happenings



Adena Health System

Photos courtesy of Adena Health System

Caregivers from Adena Health System in Chillicothe volunteer their time to pack 288 Mighty Active Packs (M.A.P.) filled with healthful foods for children who may only get a healthful meal during the school day.



Sarah Hamilton delivered one of Mercy Health's first babies of 2017 at Anderson Hospital.



On Feb. 23, in support of Heart Health Awareness Month, Adena hosted a Go Red! canvas painting party. Money raised through the event goes to the Adena Health Foundation Heart Fund.



The Rev it Up! VIP preview party Feb. 8 at the Cincinnati Auto Expo raises money for the Child Passenger Safety Program at Cincinnati Children's Hospital.

Cincinnati Children's Hospital

Photos courtesy of Cincinnati Children's Hospital



Cincinnati Children's is presented in February with a check from the Sophie's Angel Run, which took place in July.

Mercy Health

Photos courtesy of Mercy Health



Staffers at the Jewish Hospital (left) and the Heart Institute at Anderson Hospital (above) celebrate Wear Red Day on Feb. 3.



Premier Health staffers and administrators cut the ribbon on the expansion of the emergency department at Upper Valley Medical Center in Troy in January.



Dr. Don Berwick (second from left), former administrator of the Centers for Medicare and Medicaid and CEO of the Institute of Health Care Improvement, tours Miami Valley Hospital on Feb. 23 prior to a Premier Health engagement at the Schuster Center in Dayton.

Premier Health

Photo courtesy of Premier Health

Legislative Update

Keep up with the latest state legislative initiatives in health.



Allied Health Professionals

House Bill 75

Rep. Theresa Charters Gavarone for the Ohio House 3rd District and Rep. Derek Merrin for the Ohio House 47th District

Professional Licensure: Armed Forces

This bill requires an expedited process to grant a professional license to an individual who is on active duty as a member of the armed forces of the United States, or is the spouse of such an individual, and holds a valid license in another state.

House Bill 111

Rep. Rick Carfagna for the Ohio House 68th District

Registered Nurses: Mental Health

This bill authorizes certain advanced practice registered nurses to have a person involuntarily transported to a hospital for a mental health examination.

House Bill 146

Rep. Larry Householder for the Ohio House 72nd District

Coroners Editing Death Certificates

This bill allows a coroner to change the cause, manner and mode of death in a filed death certificate only after a hearing in the court of common pleas.

Senate Bill 16

Senator Charleta B. Tavares for Senate District 15

Health Care Cultural Competency

This bill requires certain health care professionals to complete instruction in cultural competency.

Senate Bill 55

Senator Michael J. Skindell for Senate District 23

Nurse-Patient Ratios

This bill establishes minimum ratios of direct-care registered nurses to patients in hospitals. The bill also specifies rights of registered nurses working in hospitals, and prohibits retaliatory actions by hospitals against registered nurses.

Health Care Coverage

House Bill 72

Rep. Terry Johnson for the Ohio House 90th District and Rep. Nickie J. Antonio for the Ohio House 13th District

Step Therapy Protocols

This bill adopts requirements related to step therapy protocols implemented by health plan issuers and the Department of Medicaid.

House Bill 156

Rep. Kirk Schuring for the Ohio House 48th District

Vision Insurance Limitations

This bill makes changes regarding limitations imposed by health insurers on vision care services.

Senate Bill 121

Senator John Eklund for Senate District 18

Mammography Insurance Requirements

This bill includes tomosynthesis as part of the required screening mammography benefits under health insurance policies.

Senate Bill 126

Senator Charleta B. Tavares for Senate District 15

Conversion Therapy Ban: Minors

This bill prohibits certain health care professionals from engaging in conversion therapy when treating minor patients.

Prescription Drugs/Controlled Substances

House Bill 74

Rep. Jeffrey Rezabek for the Ohio House 43rd District and Rep. Kyle Koehler for the Ohio House 79th District

Prohibit Dextromethorphan Sale

The bill prohibits the sale of dextromethorphan without a prescription to persons under age 18.

House Bill 101

Rep. Derek Merrin for the Ohio House 47th District

Epinephrine Accessibility Act

This bill authorizes an epinephrine autoinjector substitution when a prescription is filled or refilled. The bill also authorizes epinephrine to be dispensed without a prescription under a physician-established protocol, and to declare the act the "Epinephrine Accessibility Act."

House Bill 117

Rep. Stephen Huffman for the Ohio House 80th District and Rep. Andrew O. Brenner for the Ohio House 67th District

Opioid Therapy for Drug Offenders

This bill establishes a statewide pilot program for the provision of long-acting opioid antagonist therapy for offenders convicted of an opioid-related offense who will be released from confinement on supervised release. This bill specifies that the therapy is to be provided during both their confinement and their supervised release.

Senate Bill 119

Senator Robert Hackett for Senate District 10 and Senator Jay Hottinger for Senate District 31

Addiction Treatment and Prescriptions

This bill makes changes regarding addiction treatment and opioid prescribing by physicians and dentists.

Public Health

House Bill 7

Rep. Bob Cupp for the Ohio House 4th District

Medical Care Protections

The bill grants qualified civil immunity to certain medical providers during disaster

response; addresses evidence acceptable in a medical claim; provides immunity to certain medical providers regarding the discharge of a patient with a mental condition; requires governmental agencies maintain confidentiality of peer reviews; clarifies the definition of "medical claim."

House Bill 45

Rep. Robert Sprague for the Ohio House 83rd District

Month Designation: Neurofibromatosis Awareness

This bill designates May as "Neurofibromatosis Awareness Month."

House Bill 49

Rep. Ryan Smith for the Ohio House 93rd District

Operating Budget

This bill creates the Fiscal Year 2018-2019 Main Operating Budget.

House Bill 145

Rep. Stephen Huffman for the Ohio House 80th District and Rep. Robert Sprague for the Ohio House 83rd District

Impaired Medical Practitioners

This bill provides for the establishment of a confidential program for the treatment of certain impaired practitioners and to declare an emergency.

Senate Bill 57

Senator Stephanie Kunze for Senate District 16

Day Designation: Cancer Awareness

This bill designates May 17 as "Diffuse Intrinsic Pontine Glioma Awareness Day."

Senate Bill 143

Senator John Eklund for Senate District 18

Day Designation: Ataxia Awareness

This bill designates Sept. 25 as "International Ataxia Awareness Day" in Ohio.

To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at www.ohiohouse.gov and the Ohio Senate at www.ohiosenate.gov. For more information on legislation, please visit www.legislature.ohio.gov.

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Holden Arboretum, Kirtland
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