

Trust.

2012

When it comes to your family's health care, finding a doctor you trust is the first decision, and possibly the most important one you'll make. If you're looking for the best medical care available, you don't need to go very far.

The doctors and dentists appearing in these pages have been trained at many of the same world-renowned institutions and specialty training programs you'll find in downtown Chicago.

To receive the highest quality medical care available, we recommend that you start here.

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Balance Your Hormones, Balance Your Life

GAIL M. GAGNON, D.O.

BIO-IDENTICAL HORMONES • FUNCTIONAL
MEDICINE

Hormonal imbalance leads to disruption of health, often resulting in a negative impact on one's quality of life. You do not have to go through life suffering from the negative effects from a hormonal imbalance. Hormones are essential for every activity of daily living and need to be maintained and balanced throughout your entire life. A common misconception is that hormones only have an effect on puberty, pregnancy and menopause. Hormones also play a role in digestion, growth, metabolism and mood control.

Hormone deficiency can be treated with several options, including Bio-Identical Hormone Replacement Therapy. This therapy uses Bio-Identical Hormones: hormones that look and act just like your own, without the side effects often associated with synthetic hormones. Bio-Identical hormones are used for the treatment of, but not limited to, the following diagnosis and symptoms:

Menopause/Perimenopause/Pre-Menstrual Syndrome/Fibromyalgia/ Chronic Fatigue Syndrome/Hypothyroidism/Adrenal Fatigue

Night Sweats	Hot Flashes	Joint Pain
Depression	Vaginal Dryness	Dry Skin/Hair
Insomnia	Fatigue	Decreased Memory/ Concentration
Decreased Sex Drive	Anxiety	Irregular menses
Decreased Muscle/ Increased Fat	Panic Attacks	Sugar Cravings
	Stress Incontinence	Mood Swings

Andropause (Male Menopause)

Erectile Dysfunction	Decreased Memory/ Concentration	Insomnia
Decreased Sex Drive	Depression	Irritability
Decreased Muscle/ Increased Fat	Fatigue	Anxiety
		Low Self-Esteem

Bio-Identical hormones are safe and effective (Fournier et al, Breast Cancer Research and Treatment, 2008 Jan.). They have been used successfully by physicians for more than 50 years. Bio-Identical estradiol, progesterone and testosterone are U.S. FDA approved. They are made from natural plants (i.e., wild yams) by a compounding pharmacy. Bio-Identical hormones are custom-tailored to each patient's needs, because one size does not fit all. Bio-Identical hormone replacement therapy is an option that all women and men should consider if they are experiencing symptoms of hormone imbalance and desire to restore balance in their life. How soon do you want to start feeling better?



Gail M. Gagnon, D.O., has provided quality health care for more than 24 years. She is board certified in Family Practice and completed a Fellowship in Anti-Aging and Functional Medicine. Dr. Gagnon specializes in the treatment of Menopause, Perimenopause, PreMenstrual Syndrome, Andropause (Male Menopause) and Functional Medicine.

I have treated thousands of patients successfully with Bio-Identical Hormone Replacement Therapy (BHRT) and I am my first patient. I suffered for more than 10 years with many of the symptoms you see listed to the left. I found that traditional medicine could not help me. After researching and investigating multiple alternative forms of treatment, I discovered BHRT. This therapy significantly improved the quality of my life, and changed the focus of my career in medicine.

I am conservative in my approach to BHRT. I replace only deficit hormones identified through comprehensive testing, thus creating a customized treatment plan to help my patients achieve optimum health and a balanced lifestyle. I look forward to working with you to help you achieve these goals.

For more information, or to request an appointment, contact:

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The Beauty of a Same-Day Smile

Time for a Dental Implant Update

THOMAS JACKSON, D.D.S.
COSMETIC AND IMPLANT DENTISTRY



Thomas Jackson, D.D.S., is advanced-trained in periodontics and periodontal prosthesis. Dr. Jackson is a board certified periodontist and the founder of The Chicago Center for Cosmetic & Implant Dentistry. He lectures nationally and internationally on issues relating to dental implants and cosmetics. Dr. Jackson is an associate professor at Northwestern University's Feinberg School of Medicine.

Dental implants are considered the best treatment approach to treat dental problems such as missing teeth, periodontal disease, advanced dental decay, and failing fillings. Many patients that I meet on consultation are initially reluctant to accept dental implant treatment, as they have been told that they will need to use an uncomfortable, removable appliance such as a denture or retainer during the implant healing phase. At The Chicago Center For Cosmetic & Implant Dentistry, a treatment approach is utilized in which your smile can be restored to beauty and function the *very same day* that teeth are removed and the dental implants are placed.

Dental implants can be thought of as a 'tooth root' replacement. Quite simply, the dental implant provides root-like support for a replacement tooth or groups of teeth. In the past, in order to replace a tooth, or groups of teeth, required the dentist to either grind away perfectly healthy adjacent teeth, or it required the patient to accommodate to removable teeth which are unsightly, uncomfortable and are difficult to chew with. It is known that the damage to adjacent teeth with these older treatment techniques leads to a lifetime of time-consuming and costly maintenance and at times, the eventual loss of these teeth.

The main advantage to dental implants is that teeth can be replaced without damaging adjacent teeth, therefore not committing adjacent teeth to a lifetime of troubles. When considering the maintenance of dental implants however, the usual problems associated with teeth are not encoun-

tered. Because dental implants never get dental decay, they never need root canal treatment. Also, they do not break and they do not suffer from periodontal disease bone loss like teeth do, and therefore can provide a lifetime of service with minimal maintenance.

The modern dental implant has been used successfully for more than 50 years. Although there have been many changes to the design of the original dental implant and the manner in which the tooth attaches to it, the surgical steps have remained essentially unchanged. The usual protocol is that the bad tooth is pulled and the extraction socket is allowed to heal. Next, the dental implant is surgically placed into the jaw bone and allowed to heal, and finally, the replacement tooth is affixed to the top of the dental implant.

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Although there have been many changes to the design of the original dental implant and the manner in which the tooth attaches to it, the surgical steps have remained essentially unchanged.
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This treatment sequence can often take well over a year to perform. During this period of healing and tooth fabrication, the patient has an option to either go without teeth or use an uncomfortable removable denture. Today, at The Chicago Center For Cosmetic & Implant Dentistry, dental implant treatment time can be greatly reduced and the

missing tooth replaced in a manner that is not removable and won't cause damage to adjacent teeth.

The state-of-the-art in implant dentistry utilizes the healing potential of the extraction socket and the bio-technical advances of the dental implant itself. This new treatment approach has been very well-studied and found to be successful. Today, once a 'hopeless' tooth is identified, the tooth is removed gently and the dental implant is placed immediately into the extraction socket. Once the dental implant is placed, a temporary tooth is placed directly onto the dental implant foundation. The advantage of this technique to the patient is that there is no need to use a removable denture, and by placing the dental implant and temporary tooth immediately after the removal of the tooth, the natural appearance of the tooth emerging from the gum-line is maintained.

Not everyone is a candidate for this treatment approach. A thorough examination and a consultation are needed by a dental specialist with experience in providing this unique and advanced level of implant treatment.

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The Advantages of High-Tech Dentistry

JAMES T. GAVRILOS, D.D.S., P.C.
ESTHETIC AND RESTORATIVE DENTISTRY

Technology has found its way into every corner of our lives. Apple is an excellent example of a corporation that introduces what seems to be an endless array of high-tech products that we include in our daily routines. They package the technology in a way that creates benefits for the owner and makes it simple to use. The dental profession also has corporations that offer advanced technologies that help to enrich the patient's dental health and office experience. Here is a review of the latest options to know about.

DIGITAL RADIOGRAPHY

This is fast becoming the norm in most dental offices. Sensors for taking digital X-rays have a much higher sensitivity level than the traditional X-ray film. The patient benefits because radiation exposure is down by a remarkable 80 percent. The dentist benefits because he can see the X-ray instantly. The environment also benefits because there are no toxic chemicals that are required for developing film. The cost of the system is a deterrent, but once invested, it pays off every day it is used.

TMJ (JAW JOINT) DISEASE

This disease strikes millions. The latest studies on the disease encouraged the development of the NTI (Nociceptive Trigeminal Inhibition), which is FDA-approved. The NTI is a small mouth guard that takes advantage of a protective mechanism that your body has for teeth. When we bite down hard on our back teeth, the large muscles near our temples bulge and contract to their maximum for chewing and grinding. When just your front teeth are touching, these muscles can only generate about 10 percent of their maximum force. The NTI mouth guard uses your body's protective

mechanism to help reduce the forces on the TMJ during sleep, giving millions relief from their TMJ symptoms.

HIGH-TECH PORCELAIN

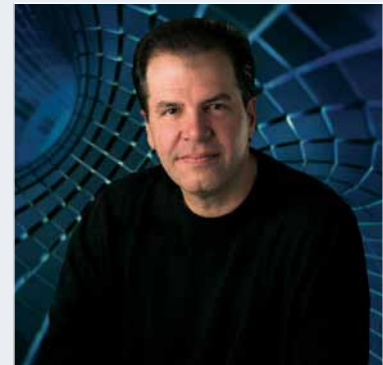
Lithium Disilicate is the newest porcelain product available for the fabrication of crowns and veneers. Its high strength coupled with its translucency has made it the material of choice for dentists looking to create an undetectable restoration. It does not require a metallic base like the traditional crowns did. This eliminates that dark gray line that so many patients see at the gum line. It also allows for light to transmit completely through the tooth, which makes the crown or veneer virtually undetectable.

LIGHTING

In the past, dentists relied on the light that hung over the dental chair in order to light up the patient's mouth. The reason the light had handles on it is because it always needed to be adjusted in order to illuminate the area the dentist was trying to see. High intensity discharge (HID) lamps are the latest technology to come to the dental field and eliminate this problem. This lighting became popular in luxury automobiles more than 10 years ago. Advances have made it small and light enough so that the dentist can have it attached to his glasses. This helps reduce the stress on the dentist and shorten appointments for the patient.

IMAGING SOFTWARE

Dentistry has evolved from a need-based to a want-based service. Now more than ever, patients are asking for treatment that can change the appearance of their smile. The patient has an idea as to what they want their smile to look like, but cannot always put it into dental terms. The



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latest dental imaging software allows the dentist to take pictures and perform virtual dentistry so that he can show the patient what to expect. Whitening, closing spaces, fixing chips, and changing size and shape can all be performed in the virtual world so that the patient and dentist can discuss the final treatment. Once the virtual dentistry is approved, it can be sent along to the dental technician as a guideline so that there will be no surprises with the final smile.

Technology will continue to find its way into every corner of dentistry offering great results. Patients and dentists will both have better esthetic results, shorter treatment times, and greater predictability.

If one or more of these symptoms are present, contact your dental health professional for a consultation.

- Do you have a crown that appears gray at the gum line?
- Do you wake up with a headache or neck ache?
- Do you have a porcelain veneer or crown that keeps breaking?
- Have you had cosmetic work that did not turn out the way you expected?

For a consultation on these concerns, or for a general check-up, contact:

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Your Health & Safety Come First

AMY DERICK, M.D.
DERMATOLOGIST

Do you know that your skin is one of your body's major organ systems? Let's say you have a problem with your circulatory system (heart, blood, and blood vessels). Would you seek treatment from someone with superficial medical education, training and experience? No. You would care too much about your health and safety. Unfortunately, some people don't give the same high concern about health and safety to their skin—perhaps because the skin is visible, familiar, and seemingly resilient. However, serious danger lurks when people have their skin treated or injected at malls, salons, and day spas where procedures are often conducted by unsupervised non-core providers. Everything goes well until something goes wrong.

Sometimes, potential patients of cosmetic treatments such as Botox[®] or Dysport[®] injections, dermal fillers, chemical peels and laser rejuvenation do not realize such treatments are actually *medical* procedures with serious associated risks and potential complications.

Patients can experience side effects such as burns, scars, infections and pigmentation disorders when undergoing certain cosmetic treatments performed by unsupervised non-physicians or physicians who do not specialize in dermatology. Inadequately trained providers do not have the qualifications to determine and perform the proper treatment, nor can they properly respond to serious complications that may arise.

Patients are urged to seek the expertise of a qualified medical/cosmetic provider who has had advanced training, experience, and actual results that reflect demonstrated dexterity and artistry. In this regard, dermatologists and dermatologic surgeons are rigorously trained in anatomy, physiology and skin color so that complications can

be avoided or recognized at the earliest stages to prevent serious or permanent problems. With comprehensive expertise pertaining to the health and function of your skin, your board certified dermatologist is best equipped to help you fully understand your treatment options, the associated risks and relative benefits of various approaches—and can most safely perform your treatment. At Derick Dermatology, patients may view their procedures and the expected results in advance, thanks to a high-tech simulation camera.

SAFEGUARDING YOUR HEALTH & SAFETY

Here are some important steps to take before undergoing cosmetic treatments:

- When choosing a provider for your cosmetic treatments, inquire about that professional's qualifications, medical training and clinical experience. Don't assume anything.
- Don't be fooled by lower prices designed to attract business. Often low pricing comes with a "catch" such as a small discount for a portion of a treatment that altogether will cost much more. More importantly, you may endure more cost and pain in the long run if things do not go as expected from treatments by an unqualified provider.
- Always ask to see "before and after" photographs for the procedure you are interested in obtaining. Make sure these photographs depict procedures actually performed by your provider, and are not images provided by a marketing company.
- Ask questions about your procedure and its suitability for you and your skin type. Inquire about your options, the risks and expected results. Find out who will be conducting your procedure and what will be the course of action if there are any complications.



Dr. Amy Derick is a board certified medical and cosmetic dermatologist in Barrington. She is the founder and director of Derick Dermatology, LLC, which serves the dermatologic needs of nearly 22,000 patients throughout the Chicago region since 2006. She is an Instructor of Clinical Dermatology at Northwestern University's Feinberg School of Medicine. Dr. Derick is a featured speaker at Cosmetic Bootcamps[®] around the country, where she trains fellow dermatologists, facial plastic surgeons, plastic surgeons and ophthalmologists to safely and properly perform non-surgical cosmetic treatments. Dr. Derick was honored with the 2011 William Fremd High School Distinguished Graduate Award.

For two patient safety videos featuring Dr. Amy Derick:

→ *Trust Your Dermatologic Surgeon -*
VISIT: <http://www.asds.net/2011videos/>

→ *Who Should Be Providing Your Cosmetic Treatment? -*
VISIT: <http://www.youtube.com/watch?v=IprGCjmlxow>

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- A properly trained potential provider should ask you several questions about your medical history to find out if there could be any complicating issues affecting the outcome of the treatment, including allergies to medication, previous surgeries and family history.
- You are in the driver's seat, so trust your instincts and only go with the most reputable provider.

In the quest for a more youthful, beautiful appearance, don't risk your health, safety or happiness. Choose the most skilled medical professional to perform your cosmetic treatment. To find a qualified dermatologist, visit: www.aad.org or www.asds.net.

Colon Cancer is a Silent Killer

NCH MEDICAL GROUP
(NORTHWEST COMMUNITY HOSPITAL)
GASTROENTEROLOGY/INTERNAL MEDICINE

Patients frequently ask, "Why do I need a colonoscopy if I am having regular bowel movements and feel fine?" The simple answer is that there are no reliable symptoms in the early stages of colon cancer. Unfortunately, by the time symptoms do occur, the cancer may have already progressed to an advanced stage. The more advanced the colon cancer, the lower the chances for a cure.

Colorectal cancer is the third leading cause of cancer mortality. A screening colonoscopy is the best way to catch colon cancer early, when 93 percent of cases can be cured. During a screening colonoscopy, patients are sedated so that there is no anxiety or pain when I examine the inside of the colon with a thin, flexible lighted tube with a tiny video camera on the end that sends pictures to a TV screen. If tiny growths, called polyps, appear, I can immediately remove them and have them tested.

SO WHY DO PATIENTS RESIST HAVING A COLONOSCOPY?

Many patients who know the importance of early detection still have a hard time making the appointment for a screening colonoscopy. Common concerns are that the procedure will be painful or embarrassing. Some patients believe that the procedure requires several days off from work, while others have heard war stories from friends or relatives who may have had a colonoscopy before improvements in the preparation made the process much easier.

HERE'S WHAT I TELL MY PATIENTS TO ALLAY THEIR FEARS:

The dreaded preparation is actually much easier and less complicated than you might think. You just need to follow a special diet and take a specific laxative to clean out the colon. Granted, it's

no picnic to have to stay close to the bathroom, but it's really not that bad.

At the outpatient Gastroenterology Center at Northwest Community Hospital, where I perform colonoscopies, your privacy and sensitivity is extremely important. After registration, patients change into a warm hospital gown and are set up in an area with privacy curtains. Discretion is a top priority for staff, so embarrassment is not experienced.

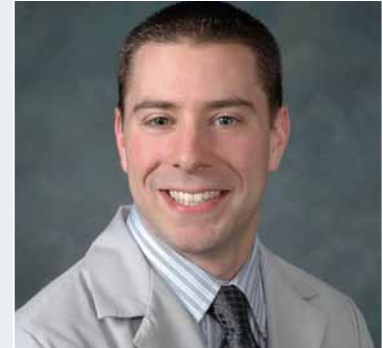
General anesthesia is normally not required. Patients are under conscious (twilight) sedation, so you feel no pain, sleep through the 30 minute procedure, and most patients don't even remember having the procedure performed.

Many patients choose to work on their "prep day" since the bowel preparation does not truly begin until the evening prior to the test. The only day patients require off from work is the day of the procedure. By the next day, you are ready to head back to work.

ABOUT VIRTUAL COLONOSCOPY

When patients hear "virtual colonoscopy" they think that this procedure is easier and less invasive than the regular colonoscopy. That's not the case.

Prior to a virtual colonoscopy, patients must complete a bowel preparation to clean out the colon, just like prior to a colonoscopy. The procedure is performed in the radiology department, instead of the outpatient GI Center. A small, flexible tube is inserted into the colon and air is pumped through the tube to make the colon bigger. Once that is done, patients go into an MRI or CT scanner to complete the test. Patients are not sedated for this procedure. They need to follow instructions by the radiologist to remain still and hold their breath during certain times throughout



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the imaging process.

The main reason I don't recommend the virtual colonoscopy is because when polyps are found during this test, the patient is then recommended to undergo a colonoscopy for evaluation and removal of the polyps. This requires a second bowel preparation and a second day off from work. When patients understand that double testing is a possibility, they usually opt for the colonoscopy which allows for simultaneous diagnosis and treatment.

When to Schedule:

THE AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY recommends having your first colonoscopy screening starting at age 50, and repeating at least once every 10 years if no polyps were found. You may need to repeat the colonoscopy earlier than 10 years if polyps were found or if you develop other symptoms, such as blood in the stool, a change in bowel habits, unexplained abdominal pain, anemia, or weight loss. These symptoms don't necessarily point to colorectal cancer, but warrant further investigation by your doctor. If you are due for a colonoscopy, please don't delay. It's not as bad as you might think, and the procedure really might save your life.

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Advance Care Planning

HOSPICE AND PALLIATIVE CARE OF NORTHEASTERN ILLINOIS

HOSPICE AND PALLIATIVE CARE

Advance Care Planning (ACP) involves discussing and documenting directives regarding health care and treatments, and selecting someone you trust to advocate for these goals and wishes. It's the gift of someone knowing your health care desires that may speak on your behalf, in case you can't.

Hospice and Palliative Care of Northeastern Illinois (HPNI) offers assistance to help people navigate the ACP process. One of the first steps is to create an Advance Directive (AD). HPNI guidance will be provided as to writing down what matters most concerning quality of life and desires about continuing or withdrawing medical treatments, and how to share this with family members. Your physician should be included in any discussions about treatment options.

TYPES OF ADVANCE DIRECTIVES

There are three types of Advance Directives. The first, a living will, informs doctors about the individual's wishes regarding the use of life-sustaining treatments in the event a patient can no longer make decisions. The second is appointing a Health Care Power of Attorney (HCPOA) – a trusted person (spouses or family members may not be the best choice) that will make health care decisions when the patient is not able. The difference between the living will and the health care power of attorney is that the living will expresses the patient's wishes but does not appoint an agent to carry out these wishes.

The third, *Five Wishes*, combines the elements of the living will with the appointment of the HCPOA in one document. This step-by-step

planning document focuses on communicating personal, emotional and spiritual needs, as well as medical wishes. It also provides an avenue for talking with family, friends and physicians about medical treatment in the case of serious illness. A critical component of completing the Advance Directives should be a discussion of care options for individuals with serious and/or life-limiting illness. Comfort care, also known as hospice, provides medical, physical, emotional and spiritual care for both the patient and family members. One of the most frequent comments heard from patients/families is, "I wish I had known about Hospice sooner. My mom's quality of life improved greatly with Hospice."

COMFORTING CARE

After the diagnosis of a life-limiting illness, patients and families can benefit from the focus on expert care, comfort, symptom management and quality of life offered through hospice care. Care will usually take place in the patient's home, but can also be provided in a nursing home, assisted living facility, or residential care facility. The patient's physician can continue to play an integral role while the patient is in receiving hospice services.

The hospice team, which works together to promote maximum comfort and independence for the patient and the family, can consist of:

- Physicians and registered nurses (for pain and symptom management);
- Licensed social workers (for counseling and emotional support);

- Chaplains and spiritual counselors;
- Integrative therapists (specializing in art, music and massage therapies);
- Certified nursing aides (hands-on, personal care and companionship)
- Grief counselors provide support after the loss of a loved one.

Choosing hospice care does not mean giving up hope; rather, it focuses on redefining life. Add Advance Care Planning to your New Year's resolutions and begin the conversation today.



A PLAN FOR LIFE

Since 2001, Bob Lee of Barrington, a 70-year-old cancer survivor, has ridden 9,754 miles on his bike throughout the U.S., raising money for cancer and ALS research, and to promote hospice awareness. In 2012, Bob plans to ride from Canada to Mexico along the west coast of the U.S. to help build awareness of advance care planning.

"Advance Care Planning is an important part of *life planning*, just as is financial planning," explained Bob, whose passion for hospice grew from the care and compassion his mother received while in hospice. "This is one of the phases we will all go through, and we can make it much easier for everyone if we express our wishes with family members while we can."

Bob acknowledges that people don't want to hear the words, *end-of-life care*. "This is an education process," Bob shared, "and we are not spending the time and energy to discuss our Advance Care Plans. While this is important for the patient, it is also very important for the family."

HPNI is a not-for-profit organization serving McHenry, Lake, Cook, Kane, DeKalb, DuPage, Boone, Kendall, Will and Winnebago counties. It is celebrating its 30th year of service. HPNI is Medicare-certified and accredited by the Joint Commission. HPNI offers: Home Health Care, Hospice Care, Pain Management, Grief Support, Pediatric Care, and Advance Care Planning, regardless of ability to pay. *Call us if:*

- You or a family member has been diagnosed with a serious or terminal illness and are no longer responding to medical treatment
- When a patient's desire is to move from a treatment plan focused on curing the disease to one focused on comfort and pain management
- You have lost a loved one and are finding it difficult to cope

Hospice and Palliative Care of Northeastern Illinois

405 Lake Zurich Road, Barrington • 847-381-5599 Referrals: 224-770-2489

www.hospiceanswers.org • Open 24 hours a day, 7 days a week, 365 days a year

Common Sense Medicine

KAMRAN HASHEMI, M.D.

COMPLEX INTERNAL AND INPATIENT
MEDICINE • GERIATRICS

Turning 50 in most professions marks the beginning of the slow march to retirement. Quite to the contrary, a contemplative physician at 50 begins a daily journey of professional enlightenment. Similar to a fine Bordeaux or a well-aged tawny port, nothing prepares a physician to care for patients better than time and experience; and nothing except time and experience demonstrates to the self-aware practitioner the utter simplicity of our current health care crisis and the complete lack of anything even resembling common sense in the daily practice and delivery of health care in the United States.

I often wish Andy Rooney had been a physician – a doctor curmudgeon so to speak, pointing out to the nation common sense problems in medicine that make no sense, as he did so brilliantly for a lifetime on “60 Minutes.” For example, why are pill bottles stuffed with cotton?

My philosophy is that the practice of medicine needs a good dose of common sense. As a group, physicians order too many tests, prescribe too many medications and spend too little time actually listening to our patients. If a physician takes the time to listen to their patient’s story, at some moment the patient will in their own words tell the physician exactly what is wrong with them. Often, even patients do not want to accept the common sense solution to a medical problem.

If I could, I would limit my practice to senior citizens. I adore Geriatrics. They are the most enjoyable group of patients. My favorite medical pastime is to take my geriatric patients off unnecessary medications. Here’s why: I trained and lived in New York City 10 years and helped develop “Doctor’s-on-Call.” I made over 10,000 house calls in the five boroughs of New York City and witnessed firsthand, as I sat at my patient’s

kitchen tables, the chaos of medication bottles. Without the benefit of a \$200,000,000 double-blind study, it was simply common sense that every patient I saw was not taking the medications correctly. I am a physician, with a reasonable memory (unless you ask my wife), and if I needed to take two pills, three times a day, I would mess it up.

A few weeks ago, I had a new adorable patient come to my office. She had moved back into the area to be near her family. At 90 years of age, she was stunning, her gray-blue hair perfectly sprayed by her beautician, her French nails perfectly manicured, and her clothing clean and elegant. She had no complaints and just wanted to establish care. I reviewed her medication list and I bit my lip, my lovely 90-year-old new patient, who was just meeting me and really had no reason to trust me, was taking more than 30 pills a day, and she weighed 106 pounds with all her clothes on. I wanted to stop all her medications. But, everyone wants every ailment covered with some treatment or pill.

I believe in medications when correctly prescribed for the right condition, in fact some of the medications we have available now are truly miracles. However, common sense should rule and there is no way that any 90-year-old person needs or can tolerate 30 pills a day. She weighed 106 pounds and was on two medications to lower her cholesterol! Again, I wish I had Dr. Rooney’s help; at age 90, why do we even care what the cholesterol is?

After fifteen minutes of talking, she did admit she always felt tired and dizzy. This was my chance. I took a deep breath and said, “I am not the smartest doctor, and I am sure all these medications are important in their own way, but 30 pills a day is just too many medications and



Kamran Hashemi, M.D., grew up in Arlington Heights where his father was a surgeon at Northwest Community Hospital. He attended Rolling Meadows High School, Northwestern University, and Northwestern University Medical School, and did post graduate training in New York City. Dr. Hashemi specializes in common sense solutions to Complex Internal Medicine, Hospital Medicine and Geriatrics.

maybe it is the combinations of all these medications that is making you feel tired and weak.”

She nodded her head, turned to her daughter and said, “You see I don’t need all these damn pills.” She turned to me and very firmly declared, “I like you, start cutting.” She left my office on three pills a day.

As our President and Congress struggle hopelessly for solutions to the high cost of medical care, they might consider one simple and inexpensive solution, indeed, a doctrine our great nation was built upon ... common sense.

Common Sense Medicine Tips

- Every time you see your physician, review your medications and make sure there is a common sense reason, that you understand, why the medication is needed.
- Every time a physician wants to start a new medication or order any diagnostic test ask for three common sense reasons, that you understand, why you need to take the drug or have the test and make sure it makes common sense.
- And for all our sakes, someone figure out why they jam all that cotton in the medicine bottles.

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Interventional Pain Management Can Be the Answer for Chronic Pain Sufferers

J. NNAEMEKA ONWUTA, M.D.
INTERVENTIONAL PAIN MANAGEMENT

Thousands of people around the country live with chronic pain. It could be the dull pain related to headaches, the crippling pain of fibromyalgia, or pain that originated with trauma to the neck or back from an old sports injury or accident. The physical effects of chronic pain include tense muscles, limited mobility, a change in appetite and an overall lack of energy. Prolonged physical effects can lead to emotional issues such as depression, anger, and anxiety.

Chronic pain is best described as persistent pain that lasts longer than three months or beyond the expected period of healing and is not relieved by standard medical management. Often with chronic pain, normal lifestyles can be restricted or even impossible.

Living with chronic pain, however, should not be the same as living in pain. With today's highly advanced interventional pain management technology there are many ways to treat the pain that does not involve a life reliant on medications.

Interventional pain management is defined by the American Society of Interventional Pain Physicians (ASIPP) as "a discipline of medicine devoted to the diagnosis and treatment of pain related disorders." Interventional pain management is a welcome alternative for individuals who have exhausted traditional treatment methods.

This multidisciplinary approach to relieving, reducing or managing pain starts with your primary care physician. Your doctor will begin by looking for the root cause of the problem, and in many cases refer you to a pain management specialist who will work in collaboration with you and your primary care physician to develop a treatment plan.

A pain management specialist is a doctor board certified in pain management and frequently also board certified in additional disciplines such as anesthesiology, neurology or physical medicine and rehab. The pain management specialist begins by performing a comprehensive physical exam and thorough evaluation of your medical history. This may involve a series of diagnostic tests to rule out other conditions that present similar symptoms. Based on this knowledge, the pain management specialist will develop a treatment plan to help reduce your pain and regain control of your life.

A pain management treatment plan combines interventional treatments, physical and occu-

pational rehab, complementary and alternative methods, and psychosocial support. Key to the success of the treatment, however, is the patient. Without patient cooperation and openness to new treatment methods, successful outcomes cannot be achieved.

According to Sg2, a leading healthcare intelligence organization, studies show that 60 percent of patients in chronic pain management programs experience pain reduction as compared to 25 percent of patients receiving conventional medical treatment. Also, the need for medication can be reduced up to 75 percent.

Depending on the type of pain a person is suffering, there are several interventional procedures that can be used on an outpatient basis, such as epidural injections into the spine, nerve blocks to reduce pain, spinal cord stimulation using electrical impulses, discography that takes an inside look at discs to determine the source of pain, and implantable drug pumps that deliver pain medications right to the source of the problem. Even more advanced techniques and procedures include spinal cord and peripheral nerve stimulator implantation, spinal injections and fracture augmentation procedures such as vertebroplasty and kyphoplasty that involve injecting acrylic cement into the fractured vertebra for stabilization.

Remember that chronic pain sufferers do not have to go it alone. Pain management programs like the one offered at Advocate Good Shepherd Hospital are close to home, and provide the expertise and advanced treatment methods that can put you on the road to a pain-free life.



J. Nnaemeka Onwuta, M.D., is board certified in anesthesiology and pain management and serves as the medical director of Advocate Good Shepherd's Interventional Pain Center. In practice for the past 15 years, he is a member of the Advocate Medical Group and has offices in Algonquin and Barrington. He received his medical degree from the University of Pittsburgh School of Medicine and did his fellowship in pain management at Cook County Hospital. He is a member of the American Society of Interventional Pain Practice, the American Academy of Pain Management, and the American Society of Anesthesiologists. Dr. Onwuta is a delegate to the Illinois State Medical Society and is the former president of the Kane County Medical Society.

Pain management specialist Dr. J. Nnaemeka Onwuta's practice philosophy is to provide competent medical care to patients while treating them with respect, compassion and the utmost devotion to their needs.

Dr. Onwuta recommends starting with your primary care physician when experiencing any pain-related issues.

J. NNAEMEKA ONWUTA, M.D.
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Treating Women and Their Health

By Dr. Jeanne Novas, M.D.

JEANNE NOVAS, M.D.
OBSTETRICS AND GYNECOLOGY

There is a lot of talk and questions about health care these days – some people comment that it's broken. Worries cross our minds. Do we need Obamacare? What about the new technologies? Are they necessary? How can I afford it – it's too expensive?

But isn't our health care important? The answer is: yes. It's 18 percent of our Gross National Product. Our health care is important, but we don't personally notice until we lose our health. And that's where it gets expensive.

So what to do? A simple office visit is around \$100, discounted by insurance to \$60. Get good preventive care from your trusted physician. Bring your list of questions. And take a listen with trust.

CARING FOR YOU

At Drs. Novas, Dohr and Coll OB/Gyn, we have cared for our patients in the community that we also live in for the past 22 years. We have trained at some of the top medical schools in the country. The doctors have added new technologies through the years, are accredited in ultrasound diagnostics, minimally-invasive gynecological surgeries, and offer urinary stress incontinence surgery. Not all gynecologists offer such comprehensive care.

We have also considered other needs of our patients as they arise. Noticing a lack of skin care for our pregnant patients through the years, we also provide various skin treatments and products

ranging from the simple facial and consultation to laser treatments. Massage therapy for mom and baby has many therapeutic benefits. Nutrition and food allergy testing can aid many unsolved health problems. They are available at our office, stemming from our desire to care for our patients in alternative health methods, augmenting your regular gynecological health care.

In some ways, women have the best opportunity for health care. Their needs for prenatal care and birth control cause them to seek a gynecologist that they may see for many years. We are that gynecologist, seeing you through pregnancy, menopause, the abnormal mammogram, the gynecologic surgery, and even advice for your family. Just a simple office visit to a trusted OB/Gyn physician with your list of questions is more effective than that "free" Internet search, the body scan, or an expensive ER visit full of testing.

At Drs. Novas, Dohr and Coll OB/Gyn, we strive to offer all that to our patients: highly-trained physicians with a long-term commitment to our community, and the widest array of specialized services in Obstetrics and Gynecology. With all the new technologies, Internet searches, and medications available, just an annual office visit with your trusted gynecologist, questions in hand, can support a healthy life and keep you knowledgeable on your health care.



Jeanne Novas, M.D., has practiced Obstetrics and Gynecology in the Barrington area and has been a resident of the community for more than 22 years. She is a graduate of Prospect High School, and received a bachelors degree in Chemical Engineering from Purdue University, where she worked on research related to the artificial kidney, and co-authored a paper on thermonuclear heat and mass transfer at Argonne National Laboratories. She received her medical degree from Northwestern University Medical School, and during her residency at Mt. Sinai Medical Center, she co-authored a paper on vaginal delivery after cesarean section. She also was a former owner and physician of the Center for Human Reproduction, the first In Vitro Fertilization office in the area. She is the founding physician of Novas, Dohr and Coll OB/Gyn Associates, and has staff privileges at Advocate Good Shepherd Hospital and St. Alexius Medical Center.

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Understanding Lumbar Spinal Stenosis

GREGORY BREBACH, M.D.
ORTHOPEDICS/ORTHOPEDIC SURGERY

In populations greater than 50 years of age, the diagnosis I see most often is spinal stenosis. Stenosis is a common diagnosis associated with the normal aging of the spine. Most people have heard of stenosis, but few understand what it is and how it affects patients' day-to-day lives.

Stenosis of the spine is defined as a narrowing of the spinal canal. This occurs through the aging of the spinal elements. These elements include the disc, ligaments, and facet joints that work together to support the spine and provide it with its mobility. As the discs degenerate, ligaments and joints grow in size and the area available for the spinal elements to travel from the groin to the limbs decreases. Essentially, arthritic changes in the back cause the stenosis to worsen. The nerves traveling through this degenerative area do not appreciate the loss of space or area and become inflamed or "pinched" – and symptoms soon follow.

Stenosis presents slowly in a myriad of symptoms. Typically, stenotic pain begins as low back pain or achiness, much like a toothache. Patients often find that anti-inflammatories such as ibuprofen or naproxen are helpful early on. Over time, other symptoms may develop, depending on the severity of the stenosis. These often include buttock pain, leg pain, or "sciatica," numbness and tingling in the thighs, as well as an intolerance to exercise. In severe cases, there is often an inability to walk to the mailbox without a need to stop and rest. Interestingly, the symptoms, even in severe cases, abate with sitting or lying down for a few minutes.

In the great majority of cases, the stenosis occurs in the lumbar spine or the low back. It can occur in the cervical spine, or neck, as well, but this is not nearly as common as lumbar spinal stenosis.

I have found that my patients often perceive that they are having "hip or knee" pain, which in many cases is related to the back. Remember that all the innervation in our hips and knees must travel through the lumbar spinal canal, and that any impingement upon nerves in that area will present as pain in the specific innervated body part. X-rays and likely an MRI of the spine are extremely valuable in the evaluation of lumbar spinal stenosis. It helps me, the physician, to identify the level or site of the stenosis as well as the severity of the problem.

So what can we do about stenosis? First, be sure that you have stenosis; there are many diagnoses that mimic stenosis. They include arthritis of the hip and knee, herniated discs, and arterial or vascular diseases. It's always wise to discuss your symptoms with a medical professional so your treatments can be tailored to your disease. In my office, I usually recommend non-steroidal anti-inflammatories. In more severe cases, where the pain is refractory to nonsteroidal anti-inflammatories, oral steroids such as prednisone may also have a role for shorter timeframes.

One question I like to ask patients is, "How is this affecting your daily activities?" If patients are changing their lives to accommodate the stenosis, more aggressive treatment may be necessary. Typically, if a patient is staying home and foregoing family activities or community gatherings due to the pain, we'll consider epidural injections.

An epidural is a shot of steroid around the nerve that serves to decrease the inflammation that the stenosis causes. Contrary to popular belief, it doesn't reverse the stenosis, so the effect may be temporary. In mild or even moderate cases, they are extremely effective and very safe. In more severe cases, the epidural injection may



Gregory Brebach, M.D., is a part of Lake Cook Orthopedics Associates and is a Diplomat of the American Board of Orthopedic Surgery with a Fellowship in Spinal Surgery.

be less effective. In these cases - again those with incapacitating pain in the low back, buttock, and possibly legs - multiple epidurals may be in order.

If epidurals and other conservative measures fail, surgery is usually curative, and quite safe. The great majority of severe cases can be addressed by a simple laminectomy. This is a surgery that removes the calcium and ligaments that impinge upon the nerves, thereby permanently removing the inflammation and stenosis.

The great majority of patients I see are not surgical candidates. Most people respond to a designed regimen of nonsteroidal anti-inflammatories, physical therapy, exercise, steroids, and possibly epidurals. With some proper care and appropriate activity modification by you, the patient, the treatment of spinal stenosis can be effective, safe, and easy.

Lake Cook Orthopedics & Associates

Frederick G. Locher, M.D.	David S. Schneider, D.O.
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Contact Information

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Healthy Arms

Holding on To What You Love



LORI RISNER OTR/L,
ASTYM-CERTIFIED,
CERTIFIED HAND
THERAPIST

As our dependency on smart phones, computers, and all things digital increase, so does the risk of injury and pain to our hands, wrists and elbows. Combine that with our tendency to be weekend warriors and sports fanatics – and it is only a matter of time before some type of upper extremity pain bothers us. One common cause of pain is tendonitis. Irritation of the tendon can occur at any joint, but more commonly, it occurs at the thumb, wrist, and elbow. Repetitive activities, poor joint mobility and inflammation can lead to scar tissue formation around the soft tissues. For example, an avid golfer who is experimenting with a new swing may suddenly notice pain with lifting his coffee cup. This is due to a change in mechanics, which have now caused increased force on the tendon, making the wrist and forearm muscles work harder. All of this leads to irritation of the tendon. As this response occurs and becomes more chronic, the increase in scar tissue, or fibrosis, leads to a muscle-tendon imbalance.

There is an answer to this pain that does not involve surgery or giving up your pursuit of golfing perfection. Conservative treatment may include: soft tissue and joint mobilization techniques, topical analgesics/anti-inflammatories, taping or splinting, and education on proper body mechanics and joint protection. These non-surgical options can allow you to return to the activities you enjoy.

Better Balance

Treating Dizziness Without Medication



STEPHANIE PACIFICO-LAMUG
PHYSICAL THERAPIST,
TREATS VESTIBULAR
DISORDERS AND
ORTHOPEDIC CONDITIONS

Do you wake up in the morning with a spinning sensation? Are swaying to one side while walking or dizzy when looking at the shelves in the grocery store? These may be symptoms of vertigo (a form of dizziness). Most people will just ignore these symptoms and hope they will resolve on their own. Other symptoms may include nausea, vomiting, sweating, and irregular eye movements. Common causes are an inner ear dysfunction, recent sinus infection or flu, head trauma/concussion, and the normal aging process.

The good news is that most symptoms can be cleared up in two to three visits when treated by a physical therapist that specializes in vestibular rehabilitation. This will help you return to function, often without lingering symptoms of vertigo. The solution may be as simple as turning your head to a specific position, or you may require advanced education on re-training your eye movement. Treatment addresses the inner ear, which is responsible for our sense of position in space and sense of balance. This helps train the brain to compensate for the loss of the function in the ear. The goal is to make your brain work better by exercising it, just as you would make any other muscle stronger.

Can ASTYM® help you?

- The ASTYM® System is a non-invasive treatment process that treats abnormal soft tissue
- The goal: ASTYM® facilitates the body's natural healing process to speed up a return to activity without pain or limitations
- The treatment is only provided by certified therapists who use patented instruments to evaluate and treat the tissues
- Patients are encouraged to continue with their normal activities to facilitate a functional pattern of movement for the tissues; over time, this remodeling will decrease the risk of re-injury.

Speak with your doctor, or consult your local occupational therapist or physical therapist for an injury screening to see if conservative treatment is right for you. To schedule a physical or occupational therapy appointment, or a complimentary injury screening, please contact:

ACCELERATED REHABILITATION CENTERS
455 W. Northwest Hwy.
Unit A • Barrington • 847-381-0372
www.acceleratedrehab.com

Common Questions in Orthopedics

MIDWEST BONE & JOINT
INSTITUTE

ORTHOPEDICS/ORTHOPEDIC SURGERY

SHOULD I USE ICE OR HEAT?

A general rule is to use ice for 20 minutes out of the hour for the first 48-72 hours following an injury. The idea is to decrease blood flow, which in turn reduces pain and swelling. Heat increases blood flow and aids in healing. But, you should not use heat during the initial phases of an injury. Heat is recommended for chronic injuries or those that have no inflammation or swelling.

I TORE THE ROTATOR CUFF IN MY SHOULDER, DO I NEED SURGERY?

It depends on the type and size of the tear along with the amount of pain and disability it is causing. Initially, the goal is to treat most rotator cuff tears with anti-inflammatory medications and physical therapy. A rehabilitation program can help improve range of motion, increase shoulder strength and decrease pain. An injection of cortisone can decrease inflammation and pain. Although most partial rotator cuff tears may not require surgical repair, complete tears and those that fail conservative treatment usually do require surgery. Rotator cuff tears are fixed surgically with minimally invasive techniques, which decrease post-operative pain and shorten recovery time.

WITH ACTIVITY, MY KNEE GIVES OUT. WHY DOES THIS HAPPEN?

Instability or "giving out" is most commonly caused by two conditions: 1. Kneecap (patella) instability. Meaning, the kneecap moves too freely and does not track properly. When this occurs, a person experiences pain and the sensation of the knee giving way. 2. A ligament injury. Most commonly, an Anterior Cruciate Ligament (ACL) tear, which is usually associated with a traumatic event (many times involving an audible "popping" sound), followed by knee swelling and pain.

WHY DOES MY KNEE MAKE SOUNDS WHEN I BEND IT?

Everyone's joints can make noises with motion. It can be related to the unevenness of the joint surface (arthritis) or excess swelling (fluid) in the joint. When these noises are associated with pain it is advisable to seek medical attention.

ARE THERE ANY NEW WAYS TO TREAT TENDONITIS/OVERUSE INJURIES?

Platelet Rich Plasma (PRP) Therapy is a minimally invasive injection used to treat many common orthopedic conditions such as tendinitis and muscle injury. A PRP injection is prepared by taking a patient's own blood and isolating a high concentration of platelets. Platelets are a normal component of blood that play a significant role in



The physicians of the Midwest Bone & Joint Institute have been caring for patients in the Barrington area since 1981. All physicians are board certified/eligible and fellowship trained in a subspecialty. They are: (In front, from left) Dr. Fister, Dr. Gitelis, Dr. Kogan, and Dr. Savino. In back, from left: Dr. Stanley, Dr. Alpert, Dr. Cannestra, Dr. Palmer, and Dr. Seeds.

helping recruit cells that repair tissue and speed the rate of recovery. PRP Therapy is used to treat tennis elbow (lateral epicondylitis), golfer's elbow (medial epicondylitis), Achilles tendonitis, rotator cuff tendinitis, plantar fasciitis and patellar tendonitis. It can lead to higher rates of healing, faster rehabilitation and a quicker return to athletics. The procedure is less expensive than surgery and can potentially improve tissue healing and get patients back to activities quickly and safely.

WHEN WILL I KNOW IT'S TIME TO GET MY HIP OR KNEE REPLACED?

This answer is different for each person. Many non-surgical treatments are available and are typically offered before replacement is considered. Once your surgeon has given you the diagnosis of a painful joint due to arthritis and offered a joint replacement as a solution, the choice is up to you.

WHO SHOULD I HAVE PERFORM MY JOINT REPLACEMENT SURGERY?

All hip and knee replacement surgery is performed by orthopedic surgeons. Some physicians complete an additional year, called a Fellowship, to gain expertise in the specialized field of joint replacement. More importantly, studies show that surgeons who perform at least 100 joint replacements per year have a much higher rate of patient satisfaction and a much lower rate of complication.

This guideline is not location dependent as a University Center has no advantage over your community hospital when your surgeon is experienced.

WHY SHOULD I GET AN EPIDURAL FOR MY BACK PAIN? WON'T I NEED SURGERY ANYWAY?

Epidural steroid injections can offer long-standing pain relief, sometimes for years. The complication rates associated with injections are much lower than surgery. However, it does not make sense to continue injections if they are not working. As a general rule, if the first two or three injections have not helped, then additional injections should not be attempted. Also, short-term relief from an epidural can indicate that surgery will be beneficial.

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Renewing Body Image Through Breast Restoration

RENEE BURKE, M.D.

PLASTIC SURGERY • BREAST RESTORATION

A woman's sense of femininity is intimately related to the appearance of her breasts. A loss or disfigurement of the breast can arise as a result of a mastectomy or lumpectomy, a defect present since birth, or as an undesired outcome of a previous cosmetic surgery. In the past, a woman's options for restoration were limited in the ability to achieve a natural looking and natural feeling breast. New techniques, materials used in surgery, and design in breast implants have given the plastic surgeon an opportunity to provide a woman with beautiful results.

When the need for complete restoration of the breast or overall improvement of breast shape is needed, a silicone gel breast implant is most commonly recommended. The most important issue of breast restoration surgery is the patient's safety, and very few devices in medicine have received more attention or undergone more research and testing over the past 30 years than the current generation of silicone gel breast implants.

After numerous studies showing long-term safety, silicone gel breast implants received U.S. FDA approval for cosmetic use in 2006, although patients undergoing reconstruction for breast cancer have always been afforded the option of silicone gel implants instead of saline-filled implants. Silicone is advantageous due to a softer, more natural feel of the implant, and today's fourth-generation of implants are further improved with a stronger shell that is designed to prevent any compromise of the implant. The gel is more cohesive (binding to itself) and if the

implant were cut in half, there would be no movement of the gel outside of the shell.

Ample tissue to cover and support a breast implant has long been an obstacle to women. Despite the natural feel provided by silicone implants, patients may have either had the majority of their breast tissue removed during a mastectomy, or may have very thin tissue from multiple prior surgeries, or as a result of heredity. Today, regenerative medicine and the development of bioengineered tissue substitutes, known as acellular dermal matrices (derived from a layer of the skin known as the dermis), provide substantial improvement. These tissue substitutes act as an internal skin graft, initially covering and supporting the implant, and ultimately becoming incorporated with the body's own tissues.

An improvement to a natural looking breast is even further advanced by a plastic surgeon who is experienced in techniques that use a patient's own natural tissues – namely, fat grafting. Fat from the areas outside of the breast, such as the belly or thighs, is relocated to enhance the size, shape, and natural feel of the breast. This technique refines areas of the breast where the edge of the implant may be seen or felt, such as the cleavage. Fat grafting provides a natural solution to improve very thin areas of the breast, and allows the patient to use her own tissue, particularly from unwanted areas of excess fat.

In my view, breast restoration is a chance to enhance a woman's confidence and renew her sense of self. As the number of breast cancer



Renee Burke, M.D., completed plastic surgery training at Vanderbilt University Medical Center, craniofacial/pediatric plastic surgery training at Miami Children's Hospital, and specialized training in aesthetic surgery of the breast, eyes and face with renowned oculoplastic and aesthetic surgeon, Mark Codner, M.D., in Atlanta. Dr. Burke's practice serves Barrington and the Chicago region. She is on staff at Advocate Good Shepherd, St. Alexius, Northwest Community and Sherman Hospitals. Dr. Burke's focus is practicing both adult and pediatric plastic surgery. She specializes in surgery of the breast, surgical and nonsurgical rejuvenation of the face and eyes, and body contouring through liposculpture.

survivors increases (more than 250 million in the U.S.), women are becoming increasingly educated on the innovations and options available to restore a natural appearing and feeling breast. As a result, more women are electing to have breast restoration surgery and to revise the outcome of prior and unsatisfactory breast surgeries.

The new generation of breast implants, the development of tissues engineered to substitute for your own, and the use of your own fat for additional contouring of the breast have shaped an exciting, hopeful new era in breast surgery. These advances have been expanded beyond the breast to other areas of plastic surgery, enhancing the ability of a plastic surgeon skilled in these innovations to make you feel confident, beautiful and whole.

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Treating Depression Without Medication

TMS (Transcranial Magnetic Stimulation) Therapy is an FDA-approved therapy for the treatment of clinical depression that was developed by NeuroStar,[®] a Philadelphia-based firm. TMS is non-systemic (does not involve medications that circulate in the bloodstream) and non-invasive (does not involve surgery).

NAUSHEEN DIN, M.D.

ADULT, CHILD AND ADOLESCENT
PSYCHIATRY



Nausheen Din, M.D. is a licensed physician, specializing in Adult, Child and Adolescent Psychiatry. She is the founder of Barrington Clinical Services. She resides in Barrington with her husband and two children, who attend Barrington district 220 schools. This allows her an invaluable glimpse into the life of our youth from the perspective of a clinician as well as a parent. Dr. Din has completed her Adult Psychiatry Residency training at the Loyola University Medical Center, as well as a two-year Fellowship in Child and Adolescent Psychiatry at the University of Illinois, Chicago, where she served as Chief Resident. Dr. Din is inspired by the words: "Nothing that you do for children is ever wasted." She has worked closely with many school districts, providing them with comprehensive risk-assessments, and participating actively in the growth and progress of our youth. She has been invited to lecture at numerous schools and communities on issues related to youth suicidality. Dr. Din has worked closely with many families in our community. Her effort is to eradicate helplessness in patients and their families, and replace it with a responsible team effort.

As we forge ahead into the start of another year, I am excited to announce that our office is providing a new form of psychiatric treatment known as TMS Therapy. It is the first, and only, non-systemic and non-invasive depression treatment cleared by the FDA. I have put together some basic information about this therapy to help familiarize you with it.

Candidates for TMS therapy are typically adults who have failed to achieve satisfactory improvement from one prior antidepressant medication at, or above, the minimal effective dose and duration in the current episode. Patients who are unable to tolerate antidepressant medications are good candidates. Given the very real fears and frustrations involving the use of antidepressant medication – this option for treatment offers hope to those who continue to suffer the direct and indirect consequences of depression.

A natural response is to ask if this treatment is a hoax. Absolutely not. TMS therapy is scientifically substantiated, and has been approved by the U.S. Food and Drug Administration since October 2008. At least eight of the top 10 nationally renowned psychiatric hospitals have implemented TMS therapy as a viable treatment option. Clinical trials have been promising and support the following:

- 50 percent of patients experience significantly reduced symptoms
- 33 percent of patients report complete recovery

TMS therapy works at the level of neurons (brain cells) and is a form of neuromodulation. It uses a device that delivers highly-focused MRI-strength magnetic pulses to stimulate the prefrontal cortex. This is the part of the brain that regulates mood. A headpiece is placed against the scalp, which then sparks a small arc of electromagnetic activity within the brain, targeting a specific area. This in turn sets off chemical changes in the prefrontal cortex. Neurons in the prefrontal cortex are then stimulated to make more mood-enhancing chemicals, such as serotonin.

Patients often wonder what they can expect to experience during the procedure. On average, each treatment session lasts 37 minutes, with 30 sessions scheduled over a 4-6 week period. TMS therapy does not require anesthesia or sedation. During the session, patients remain alert and free to watch TV, converse or listen to music. They are able to drive themselves to and from the appointment, and return directly to work.

Unlike psychotropic drug side effects (weight gain, metabolic changes, dyslipidemias, sexual dysfunction) or ECT, the side effects associated with TMS therapy are relatively mild and typically resolve within the first week of treatment. They are listed as follows: headaches, and/or scalp discomfort.

Please feel free to contact me should you have any interest, questions or concerns.

If you feel that you or a family member may be a candidate for this procedure, please do not hesitate to request a consultation. Dr. Din and her team can be reached at 847-842-7200

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Your Road to Recovery: Coordinated Care

Meeting Your Health Care Needs in the Right Place at the Right Time

ALDEN ESTATES OF BARRINGTON
BETTY BRUNNER, RN

REHABILITATION AND THERAPY SERVICES

By 2020, an estimated 157 million Americans will have at least one chronic medical condition. These patients will require personalized attention and seamless transitions from one health care setting to another – something not offered in today's health care environment. That is why, in the past year, there has been a national call to action on health care coordination.

In a Medpac report to Congress, "Reforming the Delivery Systems," it was identified that care providers need to coordinate their care services. The report stated that "care providers need to increase care coordination and be jointly accountable for quality and resource use. Poorly coordinated care results in patient confusion over treatment, duplicate service use, higher spending and lower quality of care."

COORDINATED CARE

Today, Coordinated Care is taking on a new meaning – to improve health care outcomes for our patients. By improving Coordinated Care, the physician and patient have better outcomes by eliminating patient confusion, duplicate services, and high spending.

What this means is that all health care providers – hospitals, outpatient clinics, physician offices, post-acute care facilities, home health agencies, rehabilitation centers and the like – must work together to ensure that once a patient leaves their care setting, that there is a safe hand off for you, their patient, and all of your health information.

Your health history and care should be seamlessly coordinated and communicated among all of your health care providers across different care settings so that we are working together to provide care and services to you.

THE PATIENT'S VOICE

Coordinated Care, in addition to driving health care outcomes and communication to physicians and care providers, assures that the patient is heard and what you have said is acted upon throughout treatment and recovery. People of all ages who undergo any type of surgical intervention or are recovering from an illness or injury have the right to express themselves about their care and health care providers need to recognize that hearing the patient's voice is the foundation of recovery.

With one in five individuals returning to the hospital within three weeks of discharge, the patient's voice and knowledge is more critical than ever before in the coordination of care. Who knows your medical condition, prescription medications and test results better than you?

CHOICES FOR RECOVERY

If we want to prevent unplanned rehospitalizations, we all have to work together to implement post-hospital transition care plans that are more patient-centered. The goal should be to reduce 30-day readmission rates and emergency department visits. The choice in the path to recovery for the patient depends upon whether the individual wants to modify their lifestyle, commit to a course of medical interventions, possibly use assistive devices, or whether the patient wants to achieve a maximum level of functioning before returning home.

POST-HOSPITAL RECOVERY

Short-term orthopedic and post-acute care facilities can provide a safe transition from the hospital to home by offering 24-hour care and services to get you back on your feet as quickly and safely



Betty Brunner, RN, BS, LNHA, is the Vice President of Operations for Alden Management Services and is responsible for oversight at Alden Estates of Barrington. She is a registered nurse (RN) and a licensed nursing home administrator (LNHA).

as possible. In a rehabilitation setting such as Alden Estates of Barrington, physical, occupational and speech therapies are offered daily to ensure optimal outcomes. Short-term patients benefit from beautiful surroundings, five-star amenities and fine dining – and stays can be as short as a few days to a couple of weeks. The benefits include 'round the clock nursing care, the ability to get stronger in a structured setting and the comfort in knowing you are being taken care of by a team of highly skilled physicians, nurses and other staff.

Health care providers must work collaboratively with patients to provide the best health care and services so you receive the right care, in the right place, and at the right time during your road to recovery.

Helpful Tips When Being Discharged

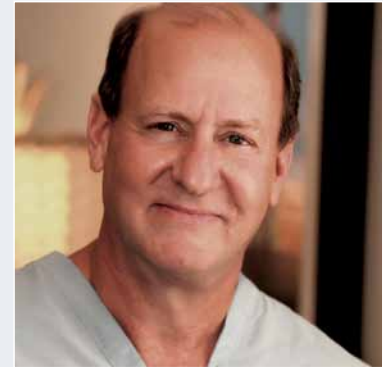
- Communicate with all of your care providers to determine which services are available to you and what you actually need
- On the day of discharge, make sure that you and your family and loved ones receive education on your health care status
- Conduct a review of your past and current medications and check to see if any new prescriptions were ordered
- Make sure you know when you have follow-up physician appointments
- Request a user-friendly Discharge Summary so that you fully understand

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Beyond Cosmetic: The Treatment of Varicose Veins

STEPHEN RIVARD M.D.
VERICOSE VEINS SPECIALIST



Dr. Stephen Rivard M.D., ACP, FACEP, is the Medical Director and owner of Illinois Vein Specialists, S.C., a dedicated vein treatment center located in Barrington. For many years, Dr. Rivard has offered the latest state-of-the-art technology and treatments available for varicose and spider veins. Dr. Rivard holds double board certifications in Emergency Medicine and Phlebology (the study of vein disease). His education and training include a B.S. - Loyola University, Cum Laude with honors; M.D. - Loyola University; Residency - Emergency Medicine, Butterworth Hospital, Mich.; and Fellowship training in Phlebology. Dr. Rivard carries the following board certifications: National Board of Medical Examiners; Phlebology, American Board of Phlebology; Emergency Medicine, American Board of Emergency Medicine; Diplomate, American Board of Emergency Medicine; Fellow, American College of Emergency Medicine.

Over the years you may have been told that varicose veins are only a cosmetic concern, and if they don't bother you or hurt you, you don't need to worry about them. Recent advances have allowed a much clearer understanding in the vital role that veins play in the circulatory system and how vein health contributes to the overall health of the body.

Varicose veins are not the problem! They are a sign of a more important circulatory problem inside the venous system. The disease is "venous hypertension," or high blood pressure inside the veins. The cause of this high blood pressure is the breaking of valves inside the veins and pelvis. The common causes are genetics, years of prolonged standing without the use of support stockings, and in women, pregnancies. Obesity, age and injury can also contribute.

All veins have many one-way valves. They are the reason that blood can make its way uphill from our feet to our heart. When we are standing on our feet, we flatten the veins in our feet, forcing blood upward through these one way valves into our calf muscle. As we take a step, our calf muscles flex the flattening veins inside and again propel the blood upward, and in time, the blood climbs the "ladder" of these valves making its way to the heart. This completes the circle of flow from the heart through the arteries and back through the veins.

In roughly 25-33 percent of the population, however, due to factors listed above, these valves break over time. This typically begins with

the valves in the legs. When standing (and during pregnancy), gravity exerts its downward push on the blood inside the veins. One by one, as the vein valves break, the pressure on the next valve below it increases. Eventually, with most or all of the valves breaking inside the veins, the pressure inside the veins rises to very high levels. This pressure is called "venous hypertension," and when it occurs, the pressure in branch veins connected to the larger veins begins to rise and their valves break in cascading fashion. These branches may bulge through the skin and are known as varicose veins. The more serious problem, however, is when venous hypertension begins in the leg; blood flow from the arteries to veins slows down. This causes the many symptoms that are associated with chronic venous hypertension, that is: varicose veins, leg cramps, heaviness and fatigue, restless leg syndrome, skin rash and dermatitis, and even open sores, ulcerations and blood clots.

TREATMENT AND PREVENTION

Wearing compression hose while standing and maintaining an overall healthy lifestyle is helpful in slowing the progression of this medical condition. Because genetics plays such a significant role, I have seen patients as young as 15 years old with this disease. Those that already have this condition know that rest, elevation, and OTC pain medications help alleviate the symptoms temporarily.

The newest and most efficient treatment that is both safe and permanent in 97 percent of the patients is endovenous ablation and then sclerotherapy of the affected veins. This immediately reverses the venous hypertension and starts the healing process from the moment the patient stands up after the procedure.

In my office we have treated patients from age 15 to 94 with little to no "down time" and a reoccurrence rate of less than two percent. As circulatory flow improves with these treatments, recent studies also indicate an overall improvement in general health as well.

An added bonus – there is also a significant improvement in cosmetic appearance.

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