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Indianapolis
Medical Society
1848

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Bulletin

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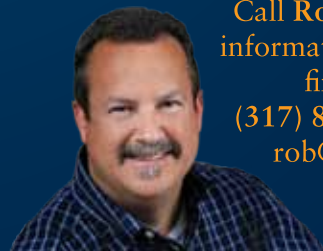
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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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about our cover



On our cover:

"Let food be thy medicine and medicine be thy food." Hippocrates

Featuring good foods for patients, physicians, families everyone. In the greater Indianapolis area many people have access to wonderful Farmers Markets ... from the

Downtown City Market to organized locations to the gorgeous small stands in neighborhoods.

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President's Page *Richard H. Rhodes, MD*

“Let food be thy medicine and medicine be thy food.” Hippocrates



“Let food be thy medicine and medicine be thy food.” Hippocrates

Food is the most elemental and elementary part of our lives, and yet people are confused about something as simple as what/how to eat. Food has become complicated and the consequences are unhealthy. For example, examine the ingredient list on the side of a loaf of bread, a package of crackers, or a box of cereal. Some of us remember a meal back in the 1950s or 60s – a piece of chicken, a fresh vegetable, and probably a potato or pasta.

If the potatoes were mashed, they were mashed with whole milk and real butter. Then along came margarine, and the fast march to food becoming complicated began. We have reached the point where we cannot pronounce and do not understand the ingredients that are listed on the packaging of the foods we buy.

To guide us in making better food selections, we have scientifically-based nutrition information. Nutritionists have given us an understanding of how the nutrients in food allow us to grow, develop, think, and perform. Researchers have determined the underlying mechanisms of how foods promote normal health and disease prevention. Dieticians are able to guide us through the food maze by telling us which foods provide benefits that go far beyond basic nutrition. We know how fiber, fluids, and good bacteria maintain a healthy digestive tract and work to lower fat and sugars in the blood. Bones need calcium; brains need fatty acids; antioxidants are needed to boost the immune system, and we have a variety of good-tasting, simple foods to meet those needs.

The elemental simplicity of the good things found in food is overshadowed by the addition of chemicals – pesticides, fertilizers, hormones, preservatives – used to grow food, get the food to market, and increase the shelf-life of those products. Industrial processing and travel time do not necessarily make for the healthiest, let alone tastiest, food options. Plants that are bred to travel well are not bred to taste good.

Many patients coming to doctors' offices, clinics, and hospitals come from neighborhoods largely devoid of grocery stores selling healthy foods, neighborhoods filled with fast food outlets and small convenience stores selling processed foods. Poor and middle class families often live in food deserts where unhealthy food is cheaper and more plentiful than healthy food. As a result, they suffer disproportionately from higher rates of obesity and related diseases. A wonderful effort to bring fresh, affordable fruits and vegetables to these desert neighborhoods in Marion County is Indiana University Health's Garden on the Go™. For more information visit: iuhealth.org/gardenonthego or March 2012 *Bulletin, In Summary*, page 22.

The food industry is listening to consumers who seek multiple ways to enhance their health, to prevent disease, and to promote healthy aging. More and more commercial food producers are altering their products in response to the public's request for healthier food choices. Brick and mortar stores are responding to the trend to provide healthier options with ever larger selections of organic and chemical-free produce and hormone-free meat and poultry. Many are supporting local farmers by contracting for seasonal produce.

How do we get back to the elemental and the elementary understanding of food and promote healthy eating? Simplicity is the key to supporting the body through good nutrition. Food

purchasing and preparation should not be complicated. Eating a good variety of foods ensures an adequate amount of most essential nutrients. Our biggest challenge is to get people to simply add more fruits and vegetables to their shopping bags because they provide the nutrients and fiber most often missing from the average American diet.

One of the best sources we have in central Indiana for finding the finest in simple, astonishingly delicious foods are the local farmers' markets. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts as part of a healthful diet are likely to have reduced risks of chronic diseases, including stroke and perhaps other cardiovascular diseases and certain cancers. Markets, by their nature, supply foods in peak season when flavors are at their best. People will eat more fruits and vegetables if they taste better. A strawberry from a local farmer tastes nothing like one shipped from California or Argentina. A strawberry is supposed to leak red juice when cut. A tomato should drip juice down your chin. Eggs can have a rich, unique flavor. A free-range chicken raised on a local farm on organic feed will have a far more distinctive and characteristic flavor than a chicken raised on a factory farm. Nothing else should taste like chicken.

Vendors at farmers' markets respond to consumers' desires for simplicity and wholesomeness. Most markets have a number of vendors who also offer fresh, prepared food selections to take home or to eat on site. Compare their ingredient lists to the lists for similar products from a supermarket, and you will find the difference between elemental food preparation and mass production food preparation. Patrons at farmers' markets can ask the vendors for details of how their products were produced and processed. By talking to the person who grew or raised the food it can be determined if the produce is chemical-free or if the animals were raised without hormones.

For a map of local farmers markets in your neighborhood visit: <http://www.mapwith.us/map/m/V3071/indianapolis-farmers-markets>

Local farmers are expanding their range of crops and thus bringing a wider variety of locally produced offerings to market. They are investing in structures that will broaden the production season so there will be access to fresh, local fruits and vegetables earlier in the spring and later into the year. As a result of this trend, the Binford Farmers' Market at 62nd and Binford Boulevard (binfordfarmersmarket.com) is looking for a permanent home that will allow the market to run year round.

We are fortunate to live in an area where Community Health Network has partnered with Binford Redevelopment and Growth, Inc. (BRAG), a neighborhood organization in the northeast corner of Marion County, to support and expand the Binford Farmers' Market. Kas Vargo, President of BRAG, is excited with this partnership and for the opening of the outdoor Binford Farmers' Market on May 5. Along with interest in the local goods promoted by the Market, BRAG is encouraging redevelopment of the area to incorporate trails that connect the community. In this way, residents can access the offerings of the connected neighborhoods which encourage healthy lifestyles through exercise, relationships with neighbors, and healthy eating.

“Let food be thy medicine and medicine be thy food.” Hippocrates



“Road Spotters”

When I was a kid, which is longer ago than I would like to admit, we spent the better part of one summer working on a project and then enjoying the fruits of our labor. My parents lived on top of a really, really tall hill overlooking the idyllic meandering Fall Creek. Our driveway was curvy, steep and a leg-burning, lung-killing experience when you were riding your bike up the hill, but it was pure bliss going down the hill.

One summer, a group of us got together and decided that we would build a “soap box derby” car and take it for a spin on “the hill.” This endeavor required everybody pitching in and bringing their expertise and spare parts to my house while we sat in the sunshine and put together from scrap lumber, four different wheels, rope, and nails, a functional car.

The hard part was making the steering mechanism and the brakes. You needed to be able to steer or you would fly off into Fall Creek and you needed some kind of brake mechanism because the hill was WAAAAY too big to go down without some mechanism to keep the wheels on the payment going into the turns. The steering was done with ropes on either side of the wheels and not attaching the axel too tightly so there was enough play to get a little left hand turn.

The brakes were a little bit more difficult to design, but we really didn't need to stop; just slow down enough that we could negotiate the turns. We finally came up with the design of nailing a piece of wood to the side of the car and using it like a lever to cause friction on the ground to slow us just enough to make the turns. We would have to replace the wood periodically because the friction would wear it down.

The car required many people and parts to put together and it also required all those people in order for one person to get to ride down the hill. You see, we had to have spotters down on the road and half way up the hill and at the top. The road spotters would look and check for traffic and would signal half way up the hill the “all clear” and that would then be relayed to the top of the hill where the car would be push-started. The road spotters had an added, but vital, responsibility to stop traffic if a car did decide to come by after the rider had begun their journey downward.

We spent many a day dragging the car up the hill and flying down. Everybody would get their turn and the summer zoomed by. The next year, we were on to other endeavors, but that summer taught a valuable lesson; i.e., ***You can accomplish great things when you work as a group!***

None of us had enough parts to build a car on our own. We needed lots of ideas and trial and error to develop our steering and brake mechanisms. Now, even if we had a perfectly engineered and built car, none of us could have ridden it; if, we didn't all pitch in and man our stations along the driveway to ensure the safety and success of the ride. A well organized, focused group can get things accomplished that would be

difficult or impossible for individuals. The Indianapolis Medical Society is such a group.

In 2012, Medicine is fragmented and frequently under attack. But we have a group that can stand on the road and watch out for us and help us build the vehicle that will carry us into the future. We all need to bring our spare parts, ideas, hopes and efforts together. The Indianapolis Medical Society (IMS) is a clearing house for ideas and a platform for action. If you don't believe that, then the next time you go to the Indianapolis Zoo, check out the handicapped accessible playground. The IMS saw a need, garnered the funds, found a place, and built the playground. That playground is busier than the elephant exhibit!

The IMS decided that the uninsured working poor of Marion County deserved better access to healthcare. So, IMS got together a larger group including hospitals, labs, computer services, and has donated \$20 million dollars in service to care for fellow Hoosiers.

Membership requested that IMS offer an insurance product different than what was being offered by the state association. Thus, IMS can now give their doctor members a choice in health insurance for their offices.

Sometime in the last few decades, we have stopped “joining.” This phenomenon is not just doctors. All Americans have become less involved in groups. The book “Bowling Alone” discusses this trend in detail.

The shame, in my opinion, is that medicine has not benefited from our isolation. I think we are more quick to judge, and less collegial to each other.

Now more than ever, we need a group we can depend on to serve as a “road spotter” to watch for traffic. The IMS is that group. The administrative arm of the Society implements the physicians' strategic plans.

The benefits of joining the IMS are many. I think we are more open-minded, better informed and more collegial to each other. We, of course, have power in numbers and we can offer free referrals; our own competitively-priced health insurance with Advantage Health Insurance; DocBookMD, a HIPAA-compliant way of texting each other about patients; a fixed-price collection agency, Transworld System, with a guarantee for collection; free \$100,000 air travel insurance; partnership with personnel staffing agency, Favorite Healthcare Staffing; private banking; and an opportunity to participate in Project Health, the healthcare system for the uninsured working poor of Marion County.

There are many benefits in joining IMS. I would like to thank each of you for being part of the group!

A handwritten signature in black ink that reads "Paula A. Hall, MD". The signature is written in a cursive, flowing style.

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From left to right: Sandra Dolny, PA-C; Jocelyn Bush, MD; John Fitzgerald, MD; Edward Kowlowitz, MD; Alina M. Clavijo-Passik, PhD; Sheila Abebe, FNP, PhD
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Bulletin Board

Michael H. Fritsch, MD, Otolologist-Neurotologist, published a peer-reviewed journal article on “Contemporary Sialendoscopy and Lithotripsy” in *Otolaryngologica*.

Christopher S. Weaver, MD, (photo unavailable) was named chief medical officer by Wishard Health Services. He was vice president of clinical and business integration at Wishard. He is also an associate professor of emergency medicine at the IU School of Medicine.

Adam J. Fisch, MD, JWM Neurology, recently published the second edition of his book (Oxford Press), *Neuroanatomy: Draw It to Know It*. Using this book, the reader draws each neuroanatomical pathway and structure, creating memorable and reproducible schematics for the various learning points in Neuroanatomy.

Jeffrey M. Rothenberg, MD, Clinical Associate Professor, President of the Medical Staff, IU School of Medicine, was on the Scientific Committee and moderator for “Cancer Screening in Primary Care: Problems and Prospects at the Dialogue for Action™ on Colorectal Cancer Screening: Today’s Progress, Tomorrow’s Challenge” meeting in Baltimore, Maryland in March.

C. William Hanke, MD, was awarded the Gold Medal at the 70th Annual Meeting of the American Academy of Dermatology, in San Diego, on March 18, 2012. The Gold Medal is the highest honor given by the Academy. Dr. Hanke served as President of the Academy in 2008-09.

Mark Holbreich, MD, a Board Certified Indianapolis allergist recently returned from the annual meeting of The American Academy of Allergy where he presented two sessions on the diagnosis and management of eosinophilic esophagitis. He also presented his original research on the prevalence of allergic disease in Amish children in Indiana. This research has been accepted for publication in *The Journal of Allergy and Clinical Immunology*.

Stephen R. Klapper, MD, an ophthalmic plastic and reconstructive surgeon with Klapper Eyelid & Facial Plastic Surgery, co-authored book chapters on “Enucleation, Evisceration, Secondary Orbital Implantation and Evaluation and Management of the Anophthalmic Socket” in *Smith and Nesi’s Ophthalmic Plastic and Reconstructive Surgery*, Third Edition published in March, 2012.

Tod C. Huntley, MD, CENTA, was an invited speaker for two recent meetings. He was a faculty member for Surgery, Sleep & Breathing V, the annual meeting of the International Surgical Sleep Society, in Venice, Italy. His topics were robotic tongue base reduction for obstructive sleep apnea and hypoglossal nerve stimulator implantation for OSA. He also lectured at Michigan State on advanced sleep apnea surgical techniques at a combined meeting for the residents in the Michigan ENT residency program.

Dr. Huntley recently addressed the Johns Hopkins University Whiting School of Engineering’s Biomedical Engineering Department. His talk was on “Current Applications and Future Directions in Robotic Head and Neck Surgery Research.”

He is enrolling patients in FDA clinical trial for treatment of moderate to severe obstructive sleep apnea. This phase 3 pivotal trial is for CPAP-intolerant subjects and involves a hypoglossal nerve stimulator implant. All costs are borne by the sponsor, Apnex Medical (www.apnexmedical.com). If you have a patient who might be interested in the study, you may email Dr. Huntley at thuntley@centadocs.com.

Rick C. Sasso, MD, Indiana Spine Group, authored an invited manuscript published in *Orthopedic Knowledge Online*, published by the American Academy of Orthopedic Surgeons. The article was an update on the treatment of cervical radiculopathy and specifically treatment with cervical disc arthroplasty.



Nicholas M. Barbaro, MD



Aaron A. Cohen-Gadol, MD



Adam J. Fisch, MD



Michael H. Fritsch, MD



Daniel H. Fulkerson, MD



C. William Hanke, MD



Mark Holbreich, MD



Tod C. Huntley, MD



Stephen R. Klapper, MD



Robert A. Malinzak, MD



Michael S. Morelli, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Mitesh V. Shah, MD



Frank P. Troiano, MD

He also served as a faculty member at the fifth annual Cervical Spine Research Society hands-on cadaver course, “Cervical Spine Decompression and Stabilization Techniques,” which was held in St. Louis, Missouri. He also lectured on surgical techniques for the treatment of cervical radiculopathy and taught the cadavers modules regarding cervical decompression and stabilization.

From Goodman Campbell Brain and Spine...

Nicholas M. Barbaro, MD, chairman of the IU School of Medicine Department of Neurological Surgery and vice president of Goodman Campbell Brain and Spine, published two articles in the January 2012 issue of *Epilepsia*: “Radiosurgery for epilepsy: clinical experience and potential antiepileptic mechanisms” and “Factors associated with seizure freedom in the surgical resection of glioneuronal tumors” as well as “Epilepsy surgery trends in the United States, 1990-2008” in *Neurology* in March 2012.

In the journal *Neurosurgery*, Dr. Barbaro published, “Long-Term Seizure Control Outcomes After Resection of Gangliogliomas” in February 2012 and “Extent of surgical resection predicts seizure freedom in low-grade temporal lobe brain tumors” and “A National Fundamentals Curriculum for Neurosurgery PGY1 Residents: The 2010 Society of Neurological Surgeons Boot Camp Courses” in the April 2012 issue.

He published, “A meta-analysis of predictors of seizure freedom in the surgical management of focal cortical dysplasia” in the *Journal of Neurosurgery*, February 2012.

Aaron A. Cohen-Gadol, MD, published “Intraoperative stereoscopic 3D video imaging: pushing the boundaries of surgical visualization and applications for neurosurgical education” in *Journal of Neurosurgery* in March 2012 and “Diagnostic and surgical challenges in resection of cerebellar angle tumors and acoustic neuromas” in February’s *Surgical Neurology International*

In addition, he published “The human calvaria” in *Childs Nervous System* in April 2012. In February 2012, in the *Journal of Neurosurgery: Pediatrics*, he published the article, “Histological analysis of the third ventricle floor in hydrocephalic

Continued on page 30

New Members

Banitha, Smriti, MD

St. Francis Medical Group
Indiana Heart Physicians
5330 E. Stop 11 Rd.
46237-6345

Ofc – 893-1900*

Fax – 893-1901

Internal Medicine, 2006

Cardiovascular Disease, 2009

Clinical Cardiac

Electrophysiology, 2011

Indiana University, 2003

Krishnan, Sheila, DO

Resident – I.U. School of Medicine

Internal Medicine

University of Michigan, 2005



Presson, Robert G., Jr., MD

I.U. Anesthesia Associates

1120 South Dr., #204

Fessler Hall

46202-5135

Ofc – 274-0275

Fax – 274-0256

Pediatrics, 1986

Anesthesiology, 1987

Critical Care Medicine, 1989

Vanderbilt University, 1981

Rao, Vijay U., MD

St. Francis Medical Group

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5330 E. Stop 11 Rd.

46237-6345

Ofc – 893-1900*

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Internal Medicine, 2009

Cardiovascular Disease, 2010

Medical University of

South Carolina, 2002

Sharma, Subhash C., MD

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Oncology-Hematology Specialists

8111 S. Emerson Ave., #101

46237-8601

1300 W. Jefferson St.

Franklin, 46131-9120

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Internal Medicine, 1998

Medical Oncology, 1999, 2009

Hematology, 2000, 2010

Delhi University, India, 1979

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Jeffrey Crecelius, MD
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Daniel Fulkerson, MD
Randy Gehring, MD
Peter Gianaris, MD
Eric Horn, MD, PhD
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Michael Pritz, MD, PhD
Richard B. Rodgers, MD
Carl Sartorius, MD
Mitesh Shah, MD, FACS
Scott Shapiro, MD, FACS
Michael Turner, MD
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Robert Worth MD, PhD
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John Scott, MD

Physical Medicine and Rehabilitation

Amy Leland, MD
Nancy Lipson, MD

Interventional Pain Management

Christopher Doran, MD
Anthony Sabatino, MD, FIPP
Jose Vitto, MD
Derron Wilson, MD

Neuropsychology

Donald Layton, PhD



William H. Dick, MD

Speaker: Giles R. Hoyt, PhD *Germans in Indiana*

Dr. Hoyt hails from western New York but is surely a Hoosier now. He earned his BA and MA from the State University of New York at Binghamton. He then traveled to the University of Illinois and completed his PhD studies in 1973. He first came to IUPUI in 1976 and has been here ever since. He is Professor Emeritus of German and Philanthropic Studies at IUPUI and Director Emeritus of the IUPUI Max Kade German-American Research and Resource Center. Giles spoke German growing up at home in New York (he stated that “he was monetarily rewarded by his grandparents.”)

Giles Hoyt has won many awards and has published quite a few articles. Dr. Hoyt has been an officer and board member of the Athenaeum and is one of its biggest supporters. He is a board member of the Sister Cities; the sister city of Indianapolis is Cologne, Germany. A few years ago, Giles was honored by Germany with its highest civilian award, the *Bundesverdienstkreuz*, the Federal Cross.

Max Kade, who was a German immigrant, came to the United States in 1907. He was the inventor of a cough syrup, which was named “Pertussin.” Germans have been known in the United States for several centuries; Germantown, Pennsylvania was founded by Mennonites in 1683. Pennsylvania had religious freedom and that encouraged immigration for some people, especially the Old Order Amish and the Anabaptists. Other religious groups to seek a home in the U.S. were the Lutherans, Methodists and Catholics. This was one wave of immigration, according to Dr. Hoyt, and they were followed by other migrations in the early 1800’s, 1840’s and 1880’s.

In Indiana, Germans settled in the southeast section of the state, the Jasper area and in Ft. Wayne. Many came to Indianapolis on the National Road, which was founded in 1811 and was finished to Vandalia, Illinois in the late 1830’s. They also arrived via the Erie Canal to the west end of Lake Erie, at Toledo, Ohio, and then down the Maumee River to Ft. Wayne. In that city, the Germans drained the marshy fields as they had done back home. Now the area is covered with lush farms. Another route to Indiana was the Ohio River, with the city of Cincinnati a major site of German settlement. From Madison, Indiana, Germans and others traveled to Indianapolis beginning in 1848, on the first rail service west of the Allegheny Mountains.

People emigrated from Germany before there was a German State in 1870. Giles, a friend of mine from many wine and food societies, told us that they came for economic freedom, religious

freedom and avoidance of the five year military obligation. Many Germans landed in the USA after the 1848 Revolution in Europe failed to bring the intended democratic reforms. The German people who came to the U.S. were mostly from the middle class, were educated and had a trade or skill. With them, they brought their dedication to hard work and their love of education, physical exercise, music, dramatics and mechanical skills. Americans learned crop rotation and the building of a proper barn from the German settlers.

One famous German settlement in Indiana is Oldenburg in southeast Indiana. It was founded in the late 1830’s and incorporated in 1869. A second area is in southwest Indiana, in New Harmony, founded by George Rapp in 1814. Nearby in Dubois County, founded in 1818, Jasper was made the county seat in 1830. German Catholics populated Jasper after 1838 when Fr. Joseph Kundek was transferred to that area. He wrote to German newspapers in Cincinnati and Louisville and asked the citizens of German descent to write letters to their families in Germany in order to follow the immigrant trail to southwest Indiana. It worked, as mass migration occurred to Jasper. There is a wonderful museum in Jasper in Dubois County, Indiana. The Shipshewana area in northeast Indiana hosts Amish and Mennonite communities. The original settlers of the area came from Germany.

Germans in Indianapolis at times were 33% of the population and contributed to music, architecture, the field of physical exercise in school and the brewing of beer, of course. In some counties in southeast and southwest Indiana, the percent of Germans reached 70%. In Indianapolis, there were many German clubs and newspapers. The celebration of music was a major pastime of German settlers, even on Sunday, much to the annoyance of the descendants of the New England Puritans. Dr. Hoyt demonstrated on a map of the USA, the areas of German migration. They rarely settled below the Mason-Dixon Line and they traveled all the way to Montana. Germans make up a majority of the populations of the Dakotas.

Germans are largely responsible for some major buildings in Indianapolis. Many lived in the Lockerbie area and they helped build the Soldiers and Sailors Monument, the Athenaeum (Das Deutsche Haus) and the Scottish Rite Cathedral. Giles Hoyt’s presentation was very well received and there were many questions for him. A former student of Dr. Hoyt, attended as a guest of his father, one of the retired physicians.

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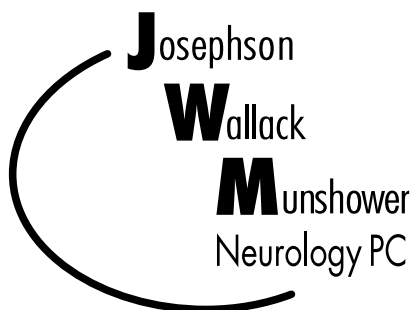
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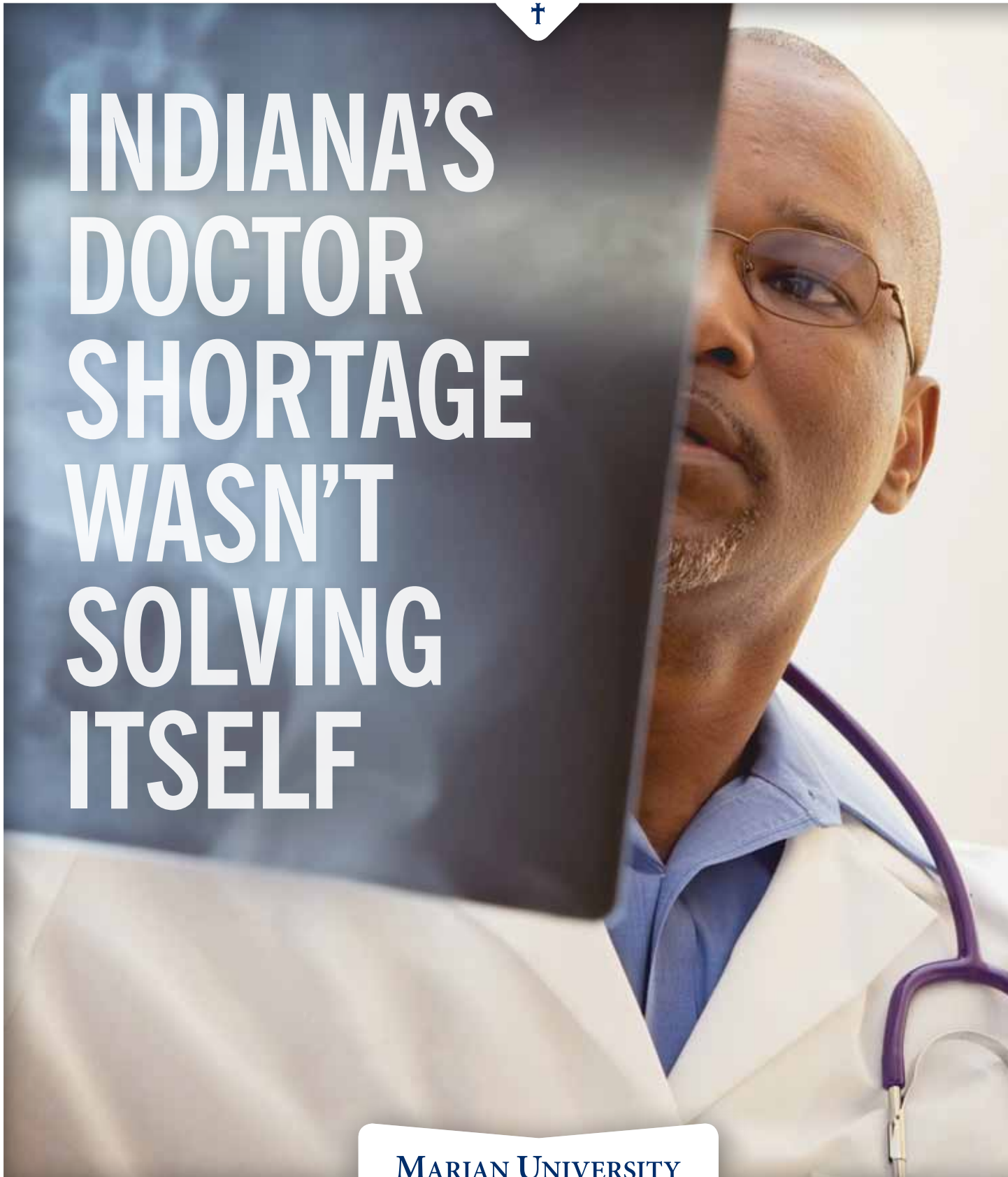
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Special Feature

– Stephen W. Perkins, MD

The Opportunity to Rebuild a Patient's Nose

In April of 2010, 38-year-old Inge KoolSuiker's life changed drastically. For this happily married mother of two young children, an everyday activity turned into a life-altering accident that would require multiple surgeries and take her across the world to Indianapolis. Living in Zoeterwoude, Zuid-Holland, she and her husband, Bas, were riding their bikes home one night when an accident occurred. "My own bike had a flat tire, so I had to use a spare (very small) bike. Probably due to something on the road, I accidentally pushed against the handlebars with my knee, causing the bike to stop immediately. I landed with my face on the curb of the sidewalk," Inge said.

Inge was not an inexperienced cyclist out for a joy ride. She cycles everywhere, as biking is a way of life in the Netherlands – just as driving is in the U.S. "Bike riding is very popular here. We hardly use the car, as everything (work, school, shops) is in a radius of five miles and done by bike. When the kids were in daycare, I used to have one in a front seat and one on the back. Almost everywhere are cycling paths," she said.

The facial/nasal injuries that resulted from Inge's accident were severe. The lower third to one-half of her entire nose was "sheared off". She essentially lost the entire tip of the nose and most of the bridge. She also had other injuries including a broken eye socket, ruptured tongue, torn upper lip, broken cheekbone, missing teeth, and her jaw was broken in half. A Good Samaritan who knew first aid stopped and stayed with them until the ambulance arrived. Inge then underwent a six-hour surgery at Leiden University Medical Center. The surgeons did the best they could under the circumstances, but future options to repair her nose were not promising. The first option presented to her was a nasal prosthesis, which is functional but not esthetically pleasing. The other option was reconstruction; however, no surgeon in the Netherlands had the expertise needed to perform this surgery at a level that was needed.

One of Inge's doctors, Leiden University Medical Center's Chief Facial Plastic Surgeon, Dr. Capi Wever, suggested that she meet Dr. Stephen Perkins for a nasal reconstruction consultation. Dr. Perkins (a colleague of Dr. Wever's) was on a lecturing trip as a "Guest of Honor" featured faculty for the 15th Annual European International Rhinoplasty meeting in Amsterdam and was able to meet with Inge. "These were the most severe trauma accident injuries I have ever seen. Normally something this severe (see "pre-op surgery" photos) is a result of the removal of nasal skin from cancer. Being a young woman, she wanted an option that did not involve a prosthesis. I showed her some

examples of nasal reconstruction to give her an idea of the outcome she would have. I also provided her names of other U.S. facial plastic surgeons that are experts in this surgery and encouraged her to seek their opinions before making a decision," Dr. Perkins said.

In the end, Inge chose Dr. Perkins. She packed up and traveled to Indianapolis with her husband for one month, leaving their children in the care of her parents and in-laws. An initial nasal reconstruction was performed in stages by Dr. Perkins at the Meridian Plastic Surgery Center that entailed a forehead flap procedure combined with rib cartilage nasal framework reconstruction. Dr. Perkins initially formed an internal nasal lining, formed the structural framework then used the forehead skin flap for extended skin covering the dorsum and tip. The surgeries were three weeks apart because the vascular bridge of the forehead flap was taken down as the next step. Within this short timeframe, Inge literally had her nose back. "Dr. Perkins gave me my face back again, and I will never be able to put in words what that means to me. I came to Indy without a nose and left with a complete face. They worked miracles with me," Inge said.

Interestingly, Inge's healthcare plan paid a significant portion of her surgery in Indianapolis due to the limited expertise that was available in the Netherlands. "Despite recent advances there, they still lag behind in facial plastic and reconstructive surgery technique capabilities. Care is limited because of their universal healthcare plan," Dr. Perkins said.

Dr. Perkins has since performed two more procedures on Inge while in the Netherlands to fine tune the initial reconstruction. In April of last year he took down the internal flap of the nose so that she could have an airway. This past February he did one additional procedure to shorten her nose and improve her nostrils. There may be one more surgery down the road to refine the nostrils. Dr. Wever assisted during both of these operations. "Dr. Wever invited me to the Netherlands three and one-half years ago to teach surgery at Leiden. I helped him develop advanced surgical skills. Now he is teaching fellows and other head/neck facial plastic surgeons advanced techniques in revision rhinoplasty and facial rejuvenation procedures. It has been a wonderful experience to work with him," Dr. Perkins said.

He concluded that Inge's is one of the most challenging cases he has ever performed. "It's wonderful to have the ability to give a person their nose back – their life back. This is one of the pinnacles of my surgical career," Dr. Perkins concluded.

Traumatic evulsion loss of nose from bicycle accident. A fully reconstructed "new nose" giving Inge her "life back" with rib cartilage grafting and a forehead flap.



Front view photo – Pre and post-op showing no nasal tip and restored nasal lobule.



Lateral view photo – Pre-op showing complete loss of tip and half of nasal bridge. Post-op showing complete restoration of nasal lobule and bridge.



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CME & Conferences

Community Health Network

Community Hospital East

First
Wednesday Critical Care Conference
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Second
Wednesday Medical Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Third
Wednesday Neuro Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth
Thursday Medical Grand Rounds
Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North

First
Wednesday Pediatric Grand Rounds
Multi Services Rooms 1 & 2
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First
Friday North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Fourth
Thursday Psychiatry Grand rounds
7250 Clearvista Dr.
Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

Community Heart & Vascular/ Indiana Heart Hospital

First
Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
TIHH MCV Boardroom Videoconference to
CHE Bradley Boardroom &
CHS Education Center Rm. 2-1910
7:00.- 8:00 a.m.

Third
Wednesday Ken Stanley CV Conference
TIHH MCV Boardroom Videoconference to
CHE Bradley Boardroom &
CHS Education Center Rm. 2-1910
7:00 - 8:00 a.m.

Fourth
Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
TIHH MCV Boardroom Videoconference to
CHS Education Ctr. Rm. 2-1910, 7:00 - 8:00 a.m.

Cancer Conferences

Community Hospital East:

First & Third
Wednesdays East General Cancer Conference
Medical Staff Conf. Room, 12:00 to 1:00 p.m.

Fourth
Wednesday East Multidisciplinary Breast Cancer Conference
Medical Staff Conference Room
7:00 to 8:00 a.m.

Community Hospital North

First & Third
Tuesdays North Multidisciplinary Breast Conference
8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.

First
Wednesday North Chest Cancer Conference
8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.

Third
Wednesday Melanoma Cancer Conference
8040 Clearvista Parkway, Suite 550, 7:30 - 8:30 a.m.

Community Hospital South

Third
Wednesday South Multidisciplinary
Breast Cancer Conference
Community Breast Care Center South,
533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

May 1 Lean Six Sigma for
Healthcare Improvement Workshop
IU Health North Hospital, Carmel

May 4 15th Annual IU
Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

May 8-10 Biostatistics for Health Care Researchers:
A Short Course
Health Information and Translational
Science Building (HITS), Indianapolis

May 11 Second Annual IU Neonatology Symposium
Fairbanks Hall, Indianapolis

May 21 10th Annual Conference on Health, Disability, and
the Law: Obesity and Stigma
Wynne Courtroom, Inlow Hall, Indianapolis

May 25 Thirty-Eighth Annual Wishard Memorial Lecture
University Place Conference Center, Indianapolis

July 14-21 97th Annual Anatomy and Histopathology of the
Head, Neck and Temporal Bone
IUPUI Campus
Medical Science Building, Indianapolis

July 20 Review and Interpretation of the 2012 ASCO Meeting
University Place Conference Center, Indianapolis

Nov. 2-3 20th Annual Trauma/Surgical
Critical Care Symposium
University Place Conference Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

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Watch for further details!

CME & Events

Indianapolis Medical Society

- May**
 15 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg
 TBA MSE Board Meeting, Society, 6:15 pm, Sandwiches
- June**
 6 ISMA BOT, 1:00 pm, ISMA Headquarters
 13 Senior/Inactive Luncheon Meeting, 11:30 am, Society
 16-20 AMA House of Delegates Annual Meeting, Chicago, IL
 19 Executive Committee, Society, 6:00 pm, Sandwiches
 TBA Project Health Board Meeting, Society, 6:00 pm, Light Meal
- July**
 17 IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg
 31 7th District Annual Meeting, Victory Field,
 1st Base Terrace, 5:30 pm
- August**
 21 Executive Committee, Society, 6:00 pm, Sandwiches
- September**
 12 Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA
 14 ISMA BOT, 12:30 pm, Indianapolis JW Marriott
 14-16 ISMA CONVENTION, JW MARRIOTT HOTEL
 18 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg
- October**
 16 Executive Committee, Society, 6:00 pm, Sandwiches
- November**
 4 IMS Advisory Breakfast, 7:30 am ... prior to ISMA BOT
 4 ISMA BOT, 9:00 am, ISMA Headquarters
 10-13 AMA House of Delegates, Honolulu, Hawaii
 20 ISMA Board of Trustees, 9:00 am, ISMA Headquarters
- December**
 12 Senior/Inactive Luncheon Meeting, Noon, Society TBD
 18 Executive Committee Holiday Dinner, with Spouses/Guests

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Project Health



Carrie Jackson Logsdon, Director

Thank you, Dr. Nate Thepjatri



Nate Thepjatri, MD, from Community Breast Care is Project Health's doctor of the month in May. His parents came to the United States from Thailand where his father became a specialist in Internal Medicine and Infectious Disease, and his mother was the office manager. Dr. Thepjatri was born and grew up in the suburbs of

Chicago. The family spoke Thai and English. He said there are a lot of family members who remain in Thailand, and his family frequently visits them. However, growing up in Chicago he said was a lot of fun. "There were so many things to see and do, plus it is very multicultural." He became a Bears fan early in life.

He credits his family as being role models. "There I learned family values and respect for others." Dr. Thepjatri said, "growing-up for 18 years in the Midwest, I wanted something different in college, with a great education and opportunity for personal growth." Dr. Thepjatri graduated with honors from the University of California, Berkeley, majoring in Biochemistry and Molecular Biology. "I really liked studying the body, health, physiology, plus the healing side. There you really need compassion and attention to the human side of medicine." At Berkeley, he was the President's Research Fellow and belonged to Phi Beta Kappa.

Dr. Thepjatri graduated as a Dean's Scholar from the University of Southern California, School of Medicine. He started in internal medicine and switched to surgery. "After I started I liked the technical aspects of surgery." He went back to Chicago to complete his residency in

Internal Medicine at Rush Presbyterian St. Luke's Medical Center and did another residency in general surgery at the University of Iowa Hospitals and Clinics. His fellowship in breast surgical oncology was completed at Baylor University Medical Center in Dallas. He is Board Certified with the Society of Laparoendoscopic Surgeons, the American Board of Surgeons, and in Breast Ultrasound from the American Society of Breast Surgeons.

After his fellowship he was looking to practice in a city that had a good balance of city life, but not overwhelming like LA. He found that here in Indianapolis. "I was looking for a program that would allow me to focus on what I do, and this practice really has the deep commitment of patient care and does an excellent job of treating breast cancers."

Dr. Thepjatri urges other physicians to go ahead and volunteer for Project Health. He has seen four PH patients in the last five years. "I think if something is important it shouldn't be any bother. The goal is to provide care by whatever means it takes. It's just the right thing to do. I feel a sense of duty to provide care to those who don't have the means. Think about your purpose and mission. The impact is very minimal to your practice and you can save lives – THAT has a huge effect and meaning."

The Project Health staff tends to get very close to our cancer patients. Many of them have a hard time putting their thanks and gratitude to you into words. But we see the tears and hear of miraculous stories. You not only saved their lives, but kept them from selling everything and declaring bankruptcy. You and your partners save families. You all ARE miracle workers. Project Health can't thank you enough for helping to extend quality health care to all.

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See page 26 in this Bulletin for more information.

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Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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Richard H. Rhodes (2014)
Jodi L. Smith (2014)

Alternate Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott

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Nancy R. Baird (2012)
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John Duplantier (2012)
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Mark U. Kyker (2012)
Terry L. Layman (2012)
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Mark R. Ogle (2012)
David M. Ratzman (2012)
Jeffrey M. Rothenberg (2012)
Beata E. Samuel (2012)
Steven Richard Smith (2012)
Abideen Yekinni (2012)

Robert J. Alonso (2013)
David S. Batt (2013)
Daniel J. Beckman (2013)
Craig S. Cieciora (2013)
Marc E. Duerden (2013)
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In Memoriam



Fred Sanders MD, PhD
1923 - 2012

Dr. Fred Sanders, 88, died March 28, 2012, at his home. He was born April 10, 1923, in The Bronx, New York.

His youth was abruptly halted by World War II. Dr. Sanders proudly served in the US Army from 1943 to 1945.

After the war, he moved to Bloomington, Indiana, to attend Indiana University on an academic scholarship. As he had his entire life, Dr. Sanders excelled in academia. He graduated from IU in 1949 with a Bachelor of Science degree with High Honors.

Dr. Sanders then moved to Muncie, New York, where he joined the research team of Lederle Laboratory. In 1958, he was admitted to the prestigious New York Academy of Sciences. Of particular note was the publication of a research paper in *SCIENCE*, a highly regarded publication whose list of contributors included Albert Einstein. Encouraged by his success as a research scientist, Dr. Sanders earned a joint PhD in biochemistry and an MD from the University of Texas, Galveston. He held the distinction of graduating not only with a double degree, a rarity at that time, but also with graduating as the number one student in his medical class.

Dr. Sanders was accepted in a residency program in general medicine at Marion County General Hospital (now IU Hospital).

In 1963, he opened a private medical practice on the northwest side of Indianapolis practicing there until his retirement at the age of 76.



Attention IMS Members – Special Voting Notice

Formal Board Action the ONLY way to vote for Leadership is online; further, a tally will indicate how many people you have voted for, and you will receive a confirmation upon completion.

**Now is the time to nominate a colleague or yourself for a leadership position.
email: ims@imsonline.org**

**Voting will begin July 2012.
Additional notices will be provided via *Bulletin*, eBulletin and eBlasts.**

Recycle & Raise Money for the IMS Foundation!

Your IMS Foundation/Project Health has recently joined forces with a company called Planet Green Recycling that gives organizations money in exchange for things like old cellphones, printer cartridges, Palm Pilots, GPS devices, MP3s, iPods, and small electronics, which they recycle.

Planet Green reports that they have raised \$40 million dollars for charities.

It's Easy to Participate: Set up a box in your office where staff can drop in items (there must be at least 20 items). Call Carrie at 262-5625, or email her at carrie@imsonline.org, and she will send you a prepaid UPS label.

Encourage everyone in the office to bring in items from home that are no longer used but may be taking up space in drawers. Don't just throw printer cartridges in the trash when you can help not only the IMS Foundation, but the environment as well. They cannot, however, accept large laser printer cartridges.

Take a look at their website:

planetgreenrecycle.com/imsonline

Thank you for doing your part to help raise funds for the IMS Foundation and at the same time, feel good about saving our environment! Feel free to spread the word to other practices.

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In Summary

May is Mental Health Month and a time to focus on a huge population that suffers from depression and isolation: family caregivers.

Six Ways to Prevent Caregiving from Destroying Your Mental Health

By Diana B. Denholm, PhD, LMHC

I have spoken to many wives who are caregivers for seriously ill husbands, and they often express a kind of shock and disbelief at the person they have become. “Who is this angry, mean, guilt-ridden person who lives in my body?”

Caring for a seriously ill husband can bring up many unexpected emotions, and it’s no wonder. You feel angry because others offer to help him, but your husband turns them down. You wait on him hand and foot, then have to bear the brunt of his frustration and bad temper. He expects you to be his servant AND the sole provider for the family, and he complains when you come up short in either role. To make matters worse, while you’re off working long, hard hours, he manages to rally the energy to get out of the house and go to the baseball field with his buddies. No matter what you do, he doesn’t seem to appreciate you.

For the caregiving wife, stress and anger can spill over into everything she does, causing problems at work and affecting her ability to be compassionate. But there is hope and help for wives who find themselves in this situation. When difficult emotions threaten your mental well-being, here are some strategies.

Understand your emotions.

Sometimes you feel guilty because you have bad thoughts, and sometimes you feel guilty because you have happy thoughts. This inner dialogue helps you survive because it allows you to let off small bursts of steam and keeps you from screaming things out loud or acting on them. Emotions are neither good nor bad, they just are. But too much pent-up anger or too many disturbing thoughts not only create negative outcomes, they also steal your energy. Among many healthy ways to release anger, try simply writing down, for your eyes only, all the things you’d really like to say but won’t—just to get them out of your system.

Avoid enabling.

A common mistake caregivers make is thinking that everything is their responsibility. This makes you resentful and angry at those who aren’t doing things, or aren’t doing

things your way. It steals your spare time, which keeps you from caring for yourself. To avoid this trap, don’t do for the cared ones what they really can and should do for themselves. This enabling, or controlling the ill person, creates invalids. Don’t micromanage what they are able to do, even though it may be far from perfect. The less you enable, manage, or control, the more likely you are to reclaim that “nice person” you know you are.

Establish expectations.

First and foremost, get on the same page as the ill person in terms of expectations for everyone involved in their care—including those “helpful” friends. Discuss and agree on what you’ll expect of each other and what you are willing to do and not do. Topics can include the type of care and who will perform it, legal and financial matters, household management, visitors, sleep, and sex and intimacy, among others.

Use learned communication tools.

Learn how to raise issues, have problem-solving discussions with the ill person, and create useful understandings. Once you have arrived at understandings together, household battles and stress will greatly diminish, leaving a more peaceful and happier environment in its place. Communicating effectively with the ill person is the single most helpful way to improve your mental health.

Give yourself permission for self-care.

Once you’ve manufactured more time by not enabling, give yourself permission to get away from caregiving. It’s okay to have fun, even if your loved one is suffering. Start small. Give yourself permission to enjoy one simple thing, whether it’s a short walk in the fresh air, sitting in the bathroom meditating, or spending a little time with a friend. As you become comfortable with small steps, branch out to other self-care activities.

Get help if you’re near the edge.

While it IS your job to keep your loved ones safe, if they aren’t able to, it is NOT your job to make them happy. Only they can do that. But if you sense your emotions are out of control, you need to get help before YOU become the threat to your loved one’s safety.

*Diana B. Denholm, PhD, LMHC, has been a board-certified medical psychotherapist for more than 30 years. For 11 years, she was the primary caregiver to her husband during a series of grave illnesses. More detailed support, guidance on creating agreements, and resources are in her new book, *The Caregiving Wife’s Handbook: Caring for Your Seriously Ill Husband, Caring for Yourself* (Hunter House, 2012, www.caregivingwife.com).*

IMS



From the Gallery

2011 Indianapolis 500 Parade photo courtesy of Beth Stewart. The Willard Battery J.C. Agajanian Special (replica) roadster. The original was driven to victory in the Indianapolis 500 by Parnelli Jones and is in the Indianapolis Motor Speedway Museum. The replica was built for Dr. Robert E. Dicks by Tom McGriff, a former chief mechanic at the Speedway and Randy Cook, a Speedway mechanic.

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7th District Outing

July 31, 2012, 5:30 p.m.

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Indianapolis Indians vs Buffalo Bisons

Mark Your Calendar

See invitation in the *June Bulletin*

Batter-Up!

Bulletin Board ...

(continued from page 11)

and nonhydrocephalic brains: application to neuroendocrine complications following third ventriculostomy procedures.”

Daniel H. Fulkerson, MD, along with IU Neurosurgery residents will publish the article, “Acute, monocular vision loss from Rathke’s cleft cyst: case report and review of the literature.” in *Journal of Clinical Neuroscience*. It is currently on press.

Dr. Fulkerson published, “Open reduction and internal fixation for angulated, unstable odontoid synchondrosis fractures in children: a safe alternative to halo fixation?” in *Journal of Neurosurgery: Pediatrics* in January 2012.

Along with neurosurgery residents, Dr. Fulkerson published, “Spontaneous Intraventricular Hemorrhage from Low-grade Optic Glioma: Case Report and Review of the Literature” in *Child’s Nervous System* in February 2012.

In addition, Dr Fulkerson had a chapter in in the book, *Hydrocephalu*, entitled: “Interpretation of Cerebrospinal Fluid Parameters in Children with Hydrocephalus” published earlier this year.

Mitesh V. Shah, MD, spoke to a meeting of the Association of periOperative Registered Nurses (AORN) on March 13 on the topic, “IU Experience with Intra-Operative MRI for Brain Tumor Surgery.” He also was interviewed in Becker’s Hospital Review on the same subject.

From Franciscan St. Francis Health...

The St. Francis “Road Show” with **Robert A. Malinzak, MD**, explaining the latest procedures in joint replacement and arthritis treatments was held April 25th for the public at the Quality Inn in Indianapolis.

Michael S. Morelli, MD, and **Frank P. Troiano, MD**, Indianapolis Gastroenterology & Hepatology discussed digestive disorders at the Spirit of Women’s All Right Now: Solving Digestive Disorders program in April 2012 at the hospital’s auditorium, 8111 S. Emerson Ave.

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