17th Annual Women’s Health Day

Strategies for a Balanced Life

Saturday, January 26    12:30 – 4 p.m.

You have many lives. A work life. A family life. A spiritual life. Even a personal life! How do you connect all these parts of yourself to find balance, health and well-being? Explore this fascinating topic at Baptist Hospital’s 17th annual Women’s Health Day. Featured speaker is Mary LoVerde, author of Stop Screaming at the Microwave and I Used to Have a Handle on Life But It Broke.

You’ll find lots of things to do:

- Take advantage of free screenings for cholesterol, blood pressure, blood sugar (diabetes), body fat ratio and bone density (osteoporosis).
- Talk to experts about heart disease, diabetes, cancer, nutrition, fitness, cosmetic surgery and other topics.
- Enjoy mini-lectures, cooking and fitness demonstrations and exhibits on a variety of health topics.
- Enter a drawing for fabulous gift baskets that promote healthy living. You do not need to be present to win.

No reservations are needed. Bring a loved one. Come rain or shine!

Baptist Hospital     8900 North Kendall Drive
Free parking is available in the Baptist Medical Arts Building garage, 8950 North Kendall Drive.

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Mary LoVerde speaks at 1 p.m., under the tent.

On the cover: Anaelvys Espinoza-Ruiz became pregnant with Justin after she had cervical cancer surgery designed to preserve her fertility. (See story, page 6.)
A second chance at life for obese people

At 9 years old, Patty Ordiz weighed 160 pounds. During her first year of college, the five-foot six-inch young woman reached her heaviest weight—280 pounds—and was diagnosed with diabetes. Additionally, Ms. Ordiz had high blood pressure and high cholesterol. She spent four years on medication trying to control these diseases before her kidneys started failing, and her doctor told her she could die within a year if she didn’t do something to lose weight.

“I thought to myself, ‘Do I want to die at 23 years old?’” she said.

Ms. Ordiz decided her only chance at survival was losing weight through gastric bypass surgery.

New research published in the *New England Journal of Medicine* supports what Ms. Ordiz thought and her doctor suggested—that morbidly obese people who have gastric bypass surgery live longer than morbidly obese people who don’t. The Centers for Disease Control and Prevention defines morbid obesity as a weight-to-height ratio, or Body Mass Index, of 40 or above. Ms. Ordiz’s Body Mass Index was 45. The study examined death rates among 15,850 obese people in the United States during an 18-year period. Researchers found that those who had gastric bypass surgery and lost weight had a 40 percent lower risk of dying over the next seven to 10 years compared with those who didn’t have the surgery.

Additionally, the study showed a decrease in deaths from diabetes, cancer and heart disease in the group of people who had gastric bypass surgery. Ninety-two percent fewer obesity surgery patients died from complications of diabetes, 60 percent fewer died of cancer and 56 percent fewer died from coronary artery disease.

Ms. Ordiz’s surgeon, Anthony Gonzalez, M.D., medical director of South Miami Hospital’s weight-loss surgery program, called the study a landmark.

“We’ve known anecdotally for some time that 100 pounds of excess weight takes eight to 12 years off your life,” Dr. Gonzalez said. “This study shows that is indeed the case.”

Dr. Gonzalez, who has performed nearly 1,000 gastric bypass surgeries over the last 15 years, has seen patients go into surgery with diabetes and leave the hospital with normal blood sugar.

“While this surgery is not for everyone, we see patients who run higher risks of dying without the surgery than with it, and this study shows they can have a better chance at living longer,” he said.

Three and a half years after her surgery, Ms. Ordiz, 26, has maintained her 135-pound weight loss and shed her high blood pressure, high cholesterol and diabetes. She says she’s happy she went through with the surgery and regained her health.

“I made a sacrifice for what the rest of my life will be.”

— Bethany Rundell

To find out more about the weight-loss surgery program at South Miami Hospital, call 786-662-8745.
At what age does your chance of becoming pregnant decline significantly? Mid 30s? Late 30s? 40? The American Fertility Association (AFA) asked this very question of 17,500 women in 10 countries, and most replied that fertility starts to decline markedly in the mid-to-late 30s. Unfortunately, they were wrong. According to the AFA, the age at which a woman’s fertility decreases measurably is 27. Yes, 27.

That may come as shocking news to the increasing numbers of women who are delaying childbirth. Also shocking, to the researchers at least, was that not one of the 17,500 women surveyed scored 100 percent on the 15-question study. “[Women] are not even aware of the most common issues and factors that can cause them to be infertile,” said Pamela Madsen, executive director of the AFA.

According to doctors, the lack of knowledge about basic fertility can have an impact on women who desire children, particularly women who are older.

“About 25 percent of our pregnant moms are age 38 and above,” said Nathan Hirsch, M.D., an obstetrician/gynecologist at South Miami Hospital. “A decade ago, only 5 percent were that age. But today they are waiting to establish careers, travel and find the right partner.”
The lack of knowledge about basic fertility can have an impact on women who desire children, particularly women who are older.

The delay can result in decreased fertility, which can lead to visits to an infertility specialist, potential health hazards to mother and baby, and heartache and financial drain for some.

“Many of our older patients do know that there are options out there, and that is why they wait,” Dr. Hirsch said. “They know there is donor sperm if they never find Mr. Right. They know that fertility treatments exist for older women.”

One older mother who feels fortunate in her quest for children is Irene Delgado. At age 30, she gave birth to Chelsea at South Miami Hospital. “I felt like I was having her late because many of my friends already had children,” she said. “But, I also felt that I was more mature and ready to handle a child.”

At age 37, after a second marriage, Ms. Delgado had Jack, also at South Miami Hospital. “That’s when I first heard the doctors use the term AMA – advanced maternal age. I said, ‘That’s not me you’re talking about, that’s my mother.’” But Ms. Delgado did experience high blood pressure with her second pregnancy, a complication more common in older women.

Finally, just shy of her 40th birthday, Ms. Delgado gave birth to twin girls, Jaynie and Jillian. “I’m a special education teacher so I knew that as I got older, the risk of problems to the baby increased. What I didn’t realize was that the chances of having twins also increased.”

Ms. Delgado said she was blessed because both she and the babies, now 22 months, had no complications. If there’s a downside to becoming a mom at 40, it’s that her knees are a little creaky. “Probably my only fear,” she added, “is that you want them up and on their own before there is some health emergency with either parent.”

According to the AFA, by age 37, half of all couples will experience infertility. Ms. Delgado and her husband were not among the 50 percent with problems, but by age 42, 90 percent will be infertile.

“When people read about some of these cases in the newspaper, the 45- or 50-year-old woman who had a baby, they usually don’t understand that a donor egg was used,” said infertility specialist Michael Jacobs, M.D. “If the woman is over 43, she will probably need a donor egg. You’re dealing with the natural biology of the ovary.”

Egg donation is a wonderful technology with a high success rate, infertility specialist Maria Bustillo, M.D., said, but she believes it’s a disservice to women when older celebrity moms don’t reveal that they used a donor egg to become pregnant.

“I go crazy when I see a 42-year-old woman who has been married for 12 years and decided two years ago to try to have a baby, and is now, at 42, coming to me for help,” Dr. Bustillo said. “Some of them completely understand when I explain about donor eggs and it’s fine with them that the baby is not genetically theirs, but others look at me as if I’m speaking Chinese.”

Fertility specialists are excited about some advances, particularly to help women facing cancer treatments that often make them infertile (see story on page 7). “We’re participating in a research trial now with frozen eggs,” Dr. Jacobs said. “Before a patient is subjected to chemotherapy, radiation or surgery, you can remove eggs, freeze them and have the potential for a baby down the road.”

Although considered experimental in the United States, egg freezing has resulted in more than 200 healthy babies worldwide. Sandra Aragon thought she might be a candidate for using frozen eggs after obstetrician/gynecologist Edward Phillips, M.D., found a polyp in her uterus that was diagnosed as stage 1 endometrial cancer.

“I was terrified,” she said. “I’d wanted children my entire life. I did some research online and did not find any good stories.”

Continued on page 6
Special cancer surgery preserves fertility

Anaelvys Espinoza-Ruiz beams when she speaks about her baby boy, Justin. “He’s so happy and good-natured,” said the young mother.

But two years ago, a frightening cancer diagnosis threatened her dream of becoming a mother. In 2005, newly engaged at age 29, she had an abnormal Pap smear. A subsequent biopsy led to a diagnosis of early-stage cancer of the cervix. Standard treatment for the disease is a hysterectomy — removal of the uterus, including its lower portion, the cervix.

“I was sad,” she recalled. “My fiancé and I wanted children.”

Soon, hope joined the mix of emotions. Ms. Espinoza-Ruiz’s gynecologist, Laida Cassanova, M.D., referred her to Ricardo Estape, M.D., a women’s cancer specialist with the Baptist-South Miami Regional Cancer Program. Dr. Estape told her that she was a good candidate for an operation designed to both preserve her fertility and get rid of the cancer. In a trachelectomy (tray-kee-LEK-toh-mee), the surgeon removes the cancerous cervix and leaves the rest of the womb intact.

Young Justin is a living testament to the surgery’s success. Dr. Estape has had seven other patients become pregnant after the fertility-preserving surgery and all have delivered healthy babies.

In addition to Dr. Estape, several other Baptist Health women’s cancer specialists perform this surgery, which can be technically challenging.

“It can be offered to women whose cervical cancer is small and has not invaded surrounding tissue,” said Doctors Hospital women’s cancer specialist Manuel Peñalver, M.D.

During the surgery, the lymph nodes in the pelvis are taken out with the help of a laparoscope, a long, narrow tube equipped with a tiny camera. The cervix and surrounding tissue are then severed and removed through the vagina. After that, the surgeon sews a stitch at the bottom of the uterus, to form a kind of drawstring. Then the uterus is reattached to the top of the vagina. Women who become pregnant following the surgery must deliver by cesarean section.

“I had the surgery in January of 2006 and got married the following September,” Ms. Espinoza-Ruiz said. “Dr. Estape warned me that getting pregnant may take awhile, but I became pregnant two months after we got married and we were thrilled!”

On July 14, a healthy Justin Ruiz was born at South Miami Hospital, the same hospital where his mother had her fertility-preserving surgery. “I see Dr. Estape every three months for a Pap smear and CT scan,” she said. “So far, I continue to do well.”

— Phyllis Teitelbaum

Anaelvys Espinoza-Ruiz and Justo Ruiz, with Justin.

Sandra Aragon, with baby Phoenix Emma, got pregnant after endometrial cancer treatment.

Anaelvys Espinoza-Ruiz and Justo Ruiz, with Justin.

ONLY THE BEST FOR BABY

Between 2000 and 2006, 64,871 babies were born at Baptist, South Miami and Homestead Hospitals. Readers of South Florida Parenting magazine voted Baptist and South Miami Hospitals as the best places in Miami-Dade County to give birth. The hospitals also qualified for the “Best of the Best” list based on the number of years they have won the award.

— Adrienne Sylver

An appoint-ment with gyne-cologic cancer specialist Manuel Peñalver, M.D., gave her hope. “He said that the standard treatment after the polyp removal was a hysterectomy, but that because I wanted badly to have a child, he would work to preserve my fertility.” After performing a D&C, in which the lining of the uterus is removed, and putting Ms. Aragon on hormone therapy, Dr. Peñalver told her she could try to get pregnant.

Because of irregular periods and other problems, Ms. Aragon saw Armando Hernandez-Rey, M.D., a fertility specialist who performed intrauterine insemination. On September 21, Dr. Phillips delivered a healthy girl, Phoenix Emma. “The key for other women in my position is to find a doctor who is willing to work with you and preserve your fertility,” Ms. Aragon said.

Whether you’re in your 30s and thinking about getting pregnant or you want to know more about fertility-sparing techniques, talk to your doctor. “Women don’t need to be forced to have babies in their 30s,” Dr. Bustillo said, “but they need to realize that if they are consciously postponing pregnancy, they could have problems.”
‘Womb rooms’ for sickest babies

Three-day-old Jake Braxton was on his way home with first-time parents Ellie and William Braxton when a nurse at Baptist Children’s Hospital noticed that his abdomen was slightly swollen. Pediatric surgeon Raleigh Thompson, M.D., relieved a partial obstruction in Jake’s intestine.

“It was very scary,” Ms. Braxton said.

“An emotional whirlwind,” Mr. Braxton added.

In the hours before surgery, Jake stayed in the George Batchelor/Gloria Vasta Lewis Neonatal Intensive Care Unit (NICU) at Baptist Children’s Hospital. The NICU is a large, multibed unit where the sickest and tiniest babies receive round-the-clock care from physicians, nurses and other caregivers.

After surgery, Jake was moved into one of Baptist Children’s Hospital’s new, private NICU “womb rooms,” designed to replicate the warm, dark environment of the mother’s womb. They are the first private NICU rooms in a South Florida hospital.

“The privacy made it possible for us to focus on our baby and not disturb the other patients,” Mr. Braxton said.

One of the most important features of the new design is that it provides the privacy needed for skin-to-skin contact between parent and infant, also called kangaroo care. Doctors say this closeness is important in the development of fragile newborns and preemies.

“Research has shown that parent-infant bonding improves developmental outcomes,” said neonatologist William Smalling, M.D. “Single-patient rooms offer a clear advantage by providing a more suitable environment to foster this bond while allowing us to better control external stimulation, such as light and noise.”

In the private room, Ms. Braxton was able to cradle her son in her arms and sing him a lullaby. It was the “next closest thing” to being home, she said.
Imagine if a surgeon could see inside your body before making the first cut. Imagine if a robot could be programmed to guide the infinitesimally precise movements of the surgical instruments, down to a fraction of a millimeter.

Meet Mako, a new robotic arm at Doctors Hospital that’s doing just that. Mako uses sophisticated software and a global positioning system (GPS) to help orthopedic surgeon Richard Levitt, M.D., break new ground in a specific kind of knee surgery to treat arthritis.

Dr. Levitt, who has a special interest and expertise in the knee, used the robotic arm for the first time in early October to remove the diseased part of a patient’s knee joint and replace it with a small implant. The surgery, known as partial knee resurfacing, is an alternative to the more extensive total knee replacement, which used to be the only option for people with painful arthritis in only one area, or compartment, of the knee.

Using the robotic arm, “you get a virtually perfect placement” of the implant, which is the single most crucial factor in the surgery’s success, Dr. Levitt said. “This takes some of the educated guesswork out of the operating room.”

In addition, the incision is smaller, which translates into less tissue damage and pain, and a quicker recovery. “There usually is no reason the patient has to stay in the hospital overnight,” Dr. Levitt said. “After a little physical therapy, the range of motion should be at least as good as it was before surgery, maybe better.”

The key to the implant surgery is preparing the tip of the leg bones that form the knee joint for the implant. The knee joint connects the thighbone, or femur, and the tibia, which is the larger bone in the lower leg. The robotic arm can be used to resurface the inner, or medial, area of the knee joint.

The robot’s computer uses a three-dimensional view of the patient’s leg bones, created from a CT scan taken before the surgery. The image is displayed on a large computer monitor above the operating table and can be rotated to display any view of the knee joint.

Dr. Levitt makes a three-inch incision and places small metal markers on the leg bones. He inserts thin probes that transmit precise distances to the GPS cameras, which face the operating table a few feet away. The computer uses that information to fine-tune the surgery plan, highlighting the exact area of the bone that needs to be removed before the implant is cemented in place.

Dr. Levitt then guides the robotic arm, equipped with a burr to sand away the diseased tips of the femur and tibia. The computer screen shows in green the area of the bone to be removed. As the bone is shaved to the proper depth, the color turns to white, letting Dr. Levitt know that the exact amount of bone – not too much or too little – has been removed.

“It stops automatically without sacrificing any bone,” Dr. Levitt said. “You don’t want to take off too much bone because the deeper you go the softer the bone gets.”

Dr. Levitt then tests the placement of the implant; the computer suggests a slight adjustment on the femur, which Dr. Levitt makes. Then he cements the implant in place, removes the markers and probes, and closes the incision.

As the technology advances, the robotic arm is expected to be applied not only to other parts of the knee joint, but to the shoulder and hip as well.

“This is a whole new concept in robotics. Ultimately it will expand to other joints.”

– Richard Levitt, M.D.

“This is a whole new concept in robotics. Ultimately it will expand to other joints.”

– Richard Levitt, M.D.
December, January & February

If you’re 55 or older, take advantage of the programs and health screenings offered by Baptist Health. While most programs are $5, people 55 and older attend free, unless otherwise noted. Registration is required for all programs, including those that are free. Call 786-596-3812. For Spanish programs, call 786-596-3814. For more information on other Baptist Health programs, visit www.baptisthealth.net.

Baptist Medical Plaza at Doral
9915 NW 41 Street, Suite 210
Health Resource Center

Introduction to Mindfulness-based Stress Reduction, Thursday, Jan. 10, 7-8 p.m., Dr. Patricia Isis, instructor.

Arthritis: Put a Stop to Pain (in Spanish), Wednesday, Jan. 23, 7-8 p.m., Dr. Margarita Garces, rheumatologist.

Heart Attack: Simple Steps to Disarm the Threat, Monday, Feb. 4, 7-8 p.m., Dr. Theodore Feldman, cardiologist.

Baptist Medical Plaza at Westchester
8820 Bird Road, Suite 400
Health Resource Center

Beauty at Any Age, Tuesday, Jan. 29, 7-8 p.m., Dr. Rafael Gottenger, cosmetic surgeon.

Healthy Women: Healthy Hearts, Tuesday, Feb. 5, 7-8 p.m., Susan D’Agostino and Ann de Velasco, registered nurses.

Eye Opener: Advances in Treating Age-related Eye Conditions (in Spanish), Tuesday, Feb. 19, 1:30-2:30 p.m., Dr. Carlos Buznego, ophthalmologist.

Doctors Hospital
5000 University Drive

New Robotic Arm for Partial Knee Replacement, Thursday, Jan. 17, 7-8 p.m., Dr. Richard Levitt, orthopedic surgeon.

Experimental Testing Procedure for Cancer Treatment, Thursday, Feb. 21, 7-8 p.m., Dr. Manuel Peñalver, gynecological cancer specialist.

Homestead Hospital
Campbell Drive & SW 147 Avenue

New Year, New You, Tuesday, Jan. 15, 7-8 p.m., Dr. Francisco Rafols, plastic surgeon.

Homestead Senior Center
43 NE 16 Street

Living with COPD/Emphysema, Wednesday, Jan. 30, 10:30-11:30 a.m., Eda Avila and Sandra Desvallons, respiratory therapists.

Living with Arthritis, Wednesday, Feb. 20, 10:30-11:30 a.m., Julie Rivera-David, nurse practitioner.

Women’s Health Resource Center
8950 N. Kendall Drive, Suite 105

Women and Sexuality (in Spanish), Wednesday, Jan. 9, 7-8 p.m., Dr. Ana Rivas-Vazquez, psychologist.

Women’s Health Day, Saturday, Jan. 26, 12:30-4 p.m., featured speaker is author Mary LoVerde (see page 2). Free health screenings, exhibits and demonstrations. No reservation is required.


Homestead Senior Center
43 NE 16 Street

Living with COPD/Emphysema, Wednesday, Jan. 30, 10:30-11:30 a.m., Eda Avila and Sandra Desvallons, respiratory therapists.

Living with Arthritis, Wednesday, Feb. 20, 10:30-11:30 a.m., Julie Rivera-David, nurse practitioner.

Ongoing Programs

Osteoporosis Screening. Screening and consultation available by appointment. Fee $15. Call 786-596-3812.

SHINE. Get help with Medicare and other insurance concerns. Free. Call 305-670-6500, Ext. 270, for an appointment with a bilingual counselor.

Senior Advantage. Offering adults 55 and older a dining discount at most of our hospitals, volunteer opportunities at locations close to your home and free participation at most educational programs. No enrollment necessary. For information, call 786-596-3895. *Proof of age required.

Raul Garcia lived for 27 years with a cleft lip and palate, a common birth defect usually corrected in infancy or childhood. But growing up poor in a small village in Guatemala, Mr. Garcia had no way of getting the help he needed. So as he grew, so did the gaps between his lip and nose, and the roof of his mouth and nasal cavity.

“People told me I wasn’t supposed to be like that, and they said I would have problems,” Mr. Garcia recalled.

Two years ago, he joined his older brother, Marcos, in South Florida to work for a construction firm so he could send money home to his family. Shy and self-conscious, he hid behind posts on the job to avoid people’s stares. “It was very difficult,” Mr. Garcia said.

The long journey to surgery ended last summer at Baptist Hospital, when plastic surgeon Michael Kelly, M.D., fixed Mr. Garcia’s facial clefts, transforming his appearance and reshaping his life in less than 90 minutes. It was part of Baptist Health’s Day of Smiles, a charity program that gives free surgery to young people without the financial means to have their birth defects and scars corrected.

“This was a totally unrepaired cleft – you hardly ever see that in an adult,” Dr. Kelly said. Children with cleft palates often need a series of operations to repair the defect because they’re still growing; and incomplete repairs in adults pose other challenges. But Mr. Garcia’s untouched clefts were corrected in a single operation.

Less than a month later, “no one would know he had ever had a problem,” Dr. Kelly said. “He’s doing great.”

But that’s just part of the story.

Mr. Garcia, who can’t afford health insurance and lives in Lake Worth, more than 70 miles from Baptist Hospital, would never have met Dr. Kelly or heard about the Day of Smiles without the generosity and persistence of his co-workers at United Forming, Inc.

Matt Mathis, a project supervisor, considers his workers “an extended family. I help out the guys as much as I can, but this was outside the box,” he said. Mr. Mathis had never encountered a sensitive medical problem before and wasn’t sure how to proceed. “All the guys at work wanted to pitch in and help. We decided to take up a collection to see if we could pay for an operation for Raul, but I didn’t know how much money we needed,” Mr. Mathis said.

Dorian Ramos, Mr. Garcia’s direct supervisor, started doing some research. He called three doctors’ offices but made no headway. “Most people wouldn’t even talk to me,” Mr. Ramos said. “One doctor wanted $40,000 up front before we could get an appointment.”

With diminishing hope, Mr. Ramos continued his research on the Internet. There he found information about Dr. Kelly, who has a history of donating his services for people in need. “I read his bio online and it sounded too good to be true,” Mr. Ramos said.

He called Dr. Kelly’s office. Next thing he knew, he and Mr. Mathis were driving Mr. Garcia and his brother to Miami to meet Dr. Kelly, who agreed to do the surgery for free during the Day of Smiles. The supervisors drove Mr. Garcia from their work site in Sunny Isles Beach to all his medical appointments at Baptist Hospital.

“My life has changed,” Mr. Garcia said. “I’m very happy.”

At Mr. Garcia’s final checkup with Dr. Kelly, Mr. Mathis handed the plastic surgeon a thick wad of folded cash – donations from United Forming workers – to support future Days of Smiles.

“The credit goes to the doctors and Baptist Hospital and the Day of Smiles,” Mr. Mathis said. “It’s a miracle. We are so thankful and so amazed.”

– Patty Shillington
Cheering for good health

Amid a cloud of confetti, Florida International University cheerleaders and mascot, Roary, led the celebration at the grand opening of Baptist Medical Plaza at Tamiami Trail. The new plaza, located at 14660 SW Eighth Street, is Baptist Health’s eighth freestanding neighborhood outpatient center. It includes an urgent care center, open from 11 a.m. to 11 p.m. daily, and a diagnostic center offering imaging tests by appointment from 7:30 a.m. to 6 p.m. weekdays, and 9 a.m. to 1 p.m. Saturday. Call 786-573-6000.

Heart health: Know your numbers

Cell phone. Social Security. Home address. You commit many identifying numbers to memory. But do you know your cholesterol, blood pressure and blood sugar numbers?

South Miami Heart Center presents Know Your Numbers, a free community program that offers heart-health screenings and explains their significance. The program will be held in English on Monday, February 18, 5:30-9 p.m., in the hospital’s Victor E. Clarke Education Center, U.S. 1 and SW 62 Avenue. It will be presented in Spanish at the same time and place on Tuesday, March 18.

Learn about the heart’s ejection fraction – how much blood the heart pumps per beat – from a panel of physicians. Screenings for blood pressure, cholesterol and blood sugar will follow.

The programs are free, but reservations are required. Call 786-662-5050 to reserve a space.

Health Fairs Celebrate Wellness

Free health screenings for adults will be offered at the annual Community Health Fairs at Homestead Hospital and Mariners Hospital. Screenings for blood pressure, vision, cholesterol, diabetes and osteoporosis will be available to the first 300 attendees.

The Homestead Hospital fair is set for Saturday, February 9, from 9 a.m. to 1 p.m. on the hospital campus, located at Campbell Drive (SW 312 Street) and SW 147 Avenue. The Mariners fair will be held Saturday, March 8, from 9 a.m. to 1 p.m. at the Mariners Hospital campus, MM 91.5, Tavernier. Health information will be available at both fairs.

At Mariners, local health organizations will staff more than 30 information booths, and hospital staff will answer medical questions on a variety of health topics, including sleep disorders, heart health and medications.
Routine tests at Baptist Hospital revealed a mass in Miguel Soto’s colon. For most people, the idea of surgery is frightening, but for Mr. Soto, it was more than that: a deep commitment to his Jehovah’s Witness faith has led him to refuse blood transfusions and blood products.

Still, three days before his 60th birthday, Mr. Soto underwent major surgery at Baptist, thanks to the hospital’s new blood conservation program. “I was elated to find out that I could have my surgery at Baptist Hospital,” he said.

The program includes sophisticated surgical techniques, special medications to enhance circulation and promote red blood cell development and devices that can save blood lost during surgery and return it to the patient. It allowed Mr. Soto to be treated successfully while adhering to his religious beliefs.

Even surgeries with a high risk of blood loss, such as Mr. Soto’s, can be performed safely with advance preparation, as long as certain preoperative conditions are met, doctors say. Blood levels, such as iron saturation and red blood cell levels, must be closely monitored prior to surgery. Drugs to control the risk of bleeding are also prescribed.

Blood conservation measures may be used for any patient who wants to minimize the risk of adverse reactions to blood products. “In Mr. Soto’s case, we used blood conservation techniques because of his religious beliefs, but the same methods can be used for any patient who does not want to receive a blood transfusion,” said anesthesiologist Gabriel Alvarez, M.D., surgical director of Baptist Hospital’s blood conservation program.

Patients who come to Baptist Hospital for any elective and/or emergency surgery, in any specialty, may be candidates for blood conservation techniques. For more information, speak with your physician or call Mercy Ruano, R.N., coordinator of the program, at 786-596-8505 weekdays, 9 a.m. to 5 p.m.

– Phyllis Teitelbaum and Liz Latta

‘Blood-less’ surgery available to patients

Gabriel Alvarez, M.D., surgical director of Baptist Hospital’s blood conservation program, talks to Miguel Soto before his surgery. Mercy Ruano, R.N., is the program’s coordinator.

Taking charge of cancer

Cancer survivors and their loved ones can learn about self-empowerment at a special Living with Cancer program.

The free program, hosted by the Baptist-South Miami Regional Cancer Program, is set for Sunday, February 24 from 1 to 3 p.m. in the Clarke Education Center at South Miami Hospital, U.S. 1 and SW 62 Avenue.

Featured speaker Stephanie Carter, Ph.D., a psychologist who has worked with many cancer patients, will offer tips from her book, Taking Charge of Fighting Cancer. “I wrote this book to help those with cancer learn how to take care of themselves in body, mind and spirit,” she said. “I wanted to help them feel calmer and more in control, and to bring out their fighting spirit.”

The program is free, but registration is required. Call 786-596-2871.
Tops for working moms

Baptist Health is one of the Top 10 Companies for Working Mothers in the United States, according to Working Mother magazine. Baptist Health also made the Working Mother Hall of Fame for being named to the magazine’s Top 100 employer list 15 times.

Working Mother cited Baptist Health for offering flexible schedules, opportunities for career advancement and family-friendly programs, including backup child and elder care and a cash benefit for first-time home buyers.

“We are extremely honored to be included in Working Mother’s Hall of Fame and to be recognized as one of the nation’s Top 10 Companies for Working Mothers,” President and CEO Brian Keeley said. “By listening to our employees’ needs, we can create a better workplace that helps employees improve their lives and carry out Baptist Health’s mission to give patients high-quality and compassionate care.”

Special checkups for Special Olympians

Maria Cifuentes, 12, laughs as Baptist Children’s Hospital nurse practitioner Andy Prentiss listens to her heart during a checkup for kids who want to compete in the Special Olympics. Each year, volunteer physicians and nurses from Baptist Health participate in the Special Olympics health screenings for 600 youths.

BAPTIST IS CONSUMERS’ CHOICE

For the 12th year, Baptist Hospital has been chosen as the Miami area’s most preferred hospital in a survey of more than 200,000 American households.

National Research Corporation’s Consumer Choice Award identifies hospitals that healthcare consumers say have the highest quality and image.

“This award demonstrates the high degree of commitment that Baptist Hospital has to its patients and the community,” said CEO Bo Boulenger. “Baptist has achieved a level of service and care that has made us a healthcare provider of choice.”

The study, published in Modern Healthcare magazine, is the most comprehensive consumer assessment of the hospital industry. Consumer perceptions on multiple quality and image ratings are measured in 190 cities in the United States.
The excruciating pain that Lazaro Puerto endured for four months radiated like a bolt of lightning that sliced down his left arm from his neck and shoulder.

“It was a pain no pill could take away. It never stopped, day and night,” said Mr. Puerto, 45, a longtime truck driver. “I felt like I wanted to shoot myself.”

The herniated disk in his upper spine left him unable to work or enjoy his family. But after opting for a new surgical treatment, Mr. Puerto is back in the driver’s seat — both of his 18-wheeler and his home life.

The relief from his pain proved to be a new, stainless-steel invention — an artificial cervical spine disk that replaced his damaged one and restored his neck’s normal range of motion. Mr. Puerto was among the first group of patients in the nation to receive the disk implant following its approval by the Food and Drug Administration on July 17.

“It’s amazing,” Mr. Puerto said. “I feel like I never had surgery. I can hardly believe it.”

The two-hour operation was performed in early August at Baptist Hospital by Sergio Gonzalez-Arias, M.D., Ph.D., medical director of Baptist Hospital’s Neuroscience Center.

“This new treatment allows full movement to be maintained in the neck,” Dr. Gonzalez-Arias said. “By protecting the spine above and below the diseased level, it aims to limit the potential need for further surgery.”

The spine is made up of bones called vertebrae. The disks sit between each ver-
vertebra, cushioning the bones like shock absorbers. The disks in the neck, known as the cervical spine, allow movement in all directions – forward and backward, side to side, circular and rocking rotation.

“It’s a complex movement,” Dr. Gonzalez-Arias said.

When a disk ruptures from injury or disease, the softer material inside the disk breaks through the tougher outer cartilage, often pushing on spinal nerves and causing intense, debilitating pain and loss of function.

In the standard “fusion” operation, the surgeon removes the damaged disk and uses bone grafts and a titanium plate with screws to fuse two or more vertebrae together. That usually stops the pain, but it also stops the motion between the bones. It doesn’t, however, stop degeneration of the cervical spine in other locations, so patients sometimes face more pain and surgery later on. About 200,000 cervical fusion operations are performed annually in the United States.

The replacement disk, developed by Medtronic, features a “ball and trough” joint. A trough is a shallow depression. The piece with the ball is screwed into the vertebra above the removed disk; the vertebra below is fitted with the round trough, on which the ball rocks, mimicking the neck’s normal movements. The design of the artificial disk reduces the chance of degeneration in nearby segments of the spine, Dr. Gonzalez-Arias said.

A two-year clinical trial at 37 hospitals across the country preceded FDA approval of the device. During the study, the artificial disk was placed in 276 patients while 265 received the traditional bone fusion. Patients who got the artificial disk returned to work and other activities sooner and had less neck and arm pain than those who had fusion surgery, the study found.

Not all people with herniated cervical disks will qualify for an artificial disk. To be a candidate, patients must have a disk problem only at one level of their cervical spine and must meet other medical requirements.

Mr. Puerto saw two other neurosurgeons who recommended the traditional fusion surgery before Dr. Gonzalez-Arias offered the artificial disk. “I had the choice between two surgeries. My gut feeling was to go for the best technology,” Mr. Puerto said. “I listened to my gut and I’m glad I did.”

He spent one night in the hospital before returning to his Kendall home. He was driving his truck on day trips two weeks later. He also is out and about with his family again, including two young children, three grown children and two dogs.

“I can walk with my kids again, I can walk with my dogs,” he said. “I’m not in pain anymore. I’m in perfect shape.”

— Patty Shillington

“This new treatment allows full movement to be maintained in the neck. By protecting the spine above and below the diseased level, it aims to limit the potential need for further surgery.” – Sergio Gonzalez-Arias, M.D.
t was bad enough that Carolina Calderin had to give up traveling, one of her life's pleasures. But when the pain in her back and legs got so bad that she sometimes needed a walker to get around, she knew it was time to move beyond the conservative treatments she had relied on for two years.

"I'm taking Percocet four times a day and I don't want to be doing that all my life," said Ms. Calderin, former chief executive of Pan American Hospital who now works for Belen Jesuit Preparatory School.

For Ms. Calderin, the painful culprit is spinal stenosis, a common back condition in people over age 55. Like a backyard garden hose constricted with grime, the spinal canal narrows with age. Cartilage between the vertebrae thickens. Bone spurs develop. Disks dry up, bulge or collapse. All this progressive deterioration decreases the space for the spinal cord, which may result in irritation of the nerve roots, especially when a person stands up straight and extends the back.

Symptoms include mild to severe pain and numbness in the legs and buttocks, and sometimes nerve damage. "To move around is difficult," Ms. Calderin said. "I can't stand for very long. And the pain radiates down both legs."

But Ms. Calderin was excited to hear about a new, less invasive surgical treatment offered by Baptist Health neurosurgeons George Ibars, M.D., and Joseph Traina, M.D. In early October at South Miami Hospital, the neurosurgeons used small incisions to place two bullet-like titanium devices in Ms. Calderin's back – without the need for general anesthesia.

Called X-stop, the device is fitted into the groove between the wing-like projections, called spinous processes, of adjacent vertebrae to prevent them from collapsing and pinching nerves, even when the back is extended.

"The X-stop keeps the spinal canal open, as if you were bending forward," Dr. Ibars said. "The whole idea is to do minimally invasive spine surgery, and the engineering and techniques are getting better all the time."

In the past, if physical therapy, pain medication and spinal injections didn't control stenosis pain, the patient faced a more involved spinal surgery called laminectomy, or removal of part of the vertebrae, and probably a fusion of some of the spinal bones.

"That surgery required a five- or six-inch incision with a big muscle disruption," Dr. Ibars said. "Now, the X-stop is the first surgical step, and we can delay or even avoid the more extensive back surgery."

Because it's less invasive, the X-stop surgery is less painful, requires less recovery time and has a lower risk of complications. Some patients go home the same day as the surgery. For Ms. Calderin, the relief from her pain was astonishingly immediate.

"When I went into the hospital I was in pain, and after the operation, it was gone," Ms. Calderin said a week after her surgery. "I haven't felt pain in my legs at all. It's amazing."

Dr. Ibars expects more advances in back surgery.

"The hope is that new techniques will continue to be developed to avoid extensive back surgery," he said.

— Patty Shillington