Healing Environments

Sonoma County’s Advanced Dermatology

Lifesaving Care— from Santa Rosa to San Francisco

Helping Patients Achieve Weight Loss

When Your Body Has a Mind of Its Own
Two specialty dermatologists at Sutter Pacific Medical Foundation bring advanced skin and cancer care to the area, improving the range of patient options in Sonoma County.

Mohs micrographic surgery is the gold standard in skin cancer treatment, with a success rate of as high as 99 percent, and it’s now available at Sutter Pacific Medical Foundation. Fellowship-trained Mohs micrographic and dermatologic surgeon Gagik Oganesyan, M.D., Ph.D., completed his specialty training at UC San Diego Medical Center and now offers this highly effective and minimally invasive procedure in Sonoma County. “Mohs surgery allows surgeons to identify and remove skin cancers one layer at a time, leaving more healthy tissue intact,” Dr. Oganesyan says. “The same surgeon also repairs the wound. This is possible because Mohs surgeons are specially trained in both cancer and reconstructive surgery as well as in pathology.” Initially developed in the 1930s by Frederic Mohs, M.D., Mohs micrographic surgery is a continually improving technique. Through this procedure, the surgeon can effectively treat most skin cancers in a single session by analyzing tissue samples and the skin surface after removing each layer of cancer. Although it is most often used to treat skin cancers in highly visible areas such as the face, neck, hands, and feet, Mohs micrographic surgery can also be used to effectively treat aggressive, recurring, or large tumors. To make an appointment with Dr. Longin or Dr. Oganesyan, or for more information about dermatology services in Sonoma County, call 707-521-7760 or visit sutterpacific.org.

During her 15-year military career, dermatologist Helena Longin, M.D., experienced life all over the country. When the dust settled, she found herself drawn to Sonoma County. “This particular area has such a great balance of community, environmental awareness, and focus on well-being,” Dr. Longin says. “At Sutter, patients come first. I believe treating the whole person produces the best results.” Dr. Longin has a full range of medical and cosmetic dermatology treatments at her disposal, so her addition to the Sutter Health family means patients will wait a shorter time for appointments and have local access to advanced procedures such as photodynamic therapy.

The addition of Gagik Oganesyan, M.D., Ph.D., Mohs micrographic and dermatologic surgeon, will expand the specialty services offered by Sutter Pacific Medical Foundation. “Our clinic will house the latest state-of-the-art lasers and light devices for the treatment of both medical and cosmetic conditions,” Dr. Oganesyan says. “In addition, we plan to conduct clinical research at our dermatology center, which will bring cutting-edge treatment techniques and modalities not available elsewhere to our community.” Both Dr. Oganesyan and Dr. Longin are accepting new patients.
Contents

SIDE BY SIDE MAGAZINE | SUMMER 2015 | SONOMA COUNTY

4 Healing Environments
5 “Stealth” Liver Disease on the Rise
8 Palliative Medicine
11 When Your Body Has a Mind of Its Own
14 Lifesaving Care — from Neighborhood to Network
17 Helping Patients Achieve Weight Loss
18 Community Classes and Groups and Groups
19 Sutter Health Care in Sonoma County
Healing Environments

By Chris Coursey

The concept of a “healing environment” certainly isn’t new; in fact, its origins date back to 19th-century nurse Florence Nightingale. But the new Sutter Santa Rosa Regional Hospital combines aesthetics and medicine in ways that benefit patients, visitors and staff every day.

The hospital has been created with state-of-the-art care and technology, but also attention to the smaller, more personal details that can improve the way we feel and the way we heal. From healing gardens to calming colors, from noise-reduction strategies to well-placed art, the building has been designed to create an environment that contributes to the well-being of all who enter its doors.

At Sutter Santa Rosa Regional Hospital, the concept is taken several steps further. Besides views of land and sky from every private room, the hospital is designed to be “peaceful, healing and calm,” says Robin Allen, the project’s planning director.

“We wanted to make sure this building not only is ‘green’ and efficient and state-of-the-art but also a healing environment,” she says.

Patient rooms are designed to provide not just a therapeutic environment for the patient but also a welcoming and comfortable area for visitors. Another section of each room is a dedicated and efficient workspace for health professionals. You won’t find any “institutional green” paint on the walls — colors have been chosen with an eye toward aesthetics but also for their contribution to that calm, peaceful feeling mentioned by Robin.

Outside the hospital’s walls are several garden areas, where patients, visitors and staff can retreat for a short break or a moment of meditation. These aren’t simply nice places to spend time; they are part of the healing process.

Inside, the walls of patient rooms, hallways and other spaces are filled with art that pleases the eye and engages the senses. Robin notes that, besides local artists who depict local scenes and local history, the art was chosen for its contribution to the overall feeling of calm and quietude in the building.

And speaking of quiet, you’ll notice that Sutter’s designers have paid close attention to noise levels in the facility. Noise ranks high among patients’ most frequent complaints at most hospitals. Noise-related interruptions increase stress and intensify feelings of vulnerability. Sleep disruptions elevate patient heart rates. For those reasons and more, Sutter has employed noise-reducing surfaces and altered systems, protocols and scheduling to ensure this hospital operates at the lowest possible volume.

“We’ve done is part of the effort to make this a calm and peaceful place for healing,” Robin says.

For more information on Sutter Santa Rosa Regional Hospital’s healing environment, visit suttersantarosa.org.
“Stealth” Liver Disease on the Rise

Poor Diet and Lack of Exercise Contribute to Fatty Liver Disease

By George Nevin

If you were to look for a poster child for an increasingly common American ailment called nonalcoholic fatty liver disease (NAFLD), Bertha Wong would be an unlikely choice.

Bertha, 58, lives in Daly City and leads an active life with her husband Lawrence, clerking full-time for the U.S. Postal Service, tending her home and “mothering” three adult children as well as her youngest “kid,” Toby, a Maltese-poodle mix. “I was never overweight. I’ve always been very healthy. I don’t take any medications, only dietary supplements,” she says.

So it was a shock in 2013 when, having been diagnosed with mildly elevated cholesterol, a routine blood test showed poor liver function.
When a regimen of vitamin E and fish oil, as well as discontinuing her cholesterol medication, didn't improve her liver function, Bertha's doctor referred her to Sutter Health CPMC's Center for Liver Disease.

There, Bertha was diagnosed with a form of nonalcoholic fatty liver disease called NASH (nonalcoholic steatohepatitis), a "stealth" illness that can cause few symptoms, accumulate over years and, in some cases, progress to full-on cirrhosis and liver failure.

Diabetes, Obesity Tied to Fatty Liver

Dr. Edward “Will” Holt, director of CPMC’s Fatty Liver Clinic, says, “More and more Americans are developing nonalcoholic fatty liver disease because they have diabetes, obesity, high blood pressure or high cholesterol.”

These diseases, collectively known as the metabolic syndrome, are widespread in the United States and closely tied to fatty liver disease, which has only been recognized for about 30 years.

According to Dr. Holt, nonalcoholic fatty liver disease is extraordinarily common, affecting 50 million to 100 million Americans. “Most people with this disease do not develop inflammation or scarring of the liver and will not suffer harmful effects,” he says, adding that this form of the disease is considered “benign.”

“However, a small percentage of people with fatty liver disease will develop the progressive form, with liver inflammation and scarring progressing to cirrhosis, in which liver function is severely reduced.” Of these patients, some will develop liver failure or liver cancer, he adds.

Liver specialists and primary care physicians are now witnessing the initial stages of this epidemic.

Both the benign and progressive forms of fatty liver disease often show no outward symptoms; many people have the disease but don’t know it, says Dr. Holt. He adds that given the large number of Americans with the disease, there are likely hundreds of thousands of people with undiagnosed cirrhosis.

Mystery Symptoms Undiagnosed for Years

Unlike Bertha, some patients experience symptoms that can lead to a fatty liver diagnosis. Tammy Gobel, 45, of Porterville, Calif., says, “I had suffered symptoms for years but didn’t know what it was. Mostly my doctor thought it was a gallbladder problem.”

Tammy’s symptoms, including severe fatigue, a shooting pain on her right side and stomach pain, came and went over time. But in 2013, her symptoms escalated. “The pain just took my breath away. I felt really ill,” Tammy says.

Ultimately, Tammy’s doctor diagnosed her with cirrhosis and referred her to Dr. Holt at CPMC. He determined that her symptoms were related to a liver enlarged with fat and advised her to lose excess weight. In March 2015, Tammy underwent bariatric surgery to reduce the capacity of her stomach, and has recovered nicely.

Disease’s Origins Traced to 1970s Farm Policy

Says Dr. Holt, “Identifying the origin of our current epidemic of diabetes, obesity, high blood pressure and high cholesterol is a lesson in American history.”
Symptoms of Nonalcoholic Fatty Liver Disease

- Often a silent disease with no symptoms
- Ache in the upper right side of the abdomen caused by an enlarged, fatty liver
- Physical exam may reveal a slightly enlarged or tender liver
- If the disease progresses to cirrhosis, then weakness, fatigue or jaundice (yellowing of the skin) may occur

What Treatments Are Available

- Weight loss (for obesity)
- Regular physical exercise
- Vitamin E (associated with reduction in liver inflammation)
- Other medications are being evaluated but may be years away from approval. Speak with your doctor.

Are You At Risk?

- Patients at highest risk have obesity or are diabetic and overweight.
- Lack of exercise and a sedentary lifestyle are associated with the disease.
- Some studies suggest that persons of Hispanic, Asian and Native American ethnicity with components of metabolic syndrome are at heightened risk.
- Those who have parents or siblings with fatty liver or diabetes are at increased risk.
- A diet high in sugars—especially fructose—and carbohydrates, and low in whole grains and vegetables, is associated with nonalcoholic fatty liver disease.

The Agriculture and Consumer Protection Act of 1973, he says, gave farmers incentives to increase production of commodity crops like corn. Massive surpluses ensued, setting the stage for changes in our consumer economy such as the widespread use of high-fructose corn syrup in the late 1970s.

“By the early 1980s,” says Dr. Holt, “the government’s annual health and nutrition survey began to detect a sharp rise in the rate of obesity.” Nutritional changes had given rise to the “Western diet,” which eventually spread to non-Western cultures. Ultimately, a cruel paradox emerged: People in many of the countries that adopted the Western diet were more susceptible to the metabolic syndrome than those in the U.S.

Bertha and Tammy provide a case in point. Bertha, who is of Chinese ancestry, is predisposed to fatty liver disease despite having neither diabetes nor obesity. On the other hand, Tammy, who is Caucasian, better fits the classic picture of metabolic syndrome.

“Fatty liver disease is now an epidemic in many East Asian countries,” says Dr. Holt. “Other ethnic groups, including South Asians, Hispanics, Native Americans and Pacific Islanders, may also be at higher risk than the Caucasian population.”

Weight Loss, Exercise Can Halt the Disease

The treatment for fatty liver disease—weight loss and exercise—can halt or even reverse its progression. But this is difficult advice for patients to follow. Few employers encourage workers to exercise on the job. Portion sizes in restaurants often exceed recommended serving sizes. And unhealthy food is marketed to vulnerable populations that have limited access to fresh fruits and vegetables.

Both Bertha and Tammy are dealing with their liver disease in appropriate ways. Tammy says that losing weight will make a big difference: “With less weight, my liver should shrink. We hope it will prevent or delay the need for a liver transplant.”

Bertha says her primary care physician asked her, “Do you want to get to the bottom of this?” She told him, “Yes! I need to find out how bad it is so I can deal with it.”

Her prescription was to get more exercise, which Bertha admits she had lacked. “I was not an active person, but now I am. I walk every day with Toby. Here in Daly City we have steep hills. It’s good for me. I want to huff and puff. And the vet calls Toby ‘one healthy puppy!’”

Visit cpmc.org/liver or call 415-600-3414 for information about Sutter Health CPMC’s Fatty Liver Program.
Following treatment at CPMC's pediatric ED and pediatric ICU for a serious viral infection, twins Mateo and Diego Aitkenhead enjoy time at home with mom Gabby. Jeff Fish and his wife Chris Gattuso are grateful for the compassionate care they received at CPMC.
Palliative Medicine
Living Well with a Serious Illness

By Madeleine Kahn and Kermit Cantwell

Almost four years ago, Jeff Fish was transferred to Sutter Health CPMC after a typically straightforward surgery went badly awry at another hospital. Deprived of oxygen for several minutes during the procedure, he had sustained profound brain damage and was in a coma. During this stressful time, his wife Chris Gattuso had to make multiple critical decisions about his care.

Catherine Seeley, M.D., medical director of CPMC’s Palliative Care program, joined Jeff’s team to coordinate his care, and to align it with his wishes and those of his family. “After the experience we had at the other hospital, trusting another white coat was not on my agenda,” says Chris. “But Catherine took the time to get to know me, what our marriage was like, and who Jeff was before he became a patient. She made room for my feelings – whatever they were – and she acted as a buffer between us and all the medical jargon. I would hate to think of someone being in my situation and not having that kind of help.”

“Dr. Seeley met with our entire family, and she brought all of his wishes and those of his family to that meeting. She was honest and sincere, and she helped us see that we should transition Jeff to comfort care.”

Jeff had an advance directive stating that he didn’t want to live in a vegetative state, so Dr. Seeley eventually reached the point where she needed to have a tough, end-of-life conversation with the family. “She put the cold hard facts into a context that made sense to me in terms of who Jeff is,” says Chris. “Dr. Seeley met with our entire family, and she brought all of the doctors involved in Jeff’s care to that meeting. She was honest and sincere, and she helped us see that we should transition Jeff to comfort care.”

Astonishingly, just as Jeff’s family was making the painful decision to let him go, he began returning to consciousness. Although to this day speech is very difficult for him, Jeff managed to communicate with Dr. Seeley that first day. “We’re kindred spirits,” he says now with a big smile. “We’re both hippies – and we’re still in touch.”
“Making Sure the Patient Is Heard

“Our job as palliative physicians is to understand the patient’s needs,” says Dr. Seeley, “and to make sure those needs get heard. We try to approach our patients without a medical agenda so we can advocate for the care they feel is most appropriate for them.” The Palliative Care Consultation Service at CPMC was first created through philanthropic funds almost 10 years ago. Now, the service provides more than 1,100 consults to hospitalized patients each year, mostly in the Emergency Department, the ICU, and cancer services.

For patients who are not hospitalized but need coordinated care at home for a chronic, end-stage disease, Sutter Care at Home has developed the Advanced Illness Management (AIM) program. James McGregor, M.D., senior medical director of AIM, says the program was created to give patients and caregivers new tools for providing better care for these patients. As he succinctly puts it, "Patients who are resuscitated on TV shows have overwhelmingly positive outcomes. This is not so true in real life. We need to think about patients’ quality of life, not just whether they survive."

Palliative care can vastly improve daily life for those living with chronic illnesses like Parkinson’s or chronic obstructive pulmonary disease (COPD), by providing care that the patient, family and doctor all believe will preserve the best quality of life for as long as possible. In addition to a palliative care specialist, the coordinated palliative care team may include a nurse, a social worker, a pharmacist and a chaplain. Multiple studies have shown that many patients receiving palliative care live longer and more comfortably at home than they would have in the hospital.

“We need to think about patients’ quality of life, not just whether they survive.”

Generous Gift to Educate Young Physicians

“Palliative care is all about living well before you die.”

JAMES MCGREGOR, M.D.,
Senior Medical Director,
Sutter Health’s Advanced Illness Management (AIM) program

Thanks to a clear vision and a generous seed gift from Shoshana Ungerleider, M.D. (who did her internal medicine residency at CPMC) and her father Steven Ungerleider, Ph.D., the Medical Center has developed an innovative curriculum to educate medical residents and interns about palliative medicine. “During training, doctors typically focus on curing illness,” says Dr. Ungerleider (Shoshana). “We don’t spend a lot of time thinking about how best to care for patients who have end-stage chronic illness, or something terminal like cancer. Palliative medicine teaches us how to offer quality care based on how patients want to live the rest of their lives.”

Mindful of how challenging end-of-life and chronic disease care can be to the health of the physicians themselves, the program also provides physician wellness training. “We are teaching residents a set of skills that will allow them to have these meaningful and necessary conversations with their patients,” says Monica Rosenthal, M.D., director of CPMC’s Palliative Care Education Program. “But practicing palliative medicine can be very stressful, so we also teach them how to take care of their own health.”
NEW CPMC CLINIC OFFERS HOLISTIC HELP FOR PEOPLE WITH MOVEMENT DISORDERS.

“I kept noticing stiffness and I was having trouble moving,” recalls San Franciscan Roger Cecil. “I knew something was wrong.”

This was two years ago. Roger had been hospitalized with severe liver disease, followed by several months in a nursing home. But the puzzling symptoms he was experiencing were not directly related to his liver disease. “My stride reduced to a shuffle. I couldn’t swallow very well or lift a spoon to my mouth,” he says. One doctor in the nursing home suggested that Roger might have Parkinson’s disease, a movement disorder, and recommended he consult a neurologist. Roger quickly followed his advice and learned that he was, in fact, in the early stages of the illness.

“I was actually relieved to finally understand what was wrong with me so I could get treatment,” he says. “But it was still hard to hear that I had an incurable disease – only my symptoms could be treated. I was afraid of the medications I would have to take and their possible side effects.”
Defining Movement Disorders
Movement disorders are neurological conditions that affect one’s speed, fluency, quality, and ease of movement. “People affected with movement disorders can either be too slow in their movements or have excessive involuntary movements,” explains neurologist Arshia Sadreddin, M.D., medical director of the Movement Disorders Clinic at Sutter Health’s CPMC in San Francisco.

“Too much movement, and the person may experience tremors, jerking or spasms,” she continues. Excessive or involuntary movement of this nature is called hyperkinesia. “Too little movement and they move very slowly,” she says. This is called hypokinesia, which means abnormally diminished muscular function or mobility.

There are numerous forms of movement disorders. The most well known include Parkinson’s disease, essential tremor and Huntington’s disease. Dystonia, restless-leg syndrome, facial spasms, tics and myoclonus are also among the long list of movement disorders. Several of these illnesses can also include problems with walking and mobility.

Currently in the U.S., approximately 10 million people are affected by essential tremor and 1 million have Parkinson’s disease. Parkinson’s is the second-most-common neurodegenerative disease after Alzheimer’s (which affects 5 million people in the U.S.)

Some movement disorders are genetic, whereas others may be sporadic or a result of aging. Environmental factors may also play a role, including medication side effects, street drugs or other toxic chemicals. Some movement disorders may have a psychological cause.

“With the advancing age of the population, we are seeing higher incidence of some of the movement disorders such as Parkinson’s and essential tremor.”

A Different Approach
Dr. Sadreddin joined CPMC’s team in February 2014 to create a new specialty clinic to help people with Parkinson’s disease and other movement disorders.

“My philosophy of care is that I want to treat the whole person, not just the disease,” she says. “So I take a holistic, comprehensive approach. After a diagnosis is made, I want to know more: Is the person sleeping well at night? How is their nutrition? What’s happening with their family and their caregivers? How is the quality of their life? I tailor the treatment to the individual.”

Another feature that distinguishes the CPMC Movement Disorders Clinic from other centers in the Bay Area, says Dr. Sadreddin, is that patients are evaluated by the senior-level movement disorders neurologist every time. “By spending time with the same doctor each time, the patient develops trust and there is continuity of care,” she says.

Treatment Options
While there is still no cure for many movement disorders, Dr. Sadreddin says various medications and procedures can be used to alleviate the symptoms. For patients with Parkinson’s, essential tremor and dystonia, a procedure called deep brain stimulation (DBS) is an option if medications cannot control symptoms or cause intolerable side effects. Deep brain stimulation, performed since the 1980s and FDA approved for essential tremor, Parkinson’s and dystonia, is also being studied for numerous other indications like depression, addiction, Alzheimer’s and obesity.

“It is essentially a “pacemaker for the brain,”” says Dr. Sadreddin. “It regulates the abnormal firing of neurons in the brain and can effectively help in controlling tremors, dyskinesias, improve motor fluctuations, as well as lowering the number of medications for Parkinson’s.”
For essential tremor, DBS is also significant in tremor control, she continues. For dystonia, it can help reduce involuntary spasms and twisting of muscles. The Movement Disorders Clinic at CPMC offers a comprehensive, multidisciplinary DBS screening with extensive neurological and neuropsychiatric evaluation, along with use of the latest technology to properly implant this brain pacemaker. Dr. Sadreddin manages and programs the DBS device, customizing the treatment to each patient’s medication and neuromodulation needs.

Globally, research is ongoing to find cures, disease markers and treatments to slow down the progression of various movement disorders such as Parkinson’s, essential tremor and Huntington’s disease. Researchers are also studying gene therapy, stem cell and neuromodulation treatments, as well as non-motor symptoms, including depression, anxiety, apathy, hallucinations, cognition and pain.

Meanwhile, at CPMC, Dr. Sadreddin plans to start clinical trials and other forms of research for Parkinson’s and other movement disorders.

“A support group for individuals with Parkinson’s disease meets on the second Wednesday of every month from 10 a.m. to noon at the CPMC Pacific Campus, 2100 Webster Street, Suite 106, San Francisco. The group is hosted by CPMC neurologist Arshia Sadreddin, M.D. The meeting is open to anyone with Parkinson’s, caregivers/care partners and others who are interested. There is no cost and lunch is provided. RSVP in advance at 415-600-7886.

At monthly Parkinson’s support group meetings, Dr. Arshia Sadreddin addresses topics of interest to patients and caregivers.

A Brighter Outlook
“I’ve been in treatment now for going on two years,” says Roger. “Dr. Sadreddin has been fine-tuning my meds and they’re working well. I haven’t encountered too many side effects either, which is a relief.”

Prior to his diagnosis, Roger had weakness in his right side and both arms, and experienced difficulty walking, dressing and feeding himself.

“I can walk again!” he says exuberantly. “My gait is normal. I can write again, and use a computer again, and a spoon and fork normally. My Parkinson’s symptoms have not vanished, but they have gone far, far away.”

Most rewarding of all, Roger has been able to resume one of his favorite activities – photography. “That’s a huge return to normalcy,” he says. “Two years ago I almost had to give it up.”

Roger is also more active, participating in church and social activities. One of those activities is attending Dr. Sadreddin’s new monthly support group for people with Parkinson’s disease, their families and caregivers.

“We cover various topics based on the group’s needs,” says Dr. Sadreddin. “There’s also a great exchange of ideas between participants in a casual and comfortable setting.”

“At our last meeting, Dr. Sadreddin went over the whole range of medications available for Parkinson’s,” says Roger. “We got a feel for the meds that are out there and a hopeful glimpse of what’s in the pipeline. It’s also just good to be in a roomful of other people who really know what you’re going through.”

“The treatment for diseases such as Parkinson’s and essential tremor has changed dramatically in the past 20 years,” says Dr. Sadreddin. “There are so many things we can do for patients now. No miracle cures yet. But we have so many more medications and tools to care for them and improve the quality of their lives.”

For more information about CPMC’s Movement Disorders Clinic, please call 415-600-7886 or visit: http://www.cPMC.org/advanced/neurosciences/movement/mvmt-disorder.html.

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**This is not intended to be a comprehensive listing of movement disorders, just a short reference guide for the disorders mentioned in this article.**
Lifesaving Care – From Neighborhood to Network

By Lily Tung Crystal

Santa Rosa resident Milton Jones was dying. From the time he was a teenager, the 62-year-old had battled chronic hepatitis B and then as an adult developed hepatitis C—both viral diseases that lead to inflammation of the liver. Eventually, Milton’s liver developed cirrhosis, or advanced scarring, and he hung at the edge of liver failure. In May 2013, Milton’s physician referred him to Aruna Jayaraman, M.D., a gastroenterologist at Sutter Pacific Medical Foundation in Sonoma County who specializes in diseases of the digestive system.

Dr. Jayaraman initially screened Milton for varices—large veins in the esophagus that often occur when cirrhosis begins. But by the fall, so many toxins had built up in Milton’s bloodstream that he went into a coma. When he came out of it, Jayaraman urged him to consider a liver transplant. Milton refused. “I was convinced that the transplant wouldn’t work,” he recalls. “I had had a bad surgery years before, so I was scared to have another.”

Do or Die
Through the next four months, Milton went into a coma three more times. “He was a walking dead man,” says Milton’s wife, Cynthia Howell. “He looked 100 years old. His face was a skeleton. If he didn’t get a new liver, he probably wouldn’t make it to the end of the month.”

“He had to be put on a ventilator because he couldn’t breathe on his own,” explains Dr. Jayaraman. Even though she wasn’t on call each time Milton was admitted, Dr. Jayaraman was so committed to his care that she would go in on her off hours and check on him.

“As far as I’m concerned, Dr. Jayaraman walks on water,” says Milton. “She loves her patients. She leaves no stone unturned. She tells you everything she wants you to do, and she makes sure you do it.”

When he awoke from his fourth coma in January 2014, Dr. Jayaraman stressed the growing urgency of Milton’s situation, and she and Cynthia convinced him to get evaluated for a liver transplant.

“It was do or die, and I felt my world was coming to an end,” Cynthia confesses. “I didn’t know how I was going to live without him. We’d been together for over 15 years. I’m the only one he’s got, and he’s the only one I’ve got.”

Continuity of Care
Milton was finally on board, but there was one catch. Sutter Santa Rosa Regional Hospital (SSRRH), near his home, doesn’t offer transplant surgery. Yet Dr. Jayaraman assured Milton that the Sutter team he’d come to know could still help coordinate his care.

That’s because Sutter has a network of doctors and hospitals that offer patients a continuum of primary to advanced care. So, Dr. Jayaraman referred Milton to Adil Ed Wakil, M.D., associate chief of hepatology at Sutter Health CPMC—one of the nation’s leading transplant centers.

Most recently, CPMC was recognized by the Scientific Registry of Transplant Recipients as the only hospital in the country having both kidney and liver transplant programs with better-than-expected post-transplant survival rates.
**A Miracle**
This past January, CPMC’s transplant team determined that Milton was indeed a candidate for a new liver. Now all he had to do was wait.

Just a month later, the phone rang. It was CPMC saying that doctors had found an organ, so the couple excitedly headed 50 miles south for the transplant.

When Milton came out of surgery, Cynthia recalls, “I was ecstatic. I witnessed a miracle. He looked so much healthier that you wouldn’t believe the change. Dr. Wakil is the guru of all doctors. The entire Sutter staff pushed for life; they just wouldn’t accept Milton dying.”

**Extensive Network**
Through Sutter’s network, Dr. Wakil also was able to ensure that Milton would flourish through his recovery. Even though Milton didn’t live close to the transplant center, CPMC’s liver transplant specialists could come to him. The Center for Liver Disease has 12 outreach offices throughout California and Nevada, making it one of the most extensive networks of transplant care in the country. Doctors like Wakil travel among the outreach offices, while most sites also have a dedicated nurse practitioner. The system allows transplant patients all over the state to receive seamless care from one team of specialists. Milton currently sees Dr. Wakil in Santa Rosa for his regular transplant visits and still has access to Dr. Jayaraman for his gastroenterology needs.

“While other programs might release their patients exclusively to their local doctor after six months, CPMC follows its patients indefinitely,” says Dr. Wakil. “Once a transplant patient, always a transplant patient.”

**New Lease on Life**
With the help of his care team from Santa Rosa to San Francisco, Milton accepted his new liver and responded remarkably well. “He had an amazing outcome,” attests Dr. Jayaraman. “He’s a whole new person with a new lease on life.”

Eventually, Milton was able to return to his job as a sanitor at Amy’s Kitchen, the organic food company, and live more fully with Cynthia, the love of his life. “I feel like I’ve been reborn,” he muses. “My mind’s clearer. I have strength and energy. I’m blessed that I got a second shot. The Sutter team not only saved my life, they gave me my life.”

FOR MORE INFORMATION, PLEASE CONTACT:

**Sutter Pacific Medical Foundation Gastroenterology Services**
34 Mark West Springs Road, Santa Rosa, CA 95403
Tel: 707-541-7900
sutterpacific.org/services/gastroenterology

**CPMC’s San Francisco Center for Liver Disease**
2340 Clay Street, San Francisco, CA 94115
Tel: 415-600-1020 (hepatology);
415-600-1001 (transplant)
cPMC.org/liver

Both Sutter Pacific Medical Foundation Gastroenterology Department in Santa Rosa and the San Francisco Center for Liver Disease at Sutter Health CPMC offer treatment for patients with chronic hepatitis.

For patients who have end-stage organ complications for liver disease or need to be evaluated for a liver transplant, CPMC’s Department of Transplantation provides care in San Francisco, as well as at its outreach offices in Chico, Eureka, Fresno, Modesto, Novato, Oakland, Palo Alto, Reno, Sacramento, San Jose, and Santa Rosa.
Gastric Sleeve
- Average excess weight loss: 70 - 90%
- Restricts food intake & decreases amount of food used
- Second most common bariatric procedure in the U.S.\(^1\)
- Emerging as most common procedure due to positive safety and outcomes.

Gastric Band
- Average excess weight loss: 40%
- Decreases food intake
- Reversible surgery
- Third most common bariatric procedure in the U.S.\(^1\)
- Least invasive, but some device-related problems can occur

Gastric Bypass
- Average excess weight loss: 70 - 90%
- Restricts food intake and reroutes food
- Reversible surgery
- Most common bariatric procedure

Helping Patients Achieve Weight Loss

By Shaun Ralston

Obesity is a life-threatening disease that causes about 300,000 premature deaths annually. If you are morbidly obese—a body mass index of 40 or greater—metabolic bariatric surgery may be the right choice.

At Sutter Santa Rosa Regional Hospital, three bariatric surgical options—Roux-en-Y gastric bypass, vertical sleeve gastrectomy, and adjustable gastric banding—are available. Patients work closely with their surgeons to identify the option that will provide them with the best possible success. Roux-en-Y gastric bypass has the longest history of the three operations. During a Roux-en-Y gastric bypass procedure, the stomach size is reduced to a small pouch, and a portion of the small intestine is bypassed. This combination restricts the patient’s food intake, and also causes many changes in hormones and metabolism that promote weight loss and other metabolic improvements.

Vertical sleeve gastrectomy is the newest of the three surgical options. During a “sleeve,” the greater curve of the stomach is removed and a slim tubular stomach is created. Like the Roux-en-Y gastric bypass, it involves restricting stomach size and creating metabolic changes, but not as strong as in the bypass. Bariatric surgeons predict it will likely be shown to have the lowest long-term complication rate as the overall experience matures.

Adjustable gastric banding with the LAP-BAND® or Realize® band involves restricting stomach size by placing an adjustable gastric band around the stomach. There are no major hormonal effects, so the procedure is not as strong as the other operations. Also, frequent follow-up appointments and adjustments are required for long-term success. “Depending on each patient’s contributing medical factors, including co-morbid conditions—such as diabetes, metabolic syndrome, and acid reflux disease—previous gastrointestinal surgeries, and the need for certain medications, we can identify the best treatment option by weighing the risks and benefits of each procedure,” says Robert Woodbury, M.D., director of metabolic and bariatric surgery at Sutter Santa Rosa.

“Generally, when patients present with interest in bariatric surgery, they will attend an educational seminar where they will be introduced to the concept of a global treatment plan for the disease of obesity, including lifestyle therapy, medical treatment, and surgical options.” All patients interested in bariatric surgery participate in the preparatory program at Healthy Steps Therapeutic Lifestyle Center, where they meet with a variety of lifestyle professionals—including exercise trainers, dietitians, and psychologists—and benefit from support groups and educational classes. The team at the Sutter Bariatric Clinic coordinates the medical preparation, peri-hospital education, and administrative issues. During this time, the weight-loss process starts, with most patients losing between 20-50 pounds prior to surgery.

Patients work closely with their surgeons to identify the option that will provide them with the best possible success.

The Metabolic Bariatric Center at Sutter Santa Rosa

Santa Rosa is designated as a Comprehensive Center by the MBSAQIP, which is the accrediting body of the American College of Surgeons, and the American Society of Metabolic and Bariatric Surgeons. To learn more about the Metabolic Bariatric Surgery Program, visit suttersantarosa.org/bariatrics.
Bariatric Surgery Informational Seminars
No Appointment Needed
2nd Saturdays, 12:30–2 p.m.
Wells Fargo Center for the Arts
50 Mark West Springs Road,
Santa Rosa
and
3rd Tuesdays, 6–7:30 p.m.
Petaluma Community Center
320 N. McDowell Blvd., Petaluma
Surgery Clinic 707-577-7800
suttersantarosa.org/bariatrics

Birth Express
August 13, 6–9:00 p.m.
Meets for three hours and goes over labor and delivery, including relaxation techniques and pain relief options. $45/couple or $80 if taken with Infant Care/Breastfeeding.
Sutter Warrack Campus, 2449 Summerfield Road, 2nd Floor Conference Room, Santa Rosa
Email simmonmc@sutterhealth.org or call 707-576-4592.

Childbirth Preparation 6-Week Series
Thursdays: June 25–July 30;
Tuesdays, August 4–September 8;
Thursdays, September 3–October 8.
Series meets on six consecutive Tuesday or Thursday evenings to prepare expectant couples for the emotional and physical changes that occur during pregnancy, labor and delivery. $100/couple.
Sutter Warrack Campus, 2449 Summerfield Road, 2nd Floor Conference Room, Santa Rosa.
Email simmonmc@sutterhealth.org or call 707-576-4592.

Childbirth Preparation Weekend Intensive
Fridays, 6–8:00 p.m. & Saturdays, 9 a.m.–3 p.m., July 17 & 18;
September 18 & 19.
Designed for the busy working couple, condensing 6-week series into one weekend. $100/couple.
Sutter Warrack Campus, 2449 Summerfield Road, 2nd Floor Conference Room, Santa Rosa
707-576-4592

Infant Care and Breast Feeding
Infant Care:
Learn about what happens to your baby during your hospital stay and caring for your newborn at home. 9–11:00 a.m. Call 707-576-4592 for an appointment.
Breastfeeding:
Get off to a good start by learning how to breastfeeding soon after birth and successfully at home. 11:30 a.m.–1:30 p.m.
Call 707-576-4592 for an appointment.
$35 single class or $70 for both.
Sutter Warrack Campus, 2449 Summerfield Road, 2nd Floor Conference Room, Santa Rosa
707-576-4592

Living Well With Advanced Cancer Support Group for Women & Men
For women and men who are living with advanced cancer,
1st & 3rd Wednesday of each month, 3:30–4:30 p.m.
707-521-7785

Lymphedema Prevention & Care Class
2nd & 4th Tuesdays
6:00-8:00 p.m.
For persons undergoing cancer surgery or those at risk for developing lymphedema. Preregistration required.
2449 Summerfield, Santa Rosa
707-521-7785

Meet & Greet with Pediatricians
4th Wednesdays, 12:30–1:30 p.m.
3883 Airway Dr. or
4702 Hoen Ave., Santa Rosa
Email simmonmc@sutterhealth.org or call 707-576-4592.

Blood Cancer Support Group
For men and women with any type and any stage blood cancer.
1st Tuesday of each month,
5:30-6:30 p.m.
2449 Summerfield Road, Santa Rosa
707-521-7785

OB Hospital Tour
Wednesday evenings, 6:30–7:30 p.m.
Tour and see the very latest in family-centered maternity care options. 30 Mark West Springs Road, Santa Rosa 95403. Email simmonmc@sutterhealth.org or call 707-576-4592.

Partners, Family and Caregiver Support Group
Every Wednesday, 6–7 p.m.
For adults who are close to, or are caregivers for, someone facing cancer.
2449 Summerfield Road, Santa Rosa
707-521-7785

Prostate Cancer Support Group
1st Mondays
6:30-8:30 p.m.
Get important information and meet men who are living successfully and well with cancer. Partners welcome.
2449 Summerfield Road, Santa Rosa
707-521-7785

Women’s Cancer Support Group
2nd & 4th Wednesdays
5-6 p.m.
For women with any type and any stage of cancer.
2449 Summerfield Road, Santa Rosa
707-521-7785

Young Women’s Cancer Support Group
2nd & 4th Tuesdays,
12:30–1:30 p.m.
Educational and emotional support for women 45 and under with any type and any stage of cancer.
2449 Summerfield Road, 2nd Floor, Santa Rosa
707-521-7785
Our Network of Care includes doctors, urgent care centers and hospitals throughout Sonoma, Lake, Marin and San Francisco counties working together to meet your complete health care needs. Call 1-888-699-DOCS (3627) to find a doctor near you.
Sutter Health Plus is an affordably priced HMO plan affiliated with Sutter Health, one of Northern California’s most respected health care networks.*

Individual, small and large group plans include:
- Copay Plans
- Deductible Plans
- High-Deductible Plans (HSA-compatible) for small and large employer groups

For more information about Sutter Health Plus, please call Member Services at 855-315-5800 or visit us at sutterhealthplus.org.

*View Sutter Health Plus network hospitals listed as top performers at http://www.jointcommission.org/assets/1/18/TJC_Annual_Report_2014_FINAL.pdf

The people portrayed in this ad are models and not real members, patients or providers.