

A publication of

B BLESSING
HEALTH

Personal BLESSING

OUR PATIENTS. THEIR STORIES.

FALL/WINTER 2024



Strong Women.
Fascinating Stories.
Exceptional Healthcare.

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Yes, we CAN do that! Meet a surgeon helping people stay in town for complex care

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Meet the new doctors improving the health of our communities

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New treatment for people with uncontrolled high blood pressure

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Published by the Marketing, Communications & Community Relations staff of Blessing Health, *Personal Blessing* provides general information on health-related topics. It is not intended to be a substitute for professional medical advice, which should always be obtained from your physician.

The Blessing Health Mission Statement:

To improve the health of our communities

The Blessing Health Vision Statement:

Blessing Health will be exceptional

- in providing a safe, high-quality healthcare experience;
- in being the best place for providers to practice;
- in being a place where employees want to work and students want to learn; and
- in partnering with our communities.

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Medicare Advantage plan changes coming to Blessing Health in 2025

Learn more at blessinghealth.org/medicareadvantage



How do you measure exceptional?

By Brian Canfield, President/Chief Executive Officer, Blessing Health

Our mission is to improve the health of our communities

Our vision is to be exceptional in:

- Providing a safe, high-quality healthcare experience
- Being the best place for providers to practice
- Being a place where employees want to work and students want to learn
- Partnering with our communities

Exceptional is what every Blessing staff member strives to achieve in the delivery of your health care.

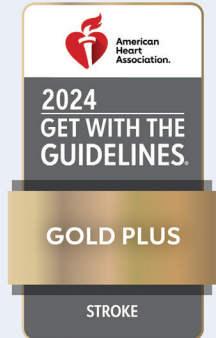
How do we know if we have hit the mark? The most important way is the feedback you give us about your care. If you are asked to complete a survey, please consider doing so. Whether you want to tell us how well we did for you, or where we can improve, we want to hear what you have to say.

Another way we measure exceptional is what national organizations say about our care.

Award-winning stroke care

For the fourth consecutive year, the **American Heart Association** awarded **Blessing Hospital** with its *Get With the Guidelines Gold Plus Award* for meeting or exceeding national core standard levels of care in stroke care.

To learn more about our stroke care and how you can recognize the signs of stroke using the BE FAST method, go to blessinghealth.org/stroke.



A proud high performer

For the sixth consecutive year, *U.S. News & World Report* named **Blessing Hospital** a "High Performing Hospital" as part of its 2024-2025 Best Hospitals report for care in the following areas:



- Chronic obstructive pulmonary disease (COPD)
- Colon cancer surgery
- Heart attack
- Heart failure

The national ratings are designed to assist patients in making informed decisions about where to receive care for health conditions or elective procedures.

Of the nearly 5,000 hospitals that U.S. News evaluated, Blessing Hospital is among only 38% that earned a "High Performing" rating.

Recognition like this leads us to the highest honor of all, to be your healthcare provider of choice. Please learn more about the care available to you on the following pages of this magazine from our patients and our staff. *Thank you.* ■

Are you a candidate for lung cancer screening?

Lung cancer is the second most common cancer in both men and women in the United States

It is projected that there will be over 200,000 new lung cancer cases diagnosed, and more than 125,000 deaths will occur from the disease during 2024. Lung cancer remains the leading cause of cancer-related deaths in the United States, more than colon, breast and prostate cancers combined.

Many people are unaware they have lung cancer until it has reached an advanced stage, making it more difficult to treat and reducing the survival rate. However, studies have shown that a low-dose CT scan can reduce the risk of dying from lung cancer by up to 20% in high-risk individuals. That is a significant difference that could potentially add years to your life.

What is a lung cancer screening CT?

The only recommended screening test for lung cancer is a low-dose CT (LDCT). During a lung cancer screening CT you lie on a table and an X-ray

machine uses a low dose of radiation to make detailed images of your lungs. The scan only takes a few minutes and is not painful.

The first step is to schedule an appointment with your doctor or other health care provider to discuss the benefits and risks and decide if an LDCT screening is right for you. If it is, and no abnormalities are discovered on your lung cancer screening CT, your doctor may recommend you undergo another scan in a year if you continue to meet high-risk criteria. Most insurance plans and Medicare help pay for the recommended lung cancer screening CT.

Don't wait. Talk to your doctor today about getting a lung cancer screening CT. Your health is your most valuable asset, and taking this simple step could make all the difference. Embrace the power of early detection, and give yourself the gift of peace of mind. You deserve it. ■



You may be considered high-risk and meet the criteria for a low-dose CT scan if:

- ✓ You are between 50 and 77 years of age
- ✓ You are either a current smoker or have quit within the last 15 years
- ✓ You have a tobacco smoking history of at least 20 “pack years” (an average of one pack, which is 20 cigarettes per day for 20 years)
- ✓ You don't have any signs or symptoms of lung cancer
- ✓ You receive an order from your doctor or health care provider after having a shared-decision making discussion

Meet a mommy warrior

It's amazing what the human spirit—and body—can endure.

Some of us may feel ignored by a friend, or get a paper cut, and have an emotional meltdown.

Then, there are people like **Katie Torrance**.

Before she was 16 years old, Katie lost both of her parents to heart attack, leaving her with anxiety and post-traumatic stress disorder.

Today, Katie is a paraprofessional working with students at Chaddock in Quincy, because, as she says, “I believe that sometimes, trauma knows how to deal with trauma.” Chaddock is an internationally recognized leader in the treatment of children suffering from the psychological, emotional and spiritual effects of significant abuse, neglect and trauma.

Katie is also the proud mother of a 10-year-old daughter, **Jaiden**. But at 33 years old, life was not through littering Katie's life path with trauma.

Because she was young, medical guidelines say that Katie did not yet need to get screening mammograms. She could have been doing breast self-exams. Medical guidelines say these can begin at 20 years old. But Katie admits she, “did not take breast self-exams very seriously.”

That changed in March 2023 when, lying in bed one day, Katie by chance found a hard lump about the size of a walnut in her chest. She immediately went online and determined her lump had the characteristics of cancer.

“I was being told by friends, ‘Oh, you are going to be fine. It's nothing.’ I even said that to myself, but I didn't fully believe it.”

A mammogram, breast ultrasound and biopsy at the Blessing Breast Center proved Katie's worst suspicions to be true. She had invasive ductal carcinoma. Katie was devastated.

“I never thought I would get cancer. I figured with the trauma I had in my life I would be done with trauma. It was almost like it was not happening to me, that I was on the other side looking at myself. I cried.”

Katie takes charge

Even before her tears dried, Katie began putting together her care team, including board-certified Blessing Health surgeon **Emmanuel Bessay, MD**.

“We just knew we had to get this tumor out of my chest before it spread,” Katie said.

While her right breast contained the cancer, her left breast was cancer free. Because there is a high risk for recurrence when a woman is diagnosed at a young age, Katie chose to have a double mastectomy with breast reconstruction.

“This eliminated the chance of getting cancer in the other breast,” she said. “It would also help me on my reconstruction journey, because both breasts could be symmetrical. It might seem unimportant, but being a woman and having our breasts and hair are really big things to us.”

Her surgery was done on June 1, 2023.

More trauma led Katie to add more providers to her care team including medical oncologist **Kellie Flippin, MD**, and radiation oncologist **Mark Khil, MD**. Both doctors are nationally board certified and fellowship trained in their specialty. Katie needed their care because testing done on her tumor showed there was high risk that the cancer could reoccur. That meant she would have to undergo radiation therapy and chemotherapy.

Katie was hoping to avoid chemotherapy because she did not want to lose her hair. She did lose her hair and learned from the experience.



“I realized that it really isn’t hair that makes someone beautiful. Losing my hair was actually a warrior sign. Everybody knew that I was fighting something, and I’ve been a fighter my whole life because I had to grow up early.”

“This was just something that was going to increase my testimony one day, to show that even though things can get so rough, you can keep going. I saw my situation as inspirational to my students at Chaddock. They need to see life is worth the fight.”

Message received. One day during breast cancer awareness month 2023, as Katie worked in spite of the side effects of her chemotherapy, she walked into a Chaddock classroom to a surprise organized by her students with the help of teachers.

“It was ‘Miss Katie Day,’” she said. “We made paintings about breast cancer. We made bracelets. We made pink snacks. We all came together. Those kids saved me just doing that.”

“Most of all, I want to be a good role model for my

daughter. I want her to see that her mommy made it through this and that her mommy fought for her. I want her to see that she comes from a warrior, so she too is a warrior.”

Another member of Katie’s care team was Blessing Health nationally certified breast health clinical navigator **Jessica Nuebel, MSN, RN**. Jessica assists anyone who has a diagnosis of breast cancer, working one on one to guide them through the treatment process. Jessica helped Katie identify financial assistance to help pay for her care.

Katie needed to add another Blessing Health doctor as the final member of her care team. The type of tumor she had grows and spreads when exposed to the hormone, estrogen. Katie chose hysterectomy rather than ovarian suppression therapy to reduce her estrogen level and the chance the cancer would reoccur elsewhere in her body. Blessing Health board-certified obstetrician/gynecologist **Jessica Curry, MD**, provided that care to Katie.

“I cannot say enough about my breast cancer team,” Katie said. ■

Ladies, listen up

“I definitely want other young women to know that this can happen to you,” Katie said. “If it does, know that you can get through it. The most important thing is having a strong support system because there will be days when you will not be able to get out of bed, and you will be mad at God and say, ‘Why me?’ But we don’t know what is planned later on in our lives. I know that if I have gone through this much—losing my parents and this cancer—I know that God has some big plan for me.”

Katie has one more plea

“Please do breast self-exams. If you feel a bump or a lump or anything unusual, please go get it checked. The best thing you can hear is that you don’t have cancer. I could have ignored my lump and who knows where it would have spread,” Katie concluded.



Emmanuel Bessay, MD



Kellie Flippin, MD



Mark Khil MD



Jessica Curry, MD



Jessica Nuebel, MSN, RN



Women can talk to their health care provider about how to conduct breast self-exams properly. In addition, scan this code or go to [blessinghealth.org](https://www.blessinghealth.org), select **Treatments** from the blue menu bar, and go to **“B”** and select **Breast Health Classes**.

Woman's three-year struggle leads to discovery of a rare heart condition

Palmyra, Missouri, native Karen Minch jumped at the chance when a staff member from her dentist's office called to say they had a cancellation and could clean Karen's teeth a month earlier than expected. The rescheduled appointment may have helped save Karen's life.

She has lived with multiple sclerosis (MS) for the past 23 years. It is a disease that damages nerves and causes many different symptoms, including vision loss, pain, fatigue and impaired coordination.

Over the past three years, however, Karen began noticing new and different signs from her body that something was not right—dizziness, lightheadedness, cold hands and feet, feelings of pressure in her chest and neck and the ends of her fingers occasionally turning purple.

"I knew something wasn't right. But we just put it all on my MS, not realizing there may have been something else going on also," Karen explained.

She did have medical tests to determine the cause of her new symptoms. The results identified a failing gallbladder. It was removed, and the symptoms cleared up, but only for a while.

Then, Karen went to the dentist.

"Sitting in the dentist's chair I started having those pressures in my chest and neck—that weird, odd feeling—and the ends of my fingers were really turning purple," Karen recalled of her April 12, 2024 appointment. "The dentist said, 'We better forget the dental work and get you to the emergency room.'"

"I took myself to the Blessing ER. I was in the hospital for four days," Karen continued.

Over the course of the four days, Blessing Health interventional

cardiologist **Dr. Jeffrey Cook** ran tests to find the cause of Karen's new symptoms, including a chemical stress test that she failed, and then a heart catheterization—a test Karen did not undergo during her first round of testing three years ago.

The failed stress test and resulting heart catheterization led Dr. Cook to find the answer to Karen's troublesome new symptoms. They were being caused by a congenital heart defect called anomalous aortic origin of a coronary artery, also known as AAOCA. In short, the coronary artery is in the wrong place in the heart, disrupting the normal way blood flows through the heart and keeping oxygen-rich blood from getting to the heart muscle.

"One nurse told my husband, 'We've never seen anything like this,'" Karen said.

That's because AAOCA affects only 1% of the population. It is normally detected in newborns and corrected. But if undetected at birth, AAOCA can be fatal. Karen said she has read that most adults with AAOCA rarely live past 60. Karen is 57.

"Luckily, Dr. Cook kept pursuing this and said, 'I want a heart catheterization.' That is how he found it," she said.

"I started to suspect something was unusual when there was absolutely no sign of her left coronary artery at the standard position," Dr. Cook explained. "When we started looking for her right coronary artery on the other side, the left coronary lit up in the abnormal position—and more concerning, we could see it being squeezed while her heart contracted."

Karen needed open heart surgery to ease the pressure her heart was putting on her misplaced coronary artery when it contracted, an operation known as "unroofing". It was a success.



Karen Minch

“One of the first things I said when I came out of anesthesia was, ‘Feel my hands! My hands are warm,’” Karen said. “I had cold hands and feet my whole life, and now I had this oxygen and blood flow going through my heart that I never had before.”

Karen and her husband Ace credit their deep faith and the prayers of friends around the country and in Karen’s hometown of Palmyra, Missouri, for her eventual diagnosis and treatment.



Jeffrey Cook, MD

And of course, she credits Dr. Cook.

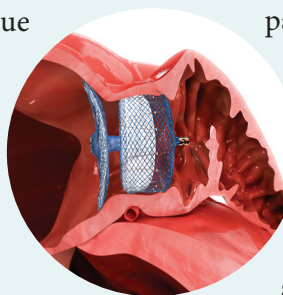
“He had the eye to see something different, unique and rare was going on with me and how it could best be treated,” Karen concluded.

“Certainly, this is one of those scenarios that you learn about while preparing for board certification exams, but only encounter a few times in your career,” Dr. Cook added. “For me, this

was only the second time I saw the entire left coronary artery come from the right side.” ■

NEW OPTION TO DECREASE AFIB-RELATED STROKE RISK

Patients living with an increased stroke risk due to nonvalvular atrial fibrillation (Afib) have a new care option at the Blessing Heart & Vascular Center. It’s called Amulet and is used for left atrial appendage closure (or LAAC). That is a term of which most patients may not be aware.



patients it did not fit, I had to refer them out of town for care. I don’t like to have to do that.

I want patients to be able to get their care locally. So, we’ve added Amulet as another option for nonvalvular Afib care.”

Amulet, also the brand name of the device, works just like Watchman, but has a double seal, contributing to a reduced risk of leakage around the device after it is implanted. Amulet also has a special coating on it that reduces the risk of blood clots, allowing most patients to stop taking blood thinners the same day they receive the implant.

Here is why

In October 2020, Blessing Health cardiac electrophysiologist **John Hammock, MD**, introduced Watchman to the region. Watchman is the brand name of a device that is placed permanently into the area of the heart where blood pools in patients with nonvalvular Afib. That area of the heart is the left atrial appendage. The pooled blood increases the chances for the formation of blood clots and for stroke. Watchman diverts blood from the left atrial appendage so it cannot pool and form blood clots, eliminating the need for the patient to take blood thinners for the rest of their lives. Instead of using the medical term for the procedure, left atrial appendage closure or LAAC, it has enhanced communication over the years to use the simpler term, Watchman.

Why add Amulet?

“Because everyone’s body is different, Watchman does not fit every patient,” said Dr. Hammock. “For those

What patients need to know

“Nothing changes as far as the procedure goes,” said **Diana Weatherford, RN**, structural heart navigator, Blessing Heart & Vascular Center. “It is still a one-time, minimally invasive procedure from which most patients go home the same day they receive the implant. Amulet is another option so patients can get their care locally and be protected from a stroke without the need to take a blood thinner.”

“The only change is, after four years, we won’t use the brand name Watchman to describe this procedure anymore, since we now have a second option called Amulet. We will now use the medical name of left atrial appendage closure, or LAAC, in describing the care we provide for increased stroke risk due to nonvalvular Afib.” ■



For more information on all the services of the Blessing Heart & Vascular Center, scan this code or go to blessinghealth.org/heart

Woman Finds local specialized care “easy to swallow”

While the disease is rare, Blessing Health surgeon **Dr. Fernando Bonanni** says for people who suffer with achalasia, how often it occurs does not matter.

“It’s a horrible disease that is often misdiagnosed,” said Dr. Bonanni, medical director of the Blessing Bariatric Institute/Heartburn and Reflux Center. “It is often mistaken for reflux, but it’s not, and it just gets worse and worse and worse.”

Board-certified surgeons, **Drs. Bonanni and Melissa Matrisch**, now offer a surgical option at Blessing Hospital to people living with achalasia. It is called robotic-assisted Heller myotomy with Dor fundoplication. Until now, the procedure was available only in urban areas.

What is achalasia?

Achalasia (pronounced ay-kuh-LAY-zhuh) is a swallowing disorder that affects the tube that connects the mouth to the stomach, known as the esophagus. In people with achalasia, the esophagus muscles cannot contract properly to push food into the stomach. That’s because the muscular valve that leads to the stomach – the lower esophageal sphincter – cannot relax to allow food to pass.

“In people living with achalasia, the nerve endings that make the lower esophageal sphincter open and close are missing, and the food cannot make it into the stomach. The esophagus is pushing against a blockage, and it gets worse over time,” Dr. Bonanni explained.

Due to the disease, the esophagus eventually becomes ineffective and enlarged. This results in a progressive inability to tolerate food and eventually liquids.

“Ultimately, people begin to aspirate food into their lungs. They start losing weight. They get chest

pain. It is very, very uncomfortable,” Dr. Bonanni continued. “Because it is often misdiagnosed, people suffer with it for a long period of time. In addition to the physical problems it causes, achalasia leads to stress and anxiety.”

“There is no cure for achalasia, and the condition never gets better without an intervention,” Dr. Matrisch stated.

The Heartburn and Reflux Center, a service of the nationally certified Blessing Bariatric Institute, performs esophageal motility studies as part of its menu of care. An esophageal motility study is how achalasia is diagnosed properly.

“Achalasia is impossible to diagnose without the appropriate diagnostic tests,” said Dr. Matrisch. “Thankfully, Blessing offers the technology necessary to diagnose this rare disorder. Previously, if someone needed additional testing for reflux/heartburn or difficulties swallowing, they had to travel over 2 hours. This would often mean several trips to get the office appointments and tests completed. Now you have the convenience of staying close to home.”

Treatment options

There are several nonsurgical options to treat achalasia, and Drs. Bonanni and Matrisch share all options with their patients. But they believe robotic-assisted Heller myotomy with Dor fundoplication offers many people living with achalasia the most effective and long-lasting treatment.

During the minimally invasive procedure, the surgeons split the malfunctioning muscle around the esophagus. Then, to reduce the chance for reflux, a Dor fundoplication is performed, during which the upper part of the stomach is



Fernando Bonanni, MD



Melissa Matrisch, MD

used to cover the split muscle at the lower part of the esophagus and act as a sphincter. This helps reduce reflux of acid from the stomach into the esophagus to prevent heartburn.

Performing the Heller myotomy procedure robotically, versus laparoscopically, gives the surgeon more degrees of motion when splitting the muscle and provides 3D imaging during the procedure, thereby reducing the risk for damaging the esophagus.

“The rate of cutting a hole in the esophagus when doing a laparoscopic Heller myotomy is as high as 15%. The incidence has been reported as low as 0.5% when done with robotic assistance.”

A patient's perspective

Seven years ago, while living in Florida, **Anne Fields** began having trouble swallowing. Her primary care doctor suggested over-the-counter indigestion medication. It didn't work, and with each passing year, Anne's symptoms grew worse, reaching a point where she could barely swallow liquids and was growing exhausted from poor nutrition.

It was not until she and her husband, a Blessing employee, moved to Quincy that Anne became a patient of Dr. Matrisch and the Heartburn and Reflux Center at the Blessing Bariatric Institute. After a series of tests, Anne was diagnosed with achalasia.

“After performing a history on Anne, I became concerned that her condition was more serious than reflux,” said Dr. Matrisch. “After appropriate diagnostic work-up, I was able to give her the diagnosis that has eluded her for years.”

“I knew I wasn't crazy. After seeing—I cannot tell you how many doctors—and being told, it's reflux,

or it's this, or it's that, or it's nothing and you're fine, finally I got my diagnosis so I could move forward,” Anne stated. “Dr. Matrisch is an amazing physician.”

After establishing the diagnosis, Dr. Matrisch consulted with her partner, Dr. Bonanni. They both recommended to Anne that she consider the robotic-assisted Heller myotomy with Dor fundoplication procedure. Drs. Matrisch and Bonanni then scheduled Anne for her surgery.

“I felt really comfortable with them,” Anne said of Drs. Bonanni and Matrisch, “and I felt that they were well qualified to do the surgery. It was an easy choice for me, when I compared all my options, to be able to stay close to home.”

After years of suffering, Anne was swallowing regularly again 10 days after her surgery on May 31.

“I realized after hearing from others with achalasia who had their surgeries in larger cities—New York, Chicago and St. Louis—that my experience was much better as far as having physician support,” Anne said. “I know I made the right choice. I can't tell you how amazing it is to have somebody right in our community who can do this.”

“We walk around as patients with these symptoms, and we don't know how far to push to get an answer to our issues,” Anne concluded. “The Heartburn and Reflux Center is such an asset. We have this resource right in our backyard that can improve people's lives. You don't have to suffer.”

“I encourage anyone living with uncontrolled reflux/heartburn or who has difficulty swallowing, like Anne, to schedule an appointment at the Heartburn and Reflux Center. We can help you get an accurate diagnosis for what ails you,” Dr. Matrisch stated. ■



Anne Fields



For more information on the care provided by the Heartburn and Reflux Center of the Blessing Bariatric Institute, scan this code or go to [blessinghealth.org](https://www.blessinghealth.org), click **Treatments** on the title bar, go to **“H”** and select **Heartburn & Reflux Center**.

Know your options before taking a medical Road Trip



Mark Corrigan

Learning you have a medical condition can be stressful. Believing you have to go out of town to receive the care you need—putting your life into the hands of a doctor and staff you don’t know at an unfamiliar hospital, away from your regular support system of family and friends—adds to that stress. Not to mention the hours on the road and precious days of care lost in between appointments.

Dr. David Lieber wants people to know who are facing the condition of a potentially cancerous tumor on a kidney or their bladder or prostate, that the medical care they need is here, no road trip needed.

“We have everything needed here at Blessing Hospital to care for these patients. They do not need to go to Springfield, Columbia or St. Louis,” he said.

Dr. Lieber is a board-certified, fellowship-trained physician, one of six Blessing Health urologists serving the needs of area residents.

He recently performed surgery on a patient with a mass on one of their kidneys, who believed they needed to leave the area for their care. At the out-of-town hospital, the patient was told the procedure would take

4 to 5 hours and require a 4- to 5-day hospital stay. The patient’s daughter suggested a second opinion from Dr. Lieber.

The patient followed their daughter’s advice, liked what they heard and had the surgery done by Dr. Lieber at Blessing Hospital.

“The procedure was done in an hour and a half, and the patient went home the same day,” Dr. Lieber said.

“I did a fellowship at Washington University in robotic care of kidney cancer,” he continued. “I have been doing the surgery for almost 20 years and have taught resident surgeons how to perform the procedure.”

“I was pretty impressed.”

Mark Corrigan is another patient of Dr. Lieber’s. He knew nothing of the doctor’s ability to remove masses from the kidneys and bladder, but his primary care physician did. Tests showed Mark had a softball-sized tumor growing on his right kidney.

“He said that Dr. Lieber would be the person in Quincy who would do the best job of handling something like this,” the 64-year-old Mendon resident said. “I think he (primary care physician) felt that

Dr. Lieber had the tools and techniques that I needed for what was going on with me.”

“I was very happy that my doctor recommended someone local, and when I met Dr. Lieber, I was very pleased with him.”

Mark did some research on his own and found that because of its size, the mass on his kidney had a 95% chance of being cancerous.

Dr. Lieber was aware of that fact, too. So much so that he scheduled Mark’s surgery for the day after their consultation appointment—a day that Dr. Lieber and his staff were scheduled to be off.

“I went to see Dr. Lieber for a consultation one day and had surgery with him 24 hours later,” Mark said. “I thought that was awesome and a little bit shocking that it was that quick. I was pretty impressed that he cared enough to do that.”

“Time was of the essence,” Dr. Lieber said. “With a tumor of the size Mark had, it needed attention sooner rather than later.”

With the size of the tumor, Dr. Lieber could have performed a traditional, open surgery to remove it. Instead he chose to do a combination of laparoscopic and open surgery to decrease the size of the incision needed and Mark’s recovery time.

The odds were wrong. Mark’s tumor was noncancerous (benign). However,

because of the tumor’s size, his right kidney had to be removed.

“The sheer size of the tumor was destroying Mark’s kidney, and it was no longer working,” Dr. Lieber said. “Even benign tumors can destroy the kidney on which they are attached and be a risk for bleeding.”

Other times, the story ends differently

Not every mass requires removal of a kidney or bladder.

Recently, Dr. Lieber performed surgery on a patient who had a small cancerous tumor on one of their kidneys.

“Using robotic surgery, I removed only the bad part of the kidney,” he said. “It’s like when you have an apple with a bruise on it. You can cut out the bruise and still can enjoy the apple. In this patient’s case, the kidney was functioning, except for the bad spot. We were able to go in robotically and trim out the bad section. The patient went home the same day.”

“This tumor was cancerous. But it appears all the cancer cells were removed, and it is possible the patient will be disease-free for the rest of their life,” Dr. Lieber added. “All indications are no further treatment will be necessary, but I will keep an eye on him for a long time.”

In addition to Dr. Lieber, Blessing Health’s Urology team includes **Drs. Bill Severino, Bradley Holland, Richard O’Halloran, Greg McLennan and Garry Sandhu.** ■

“We have everything needed here at Blessing Hospital to care for these patients. They do not need to go to Springfield, Columbia or St. Louis.”

DAVID LIEBER, MD



David Lieber, MD



For more information on Blessing’s Urology program and the care they provide, scan this code or go to [blessinghealth.org/urology](https://www.blessinghealth.org/urology)



Pictured left to right, Dr. Darr Leutz with the Velys knee replacement system and surgical team; Dr. Barry Werries with the ROSA and surgical team.

Technology increases precision as demand for knee replacement grows

Blessing Health orthopedic surgeon Dr. Darr Leutz is using new technology to replace worn out knees. He is very excited about the results it is delivering for his patients.

“It’s what I would want for my mother, sister, brother or myself,” he said.

It is the Velys robotic-assisted solution for total knee replacement.

Velys brings a level of digital precision into the operating room that delivers a real-time, personalized approach to each patient’s care based on their anatomy.

According to the American Academy of Orthopaedic Surgeons, more than 700,000 total knee replacements are performed annually in the U.S. This number continues to grow as the population ages.

How Velys works

Velys’s key features include optical trackers that communicate with a high-speed camera, and a robot-assisted device that Dr. Leutz uses to remove damaged bone with exceptional accuracy.

The two trackers are placed on the problem knee and communicate with the camera. This creates a 3D, real-time model of the patient’s knee. During the procedure, the data is updated continuously, enhancing the precision of the incisions made, and the balance of the replaced knee as the procedure progresses.

A knee replacement lacking proper balance and alignment leads to joint stiffness and instability.

“We are making knee incisions within 0.5 millimeters of accuracy and with a balanced knee virtually every time, thanks in part to direct feedback from the robot,” the doctor said.

For his patients, Dr. Leutz says Velys delivers less time in surgery, fewer incisions needed leading to less pain and a quicker return to normal function and everyday activities.

“All that is because Velys allows us to provide the patient with a game-changing level of precision of our incision and in the alignment and balance of their new knee.”

Lynette Russell agrees.

Lynette’s story

A Blessing Hospital employee, Lynette managed her knee pain in nonsurgical ways for 10 years. Then came May 5, 2023. She was in an auto accident that broke her left leg, the same leg with the troublesome knee.

“My knee was probably the size of a softball,” Lynette recalls. “It was huge. The accident suddenly changed my way of walking completely. I couldn’t do anything without constant pain.”

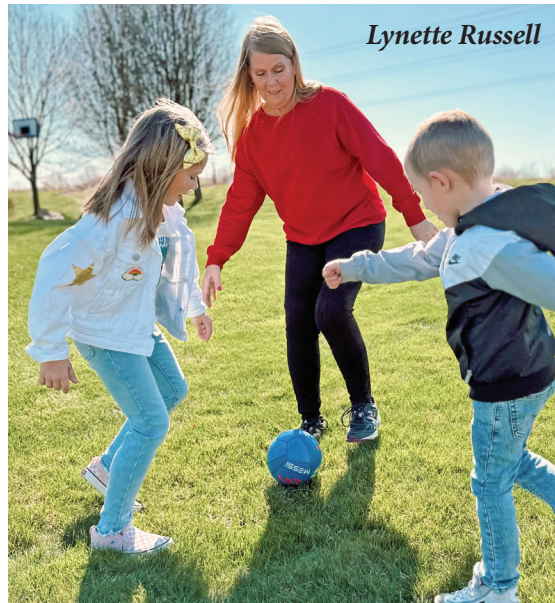
“Dr. Leutz told me I was now a perfect candidate for a total knee replacement,” she continued. “He also told me the procedure was going to be more precise and accurate than was possible in the past because he was now using the Velys system. I felt good about that.”

While faithfully following her physical therapy program after surgery, Lynette said she was back at work even more quickly than she expected. She is also now able to keep up with her busy grandkids without the pain that had plagued her for years.

In addition to appreciation for the skill and

knowledge of Dr. Leutz, Lynette has one more “thank you” to share.

“You have to thank modern technology. It keeps moving forward.”



Lynette Russell



Pam Porter

Orthopedics & Sports Medicine

Velys isn’t the only robotic-assisted technology for knee replacement at Blessing.

Dr. Barry Werries has used the ROSA system to replace more than 500 knees for Blessing patients.

ROSA delivers 3D images that show suggested sizes and angles of the minimally invasive incisions that will be needed during surgery, allowing Dr. Werries to make smaller incisions that reduce scarring, blood loss and pain, can shorten hospital stays and recovery time and can deliver a quicker return to daily activities.

“The data ROSA provides allows me to adjust for differences in patients and make each knee feel more natural as it moves within the leg,” Dr. Werries said.

Blessing Health employee **Pam Porter** has had each of her knees replaced by Dr.

Werries using the ROSA system.

“With each knee replacement they had me up and walking the day of surgery, and I was off of pain pills in three days. I felt so much better so fast,” Pam said. “Anyone who will listen to me, I tell them they have to have a robotic-assisted knee replacement. It’s just the only way to do it.” ■



For more information on joint replacement at Blessing, scan this code or go to [blessinghealth.org/ortho](https://www.blessinghealth.org/ortho)

Doctor's care influences patient's future

For the past 17 years, Isabella “Bella” Peterson has been under the care of Blessing Health plastic and reconstructive surgeon Dr. Arshad Muzaffar, as he and his team repaired her cleft lip and alveolus. An alveolus is a gap in the gum line.

Bella has undergone five surgeries, beginning seven months after she was born and concluding this year. Her surgeries included Dr. Muzaffar using a piece of Bella's hip bone to repair her upper gum line where bone did not grow.

Bella says her medical experience has made her a stronger person, and she plans to pay it forward.

“I know I want to do something related to the medical field,” she said. “I've been through so much with it. I feel this is where my passion lies.”

With her 4.0-grade-point-average, Bella plans to become a nurse.

“I want to work with kids who have cleft and craniofacial issues. Because of my experience, I feel I can relate to them and be able to provide comfort because they might see the end result of these surgeries in me.”

Her passion to help others, as well as her physical metamorphosis over the past 17 years, are befitting of her name. “Bella” means beautiful in Italian.

What are cleft lip and palate and craniofacial issues?

Craniofacial disorders involve malformation of head and facial bones. Specifically, cleft lip is an opening or split in the upper lip, and cleft palate is an opening or split in the roof of the mouth. They result when facial structures that are developing in an unborn baby don't close completely. The Centers for Disease Control reports that the condition affects about 1 in every 1,700 babies born in the United States. Cleft lip and palate can occur individually, or together.

Bella and Dr. Muzaffar in 2024

Complications of cleft lip with or without cleft palate can include difficulty feeding, ear infections and hearing loss, speech difficulties, dental problems and social and emotional challenges.

Surgery can reduce a child's chances for cleft complications. Treatment generally requires a series of procedures as the young patient grows and develops, as experienced by Bella.

The complexity of this care creates a strong and deep bond between provider, patient and family.



The relationship between the Petersons and their care team

Bella lives in Columbia, Missouri, where Dr. Muzaffar was working when she was born.

“We can’t say enough about him,” **Kim Peterson**, Bella’s mom said of Dr. Muzaffar. “When he left Columbia for Quincy, I cried. We were so thankful to be able to continue care here. We can’t say enough great things about Blessing. It’s been a wonderful experience for us.”

“Dr. Muzaffar is a perfectionist, and that is what you want in a surgeon,” Kim added.

“For me, it was a big trust thing,” Bella said about remaining a patient of Dr. Muzaffar. “I felt better knowing I had a surgeon that I had been with for a long time. Trust made it easier to go through these very hard surgeries.”

Dr. Muzaffar earned his medical degree from Yale University School of Medicine. He completed a residency in plastic surgery at the University of Texas Southwestern Medical Center. Dr. Muzaffar went on to complete two fellowships, including one in Craniofacial and Pediatric Plastic Surgery at the University of Washington and Seattle Children’s Hospital. He is double board certified by the American Board of Plastic Surgery.

Dr. Muzaffar provides this highly specialized care

as part of a nationally recognized team of specialists at Blessing. Other members of the Blessing Health Craniofacial Anomalies Clinic team are **Mark Mount, MD**, ear, nose and throat specialist; **Darren Wittenberger, DDS, MS**, orthodontist; **Gale Rice, CCC-SLP**, speech language pathologist, **Brittney Moore, PhD, LP**, neuropsychologist; **Shanna Dierker, APRN-**

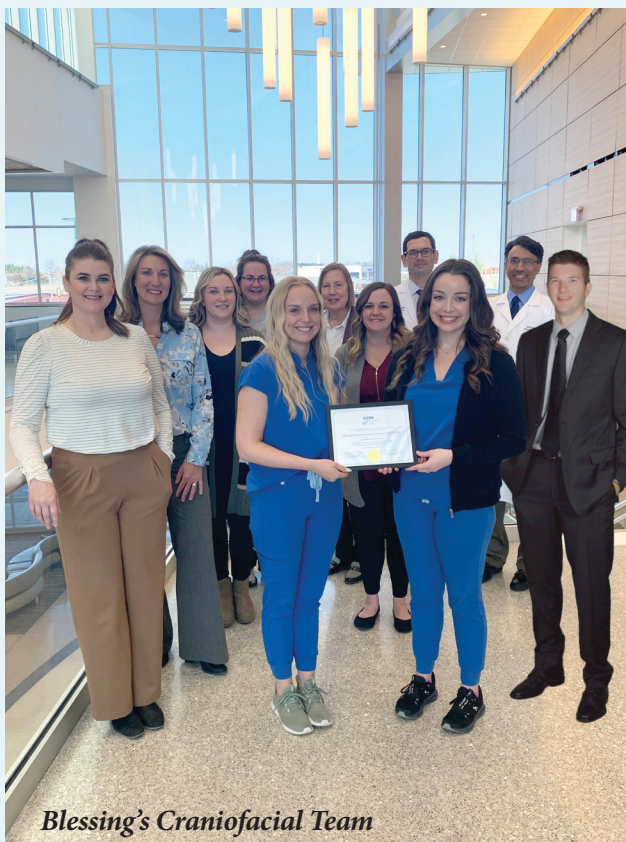
FNP, plastic & reconstructive surgery; and **Jennifer Hermann, BSN, RNFA, CNOR**, team coordinator and plastic surgery coordinator.

The team has earned “Cleft Palate Team” approval from the American Cleft Palate Craniofacial Association (ACPA) for meeting its standards, making it one of 200 approved teams in the United States and Canada. The next closest ACPA-approved teams to Blessing are in Springfield, Illinois; St. Louis, Missouri and Iowa City, Iowa.

“Members of the Blessing Health Craniofacial Anomalies Clinic team have been doing cleft care for many, many years,” said Dr. Muzaffar.

“Parents and guardians want their children cared for by providers who have delivered this specialized care for a long time and have demonstrated excellent results.”

“In addition to our years of experience, the ACPA recognition is another level of assurance for parents and guardians that our team meets or exceeds the national standards to provide their child with the life-changing care they need,” Dr. Muzaffar concluded. ■



Blessing's Craniofacial Team



For more information on Cleft Lip and Palate Surgery at Blessing, scan this code or go to blessinghealth.org/pediatricplasticsurgery

NEW PROVIDERS

DEPARTMENT OF CARDIOLOGY



Daniel Arman, MD

Board certified in interventional cardiology, cardiovascular disease and internal medicine, Dr. Arman earned his medical degree at the American University of Antigua College of Medicine. He completed a structural heart fellowship at the University of Michigan; an interventional cardiology fellowship at Baylor University Medical Center, The Heart Hospital; a cardiovascular medicine fellowship at the Medical College of Georgia at Augusta University and a cardiovascular research fellowship at University of Illinois at Chicago. Dr. Arman completed his residency at Mercer University School of Medicine in Georgia.

“Many of my patients live with chronic heart conditions that can be both debilitating and frightening. I strive to understand their experiences from their perspective. Building trust is essential; when patients feel that I can relate to them, it fosters a stronger bond. With that trust established, we can collaboratively implement their treatment plan as a team.”

DEPARTMENT OF NEUROSURGERY



Ryan Brennan, MD, FAANS, FCNS

Dr. Brennan is a decorated veteran who served as chief of neurosurgical operations and director of trauma critical care for U.S. forces in Afghanistan and earned the rank of lieutenant colonel. A graduate of Indiana University School of Medicine, he completed residency and a spine surgery fellowship at Cleveland Clinic and was a U.S. Army Skills Bridge fellow during which he served an assistant faculty rotation at Massachusetts General Hospital, Harvard Medical System. Dr. Brennan is certified by the American Board of Neurological Surgery, is a fellow of the American Academy of Neurological Surgery and a fellow of the Congress of Neurological Surgeons.

“The difference between treating a patient and caring for a person is a very important distinction to me,” Dr. Brennan said. “My patients get the care that I would want and that I would give to my wife and my children. I am going to treat you like family. You are going to get the very best care I can give you.”



Gayatri Sonti, DO, PhD

Dr. Sonti earned her medical degree at the Chicago College of Osteopathic Medicine and her doctorate in neuroscience from the University of Delaware. She completed residency and fellowship at Arrowhead Regional Medical Center, Colton, California. Dr. Sonti is certified by the American Board of Neurological Surgery.

“Taking care of each and every patient is a privilege,” she said. “A patient puts their trust and faith in their doctor. Having that privilege is priceless and comes with great responsibility.”

In addition to general neurosurgery, Dr. Sonti provides care for spinal trauma, brain and spinal tumors and hydrocephalus Chiari malformation.

DEPARTMENT OF ORTHOPEDICS AND SPORTS MEDICINE



Sean Moroze, MD

An Air Force veteran, Dr. Moroze graduated with honors from the Loyola University Chicago Stritch School of Medicine and completed an orthopedic surgery residency at San Antonio Military Medical Center.

In addition to his skill as an orthopedic surgeon – doing total joint replacements and all the other exceptional things you would expect that help people return to their activities of daily living without pain—he is also a “revisionist”. That’s an orthopedic surgeon who is also skilled in replacing artificial joints that have failed for one reason or another. He completed a fellowship in adult reconstruction/total joints at Florida Orthopedic Institute.

“It’s complex surgery. There is no guidebook for joint revisions,” Dr. Moroze said. “You get in there and see what the situation is and figure out what needs to be done to give the person their mobility back.”

To search our complete list of providers, please visit [blessinghealth.org/doctors](https://www.blessinghealth.org/doctors)

DEPARTMENT OF HOSPITAL MEDICINE



Eric Gladstone, DO

Certified by the American Board of Internal Medicine, Dr. Gladstone earned his medical degree from the Lake Erie College of Osteopathic Medicine and completed residency at Lenox Hill Hospital in New York.

Dr. Gladstone is a “nocturnist”, a hospital-based doctor who chooses to work nights.

“My parents were strict with bedtime. So, naturally I decided to only work nights,” he said.



Anshu Kataria, MD

Dr. Kataria earned his medical degree from Hackensack Meridian School of Medicine at Seton Hall University in New Jersey. He completed an internal medicine residency at Hackensack Meridian Jersey Shore University Medical Center.

His role model was his grandfather. “He believed in the power of education,” the doctor said. Dr. Kataria also holds a master’s degree in medical sciences and bachelor of arts degrees in cell biology/neuroscience and psychology.



Philippe Nyembo, MD

Dr. Nyembo graduated in the top 3% of his medical school class from the University of Rwanda College of Medicine and Health Sciences. He completed an internal residency at Hennepin County Medical Center in Minneapolis, Minnesota.

One of his role models was the program director of his residency program.

“She taught me that you can be a human and an amazing doctor,” Dr. Nyembo said.

He also holds a master of science degree in clinical research from the University of Minnesota Twin Cities in Minneapolis.



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DAISY Awards

Recognizing extraordinary care

Since the last issue of *Personal Blessing*, the following Blessing Health registered nurses joined the ranks of international DAISY award winners for delivery of extraordinary care, based on the nominations submitted by patients and their loved ones.



Ashley Sherwood · Cardiology Department

Nominated by a patient for her persistence in urging them to schedule heart testing prescribed by their cardiologist because of a low heart rate

"I ended up with a heart catheterization and now have a pacemaker. I am unsure what the outcome could have been without Ashley's persistence and caring manner. I am thankful for this, and to be here on this earth. Blessing has an amazing cardiology team."

Michelle Smith · Emergency Center

Nominated by the mother of a 12-year-old patient who had been in an accident and needed to be transferred to a higher level of care, meaning the patient would miss the school play in which they were to appear

"My daughter was very upset. Michelle not only comforted her, but bought her a special bracelet where you can track a sea turtle, since the play my daughter was in was "Finding Nemo". That bracelet cheered her up and is a special memory we now have from that bad accident. Thank you so much for your kindness and going above and beyond."



Sophia Bichsel · Blessed Beginnings

Nominated by a woman to whom she provided care who experienced a complication after giving birth to her first baby

"Alarms were beeping, and doctors rushed in; it was a very scary time, but one thing I remember so clearly was Sophia staying by my side and telling me that I was going to be okay. It was such a simple phrase, yet exactly what I needed to hear in that moment. Thank you, Sophia!"

Emily Hill · Illini Rural Health Clinic

Nominated by a patient

"Emily speaks in terms we non-medical people can understand. She laughs at my bad jokes, is never judgmental, always makes my visits comfortable and is very knowledgeable. Exceptional care, extraordinarily compassionate and a joy to visit with or be around."





Megan Rowland · 2 North

Nominated by a coworker for saving a 3-year-old who was choking

Megan was in a neighboring room when she heard the call. The girl was turning blue. Megan grabbed the little girl from the mom and started applying the infant Heimlich maneuver. The muffin successfully dislodged. The family was so appreciative."



Joni Winningham · Outpatient Behavioral Health

Nominated by a co-worker

"Joni carries a large caseload, but knows all of her patients well, and she makes them all feel validated and seen. She makes them all feel important, listens to their concerns and provides them with reassurance. I constantly hear from our patients how much they appreciate her and how thankful they are for all the time and patience Joni dedicates to them."



Megan Courtois · Blessing Walk-In Clinic

Nominated by co-workers for giving her coat to a patient who had none on a cold day

Knowing this poor woman was going to have to walk back home with no proper coat, Megan quietly walked over and grabbed her own coat off the wall hook. She gave it to this patient. The providers and other nurses tried to chip in and give Megan money to replace her coat, but she refused, saying she wanted to buy a new coat anyway.



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New procedure offers new hope for people with high blood pressure

This spring a first-of-its-kind medical procedure in Illinois was performed at Blessing Hospital.

The minimally invasive procedure is called ultrasound renal denervation, or uRDN. It is intended for people living with uncontrolled high blood pressure. In addition to being the first of its kind in Illinois, the uRDN procedure was not yet available at St. Louis area hospitals at the time the procedure was done at Blessing Hospital.

The patient involved in the historic uRDN procedure at Blessing Hospital is in their 50s and had a blood pressure of 158/95.

Blessing Health cardiologists **Dr. Jeffrey Cook** and **Dr. Steven Krause** are trained to perform the uRDN procedure. Dr. Cook performed the first one in the state of Illinois. Also participating in the procedure was Blessing Health kidney specialist **Dr. Thejeswi Pujar**.

When not controlled, high blood pressure can lead to heart disease, stroke, heart failure, kidney disease and dementia. At age 50, people without high blood pressure have a life expectancy five years longer than people with the condition.

uRDN is typically for patients whose high blood pressure remains uncontrolled despite making lifestyle changes and taking multiple medications. Using ultrasound energy waves from a specially designed device, the uRDN procedure calms overactive nerves surrounding the arteries that lead to the kidneys,

which has been shown to reduce high blood pressure. Combined data from clinical trials shows uRDN can bring a patient's uncontrolled high blood pressure down by 8 points within two to three months and by as much as 20 points over time.

The procedure takes 45 minutes to an hour, and patients typically return home the same day.

To be eligible for the uRDN procedure at Blessing, patients need to be referred by their primary care providers to the Hypertension Clinic at Blessing Hospital or Blessing Health Hannibal. The Clinic is a partnership between the nephrology and cardiology departments.

Dr. Cook feels there are many patients in the region who could benefit from the uRDN procedure.

"We want primary care doctors to know this option is available for their patients whose blood pressure is uncontrolled despite their best efforts," he said.

To qualify for care from Blessing Health's Hypertension Clinic, a person must have a blood pressure that remains above 140/90 despite being on at least three medications, and receive a referral from their primary care provider to the Hypertension Clinic at Blessing Hospital or at Blessing Health Hannibal. Individuals with questions may **call the nephrology department in Quincy** at (217) 214-6260 or **Lauren Brandenburger, NP, in Hannibal** at (573) 231-3863, option 5.

Programs, services and new technology featured in this issue of *Personal Blessing* are made possible in part by donations to Blessing Hospital and the Blessing Foundation. The Giving Society is an honor roll of those showing love through charitable giving of \$100 and above. Gifts below were received for the following services: 4th Floor Pediatrics, Behavioral Health Services, Blessed Beginnings, Blessing Hospice, Blessing Hospice - Pike County, Blessing Hospital, Blessing Nurses Alumni Association Scholarship, Blessing-Rieman College of Nursing & Health Sciences General Endowment, Blessing-Rieman College of Nursing & Health Sciences Simulation Center, Blessing-Rieman College of Nursing & Health Sciences Unrestricted, Breast Services, Cancer Center & Radiation Services, Critical Care Fund PCU-IMC/ICU, Diabetes Patient Care Fund, Employee Crisis/Caring Club Fund, Heart & Vascular Center, Lauretta M. Eno Early Learning Center, Medical Scrubs Fund, Teresa Adams House, Blessing Foundation Unrestricted Fund, Wellness Center.

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