

A publication of

**B** BLESSING  
Health System

# Personal BLESSING

OUR PATIENTS. THEIR STORIES.

SPRING/SUMMER 2024



Experience & Excellence  
**GO HAND IN HAND**

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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 System Mission Statement:**

To improve the health of our communities

## **The Blessing Health System Vision Statement:**

Blessing Health System 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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# Improving the health of our communities: **How we're doing it**

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

## **Statistics say that about half of you reading this have high blood pressure. And some of you are living with high blood pressure that is not controlled even though you take at least three different medications.**

We now offer the **Blessing Hypertension Clinic** to help you with this. This new program works to bring previously unmanageable high blood pressure under control through a variety of options, while reducing the risks of heart attack, stroke and kidney disease.

The program helps people with blood pressure that remains above 140/90 despite being on three medications, and who receive a referral from their primary care provider to the Hypertension Clinic in the **Blessing Health Nephrology Department in Quincy**.

For more information or questions, contact nurse practitioner, **Taylor Welch**, at (217) 214-6260.

## **Blessing bariatric patients are losing it**

Since the program began in 2020, **Blessing Bariatric Institute** patients have lost a total of 68.5 tons; 46,037.1 pounds by surgical patients and 90,021 pounds by Medically Managed Weight Loss patients. That is wonderful news because, as is the case with high blood pressure, morbid obesity can lead to a host of chronic and sometimes fatal diseases. Losing weight reduces the risks.

Congratulations to the bariatric patients who have improved their lives through surgery with us and to those who have found success through the Institute's Medically Managed Weight Loss program. Let us help you.

For more information, visit [blessinghealth.org/bariatric](http://blessinghealth.org/bariatric).



## **Continuing to strike back at stroke**

Last year more than 370 people came to **Blessing Hospital** with stroke symptoms. We are a nationally designated Primary Stroke Center. The designation means our caregivers have proven themselves to a national organization to be ready and able to provide the highest quality stroke-related healthcare, which includes diagnosis, treatment, rehabilitation and education.

The hospital recently received re-designation as a Primary Stroke Center through 2026—a designation we've held for the past seven years.

For life-saving information on stroke care, visit [blessinghealth.org/stroke](http://blessinghealth.org/stroke).

## **Exceptional stories**

On the following pages, our patients and providers share their exceptional stories. If you are a **Blessing Health** patient, thank you. If you are looking for a medical home, our dedicated, skilled and compassionate caregivers would be honored to serve you and address your health care needs. ■

# Blessing Health

## THE HEART OF YOUR CARE

### CARDIOTHORACIC SURGERY



JOHN ARNOLD, MD



ANDREA LEONE, DNP,  
AGACNP-BC, FNP-C



JOHN HAMMOCK,  
MD, FACC, FHRS



OLEG YUREVICH, MD



KRISTEN BUERSTATTE,  
PA-C



JUSTIN HARTUPEE,  
MD, PHD

### ELECTROPHYSIOLOGY

### HEART FAILURE

### NON-INVASIVE CARDIOLOGY

### INVASIVE CARDIOLOGY

### STRUCTURAL HEART



PERVEZ ALVI,  
MD, FACC



UMUT GOMCELI, MD,  
FACC, FASE



FAROOQ JUNAID, DO



ELIOT NISSENBAUM,  
DO, FACC, FCCP



IRVING SCHWARTZ,  
MD, FACC



AMY BATES,  
APRN-AGACNP



DIANA WEATHERFORD,  
RN

### GENERAL CARDIOLOGY



ALYSSA CROWE,  
APRN, AGACNP-BC



JASON LITTLE,  
APRN-AGACNP



LYNDELL LOMAX,  
APRN-AGACNP



STACY LOWARY,  
APRN-FNP



ANNE SMITH, FNP

### INTERVENTIONAL CARDIOLOGY



JEFFREY COOK,  
MD, FACC, FSCAI



IMTIAZ ISMAIL, MD



STEVEN KRAUSE,  
DO, MHA, FACOI



KELSEY GRAY,  
APRN-AGACNP

Call **217.214.3424**  
to schedule an appointment.



**B** *BLESSING*  
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[blessinghealth.org/heart](http://blessinghealth.org/heart)

# A BRAVE HEART: One man's open-heart surgery journey

**Bill Aschemann** is a straight shooter. He has to be. Bill likes to trap shoot. But he's not only a straight shooter on the trap field. The 77-year-old also calls things the way he sees them.

"I have the utmost respect for Blessing's heart care," he said.

## How Blessing earned Bill's respect

Bill knew he had an irregular heart beat for a year. In 2023, when his condition reached a point where further testing was required, it was scheduled for a Monday. The Friday before the test, Bill spent time working in the yard. That changed his plans.

"I told my wife I think we need to go to the hospital now. I was not feeling right. I had a little pressure on my chest, and it just wouldn't go away. I thought, 'This isn't right.'"

Hats off to Bill for not ignoring his symptoms. After the unscheduled visit to the Blessing Hospital Emergency Center, a nationally accredited Chest Pain Center, Bill had a new plan for the first day of the week.

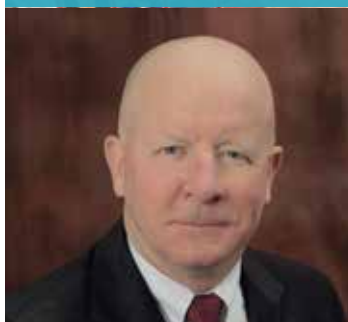
"They said Monday morning you're having open-heart surgery."

Four of Bill's arteries were blocked—one at 95%, two at 70% and one at greater than 50%.

"I thought I was just getting old. I had been noticing I ran out of gas and got tired really easily." It wasn't age bothering Bill—it was those blocked arteries starving his heart of oxygen.



Bill Aschemann



John H. Arnold, MD

## How Bill got his energy (and oxygen) back

Like so many others before him, Bill became a patient of Blessing Health's experienced heart surgery team and double-board-certified and fellowship-trained cardiovascular surgeon, **John H. Arnold, MD**. This year, Blessing celebrates 20 years of offering open-heart surgery to the region.

"I'll tell you one thing, I have nothing but admiration for that whole outfit," Bill said.

That includes everyone involved in his care—Dr. Arnold and the open-heart surgery team, the Cardiovascular Unit staff, Blessing Home Care and the cardiac rehabilitation teams who provided care after Bill's discharge from the hospital.

"I'm telling you, they are wonderful. They wait on you hand and foot, and their attitude is great."

One of Bill's memories of his care involves a night-shift cardiovascular unit nurse who came into his room at 4:30 a.m. and found him awake.

"She said, 'Buddy, you have got a full day today.' I said, 'Oh, I do? Why don't we get started right now?' She said, 'Are you serious?' I said, 'Why heck yes!' So, we started at 4:30 in the morning, walking up and down the hall," he recalled.

"It was really a good experience," Bill said of Blessing Health's heart care.

And that comes from a straight shooter. ■



For more information on Blessing's heart surgery, go to [treatments/heart-surgery](https://www.blessinghealth.com/treatments/heart-surgery)



# FREEDOM DELIVERED WITH A DEVICE THE SIZE OF A QUARTER

Mike Metcalf and Boston Scientific's Watchman device

**M**ike Metcalf invested 28 years of his life defending freedom around the world as a soldier in the United States Army. Today, the 76-year-old Palmyra, Missouri resident celebrates his freedom. His medical freedom.

Mike is free from needing to take blood thinners due to a heart problem. How did he earn that freedom? Mike became the 100th patient to receive a device known as a Watchman from board-certified and fellowship-trained cardiologist and electrophysiologist, **Dr. John Hammock**, of Blessing's Heart & Vascular Center.

Dr. Hammock and his team implanted a Watchman in Mike's heart to eliminate the life-threatening side effects of non-valvular atrial fibrillation. Afib, as it is known, is a condition that leads to spontaneous instances of irregular and very rapid heartbeat and can lead to blood clot formation, and possible stroke.

"An active life is important to me," Mike said. "The Watchman gave me back my freedom."

## About Afib

Episodes of Afib restrict blood from being efficiently pumped from the heart. When the heart can't pump out blood effectively, the blood can sometimes pool in the heart and form a blood clot. Blood clots can cause a stroke.

For many years, a person living with Afib not caused by a heart valve problem had no other choice than to

take blood thinners to reduce the risk of blood clot formation. Blood thinners come with concerning side effects of their own. Their job is to keep blood from clotting. Because of that, blood thinners also increase the chances that a person could bleed too much, and the situation would be difficult to control. Although infrequent, bleeding caused by blood thinners can be very serious or life-threatening. Lifelong use of blood thinners can also be costly.



## How Watchman helps

The Watchman device does not cure Afib. It stops the blood clot formation due to Afib.

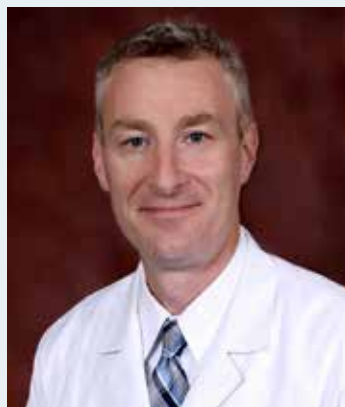
The size of a quarter, Watchman is placed permanently into the area of the heart where blood typically pools and forms clots. It diverts blood from the area so it cannot pool and form blood clots.

"It's a one-time, minimally invasive procedure that can permanently reduce the risks of stroke without the worries that

come with the lifelong use of blood thinners," stated Dr. Hammock. "Ninety-six percent of patients are able to stop taking blood thinners 45 days after their Watchman procedure with a reduced risk for stroke."

"It is exciting to see patients' faces when we tell them they can transition off their blood thinner, once an adequate seal has formed over the Watchman implant," added **Diana Weatherford, RN**, structural heart navigator, Blessing Heart & Vascular Center.

*(continued on next page)*



John Hammock, MD

## Mike's story

Mike experienced his first Afib episode in 1990. In the Army serving in Germany, he had just finished a more than 12-mile trail run and was having lunch with a friend who happened to be a doctor.

"I felt my heart just start beating crazy. I told my friend, 'My heart's running away.' He told me you can't feel your heart beat. But when he took my pulse he said, 'We're going straight to the hospital.'"

It was atrial fibrillation. Most people cannot feel their Afib heartbeat. For some reason, Mike can. He began taking blood thinners and, in an attempt to address his Afib, Mike had two ablations while in the Army. Ablation is a procedure to interfere with the electrical signals that cause irregular heartbeats. This can help eliminate episodes of Afib.

The ablations reduced the frequency of Mike's Afib, but did not stop it completely. His use of blood thinners continued.

Several years later, life threw Mike another curve ball. He experienced bleeding in his brain due to a genetic defect. It left him in a coma for two months. As a result, Mike had to stop taking blood thinners for many years, but his Afib continued as did his risks for blood clots and stroke. So eventually he returned to taking blood thinners as needed during Afib episodes.

## Mike finds an answer

After living around the world during his military service, upon retirement Mike and his wife of 40 years, Barbara, moved to Palmyra to be closer to family. Mike became a patient of board-certified and fellowship-trained physician **Gina Pontius, MD**, at the Palmyra Clinic.

"Dr. Pontius told me there was a doctor in Quincy who specialized in this, and he was tremendous," Mike said.

He made an appointment with Dr. Hammock. After that first appointment, Dr. Hammock performed a couple of ablations. However, ablation would not address his Afib. Dr. Hammock and Mike then talked about the Watchman procedure to eliminate Afib's risk of blood clot formation and stroke.

An intelligent man, Mike did his own research on the Watchman. What he heard and read confirmed what Dr. Hammock had told him about the benefits.

"I had no apprehension at all," Mike said about the procedure.

Thanks to his Watchman, by mid-January of this year, after years of using blood thinners, Mike no longer had to take them.

## Freedom

"I don't have to worry about blood thinners. You have to take blood thinners twice a day, on time, 12 hours apart. It's a pain. Not for me anymore."

Mike may still have Afib episodes, but he has ways to manage them by himself, or with the help of Dr. Hammock's team, without concern for blood clots and possible stroke.

"Dr. Hammock and his staff have been phenomenal," Mike concluded. "I trust them completely."

## What's next for Mike?

Mike and Barbara will soon be on the road to Arizona to see their daughter, and Mike will do what he loves—go crappie fishing at Roosevelt Lake. This trip will be different, though—no worries about taking blood thinners, thanks to his Watchman and Dr. Hammock and his team. ■



For more information on Watchman and all the services of the Blessing Heart & Vascular Center, go to [blessinghealth.org/heart](https://www.blessinghealth.org/heart)

# A strong friendship leads to **STRONGER HEARTS**

**“Walking with a friend in the dark is better than walking alone in the light.”**

American author, disability rights advocate, political activist and lecturer Helen Adams Keller said that. Her insight describes the relationship between **Joyce Hildebrand, Danny Vahlkamp** and **Rich Ellerman** (pictured, left to right).

“They are delightful,” Joyce said of Rich and Danny. “I thought, if those guys can do it, I can do it.”

“I got to feeling better and in a little bit better shape, and met some really nice people along the way,” Danny added.

“There were days when none of us felt like being here,” Rich said. “Joyce and Danny would still work pretty hard. I would feed off that.”

These three very different people met during 2023 when they participated at the same time in Blessing Hospital’s nationally accredited cardiac rehabilitation program after surviving heart disease.

## **What is cardiac rehabilitation?**

Blessing’s cardiac rehabilitation team works with a patient’s heart doctor to develop a health and wellness plan tailored to the patient’s specific needs and limitations. Studies show patients who participate in a cardiac rehabilitation program after a heart attack, heart failure or other heart problem that requires surgery or medical care, lessened their chances of another

heart attack and decreased their chance of death related to their condition in the following five years by about 35%.

Participating in a cardiac rehabilitation program has also shown to lessen the physical and emotional effects of heart disease and

improve a person’s confidence and well-being. Those who actively participated in a cardiac rehabilitation program reported improved stamina and strength, returning to their usual activities, including work, hobbies and regular exercise quicker than those who did not participate.

## **How does it work?**

Patients attend cardiac rehabilitation for one hour, three times a week. They follow a structured physical fitness program that helps gradually build endurance and heart and lung function through the use of cardio

machines such as treadmills and stationary bikes, in addition to strength-training exercises. Participants are monitored by cardiac rehabilitation nurses in the program’s gym.

“A heart condition is scary,” said **Tori Davenport, RN**, Blessing cardiac rehabilitation. When patients come to see us in the outpatient gym after their heart event, they can be overwhelmed seeing the exercise equipment. It usually doesn’t take long for them to become comfortable with their exercise routine, knowing that they are monitored by cardiac nurses and alongside other patients that, oftentimes, become friends.” *(continued on next page)*



# BLESSING HEALTH CARDIAC REHABILITATION

In addition to exercise, cardiac rehabilitation offers opportunities to obtain wellness education focusing on a range of healthy-living topics including eating, weight loss, smoking cessation and stress management. When needed, the cardiac rehabilitation team will also work with the patient and their provider to maintain a healthier range for blood pressure, diabetes and cholesterol numbers.

Blessing Hospital's cardiac rehabilitation program holds accreditation from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

## Joyce's story

### Joyce Hildebrand

is a retired Blessing Hospital nurse. One day, the 79-year-old was not feeling well. Her husband, Kenny, suggested a visit to the Blessing Hospital Emergency Center. Joyce agreed, but suddenly changed her mind.

"On the way I started to feel better," she recalled. "I said to Kenny, 'Let's go back home.' He said no."

Kenny's decision may have saved Joyce's life. She underwent open heart surgery for a quadruple bypass to re-route the blood around blockages to her heart. At the suggestion of her surgeon, Joyce participated in Blessing's cardiac rehabilitation program for three months.

"I wanted to make sure I recovered totally and was able to be myself again," Joyce said about her decision to participate in cardiac rehabilitation.

In addition to strengthening her body after major surgery, the program boosted her spirit.

"The best thing it did is it gave me more self-confidence that I was going to be okay."

## Danny's story

A 79-year-old Air Force veteran and retired electrician, **Danny Vahlkamp** enjoyed a piece of fried chicken late one night and soon began experiencing what he thought was indigestion. Thirteen hours later, after over-the-counter indigestion medicine did not help, Danny went to the Blessing Emergency Center.

"Indigestion medicine does not fix a heart attack. I found that out," he said.

Danny left the hospital with six stents to

improve the blood flow through his narrowing heart arteries and chose to participate in cardiac rehabilitation.

"I felt the program gave me a good basis to know what to do to try to get myself better. I was happy with what I did here."

Today, Danny continues to exercise, using free weights and a recumbent bike his children bought him for Christmas.



Blessing Cardiac Rehabilitation nurses Tori Davenport, Linday Sperry and Beth Haugh

## Rich's story

**Rich Ellerman**, a veteran of the Marine Corps and a self-employed entrepreneur, is the youngest of this trio of cardiac rehabilitation graduates.

During a routine visit to his primary care provider, **Dr. Matthew Cormier** of the Blessing Employer Clinic, Rich asked him about some mild, flu-like symptoms he had been feeling that would come and go. That conversation led to two tests – an electrocardiogram (EKG) and a stress test – and the diagnosis by Blessing Health cardiology of multiple heart blockages. Rich received four stents to improve blood flow.

In his years since leaving the Marines, Rich was busy building a career and not as physically active as he knew he should be.

*(continued on next page)*



“Cardiac rehab was a chance to be physically active again,” he said. “If I had not walked out of here feeling good about the progress that I made and the ability to continue what this program started in me, I probably would have returned to the same things I was doing,” he said. “Cardiac rehab gives a person the ability to redevelop good habits.”

Upon completing cardiac rehabilitation, Rich worked with a personal trainer to develop a long-term exercise program and works out three to five times a week.

“The program provides the opportunity to be self-accountable, to know that recovery is possible and that you don’t have to do it alone,” he concluded.

### From the nurses’ point of view

Joyce, Danny and Rich have high praise for the nurses of Blessing’s cardiac rehabilitation program.

“They are motivating. They are the best,” Joyce said.

The nurses feel the same way about this trio, and all of their former patients.

“Cardiac rehab is definitely a team effort involving the patient, doctors, nurses and dietitians,” said Blessing cardiac rehabilitation nurse **Linda Sperry, RN**. “Joyce, Danny and Rich were also part of their own team. They were very supportive of each other and had a special bond. It was very rewarding coming to work and seeing them work together.”

“A lot of times health and mental hurdles come into play after a heart condition,” nurse Tori Davenport added. “Joyce, Danny and Rich were there to pick each other up. They used each other to lean on for good outcomes physically and mentally. They made big strides.”

Danny adds the following advice—“Make changes before it is too late.” ■



A doctor’s referral is required to participate in cardiac rehabilitation. For more information, go to [blessinghealth.org/treatments/cardiac-rehab](https://blessinghealth.org/treatments/cardiac-rehab)

## What are the symptoms of heart attack?

The major symptoms of a heart attack are:

- **Chest pain or discomfort**

Most heart attacks involve discomfort in the center or left side of the chest that lasts for more than a few minutes or that goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.

- **Feeling weak, light-headed, or faint**

You may also break out into a cold sweat.

- **Pain or discomfort in the jaw, neck, or back**

- **Pain or discomfort in one or both arms or shoulders**

- **Shortness of breath**

This often comes along with chest discomfort, but shortness of breath also can happen before chest discomfort.

Other symptoms of a heart attack could include unusual or unexplained tiredness and nausea or vomiting. Women are more likely to have these other symptoms.

**Source:** Centers for Disease Control and Prevention, Heart Attack Symptoms, Risk, and Recovery. Updated January 9, 2024. Accessed February 18, 2024. [https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm)



### Call 9-1-1 if you notice symptoms of a heart attack

If you notice the symptoms of a heart attack in yourself or someone else, call 9-1-1 immediately. The sooner you get to an emergency room, the sooner you can get treatment to reduce the amount of damage to the heart muscle. At the hospital, health care professionals can run tests to find out if a heart attack is happening and decide the best treatment.

**Remember, the chances of surviving a heart attack are better the sooner emergency treatment begins.**

# Footloose and pain-free

## Reclaiming sandals post-bunion surgery

**Linda Lamb** was missing something in her life. Sandals.

“I have not worn sandals for about eight to nine years,” said the 81-year-old Blandinsville, Illinois resident.

That will change this summer, thanks to the knowledge and skill of Blessing Health board-certified foot and ankle surgeon, **Mark Wavrunek, DPM**.

### Ouch!

For most of her adult life, Linda suffered from a bunion on each foot. A bunion is when you develop a bony prominence at the big toe joint. The visible bump is the result of changes in the bony framework of the front part of the foot. The big toe leans toward the second toe, rather than pointing straight ahead. This throws the bones out of alignment—producing the bunion’s bump.

Linda said besides being “ugly”, her bunions caused difficulty walking, wearing shoes and pain that she described, “Like a firecracker. A sharp, quick pain.” Linda would have to stop walking until the pain subsided and then resume her journey.

She never sought medical attention for her bunions because she was afraid the pain of treatment would be worse than the pain she already endured. Then, with the help of her daughter, she met Dr. Wavrunek during his weekly clinic in Macomb, Illinois, near Linda’s home.

### How Dr. Wavrunek helped Linda

Certified by the American Board of Foot and Ankle Surgeons and fellowship trained in foot and ankle reconstructive surgery, Dr. Wavrunek offers a procedure called minimally invasive bunionectomy.

Unlike other surgical procedures for bunions, which require a 2- to 6-inch incision, minimally invasive

bunionectomy requires three 1/8- to 1/2-inch incisions to correct the bunion deformity.

Dr. Wavrunek told Linda how minimally invasive bunionectomy surgery could help her.

“She thought, maybe with her age, she had waited too long to have it fixed. Linda was getting to the point where she couldn’t

even put shoes on. It was a severe bunion,” the doctor said.

“We talked about the minimally invasive bunionectomy because the recovery time would be less compared to other options. She’d be able to be weight-bearing on the affected foot after two weeks. That was appealing to her.”

In addition to being able to walk sooner after surgery, because of smaller incisions, minimally invasive bunionectomy surgery results in less pain and swelling for patients.

Visions of sandals danced in Linda’s head as she listened to Dr. Wavrunek.

“I was impressed with him. He was very thorough. He told me what he could do, what would happen and just explained the whole procedure,” Linda said.



Bunions will commonly develop because of genetics, how your body moves, or loose joints. Some symptoms associated with bunions may include:

- Pain
- Shoes that don’t fit correctly
- A burning sensation or numbness over the bunion prominence

Surgery on her left foot was so successful, Dr. Wavrunek will perform a minimally invasive bunionectomy surgery on Linda's right foot, and she will be in sandals this summer.

"I think he is an amazing surgeon," Linda said. "I saw the X-rays. It was just an amazing job. I am feeling much better."

Linda also lived with hammer toe on her left foot, a condition where the second toe crosses over the big toe. Dr. Wavrunek corrected that condition, too.



Mark Wavrunek, DPM

**Linda's advice**

"See a podiatrist sooner rather than later, preferably Dr. Wavrunek," she said. "If I had treatment sooner, I would have had a better quality of life, escaped the pain, walked more freely and worn my sandals sooner."

In addition to a **weekly clinic in Macomb** at 437 East Grant Street, Dr. Wavrunek also sees patients at **Illini Community Hospital** in Pittsfield and at the **Blessing Health Center** at 4800 Maine Street in Quincy. ■



For more information on Blessing's podiatry practice, Dr. Wavrunek and all our providers, go to [blessinghealth.org/podiatry](http://blessinghealth.org/podiatry)



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# CLEARING THE AIR

How quitting smoking, minimally invasive lung surgery and a commitment to pulmonary rehabilitation led to breathing better



*Robin Carel, a World War II aircraft enthusiast, stands next to a P51-C Mustang Red Tail.*

## **Robin Carel's lungs have gone through a lot over 70 years—including nearly 40 years of smoking and a career in the construction industry.**

“When we tore down a building, we dealt with drywall and plaster dust. No one told us, ‘You better use a respirator,’” the Hamilton, Illinois resident said.

In 2019, the years of cigarette smoke and construction dust caught up with Robin. He was diagnosed with chronic obstructive pulmonary disease (COPD). COPD is irreversible inflammation of the lungs that makes it hard to breathe. It's typically caused by long-

term exposure to irritating gases or microscopic particles. COPD can contribute to heart disease and lung cancer.

“There are things you used to do, like working

in the yard, that now you cannot do,” Robin says of living with COPD. “There are good days and bad days.”

A bad day could involve a flare-up. That's a sudden worsening of COPD symptoms.

“It's like you're in a vise or a ratchet strap,” Robin stated. “It's just clamping you down. You can't move. You can't function. You can hardly talk. I've had flare-ups that last a day. I've had flare-ups that last a week.”

*(continued on next page)*

**“I threw my cigarettes out and never looked back. That's just how hard it was to quit smoking. I just quit.”**

.....

**ROBIN CAREL**

## Condition worsens and Robin responds

In 2022, Robin developed a lung infection that lasted three months, causing him to need to use oxygen daily and to make some changes in his life.

The first change—he quit smoking the day the infection hit him.

The other change Robin made was to ask about information he saw in a Blessing waiting room while being treated for his lung infection. The information was about bronchoscopic lung volume reduction surgery (BLVR) performed by Blessing Health board-certified and fellowship-trained pulmonologist, Dr. Umama Adil.

BLVR is a minimally invasive alternative to the incisions and cutting required with traditional lung volume reduction surgery in the treatment of COPD symptoms.

For patients who qualify, based on their anatomy and level of breathing difficulty, one-way valves are placed in the diseased parts of the lung, allowing the healthier parts of the lung to function better. The valves are placed using a machine called a bronchoscope, usually inserted through the nose or mouth. The procedure typically takes less than an hour. COPD cannot be cured, but its life-limiting and life-threatening symptoms can be reduced with BLVR.

“BLVR can significantly improve breathing and quality of life for most patients who suffer with a high level of air trapped in their lungs due to COPD,” said Dr. Adil. “For these patients, the procedure is now the recognized gold standard of care for COPD.”



Umama Adil, MD

Robin qualified for BLVR and received five valves in his left lung.

## BLVR turns back the years a bit for Robin

“I can breathe a lot better. I am not up to where I used to be, but I can breathe better. I do pulmonary therapy three times a week, on a treadmill and an exercise bike, and I have hobbies. I stay active.”

The key to understanding how BLVR improved Robin's life is to understand his spirometer readings. A spirometer is a device into which people blow to measure how well their lungs are functioning—how much air is inhaled, how much is exhaled and how quickly. The higher the number a patient can reach on the spirometer, the better their lungs are working.

“I started out at 500. That is as high as I could do. Now I am at 2,250,” Robin said.

That's a 350% increase in how efficiently Robin's lungs are working thanks to BLVR and his commitment to pulmonary rehabilitation. His reliance on oxygen has also decreased.

Robin looks forward to July 2024, when he plans to undergo BLVR in his right lung with Dr. Adil.

“I am not going to lose this battle,” he said of living with COPD. “I've got too many things to do. I've got a bucket list.”

“She is very good at what she does,” Robin concluded. “Dr. Adil is a pioneer in things to come for people who have lung diseases.” ■



For more information on bronchoscopic lung volume reduction surgery (BLVR), go to [blessinghealth.org/blvr](https://blessinghealth.org/blvr)

# 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.



**Katie Hildebrand, 6 North**

Nominated by a patient to whom she provided care

*"I was diagnosed with pneumonia, Afib, and congestive heart failure. Katie has made this difficult time easier for me to accept. One of the first qualities I noticed about Katie was her innate ability to share care and concern for others along with a robust boost of positive energy."*

**Kaitlin Hubbert, Intensive Care Unit**

Nominated by the family member of a person to whom she provided end-of-life care

*"I have never been so touched by another person's kindness in my 53 years on this planet and will never forget it. People like Kaitlin might not ever know how their actions impact others but I am a better person for having crossed paths with her. Words can't thank you enough Kaitlin, but I can only hope they help remind you of the power you hold to heal throughout your years."*



**Molly Beaver, Blessing Hospice**

Nominated by the family member of a person to whom she provided end-of-life care

*"Caring for a loved one on hospice is not easy, but Molly made it as easy as possible. The day before mom passed away, Molly brought a mother/daughter candle to me. It is beautiful. I displayed it at her service. It sits in my living room and when I look at it, it gives me peace."*

**Alison Desotel, Women and Children Unit**

Nominated by a nurse leader for her response when a pediatric patient in the Blessing Emergency Center needed to be transferred to St. Louis by ambulance for a higher level of care and a nurse was needed to accompany the patient and ambulance crew

*"It was a blessing that she was willing to transport and that she was working on the Women and Children Unit that night. I cannot express to you the relief myself, the Emergency Center charge nurse and the family felt with the fact that Alison was a pediatric nurse and was going to accompany the patient."*



**Jennifer Duesterhaus, Inpatient Care Coordination**

Nominated by a coworker for her care of an end-of-life patient who had no family to be with them

*"After she finished her shift, Jennifer came to sit with the patient so they would not be alone. She sat for hours playing the patient gospel music, prayed, talked with her, held her hand and reassured her to the very end."*



**Pervez Alvi, MD**, joined the cardiology team and sees patients at **Blessing Health Hannibal**.

Dr. Alvi received his medical education at Dow University of Health Sciences in Pakistan and the Royal College of Physicians in England. After receiving his medical degree, he completed a residency at St. Joseph Hospital and a fellowship at Michael Reese Hospital, both in Chicago.

Dr. Alvi decided to become a doctor early in his life.

“My father had a heart problem and died at a very young age. That left all of us in shock. I decided I should become a doctor to help people like my father.”



Quincy native **Daniel Liesen, MD**, has joined the **surgery department**.

After earning his medical degree from Southern Illinois University, Dr. Liesen completed an internship and surgical residency at the Medical University of Ohio in Toledo, where he served as chief resident.

His connection to Blessing runs deep. Dr. Liesen’s mother was a beloved and long-time teacher at Blessing’s Early Learning Center, and he was a Blessing Hospital laboratory employee before going to medical school. His father was a high school teacher specializing in biology and microbiology.



**Michael Mustard, MD**, treats patients of **Blessing’s Walk-In Clinic in Quincy**.

Certified by the American Board of Family Medicine, Dr. Mustard earned his medical degree from the University of Western Ontario in Canada and completed a family practice residency at Jewish General Hospital and an anesthesia residency at Royal Victoria Hospital, both part of McGill University in Canada.

“I am a health care consumer as well,” Dr. Mustard said. “I’ve seen doctors. I’ve been in clinics. I’ve had good experiences. I’ve had bad experiences. I find the good experiences are the ones when you are not rushed, but your time is respected and you’re listened to.”



**David Park, MD**, has joined the orthopedic and sports medicine team at the **Blessing Health Center** at 4800 Maine in Quincy.

Dr. Park earned his medical degree from the Medical College of Wisconsin in Milwaukee and completed his residency at Hennepin County Medical Center in Minneapolis and a sports medicine fellowship at SIU Medicine-Center for Family Medicine in Quincy.

“My parents are my role models. They have always worked hard, and that example has made me a better clinician. They taught me the importance of strong values.”



**Nicholas Tolat, MD**, is a hospitalist at **Blessing Hospital**.

He earned his medical degree at Baylor College of Medicine in Houston and completed his residency at Tulane University School of Medicine in New Orleans.

Dr. Tolat’s father was a kidney specialist.

“I was able to shadow him when I was a freshman in high school. I was intrigued by being part of a team that helps someone at their most vulnerable point. That’s what motivated me to pursue a career in medicine.”

Dr. Tolat is married to a native of the Blessing region who graduated from Blessing-Rieman College of Nursing and Health Sciences. They met while working in Houston.



**James “Toby” Vandenberg, MD**, is a member of the **Emergency Center** team.

After graduating from high school in Keokuk, Iowa, Dr. Vandenberg earned his medical degree from the University of Missouri School of Medicine in Columbia, MO.

A 12-year United States Army veteran—during which he attained the rank of Major—Dr. Vandenberg completed an internship at Eisenhower Army Medical Center, Augusta, Georgia and a residency at Madigan Army Medical Center, Tacoma, WA.

He holds certification from the American Board of Emergency Medicine.

Dr. Vandenberg excelled in the military and in his medical education, earning awards in both including graduating cum laude from the University of Missouri School of Medicine and attaining a score of 98% on his national emergency medicine certification examination.



**Sushant Kapoor, DO**, is an intensivist, providing care to **Blessing Hospital Intensive Care Unit** patients.

Certified by the American Boards of Internal Medicine and of Emergency Medicine, Dr. Kapoor earned his medical degree from Kansas City University of Medicine and Biosciences in Missouri. He then completed a residency in emergency and internal medicine at Christiana Care, Newark, Delaware, and a fellowship in critical care at the University of Pittsburgh Medical Center where he was chief fellow.

“I am suited for the often-chaotic ICU environment because I am very calm in general, and I understand people’s emotional distress pretty well.”

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

## SKIN CANCER SURVIVOR SAYS

# “Every day is a blessing”

### Gary Abbott's first encounter with skin cancer was in 2004, during one of his biannual fishing trips with his father.

“We were sitting in the boat, changing lures on our fishing poles when my dad said, ‘You have some dirt on your neck,’” Gary recalled. “He tried to rub it off, and it wouldn’t come off. He said, ‘That’s not dirt, Gary. That’s something going on with your skin. You need to see a doctor.’”

It was melanoma. While less common than some other types of skin cancers, melanoma is more dangerous because it’s more likely to spread if not found and treated early.

Over the next 20 years, Gary had many more skin cancers, melanoma and other types, in addition to precancerous areas treated on his body.

What has kept Gary’s spirits up? Blessing Health double board-certified, fellowship-trained dermatologist and Mohs micrographic skin cancer surgeon, **Elise Scoggin, DO**, and her team.

“Every time I go in there, if she does find something, I am confident that she will take care of it,” the 70-year-old Quincy resident said.

“The entire staff is wonderful. They make me feel like I am someone special.”

Gary met Dr. Scoggin and her team in 2022 after his wife noticed a spot on Gary’s back. The doctor treated it with Mohs micrographic surgery.

### How Mohs works

Mohs is a specialized surgery for the removal of certain types of skin cancers primarily on the face, head, neck or other cosmetically sensitive areas of the body. Mohs is also used for aggressive skin cancers. It has the highest cure rate of any skin cancer treatment and allows for complete evaluation of the skin cancer margins, a way to help show whether or not all of the tumor was removed.

Dr. Scoggin specializes in Mohs micrographic skin cancer surgery. She and her team completed their 500th surgery in late 2023. The procedure is performed in her office. The patient receives local anesthetic to numb the surgical area. Once the area is numb, the cancerous tissue is removed, processed in the on-site lab by specialized technicians and then examined under the microscope by Dr. Scoggin. If cancer cells are still present, the surgery continues and tissue retested until the tumor

has been removed completely. Most cases are complete within three to four hours; however, some can take eight hours or more.

“I have friends in other parts of the country who have had skin cancers removed but not using the Mohs procedure,” Gary said. “They get a call a week later saying ‘We didn’t get all of your cancer, and we need you to come back in.’ With the Mohs procedure, you get it all done in one day.”





When Dr. Scoggin is done, you are confident all the cancer has been removed. You have that peace of mind that everything has been taken care of.” Mohs surgery has up to a 99% cure rate, meaning less than 1% of these skin cancers come back.

### Doctors team up to treat Gary

Since 2022, Dr. Scoggin has removed four areas of skin cancer on Gary’s body with the Mohs procedure. The largest was next to his nose. Removing all the tumor required the skin, tissue that lines the nasal cavity and cartilage of Gary’s right nostril to be removed. That accounted for about a quarter of his entire nose.

Immediately after his Mohs surgery, Dr. Scoggin referred Gary to fellow Blessing Health provider, board-certified otolaryngologist (ear, nose and throat specialist) **Mark Mount, MD**, to reconstruct Gary’s right nostril.

The surgery required cartilage from Gary’s left ear and a flap of skin from his forehead containing an artery to supply blood to the area for good healing.

Most people meeting Gary now would not be able to tell anything was different about his nose.



Elise Scoggin, DO

“Dr. Mount told me, ‘I can fix that.’ And he did. Dr. Mount did a fantastic job,” Gary said.

At the direction of Dr. Scoggin, Gary does a monthly self-exam of his skin and sees the doctor every three months, unless he finds something suspicious, then he calls Dr. Scoggin’s dermatology office right away.

“I trust her completely,” Gary said of Dr. Scoggin. “She is knowledgeable and explains everything thoroughly, including options, in a way that is very clear. Dr. Scoggin is personable and easy to talk to. She makes you feel comfortable.”

### Why Gary?

What has caused Gary’s 20-year battle with skin cancer?

“The sun,” he said. “I was a little kid outside playing every day without a shirt. I worked road construction for three years without a shirt every day. Twenty-five years of fishing without a shirt. It is just abuse of the body.”

“Now, no matter what I do—if I go outside to rake leaves in the fall, if the sun is out, I wear sunscreen. Dr. Scoggin said so.” ■

## What does melanoma look like?

Often the first sign of melanoma is a change in the shape, color, size, or feel of an existing mole. However, melanoma may also appear as a new mole. People should tell their doctor if they notice any changes on their skin.

**Thinking of “ABCDE” can help you remember what to look for:**

- **A**symmetry: The shape of one half does not match the other half
- **B**order that is irregular: The edges are often ragged, notched, or blurred in outline. The pigment may spread into the surrounding skin
- **C**olor that is uneven: Shades of black, brown, and tan may be present. Areas of white, gray, red, pink, or blue may also be seen
- **D**iameter: There is a change in size—usually an increase. Melanomas can be tiny, but most are larger than the size of a pea (larger than 6 millimeters or about 1/4 inch)
- **E**volving: The mole has changed over the past few weeks or months

**Source:** National Cancer Institute at the National Institutes of Health, What Does Melanoma Look Like? Posted October 13, 2011. Accessed February 22, 2024. <https://www.cancer.gov/types/skin/melanoma-photos>



For more information on dermatology services at Blessing Health, go to [blessinghealth.org/dermatology](https://blessinghealth.org/dermatology)

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