SCAR-FREE SURGERY
How a progressive young surgeon is using an ‘invisible’ technique for a surgery that once meant a big scar for life

PLUS . . .

MAN VS. MOUNTAIN
Rehab director tackles ultimate endurance challenge

NEW CANCER CLINIC
A better place to get better

PORTABLE ULTRASOUND
When image matters
At Skiff Medical Center, our vision is that we will be treasured by our community. “Treasured” is quite a word to use to describe anything. The word has meanings ranging from “beloved” to “cherished.” It is a high aim, but it’s what we are all about here at Skiff. In order to earn this spot in your heart, each caregiver at Skiff is dedicated to living out our iSpark values, which you can see listed in the sidebar on the left.

We don’t leave things to chance, so we have a strategy that supports our ability to live out these values. It ranges from doing things that put people first, to investing in technology and skills that build confidence in our abilities to care for you, to telling our story to you as completely and transparently as possible. In this first issue of House Call, you will see a few examples of this plan in action, including Dr. Formaro’s unique abilities in single incision laparoscopic surgery and Matt Scotton’s commitment to running (this zeal for being exceptional is a quality he brings to work with him every day). There are far too many other examples to list, but I do want to give you a first glimpse into an incredible story that is unfolding at Skiff right now.

In partnership with Philips (yes, the huge multinational corporation), Skiff Medical Center is creating the leading rural hospital imaging center in the upper Midwest. In fact, just in September, we installed the very first low-radiation-dose CT scanner in Iowa. This scanner, which also happens to be one of the highest resolution scanners in the state, has already demonstrated that it reduces radiation exposure by more than 50 percent compared to other scanners! If your physician orders a CT scan and you are concerned about the amount of radiation you will be exposed to (especially critical for patients with a history of cancer and for children), then you should come to Skiff.

In addition to this new CT technology, Skiff has also installed a new digital radiology machine that reduces radiation dose from X-ray exams by 35 percent. As exciting as these are, there is an even better piece of news. It is related to our MRI scanner and technology that was approved by the FDA just a few months ago. Sorry to leave you in suspense, but you’ll have to wait until our next issue to learn more!

Steve Long
CEO and President
Bigger isn’t always better – especially when it comes to a scar.

That is why Dr. Dominic Formaro, general surgeon at Skiff Medical Center, chose to pursue special training so that his patients can benefit from SILS – single-incision laparoscopic surgery.

“This is a fairly new technique,” Dr. Formaro said. “It involves using a single access point while still utilizing multiple surgical instruments. In the case of abdominal surgery, this access point is the belly button. Because of the belly button’s structure, that means any scar is virtually undetectable.”

The most common application for SILS is a cholecystectomy, which is the surgical removal of the gallbladder. In the past, gallbladder removal was a major abdominal surgery known as an open cholecystectomy. This involved a five- to seven-inch cut starting just below the ribs and extending below the waist. Suffice it to say, such a large incision had its drawbacks.

“That procedure meant a week’s stay in the hospital,” said Mary Swoboda, Chief Nursing Officer. “And of course there were greater risks of infection because of the size of the opening involved.”

“Even if everything went correctly, it was still an extremely painful post-op experience,” said Ann Polking, OR Director. “Abdominal muscles had been cut through and required time to repair themselves. Recovery from open cholecystectomy was six weeks.”

The past couple of decades saw a significant improvement in cholecystectomies, with the introduction of laparoscopic techniques. This procedure involved the use of a laparoscope, a thin tube-shaped device inserted in a small cut just below the belly button. The laparoscope allowed the surgeon to see the gallbladder on a screen and perform the surgery using tools inserted through two or three other openings.

“The recovery time with laparoscopic surgery was shortened dramatically,” Dr. Formaro said. “It quickly became the standard. But although people no longer had one large scar, they still had several smaller ones.”

SILS, on the other hand, can be performed through just one opening.

“If a straight-forward procedure can be done safely and minimally, even if it’s more technically challenging, it should be pursued,” Dr. Formaro said. “It’s better for a patient to undergo the least invasive technique, if they meet the necessary criteria.”

Dr. Formaro, having not been exposed to SILS during surgical residency, pursued training from a surgeon in Nebraska who had done several hundred SILS. He learned to use special SILS-specific instruments for more challenging procedures, as well as how to adapt standard laparoscopic equipment for the new method.

Members of the hospital leadership team have been impressed by Dr. Formaro’s innovative drive and interest in providing his patients the best possible service.

“The community is fortunate to have a progressive physician interested in bringing advanced techniques to Skiff,” Swoboda said.

“We are very fortunate to have such a forward-thinking surgeon,” agreed Steve Long, CEO. “We’re excited to offer a service that very few other hospitals provide.”

SILS isn’t necessarily appropriate for all patients. Those who have scar tissue from previous abdominal surgery or who have an body mass index above recommended limits will still be candidates for traditional laparoscopic surgery.

“This is a leading-edge procedure that will greatly benefit some patients,” Dr. Formaro said. “As awareness grows that there are options like this in the OR, I think we’ll find more people asking about it, requesting it.”

“We are proud to be able to offer people a choice,” Polking said. “A woman who has SILS can wear a bikini or a man who has SILS can mow his lawn shirtless, and no one will know they’ve even had a surgical procedure done.”

To learn more about SILS, call the Skiff Surgery Clinic at (641) 787-3161.
Some people wear their heart on their sleeve. Skiff physical therapist Matt Scotton wears his on a belt, in the form of a large, shining buckle.

Many people have asked to see that special belt buckle lately, because it represents a feat of nearly superhuman effort. Matt is one of only 78 people ever who have earned the title of Leadman (or Leadwoman) by completing the grueling, punishing set of racing events known as the Leadman/Leadwoman Ultimate Challenge, started in 2003 in Leadville, Colo. Or, as the race series website describes it, “arguably the most challenging endurance series in the world.”

Within a 49-day time span, Matt competed in a trail marathon, 50-mile and 100-mile mountain bike races, a 10K run (held a single day after biking the 100 miles) and a 100-mile run (only a week after the 100 miles of biking). All the races were held on rugged Colorado Rockies terrain, ranging up to 13,185 feet above sea level. At such high altitude, oxygen is less available and exercise is much more difficult – Matt is among the mere 19 non-Coloradans to achieve the Leadman title and only the second Iowan.

In addition to the severe terrain, altitude and need for sheer physical endurance, there were also time limits – missing any of the cut-off times in any of the races disqualified the racer from further competition. This year’s 25 successful Leadmen came from an original pool of 68.

The trail marathon that kicked off the series was “by far the hardest marathon I’ve ever done,” Matt said. The 26.2 miles were run on what he describes as “jeep roads – almost undriveable roads. They were really steep. I usually run a marathon in a little over three hours; this took me almost twice as long.”

Switching to a mountain bike for the next two races allowed Matt to move along at greater speed, but the events were no easier. “We were biking mostly on jeep trails for these, too, as well as single-track trails.” In fact, some parts weren’t on trails at all – we started the Silver Rush 50 at the bottom of a ski slope and had to push our bikes to the top of a 40-degree incline before we could even begin riding.

The Leadville Trail 100 MTB Race featured similar challenges as the preceding Silver Rush MTB Race, but twice the distance.

“Many of the trails in all the races were the kind some people wouldn’t consider walking, let alone biking. These were very technical trails,” he said, with “technical” describing trails that feature big, loose rocks and many steep ascents.

The briefest event of the series, the 10-kilometer run, was in some ways just as much a psychological endeavor as a physical one. The race came the day after biking 100 miles and covered a fragment of the previous day’s route. “They do that on purpose,” Matt said. “The scenery went past you pretty quickly on a bike; now, on foot, it feels harder. And you hurt; you quickly get reminders of the pain you felt on the bike the day before.”

As tough as the first four events of the series may be, an unavoidable Goliath loomed ahead of every Leadman competitor: the 100-mile run.

“I cannot even begin to imagine how huge of a task it was to train and plan for such an extreme run,” said Ashley McGrath, speech therapist in Skiff Medical Center’s Physical Medicine and Rehabilitation department.

According to Matt, “It required significant logistical planning. A friend of mine helped me do a lot of research and we developed a pretty elaborate spreadsheet that laid out information on the route, goal paces, the aide stations, supplies I’d need and more.”

Matt and a fellow runner shared a support crew of about 20 people, most from Jasper County. Some of the team members took on the role of pacer, a companion runner who can join the racer during the last half of the race.

Matt emphasized the safety factor in utilizing pacers. "After running for more than 10 hours, your thinking isn’t as sharp as usual, so the pacers help..."
keep you on course and remind you to eat and drink. The later portion of the race takes place in the dark and you have to make your way with only headlamps and flashlights, not twist your ankle and not lose the path. My pacers would sometimes run ahead and warn me about potential hazards before I got to them. I can’t imagine running a full 100 miles without pacers.”

Matt took only six short breaks during the race. With the exception of one stop where he changed into fresh socks and shoes after going through a river and “stinky mudholes,” he never spent more than two minutes at an aide station before resuming the run. And despite sections that were so steep and hazardous that they had to be taken at a deliberate hiking pace – “Even elite runners had to walk slowly, that’s how tough those spots were” – Matt’s plan was working so well that he had the chance to meet a secondary goal.

“The cut-off time to finish the 100 miles is 30 hours,” said Sandy Scotton, Matt’s wife. “At the 50-mile mark he realized he was ahead of his race schedule and he might be able to finish in less than 25 hours, which would mean a bigger belt buckle!”

And that bigger belt buckle is the one that adorns his waist today.

The realization mid-race that he would meet that goal was an exciting one for her husband, Sandy said. “At one of the aid stations, he was smiling ear to ear and told me, ‘I feel like Superman!’”

Despite accomplishing something that so very few ever have (or would even dare try), Matt is quick to downplay his abilities. “I am not an elite athlete. I’m an ordinary person. Until my early 30s, I don’t think I’d ever run more than a mile at a time.”

Matt’s employment in the Physical Medicine and Rehabilitation department at Skiff – he’s been at the hospital since 1994 and was named department director in 2010 – may well have played a role in his

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When image is everything

Skiff’s new Site-Right portable ultrasound system ...

Back in medicine’s earlier days, the only way a doctor could see the inside of a patient’s body was to open them up. That all changed with the advent of the X-ray machine, followed by CT scans, MRI and ultrasound.

Most people equate ultrasound with pregnancy; indeed, ultrasound is the chief diagnostic tool for unborn babies, whether it is for serious purposes, such as the detection of birth defects, or more exuberant endeavors, like determining whether the nursery will be painted blue or pink. But for health-care providers, ultrasound has a great many applications – and the sharper the picture, the more helpful it is.

That is why Skiff Medical Center has opted to acquire the Site-Rite portable ultrasound system, made possible through the Skiff Foundation.

“This unit provides superior resolution and imaging guidance, both of which lead to greater safety,” said Dr. Dominic Formaro, general surgeon.

Site Rite is used throughout the hospital, including the OR, the ER and the inpatient units, with a common use being ultrasound-guided needle placement.

“Needle placement used to be tactile,” said Mary Swoboda, CNO. “Nurses literally felt around for the vein. This technology lets us visualize the vein – the device even tells us what percentage of the vein is being taken up by the needle. There is a decreased risk of infection and blood clots, and the patients are certainly more comfortable during the process.”

The real-time pictures provided by Site Rite are also greatly helpful during the insertion of PICC lines, used for patients who require IV access for longer time periods, such as prolonged IV antibiotic treatment.

The hospital had portable ultrasound capabilities prior to the acquisition of Site Rite, but the technology was aging rapidly and the images it provided, while usable, were not ideal. Health-care providers would likely have had to carry on using the outdated device, however, were it not for the Skiff Foundation.

“We choose to invest in technology at Skiff because our patients deserve state-of-the-art care,” said Steve Long, CEO. “This particular upgrade was something we knew would greatly benefit our patients, so we approached the Foundation with Site Rite at the top of our ‘wish list.’”

Founded in 1992, the Skiff Foundation is dedicated to helping the hospital with new equipment and technology purchases, facility renovations and expansion, recruitment and retention of health-care personnel and more. In addition to Site Rite, other recent items made possible through the Foundation have included a ventilator, a portable suction machine, bedside medication verification units, defibrillators, a call button system and new flatscreen televisions for the comfort of patients throughout the building.

In the face of economic hard time and other challenges, the role of the Foundation to the hospital has become that much more important.

“At one time, the Foundation was just the frosting on the cake for Skiff,” said Bruce Hoffmeier, Foundation Director. “But these days, I consider it one of the main ingredients.”

To learn more about the Skiff Foundation, call Hoffmeier at (641) 791-4887.
A lump can change a life.

Lisa Kruse, a young wife and working mom, learned that the hard way this past February when she found a breast mass while showering.

“Right away, I had a bad feeling,” she said. “I’d had lumps before, which were uncomfortable and moveable – both signs of benign cysts, my doctor had said. This lump didn’t hurt and didn’t move. That concerned me.”

A couple of medical visits and a biopsy later, Lisa learned the hard news: She had stage 2B cancer.

“I was in disbelief,” she said. “No one in my family had had cancer.”

Lisa and her husband, Dave, had to break the diagnosis to their children, Maddison, 11, and Michael, 9, Lisa’s parents, and others.

“My grandpa took it the hardest,” Lisa said. “I was lucky to have such a supportive family, and because the cancer was caught early and in just one breast.”

Lisa opted for a double mastectomy, to reduce her risks later on. During the surgery, five lymph nodes were removed; one was found to be cancerous. That meant chemotherapy.

“Thirteen days after my first treatment, I lost my hair,” she said. “My grandfather teases me that he has more hair than I do. And my kids like to pet the stubble.”

Treatments also proved tough because they left her feeling tired and achy. But things were about to get better – not only is she finishing chemo this fall, but her last several rounds took place in the new Skiff Cancer Clinic.

“I was always grateful to be able to get chemotherapy locally,” Lisa said. “I can’t imagine having to drive to and from Des Moines. But it was less than ideal to be in the Specialty Clinic with non-cancer patients. And it was crowded.”

“It was very important for us to establish a dedicated space for cancer services,” said Mary Swoboda, Chief Nursing Officer. “The Skiff Cancer Clinic combines a comfortable, appealing environment with easily accessible medical treatment and exceptional staff.”

The beautiful clinic has been an amazing improvement, according to Lisa. “Each patient gets our own television, and comfortable chairs allow us to relax. Chemo isn’t fun, so every accommodation helps.”

It’s not uncommon for fellow cancer patients to chat with each other and even bond during their sessions.

“We’re relaxed around each other,” Lisa said. “They were congratulating me on being nearly done with chemo. To me, they’re like family.”

Another important member of the clinic “family” is Veronica Mangrich, treatment coordinator.

“She is extremely compassionate,” Lisa said. “She cares about each one of us.”

With her chemo regimen drawing to a close, Lisa said she has learned the power of a positive outlook.

“With today’s medicine and technology, especially offered close to home, a good outcome is a real possibility.”
Skiff’s calendar of events

**Skiff-or-Treat**  
*Saturday, Oct. 29 • 5-8 p.m.*

Join us as the hospital halls become a Halloween haven for trick-or-treating kids and their families.

**Childbirth Education Class**  
*Nov. 2, 9 & 16 • 6:30-8:30 p.m.*

Taught by a certified childbirth educator, this course helps prepare expectant families for labor and birth. Call (641) 787-3070 to register.

**OB Open House**  
*Sunday, Nov. 6 • 2-5 p.m.*

Tour the newly renovated Skiff Obstetrics department, meet health-care providers, sample the room service menu and spin the wheel for one of many fantastic door prizes!

**Deck the Halls**  
*Monday and Tuesday, Nov. 21 and 22 • 7 a.m.-7 p.m.*

You won’t want to miss this popular annual holiday gift shop and bake sale, featuring a return of The Gold Refinery, buying your unwanted gold and silver.

**Newborn Care Class**  
*Wednesday, Dec. 7 • 6:30 p.m.*

This class will provide parents with knowledge and skills necessary when bringing home a new baby. Call (641) 787-3070 to register.

**Skiff Gift Shop Open House**  
*Thursday, Dec. 8 • 8 a.m.-7 p.m.*

**Breastfeeding Class**  
*Wednesday, Dec. 14 • 6:30 p.m.*

This breastfeeding class will provide valuable lactation information. Call (641) 787-3070 to register.

**Infant and Child CPR and First Aid Class**  
*Wednesday, Dec. 28 • 6:30 p.m.*

Learn first aid and life-saving skills for babies and children. (Please note: Does not meet certification requirements for day care providers.) Call (641) 787-3070 to register.

**Van & Bonnie Open House**  
*Thursday, Jan. 12, 2012 • 10 a.m.-1 p.m.*

WHO Radio personalities Van Harden and Bonnie Lucas will be on hand at the Philips Imaging Center at Skiff to learn about the leading-edge technology that is making Skiff Medical Center one of the top radiology centers in the nation!

**Pink Nose/Blue Toes 5K (Skiff Cancer Clinic fundraiser)**  
*Saturday, Jan. 28, 2012 • 5K at 9 a.m., children’s fun run at 10 a.m.*

Tour the clinic, enjoy breakfast items and hot chocolate and, for participants, walk, jog or run your way through Newton’s newest and coldest 5K! Prizes awarded for the first person across the finish line, the youngest participant, the oldest participant, the craziest outfit and the *barest* outfit (hey, swimsuit in January, anyone?)

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**SUPERMAN – CONTINUED FROM PAGE 5**

pursuit of running. A number of Skiff employees and physicians are known for their involvement in marathons and one of his colleagues and fellow physical therapists, Robyn Friedman, is an elite runner who has qualified for several Olympic trials.

“Robyn was part of my inspiration to get into running,” Matt said, although he noted that they have never trained together, given Robyn’s ability to run sub-six-minute miles for an entire marathon. “I wouldn’t be able to keep up with her! After about a mile, I’d be left behind.”

Both running and modesty must run in the PM&R “family,” as Robyn is quick to dismiss her own talents next to Matt’s. “My marathoning ‘hobby’ looks easy in comparison to his recent feats of physical endurance. It is beyond my comprehension to consider running a distance that equals four – four! – non-stop marathons on trails, at high altitude – on top of the fact that he’d already completed four extreme endurance challenges in the weeks leading up to that last race.”

So how did Matt do it, especially given that he considers himself a “self-made athlete, not extraordinary”?

He gives credit to his support team, led by Sandy, and his fellow employees at Skiff. “I had such awesome support. My crew made the races possible by helping me train and supporting me during the events. It was so rewarding to have that many people involved with the challenge. And my colleagues at Skiff do such great work that I didn’t have to worry about what was happening back at work while I was in Colorado.”

He also acknowledges the vastly underestimated ability of the human body. “Most people place far too many limits on themselves. We can do a lot more than we think we can, if we don’t self-limit. Running does something special to our brains and bodies.”

“Matt is amazing and inspiring with his dedication and focus,” Robyn said. “It is incredible to me how continually motivated Matt is to push his physical limits.”

Now that he has a successful Leadman series under his belt (buckle), can Matt consider the event officially crossed off his to-do list?

Not so fast. He cites that several people are multi-series Leadman veterans, returning to complete the accomplishment two, three, even four times. He envisions himself joining them, he admitted with a grin.

“I think I’d have a hard time not doing it again.”