SKIFF MEDICAL CENTER’S COMMUNITY NEWSLETTER
SUMMER 2013

PLUS . . .

SKIFF – 1, BREAST CANCER – 0
From diagnosis to mastectomy to reconstructive surgery, Newton woman chooses Skiff every step of the way

BEYOND BLACK & WHITE . . .
The many important uses of ultrasound and the caring professionals who run the show

WE COULDN’T DO IT WITHOUT YOU
Thanking businesses for Skiff Gala support
Why are we here? I’m not asking this question from an existential perspective, but rather from the perspective of a community hospital like ours.

I have four children, with our two oldest grown and on their own. My son (our oldest child) is a senior at the University of Iowa (go Hawks!) and my oldest daughter is married and living in Clinton, Iowa. Both have accessed the health-care system in their respective communities quite a lot during the last several months. A few months ago, my son had an allergic reaction to peanuts that placed him in the hospital. Just a few weeks ago, a bicycle accident sent him to the ER with a separated shoulder. In May, my daughter gave birth to our first grandchild, a bouncing baby boy, who was readmitted about a week after his birth with severe jaundice.

While we were helping our children navigate through these difficult episodes, I was repeatedly reminded how important it is for a community to have a full-service hospital and how proud I am that we can offer the residents of Newton and Jasper County access to just such a hospital right here at home!

In this issue you will read about the outstanding care breast cancer patients receive from general surgeon Dr. Dominic Formaro and plastic surgeon Dr. Bryan Folkers here at Skiff Medical Center. The process of primary care physicians, radiologists, oncologists, general surgeons and plastic surgeons all working together to quickly diagnose and treat cancer patients is an everyday occurrence here at Skiff. Our outstanding team of caregivers provides the best of all worlds – friendly, comfortable hometown relationships combined with leading-edge technology and on-site access to specialty physicians. It all combines to deliver an extraordinary experience and is yet another way we pursue our vision of being treasured by those we serve.
Everyone knows the old saying, “It’s what’s on the inside that counts.” Nowhere is this more true than in the world of medical sonography, more commonly known as ultrasound.

Ultrasound involves the utilization of high-frequency sound waves and their resulting echoes. In medicine, this is used to get a visualization of internal structures in a non-invasive manner. This technique isn’t limited to health care, though; for example, when the television meteorologist shows you an Iowa map filled with the ominous red blotches of developing thunderstorms, that is accomplished through ultrasound.

Nor do humans have a monopoly on the technique. Various members of the animal kingdom, from bats to dolphins, utilize ultrasound to determine their distance from other creatures and objects.

Still, when we hear the term ultrasound, we often equate it with medicine. Specifically, obstetrical medicine. This is most likely because, even to a layperson, a fetal ultrasound examination reveals recognizable shapes on the screen.

“There’s a little chubby cheek … lips … a little fist,” says Deb Branderhorst, ultrasound technologist at Skiff Medical Center. She’s in the midst of a 30-week scan of a young mother named Tiffany. While gliding the probe over the patient’s gel-slicked abdomen with her right hand, Deb uses her left to point out parts of the baby’s anatomy.

“Babe has hair,” Deb says. “I can see it on the back of his head.”

Now, of course, Deb is extraordinarily careful to not use any gender-specific pronoun until she determines whether the patient already knows, or wants to know, what she’s carrying. In Tiffany’s case, she’s already aware that a son is on the way.

The purpose of fetal ultrasound is to gauge the health and development of unborn babies. Both Deb and fellow ultrasound tech Rachel Marks are trained at identifying and recording fetal anatomy, from limb length to skull size to organ formation, along with factors such as placental position and amount of amniotic fluid. And yet, as many moms and dads stare at the black-and-white images, they’re wondering about pink or blue.

One recent couple was no different as they came in for a scan with Deb. They hadn’t known the gender of their first child before birth, but this time they’d prefer not to have a delivery room surprise.

“If this one doesn’t cooperate, it’ll be grounded when it gets here,” the dad jokes.

Both Deb and Rachel always prioritize the medically necessary parts of the scan, capturing the images and measurements that the radiologists and OB doctors will want to review. This methodical process also gives them multiple opportunities, Deb says, to make sure they’re confident before pronouncing the gender. Especially in this era of Facebook and “gender reveal” parties – where elaborate cakes filled with blue frosting or giant boxes hiding pink balloons declare in a big way that “It’s a boy (or girl)!“ – Deb doesn’t want to tell people something inaccurate.

“I like to verify it to myself a few times first,” Deb says. “There are a lot of factors in whether or not we can find out what the baby is, including the mom’s size, how far along the pregnancy is, how the baby is positioned. Sometimes the babies just don’t play along.”

In the case of this baby, though, there isn’t a mystery … at least, not to a trained eye.

Deb circles a location on the screen. “Can you tell what it is, Dad?”

He leans toward the screen. “Male?”

“Nifty shades of gray
A look at the inner world of ultrasound

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in an important step toward making them better. It’s why I like working in a radiology department, where I get to do everything, as opposed to an obstetrician’s office. And since I don’t do OB all day, every day, it makes my time with expectant moms more special.”

Whatever type of patients they’re seeing, Rachel and Deb always bring their best bedside manner to the scan. This can vary from asking about possible baby names to apologizing for necessary but firm pressure on tender body parts. And there is always time to talk about the gel.

“Let me grab the warm jelly,” Rachel says to her patient Marla, who is in to rule out a possible blood clot. “We don’t give our patients the cold stuff.”

“Isn’t that noisy?” Deb asks as she squirts a healthy heap of ultrasound gel onto a mom’s round belly.

Ultrasound gel is more than just a messy conversation starter. Necessary for providing good contact between the patient’s body and the wand-like piece of equipment known as the transducer, the gel allows both for better transmission of sound waves and for ease of sliding the equipment across the skin.

Depending on what part of the patient is being scanned, the techs work to carefully drape and tuck towels to help protect their clothing. At the end of the scan, they try to wipe everything away, but admit that it’s stubborn stuff. “By the end of the day, I end up with gel all over me,” Rachel says with a laugh.

Daily dealings with the substance certainly aren’t scaring away either of the techs any time soon, though. Rachel and Deb have been performing ultrasound for 13 and 15 years, respectively. And yet, they are relative newbies compared to their Skiff colleague Pat Smith, who has been in the field since 1981.

As a cardiovascular ultrasonographer, Pat doesn’t do the OB and general scans that the other two cover. Rather, the human heart, along with vessels, is literally at the heart of what she does. She specializes in scanning patients for a vast array of cardiac and vascular symptoms and conditions, including heart murmurs, arrhythmia, coronary artery disease, hypertension, palpitations, shortness of breath, congestive heart failure, indications of stroke, carotid stenosis, blood clots, peripheral arterial disease and more.

Whereas Deb and Rachel work almost entirely with still images, Pat captures video clips so that physicians can study the way a patient’s heart is functioning. She is able to do so thanks to an important digital upgrade to the Philips iE33 cardiovascular ultrasound system. Along with other state-of-the-art equipment within the Philips Imaging Center at Skiff, including a 128-slice low-radiation CT scanner and digital MRI, this ultrasound system ensures that Jasper County patients
The system provides a real-time, crystal-clear look at the heart, with functions that allow for faster diagnosis and treatment of heart conditions. The iE33 allows Pat to digitally transmit the information directly to physician workstations, with no details lost in the process.

Prior to the upgrade, getting scans to the doctors was cumbersome at best. "Our old system was set up to record on a VHS tape," says Jane Hettinger, Director of Radiology at the Philips Imaging Center at Skiff. "We then had to copy it over to a DVD and mail it to the cardiologists."

"With each copy, some image quality was sacrificed," Pat says. "The interpreting physician wasn’t seeing what I was seeing when I scanned. If they don’t get good images, they can’t make a good diagnosis. I was able to make sure the doctors could see what they needed to, but it was time-consuming and more challenging for me and for them. The amazing quality of the digital system benefits everyone – me, the doctor and, above all, the patient."

Giving her patients the best possible results is important to Pat, because she develops close relationships with them. The nature of heart conditions – “So many things can go wrong,” she says – can mean she sees the same patients on a regular basis.

“We have doctors who are strong proponents of preventative medicine,” Pat says. “They want an ongoing picture of how someone’s heart disease might be progressing or how they’re healing after open-heart surgery. When I see patients for scan after scan, I get a chance to know them.”

Another important aspect of her job is timing. Venous studies, in which she scans the veins of the leg, are particularly urgent. “If a person has a blood clot in their leg, it can travel to their lung and cause a pulmonary embolism, which is potentially fatal. I need to be able to do my job not only well, but quickly.”

Whether it’s a new mom excited to count out 10 fingers and 10 toes on the screen or a knee-replacement patient relieved to learn her leg is clot-free, everyone deserves the best possible care. The techs at Skiff, with 60 years of ultrasound experience between them, and access to the latest and greatest software and technology, are proud to provide exactly that.
The Skiff Medical Center Auxiliary and Foundation would like to thank the following businesses for sponsoring Skiff Gala: Night on the Town on April 20, 2013:

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