As my Sept. 14 retirement date approached, I’m finding myself wondering more often about how I will adjust to and enjoy retirement. Will it be a period of life marked by peace, relaxation and leisure time, as I hope, or will it be a change fraught with regret and anxiety? Contrary to commonly held opinion, studies have shown that most physicians do well in retirement and that it is only a small percentage of physicians who struggle with the loss of a sense of purpose or diminished self-image. Because most retiring physicians have good health and adequate income (prime factors in successful retirement), and typically have numerous varied opportunities for involvement in post-retirement activities (especially non-medical ones), it turns out that most fears of retirement are unfounded.

Although I’m somewhat uncertain as to what retirement will bring, I’m convinced that it will afford me a chance to adopt a different view of life — a view that is slower, gentler, more peaceful, yet interesting and fulfilling — a life filled with new opportunities for exploring, for doing and for being. A year from now when I reflect back on this message, I trust I’ll be able to say, “I’ve never been so happy and content. These are the best days of my life.”
Meet our new Clinic President

CentraCare Clinic’s Medical Director David Tilstra, MD, moved into the role of CentraCare Clinic President Sept. 1. Dr. Tilstra started with CentraCare Clinic in 1995 and worked in both Pediatrics and Genetics. When he became CentraCare Clinic’s Medical Director in January 2003, he continued to work part-time in the Genetics Clinic — as he will as Clinic President. Dr. Tilstra is a graduate of the University of Iowa College of Medicine. He completed a pediatric residency at the University of Iowa Hospitals and Clinics, and a fellowship in medical genetics at the University of Washington in Seattle. He is board certified in pediatrics and medical genetics. In his role as Medical Director, Dr. Tilstra has become a recognized leader in health care quality improvement.

Introducing our new CentraCare Clinic Specialists

Bariatric Surgery  
CentraCare Clinic – River Campus, (320) 240-2828

Sayeed Ikramuddin, MD  
Medical School: Albany Medical College, Albany, NY  
Residency: Surgery, SUNY Health Sciences Center, Syracuse, NY  
Fellowship: Advanced Laparoscopic Surgery, Ohio State University, Columbus, OH; Minimally Invasive Surgery, University of Pittsburgh, Pittsburgh, PA  
Board Certified: Surgery  
Clinical Interests: Minimally invasive general surgery, effects of gastric bypass on type 2 diabetes mellitus

Girish Luthra, MBBS  
Medical School: University of Ibadan College of Medicine, Ibadan, Nigeria  
Residency: General Surgery, University of North Dakota, Grand Forks, ND  
Fellowship: Minimally Invasive Surgery and Bariatrics, Geisinger Medical Center, Danville, PA  
Board Certified: General Surgery

Partners: Scott G. Houghton, MD  
James Lundeen, MD  
Maria Mallory, MD  
Kurt Martinson, MD  
Matthew Maunu, MD  
Paul Mitchell, MD  
Nathan Reuter, MD  
Stephen Sahlstrom, MD  
Christian Schmidt, MD

Electrophysiology  
Central Minnesota Heart & Vascular Center, (320) 656-7020

John Schoenhard, MD, PhD  
Medical School: Vanderbilt University School of Medicine, Nashville, TN  
Residency: Internal Medicine, John Hopkins Hospital, Baltimore, MD  
Fellowship: Cardiology, Vanderbilt University School of Medicine, Nashville, TN; Electrophysiology, Stanford University Medical Center, Stanford, CA  
Board Certified: Internal Medicine and Cardiovascular Disease  
Clinical Interests: Complex ablation therapy and implantable defibrillator placement

Partners: Ann Dunnigan, MD  
Keith Lurie, MD  
Simon Milstein, MD  
Mevan Wijetunga, MD

General Surgery  
CentraCare Clinic – River Campus, (320) 252-3342

Jolene Singh, MD  
Medical School: University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND  
Residency: General Surgery, Hennepin County Medical Center, Minneapolis  
Board Eligible: Surgery  
Clinical Interests: Anorectal and breast procedures

Partners: Scott G. Houghton, MD  
James Lundeen, MD  
Maria Mallory, MD  
Kurt Martinson, MD  
Matthew Maunu, MD  
Paul Mitchell, MD  
Nathan Reuter, MD  
Stephen Sahlstrom, MD  
Christian Schmidt, MD
Introducing our new CentraCare Clinic Specialists

Hospitalist

Oluwemi Ajayi, MD
Medical School: College of Health Sciences, University of Ilorin, Ilorin, Nigeria
Residency: Internal Medicine, St. Francis Hospital, Evanston, IL
Board Certified: Internal Medicine

Travis Williams, MD
Medical School: University of North Dakota School of Medicine and Health Science, Grand Forks
Residency: Internal Medicine, University of Iowa Hospitals and Clinics, Iowa City
Fellowship: Ochsner Clinic, New Orleans, LA
Board Eligible: Internal Medicine

Jessie Roske, MD
Medical School: University of Minnesota, Minneapolis
Residency: Internal Medicine, University of Minnesota, Minneapolis
Fellowship: Vascular Medicine, Ochsner Clinic, New Orleans, LA
Board Eligible: Internal Medicine

Partners:
Olayiwola Adetunji, MD
Hanadee Alameldin, MBBS
Christopher Aronson, MD
Rebecca Campbell, MD
Sarah Carter, MD
Darren Chihos, MD
Arihant Dalal, MD
Ghassan Elkadi, MD
Shari Haroldson, MD
Khadir Kakal, MD
Gemma Lim, MD
Paul Marck, MD
Eric McFarling, MD
Joseph Mercuri, MD
Ravikanth Nathani, MBBS
Brian Nelson, MD
Holly Peterson, MD
Todd Severnak, DO
Shweta Sharma, MD
Mary Joy Sia Su, MD
Walter Sia Su, MD
Jeremy Skramsted, MD
Peter Waldusky, MD
Darin Willardsen, MD

Internal Medicine

Camelia Florea, MD
Medical School: Carol Davila University of Medicine and Pharmacy, Bucharest, Romania
Residency: Internal Medicine, New York Hospital Medical Center of Queens, Flushing, NY
Board Certified: Internal Medicine
Clinical Interests: Women’s health, preventive medicine, chronic disease management

Partners:
Angelina Ausban, MD
Patricia Nee, MD
David Furda, MD
Xiaofang Sheng-Tanner, MD
Leah Holmgren, MD

Internal Medicine

Tiffany Rickbeil, MD
Medical School: University of Texas Southwestern Medical Center, Dallas, TX
Residency: Internal Medicine, Baylor University Medical Center, Dallas, TX
Board Eligible: Internal Medicine

Partners:
Barbara J. Bollinger, MD
John Johnson, MD
Thomas Nardi, MD
Eric McFarling, MD
Joseph Mercuri, MD
Olayiwola Adetunji, MD
Ravikanth Nathani, MBBS
Brian Nelson, MD
Holly Peterson, MD
Shweta Sharma, MD
Mary Joy Sia Su, MD
Walter Sia Su, MD
Jeremy Skramsted, MD
Peter Waldusky, MD
Darwin Willardsen, MD

Interventional Neurology

Muhammad Fareed Suri, MD
Medical School: Quaid-e-Azam University, Islamabad, Pakistan
Residency: Neurology, University Hospitals of Cleveland, Cleveland, OH
Fellowship: Cerebrovascular Neurology, University of Medicine and Dentistry, Newark, NJ;
Endovascular Surgical Neuroradiology, University of Minnesota, Minneapolis
Board Certified: Neurology, Vascular Neurology

Partners:
Iris Brossard, MD
Shelly Larson-Peters, MD
Kathleen Rieke, MD
Lawrence Schut, MD
Thanh Dang, MD
Anh Nguyen, MD
James Romanowsky, MD
Kevin Xie, MD

Access all CentraCare Clinic physician bios online at www.centracare.com
Introducing our new CentraCare Clinic Specialists

Palliative Care  
CentraCare Clinic, (320) 656-7117

Paula Lindhorst, MD
Medical School: Ohio State University College of Medicine, Columbus
Residency: Family Medicine, University of Minnesota-Fairview Riverside Hospital, Minneapolis
Board Certified: Family Medicine
Board Eligible: Hospice and Palliative Medicine
Clinical Interests: Strengthening resiliency in the midst of serious illness
Partner: Merryn Jolkovsky, MD

Pediatrics  
CentraCare Clinic – Women & Children, (320) 654-3610

David Kruse, MD
Medical School: University of Iowa College of Medicine, Iowa City
Residency: Pediatrics, University of Iowa Hospitals and Clinics, Iowa City
Board Certified: Pediatrics
Clinical Interest: Sports Medicine
Partners: Jill Amsberry, DO  Jon Dennis, MD, MPH  Kelly Fandel, MD  Weining Hu, MD, PhD  Geri Jacobson, MD  Janelle Johnson, MD  Wendi Johnson, MD  Kathleen Kulus, MD  Denise Lenarz, MD  Cindy Melloy, MD  Dale Minnerath, MD  Marilyn Peitso, MD  Jennifer Rogan, MD  Thomas Schrup, MD  Sylvia Sundberg, MD  Dove Watkin, MD

Rheumatology  
CentraCare Clinic – River Campus, (320) 240-2208

Bharath Manu Akkara Veetil, MBBS
Medical School: M.G.R. Medical University, India
Residency: Internal Medicine, Pennsylvania Hospital, University of Pennsylvania Health System, Philadelphia
Fellowship: Rheumatology, Mayo Clinic, Rochester, MN
Board Certified: Internal Medicine and Rheumatology
Clinical Interests: Treatment of chronic rheumatic conditions
Partners: Jurgen Craig-Muller, MD  Susan Leonard, MD  Aaron Holmgren, MD  Anne Wolff, MD

Bariatric surgery indications for patients with diabetes

By Sayeed Ikramuddin, MD, Bariatric Surgeon, CentraCare Clinic

Obesity-related type 2 diabetes is a difficult disease to manage. In patients who are obese, the likelihood of reaching therapeutic targets with traditional methods as defined by the American Diabetes Association (hemoglobin A1c less than 7.0, LDL cholesterol less than 100, systolic blood pressure less than 130) is directly related to the degree of obesity. Patients with a body mass index (BMI) greater than 40 are 50 percent less likely to achieve targets than patients with a BMI of 30.

Bariatric surgery is effective for many patients in reducing BMI with sustained effects 15 years following surgery. In prospective studies, mortality is reduced 29 percent in comparison to controls. During the past two years, we have seen a number of publications detailing the benefits of bariatric surgery in obese patients with type 2 diabetes. More direct evidence now comes from randomized trials directly comparing bariatric surgery to intensive medical management. The data are compelling, demonstrating an impressive reduction in hemoglobin A1c with reduction or elimination of medications in many cases. The short-term remission rate appears to be approximately 42 percent following the gastric bypass. Other procedures such as laparoscopic adjustable banding can produce significant weight loss with less impact on type 2 diabetes. The sleeve gastrectomy

continued on next page
The penumbra is key in stroke treatment
By Muhammad Fareed Suri, MD, Vascular Neurologist, CentraCare Clinic – River Campus

Penumbra is brain tissue around the core of an infarct where blood supply is reduced to an extent that the neurons have ceased to function, but is enough to keep them viable. Clinically, this means that a patient with stroke may regain function if the blood supply to the affected area is restored in time. The treatment of acute stroke is focused on saving the penumbra. Depending upon the robustness of the collaterals, the proportion of the penumbra can range from none to all of the affected area. How long the penumbra will remain viable, depends on the blood flow. The blood flow is low in the core of the penumbra thus making it more likely to die sooner. Although CT and MRI-based perfusion studies can provide some idea about the blood flow to the affected area in patients with acute stroke, the fact that neurons are dying in the penumbra with each passing minute, makes recanalization an emergency, regardless of the blood flow.

Since the National Institute of Neurological Disorders and Stroke (NINDS) tPA trial results in 1995, many other landmark interventions have helped us fight the penumbra (see figure below). Results of the two recently published trials — SWIFT and TREVO 2 — are more encouraging than ever.1,2 Both trials compared the efficacy and safety of new clot retrieval devices with a standard mechanical thrombectomy device, the Merci Retrieval System. In the SWIFT trial, the Solitaire device had better recanalization rates (61% vs. 24%), and patients were more likely to have a good outcome at three months (58% vs. 33%). Similarly, in the TREVO 2 trial, recanalization rates (86% vs. 60%) and three-month outcomes (40% vs. 20%) were better with the Trevo device. Both of these devices are now FDA approved.

Newer tools to fight the stroke are encouraging, but are only useful if there is still penumbra. This requires public education for early recognition of symptoms, protocols for early administration of IV tPA and early endovascular recanalization for patients with penumbra.

For stroke consultation or referral, call (320) 240-2829.

Figure: Timeline for Interventions of Acute Ischemic Stroke. Type of intervention, duration in hours from symptom onset, and name of clinical trial.

Bariatric surgery indications for patients with diabetes continued

produces dramatic improvement in glycemia though not to the extent of the gastric bypass, but with fewer complications. Considerable interest now exists in examining the use of bariatric surgery in less obese (BMI less than 35) patients with uncontrolled type 2 diabetes.

Many questions remain. Despite the reduction in mortality from cancer and diabetes, the long-term benefit of gastric bypass remission with type 2 diabetes remains in question. Second, appropriate patient selection is controversial. The confounding presence of depression in patients with type 2 diabetes and the recognized association of suicide suggest that care must be taken in selecting appropriate patients for surgery. The issue of substance abuse also must be considered. Additionally, increased risk of iron-deficiency anemia, B12 deficiency, marginal ulceration and bowel obstructions are concerns.

The current indications for bariatric surgery are:
1. BMI greater than 40.
2. BMI greater than 35 for more than two years with type 2 diabetes, significant dyslipidemia, hypertension, sleep apnea, polycystic ovarian syndrome (PCOS) or in patients with significant gastroesophageal reflux disease or ventral hernia requiring surgical repair.
3. Psychological stability. Patients with borderline personality disorder, bipolar disorder and anxiety might be considered for less invasive procedures such as sleeve gastrectomy or laparoscopic adjustable banding.
4. Contraindications include: attempted suicide within the past five years or psychiatric admission within the past two years.

For more information about bariatric surgery or a referral, call (320) 240-2828.
New, Web-based tool helps to calculate fracture risk

By David Tilstra, MD, Medical Director, CentraCare Clinic

Osteoporosis is a common disorder. Women, in particular, are known to be at higher risk of fractures because of osteoporosis, but determining which women are at risk has been a substantial challenge. To determine bone mineral density (BMD), a DEXA scan may be used, but results aren’t able to predict future risk. Low BMD does not mean that a patient has osteoporosis or that he or she is at a high risk of fracture in the future.

To address this issue, the World Health Organization (WHO) has created a new Web-based tool to calculate a more nuanced approach to fracture risk. The tool, known as the FRAX, is an algorithm-based tool that attempts to refine risk based on several personal history issues and BMD scores. The data includes age, prior fracture history, BMI, family history of fracture, substantial glucocorticoid or steroid use, smoking status and alcohol use. The tool calculates a 10-year risk of fracture; the one-year risk simply divides the 10-year risk by 10. It has been evaluated in a number of populations and there are specific versions for a number of countries.

It isn’t perfect (as can be expected in medicine) and it does not replace clinical judgment. For example, it doesn’t have the ability to deal with multiple fractures in the same individual. One could assume that the actual risk of fracture is higher than what the FRAX will calculate, but the FRAX is not able to do that correction. There also are too many limitations to include in this article. Vitamin D usage and glucocorticoid dose differences are among them. A significant limitation is that it is not valid for patients on therapy for osteoporosis.

Despite these limitations, the FRAX score does allow much more nuance than the relatively crude and poorly predictive BMD as determined by DEXA. The WHO task force is committed to improving the calculator in the future, but felt it was enough of a significant advance to warrant making it available.

The U.S. version of the FRAX is available at [www.shef.ac.uk/FRAX/tool.jsp?country=9](http://www.shef.ac.uk/FRAX/tool.jsp?country=9). It also is available as an app on the iPhone.