To say Katharina (Katie) Schneider (26) has been through a lot would be an understatement. Katie moved across the country and between continents, and welcomed her first child into the world, all in the same year. She also survived a series of potentially life-threatening grand mal seizures, characterized by a loss of consciousness and violent muscle contractions, during her pregnancy, which led to her experience with St. James Medical Center — Mayo Health System and Mayo Clinic.

Katie’s husband, Joe, is a captain in the United States Army. The couple was living in Misawa, Japan, when they learned the exciting news that she was pregnant with their first child. Due to surgery on a benign brain tumor at age 13, Katie experienced seizures, which were well controlled by anti-seizure medication. She wanted to be sure her baby would be safe during her pregnancy and discussed the medication in relation to her pregnancy with her doctors in Japan. They assured her that...
the dose she was taking would be sufficient to control her seizures during her pregnancy.

Five months into Katie’s pregnancy, Joe was deployed to Kuwait. Katie decided to use that time, while she was still able to travel, to visit family in the United States — including her sister and brother-in-law in St. James.

About a week into her stay in St. James, Katie had a severe seizure in the middle of the night. “It was really scary,” she says. “It woke me up. I remember praying that God would protect the baby.”

Once the seizure was over, Katie was so exhausted she fell back to sleep but was awakened just a couple hours later by another seizure. “When the second seizure came I knew it was serious. I hadn’t ever had two that close,” she explains. She managed to crawl to her sister and brother-in-law’s room to wake them up. Within four minutes of calling 911, a team arrived and took Katie to St. James Medical Center where she was admitted to the hospital by Lindy Eatwell, D.O.

“Katie was initially thought to be stable, but that afternoon we thought it best to transfer her to Rochester, where they have a Level 1 nursery in case of premature labor, as well as to get an opinion from a neurologist about her seizure medication.”

The paramedics she had met the night before took her to Saint Marys Hospital by ambulance. “When we got to Rochester they gave all my information to the nurses,” says Katie. “They kept a close eye on me. I was told later they stayed around to make sure I was okay.”

Soon after arriving in Rochester, Katie was admitted to the Intensive Care Unit (ICU) at Saint Marys Hospital. Katie learned that as a result of the pregnancy, she had an increased volume of blood and needed to take a larger dose of her seizure medication to prevent her seizures.

Katie was released and then returned to St. James to finish out her pregnancy. She was advised not to travel back to Japan because of her condition. After a follow-up visit with Dr. Eatwell, Katie received ongoing prenatal care at Immanuel St. Joseph’s — Mayo Health System and Mayo Clinic. Because of the high-risk nature of Katie’s condition, she returned to Rochester for the happy ending: a normal delivery and a healthy baby boy, Jonathan Andrew, born at Rochester Methodist Hospital on June 30, 2009, just a few weeks before his due date. Joe arrived home on leave one day later to meet his son.

After a few weeks, Katie, Joe and their new son returned to Japan. Even though her pregnancy and trip to the United States wasn’t what she expected, Katie was impressed by the care she received along the way and is incredibly thankful to all the staff involved in her care.
When her husband, Bob, was diagnosed with cancer, Marie Farley was a young mother of three children, Sam (2), Michaela (4) and Lauren (6). “I never, in a million years, thought it would happen to me,” says Marie. Bob had already fought a desmoid tumor, a rare form of cancer when he was just a teenager, which led to an amputation of one of his legs below the knee. This time, he was diagnosed with colorectal cancer. It was 1998, and the young family was living in Wisconsin when they received the grim diagnosis. “They only gave him a 75 percent chance of survival,” says Marie.

Ten months after surgery, chemotherapy and radiation, Bob’s cancer progressed and tests revealed eight tumors in his liver. He was considered terminal and given 12 to 18 months to live. Marie and Bob decided it would be better to be closer to both Marie’s family and Mayo Clinic, where Bob was receiving some of his cancer treatments. “Bob always wanted to live on the water and we decided life was too short to wait any longer,” says Marie. With that thought in mind, the family moved into their dream home in Madison Lake, Minn., in 2001.

Both Marie and Bob knew the only chance Bob had to survive was to get rid of the tumors on his liver, but they were told it was impossible by almost every doctor they consulted. “Mayo Clinic was the only place that said they would do the surgery and operate on both sides of the liver. It was successful and they gave him another two and a half years in remission,” says Marie.

“Even in remission, cancer has its twists and turns, and by 2003, we felt we had been on an emotional roller coaster. That is when we found out it had spread to his brain and lungs,” says Marie. The Farleys had already established a relationship with Graham Oxnard, M.D., at ISJ Clinic – NorthRidge in North Mankato. “Bob had most of his cancer treatments and surgeries in Rochester, but he also needed someone local for the many emergencies that would arise. Immediately after we moved here, we heard good things about ISJ. Dr. Oxnard was always there when we needed him,” says Marie.

continued on page four
In November 2004, Dr. Oxnard suggested that it was time for the Farleys to consider hospice care. It was a difficult thing to hear after years of fighting the cancer, but Marie says she was ready. “I had accepted he was going to die and that the extra six and a half years we got were a gift. But Bob just wasn’t there yet. He felt that being in hospice meant giving up.”

Dr. Oxnard says a discussion about hospice care with someone undergoing extensive cancer treatment is crucial. “When someone is undergoing cancer care and things are progressing, preparing them for the possibility that hospice care will be necessary is very important,” says Dr. Oxnard. “When it comes to that point, it has to be about letting go and concentrating on the quality of the remaining days instead of the quantity of those days.”

When the Immanuel St. Joseph’s — Mayo Health System — hospice team contacted the Farleys, Bob’s ideas about hospice care changed. “Hospice gave us the tools to include our whole family in discussing the tough issues,” says Marie. “It also gave Bob the opportunity to start planning for how he wanted his death to be. They said to Bob, ‘if it doesn’t happen, great. If it does, you get to decide how it looks.’ ”

That really changed his perspective and Bob began to plan for the future of our family without him,” recalls Marie.

In 2005, Bob did eventually succumb to his disease at the age of 40, surrounded by his family at home. “Really, if someone would have told me that I’d have to do this, to nurse Bob until his last moment, with our children surrounding him, I wouldn’t have believed them,” says Marie. “Eventually my love for him far exceeded my need and I was able to let go.”

After Bob was gone, the family was able to remember him the way he wanted his death to be. They said to Bob, ‘if it doesn’t happen, great. If it does, you get to decide how it looks.’ ”

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In 2005, Bob did eventually succumb to his disease at the age of 40, surrounded by his family at home. “Really, if someone would have told me that I’d have the courage to do this, to nurse Bob until his last moment, with our children surrounding him, I wouldn’t have believed them,” says Marie. “Eventually my love for him far exceeded my need and I was able to let go.”

After Bob was gone, the family was able to remember him the way he wanted them to. “He was able to leave so many things for us: videos, letters, things for the children to look at as they grow so they can feel connected to him,” says Marie.

“Our ultimate goal is to let the patient live the way they want for as long as they can,” says Stephanie Loeffler, hospice director at Immanuel St. Joseph’s. “Hospice is about preparing and planning for the last stage of life, creating a sense of control and closure for the patient and the family.”

Marie still lives in Madison Lake with her children, who are now teenagers. Her hospice experience didn’t end with Bob’s death. It continued with grief counseling for the whole family, including Camp Oz, a grief support camp for children and, eventually, a position on the Immanuel St. Joseph’s hospice advisory council. “Hospice is just so near and dear to my heart,” says Marie. “I’m just so grateful.”

For more information about the hospice program at Immanuel St. Joseph’s, please call (800) 327-3721, extension 2618.
Research holds promise for new treatment of diabetes, heart damage

Stem cell 101

All cells within the body that have specialized functions are created from stem cells. Stem cells divide to form more cells, becoming either new stem cells or specialized cells with a more specific function, such as blood cells, brain cells, heart muscle or bone. Types of stem cells include:

- **Embryonic stem cells.** These stem cells come from embryos that are four to five days old, called blastocysts. Embryonic stem cells are pluripotent stem cells, meaning they can divide into more stem cells or they can specialize and become any type of body cell.

- **Adult stem cells.** These stem cells are found in small numbers in most adult tissues (such as bone marrow), as well as in children and in placentas and umbilical cords. It was once thought that adult stem cells could only create similar types of cells; however, emerging evidence suggests that adult stem cells may be able to create unrelated types of cells. For instance, bone marrow stem cells may be able to create muscle cells.

- **iPS cells.** iPS cells are regular adult cells that are transformed into embryonic-like stem cells in the laboratory.

Each year in the United States, more than 6,500 people die waiting for an organ transplant. Imagine if there was a way for damaged or diseased organs to repair themselves, eliminating the need for transplants — and saving thousands of lives each year.

Sound like something out of a science fiction movie? It’s not. In fact, it’s the focus of research in laboratories across the country, including those at Mayo Clinic.

Scientists at Mayo are focusing on the promise of induced pluripotent stem (iPS) cells to regenerate organs. iPS cells are stem-like cells converted from adult cells; iPS cells can be programmed to develop into many different types of cells. Current studies at Mayo involve determining how to use iPS cells to repair damaged heart muscle and increase insulin production in study animals. These findings could lead to new treatments for heart damage and type 1 diabetes.

Initial study results are promising. Mayo Clinic researchers Andre Terzic, M.D., Ph.D., and Timothy Nelson, M.D., Ph.D., have reprogrammed ordinary fibroblasts (cells that contribute to scars), converting them into iPS cells capable of creating new heart muscle in mice.

“When transplanted into mice that had experienced heart attacks, the iPS cells restored heart muscle performance, stopped any further structural damage and regenerated tissue at the damaged site,” says Dr. Terzic. “This lays the groundwork for translational applications. Eventually, we should be able to customize cardiovascular treatments.”

Mayo researchers also are working to discover whether iPS-derived insulin-producing cells can be used to prompt the body to produce appropriate levels of insulin in patients who have type 1 diabetes. This theory is currently being studied in animals, with human studies still a few years away. The ultimate goal is to use iPS cells as a means of eliminating type 1 diabetes.

Excerpted with permission from MayoClinic.com.
Max Irvine was a normal, healthy 2-year-old when he had his first seizure. It happened Sept. 22, 2007 — a day his mother will never forget.

“We were in the garage getting ready to go to the farmer’s market, and Max dropped to the floor and started having a seizure,” remembers Kristine Irvine. “He was gasping for air. I thought he was dying. I held him in my arms and prayed he would come back to me.”

Kristine took Max to the emergency room, where tests revealed nothing unusual. But two weeks later, Max had another seizure. Kristine and her husband, Troy, decided to take Max to Mayo Clinic for an evaluation. Testing revealed that Max had myoclonic-astatic epilepsy, a rare condition that can be challenging to treat.

Though he was prescribed several medications, Max continued to have dozens of seizures a day. The Ivines began exploring all possible treatment options and sought a second opinion.

“We took Max to a highly regarded neurologist in the Twin Cities,” says Troy. “He told us there was nothing we could do but try more medication, and that our son would be mentally challenged because of the seizures.”

Devastated, the Ivines returned to Mayo Clinic, hoping for a miracle. Elaine Wirrell, M.D., a pediatric neurologist, provided one. She suggested Max try the ketogenic diet, a high-fat, very low-carbohydrate diet that can reduce and even prevent seizures in some children who have epilepsy.

“The ketogenic diet can be very, very helpful in some cases,” says Dr. Wirrell. “But it’s not an easy diet to follow. Food has...
About the ketogenic diet

The ketogenic diet is a high-fat, very low-carbohydrate diet that may be recommended for children who don’t respond well to other epilepsy treatments, including anti-seizure medications. The diet requires careful planning, including food weighing.

The daily diet for a child who needs 2,000 calories may include:

- 9 tablespoons (133 milliliters) of butter or oil
- 6 ounces (177 milliliters) heavy whipping cream
- 3 ounces (85 grams) meat
- 3 ounces (85 grams) vegetables

“A dietitian creates all of Max’s recipes to make sure they have the right balance of fats, proteins and carbohydrates,” says Kristine Irvine. “It’s a lot of work, but it’s just food. We’re so happy to have this option.”

Excerpted with permission from MayoClinic.com.
Finally, relief from “ice pick to the face” pain

Treatment for stabbing facial pain at Mayo Clinic helps woman get back to her art

Amy Abts’ artistic talents have been on hold. A musician and songwriter in Duluth, Minn., Abts sings, plays piano, guitar and bass, and also is a gifted painter. But more than two years ago, excruciating nerve pain forced her to cut back on creativity.

“The pain started slowly,” remembers Abts. “Then it got to the point where I was having stabbing pain in my face 30 to 40 times a day. It literally felt like an ice pick to the face.”

Abts knew something was wrong, but didn’t know what it was. “I saw a lot of different doctors, but none of them hit on the right diagnosis,” she says.

Abts grew up in Rochester, Minn., home of Mayo Clinic. During a visit home in early 2009, Abts landed in the Emergency Department at Saint Marys Hospital, where the doctor suspected that trigeminal neuralgia, a rare nerve disorder, was the source of her nerve pain. The diagnosis was confirmed when Abts followed up with a neurologist at Mayo Clinic a few weeks later.

The trigeminal nerve is at the base of the brain and is responsible for facial sensation. In trigeminal neuralgia, an artery or vein touches the nerve, causing it to malfunction and produce searing pain. Medications can help, but surgery is occasionally necessary.

Abts’ doctors worked together to find the right treatment for her.

“My neurologist and neurosurgeon would get together to discuss my treatment,” Abts says. “It was good to know that there was more than one person evaluating my case.”

Abts also found comfort in her doctors’ experience with her rare condition. “Because Mayo is top-rated in neurology,* they’ve seen other patients with the same thing. I feel comforted that Mayo can identify it and they know what they’re doing,” she says.

After trying several medications without success, Abts underwent microvascular decompression, a surgery in which the artery causing symptoms is directed away from the trigeminal nerve, and a pad is placed between the artery and nerve to prevent the pain from recurring. After the surgery, the pain was gone. “I never felt the pain again in my face,” says Abts. “It was such a relief.”

“I’ve just been thinking about how different my life will be now,” says Abts. “Before, I only had time to go to work, and then deal with the pain. It was very limiting.”

With her pain behind her, Abts plans to resume performing on Duluth-area stages soon. “I’ve missed performing,” she says. “I’m excited to get back to that.”

* Mayo Clinic is rated #1 in Neurology by U.S. News and World Report’s “Best Hospitals” annual issue.

Mayo Clinic is hosting the Trigeminal Neuralgia Association’s 20th Anniversary National Conference on Aug. 28-29, 2010. For more information, visit www.fpa-support.org/index.html.

Trigeminal Neuralgia Conference
Tammy and Troy Lau knew their pregnancy would be difficult from the beginning. Ten years ago, Tammy began her journey at Waseca Medical Center — Mayo Health System.

To start with, Tammy was diagnosed with polycystic ovarian syndrome. Because Waseca Medical Center shares their obstetrics program with Immanuel St. Joseph’s, Lau was often in Mankato for specialized treatment and appointments. It took her six years to become pregnant with their son Cody, now four years old. Two years ago, Tammy suffered a miscarriage at eight weeks. Hopeful and happy to be pregnant again, she learned at 12 weeks that she was carrying twins.

“I knew I had a rocky road ahead of me,” Tammy says. She was right. Her pregnancy was full of complications early on. Family and friends rallied around Troy and Tammy, and helped with Cody.

After bed rest and many more difficult complications, Tammy was again admitted to Immanuel St. Joseph’s at the beginning of June 2009 when one of her amniotic sacs broke, leaving their son, Ben, with no fluid. The young couple grieved when they learned there was only one heartbeat. Their hearts broke again when they lost the second child.

“It took all we had to let go of Ben,” Tammy recalls. “When we lost Jaxon, we were totally devastated.”

“I couldn’t fix things,” Troy said. “I couldn’t save my boys or protect my wife. I was overwhelmed. We are so grateful for the support and understanding we received from the staff at Immanuel St. Joseph’s. They helped us know what to expect, accepted our grief and helped us deal with the situation.”

Staff were specially equipped to assist the Lau’s. A grant through Immanuel St. Joseph’s Foundation allowed the Family Birth Center at Immanuel St. Joseph’s hospital to send a group of nursing and chaplain staff to specialized training on dealing with perinatal loss. In addition, books, literature, portraits and memorial items, purchased in part with Foundation grant dollars, helped the Lau’s work through their grief.

“The loss of any child is devastating to parents,” says Marsha Sullivan, R.N. at Immanuel St. Joseph’s, who completed the training. “But often the grief felt from a miscarriage or loss of a child before or shortly after birth is not easily acknowledged by a patient’s family and friends,” she explains. “People don’t often realize how devastating that loss can be.”

“Having a miscarriage at eight weeks was painful, but it was nothing like what we went through when we lost our twins,” Tammy says. “That first time, it was more like our dream of the child had died. But when we lost Ben and Jaxon, it was unbelievably painful. The nurses were so wonderful in the gentle ways they helped us. They knew what questions to ask and allowed us to hold our boys as long as we needed to. That really helped us validate that they existed and that our pain was real.”

The Lau family agrees they are better people because of the experience Benjamin and Jaxon brought to their lives. They say their family is closer than ever — mostly due to what they’ve endured together.

“Looking back, we are grateful for the experience,” Tammy says. “Our boys were a blessing in our lives, and they are still a part of us. We’re so grateful that we got to meet them.”

After dealing with fertility issues, the Lau family lost their twin boys during a difficult pregnancy. The perinatal loss program at Immanuel St. Joseph’s helped them deal with their grief.
Support groups

ADHD Parent Support Group .......... 507-385-6500 (Sept.–April)
ALS ........................................ 1-888-672-0484 (toll free)
Alzheimer’s .................................. 507-387-2133
A.W.A.K.E. (Sleep Apnea) ............. 507-385-2679
Cancer ........................................ 507-327-7104
Crohn’s and Colitis (Sept.–May) ...... 507-345-8781
Diabetes ...................................... 507-385-2607
Diane’s Hope .............................. 507-387-6916 (women’s cancer support)
Family Caregivers ...................... 507-387-1666
Grief .......................................... 507-385-2989
or 1-800-327-3721, ext. 2989 (toll free)
Heart to Heart (heart disease) ........ 507-385-2607
La Leche League (breast-feeding) .... 507-625-7134
MS Support ............................... 507-385-2600, ext. 2414
Ostomy ....................................... 507-934-2089
Parkinson’s ................................. 507-380-2307
Suicide Survivors ....................... 507-388-5313
Weavers (widowed–over 60) .......... 507-385-2989
Windjammers (chronic lung disease) 507-385-5605

American Diabetes Association Camp
Ages 5 – 16  www.diabetes.org

For information on scholarships available through Immanuel St. Joseph’s, contact
507-385-4732 or 1-800-327-3721 ext. 4732. Deadline is May 15.

Programs

Diabetes Self Management .......... 507-385-2607
Lactation Services ...................... 507-385-2967
Nutrition Counseling .................. 507-385-2607
(a fee is charged)
Maternity Pagers (rental $10) ....... 507-385-2922
Pulmonary Rehabilitation .......... 507-385-5605
(cost varies)
Nicotine Dependence ................. 507-385-4662
Cardiac Rehab ........................... 507-385-2607
Heart Plus Fitness Program
(physician referral required) ....... 507-385-2607

Pediatrics Presurgery —
The Pre-Op Shop ......................... 507-385-2616
or 1-800-327-3721, ext. 2616 (toll free)
Presurgery for Adults ................. 507-385-2934

For information about Immanuel St. Joseph’s classes, events and programs:
Call the numbers listed or contact Communications,
507-385-2922 or 1-800-527-2922 (toll free)
or check our Web site, www.isj-mhs.org

Special events

**Bicycle safety rallies**

May 6, 1 – 7 p.m.  ......................... Mankato River Hills Mall
May 12, 3 – 6 p.m.  ..Springfield Area Community Center
May 12, 3 – 7 p.m.  ............... Waseca County Fairgrounds
May 15, 6 – 8 p.m.  .......... St. James Medical Center Clinic
See back cover for more information

Family classes

Please register online at www.isj-mhs.org for any of
the classes listed. If you have questions about the
registration process, please call 507-385-2922 or
1-800-527-2922 (toll free).

**Breast-feeding: First Year of Life**

**Childbirth Education**

**Our Growing Family: Sibling Preparation**

**Healthy Beginnings: Safety for Your Children**

**Healthy Beginnings: Infant/Child CPR**

Presurgery classes

**Pediatrics Presurgery —**
The Pre-Op Shop .......................... 507-385-2616
or 1-800-327-3721, ext. 2616 (toll free)

**Presurgery for Adults** .............. 507-385-2934

For information on scholarships available
through Immanuel St. Joseph’s, contact
507-385-4732 or 1-800-327-3721 ext. 4732. Deadline is May 15.
St. James Medical Center

Programs

Community Education Seminars .......... 507-375-8608
Home Health Care .................................. 507-375-8688
(for certain conditions)

Call 507-723-6201 and ask for nurses station.

Support groups

Diabetes: Third Monday of odd numbered months at 6:30 p.m. Held in St. James Medical Center Conference Room. Contact Kim Nelson at 507-375-8653.

Weight Watchers: Every Thursday from 5:15 to 6:15 p.m. Held in St. James Medical Center Conference Room. Call 507-375-8653.

Call the numbers listed for more information, preregistration or meeting times.

Springfield Medical Center

Programs

Diabetes Education
Cardiac Rehabilitation
Lactation Services
Call 507-723-6201 and ask for nurses station.

Childbirth Education Cost $15
Sibling Class No charge
Aquatic Fitness
Held at Springfield Microtel.
Call 507-723-4288 for complete information.

Urinary Incontinence/
Pelvic Floor Program
Call Springfield Medical Center Physical Medicine Department for details.

Call 507-723-6201 or the numbers listed for more information, preregistration or meeting times.

Waseca Medical Center

Programs

Cardiac Rehabilitation
Monitored exercise program ............... 507-781-8279
Independent exercise program ........... 507-781-8261
Just for the Health of It Community health education
507-385-2922 or 1-800-527-2922 (toll free)

Home Health ......................... 1-800-327-3721 (toll free)
Home health care for certain conditions
Hospice .................. 507-385-2618 or 1-800-327-3721 (toll free)
Support and care for families facing terminal illness

Caregivers/Alzheimer’s ....................... 507-781-8171
Offered in Waseca, Janesville and Waterville

Diabetes ........................................ 507-781-8267
Multiple Sclerosis ............................. 507-781-8003

Lifeline ........................................... 507-385-2689
or 1-800-327-3721, ext. 2689 (toll free)
Lifeline is a personal emergency response system that is worn on a neck chain or wrist strap that links you to 24-hour assistance at the push of a button.

Respite Care ................................. 507-781-8171
Volunteers stay with homebound adult individuals to provide family caregivers time away from caregiving responsibilities.

Call the numbers listed for more information, preregistration or meeting times.

Note: Waseca-area numbers have been updated to reflect the local prefix change.

Community Services Program

Caregiver Coach/Educator ................. 507-781-8171
Caregiver coaching is available to caregivers of any kind to prevent burnout. Are you caring for a partner with Alzheimer’s disease or dementia? Family Memory Care will help you understand more about Alzheimer’s disease or dementia; problem solve; care for your spouse or partner at home as long as possible; develop your family support team; locate community resources that can provide support; improve your spouse’s life; and take care of yourself. Family Memory Care at Waseca Medical Center is part of the Minnesota Family Memory Care Program–2008 recipient of the Rosalynn Carter Institute for Caregiving Leadership in Caring Award.
Get Ready for Summer with a Bike Helmet

If you fall from your bike, the bicycle helmet takes the force of the blow — instead of your head. When you’re biking, wearing a bicycle helmet is the most effective way to prevent a life-threatening head injury.

And don’t assume that bicycle helmets are just for kids. Adults face the same risks as children. On average, even a careful bicyclist still crashes every 4,500 miles, according to the Bicycle Helmet Safety Institute. Although collisions with cars or other vehicles are likely to be the most serious, even a low-speed fall on a bicycle path can be dangerous.

Stop by one of the bike rally events to get your helmet and wear it every time you ride your bike — and make sure your children do, too. Don’t let the thrill of the ride turn into a tragedy.

“I see the results when people who aren’t wearing bike helmets are injured on their bikes. Each year, more than a half a million bicyclists are brought to hospital emergency rooms with injuries from bike accidents, and 67,000 of those have head injuries. A bike helmet is the single most effective way to prevent head injury resulting from a bicycle crash,” says Dan Dockham, M.D., emergency room physician at Immanuel St. Joseph’s.

For more information on the bike rallies, call 507-385-2922 or 800-527-2922 (toll free)