It started as a normal day at track practice for Michael Kropp, a track coach and social studies teacher at Wabasha-Kellogg High School. But later that day in April 2010, the headache started.

And then it wouldn’t quit.

“It lasted for five days straight,” recalls Kropp (42). “I’ve never had migraines, but I thought it must be what people with migraines experience. It was pretty intense.”

Even so, Kropp didn’t schedule an appointment right away at Wabasha Clinic — part of Lake City Medical Center and Mayo Health System.

“I’m a stereotypical guy. I thought I could make it through this,” Kropp says.

After five days of pain and at his wife’s urging, Kropp scheduled an appointment with

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Marc Hampl, a physician assistant at Wabasha Clinic, for one week later. But shortly after Kropp called for the appointment, the headache went away.

“I thought it was going to be a big waste of time to go in since the headache stopped,” says Kropp. But whether it was his wife, Kristi’s, encouragement or his own concern, Kropp kept the appointment.

Hampl conducted a physical exam and asked Kropp lots of questions about his caffeine use, history of headaches, exercise and medications. “I kept answering ‘no’ to all his questions,” says Kropp. “But Marc is one of those guys who just has to solve that problem.”

“For an otherwise healthy man to keep an appointment after a headache resolved suggested that it must have been a pretty nasty headache,” says Hampl. “Because he was worried enough about something to keep the appointment, it seemed to warrant further testing.”

Even after everything appeared normal, Hampl suggested that Kropp schedule a computed tomography (CT) scan of his brain sometime in the next couple of weeks. Kropp mentioned that he’d already taken the whole day off, and soon he was walking over to St. Elizabeth’s Medical Center for a CT.

“I was hoping to find nothing on the CT, and treat him for a migraine or tension headache,” says Hampl. “But that’s not what we found.” The CT scan showed that Kropp had a large tumor on both sides of his brain.

“Right away, I consulted with Ruth Tiffault, D.O., who was on call at Wabasha Clinic,” says Hampl. “We discussed the findings and agreed to send him to Mayo Clinic in Rochester.”

Kropp returned to Wabasha Clinic, and Hampl told him the news.

“It was a shock,” recalls Kropp, “but I also wanted to know what we were going to do next.” Hampl told him he needed to be evaluated at Mayo for diagnosis confirmation and treatment. Wabasha Clinic staff set up an appointment for him.

“That was great,” says Kropp. “They took care of my needs there, and then also set up everything I needed for the future.”

Kropp had surgery at Saint Marys Hospital a few weeks later, where about half of the tumor was removed. The rest of the tumor was wrapped around some sensitive blood vessels, so the surgeon decided not to risk removing it.

To treat the rest of the tumor, Kropp has chemotherapy five days a month, and recent tests show the tumor has shrunk significantly. Kropp will continue chemotherapy until spring when, at one year after diagnosis, his treatment plan will be re-evaluated.

Through it all, Kropp has felt support from all sides. “My wife has been amazing as far as taking care of me,” he says, “and the staff at Wabasha Clinic has been very supportive, too. They’ve been watching out for me there. It’s a neat feeling to have that support.”

“My wife has been amazing as far as taking care of me, and the staff at Wabasha Clinic has been very supportive, too. They’ve been watching out for me there. It’s a neat feeling to have that support.”

— Michael Kropp
Last summer, Mason Huth (10) was thirsty — all the time. “One Saturday I was out mowing the lawn, and Mason came over just gulping water out of the hose,” says Mason’s mom, Michelle. “He kept telling me, ‘Mom, I am so thirsty.’ I knew something had to be up.”

Michelle hoped that it was just a phase, but Mason’s constant thirst and frequent bathroom trips, along with a few other symptoms, convinced her to look further. “My mom instinct kicked in and told me to get it checked out,” Michelle recalls.

Michelle scheduled an appointment for Mason with Becky Nelson, a nurse practitioner at Wabasha Clinic.

“I knew we needed to check Mason’s blood sugar, because I was concerned it might be elevated related to diabetes,” recalls Nelson. She was right, but she didn’t anticipate just how high it was. Mason’s blood sugar reading was 638 — over six times the normal range of 74 to 106.

Then, Nelson had to break the news to the family.

“When Becky told us that he had Type 1 diabetes and he would need insulin for the rest of his life, it hit us pretty hard,” says Michelle. “When you hear ‘for life,’ it’s upsetting. As a mom, you want to be a fixer — but you can’t fix it,” she says, her voice filling with emotion.

Because the reading was so high, Nelson sent Mason to Mayo Clinic in Rochester the same day. “If blood sugars get too high, the pH of the blood can be affected, which can be life threatening,” explains Nelson.

“They told us we were lucky to catch it when we did, because some kids end up in intensive care,” says Michelle. “Becky said it was really great that Mason was so in tune with what was happening, and open enough to tell us about it.”

In addition to determining the dose of insulin Mason would need to control his blood sugar, the team at Mayo Clinic also needed to teach Mason and his family about insulin and diabetes in general. Without this knowledge, diabetes can be a life-threatening disease.

diabetes diagnosis
made easier with the right tools, support

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“Years ago, diabetes was a death sentence,” says Nelson. “But now, with medical advancements and self-monitoring tools available, people with diabetes can live a full and happy life.”

Michelle says that there was a lot of information to absorb. “It was overwhelming, but they wanted to be sure that before we left, he was comfortable, we were comfortable, and the whole family understood what to do,” she says.

The next steps included injections and glucose monitoring, meeting with the school nurse and teachers at Mason’s school, tracking snacks and keeping insulin doses handy. Through all the changes, Mason hasn’t missed a beat.

“He’s doing really well with it — extremely well,” says Michelle. “He hasn’t complained at all. Makes a mom proud.”

Although Mason is getting all his follow-up care at Mayo Clinic, Michelle still makes an effort to keep Becky in the loop. “I’ve told her how well he’s doing, and I always give her updates as to what we find out,” says Michelle. “We’re so grateful to Becky. She really listens to you and is very sincere. When she gave us the news, she gave me a hug and asked if I needed anything. It’s clear that she cares about her patients.”

Nelson points out that Mason deserves much of the credit for his success. “Mason is a great patient,” she says. “He was very strong and cooperative. What a great kid!”

At Wabasha Clinic, area residents have a partner for diabetes care. “Wabasha Clinic works with endocrinologists to maintain patients’ medications and monitor blood test results related to diabetes,” says Becky Nelson, a nurse practitioner.

In addition to monitoring, Wabasha Clinic assists patients in finding the right tools for managing their diabetes. “Living with diabetes now is much more convenient than in the past,” says Nelson. “Injection pens, easy-to-use glucose meters and insulin pumps have made everything much more convenient and easy to control.”

To schedule an appointment for diabetes care at Wabasha Clinic, call 651-565-4571.
Duane Jerome’s “golden years” have been challenging.

“Whoever said, ‘the golden years are the best,’ well, I’ve got a thing or two to tell them,” Jerome says jokingly.

He admits, though, that his “good years” caught up with him. “I hadn’t been to a doctor in a good 35 years,” says Jerome. Despite being a two-pack-a-day smoker for 60 years, he felt good. “I had an ‘if it ain’t broke, don’t fix it’ mentality.”

But in the spring of 2009, his wife, Myrtle, urged him to go to the Emergency Department at Fransican Skemp Healthcare in La Crosse, Wis. — part of Mayo Health System, after his leg swelled up and he was having shortness of breath. “They told me I had diabetes real bad, and I had to go into the hospital,” recalls Jerome.

Due to lack of blood circulation from the untreated diabetes, one of Jerome’s legs was amputated below the knee, and the other foot’s toes also were amputated. After each surgery, Jerome stayed in the hospital for a few days to recover, and then was discharged.

He didn’t need to be monitored in the hospital anymore, but he wasn’t ready to go home yet, either. “I really couldn’t maneuver around,” says Jerome. “I had to get used to what I lost.”

His answer? The Mayo Transitional Care program, a collaboration between Mayo Clinic and Mayo Health System.

Mayo Transitional Care offers patients recovering from a major illness or surgery, like Jerome, a step between hospital and home. In transitional care, patients receive daily skilled care by a nurse and/or therapists in a Mayo Health System community hospital setting. For most of the summer of 2009, Jerome stayed at a Mayo transitional care site near his home in Taylor, Wis.

“We’re taking advantage of the resources we have throughout Mayo Health System,” says Mark Lindsay, M.D., a physician at Luther Midelfort — part of Mayo Health System and medical director of the Mayo Transitional Care program. “Our transitional care facilities all have highly skilled care teams and adhere to Mayo’s quality and safety standards.”

Jerome found just what he needed. “They really care for you,” he says. “The nurses are there for you, and they help you learn how to take care of yourself.”

“The emphasis is on providing the right care at the right place at the right time,” adds Dr. Lindsay. “The program enables all key members of the health care team, the patient and the family to be sure the transition home is as safe as possible while meeting the patient’s recovery goals.”

And although health challenges have continued for Jerome, including cataract surgery and prostate cancer, he takes comfort in knowing that Mayo Clinic is there for him — whether it’s in Rochester or at a Mayo Health System site. “It was pretty nice to have that transitional care available,” he says.

Myrtle and Duane Jerome know the importance of a good transition. After surgeries and hospital stays, Duane needed more support before returning home. Several weeks at a Mayo Transitional Care program hospital helped him build his strength and confidence.

Mayo Transitional Care sites

Mayo Health System’s facilities in the following communities participate in the transitional care program:

| Barron, Wis. | Lake City, Minn. | St. James, Minn. |
| Bloomer, Wis. | Osseo, Wis. | Waseca, Minn. |
| Cannon Falls, Minn. | Sparta, Wis. |
| Decorah, Iowa | Springfield, Minn. |

For more information on how to take advantage of Mayo Transitional Care, talk with your Mayo Health System or Mayo Clinic provider.
When 6-year-old Corinne Watters began to have leg pains at night in May 2006, it was easy for her mother to brush them off. With four older children, she’d already seen her share of bumps and bruises.

“Her older brothers both had growing pains,” says Deb Watters of Burnsville, Minn. “Corinne’s pain seemed like the same thing.”

But when Corinne started limping, then losing strength in her right quadricep, Deb began to worry. A series of doctor appointments and imaging exams resulted in an unsatisfying diagnosis.

“We were told Corinne had likely taken a good hit during one of her hockey games, and bumped her femoral nerve,” says Deb. Doctors recommended physical therapy, and told Deb and her husband Mike that healing could take up to a year.

Deb’s mother’s intuition, well honed as a parent of five, told her otherwise.

“As a mom, I didn’t have a good feeling about the diagnosis,” she says. The Watters continued to search for answers, taking Corinne to specialists throughout the Twin Cities. At Corinne’s ninth appointment, a physician suggested she have a pelvic MRI. The exam revealed a large tumor on the right side of her pelvis. After a biopsy, Corinne was diagnosed with Ewing’s sarcoma, a rare bone cancer that occurs in fewer than two of every million children.

A search for treatment

While Corinne started chemotherapy in an attempt to shrink the tumor, her parents began scheduling another series of appointments to determine where she would have surgery to remove it. After meeting with specialists throughout the Twin Cities and consulting with surgeons in Texas and New York, the Watters chose Mayo Clinic.

“Everyone we met with told us we only had one good shot at getting this,” says Deb. “We felt Mayo offered the best plan for removing the tumor and for preserving her leg function.”

The Watters also liked Mayo Clinic’s team approach to care.

“It wasn’t a one-man show,” says Deb. “There would be surgeons from several specialties in the operating room, and we’d have some of the world’s experts in Ewing’s sarcoma directing Corinne’s care.”

One of those experts was Carola Arndt, M.D., a pediatric oncologist. Dr. Arndt says Mayo’s team approach is especially beneficial to patients with complicated conditions such as Ewing’s sarcoma.

“Team-based, multidisciplinary care allows for close collaboration among all the disciplines involved in a patient’s care,” says Dr. Arndt. In Corinne’s case, that included oncologists, radiologists, orthopedic
surgeons and neurosurgeons. “At Mayo, it’s easy for specialists from many disciplines to consult with each other face to face. We don’t have to worry about catching up with someone working at another institution.”

In December 2006 — seven months after Corinne began limping — surgeons removed the tumor from her pelvis. They also removed five inches of her femoral nerve, which ran through the tumor in her pelvis, and down the top of her leg. Then they performed a rare nerve graft, replacing the large femoral nerve with several smaller ones taken from Corinne’s calves. Time would tell how much, if any, function she would regain in her leg.

An “unexpected journey”

After recovering from surgery, Corinne resumed chemotherapy near her home in the Twin Cities. While either Deb or Mike was with Corinne at all times during her treatment, they noticed a 9-year-old boy named Victor wasn’t so lucky.

“He was in foster care, and he was almost always alone,” says Deb. One night Deb walked past Victor’s room, which was dark except for the glow of the television. Victor had tucked himself into bed and was clutching two stuffed animals to his chest. Deb went in for a visit.

“I asked him if he liked Legos,” says Deb. The next day, Deb and Mike’s sons, Brian and Eric, arrived at the hospital carrying a large bag of Legos and spent the afternoon playing with Victor. The scene would be repeated many times, as the Watters family opened their hearts to the little boy they soon came to love. Less than two months after meeting him, they decided to open their home to him as well.

“From almost the minute that Deb and I met Victor, we have sensed God leading us on an unexpected journey (another one!) … this one involving Victor,” Mike wrote on the family’s CaringBridge website, which they created to keep friends and relatives updated on Corinne’s health.

“We are going to become Victor’s foster parents. If Victor were eligible to be adopted, we would likely seek to adopt him.”

After they became Victor’s foster parents, Deb and Mike gained access to his medical records and learned he had Ewing’s sarcoma. Not only did Victor have the same rare cancer as Corinne, but it had developed in the same spot as hers. The two also were at the same point in treatment, and completed their last three rounds of chemotherapy together finishing in July 2007.

Moving forward

In the years since, the family has experienced many highs, including Victor’s official adoption day, the birth of the Watters’ seventh child, Meghan Joy, and Corinne’s triumphant return to the hockey rink and softball field.

“Corinne can do most of the things she wants to do, and we are so grateful to Mayo for their part in that,” says Deb. “I often think of the day she came out of surgery, covered in bandages. And now, to see her crouch down to play catcher, or to see the moves she can do in hockey — it’s just amazing.”

Also amazing to Deb and Mike is Mayo Clinic.

“Walking into Mayo is like stepping onto a different planet,” says Deb. “The atmosphere is so encouraging and the doctors are extremely thorough. We’ve seen a broad spectrum of care, which helps us to appreciate Mayo even more.”

Editor’s note: While Corinne’s cancer has remained in remission, Victor has experienced four recurrences. To learn more about the Watters’ journey, visit the family’s CaringBridge website at www.caringbridge.org/visit/corinnewatters.
The United States is a big country. And we’re getting bigger. Government statistics reveal more than 60 percent of American adults are now overweight or obese, as are nearly one-third of American children.

Researchers at Mayo Clinic and the University of Minnesota are dedicated to finding ways to combat the country’s rising obesity rates. And they’ll soon have a new tool to help them in their efforts: a mobile obesity research lab that will enable them to collect survey data and measure a person’s calorie expenditure, body mass and fat content. The lab will be funded by a $900,000 grant from the Minnesota Partnership, a collaboration among the University of Minnesota, Mayo Clinic and the state of Minnesota.

“For the first time we’ll be able to conduct obesity research in the places that people live, work and study so we can better understand how to end the obesity epidemic,” says James Levine, M.D., Ph.D., an endocrinologist at Mayo Clinic who spearheaded the project with Robert Jeffery, Ph.D., an epidemiologist at the University of Minnesota.

The motor home-sized laboratory will bring state-of-the-art research capabilities to schools, workplaces and rural areas. This will allow researchers to reach populations that have not previously been able to participate in this type of research.

Dr. Levine says nearly 30 ongoing research studies at Mayo and the University could benefit from the lab, which is expected to hit the road in 2011.

Mayo Clinic Book of Home Remedies helps families manage health care at home

Mayo Clinic recently released Mayo Clinic Book of Home Remedies, a 208-page guide to staying healthy and treating health issues at home. The book offers advice from the world’s leading medical experts on a variety of topics, including managing conditions such as diabetes and high blood pressure; how to treat a common cold; and what to stock in your home medicine cabinet.

The book also includes information on a number of foods that can help improve health and wellness.

Mayo Clinic Book of Home Remedies is organized alphabetically, with a short, easy-to-understand overview of each topic. In addition to the overview, there is a list of home remedies for each topic, as well as information on when to seek medical help for the condition. The simple solutions in the book have the potential to help families save hundreds of dollars in medical costs each year.

“Common ailments often have simple cures,” says Philip Hagen, M.D., a preventive medicine physician at Mayo Clinic and the book’s medical editor in chief. “Mayo Clinic Book of Home Remedies helps readers decide what they can safely treat at home, and what warrants a visit to their health care provider.”

The Mayo Clinic Book of Home Remedies can be purchased by visiting www.bookstore.mayoclinic.com, and is available at online retailers and at bookstores nationwide.
Lake City Medical Center and Mayo Clinic:
A strong team in era of health care reform

Hometown Health: What does the Affordable Care Act mean for Alma, Plainview and Wabasha clinics and Mayo Health System?

Dr. Witt: One of the most promising aspects of the law is that it emphasizes primary care as the central hub of an individual's health care over a lifetime. For years, our clinics have provided lifetime care to our patients, working together with our colleagues at Mayo Clinic when needed for specialty diagnosis and treatment.

Dr. Nesse: We believe the law is a good start. Some components are starting as pilot projects, and the law’s success will depend on how those projects play out. These projects present an exciting opportunity for Mayo Health System to be part of setting the direction of health care in this country.

Hometown Health: What kinds of opportunities will Mayo Health System be involved in?

Dr. Nesse: For years, the U.S. health care system has rewarded “doing more,” medically, to treat a problem rather than working together to help a person stay healthy. One of the key concepts of the health care reform law is called “pay for value” health care, and it’s something that Mayo has been advocating for years.

Basically, pay for value care keeps people healthy — or helps them get better — in a timely fashion, without hassles, and without a significant financial burden. We’re looking at being part of pilot projects to test long-term care plans for people with chronic conditions, an incentive system for keeping patients out of the hospital, and others.

Hometown Health: Will the new law affect patient care at Alma, Plainview and Wabasha clinics?

Dr. Witt: We will continue to provide the same high-quality, effective and compassionate health care you’ve come to expect at our clinics. You will not see a difference in our commitment to you and to this community.

Dr. Nesse: What you may notice is an even closer alignment with our colleagues at Mayo Clinic and other Mayo Health System sites. We plan to exchange expertise with colleagues more regularly, share services, and work together for every patient’s best interest no matter where you are — whether in Alma, Plainview, Wabasha, Rochester or at another Mayo Health System location.

Dr. Witt: In what may feel like uncertain times, our patients can rest assured that both Wabasha Clinic and Mayo Clinic are committed to working together for their health and well-being.
Life after postpartum depression

“My pregnancy was a piece of cake,” says Adrian Larson.

Adrian and her husband, Darin, had hoped for a baby. In March 2009, they welcomed Olivia Marion, who was delivered by Sharon Riester, a certified nurse midwife at Wabasha Clinic. “The birth was very emotional,” recalls Adrian. “It was awesome.”

But Adrian’s feelings didn’t stay that way. Almost immediately after returning home from the hospital, everything seemed to fall apart for Adrian. “When Olivia would eat, it irritated me. She cried, and it irritated me. I had horrible anxiety, my skin was crawling and I couldn’t sit still,” says Adrian. “I told Darin to get the baby away from me; I didn’t even want to look at her. I could tell that something was very wrong.”

Darin and Adrian decided to call Riester. “We talked about how she was feeling and discussed some basic interventions to be sure she wasn’t home alone and make sure the baby wasn’t alone,” says Riester. “We got some medications started as well — Xanax for anxiety and Zoloft for depression.”

But the medications didn’t provide the instant relief Adrian craved. “I wanted them to work right away, but they didn’t,” she says. “As the day wore on, it got worse and worse.”

Finally, as her symptoms intensified even more, Darin called Riester again. It was time for Adrian to go to the hospital. In the Emergency Department of St. Elizabeth’s Medical Center, she was diagnosed with possible postpartum depression, a serious mood disorder that occurs in about 10 percent of women after giving birth. “It became serious fairly fast,” says Riester. “I consulted with the ER physician, and we both agreed that she needed to go to Mayo.”

During her four-day stay in the mood disorders unit at Mayo Clinic, Adrian had just one goal: to get out. “I wanted medication, but I didn’t want to attend classes or read the books,” she says. “I was in pretty heavy denial about what I needed to do.”

After just a few days at home, the anxiety and depression came back, even with regular counseling with a psychiatrist at Mayo. “I was falling apart again regularly,” says Adrian. “But it got worse. The anxiety would trigger a panic attack, which caused me to throw up. Sometimes I was almost hallucinating, I was so out of it.”

Two months later, Adrian finally told her psychiatrist everything: about her daily anxiety attacks, about how Darin was afraid for her safety, about how she fantasized about making an adoption plan for Olivia, and how she thought about driving away from her family and never looking back.
Her psychiatrist told her she needed to go back to the hospital. “This time, it was a relief,” says Adrian. “I realized I needed to do this for my daughter and my husband. I was attending all the classes. I was reading. I was listening.” After another four-day stay, Adrian was ready to go home — and this time, to truly get well.

She admits that her recovery hasn’t been easy. “Every day it’s another hurdle,” she says, “but every month the hurdles get shorter.”

And although Riester was just the first step on her road to health and healing, Adrian still looks to her for inspiration. “Sharon stood by me 110 percent,” says Adrian. “She has always been a beacon of hope for me. She’s an incredibly warm and caring person.”

Adrian wants to be that kind of inspiration to others, too.

“I want people to know that postpartum depression is real,” she says. “As scary as it is, it’s treatable, and it’s something you can beat. It no longer defines me as a person or a mom.”

Grateful for the support of Wabasha Clinic and Mayo Clinic, the Larson family, Adrian, Olivia and Darin, are enjoying life again. “My daughter is happy, healthy, taken care of and has all the love and joy she could ever want,” says Adrian. “At the end of the day, that’s what makes me a mom.”

**About postpartum depression**

Many moms experience the “baby blues” after childbirth, which refers to hormone-related mood swings and crying spells. These feelings typically fade within a couple months. But some new moms experience more severe, long-lasting symptoms known as postpartum depression. If sadness, irritability and crying spiral into symptoms like loss of appetite, feelings of shame, guilt or inadequacy, difficulty bonding with the baby, withdrawal from family and friends or thoughts of harming yourself or the baby, seek help with your primary provider immediately.

“Postpartum depression can crop up anytime in the first year after giving birth,” says Sharon Riester, a midwife at Wabasha Clinic. “Family members can support mom by making sure mom is safe and baby is safe, as well as watching that she’s getting enough rest, food and drink, and offering assistance with the baby.” If you’re a concerned family member, don’t hesitate to call the primary provider yourself. “If they’re seeing symptoms they’re worried about, sometimes the dads call,” says Riester.
We want your feedback.

“We want to make sure our patients experience the best care and service,” says Nicole Evers, service excellence coordinator at Wabasha Clinic. “If there’s an issue, we want to hear from you.”

You can give your feedback — positive or negative — to the medical center in several ways. For the methods below, you can choose to give your name or remain anonymous.

**Comment cards**

Fill out a comment card and drop in a receptacle located throughout the clinic. Include contact information if you’d like someone to follow up with you.

**At-home survey**

Fill out a Press Ganey patient satisfaction survey if you receive one at home shortly after a clinic visit. Patients who receive this survey are randomly selected by survey vendor Press Ganey. The survey takes just five minutes to complete, and a postage-paid envelope is provided to mail it back to Press Ganey.

**Tell a staff member**

Find a staff member and express your concerns. The staff member will record your comment into a feedback software program to ensure it reaches the right place and person.

**Call Quality Resources**

Call 651-345-1175 to speak directly with Evers via phone.

Wabasha Clinic
1202 Fifth Grant Blvd. West
Wabasha, MN 55981

For information or to schedule an appointment, call 651-565-4571.

Visit our Web site, www.lakecitymedicalcenter.org

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If you have comments or suggestions for _Hometown Health_, contact Asia Christensen, Communications, 651-345-1176.

Information for _Hometown Health_ stories is provided by Mayo Health System medical professionals. If you have medical questions about these stories and how they affect your health, please contact your physician.