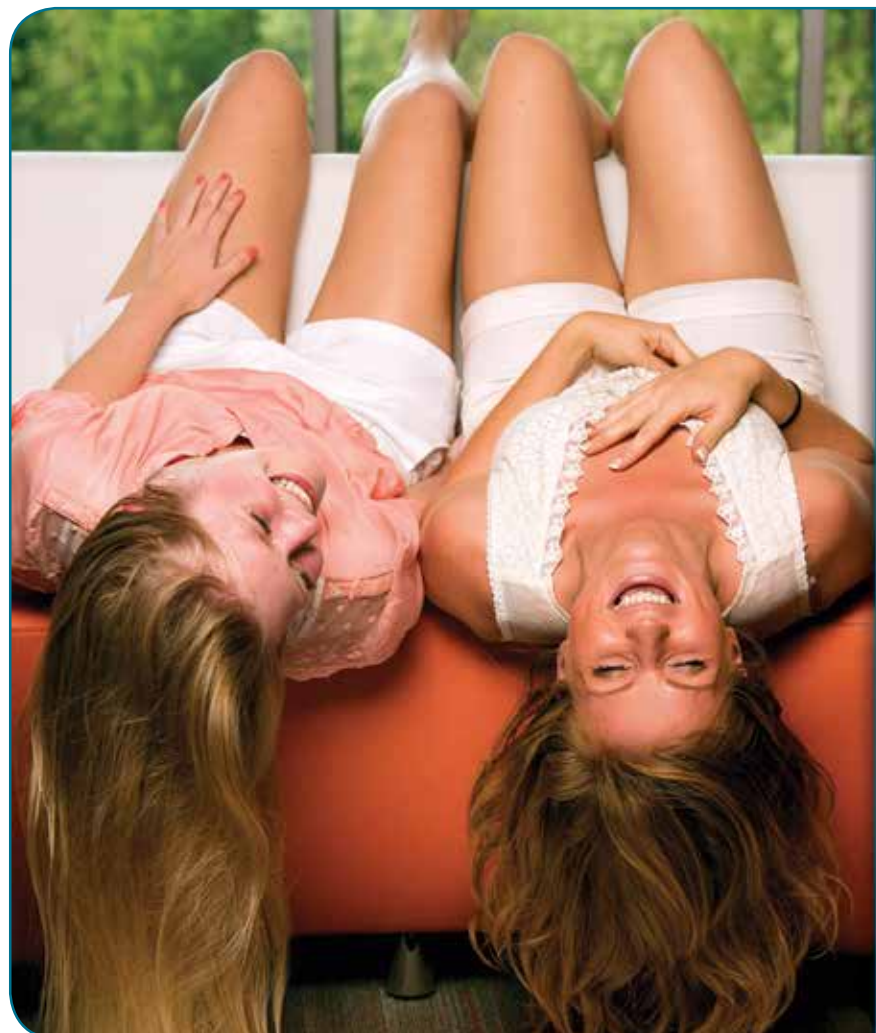


ON THE COVER: Cathy proves yearly mammograms can save lives. She doesn't even want to imagine how much worse her situation could have been if she had waited to get one.

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*You laugh like
 no other woman.*

Because you are the only you.

Take heart knowing our new women's health specialist will care for you like no other woman. Introducing Kim Christopher Mackey, MD, OB/GYN, a remarkable physician with a remarkable approach to caring. He knows what works for one woman won't necessarily work for another. Dr. Mackey listens first to fully understand your wants and needs. And he's passionate about teaming up with you. So together you make decisions that are exactly right for you, the one and only you.

1-855-86-OBGYN
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Heart²Heart

FALL 2013



**M IS FOR
 MAMMOGRAM**

30 MINUTES to Help Save A LIFE

Pink ribbons. Pink t-shirts. Pink bags. Pink hats.

We are all familiar with the pink takeover that sweeps the nation every October as Breast Cancer Awareness Month ramps up.

But with all this awareness why are women over 50 still not getting yearly mammograms?

It's often a combination of fear—"Mammograms are too painful"—and denial—"It can't happen to me." There's also, "I'm too busy to schedule one."

However, the facts are one in eight women will get breast cancer, and mammograms save lives. In fact, two of Southwest Health Center's own employees credit a routine mammogram for saving their own lives.

CATHY

As a respiratory therapist at SHC, Cathy Helbing understands that diagnostic screenings benefit her patients who are dealing with lung conditions, especially for diagnosing problems early. So she took her own advice.

"I started getting my annual mammogram at SHC when I turned 40, and I've only missed one in 11 years," Cathy says.

And she's glad she's maintained this dedication because in January 2013, she was diagnosed with Stage 2 Invasive Ductal Carcinoma (IDC).

IDC is the most common type of breast cancer—accounting for about 80% of all cases. The name comes from how the cancer starts and spreads throughout the body.

It begins in the milk ducts and then as it progresses, it spreads to the surrounding breast tissue, to the lymph nodes and can eventually invade bone tissue or other organs.

Being stage 2, Cathy's lump still was fairly small and undetectable during her regular physical exam.

Cathy also has dense breast tissue, which in the past, has led to her needing occasional follow-up mammograms, but nothing was ever found. So, when she was called back after her mammogram in December 2012, she assumed it was the same situation.

"When they told me I had breast cancer, the first thing I felt was denial; I couldn't believe it was actually happening to ME," Cathy said. "This was followed by a rush of fear, and lots and lots of questions, so I'm glad I had a great support system at home and at work."

To ensure all the cancer cells were removed, Cathy opted for a mastectomy followed by five months of chemotherapy. Her last treatment was in June, and she's on schedule for reconstructive surgery later this year.

"For the little time and discomfort that a mammogram requires, it is worth knowing you don't have cancer or catching it early," Cathy says.

KAYE

Kaye Gempler has lived in Belmont her whole life. And throughout her 57 years, Southwest Health Center has played an important role in her life.

It's the hospital she was born in. It's where she works as a certified dietary manager. And it's where she had the mammogram that found her breast cancer in 2012.

A Gut Feeling

For almost 20 years, Kaye has come to SHC every June to get a mammogram, except June 2012. Then in October of that year, she felt a sudden need to set her mind at ease, so she called to schedule one.



With five granddaughters, Kaye hopes her own experience with breast cancer sets a positive example as to why preventative tests like mammograms are so important.

And it turned out to be crucial she did because two lumps were found. After a biopsy, the lumps were diagnosed as pre-cancerous—abnormal cells were found in her milk ducts or lobules (the glands that produce milk), but they hadn't spread to the surrounding tissue.

While this diagnosis meant Kaye didn't have fully developed breast cancer, her risk of developing a more advanced stage was much greater. To eliminate this risk, she had two lumpectomies performed.

A lumpectomy is a surgical treatment that only removes the portion of the breast around the abnormal cells, as opposed to a mastectomy in which all of the breast tissue is removed. The goal of this breast-saving procedure is to remove the cancerous tissue while maintaining the appearance of the natural breast. Typically, a lumpectomy is followed by radiation therapy to further reduce the risk of the cancer returning.



Dr. Klovning believes educating his patients about their procedure—so they understand what they'll be going through—is one of the most essential components of his job.

Kaye followed this plan exactly with SHC surgeon Jason Klovning, MD.

"I felt safe with Dr. Klovning because he did an amazing job of explaining what the benefits of the lumpectomy would be and how it would be performed," Kaye says.

If Kaye hadn't been committed to yearly mammograms, her journey might have been completely different. Instead of pre-cancerous cells, she might have had a more advanced stage. And instead of a lumpectomy, she might have needed much more extensive treatment.

"Being scared of getting a mammogram is not worth dying of breast cancer," Kaye says. "Not knowing or knowing too late is definitely worse than detecting it and treating it early."

Thanks to taking charge of their health, both Cathy and Kaye were able to beat breast cancer. Now, they are able to get back to the things they enjoy. Cathy spends more time reading and loves watching her daughter achieve her degree in nuclear medicine. And Kaye has returned to the kitchen with her 11 grandkids, teaching them all how to cook and bake. ■

DIGITAL MAMMOGRAPHY AT SHC

Digital mammography is a powerful tool for early diagnosis of breast cancer and offers a marked improvement over traditional film mammography for several reasons:

- Provides more accurate readings, especially for women younger than 50 and women with dense breast tissue
- Allows physicians to view them electronically and to magnify them and adjust the images to detect subtle differences
- Makes images instantly available for physicians to review, so patients receive quicker results
- Improves image quality and boosts accuracy of results

For more information, please visit:

southwesthealth.org/digital-mammography

Good Things Come in THREES

Three things drew Kim Christopher Mackey, MD, OB/GYN, to obstetrics and gynecology.

1 He could care for the full spectrum of women's health—from teenagers with irregular periods to delivering babies and performing hysterectomies. He also loved the idea of being able to treat patients throughout their lives and multiple generations of women within the same family.

OB/GYN also allowed Dr. Mackey's practice to be a good balance of preventive and routine health services, surgeries, and acute emergencies.

"I'm able to truly improve a woman's quality of life," Dr. Mackey says. "It may not always be a matter of life or death, but making people feel better and live better is just as rewarding."

2 When Dr. Mackey was still in medical school, the field of OB/GYN was beginning to transition from traditional surgery to laparoscopy—a minimally invasive approach to surgery that uses pencil-sized tools and requires much smaller incisions. These techniques mean less pain for his patients, very small scars, and much shorter recovery times. Since he's been in practice, the field has almost completely moved from open surgeries to these less-invasive procedures, and he's been performing them now for more than 10 years.

3 He LOVES delivering babies.

"The combination of excitement, joy, anticipation and fear makes childbirth a truly unique experience," Dr. Mackey says. "I've delivered more than 2,900 babies, and each time, I still find it incredible."

In September 2013, Dr. Mackey joined the staff at Southwest Health Center to share his passion as its first Director of Women's Health.

FROM CITY TO SMALL TOWN

Dr. Mackey brings not only his extensive OB/GYN expertise to southwest Wisconsin but also a strong commitment to personalized care. He treats each of his patients as an individual with unique concerns, wants, and needs.

And moving his practice from the larger system of UW Health in Madison, where he spent the past 11 years of his career, to a smaller community like Platteville, will allow him to provide an even greater level of personalization.

"My time at UW Health provided me with unparalleled experiences and resources, but an organization like

SHC will allow me to be more flexible and personal with care," Dr. Mackey says. "I'm here to ensure each patient receives the personal attention she deserves."

THE FIRST AND ONLY

As SHC's Director of Women's Health, Dr. Mackey will oversee the creation of its new Women's Health Center, expected to open in September 2014—the first and only in southwest Wisconsin.

The new center will increase area women's access to specialized OB/GYN services, without all the hassle or costs of traveling. In fact, with Dr. Mackey's practice, SHC anticipates providing right here in our community as much as 80 percent of the health services women need over the course of their lifetimes.

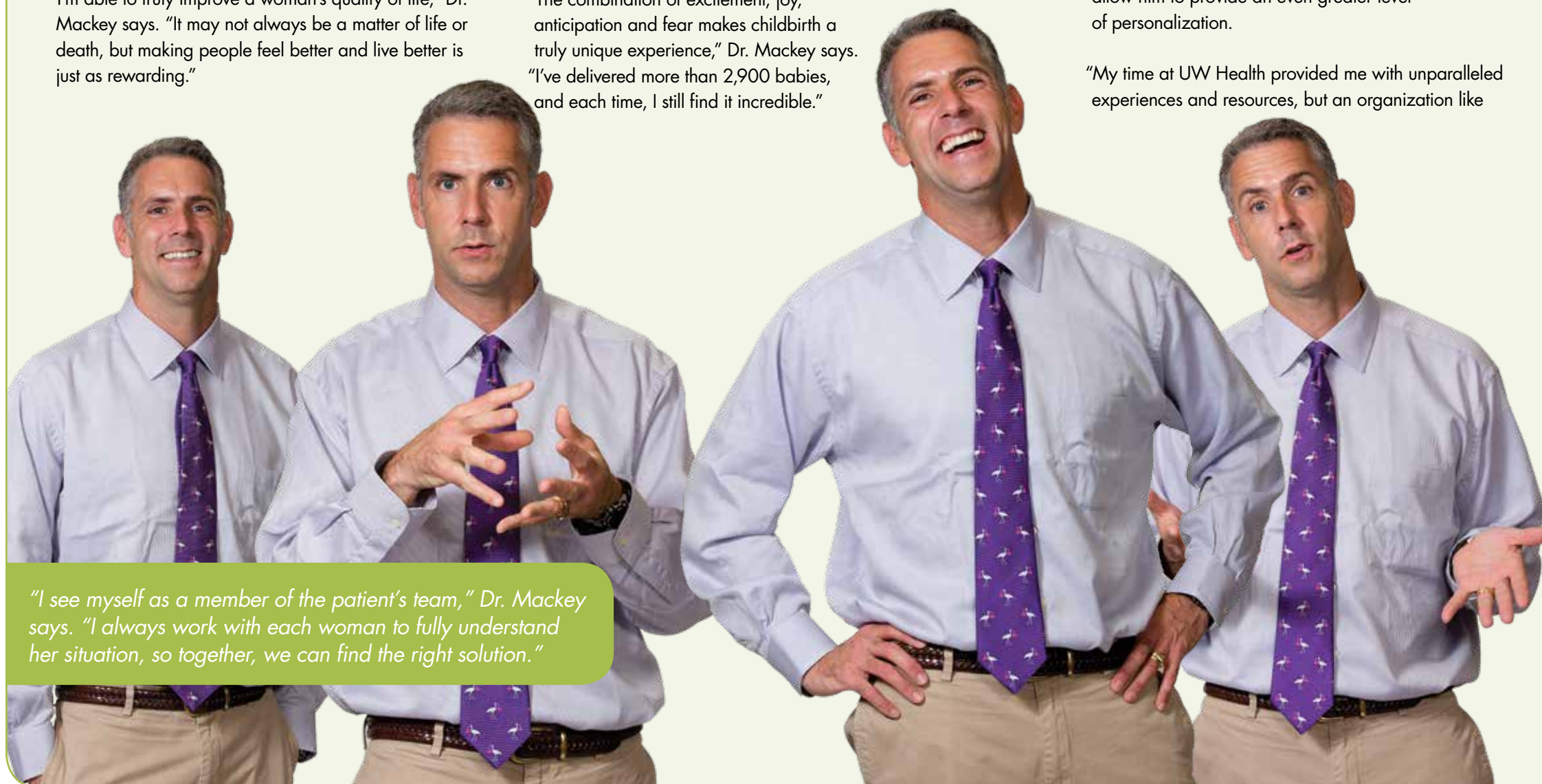
Combining Dr. Mackey's advanced OB/GYN background with the services SHC already provides, the Women's Health Center will offer a comprehensive list of services, including:

- Preventive and routine care
- Digital mammography
- The most current gynecological and surgical care
- Reproductive health, including fertility evaluation and treatment
- Contraceptive management
- Obstetrics and birthing care
- Prenatal education and breast-feeding classes

For women's health to grow and thrive in the future, SHC is now beginning construction of an approximately 20,000 square foot addition to its Platteville campus for a space dedicated to the Women's Health Center.

"By bringing all women's health services together under one roof right here in Platteville, women in southwest Wisconsin will find it easier and faster to receive just the right care they need," says Dr. Mackey.

For more information or to schedule an appointment with Dr. Mackey, call toll free 1-855-86-OBGYN (855-866-2496). ■



"I see myself as a member of the patient's team," Dr. Mackey says. "I always work with each woman to fully understand her situation, so together, we can find the right solution."

Two Families. Three Babies. One Birth Center.

Will it be a boy or a girl? What if something happens? Will the baby be healthy? Am I eating the right foods? What if I need a C-section?

These are just some of the common questions that flood the minds of new parents-to-be. Which is why it's important to have the right people and resources around you for support during this life-changing time.

The obstetric (OB) physicians at Southwest Health Center understand both the worry and the great joy that comes with being a new parent. It's why they are at your side every step of the way, from the first ultrasound to the last big push and through all the questions in between.

Denise Perry and Christina Acherman both chose SHC for that continuity and quality of care, and they're so glad they did.

DENISE

The Perry family is never boring, and the births of their two children certainly proved that. With each, Denise experienced a very different delivery. But one thing did remain constant—family physician, Wendy Molaska, MD.

Twenty-one weeks into her pregnancy with Grace, her first child, Denise learned Grace was flipped in the womb.

This meant she would be born feet first instead of head first, which presents risks for both baby and mom. So, Dr. Molaska walked Denise through the pros and cons of trying to manually flip Grace. Ultimately, they decided to schedule a Cesarean section (C-section), with the option of a vaginal birth if Grace turned on her own.

"I wasn't upset by choosing a C-section because my only goal was to have a healthy baby," Denise says. "It also helped that I had full confidence in Dr. Molaska and the decision we made together."

In the end, Denise did have a C-section, and Grace was born healthy and strong on January 26, 2010.

While Denise's pregnancy and delivery of Grace presented obstacles, her second pregnancy with her son Walter came with more twists.

With Walter, Denise was a self-described "single pregnant mom" because throughout the entire pregnancy, her husband Dan was deployed with the National Guard in Tanzania, Africa. And she knew he wouldn't be home in time for the delivery. To get through this, Denise depended heavily on a great support system of friends and family, especially Dr. Molaska.

And therein lies the second twist—Denise's due date was very close to a time when Dr. Molaska was scheduled to be out of town.

"I told Dr. Molaska that if I couldn't have Dan with me, she NEEDED to be there," Denise says. "We had developed a connection that made her more than my doctor; she was as supportive as one of my closest friends, so I knew I wouldn't feel as alone if she were there."

Dr. Molaska reassured Denise she would do everything possible to be there when it came time to push. Which is why two days before Dr. Molaska was set to leave, she called Denise in for a check-up. Incredibly, as she was preparing to run her tests, Denise's water was breaking.

Not only was Dr. Molaska there for the delivery, her husband Dan was there, too, through Skype.

"We were so appreciative that SHC helped us be together that way," Denise says. "It shows they are truly there to provide the best care and overall experience to each of their patients."



Christina likes that Dr. Klann talks to her and her family like a friend or neighbor, and not just a doctor. Plus, she says he's great with Emilee!

CHRISTINA

Christina's OB experience with SHC's Andrew Klann, DO, all started by chance.

For a short time during Christina's first pregnancy, the SHC physician she chose as her OB was on vacation; thus, unavailable for a routine appointment. So, Christina scheduled one with Dr. Klann.

"We ended up liking him so much, that from this one appointment, we decided Dr. Klann would be our baby's doctor after birth," she says.

So Dr. Klann stayed involved throughout Christina's pregnancy. He was in the delivery room when her daughter Emilee was born on November 11, 2011, and he performed all of her post-birth tests.

But it wasn't just Dr. Klann that made Christina's experience positive.

"I had a very long and difficult labor and delivery because Emilee's head was tucked," Denise says. "I went to the hospital on a Thursday afternoon and Emilee wasn't born until Friday night. But the entire delivery team was encouraging and supportive, and they used their collective knowledge to deliver her safely without having to go into surgery."

Christina also liked that she never had to change rooms between her labor and delivery, which provided an extra level of comfort.

Christina and her family have since moved to Darlington, WI—about 25 miles away from Platteville. However, they still make the drive to see Dr. Klann for Emilee's routine check-ups.

"We feel so comfortable in the hands of the staff at SHC that the longer drive doesn't even matter," says Christina. "And when we look to have more children in the future, there is no doubt in our minds we will go right back to SHC." ■

SHC's family physicians performing OB services & deliveries:



Kevin Carr, MD



Andrew Klann, DO



Wendy Molaska, MD



Aditya Sukhwal, MD



In July 2013, Denise and her family moved to Minnesota, and she said one of the hardest things about the move was that Dr. Molaska would no longer be her doctor.