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## 64-slice CT scanner offers advanced imaging capabilities



*Richard Marsden, M.D.*  
 Radiology

Noninvasive diagnostic capabilities took a major step forward with the arrival of a new 64-slice computed tomography (CT) scanner — the most advanced CT technology available today. Manufactured by GE, the 64-slice CT scanner is now in operation at MeritCare.



*Wallace Radtke, M.D.*  
 Cardiology

"The quality of the studies, the amount and depth of information acquired, the speed and volume capabilities — all have been expanded and enhanced with the CT technology we now have available," says Richard Marsden, M.D., MeritCare board-certified radiologist and executive physician partner of MeritCare Imaging Services. "This level of technology sets the stage for diagnosing diseases more quickly, easily and accurately."

### Proven value

The 64-slice CT scanner has proven its diagnostic value in vascular imaging, renal-stone studies, appendix studies, fractures, cerebral aneurysms and more. All applications benefit from the extremely high resolution offered by the 64-slice CT scanner as compared to a 16-slice.

"With the 64-slice CT scanner, we can also provide studies that offer greater depth due to outstanding 3-D and multi-planar capabilities," says Dr. Marsden. "An orthopedic surgeon, for example, will know exactly what a fracture looks like — including the location of bits and pieces — prior to taking the patient to the operating room. The amount of data acquired is

hundreds of times what it used to be." Another example comes from neuroscience. "In many cases, the 64-slice scanner has eliminated the need to do cerebral angiograms," says Dr. Marsden. "Through high-quality images acquired via a CT angiography of the brain, we can display aneurysms as well — and in some cases better — than a regular angiogram. It's pretty amazing."

Physicians appreciate the speed of the scans, but patients do, too, because it means less time in a confined space and less time trying to stay still. "Even a head-to-toe scan we're able to perform in a matter of seconds, following prep-time," says Dr. Marsden. "Patients appreciate the brevity of these exams." Reduced time translates to minimal or no-motion artifacts, which increases the accuracy of the results.

### CT for cardiology

Expected to begin in early fall, one of the most advanced applications of the new 64-slice CT scanner will be in cardiac care. "This is new, exciting technology that — in certain situations — will allow us to noninvasively evaluate coronary arteries and the heart," says Wallace Radtke, M.D., board-certified cardiologist and executive physician partner of MeritCare Heart Center. "A patient with no symptoms, for example, may be at low- to intermediate-risk of heart disease due to a strong family history or a risk factor such as high blood pressure. With the 64-slice CT scanner, we can get a fast, accurate, noninvasive look to determine if there is indeed coronary artery disease, including the extent of calcification and plaque. With this

earlier diagnosis, we can then begin the patient on aggressive treatment, such as appropriate medication and lifestyle changes, to help prevent future problems."

**"This level of technology sets the stage for diagnosing diseases more quickly, easily and accurately."**

**Dr. Richard Marsden**

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# Vertebroplasty/Kyphoplasty: Fast pain relief for acute compression fractures



Corey Teigen, M.D.  
Interventional radiologist



Alejandro Mendez, M.D.  
Neurosurgeon

For osteoporotic patients who suffer acute compression fractures, vertebroplasty or the closely related kyphoplasty can offer dramatic relief from disabling back pain.

And according to recent findings, the sooner these fractures are addressed, the better.

"Even though we've been doing these procedures for the past few years with very good results, we are finding that timing is

even more important than originally thought," says Corey Teigen, M.D., MeritCare board-certified interventional radiologist who performs both procedures several times a week and was involved in writing a major paper addressing the appropriate indications. "The evidence now suggests that osteoporotic patients — particularly those who were independent then became disabled due to back pain caused by an acute compression fracture — should be treated sooner. There's debate as to whether you treat them the first two days or you wait a couple weeks to see if they make improvement, but the evidence now suggests sooner."

## What's involved?

Vertebroplasty and kyphoplasty are minimally invasive, image-guided spinal procedures in which medical-grade cement is injected through a small needle (or needles if both sides are involved) into the fractured vertebral body to stabilize it and prevent further collapse. Sedation and local anesthesia keep the patient comfortable

during the procedure, and most patients stay one night in the hospital. "Within hours, patients notice a dramatic difference as far as pain relief," says Dr. Teigen. "They're up that evening and the following morning they can return to their usual activities." The procedure can also minimize vertebrobody height loss.

Kyphoplasty includes the additional step of threading a balloon-bearing catheter into the compressed vertebra. The balloon is inflated to form a space in the vertebral body, then the cement is injected. "What I like about kyphoplasty is the very controlled, low-pressure delivery of the cement. There's also a slight amount of restoration of the kyphosis," says Alejandro Mendez, MeritCare board-certified neurosurgeon who trained in the procedure four years ago. "Patients do very well."

With his expertise in complex spinal conditions, Dr. Mendez participates in the care of patients who need more extensive treatment — vertebroplasty or kyphoplasty in association with another surgical procedure. He notes, too, that in the future, kyphoplasty may play a greater role in the treatment of spinal fractures, possibly replacing more invasive surgery. "Though this is not yet an approved use in the United States, I expect it will gain approval. The results look very good," says Dr. Mendez.

## Identifying patients early on

Compression fractures related to osteoporosis are not unusual. According to the National Osteoporosis Foundation, osteoporosis causes more than 1.5 million fractures annually in the United States, including 700,000 vertebral fractures. In a typical scenario, an older patient — often a person who has been living independently — presents to the emergency

room or their regular doctor with severe midline back pain. An X-ray reveals a fracture, but the patient reports no trauma. "In patients with osteoporosis, trauma does not have to precede a fracture," says Dr. Teigen. "The patient may have been doing something as simple as bending over to tie a shoe, but a fracture ensues because the bones are so soft."

In the past, patients with osteoporosis who suffered compression fractures were typically placed on bed rest, prescribed narcotic pain medication and sometimes fitted with an external back brace. "We'd wait weeks, even months, for the fractures to heal, but often these patients required the care of nursing homes or transitional care units during their recovery. And too often, even a year later, the back pain and the limited mobility remained because of the inability of soft, osteoporotic bones to heal properly. And a year later, it's too late for us to do vertebroplasty," says Dr. Teigen. "In the appropriate patients and at

*"Within hours, patients notice a dramatic difference as far as pain relief."*

Dr. Teigen

the right time, vertebroplasty and kyphoplasty are excellent procedures. We've had patients who were bedridden due to severe pain from acute compression fractures and within 24 hours of undergoing either of these procedures, they're up and active — and very grateful. From a quality-of-life perspective, this is probably one of the most gratifying procedures we do."

## Aggressive treatment of osteoporosis

Dr. Teigen and Dr. Mendez stress the need to aggressively treat osteoporosis. "As important as it is to fix the fractures, we as a medical community also need to make sure we do everything possible to treat the disease," says Dr. Teigen. "This includes early diagnosis, patient education and the appropriate treatment, including calcium and medications."

Dr. Teigen and Dr. Mendez work together to determine the best course of treatment for osteoporotic patients who suffer acute compression fractures. If you'd like to refer a patient or you'd simply like more information, please call (701) 234-6234 or (800) 437-4010.

# Comprehensive hemophilia care available locally



Nathan Kobrinsky, M.D.  
Pediatric  
Hematology/Oncology

They're few in number, but for individuals who have hemophilia, the availability of comprehensive, ongoing care makes a significant difference in quality and length of life. In North Dakota, one center offers this level of care: the North Dakota Hemophilia and Thrombosis Treatment Center at MeritCare Roger Maris Cancer Center.

"The goal of hemophilia treatment is for the child to grow up, lead a normal life, be able to participate fully in life's activities and have a life expectancy approaching normal. With today's comprehensive care and treatment, that is now possible," says Nathan Kobrinsky, M.D., board-certified pediatric hematologist and oncologist at MeritCare. The center provides comprehensive hemophilia care to individuals of all ages, in addition to care for von Willebrand's disease and other types of bleeding and clotting disorders.

## A team approach

Dr. Kobrinsky leads a team of health care professionals (including physicians, nurses, social workers, physical therapists and others) who have specific expertise in dealing with hemophilia. The care begins with extensive patient and family education. "We want our patients to lead independent, full lives. To best achieve this, we teach families how to administer treatment in the home setting, plus we teach them what to do in situations requiring

medical intervention such as a painful, swollen knee or an injury such as a hit to the head," says Dr. Kobrinsky. "Families are well-aware when they need to contact us, even if it's just for a phone discussion. We also work closely with referring primary care providers to ensure a seamless approach to care."

Because hemophilia is a chronic disease, patients benefit from comprehensive check-ups throughout their lives. "Hemophilia has manifestations that affect all aspects of life — physical, psychological, social and socioeconomic. That's why a strategy for care at regular intervals is essential," says Dr. Kobrinsky. Depending on the severity of disease, individuals come to the center for comprehensive check-ups from one to several times a year.

**"Hemophilia has manifestations that affect all aspects of life. That's why a strategy for care at regular intervals is essential."**

**Dr. Kobrinsky**

## Top-of-mind awareness

For all health care providers in the region, Dr. Kobrinsky underscores the need to be aware of the possibility of the disease, even though it is rare. "It's worth knowing that at least every once in a while there are cases where children are referred for potential physical abuse because of extensive bruising, when in fact this may be a manifestation of hemophilia rather than the result of physical abuse," says Dr. Kobrinsky. "This is one of the reasons why in screening for physical abuse, it's important to confirm there's not an underlying bleeding disorder."

If you have questions about hemophilia or any other bleeding/clotting disorder, or if you'd like to refer a patient, please call (701) 234-7544 or (800) 437-4010.

## CT scanner continued from page 1

Another example: atypical chest pain. "In a situation like this, we would rather not do a coronary angiogram, but a coronary CT angiography would be ideal," says Dr. Radtke. "It's noninvasive, fast and has a very high negative predictive value, meaning if the study is negative, the accuracy is about 98 percent. A patient will know with almost complete certainty that heart disease is not the problem." One more example involves follow-up

capabilities. "Noninvasively, we'll be able to determine if a previous procedure, such as a bypass or stent placement, continues to remain open. That's important information," says Dr. Radtke.

To learn more about the capabilities of the new 64-slice CT scanner, or to refer a patient, please call (701) 234-5015 or (800) 437-4010.



*by Jeremiah Penn, M.D.  
Family Medicine*

## HELPING PATIENTS TAKE CONTROL OF THEIR DIABETES

Motivation to help patients control their diabetes comes easily to me. I need only look within my own family to see what a toll this progressive disease can take, debilitating people to the point where they can no longer function at the level they were capable of prior to diagnosis.

In helping patients in my own practice, the four principles I adhere to include listening, equipping patients with the tools needed for success, implementing a team approach and perhaps most important of all, instilling in patients a sense of empowerment — of knowing they are in control of the disease, rather than the disease being in control of them.

**Listening.** We as physicians tend to get wrapped up in numbers — A1c levels, cholesterol levels, blood-sugar levels and so on. Numbers are important and they have their place in educating patients, but it's important to first listen to the patients' concerns. What are their fears? Their worries? If you have a patient who is scared of having a heart attack tomorrow, this needs to be addressed first.

**Providing the necessary tools.** Once patients overcome the initial shock of learning they have diabetes, it's time to provide the tools needed to help manage the disease and achieve success. Tools include the ability to accurately and easily check blood sugar, knowledge about how diet and exercise affect blood sugar and just the understanding that diabetes is a chronic disease.

**Taking a team approach.** My goal in the team approach is to make my patient the leader of the team. I, too, am on the team, but in an advisor capacity. Other important members of the team include the nursing staff and diabetes educators. On a day-to-day basis, I rely on them and appreciate their good work.

**Empowering the patient.** It often takes a couple of months, and it may initially require more frequent visits (along with lots of encouragement), but patients gradually gain the confidence they need to take control of their diabetes — that they're in charge. It's at this point when they begin to do well and excel. It's great to see! And the first person to be congratulated? Always, the patient.

*Dr. Jeremiah Penn is board-certified in family medicine and practices at MeritCare Mayville. He is one of 29 MeritCare providers who this year received the North Dakota Diabetes Care Provider Achievement Award.*

## ICD Clinic: Specialized care for a growing number of patients



*Kushal Handa, M.D.  
Cardiac  
electrophysiology*

What are the needs of patients with implantable cardioverter-defibrillators (ICDs) and how can they best be met? These are important questions because a growing number of patients are now eligible for these lifesaving devices due to broadened criteria. Major studies now support eligibility for nearly all individuals with a sick or weak heart (heart function less than 35 percent), not just those

who have survived cardiac arrest or have known ischemic heart disease.

At MeritCare Heart Center's ICD Clinic, one of several specialized clinics within the center, the population of patients doubled this past year. Today, more than 500 patients from throughout the region rely on the clinic for scheduled ICD check-ups (both in-person and by telephone), prompt follow-up care if the device delivers a therapy and as a trusted source for questions and concerns. The clinic offers the expertise of nurses who are specially trained in maintaining and fine-tuning the devices, plus they're familiar with the concerns of the patients who have them. Support is available 24 hours a day. During non-clinic hours, patients can access the ICD nurse on call and the telemetry section of MeritCare Hospital.

"From a technical standpoint, the ICD Clinic provides the triage, the continuity of care and the follow-up needed by patients who have these devices, but equally important is the psychological and moral support," says Kushal Handa, M.D., board-certified cardiologist and cardiac electrophysiologist at MeritCare Heart Center. "Patients who have ICDs, particularly patients who have experienced an ICD discharge, have high needs for the unique services this clinic offers."

### Increased attention on psychosocial issues

In addition to a greater number of people getting ICDs, the patients tend to be younger and lead full, active lives. Yet anxiety and depression can sometimes interfere. National statistics indicate 40 percent of ICD patients have anxiety disorders, including fear of death, fear of the shock delivered by the device and fear of taking part in an active life.

***"Patients who have ICDs have high needs for the unique services this clinic offers."***

**Dr. Handa**

"A number of patients adjust very well to having an ICD and they consider it an insurance policy — they hope they never need it, but they're glad to have it if they do," says Dr. Handa. "But for others, the device prompts considerable anxiety, particularly in those who have experienced a discharge. As some of my patients have told me, 'It's like getting kicked in the chest by a horse,' and it can be traumatic. In these patients in particular, there is likely some degree of fear or anticipation that it could happen again at any time. In addition, the implanted device may be a

reminder of an inherent vulnerability to sudden cardiac arrest."

From Dr. Handa's perspective, success with an ICD begins well before it's implanted. "We want to make sure the patient is really on board with this, including being well-informed. Yes, there are many people who are candidates for the device, but not all will want it," he says. "We believe strongly in being upfront with patients, making sure they have accurate and complete information, then giving them some time and letting them make their own decision. And if they do decide they want an ICD, we're here for them all the way, including follow-up care, questions and concerns."

For more information about the ICD Clinic, or if you'd like assistance in educating your patients about the device, please call (701) 234-2286 or (800) 437-4010.

**ICD PATIENT  
EDUCATION  
CONFERENCE**

**COMING IN SPRING 2007**

If you'd like to learn more about the anxiety disorders often experienced by ICD patients, make plans now to attend MeritCare Heart Center's ICD Patient Education Conference. Watch for more information in future Interlinks.

## PICU: High-level care for complex cases



Vytautas Sapiega, M.D.  
Pediatric critical care

When he joined MeritCare Children's Hospital two years ago, Vytautas Sapiega, M.D., was surprised — and impressed — at the depth and complexity of care provided in the highly specialized eight\*-bed Pediatric Intensive Care Unit (PICU).



Waldemar Storm, M.D.  
Pediatric critical care

"This isn't a densely populated area of the country, but I could see that MeritCare's PICU has the expertise, support and technology of a major-

metropolitan PICU.

That's key in our ability to provide high-level care to children from throughout a large geographic area," says Dr. Sapiega, who joined Waldemar Storm, M.D., as MeritCare's pediatric critical care specialists providing 24/7 care to seriously ill and injured children from throughout the region. Dr. Sapiega is board certified in pediatrics and board eligible in pediatric critical care; Dr. Storm is board certified in both.

"Of the complex illnesses and injuries we address here, one of the most highly complex is trauma, especially severe brain injuries," says Dr. Sapiega.

"We have the capabilities to get children through the most critical first hours and days, but equally important, we have the range of support staff needed to help them rehabilitate over the next several weeks and months. We have surgeons who are experienced in pediatric trauma care and neurosurgery as well as pediatric therapists (physical, occupational and speech), pediatric dietitians, pediatric

respiratory therapists and even child life specialists who provide useful distractions for kids. All provide tremendous support."

Dr. Sapiega has also been pleased with the availability of leading-edge technology, including high-frequency ventilators, nitric oxide administration and advanced monitoring capabilities. The technology goes hand-in-hand with the expertise of professionals, including the pediatric critical care nurses. "We are very dependent on the skilled nurses in this unit and they are excellent," says Dr. Sapiega. "At the bedside constantly, they keep a close watch on patients. It's the nurses who pick up on subtle changes in a patient's condition, which is key in the PICU. The nurses are our eyes and ears."

Another aspect that surprised Dr. Sapiega was the impressive number of pediatric subspecialists available at MeritCare Children's. "Again, it's one of those things you wouldn't expect outside a major metropolitan area, but when you realize the large geographic area we serve, you can see why it's so important to have physicians who are specifically trained in subspecialty areas," he says. In addition to critical care, board-certified pediatric subspecialty support is available in:

- Allergy/pulmonary
- Cardiology
- Endocrinology
- Gastroenterology
- Neonatal intensive care
- Neurology
- Oncology/hematology
- Orthopedics
- Psychiatry

If you have questions about PICU capabilities or would like to refer a patient, please call (701) 234-6038 or (800) 437-4010 and ask for the pediatric critical care specialist on call. "One of us is always available for questions or if a consultation is needed,

and we can be reached easily," says Dr. Sapiega. "We also have excellent flight teams, which is a big advantage in getting children here quickly and stabilizing them enroute." To request a MeritCare LifeFlight transport, call (800) 437-6886.

## Advanced treatments available

You may be surprised at the range of advanced treatments available in the MeritCare Children's Hospital PICU, including, but not limited to:

- Advanced ventilator therapies, including high-frequency oscillator and jet ventilation
- Trauma care
- General surgery
- Nitric oxide administration
- Cardiac catheterizations and catheter closure of heart defects
- Selected cardiac surgery
- Advanced hemodynamic monitoring and support
- Care for complex and refractory seizure disorders
- Surgery for scoliosis and complex orthopedic conditions
- Cleft lip and palate surgery
- Treatment of pediatric malignancies
- Surgery for brain tumors
- Management of brain injuries
- Treatment for accidental poisoning or drug overdose

To view a complete list of advanced treatments available, visit [providers.meritcare.com](http://providers.meritcare.com).

**"MeritCare's PICU has the expertise, support and technology of a major-metropolitan PICU."**

**Dr. Sapiega**

# Pain Management offers unique expertise, wide-ranging treatments



Michael Gonzales, M.D.  
Pain medicine



Majid Ghazi, M.D.  
Pain medicine/  
Anesthesiology

Chronic pain can have devastating effects on people's lives, from debilitating depression to loss of employment to family upheaval. But it doesn't have to be that way.

"Our goal is to help patients restore their function and improve day-to-day life," says Michael Gonzales, M.D., board-certified physical medicine and rehabilitation specialist and managing physician partner of MeritCare Pain Management.

"By listening carefully to patients and by offering a wide range of up-to-date treatments, we're able to provide some type of help to almost all patients who come here."

**"Our goal is to help patients restore their function and improve day-to-day life."**

**Dr. Gonzales**

with relief lasting several months — even a year, and it's a treatment that can be repeated as needed," he says.

Other types of interventional treatments include epidural steroid injection, radiofrequency denervation, intrathecal drug delivery (pain-control pump), nerve blocks and spinal-cord stimulators.

Examples of noninterventional treatments include physical therapy, occupational therapy, counseling or a combination of treatments. In addition, for patients dealing with chronic low back pain, Pain Management works in conjunction with the LIFEBACK™ Spine Program at MeritCare.

## Serving a wide region

Pain Management draws patients from throughout the region, with some traveling from as far away as St. Cloud, Minn., Williston, N.D. and Sisseton, S.D. "Specialized pain-management services are not widely available, which is why people are willing to travel a distance to reach them," says Dr. Gonzales.

## Making a referral

If you think you may have patients who could benefit from the individualized care provided at MeritCare Pain Management, consider these guidelines for making a referral:

- Minimum age requirement of 16
- Patients who have pain related to cancer or other diseases
- Patients with any kind of pain that persists longer than the normal healing time for their particular condition
- Patients with persistent pain (including the pain of arthritis) that does not respond to standard treatment
- Patients whose primary method of pain treatment has become narcotic pain medication
- Patients with persistent spinal pain who are not candidates for surgery or prefer not to undergo surgery

Once a referral has been made, Pain Management staff will contact the patient. After this contact, an in-person appointment typically follows within two weeks. To refer a patient or for more information, please call (701) 280-4540 or (800) 828-2901.

## A team approach

With two board-certified physicians devoted to the full-time practice of pain management, MeritCare offers a level of expertise unique to this region. "Each of us has a different area of expertise, which gives us the ability to treat chronic pain with interventional as well as noninterventional treatments," says Dr. Gonzales. He and board-certified interventional pain-management specialist Majid Ghazi, M.D., work closely with a multidisciplinary team comprised of anesthesiologists, psychologists, nurse practitioners, nurses, physical and occupational therapists, exercise physiologists, social workers, nutritionists and other professionals as needed. Their combined expertise translates to treatments tailored to meet individual needs.

## Treatment beyond opioids

"One of the big misconceptions about pain clinics is that they're just places where people get prescriptions for opioids. The reality is while they may at times be necessary, we strive to avoid them. With today's options, we're often successful," says Dr. Gonzales. One particular option that has generated considerable enthusiasm is radiofrequency treatment. "In carefully selected patients whose neck or back pain has been resistant to other treatments, we have successfully reduced patients' pain by 50 percent or more,

# Clinical trial of a new device used in biventricular pacing



Ajit Damle, M.D.  
Cardiovascular surgery

A new type of left ventricle epicardial lead may allow a greater number of congestive heart failure patients to receive the biventricular pacemaker in addition to improved long-term functioning of the pacemaker.

Available at MeritCare since mid-2005, the Guidant\* EASYTRAK EPI clinical study involves 25 centers in the United States. "The company looked for centers with previous experience in the surgical placement of left ventricle epicardial leads, and MeritCare has extensive experience in this particular procedure," says Ajit Damle, M.D., board-certified cardiovascular and thoracic surgeon at MeritCare Heart Center and principal investigator of the study. "We began doing left ventricle epicardial leads about four years ago, using a minimally invasive approach that requires no extra incisions. It's been an excellent option for people who are not suited for the endocardial lead, and now we're excited to be able to combine this with a new type of lead."

The new lead differs from the traditional one in that it's steroid-eluting, which should improve long-term functioning of the biventricular pacemaker. "All pacemaker leads, particularly the epicardial lead, have a tendency to form scar tissue, and when scar tissue forms, the lead doesn't work as well as it should," says Dr. Damle. "One way to overcome this is to incorporate steroids into the tip of the pacemaker lead. Because of contact with the heart muscle, the steroids stop the scar-tissue formation, which means the lead should function much better over the long term."

So far, 10 patients have been enrolled in the study at MeritCare. Dr. Damle estimates that of the patients who are eligible for the biventricular pacemaker, more than 50 percent will be eligible for this study. Results from this study will be collected by Guidant, then presented to the FDA as part of an application for market-release approval.

"This new lead should keep working well for many years, which is very important

considering biventricular pacemakers are now an option for more and more patients, including younger ones," says Dr. Damle. "We expect the steroid-eluting lead will reduce the need for repeat procedures due to the build-up of scar tissue."

If you have patients with congestive heart failure who you think may benefit from having a biventricular pacemaker, call MeritCare. "The medical community at large is not very aware of biventricular pacing as an option for the treatment of congestive heart failure, but at MeritCare it certainly is an option, and we have considerable experience in doing it — experience that has translated to being a clinical research site for the testing of a new medical device," says Dr. Damle.

**"We expect the steroid-eluting lead will reduce the need for repeat procedures due to the build-up of scar tissue."**

**Dr. Damle**

For more information about biventricular pacemakers or the EASYTRAK EPI study, please call (701) 234-6596 or (800) 437-4010.

*\*Guidant Corporation is now a part of Boston Scientific. Guidant's vascular and endovascular businesses are now a part of Abbott.*

## Eligibility Criteria

### Key inclusion criteria

- ✓ 18 years of age or older
- ✓ Diagnosed with congestive heart failure and eligible for biventricular pacing
- ✓ Documented evidence that an endocardial lead cannot be used
- ✓ Sufficiently thick heart muscle to accept the left ventricle epicardial lead (thickness determined by an echocardiogram)

### Key exclusion criteria

- ✓ Have had a myocardial infarct, unstable angina or percutaneous coronary intervention in the 30 days prior to enrollment in the study
- ✓ Documented life expectancy of less than six months
- ✓ Expected to undergo a heart transplant in the next six months
- ✓ Women who are pregnant or planning to become pregnant

# CONNECT

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*by Jane Voglewede  
Associate General Counsel  
MeritCare Health System*

## WHEN MINORS REQUEST CONFIDENTIAL MEDICAL CARE

How do you respond when a minor requests confidential medical care? It likely doesn't happen often, but when it does, it's important to know the correct course of action in order to protect and uphold the rights of minors.

### In Minnesota

A minor of *any age* can request confidential care for:

- Sexually transmitted diseases
- Drug/alcohol abuse
- Pregnancy-related care, which by practice and attorney general's opinion includes contraception
- Hepatitis B vaccines

In addition:

- A minor aged 16 or 17 may request confidential care for mental health treatment, including a diagnostic evaluation, emergency or short-term acute care for mental illness or hospitalization.

Minnesota has an exception to confidential care: If a provider believes the health of the minor would be seriously jeopardized (for example, the development of a serious health issue in conjunction with pregnancy), the provider can notify the parents. In this situation, I recommend informing the minor of your need to notify the parents and why.

### In North Dakota

A minor *between the ages of 14 and 17* can request confidential care for:

- Sexually transmitted diseases
- Drug/alcohol abuse

Though North Dakota does not address the issue of contraception, federal constitutional law does address this issue. Regarding reproductive rights, federal law extends the right to privacy to adults as well as minors. So, although it's somewhat of a gray area, I advise providers to make their decision based on their own comfort level. If they're comfortable providing confidential care to a minor requesting contraception, legally it can be supported. If they're uncomfortable with it, refer the teen to another provider or to public health.

### Discussing confidential care with the teen

When a teen comes to you for medical care, but you're not certain if the teen intends for the care to be confidential, it's best to ask. The question can be as simple as, "If I need to, may I discuss this with your parents?" If the teen says no, and if the type of care falls under one of the preceding confidential-care categories, then proceed with the following steps:

#### 1. Clearly indicate "confidential care" in the documentation.

This can be as easy as starting your notes with the words "confidential care" or "confidential business," so it is absolutely clear something different is occurring. This is important because in the future, should the parents request the child's medical record, unless a statement identifies certain portions of care as confidential, the entire record will be sent to the parents. This would violate the minor's right to privacy.

**2. Obtain correct billing information.** Find out from the teen how that day's care will be paid for: In cash that day? Or should a statement be sent to a certain address? Typically a minor's care is covered by the family's insurance plan, with the parents receiving the billing information, but this would compromise confidential care.

### The rights of emancipated minors

Minnesota recognizes the right of an emancipated minor to get any type of medical care confidentially. By law, once individuals have become emancipated (such as through marriage, by bearing a child or by living separately from parents and managing their own financial affairs), they are viewed as adults. Though no specific law in North Dakota addresses this, the same considerations would apply.

With regard to minors seeking confidential medical care, I'm reminded of a quote from Judith Martin ("Miss Manners"): "Everyone old enough to have a secret is entitled to have some place to keep it." For minors, that "place" may at times rest with health care providers.

*Before joining MeritCare in 2004, Voglewede was in private practice for 26 years, specializing in health law and defense of medical malpractice claims.*

# NovaSure®: An advanced option for menorrhagia



Jeffrey Rondeau, M.D.  
OB/GYN

If you're a primary care physician or gynecologist, the statistic won't surprise you: Approximately one in five women experience excessive or prolonged menstrual bleeding. "Menorrhagia is very common, but not all women will seek help for it or even mention it to their physician," says Jeffrey Rondeau, M.D., board-certified OB/GYN

physician at MeritCare in Fargo. "Unless it's causing anemia, the motivation to seek treatment will typically depend on how bothersome the problem is and its impact on day-to-day life."

Menorrhagia is typically defined as bleeding that lasts seven or more days per cycle or is so excessive it requires a change in protection nearly every hour. For women who seek help, the traditional options for treatment, once the problem has been diagnosed, have included:

- Expectant management
- Medical management (oral contraceptives, progesterone releasing IUDs or cyclical progesterone therapy)
- Surgical management (D & C, hysteroscopy, endometrial ablation and hysterectomy)

"That's the typical progression of treatments we offer. Some work better than others, depending on each individual patient's needs and preferences," says Dr. Rondeau. "MeritCare is pleased to offer another treatment option called NovaSure®. It's an option that has worked very well for many women, specifically women who are no longer interested in future fertility. If pregnancy occurred after this procedure, it would be a high-risk pregnancy."

## A "middle-ground" option

NovaSure is a controlled vaporization system for endometrial ablation. "The beauty of NovaSure is it's middle-ground," says Dr. Rondeau. "It's more than medical management, but it's not the major step of hysterectomy either." NovaSure requires no endometrial pre-treatment, takes approximately 90 seconds of actual treatment time and can be done

on an outpatient basis. The procedure can be performed under IV sedation and local anesthesia, but typically patients at MeritCare have chosen general anesthesia. The procedure can be combined with a hysteroscopy to examine the inside lining of the uterus and it can easily be combined with a sterilization procedure.

"Patients have been very happy with the NovaSure option," says Dr. Rondeau. "They appreciate the fact that it's a short outpatient procedure, it offers quick recovery (they can return to their usual activities the next day) and the results have been very good as far as decreased menstrual bleeding from heavy to normal, and in some cases nearly nonexistent. An added benefit seems to be a significant decrease in dysmenorrhea."

## When to refer

If you have a patient who is interested in treatment for menorrhagia, the work-up should include a complete history of the problem, a physical exam, an endometrial biopsy to investigate for evidence of uterine pathology (in patients over the age of 35), a blood count and a check of TSH levels.

*"NovaSure® is more than medical management, but it's not the major step of hysterectomy either."*

Dr. Rondeau

Indications for referral include:

- Any suspicion of uterine cancer
- The patient has failed or is not interested in medical management
- The patient has heard about this particular procedure and wants to know more
- The patient is interested in surgical means to treat menorrhagia
- The patient prefers a gynecologist for the management of menstrual issues

In addition to Dr. Rondeau, NovaSure is offered by nearly all of MeritCare OB/GYNs in Fargo and Bemidji. For a complete list of MeritCare's OB/GYNs, visit [doctor.meritcare.com](http://doctor.meritcare.com).

For more information or to make a referral, please call (701) 234-8880 in Fargo or (218) 333-5289 in Bemidji.

# Traumatic Brain Injury Recovery: *Challenges and Life Planning*



Learn about current concepts and treatment modalities in the care of patients with brain injury at the 4th Annual Brain Injury Conference, jointly sponsored by MeritCare and the Brain Injury Association of North Dakota.

## September 7-8

Ramada Plaza Suites, Fargo

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The Brain Injury Association  
of North Dakota

## What is InterLink?

InterLink is a newsletter for physicians, advance practice nurses and physician assistants in eastern North Dakota and northwestern Minnesota. Our goal is to keep you informed about issues and services that impact your practice and to help facilitate communication and information-sharing between health care providers. InterLink is also available online at [providers.meritcare.com](http://providers.meritcare.com), along with up-to-date public policy information, educational opportunities and more. InterLink is published by MeritCare. Your feedback is welcome.

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