A shark attack survivor thrives - and tells her dramatic tale of rescue and recovery
THE ALL-NEW
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COVER STORY
STAYING ALIVE
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LETTER FROM THE PRESIDENT

INVENTING THE FUTURE OF HEALTH CARE

SUNNYBROOK CARES for the most critically ill patients in the province — those with heart disease, cancer and stroke. We care for those suffering from the most serious traumatic injuries, for mothers with high-risk pregnancies and the sickest babies.

That’s not enough, though. We want to go further. In fact, we are inventing the future of health care. That’s a lofty claim. It means we are pushing the envelope of what’s possible. We want to continue being the best at turning our ideas into treatments that save lives at Sunnybrook and around the world.

That goal is our passion. It’s a part of everything we do. Why? Because our patients count on us. They need us to create a future full of treatments that don’t even exist yet. They count on us to save lives that can’t be saved anywhere else.

Patients like Nicole. While swimming in Mexico, she was viciously attacked by a shark. After six days in a Cancun hospital, she was flown to Sunnybrook for care — care that she couldn’t have received anywhere else. As you’ll read in this issue, Sunnybrook helped rebuild her life. “Every day is more of a gift,” Nicole says.

You’ll also read about Becky, who’s been coming to Sunnybrook for close to 25 years. Our experts have been fitting her with artificial noses ever since surgeons removed most of her nose and part of her right cheek to help win her cancer fight. Becky says Sunnybrook changed her life.

You’ll read about Pat, who had gynecological surgery after being diagnosed with cancer. Like many women in her situation, she had one question: “Will I be able to have sex again?” That question was answered in Sunnybrook’s Sexual Health section, she had one question: ‘Will I be able to have sex again?’

These patients — and so many others — have stories to tell. They are stories of survival, strength and hope. I hope they inspire you, just as they inspired us. The truth is, they are just some of the thousands of stories that inspire us at Sunnybrook to dig deeper, to work harder and push further toward reaching our goal.

We are inventing the future of health care. Today.

Sunnybrook

FALL 2012

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Sunnybrook Magazine is designed and produced by The Globe and Mail Custom Content Group on behalf of Sunnybrook.

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2075 Bayview Avenue, Suite D100
Toronto, Ontario M4N 3M5

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Printed in Canada by: • Transcontinental Printing
Prep for by DM Digital+1.

Sunnybrook
in partnership with
THE GLOBE AND MAIL

Dr. Barry McCallan
President and CEO
Sunnybrook Health Sciences Centre

We’re proud to have been named the first Medical Publication in the prestigious Magnum Opus awards, which celebrate excellence in content marketing in North America. Our Spring 2011 issue also earned an honourable mention for best use of infographics.

FOR THE STOREYS THAT MATTER THE MOST.

YOURS.

Matter.

THE MOST.

THAT

STOREYS.

CONDOMINIUM LIVING

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• Not, Toronto
• Harbour Plaza, Toronto

UNDER CONSTRUCTION
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• Pears, Toronto
• Gibson Square, North York
• One Sherway, Etobicoke

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JUDY-LYNN MCGRATH
KNOWS SUNNYBROOK from both sides: as a health-care professional and patient-care manager in Canada’s largest veterans care centre, but also as a breast cancer patient in the Odette Cancer Centre. She credits early detection at Sunnybrook (which contributed to quick interventions and more treatment options) for saving her life. Within a week of a biopsy she had a lumpectomy and lymph nodes removed.

“During my treatments at the Odette Cancer Centre, I was treated professionally and respectfully and often with humour,” says Judy-Lynn, a lifelong vegetarian and fitness enthusiast with a family history of breast cancer. “I met many women at Odette and Wellspring, a cancer support network, who shared similar experiences and I found their strength remarkable and very inspiring. So much can be learned from each other, so many warm connections.”

Diagnosed two and a half years ago after a routine mammogram screening at 51, Judy-Lynn not only continued to work throughout her chemotherapy and radiation treatments, but also stayed on top of her vigorous passion for downhill mountain biking. By continuing to do what she loves best during a challenging time, Judy-Lynn recovered quickly after surgery to face symptoms affecting her physical, mental and emotional well-being.

“I was determined to get back to my regular work routine, and to continue aggressive chemotherpay and radiation treatments while keeping her normal fitness and work routine.”

“Sleeping physically active helped me sleep. I ate well and kept my mind focused and body strong, which was important to me. In downtown mountain biking you are going through trees, over jumps and rocks, down steep terrain and even ice and snow in the winter. It’s definitely very intense and technical,” says Judy-Lynn. She also rides cross-country trails year round and practices yoga daily.

For Judy-Lynn, the lesson is about pursuing what you love and never giving up. The great baseball pitcher Satchel Paige said it eloquently. “Never let the odds keep you from pursuing what you know in your heart you were meant to do.” – Sally Fur

Ensuring reality in almost-reality TV

A SCHOOL-BASED MENTAL-HEALTH PROGRAM has earned a Sunnybrook psychiatrist a consulting role on the hit Canadian television show Degrassi.

Dr. Amy Cheung was invited to consult on a script after her writers learned of the program she runs at a local high school. The program provides early mental-health care to students before symptoms affect their social and academic development.

Degrassi is known for story lines that include teen pregnancy, abuse and bullying. Dr. Cheung, a youth psychiatrist who spends much of her time diagnosing and treating adolescents with mood disorders, was the obvious choice for advice about the planned mental-health theme.

“Degrassi’s writers want to ensure they are portraying situations involving mental health realistically, and in a way that its teenaged viewers can relate to,” Dr. Cheung says. As a mother of three young children, Dr. Cheung appreciates Degrassi for bringing the realities of mental health to a younger audience. “As parents, we need to create an environment where our kids feel comfortable talking about their mental health, so that they don’t suffer in silence,” she says.

“Mental illnesses, such as depression, can often go unnoticed in teens, and is sometimes dismissed as typical teenage moodiness. In reality, it’s a condition that can have serious effects on the lives of those suffering from it,” Dr. Cheung says.

Her research shows that only 50 per cent of adolescents with depression are diagnosed before they reach adulthood. “The more we can raise awareness about mental health and its impact on our daily lives, the better,” says Dr. Cheung.

As a physician and patient-care manager and patient

Afrika with love

AFRICA CAPTURED
Dr. Valerie Krym’s heart in 1999 on a four-month camping trip through nine countries in southern and eastern Africa. “I fell in love with the beautiful continent and its people. I have been going back ever since.”

Dr. Krym, a Sunnybrook staff emergency physician, is a founding executive board member of the African Federation for Emergency Medicine, which is helping build emergency medicine as a specialty in Africa. “I choose to give my time in Africa because the needs are so great and the opportunity to make a difference is also great,” she says. “There is a vibrant, unpretentious immediacy that makes one feel alive and joyful in connecting with others in focusing on the issues at hand.”

Dr. Krym recently received a University of Toronto Faculty Award for Excellence for long-standing contributions to global health education and leadership in emergency medicine. The award recognizes her efforts toward improving access to emergency care where resources are scarce.

“My approach to working with my international colleagues is to assist them to improve and add to their knowledge and skills,” she says. “I believe the ‘train-the-trainer’ approach is the key to sustainability and making improvements to the health-care system that remains long after you leave.” – Laura Bristow
A career of compassionate crisis care

FOR 40 YEARS, Margaret McDermott has been helping patients get through a very difficult time. “When someone arrives in the emergency department and is experiencing a mental-health crisis, they are scared,” says Margaret, a mental-health nurse. “Our priority is to make them comfortable and to give them as much information as possible.”

Margaret worked in the inpatient unit for 27 years, providing care for mental-health patients staying in the hospital for extended periods. In 1999, she moved to the new role of mental-health crisis nurse in the Psychiatric Emergency Services team. Having dedicated mental-health nurses in the ER has been key to providing a more positive hospital experience for patients. What characteristics do you need in your job? “Respect, compassion, introspection, good interpersonal skills and solid knowledge about mental illness are very important,” she says. A sense of humour is a plus, she adds. Now, set to retire, Margaret reflects on the changes she’s seen. Since she started at Sunnybrook in 1972, she’s seen a shift from psychiatry to biological treatments, such as medications; and shorter hospital stays. “There is more of a focus on helping people stay in the community, rather than in institutions,” she says. That’s not always possible, however: “I’ve known some patients for 25 years. Because mental illnesses are chronic, it gets harder for them to be self-sufficient and they come back to the hospital more often. It can be hard to see people at a similar age to you, with similar interests, lead such difficult lives.”

Margaret is moving to a new province to be closer to her grandchildren, but is not leaving her career behind. “I think I’d like to volunteer with a mental-health organization, or help people in need,” she says. “That’s where I feel most comfortable.” – Sybil Edmonds

Cooking up a new approach to cancer

A SUNNYBROOK ONCOLOGIST AND HIS FORMER PATIENT have joined forces to write the nutrition guide and cookbook the patient wishes she’d had during her cancer treatment. The Essential Cancer Treatment Nutrition Guide & Cookbook includes tips on managing treatment side-effects, plus 150 recipes based on individual energy levels, appetite and skill level in the kitchen.

The oncolgist

Dr. Berinstein is also a Sunnybrook Research Institute scientist, had a long-standing interest in how to harness the body’s immune system to fight cancer. He was approached by Jean LaMantia, his former patient and a registered dietitian, to consult on the book to help patients optimize their diet to deal with cancer treatments and improve their lives. She then contacted the best-known cancer researcher Jean remembers a drastic loss of appetite and severe nausea after her first chemotherapy treatment. “It is very rewarding to help patients during treatment, to recharge their immunity and energy levels through a diet that is flexible to the individual.”

Jean has a long-standing research interest in novel immune-based therapies for non-Hodgkins lymphoma and has initiated multiple trials through the Advanced Therapeutics Program, of which he was the founding director. The book is available online through most major bookstores and can also be purchased at the Patient and Family Nutrition Resource Centre (TG 261) at the Odette Cancer Centre. – Natalie Chung-Sayers

A SUNNYBROOK ONCOLOGIST AND HIS FORMER PATIENT

Dr. Berinstein has recently taken the position of director of Translational Research at the Ontario Institute for Cancer Research. His research includes working with global teams on therapeutic vaccines for cancer. He also has a long-standing research interest in novel immune-based therapies for non-Hodgkins lymphoma, and has initiated multiple trials through the Advanced Therapeutics Program, of which he was the founding director. The book is available online through most major bookstores and can also be purchased at the Patient and Family Nutrition Resource Centre (TG 261) at the Odette Cancer Centre. – Natalie Chung-Sayers

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Amanda Squires gets as excited about helping others as she does about travelling, and last November she did both. With the help of Tiny People Matter and Helping Babies Breathe, Amanda visited Zambia for two weeks, where she trained medical staff in resuscitating babies born in clinics or villages with limited supplies and skills.

As a neonatal nurse practitioner at Sunnybrook, Amanda’s specialization is in resuscitating high-risk, premature and extremely low-weight babies. She had already brought those skills to Saudi Arabia and Ukraine, where she started a Neonatal Resuscitation Program for local medical staff, but Zambia was a different story.

“Regular neonatal resuscitation programs are good for hospitals that have equipment, but will not help nurses in clinics where the equipment necessary isn’t available,” explains Amanda. “That’s where Helping Babies Breathe steps in. The program was developed by the American Academy of Pediatrics and the World Health Organization, in keeping with their goal of lowering infant mortality worldwide. Resuscitation is taught using a self-inflating resuscitation bag without oxygen and can be used when high-end equipment isn’t available.

It was at a Helping Babies Breathe training session that Amanda met the founder of Tiny People Matter, the organization which later helped get her to Zambia in a group of North American medical professionals. In Lusaka and Ndola, they trained staff in several hospitals, orphanages, clinics and a midwifery school.

Local staff were also taught how to train others and given the medical supplies to do so. Amanda was inspired by the optimism of the Zambian people and in awe of the camaraderie among her colleagues as they worked together. She speaks as highly about Sunnybrook’s Neonatal Intensive Care Unit, where she values the team spirit and the fact everyone is passionate.

“Your experience abroad is invaluable in helping Canadian families and refugees coming from Zambia. I like where to approach them. I understand better the things that really affect them, and that helps me do my work here. I love what I do. I love my job, but I also want to go to the forefront.”

Amanda will return this year. Zambia, and India this year, and hopes to one day organize her own trip with her fellow colleagues to Namibia. — Dana Iliescu

Babies’ breath

It really isn’t rocket science

MELISSA CARMEN CHEUNG IS ON A MISSION to make science cool. “When I walk down the street, everything from how trees grow to how a vehicle moves fascinates me,” she says. “I want to share my excitement with others because if you give people good context, you can get them excited and involved in everyday life.”

As a PhD candidate set to convocate in November, Melissa’s everyday life involves plenty of time in the lab; her research at Sunnybrook focuses on targeted cancer therapies that pinpoint the disease and leave healthy cells untouched. It’s a niche she hopes will one day improve a patient’s quality of life and overall survival rates.

“It’s a niche she hopes will one day improve a patient’s quality of life and overall survival rates.” — Monica Matys

WALK THROUGH SUNNYBROOK’S BUSTLING MAIN entrance and you’ll be sure to catch a glimpse of optician Dexter Telenko hard at work in his storefront. That’s because he swapped the back-room observation of typical optical store layouts with a design that brought the workshop front and centre when he built his optical shop at Sunnybrook 15 years ago.

“Dexter approaches each patient with the skill of a custom tailor. He says eyewear has to be high quality, perfectly fit, used for the right purpose and fairly priced. The devil is in the details and so are happy customers. That’s why most repeat customers.” — Monica Matys

The concept encourages curiosity and regular drop-ins from passersby. But it’s Dexter’s devotion to craftsman-like customer relations that has customers regularly popping their heads in just to say: “Thank you.”

“The praise and appreciation are well deserved. Dexter’s Optical caters to patients with some of the most difficult prescriptions in the province.” — Monica Matys

Eventually, he had to face the age-old decision of what to do for the rest of his life. Not wanting to spend his career in an isolated observatory, he set out on his current path. “I like working with people and what I do is fun. If you’re going to do something, hell, do it! Dig in!”

Dexter approaches each patient with the skill of a custom tailor. He says eyewear has to be high quality, perfectly fit, used for the right purpose and fairly priced. The devil is in the details and so are happy customers. That’s why most repeat customers.

On occasion, Dexter has had to rearrange his shop to accommodate a patient’s bed visit in the store. And if hospitalized patients can’t come down to see Dexter, he’ll go to them. “I see people with severe disfigurement, missing limbs and eyes that don’t function normally. A big part of my job is being compassionate, but also having some backbone because the last thing people want is sympathy. They need somebody who will get things done,” he says.

“I get a great level of satisfaction out of doing what is generally not easy to do. Helping people, tackling the difficult work and doing it well. There’s really nothing better.” — Monica Matys

Walk through Sunnybrook’s bustling main entrance and you’ll be sure to catch a glimpse of optician Dexter Telenko hard at work in his storefront. That’s because he swapped the back-room observation of typical optical store layouts with a design that brought the workshop front and centre when he built his optical shop at Sunnybrook 15 years ago.

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Focused on the details

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The coolness factor

SUNNYBROOK DOCTORS HAVE LAUNCHED A STUDY
to determine whether “keeping it cool” in ambulances is best
for cardiac arrest patients. Cooling a patient’s body temperature
after a cardiac arrest has been shown to reduce the chances
of severe brain damage and death, but the treatment is usually only
provided in hospitals. Lowering the patient’s body temperature by
3 to 5 degrees Celsius slows the brain’s need for oxygen, which
is provided in hospitals. Lowering the patient’s body temperature by
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severe brain damage and death, but the treatment is usually only
from being of these patients, thanks in part to a
$263,000 grant from the Multiple Sclerosis
Society of Canada.

Half of MS patients suffer from depression and half suffer from cognitive
dysfunction in MS patients.

The latest in leading-edge developments at Sunnybrookatomy may be able to boost the tumour-
destroying power of radiotherapy by using
ultrasound in a new way. “This is definitely a
world-first happening at Sunnybrook,” says Dr.
Greg Czarnota, radiation oncologist and lead on
this research.

The process involves injecting tiny microbub-
bles into the blood stream. Researchers found
the otherwise harmless microbubbles bounce and
expand when heated with focused ultrasound,
streaming the blood vessels of the tumour.
The cancer cells become leaky and weak. When
a tumour is targeted this way before radiation in
pre-clinical models, the radiation destroys up to
40 per cent of the tumour within 24 hours.

The research received a $1-million boost
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The true cost of house fires

Every year fire kills 400 people in Canada, and most of these deaths occur at home. A new Sunnybrook study will look at the health-care costs of house fires, including the costs of burn care, and whether automated sprinklers in homes have an impact on the health, safety and economic outcomes of house fires in Canada.

Over the next three years, researchers will look at literature and statistics on fires and their associated costs to homeowners, insurance companies, fire services and society as a whole. The research will focus on Canada, but also extend to other parts of the world.

IMAGING RESEARCH GETS $6.9 MILLION BOOST

Dr. Greg Czarnota, left, examines images as part of his research using high-intensity focused ultrasound.

Imagine checking into a hospital to have a tumour removed, being discharged that same day and back at work the next. This is the vision of scientists at Sunnybrook Research Institute (SRI), who are working on image-guided focused ultrasound surgery, a minimally invasive procedure.

That vision has just received a tremendous boost; the Federal Development Agency for Southern Ontario has invested $6.9 million into this and three other innovative imaging research projects led by SRI scientists.

The other projects include using magnetic resonance imaging to guide and monitor treatments to correct an irregular heartbeat or unblock arteries; technology that reveals early whether chemotherapy has been effective in cancer patients; and a hybrid catheter that combines optical and ultrasound imaging to treat blocked coronary arteries.

The agency’s contribution, matched by 19 industry partners, will allow SRI and its academic partner, Western University, to develop and commercialize therapy and monitoring systems for cancer and heart disease.

It is anticipated the initiative will create high-value jobs and economic growth across southern Ontario.

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STAYING ALIVE

Two women – one recovering from a shark attack, another from more than 30 stab wounds – share a determination to heal and move forward after serious trauma.

By Alexis Dobranowski

Editor’s note: This story contains graphic details that may be disturbing to some readers.
Sunnybrook’s trauma department has a world-class reputation. Some of the most critically ill and injured patients from across Ontario – and beyond – find themselves in Sunnybrook’s care. Here, two trauma patients share their stories of determination and survival – and how the team at Sunnybrook helped them stay alive.

**Nicole’s Story:** Nicole Moore is a warrior. This past July, she was among a few hundred Ontarians competing in the Warrior Dash, a 5.5-kilometre obstacle course that includes leaping through fire, darting through metal wreckage and wading through waist-deep mud. It’s hard to believe that little more than a year ago, Nicole was an inpatient at Sunnybrook recovering from a horrific and highly publicized shark attack in Cancun, Mexico.

January 31, 2011: A vacation with friends in Mexico was no excuse for Nicole, an active nurse, to sit back and relax. So, covered in sand after a game of beach volleyball, she headed into the ocean to rinse off. As the Orangeville mother waded into water about waist high, two men on Sea-Doo watercraft shouted at her in Spanish. She wasn’t sure what they were saying but decided to get out of the water nonetheless.

“Then I felt a bump,” she calmly recounts. “Within seconds of that bump came the first bite.” A shark bit through Nicole’s upper left thigh. “It was hanging off of my arm,” she says. “It was an ocean of red surrounding me.”

“I looked at my wounds, realized how severe they were and asked for help.”

“A man used his bare hands to apply pressure on my leg wound while others around were also scrambling to help. After my leg had pressure on it and someone tied a string around it, I turned my attention to the bite on my arm and knew I was bleeding badly from that wound, as well. I told the young woman who was sitting next to me that I needed a tourniquet for my arm. A man pulled the string off his shorts and the woman used it to tie off my arm.”

Nicole remained conscious during the whole ordeal. “I can remember all of it. It was completely horrifying and awake and alert and not in a panic,” she recalls.

Nicole was rushed to a Cancun hospital, where surgeons operated on her arm and leg. “The prosthetics process is a long and expensive one. Fortunately, the recovery this time has been much more challenging. But, we’ll get there.”

“Nicole’s training as a nurse kicked in. ‘Given the horrific scene people were looking at, they were just standing around but no one was doing anything,’ she says. ‘I looked at my wounds, realized how severe they were and asked for help.’”

Nicole stayed at Sunnybrook for nearly two months. It was far for family to visit, but the care was worth it, she says. “Sunnybrook did a fantastic job,” she says. “I really feel like I owe them not only my life, but my well-being as well. They contributed immensely to me being at ease.”

In spring, 2011, Nicole returned home to her husband Jay and two young daughters to continue her recovery.

**Looking Ahead:**

“I’m very, very grateful to be alive and be there for my kids. Every day was more of a gift.”

Nicole’s first year of recovery began very well. Her family was adjusting and her condition improved. “I was able to return to aerobics, get on the stationary bike, go swimming,” she says. “I was able to kayak with a pedal kayak and that was fantastic.”

Nicole says. “I’m still working on it. I’m very determined.”

“Nicole’s story: Nicole Moore is a warrior. This past July, she was among a few hundred Ontarians competing in the Warrior Dash, a 5.5-kilometre obstacle course that includes leaping through fire, darting through metal wreckage and wading through waist-deep mud. It’s hard to believe that little more than a year ago, Nicole was an inpatient at Sunnybrook recovering from a horrific and highly publicized shark attack in Cancun, Mexico.”

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“I am so grateful I was taken to Sunnybrook to receive the care we received, me and my family. You can’t believe the support we received.”

— Lenore Wirtz
LENORE'S STORY: July 11, 2009. It was Saturday afternoon, just 10 minutes until closing time on Lenore Wirtz’s fifth day of work at a women’s apparel store in Orangeville. A man came in and began browsing. He’d been in earlier in the day checking out skirts for his girlfriend and returned to purchase one for her, he said.

Suddenly, he lunged at Lenore, grabbed her and forced her into the back stock room. “I encouraged him to rob the store and take the money instead of hurting me. I told him I wouldn’t call the police,” she recalls. He told Lenore to give him all the money in the store and then returned to the stock room. Wrapping a long piece of twine around Lenore’s neck, he strangled her until she was unconscious. When she came to, the attacker was straddled on top of her. He pulled a knife from his back pocket. “I guess he decided he’d have to kill me so I couldn’t identify him. I got more than 31 stab wounds,” the 46-year-old says. “I was conscious.”

Lenore tried to fight back. In the struggle, her attacker stabbed his own arm with the knife. When he went to the washroom to tend to his wound, Lenore tried to get away. “I was able to stand up. I was very weak and there was blood everywhere,” Lenore says. “I just kept saying to myself, ‘I’ve got to get out. I’ve got to get out.’”

The man realized Lenore was up and trying to get away. He threw her to the ground. She pleaded for herself, “I’ve got to get out. I’ve got to get out.”

“The most significant injury was to her left wrist. The attacker had cut it down to the bone. She also had two punctured lungs and a punctured liver. “Eventually the pain was too great and I was screaming in my head but nothing was coming out,” Lenore says. “The next day I woke up in critical care.”

She underwent two surgeries that first night. Surgeons repaired the wounds to her abdomen and conducted a seven-hour-long surgery to reattach her wrist. While she has limited motor skills and extreme sensitivity in her hand, doctors were able to reanimate all of the nerves and tendons. “It was a tough time,” she says. “But I was so happy to be alive. I don’t want to make it sound like it was all happy smiles. It was emotionally difficult to try to understand what the heck had happened. It was a brutal attack and completely random. It wasn’t against me, Lenore, as a person.”

Each day brought improvements. Lenore remained in hospital for 13 days before returning home to her husband and three daughters. “My three daughters were all going back to school in six weeks,” Lenore says. “My middle daughter was heading off to university for her first year. We were trying hard to find a new normal and give her the security and confidence to go and live away from home.”

The man who attacked Lenore was convicted of attempted murder and is serving 13 years.

THREE YEARS LATER: Lenore has had two additional surgeries at Sunnybrook in the years since the attack. She underwent two years of hand therapy.

“It was incredible coming back as an outpatient,” she says. “It was a long way but I was prepared to do it. I’m so grateful I was able to get that kind of care.”

The Wirtz family has now settled into their new normal, Lenore says. “We are all hyper sensitive to our safety,” she says. “Unfortunately, that’s been shattered for my daughters.” Each year, they celebrate Mother’s Day with high tea at Niagara-on-the-Lake.

Lenore has never returned to the store where the attack took place and memories of the incident and her recovery flood back whenever she sees an air ambulance. “I am so grateful I was taken to Sunnybrook to receive the care we received,” she says. “I can’t believe the support we received.”

AERIAL TO SUNNYBROOK: Lenore remained conscious as emergency personnel tended to her on the street. “When I was in the ambulance, I heard them say they were calling the air ambulance to take me to Sunnybrook. When I heard that, I knew it must be real hard. Sleepy little Orangeville doesn’t see this stuff. Sunnybrook knows trauma.”

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Getting teenagers to understand why they are targeted by bullies helps build their social skills and breaks the cycle of harassment. Sunnybrook psychiatrists have shown.

By Michael McKinnon
When David came to Sunnybrook, he was quick to tell his psychiatrist that his classmates were bad people. His classmates threw things at him on the bus to and from school, the 16-year-old said, they relentlessly called him names in the schoolyard, and he felt like he couldn’t contribute to classroom conversations without snide comments being whispered behind his back. The bullying caused him such anxiety that he routinely took himself out of social situations, and his parents sought help at Sunnybrook.

approaches are essential, Dr. Adler Nevo says. But there’s an equally important angle: the victim. Dr. Adler Nevo is one of several Sunnybrook psychiatrists focused on care for the victim – addressing the connection between bullying, depression and anxiety so that the victims don’t fall through the cracks.

THE VICTIM, NOT THE CRIME
“What’s missing from the picture is treatment for the bullied themselves,” she explains. “The systemic problem should be addressed and the bully treated, but the one who needs the most help is the victim.”

She points to research that shows bullied children often continue to be harassed even after they change schools, for example, and that factors such as appearance, ethnicity and disabilities don’t determine whether a student is bullied. Bullies are drawn to those who lack a social group – and that often includes teens who suffer anxiety or depression. Her treatment focuses on helping bullied teens understand the role they have in the dynamic of breaking the cycle.

“Take a teen starting high school. He or she may have anxiety, and think: ‘Nobody is going to like me, and I’m not going to have any friends. I’m going to be awkward.’ So the teen sticks to the wall, and really does seem awkward, and the people around him feel that and react to it,” explains Dr. Adler Nevo. “Inside the teen could be all these wonderful things, but the way he or she behaves can deter people from approaching.”

Through support, understanding and validation of what they’re feeling, Dr. Adler Nevo helps her patients develop insight into how their thoughts, emotions and behaviors influence how others perceive them, she says. Since teens who remove themselves from regular social interactions tend to be prime targets for bullies, finding a way to become social again is key.

“Though she won’t divulge her entire approach (her therapy works best when it’s a journey for which the teen doesn’t have a roadmap, she says), it’s a customized cognitive-behavioral therapy that includes Prolonged Exposure, traditionally used to treat post-traumatic stress disorder patients.”

By encouraging real-life but safe exposure to events that trigger anxiety for the bullied teens – which could include simply going to school – teens learn to engage with and process the traumatic event. It helps them understand their anxiety, but not become limited by it.

“Therapy validates their emotions, but it also helps move forward,” Dr. Adler Nevo explains. “They gain a stronger sense of self-efficacy, which means they have a stronger sense that they can do something about their situation. They can change it.”

The approach worked for David, the 14-year-old convinced his classmates were horrible. The worst offending bullies were spoken to by teachers, but David also made personal progress by understanding little by little how his anxiety was affecting the way he was viewed by others.

“That sounds simple, but it’s really tremendously difficult. Imagine yourself a teenager, feeling fragile, thinking you need to be macho, strong and have to acknowledge your anxiety in order to move out of it. Many of the victims would rather deny,” she says. “Therapy was a combination of working internally on thoughts and feelings, seeing where they make sense and where they are unhelpful for him, where they’re not, and actually changing the way David approached his peers.”

And when David was asked about his classmates toward the end of treatment? “They’re actually ok,” he said.

BULLYING AND DEPRESSION
A U.S. study published in Child Development in March found that the relationship between bullying and depression is not straightforward. While parents and teens may assume their depression is the result of bullying, the study showed it’s often the other way around – that depressed teens sometimes attract unwanted attention.

“Bullies have radar for kids who are going to be targets – who are not going to fight back,” explains Dr. Elyse Dubo, a staff psychiatrist who treats depression in youth. “Kids with depression can be targeted because they look like they have low self-esteem, and are somewhat withdrawn.”

To make matters worse, depression in teens can come with an unfortunate symptom, she says: rejection sensitivity. Teens view every social interaction as negative; they see two friends talking and are so self-conscious they assume it’s about them and think their friends don’t want to be around. Their relationships dwindle, setting them up as prime targets for bullies.

“The teens often start to isolate themselves and won’t sit with their friends at lunch because they think their friends don’t want to sit together, or they won’t return calls because they think their friends don’t really want to talk to them,” Dr. Dubo says. “They find themselves completely isolated, making them easy targets for bullies. These kids feel so socially fragile and they can so easily feel devastated because of their depression that it’s hard for them to gain perspective.”

Just treating the depression itself can have remarkable results. Dr. Dubo has seen extreme cases where the right medication helped get both the depression and the bullying under control within a few weeks.

“As we treat the anxiety and depression with medication and therapy or both, they improve in their symptoms,” explains Dr. Dubo. “As the depression improves, their self-esteem improves. Their perception changes, so they’re not seeing things so negatively and they can start to take risks socially. As they get out of their depression, they feel like they can start to reach out and start new social interactions.”

It’s not always that simple, of course. Long-term depression and anxiety can have detrimental and complicated effects on a teen’s development that need to be addressed. In those cases, it may take much longer therapy to help the teen undo his or her negative thinking patterns and behaviours that have developed as a result of their anxiety and depression. Dr. Dubo is also quick to emphasize the importance of grass-roots educational programs in the
school system aimed at bullies, as well as those who may be unwilling participants in the dynamic. But she also points out that helping teens understand their role in the bullying is an important part of the overall picture.

“By telling these kids there’s something they can do to stop this from happening, we’re giving them a sense of power,” says Dr. Dubo. “If we say, ‘It’s all the bully’s fault,’ then the kid has absolutely no power in this. So we validate their experience and acknowledge how hard it’s been for them—and absolutely that what the other kids are doing is not right—but then you collaborate around ways that they can shift out of this.”

THE BULLY CYCLE

To be sure, the depression-bullying can cause a downward spiral, psychiatrist Dr. Amy Cheung says. Many of the bullied teens she treats have depression or anxiety that was previously undiagnosed. Their moods are hurting their ability to maintain relationships, and having strong relationships is key to avoiding being bullied, she notes. Being bullied worsens their depression, and the cycle continues.

“I think removing the bully is one thing. The tougher situation is making sure that some other kid doesn’t become the bully because this person has no friends and they’re an easy target for the bully,” says Dr. Cheung. “If you’re in a good group of friends, it’s more difficult to be bullied.”

As well as anxiety and depression therapy, her treatment includes interpersonal therapy, which helps teens understand that their moods affect their relationships and vice-versa, all with the goal of building a social network.

“It’s all about building emotional support. We count the positive relationships in their life, and sometimes kids don’t realize all the people who are out there to help them,” says Dr. Cheung. “It’s a therapy that teens really like, because teens are all about their relationships.”

Dr. Cheung teaches her patients that bullying isn’t out of their control. Her approach doesn’t place blame—and it certainly doesn’t negate the need for zero-tolerance programs or punishment for bullies themselves—but it does acknowledge that they’re inadvertently feeding into the dynamics of the bullying relationship.

She points to Steven*, a teen who’d been bullied for years. “His success came through interpersonal therapy. He realized he does need relationships and people who are supportive of him—not just superficial friends—and that he needs to work on some of those relationships,” says Dr. Cheung. “Treating his depression will mean he will be well enough to want to try to make friends, and build a support system so that he will not be the target of bullying anymore.”

speaking out on film

A Sunnybrook film is increasing awareness among Toronto-area teenagers and their families about adolescent depression, thanks to staff psychiatrist Dr. Elyse Dubo. A shortened version of the film, Lost and Found: Parents and Teens Speak Out about Teenage Depression, has been shown to thousands of Toronto Catholic District School Board high school students and about 200 parents as part of Stop the Stigma, the board’s annual mental-health awareness campaign. Discussions are underway with the Toronto District School Board to show the film to its students and staff.

“The film has proven to be a very concise way to get the message across about teenage depression, and it has an emotional impact,” explains Dr. Dubo, who co-produced the film with filmmaker Boja Vasic.

Through interviews with teens and their parents, Lost and Found paints a clear picture of the adolescents’ struggle with depression and the impact it has on their schooling, social and family life. The film does not delve into treatments, but focuses on helping teens and parents identify the signs of depression. And though the film includes the sad story of one teenage suicide, it is a positive film filled with hope.

“People do get better,” says Dr. Dubo. “The remarkable thing with all these cases in the film is that the parents did not give up or turn on their kids for looking like failures or dropping out of school. These parents showed unconditional love and support and got their teen through this.”

The film helped Dr. Dubo earn a Sunnybrook Patient and Family Education Award and she was invited to sit on the Coalition for Children and Youth Mental Health, a group of experts examining mental-health education in the school system.
STEM CELLS: medicine’s new frontier

Meet the Sunnybrook doctors raising hope for new treatments for cancer-radiation damage, serious burns and so much more.

By Hannah Hoag
Survival following a severe burn depends on the surgeon’s ability to close the wound and get it to heal. Burn patients often undergo numerous surgeries that remove skin from another part of the body and graft it over the burn site. “To graft the big one, you inflict another wound,” says Dr. Jeschke.

Surgical strategies have long been on the hunt for a more humane approach, but none have fully paid off. Stem cells have enormous potential to solve that problem, he realized. “Yes, it is exciting, but it is also realistic,” he says.

Stem cells hold immense promise in transforming patient care, and Dr. Jeschke isn’t the only one who sees the possibilities. At Sunnybrook, scientists are searching for ways to harness that potential to develop faster, more complete, less invasive ways to close wounds, repair the brain and even cure diseases. In 2010-11, the Canadian Institutes of Health Research awarded the Sunnybrook Research Institute and the University of Toronto, long fascinated by the thymus and its role in creating infection-fighting cells called T-cells, which are destroyed by HIV and cancer chemotherapy.

Dr. Zulfiqar-Pflucker works with cord blood stem cells, a potential source of T-cells. “It’s like giving the thymus a boost,” says Dr. Zulfiqar-Pflucker. “Creating that right nursery environment allows them to become T-cells.”

Dr. Jeschke is also enthusiastic about cord blood stem cells and derived tissue from the amniotic membrane. Stem cells harvested from these tissues can be turned into bone, fat or cartilage cells. That has important applications in burn care: a skin graft is more than skin deep, he explains. It can seep through the fat and muscles, damaging blood vessels and nerves. But burn survivors suffer a greater loss. Their bodies go into hyperdrive to survive and begin to lose dramatic amounts of body weight.

“Adult patients that come in as a body builder will leave as a stick,” says Dr. Jeschke. Closing the wound quickly — and without taking more of the patient’s skin — is key to improving survival.

It’s also produced fibroblasts, a specialized cell that produces collagen and helps wounds heal. The preliminary data are positive, he says. The goal is to have a clinical trial underway in two or three years.

Dr. Wong would like to use stem cells to repair radiation injuries. Two decades ago, next to no one believed the adult brain could grow new nerve cells. Now scientists know that’s not true. “New nerve cells are continuously born within the adult brain, but radiation therapy inhibits their formation,” says Dr. Wong. “We want to understand some of the reasons that lead to the inhibition of new nerve cells.” He’s focusing on the intimate relationship these stem cells have with the cells lining the tiny blood vessels that course through the brain. His research shows that when blood vessel cells are protected after radiation, fewer brain stem cells die.

One day a stem cell-based therapy may be able to treat people with AIDS or help cancer survivors bounce back after treatment. Dr. Juan Carlos Zulfiqar-Pflucker, an immunologist at Sunnybrook Research Institute and the University of Toronto, has long been fascinated by the thymus and its role in creating infection-fighting cells called T-cells, which are destroyed by HIV and cancer chemotherapy.

Dr. Zulfiqar-Pflucker works with cord blood stem cells, donated by women who have recently given birth, and other types of stem cells, which he carefully nurtures into T-cell precursors in the lab. When these cells are injected into patients, they travel to the thymus where they’re converted into T-cells. It’s like giving the thymus a boost, says Dr. Zulfiqar-Pflucker. “Creating that right nursery environment allows them to become T-cells.”

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TAKING THE LEAP

Dr. Lesley Carr has already made that leap to clinical trials. Many of Dr. Carr’s patients are so mortified by their urinary incontinence that they cut back on work and social activities, and retreat from those closest to them. For some women, coughing, laughing, sneezing, running, jumping — and even sex — can put enough pressure on the bladder to cause an unexpected loss of urine. “It’s embarrassing. They are afraid they’ll smell like urine or have an accident,” says Dr. Carr, a urologist at Sunnybrook and an associate professor at the University of Toronto.

Dr. Carr estimates 35 per cent of women suffer from stress urinary incontinence. It’s common among those who have had a vaginal delivery. “It isn’t just a problem that happens in the elderly, but to women in their 20s and 30s, too,” she says. The issue lies with the muscles that line the floor of the pelvis and girdle the urethra (the duct that carries urine from the bladder), which are sometimes damaged during childbirth, pelvic or abdominal surgery, or radiation treatments. In some cases, exercise or surgery can repair the problem, but Dr. Carr would like to see a less invasive and more reliable treatment become available.

Since 2004, Dr. Carr has overseen clinical trials that are now repairing the damaged muscle and providing relief. She takes muscle cells from the woman’s thigh, sifts out the fat cells, the fibroblasts and other contaminating cells and isolates the adult stem cells capable of becoming muscle. They’re fed nutrients and growth factors that compel them to divide and multiply; it takes about two months to grow 100 million cells. After a single injection into the urethral muscle, the cells are left to grow and mature in the new environment. Though the studies have been small, a large number of women are able to go back to laughing, sneezing and running, without any leaks. Dr. Carr is now enrolling patients in a new Canada study that will test the stem cell treatment against a placebo.

Despite the many challenges scientists face in using stem cells to build the field of regenerative medicine, they remain excited. Unlike many current treatments which offer temporary or imperfect fixes, stem cell medicine taps into the body’s natural function to repair or replace damaged tissues. “It has been very exciting,” says Dr. Carr. “Sometimes medicine is just a new twist on an old theme, but this has been very innovative.”
Many women lose their libido or feel unable to talk about sexual dysfunction following cancer treatment. But as Sunnybrook’s SHARE clinic shows, it doesn’t have to be that way.

By Celia Milne

Editor’s note: This story contains sexual content that may be objectionable to some readers.

let’s talk about sex

Pat Abbey laughs as she describes the difficulty of finding sexy lingerie when you have a permanent hole in your abdomen, just left of your belly button.

Pat, a dentist who lives in York region, was diagnosed two years ago, at age 52, with rectal cancer that was encroaching on her vagina. After the diagnosis, life became a blur for the busy mother of three sons, age 24, 20 and 18. A whirlwind of treatments left her with a colostomy bag and an altered anatomy “down there.”

But Pat tackles her problems with openness and humour. She describes her colostomy as “like having a small change purse, or a baggy, attached to your stomach.” This surgery allows Pat to maintain her usual diet and activity levels, like going to the gym and skiing. She also tells the story of her middle son’s reaction to her frankness while she was recovering from surgery. He was 19 at the time and recuperating from a leg injury, so they were “sharing the couch,” Pat says. He must have heard her once too often talking about her condition. One day he blurted out, “Mom, I’m sick of hearing about your vagina!”

Pat is candid when describing a nagging worry that emerged once treatments were over and she and her family shifted back into a semblance of normality: Would she still be able to have sex? “I was concerned about whether my vagina was functional. I didn’t want to rip anything. I had zero libido.” Luckily for her, Sunnybrook is one of the few places in Canada with a dedicated clinic to help women like her regain their sexual function and sexuality.

The SHARE clinic (Sexual Health and Rehabilitation) is a biweekly clinic at the Odette Cancer Centre that was founded by Dr. Lisa Barbera, a radiation oncologist in the gynecology department, and Dr. Jennifer Blake, chief of obstetrics and gynecology. The clinic has grown gradually since 2007 and now sees about 50 patients a year. At first, it was available to women with gynecological cancers; it is now accepting women with pelvic malignant cancers, such as gastrointestinal and colorectal, as well as those who have breast cancer at a young age.

Women’s sexuality is seen as a secondary issue in most cancer clinics,” Dr. Barbera says. “For men going through prostate cancer, the subject of sex is very much up front. For women, the only way it comes up is in reviewing consent for treatment, which might mention the impact on the ability to have intercourse. I don’t think that’s okay.” The SHARE clinic is a safe place for women to discuss sex. The first appointment is with a specially trained nurse and a follow-up appointment is with Dr. Blake. Dr. Barbera’s role is as executive director. Social workers, psychologists, marriage counselors and sexologists are also available.

“We spend a lot of time educating women about their anatomy, physiology and sexual response,” Dr. Barbera says. “We get comments back that patients feel like they are being treated like a whole person. They are grateful to have a place to discuss issues and what is happening with their body.”

On Pat’s first visit to the SHARE clinic, she sat down with nurse Lauran Adams. “It was nice to talk to someone who really understands. It’s like having a friend or knowledgeable older sister, and it’s totally non-threatening. They normalize that this has happened to you. Their attitude is, ‘Of course you’ll want to be sexually active, and we’ll help you get there.’” Lauran showed Pat a large, zebra-print-wrapped box of dilators and explained how they could help her sexual function. Other solutions for...
Pat included estrogen cream, lubrication and hormones that improve libido. "They do a wonderful job," says Pat, who is happy to be sexually active again. This personal touch was a relief after Pat's arduous treatments: chemotherapy concurrent with radiation, then surgery to remove the bottom portion of her large intestine and the back of her vagina, then more chemotherapy. But for Pat, hardship won't stand in the way of a good laugh, just as it won't preclude having sex. "With a colostomy you have no control over passing gas," she laughs. "Having boys, this of course was a great source of merriment! You've probably heard of a 'cheek flapper.' Well when I was particularly noisy, they would say it was a 'bag flapper'. It is hard to get too serious about that."

Then there's Kathy Moore, 52, a science teacher in Uxbridge, who welcomed the opportunity to speak frankly with a nurse about her sexuality. Twenty years ago, she was diagnosed with ovarian cancer and had her uterus and ovaries removed. She and her husband adopted a little girl, now 21. Because she had ovarian cancer at such a young age, Kathy is considered to be at high risk for breast cancer and gets checked regularly at Sunnybrook. During one of these appointments, she mentioned to a caregiver that her hot flashes were unbearable when her GP had recommended she stop taking hormone replacement therapy after she'd been on it 20 years. (Studies have linked HRT to a higher risk of breast cancer in some women). The Sunnybrook caregiver referred her to the SHARE clinic. Once there, it was a great relief to finally sit down and talk to someone about menopause, sexuality and how she felt about her body. "I've never had anyone to talk to about it because I went through it so long ago. My friends were all getting pregnant and I felt like I'd been isolated. You start to feel that you are not very feminine. After losing both ovaries and uterus, you feel something less than female. I knew what was gone, and I needed to learn how to better see what was left," Kathy says. "It was nice to sit down with another female and talk about all this. It was like having a glass of wine with a friend. We talked and laughed. It was an anything goes' conversation."

Staff at the SHARE clinic assured her that it was fine to go back on HRT, and they prescribed other hormones as well. "When going through induced menopause, I was not exposed to the same levels of hormones as my body would have been making naturally, so the studies and controversies did not apply to me," she says. Kathy was encouraged by the SHARE clinic to make sex a priority. She has learned not to be ashamed of what happened to her, and has even mustered enough courage to go to a sex shop to research dilators and lubricants. Sex is a topic, she says, that women often feel they can't discuss with specialist doctors or their GPs. "I don't want to discuss sex with an attractive young male doctor. And during follow-up visits at hospitals, quite often the doctor is not alone. So we're not about to say, 'something weird is happening down there.' It was so nice to find women at the SHARE clinic. We have our own set of issues that can't be dealt with using broad brush strokes," she says.

Dr. Barbera is proud of the SHARE clinic and laments that there are not enough similar resources in Canada. Regional Cancer Care Northwest in Thunder Bay has a clinic modelled after Sunnybrook's. "There are pockets of expertise around the country, but these resources are few and far between," she says.

The Share Approach

After having cancer in the pelvic area, many women are left wondering whether their sex lives will return. The SHARE clinic at Sunnybrook is designed to help women recover their sexual function and sexuality. Common concerns are loss of sexual function, vaginal dryness, painful intercourse, lack of sex drive, changed anatomy, menopause symptoms, or poor body image. Through the clinic, women have access to a specially trained nurse, a doctor, a psychologist, a sexologist and a marriage counselor. Some of the services offered by the clinic:

• education  • counselling  • treatment

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CONNECTED TO STATE-OF-THE-ART HEALTH CARE

SUNNYCARE IS A NEW, LEADING-EDGE patient-information system designed to integrate patient information from various clinical systems into a single, easy-to-use application. SunnyCare’s initial implementation has focused on patients receiving specialty consultations in the emergency department.

The software was designed by observing how medical residents keep track of patient information to complete clinical work. It was determined that information lies in different electronic systems, leading to inefficiency, recopying and overlooked information. For example, the exact location of a patient in the emergency room can be found in the emergency room information system, but some hospital staff were not familiar with how to access this information, and patients might move without the staff’s knowledge. “It is hard to work efficiently when you waste time finding your patients’ current location,” explains Dr. Edward Etchells, a staff physician in the Division of General Internal Medicine, and medical director of Information Services at Sunnybrook.

The design team determined doctors would go into the computer and recopy the past medical history from an old electronic note onto a new handwritten paper note. This recopying is “a complete waste of time,” says Dr. Etchells. Sometimes this information is hard to find, which means the physician must start from scratch. “This can also concern patients, who may wonder why the same questions must be asked repeatedly.”

SunnyCare integrates information from various electronic systems into one place. He describes SunnyCare “as a skin over the inner workings of various hospital information systems. It is an important element of SunnyCare. “SunnyCare Mobile allows clinicians to use their own smartphones to keep track of their patients’ current location and recent results while the clinicians are on the go,” he says.

“We have implemented SunnyCare Mobile and SunnyCare Consult Notes already this year, and we are continuing to design and develop SunnyCare functions that integrate our electronic ordering systems, our electronic patient sign-on systems, and our electronic discharge summary systems.”

SUNNYBROOK’S ER HAS COLOUR-CODED ZONES

Mr. A, 65, is brought into the Green Zone of the ER complaining of chest pains, and seen by an ER doctor, who decides to consult with Dr. B, a specialist. The ER doctor tells Dr. B that Mr. A is away from his room for another X-ray. Later, Dr. B visits Mr. A in his room and finds Mr. A on the SunnyCare Mobile list of current patients on SunnyCare Mobile using his smartphone.

Mr. A has asthma. His asthma is more pertinent than his 15-year-old appendectomy. Dr. B can add Mr. A to his list of current patients on SunnyCare Mobile, using his smartphone.

Later, SunnyCare Mobile tells Dr. B that Mr. A is in the Green Zone of the ER complaining of chest pains, seen by an ER doctor, who decides to consult with Dr. B, a specialist. The ER doctor tells Dr. B that Mr. A is away from his room for another X-ray. Later, Dr. B visits Mr. A in his room and finds Mr. A on the SunnyCare Mobile list of current patients on SunnyCare.

Mr. A’s electronic file shows he has been moved from the Green Zone to the Orange Zone, bed number 12. It also tells the doctor Mr. A arrived at the ER complaining of chest pains, and displays Mr. A’s vital signs obtained at the emergency room triage. SunnyCare is updated when Mr. A is moved from Green Zone to Orange Zone. When Dr. B is ready to prepare his consultation note, he finds the past history from previous SunnyCare consult notes is available within the note. Dr. B sees that Mr. A had an appendectomy 15 years ago, and suffers from asthma. Dr. B can also view the X-ray images directly from the SunnyCare consult note, without having to log on to a different system. Dr. B uses a desktop computer to type the consult note into Mr. A’s file. If Dr. B does not like to type, Dr. B could use voice recognition software to dictate the note directly into SunnyCare.

Once the system is complete, if Dr. B thinks Mr. A should be put on a different medication, Dr. B will see from the software that Mr. A is allergic to that kind. He orders a different drug to which Mr. A has no allergy. The pharmacy will see the information, including the allergy, and where Mr. A is located, they can dispense him the new drug. The drug database will be plugged into SunnyCare, so Dr. B can let the pharmacy write a drug statement, including the dose, the units, and how it is administered.

Dr. B can log into SunnyCare from his office and dictate his consult note into Mr. A’s file. If he thinks the fact Mr. A has asthma is more pertinent than his 15-year-old appendectomy, Dr. B can move that to the top of the field.

Dr. B finishes his shift. Dr. B is now on duty. Dr. B reviews the patient’s clinical systems list with Dr. E. No recopying of lists is needed, and Dr. B can simply pick up where Dr. B has left off.

Dr. B can read the notes Dr. E has added to the file overnight. Dr. B will visit Mr. A, whom he thinks is well enough to be discharged. Dr. B creates an electronic discharge report and prescriptions in a separate system called eDischarge. Mr. A has a new prescription for the drug Dr. B ordered for him. If Mr. A returns again, SunnyCare and eDischarge will show everything that happened on his previous visit. In future versions of SunnyCare, eDischarge will be further integrated with the other hospital information systems.

RESEARCH AND TEXT BY AUGUSTA Dwyer
HERE’S LOOKING AT YOU
Sunnybrook’s expert physicians and prosthesis artists help patients with even the most obvious facial differences put a brave new face on life  By Dan Birch

FOR ALMOST 25 YEARS, A UNIQUE Sunnybrook facial prosthetic service has helped 86-year-old cancer survivor Becky Thomson live life to the fullest: “It changed my life for the better,” Becky, a former special education and music teacher, says of Sunnybrook’s Craniofacial Prosthetic Unit, where she’s been getting artificial noses since the late-1980s. “In February of that year, Becky was told she'd already waged a 10-year battle with skin cancer on her face. Surgery to remove skin cancer on her face.

An outgoing and jocular personality, Becky says her artificial nose has helped her live life more fully. This has included speaking at multiple conferences in North America and been interviewed on television. "We coach the patients to adjust to their lives with their new prostheses,” says Morrison, noting various techniques that help camouflage protheses, such as wearing glasses along with an artificial nose. And while neither Morrison nor Kubon are psychologists, they have many years of experience with patients struggling with facial differences. The two offer informed advice, but as part of the unit’s multidisciplinary care patients also have access to Sunnybrook psychologists, as well as duchetians and social workers. They can also be put into contact with organizations such as AboutFace.

“Patients often come to us when there’s a change in their lives – they’re at a crossroads,” says Morrison, citing patients starting a new career as just one example. While the Craniofacial Prosthetic Unit and its services are not a cure-all for patients, they are vital for many, he says. “We have seen patients who have taken on an entirely new lease on life that they would not have otherwise.”

A physical impression of the patient’s facial difference is taken (e.g. the cavity of a missing nose). A prosthesis is sculpted and then molded, most often from a silicone rubber, to custom fit the area or tissue site. Anatomical landmarks, facial proportion and symmetry are taken into account to create a life-like facial feature.

The prosthetic is manually colour-matched to the patient’s pigmentation. In the case of eye (orbital) prostheses, an off-site ocularist makes the eyeball that fits into the prosthesis. The structure behind the prosthesis will depend on its attachment method [adhesive or bone-integrated implants].

How to Make a Facial Prosthesis

Sunnybrook’s Craniofacial Prosthetic Unit: anaplastologists David Morrison and Todd Kubon, and office manager Wendy Grennier.

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How to Make a Facial Prosthesis

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#SUNNYBROOK GOES SOCIAL

By Marlene Habib

FROM GETTING FACEBOOK users talking about a hearing-impaired superhe-ro or tweeting about ending the stigma of mental illness, SunnyBrook is leveraging social media to reach the outside world more powerfully.

Whether it happens through Facebook (www.facebook.com/SunnybrookHSC), Twitter (@SunnybrookHSC), YouTube highlights in recent months.

What captures online attention? Retweets, Likes and YouTube views: the Stanley Cup made a stop at our Veterans Centre, March 2012. Here are just a few of the most popular Facebook, Twitter and YouTube highlights in recent months.

RETWEETS, LIKES AND YOUTUBE VIEWS: What captures online attention?

Here are just a few of the most popular Facebook, Twitter and YouTube highlights in recent months.

MARCH 2012 The Stanley Cup made a stop at our Veterans Centre, and the excitement was captured by photographer Dale Roddis.

Sunnybrook Hospital Did you know: 1/5 Cdn's will experience a mental illness over the course of their lives http://ow.ly/AmuPd #mentalhealthweek

Sunnybrook Hospital New research based #cancer cookbook has 150 healthy recipes for different skill levels, energy levels and appetites http://bit.ly/IAMRDR

Sunnybrook Hospital Did you know: $500,000 raised from this Tweet from the young star’s @justinbieber account was seen by millions of fans: “Great night. Thanks to all of u we raised $500,000 for @childrenswish Canada providing specialized care to adolescents 13 to 18 who have been diagnosed with the mood disorder. The big winner was the Centre for Youth Bipolar Disorder, the beneficiary of half of the $500,000 raised from the concert, Bieber’s tweet helped boost the number of Sunnybrook followers from 5,112 at the end of November to 7,821 in late December. “We typically gain about 200 new followers a month, so this was a huge increase,” says Brent Creelman, Sunnybrook’s web communications specialist.

Bieber also left a long-lasting impression with Sunnybrook. “Twitter spotlight fever put us in the limelight,” says Sunnybrook’s communications manager.

How Bieber fever put us in the Twitter spotlight

Singer Justin Bieber signed on to introduce singer Carly Rae Jepsen (not pictured) at the 2012 Wango Tango concert at the Home Depot Center in Carson, California May 12, 2012. REUTERS/Bret Hartman

Sunnybrook’s following on Twitter got a star-powered boost from Canadian pop singer Justin Bieber. Bieber, the Stratford teen who’s one of the most popular celebrities on Twitter, had around 18 million followers when he was in Toronto last December, tapping a ‘Home for the Holidays’ benefit concert for MuchMusic and CTV.

On the evening of Dec. 21, 2011, this Tweet from the young star’s @justinbieber account was seen by millions of fans: “Great night. Thanks to all of u we raised $500,000 for @childrenswish Canada providing specialized care to adolescents 13 to 18 who have been diagnosed with the mood disorder.

As well as shining the spotlight on Sunnybrook’s Centre for Youth Bipolar Disorder, the beneficiary of half of the $500,000 raised from the concert, Bieber’s tweet helped boost the number of Sunnybrook followers from 5,112 at the end of November to 7,821 in late December. “We typically gain about 200 new followers a month, so this was a huge increase,” says Brent Creelman, Sunnybrook’s web communications specialist.

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HAIR LOSS ISN’T JUST FOR middle-aged men – just ask Keylin Haur. The 25-year-old college student in Belleville started losing her hair when she was 15. She has patches of baldness on the top of her head and around her ears, which she covers up by styling her hair a specific way. “It feels really bad,” she says in a phone interview during a summer heat wave. “It is so hot out and I can’t put my hair up. I have to wear certain hair styles so you can’t see the thinning. It’s frustrating.”

Hair loss affects people across the board. “The dermatologists at our clinic have the opportunity to evaluate patients with all kinds of hair loss,” says Dr. Donovan. “There are dozens and dozens of conditions with hard-to-pronounce names for which modern science is only just beginning to unravel the underlying causes. It is a fascinating area of medicine.”

The clinic also has the most up-to-date technology to aid in diagnosis, and nurses who work specifically in this field. “Many dermatologists evaluate patients to determining patients with these complex hair loss conditions,” says Dr. Donovan. “We are equipped to biopsy the scalp if necessary to confirm exactly what it is. If a new treatment is coming out or has just been shown to be helpful, we’ll be able to offer it to patients.” Dr. Donovan also performs hair transplant surgery in Sunnybrook’s Dermatology Centre.

HAIR LOSS TREATMENTS: NOT ONE-SIZE-FITS-ALL

A dedicated Hair Loss Clinic helps patients through individual care. By Celia Milne

Illustration Rachelle Maynard

 Alopecia areata, which causes patchy or total hair loss in both males and females
 Hair shedding as a result of thyroid problems
 Hormonal issues that cause hair loss in women
 Scarring alopecias, rare but permanent conditions in otherwise healthy people
 Androgenetic alopecia, which causes male or female pattern baldness

A hundred ways to lose your hair

Among the many hair loss conditions seen by Dr. Jeff Donovan at Sunnybrook’s dedicated Hair Loss Clinic, here’s a sample:

Hair loss isn’t just for middle-aged men – just ask Keylin Haur.
Rosemary Gray stays focused on the little things so patients don’t have to. She remembers helping a patient who had arrived at Sunnybrook through the emergency room. The patient was upset because nobody knew he had been taken to hospital and he couldn’t remember his friends’ phone numbers. Rosemary took the time to work through a phone book and helped him connect with his friends.

Whether patients arrive in an ambulance with just the clothes on their back or check in for a planned procedure, their first few days at a hospital can be challenging. Rosemary is one of seven ambassadors, a special team of volunteers set on helping Sunnybrook patients understand they have help beyond clinical care. Ambassadors visit newly admitted patients to ask one simple question (“How can I help you while you’re here?”) and to share information about hospital services. “It seems pretty simple, but by opening up the conversation, we are helping people at a most difficult time,” Rosemary says.

“It can be overwhelming with lots of productions and scheduling of tests. Patients can ask me those questions they don’t want to bother the doctors or nurses with, but are still important.”

Often patients or their families just need to know about parking or where to find an ATM. Ambassadors provide a reusable blue bag with a hospital directory of services and brochures about religious and spiritual care and how to thank someone on staff. Oncology patient Theresa Trabulsey was happy to find out about the on-site hair salon from ambassador Maritess Sahin. “Now that I know I can get a haircut here, I’m going to look into that. It would help me feel good after my surgery,” said Theresa.

Selected from a pool of almost 1,000 volunteers at Sunnybrook, ambassadors provide outstanding service to patients and have received additional training about how to deal with sensitive situations such as grief, anger or even unexpected nudity. They arrange phones, TVs and access to Wi-Fi, provide parking information, and suggest where to get coffee or a sandwich – the little things that improve a patient’s stay.

“Many of our ambassadors have either been patients or had loved ones who were, so they immediately understand the value of having those simple things taken care of from the outset,” says Katherine Alexopoulos, director of Volunteer Resources.

The proactive, customer service approach of the ambassador program is also helping flag patient concerns early, so they can be solved while people are still in hospital. Ambassadors are not expected to resolve medical issues, but they ensure concerns are forwarded to the right people. Trish Lospinuso, patient care advisor with the Office of Patient Experience, follows up with ambassadors at the end of each shift. If there are complaints that need her involvement, she visits patients to hear their concerns and seeks a speedy resolution with medical staff. “We want patients to feel cared for and know that people will respond if things are not going well,” she says. “We hope over time that we will put the complaint business out of business.”

Ambassadors may visit up to 35 patients in a three-hour shift and each visit can take anywhere from two minutes to half an hour. The program was launched in a pilot phase across four units and has expanded to cover about one-third of the hospital (including general medicine, dialysis, geriatric, general internal medicine, orthopedic and neurosurgical units, trauma and oncology, among others). Since the ambassador program began, patient satisfaction ratings have increased and complaints have decreased. Yuri Arutyunyan was visiting his mother the day after her liver resection surgery. He was thrilled with the outstanding care his mother received from the entire team at Sunnybrook, especially her surgeon. “I am very satisfied with my mother’s care, but the fact that ambassador Maritess asked me about how things were going – well that’s over the top,” said Yuri.

“Our volunteers demonstrate the heart of the organization. It’s the extra human touch that shows we really do care at Sunnybrook,” says Katherine.
A HOME AWAY FROM HOME

A company provides free apartments for relatives of long-term patients. By Alexis Dobranowski

Barry Green's spirit of philanthropy was inspired by his mom Goldie Feldman. Goldie has made philanthropy her life's work — and philosophy,” he says. “It's always a key part of our family ethic and his brother and sisters. “Philanthropy is the opportunity of instilling our values into the next generation. They are learning that philanthropy is a part of the contract, if you will.”

Barry credits his mother Goldie for helping to instill the spirit of giving in him and his brother and sisters. “Philanthropy was always a key part of our family ethic and philosophy,” he says. “It’s always a cliché to say ‘give back to the community’, but truly, that was a given since childhood for all of us.” Goldie has made philanthropy her life’s mission in recent years, he says. She was the family’s anchor in the most recent gift. “I’m proud of Mom because I see that she gives in a balanced and strategic way,” he explains. “I’m very proud of what she’s done.”

Barry and Greenrock see the Sunnybrook suites program as a way to share their family values with employers. “Who doesn’t want to make a difference?” Our staff are not different, and they feel great when they participate. “For example, staff members volunteer their time to paint and refresh the Sunnybrook suites, and prepare the units for the new families as they arrive.”

These sorts of initiatives are great for staff morale, especially when owners and staff physically work together in a fun and informal way,” he adds. “It makes people feel great, seeing first-hand that they are working for a company whose owners really care for them and their community. And, it was an opportunity to give breadth to our philanthropic approach. There are many different facets to giving back, and we are continually exploring new and original ways of doing so.”

Members of Toronto’s real-estate industry are extremely generous, he says, but more can be done. “If you are a private landlord, perhaps you might consider donating the use of suites doesn’t need to be off the market so as to participate in this initiative. We have performed all of the administrative legwork setting up this program and would be honoured to share this information,” Barry says. “While we hope our program will continue for many years, donating the use of suites doesn’t need to be a permanent arrangement if the owner or landlord is not interested.”

The generations of philanthropic support from the Feldman and Green families and their businesses demonstrate the layers of support that are possible. Barry believes the community will look to Goldie as a role model. “Charity can mean more than signing the cheque,” he says. “We look at support in an innovative way.”

I’m always proud to tell you about the lives saved at Sunnybrook.

I’m proud that Sunnybrook attracts the best experts from around the world, and outfits our spaces with state-of-the-art equipment. I’m proud of our researchers, who turn their ideas into real treatments that improve the lives of our patients far beyond Sunnybrook’s walls – the treatments of tomorrow that seem impossible today. I’m proud of this passionate commitment to innovation, it’s the Sunnybrook culture. This magazine is full of our stories – stories of invention, courage and triumph, of lives saved.

But the truth is, we can’t take all the credit. So much of what is done here would not be possible without our valuable partners.

Private donors – our community – have always joined Sunnybrook in its vision to invent the future of health care. Our supporters understand that public funding is not always enough and have recognized their own role in the care we provide.

Their impact is felt in so much of what we do at Sunnybrook. In the last year, for example, we saved the lives of more than 100 heart patients through procedures too new to be covered by government funds. Its futuristic medicine, to be sure – repairing faulty heart valves without opening the chest. These lives were saved entirely by private supporters who understood that their resources matched Sunnybrook’s vision.

Frederick Thompson, who you read about in this issue, is such a donor. Mr. Thompson made a transformational gift in June to establish the Frederick W. Thompson Anxiety Disorders Centre, which will offer care found nowhere else in Canada. This centre will exist because Mr. Thompson – someone in our community – believed Canadians need help in our fight against these devastating disorders.

Everything we do here at Sunnybrook is resource-dependent. And that’s where our community comes in. We are passionate about the work we do at Sunnybrook, and are pleased that passion has spread throughout our community. It has to, it is the only way we’ll be able to continue providing the highest level of health care for the people who count on us – to save their lives.

Jennifer Tory
Chair, Campaign for Sunnybrook
Sunnybrook Foundation

I'm always proud to tell you about the lives saved at Sunnybrook.

As Dr. Barry McLellan, Sunnybrook’s president and CEO, mentioned earlier in this magazine, passion and innovation here are focused on making the future of health care possible today. We are people with ideas. We are experts who design new drugs and invent tools. We discover a smarter way so we can be that much better than we were yesterday. We translate the basic science we conduct into new therapies to give every patient a chance for a better life – and much of this could not be possible without private support.

As we direct our efforts toward advancing the pace of discovery and innovation, it is comforting to know we have the strong support of our community to provide the resources we need to help us reach our goals.

With these strong private partnerships, we know the best is yet to come for our patients – here, across Canada and around the world.

Dr. Jon S. Dellandrea, CM
President and CEO, Sunnybrook Foundation

LETTERS FROM SUNNYBROOK FOUNDATION

YOUR SUPPORT IS HELPING US SAVE LIVES

AN ERA FULL OF PROMISE

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Dr. Jon S. Dellandrea, CM President and CEO, Sunnybrook Foundation
A SEA OF THANK-YOUS

“Canadians owe a great deal to our war veterans,” says Dr. Barry McLellan, Sunnybrook’s president and CEO. “They are the foundation of this great country that we all share.”

Canadians clearly agree. On Remembrance Day 2011, veterans awoke to a sea of 5,000 Canadian flags adorning the lawn of the Sunnybrook’s Veterans Centre. Each flag had been purchased by someone in the community and inscribed with a heartfelt message as part of Operation Raise A Flag, an enormous thank you for everything veterans have done for Canada.

Have your own message of thanks for our veterans? Visit www.raiseaflag.ca to honour a veteran this Remembrance Day. 🙏
This new suite release will captivate with magnificent ravine views.

Crowning the most coveted enclave in Lawrence Park overlooking the Sherwood Park Ravine, Blythwood at Huntington is a landmark residence without equal. The new release of a grand, 1,425 sq. ft. two-bedroom plus study design features a magnificent wraparound view of the ravine with eastern, northern and western exposures. With expansive living and entertaining spaces imbued with refined elegance and style, this gracious residence suits an uncompromising lifestyle.

Only a limited number of ravine suites available.

NEW RELEASE

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