Helene Haapala takes surgery one step at a time  
PAGE 2  
Colon screening What’s right for you?  
PAGE 4  
Erwin Kainer gets BIG and LOUD  
PAGE 6  
Food allergies get new scrutiny  
PAGE 8  
Erin and Casey Bailey embrace parenthood surprises  
PAGE 10
Helene Haapala takes on challenges one at a time

An avid athlete – five marathons, the grueling Birkebeiner ski race, a dozen MS150 bike tours – Helene has relied on strong knees over the years.

Surgery on both knees repaired tears in the meniscus, flexible cartilage that cushions the knee. Later, cortisone shots kept her going.

Then pain in Helene’s right knee worsened, limiting her daily life. “I stopped doing stairs or walking distances. It was like Pac Man – the little things were chewing my life smaller,” she says.

Helene was ready for joint replacement. Her wife had her hip replaced the year before at Northfield Hospital; that good experience gave Helene confidence.

Her primary care physician, Dr. Mary Ann Scheid, made two recommendations: “She said, ‘Choose an experienced surgeon who has done the procedure many times. And choose a hospital with low infection rates,’ which Northfield Hospital has,” Helene recalls.

“It’s a real milestone when people can’t tell which knee is the new one.”

Helene chose orthopedic surgeon Clinton Muench, MD. He was down to earth and genuine – a pleasant change from her past experience with surgery in the metro area. “He gave me information so I could make a choice,” she says. “And his staff gave me a lot of information ahead of time about what to expect.”

Dr. Muench replaced Helene’s knee in April, time enough for healing and rehabilitation before a trip to New York City in August.

Pain management was important to Helene. To prevent the fear of pain from holding her back, Helene relied on having enough information to anticipate each step, and to move at her own pace.

“From Dr. Muench and his assistant Deb to the hospital staff and my physical therapist, everyone gave me enough information that helped me move forward, because I could focus on whatever was the next thing,” Helene says. “I thought about the challenges, and I prepared for them.”

Physical therapist Jay Ellerbusch “was a great coach. He knew how to push enough and not push too much that it gets too hard,” Helene says. Five weeks of therapy included clinic visits and exercises at home, using short videos.

Four months later, Helene was walking all around New York, including Ellis Island – powerful symbolism for someone who emigrated to the U.S. from Finland as a child.

“Before surgery, I had low-grade pain most of the time, and it was getting worse,” Helene says. “Now it’s getting better, and I can do more stuff. It’s a real milestone when people can’t tell which knee is the new one.”

And that kind of marathon is worth winning.

Our orthopedic surgeons help patients of all ages recover from injury and restore function for improved quality of life.

We’ll listen to your concerns, provide a thorough examination, and create a treatment plan that’s unique to your condition, age, lifestyle and objectives. Every treatment plan relies on advanced approaches aimed at achieving optimal results.

We also work with rehabilitation therapists and aftercare options to help you return to sports, work, school and other activities as soon as possible.

Make an appointment: 507-646-8900
Colon screening guidelines: What’s right for you?

Your decision on when to have that colonoscopy has gotten a little harder.


But 50 is still the recommendation for adults with average risk, from the U.S. Multi-Society Task Force on Colorectal Cancer.

This gives adults under 50 more information to consider. What’s the best plan for you?

“It’s important to understand the guidelines so you can decide with your provider what’s best for your own health,” says Dr. Randolph Reister, an endoscopist and a board-certified Internal Medicine physician.

What’s different?
American Cancer Society (ACS) uses research that shows colorectal cancer among adults under 55 increased 51% from 1994 to 2014. ACS estimated that 16,450 adults under 50 would be diagnosed with colorectal cancer in 2018. (Colorectal cancer for adults 50+ has gone down, thanks in part to more widespread screening.)

Because colonoscopy results are good for 10 years, to start at age 45 means catching more cancer, sooner. This is good for individuals 45-50. And it seems efficient overall.

But the Multi-State Task Force says that the number of “life years gained” is small relative to the number of colonoscopies it would add: To add 15 years of life among 1,000 people, they’d have to have 827 more colonoscopies. (Those are totals, not per person.)

The Task Force reviewed ACS’ data and chose not to change its recommendation. Task Force member organizations still recommend adults at average risk get a colonoscopy at age 50, then every 10 years.

What’s the same?
There’s one key that both guidelines have in common: It’s important for all adults to get screened.

Both recommend the same options for screening: a visual exam (colonoscopy, CT colonography, or flexible sigmoidoscopy) or a high-sensitivity stool-based test (like Cologuard). Both agree that all positive results on non-colonoscopy screening should be followed up right away with a colonoscopy. Both recommend to keep screening until age 75. (For ages 76-85, providers should consider health status, past screening results, life expectancy and individual preference.)

So, what’s best for you? It depends on your health, and your family history. Start earlier if you have these risk factors:

- History of colorectal cancer or polyps
- Inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- Family history of colorectal cancer or polyps
- Type 2 diabetes
- African-American
- Overweight, especially at the waistline
- Smoking
- High-fat diet
- Heavy alcohol use

Source: American Cancer Society

How should you decide? Talk with your healthcare provider about your risks and your preferences. Check with your insurance provider to see which guidelines they follow, and how that impacts your coverage.

Then make your own call.

The best test is the test that gets done. American Cancer Society (ACS) and American Society for Gastrointestinal Endoscopy (ASGE) both recommend the following exams; ASGE ranks them by effectiveness. Choose based on your risks (and tolerance for test methods):

Best (tier 1)
- Colonoscopy every 10 years
- FIT (fecal immunochemical test) each year

Next best (tier 2)
- Stool DNA test every 3 years
- CT Colonography every 5 years
- Flexible sigmoidoscopy every 5-10 years

Third best (tier 3)
- Capsule colonoscopy every 5 years

To schedule your colonoscopy, call 507-646-1201

* American Society for Gastrointestinal Endoscopy, American Gastroenterological Association, and American College of Gastroenterology are the U.S. Multi-State Task Force.
Erwin Kainer sees a light at the end of his tunnel. Erwin's trouble started three years ago. "I was having problems walking, bumping into walls and furniture. And it was hard to remember things," he says. "I was losing confidence, getting frustrated; I wasn't sure what was going on."

His first diagnosis was complications of aging and mild cognitive impairment. Then a neurologist diagnosed Parkinson's. "I was glad, because now I could work on something," Erwin says. "Since then, things have gotten positive for me."

The doctor ordered medication and referred Erwin to LSVT BIG® and LSVT LOUD® speech, physical and occupational therapies for people in all stages of Parkinson's. LSVT BIG® improves mobility and movement used in everyday function through physical and/or occupational therapy. LSVT LOUD® improves communication in daily living through speech therapy.

Erwin had four weeks of BIG physical therapy, then four weeks of LOUD speech therapy. "They tailored the program for my problems at the moment," Erwin says. "They told me, 'What you've got, you can improve. We'll give you some positive things to work on.'"

"The first week of BIG, we just did motion and stretching. Then I realized we were reversing the direction of my condition," he says. "Repetition and exaggerated movements got me back to where I felt more comfortable" with balance and walking, plus cognitive skills like planning and thinking ahead. "And LOUD gives me confidence that I can express myself well."

"It helped me immediately, and has given me a totally different attitude."

"It doesn't feel like hard work," Erwin adds. "After what I went through for three years, this is a blessing. It helped me immediately, and has given me a totally different attitude."

That helps Erwin address other health challenges, like hearing loss: "I blamed people for not talking loud enough. Now I'm willing to admit that it's my hearing that's the problem."

Erwin's biggest goal? "Having confidence and a light at the end of the tunnel was a big priority for me. This has given me a new outlook. My wife Marie noticed I'm a lot calmer, more sociable," he says. "She sees that I joke around more, and I'm willing to do things I haven't before."

Physical therapist Maria Bohl, DPT "is fantastic, moving right along with me in these big swooping movements," Erwin says. Speech therapist Heather Scott, CCC-SLP "is really great, helping me improve my speech quality. This has just been a totally positive experience for me."

Erwin may do more BIG and LOUD with treatment tailored to his needs at the time.

His advice? "If you're frustrated, get whatever help you can find. We're very fortunate in Northfield to have a lot of resources. Take advantage of everything you can."

Erwin Kainer gets BIG and LOUD

Erwin Kainer

IMPROVEMENT FOR PARKINSON’S SYMPTOMS

LSVT BIG® and LSVT LOUD® are each an intensive, four-week therapy program to improve ease of movement and voice quality in those who have Parkinson’s. Patients work one-on-one with physical, occupational and speech therapists. Treatment is customized to individual needs and goals; it’s effective at all stages and severity of Parkinson’s.

LSVT BIG® helps improve motor function:
• faster walking with bigger steps
• improved balance
• increased trunk rotation

LSVT LOUD® helps improve the voice:
• increased volume
• greater articulation
• higher speech intelligibility

LSVT BIG® is offered in Lakeville and Northfield Rehabilitation Services clinics.

LSVT LOUD® is offered in Northfield Rehabilitation Services clinic.

Learn more and meet our therapists: northfieldhospital.org/parkinsons-rehabilitation
Food allergies get new scrutiny

Recent studies on food allergies have gotten high-profile attention as researchers test an old method to develop new treatments for severe food allergies, especially for kids and teens.

Trial results for immunotherapy – building up resistance through tightly controlled exposure – give hope to families who stay vigilant to avoid life-threatening allergic reactions. One clinical trial, whose results were published in The New England Journal of Medicine in November, exposed children to tiny amounts of peanut protein under medical supervision, increasing in minute increments as tolerance develops. The goal: Reduce the risk that accidental exposure to trace amounts of peanut will trigger a life-threatening reaction – and ease the anxiety of living with severe peanut allergy.

“For parents of children with food allergies, this is exciting research. Even though fatal reactions to food allergens are not very common, the fear of having one really has a big impact on quality of life,” says dietitian nutritionist Kristi Winkels, RDN, LD. “While it’s not a cure, I think being able to reduce the severity of reactions through oral immunotherapy is a big step forward.”

The research won’t change how Winkels educates patients on allergen avoidance. “The goal is to avoid any kind of reaction, so strict avoidance is still the best treatment,” Winkels says. “Using substitutions like sunflower butter instead of peanut butter offers similar nutrients without the threat of an allergic reaction.”

Eventually, new treatment methods might give more confidence with foods that are at risk of contact with the allergen – snacks processed in the same factory as peanuts, for example. For now, people with food allergies should avoid foods with advisory statements about possible contact (like “May contain peanuts”), Winkels says.

Meanwhile, the American Academy of Pediatrics (AAP) has updated its recommendations for introducing infants to peanuts, a common allergen. Parents who worry that their children might develop food allergies often delay introducing those foods – but research shows it’s better to introduce peanuts early.

AAP’s new (in 2017) guidelines recommend introducing peanut protein early to infants at higher risk of developing the allergy – but not already allergic. (A skin prick or blood test, along with health history, can help your provider diagnose existing allergies.)

Infants at highest risk, those with severe eczema and/or egg allergy, should be introduced to peanut at 4-6 months once they’re eating other solid food, AAP recommends. Because peanuts and peanut butter are choking hazards, it’s best to mix peanut butter into pureed fruits or vegetables. Babies at this level of risk should be tested for allergies before eating peanut.

Infants with mild to moderate eczema should be introduced to peanut around 6 months of age, in accordance with family preferences and cultural practices, AAP recommends. Infants without eczema or food allergy are not at increased risk for peanut allergy; peanut can be introduced freely along with other solid foods.

Talk with your pediatrician or family medicine provider about your child’s diet and any concerns about food allergies.

About 1%-2% of children have peanut allergies – often severe and lifelong.
(Source: American Academy of Pediatrics)
Baileys carry confidence in birth team

Erin and Casey Bailey know that babies come with surprises.

Their first child, Carter, came three days early and was born so quickly that Erin didn’t even have time for the epidural she had planned.

With their second baby – an easy pregnancy and smooth start to labor – Erin and Casey were confident they knew what to expect. When Erin’s water broke, they came to the Birth Center at about 2:00 a.m. Around 11:00 a.m., it was time to start pushing. “I told Casey, ‘We’ll have this baby by noon,’” Erin recalls.

But the baby’s heart rate dropped with every push. OB/GYN Dana Olson, MD was concerned; she reviewed the fetal heart monitor data, consulted with the birth team, then told Erin and Casey, “I recommend a C-section.”

Dr. Olson explained each step of the emergency cesarean section. “She was really clear and very direct, which I like,” Casey says. “She took that extra 30 seconds to explain why, and what to expect. It was obviously an urgent situation, but she took the time to make me more comfortable as the dad, who never considered a C-section.”

Because Erin had been pushing, the baby was lower in the birth canal, making the C-section more challenging. Due to the position of the baby, the normal incision on the uterus extended during the delivery, requiring extra time to repair.

“No one was panicked,” Casey says. “We had two OBs and a pediatrician and six or seven nurses in there – and everyone felt under control the whole time. I was confident Erin was getting the best care.”

Casey and baby Davis were brought back to the Birth Center. “That’s when I got nervous,” he says. “I have this newborn little boy and a two-year-old little boy at home, maybe by myself if this doesn’t go well for Erin. I’m sitting there a little terrified, trying not to ask too many questions because it creates extra work for them.”

Nurse Amanda Edwards, RN stayed with Casey and little Davis. Surgical nurse Else Larson, RN is Casey and Erin’s neighbor. Before surgery, Casey asked Dr. Olson if Else would be there. Now, Else was part of the team updating Casey every 10-15 minutes on Erin’s condition.

“There isn’t any other hospital I’d rather be than here,” Casey says. “At that moment, I wouldn’t have felt more comfortable or confident – or gotten better care for my family – at any world-renowned hospital. It’s comfort from the community, and knowing that you are in expert hands.”

“I’ve had two very different experiences in the same hospital... and felt like I’ve had the best care.”

Erin’s surgery took two hours.

“I wasn’t ever scared,” Erin says. “I had confidence in the people taking care of me...and I had confidence they’d take care of Casey and Davis, too.”

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“Somebody paid attention when we said we knew Else; they knew we’d have an extra level of comfort if she was part of this,” Erin says.

The Birth Center nurses “did such a good job building a relationship with us in a compressed amount of time that we had the confidence and comfort we needed in a scary situation,” Erin says.

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