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Gabe Pastores still fights COVID. . .seven months later

Gabe Pastores is a different kind of strong now.

Gabe was a muscular, burly guy known for hauling concrete blocks, working hard, and playing with his grandkids. “I was a busy body,” he says. “I miss that.” A fit 56-year-old with no underlying health conditions, Gabe contracted COVID in November. Seven months later, he’s still recovering.

“It was a monster that came out of nowhere,” Gabe says. “I’m still frightened for my life. I don’t know where it’s going with this lung damage. That’s what this disease did to me: It took my lungs.”

Gabe spent 9 weeks in ICU on a ventilator . . . including 4 weeks on an ECMO heart/lung bypass machine, because his lungs were too full of COVID pneumonia – radiologists call it “ground glass” – to get oxygen into his body. (Patients who need an ECMO machine usually need it for only a few hours or days.) He was on slow-drip dialysis to save his kidneys. After ICU, he spent 5+ weeks in a rehabilitation center. Now, Gabe gets nursing care, physical therapy and occupational therapy at home. He’s on oxygen all the time.

“This is going to be the hardest part: getting better,” Gabe says.

Gabe is strong in spirit and determination. He is weak in his lungs, his muscles, his stamina. His therapy goals? To get up and walk. To sit up straight. “I can get in and out of the house now,” he says. “I get to sit outside finally.” His wife Cindi nods: “You’ve made a ton of improvement.”

Gabe used to make breakfast every morning. Now it’s a victory to fry a single egg. “I just really miss cooking. I miss doing the yard work, I really do. I miss walking my dog,” Gabe tears up. “I miss it a lot.”

Gabe wants people to understand that “this sickness

“If Gabe hadn’t gotten sick, I’d probably be on the fence about getting vaccinated. But this disease affects us all.”

Cindi Pastores, Cannon Falls
This sickness just comes in. I was healthy, and it almost did me in.”

Gabe Pastores, Cannon Falls

just comes in. Someone at work had it, and I said ‘hi’ to the guy from six feet away and I got it,” Gabe says. “I was so careful at work, wearing a mask and always washing my hands. I was healthy, and it almost did me in.”

Gabe was planning to tell his boss that he wanted to stop work for two weeks when COVID cases were spiking last fall “because I was jeopardizing my wife, my dad and my daughter. I was going to tell him, whether you fire me or not, I’m going to take some time off until this calms down, but I was too late.”

The whole family got COVID: Gabe’s 96-year-old father, their daughter, and Cindi – who has multiple sclerosis that puts her at high risk of severe illness.

“It’s so hard when you hear people say, ‘This disease isn’t that bad, it’s just like the flu’ and for people to just nonchalantly be so careless with other people’s lives when they don’t understand how devastating this can be,” Cindi says.

“I know a lot of people who totally changed their tune about wearing masks after hearing Gabe’s story. They had no idea what a person could go through,” she adds. “Do people really want to risk their own lungs and their heart because they don’t want to wear a mask?”

Gabe and Cindi will get vaccinated when they can. Gabe must wait until his system is clear of drugs used for his COVID treatment; Cindi must balance vaccination with her MS care, since side effects might make her MS flare up.

“If Gabe hadn’t gotten sick, I’d probably be on the fence about getting vaccinated,” Cindi says. “I don’t like the idea of our country saying, ‘You have to do this, or you can’t do that.’ But this disease affects us all. I’m not on the fence anymore. I almost lost him. It’s just not worth it.”

For now, Gabe’s strong spirit keeps him going. “I will press on. I will drive again. I will work in the yard again. I will cook again. I will walk my dog again,” he vows.

“Ain’t nothing going to keep me down.”
Vaccination status: Before a

Still deciding about getting vaccinated? Here are some things to consider.

By Katherine Helgen, MD and Jennifer Fischer, MD

The vaccines are safe.
The science behind Pfizer’s and Moderna’s vaccines (messenger RNA) has been in development for over a decade. All the steps of research and testing were followed to establish their effectiveness. Clinical trials had tens of thousands of volunteers rather than a few thousand, for more data in a shorter time.

Why so fast? Because the whole world is at risk. Leaders poured resources into safely solving a global emergency.

Over 95 million people in the U.S. have been fully vaccinated, safely. (140 million people have had at least one dose, as of May 1.)

The vaccines are effective.
Getting both doses of Pfizer or Moderna reduces your chance of getting COVID by 95%. (The small percent who do get COVID have a mild case.) Plus, the vaccines are almost 100% effective in preventing severe COVID disease and death.

Side effects are usually mild, and don’t last long.
You might have fatigue, headache, achiness for 1-2 days. (If you’re exposed to COVID and aren’t vaccinated, you’re in quarantine for 10 days.) Vaccination is the lesser of two inconveniences.

COVID vaccines cannot alter your DNA.
mRNA does not affect or interact with your DNA in any way. It never enters the nucleus of the cell, where DNA is kept. Instead, the vaccine uses mRNA to work with the body’s natural defenses to safely develop immunity.

You can spread COVID without even becoming sick yourself.
You might not be at high risk for becoming seriously ill or dying from COVID, but we all have a responsibility not to spread it to others who are at high risk. The more people who get vaccinated, the fewer people there are to spread COVID.

Vaccines are the best way to develop immunity as safely as possible.
COVID will continue to exist, a viral illness in our world like chickenpox, measles, and influenza. We will all need to become immune to this virus at some point in our lives. Science shows that vaccination is the safest way to build immunity.
We must reach herd immunity before COVID will stop spreading.

We need around 80% of people immune from catching or spreading the virus. You get immunity from vaccine (the safest option) or from having COVID. You can:

• Get vaccinated
• Get COVID
• Rely on the vaccination and immunity of others if you truly cannot get vaccinated

Widespread immunity helps us get back to normal.

When about 80% of the population is vaccinated, the country will develop widespread immunity that protects us all. The sooner we each get vaccinated to protect our family, friends, and neighbors from COVID, the sooner we can safely resume our lives, and be with loved ones.

It is safer for pregnant people to be vaccinated than to have COVID.

Pregnant people are more likely to get severely ill with COVID . . . and are not at higher risk of problems from COVID vaccines. A study published April 21 in the New England Journal of Medicine adds to evidence that COVID vaccines are safe for pregnant people. The study of 35,691 pregnant people (ages 16 to 54) who got vaccines that use mRNA (Pfizer and Moderna) found no obvious safety concerns for the mothers or their babies.

VACCINATED? GREAT!

“"We expect to see increasing openness for vaccinated people: attending sporting events and concerts, travel, fewer restrictions at work. There are privileges of being vaccinated.

“It’s an absolute reality that people who are not vaccinated are higher risk to others and need to be treated differently.” Dr. Helgen says.

Here’s what you can do now:

• Be outdoors without a mask (keep it on in crowded places)
• Gather indoors with fully vaccinated people without a mask or staying 6 feet apart
• Gather indoors with unvaccinated people from one other household without masks or staying 6 feet apart...unless someone from that household is at high risk due to age, health conditions, pregnancy
• Travel in the U.S. without testing or quarantining (International travel? You need a negative test result or proof of recovery from COVID before returning to the U.S.)

If you’ve been around someone with COVID, you don’t need to quarantine or get tested unless you have symptoms.

Here’s what you should keep doing:

• Wear a mask indoors in public...on public transportation...with unvaccinated people at high risk
• Avoid big gatherings indoors
• Watch for symptoms, especially if you’re around someone who’s sick
• Get tested if you have symptoms
• Follow your workplace’s precautions

(Source: CDC; May 1, 2021)

Guidance will keep evolving. Follow CDC updates: bit.ly/cdc-COVIDguidelines
Vaccination: Before and after

Getting COVID poses a bigger risk: Pregnant people who get COVID are at higher risk of severe illness or death, and COVID can affect your baby’s health. There is no evidence that COVID vaccination causes any problems with pregnancy, including the development of the placenta. There’s also no evidence that fertility problems are a side effect of any vaccine, including COVID vaccines.

CDC recommends that pregnant people consider risk of exposure to COVID; the increased risk of severe infection while pregnant; the known benefits of vaccination; and the limited but growing evidence about the safety of COVID-19 vaccine during pregnancy.

Get vaccinated with NH+C

Call 507-646-8019 to schedule your appointment.

We will schedule your first and second doses (3 or 4 weeks apart) when you call.

NH+C’s goal is to vaccinate people in our community as broadly and efficiently as possible. We are committed to serving all members of our community.

Learn more: bit.ly/nhc-COVIDvaccine

Straight Talk

“Why are you in such a hurry to vaccinate me?”
The virus will continue to grow as long as there are bodies/carriers to spread it. By vaccinating as many people as possible as quickly as possible, we stop the paths the virus can travel. This is the best way to end the pandemic.

— Jennifer Fischer, MD

“COVID’s not that bad. I’ll take my chances.”
Maybe. Why risk it? COVID could mess you up for a long time. Get vaccinated so that a year from now you can taste and smell and enjoy food, you can exercise, you can travel, you can be with loved ones. Protect yourself against chronic heart or lung disease. Give yourself the freedom of staying healthy.

— Katherine Helgen, MD

“I’m being treated differently because I’m not vaccinated. That’s not fair.”
Anyone who is not immune can get and spread virus. This is about personal and public safety. Ask yourself what you can do to be part of the solution. Each person needs to take precautions to not catch or spread the virus. Vaccination is the surest way because it makes you immune to the virus. Without it, you must rely on masks, distance, and isolation to keep yourself – and others – safe.

— Jennifer Fischer, MD

It’s an absolute reality that people who are not vaccinated are higher risk to others and need to be treated differently.

— Katherine Helgen, MD

Getting COVID poses a bigger risk: Pregnant people who get COVID are at higher risk of severe illness or death, and COVID can affect your baby’s health. There is no evidence that COVID vaccination causes any problems with pregnancy, including the development of the placenta. There’s also no evidence that fertility problems are a side effect of any vaccine, including COVID vaccines.

CDC recommends that pregnant people consider risk of exposure to COVID; the increased risk of severe infection while pregnant; the known benefits of vaccination; and the limited but growing evidence about the safety of COVID-19 vaccine during pregnancy.
Here’s what her COVID vaccination was like.

“It was a really hard decision for me to get vaccinated while breastfeeding. My original plan was to wait another month or two as more people got vaccinated, to see that everyone was doing okay.”

“I knew that I wanted to, for a lot of different reasons. My baby would get antibodies from my immunity, through my breast milk. My husband and I both work and our baby is in daycare, and his classroom had been shut down twice for potential COVID exposure. I wanted to do anything I could to protect him.

“The other big reason was to see family. The few times we did get together (outside, with precautions), we were the dangerous family – potentially exposing them to COVID. We were risking everybody.

“I had minor side effects with my first dose, slight pain at the injection site for a few hours and a bit of a headache; then with the second dose about a week of fatigue and some nausea.

“The vaccine had no impact on my breast milk supply, and my son was fine, not fussy or anything. I found that reassuring.”

Jessica helps patients with their decision, too.

“I totally understand the hesitation. When I talk with patients who are pregnant, we talk about benefits and risks, balancing everything we know about getting COVID in pregnancy: pregnant women have a higher risk of pre-term birth, and are much more likely to get sicker, and potentially end up in ICU. And if you get COVID while breastfeeding, you have to take care of a baby while you’re sick, and deal with masking and precautions while caring for your baby.

“I realize it’s a really hard decision, but I do recommend getting vaccinated, both in pregnancy and while breastfeeding.”

“I chose to get vaccinated to get back to normal life and end this pandemic. I know this is the only way.”

Jessica Bohren, APRN, CNM is a certified nurse midwife at NH+C. She sees patients in the Women’s Health Center and delivers babies in the Birth Center at Northfield Hospital.
Beverly Bechly chose Northfield Hospital from 101 miles away.

Beverly and Anthony moved to Clear Lake, Iowa while Beverly was pregnant. “I only had a couple months to find somewhere that I felt comfortable to give birth,” Beverly says.

The closest option was in Mason City, a 20-minute drive away. But Beverly was uncomfortable with the facility’s reputation; plus, emergency care was a helicopter flight away.

“I like to take a natural approach as much as possible – I’m all about the hippy dippy stuff,” she laughs. “But I wanted to be sure that if something happened, we had other options.”

She researched every hospital within an hour and a half from home . . . and chose Northfield Hospital.

“I liked the location, and everything Northfield Hospital has to offer – the Water Birth Suite, natural childbirth, pain management including nitrous oxide – and a dedicated cesarean suite if we needed it. That was important to me,” Beverly explains. And when she called the Birth Center with questions, “they really knew what they were talking about.”

“She did a lot of research and knew what she wanted, and she found it all here,” Anthony says.

Pre-natal care at the Women’s Health Center – with certified nurse midwife Jessica Bohren, APRN, CNM – sealed the deal for Beverly. “They were very calm, cool and collected, very informative, and I really appreciated that. And Jessica gave us great continuity of care. She’d see me on her lunch break, because I was coming from so far away.”

Beverly commuted 101 miles (one way) for pre-natal appointments. (Anthony joined her for ultrasounds.) When labor began, she felt confident about timing the drive. “Working with Jessica, the whole idea is to trust your body and trust yourself,” Beverly says. So she slept between contractions, then called the Birth Center as labor progressed. “When it was time to leave, we got in the truck and my water broke instantly,” she laughs. “The drive was beautiful. We watched the sunrise, and we were super excited.”

The team was ready when Beverly and Anthony arrived. “Everyone was super sweet. Jessica was in and out during labor, which was fine. I trusted the

“I like to take a natural approach as much as possible. But I wanted to be sure that if something happened, we had other options.”

Beverly Bechly, Clear Lake, Iowa
Beverly settled into the Water Birth Suite, with a yoga ball and nitrous oxide. “Nitrous doesn’t take the pain away, but it helped me manage it,” she says. “The tub and the nitrous together was a lifesaver.

“I felt positive, and calm,” Beverly recalls. “I trusted my body, and Jessica kept reminding me that my body knows what it’s doing. Anthony was amazing, reminding me that I’m strong. It was a great team.”

Oliver was born in the water. “I held him skin to skin for a half hour before we got out of the tub,” Beverly says. Anthony adds: “It was all very calm, very smooth. The whole experience exceeded our expectations.”

The family moves a few times a year for Anthony’s work as a wind turbine engineer. Beverly is hoping to have Oliver’s pediatric appointments at NH+C before they move again. “I don’t want to go anywhere else,” she says.

Her advice for expectant parents? “Be flexible, be realistic, and be proud of whatever experience you have. It’s a lot of work and a lot of energy, but ultimately if the baby is born healthy, you can’t ask for more than that.”

Watch Oliver’s first moments: northfieldhospital.org/beverly-bechly
Unlike some around here, Rebecca Gummow didn’t grow up skating. So when she lost her balance on the ice, Rebecca fell with her legs crossed “in an awkward curtsy” and landed on her ankle . . . hard. “I could feel the snap and the pop” of bones breaking, she says. “I took my skate off right away because the swelling was instantaneous and intense.”

In the Emergency Department at Northfield Hospital, Dr. Jennifer Block reviewed x rays and consulted with orthopedic surgeon Hans Bengtson, MD to diagnose a trimalleolar ankle fracture: the breaking of the ankle bones in 3 key places. It’s a painful break that requires surgery to realign and stabilize the fractures.

Dr. Block and the ED team set Rebecca’s ankle and splinted it. Dr. Bengtson made plans for surgery once the swelling was down. “Dr. Bengtson was so chill about everything,” Rebecca says. “He’s like, ‘We do this all the time.’ It was really reassuring.”

A trimalleolar fracture might be common, but can be complicated. Dr. Bengtson repaired the fracture using two screws and a small rod to stabilize two of the three main breaks. In Rebecca’s case, that stabilized the joint and allowed the third fracture to heal spontaneously.

“I woke up from surgery and my leg didn’t hurt at all,” Rebecca recalls. “I was so overjoyed because it had been in some form of pain for a week. I was just so happy it didn’t hurt. The nurses in the surgery department were really kind. They were patient with me coming out of anesthesia, and I felt really well cared-for and safe.”

“Trust the team. They know what they’re doing.”

Rebecca Gummow, Northfield
Rebecca Gummow skated through ankle surgery

Rebecca was completely back on her feet (er, foot) in 12 weeks. As a personal trainer with strong physical conditioning, she was able to start physical therapy two weeks after surgery, and was bearing weight on her ankle 8 weeks after her fall (6 weeks after surgery). Therapist Nathan Prissel, DPT led Rebecca through range of motion exercises and gentle stretching, with scar tissue massage to reduce adhesions. As Rebecca’s ankle healed, Nathan gradually added resistance and balance exercises.

The whole experience “was really, really good – the Emergency Room, the surgery, the physical therapy. The staff was so compassionate,” Rebecca says.

Dr. Bengtson “was really positive and reassuring . . . and also very humble,” Rebecca says. “I tried to give him a compliment on the results of surgery, and he turned the compliment back to me.”

From the Emergency Department through surgery and recovery, “I wanted to avoid opioids,” Rebecca says. “They gave me options, let me make my decision, and respected it.”

Her care team used a short-term pain medication to set her bones in the ED, and then a nerve block for surgery that lasted a few days while swelling went down, alleviating any painful pressure inside her cast.

Rebecca’s advice for amateur athletes? “Learn how to fall properly,” she laughs. Then says seriously: “Trust the team. They know what they’re doing. And don’t be afraid to ask questions. Everyone I spoke with was more than willing to take extra time to answer any questions I have. It was a great show of respect to me as a patient.”

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Dr. Fulco is ready to sail.

Our senior General Surgeon at NH+C is retiring after 30 years as a surgeon . . . and 16 years creating and leading NH+C’s General Surgery department.

Dr. Fulco came to NH+C in 2005 – a time of growth at the newly built hospital, with fledgling practices in Orthopedics and OB/GYN, plus the beginnings of primary care. General Surgery would be a whole new venture for NH+C.

“It didn’t make sense for an academically trained surgeon to be in a community hospital,” Dr. Fulco says. It took a year of persuasion, but CEO Ken Bank and Chief Nursing Executive Mary Quinn Crow “convinced me that this might be a reasonable experiment. So I took a leap of faith.”

Dr. Fulco liked the idea of starting something new: “My goal was to make this the place you wanted to come to for surgery, not the place you came to because it was in your backyard.”

His first case in Northfield was a laparoscopic colon resection – using techniques new for surgeons across the country, and certainly in Northfield. “I was fortunate to be at the forefront of laparoscopic surgery” in the U.S. – smaller incisions, faster healing, quicker recovery. That first patient went home after three days . . . not the typical week required for traditional open surgery. “That created a buzz” among Northfield Hospital leaders and physicians,

Dr. Fulco recalls. Soon after, he performed NH+C’s first thyroid surgery – sophisticated care for a community hospital.

The surgery practice grew steadily. Then the Allina surgeon who had backed up Dr. Fulco moved away. As Northfield’s lone general surgeon, Dr. Fulco provided 24/7 emergency surgery coverage – alone – for six months.

Full-time coverage was crucial to the quality of care Dr. Fulco wanted to provide for the community: “I didn’t want this to be a part-time surgical place.” That 24/7 coverage meant expert care was available all the time, whenever patients needed it.

Dr. Fulco found a kindred spirit in Dr. Chris Nielsen, who joined NH+C in 2010 and led the development of endoscopy care and the new Surgery Center. Together, they grew surgical care at NH+C with an ever-widening range of laparoscopic procedures (gastrointestinal, hernia repairs, appendectomies), plus breast care, a priority for Dr. Fulco.

“Everything we needed to provide top-notch breast care was here: imaging, pathology, oncology, an excellent operating room crew and anesthesia,” he recalls. “All it needed was a champion.”

Dr. Fulco has been that champion.
The Breast Care Center has flourished under his leadership. “What I may be most proud of is establishing the Breast Cancer Support group,” he says. “It is very special to me.”

Surgeon Katya Ericson, MD, FACS joined General Surgery in 2014. “She brought a woman’s perspective, and a new training experience” that complemented Drs. Fulco and Nielsen’s years of experience. “She made us complete.”

Dr. Ericson has special interest in thyroid and adrenal disorders, breast care, upper endoscopy and colonoscopy, gastrointestinal care, and skin surgery (including melanoma).

“I want this to be a major medical center where we do a full range of surgery. I think we have succeeded at that.”

Jose Fulco, MD
Dr. Jose Fulco

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NH+C recruited surgeon Ellie Cohen, MD to keep up with its growth. “By then, our reputation was metro-wide, and she wanted to come here,” Dr. Fulco recalls. “If there was a moment it felt like we had made it, that was it: Knowing we had a strong reputation among surgeons.”

Dr. Cohen was set to join NH+C in 2019, with special interest in breast care, hernia surgery, soft tissue surgery, plus gastrointestinal and colorectal care.

Then Dr. Nielsen passed away suddenly. “That changed everything,” Dr. Fulco says. “It was painful for everyone, and still is painful.”

NH+C approached Dr. Ashley Marek, a surgical intensivist with special interest in endocrine surgery, hernia surgery and gastrointestinal care. She joined NH+C in early 2019 from Hennepin Healthcare. Like Dr. Fulco and Dr. Nielsen, she was dissatisfied with the impersonal feel of a big metro practice, and liked the familial feel of NH+C that Dr. Fulco has nurtured.

“Here, I can spend as much time with a patient as I want. I can call them on weekends or when I’m on vacation, to give them results and see how they’re doing,” Dr. Fulco says. At the same time, “I want this to be a major medical center where we do a full range of surgery. I think we have succeeded at that.”

As this new generation of surgeons take the reins, they’ll continue that tradition of personal attention plus surgical skill. “We established an atmosphere of surgical care that is compassionate and cutting edge, and now I’m leaving it in remarkably capable hands,” Dr. Fulco smiles. “I have every confidence they will succeed.”

Meet our surgeons: bit.ly/nhc-surgery
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Lakeville Clinic
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Lonsdale Clinic
103 15th Avenue SE, Tel: 507-744-3245

Northfield Clinic
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2018 Folio Award winner

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WE'RE ONLINE