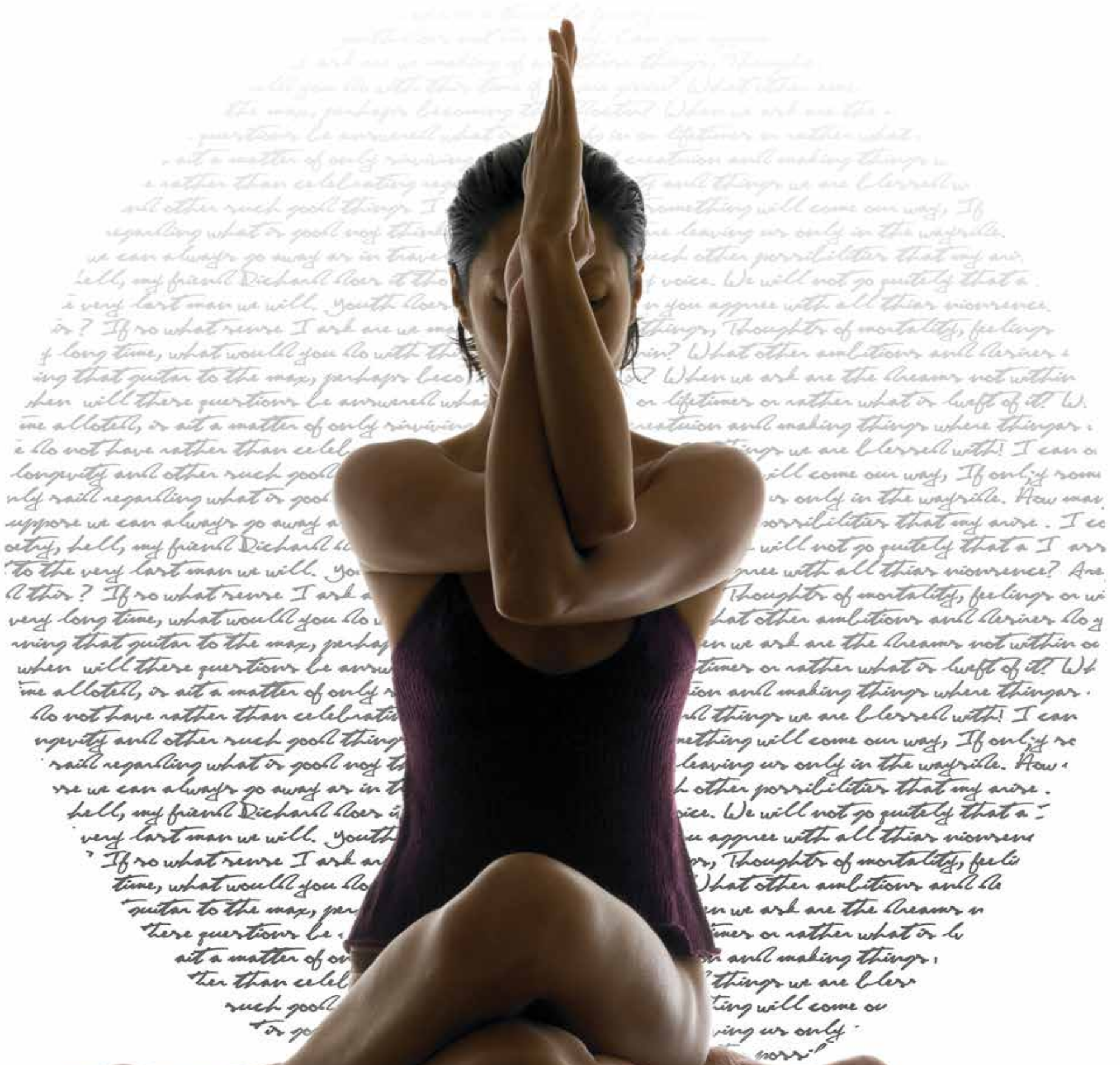


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Elective Procedures Get Easier—with Better Results

By Jane Adler

Advancements in elective procedures are providing new and more effective ways to improve one's health—and looks.

For those struggling to lose weight, safer outpatient procedures are available when diet and exercise alone don't work. Last year, the Food & Drug Administration approved the use of gastric balloons. A small balloon is inserted through the mouth into the stomach, and then filled with a saline solution. The balloon takes up about as much space as a grapefruit so the patient feels full and eats less. The entire procedure takes about 20-30 minutes and does not require a general anesthetic.

"This is the newest nonsurgical medical intervention," says Dr. Rami Lutfi, director of the Chicago Institute of Advanced Bariatrics at Presence St. Joseph Hospital, which is part of Presence Health, a large healthcare network in Illinois.

The balloon is removed after six months. Patients typically lose anywhere from 25-55 pounds, Lutfi says. Studies show that about half the patients maintain their weight loss after the removal of the balloon.

Other options may be more effective, however, Lutfi says.

The sleeve gastrectomy, or gastric sleeve, accounted for 54 percent of all weight-loss surgeries in 2015. The procedure involves reducing the size of the stomach to form a kind of sleeve. The smaller stomach holds less food and helps reduce hunger.

The gastric sleeve procedure is typically not performed on an outpatient basis. But recovery time is short because the minimally invasive procedure requires only several small incisions in the abdomen.

"The results are great," Lutfi says.

The gastric sleeve procedure has almost the same outcome as the more complex gastric bypass surgery without the dangers associated with a bypass, Dr. Lutfi says. Also, gastric sleeve surgery has almost replaced so-called lap-band surgery, which was popular in the 1990s.

On average, people lose about 60 percent of their excess weight after gastric sleeve surgery. The actual amount of weight lost will depend on the patient's size and whether or not the person maintains a healthy diet and exercise routine.

Lutfi emphasizes that weight-loss procedures are not a cure. Obesity, which is expected to rise to nearly 43 percent of the U.S. population by 2018, is a chronic disease. The surgery is a powerful tool in the fight against obesity, Lutfi says, adding, "You have to change your behavior."

His patients work with a psychologist, a dietician, an exercise physiologist and several nurses who follow patients after surgery. Lutfi's best advice: "Find a comprehensive program. Diet and exercise are the backbone of any attempt to lose and maintain weight loss."

It's important to point out that insurance will pay for medically necessary elective surgeries, but not for ones that aren't, such as plastic surgery. For example, the gastric balloon procedure is not considered medically necessary and costs about \$7,200 at Silver Cross Hospital in New Lenox. Other weight-loss surgeries offered at the facility are covered by insurance, says Dr. Christopher Joyce, medical director of bariatric surgery at Silver Cross.

COSMETIC IMPROVEMENTS

Liposuction to remove excess fat tissue continues to be a popular option. In fact, liposuction was the second-most-popular cosmetic procedure in 2015 with 222,000 cases nationwide, according to the American Society of Plastic Surgeons.

Those near their goal weight are the best candidates for liposuction and the most likely to see lasting results, according to plastic surgeon Dr. Lorri Cobbins at The Aesthetic Institute of Chicago.

Liposuction can remove stubborn areas of fat that don't respond to diet and exercise. But those hoping the procedure will permanently remove a lot of excess pounds will probably be disappointed, Cobbins says. "That's where people go wrong."

Advances have been made in nonsurgical cosmetic fillers or so-called injectables. A recent television ad that's getting a lot of attention promotes Kybella, a new treatment for double chins. An acid that destroys fat cells is injected into the neck over the course of several treatments. The full effects are not seen for 12 weeks.

“Not everyone is a candidate,” Cobbins warns. Kybella doesn’t work on people with excess skin, or those with a large amount of fat. The treatment can be an alternative to liposuction, however, though it may be more expensive than surgery. “People need to weigh the options,” Cobbins says.

The FDA approved a new filler in June called Vobella that’s used to plump the lips and erase lines around the mouth. Its effects last up to a year, compared to six months for other fillers.

Another notable advance: upper eyelid surgery to reduce a droopy look can now be done while the patient is awake under a local anesthetic. “It’s very popular,” says Cobbins, who praises Chicagoans for preferring a natural appearance. “There are not a lot of over-the-top looks here.”

FAST RECOVERY

Elective joint replacements are expected to skyrocket as baby boomers age. It’s estimated that 3.48 million knee replacements will be performed annually by 2030.

But advances in post-surgical treatments should help reduce recovery time.

Skokie Fire Chief Jim Walters had a total knee reconstruction in 1978 after a football injury. He knew his knee would eventually have to be replaced, and several years ago he decided to have the surgery.

After the operation, Walters spent 10 days at Alden Estates of Skokie undergoing a robust rehabilitation regimen. His goal was to achieve a better range of motion than his knee had prior to the surgery. “The treatment was phenomenal,” Walters says. His knee is now more flexible than it was before surgery.

New research shows that physical therapy prior to surgery, or “prehab,” can reduce recovery time. Aggressive rehab after surgery also helps speed recovery.

The average length of stay at Alden Estates of Skokie, which specializes in orthopedic rehabilitation, is seven to 10 days after a joint replacement, according to Ashley Floyd, administrator of the facility. Young patients may only stay three to seven days.

Patients receive physical therapy three times a day, seven days a week. Sessions focus on strength and balance, everyday tasks such as walking up stairs, and occupational therapy, if needed. A special icing regimen is used after workouts to soothe joints.

“The transition to home is much faster today,” says Tene Tillery, director of post-acute rehabilitation programs for the Alden Network, which has more than 20 facilities in the Chicago area.

Patients often continue physical therapy at home for several months, according to physical therapist Konrad Koczwar, owner of Counterforce Physical Therapy, a clinic in Chicago, and president of Chitown Trainer, a training and wellness service. He typically works with patients after a joint replacement two to three times a week for 12-16 weeks. He works with patients before surgery, too. Treatments are focused on fine-tuning physical functions such as coordination and flexibility. “It’s important for lasting changes,” Koczwar says. ■



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Latest Fitness Craze: *It's Personal*

By Jane Adler

After working in front of a computer screen for 10 years, energy trader Bryant Sze found his energy flagging. He'd put on weight, and every few months he threw his back out trying to pick up his four-year-old son.

Determined to be an active dad, Sze found himself trapped in a frustrating cycle. He'd work out, overdo it, and injure himself. "It was not a healthy lifestyle," says Sze, who works in Chicago for Ulysses Commodities, a Houston-based startup.

Sze decided to get in shape and avoid the injuries by hiring an experienced trainer from Chitown Trainer, a company that provides on-demand personal trainers.

After working out three times a week for six months with a trainer—and being held accountable—Sze has vastly improved his strength and flexibility. He even has energy after a day at work. "I have my life back," says Sze. "I can play with my kid."

Fitness trends come and go, but workouts lately focus on a customized approach. Regimens are tailored to the individual's personal goals, even in group classes.

Technology plays an important role. Wearable monitors and apps help chart individual progress from calories burned to target heart rates and percent of body fat shed.

Chitown Trainer has an app that includes video demonstrations of workouts. Data can be downloaded to spreadsheets to analyze results. "It's becoming very popular," says Konrad Koczwara, a physical therapist and president of Chitown Trainer, which offers individualized training programs, group exercise classes and nutritional assistance.

Wellbeats is a popular video system distributed by Chicago-based Direct Fitness Solutions. The system consists of on-demand video classes

of varying intensity taught by professional instructors of activities such as yoga, dance, Pilates and cycling.

Participants browse an app on their phone and pick the class that interests them. "You can find whatever kind of fitness instruction you want," says Chris Gallagher, regional sales manager at Direct Fitness Solutions.

New workout technology is featured in the corporate fitness centers designed by Chicago-based LifeStart, which has 61 centers in 10 states. No longer hidden in the basements of office buildings, LifeStart's large fitness centers are highly visible amenities geared for the millennial workforce.

Computers are integrated into the cardio equipment at LifeStart centers. Users can access the internet and stream video. Apps also link to the equipment.

Wearable monitors help instructors evaluate individual workouts. "Instructors can work with the person to make improvements," says Mike Flanagan, LifeStart CEO.

Individual progress can be uploaded to displays or leaderboards to create challenges. "We're combining a virtual layer and a physical layer," says Scott Campbell, chief technology officer at LifeStart. "The goal is to keep everyone engaged."

While individual fitness is the goal, small group classes are growing in popularity. Yoga tops the list, trainers say, followed by cardio kickboxing, a regimen that combines martial arts with a fast-paced cardio workout.

Another popular offering by Chitown Trainers is high-intensity interval training. Participants alternate short periods of intense aerobic exercise with rounds of lighter activity. Spinning, for example, might be followed by gentle weight lifting. "We customize the workout based on the person's needs," Koczwara says. ■

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Upgrade Your Physical

These executive physicals pack a year's worth of wellness into just one day

By Gretchen Kalwinski

Too many hard-working executives prioritize their business over their health. To counter this tendency, some companies are offering executive physicals as a smart perk to management. These exams pack myriad appointments into just one day, so execs can minimize the time they'd spend waiting in doctor's offices—and get back to their critical tasks.

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There are several high-profile executive physical offerings in the Chicago area. Northwestern Memorial Hospital's program includes five internists plus exercise physiologists and a dietician. According to Medical Director Dr. Lorrie Elliott, they offer a spectrum of specialists—from dermatologists to neurosurgeons.

The process begins four to six weeks ahead of the visit, when an internist talks with each patient for 30 minutes.

"This is to get to know the patient and determine their concerns," Elliott says. "When they come in, it's a full day pre-scheduled."

So what typically happens during that day? "First, we do comprehensive blood work," Elliott says. "We measure body fat percentage in a machine called the 'bod pod,' which is highly accurate in terms of determining body fat percentage—so you can know if your BMI is high because you're Sylvester Stallone...or not."

They may do a hearing and vision screening; then patients spend an hour with an internist.

"We're trying to get a patient snapshot," Elliott says, "and think how their care is encompassing stress management, sleep, exercise, diet and relationships."

Northwestern also encourages patients to meet with an exercise physiologist and dietician for consults on living a healthy, active life. The physicals have two other slots that can be used for additional testing, such as mammograms.

Elliott says patients often use this exam not only to get their "annual tune up" (i.e., their yearly skin-check exam), but for appointments they haven't been able to squeeze into their schedule.

"Some will say 'My knee has been bothering me for months but I haven't had a chance to get in,'" she says. "This is a good opportunity to get it done."

At day's end, internists go over results with patients for 30-60 minutes. Each is given a snapshot of where they are health-wise, along with a roadmap and customized plan for improvement.

"No one just wants to hear, 'Exercise and eat more vegetables,'" Elliott says. "It's better to say, 'Instead of Cheerios, try one of these higher-fiber cereals and frozen blueberries.' Actionable steps help change behaviors and improve long-term health."

Patients can touch base anytime over the following year to ask for more recommendations around exercise or brain-training. "We really want to have that relationship, to help keep them progressing down the path," Elliott says.

The amenities are plentiful. Patients get their own suite with a bathroom so they can work, shower, or check emails during downtime. They have assistants who escort them to appointments and they are given a healthy breakfast and lunch that models what their meals should look like.

"Basically," Elliott says, "we give them the amenities available in a high-end hotel."

Prices vary according to what the company sponsors. Some companies cover everything; others cover part, but send a portion to insurance. There can also be a portion not paid by insurance, which is sent to the corporation or the individual.

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Executive Medical Services of Chicago, helmed by Dr. Robert Noven, offers a different approach. Noven, the former medical director at Northwestern Executive Health, says these physicals are an efficient way for people to get a comprehensive checkup that isn't rushed.

"Nowadays, you've got the 10-minute physical—after a 45-minute wait. To me, that's not acceptable," Noven says.

His program includes elements that go beyond a physical exam. He focuses on the long-term patient relationship. Noven prides himself on carefully considering which testing to order, and being cost-conscious.

“What I’m doing now is more of a pay-as-you-go model. People pay according to how much time they need, and I don’t order what’s unnecessary. I do lab testing at a dramatically reduced price.”

Noven’s typical patient is someone 50-60 years old. “Unfortunately,” he says, “most business leaders are male, so they’re usually men who’ve been working too hard and aren’t monitoring their health.”

Because Noven’s program doesn’t have bells and whistles – for example, no meals or spa services – his prices tend to be lower than others. He offers a comprehensive history and physical examination for a \$210 flat fee and can include other testing, (EKG, audiogram) for \$25 each. He can expedite tests and referrals through Northwestern.

“I try to avoid unnecessary items that look nice but increase the price without adding value,” Noven says. “And I keep in touch with patients through ongoing email communication.”

Simplicity helps Noven keep costs down. “It is really an older model of a comprehensive physical,” he says. “The costs are transparent and the relationship is between me and the patient. That relationship is the extra value my practice provides.”

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The Mayo Clinic’s executive health program has been around longer than most. According to Dr. Robert Orford, who has been at the Arizona location since 1972, it unofficially launched in the 1920s as Mayo developed the first large group practice in the United States. It soon brought in patients from Chicago and California and began servicing such luminaries as Henry Ford. Around 1970, the executive physical became an official offering.

Orford’s program sees about 3,700 patients annually and he says its main purpose is allowing patients to move rapidly through the medical system.

Blood testing is done first, then x-rays, if needed. Then, the patient has consultations depending on their needs. If they have a condition like diabetes they’ll see an endocrinologist or cardiologist. If they’re over 50, they’ll usually undergo a colonoscopy.

“It’s everything you’d do as part of a general examination,” Orford says, “but done very quickly.”

Mayo’s patients tend to be about half corporate executives and half professional service providers, such as attorneys and accountants. They come from all over the world: More than 40 percent of patients are in-state; 50 percent are from other U.S. states, and about 10 percent are international.

Mayo’s ability to offer expedited exams can be crucial if a time-sensitive issue is found.

“A man came in and I found a mass in his testicle,” Orford says. “I arranged for an ultrasound that morning and brought in a urologist. It turned out he had testicular cancer, and I was able to clear him for surgery the very next morning.”

These comprehensive exams aren’t just a breath of fresh air for patients, but for physicians, too.

“It’s nice to be able to sit down and talk to people and help them with lifestyle changes instead of rushing from patient to patient,” Northwestern Memorial’s Elliott says. “I find it really rewarding.” ■



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