



UI Otolaryngology Newsletter Winter 2012

The CommENTator



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THANKS TO THE UI OTOLARYNGOLOGY COCHLEAR IMPLANT TEAM

She Hears Her Own Voice

According to the Children's Hearing Institute, at least a million children are deaf or have a communication disorder. Many are infants and small children, whose development and language skills can be significantly affected. Early diagnosis and treatment – including cochlear implants, now used by about 19,000 children under 18 – can have profound effects. Just ask Sara Kowalski.

The nine year-old Chicago fourth-grader is a happy cochlear implant recipient. She benefited from the full range of services the University of Illinois Hospital & Health Sciences System provides. Diagnosis, surgery/implantation, and audiology/speech pathology treatments – have helped her develop speech-language skills to succeed in a mainstreamed school.



Dennna Kattah Matusik, Au.D., Sara Kowalski, Monika Kowalski, & Melanie Velianoff

The hospital's Cochlear Implant Team, which includes ENT, Audiology, and Speech-Language services, provides patients and their families with the entire range of possible treatments – from intervention with hearing aids and/or cochlear implants to using a sign language-only mode of communication.

Though initial screenings at another facility suggested normal hearing at birth, Sara never heard well, said her mother, Monika. Sara cried more than expected, and her parents believe she may have acquired hearing problems at a very early age, perhaps from a fall.

Though Sara had shown some verbal communication, Monika said she stopped after she turned two, and sometimes wouldn't respond to her name. After tests at other health facilities still left the Kowalskis unclear about Sara's condition, they brought her to UI Otolaryngology and then to UI Audiology where testing found that she had bilateral profound sensorineural hearing loss. From there, ENT and Audiology experts in the Department took over, performing cochlear implant surgery and doing aural habilitation that continues today, five-plus years later.

Going from a hearing void to hearing sounds once again can be an incredible experience. For Sara, once the device was turned on, she immediately could hear her own voice. "It was loud!" she remembered.

Her device allows her to manipulate volume and select programs for different environments to meet her needs. A swimmer, she can also adapt it while she's in the water so she can hear her parents or a lifeguard – as long as it's properly recharged.

"I went to the beach once, and the battery hadn't been charged so I couldn't hear," Sara said. The precocious child also uses the device to her advantage, Monika said.

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IN MY CORNER

Welcome to the CommENTator

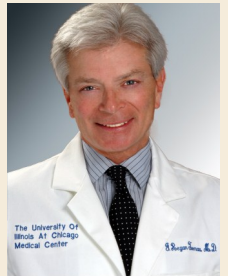
We're now part of the University of Illinois Hospital & Health Sciences System, a name that confers our status as part of a thriving state-wide network of health sciences services and affirms the vitality of our reach. To this end, you'll read about our telemedicine initiative we've developed in collaboration with UI-Rockford.

Our cover story introduces you to Sara Kowalski, a Chicago fourth-grader who is enjoying the ability to hear and speak. Sara's story is truly inspirational and part of what we accomplish on a regular basis for children with hearing disorders and their families.

Two notable alumni are featured in this issue: Rakhi Thambi, M.D., who returned to the Department several years after completing her residency, and Robert Kotler, M.D., whose career in Southern California has never strayed far from his Chicago roots.

Finally you'll meet a Chicago singer whose work with our brilliant laryngologist, H. Steven Sims, M.D., speaks to what our Department is all about.

J. Regan Thomas



OUR ENT COMMUNITY

FACIAL & RECONSTRUCTIVE PLASTIC SURGERY

J. Regan Thomas, MD*
Dean Toriumi, MD*
Howard Baim, MD
Steven Dayan, MD
Howard Kotler, MD
Lawrence Martin, MD
Mario Mansueto, MD (retired)

SINUS AND ALLERGY

Stephanie Joe, MD*
Nikhil Bhatt, MD
Jane Dillon, MD
Rajeev Mehta, MD
Robert Meyers, MD

OTOLOGY/NEUROLOGY

Miriam Saadia-Redleaf, MD*

HEAD & NECK SURGERY

Kristen Pytynia, MD, MPH*
Urjeet Patel, MD

GENERAL OTOLARYNGOLOGY

Ari Rubinfeld, MD*
Rakhi Thambi, MD*
Cynthia Go, MD
Nicholas Lygizos, MD

PEDIATRIC OTOLARYNGOLOGY

Robert P. Miller, MD

AUDIOLOGY

David A. Klodd, PhD
Gabrielle Cager, AuD
Deanna K. Matusik, AuD
Nichole Suss, AuD
Shawn Castillo, AuD

COMMUNICATION & SPEECH

Miriam van Mersbergen, PhD
William H. Plotkin, PhD (retired)

RESEARCH

Tapan Bhattacharyya, PhD
Anna Lysakowski, PhD
Kevin O'Grady, BS

* UI Otolaryngology Attending Physicians

LONGTIME LARYNGEAL CANCER PATIENT

Helping others take on challenges

Lewis Trammell knows hard times. A laryngeal cancer patient first diagnosed a quarter-century ago, he's familiar with life's ups and downs. Above all, he's a survivor devoted to helping others take on their own challenges.

The 66 year-old has been in and out of cancer treatment for most of his adult life, surviving



Dr. Pytynia & Lewis Trammell

laryngeal cancer longer than most, pushing forward even after he underwent a laryngectomy in 2009 at UI Hospital. While he's struggled at times, he's also taken care of others through his work and volunteer activities.

A self-admitted abuser of smoking and drinking – factors associated with laryngeal cancer – Trammell has spent the past 23 years working at Haymarket Center, a Chicago comprehensive drug/alcohol treatment facility, where he established and runs Haymarket's record-keeping and quality assurance functions. He's also been instrumental in managing and promoting Lary's Speakeasy, a support network for throat cancer patients, caregivers, and family/friends that meets monthly.

His surgeon, Kristen Pytynia, M.D. MPH, assistant director of the Head and Neck Surgery Center, can speak to his doggedness and commitment. "Mr. Trammell has demonstrated a passion for life and living I've seen in few people," she said. "His commitment to constantly adapting to his condition and serving others through Lary's Speakeasy, which has donated books and prostheses to the UI One Voice Fund (www.onevoicefund.org), is admirable."

The One Voice Fund, sponsored by UI Otolaryngology, provides TEPs – small plastic devices that are the only hope for some patients to speak after laryngectomy. This is especially important to patients with limited insurance, or who cannot afford several hundred dollars to buy them.

Dr. Pytynia and Trammell have worked together during a period of treatment-related complications he suffered after a decade-plus of generally good health. That time around, though, Trammell had to undergo a tracheotomy, and then a laryngectomy. His larynx had held out

far longer than the 5-7 years specialists estimated it could with proper radiation/chemotherapy treatment, but symptoms and related problems returned. Dr. Pytynia believed surgery would reduce many of the complications and could improve his quality of life. A skeptical Trammell was quickly impressed.

"I hold people accountable at work and I do the same with my doctors," Trammell recalls. "I told Dr. Pytynia what I needed from her and she told me what she thought she could do for me. After a half-hour of straight talk I believed she would be the best doctor I could find. I trusted her and that's what counted."

While Trammell recovered from surgery, Dr. Pytynia helped him learn more about his treatment and how he could live productively without a larynx. She sent him to a portal for laryngectomy patients, www.Webwhispers.org. "It's the largest laryngectomy club around," Trammell said. "I could research my surgery and recovery there. The information comes from professionals and those who have been through what you have and they teach you how to deal with any problem you can have."

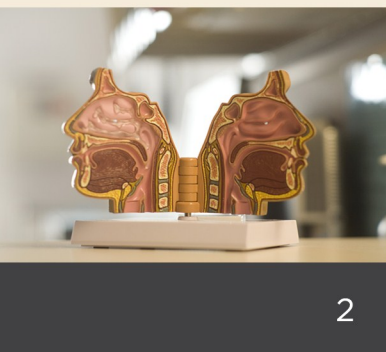
For someone who hadn't used the internet before that, it was a learning experience, but the website and its connections to those who'd lived with his condition made the process much easier, he said. And because Dr. Pytynia was a constant source of support and trust, it motivated him to help others, he said.

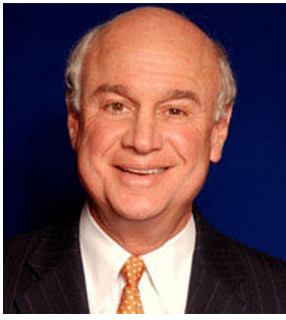
"Dr. Pytynia gave me her email address" Trammell noted. "No other doctor had done that before, and it came in handy when I had a couple of emergencies after surgery," he said. "She did all she could for me and wanted me to be the best I could be. She's been there anytime I needed to see her. I couldn't have found a better doctor." Trammell also credits speech pathologist Caroline Deskin, who always made time for him, even when he didn't have an appointment.

Giving back to those suffering from throat cancer is a central part of Trammell's life. Lary's Speakeasy is a growing network for throat cancer patients and their families, much of it due to Trammell. "We support and learn from each other, become friends who laugh and in some cases cry together," Trammell says of the group that began at Rush Medical Center and hopes someday to expand to UI in the future. "And as we grow we hope to evolve into a service group helping others who come after us."

Dr. Pytynia adds that when Trammell talks to patients before surgery, it makes an impact.

Trammell wants all throat cancer patients to know they don't have to go through this alone and invites them to become involved with Lary's Speakeasy – whether they have been recently diagnosed or have survived cancer for many years. He can be contacted at Lewis.trammell@live.com or 312-203-1097.





ALUMNI PROFILE

Robert Kotler, M.D.

From Northwest Side Chicago roots and a UI Otolaryngology residency, Robert Kotler, M.D. has gone far – as Army surgeon, successful private practitioner, and television doctor. And while his Midwestern, down-to-earth style might lead you to think that, in television terms, he's more

like Hawkeye Pierce or Trapper John from the famous series *M*A*S*H*, Dr. Kotler is actually a noted Beverly Hills septoplasty/rhinoplasty expert featured on the Beverly Hills-themed show *Dr. 90210*.

Almost 40 years ago, Dr. Kotler completed a residency in the Department, spending his last two years at UI after completing one year at Northwestern Medical School. He took the interval year off, using it primarily to travel, then, learning UI had an opening for a third-year resident, he jumped at the opportunity. Dr. Kotler used his UI experience – and the “giants” in the program who taught him – to build his skills as an otolaryngologist and cosmetic surgeon in military and private practice.

“What I learned from people like Drs. Eugene Tardy and Morrison Beers provided the groundwork I needed to become established in the field,” Dr. Kotler said. “The genius of the department was that Dr. (Francis) Lederer assembled an amazing cast – even drawing teachers from general plastic surgery. With that background, I had a foundation for a gratifying practice.”

That experience helped him move into the Army as a fully-trained ENT specialist, in 1973, where he worked as chief of Otolaryngology at Fort Belvoir, VA near Washington, D.C., an important cog in Walter Reed Army Medical Center's training program. Dr. Lederer and Dr. Paul Hollinger, another well-known member of the Department, wrote his introduction letters to the Army's ENT chief, documents Dr. Kotler proudly displays in his Beverly Hills office.

“I can't tell you – as you progress in your career – how thankful you become to your teachers,” he recalled. “They took so much of their life to teach.”

His UI alumni status also bore fruit for his move into his long-time specialty, facial cosmetic surgery. After military service, he moved to Southern California, taking a fellowship in facial cosmetic surgery with Morey Parkes, MD, a pioneer of that subspecialty. Dr. Kotler then worked for an HMO and became associated with a Beverly Hills facial cosmetic surgeon who was a protégé of Richard Ariagno, M.D., a former UI faculty member and Kotler's mentor in chemical skin peeling.

He opened his own practice in 1977, first providing full-range ENT services, then moving into facial plastic/reconstructive practice in 1984. Today, about 80 percent of his work is cosmetic and functional work on the nose.

Board-certified and a Fellow of the American College of Surgeons, Dr. Kotler's publications range from the textbook (*Chemical Rejuvenation of the Face*, a highly regarded text used by physicians performing non-surgical wrinkle removal) to two consumer-focused books,

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PUBLICATIONS

Hoff, S. R., Apushkin, M. and Pytynia, K. B. Clear Cell Carcinoma of the Larynx: A Report of a Rare Case and Review of the Literature. *The Laryngoscope*. 2011 Aug;121: S284.

Joe, S.A. Nonallergic rhinitis. *Facial Plastic Surgery Clinics of North America*. 2012 Feb;20:21-30.

Rodriguez-Bruno K, Toriumi D.M., Kim DW. Bone and cartilage harvesting techniques in rhinoplasty. *Operative Techniques in Otolaryngology-Head and Neck Surgery*. 2011 Dec;22:308-15.

BOOKS/BOOK CHAPTERS

Branham, Gregory H., and J. Regan Thomas. *Facial Soft Tissue Reconstruction*. New York: McGraw-Hill Medical, 2011.

Koch, R. James, and J. Regan Thomas. *Non-Invasive Cosmetic Procedures*. New York: McGraw-Hill Medical, 2011.

Papel, Ira D., and J. Regan Thomas. *Blepharoplasty*. New York: McGraw-Hill Medical, 2011

Sclafani, Anthony P., and J. Regan Thomas. *Aesthetic Surgery of the Forehead and Upper Third of the Face*. New York: McGraw-Hill Medical, 2011.

Toriumi, Dean M. Case 23: Major Deformity: Bulbous Tip; Minor Deformities: Parentheses Deformity, External Nasal Valve Collapse, Flared Medial Crural Footplates, Dorsal Hump. In: Godin, Michael S. *Rhinoplasty: Cases and Techniques*. New York: Thieme, 2012.

Toriumi, Dean M. Case 35: Major Deformity: Hanging Infratip Lobule; Minor Deformities: Large, Long Nose; Short Upper Lip. In: Godin, Michael S. *Rhinoplasty: Cases and Techniques*. New York: Thieme, 2012.

PRESENTATIONS

Dr. J. Regan Thomas presented

- Several lectures on Rhinoplasty at the AAFPRS “Art of Rhinoplasty Course” in San Francisco, November 2011.
- Lectures at the Panamanian Society of Otolaryngology-Head Neck Surgery IX National Congress of Otolaryngology, Panama City, Columbia, January 2012.

Dr. Dean Toriumi presented

- “Structural Grafting in Rhinoplasty” at the Houston Otolaryngology Society, October 2011.
- Several lectures on Rhinoplasty at the AAFPRS “Art of Rhinoplasty Course” in San Francisco, November 2011.
- Three lectures on Rhinoplasty to the Kansas City Society of Ophthalmology and Otolaryngology, January 2012.
- At the Triological Society Combined Otolaryngology Section Meeting in Miami Beach, FL, January 2012.

Dr. H. Steven Sims participated in a discussion panel “Controversies in Laryngology” at the December 2011 CL&O.

Dr. Miriam Saadia-Redleaf presented on “Inner Ear Surgery and Endoscopic Ear Surgery” at the International Course on Endoscopic Ear Surgery in Fortaleza, Brazil, October 2011.

VOICE. A FRAGILE INSTRUMENT

It's delicate and susceptible to forces whose influence can alter its tone or resonance

Accomplished professional singers can tell when an outside influence is affecting their precious instrument.

"Singers are expected to use our voices just like everyone else – to talk on the phone, speak over loud noises, and use our voice as an instrument. We expect the instrument to be in pristine condition," says Robert Sims. A professional singer, primarily of the "sacred folk music of African Americans," as he calls his specialty of more than 20 years, Sims is a notable performer in U.S. and international venues. He's also a patient of another Sims, H. Steven Sims, M.D., UI laryngologist and director of the Chicago Institute for Voice Care.

The two Simses (they're not related) have known each other for the better part of a decade, since the vocalist learned of the doctor (who's also a singer). Robert Sims (who's also a doctor – of music) was impressed not only by Dr. Sims' medical expertise but by his experience as a singer and musician, a background that gives Dr. Sims perspective on professional vocalists' concerns.

"I was fascinated by this African-American laryngologist who felt a kinship with singers and had a sensitivity to them," Robert Sims said.

"Singers use their body as their instrument, and the emotions are so connected to your larynx. Our instrument is affected by so many factors – pollutants, smoke, irritants – so it was good to have a doctor who was aware of these both medically and as a performer."



Dr. H. Steven Sims

Classically trained as a singer (he attended Oberlin Conservatory of Music and earned his music doctorate at the American Conservatory of Music) the Chicago-born Sims has performed more than 150 recitals at venues including Carnegie Hall (where he'll make his third appearance in February), Lincoln Center, the Smithsonian Institution, and, closer to home, the Goodman Theatre and Ravinia Festival.

He's performed with many musical legends, including the late folk icon Odetta, opera star Jessye Norman, and concert singer William Warfield.

Though he performed in many operas earlier in his career, Sims has focused his work over the past two decades on the African-American spiritual and folk song. "The spiritual spoke to me as a classical art form, established by legendary singers such as Roland Hayes and Paul Robeson," he said. "To sing the folk song properly, you need a trained singer with good technique."

Having performed classic African-American works of the genre like Duke Ellington's *My People* and *The Sacred Concerts* with Jon Faddis and the Chicago Jazz Ensemble, Sims says singers of American music enjoy some flexibility to improvise and establish their own style. "To some degree, in American music you can take the straitjacket off, as long as you honor what the composer wrote. And vocally, you want as free of a sound as possible," he says.

Maintaining that style requires conditioning, training, awareness, and a "good vocal teacher," he says. And a good laryngologist when one is called for.

For example, he once was on a medication for a non-throat related condition when he felt dryness that affected his voice. He contacted Dr. Sims, who recommended different medication that wouldn't affect his vocal cords as much. And last winter, before Sims debuted with the Mormon Tabernacle Choir, he called on Dr. Sims for a phone consultation that turned into a quasi-telemedicine visit.

Performing with the choir at Salt Lake City's Mormon Temple was exciting, but demanding. He performed several concerts and endured many rehearsals leading up to the live performance. Even though the choir is 400 singers strong, Sims was the soloist, the featured performer up there alone in the cavernous Temple. That's not exactly a setting for



Robert Sims

a singer to have less than perfect conditions for his voice, but the preparation – not to mention travel, midwinter cold, and dry mountain air – affected his voice. "Classically trained singers are in tune with our voices. We know when something's off," he remembers. Feeling that stress on his voice, he wondered if he should reconsider the engagement, so he contacted Dr. Sims.

Over the phone, Dr. Sims conducted some basic vocal tests and exercises to see if the 'passage zones' – certain transitional notes – were in acceptable condition. "Dr. Sims knows the voice, the different passage zones, where, if you're in trouble, the voice will show it."

"He checked those things out, and told me it was OK to sing," he remembers. "He gave me some wonderful advice and I was able to get through those performances quite well."

(Sims performed on the Choir's "Music and the Spoken Word" weekly program, the world's longest-running continuous network broadcast, carried by 2,000+ radio/television stations and cable systems. Links to this performance and others of Sims' career are provided below.)

"A doctor knows what's happening in the voice's mechanics, in the vocal cords and vocal apparatus," Sims says. "One of the most important things a doctor can do is listen to the patient and to your voice when you're speaking to him," he noted.

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ROBERT SIMS

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"The great doctor is sensitive to the emotions of a performer. This situation with Dr. Sims was successful because he recalled my last visit with him and the health and appearance of my vocal folds, where there might have been some irritation before."

He also gives Dr. Sims credit for a simple yet critical element that reflects a medical and personal sensitivity to the voice's status as an "instrument" that needs to be trained and cared for.

What he calls "warming down" - a tip from Dr. Sims - is much the same as "warming up," but conditions the voice to come down from the stress of a performance and return it to its "trained" state.

"Warming down reintroduces your voice to the good habits you practice when you warm up," Sims says.

"It's like a boxer hitting the punching bag to work on his technique, then after the fight, going back to the bag and reintroducing the technique he needs to succeed in the ring."

"Because Dr. Sims also sings, he's sensitive to the details of a singer's voice and vocal needs. He was the first person I'd ever encountered who talked about warming down."

Dr. Sims concurs with the comparison to athletics. "The analogy of athletes is one of the more effective strategies I've used to help non-singers understand why treating the vocal tract like other muscles is important," he notes.

"Vocal muscles are like other muscles. They perform better with warm-up and cool-down like professional athletes do. We apply basic muscle physiology concepts to the voice muscles," he notes. "The benefits are similar to the benefits one derives from stretching before and after a workout."

"It helps build muscle flexibility and endurance, and prevent injuries."

With a wonderfully trained voice, incredible discipline, and help from a good doctor when he needs it, Sims continues his rich and diversified musical career.

Recently promoted to full professor of music at Northern Illinois University in DeKalb, Sims has added to his repertoire by collaborating with the Georgia Guitar Quartet, with which he has performed several concerts.

And when the situation calls for it, he collaborates with another Sims to keep his voice in optimal shape.

Video clips of Robert Sims performing with the Mormon Tabernacle Choir, Odetta, and others, can be found at:

http://www.youtube.com/results?search_query=robert+sims&aq=f&aqi=q2&aql=&q_s_m=e&q_s_upl=70721225910127351211713111101225146618.4.111310.



Robert Sims & the Mormon Tabernacle

DR. ROBERT KOTLER

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[Secrets of a Beverly Hills Cosmetic Surgeon](#), [The Expert's Guide to Safe, Successful Surgery](#) and [The Essential Cosmetic Surgery Companion](#). [Don't Consult A Cosmetic Surgeon Without This Book!](#) He also serves on the faculty of UCLA Medical Center and teaches at the University of Southern California Medical Center.

A savvy marketer in highly competitive Southern California, Dr. Kotler said he learned from some of the best marketing mentors in building his practice.

"Southern California has a thirst for all things cosmetic and a large pool of willing providers," he noted. "Many are very ambitious and promote heavily. I saw how successful they were, and modeled my marketing after that."

"Nine years ago, when I published my first consumer-oriented book, it was clear the public wanted information, and the internet wasn't as powerful as it is now."

"I thought there would be a good reception for a 'this is how it works' book" - essentially a primer for patients considering cosmetic surgery," he said.

When "reality" shows like *Extreme Makeover* came along, his books made him a good candidate to move to the small screen. His book publicist introduced him to the producers of *Dr. 90210*, an E! Network show about Beverly Hills cosmetic surgery doctors and patients.

Though he treats his share of celebrities, Dr. Kotler noted that it's not the rich and famous who comprise most of his patients. "Most practices rely on a strong middle class.. That's why I focus on rhinoplasty and related procedures. They're more in demand by the less wealthy," he said.

"I like working with unpretentious people. Patients come from outside Southern California (from all 50 states and 33 countries), because they perceive that Bedford Drive in Beverly Hills (where his practice is located), is akin to Harley Street in London, where the highest quality, most specialized practitioners call home."

Dr. Kotler also has developed and patented a medical device that helps patients breathe better after nasal surgery. The Kotler Nasal Airway came about after a patient had had a bad experience with nasal surgery elsewhere and feared having blocked nasal passages after the proposed revision surgery.

Dr. Kotler created a makeshift double airway - two plastic tubes, connected by an external bridge - then contacted the patient and promised a more palatable recovery from revision septoplasty/rhinoplasty/turbinate reduction. It worked, and in the several years since, he's developed the device into a product now distributed around the country.

(His recounting of the device's origin is told here: <http://www.youtube.com/watch?v=28p8JJFxF2fw>. More information on the product may be found here: <http://www.anthonvproducts.com/store/p-1026-kotler-nasal-airway-system.aspx>).

Through his marketing of the device, he's also kindled and rekindled connections with UI colleagues. Last fall he attended the alumni gathering hosted by Department Head J. Regan Thomas, M.D. at the American Academy of Otolaryngology-Head and Neck Surgery annual meeting.

And he never forgets the training and inspiration of his teachers, crediting Dr. Tardy and others in the introduction to one of his books. He feels fortunate to have been in the program at that time.

"In our time, most of the faculty was volunteer," Dr. Kotler noted. "They wanted to teach. It was a fabulous time to train. I studied and trained in the golden era of medical education."

RAKHI THAMBI, M.D.

Living the Team Approach - and Loving It

Rakhi Thambi, M.D., is a unique member of the UI Otolaryngology team: a graduate of the program and proud alumna, she returned to the program several years after she completed her residency in 2002. Board-certified in Otolaryngology-Head and Neck Surgery, the native Chicagoan did her medical training at Rush University College of Medicine before coming to the Department for internship and residency training.

Her clinical work is extensive across adult and pediatric patients, with her specialties in general ENT, allergy, deviated septum, goiters, masses in the thyroid and neck, salivary gland tumors, sinus diseases, and sleep apnea/snoring.

■ *What circumstances brought you back to UI Otolaryngology?*

After my residency, I first worked at a private practice in Northwest Indiana, and then I joined Resurrection Health System. One day I was talking with Dr. [Kristen] Pytynia, who attended Rush Medical School with me and who was, by that time, on staff in the UI Otolaryngology Department. She told me about an opening in the Department and encouraged me to apply.

I thought it was a great idea; I'd been looking for something more stable. I'd started a family and had a couple of kids by then and was looking for a more reliable work schedule. At that time I thought it was a great opportunity to get back into the wonderful community atmosphere of an academic medical center, one that would allow me to enjoy my career and at the same time give me the lifestyle and work/life balance I wanted.

■ *Has your experience in UI Otolaryngology lived up to those expectations?*

Yes. I'm very satisfied with my career and with the number and diversity of cases here, and I really enjoy interacting with my colleagues and the residents. The aspect of my job that gives me the most satisfaction is seeing the residents thrive. They help me a lot with cases, and I learn a lot from them as well. Our working environment and relationships are collaborative and extremely rewarding.

■ *What are the main differences between this position and the others you had before you came back to UI Otolaryngology?*

There are a number of differences. There are a great number of benefits to both working in private practice in a community setting and working in a major university teaching hospital. I truly enjoy the university setting. In private practice I was stretched quite a bit, covering four to five hospitals and working a lot of weekends. In terms of lifestyle, it is a big difference.

Here I have residents who really help – not only in covering patients and cases but also in terms of teamwork and collaboration. In private practice there were some interesting cases, but each member of the practice was quite individualized. In contrast, here in the Department there's great camaraderie; we frequently talk about cases with colleagues or residents. And I feel that can lead to better care as a result.

We have the support of the university hospital and staff – a truly comprehensive approach to patients, and I really like that. What's so great about general otolaryngology, especially at a university hospital, is that a lot of times people in the community can't do certain cases because they don't have the support, nursing for example, to handle big and complex cases.

At a university hospital, we have that kind of support at our disposal. It's good for the doctors in the community who know they can refer cases here and can use us as a resource. We're hoping to continue to expand our relationships with physicians and other providers in the community, and to be an even better partner with referring physicians.

■ *You've handled some unusual cases in the ENT Clinic, especially involving pediatric patients. As a parent yourself, that must be interesting.*

Mostly the pediatric patients come to us in the clinic with ear problems like infections. We also take out a lot of tonsils and adenoids. It's a fairly narrow range of issues, but there are some surprises.

We still remove our fair share of unusual objects from children. The most interesting thing I've pulled out of a kid's nose is a dollar bill. It was up in the nose of a five or six-year-old boy for about a year. His mother was really worried because he'd fallen and started having a runny nose; she noticed that one side was odor-



ous and she was extremely worried that he had a serious condition. I examined him and saw the dollar bill wedged way up his nose, and pulled it out. At that point, it was not a usable bill!

In the end, the mother was so happy that the child didn't have something serious going on...I take lots of things out of kids' noses and ears, and always give them to families. I tell them they should show them to loved ones so history doesn't repeat itself.

OUR MILESTONES

- Congratulations to Maria Gaona, the proud mother of Joel Rivas, who kept his resolve, graduating from Oak Lawn Community High School five months early in December 2011.
- We would like to congratulate Vanessa Lucas on obtaining her Medical Assistant Certificate. Well done, Vanessa!
- Congratulations to Kathy Reidy on the birth of her granddaughter Margaret Maureen Carmody. Welcome, Maggie!
- Congratulations to Miriam I. Saadia-Redleaf, M.D., whose thesis was accepted by The Triological Society.

SHE HEARS HER OWN VOICE

Continued from page 1

"If she's done something wrong, she'll take them off and say, 'Mommy, I can't hear you!' so she doesn't have to hear me."

If consistent with the child's capacities, proper treatment and resources can enable children who've been profoundly hearing impaired to become mainstreamed in school. At Sara's first primary school, Monika said the family's desire for Sara to talk was not dealt with adequately. "The principal said, 'who told you she was going to talk?'" she remembered. Sara was using sign language, and there wasn't enough incentive to complement the drive to speak and interact normally.

Sara then moved to a new school where she mainstreams well, spending most of her class time outside of special education. And she's not just getting by: Sara earns As and Bs consistently, and was Student of the Month last September.

With cochlear implants in place and supported by audiology and speech-language pathology services, her hearing/language skills developed quickly. Now she hears more similarly to normal hearing peers, said Melanie Velianoff, a UI Hospital speech-language pathologist who's worked with Sara since 2008.

"She's done really well, and is moving toward the average range" of language skills, Velianoff said. "She uses much better speech and language than many cochlear implant patients. There's no reason to think she won't continue to do well and complete high school."

"She never needs to be redirected, thinks out of the box, and tries to do things on her own. Highly self-motivated children like her with hearing loss from birth could be in speech therapy their whole lives, but she's doing really well. She's awesome," Velianoff said.

Sara's speech/language progress is so impressive and consistent, Velianoff notes, that if it continues, she could eventually be able to be discharged from monthly speech pathology therapy. Her progress – fueled in part by the range of diagnostic, treatment, and follow-up services she's received – affirms the benefits of early intervention for hearing-impaired children, said Deanna Kattah Matusik, Au.D., the Department audiologist who currently manages Sara's case.

"The earlier a child with severe to profound sensorineural hearing loss gets appropriate treatment, including hearing aids, cochlear implants when needed, and a range of aural rehabilitation services, the better the chance he or she will develop normal speech and language abilities," she said.

"Children can learn language very readily at early ages, so the earlier proper diagnosis and management are provided, the better – including for mainstreaming in schools, if that is what the family desires."

For more information, contact the Division of Audiology at 312.996.6522.



UI OTOLARYNGOLOGY PROVIDING TELEMEDICINE SERVICES IN ROCKFORD

UI Otolaryngology, DSCC and the University of Illinois College of Medicine in Rockford have announced a partnership that will deliver services to children with ear and hearing conditions via a remote telemedicine hookup.

This partnership is the first UI Telemedicine link outside of the Chicago area and started January 12th, 2012.

The services in otology – conditions of the ear – are being provided by **Miriam I. Saadia-Redleaf, M.D.**, a renowned expert in otology.

Using video otoscope technology provided by the University's Division of Specialized Care for Children, Dr. Saadia-Redleaf examines pediatric patients at UI Rockford's Telemedicine Clinic from the telemedicine office in Chicago.

Via a secure internet connection, patients and their parents speak directly to Dr. Saadia-Redleaf. Dr. Saadia-Redleaf then can diagnose and prescribe treatment as if in a face-to-face clinic visit.

The goal of the telemedicine initiative is to provide high-quality treatment of ear and hearing conditions to children – especially those in underserved populations – who otherwise would be without access to a physician of Dr. Saadia-Redleaf's caliber.

The program, thought to be among the first of its kind in the country, provides information technology-driven services to deliver medical care across communities, in a real-time fashion.

NO CHILD 4-GOTTEN

The Department helped provide a complete winter wardrobe plus toys and games for eight children this past holiday season through its participation in the No Child 4-Gotten program. Contributions from the Department filled a car



and are now clothing and entertaining five young children and three teenagers.

"Thanks to all those who participated in this worthwhile outreach for children from the UIC community," said Denise McManaman, who coordinated the effort. "Young lives can be marginalized, but this gave us an opportunity to let them know they are not forgotten."

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SAVE THE DATE

February 20-24, 2012: 36th Annual
Midwinter Symposium on Practical
Challenges in Otolaryngology
<http://www.uicentskimeeting.org>

June 22, 2012: Graduation & Alumni
Day Activities

August 13, 2012: Scaramella ENT
Research Fund Golf Outing

RESIDENT EDUCATION

Temporal Bone Lab Course | March 17
Soft Tissue Lab Course | April 14
Sinus Dissection Course | May 12



The Annual Louis F. Scaramella ENT Research Fund

*"Research is to see what
everybody else has seen,
and to think what nobody
else has thought"* - Albert
Szent-Gyorgyi, recipient of
The Nobel Prize in Physiolo-
gy or Medicine (1937)

The 19th Annual Louis F.
Scaramella ENT Research Fund Golf Outing will be
held Monday, August 13th.

The ENT Research Fund, was created by and
named for Dr. Scaramella. It supports a range of

education and training programs for residents of the
Department of Otolaryngology - Head and Neck
Surgery.

It supports clinical coursework and training, in addi-
tion to basic research, such as laboratory-based
courses in Sinus Dissection, Temporal Bone, Head
and Neck Anatomy, and Soft Tissue.

You can contribute to the Scaramella Research
Fund in a number of ways. We would enjoy having
you join us for a day of golf.

Please call us at 312-996-6584 to reserve your spot
at the event. If you cannot join us for golf, you can
make a donation to the fund online at:
<http://www.uicgolf.org/Giving.asp>

If you would
prefer to send a
check, feel free to
send it to:

The Scaramella Resident Research Fund

c/o C. Flowers
Illinois Eye and
Ear Infirmary
1855 West Taylor
St, Room 2.42
Chicago, IL 60612

We look forward
to seeing you
there.

Our Locations

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