

Feature Story

Walking Away

from Chronic Pain and
Weakening Mobility

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Walking Away from Chronic Pain and Weakening Mobility

A young woman from New Mexico gets off pain medication and back on her feet



Shona St. John talks to Richard Schlenk, M.D.

At 25 years old, new college graduate and assistant bank manager Shona St. John did not have the same type of future in store that her friends did. Instead of worrying about launching her career or moving out on her own, Shona worried that she would become increasingly and permanently dependent on both a wheelchair and narcotic pain medications.

The debilitating pain in her back – not a bright future – had become the focus of her life.

“It was so discouraging,” Shona, now 27, says of her diagnosis of arachnoiditis, an incurable spinal condition in which the nerves are scarred, causing severe pain. Shona, who had overcome scoliosis (curvature of the spine) with surgery when she was 13, had become accustomed to living a very active and normal life. That is, until she was 25 and developed degeneration of her lower back and had surgery to treat it.

“I ended up in severe pain. I could barely walk,” Shona recalls. “I would get sharp pains in my lower back that would cause me to fall. The pain was so severe that my legs would just give out.” Bedridden, dependent on narcotics to manage her pain and forced to quit working, Shona was told she had arachnoiditis and the best she could hope for was to find a good pain management doctor.

Not willing to accept that this condition would continue to consume her life, Shona, of Carlsbad, N.M., called Cleveland Clinic. Her grandmother had told her about the hospital because a friend of hers had undergone back surgery here.

A Glimmer of Hope

Upon hearing of Shona’s diagnosis, the Cleveland Clinic Global Patient Services representative on the other end of the phone call told Shona she was “too young to be lying in bed. There has to be something we can do for you.”

“That was my first glimmer of hope,” Shona says.

So in December 2004, Shona and her mother, Janet St. John, traveled to Cleveland. After consultations at the Cleveland Clinic Spine Institute and the Cleveland Clinic Pain Management Center, they were put in touch with Cleveland Clinic neurosurgeon Richard Schlenk, M.D.

“That’s what I think is so neat about this place,” Shona says of Cleveland Clinic. “If one doctor doesn’t know how to help you, they keep pushing you through until they find someone who does.”

Dr. Schlenk put Shona through bone and CAT scans. After reviewing the images, he called her in New Mexico to tell her what he had found: That she did not, in fact, have arachnoiditis. What she had was a loosening of the screws that had previously been placed in her spine to stabilize it.

She also had a broken vertebra (bony segment of the spinal column). All of this was good news because it was the cause of her pain and it could be corrected. He recommended surgery.

Changing an ‘Unacceptable’ Prognosis

Dr. Schlenk said that something about Shona “struck a chord” with him. She didn’t display the anger and depression that so many of his patients with chronic pain do. “All she wanted was to be better,” Dr. Schlenk says. “I found it unacceptable myself to leave someone of her age at the stage she was in when she found me – wheelchair-bound and narcotic-dependent.”



So in June 2005, Shona came back to Cleveland Clinic with her mother to spend the summer getting treatment. She had three scheduled surgeries within the first two weeks to correct the problems with her spine. She then went through physical rehabilitation and was given a brace to wear during her recovery.

“I had three back operations. For that being such an awful thing, it was such a good experience. You’re treated like royalty here, which makes going through something like this that much easier. You don’t feel so alone and far away from home.”

– Shona St. John

Seven months after treatment at Cleveland Clinic, Shona is walking with a walker – and sometimes just a cane – and only takes pain medication when she really needs it.

“I fully expect that Shona will walk without any assistance from devices in the future,” Dr. Schlenk said after Shona’s six-month follow-up visit in January. “She has exceeded all of my expectations. She has only continued to improve.”

Although Shona always will be limited in the physical activities she can perform, she plans to go back to work part-time very soon and is enjoying her “second chance at life,” which she credits to Dr. Schlenk.

“Dr. Schlenk is like a hero to me,” Shona says. “He is such a caring person. Day by day it’s getting better. I went from not having any hope and being told that was going to be my life to where I am now.” ■

Dr. Schlenk is a neurosurgeon whose elective practice is spine surgery. He specializes in complex deformities and failed back surgeries. Dr. Schlenk has been a staff physician at Cleveland Clinic for three years. He treats many patients who are in significant pain or who have significant incapacities.

Cleveland Clinic
Spine Institute Facts

Did you know...

- Nearly 21,000 patients from all over the world come to the Spine Institute each year for help with all types of conditions of the back and neck?
- The Spine Institute brings together the expertise of nationally recognized Cleveland Clinic specialists in orthopaedic surgery, neurosurgery and medical spine?
- For the past 10 years, both the departments of Orthopaedic Surgery and Neurosurgery at Cleveland Clinic have been ranked in the top 10 among hospitals in the nation, according to *U.S. News & World Report*?

For more information or to make an appointment with the Spine Institute, call **800.884.9551**.

Q & A

Living Donor Liver Transplantation

Thousands of people all over the world are in need of a liver transplant for end-stage liver disease, liver cancer or other serious medical conditions. Due to the shortage of organs from deceased donors, living donor liver transplantation has become an option for some patients.

In a living donor liver transplantation, a piece of liver is surgically removed from the donor and transplanted into the recipient immediately after the diseased liver is removed. This procedure is possible because the liver is the only organ in the body that can regenerate itself. The donor's remaining portion of liver and the part transplanted into the recipient grow back to full size within a few weeks.

Cleveland Clinic's living donor liver transplantation experts Charles Miller, M.D., and Bijan Eghtesad, M.D., discuss the living donor liver transplantation program.

What are the advantages to living donor transplantation?

When we work with a patient and a living donor, the chance for success is good because we have more control over the situation. We plan the transplant at the time that is best for the patient's medical condition so that there are fewer complications after surgery and the patient is more likely to do well. We have complete information about the donor and his or her medical history in much more detail than is available with deceased donors, and the donor is usually a young, healthy adult. We also have the assurance that the liver is of good quality and in perfect functioning order. Because the time between the liver's removal from the donor to its transplantation in the patient is brief, the risk of damage occurring to the liver is minimal.

Who can be a living donor?

A living donor can be a relative or a person with whom the patient has a long-established, close relationship. The donor's blood type must match or be compatible with the patient's, and the donor should be in good health. The donor must be of about the same size as the patient and between the ages of 18 and 55.

Under no circumstances does Cleveland Clinic perform transplantation from a donor who has been compensated for providing a liver.

My doctor has determined that I need a liver transplant. I have a living donor and I want to come to Cleveland Clinic. What are the next steps?

We will work very closely with your physician and maintain close communication throughout the process. We will request your medical records and the donor's records to conduct an initial evaluation of general medical status. This preliminary screening helps eliminate unnecessary travel for people who want to be donors but are not acceptable due to some medical reason they may not be aware of.

You will be placed on the liver transplant waiting list to cover the possibility that a cadaver liver may become available before the transplant from your living donor takes place.

When you and your donor have passed our initial evaluation, you will be contacted to arrange to travel with your donor to Cleveland. We recommend that you bring two prescreened donors with you in the event that further medical testing rules out one of them as a donor.

What will take place when we arrive at Cleveland Clinic?

You and the donors accompanying you will undergo a careful and thorough medical evaluation by Cleveland Clinic transplantation specialists. Not only do we need to evaluate your medical condition, we also must determine that the donor and his or her liver are healthy. This helps to minimize the risks of the procedure for both of you. When both you and one of your donors are approved, the transplantation will be scheduled.

What happens during the transplantation?

Two procedures take place simultaneously in two adjacent rooms. In the first procedure, the surgeon removes 40 to 60 percent of the donor's liver and prepares the piece for transplantation. Within minutes, it is transported to another operating room and transplanted to the patient. The donor should expect to be hospitalized for about one week after the procedure. The recipient will likely be hospitalized for two to three weeks after the procedure.

What are the risks of the procedure for the patient and the donor?

For the patient who receives the liver, the risks are the same as for liver transplantation from a deceased donor organ transplantation. Beyond the risks associated with surgery, the main potential problem after the procedure is rejection of the transplanted liver. We discuss this issue with the patient and explain the medications we use to minimize the chance of rejection.

Being a donor has its own set of risks, which physicians discuss with the potential donor in detail prior to the donor's consent to the procedure.

For more information about living donor liver transplantation at Cleveland Clinic, call **800.884.9551**. ■

e-Cleveland Clinic

MyConsult Kept Her Heart Running

MyConsult is an online second opinion service available for patients with life-threatening or life-altering diagnoses.

MyConsult User: Mary Jean Yon, Marathon Runner
Age: 50 | **Hometown:** Tallahassee, Fla.

Diagnosis: Ventricular tachycardia – a rapid life-threatening heart rhythm originating from the lower chambers of the heart. The rapid rate prevents the heart from filling adequately with blood, and less blood is able to pump through the body.

Outcome: After an unsuccessful ablation procedure in January 2005, a defibrillator (a machine that uses an electric shock to the heart to reestablish normal heart rhythm) was implanted in Mary Jean's chest in February 2005. At that point, Mary Jean's condition no longer threatened her life but she was not able to run as much as she was accustomed to. "I wanted badly to get back to running," she says.

First experience with MyConsult: Fall 2005. "My cardiologist in Tallahassee knew how much I missed running. I also think it pained him to see me get shocked by the defibrillator when I ran too much or too hard. He recommended I get a second opinion from Cleveland Clinic."

Second opinion, provided by Patrick Tchou, M.D., Department of Cardiovascular Medicine:

Mary Jean could resolve her condition and get back to her normal running schedule of five to six days a week if she undergoes catheter ablation – a procedure in which a doctor inserts a catheter (thin, flexible tube) into the heart; a special machine then delivers energy through the catheter to tiny areas of the heart muscle that cause the abnormal heart rhythm. This energy "disconnects" the pathway of the abnormal rhythm.

Mary Jean's feelings about e-Cleveland Clinic: "It really appealed to me because I did not have to make a special trip to get a second opinion. The doctors asked so many questions. I was impressed with the level of detail with which they investigated before sending me a second opinion."

Get Connected!

MyConsult is a secure Web site that allows you to request medical second opinions, evaluate your eligibility for a particular procedure or treatment or obtain a personal nutrition consultation. Connect to MyConsult through e-Cleveland Clinic: eclevelandclinic.org

Photo by Tom Scott

Examining the Headlines | Bird Flu

Cleveland Clinic Physicians Weigh in on the Latest Health News



Avian influenza – more commonly known as “bird flu” – has been the focus of many news reports and the cause of much worldwide concern lately. Talk of a possible pandemic outbreak while vaccines are still in the development stage has caused worry, particularly as the number of reported cases increase and the sometimes fatal virus moves into new areas of the world. Steven Gordon, M.D., Chairman of the Department of Infectious Disease at Cleveland Clinic, addresses the issue.

Health Advantage: How serious is the threat of a bird flu pandemic?

Dr. Gordon: Bird flu has killed many more birds (millions) than humans (dozens). A relatively small number of humans has contracted the bird flu with the H5N1 strain,* and sustained human-to-human transmission of this virus has not yet been documented. If the virus mutates and acquires the ability to spread readily between people, then we may have the prelude for another pandemic. H5N1 bird flu in birds now has been documented in Eastern Africa as well as Europe. Control in bird populations will reduce the risk of disease in humans. With surveillance, we can work toward containing the bird flu by giving people the resources to detect and snuff it out. Farmers must be encouraged to report illness in birds and be provided adequate compensation if there is culling of their poultry as a result.

Health Advantage: The bird flu seems to be primarily affecting Asia and Europe. How concerned should the United States be?

Dr. Gordon: As recent reports indicate, the geographic range of H5N1 continues to expand. It is likely that with such spread, there will be increased likelihood for infected birds to mingle with migratory birds that circulate in North America. The United States has currently bolstered its surveillance of birds (including migratory fowl) for detection of H5N1 strains.

Health Advantage: How can we protect ourselves when traveling?

Dr. Gordon: Right now, there are no specific travel restrictions regarding H5N1 bird flu for those who do not have direct contact with poultry or migrating birds. However, those planning trips out of the country should contact travel medicine clinics to be sure they are protected against other types of infections to which they may become exposed (e.g., malaria).

Health Advantage: Will there be a vaccine for bird flu?

Dr. Gordon: At least two H5N1 vaccines for humans have been developed and have undergone testing in human trials. We do not know how effective they would be against an H5N1 pandemic strain. The government is also considering supplies of masks for civilian use in the event of a possible pandemic. Masks would be another means of control of spread of respiratory pathogens.

Health Advantage: What is Cleveland Clinic doing to educate people about this virus?

Dr. Gordon: We are promoting cough etiquette, which includes hand hygiene. When coughing or sneezing, do so into a tissue or your sleeve. Also, use soap and water or alcohol rubs to clean your hands regularly. These are basic concepts that all can practice to help prevent the spread of germs – whether they are from a cold, flu or bird flu.

Health Advantage: Are there any overwhelming concerns or popular myths you'd like to dispel regarding bird flu?

Dr. Gordon: This is not a foodborne illness. You will not get it from eating chicken or turkey. Don't discriminate against people in those parts of the world in which it has appeared. Remember that this is still primarily a bird disease that we're learning a lot more about. And be sure to get a yearly flu shot: this is still the best method we have to prevent the spread of flu. ■

*Influenza A (H5N1) virus is an influenza A virus subtype that occurs mainly in birds and is highly contagious and deadly among them, according to the Centers for Disease Control and Prevention. H5N1 has caused the largest number of cases of disease and death in humans.

Health Essentials | Prostate Cancer

What you need to know for better health

Cancer of the prostate – a gland located just below a man’s bladder – affects about 232,000 men in the United States each year and is the second leading cause of cancer death in men. Other than being male, the biggest risk factors for prostate cancer include:

- **Age** – More than 70 percent of all prostate cancers are diagnosed in men 65 and older
- **Family history** – Having a relative who had prostate cancer puts you at high risk
- **Race** – Black American men are diagnosed with prostate cancer 60 percent more often than white American men

There is no proof that prostate cancer can be prevented. However, getting screened regularly may allow for earlier detection and, thus, more treatment options.

Screening

The American Cancer Society and the American Urological Society recommend that all men 50 and over receive digital rectal exams and prostate-specific antigen (PSA) tests annually. Black men are encouraged to get both digital rectal exams and a PSA test annually beginning at age 40. Talk to your doctor about earlier screenings if you have a family history of prostate cancer or have persistent urinary symptoms.

The PSA blood test measures levels of prostate-specific antigen – a protein shed into the bloodstream by cells in the prostate gland. Elevated levels of the antigen may indicate the presence of prostate cancer.

Treatment

Cleveland Clinic urologists pioneered laparoscopic prostatectomy – a minimally invasive approach to removing the diseased prostate. Robotic laparoscopic surgery – a type of minimally invasive surgery that uses surgical robotic equipment – is currently performed by institute surgeons on a routine basis. Both procedures allow patients to go home the next day with minimal pain and a faster recovery.

Radiation therapy, hormonal medications and chemotherapy also may be used to treat prostate cancer. The Prostate Center at the Glickman Urological Institute offers two of the most advanced forms of radiation therapy – brachytherapy and conformal external beam therapy.

About the Glickman Urological Institute

The Prostate Center at Cleveland Clinic’s Glickman Urological Institute offers a wide range of individualized state-of-the-art treatments for prostate disease.

For the past six years, *U.S. News & World Report* has ranked the Glickman Urological Institute among the top two urology programs in the nation. The program has been rated among the top five in the nation for the past 16 years. For more information or to schedule an appointment, call **800.884.9551**. ■

New Virus Discovered in Prostate Tumors

A team of researchers from Cleveland Clinic and the University of California, San Francisco has discovered a new virus in prostate tumors.

In a study of 150 men, the researchers identified the virus, called XMRV, and determined that it is 25 times more likely to be found in prostate cancer patients with a specific genetic mutation than men without the mutation.

“This is a virus that has never been seen in humans before,” said co-author Eric Klein, M.D., Head of Urologic Oncology at

Cleveland Clinic. “This is consistent with previous epidemiologic and genetic research that has suggested that prostate cancer may result from chronic inflammation, perhaps as a response to infection.”

Cleveland Clinic researcher, Robert H. Silverman, Ph.D., previously discovered a gene called RNaseL that fights viral infections. Men with mutations in this gene are at greater risk for prostate cancer. In their study, Cleveland Clinic and University of California researchers examined tissue samples of 86 prostate cancer patients whose prostates had been surgically removed. ■



Recipe Corner

Tomato Lentil Vegetable Soup

Recipe by Melissa Ohlson, MS, RD | Preventive Cardiology & Rehabilitation | Cleveland Clinic

This heart-healthy, reduced-sodium soup can be served as a main entrée or appetizer. It provides more than 33 percent of your daily fiber requirement, is low in fat and is free of saturated fats.

INGREDIENTS | Makes 12, 1-cup servings.

1 tablespoon extra virgin olive oil	16 oz (approx. 2, 8-oz cans) tomato sauce	1 teaspoon thyme
1 medium white onion, diced	2, 28.2-oz cans diced tomatoes	½ teaspoon cayenne pepper, more if you like it hot
2 garlic cloves, minced	1 ½ cups dried lentils, rinsed and drained	1 bay leaf
2 teaspoons vegetable or chicken soup base	1 large baking potato, peeled and diced	2 teaspoons freshly ground black pepper
8 cups water, more for your desired consistency	2 large carrots, peeled and chopped	1 teaspoon dried basil
	1 medium zucchini, sliced lengthwise and chopped	

PREPARATION

1. In a large stockpot, heat oil over medium-high heat. Sauté onion and garlic until onion is translucent.
2. While onion and garlic are sautéing, clean and rinse lentils and chop all vegetables. Keep in mind you don't want mushy vegetables, so cut into 1-inch pieces.
3. Add 2 teaspoons soup base to a small amount of hot water and stir until dissolved. Add to stockpot.
4. Add remaining ingredients to pot and reduce to medium heat. Cover and let cook for at least 60 minutes. Check consistency of lentils to ensure they are not crisp. If they are, continue to cook until consistency desired.
5. Can be prepared ahead of time and stored in refrigerator (up to 4 days) or freezer (1-2 months). Cool in shallow storage containers.

Nutrition Analysis (per 1-cup serving)	Saturated fat0g	Total carbohydrate.....31g
Total calories 170	Cholesterol0mg	Dietary fiber10g
Total fat 2g (10% of calories)	Sodium.....270mg	Protein.....9g

Bill Segal and his wife Fran.



Snapshot Staying in the Game

Bill Segal, of Atlanta, competed in the racquetball competition in the 2005 Senior Olympics in Pittsburgh – at 80 years old and just 10 months after undergoing heart valve replacement at Cleveland Clinic. Mr. Segal chose Cleveland Clinic for the procedure after seeing the hospital's ranking in *U.S. News & World Report* as the No. 1 heart program in the country for 11 consecutive years. "I knew I wanted to go to the best place," Mr. Segal says.

In November, *Racquetball* magazine ranked Mr. Segal 8th in the country among players in the 80-and-older age group. He said he plans to continue to participate in racquetball competitions, including the National Masters tournament near Los Angeles in March.

For more information on Cleveland Clinic's Heart and Vascular Institute or to make an appointment, call 800.884.9551.

Around Cleveland Clinic

Keeping you up-to-date on our latest news



Cleveland Clinic Leads Trial for Promising Kidney Cancer Drug

Cleveland Clinic kidney cancer specialist Ronald Bukowski, M.D., Director of the Cleveland Clinic Taussig Cancer Center's Experimental Therapeutics Program, and a colleague from Paris were co-principal investigators on the Phase III trial that led to the U.S. Food and Drug Administration's approval of Nexavar in December 2005.

Nexavar (sorafenib) is the first promising drug for advanced kidney cancer in more than a decade, Dr. Bukowski says. "Sorafenib represents a significant development and may be the first in a series of drugs that will make a major impact on this disease."

In the trial of 903 patients with metastatic kidney cancer who had failed traditional treatment, 80 percent of those taking sorafenib achieved disease control and 74 percent experienced some degree of tumor shrinkage. Of the patients taking the placebo, only 20 percent experienced some tumor shrinkage. In addition, the drug's side effects were reported as being mild.

New Immunologic Disease Center to be Established

Cleveland Clinic will expand its Department of Rheumatic and Immunologic Diseases, ranked third in the county by *U.S. News & World Report*, to further its commitment to the treatment and study of immune system disorders.

The Richard J. Fasnemyer Center for Clinical Immunology was made possible by a grant from the Richard J. Fasnemyer Foundation. Mr. Fasnemyer was a Cleveland-area industrialist who founded RJF International Corporation. The new center will allow Cleveland Clinic to expand its research and treatment of rheumatic and immunologic diseases while also educating medical professionals and the general public about such illnesses as HIV/AIDS, Hepatitis C and vasculitis.

Electronic Nose Could Help Detect Lung Cancer

The electronic nose, a device long used for safety and quality control in the food, wine and perfume industries, also can be used to detect early evidence of lung cancer, according to research conducted at Cleveland Clinic.

Known as the Cyranose, the electronic nose is a hand-sized device that uses biosensor technology to produce a "smellprint" of the volatile organic compounds that comprise human breath and other scents.

Led by Serpil Erzurum, M.D., chairman of the Department of Pathobiology at the Cleveland Clinic Lerner Research Institute, researchers speculated the electronic nose could be used to detect and distinguish between lung diseases, particularly lung cancer. Testing their theory, they found the exhaled breath of lung cancer patients had specific characteristics that, in fact, could be detected with the device. Their findings will be published in the *American Journal of Respiratory Medicine* later this spring.

Cleveland Clinic to Launch Worldwide Study on Cardiovascular Safety of Popular Pain Relievers

The Cleveland Clinic Cardiovascular Coordinating Center will direct a worldwide clinical trial – the largest in history – of 20,000 patients to study the safety of pain relievers used by millions of patients with arthritis. The trial's lead investigator is Steven E. Nissen, M.D., interim chairman of Cardiovascular Medicine.

The trial, which is expected to take 18 months, will assess the relative safety of three of the most commonly used arthritis pain relievers: ibuprofen (Motrin), naproxen (Naprosyn or Aleve) and celecoxib (Celebrex). These drugs, known as Cox-2 inhibitors (or coxibs) have received considerable attention recently for their potential link to cardiovascular conditions.

This is the first large-scale trial of the popular pain relievers to exclusively study patients with heart disease or those at high risk for heart disease.

New Technology to Replace Cartilage Being Developed Here

Cleveland Clinic surgeon Joseph Iannotti, M.D., Ph.D., chairman of Orthopaedic Surgery, has performed America's first tissue-engineered articular cartilage transplant. This procedure, which replaces damaged fibrous tissue covering the ends of bones and joints, has been used in Europe on 300 patients during the past four years and has produced excellent early clinical results. The tissue-engineered cartilage is grown from adult stem cells.

For more information on any of these news briefs, call **800.884.9551**.

Global Patient Services

Thousands of patients each year travel to Cleveland Clinic from every state in the nation and more than 80 countries around the world. Global Patient Services is a full-service department dedicated to meeting the needs and requirements of both out-of-state and international patients who receive their care at Cleveland Clinic.

The National Center and the International Center, which comprise Global Patient Services, provide personalized concierge programs and services to welcome patients and add to their comfort before, during and after their stay.

Global Patient Services provides easy access to appointments and professional services. Its highly specialized and customized concierge programs include travel arrangements, interpreters for all clinical appointments, lodging and more.

For more information, call **800.223.2273, ext. 55580** or visit clevelandclinic.org/ic/services.

Medical Concierge Service

Makes Travel to Cleveland Clinic Easier

Like the concierge at a fine hotel, the trained, expert concierge staff at Cleveland Clinic is here to assist out-of-state patients before, during and after their stay in Cleveland. Whether you need to be here for a day or a month, the concierge staff can help you coordinate your medical appointments, assist with travel arrangements to Cleveland (including airline discounts when available) and arrange hotel or housing accommodations in advance.

When you arrive, the concierge staff will help you make your way around Cleveland Clinic; accompany you to your medical appointments; arrange transportation from your hotel, if necessary; and direct you to restaurants, car rental and other services or activities that you or your family members may desire. If your visit involves a hospital stay, a medical concierge can make arrangements for private nursing, if requested.

After you have returned home, the concierge staff is available to help coordinate follow-up appointments, facilitate communications with your Cleveland Clinic physicians or answer any non-medical questions that you might have.

For more information about the medical concierge service or for assistance in scheduling your appointments, travel and hotel accommodations, call **800.223.2273, ext. 55580**, weekdays between 8am and 5pm (EST).

You also can visit clevelandclinic.org and click on "visitor information" or e-mail your questions to medicalconcierge@ccf.org.

Hotel Accommodations Conveniently Located on the Cleveland Clinic Campus

The Cleveland Clinic Guesthouse offers 232 large guestrooms with special furnishings and amenities designed for extended stays. There are 74 rooms with kitchenettes and 15 fully equipped ADA accommodations. Rooms may be rented by the day, week or month.

The InterContinental Hotel and MBNA Conference Center features luxurious accommodations and meticulous personal attention. It offers 300 luxury guestrooms including 29 suites, two specialty restaurants, a five-diamond restaurant, two lounges, in-room dining, a fully-equipped business center and a fitness center.

The InterContinental Suites Hotel offers 163 beautifully appointed suites that include a living room, dining area, microwave and refrigerator.

For reservations at any of these facilities, call toll-free **877.707.8999** or contact the Cleveland Clinic medical concierge service at **800.223.2273, ext. 55580** for assistance.

Short-Term Child-Care Service Now Available

KinderCare is pleased to offer temporary child-care services to our out-of-state patients and their families. Our facility is located within walking distance of Cleveland Clinic's main campus. Depending on our availability, we will do our best to accommodate your needs – whether you need child care for days, weeks or months. Hours: 6am - 6:30pm, Monday through Friday. Call **216.229.1655** for more information.

Cleveland Clinic CD-ROM Available

Learn more about Cleveland Clinic by viewing a CD-ROM that contains informative videos, overviews, Web links and downloadable documents regarding:

- Cleveland Clinic
- Global Patient Services
- HealthLink Offices
- Second Opinions
- Cleveland Clinic Florida
- Cleveland, Ohio

To request a complimentary copy of the CD-ROM, call **800.884.9551**.

Continuing Cleveland Clinic Excellence in Florida

Cleveland Clinic announced in January it would sell its Naples, Fla., hospital and clinic facilities. The sale to Health Management Associates, Inc., a national company headquartered in Naples, is expected to be completed in the next several months. This sale will not affect the quality of care at the Naples facility or at any of Cleveland Clinic's other facilities, including Cleveland Clinic Florida in Weston.

Like Cleveland Clinic in Cleveland, Ohio, Cleveland Clinic Florida is a not-for-profit, multispecialty group practice dedicated to providing outstanding, state-of-the-art medical care. And, in keeping with Cleveland Clinic's reputation for providing the highest quality health care, physicians at the Weston facility excel at the diagnosis and treatment of medical problems that are complex or difficult to treat.

For more information, visit clevelandclinic.org/florida. To make an appointment at the Weston facility (located near Ft. Lauderdale), call toll-free **877.463.2010**.

Resources

General Information

For general information about Cleveland Clinic's services, physicians and news, visit clevelandclinic.org or call **800.223.2273**.

Online Services

e-Cleveland Clinic is your online resource for a second opinion. To find out how to use this service, visit eclevelandclinic.org.

Health Information

To subscribe to Health Extra, our free online health newsletter, visit clevelandclinic.org/healthextra. For health information, visit clevelandclinic.org/health.

Quality Measures

For information on the criteria most often used to measure quality in health care, visit clevelandclinic.org/quality.

Cleveland Clinic is a not-for-profit multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education division and a research institute.

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A New Executive Health Program Experience

Cleveland Clinic and Canyon Ranch Combine Expertise



Successful business professionals often suffer from a lot of stress and not a lot of time to deal with it or to do what's necessary to enhance their well-being. But if you don't take the time to take care of yourself, your health could suffer. In answer to that, Cleveland Clinic has teamed up with Canyon Ranch, a renowned wellness and life-enhancement company, to create a new Executive Health program.

By partnering with Canyon Ranch, we can provide a single source of medical and wellness expertise for those who are seeking an integrated approach to optimal health. Cleveland Clinic and Canyon Ranch have developed programs in disease prevention, general medicine, nutrition, behavioral health and exercise physiology. The programs will be offered through the Executive Health program at Cleveland Clinic and at Canyon Ranch's Tucson, Ariz., and Lenox, Mass., life-enhancement resorts.

"Working together in the Executive Health program will allow us to address the health issues our patients face today while empowering them with the information and programs they need to work toward a healthier future," says Richard S. Lang, M.D., MPH, head of Preventive Medicine at Cleveland Clinic.

For more information on the Executive Health program or to make an appointment, call **800.884.9551**.



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