

# WHAT'S NEW

PENNSYLVANIA HOSPITAL

AUGUST 2019



## NO COLON, *Still Rollin'*

**Mark Mumbauer** is a man of many skills. He's a member of Penn Medicine's Information Services team, an avid cyclist, and a generous volunteer who has won multiple Penn Medicine CAREs grants. He's also extremely good at mapping out all the nearby restrooms. After all, he's had more than 20 years of practice.

What started as digestive issues in middle school advanced to monthly episodes of diarrhea by his mid-twenties. Then came the blood. "Everything got progressively worse, and eventually, I was diagnosed with ulcerative colitis (UC)," Mumbauer said. But learning the name of his condition — an inflammatory bowel disease (IBD) that causes inflammation and ulcers in the digestive tract — wasn't enough. "I got down to 110 pounds and ended up in a wheelchair for six months. I was either on the floor in the fetal position or in the bathroom 30 times a day."

Nearly ten years passed after his diagnosis before he got back on the road to health. That long, complicated journey began at Pennsylvania Hospital.

### SPINNING HIS WHEELS WITH NO RELIEF

Nightmarish physical pain was compounded by a sense of loneliness. Mumbauer's early attempts at treatment left him feeling the challenges ahead were insurmountable, as drug after drug failed to ease his symptoms. "I'd be sitting in clinics with people in their sixties calmly waiting for a routine colonoscopy, and I was in my thirties in tears and screaming in pain," he said. "UC is a very isolating disease because what works for you won't necessarily work for me."

Fortunately, Mumbauer was thrilled to discover that even on his worst days, cycling was one thing his body could still handle.

When he joined Penn's IS team five years ago, he decided to try seeking care from his new employer. After receiving years of "subpar" care elsewhere, he finally found a team that understood him. Nevertheless, as he made his way down the list of biologics, steroids, and immunosuppressants, he remained disappointed.

"Mark's case was unusual because he didn't respond to any treatments. His UC, complicated by severe hemorrhoidal disease, continued to affect his quality of life. At that point, it was time to bring the surgeons on board," said **Faten Abera, MD, MSCE**, co-director of the Inflammatory Bowel Disease Center. They decided that Mumbauer's best choice was the total removal of his diseased colon and rectum and the creation of a J-Pouch.

### NAVIGATING THE BUMPY ROAD TO SURGERY

Given the severity of Mumbauer's disease, **Joshua Bleier, MD**, section chief of Colorectal Surgery at PAH, decided to split the J-Pouch surgery into three procedures over the course of eight months. A hemorrhoidectomy was also performed. "Our team has substantial experience performing these complex surgeries, and because these patients are often malnourished or taking high doses of medication, we employ a multi-stage, minimally invasive approach to avoid complications," he said.

Bleier first removed Mumbauer's colon and created an ileostomy — an opening in the abdominal wall that allowed the small intestine to release waste into an external bag. A few months later, he removed the rectum, created a waste-collecting, J-shaped pouch from the end of the small intestine, and connected this waste-collecting pouch to the anus. Finally, he closed the ileostomy and re-attached the pouch to the small intestine to restore gastrointestinal continuity.

"I felt like a professional inpatient! I received great care throughout my experience. My nurses were especially phenomenal," Mumbauer said. "But it definitely was a roller coaster; I'd have one procedure, start feeling good, then go into another surgery." Still, he could finally see a comfortable "new normal" on the horizon. He stayed motivated by remembering that soon enough, he'd be cycling again — and some of his caregivers even joked about keeping a bike in his room to boost his recovery.

### KICKING RECOVERY INTO HIGH GEAR

One year later, Mumbauer is doing great. "I'm not bleeding every day! I have energy, and I can go out and do things. I'm still getting used to new patterns, but things like cycling, time with my family, and seeing a therapist regularly help get me through the ups and downs," he said. "And definitely no spicy foods."

As he considers the long road that led to the elimination of his UC, he's grateful for everyone who helped him each step of the way. He also gave a special shout-out to chaplain **Madeline Dawson**, noting that as "a person of deep faith," having someone that he could talk to as he navigated difficult emotions was extremely helpful. A strong support system kept him going, and Mumbauer is interested in sharing that same committed support with others struggling with IBD via a support group.

"Right now, I'm focused on figuring out how to eat, how to advocate, and how to spread awareness of this disease," he said. "I mean, I'm already the health system's poster child for cycling advocacy, so why not add this? One of my hashtags the UC community has given me is 'no colon, still rollin'!' I'm six pounds lighter, but I can still get back on the bike. UC is really tough and recovery is tough, but you can still do the things you love."



## VANTAGE POINT

TERESA LARIVEE, CHIEF EXECUTIVE OFFICER

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This month's *What's New* shares the experience of a patient whose battle with ulcerative colitis led him to Pennsylvania Hospital. Not only does this story illustrate the collaboration between the Gastroenterology and Colon and Rectal Surgery teams, but it also demonstrates our commitment to untangling even the most complicated cases in an effort to improve the health of every patient who comes through our doors.

In the spirit of sharing GI successes, I'd also like to touch on just a few of the changes our program has undergone this summer in an effort to create a better experience for patients and staff. For example, the patient monitors throughout the unit have been replaced with state-of-

the-art models. The outpatient endoscopy unit also officially transitioned to Penn Chart/EPIC to serve our patients more consistently and efficiently. It is my hope that each of these safety-driven updates will propel our excellent standard of care to the next level. PAH also continues to prioritize the education of our residents, and we have established a new GI radiology/pathology rotation that expands their opportunities to learn unique procedures and image interpretation.

We also recently celebrated the longtime service of **William H. Lipshutz, MD**, who retired after a 45-year career at PAH. Dr. Lipshutz served as the section chief of Gastroenterology for more than 30 years and founded Pennsylvania Hospital

Gastrointestinal Associates, now part of CPUP. His departure was bittersweet, but I am confident that the program he helped build will continue to redefine the highest standards for innovative research and advanced clinical care. The newest members of our GI team — **Sara Attalla, MD**, **Farzana Rashid Hossain, MD**, **Caroline Kerner, MD**, **Akriti Saxena, MD**, and **Ryan Urbas, DO** — specialize in fields ranging from inflammatory bowel disease to therapeutic endoscopy, and I have no doubt that they and all of our incredible GI physicians, nurses, and staff will continue to strengthen our services, extend our reach, and ensure optimal outcomes and excellent experiences.





## TEARS, TALES, & A TOWERING LEGACY: PAH Says Farewell to an Icon

Over the last 45 years, Pennsylvania Hospital has transformed significantly. Back in 1974, the restoration of the historic Pine Building hadn't yet been completed, the final class had just graduated from Pennsy's School of Nursing for Women, and the hospital was still more than 20 years away from becoming part of the University of Pennsylvania Health System. The decades of dizzying change that followed could have thrown anyone for a loop — but not the unflappable, endlessly dedicated **Marcia Steinhart, RN**.

Earlier this summer, PAH hosted memorial services to honor the beloved "Miss Steinhart," who passed away at 83. Described by colleagues as "a nurse's nurse" who masterfully balanced a compassionate spirit and tough-as-nails attitude, Steinhart graduated from the Hospital of the University of Pennsylvania's (HUP) School of Nursing in 1957. She spent 17 years at HUP before moving to PAH in 1974, continuing her career for another 45 years and most recently calling 7 Cathcart home. Though she longed for the "good ol' days" before electronic charting and scanning medications, Steinhart was willing to adapt if it meant better serving her patients — as long as she could keep her nurse's cap.

"For the past five years, I had the privilege of working with Miss Steinhart — though it's safe to say she managed me more often than I managed her," said **George Shafer, MSN, RN, NE-BC**, nurse manager of 7 Cathcart and 7 Preston. Though Shafer admits he was Steinhart's "second favorite George; I lost to her bartender," he admired her wealth of knowledge, professionalism, and generosity, which manifested in thank you notes, birthday cards, phone calls to sick staff, and other acts of kindness. Even as she headed into surgery, she was more concerned with whether a nurse she had promised to cover could still take off.

"Legacies can be tricky. Obviously, her cap will be the first thing that comes to mind, but she didn't want attention drawn to it. She had tremendous pride in her role as a professional nurse, and she wore that cap as a badge of honor," Shafer continued. "Those who knew her best will remember her friendship, incomparable work ethic, and devotion to serving others. There will never be another Miss Steinhart."

Her coworkers agreed. **Mina Ricciardelli, PharmD**, associate director of the Pharmacy, recalled meeting Steinhart when she was an intern. Her grandmother

was being treated for ovarian cancer, and when her father brought in a tray of pastries as a thank you, Steinhart took the decorative bow home and added it to her yearly Christmas decorations, always remembering to send Ricciardelli's family a holiday card. **Andrea Gorham-Ray, RN**, described her friend of 14 years as "iconic — she showed me there's dignity in work and you're never too old to serve. She gave us something to aspire to." **Chris Huot, MSN, RN, CNML**, nurse manager for Critical Care, recounted a *Driving Miss Daisy* moment they shared when he picked Steinhart up after she volunteered to work during a blizzard. As he opened the passenger-side door for her, she quipped, "Oh no, dear, I only sit in the back seat."

Bursts of laughter mingled with the tears throughout the service, but **Joanne Ruggiero, MSN, MA, NE-BC, CMSRN, RN**, interim chief nursing officer, summed it up best, noting, "Miss Steinhart brings to mind a quote that we share often here: 'People may not remember exactly what you did or what you said, but they will always remember how you made them feel.' We will always remember how she made us feel and will continue her legacy of love and kindness."



## Keeping Unused Meds SAFE from Misuse

If you've walked past PAH's Outpatient Pharmacy lately, you've probably noticed the bright green drop box in the waiting room. Part of the hospital's new drug take-back program — one of the latest initiatives to combat the opioid crisis — this receptacle offers a convenient place for individuals to drop off their leftover, unused, and expired prescription and over-the-counter medications. In just three months, more than 600 prescriptions have been disposed of in a safe, secure, and environmentally responsible way.



"Medications are misused in millions of homes across the United States. Our team is committed to fighting this pervasive problem," said **Suzanne Brown, MS, RPh**, director of Pharmacy Services. "We encourage patients, community members, and employees to clean out their medicine cabinets and safely dispose of their leftover medications in our receptacle, no questions asked. Together, we can reduce the risk of these substances falling into the wrong hands and causing harm."

Brown also encourages individuals to take another preventative step to protect their loved ones by purchasing NARCAN. This overdose reversal medication is available for purchase at the Outpatient Pharmacy, and receiving training to administer it can prepare you to save a life. If you'd like to purchase NARCAN, or if you have questions about disposing of your medications, please contact a Pharmacy staff member. Thank you for helping PAH build a safer, healthier community.



► Credit: Bob Blackberg

## Pennsy's Grounds AT A GLANCE

Trees and flowers and herbs, oh my! Take a walk around PAH's vibrant, but therapeutic grounds, and you'll find yourself surrounded by dozens of types of plants and greenery, all of which are managed by lead horticulturist **Dan Bangert** and his grounds-keeping team. To learn more about how this small but mighty group ensures PAH's gardens and green spaces shine all year round, check out this month's issue of *System News*.

### GARDENS BY THE *Numbers*

 **15,000**  
bulbs purchased annually

 **67**  
years of combined landscaping experience

 **45**  
tree species on campus

 **25**  
unique flower varieties planted this summer

 **12.5**  
acres maintained by the team

 **10**  
gardens managed across campus

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*What's New* is published monthly for PAH employees. Access *What's New* online at [PennMedicine.org/WhatsNew](http://PennMedicine.org/WhatsNew).