



Rambam

ISSUE No. 9 | April 2012

on call

The Bride's Slippers

Successfully treated for degenerating hip joints, a bride dances on her wedding day

Backstory

IMS – Innovative treatment for back pain

24
HOURS

in the Department
of Anesthesiology

The Sperm Bank
**Great Returns
on Deposits**



Dear Friends,

Every patient or caregiver who enters a hospital's gates has entered a world unto itself. The work of physicians, nurses, and hospital orderlies is highly physical, but one cannot work on a stranger's body, or be the patient whose body is being handled, without

having deep channels of experience carved into one's soul.

Even the youngest physician or nurse, coming into daily contact with illness, injury, and healing - and certainly every patient and family member - quickly learns the lessons of maturity: being human requires effort, courage, and humility.

In this issue of *Rambam on Call*, we present the profound stories and voices of several such individuals: a bride, determined to dance at her own wedding, who undergoes hip-joint replacement surgery (p.14); infertile couples and single women determined to conceive and nurture life, for which purpose they seek donated sperm (p.6); medical psychologist Dr. Yigal Ben Haim, who offers hope to the severely ill and injured and their families (p.26); and Organ Donation and Transplant Coordinator Esty Katz, who at no small emotional cost to herself, turns to bereaved families with a request that they perform a lifesaving act of utmost selflessness (p.4).

Dear Friends of Rambam, you have volunteered to enter Rambam's gates with us. We think that is remarkable. We keep our gates and hearts open all the time! Thank you.

For more information:



www.rambam.org.il



[rambambahospital](https://www.youtube.com/rambambahospital)



[Rambam Health Care Campus - Hospital](https://www.facebook.com/RambamHealthCareCampusHospital)



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On the Cover:

Image of low back
pain. iStockphoto



Team Work

>> Erela Tarlev Ben-Shahar

Departmental Rounds

Medical Transplantation Unit

Esty Katz, RN, MA, Transplant Coordinator, widow (with a partner) + 4 children and grandchildren

1 How did you choose your profession?

I had always dreamed of being a nurse, but my late husband was not enthusiastic about the idea so I studied accounting management instead. At the age of 31, already a mother of three, I went to nursing school. I worked as a community health nurse on a kibbutz for two years and then came to the Cardiac Intensive Care Unit at Rambam. Later on, I was asked to become the hospital's Transplant Coordinator. I gave it a lot of thought, but Dr. Tamar Ashkenazi, the Director of the National Organ Transplant Center, called me in for an interview, and what she said interested and challenged me. I have worked in this field ever since.

2 What does your work entail?

I have a variety of responsibilities – as well as turning to bereaved families with a donation request, I work at advancing public awareness of organ donation by identifying potential donors and helping to medically supervise the transplant process.

3 What are your difficult moments?

It is most difficult for me when I must turn to people at the most agonizing time of their lives. Death is a terrible tragedy for a family, and because brain death is death that happens suddenly, grief is compounded by shock. To approach grieving family members precisely at this moment and ask them to donate their loved one's organs isn't easy.

4 How do you speak with a bereaved family about organ donation?

With extreme sensitivity. First of all, I inform them of the possibility and afterwards tell them about families that have donated. I'm helped by the knowledge that organ donation helps people to cope, short-term and long-term, with loss and grief.

5 Has turning to bereaved families become easier with the years?

No. There's no immunization for it. The pain is great and accompanies me home.

6 What gives you satisfaction?

The knowledge that I am involved in a process that contributes to saving lives, and the fact that I have seen significant change in public awareness about the importance of organ donation. This year at Rambam we had 26 cadaver donations, each of which made it possible to harvest on average 5 organs.

7 Are you in touch with the transplant recipients?

No, but I stay informed about their condition and feel that I am the thread linking them and the donating family.

8 How do you combine work and family life?

This kind of work requires complete recruitment of the family. I am available for work 365 days a year. Every plan I make is liable to be interrupted by a telephone call putting me into action. This happened while I was at a restaurant celebrating my son's 30th birthday and also while I was at a spa with friends celebrating my birthday.



My Day after I have been notified of a potential organ donation



05:30 I rise early, drink coffee, skim the newspaper and solve crossword puzzles and Sudoku.

06:15 I leave for the hospital.

06:50 I go through e-mails and deal with the urgent matters.

07:30 I go to the department where the potential donor is hospitalized and meet with the team of physicians and nurses. We go over the patient's lab tests and consult with the treating physician regarding the next step.

08:30 A test is done to determine if there is cerebral blood flow.

09:45 If there is no blood flow, I meet with the patient's family and inform them of his condition and of the need to convene a committee authorized to establish brain death.

13:00 If brain death is determined, then together with the treating physician and the committee, I hold a conversation with the family about their loved one's death.

14:00 I raise the possibility of organ donation with the family.

15:00 The family agrees to the donation. In the case of a lack of agreement, I would hold additional conversations with the family in an effort to change their minds.

16:00-20:00 I inform the National Transplant and Organ Donation Center of the family's agreement and coordinate a number of additional tests. I continue to accompany the family and help them with practical

details: arranging a psychologist for the children, making connections with family members abroad.

20:00-24:00 I part from the family, continue making administrative arrangements and follow up on the donor.

24:00 The donor is brought into surgery.

06:00 I fill out forms and reports.

07:30 I head for home, and on the way I inform the donor family regarding the organ recipients' ages and genders.



07:45

Dr. Dana Bar On administers anesthesia. She stays with the patient and makes sure that the anesthetic continues to work and that the patient's vital systems continue to function well.

11:00

Dr. Sasha Rivlin is summoned to perform sedation on a patient selected for Deep Brain Stimulation (DBS), an innovative therapy for Parkinson's disease in which a lead linked to a neurostimulator is implanted into the patient's brain. The patient must remain conscious during surgery, and thus general anesthesia is not administered to him. (You can read about DBS in *Rambam on Call*, Issue No. 4, September 2009). Dr. Rivlin accompanies the operation.

12:00

An IDF soldier undergoing emergency surgery following a gunshot wound needs several packs of blood. **Dr. Zina Greenberg** and **Dr. Slava Sher** check for compatibility before administering them to him, and stabilize his condition. The surgery is successful and the soldier is transferred to an inpatient ward.



17:00

A patient in the OR develops an allergy to the latex rubber of the surgeon's gloves. **Dr. Suzi Kaufman** performs resuscitation and saves his life. The patient is brought to consciousness in the OR, where intensive care treatment is continued by **Dr. Eli Popa**, Director of the Recovery Room, and by the nursing staff under the direction of **Miriam Alkobi**.

19:00

A bicycle rider is rushed into bypass surgery. **Dr. Avishai Ziser**, Director of the Cardiothoracic Surgical Anesthesiology Unit, preps him for anesthesia. Simultaneously, **Dr. Philippe Abecassis**, Director of the Obstetric Anesthesiology Unit, is called to the Department of Obstetrics to perform combined epidural/spinal anesthesia on a woman in labor.

01:00

An equestrian who flew off his horse and broke a leg is brought into surgery. **Dr. Arkady Baskevich** decides to administer local anesthesia under ultrasound guidance, which enables precise injection of the anesthetic proximate to the bone and blocks the conduction of pain impulses. The patient remains fully conscious but pain free.

Custom-Made Dad

Who seeks a sperm donation? What are the criteria for a donor, and why in recent years has there been a lack of donors?

>> Eti Dor





Donor No. 243



Donor No. 244



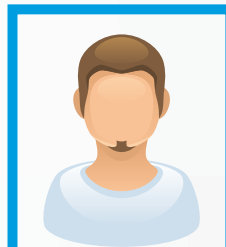
Donor No. 245



Donor No. 246



Donor No. 247



Donor No. 248



Donor No. 249



Donor No. 250



Donor No. 251

The catastrophic traffic accident endured several years ago by Ronit and Ami (not their real names) is permanently seared into their minds: their only son was killed, and Ami, whose pelvis was badly injured, became infertile. The couple, who believed that bringing additional children into the world would help them heal, turned to the Sperm Bank at Rambam Health Care Campus. Tests indicated that despite Ronit's being in her thirties, her number of ova was small. Only after her third fertility treatment did she succeed in conceiving and bearing a pair of healthy twins. "The outcome in this case really did lessen the flood of suffering that this couple endured," relates **Dr. Avi Lightman**, Director of the Sperm Bank. "This was one of the most moving and optimistic stories that we have met with in recent years."

The case of Ronit and Ami is not exceptional. It expresses the will of tens of married couples, single women and cancer patients who turn to the Sperm Bank with the goal of bringing children into the world. "The use of sperm from an anonymous donor has become the solution to problems caused by male infertility," explains Dr. Lightman. "Until the '90s, per Ministry of Health instructions, before a single woman could receive an anonymous donation from the Sperm Bank, we had to determine her

Who seeks a donation?



psychological state and a social worker had to evaluate her. Following a petition to the Supreme Court, those conditions were abolished."

According to Dr. Lightman, in recent years the number of applications to the Sperm Bank by single women has risen, and the average age of recipients has gradually declined from 40 to 35. "In the last three decades, a change has occurred in family norms. The single parent family has become a common phenomenon in the Western world and also in Israel. If during the '80s and '90s, two thirds of those who turned to the Sperm Bank were married couples and one third were unmarried women, in recent years there has been a revolution: 80% of applicants are partnerless women interested in establishing single-parent families, and only 20% are married couples. We are speaking of a dramatic change."

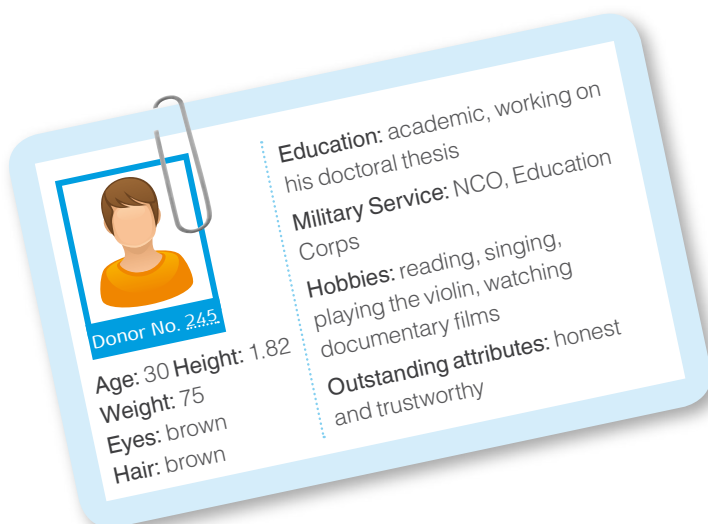
Dearth of Donors

What is the profile of a donor?

"Donors are usually young men learning at academic institutions in the region. Their principal motive is financial, but also altruistic."

Can everyone donate?

"The Sperm Bank has freedom of choice, but we must abide by Ministry of Health criteria: the donor must be single, healthy, and between the ages of 20-35. Of course, the donor's outward appearance is important for the simple reason that most recipients ask for someone handsome. During preliminary screening, we ask the donor about his social and familial background and about any illnesses he or close family members have had. If he is found suitable, he goes on to the next stage - medical



exams to identify any infectious diseases, various genetic tests, and a physical performed by a doctor."

How many donors are there today?

"There isn't a set number. There are periods during which we are helped by ten donors simultaneously and periods when people stop donating, and then we begin a process of identifying potential donors. In recent years, there has been a lack of donors throughout the country, and the situation has become such that we have even been compelled to close the Sperm Bank for a short time."

Why has the number of donors declined?

"Among other reasons, because of proposals by Knesset members to expose the donor's personal details to a child who has reached the age of 18. These proposals have not been enacted into law, but the fact that the idea has been raised has created hesitation among the pool of potential donors. An additional reason is a clear decline in the quality of sperm in recent decades, a global phenomenon probably resulting from environmental pollution and the use of various substances such as pesticides."

What is the procedure for receiving donated sperm?

"The process is divided into two. The woman is treated by a fertility specialist in the Outpatient Clinic or by a gynecologist in the community. The treating physician determines the appropriate day for artificial insemination in coordination with the woman's day of ovulation. She arrives at the Sperm Bank with a referral. After she has chosen her desired donor, she is given a portion of his sperm in an ampoule; with this, she returns to the treating physician, who performs the insemination."



Medical consultant:
Dr. Avi Lightman,
Director of the Sperm Bank,
Rambam Health Care Campus

What women want

1.80 m, light hair and blue eyes

Each sperm recipient is informed of the donor's "vital statistics": height, weight, body build, color of skin, hair and eyes, ethnic origin and profession. You'll be amazed (or not), but the large majority of single women request a donor at least 1.80 m [*ed. note: approx. 5'11"*] tall, blue-eyed, with light colored hair and an athletic build. These candidates are likely to be invited to donate sperm more frequently than others.

The desired donor:

- Height 1.80 m minimum
- Blue eyes
- Light hair
- Athletic build



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Backstory

Do you suffer from back pain? Pain specialist Dr. Simon Vulfsons brings an innovative multidisciplinary approach that helps not only to relieve back pain but also to cure its source.

>> Eti Dor

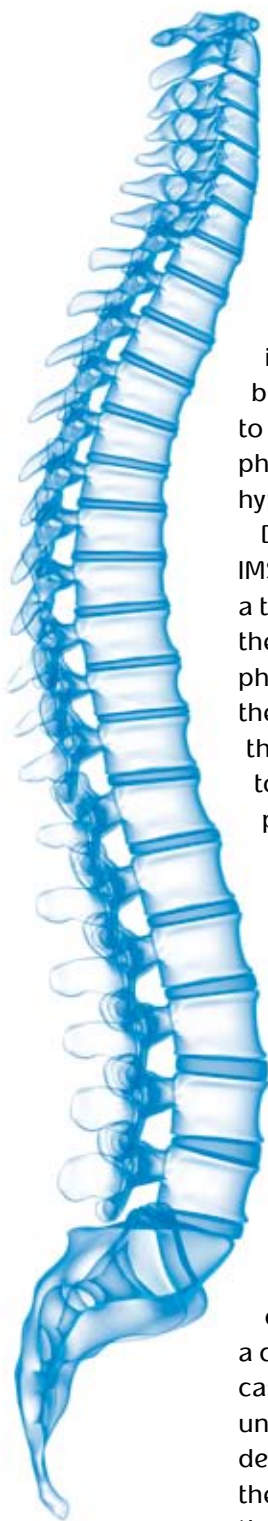
Yoram (not his real name) was usually a healthy guy. He was used to riding a bicycle and was fit relative to his 53 years. One day, he lifted heavy objects for several hours. A short time afterwards, he experienced an intense attack of low back pain so severe that he was unable to stand on his feet for more than 20 consecutive seconds. The pain intensified, and every few days he found himself entirely in its grip to the point where he was compelled to crawl from room to room. He sought help from the Pain Relief Unit at Rambam.

"I arranged a preliminary consultation with him in order to gather as much information as possible about the exact point in time when he began to feel pain," recalls **Dr. Simon Vulfsons**, Deputy Director of the unit. "It turned out that the pain appeared after he had performed the unusual action [for him] of lifting heavy objects."



Contracted muscles are weaker, more sensitive, and usually radiate pain to areas distant from the muscle itself.





My conjecture was he had pulled his *quadratus lumborum*, a very deep muscle. When that muscle is strained, it is impossible to stand on one's feet, but this doesn't mean that it's necessary to have surgery in order to release it. A physical exam completely confirmed my hypothesis."

Dr. Vulfsons treated Yoram with the IMS (Intramuscular Stimulation) system, a therapeutic technique that stimulates the muscle and is given together with physiotherapy (see box). After three weeks, the pain significantly lessened; about three months after that, Yoram returned to riding, working in his garden, and performing all physical activities pain free.

The Body is One System

Twenty percent of the adult population in the Western world suffers from chronic pain, and about half of them suffer from pain whose source is the musculoskeletal system. In Israel, the data is similar. Like Yoram, there are many patients who arrive at the Pain Relief Unit for an evaluation of back pain. In many cases, they have been sent by orthopedists or family physicians interested in finding a conservative solution for them. In other cases, patients arrive who after having undergone successful surgery, have developed internal scarring that "grasps" the spinal nerves and, consequently, causes them pain.

Together with his colleagues throughout Israel, Dr. Vulfsons has brought about a transformation in the method of treating back pain. The approach is called *musculoskeletal medicine*. He himself serves as Chairperson of the Israeli Society

Care to help?

Rambam Hospital seeks 50,000 NIS in value-added funding for provision of medical tai chi to cardiology, rheumatology, neurology and surgical patients.

ContactUs@rambam.health.gov.il

for Musculoskeletal Medicine (ismm.org.il). This branch of medicine, born several decades ago, focuses on illnesses and functional disturbances of the skeletal movement system. Diagnosis and treatment of these ailments requires a wide knowledge in various branches of medicine - in functional anatomy, in biomechanics, and in the kinesiology of movement. Treatment of muscle and skeletal problems also requires skill in the disciplines of pharmacology, psychosociology, physical and manual therapy, and in invasive techniques.

"In the musculoskeletal approach, we view the movement system of the body, and certainly of the back, as a sophisticated

20%

of the Western world's adult population suffers from chronic pain, and half of them suffer from pain whose source is the musculoskeletal system. In Israel, the data is similar.

A complex system including rigid, flexible, and moving parts. The spinal column.

How you can prevent low back pain

system that includes rigid parts (bones and vertebrae), flexible parts (disks and cartilage), and elastic moving parts that make possible strength, stability, flexibility, and movement,” Dr. Vulfsons explains. “According to this model, the source of pain can be vertebrae and disks, but it can be due, no less, to muscles, tendons, and other connective tissues. We practice systemic observation based on a careful evaluation of the patient’s story and meticulous examination. We are assisted by the accuracy of imaging technology, which can help with the diagnosis, but cannot take the place of clinical judgment.”

In about 85% of back pain cases, the complaint is “nonspecific low back pain.”

“It’s very difficult to define a single causal factor,” explains Dr. Vulfsons. Usually, there are a group of related factors, mainly imbalance in the tension between the vertebrae and the ligaments that connect and support them. In recent years, wide research has been done on the subject, and it has become clear that the skeletal system is extremely complex, with reciprocity among the vertebrae, the muscle tone, and the fascia (the outermost, enveloping membrane) of these muscles and tendons.

What is the IMS System?

The system was developed 40 years ago in Canada by Prof. Chan Gunn, who discovered that as a result of defects in nerve functioning, the muscles develop a condition of *supersensitivity*. They contract, shrink, and become overly sensitive. These muscles are the main source of musculoskeletal system pain, which is known as *myofascial pain syndrome*. In this medical treatment, the patient achieves relaxation of muscle tension through such methods as deep breathing

and gentle stretching together with a therapeutic technique called *dry needling*. The physician inserts acupuncture needles into the muscles. This intramuscular stimulation causes renewed functioning of the muscles, a sort of reset of the system.

The number of treatments depends on the condition’s severity. For most patients, 5–10 treatments are needed to ease the pain. For more inclusive therapy, a greater number of treatments are sometimes required.



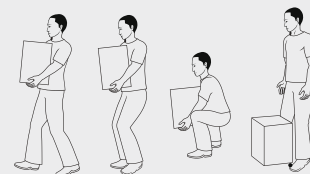
1 Get more physical exercise. This activates the musculoskeletal system, gets the muscles moving, and prevents them from contracting and shrinking. The best activities are walking, swimming, yoga, and gym workouts. Do them about three to four times a week for at least an hour each time.

2 Relax your muscles from time to time, in particular after prolonged sitting. Here is an exercise aimed at releasing tension in the pelvis and back: move your upper body right and left while gently stretching your back with the help of your hands.

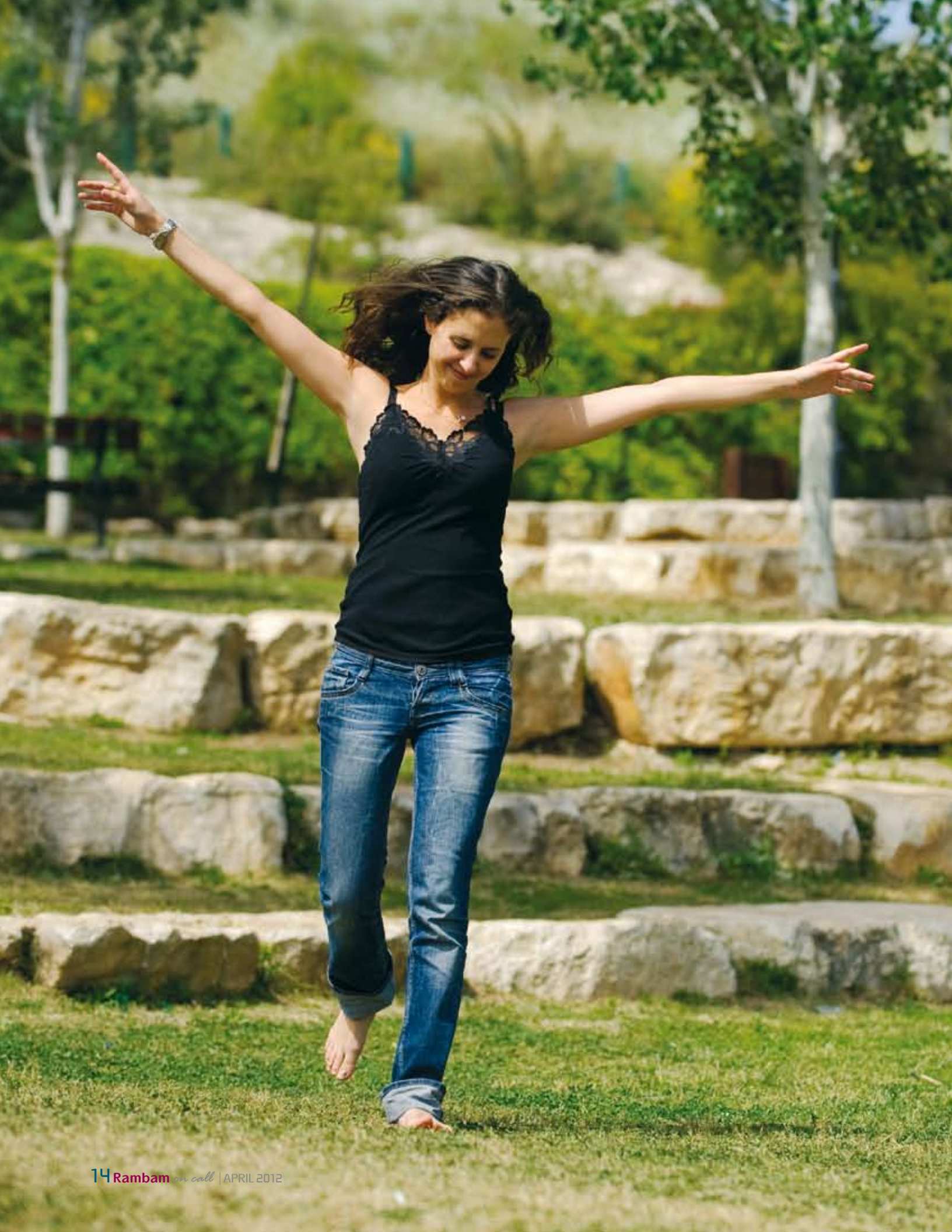
3 Use common sense when lifting a heavy object. Lift it slowly, with bent knees.

4 Strengthen your stomach muscles. Ride a bicycle, swim, or choose suitable gym equipment. The stomach muscles give frontal support to the body; if not for them, the back would bear an overwhelming burden.

5 Practice self physiotherapy. A physiotherapist can work on your back for at most 30 minutes once a week – you can intensify the benefits by 1000% by exercising independently, at home, according to your physiotherapist’s instructions.



Medical consultant:
Dr. Simon Vulfsons,
Deputy Director of
the Pain Relief Unit
at Rambam Health
Care Campus and
Chairperson of the
Israeli Society for
Musculoskeletal
Medicine

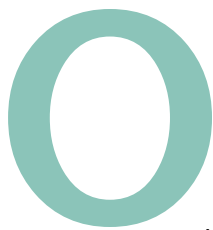


Voting with Her Feet

Treatment with high doses of steroids badly damaged the hip joints of Adi Shmuel. An extended series of treatments in the Elisha-Rambam Hyperbaric Oxygen Treatment Center helped her get up from her wheelchair and even dance at her wedding.

>> Eti Dor





On the night of her wedding, Adi Shmuel, 23, did not stop dancing. She had returned to her former self: vivacious, effervescent, and full of joie de vivre. Whoever saw her found it difficult to believe that some months previously, she had been wheelchair-bound, prohibited from standing on her feet per doctor's orders.

Adi's story began three years earlier, a short time after she had completed her military service. "I started to feel that half my body was 'falling asleep,'" she relates. "Tests revealed that I was suffering from enlarged cerebral blood vessels." Adi underwent three brain catheterizations. Before and after each treatment, she was given steroids.

Adi decided that she would not let illness ruin her plans, and she and her boyfriend flew to the United States for a month-long trip. During the trip's highlight, in Las Vegas, she began to feel intolerable leg pain. "These were hellish pains, and I could only walk with difficulty," she recalls. "We thought that they were caused by walking fractures or by continuous exertion. I took painkillers, and we continued traveling."

The terrible pain continued also when the couple returned to Israel, but ultrasound tests performed at one of the hospitals in Haifa did not turn up anything, and Adi was sent home hurting and worried.



Because of Steroids

Adi underwent a series of additional tests in order to understand the source of the pain. An MRI test revealed that she was suffering from Avascular Necrosis (AVN), a disease manifested by diminished blood supply to the hip joints.

Adi sought clarification via the Internet, and there she was exposed to the Hyperbaric Oxygen Treatment Center at Elisha and Rambam Hospitals, a facility directed by **Dr. Yehuda Melamed**. During their consultation, he immediately pounced on the connection between Adi's leg pain and the fact that she had received high-dosage steroids.

"One of steroids' side effects is bone marrow damage, especially in the head and neck of the thigh bone," he explains. "In its first stage, this damage results in edema in the bone marrow. The edema causes pressure that blocks the blood

supply to the bone. The pathological process advances until it causes bone necrosis. In most cases, within three years, patients must undergo an artificial joint replacement procedure. In Adi's case, there was blood flow disturbance to both hips, which is quite rare.

Dr. Melamed determined to try to save Adi's hips by means of treatment in the hyperbaric chamber, but he requested that **Prof. Daniel Reis**, who had directed the Orthopedics Division at Rambam in the '80s, enter the picture.

Optimism and Frustration

"The first thing that Prof. Reis did when he met me was seat me in a wheelchair," Adi recalls. "For a year, he forbade me to step on my feet and described the condition of my hip joints as being like an eggshell liable to crack at any moment."

Together with orthopedic treatment, she began a series of intensive treatments in the hyperbaric chamber. 120 such treatments of two hours each were

distributed over approximately a year.

After undergoing tens of treatments in the chamber in parallel with hydrotherapy, Adi began to feel better. "In the left leg, I felt improvement, but I still had pain in the right leg," she relates. "An X-ray showed that the treatments had saved the left hip joint, but that the right hip joint had cracked. Prof. Reis confronted me with two options: to use crutches and continue to sit in a wheelchair or to undergo joint replacement surgery. I chose the latter option."

"I very much hope that the process of degeneration has stopped entirely and that it will not be necessary, God forbid, for Adi to replace the left joint," Dr. Melamed says. "For us, complete rehabilitation equals complete success. But if the pathological process has been caused by steroids, as in Adi's case, it's almost impossible to achieve complete rehabilitation. Success in this case is measured by having stopped the pathological process of injury to the bone marrow and the joint and by preventing the need for further surgery." □

High Success Rates

The hyperbaric chamber is used to treat various health problems, and its success rate is high. We present several examples:

Chronic bone inflammation 60%-80%	Blood vessel problems 60%-90%
Necrosis of the head and neck of the thigh bone 80%	Preparation for dental surgeries and treatments in irradiated areas 95%
Diabetic wounds 75%-80%	Radiation damage 90%



Medical consultant:
Dr. Yehuda Melamed
directs the Hyperbaric
Oxygen Treatment
Center and Wound
Care Clinic at
Elisha and Rambam
Hospitals.



Time for Aspirin

How did aspirin go from a painkiller to a drug used to prevent cardiac events and strokes?

What did Hippocrates already know about it, and why did it fly to the moon?

>> Erela Tarlev Ben-Shahar



1900

Aspirin powder
first produced

1915

Aspirin powder
turned into a pill

1948

Dr. Lawrence Craven notices that patients
using aspirin gum have fewer heart attacks



here is no doubt that in modern pharmacological history, a place of honor will be found for aspirin

as a drug whose purpose changed from initial use as a painkiller to its use today as a lifesaver. If in the past, we were used to asking “Have you taken an aspirin?” of someone who complained of a headache or toothache, today when we say “aspirin,” our first association is of a drug that can prevent cardiac events and strokes.

How exactly did this happen? Does aspirin deserve its new status? According to **Prof. Norberto Krivoy**, Director of the Clinical Pharmacology Unit at Rambam Health Care Campus and Chairman of the Israel Society of Clinical Pharmacology, aspirin has been with us for a long time. Its active ingredient, salicylic acid, is derived from the leaves and bark of the willow tree.

Use of this acid is already mentioned in the writings of the Greek physician Hippocrates, who lived in the 5th century BCE. However, the ingredient’s concentration as found in the willow is low, and it would be necessary to drink liters of an infusion of willow leaves or bark in order to achieve the effect of one aspirin tablet. In 1853, French chemist Charles Frederic Gerhardt first succeeded in producing salicylic acid under laboratory conditions. Several decades later, in 1897, in Germany, the industrial form of the acid took shape.

Queen of Painkillers

Aspirin powder was born with the advent of the 20th century. Fifteen years later, in 1915, it took shape in pill form, and within a short time had become the undisputed queen of painkilling drugs. It could be bought without a doctor’s prescription, was bestselling, and found its place in the medicine cabinet of the house.

Then came aspirin’s ebb tide period. Monitoring of results revealed that high doses could cause such side effects as bleeding, peptic ulcers, kidney damage, and hearing disturbances. Simultaneously, promising new drugs against pain and fever went to market.

In 1969, aspirin’s popularity shot way up when it flew to the moon together with the astronauts on the spaceship Apollo 11.

In 1948, American family practitioner Dr. Lawrence Craven discerned an amazing fact: although all of his patients who chewed aspirin gum (a product that could be found at that time) sometimes complained of bleeding, they suffered heart attacks far less than others. The scientific community did not appreciate the independent observations of the family doctor, and aspirin was compelled to wait for better days.

1969

Aspirin flies
to the moon

1989

Aspirin's cardiovascular benefits
revealed in wide-scope research

2002

Special study reveals that aspirin
acts differently on women

Aspirin's day arrived at the end of the '60s. According to Prof. Krivoy, reports began to arrive at that time from England and elsewhere that sometimes aspirin would silence the activity of thrombocytes, which are essential for blood clotting. This happened together with the medical community's growing understanding of how arteries become clogged and cause heart attacks and strokes. The knowledge that among other factors, the arteries become clogged by arterial plaque clarified how aspirin can prevent heart attacks.

Cornerstone of Heart Attack Prevention

The link between taking aspirin and preventing heart attack and stroke was examined in wide-scope research released in 1989. "22,000 physicians volunteered to take aspirin daily for a long period of time," relates **Dr. Zaher Azzam**, Deputy Director of the Internal Medicine Division and Director of the Department of Internal Medicine B at Rambam Health Care Campus. The researchers compared the number of heart attacks that took place in the experimental group with the number that took place in the control group. The massive study, whose results were announced in the prestigious periodical the *New England Journal of Medicine (NEJM)*, unequivocally proved that aspirin reduces the risk of heart attack and stroke.

At the same time, aspirin experienced a turning point in its career; from a not very successful drug against headache pain, it was acclaimed a miracle drug able to reduce the risk of cardiovascular events.

Since the '80s, additional studies have been conducted that have strengthened the medical community's confidence in aspirin's efficacy against cardiovascular disease. These studies have tried to define precisely who should take aspirin and what the health cost-benefit ratio is. Some of the studies have concerned themselves with the question of whether aspirin lessens the risk of a recurrent heart attack or stroke.

"It has been unambiguously proven that aspirin is very effective against what is known as *prevention of secondary events*. It is, in fact, more effective in diminishing the risk of a recurrent heart attack (25%), but its effectiveness in diminishing the risk of a recurrent stroke is also significant - 15%," explains Dr. Azzam. "Additional studies have explored whether aspirin is necessary for people being treated by such other means as cholesterol lowering drugs or catheterization. The question is if aspirin should either replace or complement these therapies, and the answer, which has been publicized in many studies, is clear: aspirin is the cornerstone of treating these patients, and its integration with these treatments considerably lessens the risk of a secondary event."

The active ingredient in industrial aspirin, salicylic acid, is derived from this. Weeping willow leaves.

Medical
consultants:



Prof. Norberto Krivoy, Director of the Clinical Pharmacology Unit at Rambam Health Care Campus and Chairman of the Israel Society of Clinical Pharmacology.



Dr. Zaher Azzam, Deputy Director of the Internal Medicine Division and Director of the Department of Internal Medicine B at Rambam Health Care Campus.



GPS in the Hospital

Meet the radio-frequency identification (RFID) device, a bracelet that makes it possible to locate hospital physicians, patients, and expensive equipment in real time.

Identity Card

Name: RFID Real Time Tracking System

Manufacturer: AeroScout

Date of Birth: 2002

Price (for one device): Tens of dollars

Additional details: It is found today in 50 hospitals in the world, among them the university hospitals of Yale, Stanford, and Brown (Rhode Island), on factory floors, in parking lots, prisons, shipping yards, and more.

What is it?

A real-time tracking device resembling a bracelet or pendant, which is attached to hospital physicians and patients and transmits data regarding the exact location of everyone wearing it.

How does it work?

RFID is a known antenna-based sensing technology that already has had various applications. The primitive generation of RFID devices includes tags attached to clothing in stores, which transmit data during a shoplifting attempt. In Israel, a more advanced-generation device has been affixed to the automobiles of subscribers traveling Highway 6, an electronic toll route. Skiing resorts have also found a use for the device. In the case of an accident or avalanche, the skier can be located with great accuracy.

What's innovative about it?

The bracelet's first appearance in Israel took place in 2010 at Rambam Health Care Campus during Turning

Point 4, a simulation drill that tested national preparedness for a mass casualty event caused by chemical attack. In joint cooperation with the Technion-Israel Institute of Technology, IBM, and AeroScout, Rambam tested the RFID system's ability to assist the hospital in making intelligent use of available medical staff and equipment – for example, by matching the number of caregivers to the number of patients – and thus enhancing efficiency under conditions of overcrowding.

What is it good for?

1 To help physicians work more efficiently, to map areas of hospital overcrowding, and to identify patients and provide them with faster treatment

2 To enable optimal allocation of crucial equipment (such as ventilators)

3 To keep track of expensive equipment's whereabouts and to prevent its theft

4 To distribute hospital resources in coordination with a comprehensive mapping of needs as indicated by a computerized overview, to identify weak links, and to help in data analysis and the drawing of conclusions in order to make better arrangements for the next event

What's next?

The technology provides an opening for many applications. For example, the Director of the Department of Emergency & Urgent Care Medicine, Dr. Shlomi Israelit, has recommended adding clinical sensor components that will transmit not only the

patient's location but also the condition of his pulse and the amount of oxygen in his blood. This will enable monitoring patients and summoning physicians to patients in urgent need.

An additional use is with newborns: the tag can be attached to both mothers and infants and thus prevent such tragic mistakes as a mother's taking home a baby that isn't hers.

In the future, it will also be possible to use the tag to prevent mistakes in drug dispensing; the tag will include information about the drug required by the patient, and medicine bottles will have their own RFID label, which will prevent giving the wrong drug to the wrong person.

Professional consultants: Mr. Koby Moskovitz is an industrial management engineer and directs the Emergency Operations System for the Department of Emergency & Urgent Care Medicine at Rambam Health Care Campus; Avishai Mandelbaum is Chair Professor of Operations Research, Statistics and Service Engineering in the Technion-Israel Institute of Technology's Faculty of Industrial Engineering and Management; Dr. Shlomi Israelit directs the Department of Emergency & Urgent Care Medicine at Rambam; Mr. Shay Gatnio directs a project management group at AeroScout.





- 4 בנותנים
- 5 מאיץ - ביה"ח לילדים
- 6 מרפאות חוץ

Dr. Spiegel,
Children's
Hospital, 3rd
Floor, Room 3

Dr. Tzarfati,
Dermatology
Department,
Room 12

Respiratory
Machine 3, Internal
Medicine A, 2nd
Floor, Room 3

Dr. Lubinsky,
ER, Ground
Floor



The Kidney

10 things you didn't know about the body's filtering and secretion system

1

The size of a fist

The majority of people are born with two kidneys. The size of the kidney is that of a fist. Its length is 10-13 cm, its width is 5-7.5 cm, its thickness is 2.5-3 cm, and its weight is 115-155 grams for a woman and 125-175 grams for a man.

10

Two to tango

Kidney stones are an accumulation of crystalline salts containing calcium and are passed via the urinary tract, including the kidneys. For successful treatment of the problem, one should turn to a urologist and nephrologist.

9

Painkilling and destroying

Taking painkillers is liable to lead to kidney diseases or to the worsening of existing kidney disease. Likewise, overuse of antacids may increase the risk of forming kidney stones.

8

Most popular organ

The kidney has become the most popular organ for transplantation from living donors. The first successful live donor transplantation in the world took place in the USA in 1954. The first cadaver donor transplantation in Israel and the Middle East was performed at Rambam Health Care Campus in 1967 by Prof. David Ehrlich and Prof. Ori Better.

7

Doctor & patient, both pioneers

Dr. Kurt Steinitz, who directed the chemical laboratories of Rothschild Hospital in Haifa, built a similar dialysis machine in a shack in the yard of the old Technion building in the Hadar Hacarmel neighborhood of Haifa. The first successful treatment in Israel, performed on a member of Kibbutz Hulata, took place in September 1948.

6

About recycling

The father of hemodialysis was Dutch physician Willem Kolff. He succeeded in improvising a dialysis device from orange juice jars, sausage casings, and parts of a laundry tub, and finished developing the device in 1943.

5

Because of the kidneys

Diabetes, high blood pressure, and various inflammations in the kidney are the major reasons for chronic damage to the kidneys. Undergoing a periodic exam by a family physician is recommended in order to discover kidney disease early or slow its advance.

4

Eager to please

The kidney adapts itself to its required tasks. Thus for example, the kidney of a pregnant woman increases its output and succeeds in filtering much more material from both the mother and the fetus.



Medical consultant:
Dr. Suheir Assady directs the
Department of Nephrology at
Rambam Health Care Campus.

2

Filtering in harmony

The kidneys are responsible for filtering the blood and secreting the urine. In a 24 hour period, 200 liters of blood are filtered through them.

SAVE THE DATE



פסגת רמב"ם 2012 RAMBAM SUMMIT & MISSION

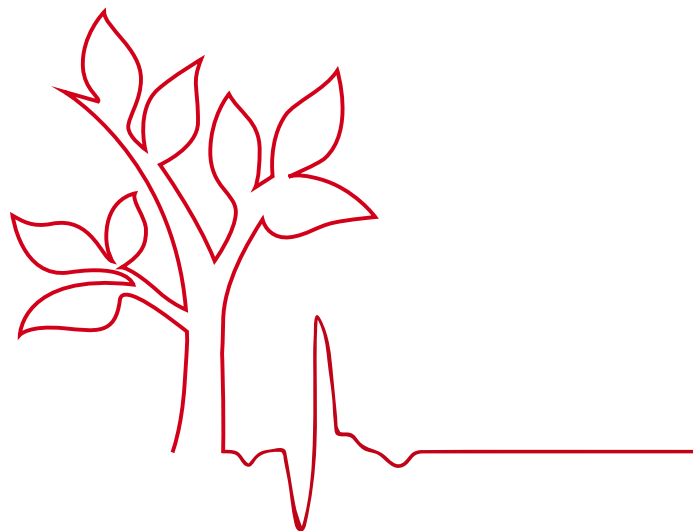
Where Medicine, Technology and Humanity Intertwine

Emergency
Medicine

Mass
Trauma

Surgical
Sciences

WHEN EVERY SECOND COUNTS



Once a year, we convene at the Rambam Health Care Campus for a summit on vital issues facing modern medicine.

This year's Summit will address the latest advances in surgical and trauma medicine together with the related challenges.

The foremost experts in surgical and trauma medicine will be featured at the Summit, together with informed clinicians, scientists, decision-makers, and representatives of key institutions from Rambam, Israel, and abroad. Attendees will have the opportunity to learn from lectures, workshops, and panel discussions.

Our guests will also have the opportunity to explore the emerging Rambam Health Care Campus, with the world's largest emergency underground hospital, and view the progress of our landmark strategic plan. The prestigious 2012 Rambam Award will be presented at a gala dinner the first evening of the Summit.

Northern Israel's premier medical center will be the inspirational backdrop for five exciting days, beginning with the Rambam Summit, followed by the Rambam Mission.

Please save the date for this important event.

Sunday-Friday, June 3-8, 2012

Rambam Health Care Campus, Haifa, Israel



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RHCC
www.rambam.org.il



Voice of Hope



Dr. Yigal Ben Haim,
Medical Psychologist,
Division of Surgery
at Rambam

What is the job of a medical psychologist in a hospital?

"Medical psychology is a relatively new profession intended to give a humane answer to patients who usually don't have a psychiatric past but have been compelled by circumstances to be hospitalized and are experiencing mental distress. At the beginning, the work focused on people injured in traffic accidents or military action; over time, the focus has expanded to people with chronic illnesses and cancer. Hospitalization causes tremendous suffering, which many times befalls a person entirely by surprise. Within a few hours, a person must adapt to the idea that he has lost his independence, that everything is dictated to him from the moment that he puts on hospital pajamas: treatments, surgeries, the times at which they will hastily awaken him for various tests. A lot of mixed feelings are roiling inside him: shock, anxiety, fear of death, uncertainty, and within this is found the family, which is also experiencing distress and adjusting to the new situation."

What exactly do you do?

"I approach the patient, sit by his bed, and begin to converse. He usually needs a listening ear. I ascertain what he understands

about his illness and explain the emotional aspect of it to him. It's important to me to instill hope in him and the ability to cope. These situations sometimes bring to the surface old tensions and arguments among family members, and if so, I try to mediate and encourage compromise."

What is the significance of your job in the case of a terminally ill patient?

"I accompany him and his family members up until death. This is a long and difficult process of grieving, loss, and belated coming to terms. Moreover, it is important to the patient to tell his story. We pause at the significant points in his life, and sometimes spend time on the message that he wishes to leave his children or grandchildren."

Do you take your work home with you?

"I have been in this profession for 30 years and I myself was severely wounded in the Yom Kippur War, which perhaps prepared me for something of this profession's complexity. I have learned to make a separation, but there are cases when this is difficult for me."

Dr. Yigal Ben Haim is a Medical Psychologist in the Division of Surgery at Rambam Health Care Campus, and a family and couples therapist.

My Tips

- 1 Be unconditionally supportive.**
- 2 Love but don't suffocate.** On the one hand, give and embrace; on the other hand, don't forget that the patient also needs a minimum of autonomy in this place where everything is dictated to him.
- 3 Distribute the burden** so that all the responsibility does not fall on one representative caregiver.
- 4 Visit the patient as often as possible,** but also make sure to give him the space he needs. Clarify with him what suits him.
- 5 Call for the psychologist whenever needed.**



Categorically Ejected



What the Rambam Said:

The proficient among the physicians have also mentioned that [wearing] clothes lined with skins of cats causes sickness, as does smelling [a cat's] breath. They have thus recommended keeping away from [cats] and from their breath.

(Regimen of Health, Chapter 4)

And in simple translation:

The Rambam refers here to an allergy to cat fur. He expands on the subject, claiming that the cat's respiration emits particles that may also cause an allergic reaction.

Three Tips for Allergy Sufferers

1 Don't ignore allergic reactions. Allergists know not a few allergic patients who have mistakenly attributed their runny nose to non-allergic causes.

2 Consult with a physician about receiving treatment. For sure, people don't die from an allergy, but quality of life is greatly damaged.

3 Try to avoid allergens. If for any reason the problem isn't resolved by abstinence, weigh receiving drug treatment or immunization shots.

What do medical experts say today?

Prof. Shimon Pollack:

"An allergy to cat fur is among the least prevalent allergies. Only 5%-8% of allergy patients become ill from this allergen (in contrast with an allergy to house dust mites, from which 70%-80% of all allergy patients suffer).

"The allergy results from the patient's being in direct contact with cat fur or with the cat's airborne hair or dander. Genetic inheritance determines if a person tends to be allergic to cat fur or not. One of the parents or both together are liable to bequeath allergic sensitivity. The allergy is likely to express itself in teary and itchy eyes, swelling around the eyes, a runny nose, sneezing, nasal congestion, and even an asthma attack. There is no research evidence supporting the claim that a cat's breath emits allergenic particles.

"The allergic process begins when the immune system identifies the allergen for the first time (the sensitization period); the next time, it already acts in order to produce an allergic response. The process usually continues for several weeks.

"Treatment comprises three components: complete abstinence from the cause of the allergy (in our case, by ejecting the cat from

the house), and if this is impossible, then use of drug therapy or a vaccine.

"Eleven drugs (antihistamines) are on the market for treating this phenomenon. It is possible to tailor the drugs to the patient in an individualized manner. The new generation of drugs causes a minimum of such characteristic side effects as confusion or fatigue. The drug does indeed suppress the allergic reaction but doesn't cure it. From the moment that one stops taking the drug – the allergy returns.

"In contrast, the vaccine has a 30% chance of curing the allergy to cat fur and the protein found in the fur. During the immunization process, the patient is exposed by allergy shots to the substance to which he is allergic. The shots are given through a certain period of time and each shot contains an increasing amount of the allergen."

Medical consultant: Prof. Shimon Pollack directs the Allergy, Immunology & AIDS Institute at Rambam Health Care Campus and chairs the Department of Immunology at the Technion's Rappaport Faculty of Medicine.





Strategically Speaking >> Dvora Kreda




What is the protocol for quickly converting a 1,750 vehicle underground parking garage into a 2,000 bed wartime-emergency hospital bunker? We're working on it.



Learners' Manual

"Ze yehiye beseder" (*It'll be okay*) is said a lot in Israel. People say it liltingly, dismissively, as an alternative to problem solving. Israelis will tell you that as reassurance, it doesn't fly.

 Our goal is to erase the words *'ze yehiye beseder,'*" firmly states Mr. Nissim Haim, Director of the Division of Human Resources & Division of Logistics and Operations. He heads the ten-member executive committee tasked with writing the protocol for the Sammy Ofer Northern Regional Underground Emergency Hospital.

Q What are the logistics of rapidly converting a 1,750-vehicle subterranean garage into a hospital? He and committee co-executives Messrs. Eli Ben Shlush and Ariye Elkoby (who are Operations Manager for Planning & Infrastructure and Director of Maintenance respectively) reply with the torrent of questions that have preoccupied the committee since it began its work in April 2011.

"Where do you store 2,000 medical beds, 95 dialysis stations, hundreds of portable toilets and thousands of folding carts, 750 mobile medical-gas lines and 2,250 meters of air conditioning sleeves?" (Answer: Rambam keeps an off-campus hangar with numbered and prioritized containers for storage purposes.)

"How do you maintain this equipment, transport it to campus, unpack and install it?"

"How do you evacuate the cars to make room for whole hospital wings? Where do the blood bank, laboratories, computers and phones go?"

"How will you feed 5,000 patients, caregivers, and family members in sealed-bunker conditions? Where will they sleep? How will the air be filtered against germs and odors? How will soiled laundry and other germ-laden materials be disposed of?"

A Mr. Haim leans forward with calm intensity to answer the questions. "In wartime, 70% of the patients will be released for home; 30% will stay. This means that 70% of the underground space will be free to absorb thousands of wounded. Some personnel will automatically arrive, others will be recruited, and each person will be given a priority assignment.

"We must meanwhile take out all the parked cars starting with Level -3," he continues. "We must call all the drivers, and we have agreements with towing companies.

"We must clean the floors and walls and ready the facility for hospital use. We have pre-fortified areas with signage already in place; for instance, one big open space at Level -3 has been designated for four operating theaters.

"No model exists in Israel or the world for an underground emergency hospital," he concludes. "We are learning by doing."

In January 2012, the committee finished writing the protocol. Its implementation will be large-scale drilled in August.

Professional consultants:



Mr. Nissim Haim



Mr. Eli Ben Shlush



Mr. Ariye Elkoby

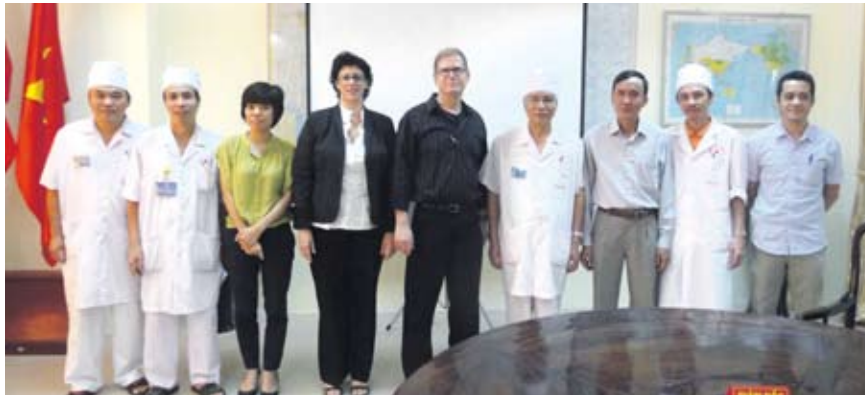


East of Eden

Despite the State of Israel's Western outlook, the country is geographically located on the Asian continent. Israel's adventurous youngsters, drawn to peoples and cultures farther east, are known for hoisting on their backpacks, heading for such magnets as India, Nepal, Thailand, and Japan, and bringing home, into their personal and professional lives, something of what they have encountered.

The Israeli medical establishment has proved remarkably open to the wisdom of such ancient Eastern practices as acupuncture, meditation, tai chi, and more. In fact, you will find complementary medical versions of all these practices at Rambam's Pain Relief Unit.

We focus this time on four modern Asian countries with which, in recent months, senior Rambam medical practitioners have enjoyed cross-fertilizing professional exchanges.



VIETNAM

HANOI - Prof. Yehuda Ullmann, Director of the Department of Plastic Reconstructive Surgery at Rambam, and Chairman of the Israeli Association of Plastic Surgery, journeyed to Hanoi, the capital of Vietnam, in October 2011 to lead workshops in the advanced treatment of burns. Venues included the Central Hospital of Hanoi, which receives a steady stream of burn patients from the country's northern region, and the Vietnam National Institute of Burns. The visit took place under the auspices of the Israel Ministry of Foreign Affairs and the Embassy of Israel in Hanoi at the initiative of Deputy Chief of Mission Ms. Michal HersHKovitz, and was extensively documented by national and local media.

INDIA

AHMEDABAD - There has always been a Beyar in India - the small village of Beyar in the hugely populous northern state of Uttar Pradesh, but until the Director and CEO of Rambam, Rafi Beyar, came to India in January 2012, never a *Professor Beyar*.

He traveled to Ahmedabad, in the state of Gujarat, at the invitation of fellow interventional cardiologist Dr. Parikh Keyur, Conference Chairman of the CIMS-CON 2012 8th Annual Scientific Symposium. There, Prof. Beyar delivered a plenary lecture entitled "Stem Cells in Cardiology," and gave workshops and panel presentations exploring the future of such technologies as coronary stents and cardiovascular robotics.

Ahmedabad is native to Rambam's beloved Prof. Lael Anson Best, Chair of the Division of Surgery and Director of the Department of Thoracic Surgery, who made aliyah in 1979. During Prof. Beyar's visit, the city's close-knit Jewish community made him an honorary member of the family, hosting him at their synagogue and for Shabbat.



INDONESIA

RHCC - For two weeks in November 2011, the Teaching Center for Trauma Emergency and Mass Casualty Situations (MCS) hosted 27 physicians and nurses from 18 countries – in alphabetical order, Albania, Burma, Chile, Ecuador, Ethiopia, Georgia, Ghana, India, Indonesia, Jordan, Kenya, Kosovo, Nepal, New Zealand, Nigeria, Peru, Thailand, and Vietnam.

The visitors were present for an advanced capacity building course, the “Eighth Seminar on Developing and Organizing a Trauma and Mass Casualty Event (MCE) System.” The course was led by Dr. Moshe Michaelson and Gila Hyams, RN, respectively the Medical Director and Director of the Teaching Center.

The participation of Indonesia, the world’s most populous Muslim country, garnered the most press. The Republic of Indonesia has no diplomatic relations with the State of Israel; despite this, the country sent five of its top medical experts to Rambam to learn how to build a system for treating victims of natural and manmade catastrophes.

On November 17th, course participants were honored at a graduation ceremony held in Spencer Auditorium, where they received diplomas in the presence of their country’s Israel-based ambassadors and representatives of the Israel Ministry of Health and Ministry of Foreign Affairs.



We did not come to seek medical information, but for guidance on how to get organized in mass casualty situations. Rambam’s system for trauma is the best there is, and we can learn a lot from it.



Prof. Dr. Andi Asadul Islam
Hasanuddin University
Makassar, East Indonesia





International Outreach



JAPAN

Japan regularly, and bravely, faces such natural disasters as earthquakes, tsunamis, volcanic eruptions, and typhoons. Most recently, it has confronted a nuclear crisis that had leaders weighing the possibility of evacuating Tokyo. Israel has extensive experience coping with terrorist attacks and war, and has developed a model of systemic mass casualty management. The medical professionals of both nations have much to share with each other about preparing for and coping with mass emergency and disaster.

AKASHI - February 2012 found Director of Nursing Dr. Hanna Admi at the University of Hyogo on a one-month research fellowship. Her visit was initiated by Prof. Aiko Yamamoto, RN, PhD, Executive Director of the Research Institute of Nursing Care for People and Community (RINCPC), a WHO Collaborating Center for Nursing in Disasters and Health Emergency Management.

It is Israel's expertise in mass casualty situations (MCS) management that Dr. Admi's hosts sought to hear about from her. She lectured to graduate students, was consulted regarding the development of a new degree program in emergency and disaster management, delivered a keynote speech at an international conference devoted to the discipline, and conducted cross-cultural research.



The Japanese are extraordinarily diligent people, polite, kind, and eager to learn. The country is very advanced, with modern technology and efficient transportation side by side with beautiful ancient shrines and castles.

Dr. Hanna Admi, Director of Nursing, Rambam Health Care Campus



Osteopathic medicine attempts to reduce to the minimum the amount of invasive treatment and medication. Very often, we help patients avoid operations. The word that best describes our work is *rehabilitation*.



Dr. Mervyn Waldman,
Doctor of Osteopathy, Pain Relief Unit,
Rambam Health Care Campus

RHCC - In November 2011, a delegation of 12 Japanese osteopaths, including two therapists from the region destroyed by the March 2011 tsunami, came to Rambam for an advanced workshop with Dr. Mervyn Waldman, one of the world's most senior osteopathic practitioners. Armed with thick notebooks and a translator, the Japanese guests paid rapt attention during the intensive three-day course. They watched Dr. Waldman treat patients, listened to his explanations, and practiced on each other. Their purpose was to return home with additional skills for treating tsunami victims who have not regained normal function.

Based on the use of manipulation, osteopathy primarily diagnoses and treats the origins of pain and of orthopedic problems connected with the musculoskeletal system. It is used as a primary or accompanying treatment for many diseases and injuries.

"Rambam is the only hospital in Israel that implements osteopathy at the treatment and teaching levels," Dr. Waldman explains. "This is an advanced, unique approach that incorporates the method as a regular part of pain medicine."



American Friends

The Real Deal

RHCC - On February 19th, 16 senior executives representing a Who's Who of the world's most prominent companies, among them General Electric (whose long collaboration with Rambam has yielded world-changing medical imaging technology), Boston Scientific, the France Telecom Orange Group, and Starbucks, were hosted at Rambam on their way to the annual Israel Dealmakers Summit 2012 in Tel Aviv. Guest Speaker Mr. Eitan Wertheimer, Chairman of industrial giant Iscar Ltd. and of Rambam's Board of Trustees, addressed the nexus between "Philanthropy and Entrepreneurship."

Homecoming

RHCC - On February 8th, 46 North American hospital CEOs were welcomed to campus by Israeli counterpart Prof. Rafi Beyar, Director and CEO of Rambam. The delegation was led by Dr. Joseph Mapa, President and CEO of Mt. Sinai Hospital in Toronto, for whom the visit was also a homecoming; the Canadian health care leader was born at Rambam Hospital in 1950. Dr. Mapa is a strong proponent of a teaching hospital's special role and of mentorship at all levels of hospital organization.

Florida's Warm Welcome

MIAMI – FORT LAUDERDALE - In January, during 48 peripatetic hours commuting between engagements, the Director of Medical Operations at Rambam, Dr. Michael Halberthal, attended three meetings and delivered three lectures on Rambam's behalf. His listeners included 60 members of the Bank-Leumi sponsored *Forum Nashim* of Miami; 30 seniors, among them many retired physicians, who gathered at the David Posnack Jewish Community Center in Davie; and Florida chapter members of the American Israel Chamber of Commerce.



Lighting Candles

RHCC - Aaron and Irma Spencer, absolutely Best Friends of the Israeli nursing profession, spent Chanukah with us at the invitation of Director of Nursing Dr. Hanna Admi. Several hundred Rambam nurses owe the opportunity to have earned their university degrees to the family's largesse, which has spanned four decades. Dr. Admi was the country's first Cheryl Spencer Memorial Nursing Scholar, and since taking the helm of the Department of Nursing a decade and a half ago, has made the academization of her staff a top priority. A bevy of current Spencer Scholars flocked around the couple to express their gratitude.





American Friends



Coast to Coast

Mid-November 2011 found Prof. Beyar representing Rambam stateside at several American Friends (AFORAM) sponsored events.

PALO ALTO - On November 10th, Prof. Beyar and Attending Pediatric Nephrologist Dr. Daniella Magen represented Rambam Health Care Campus at a dinner reception in Northern California co-hosted by Levy and Liora Gerzberg and Sam and Tzipi Tramiel. Those in attendance heard about construction milestones reached on the way toward realizing our new West Campus.

NEW YORK CITY - "Innovations and Imagination in Medicine" were the keynotes on November 14th when Mr. Jeffrey R. Immelt, Chairman and CEO of General Electric, brainstormed with Prof. Beyar in front of 150 invited guests. The event was hosted at J.P. Morgan global headquarters on Park Avenue. It opened with greetings by Mr. Adam Emmerich, Esq., President of AFORAM, and Mr. Michael Vaknin, Chief Economist for J.P. Morgan Asset Management & Private Banking. Mr. Eitan Wertheimer delivered the closing address.



CHARLESTON - Then it was on to the Medical University of South Carolina for the host institution's first international "Frontiers in Cardiovascular Regeneration" symposium. Prof. Beyar and MUSC President Dr. Ray Greenberg signed an accord calling for joint pursuit of stem cell research by scientists at Rambam Health Care Campus, the Technion-Israel Institute of Technology, and MUSC. The aim is to accelerate development of patentable and marketable stem cell techniques for the repair or replacement of damaged heart tissue, muscles, and arteries. Charleston Mayor Joe Riley proclaimed Nov. 17-18th MUSC-Technion-Rambam Collaboration Days in recognition of the potential brought to his city by the joint research effort.

On, Wisconsin!

MILWAUKEE - Over 50 people from across the Milwaukee Jewish community gathered at Congregation Sinai on October 16th to hear Senior Physician Dr. Fahed Hakim of Rambam, who is currently completing a postdoctoral fellowship in pediatric sleep medicine at the University of Chicago. Dr. Hakim told of his childhood in Nazareth, education at the best Israeli schools, Arab and Jewish mentors, and the friendships that he has enjoyed with Jews and Arabs throughout his life and career. At Rambam, he said, he has treated not only Israeli kids but also children from Gaza, the West Bank, Jordan, and Iraq. Commented Milwaukee-based Friend of Rambam Ms. Eti Ganim, "He has made me feel proud of being an Israeli from Haifa and has made all my time spent volunteering for Rambam worthwhile."

Israeli Friends



alike when veteran musicians "Danny (Sanderson), Gidi (Gov) and Friends" took to the stage of Haifa Auditorium to rock Israeli Friends' annual fundraising gala. The evening garnered 500,000 NIS for purchase of cardiac surgical equipment.

Forever Young

HAIFA - The State of Israel's own brash youthfulness may partly explain the enthusiasm expressed by Israelis of all ages for the country's vigorous homegrown rock 'n' roll scene. On November 26th, that enthusiasm was shown by performers and audience

British Friends



The British Friends of Rambam Hospital
Present

A Fashion Show

Dress2Party: Evening and Young
Party Dresses

Marimar: Exclusive Italian Spring
Collection and Accessories

Orders may be taken after the show

21 March 2012, 7.30pm

Arts Depot Studio Theatre,
North Finchley, N12 0GA

£20 donation (under 16's - £12.50)

Raising funds for an incubator for 'at risk' babies

Book before 7.3.12 to confirm your
seats!

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Charity No: 1028061

Visit rambamuk.co.uk for more info

Spring Collection

RHCC - "As always, I was warmly welcomed by everyone," Ms. Anita Alexander-Passe, Director of British Friends, appreciatively sums up her November 2011 visit to campus, where she met with Prof. Shraga Blazer, Director of the Department of Neonatology; Dr. Irit Chermesh, Medical Director of the Institute of Clinical Nutrition; and Prof. Abraham Kuten, Director of the Oncology Institute. All three entities have benefited over the years from British Friends' largesse.

During her meeting with Prof. Blazer, Anita made sure to visit the latest newborn nestling in an incubator bought by British Friends ten years ago and named in memory of the late Princess Diana. "The first baby I saw in that incubator was named Hadar," Anita recalls. "It was a special moment - she seemed to look right at me."

"Prof. Blazer has told me that the department needs six more ventilator incubators. All our fundraising at the moment is for this project. My favorite things to buy, actually."

LONDON - *Save that date!* On March 21, 2012, British Friends will hold a fashion show whose proceeds will go toward purchase of an incubator for at-risk babies. The advert was designed by Anita's granddaughter, Anoushka, who will also be among Rambam's young Friends strutting the catwalk for charity.



Rambam Health Care Campus Something big is happening in Haifa!

We are creating the future of pediatric medicine

A new children's hospital, named for Ruth Rappaport, is being built at Rambam Health Care Campus. The 9-floor building will include 7 in-patient departments (some of which will be fortified against conventional and chemical warfare) and over 20 specialized departments.

The new hospital will be approximately 17,000 square meters (2.5 times the size of the existing children's hospital) and will include expanded public areas, a movie theater, family rooms, and classrooms, all of which will provide children and their families with a supportive, healing environment.

The best experts in pediatric medicine will work at the Ruth Rappaport Children's Hospital, employing a multi-disciplinary approach. The hospital will be affiliated with the Technion-Israel Institute of Technology's Ruth and Bruce Rappaport Faculty of Medicine. Senior physicians from the Faculty will be involved in innovative research, spearheading the advancement of pediatric medicine in Israel and the world.

To gift the Children of Rambam, please contact:

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