Cryoablation Puts the Freeze on Tumors

A procedure used to help treat tumors in the kidneys or liver has proven to be successful method of treatment. Cryoablation is a process that uses extreme cold to destroy or damage tissue.

At Trinity Health, this procedure is used on the kidney or liver for the purposes of treating cancerous tissue or tumors in those areas, explained Jake Naidu, DO, an interventional radiologist with Trinity. During cryoablation, a thin, wand-like device—a cryoprobe—is inserted through the skin into the cancer. A gas (liquid nitrogen or argon gas), at -120°C (-184°F) is used to freeze the tissue. Then, the tissue is allowed to thaw.

“Once you freeze it, the tumor cells are dead. The body absorbs the cells over time,” Naidu said. “That area of the treated organ is permanently dead, but the rest of it will compensate fine.”

Trinity began performing this procedure at the beginning of this year. Since then, “we have had good success, and there are no complications,” Naidu said.

“After we treat them, we follow up with them, up to one year,” Naidu explained. “A CT scan evaluates for recurrence of the tumor. If there are signs, we will re-treat it.”

Cryoablation is often used to treat cancer tumors when surgery isn’t an option. While Trinity Health offers surgery and cryoablation as alternatives for treatment, Naidu noted that cryoablation has its advantages. Prior to the use of cryoablation, a nephrectomy – in which the kidney is partially or completely removed – was done. “We have certain criteria for cryoablation, so it is just as effective as a nephrectomy,” Naidu said.

“The advantage of cryoablation is a minimally invasive procedure, as opposed to an operation.”

“Typically, we like to have the tumor less than five centimeters in size,” Naidu said. “Also, there can’t be any invasion of the tumor localized and it hasn’t spread,” he added. “Once it spreads, there is no point in treating just the tumor. It has to be localized for best results.”

Another reasoning for cryoablation over nephrectomy is the severity of the latter procedure. “If the tumor is taking up 10 percent of a kidney, there is still 90 percent that is functional,” Naidu explained. “We offer cryoablation to people who have the tumor localized and it hasn’t spread,” he added. “Once it spreads, there is no point in treating just the tumor. It has to be localized for best results.”

Another reasoning for cryoablation over nephrectomy is the severity of the latter procedure. “If the tumor is taking up 10 percent of a kidney, there is still 90 percent that is functional,” Naidu explained. “We offer cryoablation to people who have the tumor localized and it hasn’t spread,” he added. “Once it spreads, there is no point in treating just the tumor. It has to be localized for best results.”

Another alternative is radiofrequency ablation, which alternatively uses heat – 230° Fahrenheit – to boil the tumor until it’s dead.

“Although radiofrequency ablation and cryoablation may be used for liver tumors, radiofrequency is preferred unless the tumor is close to critical structures, like blood vessels or the diaphragm, in which case cryoablation is utilized as it has less post-procedure complications,” Naidu said. He explained that the heat from radiofrequency ablation can cause damage in a kidney. “If you burn the kidney’s urinary collecting system or cells, there is a much higher complication rate – but the kidney can tolerate being frozen and can recover just fine!”

Recovery time for cryoablation is “extremely fast,” Naidu said. “In rare occasions, the patient would be in the hospital overnight, but so far we haven’t had to do that.”

The need for treatment is determined by a urologist or oncologist. “Cryoablation should be considered with the rest of treatment options, such as surgery or chemotherapy,” Naidu said.

Naidu, DO, an interventional radiologist with Trinity Health.
Immunizations: They’re not Just for Children

When you were a child, you received the dreaded booster shot.
You got a few years older and with that, you got more shots.

Shots, or immunizations, are common for children and young adults. But once you reach adulthood, immunizations seem to be a thing of the past — but they shouldn’t be.

“Based on your age, health conditions, vaccines you received as a child or other factors, you may need additional vaccines such as varicella, measles, mumps & rubella (MMR), shingles, Hepatitis A, Hepatitis B, (MMR), shingles, influenza, annually; two doses of varicella, annually, and one or two doses of measles, mumps and rubella from age 18 up until you are almost 60.

INFLUENZA

During the 2014-15 flu season, there were 6,456 confirmed flu cases by the North Dakota Department of Health (with females having a slight majority – 3,343, over the 3,111 men who had cases). In Ward County, there were 738 cases. Of the total cases, 54 died from flu or flu complications.

According to the North Dakota Department of Health, the two age-related groups that are the highest risk for influenza infections and complications are those over the age of 65 and those younger than two years of age. (Last year in North Dakota, the 10 years and under and 60 years and over age groups had the highest number of cases.

Additionally, persons of any age with underlying medical conditions place them at an increased risk for the complications of influenza. The underlying medical conditions include: asthma; COPD; heart disease; diabetes mellitus; kidney disorders; liver disorders; morbid obesity; neurological or neuromuscularal conditions, such as stroke, intellectual disability, or a spinal cord injury; persons younger than 19 years of age receiving aspirin therapy; or those with weakened immune systems, due to disease or medications.

Everyone over the age of six months is recommended for annual flu vaccination with rare exception.

SHINGLES

Shingles, also known as herpes zoster, is a painful rash that develops on one side of the face or body. It forms blisters that typically scab over in seven to ten days and clear up within two to four weeks.

Almost one in three people in the United States, 60 years of age or older, will develop shingles at some point in their lifetime.

One out of six people older than 60 years old who get shingles will have severe pain. The pain can last for months – or even years. The virus is spread through direct contact with fluid from the rash blisters.

Shingles can affect the eye and cause loss of vision. It can also lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death.

As people get older, they are more likely to develop long-term pain as a complication of shingles and the pain is likely to be more severe.

A person with active shingles can transfer the virus to another person who has never had chickenpox.

To reduce the risk, get one dose of shingles vaccine if you are older than 60 years of age. The shingles vaccine can reduce your risk of shingles and the long-term pain it can cause.

Tdap

Tdap is tetanus, diphtheria and pertussis.

Tetanus, or lockjaw, is a common bacterial infection that can cause stiffness and spasms of the muscles, especially those of the face, neck, and jaw. The shingles vaccine can reduce the risk of shingles and the long-term pain it can cause.

MEASLES, MUMPS and RUBELLA

Measles is a highly contagious infection caused by the measles virus. It begins with fever, cough, runny nose, and red eyes; after a few days, small white spots form inside the mouth and a flat, red rash will present on the face and spread to the rest of the body.

Mumps, also known as epidemic parotitis, causes painful swelling of one or both parotid glands. It is highly contagious and spreads rapidly, being transmitted by respiratory droplets or direct contact with an infected person.

Rubella, or German measles (or three-day measles), has a rash that is not as bright as that of measles, but it can be

spread person-to-person through secretions from coughing or sneezing.

The Tdap vaccine can protect adolescents and adults from getting tetanus, diphtheria and pertussis. Tdap is especially important for healthcare workers and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a

nicky, swollen lymph nodes are common. Rubella is spread through the air, via droplets of people who are infected.

Suscetible adults who do not have documented evidence of immunity (measles antibody titer) or proof of receiving two doses of mumps vaccine are recommended to receive the mumps and rubella (MMR) vaccine.

Reasons Why Adults Should Get Vaccinated

1. You may be at risk for serious diseases that are still common in the United States.

Each year thousands of adults in the United States suffer serious health problems from diseases that could be prevented by vaccines – some people are hospitalized, and some even die. Even if you were fully vaccinated as a child, the protection from some vaccines you received can wear off over time and you may also be at risk for other diseases due to your job, lifestyle, travel, or health conditions.

2. You can protect your health and the health of those around you by getting the recommended vaccines.

Vaccines work with your body’s natural defense to reduce the chances of getting certain diseases as well as suffering complications from these diseases.

There are many things you want to pass on to your loved ones; a vaccine preventable disease is not one of them. Infants, older adults, and people with weakened immune systems (like those undergoing cancer treatment) are especially vulnerable to vaccine preventable diseases.

3. You can’t afford to risk getting sick.

Even healthy people can get sick enough to miss work or school. If you’re sick, you may not be able to take care of your family and other obligations. Being vaccinated is your best protection against many serious diseases.

Women of childbearing age should have immunity to rubella confirmed. Pregnant women should not be vaccinated, and pregnancy should be avoided for one month after vaccination with monovalent measles vaccine and three months after vaccination with MMR vaccine.

Talk with your healthcare professional to make sure you are up to-date with the vaccines recommended for you.

Women of childbearing age should have immunity to rubella confirmed. Pregnant women should not be vaccinated, and pregnancy should be avoided for one month after vaccination with monovalent measles vaccine and three months after vaccination with MMR vaccine.
The National Athletic Trainers Association (NATA) as a part of the Inter-Association of Spine Task force has issued a change in policy in dealing with possible spine-injured players on the field of equipment intensive sports such as football and hockey.

On August 12, Robyn Gust and Dawn Mattern, MD, both Trinity Health Sports Medicine, worked with the Trinity Sports Medicine staff and Minot State Athletic Training students on this new edict: the recommendation to remove protective equipment on players who appear to have spinal injuries before the injured party is transported to the hospital.

Shoulder pads, the helmet and other protective gear are removed and the jersey is cut to prevent a barrier for basic or advanced life support to the airway and chest. This is a major change in protocol for all to learn. Until this time, the helmet and protective gear were to remain on for transport and only the facemask was to be removed, to allow for access to the airway.

This is done on a case-by-case basis, Gust explained to the athletic trainers: depending on the situation, if there are enough trained personnel, and if the athletic trainers assisting personnel are comfortable doing it. The rationale behind this major change is in order for emergency personnel to have better immediate access to critical areas of the patient. Additional reasoning is so the pads and helmet can be removed by individuals that work with that particular type of equipment every day, rather than in an emergency room setting.

The students are in attendance with Sports Medicine personnel in clinical capacity: “They are there to observe and utilize what skills they’ve learned in their education and assist our athletic training staff. In a situation like that, they are very helpful for us,” Gust said. “We can run the show, but they know what is expected, so they can help in that role to help a spine-injured athlete.”

Spicy Pie will continue a new tradition to help raise money for the Trinity CancerCare Center. Ten cents will be donated for every slice sold; for every whole pie that is sold, Spicy Pie will donate fifty cents. Additionally, customers have the option to make a donation in increments of $1, $5, or $10. This year, Spicy Pie will be adding two new items for sale: pink tumblers for $5 and pizza cutters for $2.

Since the fundraising program began in October 2013, a little over $4,000 was raised for the CancerCare Center. The funds raised help toward different events done during the year to support cancer awareness, as well as offer support to patients during their time at the center, said Shane Jordan, RT (R)(T), CMD, director of the Trinity CancerCare Center. Spicy Pie is located at 1100 North Broadway.
Trinity Health’s Ear, Nose & Throat (ENT) Clinic is now offering an innovation that aids the improvement of outcomes after sinus surgery. PROPEL® compliments surgery completed after surgery for curing chronic sinusitis, explains Mark Noel, DO, an ear, nose, and throat specialist with Trinity Health. The PROPEL® stent is placed in the ethmoid sinus cavity (which is located near the bridge of the nose) at the conclusion of the sinus surgery, Noel says. “It helps with healing, decreased scar tissue formation and decreased inflammation during the healing process.” The biodegradable stent is embedded with mometasone, a steroid that is also found in Nasonex™. “It’s a safe steroid used in other topical preparations and inhalated preparations,” Noel added. Over a period of 30 to 60 days, the PROPEL® stent dissolves. The stent ranges between 16 and 23 millimeters in length. “It looks like a lattice-work coil so it can dilate out to three, four centimeters, but they conform to the anatomy of the sinus cavity,” Noel says. This stent is the first of its kind. Before, it would mean having to go on oral steroids periodically. Propel works topically. “It’s been well researched and developed,” Noel says. “It’s undergone the most stringent level of research and development, so it has very good data showing its effectiveness.” Noel and his colleague, Rob Thomas, MD, have been offering PROPEL® for over one year. “Here in Minot, I’d say we’ve each done maybe 15 to 20, so 30-plus patients in town have had this done,” Noel says. PROPEL® has been on the market for four or five years. “It’s gaining popularity amongst the sinus surgeons, because it’s effective and really helps the patients,” Noel says. The PROPEL® stent can be used in conjunction with Balloon Sinuplasty, a procedure used by Noel and Thomas to help cure sinusitis. The Ear, Nose & Throat Clinic is located at Health Center-West, Suite 203, 101-3rd Avenue SW, Minot. To make an appointment with Dr. Noel or Dr. Thomas, call 857-5986.

**“PROPEL® compliments surgery completed after surgery for curing chronic sinusitis.”** —Mark Noel, DO

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**Terri Nelson Named Director of Home Health/Hospice**

Terri Nelson, RN, has been named the new Director for Trinity’s Home Health/Hospice. Nelson, who previously served as Supervisor, took over for Liz Johnson, who retired in July. Jennifer Napora, RN, has also been hired to fill Nelson’s former position as Home Health and Hospice Supervisor.

Hospice is an option to help patients and their families not dwell on the dying process but to help bring as a good of quality of life as possible. The patient is usually referred to hospice by the primary physician. Referrals can also be made by clergy, social workers, family, friends, other health professionals, and the patient.

Trinity’s Home Health/Hospice admits an average of 150 patients a year and is available to consult and give support to patients and families during end-of-life care.

Trinity’s Hospice Program employs about 50 Hospice workers, including a physician medical director, nurses, physical therapists, occupational therapists, pharmacist, social worker, dietician, chaplain, certified nursing assistants and volunteers.

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**Thank You, Healthy Hearts Day Sponsors!**

The Trinity Health Auxiliary Healthy Hearts Club would like to thank all of the organizations that sponsored Healthy Hearts Day on September 14. Your commitment to making our community a healthier place is greatly appreciated!
Since early August, radiologists at Trinity Health have found the perceived benefits in 3-D mammography to be warranted.

“This is the best technology there is, as far as mammography goes,” said Connie Busch, RT(R), coordinator of Trinity’s Breast Imaging Center, about Wide-Angle True Breast Tomosynthesis, the most up-to-date 3-dimensional breast imaging system on the market. “This technology is really going to shine. We are going to find those cancers that would have been missed because of dense breast tissue.”

What exactly is dense breast tissue? Dense breast tissue is a more solid area and harder to see through in mammography image, while fatty breast tissue is easy to see through, thus cancer cannot hide in this form of tissue.

Dense or fatty breast tissue is not something that can be determined by touch or looks alone, Busch explained. “You can’t feel the breast or physically look at it and know the structure,” she said. “It is determined by how it looks on the breast image performed during the mammogram.”

According to Busch, age and genetics usually play a part in the makeup of the breast.

“In general, the younger women – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not gone through menopause – women that have not 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Foundation Purchases Garments for Patients with Lymphedema

Each day, physicians and caregivers at the Trinity Health CancerCare Center help patients and their families fight cancer. Like every patient, every donation the Trinity Health Foundation receives is special and important. Each gift provides the Foundation with the necessary resources to support the CancerCare Center and the patients receiving oncology or infusion related services.

Most recently, the Foundation has purchased lymphedema compression garments for CancerCare Center patients that have a high risk of developing lymphedema from their diagnosis or treatments. Lymphedema is the swelling caused by the accumulation of lymph fluid and occurs when lymph vessels or lymph nodes are blocked or removed. Men and women who undergo cancer treatments that involve surgery and/or radiation that include the removal or damage of lymph nodes may be at risk for lymphedema. Compression garments can help keep the swelling down once the extremity is decongested.

Shane Jordan, RT(R)(T), CMD, director of the CancerCare Center, noted that a recent survey conducted by the North Dakota Department of Health and participated in by Trinity CancerCare noted out-of-pocket expenses as a high barrier for patients undergoing oncology treatment. Patients in need often find that these compression garments aren’t always covered by insurance; if they are, it may not be fully covered, Jordan noted. “To help ease this burden, we will begin providing one compression garment at no cost for these oncology patients.”

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The garments are supplied by KeyCare Medical, which offers them to the CancerCare Center at cost. Jordan estimates that, annually, 50 patients will benefit from the Foundation’s generosity.

Painting the Pain Away

Symbolism can often be found in art, and the painting by Michelle Schmidt is one of them. It is of a green pasture, lush and dotted with pink flowers. The sky is a dark orange hue – a storm, but it is dissipating, making way for the sunshine which is peeking through. “This is a metaphor of Schmidt’s life, with the storm symbolizing cancer; the sun is her life, now that she is cancer-free.”

The conference room at the Trinity CancerCare Center is set up as a makeshift studio. A long blue tarp covers the executive-looking table. Here, five women have met weekly for the past five weeks to paint, the painting part of art therapy, one of the holistic approaches to therapeutic treatment explored at the Trinity CancerCare Center.

“We had conversation about painting and painting in the style of the impressionist painters, like Claude Monet. The impressionists are notorious for using daubs of paint, showing brush strokes, and using a lot of color,” Harbort said. “We also had conversation about landscapes and how imagine a landscape and how that related to their life. To paint that vision, in the spirit of an impressionist painter.”

Art therapy was one of the facets of the CancerCare Center’s survivorship program, which was created to provide different activities for people undergoing treatment for cancer or for those whose cancer is in remission. For participant Tamara McNeeley, “the world seems to stop” when she was painting. “Even though I’m not any good, it’s fun,” McNeeley said. “It’s a great hobby and it might get me started on something else.”

“The intent of the experience is to foster healing through visual means and through the act of painting,” Harbort said. “I think we all made an authentic connection with each other. It was a really warm experience. There’s a bond that cancer patients experience, that’s something akin to sisterhood.”

The exhibition, “Painting Away The Pain,” will be up at the Trinity CancerCare Center and available for viewing. According to Mohagen, there are plans to continue with the art therapy classes although a definite date is not set at this time.
RehabCare Achieves Accreditation

Trinity’s RehabCare Center has achieved a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). The CARF accreditation process starts with a provider’s commitment to continuous improvement and culminates with external review and recognition that the provider’s business and service practices meet international standards of quality – with all the steps in between focused on optimal outcomes for the persons the provider serves and sustained organizational success. Achieving greater satisfaction for stakeholders, improved organizational efficiency and effectiveness, as well as an enhanced community image, are among the benefits of the CARF accreditation process.

The CARF standards have been developed over 40 plus years by international teams of service providers, policy makers, payers, family members, and consumers. The standards have also been submitted to the public for review to validate relevancy and ensure input from all interested stakeholders.

After a service provider commits to accreditation, the accreditation process begins with a thorough self-evaluation that applies the relevant CARF standards against the organization’s practices. Once the organization is in conformance to the standards, a request for a CARF survey is submitted at least three full months in advance of the desired date for an on-site survey. By the date of the survey, the provider should be in conformance with the standards for at least six months.

The survey team comprises industry peers who follow a consultative (rather than inspection) approach in conducting the on-site survey. In addition to interviews of staff, family served and the families, the surveyors observe organizational practices, review appropriate documentation, answer questions, and suggest ways to improve the provider’s operations and service delivery.

Following completion of the survey, CARF renders an accreditation decision and delivers a report that identifies the service provider’s strengths and areas for improvement and its level of demonstrated conformance to the standards.

To demonstrate its ongoing conformance to the CARF standards, an accredited provider completes a Quality Improvement Plan after receiving the survey report and submits an Annual Conformance to Quality Report each year throughout the accreditation term.

New Program Director

Poni Seong Koong, LCSW, MSW, MPP, is the new Program Director of Trinity Health’s RehabCare Center at Trinity Hospital – St. Joseph’s. Koong was born in Malaysia. She went to Singapore to continue her studies and graduated with a BA in Social Work and Psychology, and a Master’s degree in Public Policy. She worked with older adults for 10 years in Boston, MA. She also worked with people with disabilities for six years in Pittsburgh. She specialized in home care programs which provided long-term support services to individuals living in the community.

Recently, she returned to school to complete her Master’s degree in Social Work in Indiana University located in Indianapolis. Koong is a Licensed Certified Social Worker in the state of North Dakota. Koong and her husband, Dr. Philip Karuman, a general surgeon with Trinity Hospital, recently moved to Minot with two of their children, two standard poodles and a cat.

RehabCare is an inpatient rehabilitation program for people seeking to recover independence following an illness, injury or surgery. The program consists of three hours of physical therapy, occupational therapy and/or speech therapy daily to work on balance, strength and endurance so that the patient can be at their optimal levels of independence.

Let our staff assist you in selecting a health care provider right for you.

Please feel free to leave a message after hours, and your call will be returned the next regular business day, or email us anytime at DR4U@trinityhealth.org.
Trinity Health is pleased to announce the addition of two new physicians.

Jeffry Huffman, MD, is a board certified urologist with over 30 years of experience caring for adults and children with urological disorders. A Diplomate of the American Board of Urology, Dr. Huffman’s expertise includes minimal invasive surgery of the bladder, prostate and kidney. He also has special training in pediatric urology and urorologic oncology.

A graduate of Loyola University Stritch School of Medicine in Chicago, he completed his Urology residency at the University of Chicago and his Pediatric Urology residency at Chicago’s Children’s Memorial Hospital. He completed a fellowship in Urological Oncology at Memorial Sloan Kettering Cancer Center in New York and then began a long tenure of practice in California, serving as Assistant Professor of Surgery and Urology at UCSF School of Medicine in San Diego and later as Professor of Urology at USC-Keck School of Medicine in Los Angeles. Most recently he was an active member of College Station Medical Center in Texas.

Dr. Huffman is both a past and current honoree on the Best Doctors in America list, which chooses physicians based on recommendations by other physicians. His experience also includes two tours of service with the U.S. Air Force as part of Operation Iraqi Freedom (2007 and 2009). He is a two-time recipient of the Meritorious Service Medal.

Dr Huffman can be reached at 857-7396. His office is located at Health Center – Medical Arts, 400 Burdick Expy. East, Minot.

Philip Karuman, MD, PhD, is a general surgeon with special interests in liver surgery and surgical oncology. Dr Karuman received his medical degree from National University of Singapore and his PhD in Molecular Biology from Harvard University. He was a surgical oncologist at the National Cancer Center of Singapore. Later he completed a fellowship in multi-organ transplant surgery at the University of Pittsburgh and remained on the faculty at Pittsburgh in the Transplant Division. Dr. Karuman completed his General Surgery residency at St. Vincent Hospital in Indianapolis. He is a Fellow of the Royal College of Surgeons of both Edinburgh and England, and a Fellow of the Academy of Medicine of Singapore. He’s also a member of the American Society of Transplantation Surgeons.

Dr Karuman can be reached at 857-5764. His office is located at Health Center – West, Suite 201, 101 3rd Ave SW, Minot.

New Providers join Trinity Health

Jeffry Huffman, MD
Philip Karuman, MD

Prepared Childbirth Classes
Learn about exercise and breathing techniques, labor/delivery, newborn care, newborn feedings, etc. Enrollment is limited.

October 6-27 and November 17-December 8 (Tuesdays)
7:30 p.m., in the Prepared Childbirth Classroom, Trinity Health Center – Riverside Education Center, 1900 8th Ave. SE.

October 10, 24, November 14 (Saturdays)
9 a.m.-4 p.m., in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Ave. SE.

Breastfeeding Basics
Offered by Laureen Klein, RN, BSN. Meets from 7-8 p.m., in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Ave. SE.

Norsk Høstfest
Each year, Trinity Health has two booths at the Norsk Høstfest where we offer first aid, as well as information about the Høstfest. Feel free to stop on by and see us as you feast upon lutefisk!

Høstfest is September 29-October 3, at the North Dakota State Fairgrounds.

Grocery Store Tour
The Trinity Health Center for Diabetes Education will host a free Grocery Store Tour from 6 to 7 p.m. on Thursday, October 22, at the original MarketPlace Foods, 1930 South Broadway. The topic of tour is “Diabetes and Heart Health.” A Trinity Health registered dietitian will host. Please RSVP by calling 857-5268.

For the latest updates, check online at www.trinityhealth.org