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96 minutes of CPR

Roger White, M.D., left, and flight paramedic Bruce Goodman, right, and a host of first responders didn't give up on Howard Snitzer

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for easy breathing**

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Stopping to smell the roses

Breathing easy again thanks to minimally invasive nasal surgery

For more than a decade, Debra Testa suffered from nasal congestion and severe headaches first thing in the morning. “Even before my head came off the pillow, I would have an excruciating headache, and it was happening quite often — at least once a week if not several times a week,” says the Connecticut native.

Testa, now 52 and living in Jacksonville, Fla., visited various doctors over the years. Allergies were ruled out. She was eventually diagnosed with mild sleep apnea — doctors thought this was the cause of her headaches — and given migraine medication.

The pills seemed to help after the fact, but Testa says her quality of life was affected. She was constantly tired. The medicine caused debilitating nausea — so severe it began to impact her job. “I felt so sick that I couldn’t get into work on time. When I did come in, my productivity was affected because the medicine made me groggy, too.” On weekends, she was often unable to join her husband of 33 years on bike rides or walks they enjoyed.

Over the years, her symptoms grew worse. Her left nostril was almost completely blocked and the pain radiated through her left cheekbone and temple. “I couldn’t get any air in or out. And it was worse if I slept on the left side. I thought maybe my sinuses were triggering the headaches,” Testa says. She avoided the migraine medication as much as possible and instead took over-the-counter decongestants and other pain relievers, but the headaches prevailed.

Normal sinuses but no relief

A CT scan of her head in December 2009 showed normal sinuses. But her pain continued, so in early 2010, she saw William Bolger, M.D., an otorhinolaryngologist (ear, nose, throat specialist) at Mayo Clinic in Florida.

“Many people complain of trouble breathing through nose, nasal obstruction or post nasal drip — vague symptoms that are often equated with sinus issues,” Dr. Bolger says. “But when a person’s quality of life becomes affected, it’s important to confirm whether it’s a sinus problem or something else.”

In Testa’s case, it was something else.

Dr. Bolger confirmed Testa had a deviated septum, where the thin wall (nasal septum) inside her nose was displaced to one side. She also had enlarged turbinates, the spongy bones in the nasal passages that serve to warm inhaled air before it enters the lungs. In Testa’s case, one turbinate was so large it blocked the nasal passage and affected her breathing.



Surgery opens airway

In February 2011, Testa underwent minimally invasive surgery to resize the turbinate and open her airway.

“In the past, sinus and nasal surgery often required incisions in the scalp, face or under the gums,” Dr. Bolger says. “But now, newer techniques and advances in endoscopy allow us to go through the nostril and have more precision and control.”

This is part of a growing trend for surgeons in all areas of medicine to use minimally invasive techniques. “These advances make it so much easier on patients,” Dr. Bolger says. “The recovery is faster and there is less pain.”

Testa’s procedure was done under a brief, general anesthesia, but she was home that afternoon. “I thought it was great that he could go through my nose and do it all,” Testa says. “There was nothing invasive. It was amazing to me. He opened all my passageways so I could breathe easier.”

Today, Testa says her headaches are gone. She wakes up rested, breathing easy and enjoys early morning walks or bike trips with her husband — perhaps stopping occasionally to smell the roses. SMC

Sorting out sinus symptoms

Nasal congestion, postnasal drip, headache over the eyes, stunted sense of smell, fatigue.

These symptoms could indicate a common cold, spring allergies or a sinus condition.

See the doctor or wait it out?

The decision depends on the severity and persistence of the symptoms. Most often, these symptoms are the result of viral upper respiratory infection. Usually, time and home remedies are all that are needed.

"We suggest patients wait a week to see if they feel better," says William Bolger, M.D., an otorhinolaryngologist (ear, nose, throat specialist) at Mayo Clinic in Florida.

If there's no improvement into the second week, he suggests seeing a primary care physician. "Sinusitis

symptoms can be due to a range of different ailments and causes, including bacteria, viruses, anatomy blockages, inflammation from allergies or allergy-like conditions," he says. Primary care physicians do an excellent job of treating patients with these symptoms.

But, about 15 percent of patients have symptoms that persist for weeks and months. Dr. Bolger recommends they consult with an ear, nose and throat specialist or an allergist. Many times, chronic sinusitis symptoms are associated with asthma or allergies and treatment of those associated problems tends to help the chronic sinusitis.

"A specialist will take the time to understand the nature of the condition," says Dr. Bolger. Polyps, anatomical problems or systemic illness all can contribute to chronic symptoms.

Bottom line, he says, work with a doctor to determine the underlying cause and find effective treatments. "While most cases of sinusitis aren't dangerous, patients feel terrible; they feel down, tired and miss work," he says. "You don't have to live with chronic misery."

William Bolger, M.D.



TEAMWORK The Sinus Center on Mayo Clinic's Florida campus offers an integrated, experienced team of specialists to provide care for people with sinus concerns. For example, a sinus surgeon and allergist work in tandem as allergies and sinus conditions often are related. This patient-center approach focuses care on the patients' needs — and can reduce the need for additional trips to see multiple specialists.

INDIVIDUALIZED CARE Mayo Clinic's board-certified physicians customize treatment based on the patient's unique needs.



EXPERTISE AND EXPERIENCE Mayo Clinic has one of the largest otorhinolaryngology (ear, nose and throat or ENT) practices in the world, with more than 40 specialists providing care to patients in Arizona, Florida and Minnesota.

Mayo Clinic otorhinolaryngologists have specialized training in minimally invasive sinus and nasal surgery, which avoids or minimizes the use of external incisions. In addition, physicians have many years of experience helping patients with both simple and complex sinus and nasal problems.

96 minutes of CPR — and living to tell the tale

Howard Snitzer will be the first to tell you he's a lucky man.

"I just wish I'd won the lottery instead," he says, jokingly. But Snitzer knows his good fortune netted him something much more valuable: his life.

Snitzer, a 54-year-old chef, miraculously survived a cardiac arrest thanks to a flawless and unrelenting response from nearly two dozen emergency personnel, including many volunteer first responders. The group took turns performing CPR on Snitzer for 96 minutes, more than 30 minutes longer than previously documented out-of-hospital cardiac arrest durations.

Snitzer's story begins one cold evening in January, when he headed to Don's Foods in rural Goodhue, Minn., to buy a tank of propane for his grill. But Snitzer never made it inside. Instead, he experienced cardiac arrest and fell to the ground on the sidewalk just outside the store.

Veteran first responders

Here's where his luck starts to change. From inside Don's, clerk Carol Skrypek and shopper Candace Koehn saw Snitzer fall. Skrypek immediately called 911. Brothers Roy and Al Lodermeier — veteran first responders — came running from their auto shop across the street.

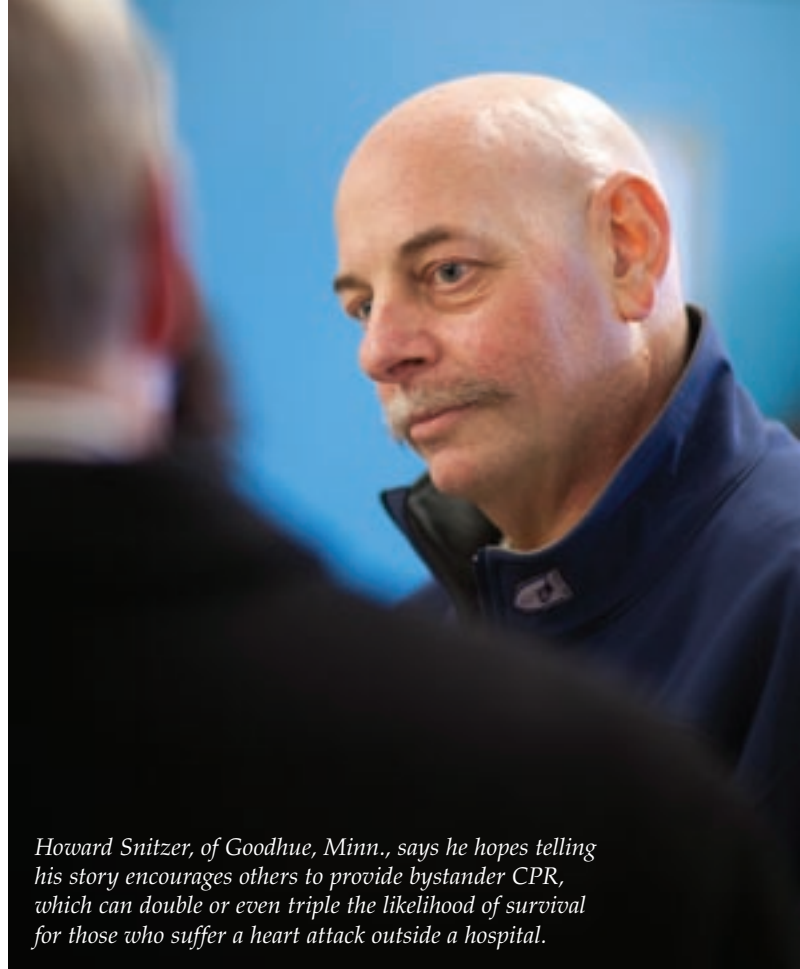
Al Lodermeier and Koehn, a CPR-trained corrections officer, began performing CPR, while Roy Lodermeier went to the Goodhue firehouse to get a rescue truck and gear. Soon, volunteer firefighters, police, and rescue squads from the neighboring towns of Zumbrota and Red Wing arrived.

After 34 minutes, a Mayo One flight crew landed at the scene and was stunned to see the long line of rescuers taking turns performing CPR.

"Everything had gone right before we arrived," says Bruce Goodman, a flight paramedic. But as the minutes ticked by, he began to lose hope.

"We couldn't get Mr. Snitzer out of v-fib," says Goodman. "V-fib" — ventricular fibrillation — is an abnormal heart rhythm that prevents the heart from pumping blood. Electrical shocks from a defibrillator can sometimes correct the rhythm. So can certain medications. Snitzer's rescuers tried both, shocking him 11 times and pumping numerous drugs into his system. Still, the abnormal rhythm persisted.

Goodman called Roger White, M.D., an anesthesiologist at Mayo Clinic and a world-renowned expert in out-of-



Howard Snitzer, of Goodhue, Minn., says he hopes telling his story encourages others to provide bystander CPR, which can double or even triple the likelihood of survival for those who suffer a heart attack outside a hospital.

hospital cardiac arrest intervention, four times as they worked on Snitzer.

By the last call, "I was pretty discouraged," says Dr. White. "We were right against the wall."

A calculated risk

Finally, Dr. White advised a calculated overdose of the heart drug amiodarone, followed by another shock with the defibrillator. The combination worked.

Goodman wasn't sure that was a good thing.

"I thought we'd revived someone who in my opinion couldn't survive what he'd been through," says Goodman. "He'd been down an hour and a half. The likelihood of him walking out of the hospital with any kind of life in my mind was zero."

A few days later, Goodman followed up on his patient, expecting to find out that Snitzer had died. Instead, he had a room number at Saint Marys Hospital on Mayo Clinic's Rochester campus. Goodman and the rest of the Mayo One crew visited Snitzer.

"I expected he'd be weak, sitting in his room," says Goodman. "But he was sitting out in a visitor's lounge with his brother. He stood up and greeted us when we came."

That visit marked the first time Snitzer heard the remarkable story of his rescue. "I sat there with my jaw in



my lap,” he says. “The first thing I said was, ‘Why didn’t you stop?’”

Dr. White says several factors contributed to the team’s persistence.

Tool to measure blood flow

“The cardiac arrest was witnessed, and we knew that high-quality CPR had been started almost immediately after the event,” says Dr. White. “During the resuscitation, Mr. Snitzer was showing visible signs of life, including raising his arms. And we also had data that confirmed blood was flowing through his lungs to his brain.”

That data was supplied by a capnograph, an instrument that measures how much blood is flowing through the lungs and, thereby, to other organs. It’s frequently used to monitor patients in operating rooms, but is not commonly

used by emergency personnel when treating cardiac arrest.

“The effort was successful in large part because of capnography, which informed us that if we persisted, it was conceivable we’d have a survivor on our hands,” says Dr. White. “This case shows the value of using real-time technology like capnography, which can confirm the effectiveness of CPR.”

It also demonstrates the value of CPR.

“The initial intervention was key to his survival, hands down,” says Goodman. “The equipment and interventions we as paramedics bring to the table are great, but we’d never have had a chance to use them if someone hadn’t been getting oxygen to Mr. Snitzer’s brain right away with CPR.”

Though he doesn’t relish the spotlight, Snitzer continues to tell his story as a way to help spread the word about CPR.

“After surviving this, I’m still trying to figure out what my purpose is,” he says. “I know I want to help whoever I can, and to do something meaningful. Hopefully telling my story will give a new jolt to CPR.” SMC

Hands-only CPR: easier and effective

Howard Snitzer is living proof that CPR saves lives.

Not everyone who experiences a cardiac arrest is as fortunate as Snitzer. Of the estimated 300,000 Americans who experience cardiac arrest outside of the hospital each year, just one-fourth to one-third receive bystander CPR, which is known to double or even triple survival.

In an effort to boost those numbers, the American Heart Association recently endorsed hands-only CPR

for many situations. A bystander simply uses hard, fast chest compressions. No mouth-to-mouth breathing is involved.

In a 2010 study published in the *Journal of the American Medical Association*, a team of researchers (including Mayo Clinic physician Tyler Vadeboncoeur, M.D., and former Mayo physician Bentley Bobrow, M.D.) showed bystander



hands-only CPR is more effective than conventional CPR for adults who experience cardiac arrest out of the hospital.

To watch Dr. Vadeboncoeur and Dr. Bobrow discuss and demonstrate this technique, please visit [youtube.com/watch?v=E5huVSebZpM](https://www.youtube.com/watch?v=E5huVSebZpM).



Roger White, M.D., and Howard Snitzer, stand in front of some of the first responders who took turns providing CPR for 96 minutes, saving Snitzer’s life. The CPR marathon was 30 minutes longer than any other than previously documented for an out-of-hospital heart attack.

Now hear this: There is life after cancer

A radio and television broadcaster whose career has spanned more than four decades, Mort Crim has spent a lifetime telling other people's stories. But in retirement, Crim, who was Paul Harvey's permanent vacation fill-in and the voice of ABC Radio during the first moon landing, is telling his own story — about surviving cancer and living a full life after the disease.

After treatment for both prostate and colon cancer — and supporting his wife, Irene (Renée) Crim, during treatment for breast cancer — Crim says he hopes his experiences can inspire other cancer survivors. He credits Mayo Clinic for his good health today.

Crim says the connection to Mayo Clinic started about 10 years ago, when he and Renée moved from Detroit to Amelia Island, Fla., and began seeking care at Mayo Clinic. In September 2008, they moved into Jacksonville to be closer to the clinic. "My kids laughed and said I shouldn't plan my life around my health care, but I told them, 'When you're 70, you'll understand.'"

Crim's convictions about Mayo Clinic were confirmed when physicians there diagnosed early-stage colon cancer. They were looking for a cause for Crim's anemia, which was found in a routine blood test.

"I thought, 'Well, I'm anemic. Just give me some iron, and I'll be on my way,'" he says. "But the doctor said, 'No, we need to find out why you're anemic,'" and that's how we found the cancer so early."

His wife had a similar experience with breast cancer. Her Mayo Clinic physicians detected cancer early and determined it was aggressive. She elected to have a mastectomy and says that attention to detail and proactive treatment are among the reasons she is thriving today.

"There is an attitude at Mayo Clinic, and it starts at the top and goes throughout the organization," says Crim. "They pay attention, and they care about their patients."



Mort Crim spends his days traveling and working in a home studio, writing his memoirs and producing voice-overs and recordings for various organizations.

Crim considers his prostate cancer experience noteworthy because of the quality of life after treatment. Concerned about the sexual side effects of prostate removal, Mort consulted with a Mayo Clinic urologist and decided a penile implant would be the best option for him.

"It's a very difficult topic to discuss with anyone, let alone a physician," Crim says, "but it's a discussion that is worthwhile for many people."

Ultimately, Crim says, beating cancer was not just about his outcome — but about the team of people around him on the journey. "Mayo Clinic is a wonderful place, and we're thrilled to be able to have it in our backyard," says Crim.

Today, the Crims are active and healthy. In 2009, Crim, a licensed pilot, completed a cross-country flight to celebrate his 74th birthday. He flew alone in a single-engine Dova Skylark, a light-sport aircraft he dubbed "TWA" (teeny weeny airliner).

In October, the couple returned from a trip to China, where they visited the Great Wall and other historic sites.

Next on the agenda, Crim hopes to start a jazz band. And he is writing a book, adding to the seven books of upbeat and motivational essays he has published so far.

Based on Crim's continuing good health and zest for life, there are many more inspiring stories to come. SMC



Mort Crim celebrated his 74th birthday by flying his plane 7,400 miles around the country.

New Sleep Center opens

Patients evaluated for sleep disorders will undergo studies in a new, homelike, freestanding Sleep Center on Mayo Clinic's Florida campus. The 10,500-square-foot center, which opens in July on Worrall Way, includes eight sleep monitoring rooms designed to provide a more convenient and comfortable experience for patients.

Mayo Clinic's Sleep Disorder Program was the first in northeast Florida and, the second in the state to be accredited by the American Academy of Sleep Medicine in 1996. More than 1,000 patients are treated annually by a team of sleep specialists, including pulmonologists, cardiologists, neurologists and other providers.

The new center's patient rooms feature residential décor, special cabinets to camouflage medical equipment and centralized oxygen systems to minimize disruptions and make testing more successful. Space is also available for caregivers to stay overnight when necessary.



Gabriel House provides extended-stay home



The first home away from home for visiting cancer and transplant patients on the Florida campus started welcoming guests in April when Gabriel House of Care opened to the public.

The 30-room, 38,000-square-foot facility is conveniently located at 4599 Worrall Way, a short distance from the campus hub. Funded entirely by philanthropy, the house provides affordable, extended-stay housing and a supportive environment for visiting transplant and cancer patients who must stay in the Jacksonville area for long periods while undergoing treatment.

Jorge and Leslie Bacardi of the Bahamas made the lead gift for construction of Gabriel House to express their gratitude to Bacardi's organ donor, Christopher Gregory, a 19-year-old college student from Baltimore who died after suffering a brain aneurysm. Gabriel House is operated by St. Andrew's Lighthouse, a Jacksonville Beach not-for-profit organization that provides temporary, supportive housing for patients and families traveling to Jacksonville for specialized medical care.

Mayo Clinic earns Leadership Award for Clinical Excellence

VHA Inc., a network of not-for-profit hospitals that work together to improve their clinical and economic performance, has honored the Florida campus with the 2011 Leadership Award for Clinical Excellence. The annual award was given for meeting or exceeding national performance

standards for clinical care and improving the patient experience.

Only 28 VHA member hospitals will receive this award in 2011. VHA Inc. serves more than 1,350 not-for-profit hospitals and more than 30,000 non-acute health care providers nationwide.

Mayo Clinic works with hundreds of insurance companies and is an in-network provider for millions of people. In most cases, Mayo Clinic doesn't require a physician referral. Some insurers require referrals, or may have additional requirements for certain medical care. All appointments are prioritized on the basis of medical need.

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The people behind 'The Mayo Effect'

Every day, more than 56,000 Mayo physicians, scientists, allied health and support staff work together to put the needs of patients first. Individually and collectively, we are committed to changing lives, advancing medicine, fostering hope and transforming health care delivery.

This is what we call *The Mayo Effect*.

You can read, hear and see *The Mayo Effect* in action in our first interactive Annual Report. (Click on the purple bar at mayoclinic.org.)

Consider:

- A young man, just 23 years old, diagnosed with bile duct cancer. He was cured by a liver transplant.
- A new mother with invasive breast cancer who doubted she'd see her child attend kindergarten. She participated in a clinical trial; the cancer hasn't returned; and her daughter is in third grade.
- A man who spent two years in the hospital, tethered to a large machine that kept his heart pumping. Now, with a new heart, he's home with his family.



You can also peruse stories and videos about research advances and how Mayo Clinic educates doctors and allied health staff. And you'll gain insights on what Mayo Clinic is doing to make health care more effective, safe and affordable. For the world's leading academic medical center, the work of improving what we do never ceases.

Let us know what you think about *The Mayo Effect* on the Sharing Mayo Clinic blog (sharing.mayoclinic.org).

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