

A Referral Center For Southwestern Michigan

Kalamazoo Gastroenterology Service has long been a referral center for southwestern Michigan for patients requiring the attention of a subspecialist. Our gastroenterologists receive over 20,000 visits from patients each year. We see many of those patients at 10 satellite clinics located in hospitals and medical offices throughout the area we serve. For a listing of these clinics, see the back cover of this brochure.

The Level Of Support You Desire

Our gastroenterologists give referring physicians the level of support each desires. In many cases, physicians ask us to manage the diagnosis and treatment of their patients. Naturally, we refer all patients back to their primary care physicians for problems not related to our specialty. Often, we perform procedures specifically requested by physicians and relay the findings to them to aid them in the management of their patients.

Communication With Referring Physicians

For emergent patients referred to us, we contact the referring physician by phone with a report. For those patients referred to us for routine office consultation, we write letters to the referring physician detailing our diagnosis, recommendations and treatment.

An Individualized Approach To Patients

Every patient referred to us for diagnosis, treatment or both is assigned to one of our gastroenterologists. That gastroenterologist follows the patient through the entire course of his or her care. Because of this, each patient gets the kind of individual attention and continuity of care that is not always available from a group practice.

Advances In Gastroenterology

After many years of stability, the field of gastroenterology is undergoing dramatic change; and the pace of that change seems to be increasing. The most important developments involve the integration of diagnosis with treatment. Advances in endoscopy now enable the gastroenterologist to view, diagnose and, when appropriate, even treat conditions during a single procedure.

What These Advances Mean For The Patient

As a result of these advances, the need for surgical intervention has been eliminated in many cases. Since patients avoid surgery, they have vastly reduced recovery times—minutes or hours instead of days or weeks.

Not every patient will benefit from these new techniques, but we always consider them before recommending surgery. In the event that surgery is necessary, we consult with you to find out which surgeon you would prefer your patient to see.

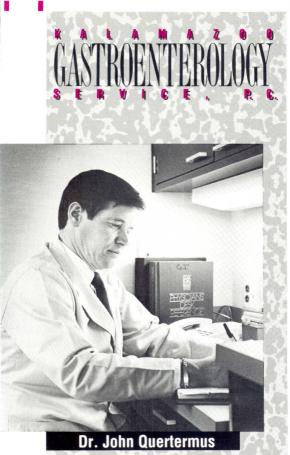
Critical Patients

Kalamazoo Gastroenterology is uniquely situated to handle critical patients. Our practice is located inside Bronson Methodist Hospital. Bronson's Trauma and Emergency Center is a regional referral center. It is staffed around the clock every day of the year by experienced trauma surgeons and emergency medicine physicians. Bronson also has fully-equipped intensive care facilities for patients who require such care during their stay. Naturally, our gastroenterologists are available at all times to serve your critical patients.





r. Robert Brouwer received his medical degree from the University of Michigan in 1966. He served his internship in internal medicine at Munson Hospital in Traverse City. He served his residency in internal medicine at Wayne **County General Hospital in** Eloise, Michigan. He received a fellowship in gastroenterology at Henry Ford Hospital in Dearborn. Dr. Brouwer is board certified in internal medicine and in gastroenterology. He is an assistant clinical professor of medicine at Michigan State University. Dr. Brouwer is a member of the American Gastroenterology Association, the American Society for Gastrointestinal **Endoscopy**, the American College of Physicians, the American Medical Association, and the Michigan State Medical Society. He is also affiliated with the Ostomy Society of Kalamazoo and the **Inflammatory Bowel Diseases** Support Group, also based in Kalamazoo.



r. John Quertermus received his medical degree from Loyola University in 1971. He served his internship in internal medicine at Borgess Medical Center. He served his residency in internal medicine at Bronson Methodist Hospital. Dr. Quertermus received a fellowship in gastroenterology at the University of Illinois Hospital in Chicago. He is the medical director of the Center for Digestive Health & **Disease at Bronson Methodist** Hospital. He is also an assistant clinical professor of medicine at Michigan State University. Dr. Quertermus is a member of the American Medical Association and the Michigan State Medical Society. He has special training in laser therapy and in the ablation of tumors.



COMMON PROCEDURES FOR GASTROINTESTINAL PROBLEMS

Below is a discussion of many of the most common procedures we use to diagnose and treat patients referred to us.

Gastrointestinal Bleeding

Gastrointestinal bleeding is a common problem and is sometimes life-threatening. We currently employ three methods for treating such problems:

- 1. Sclerotherapy This involves the injection of irritant solutions through an endoscope into the area of the bleeding. This method is used primarily for esophageal varices. It is also being used for other bleeding lesions of the gut.
- 2. Electrocautery A heater probe is inserted through an endoscope to cauterize the bleeding vessel. Cases of bleeding ulcers and arterio-venous malformation are most often treated this way.
- 3. Laser Therapy Most often, the laser is used to open malignant obstructions of the esophagus or rectum. It is sometimes used instead of a heater probe to stop a hemorrhage.

All of these methods are alternatives to surgery. Of course, not every case responds well to these therapies; some cases may require surgery.

Biliary And Pancreatic Duct Problems

Problems in the common bile duct and the pancreatic duct can now be diagnosed and treated endoscopically. Here are a few common procedures:

- 1. Endoscopic Retrograde Cholangio-Pancreatography This technique allows the injection of a radiopaque medium through a cannula into the bile duct or pancreatic duct. Chronic pancreatitis, strictures (benign or malignant) and stones may be diagnosed with this technique.
- 2. Gallstone Removal Using an alternative to surgery, gallstones can be removed from the common bile duct by means of a sphincterotomy and extraction balloon.

3. Stenting - A temporary or permanent stent bypasses blocked ducts and allows them to drain.

Colon And Rectal Conditions

Colonoscopy allows the gastroenterologist to diagnose and treat a number of conditions during the same session.

- 1. Polyps Once these have been diagnosed, they can be removed during the same procedure.
- 2. Hemorrhoids Colonoscopy can diagnose many cases of hemorrhoids. Electrocautery can then be used on internal hemorrhoids, but effective treatment of external hemorrhoids may require surgery.
- **3.** Colorectal Tumors In some cases, these tumors can be removed during the diagnostic examination.

Patients generally have little or no pain after these procedures and, in most cases, are able to resume their activities the very next day.

Three Other Common Conditions

Three other common conditions we treat are:

- 1. Esophageal Obstruction We stent the esophagus to maintain patency in cases where it has become blocked by malignancy.
- 2. Esophageal Dilatation We open the esophagus using a graduated dilator with a guide wire when the esophagus has become restricted due to such conditions as Schatski's Ring and refluxinduced strictures.
- **3.** Foreign Body Removal Foreign bodies lodged in the upper GI tract can be removed by esophagogastroduodenoscopy (EGD).







CASES REQUIRING MEDICAL MANAGEMENT

Many gastrointestinal problems require long-term care. We highlight some major groups here.

Inflammatory Bowel Disease

Inflammatory Bowel Disease includes ulcerative colitis, proctitis and Cröhn's disease among others. After diagnosis, we educate the patient on how to live with these diseases. This includes consultation concerning proper diet and medication.

For those patients who require it, we have expertise in the use of hyperalimentation. It allows the patient to receive all necessary nutrition, while giving the digestive system a rest.

Once the patient is stable, the referring physician has the option of continuing therapy. When the primary care physician assumes care of the patient, the patient only visits us once a year, or as needed.

Liver Disease

As gastroenterologists we are also trained as hepatologists. We treat all liver diseases with particular emphasis on serious conditions such as hepatitis, biliary tract disease including obstruction, congenital conditions, and the complications of cirrhosis.

We use liver biopsies, laparoscopy, and radiologic imaging studies to aid in the diagnosis of many liver conditions.

Most often, we offer supportive care through nutrition and medication to maintain the quality of life for the patient. Where indicated, we refer patients for transplantation to various transplant centers throughout the United States, and we supervise these transplant patients after they return home.

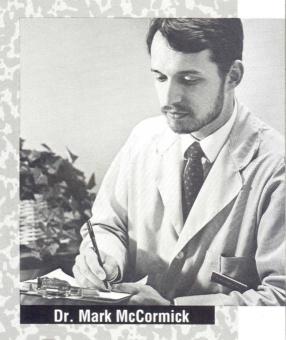
Peptic Ulcer Disease

Peptic ulcer disease is one of the most common problems we treat. This disease is actually a spectrum of diseases. The vast majority of patients recover, and because excellent medications are now available, many never have a recurrence. Ongoing care is often handled by primary care physicians. After the initial treatment, we generally follow such patients on an as-needed basis.

Nutritional Problems

Malabsorption and other nutritional problems can be a challenge to diagnoses and may require a small bowel biopsy or an evaluation of pancreatic function. Registered dietitians are available for additional counseling, when needed. When intensive inpatient nutritional therapy is called for, we insert central intravenous catheters and manage the hyperalimentation.



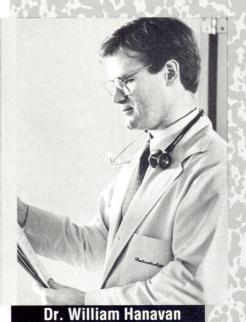


r. Mark McCormick received his medical degree in 1981 from Albert Einstein College of Medicine in New York City. He served his internship and residency in internal medicine at Wayne State University Affiliated Hospitals. He also received a fellowship in gastroenterology from the Wayne State Hospitals. Dr. McCormick served as an instructor in internal medicine at Wayne State University School of Medicine in 1984-85. He is currently an assistant clinical professor of medicine at Michigan State University. He is board certified in internal medicine and in gastroenterology. He is also certified as a strength and conditioning specialist. He is a member of the American Gastroenterology Association, the American Society for Gastrointestinal Endoscopy, the American Society of Internal Medicine, the American College of Physicians, the American College of Sports Medicine, the American Medical Association and the Michigan State Medical Society.

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r. William Hanavan received his medical

degree from the State
University of New York at
Buffalo in 1983. He

served his residency in internal medicine at University Hospitals in Cleveland. He also received a fellowship in gastroenterology from the University Hospitals. He is board certified in internal medicine. Dr. Hanavan is an assistant clinical professor of medicine at Michigan State University. He is a member of the American Gastroenterology Association, the American College of Physicians, the American Medical Association, and the Michigan State Medical Society.



CENTER FOR DIGESTIVE HEALTH & DISEASE

We make frequent use of the Center for Digestive Health & Disease located in Bronson Methodist Hospital. The center is the most comprehensive gastrointestinal laboratory in southwestern Michigan.

Up-To-Date Equipment

The center's up-to-date equipment includes:

- 1. Video endoscopy This equipment provides the gastroenterologist with the clearest image and, if necessary, a videotaped record.
- 2. Special endoscopes The center has a wide range of endoscopes which:
 - •allow lateral viewing into the common bile duct.
 - •remove blood for better viewing when treating bleeding problems.
 - •are designed for use with lasers.
 - are sized for use on pediatric patients.
- 3. Lasers These work well for tumor ablation in the esophagus, stomach or colon in cases where surgery would not be effective or practical. They are also used on patients with polyposis syndromes.
- 4. Manometry The center has instruments that can record pressures in the esophagus. These instruments are useful for the diagnostic evaluation of dysphagia and atypical chest pain. Rectal manometry helps to assess constipation and fecal incontinence.

Nurses and technicians who staff the center have special training and experience in the diagnosis and treatment of gastrointestinal problems. They are an important part of the center's interdisciplinary team which includes the gastroenterologist, surgeon, radiologist, pathologist, dietitian, and nursespecialist.

Interdisciplinary teams regularly work with patients who need special help after treatment to adjust to a new set of physical, emotional and social challenges. For example, patients who have had colostomies and ileostomies receive ongoing assistance through the center.

Our Office Staff

Our office staff has extensive training and long experience in the handling of gastrointestinal patients. All of our staff of RNs are certified gastrointestinal assistants. All of our technicians are certified gastrointestinal technicians.

No matter whom you talk with when you call us, that person will be able to take your referral and schedule your patient. Any of our staff will be happy to answer questions you may have about patients you refer to us.

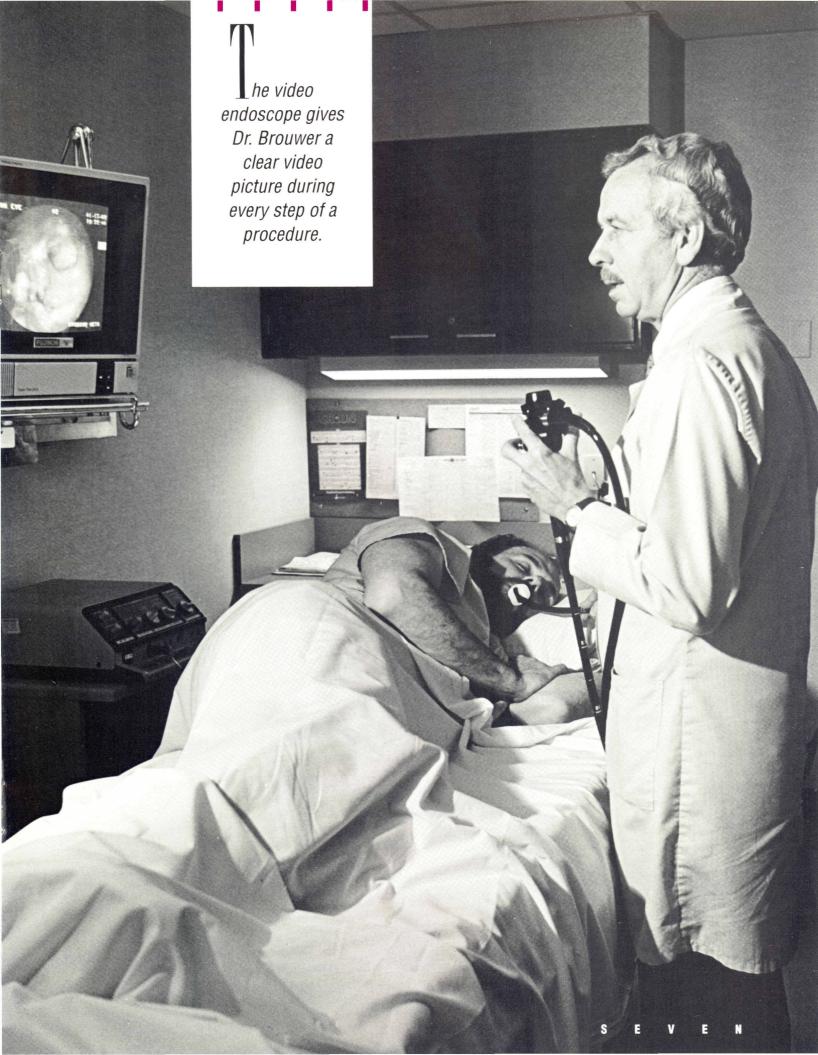
Referrals And Insurance

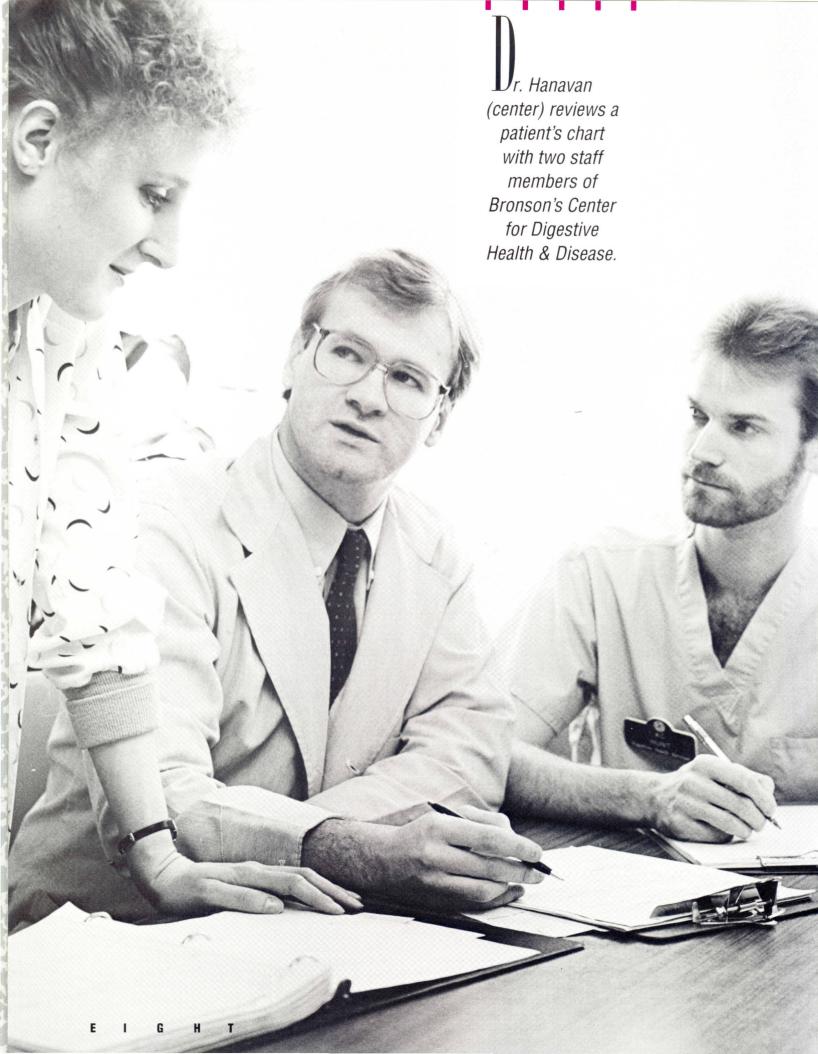
To refer a patient to us, simply call us. Once we have the patient's name, address, and telephone number, and the reason for the referral, we will contact the patient and give him or her the necessary information concerning the office visit or procedure requested.

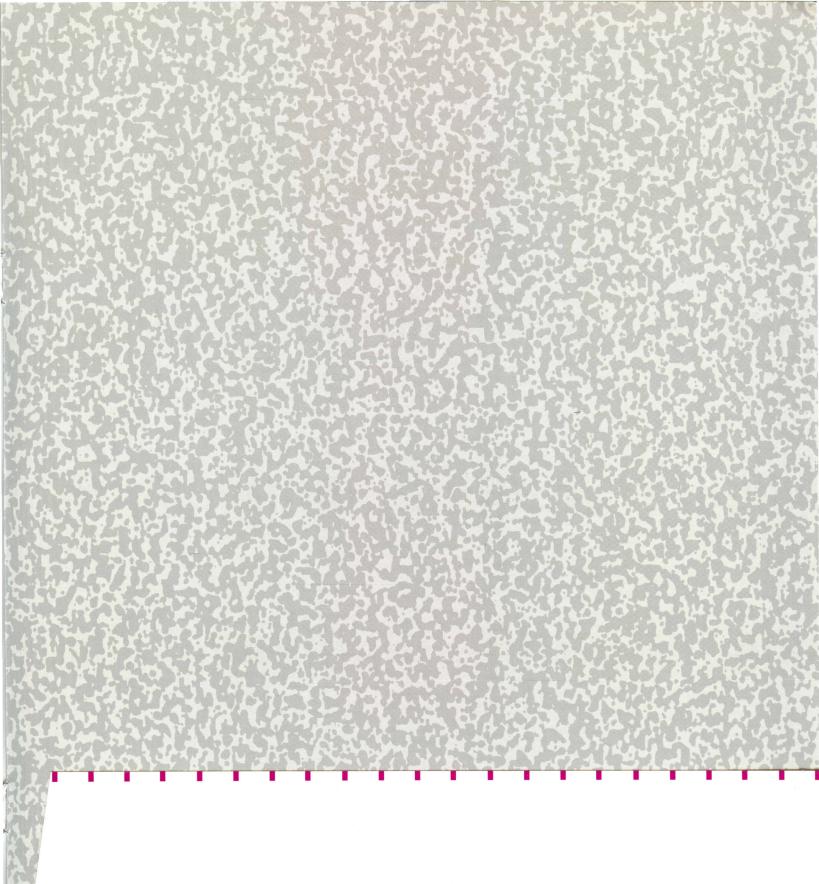
We accept nearly all health insurance including Medicare, Medicaid, Blue Cross, Blue Care Network, Physicians Health Plan, IBA and all major group and individual plans. Where applicable, we bill insurance of behalf of the patient. We send statements to a patient only after we have received payment from his or her plan.

Seminars And Speakers

Our gastroenterologists are available for speaking engagements, grand rounds, and continuing medical education. Call us if you have a request and we will try to accommodate you.







KANTROENTEROLOGY SERVICE, P. C.



Main Office:

Bronson Methodist Hospital 252 East Lovell Street, Suite 2065 North Kalamazoo, Michigan 49007 (616) 349-2266

Gull Road Office:

Borgess Professional Bldg. South 1631 Gull Road, Suite 206 Kalamazoo, Michigan 49007 (616) 342-6900

Battle Creek Office:

Oak Ridge Office Park 503 East Columbia Avenue, Suite 216 Battle Creek, Michigan 49015 (616) 962-1500

Satellite Clinics

We see patients at least once a week at the following locations:

Alhinn

Albion Community Hospital Cherry Hill Medical Center

Kalamazoo

Bronson Gerontology Center

Marshall

Oaklawn Hospital

Paw Paw

Lakeview Hospital

South Haven

South Haven Community Hospital

Sturais

Sturgis Hospital

Three Rivers

Three Rivers Hospital Three Rivers Professional Center

Watervliet

Watervliet Community Hospital

Additional Consulting Privileges

We also have consulting privileges at the following hospitals:

Allegan

Allegan General Hospital

Battle Creek

Battle Creek Health System Battle Creek Veterans Administration Hospital

Berrien Springs

Berrien General Hospital

Kalamazoo

Borgess Medical Center Bronson Methodist Hospital

Vicksburg

Bronson Vicksburg Hospital