

Every patient deserves the best care. That's why every professional deserves the best equipment. You can help make that happen!

It is critical to keep up with medical advances. In order to keep pace with the newest technology and to provide the best possible care at The Moncton Hospital (TMH), the Friends are asking for your support. Our annual campaign goal is to raise \$750,000 to provide first-class equipment for the Ambulatory Care Centre, the Neurosurgery Program, Trauma and Acute Care and the Maternal Fetal Care Unit.

The Moncton Hospital will be a leader in Atlantic Canada with radiofrequency ablation technology. This procedure can prevent or cure cancer of the esophagus—the most rapidly growing cancer in North America. It also eliminates Barrett's Esophagus, a pre-cancerous condition which is commonly found in people with gastroesophageal reflux disease (GERD).

Currently, the only option for patients seen at TMH who have pre-cancer cells in their esophagus (developing cells that are not cancerous now but will turn cancerous if left untreated) or early esophageal cancer is an esophagectomy—a high-risk surgery to remove a portion, or all, of the esophagus. This is often accompanied by the patient undergoing chemotherapy and/or radiation with the possibility of being sent for further treatment to other centres outside the Maritimes.

With your help, The Moncton Hospital will be the first facility in Atlantic Canada to offer this break-through technology. This new treatment will allow these patients to avoid surgery and prevent the occurrence of esophageal cancer without even being admitted to hospital!

"Patients with pre-cancer or early cancer of the esophagus can be treated with this technique with complete eradication of their disease without a hospital stay. The success rate with this technology is over 95%. Our patients deserve to have this technology available to them to help save their lives."

DR. FRANK SCHWEIGER
GASTROENTEROLOGIST

Another new technology that is equally exciting is a complete upgrade to our **Stealth Navigational System (SNS) for Neurosurgery**. The current SNS can no longer be improved upon and requires an upgraded system to meet modern standards.

The SNS provides surgeons with a way to navigate through the body using 3D images which can be changed, manipulated and merged in relation to the surgical instruments to provide the precise view the surgeon needs—both before and during the operation. It helps surgeons perform safer, more precise procedures and benefits patients by improving their outcomes and recovery.

The Moncton Hospital is one of just two hospitals in New Brunswick providing high-level specialized care for neurosurgical patients.

Two of the most common uses of the SNS are a craniotomy which is a procedure to remove a tumour in the brain through an opening in the skull (cranium) and complex spine surgery. It is also used for other surgical procedures performed on the central nervous system, brain, spine, spinal cord and peripheral nervous system. Neurosurgeons also perform surgeries for trauma, surgical clipping for brain aneurysms, and even certain operations to help relieve psychiatric diseases.



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The SNS is utilized, too, for deep brain stimulation (DBS) which delivers a constant low electrical stimulation to a small region of the brain. DBS in select brain regions has provided remarkable therapeutic benefits for otherwise treatment-resistant illnesses and affective disorders such as chronic pain, Parkinson's disease and more.

TMH is also the **only centre** providing a Neuro-Interventional Service (the use of minimally invasive technologies to treat some neurosurgical disorders) making TMH and its team of six Neurosurgeons a major referral centre for this specialty.

Also on the list for the Neurosurgery Program is the Metrx System for minimally invasive spine surgery. The most common conditions treated with this technology are disc herniation (removing herniated discs in the spine), spinal decompression and instrumentation (inserting screws and instruments in the spine to stabilize it) and spinal fusions. Patients undergoing this type of surgery can often go home the same day. The incision is very small and less traumatic, with a quicker recovery time and offers a much easier return to normal daily functions.

Emergency Care

The Moncton Hospital has one of the busiest trauma centres in the province. It is a critical care tertiary centre as well as a Maritime referral centre for acute and trauma cases, covering New Brunswick, Prince Edward Island and northern Nova Scotia. Our medical professionals need leading edge equipment to save lives in urgent medical situations.

The **(FAST) Focused Assessment with Sonography** allows for the quick diagnosis of life-threatening internal injuries and assists the Emergency Room (ER) physician in determining the most appropriate course of action for the patient which can be critical to survival.

The FAST ultrasound also assists physicians in the placement of vital intravenous lines, which provide volumes of fluids and blood to keep the patient alive for the treatment of shock. It is also used frequently to diagnose an abdominal aneurysm (a weakness in aortic wall which may lead to rupture), blood clots in the legs, and tubal pregnancies (when the baby starts to grow outside the uterus), all of which can be grave situations.



Jo Lynne Landry-Keating

Jo Lynne Landry-Keating considers herself to be a very lucky woman!

Many of us might wonder why Jo Lynne feels this way, especially knowing some of the hurdles she has endured in her 45 years, including being treated for Hodgkin's lymphoma—a cancer found in her lymph nodes when she was 27 years old, followed a year later with life-threatening heart failure during the birth of her daughter. No question about it, surviving both of these traumas are reason enough to celebrate, however her troubles didn't end here.

During her pregnancy and from then on, Jo Lynne suffered from serious heart-burn and was eventually diagnosed with Barrett's Esophagus—a disorder in which the lining of the esophagus is damaged by stomach acid. Over the years she was monitored regularly as patients with this can often develop dysplasia (pre-cancerous cells) which increases the risk of getting cancer of the esophagus. Unfortunately, in June, 2009, dysplasia was indeed detected in her esophagus.

According to Dr. Frank Schweiger, Gastroenterologist, at The Moncton Hospital (TMH), the only options for patients who have high grade dysplasia or early esophageal cancer is surgery to resect part of the oesophagus, usually followed by chemotherapy and/or radiation; or being sent away for treatment to other centres outside the Maritimes.

Timing however, was in Jo Lynne's favour. Dr. Schweiger informed her that new radiofrequency ablation equipment was soon arriving on loan to The Moncton Hospital for a trial period.

Jo Lynne was one of the five fortunate people who were offered the opportunity to experience this radiofrequency ablation at the time.

Ablation is a technique where tissue is heated until it is no longer viable or alive. This particular technology is a very specific type of ablation, in which heat energy is delivered in a precise and highly-controlled manner.

According to Jo Lynne, "being in the right place at the right time was simply a godsend, and I will always be grateful for having been given this opportunity that no doubt saved my life! I arrived in the morning and was gone by noon for my first ablation—and other than a very sore throat and having difficulty swallowing for a few days, I was no worse for wear. Amazing really!"

Jo Lynne underwent three ablations in total, all three months apart, to ensure the best possible outcome. In September, 2010 she was deemed 95% cured!

Today, Jo Lynne is happy, healthy and back to working full time. She will continue her annual check-ups but she most certainly does have every reason to feel lucky when you consider that clinical studies have demonstrated success rates with this ablation technology in 98.4% of patients.

Dr. Schweiger agrees, and he along with the rest of us at TMH wish Jo Lynne a healthy, happy future!



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There is currently one FAST ultrasound machine available in the trauma area at The Moncton Hospital but it is vital that an additional unit be added. This will ensure availability when there are multiple patients at the same time, which can be a common occurrence in the ER.

Another vital piece of equipment for the ER is the **GlideScope** which at present is not available in our Trauma Department. This medical tool will allow physicians and respiratory therapists to view the patient's airway easily, assisting with intubation which involves inserting a tube to help the patient to breathe. The glidescope will be used on all trauma patients, patients experiencing cardiac arrest, respiratory failure or chronic lung disease, patients in shock, those suffering from head injuries and any patient who is unable to breathe on his or her own. The sooner the patient receives oxygen, the better chance of survival.

The **Maternal Fetal Care Unit** at TMH is a clinic for pregnant women who need an ultrasound to diagnose possible fetal complications. The clinic receives referrals from other regions of the province as well as northern Nova Scotia, PEI and Quebec. At the present time, the Maternal Fetal Care Unit sees 1,172 new patients annually and performs close to 4,500 ultrasounds a year.

High-risk pregnancies require specialized, expert care. One of the tools needed to provide this care is the **Advanced Prenatal Ultrasound System**. The Moncton Hospital currently has this technology but due to the increasing number and complexity of referrals, there is a critical need for a second machine. This will significantly decrease the waiting time for patients who would benefit from this level of care.

Pre-existing medical conditions such as diabetes, heart conditions, high blood pressure, epilepsy and obesity, among others, can place pregnancies at risk. Other pregnancy complications include multiple pregnancies, family history of birth defects or genetic conditions, advanced maternal age and abnormal pregnancy testing.

The advanced prenatal ultrasound system also has the capability to take detailed pictures of tiny organs using high-resolution technology, determine the current health of unborn babies using blood flow studies, and allow parents the opportunity to bond with their child before birth.



Stephanie Bujold

Stephanie Bujold and her partner Jamie Bernatchez believe they would not be raising their two children today if it weren't for The Moncton Hospital (TMH) and its expert staff, care and equipment.

At 20 week's pregnant, Stephanie was referred to Dr. Lynn Murphy-Kaulbeck, Maternal Health Specialist at

The Moncton Hospital because of concerns identified during a routine visit to her family doctor.

At TMH she was examined with a highly sophisticated ultrasound machine that provides extraordinary images which help clinicians see more details regarding the pregnancy than ever before including the baby, fluid surrounding the baby and the placenta. The ultrasound revealed that Stephanie's baby was smaller than she should be at this stage of her pregnancy causing great concern for the infant's development.

From then on Stephanie had an ultrasound at least every two weeks to measure the baby's growth rate as well as the blood flow and oxygen levels going to her unborn baby—critical factors for her survival. She was also told to bring her bags to each visit, just in case!

Unfortunately, the baby's percentage of growth continued to drop and Stephanie was hospitalized on November 1st with a goal of keeping the baby in the uterus for as long as possible—as long as it could be safe for the baby. On December 4th it was evident that the baby's condition was deteriorating and an emergency caesarian section was performed.

Wee Cassia was born at 32 week's gestation, weighing just 2 pounds and 8 ounces. She was placed on breathing machines for 48 hours, after which she managed on her own. She remained in the Neonatal Intensive Care Unit for 6 weeks to gain a healthy weight before going home with a happy Mom and Dad!

Today, Cassia is a healthy 3 ½ year old with no intellectual delays. She is still on the small side but growing bigger every day and should be on par with the other kids by the time she starts school.

Stephanie attributes this wonderful outcome to the caring, professional team at TMH and their access to sophisticated technology that helped determine when it was the right time for Cassia to be born. She adds, "the entire team at TMH were exceptional and I get teary eyed with gratitude every time I think of what they have done for our family."

Stephanie and Jamie's story didn't end here. When Stephanie was pregnant with their second child, Liam, possible spinal issues and other abnormalities were identified. Stephanie again found herself under the care of Dr. Murphy-Kaulbeck and TMH. She was under constant, vigilant observation and at 37 week's she had another c-section. Liam was born weighing 5 pounds, 3 ounces. He was born with severe growth restrictions—some underdeveloped areas but because of the ultrasound technology, Liam's parents and doctors were able to be as medically and emotionally prepared for this as possible.

Today, at 1 ½ year's old, little Liam has had 6 reconstructive surgeries which have been very successful and the doctor's are optimistic that he will be 100% in no time!

Stephanie sums up her life by saying, "All in all we are one happy family, living a good life and a lot of that goes back to how I was taken care of at The Moncton Hospital during my pregnancies. I thankfully can't imagine any other conclusion."



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"We are committed to the lives and well-being of expectant mothers and their babies. With the help of an Advanced Prenatal Ultrasound System we can make significant contributions toward the survival rates and overall health of babies born prematurely, and help many at-risk mothers carry their babies to term."

DR. LAURA GAUDET
MATERNAL FETAL MEDICINE SPECIALIST

Our Future Is In Our Hands

Please help us keep up with the pace and maintain the high standard of health care necessary in today's high-tech world. When you have state-of-the-art equipment, you attract more medical professionals who are able to use their skills and expertise to find new ways to provide first-rate patient care.

Your donation to our campaign today is an investment towards health care excellence at The Moncton Hospital. **Let's make it happen together.**

Sincerely,



Maria Cormie, Co-Chair,
Annual Campaign, 2011



Steve Fowler, Co-Chair
Annual Campaign, 2011

P.S. Our families and neighbours deserve the best health care available. Help our health care professionals be even better by joining us in making a contribution to the Friends Annual Campaign today. The best tools make all the difference.



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Josée Monica LeBlanc

Since she was born, Josée Monica LeBlanc was always a cheerful, active girl according to her Mom, Geraldine. In fact it was difficult to slow her down—she loved soccer, cross-country running, essentially any sport or social activity going!

So in the summer of 2008 (at the age of 11) when she started complaining periodically of headaches and nausea and showing signs of utter exhaustion, Geraldine and Josée's Dad Andre, began to worry. (She used to come home from school, walk through the door, lay on the floor and go right to sleep and began saying she had no energy to participate in her sports.)

Josée went for routine tests, blood work, urinalysis and x-rays that to Geraldine's relief came back without cause for concern. She wasn't comforted for very long though, as the symptoms began to worsen that winter. After getting sick to her stomach just after waking up one morning, the doctor said it was time to schedule a CAT scan to explore what was going on - which she had on January 29th, 2009.

Directly following the scan when Josée and her parents were preparing to go home, they were told they had to go directly to Emergency instead. There they were told that Josée had a brain tumour that needed to be treated right away.

She was immediately put under the care of neurosurgeon Dr. Dhany Charest, at The Moncton Hospital. An MRI the next morning showed the tumour was the size of an orange! She was hospitalized a few days later and on February 9th, Dr. Charest performed a brain surgery that allowed him to remove part of the tumour for biopsy.

Dr. Charest stated that the biopsy results confirmed she had a very rare tumour called a "pilomyxoid astrocytoma". It unfortunately continued to grow rapidly and a second surgery was planned to remove the entire tumour. This surgery lasted 8 hours.

Following her surgery, Josée was sent to Montreal for specialized radiation treatments - 31 treatments in 49 days! These treatments were essential to prevent any future growth. Josée cut her beloved hair short at the time once she realized that she would be losing a lot of hair but physically handled the treatments with great ease.

The Bouctouche community rallied together to raise money to support the family's journey to Montreal and their lost wages during that time. Geraldine, Andre and Josée's older sister Danica were overwhelmed with gratitude to their neighbours and friends for this gesture. They are equally grateful to Dr. Charest and the care they continue to receive at The Moncton Hospital.

Geraldine shares, "Knowing your 11 year old daughter is going to have brain surgery is a very difficult concept to grasp, let alone accept. The fear of the unknown or possible outcome is devastating! Without the expertise, wisdom, hand-holding and kindness shared with us by Dr. Charest and all the health care professionals during this journey, we would never have made it through every step of the way."

Josée started her first year at Clement Cormier High School this fall and although she suffers from some short-term memory loss which requires her to take some modified courses and is not as active as she used to be, she is upbeat about her situation. She states, "I count my blessings every day for being healthy again. I am able to live a pretty normal life and for that I will always be thankful to the doctors who took care of me and the family and friends who always cheered me on." Grinning, she adds, "Plus my hair is even longer than it was before!"

In typical 13 year old fashion, she continues to tell stories and giggle about how her language was silly for a couple of weeks after her surgery, including the time she was pointing at a water glass across the room and asking for "the Hannah Montana wig". Her Mother Geraldine genuinely laughs. She remembers well that even though it was a very emotional time, her daughter still managed to find some humour in it.

Josée still has an MRI every three months which will continue for three years following her surgery, and then be extended to every 6 months indefinitely. To date there are no signs of the tumour returning and to Josée and her family, that is the best news of all!



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