



Emergency measures

'ER' star promotes bone marrow donation registry

By RITA SHERROW
World Television Editor

A quick swab taken inside a person's cheek can save a life.

That swab can be a link between people who are dying and those who want to help. It is this simple test and the crucial need for it that prompted television actress Laura Innes, from NBC's long-running drama "ER," to step away from the cameras to become an advocate for the National Marrow Donor program.

Innes, who has portrayed Dr. Kerry Weaver on "ER" for 11 years, is urging Americans — especially minorities — to register for the program during the fourth annual "Thanks Mom! Marrow Donor Drive" scheduled nationwide on Mother's Day weekend, May 12-14.

event "THANKS MOM! MARROW DONOR DRIVE"

Who:
Anyone healthy and between the ages 18 to 60

Where:
American Red Cross, 11051 E. 11th St. Tulsa

When:
8 a.m. to 4 p.m. May 12

Fee:
None

For more information, call Sundae Smith, donor center search specialist for National Marrow Donor Program, 371-7700.

The aim is to get adults, ages 18 to 60, to become part of a program that provides lifesaving bone marrow transplants. It's a project that has a special significance for Innes because of her daughter.

She and her husband, actor/writer David Brisbin, adopted Mia, a 1-year-old girl from China. As the mother of a Chinese child, she became involved with the organization Families With Children From China (FCC). Through that group, she met a Wisconsin couple looking for a marrow donor for their 9-year-old adopted daughter.

Four years ago, Kailee Wells was diagnosed with aplastic anemia, a disease that causes patients to stop generating enough healthy blood cells. Kailee's doctors began searching for a donor who could provide healthy bone marrow, capable of producing healthy blood cells.

According to the Aplastic Anemia and MDS International Foundation Web site, in patients younger than 30 years old who have a matched sibling donor, transplantation offers an 80 percent recovery rate.

But a child adopted from overseas has no genetic link with his or her adoptive parents or adoptive siblings.

The National Marrow Donor Program, a national registry of potential donors, became Kailee's only hope.

"When she was diagnosed, her parents found that there was a dearth of minorities who were part of the bone marrow registry," said Innes, mother of Cal, 15, and Mia, 4 1/2. "Her dad is an incredibly proactive guy, and he has organized this whole drive and has a Web site — www.kaileewells.com — that tells her whole story."

Kailee's parents spent years looking for a donor before a match was found. But that first



JAMES SORENSEN/NBC

Laura Innes plays Dr. Kerry Weaver on "ER."

transplant was not successful, Innes said. A second successful match was found — a doctor from China, who traveled to Wisconsin for the transplant procedure.

"She is doing great now," said Innes, who will appear as a guest on ABC's "The View" next week to promote the registry.

But Kailee's plight pointed out a problem with the registry — only 25 percent of those registered are from minority groups and only 6 percent are Asian.

According to the NMDP, there is an urgent

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Innes ready to surrender the crutch

The big, upcoming storyline for "ER's" Dr. Kerry Weaver (actress Laura Innes) carrying over through next season is how the good doctor deals with losing her crutch.

For the past 11 years, Dr. Weaver has put off having her hip replaced. Now she has no choice. Pain resulting from a recent fall in the ER forced her to make a decision.

"Getting this hip surgery (for my character) was a big deal for me," said the actress, who was among the first disabled characters featured on a primetime TV series. The scripts have Weaver suffering a fall, which resulted in torn cartilage and causes severe pain.

"I asked (the writers) to explain to me why she hadn't had this surgery done years ago," Innes said. "Their reason was that when people have degenerative hip dysplasia and are functioning well without a lot of pain they wait until they absolutely have to do it because the old hip replacements only lasted about 10 years."

"But in real life, there is a new hip available that can last 40 years. So somebody in a situation like Weaver's, after falling, where the pain is at a level where she has to take medication and can't function, has to make this decision," Innes said.

Having Weaver go under the knife and lose her crutch means major changes for the actress playing the role.

"For one, she was scared to go through the surgery but also her disability has always been integral to her identity. For me as an actress, I felt this will be very interesting to learn what will that feel like for her. It gives her room for growth and change."

"I'm also happy for my own body, not having to twist up my back every day. On the other hand, I didn't want it to feel like a betrayal of the disabled community, so I spoke to the writers about hopefully looking at casting someone disabled next year."

"On a personal and professional level, it was strange walking down the hall without the crutch. I felt vulnerable without that piece of armor."

In another twist in the big May "ER" episodes, Weaver is left in a "kind of administrative hell, trying to pick up the pieces" after something violent happens in the ER, she said.

"A lot happens. It is very exciting and there are a couple of cliffhangers," said Innes, who splits her time between acting on the drama series and directing. "There is a lot of turmoil, and she has to make a lot of rough decisions at work."

Innes said next year, writers are eyeing a possible romance for Weaver.

"That will be interesting, given this whole crutch thing. And they're also going to have her get more into medicine instead of all administration. Those scenes (as the boss of the ER) sometimes are really fun but, after a while, I'm like 'OK, let's get back to the real work,' which is on the floor."

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SouthCrest offers prevention heart program, new treatment



ROBERT S. CROSS/Tulsa World

Doctors David Sandler, John Ivanoff and David Miller are working to implement a new American Heart Association program at SouthCrest Hospital. The doctors are standing in the cardiac catheterization lab with equipment used to diagnose cardiac problems.

By NICOLE NASCENZI
World Staff Writer

SouthCrest Hospital is participating in a new American Heart Association initiative to improve care for heart patients and is offering a new treatment for thoracic aortic aneurysms.

The "Get With the Guidelines" program is being implemented in hospitals across the country, and SouthCrest officials say they are the first to bring the program to Tulsa.

The program is a way to "formalize care" by using evidence-based guidelines and procedures to treat cardiac patients, said Dr. John Ivanoff, Oklahoma Heart Institute cardiologist.

"We are going to look at ways that are going to prevent them from having another heart attack in the future," Ivanoff said.

The program uses the "teachable moment" immediately after patients have an acute event such as a heart attack when they are most likely to listen to and follow health-care providers' advice, according to the American Heart Association.

Teaching patients how to lower their cholesterol and the importance of exercise will help them live longer and help prevent future cardiac problems.

"The full implementation of acute and secondary prevention guidelines is a critical step in saving the lives of patients," said Dr. Gray Ellrodt, American Heart Association volunteer chairman for the national program in a news release.

"SouthCrest is dedicated to making our hospital among the best in the country. Implementing the American Heart Association's 'Get With the Guidelines' is one more step in helping us accomplish this by making it easier for our health-care professionals to improve long-term outcomes for our patients," Ivanoff said.

Another step in improving cardiac care is offering cutting-edge procedures, such as the GORE TAG Thoracic Endoprostheses, which is used to treat thoracic aortic aneurysms (TAAs), said Dr. David Miller, director of cardiac surgery at SouthCrest Hospital.

If left untreated, the aneurysm, which is a thinning of the walls of an artery, can rupture and cause death in just a few minutes, Miller said. If detected in time, the aneurysm can be treated with the GORE TAG Thoracic Endoprostheses using a minimally invasive procedure.

Several conditions can cause TAAs, including high blood pressure, hardening of the arteries caused by high cholesterol or congenital disorders such as Marfan's syndrome. A TAA is diagnosed with a chest X-ray or a chest CT scan.

Before this device was approved by the Food and Drug Administration, patients had to undergo traditional open heart surgery to repair the thinning aortic wall, a procedure many patients with complex pre-existing conditions could not endure, Miller said.

The new procedure also decreases the amount of time a patient needs to recover from surgery.

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