

IBD Newsletter

PENN STATE HERSHEY INFLAMMATORY BOWEL DISEASE CENTER

PennStateHershey.org/ibd

IBD Direct Line 717-531-3998

Providing Comprehensive Services to IBD Patients *New IBD Team Member*



We are proud to introduce the newest member of our IBD team, Jennifer Arena, PA-C. Jen received her undergraduate degree in Nutrition from Penn State and in 2011 graduated with her Masters of Medical Science, Physician Assistant degree from Arcadia University. Jen's background in Nutrition makes her the perfect fit for our team. Jen is working with our GI division and will help meet the medical needs of our IBD patients. We know our patients will benefit from having Jen involved in their care!

Penn National Gaming IBD Community Fundraising Efforts

Penn National Gaming has proven time and again that they are advocates for the IBD community. They continue their



fundraising efforts and each year provide unprecedented financial support to Penn State Hershey IBD research. Pictured above are Peter Carlino, CEO of Penn National Gaming; Craig Hillemeier, M.D., Dean of Penn State Hershey Medical Center, Walter Koltun, M.D., Director of Penn State Hershey IBD Center & Colorectal Surgery, Fred Lipkin, Director of Advertising & Public Relations, Penn National Gaming. This year they raised four hundred and twenty five thousand dollars for IBD research here at Penn State, bringing their 18 year to date IBD fundraising total to over 2.8 million dollars. We cannot thank them enough for their continued support which aids in our research efforts and allows us to continue to provide the highest level of quality care to each of our patients.

Ask the Doctor

Dr. Emmanuelle Williams
Associate Director, IBD Center

How do you distinguish between mild and severe Crohn's disease?



Dr. Williams:
Crohn's disease presents with so many patterns, locations, complications and can also coexist with

other diagnoses such as irritable bowel symptoms that classifying disease of one patient and then comparing that patient to others is not always possible. As physicians, we try to establish severity on objective clinical findings, and then assess the global impact on the patient's quality of life. While there are several indices of disease activity that have been used for the purposes of research studies, these are not often used routinely in clinical practice. In fact no "gold standard" indicator of clinical disease has been established in guidelines.

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Pediatric Corner

Pediatric Surgery Division



Front row: Dr. Brett Engbrecht, Dr. Dorothy Rocourt, Dr. Mary C. Santos.
Back row: Lynn Simmons, CRNP, Coleen Greecher, MS, RD, LDN, CNSC, Janet Shields, CRNP, Dr. Robert Cilley.

The Penn State Hershey Pediatric Surgery Division strives to provide innovative and cutting edge care to the children of our community. Our pediatric surgeons are committed to the care of the IBD patient. We are fortunate to have six skilled surgeons on our staff that collectively has 130 years of pediatric surgery experience. Our surgeons diagnose and treat complex colorectal conditions. In our state-of-the-art operating suites they perform laparoscopic ileal pouches; bowel resections, seton placements and other complex procedures to meet the needs of the IBD patient. Our pediatric surgeons continue to demonstrate their dedication to our IBD patients by working to establish a Pediatric Colorectal Center. This center will service our community and provide expert multidisciplinary care to patients with all colorectal conditions. We are proud to be able to offer such expertise to our patients.

UPCOMING EVENTS

Penn State Hershey IBD Center Support Group Meeting, UPC 4200, 6:00 p.m. – 8:00 p.m.

- March 4, 2015

Professional Conference: *Inflammatory Bowel Disease: Update for Advanced Practice Clinicians and Allied Health Professionals*

- April 24, 2015

Ask the Doctor

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Several indexes have been established to try and quantify clinical symptoms. These indexes look at eight factors: clinical symptoms during the prior week: number of liquid stools, abdominal pain, general wellbeing and objective findings: presence of complications, abdominal mass, blood counts and need for Lomotil or opiates for diarrhea. These have been found to be more useful for the purposes of research rather than functional in clinical practice as they are cumbersome and require patients to remember several days' worth of symptoms and vary widely depending on the person completing the questionnaires.

In the clinical setting, our goal is to find treatments appropriate to each patient in hopes of improving their quality of life and decreasing the long term risks associated with their disease – no matter where on the spectrum of severity a patient may fall.

PENNSTATE HERSHEY
 **Inflammatory Bowel Disease Center**