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M.D. Update

2010 EDITORIAL CALENDAR

FEBRUARY	Cardiology
	Men's Health
APRIL	Orthopedics
	Women's Health
JUNE	Neuroscience
	Sports Medicine
AUGUST	Pediatrics
	Diabetes
OCTOBER	Oncology
	Pain Management
DECEMBER	Ophthalmology
	Bariatric Surgery & Diabetes

COVERAGE AREA



Submission Deadline:
First Friday month before issue Mentelle Media 2010

SPECIAL FEATURE

*Facial Plastic Surgeon
Dr. Donn Chatham*

PHYSICIAN ON A MISSION

By Gil Dunn and Megan Campbell Smith
Photography by Kirk Schlea

Dr. Donn Chatham is a modern Renaissance man; a multitasking physician who embodies the hand of an artist and the mind of a scientist. He is a man devoted to family, profession, community and faith. Dr. Chatham's quiet nature and good humor complement the intensity with which he approaches medical practice and spirited curiosity.

Dr. Chatham was raised in Shelbyville, Kentucky with four sisters. His father was a family practice physician, and his mother was a concert pianist. He graduated Georgetown College in 1971 with a liberal arts degree in psychology, biology,



and art studies. The following years, he worked with the Kentucky Department of Mental Health, Drug & Alcohol Education, attended medical school at U of L, and began private practice in 1985. He and Janet Chatham, a pharmacist, married at the beginning of his residency.

Facial Plastic Surgery

Plastic surgery comes from the Greek word *plastikos*, meaning *to change the shape of or to alter*. Explaining the nature of the specialty of facial plastic surgery, Dr. Chatham says, "The specialty tries to change a facial feature, blending the aesthetic with the functional, in order to improve the quality of life for our patients. It requires both a scientific and technical foundation and an artistic touch."

Facial plastic surgery is limited to the face, head & neck, and Dr. Chatham's work involves both reconstructive and aesthetic procedures. Reconstructive procedures correct traumatic injuries, skin tumors including skin cancers, nasal breathing obstruction, birthmarks, and scar revisions, among others. On the other hand, cosmetic or aes-



(ABOVE)
Scissors are used in rhinoplasty surgery to trim excess cartilage while patient undergoes a deep sedation.

(LEFT)
Dr. Chatham works on the bridge of a patient's nose during rhinoplasty surgery.

thetic procedures involve rhinoplasty, eyelid surgery, contour and implant surgery, skin rejuvenation, and the use of non-surgical procedures such as Botox, laser procedures, and injectible fillers such as Restylane, Juvederm and Radiesse to relieve the effects of aging.

As in all specialties, technology evolves. Sometimes the changes bring valuable new devices to market; sometimes, the advancements are dubious. The challenge, says Dr. Chatham, "is to separate the wheat from the chaff." In the arena of lasers, Dr. Chatham finds optimum results by tailoring the laser device to the outcome desired. He operates the Diolite 532 vascular laser, Prolite IPL for vessels & pigmented lesions, the Matrix fractionated CO2 laser for resurfacing solar damaged skin, and the SpaTouch hair reduction laser.

With offices in Louisville KY and New Albany IN, Dr. Chatham has surgical privileges in area hospitals and surgery centers. Patients often use his website to help keep

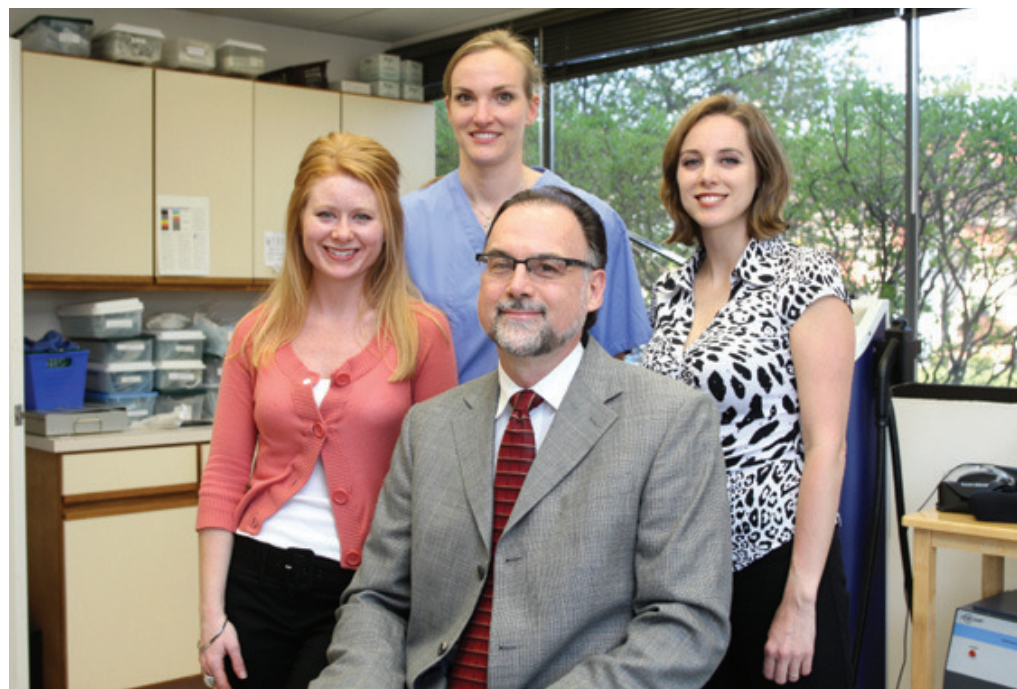
current with the practice.

Dedicated Professional

Dr. Chatham is extensively involved in state and national medical organizations. He served on board of directors of the Jefferson County Medical Society (now the Greater Louisville Medical Society), was clinical instructor with the department of otolaryngology at the University of Louisville Medical School, was past president of Floyd County Medical Society, and was past chairman of Floyd County Board of Health. Dr. Chatham has served as consultant to the Kentucky Board of Medical Licensure, and he has served as a director of the Mary Anderson Center for Arts. He is a current member of Kentucky and Indiana State medical associations.

Dr. Chatham was a board member with the American Academy of Facial Plastic & Reconstructive Surgery (AAFPRS) for 3 terms, and he served as president in 2008-2009. The AAFPRS represents the specialty

Dr. Donn Chatham with staff
(L-R) Tara Crecelius, aesthetician, Sonnie Anderson, surgical assistant, and Fayth Breeding, office manager





"The specialty tries to change a facial feature, blending the aesthetic with the functional, in order to improve the quality of life for our patients," says Dr. Chatham.

of facial plastic surgery on a national and international level, with an office in the Washington, D.C. area. It is the world's largest specialty organization focusing only on facial plastic surgery, with 2700 physician members worldwide.

His extensive service to professional development includes coordinating, in the late 1980s, the 300-item written portion for the American Board of Facial Plastic & Reconstructive Surgery's certification exam. To date, the ABFPRS has over 950 diplomates, who sat for and passed the rigorous 2-day written and oral examination. Board certification by the ABFPRS means that the physician meets or exceeds the requirements of the traditional ABMS boards in every state where it examined.

Dr. Chatham participates in professional educational meetings each year, where he is often a speaker. One of his more popular talks is on the management of the difficult patient, which involves the psychological aspect of patient and physician behavior. He edited a book on the topic, *The Difficult Patient*, in 2008 that includes a many of

his cartoons about patient-physician interactions. Furthermore, Dr. Chatham has contributed chapters in many textbooks focused on the field of ethics as it relates the specialty of facial plastic surgery.

In October 2009, Dr. Chatham initiated the AAFPRS "Faces of Honor" volunteer surgery program, which offers free plastic surgery to military veterans of Iraq and Afghanistan who were suffering from facial injuries. "We designed 'Faces of Honor' to show our unwavering support for those who protect America and other countries," says Dr. Chatham. "Our goal is to work alongside VA caregivers whenever possible. Sometimes veterans are geographically removed from specialty care."

Family & Missions

Dr. Donald Chatham, father of Donn, instilled in his son a desire to give back to his community. The elder Dr. Chatham was a solo family practice physician in a small town. He took care of patients from cradle to grave: delivering babies, treating adults, making house calls and caring for the elder-

Mission to Borneo 2009

BY DR. DONN CHATHAM

After flying in to the equatorial island of Borneo from Java, we traveled about 9 hours in an SUV the first day and about 6 hours in a jeep the next day, until the road ended in a small town. All five of us had a key role: I was the team physician. At each stop we conducted a clinic for the local people and in the evenings held a Christian service. With an interpreter, they shared their maladies and physical infirmities. Hypertension, headaches, dermatitis, gout, and visual complaints were common. So was the chronic pain of osteoarthritis, from the extreme physical demands of their lives. There was little we could physically do for most of them, but we offered to pray individually with each patient. All desired this and most would then weep gently. At first, I feared that I was practicing the "lowest" form of medicine. Eventually I felt that perhaps we offered the "highest" form, since we were asking the Great Physician to somehow help comfort and encourage. Patients, people of all cultures desire a caregiver who listens, tries to help, and offers hope.

We had only a few details about the trek itself: we would encounter perhaps four rivers and two hours of extreme climbing. Within minutes of setting out,

our team of five Americans and eight Indonesians were in the first river, then onto well-trodden trails intertwined with bamboo or log bridges. Enormous trees towered 250 feet into the canopy of these dense forests. Unknowingly, we picked up little hitchhikers, leeches. Leeches and mosquitoes would be our companions for the next few days.

With temperatures and humidity in the 80s, one easily loses a liter of fluid each hour. Crossing numerous rivers, our battery-operated UV water purification units were in constant use. Most trails were either up or down; it's rarely flat in Borneo's mountainous terrain. By the ninth hour, my legs were cramping, I was discouraged and wondered if there really was a village or if any headhunters still remained here. As I spotted huts by a river, fear gave way to relief. Curious villagers prepared a meal of rice, greens and hot tea. We crashed in the largest hut of the village, sleeping with the family and villagers in the same room. A community of lepers in a further village was to travel to see us but heavy rains made the trails impassable.



The next day, after a morning clinic, it was off to a second village, deeper into the valley, about five hours away. Neither village had seen white people in person and could not understand why we would travel all this way. Children played with the balloons we brought along. Dinner was a freshly killed rooster, rice, coconut and a small pineapple. After clinic and "church", our companions revealed to us that the next morning's trek back would be steeper and more strenuous. This trek challenged me to my physical and psychological limits. Heat, humidity, dietary and sleep issues would mount, along with the sheer physical endurance of the steep trails. It is easy to become dehydrated, in spite

of efforts to continuously drink. Rappelling down vines tethered to trees, logs angled into waterfall ravines, and slippery rocks comprised our highway. There was no plan B for this ten hour trek, no alternate way off the mountain, no MediVac. Perseverance, prayer and teamwork - plus some shared cans of tuna - were responsible for the final safe arrival of our band of brothers (save for some cracked ribs, ankle and foot injuries). Two days later at a hotel on Java, a bed, fresh water, a bathroom and real food seemed surreal. Once home, the physical part of the trek continued for our team for a while longer with two cases of dengue fever, one malaria and one typhoid fever. All recovered.

Indonesians are a gentle, lovely and gracious people: while materially poor, they're rich in attitude and spirit. Reflecting, I am convinced our mission was to enter this land where few outsiders had ever gone, to minister the best we could, but also to return safely. While there were five of us who began the trek, I came to believe that six, actually, were on the mountain. ♦



The doctor's eyeglasses reflect his maneuvers during rhinoplasty surgery.

ly in nursing homes. "He served as deacon, a Sunday school teacher and on numerous community boards and as a missionary physician in Guatemala, Ghana West Africa, Dominican Republic and Haiti, as well as in underserved areas of the rural South after retirement," says Dr. Chatham. He recalls that his father was "a terrific role model for a young man, both as a physician and as a Christian. He passed away in 2009. My mother is a concert pianist, has served as organist of Baptist Church for 50 years, and instilled in me a love for music and art."

In 1969, Dr. Chatham embarked on his personal mission experience with a trip to Guatemala. He went to St. Vincent's Island in 1984, Croatia in 1996 and 1998, and Borneo in 2009. The mission to Borneo was through Graceland Baptist Church of New Albany IN and Mustard Seed International, a Christian mission organization. The group of five Americans and a career missionary from Java traveled to

remote villages, accessible only by crossing rivers on foot and hiking through jungles and extreme mountain trails.

To some it is just an old cliché, but behind this successful man is a supportive woman. Dr. Chatham emphatically praises his wife Janet's role in the success of his practice. "She put her career in the background to be my office staff during the early years of practice. She also worked with me on St. Vincent's Island on a medical mission trip. In addition to confidant, advisor and partner in our practice, she still serves as bookkeeper and payroll chief for me, as well as home school mom for our two kids."

When asked how he prepares for the daily challenge of solo practice, Dr. Chatham replies, "What I do is part science and part art. I want to do the best job I can with each patient, regardless of who they are. Each has entrusted the health and appearance of their face to me. It is a special privilege to be able to do this." ♦

Streamlined Sports Medicine

Jewish Sports Medicine Keeps University of Louisville Athletes Healthy and Playing

BY DAN DICKSON

A sports medicine physician treats many injuries and illnesses found in athletes and other active people. Caring for the special segment of elite athletes – those with highly defined personal and team goals and physical demands unique to their sport – requires the skilled, coordinated efforts of sports medicine specialists. At a high-profile Big East Conference school like the University of Louisville, sports medicine physicians and athletic trainers must optimize their athletes' fitness, fully understand their players' sports, diagnose and create effective treatment plans for injuries and illnesses, and know when to safely return an injured athlete to the playing field.

UofL Athletics believes it is fortunate to have as its partner in caring for their elite athletes, Jewish Sports Medicine.

"Our athletic department went to Jewish Hospital and told administrators that we need to take care of our athletes and we want the best," says Fred Hina, ATC, CSCS, Director of Sports Medicine – Basketball at UofL. "They formed a partnership in 1998, and since then, Jewish Sports Medicine has been the sole provider of medical coverage for our student-athletes. As an athletic training staff, we realize how great the program is," adds Hina, a native of Kentucky and former New York Mets trainer who was recruited by UofL basketball coach Rick Pitino to be his team's trainer.

Owsley Brown Frazier Sports Medicine opened in 2005 and is located on the UofL campus and within sight of Papa John's Cardinal Stadium. In addition to serving the Cardinals, the center covers athletes from nearby Bellarmine and Spalding Universities as well.

Paul McKee, MD is a sports medicine physician who practices primary care and treats musculoskeletal injuries. Dr. McKee began his education at Hope College in Holland, Michigan where he obtained his first two of four degrees: a BS in biology and a BA in exercise science. He then went on to earn a master's degree in hyperbaric medicine and MD at Saba University. After

completing a residency in family medicine at the University of Louisville, Dr. McKee matched in a sports medicine fellowship and chose to stay in Louisville to study under Drs. Jonathan Becker and Jessica Stumbo. A broken neck and back while playing football as a 13 year-old inspired Paul McKee to study sports medicine. "The physician who cared for me was both a primary care and sports medicine physician in Kettering, Ohio," recalls Dr. McKee.



Fred Hina, ATC, CSCS, UofL director of sports medicine – basketball, and team physician Paul McKee, MD

His own injury, while unfortunate, did not require surgery and was best managed by a physician trained in sports medicine. Today, Dr. McKee treats athletes with medical problems and musculoskeletal injuries that require nonsurgical management. "We see athletes who are sick with common ailments and work to keep them healthy and on the field or court."

Medical streamlining is important at Jewish Sports Medicine. Many family and internal medicine physicians refer patients with musculoskeletal injuries to Jewish Sports Medicine. "We also get referrals from orthopaedic surgeons who need pressure testing for compartment syndrome," says Dr. McKee. Compartment syndrome is the

compression of nerves, blood vessels and muscle inside a closed space, usually in the forearm or lower leg. This increased pressure results in numbness, tingling, or pain in the extremity that limits an athlete's ability to continue to compete.

A coordinated approach to the athlete's overall health is key. "Here at the University of Louisville, we have a team of athletic trainers, sports medicine physicians and orthopaedic surgeons who work together to take care of our athletes. By having a primary care physician at the head of this team, the athletes are able to have access to medical care when necessary and have the tests needed to streamline care when referral to the surgeon is needed. In the past, when athletes were injured or sick, there was a variety of surgeons representing different teams taking care of them. Now those athletes come through the sports medicine department first and are referred to the orthopaedic surgeon who covers that particular team," says Dr. McKee. This leads to a level of efficiency that enables the athletes to receive the best care in the shortest amount of time.

Completing his ninth season at UofL, Hina not only handles health care needs for the men's basketball team, but helps players one-on-one with workouts. "I coordinate with our strength and conditioning staff so we keep a good, well-rounded athlete performing at their highest level for our coaching staff."

That personal attention begins the first day an athlete reports. By NCAA regulation, athletes must have a complete pre-participation physical, starting with primary care sports medicine physicians. "We do a thorough medical history, medical exam and, if necessary, further testing," says Hina. "Next, we assess body composition and conduct sports performance testing. We find out what they do best or what they are not as good at. We help them prevent injuries."

Patient referral information for Owsley Brown Frazier Sports Medicine is available at 502-637-9313. ♦