“In July of 2017, I was in Virginia for work when I started having trouble with infection again because of my diverticulosis,” Leland Ellenberg begins. “I ended up having to spend eight hours that day trying to get the treatment I needed.”

For 55-year-old Ellenberg, this was the incident that caused him to realize he needed to find a solution to his ongoing battle with diverticulitis. As an active man who spends a large part of his life traveling for work, he knew he could no longer risk the diverticulitis flaring up when he was on the road. Not only was it a struggle to find efficient care on the road, but he was also concerned about the quality of care available when his work took him overseas.

Ellenberg turned to his daughter, Sadie Schornack, for advice. Schornack, who works as a surgical nurse at Perham Health, told her dad about a laparoscopic colon resection procedure she believed would help him with his reoccurring diverticulitis. Ellenberg inquired about having the surgery done locally and learned that not only was he a good candidate for the procedure, but that he could also have it done quickly.

“I was so thankful that I didn’t need to wait months for the procedure like I know I would have had to do elsewhere,” Ellenberg says. “I also felt good about having the surgery at Perham Health because my daughter said she was very confident in the surgical skills of the doctors who would be performing the procedure.”

In August of 2017, Ellenberg was scheduled for surgery at Perham Health. “We performed a laparoscopic sigmoid colon resection, which means removal of part of the sigmoid colon,” explains Dr. Brett Glawe, who jointly performed the surgery along with Dr. Rand Stolee. The procedure is usually performed for one of two reasons – diverticulosis or colon cancer. In the case of colon cancer, surgery is often a main treatment for earlier-stage cancers. Dr. Stolee emphasizes how one of the best ways to avoid needing colon cancer surgery is regular colonoscopy (every 10 years for an average risk individual over age 50).

“Stool card testing sent out by insurance companies and some providers is poor at preventing cancer. Only colonoscopy has an established track record for reducing the incidence of colon cancer. The stool cards are good at finding cancers, but by then it is too late to some degree,” he advises.

The other common reason laparoscopic sigmoid colon resections are performed is to help people like Ellenberg who suffer from diverticulosis. According to Dr. Glawe, the condition is very common, present in over half of people over age 60. With diverticulosis, there are weak

After dealing with diverticulosis for decades, Leland Ellenberg (center) opted to have colon surgery at Perham Health. The procedure, performed by Dr. Brett Glawe (left) and Dr. Rand Stolee (right), was done laparoscopically – leaving Ellenberg with smaller incisions and a shorter recovery time. Since his surgery, Ellenberg says he hasn’t had any issues with diverticulosis and can now travel freely without worrying about the condition flaring up again.
are areas or tiny pouches in the wall of the intestine, similar to a patch on an inner tube. These pouches can become infected, causing diverticulitis. Treatment is often with antibiotics. If people have repeated episodes of diverticulitis and it interferes with their life, or if they become very sick, surgery to remove part of the intestine can become necessary.

In Ellenberg’s case, he first learned he had diverticulosis when he was just 28 years old. Even though he was careful with what he ate, Ellenberg says it would still get infected about once a year. It only seemed to get worse as he got older. “When it did get infected it was very painful and would take me right out of commission. Because I travel a lot for work, this was especially inconvenient,” he says.

By the time of his surgery, Ellenberg admits he was getting to the point where he was so eager for a solution to the problem that he would have had it fixed in any way it could be done. However, and especially in hindsight, he says he is thankful that Dr. Stolee and Dr. Glawe were able to do the surgery laparoscopically.

“Historically, this procedure was performed in ‘open’ fashion with a large incision on the abdomen,” Dr. Glawe explains. “With today’s technology, we have the ability to do the procedure laparoscopically, which means utilizing a camera and small instruments to remove that segment of the intestine. We also use small staplers to divide the intestine and put it back together. It requires two skilled people to perform this surgery laparoscopically, which is why Dr. Stolee and I do it together.”

“I researched the procedure quite a bit beforehand and was a little bit concerned about how fast I’d be up and going,” Ellenberg admits. “I was surprised how well it went. I had the surgery right before noon and by 8 o’clock that evening I was up walking around.”

He says the post-operative pain he experienced was very minimal. There was one incision below his belly button and three very small incisions that healed up quickly. Having the procedure done laparoscopically typically results in less pain for patients because the incisions are smaller and because there is less manipulation of the intestine. This translates into a much quicker recovery.

“We use the laparoscopic approach to colon surgery as part of an entire bundle of steps to reduce complications and hospital stay. We are commonly seeing hospital stays of three days for colon surgery now, where five to seven days was routine before,” reports Dr. Stolee. “Infections and other complications are reduced as well.”

Ellenberg appreciated the quick recovery time, spending just three nights in the hospital following his surgery. “The nurses and the whole staff at the hospital were great,” he says. “It was a good experience. Everything went as good or better than I expected.”

“We use many non-narcotic pain medications following surgery to also speed up a patient’s recovery,” notes Dr. Glawe. “Patients appreciate that we can do the surgery in Perham because it allows them to be closer to family, care is provided by people they know, and they have a faster recovery with a quicker return to their regular activities.”

With his surgery now over a year ago, Ellenberg is pleased to report that he hasn’t had a single issue with his diverticulosis since his surgery. He no longer needs to take frequent antibiotics and says he is free of pain. He is also able to eat what he wants. “I can go with confidence and I don’t have to worry about it acting up when I’m on the road. It’s a big deal for me to be able to do that,” he says.

His daughter, Sadie, agrees, “It’s important to me to know that my dad isn’t going to be sitting in pain in an ER somewhere waiting eight hours to get help. I am glad he had the procedure done because there hasn’t been a single episode since. It’s one less stress in his life.”

“I would absolutely recommend to someone in a similar situation that they have the surgery done here at Perham Health,” Ellenberg says. “I don’t think it could have gone any better. Dr. Stolee and Dr. Glawe did an excellent job.”
E-visits and video visits provide more options for patients

What would you do if you were out of town for the week and suddenly found yourself needing medical care? What if your child, away at college, needed to be seen by a doctor?

These circumstances are just a few examples of times when E-visits and video visits might be helpful options for receiving the medical care your family requires. Patients with a variety of qualifying conditions can be seen via E-visit or video visit through My Chart offered by Perham Health.

“Patients can choose to be seen either through an E-visit or a video visit,” explains Beth Ulschmid, director of clinic operations at Perham Health. “It really comes down to patient preference.”

With an E-visit, a patient simply logs on to My Chart, selects the E-visit option, and completes a brief questionnaire. A provider will then review the patient’s information and provide a treatment plan, order a prescription if needed, or request to see the patient in person. The provider may also choose to ask additional questions through My Chart as part of the E-visit. Patients can expect a response from a provider within two to four hours.

Video visits are similar to E-visits, but allow a patient to connect face-to-face with a Sanford provider. A mobile device or computer is all that’s required to see a health care provider from the convenience of home, work, or wherever you are when a medical need arises. Patients may request a video visit through My Chart. Most appointments are scheduled within an hour of submitting a request.

One of the greatest benefits of both E-visits and video visits is they are available 24 hours a day, seven days a week. In cases where a patient’s condition is not a medical emergency, these alternatives could help families avoid expensive emergency department visits.

“We at Perham Health want to promote these services to give families alternatives to visiting the emergency department,” Ulschmid says. “Patients sometimes end up going to the emergency department for the types of visits that could be seen with an E-visit or video visit. Many families have high dollar deductible plans and would prefer to pay the $40 fee for an E-visit or the $49 fee for a video visit rather than pay several hundred dollars for an emergency department visit. There’s also the benefit of being able to remain in the comfort of your own home while being seen by a provider.”

E-visit or video visit fees are payable with a credit card through the My Chart application. Perham Health does not bill patients’ insurance for the visits, but patients can submit the visit fee to their insurance carrier.

If a provider feels a patient should be seen in person, an appointment will be scheduled. Patients will not be charged if they are seen at any Perham Health or Sanford clinic within seven days for the same condition.

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**Conditions that can be addressed through E-visits or video visits include:**

- Sinus problems
- Influenza
- Insect bites
- Skin infections
- Rashes
- Urinary symptoms
- Pink eye
- Head lice
- Heartburn
- Diaper rash
Welcome Dr. Corina Narvaez Jacob

Perham Health is excited to introduce Dr. Corina Narvaez Jacob as the newest member of its healthcare team. Dr. Jacob specializes in family medicine and sees patients at the Perham Health Clinic.

Dr. Jacob received her medical degree from the Universidad Nacional Autonoma de Nicaragua in Leon, Nicaragua. She completed her residence at the University of Minnesota Mankato. Dr. Jacob is board certified by the American Board of Family Medicine.

“I work every day at getting better at listening, which is the key player in patient-physician relationships, and humanity in general,” said Dr. Jacob.

In her family medicine practice, Dr. Jacob specializes in dermatological procedures, skin exams, joint injections and women's health.

Dr. Jacob is married to her husband, Fred. Together, they have one son. In her free time, Dr. Jacob enjoys all-season fishing, ping-pong, gardening, cooking, tennis, skiing, watching a good movie, hiking, and much more.

Call (218) 347-1200 to make an appointment with Dr. Jacob at the Perham Health Clinic.