

## CROSS-BORDER SAVIOURS

When you need surgery, no wait time is short enough

In 2012, 15,000 Ontarians travelled outside Canada for medical procedures. Speedy treatment is the draw: wait times for surgery in the U.S. are largely determined by how fast you can get your diagnostic paperwork in order. A half-dozen Canadian companies, like Vancouver's Timely Medical Alternatives and Winnipeg's CanAmericaHealth, act as cross-border health care brokers. They take a finder's fee from the hospital, not the patient, and some even schedule appointments. Here, the five most common cross-border procedures.

### HIP REPLACEMENT

**ONTARIO WAIT TIME**  
35 weeks  
**U.S. WAIT TIME**  
Two to three weeks  
**PRICE** From \$19,500



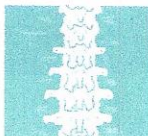
### KNEE REPLACEMENT

**ONTARIO WAIT TIME**  
35 weeks  
**U.S. WAIT TIME**  
Two to three weeks  
**PRICE** From \$18,000



### SPINAL SURGERY

**ONTARIO WAIT TIME**  
30 weeks  
**U.S. WAIT TIME**  
Two to three weeks  
**PRICE** From \$7,000



### CARDIAC SURGERY

**ONTARIO WAIT TIME**  
Six weeks  
**U.S. WAIT TIME**  
Two to three weeks  
**PRICE** From \$33,000



restaurant salad. His clinic treats thousands of patients a year for everything from food allergies (most commonly milk, eggs, peanuts and seafood) to chronic hives, and pollen and dust mite allergies.

### DRUG INTERACTIONS



David Juurlink, 45

Staff physician, general internal medicine and clinical pharmacology, Sunnybrook

A decade ago, when scores of people started showing up in Toronto emergency rooms with dangerously high potassium levels in their blood, which can lead to serious heart problems, David Juurlink discovered many of them had been taking a popular heart drug in combination with a certain blood pressure medication. He sounded the first alarm about the risks of this interaction, and doctors eased up on prescriptions of the heart drug. It's these sorts of drug interactions and side effects that Juurlink researches, painstakingly teasing patterns from reams of medical records. In addition to solving epidemiological riddles, he also routinely gets called into Sunnybrook's emergency room or intensive care unit to crack individual patient mysteries, Dr. House-style, like when a middle-aged schizophrenic man with a high fever recently fell into a coma. His doctors tried out treatments for all the plausible causes—everything from heat stroke to any number of infections—before Juurlink landed on the true source: a rare, potentially fatal syndrome triggered by the patient's antipsychotic medications. Following treatment, the patient was out of intensive care within a week.

### EMERGENCY ROOM CARE



Sara Gray, 41

Physician, critical care and emergency medicine, St. Michael's

Gray's clinical expertise in both emergency and intensive care is a rare asset in medicine and became crucial when a

young patient recently arrived at the St. Michael's Hospital emergency room with a gunshot wound to the abdomen, the bullet settling in his chest. It was a dire scene the whole way through, and after keeping him alive in the ER, she transferred into the ICU, where she could seamlessly shepherd him through surgery and the dicey recovery period. Gray also plays a major role in the hospital's ability to respond to crises. After she contracted SARS while on the job in 2003, she began to think about system-wide gaps and unpreparedness. (A decade ago, most hospitals didn't have pandemic strategies.) She studied disaster planning at Yale and recently wrote the general disaster plan for St. Mike's, which was tested during the G20 summit, ensuring simple but vital logistical improvements like extra beds and staff on standby.

### SKIN CANCER



Nowell Solish, 47

Director of the non-melanoma skin cancer clinic, Women's College

Canadians are more likely to get non-melanoma skin cancer than all other cancers combined. Though it rarely kills people, growth can be fierce and highly disfiguring, and it's these more aggressive tumours that Nowell Solish deals with on a daily basis. The clinic, which Solish was instrumental in launching in 1993, has become one of the busiest places in the country to treat facial tumours. The process is more difficult because of all the creases and crannies where cancer cells can hide, and because of cosmetic considerations. Solish is a master of Mohs surgery, a cautious approach of cutting out a tumour little by little to preserve as much normal tissue as possible, particularly important in facial surgeries. Patients need only a local anesthetic and a good book. After each surgical removal, they stick around while the lab processes the tissues. If Solish can see unaffected skin on the edges of the tumour, he knows he got it all and the patient is done. If not, it's back under the scalpel as many times as needed. (Typically it takes Solish three rounds to get it all.) And with a cure rate of 98 per cent, it's not the worst way to spend a day.