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A Chance to Cure



Ann Stroink '76 masters one of medicine's most demanding fields.

**Story by Nancy Steele Brokaw '71
Photos by Marc Featherly**

It's not exactly brain surgery.

We all say it — usually in a disclaiming, equivocating, *oh for heaven's sake, just get the job done* sort of way. A little sloppiness on the road to a project's completion is okay.

Unless, of course, it actually is brain surgery.

Meet neurosurgeon Ann Stroink '76. Her margin of error, all day long, is pretty much zero. If she's a millimeter or two off, to the right or the left, it can mean the difference between life and death, between newfound mobility and paralysis, between continued intractable pain and relief.

"I'm a little bit OCD [Obsessive Compulsive Disorder]," Stroink says with a smile, as if that explains everything. She insists, absolutely insists, that her operating rooms, equipment, supplies, records, everything, be just so. "I'm very demanding in that way," she adds.

But precision only takes you so far in a field that also requires fierce intelligence, critical thinking, drive, stamina, an ability to stay abreast of rapidly emerging technology and, perhaps most of all, a sense of adventure.

She's all that — and you can see it in her eyes, following surgery, as she strides into the BroMenn Regional Medical Center's surgeons' lounge on a Monday morning, her face still lined from a surgical mask. "That went well!" she declares.

“That” was a thoracic laminectomy, done in this case to remove a tumor the size of a melon ball that had grown along a patient’s spinal column. “It was high-risk surgery,” Stroink reports. “There was a chance of paralysis because the spinal cord has been smashed to a thin ribbon by the tumor.”

“Look,” she continues, holding her hand out. “A spinal cord is about the size of my thumb. When the tumor is removed [the cord] will expand back into the space the tumor occupied. . . .”

“Here!” she says, snatching a pencil and paper. Stroink quickly makes four sketches illustrating, top-down, the stages of the surgery she’s just completed. “Does that make sense?” she asks.

Over the course of a day, she’ll pose that same question to nurses, administrators, residents, health-industry reps, patients and even her college-aged daughter, who manages to snag a few cell-phone minutes with her mom between surgeries.

“Does that make sense?” could be interpreted as Stroink’s discreet way of asking, “Are you keeping up?” It’s a query that makes perfect sense coming from a person with so much knowledge, so little time to share it and a real desire to establish clear, mutual lines of communication with those she interacts with during the day.

The question also reflects the often-rigorous demands of Stroink’s upbringing in Bloomington, Ill. Her mother, Victoria, taught her a lot but it was her German-born pathologist father, Hans Stroink, who asked the demanding questions — with the expectation that his daughter’s answers would make perfect sense. From fifth grade on, Stroink worked in her dad’s pathology lab after school and on weekends. When it came time to choose a college, the elder Stroink determined “a big, state school” was the most sensible choice for his daughter and, accordingly, young Ann was dispatched to the University of Illinois.

“I had no professors,” only teaching assistants, Stroink recalls. “I didn’t like it; I wanted to come back to Illinois Wesleyan for second semester.”

She knew she’d have to come up with a convincing argument to get her father’s consent.

Provost and Professor Emeritus Wendell Hess served as head of Wesleyan’s Chemistry Department back in that fall of 1972. He remembers talking with Stroink about her desire to transfer.

“Here she came,” Hess fondly recalls, “this bright girl who wanted to go to medical school. I told her we had a good record with that and we could prepare her but that she’d have to do well in school, and do well on the MCAT exams.”



Stroink (above) was the first woman to enter the neurosurgical residency program at the Mayo Clinic.

Stroink worked out a financial analysis before she went back to her father and pitched her “best value” proposal. She could live at home and keep working at her dad’s lab. He relented and a new Titan came on board.

“There weren’t a lot of women in pre-med back then,” Hess says, “but I knew soon that Ann was going to do it. She was bright, motivated, disciplined. Maturity-wise, she was one to three years ahead of most of the other women — and all of the men.”

“I think about Illinois Wesleyan all the time,” says Stroink, who has served as a University trustee and won IWU’s Outstanding Young Alumnae Award in 1986. From the windows of the surgical floor at BroMenn, she can look down on the University campus, a view that inspires vivid memories. “A liberal arts education has such value, even just for the philosophy itself,” she says. “I remember Humanities with Dr. Doris Meyers, how the light came through the windows, everything.

“Your college education is the springboard of your future,” Stroink continues. “Those years are so important; every parent needs to weigh those [options] out very carefully.”

Ann spent much of her time at Wesleyan studying with David Skillrud ’76, who would become her husband before graduation and with whom she would go on to Southern Illinois School of Medicine and, later, residency at the Mayo Clinic. Stroink and Skillrud, a Bloomington pulmonologist, had three children and later divorced. Stroink is now married to Gary Shultz, who is vice president/general counsel at Mitsubishi Motors North America.

“I remember the day I found out I got into medical school,” Stroink recalls. “I was sitting in the library, looking out the window, and here comes Dr. [Biology Professor Bruce] Criley, almost at a run. ‘Ann, Ann,’ he says, ‘you got into medical school!’”

She pauses. “I want to be that nurturing,” she declares.

After medical school, it was time to convince her father again — this time that her choice of a medical specialty made sense. “My dad poured a glass of German white wine,” Stroink recalls. “He had just raised it to his lips after saying, ‘So, you have finally decided what you want to be?’”

“Yes,” Ann replied. “I want to be a neurosurgeon.”

The elder Stroink spilled his wine, then made a quick recovery. He promptly suggested neurosurgical pathology.

“No,” Ann told her dad. “I don’t want to see a tumor I could have taken out.”



Neurosurgical training in the U.S. is very competitive and grueling. As the first and only woman in Mayo's neurosurgery program during her residency, Stroink was determined to work circles around her male colleagues, and succeeded.

She decided to open her neurosurgery practice in Bloomington in 1985. The biggest pull back to her hometown was the opportunity to have multiple family members nearby to help nurture her children as they grew. "I wanted a dual role," she says, "Mom and neurosurgeon."

She and her husband, Gary, now have five college-age or grown children between them. Looking back, she says, she couldn't have done it without help from many people — including colleagues, nurses, her secretary and a series of nannies that became known as "house supervisors" as the kids got older.

Still, no amount of help could compensate for how hard Stroink has had to work. She admits to toiling "pretty much 24/7 at the beginning." This

kind of heavy workload is one reason that the number of doctors in her field has shrunk dramatically in the past two decades. There are now fewer than 3,000 neurosurgeons in the U.S. and only about 150 in Illinois. "We've lost a lot of neurosurgeons," Stroink says. "It's just too demanding."

Indeed, just trying to understand the scope of Stroink's job is dizzying. She and two partner neurosurgeons operate a busy clinical and surgical practice that falls under the rubric of Central Illinois Neuro Health Sciences. Also in the same Bloomington building (which once housed her father's pathology lab) is a pain-management center employing five doctors, a rehab facility, and an imaging center with in-house MRI and CT scan equipment.

Roughly, her weekly schedule goes

like this:

Monday – performs surgery at BroMenn Regional Health Center in Normal, Ill. (often four or five surgeries in a day).

Tuesday – sees patients (usually 40 to 50 per day).

Wednesday – performs surgery at OSF St. Joseph's Medical Center in Bloomington, Ill.

Thursday – volunteer work and teaching.

Friday – sees more patients.

Stroink is on call every third night. It makes it hard for her to get out of town but she finds time to travel, attending conferences and giving lectures across the nation about her ongoing clinical research. She's been instrumental in the design and implementation of several research protocols. It's important how data is collected, Stroink maintains, so that outcomes can be accurately compared. She is now following closely the development of the CyberKnife, a non-invasive radiation system that treats tumors previously regarded as inoperative. Every week Stroink monitors treatment plans involving the CyberKnife's use at the local cancer center and she serves on a protocol-development committee for use of the tool in brain and spinal-cord cases.

Stroink's commitment to improving her profession motivated her to help found the Bloomington-based Central Illinois Neuroscience Foundation a little over 10 years ago. Stroink saw a need to bring a neurosurgery resident program to Central Illinois to help alleviate the burgeoning needs for neurosurgical patient care and also to provide an educational resource to health providers, the community and medical students and residents.

"Our residency program brings in the best young minds out there," she says.

Is it hard for her to keep up with those agile young minds?

"They have to keep up with me," she says with an ardent gleam in her eye. "I'm very competitive; you should see me whip through journals."

"I try to teach them to think critically," Stroink continues. "It's important not to assume anything but to think on your own."

The foundation keeps expanding in new ways. Jennifer (Johns) Troyanovich '94 has been there almost from the beginning and now serves as executive director. "We gave away 1,600 hours of CME [Continuing Medical Education] last year," she says. "Dr. Stroink motivates and inspires her colleagues, associates and staff with her commitment to excellence, genuine goodwill and frank enthusiasm." Troyanovich describes her involvement in the foundation — and keeping up with the fast pace of Stroink's schedule — as "a very wonderful adventure."

Back at BroMenn Regional Medical Center on that busy Monday morning, Stroink has one surgery under her belt and three more to go. In the surgeons' lounge, she toasts a bagel, spreads it with peanut butter, and gulps another cup of coffee. She's occupying two operating rooms this morning, but things are running behind schedule because of an emergency subdural hematoma.

A nursing student approaches, somewhat shyly. Stroink wants him to watch her next surgery, a ventriculostomy, which involves placing a catheter through the skull to the ventricle of a patient's brain. "You'll be taking care of this," she tells him. The student looks nervous but Stroink puts him at ease, asking him where he's from, what his special interests are.



(Above) Stroink discusses treatment options with a patient. Her ability to recall in detail her dozens of cases is "absolutely amazing," according to a colleague.

"I have to ask," says the newly emboldened student. "Do you watch 'House' on TV?"

Stroink laughs. "The last medical show I had time to watch was 'Marcus Welby,'" she says. Clearly, the student has never heard of the series, which aired in the 1970s.

"Are they ready for me?" Stroink asks her resident.

They are not. "For this job, you have to be happy with entropy," she deadpans.

Her nurse has arrived with an enormous suitcase, containing the files of the 51 patients Stroink is scheduled to see the next day. Together, they go through every file, carefully and quickly. You can feel the concentration.

"Her memory is amazing, absolutely amazing," says Ashish Shah of Bloomington, a student at Northwestern University / Chicago College of Osteopathic Medicine who is doing his rotation in neurosurgery. "We'll see 60 patients and she'll know every one of them by name. I'm young [he's 25] and I hope to develop a memory like that.

"Dr. Stroink's a great teacher," Shah continues. "She lets us scrub in on cases, see things firsthand. Not all sites are like that, and to medical students that means a lot."

He watches Stroink go through the charts, then dart into the operating room, returning with a blanket around her scrub-clad shoulders (it's 62 chilly degrees in the O.R.), to confer with the resident about an ER patient.

"She's five places at once," Shah says, shaking his head. "I haven't learned that one yet."

Keith Kattner has been Stroink's neurosurgical partner for 13 years. "Residents love working with her," he observes. "She's a strong educator," he says, likening Stroink to "the tough teacher you loved."

One of Stroink's surgeries on this Monday involves removing a tumor from a patient's pituitary. As usual, there is no margin for error.

"Patients say to me, 'How can you operate on my brain?'" Stroink says. "I tell them, 'I already did it last night in my mind.'"

She admits to clipping aneurysms in her dreams.

"Neurosurgery is a dinner party for 30," Stroink continues. "Everything has to be set up. I go through the mechanics of every operation in my head the night before."

Finally, they are ready for her. Stroink goes into surgery for an hour and comes back out flushed. "Neurosurgery is an upper-body workout," she declares.

The hospital food staff has left a crockpot of chili on a table in the lounge for surgeons and nurses. Stroink fills up a bowl and flops in a chair to eat. Within minutes, five people are lined up to see her.

One is a colleague who has written an article for publication. Stroink reads through the draft (again, you can feel the concentration) and makes several suggestions. "Does that make sense?" she asks the writer, handing it back.

Her phone rings. A medical company is setting up a cadaver lab in the area in early May. "I want to invite Peoria neurosurgeon residents to piggyback on that," she says briskly. "I want double benefit. It's thriftier."

Stroink is concerned about procedural protocols on an ER patient. She tells the residents she thinks the usual procedure should perhaps be rethought. What do they think? Does that make sense to them? Why or why not?

Her lunch concluded, Stroink marches out into the hallway to talk to a couple of industry reps. This, too, is part of her job. These particular reps sell a sort of cement that Stroink can insert through hollow needles into the bones of patients.

Janice Cole of Bloomington was the recipient of such a procedure. At 85, she took a bad fall. After five months of seeing various doctors, she was wheelchair-bound and in terrible pain. “I went to see Dr. Stroink,” Cole reports, “and she said, ‘Janice, I’m sorry you didn’t come to see me sooner; we can help you.’”

“I know it sounds crazy but she put cement in my spine and the relief was enormous,” Cole reports. “I’m on a walker now.”

Stroink likes what these industry reps are selling but the final decision on which products will be used rests with hospital administrators who “might not like one product as well as another that costs more and is only slightly more effective,” she says. “I deal with these conflicts everyday.”

She’s not about to let these reps off easy.

“Look, where you guys grow in volume, we should see decrease in price,” she says, her voice crisp with authority.

Once more, Stroink strides off to the operating room. Brain surgery, she says, is the best part of her job. “A chance to cut is a chance to cure.” She is thrilled with all the advances she’s seen over the last two decades, especially in treating spinal injuries, making better outcomes for more patients.

Still, not all patients are destined for good outcomes, and dealing with that reality is a hard part of her job. “Delivering bad news is horrible,” she says.

“I never do it over the phone,” she continues. “I’ll bring the patient in and I’ll tell them in person, this is not good news, but we’re going to win as many battles as we can.”

An even tougher battle for neurosurgeons these days, Stroink says, “is the medical-liability climate.” According to a recent University of Utah study, rising professional liability insurance costs have produced such pressure on many practicing neurosurgeons “that continued practice in many regions of the country has become fiscally untenable.”

Stroink believes that “medical malpractice would be greatly improved if doctors took control of medical testimony by using the peer-review system that is in place to review cases.”



Stroink founded a neurosurgery resident program in Bloomington more than 10 years ago. She considers teaching doctors like second-year neurosurgery resident Adrian Harvey (above left) to be one of the most essential, and one of her favorite, parts of her job.



Stroink explains the new CyberKnife system to students (above). Even with technological advances, outcomes still come down to the steady hands and sound judgment of surgeons.

residents and I've cut my hours back to about 95 a week, I've become more politically active," she says.

Stroink has served as president of the Illinois State Neurosurgical Society. "From a national perspective," Kattner says, "she's among the most powerful women in neurosurgery. ... She's widely respected and well-known."

At she heads out the door, Stroink asks, "What do you think was the most stressful part of my day?"

The exacting surgeries? The constant interruptions? "I think it was that phone call from my daughter," she says, answering her own question. "You know . . . kids in college . . ."

Perhaps, at the end of a long day, Hans Stroink would have said something similar about a conversation with his college-aged daughter.

And, perhaps he would have asked that same question that his daughter poses at the end of this equally long day.

Does that make sense?

Yes, perfect sense.

Another thing that worries her, as a physician, is the increase in overweight patients. "Being overweight leads to so many problems," she says. "It's one of the biggest challenges of today."

And for heaven's sake, never tell a neurosurgeon that you bike without a helmet.

Eventually, darkness falls and Stroink's patients are all out of recovery. She heads out, seven residents and students in tow, to talk to anxious families and make rounds.

After dinner, she'll participate in an hour-long conference call with colleagues on a workforce issue. "Now that we have