



# Ann C. Lowry, MD

PRESIDENT, COLON & RECTAL SURGERY ASSOCIATES



## AT A GLANCE

- + **How do you prefer to spend your time away from the office?**  
Participating in outdoor activities with my family.
- + **Preferred sports team:** Minnesota Vikings.
- + **Favorite book:** I have many, but a notable one is *Cutting for Stone*, by Abraham Verghese.
- + **Favorite vacation spot:** Locally, it is our cabin on Lake Winnibigoshish, but I love to travel and the bucket list of places still to see is long.
- + **What song is playing on your iPod right now?**  
*Set Fire to the Rain.*
- + **In five words or fewer, what is your greatest piece of advice?**  
Listen to your heart.
- + **What did you want to be growing up?**  
Either an educator or a doctor, though it never occurred to me that I would be a surgeon.

**Q** What single message about Colon & Rectal Surgery Associates do you most wish to communicate to the physicians and healthcare community of the Twin Cities?

**A:** Our mission is to provide excellent clinical care, educate future colorectal surgeons and engage in research. That means we are focused on providing state-of-the-art care in a compassionate manner and are involved in developing new, innovative options for care. We work collaboratively with other specialists to provide comprehensive care for patients with cancer and inflammatory bowel disease. Our Pelvic Floor Center offers multidisciplinary testing, consultation and treatment for pelvic floor issues. Our size — 16 surgeons and five physician assistants — allows for internal consultation for complex issues and development of expertise in the less common diagnoses and procedures. Several of our surgeons are nationally recognized experts in various aspects of colorectal surgery. As part of our commitment to excellence, we track our clinical outcomes and patient experience ratings and use the data to focus our improvement efforts. As an independent practice, we can be nimble in responding to changes in the clinical and administrative aspects of health care. We believe there is a role for independent practices now and in the future that provides opportunities to work collaboratively with other providers.

**Q** Today's patients are becoming more and more involved in decisions about their medical care. How do physicians at your facility ensure empowered patients receive the best possible care?

**A:** Colorectal disorders are often sensitive topics for patients, and for many of those disorders — for example rectal cancer and fecal incontinence — there are a number of treatment options for patients to consider. We believe strongly that patients deserve a

thorough presentation of the information in an understandable and sensitive manner. To help patients make good choices, we have developed extensive patient education material and trained our providers in communication skills. For cancer patients, we employ a nurse navigator as a contact person for all questions and as a liaison with other specialists providing care. We provide facilitators who manage a colorectal cancer support group. For patients with pelvic floor disorders, we have a nurse dedicated to patient education regarding sacral nerve stimulation and other new treatments.

**Q** What are some things you can do for patients that you were not able to do five years ago?

**A:** In recent years, many exciting developments have changed the care of patients with colorectal disorders. Minimally invasive approaches, including laparoscopic and robotic technology, mean a faster, more comfortable recovery for patients with colorectal cancer, diverticulitis or inflammatory bowel disease requiring abdominal surgery. New minimally invasive techniques such as transanal endoscopic microsurgery allow appropriate patients to avoid abdominal surgery completely. In the past, there were few options for patients with fecal incontinence, but now sacral nerve stimulation, an artificial bowel sphincter and injectable agents to bulk up the anal sphincter are available. We are also participating in studies of more innovative treatments.

*Ann C. Lowry, MD, is President of Colon & Rectal Surgery Associates, [www.colonrectal.org](http://www.colonrectal.org). Dr. Lowry is Clinical Professor of Surgery at the University of Minnesota. She graduated from Harvard University and Tufts University School of Medicine. She completed general surgery training at Tufts and a colon and rectal surgery fellowship at the University of Minnesota. She can be reached at 651-312-1700 or [alowry@crsal.org](mailto:alowry@crsal.org).* ■