

your health today

nym
NEW YORK METHODIST HOSPITAL

When Holiday Heartburn Becomes Chronic

HEARTBURN CAN STRIKE AT ANY TIME, but is often at its worst during the holidays, when rich foods and Champagne toasts abound. However, for some people, heartburn is a year-round issue. Such chronic heartburn is called gastroesophageal reflux disease (GERD). "In patients with GERD the esophageal sphincter—the gateway between the esophagus and the stomach—doesn't close completely, and the stomach contents reverse, producing a burning sensation in the chest and a feeling that fluid is coming up into the throat," according to Irwin Grosman, M.D., associate chief of gastroenterology at New York Methodist Hospital.

"GERD can be mild to severe," he explains. The good news is that moderate symptoms can usually be managed with simple lifestyle changes. The first line of defense, Dr. Grosman says, is weight loss, a healthy diet, sensible portions, exercise, and quitting smoking. "When heartburn does strike, an over-the-counter (OTC) antacid containing magnesium hydroxide and aluminum hydroxide may be enough to provide relief in mild to moderate cases. Other OTC drugs, called proton pump inhibitors, may also help by limiting the stomach's acid production."

Patients with more severe cases of GERD may need prescription drugs or a minimally invasive laparoscopic procedure called fundoplication. During fundoplication, according to Piotr Gorecki, M.D., chief of bariatric surgery, the surgeon creates a stronger valve between the esophagus and stomach by wrapping the top part of the stomach around the base of the esophagus.

If a hiatal hernia—a piece of the stomach that bulges into the chest through an opening in the diaphragm—is present, the surgeon will also repair it, as this condition can also cause reflux.

In very severe cases of GERD, esophageal ulcerations and scarring may develop, and the lining of the esophagus may undergo a cellular change. This condition, called Barrett's esophagus, carries with it a slightly higher risk of esophageal cancer. Those who fit the risk profile—typically, middle-aged or older men, Caucasians, and people who use tobacco or have long-standing GERD—should be evaluated by a gastroenterologist. "We can use an endoscope to examine the esophageal lining to detect any change in the tissue," says Mukul Arya, M.D., director of advanced endoscopy. "If we do this early enough, we can diagnose Barrett's esophagus before it turns cancerous, and monitor it for any alterations."



To make an appointment with a gastroenterologist at the Institute for Digestive and Liver Disorders at NYM, call 866.DIGEST-1.

at the FOREFRONT

Zeroing in on Non-Hodgkin's Lymphoma

PATIENTS BATTLING NON-HODGKIN'S lymphoma now have new hope, thanks to a treatment recently introduced at New York Methodist: a tiny but mighty radioactive radioisotope (particle) called yttrium-90, which is particularly deadly to certain types of slowly progressing non-Hodgkin's lymphoma. Its great advantage, according to Alan Astrow, M.D., chief of hematology and medical oncology at NYM, is that yttrium-90's properties allow it to penetrate deeply into tumors and nearby cancer cells without affecting adjacent organs, thus avoiding much of the discomfort sometimes associated with chemotherapy.

"With any treatment for cancer, 'success' means achieving the best result with the fewest side effects for our patients," says Dr. Astrow. "This new therapy meets those standards, and can be extraordinarily effective. It's just one more way we are helping patients confront cancer while maintaining their quality of life."

Treatment is administered by an interdisciplinary team. Radiation oncologists ensure that the dosage of the radioisotope, which is administered through a single injection, is exact, and the hematology/oncology team manages a 'navigating' antibody that precisely 'guides' the radiation to the cancerous cells.

"The first line of defense for this disease is typically close monitoring plus treatment with chemotherapy or anti-cancer drugs," says Hani Ashamalla, M.D., chair of radiation oncology at NYM. "However, should the patient's cancer recur

after the initial treatment, we can now add this new therapy to help prevent the cancer from spreading, ultimately giving the patient a much better chance of a cure."

Dr. Alan Astrow, chief of hematology and medical oncology, one member of a team of specialists that treats patients with non-Hodgkin's lymphoma, with the newest cutting-edge protocol.



For more information or to make an appointment with a doctor affiliated with NYM's Institute for Cancer Care, call 866.411.ONCO (6646).

Caregiver Tips for Surviving the Holidays



Taking care of a sick relative can be more than a full-time job. When you pile on the added demands of the holiday season—baking, parties, shopping—many caregivers may feel like giving up. To avoid burnout, experts advise keeping the holidays simple:

Be realistic. If you're short on energy, it's okay to turn down invitations or explain why you can't host the family this year.

Tone down holiday preparations. If you are having family and friends over, keep it simple. Sharing memories and good times is more important than decorating the house to perfection or preparing the perfect meal.

Share the load. If you don't have the energy to cook, consider holding a potluck or ordering from a local caterer or restaurant. Instead of buying presents for everyone on your list, suggest a grab-bag.

Seek help. If you're still feeling overwhelmed, reach out to a therapist or a local support group. The Caregivers Support Group at NYM meets on the second Wednesday of the month. For information, call 718.780.5367.



meet the DOCTOR

Alan Astrow, M.D.
**Chief of Hematology and
Medical Oncology**

Fellowship: New York University
Medical Center

Residency: Boston City Hospital

Medical School: Yale School of
Medicine

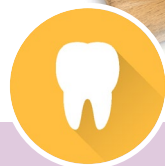
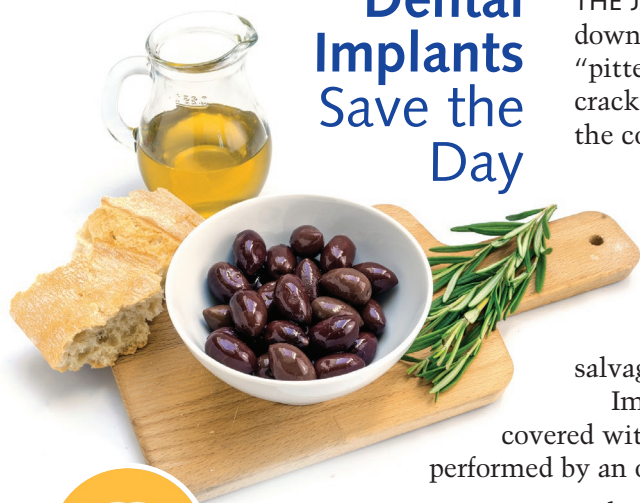
Alan Astrow, M.D., recently joined New York Methodist Hospital as chief of hematology and medical oncology. Board certified in internal medicine, medical oncology, and hematology, he specializes in procedures and treatment for a variety of cancers, including Hodgkin's and non-Hodgkin's lymphomas, breast cancer, gynecologic cancers and uterine cancers.

"Hematology and oncology is a field where you really get to know your patients—you are with them through the 'long haul,'" says Dr. Astrow. "You want to leave no stone unturned on a patient's path. You want to always go the extra mile—the extra ten miles, the extra hundred miles. You want to be there for a patient and the patient's family from the day you meet, and you want to make it clear that you are going to be with that patient throughout the treatment process."

Away from the Hospital, Dr. Astrow is active in his synagogue, and describes himself as an enthusiastic golfer ("even though I'm quite bad at it!"), a Jets fan ("long-suffering, unfortunately"), and an avid reader. His wife, Jill Nathanson, is a prominent abstract artist.

With the exception of his time in Boston, where he did his residency, Dr. Astrow has lived in New York all of his life. "Dad was from Brooklyn, Mom was from the Bronx, and I've lived in Queens, Manhattan and Nassau County," says Dr. Astrow. "In Boston, I received fantastic training from extraordinary physicians, and Boston will always have a special place in my heart. But I never can bring myself to root for the New England Patriots."

Dental Implants Save the Day



If you suspect you've broken a tooth, always get it checked out by a dentist. You may think it's just a minor inconvenience, but depending on the severity of the break, a crack in a tooth can be a pathway for bacteria and can lead to a localized or even systemic infection.

THE JAR SAID "PITTED OLIVES," but when you chomped down on that kalamata, you heard a scary crunch. Those "pitted" olives hid an unpleasant surprise, and you had cracked a molar. Biting down on something hard is one of the common ways to break a tooth. People sometimes also damage their teeth in accidents, playing sports or even by grinding their teeth during sleep.

Sometimes dentists can fix a broken tooth with a root canal and crown (a cap cemented over a damaged tooth) or other treatments. But when the crack extends below the gum line, the natural tooth may not be salvageable, and a dental implant may be the best option.

Implants are posts drilled into the jawbone and then covered with laboratory-fabricated teeth. The procedure, usually performed by an oral surgeon or periodontist, typically involves three steps:

1. A computed tomography (CT) scan of the jaw to make sure that there is enough healthy bone to support an implant;
2. placement of the implant—a small titanium screw inserted into the jaw, followed by a three- to six-month period during which the jawbone grows around the implant;
3. installation of the artificial tooth.

The overall success rate is 92 to 95 percent, according to Michael Zidile, D.D.S., board-certified periodontist and an attending dentist at NYM. "People with dental implants can chew normally, and the color of their artificial tooth can be matched closely to the surrounding teeth. I know I've done my job when a patient returns to see me and can't remember which tooth is the implant."

To schedule an appointment at NYM's dental clinic, call 718.780.5410.

WHAT NURSES KNOW



**Mary Lakaszawski, R.N.,
M.S.N., C.W.O.C.N.**
Director of Skin and
Wound Care

Registered nurses have a unique perspective on health and wellness. In each issue of Your Health Today, we ask an NYM nurse to address a particular health care concern.

TOPIC: PREVENTING BEDSORES

THE IDEA OF LAZING IN BED FOR HOURS may sound pleasant to those who have to get up with the alarm every day, but for bedridden patients the reality is very different. In fact, staying in bed for long periods can be hazardous. Among the greatest dangers: the development of pressure ulcers, commonly known as bedsores, according to Mary Lakaszawski, R.N.

Pressure ulcers can develop when skin is left in prolonged contact with a surface such as a bed or a wheelchair seat. The bony areas of the body—the heels, knees, elbows, hips and sacrum (tailbone area), where there is little protective fat or muscle—are most prone to ulceration. Those at higher risk are the elderly, whose skin is naturally thin, and low-weight individuals.

Lakaszawski points with pride to NYM's "Destination Zero" program, which achieved its goal of zero pressure ulcers at NYM last June. The key to success, she says, is "constant vigilance," whether the patient is in the Hospital or at home. Her tips for keeping pressure ulcers at bay:

- Examine skin daily for redness or soreness.
- Turn the patient every two hours or have the patient change position if he or she is able.
- Use off-loading devices (pillows or padding) to relieve pressure on the bony areas. "We place pillows under the calves to elevate the heels, and wedge pillows or a body pillow behind the patient to keep hips bones off the bed surface."



Familiar props, commonly thought to protect against pressure ulcers, are now considered old-fashioned, according to Lakaszawski. "We no longer use sheepskin or egg-crate foam. For patients who sit for long periods we recommend memory foam or an air cushion, not doughnut rings, which can centralize pressure."

MyNYM

Patients at NYM can now access portions of their health records online. To sign up for MyNYM, a password-protected free service that provides patients with key clinical information, please call 877.621.8014.

Finding a Physician at New York Methodist Hospital

If you need a physician for primary or specialty care, contact New York Methodist Hospital's free Physician Referral Service at the number or web address below. Our staff will help you find a doctor whose office location, area of specialization, insurance and billing policies are right for you.

718.499.CARE (2273) or www.nym.org

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