

your health today

nym
NEW YORK METHODIST HOSPITAL

An Rx for Medication Safety

IF YOU ARE OVER 65, chances are you could be taking five or more medications a day. There's the pink one you take with meals in the morning, the little blue one you take three times a day, the two yellow ones you take at bedtime, and so on. And that can be confusing. Compounding the confusion, according to Emil Baccash, M.D., attending geriatrician at New York Methodist Hospital, is that older adults often have several physician specialists, each prescribing independently.

"This can lead to harmful drug interactions, less effective treatment or overmedication. And during transitions of care—such as when a patient is being moved from a hospital to a nursing home or from a nursing facility back to the home environment—patients and caretakers can lose track of who is prescribing what. Ensuring that a medication regimen is safe, effective, and adhered to successfully is crucial for any patient," says Dr. Baccash.

To find a physician affiliated with New York Methodist Hospital's Institute for Healthy Aging, call 844.780.9355, or visit www.nym.org and select "Find a Doctor."



Here are Dr. Baccash's tips on how to safely manage your drug regimen:

- Bring every medication you take to each doctor's appointment so that you and the physician can discuss whether you are taking the drugs as instructed, whether all of those medications are actually needed and whether there might be any harmful drug interactions.
- Use a weekly pill dispenser. The best ones are those that allow you to sort medications by the time of day. Place the pills in the dispenser in advance, with a helper—a family member or aide—if necessary.
- Keep a checklist of all the medications you're taking and post it on the refrigerator or a bulletin board. The chart should indicate the amount of each medication, the time of day you take it and whether it should be refrigerated.
- Ask your pharmacist to dispense your medications in large, easy-to-open containers with large-print labels. "Medication manufacturers often do not consider that childproof bottles can also be geriatric-proof if you have arthritis," says Dr. Baccash.
- Get prescriptions refilled early so you don't run out.
- Don't stop taking a prescription unless the doctor says it's okay—even if you are feeling better.



meet the
DOCTOR

Robert F. Tranbaugh, M.D.
Chairman of
Cardiothoracic Surgery

Fellowship & Residency: University
of California San Francisco

Medical School: University of
Pennsylvania School of Medicine

He may have decades of experience under his belt and a slew of research papers bearing his byline, but Robert F. Tranbaugh, M.D., says that his work keeps him humble. “When you’re dealing with life and death, and holding someone’s heart in your hands, it puts things in perspective.”

His favorite story is about one of his young patients. “I was going to be operating on this 20-year-old who had a failing heart valve. I met his parents and explained the procedure. At the end of our talk, his father took my hand in his big, calloused, workman’s hand, and said, ‘Today he is my son; tomorrow he will be your son.’ It drove home to me how important this work is, and how much it means to patients and their families.”

Dr. Tranbaugh’s responsibilities include overseeing a staff of 60 doctors, nurses and technicians. “Cardiac surgery is a team effort, and we have a wonderful team here at New York Methodist Hospital. It’s an honor for me to be part of this effort to continue building a program, which offers services that are among the best in the country.”

A New Approach to Coronary Bypass Surgery

CORONARY BYPASS SURGERY has saved tens of thousands of lives since its introduction. This surgical procedure, which restores the blood supply to the heart when one or both coronary arteries are obstructed, has traditionally been done by replacing the faulty arteries with new ones made from the patient’s own leg vein. When Robert F. Tranbaugh, M.D., joined the staff of New York Methodist Hospital last year, he brought with him expertise in a relatively new technique—one that he and his colleagues developed, researched and perfected—which uses arteries instead of veins.

“For some 50 years,” he explains, “the vein taken from the leg has been the primary graft used in bypass surgery. The problem is that veins are compressible and soft and, over time, a vein used in place of an artery can thicken, become injured and even fail. So 15 years ago, or so, we became interested in using arteries from the forearm and from under the breastbone. This has been a major contributor to improving bypass surgery outcomes. We estimate that if adopted nationwide, the procedure could save as many as 10,000 lives a year.”



“When radial arterial grafting is explained to patients, they often ask if taking an artery from their arm will affect the use of their hands,” says Dr. Tranbaugh. “I tell them that I have done this procedure, with no adverse impact at all, on more than 3,000 patients, including pianists, typists, dentists, surgeons and other people who rely on their hands. We can perform this procedure on 85 percent of patients. The only exceptions are people with impaired circulation to their hands, the very elderly and those with kidney failure.”

Heart Boost for Dialysis Patients

THE NEWEST LIFESAVING DEVICE for patients with cardiac arrhythmias (irregular heart rhythms), is the subcutaneous implantable cardioverter defibrillator (S-ICD). Like the traditional ICD it can jumpstart a faltering heart; unlike its older cousin, it can be installed non-invasively, which is a boon for patients on kidney dialysis. "The traditional ICDs could function only via thin wires (called leads), which go from the device into the blood vessels of the vascular system and into the heart's chambers," Lawrence Stam, M.D., associate chief of nephrology at NYM, explains. The S-ICD wire, on the other hand, is installed directly under the skin, in an area near the patient's heart. "Kidney dialysis, which filters waste from the body's blood supply, also requires access to a patient's vascular system. Using the vascular system to treat both heart and kidney disease at once can carry a high risk of clotting. Thanks to S-ICDs, we are able to avoid the risk of these complications altogether."

The S-ICDs have benefits that extend beyond the treatment of patients who also have kidney failure, according to Gioia Turitto, M.D., director of electrophysiology at NYM. "The easy accessibility of the S-ICD wire means that, in the event of an infection, the wire can be removed and replaced without accessing the patient's heart. In younger patients who need an ICD, a wire may simply wear out over time and need to be replaced—and again, no access to the heart will be required to do this. For patients with life-threatening cardiac arrhythmia, S-ICDs are the wave of the future. For patients who are also living with kidney failure, the future has already arrived."



Lawrence Stam, M.D., with a patient.

For information about S-ICDs, go to nym.org and enter "electrophysiology" into the search engine, or call 718.780.7830.



No Flu Shot? It's Not Too Late!

The 2015 holiday season is ancient history, but alas, the flu season will be with us until May. If you and your family have not been vaccinated, you should be. "Everyone older than six months of age should get a flu vaccine," says Baquar Bashey, M.D., chief of internal medicine and ambulatory medicine at NYM. "People with respiratory conditions, chronic obstructive pulmonary disease, bronchitis, diabetes and certain neuromuscular disorders are at increased risk for flu complications." Children are also vulnerable, with 20,000 kids under age five hospitalized each year for flu symptoms. "If your children have never had flu vaccinations, they will need two, administered 28 days apart to protect against multiple flu strains," according to Dr. Bashey.

WHAT NURSES KNOW



Joanne Russo Lagnese, R.N.

Director of Patient Care Transition

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

TOPIC: SPEAKING A PATIENT'S LANGUAGE

AS OF THE 2000 CENSUS, 47 million people in the United States spoke a language other than English at home. Half of these individuals reported that they spoke English less than “very well.” With the continued arrival of new immigrants—especially in a multi-cultural borough like Brooklyn—the percentage today is probably even higher, and this can be a challenge to patients and the people who care for them. “Someone coming to the hospital for surgery or a medical procedure is already off-balance; being unable to speak or understand English only deepens their apprehension, discomfort and confusion,” according to Joanne Russo Lagnese, R.N.

The temptation, she says, is to bring along a family member or friend to translate. While the hospital can’t prevent this, using a volunteer or professional translator is a much better option. “Trained interpreters who are unrelated to the patient and are neutral, can deliver information without any emotional involvement. Even more important, medical interpreters get special training in procedures and care instructions so they can communicate them clearly and accurately to patients and their families.” Whether the need is to get a patient’s informed consent for a complex surgical procedure, or to explain a plan of care or post-hospitalization instructions, the best option, according to Lagnese, is always a trained medical interpreter.

“Family members mean well, and their presence is vital to a patient’s recovery, but they are not professionals. Patients expect their doctors and nurses to be top-notch professionals; they need to understand that qualified medical interpreters are an equally important part of the health-care team.”



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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