

thrive

SUMMER 2014

OPERATION INNOVATION


MINIMALLY INVASIVE ROBOTIC SURGERY
HELPS PATIENTS HEAL FASTER

BEATING
OBESITY

AN EXERCISE
IN CREATIVITY

THE INFORMATION YOU NEED.
THE CARE WE PROVIDE.
THE COMMUNITY WE SHARE.

nym
NEW YORK METHODIST HOSPITAL



“I needed surgery but
couldn’t be out of
commission for too long.”

The specialists at New York Methodist Hospital are a step ahead in using robotic surgery to treat conditions in a growing number of fields, including gynecological and urologic disorders, thoracic surgery, prostate cancer and more. This technique is known to be extremely precise, with fewer complications—and typically results in a quicker recovery, less pain and shorter hospital stay for patients. That means you can get back more quickly to what’s most important. Your life.

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We Want to Hear from You

Do you want to comment on an article you've read in *Thrive*? See page 31 for our "Community Forum" section where we feature letters from readers and tell you how to share your opinions with us.



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THRIVE SUMMER 2014

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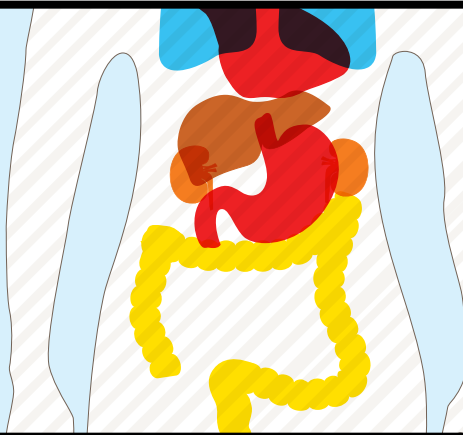
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**SPECIAL
REPORT**



**OPERATION
INNOVATION**

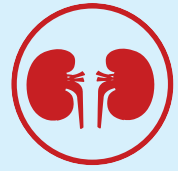
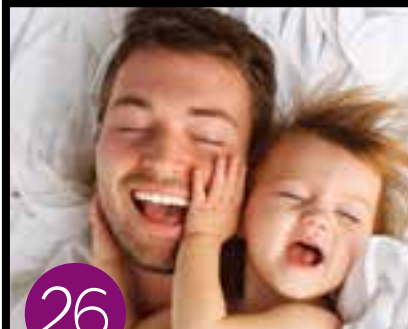


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PHOTO CREDIT: DAVID GROSSMAN

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Viewpoint

OUR GOAL
IS TO HELP
ALL BROOKLYN
RESIDENTS
BE HEALTHIER,
STRONGER AND
HAPPIER.



EVERY SO OFTEN we need to stop and think about what it is that we really want and what we are doing to achieve it. When it comes to health, we hope that this summer issue of *Thrive* will provide you with some great reference points to push you toward your wellness goals.

Water is summer's great relief—we swim in it, play in it, and most importantly, drink it! Being properly hydrated not only helps to regulate heat, but also allows our body to function. "High and Dry" on page 7 offers key hydration tips on how water can keep your body performing at its best.

If you are concerned about your weight and/or feel that your weight holds you back from living the life you want but the traditional paths of diet and exercise haven't taken you to the weight loss you seek, you might find the article on page 8, "Weighing Your Options," of interest. There are more choices out there than you may have realized to help you attain your weight loss goals.

On page 24, you'll meet Carole, a woman who never thought she would be freed from the inhibiting pain of osteoarthritis. Realizing that she wanted more from her life, she took action, made changes and got back to living. Take a moment to read her story in "Damage Control;" and if you have a similar problem, you may find that there are ways that you can get a little more spring back into your step.

We at New York Methodist Hospital wish you a wonderful and healthy summer. As you work toward your ideals, remember to have fun on the way!

Cordially,

Mark J. Mundy
President and
Chief Executive Officer

www.nym.org
www.facebook.com/NewYorkMethodistHospital





YOUR HEALTH IN A HEARTBEAT

IT'S NOT EASY TO KEEP UP WITH HEALTH NEWS AND INFORMATION. HERE'S A QUICK RUNDOWN OF DEVELOPMENTS TO KEEP YOU IN THE KNOW.

BANKING ON LIFE

Physicians currently use umbilical cord blood in transplant medicine to treat more than 80 life-threatening diseases. Collecting and storing the blood that remains in the umbilical cord after birth provides patients with immune, blood, and metabolic disorders and some forms of cancer access to stem cells that help regenerate healthy blood cells and strengthen immune systems.

Women delivering at New York Methodist Hospital can make arrangements with their obstetricians or midwives to collect blood from the umbilical cord following the birth. Through NYM's Cord Blood Program, the blood is sealed in a special package that the parents arrange to either donate to a public cord blood bank or pay to store at a private cord blood bank in case their child or an immediate family member requires a stem cell transplant in the future. The probability of having a stem cell transplant before the age of 70 is 1 in 200.



DAILY VITAMIN TABLETS—LESS IS MORE



Research shows taking multivitamins or over-the-counter supplements offers few health benefits. Eating a well-balanced diet of fresh foods is the most effective way for people to get the necessary allotment of daily vitamins.

What's more, taking more than the recommended amount of daily vitamins can have serious consequences on a person's health and trigger interactions with certain medications. Doctors may recommend a daily supplement for patients with poor appetites, picky eating habits, food allergies, chronic illnesses or other risks for nutritional deficits; but for most people, a healthy diet that includes vegetables, fruits, dairy and meat provides the body with all of the essential daily vitamins.

PEDAL POWER

From building muscle and stamina to increasing circulation and cardiovascular fitness, regular cycling provides a total-body workout without stressing the rider's joints. In fact, stationary bikes are often used in physical therapy for heart and orthopedic patients.

The calorie burn for bicycling varies according to body weight and intensity. For instance, a 150-pound person pedaling a stationary bike at a moderate rate burns nearly 240 calories in an hour indoors compared with 135 calories spent cycling at a leisurely pace outdoors. The difference? Although outdoor cyclists benefit from the resistance of a traditional bike, the pace and intensity of indoor cycling is typically higher than leisure outdoor cycling, where traffic and terrain often slow cyclists down.



53,000+

THE NUMBER OF **CORD BLOOD UNITS** DONATED TO THE NEW YORK BLOOD CENTER'S NATIONAL CORD BLOOD PROGRAM, THE WORLD'S LARGEST PUBLIC CORD BLOOD BANK

13

THE NUMBER OF ESSENTIAL VITAMINS THAT THE **HUMAN BODY NEEDS**, ALL OF WHICH ARE READILY AVAILABLE IN EVERYDAY FOODS

48

ROUGHLY THE NUMBER OF **CALORIES BURNED PER MILE** OF CYCLING

LIVING AIR FILTERS

1



Plants can brighten your living space and help you breathe more easily. A study from the National Aeronautics and Space Administration listed the following plants as some of the most effective at filtering toxins that may exist in your home. The toxins are emitted from exhaust fumes, chemical cleaning products and solvents like paint thinner:

- + **Aloe vera.** This super plant eliminates formaldehyde and benzene (by-products of chemical cleansers) in indoor environments, and its leaves are filled with a natural gel that can help heal minor cuts and sunburns.
- + **Spider plant.** Even self-proclaimed plant killers can find success with a hardy spider plant. Not only does a plant add life to a room, it also helps eliminate carbon monoxide, formaldehyde and xylene from the air.
- + **Gerbera daisy.** This leafy plant's colorful blooms help filter the chemical benzene (found in gasoline), cigarette smoke, detergents and more.

Safe Strollers

You may use your stroller every day, but when was the last time you made sure all the parts were working well? These tips can help keep your stroller in good condition and free from accidents.

- + **Check the wheels.** A faulty wheel, whether made of inflatable rubber or hard plastic, can lead to accidents and injury. Periodically check to see if the wheels' hardware needs tightening or the tires require additional air.
- + **Embrace smooth moves.** If your stroller no longer closes or opens easily, apply a lubricant like WD-40 to the hinges to help keep your child's fingers—and yours—from getting pinched. Avoid injuries by keeping little hands away from hinges, brakes and other moving parts on your stroller.
- + **Check the brakes.** If this important piece of equipment no longer functions properly, it is time to replace either the damaged brake or the stroller.



2

West Nile 101

West Nile virus has affected almost 500 New Yorkers since it was first documented in the state in 2000. The virus is symptomless in most people, but one in five infected people develops flu-like symptoms that last up to a month, and one in 150 people becomes fatally ill due to the virus.

No vaccine or cure exists for West Nile virus, so prevention is the best medicine. The disease is primarily spread by the mosquito, an insect whose population has risen in Brooklyn in recent years.

Wearing insect repellent when outdoors, keeping screens on doors and windows, and eliminating standing water (which is where mosquitos breed) in backyards and other outdoor spaces are preventive measures you can take to help diminish the mosquito population and keep West Nile virus at bay.

3



High AND Dry

UP TO 75 PERCENT OF BODY WEIGHT IS WATER, AND
IT MUST BE CONTINUALLY REPLENISHED.
AS TEMPERATURES GET WARMER, BE ALERT FOR THE
SIGNS OF DEHYDRATION, A CONDITION THAT CAN
BECOME A LIFE-THREATENING MEDICAL EMERGENCY.

"DEHYDRATION IS MORE common than people might expect," says **Lawrence A. Melniker, M.D.**, vice chair for Quality Management, Department of Emergency Medicine, New York Methodist Hospital. "In addition to classic heat-related episodes and patients with stomach disorders, we see many dehydrated patients who simply did not consume the required volume of fluids. People tend to assume dehydrated individuals will be thirsty, but often they are not aware of the problem."

The dangers of becoming dehydrated include developing:

- + Heat cramps, heat exhaustion or heat stroke
- + Hypovolemic shock, which leaves the heart unable to pump enough blood to supply the body's needs
- + Kidney failure
- + Coma or death
- + Edema of the brain cells (refilling the cells too quickly) during rehydration

SEEING THE SIGNS

As Dr. Melniker explained, not everyone experiences classic dry mouth and thirst with dehydration. Other symptoms may vary depending on the degree of dehydration.

Mild dehydration symptoms include:

- + Fatigue
- + Decreased urine output
- + Headache
- + Dizziness or lightheadedness
- + Dry eyes and skin
- + Constipation

Severe dehydration symptoms are:

- + Extreme fussiness or sleepiness and tearless crying in children
- + Irritability and confusion in adults
- + Very dry mouth and skin
- + Dry, sunken eyes
- + Little sweating
- + Little or no urine
- + Low blood pressure
- + Rapid heartbeat
- + Rapid breathing
- + Delirium or loss of consciousness in extreme cases

"Daily fluid requirements depend on body weight, activity level and environmental conditions (hot or dry), but on average, adults should consume approximately two to three liters of fluid daily," Dr. Melniker says. "The amount of water that children need to consume depends on each child's size and gender. Ask your pediatrician for a recommendation."

WHO IS MOST AT RISK?

Anyone can develop dehydration, but several groups are at higher risk.

For instance, **children** metabolize water more quickly than adults, and their kidneys do not conserve water as efficiently. Also, children may wait for caregivers to provide fluids, and may refuse to drink when ill, especially when experiencing a sore throat or an upset stomach.

Seniors lose muscle mass as they age: Because muscle cells contain more water than fat cells, the proportion of water in the body declines. The sensation of thirst also decreases with age.

People who are ill with vomiting, diarrhea, a bladder infection, or kidney stones (hard mass of salts and organic matter that bind together in the urinary tract) lose fluid faster than usual. High blood sugar levels can cause higher urine output, so people with uncontrolled diabetes may need more to drink.

Outdoor workers and athletes lose fluid through sweating and can become dehydrated if fluids are not replaced.

TREATING DEHYDRATION

Although it is best to avoid dehydration through preventive measures and by recognizing the signs, the treatment is not complicated.

"Mild dehydration can typically be reversed by drinking fluids," Dr. Melniker says. "Choose water or apple juice rather than soda. If dehydration progresses to a more severe stage, the best treatment is to administer fluids through an IV."



HYDRATION DOs AND DON'Ts

DO drink water throughout the day.

DON'T wait until you are thirsty to drink.

DO drink sweet, non-acidic drinks like apple or grape juice, sweetened tea, or water. Avoid bubbly or acidic liquids like sodas or orange, tomato or grapefruit juices.

DON'T chug beverages, as this can impair absorption and cause nausea.

DO seek treatment for severe dehydration. Doctors at NYM's emergency department treat dehydrated patients by intravenously injecting a water-based solution into the body.

DON'T delay seeking help if you suspect a heat-related emergency. Call 911 right away.

FOR THOSE WHO STRUGGLE WITH
OBESITY, EVEN ORDINARY ACTIONS
LIKE SITTING IN AN ASSIGNED
AIRPLANE SEAT, TYING SHOELACES
OR CLIMBING A FLIGHT OF STAIRS
CAN CAUSE DIFFICULTY.

Weighing YOUR OPTIONS

EXCESS WEIGHT CAN also take its toll on a person's vital systems, leading to chronic illnesses involving the heart and arteries, lungs, kidneys and joints. In fact, obesity is a risk factor for five of the top seven leading causes of death in the United States, including diabetes, high blood pressure and sleep apnea.

KNOWING IS HALF THE BATTLE

Obesity is defined as having a body mass index (BMI) of 30 or higher. See "Body Mass Math" on page 9 to learn how to calculate BMI. BMI is a more accurate measure of body fat than weight alone because it considers both weight and height, so it is routinely used to determine if a person's weight falls into a healthy range. For example, a 5'7" man or woman at various weights would fall into the following BMI ranges and categories:

HEIGHT	WEIGHT	BMI RANGE	CATEGORY
5'7"	118–159	18.5–24.9	Normal
5'7"	160–191	25–29.9	Overweight
5'7"	192–254	30–39	Obese
5'7"	255 or higher	40 or higher or 35 with a comorbidity	Severe (Morbid) Obesity

Conservative approaches to weight loss have helped many people lower their BMIs. A conservative approach is anything short of surgery, including dieting and exercising or participating in a formal weight-loss program. It is important to understand, however, that the American Medical Association defines obesity as a disease, meaning that diet and exercise alone do not always solve the problem. While some people have been able to successfully address obesity through lifestyle changes alone, it is not that simple for everyone with obesity issues.

"The likelihood of someone curing this disease by modifying food intake and getting more exercise is very slim," says **Piotr Gorecki, M.D.**, chief of the Division of Laparoscopic Surgery and medical director of the Surgical Weight Reduction Center, a designated Bariatric Surgery Center of Excellence at New York Methodist Hospital. "Morbid obesity is a lifelong disease."

SURGICAL SOLUTIONS

Bariatric surgery, also known as weight-loss or metabolic surgery, has helped millions of Americans overcome their battles with morbid

obesity. In 2014, nearly 200,000 Americans are expected to undergo a bariatric procedure.

To qualify, candidates must meet the following criteria:

- + Have a BMI of 40 or higher, or a BMI of at least 35 with one or more related medical conditions.
- + Be between the ages of 18 and 68.
- + Have tried and failed to lose weight through sustained conservative measures.

However, meeting the criteria for weight-loss surgery does not always make someone an ideal candidate. Additional requirements include demonstrating a strong motivation to lose weight and being able to permanently change unhealthy habits, meaning a procedure is more likely to have long-term impact.

"Prior to surgery, we want patients to optimize their health in order to improve their surgical outcomes," Dr. Gorecki says. "We want to make sure they lose some weight, quit smoking, are as physically active as their weight allows, and get other medical conditions under control."

MOVED TO LOSE

Improving obesity-related medical conditions such as diabetes, arthritis, sleep apnea or asthma can help reduce surgical complications. One of the most important steps that patients can take to prepare for surgery is to lose weight. Dr. Gorecki's preoperative goal for patients is to lose between five and ten pounds. While the amount is modest, Dr. Gorecki says it can have a notable impact on the success of the surgery.

"If a patient isn't able to lose weight, we may postpone the procedure," Dr. Gorecki says. "Being able to qualify for surgery is a powerful motivator to lose those few extra pounds."

For people considering bariatric surgery, it is essential to know that there is a time commitment.

"It often takes at least six months from a patient's initial consultation to actually undergo bariatric surgery," Dr. Gorecki says. "The medical education process is intensive."

However, that should not deter anyone from considering surgery.

"Bariatric surgery is the only modality proven successful for significant and sustained weight loss," Dr. Gorecki says. "It not only addresses obesity, but it can also help control many related health conditions."

BODY MASS MATH

BMI IS A MEASUREMENT
OF BODY FAT THAT CAN HELP
YOU DETERMINE IF YOU ARE
OVERWEIGHT, A HEALTHY
WEIGHT OR UNDERWEIGHT.
TO CALCULATE YOUR BMI,
USE THIS FORMULA.

$$\left[\frac{\text{Your Weight in Pounds}}{\left(\text{Your Height in Inches} \times \text{Your Height in Inches} \right)} \right] \times 703$$

THE THREE METHODS OF SURGICAL WEIGHT LOSS

Three different types of bariatric procedures are offered at NYM's Surgical Weight Reduction Center. All three surgeries are completed laparoscopically—through several small incisions instead of one large one—which promotes faster healing, a quicker discharge from the Hospital and less scar tissue.

- + **Sleeve gastrectomy** removes a portion of the stomach to restrict food intake and reduces the stomach's production of ghrelin, a hormone that promotes appetite. This bariatric procedure is the most commonly performed at NYM.
- + **Gastric bypass** reduces the size of the stomach and reconnects the newly formed stomach to the middle of the small intestine, bypassing the first part of the small intestine to reduce hunger and the amount of food that can be digested at once.
- + **Lap-band** reduces food intake by placing a small bracelet or band near the top of the stomach, restricting its size without any stapling or surgical removal. A circular balloon inside the band can be adjusted to change the size of the stomach.



More than 2,000 bariatric procedures have been performed at NYM. To find a surgeon specializing in bariatric surgery, visit www.nym.org/for-patients-and-visitors/find-a-doctor/search-for-a-doctor.aspx, call the Institute for Advanced and Minimally Invasive Surgery at 866.DOCS.14U, or scan the accompanying QR code.

AGONY OF *de feet*

WE'VE ALL BEEN there—our feet hurt from the wrong type of shoes, improper fit, constantly wearing heels and being overweight. This, that and all the other things can lead to long-term foot problems such as bunions, hammer toes, heel spurs and plantar fasciitis. Your foot is a complex system of bones, ligaments, nerves and muscles that work together to enable you to walk, run and do whatever it is that you enjoy. One wrong move can throw everything out of balance. So what can you do now so that you don't have to suffer the Agony of de Feet later? What if you are already suffering? We've got the answers for your tired hoofers.

HAMMER TOES

Hammer toe is a condition in which the toe bends, causing the middle joint to poke out. Tight-fitting shoes can worsen the condition, and a corn may often develop at the affected site. What treatments are available to treat hammer toes?

- + Applying a toe pad over the middle joint of the toe that is poking out
- + Wearing shoes that will not aggravate the affected toe
- + Surgery

BUNIONS

A bunion is a protrusion of bone or tissue around a joint.

"Bunions can occur on the little or big toe and form due to long periods of stress on the joint," says **Ronald Soave, D.P.M.**, Chief of Podiatry at New York Methodist Hospital. "Hereditary factors are a big influence on developing bunions. Women are especially susceptible to bunions because of the tight, pointed shoes that are often worn on a regular basis."

What can you do to treat a bunion?

- + Wear comfortable, well-fitting footwear
- + Use orthotics
- + Apply pads to the affected area
- + Surgery to reduce pain

FOOT MISALIGNMENTS

Foot misalignments can occur when one of the five metatarsal bones is not aligned with the others. The misaligned bone will often cause pain in the forefoot during running. Treatment options for a misaligned foot include:

- + Inserting a rubber pad to cushion the area or an orthotic in the shoe
- + Pain medication, such as ibuprofen or acetaminophen

Regardless of your foot ailment, be sure to discuss your symptoms with your physician. Create a plan that will help you avoid the "Agony of de Feet."

HEEL SPURS + PLANTAR FASCIITIS

"A heel spur is a calcium deposit on the heel bone where it attaches to the plantar fascia," Dr. Soave says. "Running, wearing ill-fitting shoes, having flat feet and being overweight can cause the body to build extra bone as a result of the stress, which causes a heel spur."

Treatment options for heel spurs include:

- + Rest
- + Ice packs
- + Orthotics
- + Proper footwear
- + Corticosteroid injections
- + Stretching
- + Surgery for the most severe and prolonged cases

The Foot and Ankle Center at NYM can help you "stand up" to an active life. To make an appointment, call 718.780.5850.

NEW MEDICATIONS, *new hope*

FOR THE 3.2 MILLION AMERICANS LIVING WITH CHRONIC
HEPATITIS C, RENEWED OPTIMISM FOR A CURE IS HERE.

ONE OF THE people awaiting a cure is Marc, a former phlebotomist (technician trained to draw blood) who worked for a plasma center while in graduate school. During

his three years as a phlebotomist, he accidentally nicked his hand once with a used needle and was splattered with small amounts of blood on several occasions. Later, he learned he had contracted the hepatitis C virus, probably from one of these incidents.

When Marc developed severe fatigue, fever and jaundice (yellowing of the skin and whites of the eyes caused by a blocked bile duct in the liver), he recognized his symptoms and sought medical care. After a blood test detected the hepatitis C virus and further testing confirmed chronic inflammation of the liver, Marc's doctor prescribed a standard treatment: 48 weeks of interferon (antiviral) injections and ribavirin pills—a combination drug therapy that cures about 25 percent of patients. But, like a lot of other patients, Marc experienced severe side effects: anemia, nausea, diarrhea, headaches and muscle aches. And, in the end, the therapy did not help control the inflammation that the hepatitis C virus was causing in Marc's liver.

As a consequence of having chronic hepatitis C, Marc has lived in fear of permanent liver damage for more than a decade—a very real concern since the disease places him at increased risk for cirrhosis (scarring of the liver) and liver cancer. However, new medications could mean that Marc can spend less time worrying about the “what ifs.”

INNOVATIVE TREATMENTS FOR HEPATITIS C

In 2013, the U.S. Food and Drug Administration approved two new oral medications—simeprevir and sofosbuvir—for hepatitis C treatment. These drugs may provide a solution for newly diagnosed hepatitis C patients, as well as for those who relapsed, did not respond to treatment, or had to stop treatments due to debilitating side effects from interferon.

“Simeprevir and sofosbuvir are combined with other drugs to provide treatment options to a much wider range of hepatitis C patients than we could help before,” says **Smruti R. Mohanty, M.D.**, chief of the Division of Gastroenterology and Hepatology and director of the Center for Liver Disease at New York Methodist Hospital. “The new medications represent complete game changers in the field of hepatitis C treatment.”

Dr. Mohanty and other doctors at NYM are enthusiastic about the new drug therapies because they:

- + Allow many patients to be treated with pills rather than injections.
- + Provide treatment in a fraction of the time needed for the previous treatments.
- + Have fewer side effects than previous treatments.
- + Offer a higher cure rate than previous treatments—up to 95 percent for some types of hepatitis C.

“In the long term, I believe we will achieve 100 percent eradication of chronic hepatitis C,” Dr. Mohanty says. “I think we will see a great reduction in the number of liver transplants as a result.”

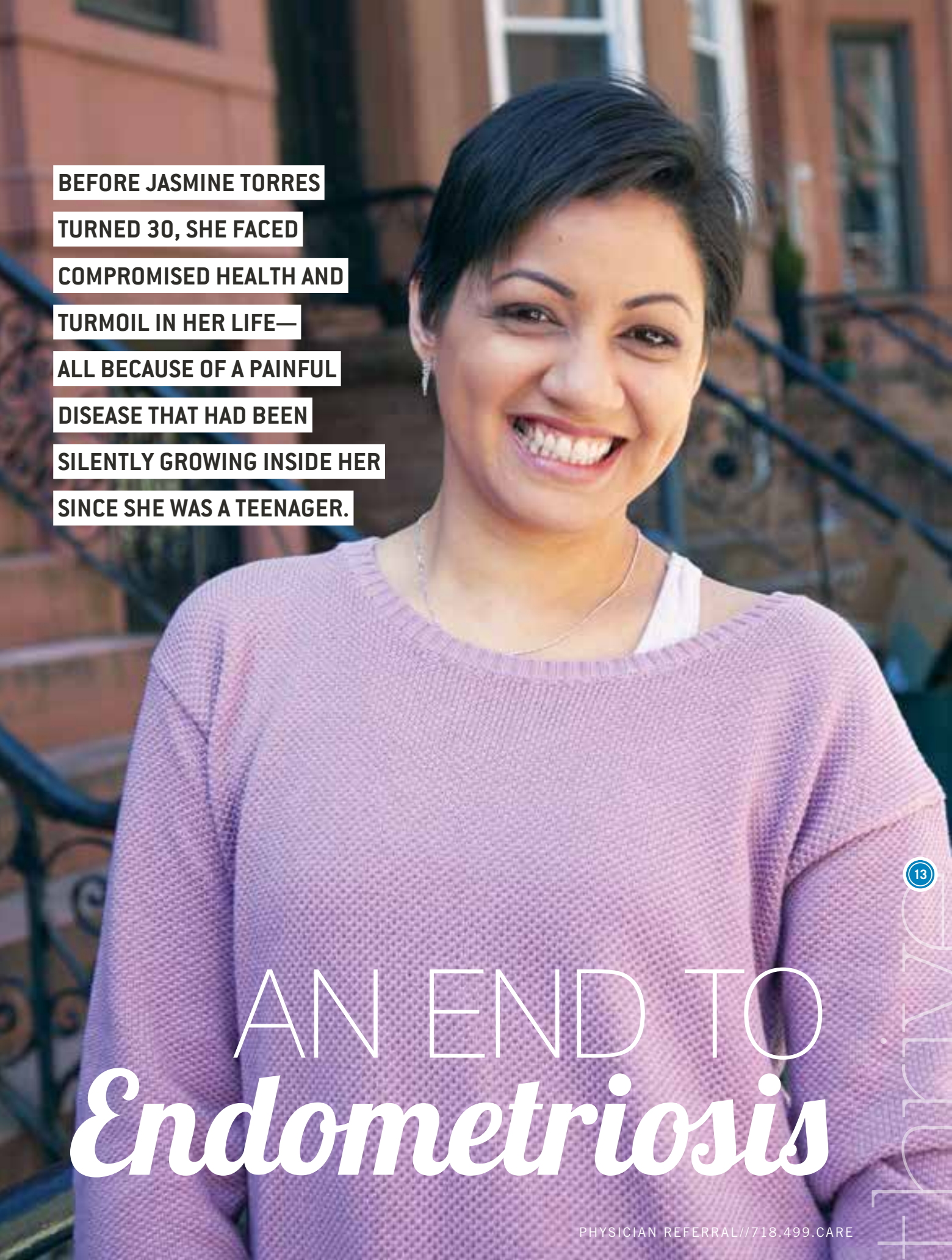
A RESOURCE FOR HEPATITIS C MANAGEMENT

At NYM, patients have access to education and advanced treatments for chronic hepatitis C. For more information about hepatitis C, visit www.nym.org and type “hepatitis C” into the search field.

HOW IT SPREADS

Doctors at NYM caution that the hepatitis C virus can be contracted through:

- + Contact with the blood of an infected person, even from sharing razors or toothbrushes.
- + Shared intravenous drug needles.
- + Unprotected sexual contact.
- + Being born to a hepatitis C-positive mother.



BEFORE JASMINE TORRES
TURNED 30, SHE FACED
COMPROMISED HEALTH AND
TURMOIL IN HER LIFE—
ALL BECAUSE OF A PAINFUL
DISEASE THAT HAD BEEN
SILENTLY GROWING INSIDE HER
SINCE SHE WAS A TEENAGER.

AN END TO *Endometriosis*

PHYSICIAN REFERRAL//718.499.CARE

“It can be difficult to talk about health issues like endometriosis, but it is easy compared to continuing to look for answers when you cannot get a diagnosis. The lesson is to listen to your body, never give up and don't be embarrassed to tell your doctor your symptoms. At New York Methodist Hospital, my doctors respected and helped me.”

— JASMINE TORRES

IS IT ENDOMETRIOSIS?

The symptoms of endometriosis include:

- + Fatigue
- + Constipation and/or trouble urinating
- + Pain in the intestines, low back and pelvis
- + Pain during or following intercourse
- + Painful menstrual cycles
- + Bleeding between menstrual cycles
- + Fertility problems

“I WAS IN pain every time I had my period, even when I was growing up,” says Jasmine, a 35-year-old Park Slope resident. “I'd regularly miss school, and my menstrual cycle was so heavy and frequent that I went on birth control pills at age 15 to help regulate my periods, but it was still a struggle.”

By her early 20s, Jasmine was engaged and interested in starting a family, but her mysterious condition made that seem impossible. After four years, Jasmine broke things off with her fiancé to focus on her health. Something was wrong, and she had to find out what it was.

“I probably saw every specialist in Brooklyn, Manhattan and Westchester during my early 20s,” Jasmine says. “My tests kept coming back normal, but I was in constant pain. I've always been active—I ran track in school. By 2008, I couldn't work out at all. I had to stop jogging unless I wanted to spend days recovering. It was hard, but I didn't stop looking for an answer.”

A LONG-AWAITED DIAGNOSIS

In 2008, Jasmine was referred to **George Kofinas, M.D.**, chief of reproductive endocrinology at NYM and director of the Fertility Institute. After a preliminary intravaginal exam pointed to endometriosis as the likely culprit (see “Difficult to Diagnose”), Dr. Kofinas performed an operative laparoscopy [insertion of a lit tube through a small incision] to get a full interior view of Jasmine's pelvic region and take a biopsy. That exam confirmed the diagnosis that other assessments could not—Jasmine had advanced endometriosis.

“Approximately one in ten women experience endometriosis, which occurs when some of the endometrial tissue that is normally shed from the uterus during menstruation travels up into the body instead of out of it and becomes implanted in the pelvic cavity,” explains Dr. Kofinas. “These cells continue to respond to the hormones that regulate the menstrual cycle, but with no way to leave the body, this outlying endometrial tissue builds up, often triggering inflammation. Over time, it can cause pain, scarring, cysts and infertility.”

Through the laparoscopy, Dr. Kofinas confirmed that Jasmine's pain and bleeding were due to rogue endometrial cells on her fallopian tubes, ovaries, uterus, bladder, intestines and vagina. He operated on Jasmine to remove the lesions and relieve the pain.

"Finally knowing what was wrong was such a relief," Jasmine says. "I felt better immediately after Dr. Kofinas removed the endometrial tissue. The change was instant."

After the procedure, Dr. Kofinas prescribed a birth control pill regimen designed to halt Jasmine's menstrual cycle. Because she no longer had periods, Jasmine could avoid the monthly shedding of endometrial cells, which can help prevent endometriosis from recurring. She regained her health and started running again.

After a few years, however, she stopped taking the medication, and the endometriosis came back.

"I couldn't even stretch," Jasmine says. "It felt like something was pulling on my insides each time I tried. When my period came back, it was so heavy that I fainted. I was so weak and in such pain that I couldn't go on a date or sit through a movie. It's hard to live that way, especially when you're young. When I realized I would need surgery again, my first instinct was to come back to NYM."

Jasmine had heard about another form of minimally invasive surgery that was being used to help women with advanced endometriosis. For this procedure, she was referred to **Michael Lewis, M.D.**, director of minimally invasive gynecologic surgery at NYM. Dr. Lewis is fellowship-trained in removing endometrial tissue using robotic surgery, a technique that was developed after Jasmine's first surgical procedure in 2008. Minimally invasive robotic-assisted and laparoscopic procedures typically mean less pain, quicker recovery times and shorter hospital stays for patients.

"After talking with Jasmine about her symptoms, I was suspicious that she had stage four disease—the most advanced stage—of endometriosis," Dr. Lewis says. "She had a frozen pelvis, meaning the growths had glued together the organs in her pelvis, which is why she felt pressure when she ran. There were endometrial cells connecting her uterus and bowel and between several of her other organs, including her vagina. When she moved, they pulled on each other. By the time I saw her, it was clear she needed rapid surgical intervention."

Using the camera-guided robotic surgical system, Dr. Lewis removed Jasmine's endometrial tissue for a second time in

November 2013. The procedure went as planned, and the next day Jasmine easily walked up four flights of stairs to her apartment.

"Dr. Lewis changed my life," Jasmine says. "He's the kind of doctor who really cares and listens to you. He took the time to read my detailed history and put me completely at ease even though it was a pretty urgent situation. I knew I could trust him."

Today, Jasmine feels well. She plans to stay on the medication that prevents the endometriosis from returning until she decides to start a family, something Dr. Lewis is confident that she will be able to do.

"Surgically removing the endometrial implants was effective for Jasmine, as it is for many patients," Dr. Lewis says. "For those who don't experience relief from resection, other treatment options, including physical therapy, interventional pain management and nerve blocks may help. We specialize in this disease and work individually with patients to find the right solution to each case of endometrial pain."

Surgeons at NYM use minimally invasive laparoscopy and robot-assisted technology to treat endometriosis, perform hysterectomies, treat uterine prolapse and help preserve fertility. To find a surgeon specializing in gynecologic surgery, call 718.246.8500.



SKIPPING PERIODS

Menstruation prevention is part of a long-term treatment plan for endometriosis patient Jasmine Torres. To accomplish it, Jasmine's doctor prescribed a continuous cycle of birth control pills, replacing the week's worth of placebo pills typically taken each month with an additional medication.

According to Dr. Lewis, using birth control to skip periods is a safe, effective option for women with endometriosis or other menstrual cycle-related health concerns. Patients should talk with their doctors before deviating from prescription directions.

DIFFICULT TO DIAGNOSE

“It can be very challenging to diagnosis endometriosis. There are a lot of conditions with similar symptoms, including chronic constipation and irritable bowel syndrome. It's not unusual for patients to be referred to multiple specialists, and even gynecologists can miss it, especially in young women. Ms. Torres had one of the most severe cases of endometriosis that I've seen. Medication can help control it, but it's a chronic disease, so subsequent surgeries are sometimes necessary.”

GEORGE KOFINAS, M.D., REPRODUCTIVE ENDOCRINOLOGIST, DIRECTOR OF THE FERTILITY INSTITUTE AT NYM



In Plain Sight

INATTENTIVENESS OR DIFFICULTY LEARNING MAY INDICATE A PROBLEM
WITH VISION, EVEN IN CHILDREN WITH 20/20 EYESIGHT.

BRIGHT STUDENTS WHO fail to perform up to expectations can mystify their parents and teachers. Is the problem due to lack of effort? Lack of interest? Or something else.

In some cases the problem may be that the child is not seeing the world, the classroom and the texts in the way that most people see them. Children may have undiagnosed vision problems that make learning difficult—and they have no way of knowing that their way of seeing is unusual.

Vision problems that go beyond nearsightedness, farsightedness and astigmatism are not always easy to identify in children. A child may pass a basic eye chart test with flying colors yet still struggle to perceive what he sees.

"Children's eyes need to focus and work together, and their brains need to understand and respond to visual information," says **Sam L. Unterricht, M.D.**, chief of ophthalmology at New York Methodist Hospital. "If these things do not occur, children typically cannot perform to their potential."

BLINDED BY MISDIAGNOSIS

Because symptoms of these vision issues may resemble other conditions such as attention deficit, moodiness or lack of effort, pediatricians and teachers sometimes think the behaviors indicate one of these problems. Attention and vision disorders can coexist in children or occur separately. The bottom line is that if your child's school performance does not reflect his or her aptitude, a visual evaluation may uncover an unexpected or secondary source of the problem, such as visual efficiency or visual perception.

VISUAL EFFICIENCY CONDITIONS

Visual efficiency is measured by the extent to which a child is able to use her visual abilities, including focusing and moving the eyes simultaneously. Two children with the same clinical measures of vision may have very different visual efficiency levels.

Strabismus, a misalignment or wandering of one or both eyes, is a visual efficiency problem that can be difficult to detect and correct. The condition can happen intermittently, so parents may not notice any unusual eye movements. In strabismus, vision in the straighter eye is unaffected, while vision in the other eye grows weaker or never develops properly. To strengthen the weaker eye, a child may be prescribed an eye patch that covers the stronger eye for short periods or may be given eye drops.

“Children do not outgrow strabismus,” Dr. Unterricht says. “Left untreated, it can progress to amblyopia or ‘lazy eye.’ Amblyopia is a severe form of strabismus in which the weaker eye gradually loses vision. This can become permanent if not treated at a young age.”

Convergence insufficiency is another common eye condition caused by a problem with the eye muscles. Normally, both eyes turn inward to focus on a near object. In convergence insufficiency, this inward movement is not coordinated, so the eyes focus on slightly different points. Children with convergence insufficiency may complain of eyestrain or blurred vision. Treatment for this condition may consist of eye exercises or special glasses that encourage the eyes to focus on a single spot.

Ophthalmologists at NYM recommend visual therapy and eye exercises for eye problems like strabismus or convergence insufficiency.

VISUAL PERCEPTION CONDITIONS

Visual perception—the ability to make sense of what the eyes see—can be diminished by the way the brain processes visual information. Children with visual perception problems may find spatial relationships difficult to discern (spatial deficiency), have trouble integrating bits of visual information into a cohesive whole (visual integration deficiency), or struggle to analyze and recall details of pictures and reading material (visual analysis deficiency).

Spatial deficiencies can prevent children from:

- + Telling right from left.
- + Keeping track of lines of text while reading.
- + Decoding letters properly—a letter, a number or a word may be seen as reversed.

These children may have poor eye-hand coordination, also called visual-motor processing, or struggle when trying to rely on visual

information to direct their hands or other parts of the body. As a result, they may appear clumsy—frequently bumping into things or knocking things over. They may have problems playing games that require them to follow a ball as it moves through the air—baseball, soccer, basketball and volleyball can be difficult for them.

Children with visual integration and visual analysis problems may have difficulty:

- + Learning the alphabet.
- + Recognizing words.
- + Spotting differences between words or objects.

They may also experience problems concentrating, paying attention and sitting still. Common indicators of a visual perception condition include difficulty with the following skills:

- + **Figure-ground**—Visually separating an object from its background, judging which objects are closer or farther away, and screening out irrelevant details.
- + **Recognition/discrimination**—Distinguishing between letters or numbers like “d” and “b,” “3” and “8,” or “g” and “j.”
- + **Form constancy**—Recognizing shapes when larger, smaller, rotated or reversed.
- + **Closure**—Recognizing when forms are incomplete or portions are hidden.
- + **Retention/memory**—Remembering what has been seen.
- + **Ordering/sequential memory**—Recalling the order in which forms appear.
- + **Visualization**—Mentally picturing an object previously viewed or objects described in reading material.

“More practice and repetition of schoolwork is key, and tutoring can be very helpful, as well,” Dr. Unterricht says. “Children with more severe visual perception conditions are best helped by developmental specialists who have experience with these conditions. These children may experience significant improvements through exercises that they can be taught to practice at home.”

Children with learning problems may be evaluated by several specialists until the underlying cause or causes of these problems is diagnosed. Along with school psychologists, audiologists and neurologists, vision specialists can offer insights into what is making school difficult for your child. Don’t give up until you find the reason for the problem and the best course of therapy.

ALL WORK, DISGUISED AS PLAY

You can help your child build visual perception skills like figure ground, recognition/discrimination, retention/memory and ordering/sequential memory through games and puzzles that challenge the brain and eyes to work together. Try these ideas.

- + Hone your child’s figure-ground skills by giving him pictures or drawings featuring hidden objects. Find these in books like *Where’s Waldo* and *Highlights Hidden Pictures* or on websites like eyecanlearn.com and edhelper.com.
- + Have your child pair things that go together like socks or matching sets of blocks or other toys to improve recognition and discrimination skills.
- + To improve retention/memory and ordering/sequential memory skills, show your child simple drawings or symbols presented in a row, then show her a few choice of the same drawings—one identical to the first and the others presented in a different order. Have the child identify the identical one.

STEP 1

SHOW YOUR CHILD SIMPLE DRAWINGS OR SYMBOLS PRESENTED IN A ROW...



STEP 2

THEN SHOW YOUR CHILD A FEW VERSIONS OF THE SAME DRAWING AND HAVE HIM OR HER IDENTIFY THE IDENTICAL ONE.



MINIMALLY INVASIVE ROBOTIC TECHNIQUES

Advanced
technology bearing
an Old Master's
name is helping
surgeons at New
York Methodist
Hospital bring a
bevy of benefits
to patients in the
operating room.

LEONARDO DA VINCI, perhaps the most famous figure of the Italian Renaissance, was fascinated by the world around him, but he wasn't content to study and depict the people, creatures and features of his day—he also envisioned the future, including robotics. It is not difficult to imagine that the genius who designed a robotic knight and lion would take pride in lending his name to a series of devices that have changed the way surgeons perform certain procedures.

NYM is home to a da Vinci Si Surgical System, the third and latest generation of the groundbreaking robotic surgery technology initially released in 1999.

At NYM, general, gynecologic, urologic and thoracic surgeons perform minimally invasive robotic procedures while sitting at a console in the operating room. Using hand and foot controls and keeping



eyes trained on three-dimensional, magnified, high-definition images of the operating field, surgeons direct multiple robotic arms that are attached to a platform at the patient's bedside. The arms feature instruments that mimic human wrists, but they can bend and reach in an intricate, precise manner that the surgeon's cannot.

THE SURGICAL ARTS

Through robotic technology, surgeons offer many patients another option beyond open (single, large-incision) and laparoscopic (minimally invasive, multiple small-incision) procedures. The skill of the surgeons at NYM coupled with the precision and remarkable visualization of the robotic system results in less pain, shorter postoperative hospital stays and swifter recoveries for patients, especially when compared to the experience of traditional surgery.

Some of the most extraordinary applications of robotic technology at NYM happen in the field of urology. **Ivan Colon, M.D.**, chief of robotics, laparoscopic and minimally invasive urology at NYM, performs a variety of robot-assisted procedures, including prostatectomy, pelvic organ prolapse repair, and partial nephrectomy for individuals with cancer or other kidney diseases.

PARTIAL NEPHRECTOMY: CARE FOR THE KIDNEY

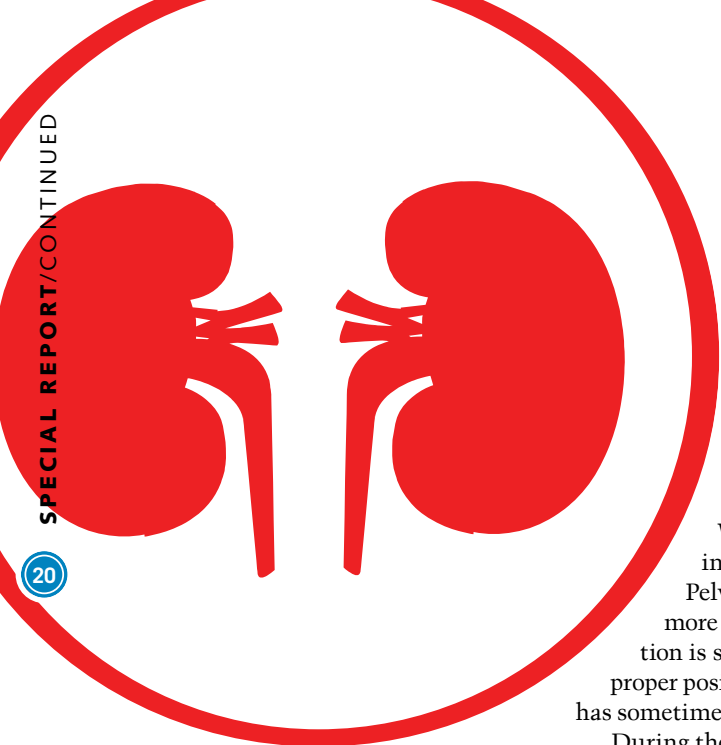
The goal of partial nephrectomy is to remove only the diseased portion of the kidney, leaving the rest of the organ intact and sparing patients from potential complications associated with kidney removal. Ideal candidates are patients whose tumors are less than four centimeters in diameter. However, all open-surgery candidates are considered for robot-assisted partial

nephrectomy. In fact, this procedure has been completed on larger tumors of up to six centimeters as well as those close to renal vessels.

"Partial nephrectomy using any technique—open, laparoscopic or robot-assisted—is more technically demanding than removing the entire kidney," Dr. Colon says. "This technology allows me to see the tumor a little better than during an open procedure, and the incision I make is quite small, typically about one to two inches at the midline."

Using the arms of the surgical system, Dr. Colon removes the tumor and repairs the kidney while a clamp on the artery leading to the organ temporarily halts blood flow.

"Warm ischemia time [the amount of time an organ can be safely cut off from blood supply before it dips below body temperature] for the kidney shouldn't exceed



45 minutes, and ideally, we want to complete the procedure well within that time frame," says Dr. Colon, who routinely meets this mark within 10 minutes. "I have adapted the procedure to reduce bleeding significantly."

Ninety-five percent of patients return home the day after undergoing partial nephrectomy with robotic technology, and they typically return to normal activities in two to three weeks. With traditional open surgery, hospitalization averages five days, and it usually takes four to six weeks to resume normal activities.

MAKING A DIFFERENCE FOR PELVIC ORGAN PROLAPSE PATIENTS

When pelvic floor muscles and tissues weaken due to childbirth, activity, aging and other causes, they may no longer be able to support the pelvic organs. Pelvic organ prolapse—descent of the pelvic organs into the vagina—affects more than three million women in the United States. For those women, one option is sacrocolpopexy, a surgical procedure that returns the pelvic organs to their proper positions. This is an alternative to intravaginal mesh surgery, a procedure that has sometimes resulted in serious complications.

During the 45-minute to two-hour sacrocolpopexy surgery, the surgeon accesses the pelvic region through five small incisions in the abdomen and places mesh beneath the organs, suspending them from the sacral promontory [part of the body where the pelvis connects to the spine] in order to return them to a normal location.

"The special mesh used in this procedure has performed well for patients," Dr. Colon says. "And the robotic system makes sacrocolpopexy much easier because I can identify the internal structures, including the sacral promontory, very well through magnification.

Patients typically return home the next day with little pain, thanks to the small incision size.

Did You Know?

95
PERCENT

OF PATIENTS
RETURN
HOME THE
DAY AFTER
UNDERGOING
PARTIAL
NEPHRECTOMY
WITH ROBOTIC
TECHNOLOGY, AND
THEY TYPICALLY
RETURN TO NORMAL
ACTIVITIES IN TWO
TO THREE WEEKS.

PRECISE PROSTATECTOMY

Many experts now consider robot-assisted prostatectomy the gold standard for removal of all or part of the prostate, as well as surrounding cancerous tissue. Patients with localized prostate cancer, including those who have had previous abdominal surgeries, may be candidates.

"The steps are the same as in open surgery, but the dexterity of the robotic system makes it easier to maneuver below and behind the pubic bone," Dr. Colon says. "Everything is magnified, which helps me perform surgery more efficiently than with the open technique."

Robot-assisted prostatectomy has many benefits for patients, including fewer blood transfusions, reduced risk of infection and increased likelihood of return to proper urinary function.

CHEST PROTECTOR PLUS

Angelo Reyes, M.D., chief of thoracic surgery at NYM, uses robotic surgical technology to perform lobectomy—removal of malignant lung tumors. Robot-assisted surgery is Dr. Reyes' preferred method of performing this procedure.

"The advantage that robotic surgery has over a standard, laparoscopic, video-assisted thoracoscopic surgery [also known as VATS—a minimally invasive procedure] is that it reduces trauma to the patient," Dr. Reyes says. "With VATS, I constantly need to move the camera scope between ports [the devices that act as access points to the surgical site] or switch the ports in and out. That is not the case with robotic surgical technology. The relatively fixed positions of the robotic instruments result in fewer negative effects on the patient, which is reflected in less postoperative pain and need for medications, shorter hospital stays, and quicker returns to daily activities."

Dr. Reyes also praises robotic surgery technology for its ability to help him navigate the maze of structures inside the chest.

"I cannot overemphasize how well I'm able to see with the robot—the definition is much better than I would get with my own eyes," Dr. Reyes says. "The wristed instruments allow me to access areas within the pleural cavity [which houses the heart and

lungs] that are almost impossible to reach with the rigid instruments used in VATS."

The robotic system's thoracic surgery applications are not limited to the lungs—it can also be used to remove tumors of the esophagus, diaphragm and mediastinum, the area between the lungs.

"The standard approach to reach mediastinal tumors is to divide the sternum, which is a big operation, especially for seniors," Dr. Reyes says. "With the surgical system, I can remove these tumors from the side without having to separate the breastbone, causing much less trauma to the patient and resulting in faster discharges. For me, robot-assisted surgery is the approach of choice for these patients."

ADVANCED TECHNIQUES, ADVANCED CARE

NYM's state-of-the-art surgical facilities include a nine-room inpatient operating suite, an eight-room ambulatory surgery center, and a separate cardiac surgery center with two dedicated cardiac operating rooms. For referral to a specialist affiliated with the Institute for Advanced and Minimally Invasive Surgery or to schedule an appointment for a diagnostic procedure, call 877.DOCS.14U.

ON THE HORIZON

"As we saw with the development of most technologies, future generations of robotic surgery platforms will be smaller, faster and easier to use," Dr. Reyes predicts. "Eventually, tactile feedback through the robot arms will be possible, I think."

"The success of a robot-assisted procedure depends as much on the surgeon's skill as on the machine," Dr. Colon says. "We're pleased to have a team of surgeons at NYM whose skills and training complement the capabilities of a remarkable device."

TURNING SPINE SURGERY ON ITS SIDE

Surgeons at New York Methodist Hospital continually seek innovative ways to lessen the trauma of surgical treatment, even when the surgery cannot be performed using robotic or other minimally invasive technology through smaller incisions. One example is a spine surgery technique performed during an open procedure to alleviate a variety of conditions, including chronic back pain, narrowing of spaces in the spinal column, tumors and scoliosis. During this surgery, surgeons have conventionally needed to disrupt back muscles to reach the spine, but the new technique allows them to take a different route to the backbone—through the patient's side.

"We create a small 'pathway,' roughly two inches wide, to the spine through an incision in the patient's side, allowing us to avoid dissecting back muscles and tissues," says **Alexandros Zouzas, M.D.**, attending neurosurgeon at NYM, who performs lateral access spine procedures. "We are able to use electrical pulses to navigate around nerves in the back, just like a submarine uses sonar to determine its distance from objects underwater."

This less invasive path also means patients face a shorter recovery time and reduced pain.



Buying the Big

Organic vs. Nonorganic Foods

Is less really more when it comes to spending extra money for the way food is grown or produced?

For many health-conscious, eco-friendly shoppers, the added cost of buying organic is a small price to pay, but there are times when it doesn't really make a difference.

IN A CULTURE where fast food is king and processed foods are jam-packed with chemicals and calories, nearly 26 percent of Americans regularly choose organic produce, meats and dairy products over conventionally farmed foods, according to a 2011 Pew Research Center poll.

While there is no scientific evidence that organic fruits and vegetables are more nutritious than their nonorganic counterparts, according to the Institute of Food Technologists, 60 percent of consumers believe organic foods are more environmentally friendly and safer to eat.

Growing concerns over the use of plant hormones, antibiotics, genetically modified crops, and chemical pesticides and synthetic fertilizers used in conventional farming are among the top reasons consumers purchase organic products.

FRESH FROM THE START

Under the guidelines of the organic certification program and the 1990 Organic Foods Production Act, before an agricultural product can be labeled "certified organic," it must meet strict governmental standards established by the U.S. Department of Agriculture (USDA). Farmers may voluntarily display the USDA Organic seal on products or produce that are 95 to 100 percent organic. However, food labels touting items as being "natural," "sustainable" or "free-range" are not regulated by the USDA and can be used on conventionally raised foods as well as organic products.

Each year, a government-approved certifier inspects all organic farms to verify compliance among growers and safeguard the following USDA organic farming standards and practices:

- + Using pesticides and fertilizers from natural sources.
- + Rotating crops, mulching, tilling or using environmentally generated, plant-killing compounds to prevent weeds.
- + Providing free-ranging animals and livestock access to graze and eat organic feeds.
- + Avoiding the use of antibiotics or growth hormones in producing organic meats, poultry, eggs and dairy.

SHELLING OUT GREEN FOR GREEN

Consumers who spend weekends combing local farmers markets or food co-ops for organic, fresh-from-the-field produce can expect to pay up to twice as much as they would for food of the standard variety. Many growers' price tags reflect the cost of producing farm-to-table produce that is readily available year-round to the public.

"Side by side, an organic Granny Smith apple might look exactly the same as a nonorganic apple," says **Maria Pari-Keener, M.S., R.D.**, clinical dietitian at New York Methodist Hospital. "But, the freshness and taste of locally grown organic produce is usually better."

Eating a diet strictly made up of organic foods can be costly and therefore unrealistic, so many experts suggest being selective when shopping for organic foods.

"When possible, you should spend the extra money to buy organics in place of certain produce that typically contain high levels of chemical pesticide residue when grown conventionally," says Ms. Pari-Keener. "Eating organic produce can drastically reduce exposure to pesticides."

For a list of conventionally farmed produce that has been found to contain the highest and lowest levels of pesticide residue, see "Come Clean" on page 23.

SPREAD THIS CREAMY, RICH, FLAVORFUL SAUCE ON BURGERS, SANDWICHES AND KABOBS, OR USE IT AS A DIP FOR YOUR FAVORITE VEGETABLES. IT'S HIGH IN VITAMIN C AND LOW IN SODIUM AND CHOLESTEROL.

ORGANIC AVOCADO TZATZIKI TOPPER

Ingredients

- | | |
|--|--|
| + 1 large avocado, peeled and pitted | + 2 tablespoons chopped fresh cilantro |
| + 2 cloves garlic | + 1 tablespoon chopped fresh mint |
| + 1 cup organically grown cucumber, peeled and chopped | + 1 whole mint leaf (optional) |
| + 8 ounces plain Greek yogurt | + Black pepper |
| + 1/2 teaspoon organic red pepper flakes | + 1 lemon |

[6 servings]

Directions

- 1 Mash the avocado using a food processor.
- 2 Add garlic and cucumber to the avocado and process to chop these ingredients.
- 3 Stir in the remaining ingredients except the lemon and pepper and blend until smooth and creamy.
- 4 Add black pepper to taste.
- 5 Squeeze lemon juice over the top of the mixture.
- 6 Refrigerate for an hour before serving.
- 7 Garnish with a mint leaf, if desired.

Nutrition Facts

(per serving):

Calories: 104

Total Fat: 7.4g

Cholesterol: 2mg

Carbohydrates: 6.2g

Sodium: 16mg

Protein: 4.8g

Sugar: 2.2g

Fiber: 2.8g



This recipe has been approved by the Department of Food and Nutrition Services at New York Methodist Hospital.

COME CLEAN

The Environmental Working Group's (EWG's) annual "Shopper's Guide to Pesticides in Produce" names the conventionally grown fruits and vegetables that contain the highest levels of pesticide residue after harvesting. EWG compiles the list from public test results published by the U.S. Department of Agriculture and the Food and Drug Administration. The tests are conducted on washed and peeled produce to more accurately gauge the amounts of residual chemical pesticides.

The following items had the highest levels of chemical pesticide residue in 2013:

- | | |
|-------------------|-----------------------|
| + Apples | + Imported nectarines |
| + Celery | + Peaches |
| + Cherry tomatoes | + Potatoes |
| + Cucumbers | + Spinach |
| + Grapes | + Strawberries |
| + Hot peppers | + Sweet bell peppers |

In the 2013 test results, summer squash and leafy greens (kale and collard greens especially) were not on the most contaminated list, but they were noted for containing a type of residual pesticide that is considered toxic to the nervous system.

The conventionally farmed foods with the lowest levels of chemical pesticide residue were:

- | | |
|--------------|----------------------|
| + Asparagus | + Mushrooms |
| + Avocado | + Onion |
| + Cabbage | + Papaya |
| + Cantaloupe | + Pineapple |
| + Eggplant | + Sweet corn |
| + Grapefruit | + Sweet peas, frozen |
| + Kiwi | |
| + Mango | + Sweet potatoes |

FDA RECOMMENDATIONS

Cleaning and peeling the skin from food before preparing it goes a long way toward removing lingering pesticides. The Food and Drug Administration recommends washing all fruits and vegetables with warm or cold tap water, using a scrub brush to clean produce that can withstand it, and discarding the outer leaves of leafy veggies like lettuce and cabbage. It also recommends trimming the fat and skin from meat, poultry and fish before cooking because certain pesticide residues accumulate in animal fat.

Everyday strategies can help diminish
arthritis pain and stiffness that may
lead to reduced activity.

DAMAGE CONTROL

CAROLE FINISHED HER morning stretching routine by sitting on her yoga mat, reaching for her toes. She leaned into the stretch—her thoughts focused on taking her neighbor's twins to the children's museum later that day.

“Small adjustments to routine habits can add up to surprisingly effective symptom relief.”

— **TODD LEFKOWITZ, D.O.**, MEDICAL DIRECTOR OF THE COMPREHENSIVE BACK AND NECK PAIN CENTER AT NEW YORK METHODIST HOSPITAL

normal joint motion. Something as simple as taking a walk can trigger debilitating pain for a person with osteoarthritis of the lower back, knees or hips.

“Osteoarthritis may cause painful swelling, limitation in range of motion, and instability of the affected joint” says **Todd Lefkowitz, D.O.**, medical director of the Comprehensive Back and Neck Pain Center at New York Methodist Hospital. “Cartilage loss occurs as a result of aging, injury, and excessive stress on the joints.”

There is no cure for arthritis; however, the symptoms can be managed.

A year ago, Carole could not have volunteered to escort two active eight-year-olds to a public place because she was in almost constant pain from osteoarthritis. Daily stretching and other therapies her doctor suggested have helped her regain mobility.

Osteoarthritis causes the cartilage that protects and lubricates the joints to break down. This loss of cartilage may limit

“Conservative treatment usually involves weight loss, non-steroidal anti-inflammatory medications and physical therapy,” Dr. Lefkowitz says. “Small adjustments to routine habits such as increasing aerobic exercise can also add up to surprisingly effective symptom relief.”

People who have not been successful at managing arthritis pain solely by taking over-the-counter pain relievers might consider the following strategies.

- + **Stretch.** Keeping the muscles and tendons around joints loose can help ease arthritis pain—especially in the hips. People with arthritis should ask their doctors to recommend stretches that might help ease pain and stiffness caused by the disease.
- + **Focus on exercise.** Low-impact activities like bicycling and swimming are ideal for long-term joint pain relief. People who opt to ride a bicycle should make sure the bike fits properly to avoid injury. Those who choose to swim may want to seek out a facility with an indoor swimming pool (like a “Y”) in order to exercise year-round. New York Methodist Hospital affiliate Metro SportsMed, P.C., offers an aqua therapy program which treats hip, knee and lower back problems with an underwater treadmill for those patients needing supervised treatment. Call 718.369.8000 to learn more.
- + **Consider acupuncture.** Acupuncture is one of the oldest known treatments for chronic pain. Today, more than

3 million Americans have reported using acupuncture to treat common forms of pain, including joint pain. Recent literature reviews suggest that acupuncture effectively relieves pain and improves function for people with knee arthritis. NYM's Center for Alternative Medicine offers acupuncture treatments. For more information or to schedule an appointment, call 718.246.8700.

- + **Quit smoking.** Smokers with arthritis experienced more intense joint pain and cartilage degeneration than their nonsmoking arthritic peers, according to a recent study.
- + **Laugh like a yogi.** Hasya yoga, better known as laughing yoga, began in 1995 as a method for the treatment of chronic pain. There are now more than 200 laughing yoga centers of practice around the world, including several in New York City. The Arthritis Foundation endorses laughing yoga as a method for easing osteoarthritis pain.

+ Consider more aggressive medical therapy.

"If anti-inflammatories and physical therapy no longer ease your discomfort, you may want to ask your doctor about injection therapies," Dr. Lefkowitz says. "Corticosteroid injections may reduce acute inflammation that leads to swollen and stiff joints."

+ Talk with a doctor about joint replacement.

When suggesting joint replacement surgery to patients, doctors consider multiple factors, including age, severity of symptoms and response to conservative treatments.

"This option is best for people who have tried everything and can't get the relief they need from joint pain," Dr. Lefkowitz says. "During the procedure, an orthopedic surgeon either replaces the joint with a prosthesis or covers a worn joint surface with a smooth, artificial surface. Both procedures are designed to alleviate pain and improve function of the affected joint."

ADDING UP ARTHRITIS

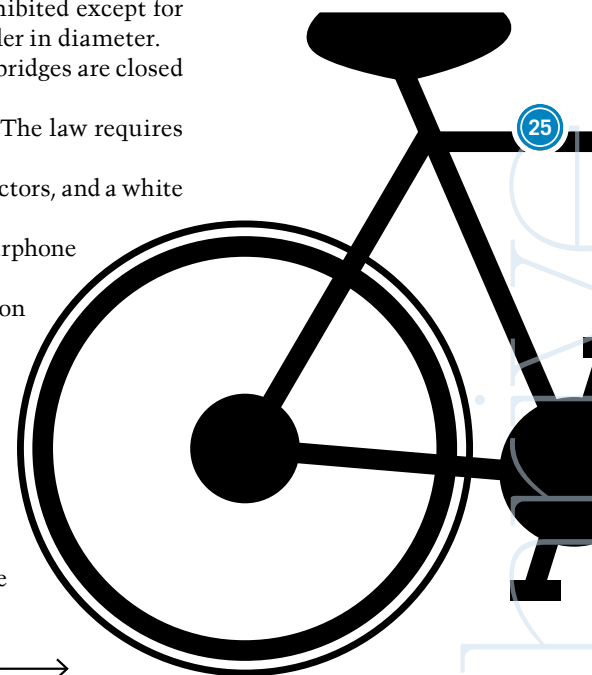
- + Arthritis—a disease that causes pain and stiffness in joints—affects approximately 46 million adults in the United States.
- + There are more than 100 types of arthritis. The most common types are rheumatoid arthritis and osteoarthritis.
- + About 1.2 million people in the U.S. have rheumatoid arthritis, while an estimated 27 million Americans have osteoarthritis.

NYM's robust joint replacement program offers minimally invasive total knee and total hip joint replacement as well as arthroscopic surgery to repair cartilage, tendons, and other tissues in the knees, shoulders, elbows, wrists, hips, ankles and feet. Surgeons specialize in all areas of orthopedic surgery and work with a highly qualified team of rehabilitation experts, nurses, counselors and staff to ensure the best care. For a referral, call the Institute for Orthopedic Medicine and Surgery at 866.ORTHO.11.

BIKE SAFE, BROOKLYN

People who cycle as a low-impact activity to improve joint health can take advantage of 127.2 miles of bike lanes in Brooklyn—that's up from 9.1 miles in the last seven years. In fact, New York City has a total of 366.4 miles of bike lanes that you can enjoy. When biking in the city, it is a good idea to know the bicycle traffic laws designed to keep bicyclists, pedestrians and motorists safe.

- + **Stay inside the curbs or in designated bike lanes.** Biking on sidewalks is prohibited except for riders age 12 years or younger on bikes with wheels that are 26 inches or smaller in diameter.
- + **Know where you can ride.** Most expressways, highways, interstate routes and bridges are closed to bicycles. Bikes can be ridden in city parks on designated bike paths.
- + **Pick sides.** Bicyclists can ride on either side of a 40-foot wide one-way street. The law requires you to travel in the direction of traffic, even when using a bike lane.
- + **Let them know you're coming.** Bikes must be outfitted with a bell or horn, reflectors, and a white headlight and a red taillight when riding after dark.
- + **Listen to your surroundings.** Bike riders in Brooklyn are allowed to wear one earphone while riding, leaving one ear available to hear traffic.
- + **Stick to single- or double-file.** Bicyclists should ride no more than two abreast on streets and in bike lanes.
- + **Use your hands.** Hand signals are required when turning, stopping or decreasing speed.
- + **Wear a helmet.** Helmets are required for commercial riders and cyclists ages 13 or younger, but this important piece of equipment can protect your skull and brain no matter what your occupation or age. The helmet should sit level on your head with the straps fastened snugly under your chin. The fit should also be snug, and the widest part of the helmet should be at the back of your head. Replace the helmet if it becomes damaged or if you've had a crash while wearing it.
- + **Yield to pedestrians.** People on foot have the right-of-way over cyclists.





vasectomy:

Safe, Effective, PERMANENT

WAIT A MINUTE!

HAVING A VASECTOMY IS NOT A SPUR-OF-THE-MOMENT DECISION. IN NEW YORK, PROSPECTIVE VASECTOMY PATIENTS MUST FIRST MEET WITH A DOCTOR TO SEE IF THEY QUALIFY, AND THEN THEY MUST WAIT 30 DAYS TO HAVE THE PROCEDURE.

For a consultation about having a vasectomy, make an appointment with a urologist. You can find a urologist affiliated with NYM by calling our Physician Referral Service at 718.499.CARE.

VASECTOMY MYTHS BUSTED

True or false? Having a vasectomy can affect sexual performance.

False. Sperm makes up less than three percent of ejaculate. Having a vasectomy does not decrease testosterone levels or hinder sexual performance.

True or false? Vasectomies make men sterile immediately.

False. After recovering from surgery, doctors encourage vasectomy patients to be sexually active but to use protection until sperm already in the system are out of the body. The time frame can differ for each patient, but an in-office semen analysis confirms when patients are sperm-free.

A single procedure could change the way you think about birth control.

EACH YEAR, MORE than 500,000 men choose to have a vasectomy—a permanent form of birth control that stops sperm from leaving the body.

“When a man or a couple decides not to have more children, a vasectomy is the most effective and easiest form of sterilization available,” says **Ivan Grunberger, M.D.**, chief of the Division of Urology at New York Methodist Hospital. “After the birth of my children, I had a vasectomy. The procedure takes about 10 minutes, requires very little downtime and, when performed properly, prevents pregnancy 100 percent of the time. Alternative birth control methods other than a tubal ligation for a woman, which is a more involved procedure, don’t even come close to that result.”

Doctors in the NYM Division of Urology routinely perform the surgery using a single puncture through the scrotal skin between the top of the testes and base of the penis. This procedure, known as “no-scalpel” vasectomy, results in minimal scarring and allows patients to recover rapidly.

“We insert tiny instruments into the scrotum, snip the tubes called the vas deferens that carry sperm out of the testes, remove a small segment, seal them with

sutures and then bury each end in a separate plane to make sure they don’t grow back together,” Dr. Grunberger explains. “The surgical puncture is closed with a skin adhesive. Patients go home soon after the procedure, and once the sperm already in their systems is expelled, they’re free to have sex without risk of pregnancy.”

IS IT FOR YOU?

Dr. Grunberger and his fellow urologists only perform vasectomies on patients who are certain they never want to father another child.

“Vasectomy reversal is possible, but it’s a very involved microsurgical procedure with no guarantee that it will be successful,” Dr. Grunberger says. “If the first question you have is whether or not vasectomy is reversible, then this is probably not the right form of birth control for you.”



The An benefits of exercise to the body are well known, but it turns out that regular physical activity may also help increase your creativity.

Imagination



“AEROBIC ACTIVITIES—LOW-IMPACT EXERCISES like walking and cycling—are more likely to expand creative thought, according to research,” says **Albert Ortega, Ph.D.**, neuropsychologist at New York Methodist Hospital. “Findings show that the effects are immediate and can last as long as two hours.”

The study that Dr. Ortega refers to found that after 30 minutes of exercise, participants scored higher on creative thinking tests than subjects who did not exercise. Some experts theorize that this occurs due to the diminishing effect exercise has on anxiety. Others propose that the concentration required by exercise decreases activity on the left side of brain, allowing creativity to more freely emerge from the right side.

“When the goal is to find solutions that are new, or different, or even to find multiple solutions to a problem, divergent thinking or thinking outside the box is required,” Dr. Ortega says. “Exercise can result in a fresh perspective for divergent thinking.”

Exercise that involves multisensory experiences may encourage

creativity more than activities in less stimulating environments.

“A brisk walk through your neighborhood where the scenery is always changing may boost creativity more than using a treadmill at the gym or at home where you’re staring at a blank wall,” Dr. Ortega says.

FUELING THE CREATIVE SPARK

Exercise on a regular basis is the key to keeping the creative juices flowing, as the effects do not accumulate or carry forward. In fact, some study participants who did not exercise routinely saw *decreased* creativity after a 30-minute period of exercise.

“A one-time workout is not likely to spur creativity, and if you work out too strenuously, post-exercise exhaustion could have an opposite effect—sapping creative energy,” Dr. Ortega says. “Go for low-impact activities like swimming or yoga for 30 minutes at a time to help inspire imaginative thought, and talk with your doctor about exercising beforehand if you haven’t been active for a while.”

LOW-IMPACT ACTIVITIES

Looking for low-impact exercises to inspire ideas of your own? Try these.

- + Pilates
- + Strength training
- + Rowing
- + Tai Chi
- + Rock climbing
- + Golfing
- + Calisthenics – push-ups, sit-ups, leg lifts, etc.
- + Ballroom dancing
- + Step aerobics
- + Water aerobics
- + Swimming
- + Walking
- + Yoga
- + Cycling
- + Elliptical training
- + Stair climbing

Q&A

A Keen Interest for Patients



DR. PETERSON

STEPHEN J. PETERSON, M.D., WHO JOINED NEW YORK METHODIST HOSPITAL AS CHAIR OF THE DEPARTMENT OF MEDICINE, SHARES SOURCES OF INSPIRATION FOR HIS MEDICAL CAREER AND HIS LIFE.

- | | |
|---|--|
| <p>Q Where are you from?</p> <p>A I grew up in Westchester County, NY, but I lived in Manhattan during and after residency, and then moved back to Westchester for 12 years prior to coming to Brooklyn.</p> | <p>Q What do you enjoy most about Brooklyn?</p> <p>A I am in love with Park Slope and the eclectic sensibility that Brooklyn has. It's like living in the city, but it has a small town, close-knit feel. There's plenty to see and do, and you can order in. I love it!</p> |
| <p>Q What motivated you to become a doctor?</p> <p>A One of my earliest recollections is undergoing treatment for a cancerous neuroblastoma at the age of three. I had follow-up care for the next five years, and the physicians and medical staff I interacted with had a profound effect on me.</p> | <p>Q How do you spend your time when you're not working?</p> <p>A I was in a barbershop quartet from my college years up until I started working at NYM, so my day would be incomplete without music, whether I'm listening while working out at the gym or driving my car. Music is a constant source of inspiration and enjoyment.</p> |
| <p>Q What made internal medicine appeal to you?</p> <p>A Internal medicine encompasses the entire spectrum of disease. I loved learning about everything, so it was the best fit for me.</p> | <p>Q What's one thing that you would change if you could?</p> <p>A As a person and as part of the medical community at large, it's important that we spend much more time with patients as individuals instead of looking at them as the diseases they have. Patients should be able to talk to their doctors without fear of judgment or embarrassment.</p> |
| <p>Q What is the most rewarding part of having a career in medicine at NYM?</p> <p>A Although I've only been here for about a year, I'm enthralled by the strong leadership as well as the resident-physicians that I work with. I love teaching. They say to teach is to learn twice, and it's great to be involved with the residents and help cultivate better teaching skills. Whether or not residents go on to teach, it's important that they understand that physicians are teachers to their patients, and the more we can help patients learn about their conditions, the better their clinical outcomes will be.</p> | <p>Q What's something you wouldn't change about yourself?</p> <p>A I wouldn't change the ability to laugh at myself. It's an important quality to possess no matter what job you have.</p> |

Pop Quiz: Blood Pressure

THINK YOU UNDERSTAND BLOOD PRESSURE?
TEST YOUR KNOWLEDGE WITH THESE FIVE QUESTIONS.

1

What year was blood pressure—a gauge of how quickly and forcefully blood moves through the body—first measured?
a. 1400 b. 1650 c. 1733 d. 1870

ANSWER: c. Stephen Hales developed an invasive method of measuring blood pressure in 1733 when he inserted a tube into a horse's blood vessel, allowing blood to fill up the tube. Although Hales did not test this method on humans because it was too dangerous, his findings led the way for the cuff method of measuring blood pressure that is utilized in hospitals and doctor's offices today.

2

True or false: As long as you exercise or eat right, you can maintain optimal blood pressure numbers.

ANSWER: False. "The most important thing for people to understand about maintaining healthy blood pressure numbers is that both eating well and exercising are important," says **Stephen J. Peterson, M.D.**, chair of the Department of Medicine at New York Methodist Hospital. "Regular exercise increases the amount of growth hormone your body produces and releases, which helps you feel better and make better food choices. Growth hormone can also keep insulin levels in check, helping you feel less hungry. As you lose weight, you lower the risk of the arteries in your heart thickening—a condition that can lead to heart attack and stroke."

3

What food can help lower blood pressure numbers?

a. Tuna b. Lettuce c. Bananas d. Cheese

ANSWER: c. While a low-sodium diet is the best approach to lowering blood pressure, getting the daily recommended dose of 4,700 milligrams of potassium can offset extra sodium.

Bananas are a great source of potassium, which makes them ideal to add to a breakfast smoothie or to enjoy as an afternoon snack. Other potassium-rich sources include sweet potatoes, Swiss chard and lentils.



4

High blood pressure is caused by a variety of health factors, including smoking, carrying extra weight, eating too much sodium or having a family history of the condition. But which of the following causes about five percent of high blood pressure cases?

a. Nodules on the adrenal gland b. Red wine consumption
c. Male gender d. High-calorie diet

ANSWER: a. Recent research suggests that some people, especially those diagnosed with hypertension or high blood pressure at a young age, develop benign nodules on their adrenal glands, which causes blood pressure to increase. These tumors can be removed, restoring blood pressure to normal levels.

5

True or false: White coat syndrome, in which a patient has elevated blood pressure readings when a doctor is in his or her presence, is a real condition.

ANSWER: True. Many patients, especially children and adolescents, may exhibit higher blood pressure numbers than normal due to anxiety about being in a doctor's office. An estimated 53 percent of high blood pressure cases in children are due to white coat syndrome.

NO TIME TO READ ALL OF *thrive*? ENJOY THESE FIVE DIGEST VERSIONS OF FEATURED ARTICLES WITH KEY TAKEAWAYS FROM THIS ISSUE.



1

1

BLINDED BY MISDIAGNOSIS

Visual efficiency—the ability to use available sight, and visual perception—the ability of the brain to process what it sees—are problems that can be difficult for parents and teachers to recognize in kids. The child may display symptoms that appear to be related to an attention deficit disorder. When attention deficit is suspected in children, they should also be tested for visual efficiency and visual perception conditions.

Turn to page 16 for more on visual efficiency and visual perception.

2

2

MINIMALLY INVASIVE ROBOTIC SURGERY

Surgery is less traumatic to patients now than ever before due to innovations that involve smaller incisions, less pain and shorter recoveries. Robotic surgery gives surgeons additional tools to perform delicate surgeries without making a large incision through muscle and skin. Many surgeries can be performed through these minimally invasive means, including urogynecology procedures, prostatectomy, partial nephrectomy and more.

See page 18 for details on these and other surgical innovations.

3

3

ORGANIC VS NONORGANIC

Organic foods—grown without plant hormones, antibiotics, genetically modified seeds, chemical pesticides and synthetic fertilizers—cost more to produce, a fact that is reflected when you buy certified organic products. Some people think organic is worth the higher price because the farming practices used to produce the foods are more environmentally friendly and the foods are safer to eat, but that's not always the case.

Learn more about organic food, and find out which foods contain the highest and lowest levels of chemical pesticides on pages 22–23.

4

4

ARTHRITIS

Arthritis is a disease that causes joint swelling, stiffness and pain. Most people have one of two common types: osteoarthritis or rheumatoid arthritis. Over-the-counter pain relievers can help to control the pain, but adopting healthy habits like stretching and exercising regularly can also help, and so does quitting smoking. When more conservative measures are exhausted, joint replacement surgery may provide more permanent relief. See page 24 for additional ideas to alleviate arthritis pain.

5

5

FUEL FOR CREATIVE THOUGHT

Feed the brain by working the body—that's the idea behind theories that exercise improves creativity. Researchers found that creativity gets a boost for about two hours after aerobic activity done on a regular basis for 30 minutes. Try it for yourself by participating in aerobic exercises like bicycling, brisk walking, swimming or doing calisthenics.

Get additional details plus a list of aerobic activities on page 27.

COMMUNITY FORUM

Do YOU wish to comment on an article you've read in *thrive*? We welcome your input. Email AskThrive@nym.org, and let us know if we have permission to print your submission.

YOUR ARTICLE ABOUT APNEA AND THE CPAP MASK WAS FRESH, INFORMATIVE AND WELL WRITTEN. I APPRECIATED THE INFORMATION AND INSIGHT!

I TRULY ENJOY YOUR PUBLICATION, *THRIVE*, AND I THINK NEW YORK METHODIST HOSPITAL IS ONE OF THE BEST IN BROOKLYN. THE STAFF AND DOCTORS ARE KIND AND VERY COMPETENT.

THAT SAID, I WAS VERY APPRECIATIVE OF YOUR "SLEEP QUIZ" (TOUCHING BASE) ARTICLE PUBLISHED IN THE WINTER 2014 ISSUE [PAGES 11–13].

MY 15-YEAR-OLD SON AND I JUST RETURNED FROM A SLEEP DISORDER CLINIC IN BROOKLYN WHERE WE SPENT THE NIGHT AND HAD THE STUDY DONE DUE TO HIS APNEA. HE WAS PRESCRIBED A CPAP [CONTINUOUS POSITIVE AIRWAY PRESSURE] MASK.

THANK YOU,
DAWN ZAMANIS

APNEA AND CPAP MASK

I WAS SURPRISED BY YOUR RECOMMENDING AN EYE EXAM (ONLY) EVERY FIVE TO TEN YEARS [WINTER 2014, PAGE 20, "TOP TESTS THAT CAN SAVE YOUR LIFE"].

VISION CAN CHANGE, FOR BETTER OR WORSE, IN SMALL, YEARLY INCREMENTS, NO MATTER ONE'S AGE; AND, AS ONE AGES, THERE ARE ADDITIONAL TESTS FOR GLAUCOMA, ETC., WHICH SERVE AS A PRECAUTION TO ENSURE GOOD HEALTH. I BELIEVE MOST EYE DOCTORS WOULD URGE PEOPLE TO GET TESTED YEARLY, FROM CHILDHOOD ON.

THANK YOU,
ILENE STARGER

EYE SCREENINGS

Thank you for your letter and feedback. That recommendation should have been more specific. People ages 20 to 39 without vision problems should have a complete eye exam every five to ten years, but you are correct that screenings are more frequently recommended for everyone else. National guidelines are as follows.

- + **Children's** vision should be screened around the time they learn to recognize letters. This can be done at their doctor's office. After that, kids should be screened every one to two

years for vision problems or more frequently if recommended by their doctor. If any issues with vision are suspected, schedule a screening with an ophthalmologist—a medical doctor specializing in eye disease. See our article starting on page 16 about vision and learning difficulties in children.

- + **Adults with vision problems or risk factors for eye conditions** should have annual eye exams, and those with certain eye symptoms or disorders may need to be examined more

I'VE BEEN FAVORING MY RIGHT KNEE SINCE I SLIPPED AND FELL LAST MONTH. I THOUGHT IT WAS JUST A SPRAIN. SHOULD I BE CONCERNED THAT IT'S NOT BACK TO NORMAL?

THANKS,
KEVIN JONES

*"A doctor should examine any injury that continues to cause pain or physical limitations for more than a day or two following an incident," says **Josef Schenker, M.D.**, medical director of emergency medicine. "Delaying treatment can worsen the injury or even compound the problem, so schedule a consultation with your doctor or an orthopedist as soon as possible."*

NORMAL KNEE PAIN?

frequently if recommended by an ophthalmologist.

- + **Adults between the ages of 40 and 54** without vision problems or risk factors for eye conditions should be screened every two to four years.
- + **Adults between the ages of 55 and 64** without vision problems or risk factors for eye conditions should be screened every one to three years.
- + **Adults older than age 65** without vision problems or risk factors for eye conditions should be screened every one to two years.

New York Methodist Hospital Community Events

May, June, July, August and September 2014

SUPPORT GROUPS ON THE NYM CAMPUS

Breastfeeding

Led by a certified lactation consultant, this group is for mothers and their babies from birth to three months old.
Every Tuesday, 2:30–3:30 p.m.
Wesley House 3K-C,
501 Sixth Street
Call 718.780.5078
for more information.

Parkinson's Wellness and Exercise Classes

Thurs., May 22, June 12 @ 26, July 10 @ 24, August 14 @ 28, Sept. 11 @ 25, 2 p.m.–3 p.m.
748 Union Street
Please call 646.704.1792 to register (required).

Parkinson's Caregivers

The group is led by NYM's Parkinson's disease care coordinator and open to individuals caring for loved ones with Parkinson's disease.
Thurs., May 22, June 12 @ 26, July 10 @ 24, Aug. 14 @ 28, Sept. 11 @ 25, 6 p.m.–7 p.m.
Call 646.704.1792 for location and to register (required).

Surgical Weight Reduction Seminar/Support Group

A surgeon will conduct a 30-minute information session for individuals considering the procedure, followed by a 90-minute support group open to pre- and post-operative patients.
Thurs., May 22, June 26, July 24, Aug. 28, Sept. 25,
Executive Dining Room
506 Sixth Street
Call 718.780.3288 for more information.

Diabetes

Led by a certified diabetes educator, this group is for people with diabetes and prediabetes.
Thurs., May 29, June 26, July 31, Aug. 28, Sept. 25, 5 p.m.–6 p.m.
Buckley 8 Conference Room, 506 Sixth Street
Call 718.246.8603 for additional information and to register.

Pulmonary Hypertension

Learn more about the disease, and meet others dealing with pulmonary hypertension.
Meets on Mondays Mon., June 2, Aug. 4, 5–7 p.m.
Wesley House 7A,
501 Sixth Street
Call 718.780.5614 to register (required).

Parkinson's Disease

Join NYM's PD care coordinator in monthly meetings for those with Parkinson's disease.
Thurs., June 5, July 3, Aug. 7, Sept. 4, 2–3 p.m.
Call 646.704.1792 for location and to register (required).

Cancer

Led by a physician and a chaplain, this group is for individuals diagnosed with cancer and those dealing with a loved one's cancer.
Thurs., June 12, Sept. 4, 3–4:30 p.m.
Wesley House 6B,
501 Sixth Street
To register (required):
718.780.3593

SUPPORT GROUPS

Brain Aneurysm

Sat., June 14, Aug. 9, 9–11 a.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8610 for additional information.

Hepatitis C

The group will be directed by a clinician specializing in liver disorders.
Wed., June 18, July 16, Aug. 20, Sept. 17,
506 Sixth Street
Call 718.780.3125 for more information and location.

Look Good...Feel Better®

Helping women with cancer feel beautiful inside and out.
Thurs., July 17, Sept. 18, 2–4 p.m.
Wesley House 6A,
501 Sixth Street
Call 718.780.3593 to register (required).

Bereavement

Wed., Sept. 3, 6:30–7:45 p.m.
NYM Buckley Conference Room 820,
506 Sixth Street
Call 718.788.4991 for more information and to register.

Perinatal Bereavement

Wed., Sept. 3, 8–9:15 p.m.
NYM Buckley Conference Room 820,
506 Sixth Street
Call 718.788.4991 for more information and to register.

Please call the
Department of
Public Affairs at
718.780.5367 for
updates to this
calendar.

SEVENTH HEAVEN STREET FAIR

NYM will offer free blood pressure, dental and podiatry screenings. Healthcare professionals will be available to answer questions and provide health education.

SUN., JUNE 15, 11 A.M.–5 P.M.

SEVENTH AVENUE – BETWEEN
SIXTH AND SEVENTH STREETS

Call 718.780.5367 for more
information.

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SPECIAL EVENTS

Stroke Alert! Day

Free blood pressure screenings. Neurology specialists will be available to answer questions, and cardiovascular information will be available.
Wed., May 21, 10:30 a.m.–1:30 p.m.
Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367 for more information.

Dance Your Heart Healthy

Join fitness instructors and health experts at free weekly heart pumping exercise/dance classes sponsored by Greater Brooklyn Health Coalition and New York Methodist Hospital.
Wednesdays, 6 p.m.–7 p.m.
Bed Stuy Multi-Service Center
1958 Fulton Street
Call 718.780.5367 for more information.

Screen It Like You Mean It

Join a radiologist from NYM in a discussion of the benefits and risks involved with diagnostic imaging.
Tues., June 3, 2 p.m.–3 p.m.
St. Joseph's College
245 Clinton Avenue
Call 718.940.5584 to register (required).