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WINTER 2016

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21ST CENTURY CANCER FIGHTERS

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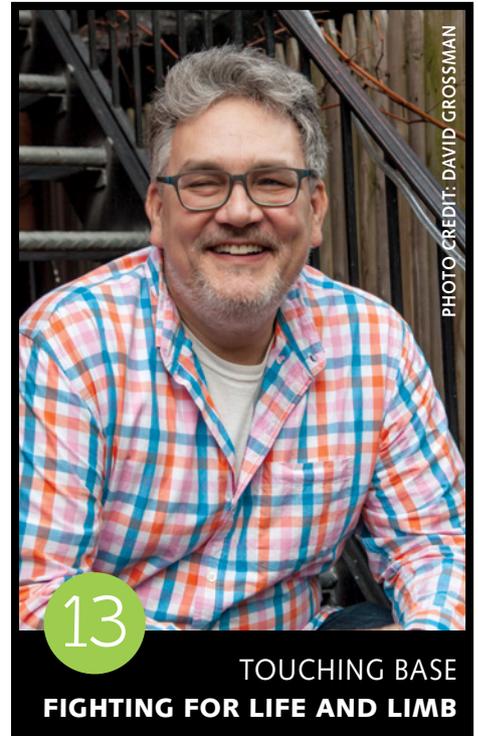
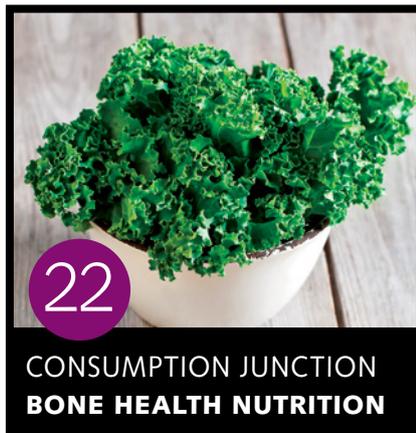
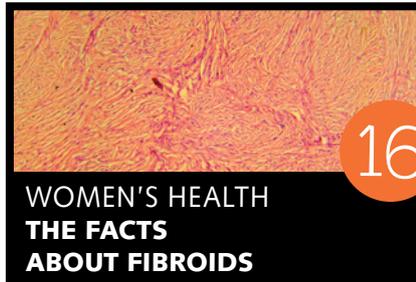
We Want to Hear from You

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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ALSO IN THIS ISSUE

+ Message from the CEO/Viewpoint	4
+ By the Numbers	5
+ Insights	6
+ Dos + Don'ts/Diagnosis: Diabetes Prevention	7
+ Special Report/21st Century Cancer Fighters	8
+ Kid Zone/Pediatric Hernias: How Serious Are They?	10
+ Anatomy Insider/The Blood Pressure – Kidney Connection	12
+ The Right Choices/Hands Off the Keyboard	18
+ Special Report/A Sharper Image	20
+ Men's Wellness/Peyronie's Disease Can Be Treated	26
+ Relax, Refresh, Refocus/Healing in Unison	27
+ Q&A/ A Heart for Service	28
+ Health Quiz/Cardiac Wellness	29
+ Take Five/Your Health Cheat Sheet	30
+ Reader Letters/Community Forum	31
+ Engage with NYM/Events at New York Methodist Hospital	32

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Viewpoint

“THIS IS TRULY A
WONDERFUL TIME TO BE
WORKING IN THE FIELD
OF HEALTH CARE, AND
NEW YORK METHODIST
HOSPITAL IS VERY
PROUD TO BE ABLE TO
SERVE THE PEOPLE OF
BROOKLYN.”



IT SOMETIMES SEEMS that these days all the news in health care is about changes in the delivery system. Issues surrounding access to quality care and insurance to pay for it figure prominently in the media. It's easy to forget that there is also important news about other changes in health care—miraculous medical innovations and breakthroughs in diagnostic techniques and treatment of previously untreatable diseases. The articles in this issue of *Thrive* cover many of these advances.

As I write this, we are still closing in on the end of 2015. Looking back on the past year, I'm thrilled with NYM's many accomplishments. One of the most notable was the opening of our new Outpatient Radiology Imaging Center. During the course of my career in health care, we have come a very long way in this field, and our beautiful facility offers the very latest imaging technology. You can learn about all of the latest developments in radiologic imaging in the “Sharper Image” special report, beginning on page 20.

Cancer treatment is another field in which amazing progress has been and continues to be made. Where once people barely talked about this disease because it was so deeply feared, today many patients with a cancer diagnosis are living productive lives while they are being treated and surviving the disease. Our report on 21st century cancer fighters (page 8) provides more information.

“Best Foot Forward” (page 24) had special resonance for me as comfort has become a priority. But upper extremities are equally important, and given the fact that we all are spending so much time with keyboards and other “devices,” no one should miss the article on carpal tunnel and cubital tunnel syndromes (page 18).

This is truly a wonderful time to be working in the field of health care, and New York Methodist Hospital is very proud to be able to serve the people of Brooklyn. We appreciate your confidence in us when you choose to visit one of our outpatient facilities, when you come to our emergency department, when you are admitted to the Hospital for surgery, medical treatment or—best case scenario—when you come to have a baby. And we're also delighted to see you at our health education and promotion events (see back cover), which are designed to help Brooklynites stay healthy and to thrive!

Cordially,

Mark J. Mundy
President and
Chief Executive Officer



YOUR HEALTH IN A HEARTBEAT

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

WATCH FOR THE SHAKER

People who are concerned about their sodium intake now have a new tool. New York City restaurants with 15 or more locations recently began adding salt shaker icons next to menu items containing more than the daily recommended amount of sodium—2,300 milligrams—about the quantity found in one teaspoon of salt.

“Consuming too much sodium causes water retention and increases the risk of developing cardiovascular problems, including heart attack and stroke,” says **Terrence Sacchi, M.D.**, chief of cardiology at New York Methodist Hospital. “Awareness of the amount of salt in a meal can empower people to make healthy selections.”



PREEMIE SURVIVAL RATES INCREASE



More preterm babies are surviving today than was the case 20 years ago, thanks to advances in prenatal and neonatal care and medical technology.

“One example of these advances is used when there is reason to believe that a baby will be born prematurely,” says **Madhu Gudavalli, M.D.**, chief of neonatology at NYM’s Level III neonatal intensive care unit. “Identifying which babies might benefit and providing the corticosteroids to the fetuses in advance of delivery makes a significant difference in the development of lung function for neonates born at weeks 24–34 gestational age [three months to three weeks prematurely].”

Dr. Gudavalli also credits improved survival rates to the use of continuous positive airway pressure devices for preterm babies with respiratory challenges and central lines supplying nutrients and calories that help premature babies gain weight before they’re able to eat.

TREATMENT-RESISTANT LICE

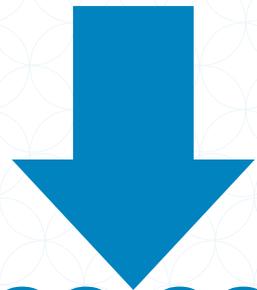
Over-the-counter pyrethroid-based medications have been used in the United States since the 1990s to treat head lice, but new research shows that lice are becoming resistant to the drug. In New York State, the resistance level is rated intermediate, which means that lice may not yet be fully pyrethroid-resistant, but when tested, the insects exhibit some genetic mutation for resistance.

“Head lice resistance may be gaining ground, but topical prescription treatments like spinosad and ivermectin are still effective,” says **Beata Dygulaska, M.D.**, pediatrician at NYM. “If a child exhibits signs of head lice, like itching of the scalp, neck or ears, parents should contact their pediatrician’s office to ask if the child needs a prescription instead of an over-the-counter medication.”

A key to lice prevention is to remind children not to share clothing, hats, combs, hair-brushes and hair accessories. Also, encourage them to avoid head-to-head contact. That means avoiding activities like putting their heads together to take a selfie.



AVERAGE DAILY
SODIUM CONSUMPTION
OF AN AMERICAN
ADULT



APPROXIMATE NUMBER
OF PRE-TERM BABIES
BORN ANNUALLY
IN THE UNITED STATES



ESTIMATED ANNUAL NUMBER
OF HEAD LICE CASES
IN AMERICAN KIDS
AGES THREE TO 11.



MEDICATION MANAGEMENT

Have you ever missed a dose of medication or taken the wrong amount? It's easy to do, but doing so can lead to medical complications. Whether you've recently been given a prescription or regularly take medicine for one or more chronic conditions, these tips can help you stay on track.

- + **Take your medication at the same time as you do other daily tasks.** Set daily alarms or use a medication management smartphone app to prompt you.
- + **Use a pill organizer to allocate your medicine tablets for each day of the week.** If you can't recall whether or not you took your medication, just check the organizer. This will also remind you when you need to refill a prescription.
- + **Keep a list** of all prescription and over-the-counter medications, vitamins and supplements that you take and share the list with your doctors.

"Talk with your doctor or pharmacist about the medicines you take before you begin taking any new drug or supplement," says **Eric Balmir, Pharm.D.**, chief of pharmacy at New York Methodist Hospital. "Discuss your medications with your doctor at least once a year, even if there are no changes in your prescriptions."

TOP TOOTHPASTE TIPS

When shopping for toothpaste, you'll find more options than ever. How do you know which one is best to help clean and protect your teeth?

"The most important thing is to use a toothpaste with fluoride, so read the active ingredients label to be sure that your toothpaste contains it," says **James Sconzo, D.M.D.**, chief of dental medicine at NYM. "Even if your water supply is fluoridated as it is in Brooklyn, your teeth still benefit from using a fluoride toothpaste."

That's especially true if you utilize a water filtration system because certain filters reduce the amount of fluoride that you ingest.

Dr. Sconzo also recommends shopping for fluoride toothpastes labeled with the American Dental Association (ADA) seal, which certifies that the product has been clinically tested to prove its safety and the effectiveness of its claims.



THE Dangers of DETERGENT PODS

You may have found that laundry and dishwasher detergent pods are a convenient alternative to liquid or powder detergents, but they can be an unsafe option if you live in a home with young children.

During the first six months of 2015, American poison control centers reported that over 6,000 children under the age of five ingested or inhaled the pods. Young children may be attracted to the candy-like appearance or the squishy texture of the pods.

Recently, leading manufacturers of detergent pods announced plans to change their packaging, making the pods more difficult for children to access, less likely to burst and more bitter tasting. Even with these changes, pediatricians at NYM recommend keeping detergent pods out of the reach of younger children, who may mistake them for a sweet treat or teething toy.

DIAGNOSIS:

Diabetes Prevention

Prediabetes, a precursor to type 2 diabetes, is a serious health concern. It's also an opportunity.

PREDIABETES IS DIAGNOSED when a patient has higher-than-normal blood glucose (or blood sugar) levels that are too low to be considered diabetes. About a third of Americans over the age of 20 have prediabetes, and many have no symptoms, which is why doctors routinely order fasting blood sugar or A1c (hemoglobin) tests to measure patient glucose levels.

A person with prediabetes will have a fasting glucose level of 100 to 125 or an A1c level of 5.7 to 6.4. While the fasting blood sugar level provides a measurement of the glucose level at a given time, A1c readings measure a person's average blood glucose level over a period of two to three months, using a single test. If levels are higher than normal, tracking glucose measurements over time helps doctors to determine whether the condition is under control or the disease is progressing to type 2 diabetes.

CHANGING THE STORY

"The development of prediabetes and progression to diabetes doesn't happen overnight," says **Mark Doublet, R.D., CDE**, a diabetes educator at New York Methodist Hospital's Diabetes Education and Resource Center. "Without intervention, 30 percent of people with prediabetes will develop type 2 diabetes within five years. A prediabetes diagnosis offers the opportunity to turn things around."

Getting daily exercise, losing excess weight, changing eating habits to limit sweets and high-cholesterol foods, and taking prescription medications like metformin can help to halt or reverse prediabetes.

"An estimated 5 million people in the state of New York are living with prediabetes—and many don't know it," says **Edmund Giegerich, M.D.**, chief of endocrinology and vice chairman of medicine at NYM. "Brooklyn, in particular, is one of the boroughs hardest hit by diabetes-related mortality. This is a problem that's close to home, but it's one that's often controllable and reversible if we diagnose it and the patient complies with doctor's orders."



Prediabetes DOs and DON'Ts

Even small changes can have a big impact on prediabetes. Consider these tips.

DO lose seven percent or more of your body weight to reduce the amount of insulin the pancreas needs to produce.

DON'T ignore a prediabetes diagnosis. Follow your doctor's orders.

DO engage in heart rate-elevating physical activity for at least 30 minutes or more daily.

DON'T sit all day. Take short walks periodically throughout the day to stay active.

DO hydrate by drinking water throughout the day.

DON'T drink sugar-filled or alcoholic beverages, which can cause blood glucose levels to rise.

DO screen glucose levels as recommended.

DON'T fixate on big changes like rapid weight loss. Opt for small, incremental changes, which are more likely to become permanent.

DO eat foods rich in protein and low in simple carbohydrates and sugar.

DON'T routinely eat convenience foods—fast food or processed, prepackaged meals.





Cancer is a formidable adversary,
but thanks to the multitude of
therapies available today,
patients have more options than
ever to fight it.

21st Century Cancer Fighters

CANCER TREATMENT TODAY is very different than it was 20 years ago. Here's a look at some of the recent major developments in cancer therapies, and how patients may benefit from each.

TARGETED THERAPY MARVELS

Many drugs have transformed the landscape of medical therapy to fight cancer. The most notable of these are targeted agents that may slow or stop tumors from growing or spreading.

"A targeted therapy is a drug or other substance developed to act on only a certain molecular structure that's always found on the cancerous cells and not as frequently on normal cells," says **Andy Huang, M.D.**, hematologist/oncologist with New York Methodist Hospital's Institute for Cancer Care. "This is an advantage over conventional chemotherapy,

which affects all cells that have a rapid turnover or a fast growth rate."

Ultimately, the future of cancer care may belong to targeted immunotherapy, a type of treatment that encourages the body's immune system to combat cancer by stimulating the immune response to fight the disease. This is accomplished through injections of substances that include biologics (chemicals produced by the body that energize the immune system) and monoclonal antibodies (lab-produced proteins that are designed to bind to cancer cells and carry cancer-killing medication to them).

"Immunotherapies are available for many cancers, including melanoma, lymphoma and kidney cancer," Dr. Huang says. "On the whole, however, immunotherapy is still in the early stages of development, but there are many clinical trials investigating its additional applications in cancer care."

SURGERY'S MANY STEPS FORWARD

In the past, diagnoses of certain cancers—like those affecting the abdominal organs—meant having a traditional surgical procedure so the doctor could access a tissue sample of the tumor for analysis. Modern biopsy techniques allow doctors to use imaging to guide a needle to the site of a tumor and extract a small sample of abnormal cells to test for cancer—a much less invasive procedure.

Advances in surgical treatments of cancer have been equally significant. In the past, open, large-incision surgeries and radical procedures that removed entire areas of both healthy and abnormal tissue were the norm. Today, doctors can remove malignancies with much greater precision using laparoscopes inserted through small incisions in the body or endoscopes guided through body cavities to the tumor site.

Energy-focusing lasers and needles that deliver extreme heat or cold to tumors can be used to destroy cancerous tissue, and certain procedures use real-time image guidance, which allows doctors to see and treat tumors while affecting as little healthy tissue as possible.

One of the most remarkable innovations in cancer surgery is the use of robotic tools that surgeons control from a console.

Doctors increasingly use robotic surgery to treat pelvic cancers, particularly those in the prostate and gastrointestinal tract. Recovery times for robotic surgery patients are shorter because the incisions are small and healthy tissue is largely undisturbed. Minimally invasive surgical outcomes are identical to traditional approaches.

THE POWER OF PRECISION

Radiation therapy has come a long way in just the last decade. A perfect example of the field's advancement is the development of intensity-modulated radiation therapy (IMRT).

IMRT is a type of external beam radiation that uses pretreatment imaging to accurately focus on a tumor and dose it with high levels of radiation—all while sparing surrounding tissue. IMRT is delivered using a machine called a linear accelerator.

"The highly advanced linear accelerator at NYM allows us to offer several radiation techniques using one machine, including IMRT, image-guided radiation therapy [also known as IGRT] and stereotactic body radiotherapy [a method that uses a short course of high-dose treatments]," says **Hani Ashamalla, M.D.**, chair of radiation oncology at New York Methodist Hospital. "This highly advanced linear accelerator provides noninvasive external beam radiotherapy that lets us track and adjust for tumor movements that can occur as the patient breathes during treatment and as the tumor shrinks over the course of treatment. The accuracy of the machine means we can minimize side effects for patients."

The linear accelerator is also fast: It can deliver high doses of radiation in minutes, which means patients do not have to maintain treatment positions for long. Its versatility is equally impressive, as it can treat cancers located throughout the body—from the brain to the pelvis.

Radiation therapy can also be delivered internally in some cases. Doctors use a technique called brachytherapy to surgically place permanent or temporary radioactive implants inside the body, either

in or near the tumor, to expose the cancer to radiation from inside the body.

The bloodstream may also provide an internal avenue for the delivery of radiation therapy. One such treatment involves the use of radium-223. This treatment targets tumors that originated with prostate cancer and have spread elsewhere in the body in patients who have become resistant to other types of therapy. Not only can radium-223 slow the spread of cancer; it also increases survival rates. Prior to its development, there were few agents which could be delivered safely that boosted survival.

PAVING THE WAY

The advances that have occurred in cancer treatment during the past decade offer hope for even more exciting innovations.

"Recent breakthroughs have proven that we can reach a critical knowledge base in cancer that allows us to identify specific cellular targets, take advantage of them and impact the outcomes of cancers that were previously hard to treat," says **Perry Cook, M.D.**, chief of hematology and oncology and vice chair of internal medicine at NYM. "We continue to leverage the progress that's occurring in cancer treatment and apply each advance as soon as possible to benefit patients."

“This highly advanced linear accelerator ... lets us track and adjust for tumor movements that can occur as the patient breathes during treatment and as the tumor shrinks over the course of treatment. The accuracy of the machine means we can minimize side effects for patients.”

—**HANI ASHAMALLA, M.D.**



NYM RADIATION THERAPISTS TANYI REID, R.R.T., (LEFT) AND ALAAELDIN ABOELNASR, R.R.T., EXPLAIN WHAT TO EXPECT DURING AN IMRT TREATMENT SESSION.

PEDIATRIC HERNIAS: HOW SERIOUS ARE THEY?

One morning, Grace was helping her 5-year-old son, Frankie, get dressed for kindergarten when she saw and felt a lump on the right side of his groin. Frankie wasn't in pain, but coughing made the bulge more pronounced, and his mother was concerned enough to take him directly to his pediatrician.

AFTER A QUICK EXAMINATION, the pediatrician said that Frankie most likely had an inguinal (in the groin) hernia caused by a congenital defect—a hole in the lower abdominal wall that had been present since birth. The hole makes it possible for fat or a portion of the intestine to protrude into the groin. Fortunately, Frankie's hernia wasn't an urgent problem, but it could have been.

IF YOU THINK YOUR CHILD HAS A HERNIA ...

"Most of the time, an inguinal hernia doesn't present an immediate danger, although parents should schedule an appointment with their pediatrician if they notice a lump near the groin," says **Demetri Merianos, M.D.**, attending pediatric surgeon at New York Methodist Hospital. "In some cases, a hernia can stop blood flow to the small intestine, creating a complication known as incarceration or strangulation, both of which are urgent medical emergencies."

The first symptom of an inguinal hernia is a lump on one or both sides of the groin. Signs of incarceration or strangulation accompanying a lump may include:

- + Severe pain
- + Nausea and vomiting
- + Inability to pass gas or have a bowel movement

- + A hard, red or tender inguinal lump
- + Fever

When a child has these signs in combination with a lump or lumps in the groin, take him to your pediatrician, or if the pediatrician is not immediately available, to an emergency room.

"Inguinal hernia correction is the most common elective surgery that pediatric surgeons perform," says **Shaun Steigman, M.D.**, attending pediatric surgeon at NYM. "This condition can be diagnosed in children of all ages, from neonates [newborns less than one month old] through teens, although it's more likely to be diagnosed among premature newborns."

As many as five percent of children may experience an inguinal hernia, and they're much more common in boys than girls. It's impossible to know how common the abdominal birth defect is that can lead to inguinal hernia. While the defect puts children at risk, it doesn't always develop into an inguinal hernia, and doctors don't routinely screen for the defect unless a hernia is present.

TREATMENT OPTIONS

Pediatricians usually diagnose an inguinal hernia during a physical exam and may even be able to massage the protrusion

CHILDREN BORN
PREMATURELY ARE
SIX TIMES MORE LIKELY
TO EXPERIENCE AN
INGUINAL HERNIA
THAN CHILDREN
WHO ARE CARRIED
TO FULL TERM.

back through the hole in the abdominal wall into its normal position. In some cases, a child may need an ultrasound examination to see how serious the condition is and to make sure it's not a hydrocele—a buildup of fluid around one or both testes that causes swelling in the scrotum or groin area.

Inguinal hernias won't improve without treatment, and surgeons typically correct them in children shortly after the diagnosis. Surgery is straightforward, with no special preparation necessary ahead of time, but parents should inform their pediatrician and surgeon about any medications their child takes regularly. For children older than three months, pediatric



hernia surgeries are typically outpatient procedures, so children can go home the same day.

During traditional, open surgery for an inguinal hernia, the surgeon makes a one-centimeter incision in the groin and pushes the hernia into its normal place in the abdomen and stitches the hole in the abdominal wall closed. Open surgery is typically performed using general anesthesia. It may be the best option for younger children or those with larger hernias.

POST-SURGICAL CARE

Over-the-counter pain relievers like acetaminophen or ibuprofen are usually enough to ease any postoperative pain. Children can bathe two days after surgery (but should avoid prolonged soaking) and go back to school whenever they feel physically able. They should wear loose clothing that won't irritate their stitches or slow the healing process.

It's possible for a hernia to return, but the recurrence rate is very low (about one percent). Following surgery, children should avoid straining during bowel movements, which means their diet should include foods high in fiber like vegetables, fruits and whole grains. Older

children who have a procedure to correct an inguinal hernia should also avoid intense physical activity and heavy lifting for several weeks after surgery.

"Although the defect that allows inguinal hernias to develop is typically present at birth, it may not cause a problem for years, and children may live a normal life until it does," Dr. Merianos says. "Once they've had surgery to correct the problem, they can continue to have a normal childhood."

A LESS INVASIVE SURGICAL OPTION

In some cases, a small hernia may be corrected using laparoscopic surgery. Laparoscopic hernia repair involves making small incisions in the groin area or near the belly button, and inserting a scope equipped with a lit camera that gives the surgeon a clear picture inside the body. The surgeon stitches the hole in the abdominal wall through the scope.

"This method provides the benefit of looking at the other side of the body in a minimally invasive way," Dr. Steigman says. "If there is an opening in the other side of the abdomen, the child has the potential to develop a hernia on that side in the future. So we can repair that opening too, during the same operation under the same anesthesia, without encountering an additional large incision."

**INGUINAL HERNIAS
ARE FIVE TIMES
MORE COMMON
IN BOYS THAN
IN GIRLS.**



11

THE BLOOD PRESSURE — KIDNEY CONNECTION



During a routine physical, Kerry, a 30-year-old paralegal who rarely takes a sick day, was shocked to learn that her blood pressure was high. After running tests, her doctor suspected that a reduced flow of blood into her kidneys was causing this symptom.

THE KIDNEYS ARE the cleaning system for the body's blood supply. A complex network of blood vessels inside the kidneys filters and cleans blood while balancing electrolytes and blood pressure in the body. If the arteries that bring blood to the kidneys become narrowed or blocked, this is called renovascular disease, and it can have serious consequences, including high blood pressure, which can damage arteries and cause the heart to work overtime to pump blood throughout the body.

When untreated, renovascular disease can lead to kidney failure. If the kidneys don't function, dialysis or a kidney transplant is needed to clean the blood. There are two main causes of renovascular disease:

- + **Renal Atherosclerosis.** Like the arteries in the heart, renal arteries can become hardened due to the buildup of cholesterol. Renal atherosclerosis accounts for approximately 90 percent of all renovascular disease cases, and, like hardening of the arteries, it is more common in patients over age 60.
- + **Fibromuscular dysplasia (FMD).** This condition, found in renal arteries as well as carotid and vertebral arteries, results in abnormal cell development on arterial walls. It causes the arteries to narrow and possibly tear. Young women are most likely to develop FMD.

"Patients with renovascular disease do not usually experience noticeable symptoms," says **Lawrence Stam, M.D.**, associate chief of nephrology at New York Methodist Hospital. "This is frequently an unrecognized disease because the diagnosis can easily be missed."

CONTROLLING THE RISK

The first signs of FMD—high blood pressure and low potassium levels in younger female patients—are most often noticed during a routine physical. When FMD is diagnosed, angioplasty of the renal artery can be helpful in treating hypertension. Many patients can be on less medication, and a few fortunate patients no longer need medication.

"High blood pressure is one of the first signs that there could be renovascular disease—or one of many other health problems—which is why it's important for individuals to have their blood pressure checked regularly," says **Kotresha Neelakantappa, M.D.**, nephrologist at NYM. "Using family and personal medical history and blood tests, a doctor will be able to rule out or diagnose renovascular disease."

Kidneys of varying sizes may also indicate renovascular disease. When patients are diagnosed with renal atherosclerosis, their treatment usually consists of controlling blood pressure with medications, as well as making lifestyle changes that should include tobacco cessation, weight loss in the case of excess weight and diabetes control.

"The best way to treat renovascular disease is to prevent it," Dr. Stam says. "In patients already at risk for atherosclerosis, making healthy choices is important, as is getting blood work done routinely because the disease is so asymptomatic."

“High blood pressure is one of the first signs that there could be renovascular disease—or one of many other health problems—which is why it's important for individuals to have their blood pressure checked regularly.”

—KOTRESHA NEELAKANTAPPA, M.D.

Flesh-eating bacteria
left a Brooklyn father
of two and a team of
New York Methodist Hospital
doctors in a battle for
the man's life.



FIGHTING FOR LIFE AND LIMB

GETTING SICK COULDN'T HAVE BEEN further from Douglas Murphy's mind on that picturesque Saturday in May when he joined his daughter's class for a picnic in Prospect Park.

"I run summer camps for a living, so I was excited about spending some time in a beautiful park with my daughter," Douglas says. "I was helping clean up when a loaded garbage bag grazed my right foot and dribbled a little bit of liquid on my sock. I remember being grossed out, but not really thinking anything of it."

Within hours of leaving the picnic, Douglas began to feel feverish and started experiencing chills. By the time he took his temperature the following morning, he had a fever of 103 degrees.

"I also noticed a black spot about the size of a quarter on my ankle," he recalls. "I thought maybe I'd been bitten by a spider. By Sunday, the spot was getting bigger and my leg was turning purple and swelling. I could barely walk. I tried to get my fever down by taking over-the-counter medications, but nothing worked."

The following morning, Douglas' fever worsened, and he could no longer ignore his symptoms. He made the short trip from his home to NYM's Emergency Department.

A RAPID DIAGNOSIS

Douglas was immediately admitted to the emergency department, where **Josef Schenker, M.D.**, then medical director of the Emergency Department at NYM, and his team transferred Douglas to NYM's intensive care unit, where his fever reached 107 degrees. Rapid coordination of care at



KEEP BACTERIA FROM TAKING A BITE OUT OF YOU

It's impossible to tell where the incredibly small bacteria that cause serious illnesses like Douglas's case of necrotizing fasciitis might be lurking, but it may be comforting to realize that you can help prevent or thwart bacterial infections of all kinds with a little know-how.

Bacteria need an entryway into your system before they can cause trouble. If you experience a cut or scrape, immediately wash it, coat it with antibiotic ointment and cover it with a bandage to limit the chance of a bacterial infection.

If you experience signs of necrotizing fasciitis, including swelling, fever and a rapidly growing wound accompanied by excessive pain, see a doctor as soon as possible. Timely care could be the difference between life and death.

the Hospital brought the infectious disease specialist to Douglas' bedside, where a diagnosis was made.

Contaminated liquid from the garbage bag had made its way through a tiny break in Douglas' skin, infecting his leg with necrotizing fasciitis—also known as flesh-eating bacteria.

"Necrotizing fasciitis can cause death in a matter of days," says **Alfred Leong, M.D.**, an internal medicine specialist at NYM who also consulted on Douglas' case. "Antibiotic treatment provides the best chance that patients like Douglas have of surviving."

Several of the symptoms of necrotizing fasciitis are similar to those of other conditions, but doctors were able to make a quick diagnosis because certain signs were present.

In this case, the telltale sign was the incredible amount of pain Douglas was in, even though he had just a small wound. He also exhibited other classic symptoms of the tissue-killing infection in progress, such as swelling, high fever, confusion, and a darkening of the skin at the infection site.

"Necrotizing fasciitis can be caused by several different types of bacteria," says **Rabia Mir, M.D.**, chief of pathology at the Hospital. "In order to provide Douglas with effective treatment, we ran laboratory tests on tissue samples to identify the organism at the root of the infection. The tests revealed that the infection was a type that's caused by more than one kind of bacteria."

Doctors at NYM tried multiple combinations of antibiotic medication before the infection began to respond to treatment. Douglas spent several days in the intensive care unit as doctors and nurses fought to control his infection, its symptoms and the spreading damage to his leg. If the damage couldn't be stopped, his leg would have to be amputated. The Hospital's surgical department was consulted in case amputation became the only recourse, and **Ernest Megdanis, D.P.M.**, podiatrist at NYM, was brought on to the case to try to save Douglas' leg.

"I don't recall much about those first few days," Douglas says. "But, I do remember having some feverish delusions, and I remember the close monitoring and high level of care that the team at NYM gave me."

NOT OUT OF THE WOODS YET

With the infection being treated, Douglas' fever dropped, but inside his body, toxins from the bacteria continued to destroy his leg tissue.

Such toxins can build up in necrotizing fasciitis patients and cause septic shock—a life-threatening condition that can decrease blood flow to organs and tissue, causing organ failure, mental impairment, and dangerously low blood pressure. Douglas was still in danger.

"The longer a case of necrotizing fasciitis goes untreated, the higher the level of toxins that build up in the system," Dr. Megdanis says. "Toxins destroy tissues—a process called necrosis—and that can lead to loss of muscle function as well as damage to tendons. For those who survive this disease, there can be pretty devastating long-term effects, and many people lose limbs."

Even though the bacterial infection had progressed for a few days before it was treated, Douglas responded well to antibiotic treatment and wound care. For several weeks he was a patient at NYM, where he continued to receive intensive wound care from Dr. Megdanis and the Hospital staff.

"Our primary goal was to save Douglas's leg by any means possible," says **Anthony Tortolani, M.D.**, chairman of the Department of Surgery at NYM. "Doing so required a careful balance of removing enough dead tissue to halt the progression of destruction while leaving behind a leg that still functioned."

Over time, they continued to remove the dead tissue from Douglas' leg, drain the abscesses caused by the bacterial infection and keep the wound clean—efforts that ultimately helped him keep his leg. Douglas' sister helped, too, keeping vigil in his hospital room and tending to his wounds. Slowly, the tissue destruction stopped, and Douglas got the all-clear to go home.

A BRIGHT FUTURE

Today, Douglas continues his work as a summer camp organizer, takes care of his daughters, and plays with his band, Red 30, which regularly performs their mix of Americana, rock and pop music to crowds around the city.

"What I would like everyone to learn from my story is that if something doesn't feel right, don't hesitate to go to the Emergency Department," Douglas says. "There was a real chance that I wasn't going to make it by the time I sought help, but the doctors at NYM saved my life," Douglas says. "Everyone who worked with me was amazing, from the doctors to the guy who cleaned the room. These are people who know what they're doing. They saved my life and my leg."

Menstrual symptoms like heavier-than-normal flow, pelvic pressure and cramping are often attributed to hormonal fluctuations or stress, but uterine fibroids may actually be to blame.

The Facts about FIBROIDS

UTERINE FIBROIDS—TUMORS THAT grow in and around the uterine wall—are not typically cancerous, but they can cause health issues. While not all women with fibroids have symptoms, those who do often experience abnormal menstrual bleeding that can be heavy enough to cause anemia (a red blood cell deficiency that may deplete energy). Other possible fibroid symptoms include low back pain, abdominal cramps and a persistent full feeling in the lower stomach.

Beyond the discomfort of uterine fibroids is the potential for complications during pregnancy and childbirth. Women who have fibroids and become pregnant are six times more likely to need a caesarean section because fibroids can block the birth canal or prevent the baby from properly positioning for delivery. Other complications in pregnancy include preterm labor and second trimester miscarriage.

FIBROID DEVELOPMENT

Uterine fibroids are made up of muscle tissue. There are four types of fibroids, and they are categorized by the location where they originate in the uterus.

"Submucosal fibroids grow within the uterine cavity," explains **Michael Lewis, M.D.**, gynecologist and director of minimally invasive gynecologic surgery at New York Methodist Hospital. "Intramural

fibroids are located inside the walls of the uterus, and subserosal fibroids form on the outside of the uterine wall."

Dr. Lewis says the fourth type—pedunculated fibroids—originate outside the uterine wall but can grow through the wall into the uterine cavity or remain outside the uterus, suspended from a stalk attached to the uterine wall.

Fibroids can range in size from a fraction of an inch to larger than a melon. Large fibroids may put pressure on the bladder or rectum, causing pelvic pressure, urinary frequency, constipation and painful intercourse.

WHO'S AT RISK?

The exact cause of uterine fibroids is unknown, but doctors have identified several risk factors that seem to play a role, including:

- + **Age**—Fibroids can occur at any age, but fibroid development often begins during a woman's 30s and 40s and continues through menopause.
- + **Family history**—Women are more likely to develop uterine fibroids if family members also have them.
- + **Ethnicity**—"For unknown reasons, African-American women have a greater risk of developing uterine fibroids than Caucasian, Asian or Latino women," says **Leonard Berliner, M.D.**, chief

of interventional radiology at NYM. "It's estimated that by age 50, as many as 80 percent of African-American women will develop fibroids while about 70 percent of Caucasian, Asian and Latino women have them."

- + **Diet**—Eating leafy green vegetables may help prevent fibroids, while over-indulging in rich red meat seems to contribute to their occurrence.
- + **Weight**—Women who are overweight or obese have a greater risk of fibroids.

SAY 'GOODBYE' TO HEAVY BLEEDING

To confirm a fibroid diagnosis, doctors often perform an ultrasound examination. Depending on the size of the fibroids, their location within the uterus and the extent to which they interfere with daily life, a variety of treatments are available.

"Many women postpone seeing their doctor until their fibroid symptoms are severe," Dr. Lewis says. "But this raises the risk that fibroids will increase either in size or number, which can impact the options for treatment. Don't delay—following a diagnosis, the sooner you discuss treatment with your doctor and the sooner you can find relief."

Doctors at NYM may recommend medications like oral contraceptives to control bleeding before moving forward with more invasive treatments. If you have

heavy bleeding that doesn't respond to oral contraceptive use, endometrial ablation or uterine fibroid embolization (UFE) may be a next step, depending on whether or not you want to preserve fertility.

A procedure performed under general anesthesia at NYM's ambulatory surgery center, endometrial ablation is used to destroy the inner lining of the uterus, which is known as the endometrium.

Endometrial ablation may provide an option for fibroids that are smaller in size. Once the ablation is complete, the endometrium doesn't grow back, so the procedure isn't designed for women who wish to have children following the procedure. After ablation, doctors may recommend contraceptives to prevent pregnancy because, without the endometrium, women who are still able to conceive have a higher risk of miscarriage and other complications. It's important to note, however, that most women are unable to become pregnant following endometrial ablation.

UFE is another minimally invasive procedure and is performed at NYM's specialized radiography suite under conscious sedation. Your doctor may

consider this technique if you aren't a good candidate for surgery or if you wish to avoid surgery. During this procedure, an interventional radiologist uses x-ray guidance to thread a small-diameter flexible tube called a catheter from the femoral artery in the upper thigh to the pelvis. Once the catheter is placed, a solution of small particles is injected into the uterine artery. These particles build up in the artery and prevent blood from reaching the fibroid, which eventually causes the fibroid to shrink.

"Most fibroids shrink to at least half their original size in the six months following UFE," Dr. Berliner says. "Approximately 80 percent of women treated with UFE report symptom improvement."

Like endometrial ablation, UFE can impact fertility. If you are planning on having children in the future, discuss this with your doctor.

IS IT TIME FOR SURGERY?

If other treatments aren't successful in alleviating fibroid symptoms or if women want to preserve their childbearing

options, doctors may recommend surgical removal of the fibroids (myomectomy). Hysteroscopic myomectomy, performed in a hospital operating room under general anesthesia, is an incision-less procedure that allows doctors to visualize and remove fibroids by inserting a thin scope and small surgical tool into the uterus through the vagina. The procedure requires only one or two days of recovery.

Surgical removal of the uterus (hysterectomy) may be the right option for large fibroids. These surgeries, performed in a hospital operating room under general anesthesia, once required a large abdominal incision. Advances in technology, however, allow many women to take advantage of less-invasive techniques.

Both myomectomy and hysterectomy can be performed using laparoscopic or robotic-assisted surgical techniques under general anesthesia, which allow doctors to perform surgery through several small, key-hole-sized abdominal incisions that heal in several weeks instead of one large incision that can take up to two months to heal. Many women are candidates for minimally invasive surgery.

“Many women postpone seeing their doctor until their fibroid symptoms are severe. But this raises the risk that fibroids will increase either in size or number, which can impact the options for treatment.”

—MICHAEL LEWIS, M.D.





HANDS **OFF** THE KEYBOARD

While sitting at her desk, Erica paused her typing every few minutes to rest her right hand. What started as occasional discomfort had progressed to numbness, tingling and nearly constant pain that made it difficult to grasp objects and complete her assignments.

SYMPTOMS LIKE ERICA'S aren't uncommon, but they do warrant a doctor's visit. Numbness in the hand and fingers, a "pins and needles" sensation that extends through the hand and forearm, and hand weakness are telltale signs of carpal tunnel and cubital tunnel syndromes. These nerve disorders can affect hand and finger function and, in some cases, require surgery to relieve the symptoms.

"The idea that poor circulation causes numbness is an old wives' tale," says **Enrique Monsanto, M.D.**, orthopedic surgeon at New York Methodist Hospital who specializes in hand and upper extremity surgery. "If changes in sensation interfere with tasks, people should see their doctor because underlying conditions like

cubital and carpal tunnel syndromes can be treated easily and with great results."

ALL IN THE WRIST

Carpal tunnel and cubital tunnel syndromes produce similar symptoms, but the conditions stem from compression of different nerves. Carpal tunnel syndrome develops when the median nerve that carries sensation from the forearm to the palm becomes squeezed as it passes through the tunnel of bone and soft tissues at the base of the hand.

A variety of factors, including pregnancy, a previous wrist injury and chronic disorders like rheumatoid arthritis, diabetes and hypothyroidism, can increase a person's risk of developing

carpal tunnel syndrome. In young adults, the syndrome is often associated with overuse injuries from constant typing, texting and other repetitive hand movements.

"The carpal tunnel houses nine tendons and the median nerve," says **Pamela Levine, M.D.**, board-certified hand surgeon at NYM. "Because the canal is a finite space, tendon inflammation and swelling—which can result from repetitive stressors like typing—put pressure on the nerve, causing the symptoms of numbness and tingling, especially in the thumb, index and middle fingers."

Aside from numbness and tingling, carpal tunnel syndrome can cause shooting pain in the wrist and forearm, which usually occurs at night. If the syndrome is left untreated, it can lead to muscle damage that makes opening jars, turning doorknobs and performing other everyday tasks difficult.

To diagnose carpal tunnel syndrome, doctors perform a physical exam that consists of certain tests designed to provoke symptoms. Doctors at NYM may also recommend a magnetic

resonance imaging scan or an electromyogram (EMG), a test that delivers small electrical impulses to the median nerve to evaluate how well the nerve and surrounding muscles function.

"In the case of carpal tunnel syndrome, the median nerve is affected in one location—as it passes through the carpal tunnel," says **Adina Alport, M.D.**, a neurologist who specializes in neuropathy at NYM. "Performing an EMG allows us to see how quickly the nerve is conducting through the carpal tunnel and sending messages to the surrounding muscles. This helps to localize and to determine the severity of the problem."

HEALING HANDS

Once a diagnosis is made, adults have two options for treatment: wearing a wrist splint at night during sleep or carpal tunnel release surgery. In younger adults, splints are usually the first line of treatment.

"It's natural for people to sleep with their wrists and elbows bent, which puts pressure on the median and ulnar nerves and can

contribute to symptoms," Dr. Levine says. "Splints can keep the wrist and elbow from flexing or bending and relieve symptoms."

In Erica's case, a trip to the doctor confirmed she was experiencing lifestyle-related carpal tunnel syndrome. Wearing a splint at night, taking frequent typing breaks throughout the day and using anti-inflammatory medications as needed

have allowed her to power through daily activities symptom free.

Not all adults experience success, however. Older adults are less likely to benefit from wearing splints. In cases where nonsurgical therapies aren't effective or patients have weakness in their hands, which can be a sign of nerve damage, carpal tunnel release surgery may be necessary. This outpatient procedure consists of cutting through the transverse carpal ligament located in the carpal tunnel to relieve nerve pressure.

EXAMINING 'CELL-PHONE ELBOW'

Cubital tunnel syndrome occurs when the ulnar nerve—a nerve that travels from the neck to the hand—is compressed as it moves

behind the elbow joint. This condition causes numbness and tingling in the fingers, as well as hand weakness. Doctors can often distinguish between cubital and carpal tunnel syndromes based on the fingers affected.

"Carpal tunnel syndrome tends to affect the thumb and the index, middle and, rarely, ring fingers," Dr. Monsanto says. "Cubital tunnel syndrome causes symptoms in the ring and 'pinkie' fingers."

Like carpal tunnel syndrome, cubital tunnel syndrome has several risk factors, including elbow fractures that haven't healed properly and overuse injuries due to repeatedly bending the elbow while holding a smartphone or working on a computer. A physical exam and an EMG to rule out nerve dysfunction in the neck and spine are often used to diagnose cubital tunnel syndrome. Because the condition can lead to severely impaired hand function, and braces to keep the arm straight during sleep that can be uncomfortable, doctors sometimes recommend surgery to relieve pressure on the ulnar nerve.

“The idea that poor circulation causes numbness is an old wives’ tale. If changes in sensation interfere with tasks, it’s time to see a doctor because underlying conditions like cubital and carpal tunnel syndromes can be treated easily and with great results.”

—ENRIQUE MONSANTO, M.D.

A BETTER WAY TO WORK

People may not have control over how much time they spend in front of a computer—but they often have a say in how their workstations are arranged. While carpal and cubital tunnel syndromes aren't always preventable, proper keyboard and mouse placement can play a role in symptom relief and prevention.

During keyboard work, the forearms should be parallel with the ground. This can be achieved by using a keyboard drawer, which positions the keyboard lower than the desk. The wrists should remain straight while typing, and the mouse should be within an easy, comfortable reach. Finally, it's a good idea to stop typing every few minutes and extend the arms, which eases ulnar nerve pressure.



Radiologic imaging allows doctors to peer into the body to search for signs of injury and disease and take samples of suspicious tissues. In short, modern medicine wouldn't be possible without it.

A Sharper Image

X-RAY TECHNOLOGY, a staple of diagnosing broken bones, has long been the bedrock of radiology, but imaging today is diverse and includes techniques designed to let doctors see soft tissues, organs and other structures inside the body with unprecedented clarity. What's even better for patients is that many types of imaging now combine speed, precision, safety and comfort—like computed tomography (CT) scanners that can capture images of the entire body in seconds and magnetic resonance imaging (MRI) machines that don't expose patients to any radiation and have wider bores (the opening through which the patient travels) to decrease claustrophobia.

Here's a look at how several modern techniques are transforming radiologic imaging.

THE DIGITAL DIFFERENCE

Perhaps no advancement in radiology in recent decades has been a greater advance than the shift from film to digital images. In the past, patients who needed x-rays could find themselves stuck in a tedious loop of time that included the initial exam,

time-consuming film development, analysis by the technician or radiologist, and possible repetition of the whole process if the image was unsatisfactory. With the advent of digital x-rays, repeating exams due to poor scan quality has largely become a thing of the past.

"It takes only seconds to produce a digital image, and in most cases, the image can be enhanced if some areas of the picture are not entirely clear," says **Steven Garner, M.D.**, chair of radiology at New York Methodist Hospital. "We can darken an image if it looks too light, and vice versa. By changing the image settings, we're able to get the contrast and density that's necessary to obtain the information we need.

REDUCING RADIATION EXPOSURE

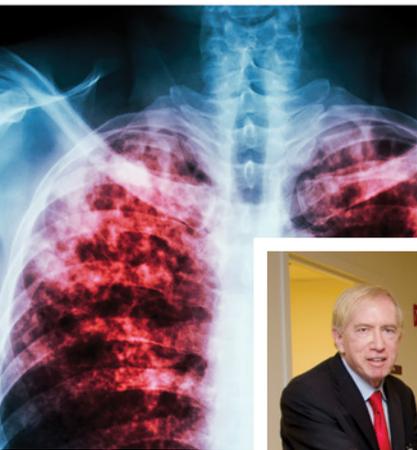
Certain imaging exams, including x-rays and CT scans, expose patients to radiation. "The radiation exposure one would receive during a flight from New York to Los Angeles is equivalent to that of a chest x-ray," Dr. Garner says. "This demonstrates that people should respect radiation but not be afraid of it. It surrounds us all the time.

In fact, the higher the altitude at which you live, the more radiation you're exposed to on a daily basis.

Our goal with every imaging study is to obtain high-quality images while making patients comfortable, and more important, ensuring that patients are exposed to the least amount of radiation needed to get the images we need. When patient are referred for radiologic imaging, they should be sure to go to an American College of Radiology [ACR] accredited facility. The ACR prioritizes radiation safety and is the gold standard in accreditation of radiology facilities."

Children are especially vulnerable to the harmful effects of radiation. However, CT is essential to detecting and evaluating a variety of conditions, including many types of cancer, blood clots, and injuries to organs and tissues. The solution: speedy CT machines that drastically reduce radiation exposure while producing dozens of cross-sectional images, or "slices," of anatomy.

"We utilize a 128-slice CT scanner with software that uses the lowest



ANTHONY MUNGO, B.S., R.T., ADMINISTRATIVE DIRECTOR OF RADIOLOGY AT NEW YORK METHODIST HOSPITAL, WITH A PATIENT AT THE OUTPATIENT RADIOLOGY IMAGING CENTER'S NEW 128-SLICE COMPUTED TOMOGRAPHY (CT) SCANNER.



L-R: STEVEN GARNER, M.D., CHAIRMAN OF RADIOLOGY, LAUREN YEDVAB, SENIOR VICE PRESIDENT, PRASAD GUDAVALLI, M.D., FORMER PRESIDENT OF THE NYM MEDICAL BOARD, AND ANTHONY MUNGO, B.S., R.T., ADMINISTRATIVE DIRECTOR OF RADIOLOGY, AT THE OPENING CEREMONY.

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possible radiation dose for each patient," Dr. Garner says. "This equipment reduces radiation exposure by up to 80 percent. In less than ten seconds, we can scan the entire body, which is incredible and particularly important for children and the elderly who may have trouble holding their breath or sitting still for long."

Doctors can now use computed tomography to analyze certain parts of the body noninvasively. Patients with suspected plaque accumulation in the coronary arteries may be candidates for a coronary CT angiogram that, unlike a conventional coronary angiogram, does not require placement of a catheter in the heart. Doctors can also use CT to perform virtual colonoscopies that eliminate the need to guide a colonoscope through the gastrointestinal tract to search for polyps in the large intestine.

NOT JUST FOR BABY PICTURES

Think of ultrasound—also known as sonography—and you may picture expectant parents getting the first glimpse of their developing baby on a monitor. What many people don't know is that the applications

of this radiation-free imaging technique reach far beyond prenatal care. Doctors use advanced ultrasound machines with multidimensional imaging capabilities to examine a variety of organs, evaluate the breasts for abnormalities and assess areas of pain and inflammation.

"Four-dimensional [4-D] ultrasound not only produces 3-D images—it also allows us to see the movement of blood in real time and evaluate blood flow throughout the body," Dr. Garner says. "We can see bone systems and even joints, all without exposing patients to any radiation. Ultrasound is used for a tremendous range of testing that has expanded in the past couple of years as images have become increasingly sharp."

GAINING SPACE

The thought of being in an MRI scanner fills some patients with trepidation. Newer machines with wider openings and stronger magnets make it easier for claustrophobic patients to tolerate exams that may be necessary to diagnose tumors, heart defects and a variety of

**INTRODUCING
OUTPATIENT
IMAGING'S NEW HOME**

The NYM Ambulatory Imaging Center, open since October 2015, is located on the first floor of the Hospital's Carrington Pavilion and offers computed tomography, magnetic resonance imaging, ultrasound and digital x-ray capabilities for adult and pediatric patients. Designed with patient comfort in mind, the center includes dressing rooms with TVs built into the walls and private bathrooms. The center is open Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 4 p.m., and can be reached at 718.780.5950.

diseases, as well as to evaluate organs and blood vessels.

In 2015, NYM installed an MRI unit with a 70-centimeter (nearly 28-inch) bore—approximately twice as wide as that of its predecessor—and magnetic strength doubling that of the old standard for MRI machines. The much wider bore and additional magnetization—which results in faster exams—adds up to a less stressful experience for patients. The extra power of the machine also allows clinicians to perform studies that weren't previously possible like highly detailed cardiac and neurologic MRI studies.

HONE IN ON *Bone Health*

22

The secret to good bone health is more than just drinking a glass of milk every now and then. Find out what else you can incorporate into your diet to keep your skeleton strong.

YOU'VE BEEN TAUGHT since childhood that if you want strong bones, you should drink milk. Dairy products contain calcium and are typically fortified with vitamin D—two important bone boosters—but these foods are only some of a wide variety that contain nutrients supporting skeletal health.

“In addition to calcium and vitamin D, magnesium, potassium, and vitamins C and K are all important nutrients to promoting bone health,” says **Karen Kupinski, M.P.H., R.D.**, director of clinical nutrition at New York Methodist Hospital. “These nutrients are available in many foods.”

To foster bone health, consider incorporating some of these foods into a balanced diet:

- + **Fish.** Fatty fish, including salmon, sardines, tuna and mackerel, provide calcium and vitamin D, both of which reduce the risk for osteoporosis and fractures. Fish is also a source of omega-3 fatty acid, which is believed to help your body preserve bone density.
- + **Dark leafy greens.** Greens such as kale, spinach and mustard greens are an especially good source of calcium, but they're also loaded with vitamin K—which is associated with lower rates of hip fracture. Vitamin K is necessary for the body to process osteocalcin—a calcium-binding protein that helps bones maintain density and be less prone to breaking in the event of a fall.
- + **Citrus fruits and peppers.** Vitamin C, abundant in citrus fruits, is a necessary nutrient for your body to manufacture strong bones because it's needed to produce collagen—a protein that makes up the primary tissue in bone. In addition, studies have found that a higher intake of vitamin C leads to lower bone loss. While grapefruit and oranges top the list of recommended sources of bone-boosting vitamin C, you can also get this nutrient from red and green peppers.

A word of caution if grapefruit is your choice for obtaining vitamin C: It almost never interacts well with certain prescription medications like thyroid replacement drugs or statins that are used to lower cholesterol. Ask your doctor or pharmacist if it's okay to eat grapefruit with the medications you take.

- + **Bananas.** Bananas are chock-full of potassium and magnesium—two additional bone-promoting nutrients. Potassium is important to help counteract calcium loss due

to eating high-sodium foods, and magnesium is essential because it helps your body to metabolize other bone-boosting nutrients, including calcium and vitamin D.

- + **Cruciferous vegetables.** Cruciferous vegetables, including cabbage and broccoli, also contain high levels of magnesium.

A WRENCH IN THE CALCIUM WORKS

Ms. Kupinski recommends balance in your diet when it comes to bone health.

“In addition to consuming foods that boost your bone density, it's also important to limit your intake of things that will increase your calcium excretion,” Ms. Kupinski says. “For instance, some studies have shown that eating a high-protein diet can actually cause you to excrete or fail to absorb calcium.”

Other calcium blockers include caffeinated drinks like soda or coffee, alcohol, and salt.

A balanced diet that is rich in fruits, vegetables and lean protein is important to promoting bone health.



STEPPING OUTSIDE THE (SALT) BOX

Flavorful food doesn't have to weaken your bones, but if you're using salt to season your meals, it could affect your bone health over time. The more salt you consume, the more calcium your bones lose, which is exactly what you're trying to prevent by upping your intake of bone-strengthening foods.

However, reducing the amount of sodium in your cooking doesn't necessarily mean reducing flavor. Garlic, turmeric, rosemary, cinnamon, cloves, curry powder and sage can all be used to add zest to food. The next time you cook, experiment with spices to discover how you can cut back on the salt while adding flavor. Your bones will thank you.



SEARED SALMON AND GARLIC KALE

This recipe isn't just delicious—it also uses two bone-boosting foods that are rich in calcium and vitamin D as well as omega-3 fatty acids, potassium, and vitamins K and C.

Ingredients

Salmon:

- + 1 tablespoon ground coriander
- + 1/4 teaspoon whole or ground cloves
- + 1 1/2 teaspoons ground cumin
- + 1 teaspoon freshly grated nutmeg
- + 1/8 teaspoon salt
- + 4 salmon fillets or steaks
- + 1 tablespoon olive oil

Kale:

- + 2 cups kale leaves, chopped
- + 1 tablespoon olive oil
- + 2 cloves garlic, sliced
- + 1/2 teaspoon crushed red pepper flakes
- + 1/8 teaspoon salt
- + Freshly ground black pepper



Instructions

Salmon:

- 1 Mix the coriander, cloves, cumin, nutmeg and salt together. Pat the salmon dry and rub the spice mix onto it. Marinate the fish in the refrigerator for four or more hours, letting the fish absorb the flavor of the spices.
- 2 Heat the oil in large, heavy bottomed skillet over medium-high heat.
- 3 When the oil is hot, place the fillets flesh side down, allowing them to cook until you see a golden brown crust form at the edges—around five minutes.
- 4 Flip the fillets and cook them for at least two more minutes (or cook for a few minutes longer, depending on how well-cooked you prefer your salmon).
- 5 Remove the fish from the skillet and let the fillets rest on a paper towel for three to five minutes before serving.

Kale:

- 1 Chop the kale leaves into small pieces, discarding the stems.
- 2 Heat the oil in a large skillet, adding the garlic slices and red pepper flakes to the oil, and then cook until they soften.
- 3 When the garlic is fragrant, add the kale, cooking it until it wilts—this should take one to two minutes. Lightly season the kale with salt and pepper, and serve immediately as a side dish with the salmon.

Nutrition Facts (per serving)

Servings: 4	Sodium: 242mg	Vitamin C: 69%
Calories (per serving): 321	Potassium: 878mg	Calcium: 12%
Calories from fat: 166	Total carbohydrates: 4.9g	Iron: 13%
Total fat: 18.4g	Dietary fiber: .8g	Vitamin K: 322%
Saturated fat: 2.7g	Protein: 35.9g	Magnesium: 19%
Cholesterol: 78mg	Vitamin A: 109%	Omega-3 fatty acids: 4,023mg

As you get older and wiser,
your feet and toes may need
a little extra love and care.

Your Best Foot Forward

THE DIABETES FACTOR

Diabetes is often accompanied by poor circulation to the feet as well as nerve damage, creating the perfect storm for foot complications. Many people with diabetes may not be able to feel pain in the feet caused by burns, cuts or scrapes. As a result, they may neglect injuries or infections in the feet. What's more, wounds typically heal more slowly in patients with diabetes.

"People who have diabetes need to be seen by a podiatrist every two to three months for evaluation. They should never walk barefoot—not even at home—because they could step on something that injures their foot and not realize it," says Dr. Soave. "They should also avoid placing their feet in hot water and should check their feet nightly for cuts or ulcerations, and see a doctor if these occur."

IF YOU'RE A senior, you're especially susceptible to foot health issues, including heel pain, toenail infections and arthritis, which can cause stiffening in any of the 66 joints in your feet. Sore feet may mean compromised balance or ability to walk, so giving in to discomfort and dysfunction is not an option.

"As you age, you need to take good care of your feet so they can continue to carry you through many more miles of life," says **Ronald Soave, D.P.M.**, chief of podiatry at New York Methodist Hospital. "Also, older adults should be sure to talk with their doctors about medical conditions that may put their feet at risk, such as diabetes or vascular disease."

COMMON FOOT CONUNDRUMS

A variety of foot problems can make walking, standing, running or dancing uncomfortable, but solutions are available to help you identify, manage and avoid the following conditions that may affect people at any age but could be cause for special concern in older adults:

- + **Bunions**—Foot deformities characterized by swollen, tender joints in the toes, bunions may be caused by genetics or years of wearing tight shoes. To relieve the pain of a bunion, your podiatrist may recommend simple solutions, such as over-the-counter pain relievers, wider shoes or products like toe spacers, splints or silicone pads that help alleviate pressure, adjust positioning of the toes and reduce friction. In some cases, surgery to remove the bunion may be the best option.
- + **Hammertoes**—Over the years, tendons in your feet that control movement in the toes may begin to shorten and curl up. As a result, your joints may become permanently dislocated, which can compromise your balance and make you more susceptible to falls. To treat hammertoe, your podiatrist may recommend toe straighteners or spacers, orthotics, roomier shoes or corrective surgery.

PUMP UP FOR FOOT FITNESS

A few simple movements, if practiced daily, can help keep your feet healthier.

- + **Marble pick up:** To improve joint health and strengthen muscles in the feet, try picking up one marble at a time with each foot. Start off with about ten repetitions on each side and gradually work your way up to 20 repetitions as you develop strength and agility.
- + **Tennis ball roll:** Ease plantar fasciitis and frequent foot cramps by gently rolling one foot at a time over a tennis ball. Apply pressure to each area of the foot while sitting or standing, spending about one minute on each side.
- + **Yoga toe pose:** For an intense stretch of the toes, try a toe pose practiced regularly in many yoga classes. To get into the posture, kneel with your feet behind you, and then lean forward on your hands, tuck your toes under and slowly sit back on your heels.

SHOE SUPPORT

When you're shopping for shoes, a perfect fit is essential.

"Good shoes fit snugly but not tightly," Dr. Soave says. "Lace-up or velcro options are ideal because they can be adjusted during the day if your feet swell."

Dr. Soave also recommends finding shoes with a strong arch support and a low heel to reduce the risk of developing plantar fasciitis.

+ **Plantar fasciitis**—Discomfort that radiates from the back of your foot to the arch area may be the result of a ligament inflammation known as plantar fasciitis, which is often related to low arches in the feet. "Heel pain may be relieved by over-the-counter arch supports, custom-made orthotics or supportive shoes," Dr. Soave says. "Stretching [see 'tennis ball roll,' above] and icing your foot for about 15 minutes daily may also help."

+ **Heel spurs**—These bony growths in the heel of the foot can push into the soft tissue of the foot or pull too tightly on a tendon, causing pain. Heel spurs are manufactured by the body in response to a stressor that triggers the production of bone where it doesn't belong. The two most common stressors leading to heel spurs occur when cartilage between joints in the foot degenerates (as it does with arthritis) and when tendons in the foot lose their flexibility and stiffen (as occurs with age).

The pain of heel spurs may be eased through stretching and strengthening exercises, applying cold and hot packs to the heel, and taking over-the-counter pain relievers. To prevent recurrence, a podiatrist may recommend surgical treatment for the underlying condition causing the spur, including joint replacement or tendon lengthening.

+ **Toenail infection**—Injuries, poor circulation or a weakened immune system may contribute to a fungal toenail infection. If you have a toenail infection, your nails may become brittle, discolored and thicker, creating a malformed appearance and increasing the risk of serious infections that can lead to skin ulcers.

To prevent nail infections, wear shower shoes or disinfect shared showers before using them, keep feet clean and dry, and avoid sharing shoes or tools like toenail clippers with other people. If you suspect you have an infection, talk with a podiatrist about medications to treat the affected nail.

+ **Morton's neuroma**—An irritated nerve between your third and fourth toes may cause tingling or numbness in that area of the foot. At times, you may even feel like you have a rock in your shoe. This sensation may indicate Morton's neuroma, a condition that has been linked to wearing shoes that are too tight. It also commonly occurs with other foot conditions, including flat feet or hammertoes.

To manage the discomfort of Morton's neuroma, your doctor may recommend wearing wider shoes with supportive, cushioned soles and icing the foot regularly. Cortisone injections may help reduce inflammation. In severe cases, surgery to remove the nerve is necessary.



Peyronie's Disease *Can be Treated*

PEYRONIE'S DISEASE IS MOST COMMON IN MIDDLE-AGED MEN, ALTHOUGH IT CAN OCCUR IN MEN BETWEEN AGES 30 AND 79.

It's estimated that Peyronie's disease—an increase in the curvature of the penis—may affect as many as 23 percent of men.

IT'S ALSO BELIEVED that many instances of the disease go unreported due to embarrassment. What's more, most people just aren't aware of the condition or the treatment options for it.

Peyronie's disease causes scar tissue called plaque to form under the skin of the penis. As plaque builds up, it reduces the elasticity of the penis and causes an abnormal curve, sometimes over 90 degrees. It can also cause lumps in the penis and a narrowing or reduction in penis size. Men with Peyronie's disease may experience penile pain, erectile dysfunction, painful intercourse for the man and his partner, and fertility complications.

"Any discomfort experienced from discussing Peyronie's disease with a doctor is better than the discomfort of going untreated," says **Ivan Grunberger, M.D.**, chief of urology at New York Methodist Hospital. "Diagnosing Peyronie's disease is important not just as a first step toward treatment but also to rule out a tumor if there is a lump in the penis."

WHO IS AT RISK FOR PEYRONIE'S DISEASE?

Although the exact cause of Peyronie's disease is unknown, it may be the result of an injury, an autoimmune disorder or a genetic predisposition to developing the disease. Men who have had prostate cancer surgery, have a family history of Peyronie's disease, or who have been diagnosed with Dupuytren's contracture—a condition in which a thickening of fibrous tissue in the hand causes one or more fingers to curl toward the palm—may be at elevated risk.

In Peyronie's disease, plaque most commonly forms at the top of the penis, resulting in an upward curve, but it can cause curvature in any direction. A physical examination is the most common method for diagnosing Peyronie's disease, although an ultrasound or x-ray may also be used to confirm the presence of plaque in the penis.

WHAT ARE THE TREATMENT OPTIONS?

Peyronie's disease has two distinct stages, and the stage of the disease can help determine the appropriate treatment. The early stage typically lasts 12 to 18 months, during which time the curvature of the penis is changing and general penile pain is more likely. During the early stage, Peyronie's disease may be treated with injections of interferon into the plaque lesions, increasing elasticity in affected areas, reducing pain and, possibly, the degree of curvature.

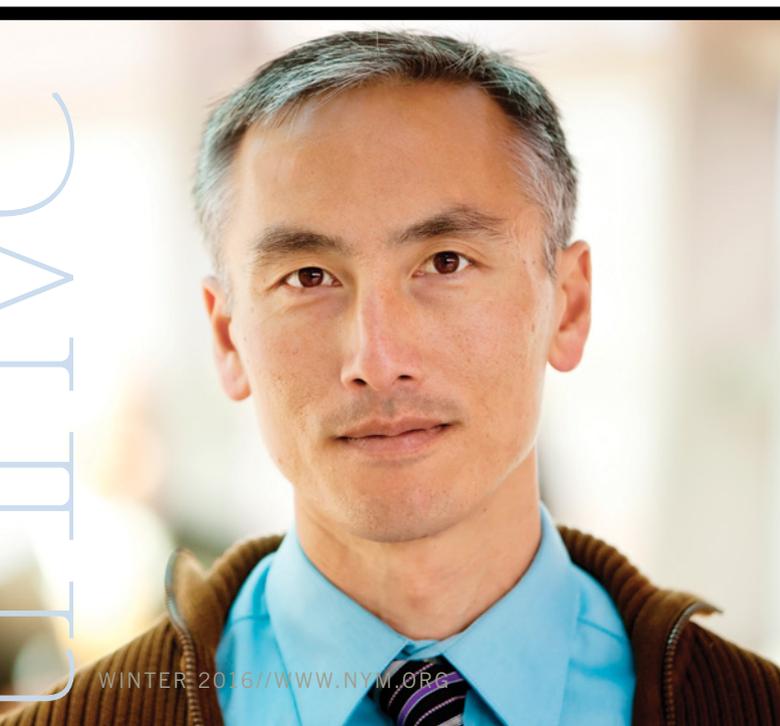
In the later phase of Peyronie's disease, the curvature stabilizes. The approval of collagenase clostridium histolyticum—another injectable compound that breaks up scar formation—has made huge impact on treatment of Peyronie's during the later stage.

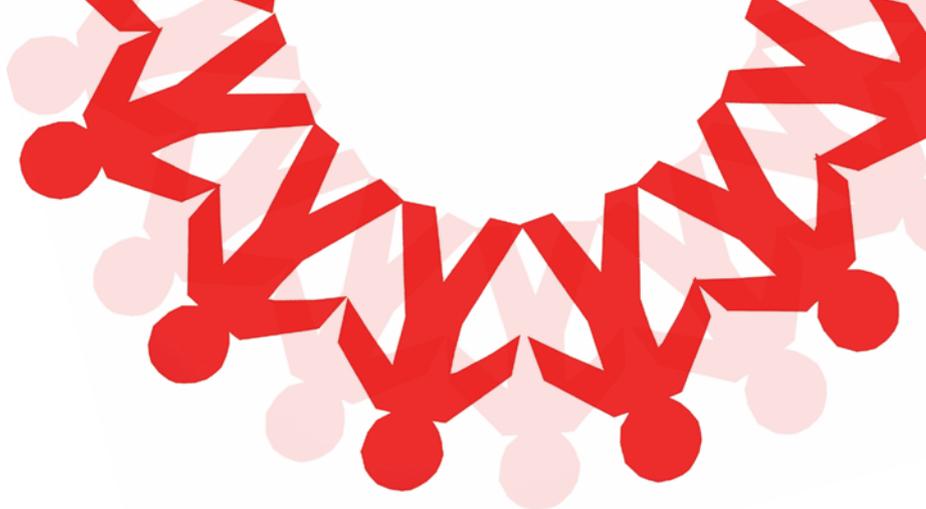
"For patients whose condition is stable with a penile curvature between 30 and 90 degrees, this drug works very well," Dr. Grunberger says. "Prior to collagenase clostridium histolyticum, the only reliable treatment was surgery, which is still an option for late stage Peyronie's disease if the injections are ineffective or the curvature is in excess of 90 degrees."

The type of surgery used depends on the severity of the condition. If the curvature is not severe, a procedure called penile plication can be used to place a few stitches opposite the direction of the curve to straighten the penis. If the curvature is more severe, a surgeon can make an incision and remove the plaque, eliminating the cause of the condition.

"Men need to be aware of this condition and realize that it's treatable," Dr. Grunberger says. "It's not life-threatening, but Peyronie's disease affects men's quality of life. They don't have to accept that."

PEYRONIE'S DISEASE
DIAGNOSES ARE ON
THE RISE, PERHAPS DUE
TO AVAILABILITY OF
ERETILE DYSFUNCTION
(ED) TREATMENTS AND
DOCTORS WHO
RECOGNIZE THE SIGNS
OF PEYRONIE'S
DISEASE IN PATIENTS
SEEKING
ED TREATMENT.





HEALING IN UNISON

No one has to journey through chronic illness alone.

WHEN DIAGNOSED WITH a chronic illness, some patients and their caregivers experience depression, anxiety and grief. A support group—made up of people who meet regularly to share common experiences and concerns surrounding a specific issue like Parkinson's disease or diabetes control—can act as a vital resource and sounding board.

"Support groups can help anyone with a particular health problem," says **Erika Adelman, L.M.S.W.**, patient care coordinator for New York Methodist Hospital's Parkinson's and Movement Disorders Program. "Group members benefit from sharing personal experiences and insights into managing the physical, emotional and social challenges that they face."

While support groups are not a substitute for counseling, they provide a forum for people to give and receive encouragement and practical advice, exchange information, and escape the feelings of isolation that can come from living with a chronic illness.

For example, 30 to 40 people regularly attend NYM's Parkinson's disease support group to experience such camaraderie. The group provides in-depth information about treatments, research and resources. Members share tips on how to make daily activities easier, receive wellness education from experts in the Parkinson's disease field, and celebrate attendees' birthdays and milestones.

"I plan the groups and speakers based on attendee requests," Ms. Adelman says. "Patient caregivers sometimes need an additional layer of support, so we have a separate group dedicated to them."

Diversity in support groups enriches the experience for the participants, providing a variety of perspectives. The support groups at NYM are open to the community, and attendees do not have to be Hospital patients to participate.

"Being in a support group can help people develop skills and coping mechanisms that can be utilized so that they can remain independent, manage their illness as well as their stressors, feel empowered, become hopeful, and enhance their quality of life," Ms. Adelman says.

The Parkinson's support groups are just two of the many that meet at NYM. An especially popular NYM support group is one for people with diabetes. "This group operates as a round table discussion with topics ranging from general health to diabetes-specific nutrition, medication and medical complications," says **Mark Doublet, R.D., CDE**, a diabetes educator at New York Methodist Hospital's Diabetes Education and Resource Center who leads NYM's diabetes support group. "Up to 25 people show up to our monthly scheduled meetings and find encouragement in exchanging stories. We welcome anyone with diabetes, as well as their family members."

A bereavement support group offers an eight-week program for those dealing with grief. "Our group provides a place for sharing and expressing stories of loss. It can help people process something that is extremely painful and find meaning in it," says **Chaplain Peter Poulos**, director of pastoral care at NYM and bereavement support group leader. "Grief tends to isolate people, but with this type of community, they find others who understand."

SUPPORT GROUPS 101

NYM is home to 15 support groups for chronic illnesses and emotional support. For more information, see the back cover of this publication or call the number listed below.

Alzheimer's Disease Wellness

718.246.8590

Alzheimer's Disease Care 4 Caretakers

718.246.8590

Brain Aneurysm

718.246.8610

Bereavement

718.780.3396

Breastfeeding

718.780.5078

Cancer

718.780.3593

Caregivers

718.780.5367

Diabetes

718.246.8603

Look Good ... Feel Better®

(An American Cancer Society group helping women in cancer treatment cope with changes to hair and skin)

718.780.3593

Multiple Sclerosis

800.344.4867

Parkinson's Disease

646.704.1792

Parkinson's Disease Caregivers

646.704.1792

Parkinson's Disease Wellness and Exercise Group

646.704.1792

Pulmonary Hypertension

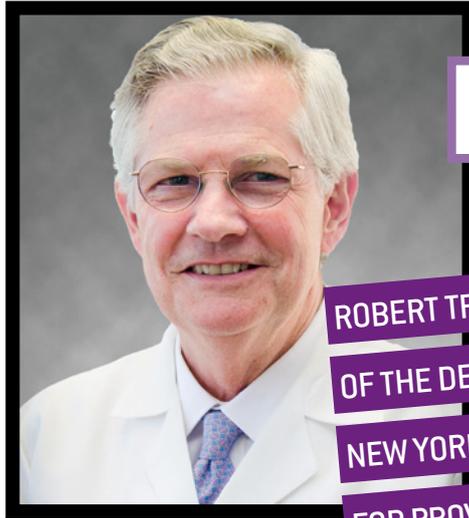
718.780.5614

Surgical Weight Reduction

718.780.3288

Q&A

A Heart for Service



ROBERT TRANBAUGH, M.D.

ROBERT TRANBAUGH, M.D., CARDIAC SURGEON AND CHAIR OF THE DEPARTMENT OF CARDIOTHORACIC SURGERY AT NEW YORK METHODIST HOSPITAL, TALKS ABOUT HIS PASSION FOR PROVIDING CARE.

Q

What motivated you to become a doctor?

A

As I was growing up, my dad was a pharmacist and my mother was a nurse, so I was always surrounded by medical conversations. I really enjoyed science and the idea of providing a service that could help others. Medicine was a perfect combination.

Q

Why did cardiac surgery appeal to you?

A

During my residency at the University of California in San Francisco, I discovered that I was fascinated by the anatomy and physiology of the heart. I was drawn to the opportunity to promptly intervene and effectively treat patients through cardiac procedures. Heart surgery can truly make patients better, and it provides an opportunity to have an immediate effect on patients' lives.

Q

What area of cardiac surgery interests you the most?

A

I really enjoy coronary artery bypass surgery, which is technically very demanding.

Q

What is the most rewarding aspect of working at NYM?

A

I love being part of such a terrific team. This is a group of people who are dedicated, energetic and caring. I can't tell you how delighted I am to work with such a devoted, compassionate group. When you work in cardiac surgery, having a team that knows exactly what the focus is and how to get the work done is critical.

Q

What do you enjoy most about Brooklyn?

A

I used to live here when I first moved to New York, so working in Brooklyn is a bit like coming home. I love the dynamic and vibrant community.

Q

What do you enjoy when you're not working?

A

Like most busy surgeons, I enjoy being with family because I don't see them as often as I'd like. I love Sunday family dinner at home with my wife, Margaret, my daughters, Molly and Susan, and my new son-in-law, Jason. I also love to read, sail and ski—either in the snow or on the water.

Q

What is one thing that you would go back in time and do differently if you could?

A

Life is full of what-ifs, and I'm fortunate to say I'm delighted with the choices I've made along the way. I don't wonder about what if I'd done this or chosen that. It all worked out beautifully.

Q

What is something that you do not want to change about yourself?

A

Being a patient can be terrifying, so being as empathetic and supportive as possible is important to making a difference in people's outlooks and their lives. I strive to do that for patients, and I wouldn't want to change it.

Understanding the Heart of the Matter

THE MOST POWERFUL ORGAN IN YOUR BODY, YOUR HEART STEADILY PUMPS BLOOD THROUGHOUT YOUR LIFETIME. THRIVE TALKED TO ROBERT TRANBAUGH, M.D., CARDIAC SURGEON AND CHAIR OF CARDIOTHORACIC SURGERY AT NEW YORK METHODIST HOSPITAL, TO LEARN MORE ABOUT THIS VITAL ORGAN AND CONDITIONS THAT MAY REQUIRE SURGICAL CARE.

1

An aneurysm is an area of damaged, thinned-out heart muscle, which causes the heart to work ineffectively.

- a. True
- b. False

Answer: True. “When blocked arteries lead to heart aneurysms, the muscle becomes so thinned that the aneurysm is almost like a sack hanging there,” Dr. Tranbaugh says. “We can effectively help aneurysm patients through surgery.”

2

What symptoms are associated with coronary artery disease, the most common heart condition treated by cardiac surgeons?

- a. Shortness of breath during physical activity
- b. Chest pain that migrates to the left arm
- c. Pain in the back, jaw and neck
- d. All of the above

Answer: d. All of the above. A variety of warning signs may indicate that it's time to talk with your doctor about your heart health, and some of these symptoms might not be what you'd expect. “If you're experiencing pain in the jaw, the natural inclination may be to visit your dentist,” Dr. Tranbaugh says. “He or she may say that everything looks fine, which may be true from the dental standpoint because the problem is actually in your heart.”

3

True or false: If you have a family history of heart disease, you cannot lower your risk of developing the disease.

Answer: False. While genetics play a strong role in your likelihood of developing heart disease, there are risk factors within your control. Eating a low-fat diet, stopping or never starting smoking, and getting daily exercise can have a significant impact on your heart and vascular health. “Obesity is a national epidemic affecting one-third of the U.S. population, and it is driving the increase in coronary artery disease,” Dr. Tranbaugh says. “To lower your risk of disease, establish healthy habits as early in life as possible.”

4

Which symptoms indicate that a woman may be having a heart attack that needs immediate medical attention?

- a. Lightheadedness
- b. Nausea
- c. Cold sweat
- d. All of the above.

Answer: d. All of the above. “Women's heart attack symptoms are sometimes underdiagnosed because they may look different from those typically associated with heart attack in men,” Dr. Tranbaugh says.

5

True or false: Heart surgery should only be considered for patients with severe heart damage.

Answer: False. “The whole idea is to preserve heart function,” Dr. Tranbaugh says. “That's what I tell patients who are facing bypass surgery. I say, ‘Listen, this is good news. We discovered the problem early, and surgery provides a really good option for you before you develop heart damage or have a heart attack.’”

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



1

1

TAKING AIM AT CANCER

Recent years have seen many improvements in cancer treatment, including targeted chemotherapies designed to attack cancer cells while leaving normal cells undamaged.

Surgical treatment of cancer is also less invasive and more accurate, with robotic-assisted surgery allowing surgeons to target more specific areas and patients to recover more quickly.

Radiation therapy is more precise today, too, with some forms, such as brachytherapy being delivered internally. *Turn to pages 8–9 to learn more about the varied forms of cancer treatment available at New York Methodist Hospital.*



3

3

DON'T IGNORE THE PINS AND NEEDLES

Numbness in your hands, fingers and forearms could be signs of carpal or cubital tunnel syndrome—nerve disorders that can affect the functionality of your hands and fingers.

Carpal tunnel syndrome develops when the median nerve in the wrist is compressed due to repetitive and/or awkward hand movements, affecting the thumb, index and middle fingers and, sometimes, the ring finger. The risk for carpal tunnel syndrome may be increased with pregnancy, wrist injury or arthritis, among other conditions.

Cubital tunnel syndrome develops when the ulnar nerve is compressed at the back of the elbow, affecting the ring and “pinkie” fingers. The risk of developing it increases with repetitive bending of the elbow and injuries that haven’t healed properly.

Learn more about carpal and cubital tunnel syndrome on pages 18–19.



5

5

TREAT YOUR FEET

Older adults are more susceptible to foot issues like arthritis, infections, bunions, neuromas and plantar fasciitis.

Making an effort to take good care of your feet is important to continued foot health and to your ability to walk without pain or discomfort. Wearing shoes that properly support your feet and practicing simple foot exercises can help keep you mobile.

People who live with diabetes should monitor their feet daily for wounds and routinely visit a podiatrist because diabetes, which affects the body’s ability to heal, can damage nerve endings in the feet, making it difficult to notice if sores develop. *Find out more about taking care of your feet on pages 24–25.*

CRITICAL CLARITY

Digital radiology allows doctors to see clearer pictures of the structures inside the body, enabling them to get more information about the illnesses or injuries they are working to diagnose.

Digital images can be processed more quickly than film and are easier to enhance so that doctors can see more detail. The technology has also advanced to expose patients to minimal amounts of radiation, increasing patient safety.

NYM recently installed a new digital MRI scanner that provides patients with faster scan times and more space inside the machine during the scan. It also allows clinicians to perform advanced imaging studies, including cardiac and neurological MRIs. *Turn to pages 20–21 for more information on radiologic imaging.*

HEALING PEDIATRIC INGUINAL HERNIAS

While pediatric inguinal hernias often do not pose an immediate danger to your child, there are times when the condition can cause complications like impeding the flow of blood to the intestines.

If parents notice a lump on one or both sides of their child’s groin, they should make an appointment with their child’s pediatrician to check for an inguinal hernia. Signs of complications from an inguinal hernia include fever, nausea, vomiting and severe pain accompanying the lump. Inguinal hernias are more common in boys than girls, and treatment may involve traditional open surgery or, in some cases, laparoscopic surgery. *See pages 10–11 for additional information on inguinal hernias.*

COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? We welcome your feedback! Email AskThrive@nym.org and let us know if we can print your name and submission.

LINGERING SYMPTOMS

THE ARTICLE ABOUT YOUTH SPORTS INJURIES IN THE LATEST ISSUE OF *THRIVE* ["INJURY PREVENTION IN YOUTH SPORTS," FALL 2015, PAGE 16] WAS INFORMATIVE TO ME AS A PARENT. I HAVE A QUESTION—HOW LONG CAN IT TAKE FOR A HEAD INJURY OR CONCUSSION TO MANIFEST?
KYLE S.

Symptoms of head injury, including concussion, may be delayed over a period of hours or even days. For that reason, it's important for your child to be seen by a doctor after a blow to the head, and for you to monitor her condition for at least several days after the incident. I advise parents to take their children to the doctor following such an incident if the child has lingering symptoms like dizziness or headache.

—**Matthew Wert, M.D.**, director of sports medicine at New York Methodist Hospital

THYROID DISEASE STRATEGIES

I WOULD LOVE TO SEE AN ARTICLE ON HYPERTHYROIDISM STRATEGIES. I HAVE TO DEAL WITH THIS AREA OF HEALTH.
LON B.

Thanks for writing, Lon. For readers who are unfamiliar with hyperthyroidism, it occurs when the thyroid [a gland in the neck producing hormones that affect metabolism and influence nearly all the body's organs] is overactive. This can result in a multitude of symptoms—from brittle hair to anxiety to a racing heart. Determining the cause of the condition and the severity of the symptoms helps doctors recommend the optimal treatment for each patient.

*In response to your letter, we will cover thyroid disease in the upcoming Spring 2016 issue of *Thrive*. In the article, we'll discuss variables that define approaches to treatment of various thyroid conditions.*

GROWING OUR FAMILY

THANK YOU FOR THE ARTICLE IN THE FALL 2015 ISSUE OF *THRIVE* ABOUT FERTILITY PROBLEMS ["A PLAN FOR CONCEPTION," PAGE 10]. AS SOMEONE WHO HAS DEALT WITH INFERTILITY, I CAN SAY THAT IT'S HEARTBREAKING WHEN YOU WANT TO HAVE KIDS OF YOUR OWN BUT CAN'T. SEVERAL YEARS AGO, MY PARTNER AND I WENT THROUGH FERTILITY TREATMENTS, AND WE ARE NOW PART OF A FAMILY OF FOUR—FERTILITY TREATMENTS HELPED US HAVE TWO DAUGHTERS. THANKS FOR ALL YOU DO TO HELP COUPLES THAT HAVE CHALLENGES CONCEIVING.
KRISTIAN B.

New York Methodist Hospital Community Events

Feb., Mar., Apr., May 2016

SUPPORT GROUPS ON THE NYM CAMPUS

Alzheimer's Disease Wellness Support Group*

For patients with cognitive deficits/memory loss and their caregivers.
*Meets last Friday of each month,
1 p.m.–3 p.m.*
Executive Dining Room,
506 Sixth Street
Call 718.246.8590 to
register (required).

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss.
*Meets second Monday of each
month, 1 p.m.–3 p.m.*
Executive Dining Room,
506 Sixth Street
Call 718.246.8590 to
register (required).

*Sponsored by the The Carolyne
E. Czap and Eugene A. Czap
Alzheimer's Program.

Bereavement Support Group

Wednesdays, 6:15–7:30 p.m.
8 sessions beginning March 16
Buckley Room 820,
506 Sixth Street
Call 718.780.3396 for
more information and to
register (required).

Brain Aneurysm Support Group

Sat., April 2, 9 a.m.–11 a.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8610 for
additional information.

Breastfeeding Support Group

For mothers and their
babies from birth to three
months old.
Every Tuesday, 2:30 p.m.–3:30 p.m.
Wesley House 3K-C,
501 Sixth Street
Call 718.780.5078 for
more information.

Cancer Support Group

For individuals diagnosed
with cancer and those dealing
with a loved one's cancer.
*Thurs., March 3, April 7, May 5,
3 p.m.–4:30 p.m.*
Wesley House 6A,
501 Sixth Street
To register (required),
call 718.780.3593.

Caregivers Support Group

Led by a licensed social
worker, this group is intended
to provide support for family
members and friends caring
for an older adult.
*Wed., March 9, April 13,
May 11, 3 p.m.–5 p.m.*
Wesley House 6A/6B,
501 Sixth Street
To register,
call 718.780.5367.

Diabetes Support Group

*Meets the last Thursday of every
month, 5 p.m.–6 p.m.*
Buckley Room 820,
506 Sixth Street
Call 718.246.8603 for
additional information
and to register.

Look Good ... Feel Better®

Helping women with cancer
feel beautiful inside and out.
*Thurs., March 17, May 19,
2 p.m.–4 p.m.*
Wesley House 6A,
501 Sixth Street
To register (required),
call 718.780.3593.

Multiple Sclerosis Support Group

Group is free and open to
anyone living with MS.
*Second Tuesday of every month.
(Dates subject to change due to
inclement weather).*
7 p.m.–8:30 p.m.
Buckley Room 820,
506 Sixth Street
Preregistration required.

SUPPORT GROUPS

Call 1.800.344.4867 or visit
msnyc.org to sign up.

Parkinson's Disease Support Group

*Meets on the third Thursday
of every month, 2 p.m.–4 p.m.*
Call 646.704.1792
for location and to
register (required).

Parkinson's Disease Caregivers Support Group

Open to people caring
for loved ones with
Parkinson's disease.
*Meets on the last Monday of
every month, 2 p.m.–4 p.m.*
Call 646.704.1792
for location and to
register (required).

Parkinson's Disease Wellness and Exercise Classes

*Dance: Meets twice monthly
on Thursdays.*
*Yoga: Meets twice monthly
on Fridays, 2 p.m.–3 p.m.*
Wesley House 6B,
501 Sixth Street
Call 646.704.1792 for dates
and to register (required).

Pulmonary Hypertension Support Group

*Mon., March 7, May 2,
5 p.m.–7 p.m.*
Wesley House 7A,
501 Sixth Street
To register (required),
call 718.780.5614.

Surgical Weight Reduction Seminar/Support Group

A surgeon will conduct.
Open to pre- and post-
operative patients.
Thurs., March 24, 6 p.m.–8 p.m.
Executive Dining Room,
506 Sixth Street
Call 718.780.3288 for
more information.

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

Senior Health Seminars

Join NYM's physicians as they lecture about
senior health topics.
*Wed., Feb. 17, March 30, April 20, May 18,
2:30 p.m.–3:30 p.m.*
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register (required).

Eat Right

To mark National Nutrition Month and
Registered Dietitian's Day, NYM's nutritionists
will answer your questions about popular diet
myths, heart health issues, weight management,
diabetes and more.
Wed., March 9, 9:30 a.m.–2:30 p.m.
NYM Carrington Pavilion,
506 Sixth Street
Call 718.780.5367 for more information.

Brain Health Awareness Day

Join NYM's neurologists and cognitive care
specialists to learn about ways to improve brain
health and prevent Alzheimer's Disease.
Tues., March 15, 10:30 a.m.–2 p.m.
Carrington Pavilion Atrium
506 Sixth Street
Call 718.780.5367 for more information.

Diabetes Alert! Day

NYM will offer free blood pressure, podiatry and
dental screenings. A pharmacist, nutritionist and
diabetes educator will provide information and
answer questions.
Wed., March 23, 10:30 a.m.–1:30 p.m.
Carrington Pavilion Atrium
506 Sixth Street
Call 718.780.5367 for more information.

Stroke Alert! Day

Free blood pressure screenings. Department of
Neurosciences specialists will answer questions
and provide free educational materials and free
promotional items.
Wed., May 25, 11 a.m.–2 p.m.
NYM Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367
for more information.

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THRIVE!

We invite you to join NYM for an evening of
women's health information and screenings,
pampering, door prizes, goody bags, small
bites and wine tasting.

Registration Required.

Thurs., April 7, 6 p.m.–8:30 p.m.
NYM Carrington Pavilion
Admission Fee: \$15 for pre-paid admission
or \$20 at the door (based on availability).
Attendees must be 21 and over.

To register, visit nym.org/ThriveEvent
or call 855.NYM.WELL (696.9355). Space is
limited; first-come, first-served.



SPECIAL EVENTS

