

# thrive

SUMMER 2018

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IT TAKES TWO—  
PRECONCEPTION  
STRATEGIES

CHILL OUT  
WITH HEALTHY  
SUMMER SOUPS

## THE CLOT CONUNDRUM: PULMONARY EMBOLISM

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

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Brooklyn Methodist Hospital

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THINGS  
ARE  
HAPPENING  
HERE

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## We Want to Hear from You

Send us your comments, and we may print them in *Thrive*. See featured letters on page 31.

## NewYork-Presbyterian Brooklyn Methodist Hospital

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# Viewpoint



NYP BROOKLYN  
METHODIST HAS ALWAYS  
PROVIDED AWARD-WINNING  
STROKE CARE—AND NOW  
WE CAN DELIVER THAT  
CARE EVEN FASTER—OR  
TO BE EXACT, 80 MILLION  
BRAIN CELLS FASTER.

Summer can mean so many different things: for children, long days of play and the freedom from school; for weekend warriors, long runs in Prospect Park or along the Shore Parkway; for beach bums, weekends at Coney Island. Whatever summer means to you, as president of the finest hospital in Brooklyn, I want to ask you to do one thing: Be safe!

There is one more thing I am going to ask of you this summer—BE FAST. Not on your roller blades or running after the ice cream truck, but BE FAST in recognizing the common signs of stroke.

The BE FAST acronym stands for:

B: BALANCE – The person may suddenly lose their balance.

E: EYES – Has the person lost vision in one eye? In both eyes?

F: FACE – Ask the person to smile. During a stroke, one side of the face might droop.

A: ARMS – See if the person can lift both arms. Does one side drift downwards?

S: SPEECH – The person's speech may be slurred or strange.

T: TIME – Time is of the essence. Call 911.

Each minute that a stroke goes untreated, almost two million brain cells are destroyed. The earlier you recognize the symptoms of stroke, the earlier you can call 911 and initiate treatment. In fact, NewYork-Presbyterian Brooklyn Methodist Hospital is now able to initiate stroke treatment 40 minutes earlier than ever before—by bringing the hospital to the patient.

Earlier this summer, we were proud to launch our Mobile Stroke Treatment Unit (MSTU), the third unit in the NewYork-Presbyterian enterprise. The MSTU is a fully customized ambulance outfitted with the advanced technologies of an Emergency Department, the medications for treating ischemic strokes, and the medical staff crucial for treating the patient.

Right on board, the patient receives a CT scan to determine whether we're dealing with an ischemic stroke—one caused by a clot blocking the blood flow to your brain—or a hemorrhagic stroke—a stroke caused by a ruptured blood vessel in the brain. Once determined, treatment begins immediately: either with the clot-busting medication called tPA for ischemic stroke, or with intravenous medications and strategies to help stop the bleeding during a hemorrhagic stroke.

The MSTU is dispatched with a highly specialized team consisting of a critical care nurse, certified paramedics, a CT technician and a neurologist in attendance virtually. The unit is equipped to access electronic medical records and transmit images right from the back of the ambulance, so the neurologist can treat patients in real-time.

NYP Brooklyn Methodist has always provided award-winning stroke care—and now we can deliver that care even faster—or to be exact, 80 million brain cells faster.

Enjoy your summer, whatever that means to you. Be safe, and please, BE FAST.

Sincerely,

Richard S. Liebowitz, M.D.  
President

# YOUR HEALTH IN A HEARTBEAT

HERE'S A QUICK RUNDOWN OF HEALTH NEWS AND DEVELOPMENTS TO KEEP YOU IN THE KNOW.

## GET IN THE GAME

Exercise is an essential part of weight management, but if you do not enjoy working out, chances are you will not keep at it. One way to consistently meet physical fitness goals is to join a recreational sports league or team.

"Playing sports outside helps you get fresh air and communicate with other people, which helps you stay motivated," says **Alfred Leong, M.D.**, assistant chief of general medicine and the director of the medical weight management program at NewYork-Presbyterian Brooklyn Methodist Hospital. "Just take time to talk to your doctor before adding anything new to your exercise routine."

Local options for team sports are plentiful—leagues exist for kickball, soccer, flag football and even skeeball. If you are interested in joining a recreational sports league, talk with people you know who are already involved. Not only can they give you insight about the leagues they participate in, but sweating it out is always more fun with friends.



## IN A HOT SECOND

Spending too much time outside on a hot, humid day can rob the body of its temperature-regulating ability and result in a condition called heatstroke.

"Heatstroke occurs when the body can no longer sweat to release heat and cool down," says **Silvia Cardenas, M.D.**, emergency medicine physician at NewYork-Presbyterian Brooklyn Methodist. "That allows body temperature to rise quickly, which is an emergency situation."

Dr. Cardenas advises four ways to stay cool and safe:

1. Enjoy outdoor activities in the morning or evening instead of during the hottest part of the day. Avoid the sun from 10 a.m.–3 p.m.
2. Drink water or a sports drink, which can replace salt lost through sweating, at least every 15 minutes.
3. Wear light-colored, breathable clothing, a wide-brimmed hat and sunscreen with an SPF of at least 30.
4. Stay inside when the heat index—air temperature + humidity—is 90° or higher.

## DECREASE THE PRESSURE



Some people believe that hypertension, or high blood pressure, affects women less frequently than men, but almost half of adults with elevated blood pressure of 140/90 mmHg or higher are women. That likelihood rises with age, but many women are unaware they have a problem.

"Hypertension has no initial symptoms, which is why it's nicknamed 'the silent killer,'" says **Gioia Turitto, M.D.**, cardiologist at NYP Brooklyn Methodist. "Left untreated long term, hypertension can lead to blood vessel damage in the heart, brain and kidneys."

For women hoping to lower their blood pressure, Dr. Turitto suggests lifestyle changes like adopting the Dietary Approaches to Stop Hypertension (DASH) diet. DASH eliminates fatty meats, full-fat dairy and processed foods in favor of lean proteins, whole grains, and fresh vegetables and fruits.

# 4 in 10

ESTIMATED NUMBER OF  
ADULTS IN THE UNITED  
STATES WHO ARE OBESE

BY THE NUMBERS

# 104°

BODY TEMPERATURE  
AT WHICH  
HEATSTROKE OCCURS

# 33.4%

PERCENTAGE OF  
AMERICAN WOMEN  
OVER AGE 20 WITH  
HYPERTENSION

5

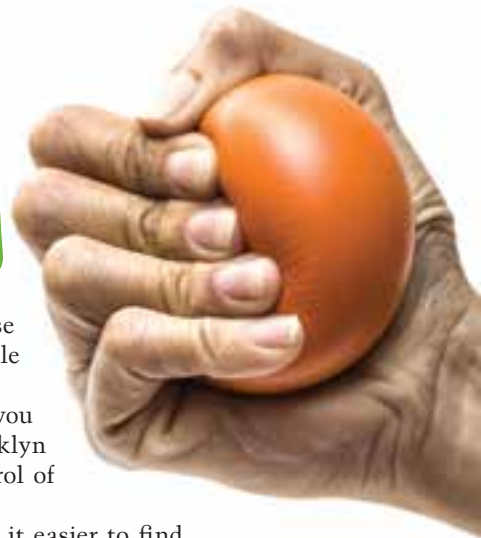
# COMMUNICATE MORE AND *Stress Less*

Excess stress often manifests as physical illness. High levels of stress hormones can cause headaches, insomnia, muscle tension and difficulty concentrating. Solutions can be as simple as improving your communication skills and standing up for yourself.

"Being assertive enables you to express your thoughts and feelings openly, and allows you to set boundaries," says **Helen Reingold, Psy.D.**, psychologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "This increases your self-esteem and helps you feel more in control of situations, which can reduce stress."

Communication also helps you listen more effectively to the other person, making it easier to find practical solutions to conflict.

"Being assertive takes a lot of practice, but rehearsing is a great strategy," Dr. Reingold says. "Conflict is hard. Use 'I' statements—such as 'I need your help'—and remember to relax and breathe."



## KIDS AND *Summer* HABITS

A recent study found that more children become overweight during the summer than during the school year. The reasons may have to do with how children's routines change when school is out.

"Factors like interrupted sleep schedules and an increase in screen time may contribute to summer weight gain for children," says **Mark Lew, M.D.**, pediatrician at NewYork-Presbyterian Brooklyn Methodist. "Childhood obesity can lead to high blood pressure, type 2 diabetes, sleep apnea, asthma and musculoskeletal discomfort, so it is important to take measures against it."

To help protect children against weight gain, pediatricians at NewYork-Presbyterian Brooklyn Methodist recommend parents:

- + Establish a bedtime to encourage a consistent sleep schedule.
- + Limit screen time for video games, television and tablet usage.
- + Limit snacks to fruit and vegetables, selecting fresh varieties whenever possible.
- + Encourage daily physical activities that keep children moving for at least an hour a day.



## BLEND FOR BETTER NUTRITION

Summertime brings a bevy of fresh, nutrient-rich produce to local markets. Seasonal fruits and vegetables are delicious when whipped into a cool, satisfying smoothie.

"A smoothie is a great option for a quick and healthy meal or snack if made with adequate protein, fruits and vegetables," says **Morgan Brod, R.D.N.**, clinical dietitian at NYP Brooklyn Methodist. "One of my own favorite smoothie combinations is berries—fresh or frozen will do—spinach, and non-fat Greek yogurt, so it's packed with antioxidants, minerals, protein and vitamins."

To make a smoothie, wash the fruit and vegetables and freeze if desired, then blend them with a serving of yogurt. Look for yogurt with less than 12 grams of sugar. If you prefer a thinner consistency, mix in a little water, milk or a nondairy milk substitute.



# Gain Wisdom, **Not Weight**

Weight gain during middle age is not inevitable.

**MIDDLE-AGE WEIGHT GAIN** is normal—so society and culture tells us. Medicine, however, says something different.

“We see a weight increase in people during their 40s and 50s in the United States, but it has more to do with our lifestyles and dietary habits than how we’re built,” says **Daniel Rafii, M.D.**, attending physician in endocrinology, diabetes and metabolism at NewYork-Presbyterian Brooklyn Methodist Hospital. “However, as you age there is a natural decrease in your basal metabolic rate.”

Your basal metabolic rate is determined by how much energy your body requires to perform everyday functions like breathing, keeping your heart beating and moving food through your digestive tract.

## THE HORMONE PROBLEM

Menopause is often linked with middle-age weight gain in women, but it is not believed to be a direct effect. Metabolism and lean muscle mass decrease around the same time menopause occurs. Visceral (inner and abdominal) fat and subcutaneous (outer) fat increase around this time as well.

“Both visceral and subcutaneous fat contribute to total weight. They also react to hormones, which can affect weight gain,” Dr. Rafii says. “Visceral fat in the abdomen and upper thigh plays a bigger role in insulin resistance and diabetes than other kinds of fat.”

Dr. Rafii suggests a specific set of lifestyle changes to fend off metabolism decline and the resulting weight gain.

“As we age, our energy expenditure doesn’t match our caloric intake,” Dr. Rafii says. “People continue to eat as they did in adolescence but live an increasingly sedentary lifestyle, which leads to what I call an energy mismatch.”

To avoid weight gain, especially in middle age, be conscientious about how many calories you take in each day as well as where those calories come from. Saturated fats like those found in meat and dairy products, for example, are more associated with increased visceral fat and heart disease risk.

“Effective weight loss results from a combined effort of decreased caloric intake and increased energy expenditure,” Dr. Rafii says. “Be aware of what and how much you eat, and find exercise you enjoy and want to engage in daily.”

## DOs and DON'Ts

### TO AVOID MIDDLE-AGE WEIGHT GAIN

**DO** decrease caloric intake while simultaneously increasing the amount of exercise you do. The more weight you lose, the more challenged your body becomes to burn fat stores, so you need to expend more energy to get results.

**DON'T** give in to cravings. Fat cells secrete hormones to make you feel hungry and crave more salty or fatty foods.

**DO** get ahead of the curve. Prioritize sleep and exercise, and learn how your body is changing with age. Embrace a diet low in saturated fats and added sugar. Enjoy fresh foods and whole grains in moderation.

**DON'T** smoke to keep weight down. In addition to damaging your lungs and increasing heart disease and cancer risks, smoking increases inflammation, another risk factor for obesity.



# MYTHBUSTERS: TYPE 2 DIABETES AND GEN

Type 2 diabetes occurs in both men and women, but the disease can affect women differently.

**ROUGHLY 30 MILLION** Americans have one of three types of diabetes—type 1, which usually manifests during childhood; type 2, which most frequently develops in adults; and gestational, which occurs temporarily in some women during pregnancy.

Type 2 diabetes is the most common form of the disease. It develops when the body makes some insulin but is unable to manufacture enough or use it effectively. Insulin, a hormone made in the pancreas, performs several functions, including helping cells absorb and use glucose—the body's energy source. When the body does not use insulin correctly, glucose levels rise in the blood stream, a condition referred to as insulin resistance. Consistently high blood glucose levels indicate diabetes.

While men have a higher risk of developing type 2 diabetes, women often experience more severe complications and have unique disease risk factors, according to **Judith Giunta, M.D.**, endocrinologist at NewYork-Presbyterian Brooklyn Methodist Hospital. The following myths and facts reveal details about type 2 diabetes and explain how the disease can affect women.

## **MYTH 1: ALL PEOPLE WITH TYPE 2 DIABETES ARE OVERWEIGHT.**

**FACT:** Obesity is the number one risk factor for type 2 diabetes, but the disease also develops in people who fall within a normal weight range. In fact, up to 15 percent of people with type 2 diabetes are in a healthy weight range.

## **MYTH 2: TYPE 2 DIABETES CANNOT AFFECT A WOMAN'S REPRODUCTIVE HEALTH.**

**FACT:** Insulin resistance is sometimes related to polycystic ovary syndrome (PCOS), a condition in which the female body makes high levels of male sex hormones, often creating fertility issues. More than 50 percent of women with PCOS have either prediabetes—when glucose levels are slightly elevated—or type 2 diabetes.

"PCOS does not cause diabetes, but the two often occur together," Dr. Giunta says. "Some believe that insulin resistance causes women to produce more male sex hormones. This usually happens when women with PCOS are obese—as up to 80 percent of women with PCOS are. Basically, insulin resistance causes an increase in male hormones, which leads to infertility, as well as menstrual irregularities and development of some male features."

## **MYTH 3: GESTATIONAL DIABETES ONLY AFFECTS WOMEN DURING PREGNANCY AND IS NOT RELATED TO THE LIKELIHOOD OF DEVELOPING TYPE 2 DIABETES.**

**FACT:** Even though blood sugar levels usually return to normal within several weeks after giving birth, gestational diabetes can be a sign of things to come.

"Women with gestational diabetes are up to seven times more likely to develop type 2 diabetes," says **Christy McAvoy, M.D.**, obstetrician/gynecologist at NewYork-Presbyterian Brooklyn Methodist. "Within 5 to 10 years of giving birth, 35 to 60 percent of moms who had gestational diabetes develop type 2 diabetes."

## **MYTH 4: MEN WITH TYPE 2 DIABETES ARE MORE LIKELY TO EXPERIENCE HEART DISEASE THAN WOMEN.**

**FACT:** Type 2 diabetes raises heart disease risk in both genders.

"High blood sugar is the hallmark of diabetes. Over time, the excess blood sugar accumulates in the walls of blood vessels, damaging them," says **Gioia Turitto, M.D.**, cardiologist at NYP Brooklyn Methodist. "A similar process may damage nerves that control the heart and blood vessels. For these reasons, adults with diabetes are twice as likely to die from heart disease or stroke."

Women with type 2 diabetes are especially at risk. Recent research suggests they are twice as likely as their male peers to develop coronary artery disease. They also typically have heart attacks at earlier ages and are less likely to recover from these cardiac events. Research is underway to find out why gender discrepancies exist, but doctors have some theories.

"It is common in my practice to treat women with diabetes who also have high blood pressure and cholesterol levels, which raises their chances of having a heart attack," Dr. Turitto says. "This is especially true after menopause when the protective effect of estrogen is lost."



# 2 IDER



Additionally, women are more likely to have heart attacks that cause symptoms commonly associated with other illnesses, which can delay treatment.

"During a heart attack, women are more likely to experience nausea, heartburn, fatigue, dizziness and back pain, as opposed to chest pain," Dr. McAvoy says. "Silent heart attacks that cause no symptoms are also more common in women, especially those with diabetes."

#### **MYTH 5: THE SAME TYPE 2 DIABETES COMPLICATIONS AFFECT WOMEN AND MEN.**

**FACT:** Women with type 2 diabetes may have trouble getting pregnant or may develop frequent urinary tract and yeast infections. In addition, they may experience symptoms like fatigue, feeling more hungry or thirsty than normal, and frequent urination.

"Typically, if women have recurrent urinary tract and yeast infections, we screen them for diabetes and other medical conditions that can suppress the immune system," Dr. McAvoy says. "Once diabetes is well controlled, these infections should be less frequent."

## KEEPING BLOOD SUGAR IN CHECK

Nothing helps women combat type 2 diabetes like living a healthy lifestyle. This means women should eat a nutrient-rich diet that limits foods high in sodium, processed sugar and saturated fat; quit smoking; and exercise for at least 30 minutes five days a week.

## 3 TYPES OF DIABETES

### **TYPE 1**

The body cannot make insulin at all with type 1 diabetes.

### **TYPE 2**

The body makes insulin but either does not make enough of it or cannot effectively use it.

### **GESTATIONAL**

During pregnancy, the body cannot make enough insulin or properly use it.



# IT TAKES TWO

**MINA AND SERGIO** are off to a good start by thinking ahead. Both women and men can take measures to help achieve a healthy pregnancy prior to conception. The first step is to consult a doctor.

"I recommend couples see an obstetrician or primary care doctor about three months before trying to conceive," says **Sanford Lederman, M.D.**, chairman of the Department of Obstetrics and Gynecology at NewYork-Presbyterian Brooklyn Methodist Hospital. "Checking in with a doctor prior to conception helps couples understand what changes they may need to make for a successful pregnancy."



## WEIGHT, NUTRITION AND SUPPLEMENTS

In general, both men and women who maintain a healthy weight improve their chances of conception. A man living with obesity may experience decreased fertility compared to a man who is at a healthy weight. If a woman is overweight, losing as little as 5 percent of her total weight can help improve fertility.

"Being underweight can cause issues with ovulation as well," Dr. Lederman says. "Occasionally, women athletes who regularly participate in high-intensity exercise may need to adjust their routines in order to achieve pregnancy."

It is also vital to maintain proper nutrition before trying to have a baby. In addition to eating a balanced diet of fruits, vegetables, whole grains and lean meats, men can increase their sperm count by incorporating more zinc into their meals. Zinc-rich foods include seafood, eggs and mushrooms.

For women, it is essential to take in folic acid before and during pregnancy to lessen the risk of neural tube birth defects like spina bifida or other brain or spine malformations. Leafy green vegetables (like spinach) or citrus fruits (like oranges) contain high amounts of folic acid. Doctors recommend that women of child-bearing age take a daily supplement to ensure they receive 400 to 800 milligrams of folic acid daily. Men are also encouraged to take vitamin supplements to improve their sperm health.

## MEDICATIONS AND CHRONIC CONDITIONS

Some parents-to-be may take medications for chronic conditions like asthma or diabetes that may affect the ability to conceive or have a healthy pregnancy.



## PRECONCEPTION GENETIC TESTING

Couples with a family history of medical conditions like cystic fibrosis might consider genetic testing before becoming pregnant.

Preconception tests are performed using blood samples. Some medical conditions only develop if both parents carry a copy of the gene responsible. A genetic counselor can fully explain the meaning of any genetic irregularities that a preconception genetic screening reveals.

# TWO

Mina and Sergio dated for five years before marrying a year ago. Now, they're thinking about having a baby, and both want to do their part to be at their healthiest before trying to conceive.

"Certain medications can affect sperm production and quality," says **Ivan Grunberger, M.D.**, chief, Division of Urology at NewYork-Presbyterian Brooklyn Methodist. "These include steroids like prednisone and cortisone for asthma or cimetidine, sulfasalazine and nitrofurantoin for ulcers and gastrointestinal issues."

If one or both partners take medication and are concerned about its effect on fertility, it is important to consult a doctor before discontinuing the drug. The management of chronic conditions is an important part of preconception health. Doctors can typically recommend an alternate medication or treatment method for patients who want to try to conceive.

### PROPER ENVIRONMENT

Smoking tobacco, drinking alcohol and using recreational drugs may also counteract conception attempts. These behaviors can negatively affect sperm quality and production in men while increasing the risk of infertility in women.

Couples may also need to take a look at their work and social environments. Exposure to synthetic chemicals, pesticides, radiation and other materials can also affect conception efforts or the health of the developing fetus after conception. Cat feces can also pose a threat to women trying to conceive because it can contain a parasite that causes toxoplasmosis—a disease that can be responsible for brain damage in babies.

While attempting to conceive, parents-to-be who work in close proximity to questionable substances may want to

consider requesting reassignment, and women should give litter box duties to partners or other family members.

### WHEN TO MAKE ADJUSTMENTS

Successfully conceiving a child may take some time, even if couples are healthy and eager to start a family.

"When both partners are healthy and relatively young, I don't recommend fertility workups or testing until they've had a significant period of active attempts at conception without a pregnancy," Dr. Grunberger says. "Typically, this period should be a year or more."

When infertility concerns arise, modern evaluations and treatment methods can help couples have children who would have been deemed infertile in the past. Being open and discussing questions with a doctor can help couples think of factors they may not have otherwise considered.

"Something as simple as tight undergarments or excessive bike riding can contribute to fertility issues in men," Dr. Grunberger says. "Keeping testes out of warm environments helps to keep sperm counts high."

Stressing out over conception is also a fruitless endeavor. Limiting stress levels and enjoying the romance and intimacy associated with conception can bring couples closer together while staying mentally and physically healthy, thus improving their chances of a successful conception.



# RULING OUT PENICILLIN ALLERGIES



You may not be allergic to this common antibiotic after all.

**DID YOU KNOW** that as many as 90 percent of patients with a penicillin allergy are incorrectly diagnosed? What's more, penicillin allergies do not run in families. Symptoms like stomachache or fatigue may be attributed to an allergic reaction when they may be caused by an infection.

"Children with viruses or bacterial infections are often given amoxicillin and subsequently develop a rash assumed to be caused by the antibiotics," says **Cascya Charlot, M.D.**, chief of pediatric allergy and immunology at NewYork-Presbyterian Brooklyn Methodist Hospital. "However, infections often cause a rash in children that is completely unrelated to the medication given."

Incorrectly diagnosing patients with penicillin allergies can lead to overuse of broad-spectrum antibiotics, which contributes to the wider issue of antibiotic resistance. Antibiotic resistance leads to the development of new superbugs that can make people who contract them seriously or even fatally ill.

## TEST YOUR TOLERANCE

A straightforward test exists for patients who want to know if they can tolerate penicillin. As sensitivity to penicillin can decrease over time, Dr. Charlot suggests everyone labeled with a penicillin allergy be tested.

"Penicillin is used to prick the skin, and the patient waits 20 minutes to see if a reaction develops," Dr. Charlot says. "If there is no reaction, the penicillin is injected underneath the skin. If that test is negative, the patient receives a dose of amoxicillin in the office and is observed for at least an hour."

Dr. Charlot recommends that people be proactive about testing, as the test cannot be performed on anyone who is sick.

"Medications in the penicillin family are powerful and effective," Dr. Charlot says. "If avoidance of penicillin is no longer necessary for a patient, more options open up."

When Michelle DiMaria  
goes on vacation, joint  
pain no longer travels  
with her.

# Traveling Lighter

13





**NOW THAT SHE** is retired from the newspaper industry, Michelle, a 69-year-old Dyker Heights resident, and her husband, Bill, travel as often as they can. Tropical islands are their destinations of choice.

"We like to chase the sun, so we do a lot of island hopping in the Caribbean," Michelle says. "We go to Aruba every year. My favorite island is Bora Bora [in the South Pacific], but that's a bit far away to visit often."

**“When Michelle and her husband travel, she isn’t limited. Restoring quality of life—that’s what joint replacement can do.”**

**— HENRY TISCHLER, M.D.**

The DiMarias do more than lounge on the beach during their getaways. They enjoy getting to know each island by land and by sea—sightseeing and snorkeling are two favorite activities. Several years ago, Michelle had to push through knee pain to do both. Then she decided enough was enough.

#### **LIFE GOES SIDEWAYS**

The change to Michelle's left knee did not occur overnight. It developed so gradually that it was Bill who first noticed her knee was angled away from her body. Eventually, Michelle saw the misalignment, too. As the years passed, its effect on her life was unmistakable.

"If I dropped something, I couldn't bend down and pick it up like a normal person," Michelle says. "I had to stick out my leg at a crazy angle and let my right knee do the bending. I couldn't function the way I wanted. I just kept going when we were on vacation. I got used to the discomfort after a while, and it became part of me, until I finally asked myself, 'Why am I doing this?'"

Michelle thought her knee problems—both the pain and the deformity—stemmed from a collision with her dog in the park in the 1990s. When she visited **Henry Tischler, M.D.**, chief of orthopedic surgery at NewYork-Presbyterian Brooklyn Methodist Hospital, in 2011, he identified a different culprit.

"Arthritis was the problem," Dr. Tischler says. "Michelle's collision with the dog was incidental."

Over time, inflammation had worn away the cartilage that cushioned the knee during movement, leaving Michelle with pain during activity. Dr. Tischler recommended physical therapy and pain-relieving injections in the hope that they would allow Michelle to go about her life more comfortably.

"Nothing can stop the progression of arthritis," Dr. Tischler says. "The idea with conservative treatments is to decrease the amount of pain and allow patients to function."





Treatments may include weight loss, anti-inflammatory medications, physical therapy, and steroid or gel injections. Unfortunately, the degeneration is slowed but doesn't stop."

Physical therapy and injections provided Michelle temporary relief, but after many months, she was ready to discuss a long-term fix—total knee replacement.

#### CHANGE OF PLANS

Michelle had never had surgery, and the thought of undergoing total knee replacement made her nervous, despite her desire to find a solution to the discomfort that had affected her for years. She had a lot of questions for Dr. Tischler. He patiently answered all of them.

"When we started to talk about surgery, Dr. Tischler told me, 'You have me for as long as you need,'" Michelle says. "We went through every question until I was satisfied. That was terrific."

Still weighing whether or not to have the operation, she went on a vacation—and troubling new symptoms emerged.

"One day during the trip, I suddenly had difficulty walking, and pain radiated down the front of my right thigh," Michelle says. "The pain would come and go. I thought it was related to my back."

When she got home, Michelle went to see Dr. Tischler and told him about the new symptom. Right away, he suspected arthritis in Michelle's right hip, and X-rays proved him right—the cartilage in the joint was gone. Replacing the hip was her best option, and it took precedence over operating on her knee.

"One reason to perform the hip replacement first was that Michelle's hip was giving her more problems during activities than her knee," Dr. Tischler says. "Another was the general rule that it's best to replace the joint that's closest to the center of the body first."

#### A BETTER BALL AND SOCKET

Michelle was calm and collected when she arrived at NewYork-Presbyterian Brooklyn Methodist for surgery one morning in November 2014. That surprised her.

"I thought I would be a wreck because it was my first surgery, but it's a tribute to Dr. Tischler and the confidence I had in him that I wasn't phased in the slightest," Michelle says. "I wanted to get it over with because I believed everything was going to be fine."

In the hip, the rounded top of the thighbone (known as the ball) sits in a hollow of the pelvis called the acetabulum (the socket). To give Michelle a new hip, Dr. Tischler removed the damaged ball and resurfaced the socket with metal. Next, he placed a carefully molded piece of plastic inside the new socket, and then placed a metal stem topped with a metal ball in the top of the thighbone. He guided the ball into the socket, where the plastic component allowed the two to glide smoothly together.

Later that day, Michelle tested her new hip for the first time.

"Right away, I noticed a difference in how my hip felt," she says. "I walked from the bed to the door. The next day, I went a little farther, and the day after that, farther still."

From the Hospital, Michelle went to a rehabilitation facility, where she spent a month working with physical and occupational therapists. She continued her recovery with outpatient physical therapy after returning home. That ended in time for her and Bill to go on a cruise in March 2015. When they returned, Michelle and Dr. Tischler turned their attention to her left knee.

#### SMOOTH SAILING

After her successful hip replacement, Michelle was not concerned at all about the knee operation, which Dr. Tischler performed at NYP Brooklyn Methodist in June 2015.

"The main difference between a hip replacement and a knee replacement is that the latter involves more resurfacing of bone," Dr. Tischler says. "During Michelle's knee replacement, we used metal and plastic to resurface the ends of the femur and tibia, which meet at the kneecap, and placed a plastic spacer between the metal components for easy movement. We also corrected the alignment of the knee to make it straight."

As she had with her new hip, Michelle noticed an improvement in her knee pain right away. After three days in the Hospital, she went home, where she worked with a visiting physical therapist for a few weeks before starting two months of physical therapy in a clinical environment. By autumn, her recovery was complete.

"After both surgeries, I no longer had to constantly think about how I was going to do things or how I was going to bend or reach," Michelle says. "I could move without pain, which was paramount. I was able to enjoy traveling and everyday activities more."

Three years after her second joint replacement, Michelle is still doing well and exploring the world with Bill. For Dr. Tischler, that is a testament to the value of joint replacement.

"When Michelle and her husband travel, she isn't limited," Dr. Tischler says. "Restoring quality of life—that's what joint replacement can do."

# Keeping *Little Eyes* Safe

Certain sports and recreational activities may put your children at risk for eye injuries, but with the proper mind-set and equipment, you can help safeguard your child's vision.

**IF YOU HAVE** children who play sports, you have probably told them to keep their eyes on the ball during practice or a game. While great figurative advice, you never want this expression to become literal.

"Realistically, you can't expect all children to wear protective goggles while playing any sport—especially something like basketball or baseball," says **Robert Feig, M.D.**, ophthalmologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "However, if your child has a history of eye injuries, he or she may have a higher risk of getting hurt and should consider wearing goggles during sports like these."

## **SPORTS SAFETY**

Children who already wear prescription glasses may greatly benefit from using custom-made goggles to match their prescription. These goggles can help protect their eyes from accidental impacts while also helping them to see and perform better on the court.

Some sports like football or fencing already use protective gear with facemasks. For sports like baseball and hockey, children should wear helmets with facemasks or visors that protect against high-flying projectiles. For the best protection, eyewear (masks, goggles, etc.) should be made from polycarbonate material and properly fitted to your child's face.

While protective gear can reduce the risk of eye injury during most sports, paintball carries an inherent risk that cannot be overcome with eyewear.

"I've seen multiple injuries in young people that occurred during paintball—where players use guns to shoot one another with dye-filled gelatin pellets that burst on impact," Dr. Feig says. "Even when doing everything right, it's still possible to be injured when goggles are momentarily removed."

For example, lifting up a paint-covered visor to walk off the field or accidentally knocking a facemask loose during an intense match leaves just enough time for a paintball to strike an exposed eye.

"As a parent, I would not encourage my children to participate in paintball, even if properly attired," Dr. Feig says.

## **TOY TROUBLE**

Other recreational activities—both outside and indoors—may carry some risk for eye injury that can be avoided with the right parental guidance. Similar to paintball, toy guns and figurines that shoot plastic or foam projectiles can be problematic.

"Whenever objects are flying around, the situation is potentially dangerous to eyes," Dr. Feig says. "Small foam darts can definitely do damage."

While children may promise not to point toy guns at each other, things may get frantic in the heat of the moment.





### SEEING CLEARLY

Parents can help improve their children's eye health by scheduling a basic eye exam every year. Pediatricians can typically perform these exams in their office during an annual physical. Because children may not be aware of a problem like blurry vision—especially if it's only occurring in one eye—annual checkups can help detect and treat issues sooner.

"Children will forget about a lot of these rules," Dr. Feig says. "They remember the rules at the beginning of the activity, but once they get into it, accidents can happen."

Squirt guns can provide a safer alternative for children while also giving them incentive to go outside and be active on a warm summer day.

### SUN, WATER AND DIY

Playing outside gives children a fun opportunity to work more physical activity into their lives. When children play outside, they should wear brimmed hats or eyeglasses to protect their eyes from ultraviolet (UV) radiation. If you have convinced your older children to help with yard work, make sure they wear protective glasses to prevent dirt or debris from entering their eyes.

Swimming is a great way for children to beat the heat while staying fit. While there may be fewer flying projectiles at your favorite swimming pool, the act of swimming can degrade tear films (a three-layer film of tears that coats the eyes and keeps them moist when you blink). Over-the-counter eye drops can help keep your children's eyes moist and bright.

In some cases, bacteria that survive chlorination in pools can cause eye infections. Chlorine itself may irritate your child's eyes and make them red, painful or itchy. Swim goggles are a great

way to keep bacteria and chemicals out of your children's eyes while they play Marco Polo or learn to doggy paddle.

Some children may want to help with home improvement projects or watch from the sidelines.

"Have your children wear eye protection during woodworking or construction activities," Dr. Feig says. "It's fun for kids to get involved in such projects, and goggles will protect their eyes from flying dust and debris."

### PRESENCE AND ACTION

In addition to protective gear, one of the best measures you can take as a parent is to supervise your children when they are engaged in sports, work or play. Consider joining in yourself to get the whole family moving and having a good time.

If your child happens to sustain an eye injury, have it evaluated by a doctor as soon as you can.

"See a medical professional quickly after an eye injury, especially if your child experiences blurred vision or is seeing floating lights," Dr. Feig says. "Retina problems, internal bleeding and lens dislocation can all occur without clear indicators. An examination can reveal those issues and keep eyes healthy."





# THE CLOT CONUNDRUM:

## A Close Look at Pulmonary Embolism

Blood clots can be dangerous, especially when they travel the body's superhighway—the bloodstream.

**RITA, A 54-YEAR-OLD** human resources officer, is excited about an upcoming trip to Seattle. In a few weeks, she will fly cross-country to visit her daughter, son-in-law and twin granddaughters for the first time since they moved to the Pacific Northwest four months ago. Her enthusiasm for the trip, however, is slightly tempered by anxiety about pulmonary embolism (PE).

Two months ago, Rita developed a condition called deep vein thrombosis (DVT), which is when a blood clot forms in a vein, usually in the legs. When Rita began experiencing shortness of breath, she knew something was wrong and called 911. At the hospital, doctors diagnosed her with both DVT and PE, meaning part of a clot in her right leg had broken free and traveled through the veins to an artery in her right lung, where it became lodged. Thanks to Rita's decision to seek help quickly, doctors were able to give her a blood-thinning medication that halted the clot's growth and allowed the body to dissolve it before it could do serious damage.

Rita knows that having had PE, she is more likely to experience it again. She and her doctor, however, have a plan. At his recommendation, she still takes a blood thinner to prevent new clots from forming, and she also wears compression stockings on her legs to help keep blood moving. She knows that during the six-hour flight to Seattle, she will need to walk around periodically, as well as move her feet and legs, to keep blood from clotting. Remembering the plan gives her peace of mind, and she's back to imagining how wonderful it will be to see her family again.

### VEIN VEXATION

Nearly all cases of PE occur as a result of DVT. The condition mostly affects the deep veins in the legs for one reason—gravity.

Blood in the veins of the legs has to fight the force of gravity to move up from the legs to the heart. That makes the blood vulnerable to clotting, especially if certain risk factors are present.

"We have more sluggish venous flow in our lower extremities than in the arms or hands," says **Ruth Minkin, M.D.**, pulmonary and critical care medicine physician and director of Pulmonary Hypertension Program at NewYork-Presbyterian Brooklyn Methodist Hospital. "People who face lengthy periods of being sedentary, such as when sitting during long car or plane rides, or getting bed rest after surgery, are at risk for PE. Pregnant women are also at risk because the blood flow in their legs is slower than normal due to physical and hormonal changes. Obesity is not a primary risk factor for PE, but it can make PE more likely in patients who have other risk factors."

Some of those other factors, in addition to being sedentary and pregnancy, include taking birth control pills, undergoing hormone replacement therapy, sustaining an injury to a vein or having several chronic medical conditions, including cancer, heart disease, lung disease and inflammatory bowel disease.

DVT often develops in silence—about half of people who have it do not experience symptoms. In the other half of cases, however, the condition offers clues to its presence, although they may be subtle. An area of the leg that is swollen, tender, painful or red warrants swift medical attention.

"The majority of DVT patients don't have classic symptoms, so doctors have to consider the whole picture," says **Anthony Saleh, M.D.**, pulmonary/critical care doctor and director of the fellowship program at NewYork-Presbyterian Brooklyn Methodist. "Patients may have minimal leg symptoms, or none at all, but they may have significant risk factors, such as cancer or being

## HOW TO GO WITH THE (BLOOD) FLOW

Summer vacation season can pose challenges for people who are at risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), and need to take long rides to get to their destinations. Here is what they can do to keep clots at bay:

- **Consult the experts.** Before departing, vacationers should speak with their doctors about their risks for DVT and PE and learn about individualized recommendations for safe travel.
- **Pack for prevention.** Blood-thinning medication and compression stockings, if applicable, are must-take items.
- **Walk it out.** If traveling by car, it is important to stop, get out and walk around every two to three hours. Plane, train or bus travelers should stand and walk around hourly, if possible.
- **Stretch while seated.** This is a good practice for both riders and flyers, especially when standing and walking are not possible. Travelers can move and curl their toes, rotate their ankles, shift leg positions, and pull their knees up to the chest, all of which benefit blood flow in the legs.
- **Drink a lot of water.** Staying hydrated prompts regular trips to the bathroom, which is a good excuse to walk around.

bedbound, that can cause doctors to have a high clinical suspicion for DVT and lead them to that diagnosis.”

### A DANGEROUS DESTINATION

Often, blood clots in the legs dissolve on their own. When they do not, pieces of the clot can break away and travel to the lungs, especially if they originate in the mid-calf or above. Those clots are called emboli.

“DVT clots are not necessarily small, round structures—they’re more like branching strings that block off the vein,” Dr. Minkin says. “These strings are inherently unstable because they’re soft when they first form. With the flow of blood, pieces of them have the tendency to break off. The longer the clots stay in place, the more solid they get.”

Once loose, a breakaway clot can travel to the lungs, where, depending on its size, the clot can get stuck in arteries ranging from small to large, with potentially serious consequences. PE—the blockage that results from the clot—can cause a chain reaction that may be felt throughout the body. Blood oxygen levels may decrease, and the organs that receive the blood may suffer damage because of a shortage of oxygen.

Up to 900,000 people experience PE each year, according to national statistics. Swift care can be lifesaving, and that makes it important to recognize symptoms—if they occur—and get help quickly. Shortness of breath is the most common sign of PE. Other symptoms include heart palpitations, chest pain and, in extreme cases, fainting.

“For most patients with PE, how their body responds to a clot depends on two factors: the size of the clot and their overall health,” Dr. Saleh says. “A young, healthy patient, for example, may be able to tolerate a big clot, but someone who is older and has, say, heart disease or emphysema, may be unable to stand a small clot, let alone a big one.”

### PUTTING THE BRAKES ON PE

To find out if patients have PE, doctors conduct physical exams and ask about personal medical history, and they often order imaging tests like an ultrasound or a computed tomography scan. Once a physician is sure about a PE diagnosis, the goal is simple: stop clots in their tracks. Most patients will receive a blood-thinning medication like warfarin to prevent new clots from forming and halt the growth of existing clots while the body works on dissolving them.

“We have several blood thinners that can be used to break up clots and multiple options for administering them,” Dr. Minkin says. “While in the Hospital, we can give the medication intravenously as a continuous infusion or by injections once or twice daily. The latter option could then be continued at home after discharge. Doctors usually switch most patients to a pill they take once or twice daily.”

Patients who take blood thinners receive close monitoring while in the Hospital and after discharge, as the drugs can cause a serious side effect: excessive bleeding.

“Blood thinners can be life-threatening if they thin the blood too much and internal or external bleeding occurs,” Dr. Saleh says. “Doctors who treat patients for clots have to carefully weigh the medications’ benefits against their potential risks.”

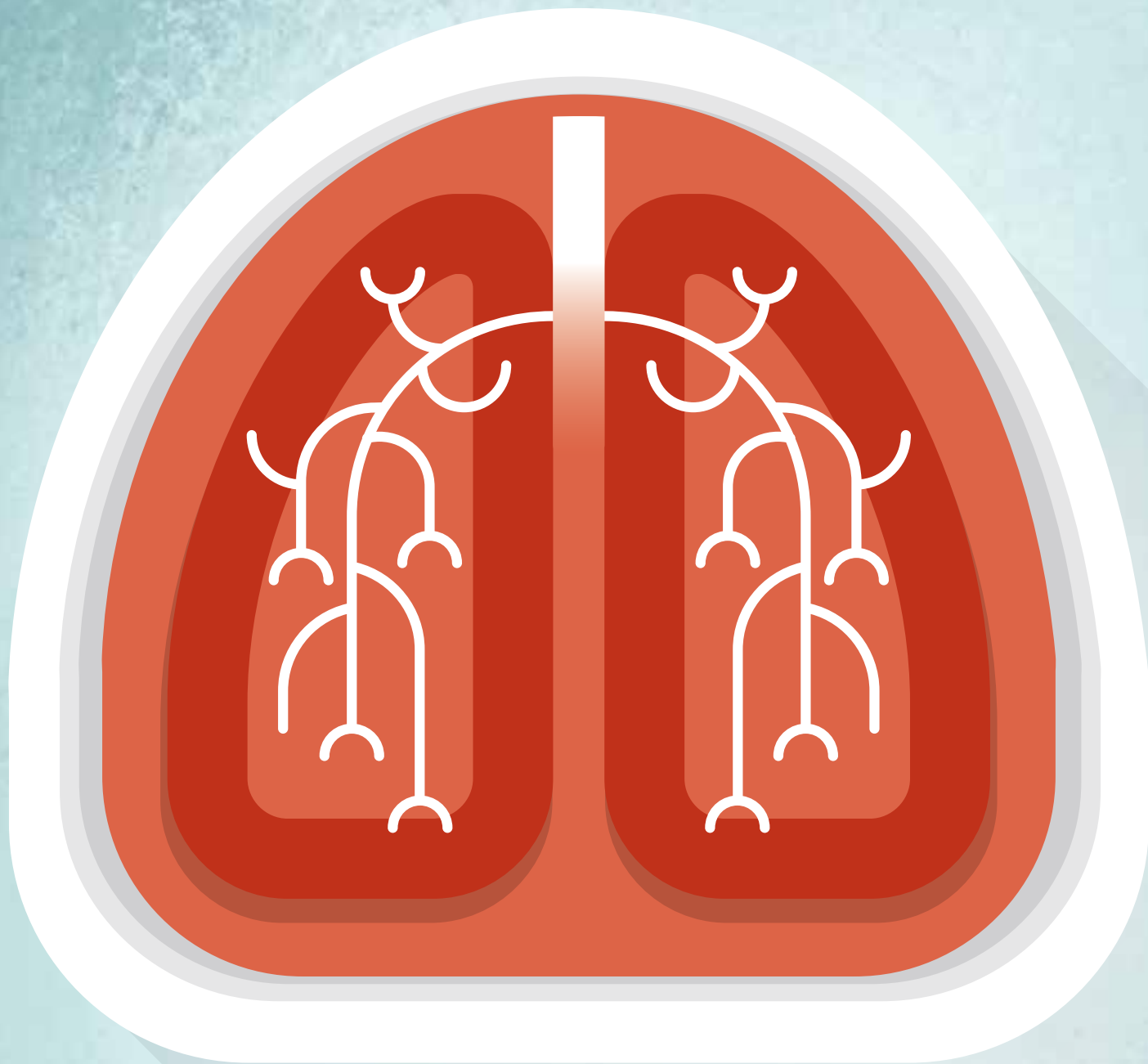
Patients whose status is especially concerning—those who have dangerously low blood pressure, for example, or have entered shock—are candidates to receive a thrombolytic, a type of drug that can quickly dissolve a clot. The most common is tissue plasminogen activator (tPA), which doctors typically use to treat patients who have strokes due to clots in blood vessels that serve the brain.

Doctors at NYP Brooklyn Methodist often give tPA through IV infusion. For certain patients with large clots and symptoms like rapid heartbeat and low blood pressure, a different approach to tPA delivery is possible. In 2017, the Hospital began providing ultrasound-accelerated thrombolysis, a treatment that uses ultrasound waves to lay the groundwork for tPA to be more rapidly effective.

“During the procedure, we place a catheter with several ports in the patient’s pulmonary artery,” Dr. Minkin says. “Through one port, we transmit ultrasound waves that disrupt the fibers in the clot and make it less dense for the tPA. Through another port, we deliver the drug directly to the clot to dissolve it.”

The catheter stays in place for 12 to 24 hours while patients are in the Hospital. After doctors remove it, they prescribe a blood thinner to prevent additional clots. Patients who cannot take blood thinners may be candidates for the placement of a small filter in the inferior vena cava, a large vein that carries blood from the lower body to the heart as it nears the end of its circulatory round-trip. The filter allows blood to pass but catches clots before they reach the lungs.





### MOVEMENT AS MEDICINE

Individuals who experience PE are more likely to see it return. Fortunately, they can take several steps to prevent it. The most important step is following their doctors' recommendations, especially when it comes to taking blood thinners. Wearing compression stockings may help, if a doctor says it is okay. Exercising the legs is crucial, especially for people who sit a lot

at work, travel long distances or are recovering from illness or injury.

"Don't be sedentary—that's my most important message," Dr. Saleh says. "People should walk every day, if they can. The more they do, the less likely they are to experience DVT and PE."

# CHILL OUT

Nutrient-packed, chilled fruit and vegetable soups are the perfect alternatives to heavy meals on

## WATERMELON GAZPACHO

### Ingredients

- + 4 cups cubed, seeded watermelon
- + 1 peeled, chopped cucumber
- + 2 tablespoons chopped white onion
- + 2 teaspoons lime juice
- + 1 teaspoon olive oil
- + 1 tablespoon chopped fresh basil
- + 1/8 teaspoon ground black pepper
- + 1/2 seeded, chopped jalapeño pepper
- + 1 garlic clove, minced



### Directions

- 1 Mix together 1 cup of watermelon and half of the chopped cucumber in a small bowl.
- 2 Puree remaining ingredients using a food processor or blender.
- 3 Combine puree with the watermelon and cucumber set aside in step 1. Refrigerate until you are ready to serve.

### Nutrition Facts

Servings: 4	Added sugar: 0g
Calories: 70	Protein: 1g
Total fat: 2g	Dietary fiber: 1g
Cholesterol: 0mg	Sodium: 0mg
Carbohydrates: 13g	Potassium: 260mg
Sugars: 10g	Calcium: 22mg



**EATING A DIET** rich in fruits and vegetables can help you maintain your weight and lower your risk of many common health concerns, including heart disease, type 2 diabetes, weak bones, constipation and kidney stones. That's why experts recommend eating five to nine servings of fruits and vegetables every day.

You'll find an abundance of fresh produce at grocery stores and farmers markets during the summer, making it is easier to eat the recommended amount.

"Many summer fruits and vegetables contain potassium, vitamin C, fiber and antioxidants," says **Allison Scheinfeld, M.S.**, registered dietitian and certified dietitian-nutritionist at NewYork-Presbyterian Brooklyn Methodist Hospital. "When you eat these fruits and vegetables in season, they taste fresher. They are also likely to be harvested and consumed more quickly, so they may have a higher nutritional value."

Add seasonal favorites like berries, melons, cucumbers, tomatoes, peppers and avocados to your grocery list. These fruits and vegetables are great additions to salads, salsas and sides. They are also the star ingredients in refreshing chilled soups, which you can prepare by experimenting with combinations of fruits, vegetables, herbs and other fresh items.

### CREATING A HEALTHY, REFRESHING DISH

Chilled soups offer health benefits beyond the vitamins and minerals found in fruits and vegetables. On hot days, eating cold soups can help you stay hydrated by replenishing electrolytes and fluids lost through sweat, according to Ms. Scheinfeld.

Depending on the recipe, chilled soups may call for raw or precooked and chilled ingredients. Many recipes recommend using a blender or food processor, which can give soups a smooth, creamy texture. Most chilled soups feature healthy ingredients, but keep an eye out for recipes that include fruit juice, sour cream or heavy cream, which can add excess sugar, fat and calories.

"To cut down on sugar, leave out processed orange and apple juices and limit recipes featuring mangoes, figs, lychees, grapes and cherries," Ms. Scheinfeld says. "The best fruit choices for lower-sugar soups are raspberries, blueberries, strawberries, blackberries, lemons, limes, avocados and watermelon."

If a recipe calls for sour cream, substitute plain Greek yogurt. Easy changes like this can lower sodium and calorie content without sacrificing the recipe's flavor or creamy texture, according to Ms. Scheinfeld.

Also, swapping heavy cream with fat-free evaporated milk reduces 39 calories, 6 grams of fat and 3 grams of saturated fat per tablespoon.

### PERFECT PAIRS

Soups featuring fresh fruits, such as watermelon or strawberry, pair well with chicken and salmon. Serve the soup as an appetizer before the main course or with a spinach salad. Hummus and pita chips or

# UT!

warm, sunny days.

whole-wheat crackers are also great accompaniments for sweet and savory chilled soups. Enjoy creamy tomato soup as a stand-alone light lunch or alongside a piece of avocado toast.

"The great thing is that our bodies naturally crave fresh produce that is more readily available during the summertime," Ms. Scheinfeld says. "Satisfy the cravings by getting creative in the kitchen."



## SELECTION AND STORAGE BASICS

Garden-fresh fruits and vegetables are key to flavorful, healthy chilled soups. Know what to look for when shopping to select quality produce.

"Use your senses—sight, touch and smell—to tell if fruits and vegetables are ripe," Ms. Scheinfeld says. "Fruits and melons should be smooth and firm but not rock hard. Greens should be firm, crisp and consistently colored. If you feel dents or pits, see many bruises or notice that the smell of fruits, melons or greens is very strong, the produce is likely over-ripe."

Always wash produce before eating. Store berries, leafy green vegetables, sweet corn, celery and carrots in your refrigerator before use, and keep citrus fruits, melons, pineapples, peppers and tomatoes at room temperature. Let avocados, nectarines and peaches ripen at room temperature on the counter and move them to the refrigerator when ripe.



## SAVORY TOMATO SOUP

### Ingredients

- + 2 large red bell peppers
- + 1 pound peeled, diced tomatoes (roughly 5 or 6 whole tomatoes)
- + 1 cup evaporated, fat-free milk
- + 1 teaspoon garlic powder
- + ¼ teaspoon ground black pepper
- + 2 tablespoon fresh, chopped basil to garnish

### Directions

- 1 Wash red peppers and cut into quarters, removing any seeds. Roast peppers on a baking pan in the oven for 30 to 40 minutes at 500 degrees. After the peppers have cooled, remove the peel.
- 2 Puree diced tomatoes and roasted red peppers until smooth.
- 3 In a medium pot, bring tomato-and-pepper mixture to a boil.
- 4 Add remaining ingredients except basil. Return to a boil and simmer 5 minutes.
- 5 Serve the soup warm or chilled. Garnish with fresh basil before serving.

### Nutrition Facts

Servings: 4	Cholesterol: 5mg	Dietary fiber: 1g
Calories: 90	Carbohydrates: 15g	Sodium: 85mg
Total fat: 0g	Protein: 6g	







# To Help Others, Take Care of Yourself

When you are supporting someone living with Alzheimer's disease, taking time to nurture yourself is important.

**WHEN CARING FOR** a loved one with Alzheimer's disease or other dementia, living with stress and unpredictability can become a way of life. That's all the more reason to make time to practice self-care.

Sacrificing your well-being to tackle an overwhelming set of responsibilities can be detrimental to your health and diminish your capacity to care for others.

"Burnout can take a tremendous toll when you are a caregiver, both physically and emotionally, creating a whole new set of challenges to face," says **Alexandra Krisztofer, M.A.**, Alzheimer's program coordinator at NewYork-Presbyterian Brooklyn Methodist Hospital. "In addition to increasing your likelihood of depression and obesity, chronic stress may increase your risk of developing diabetes and dementia."

## A WIDESPREAD ISSUE

According to 2018 statistics from the Alzheimer's Association, one in 10 people age 65 and older are living with Alzheimer's dementia.

Today, more than 16 million Americans, mainly family members and friends, provide unpaid care to people with Alzheimer's disease or other types of dementia.

If you are one of those caretakers, you know that in addition to the physical work you put into assisting someone with Alzheimer's disease, you are also investing significant resources financially and may even be managing healthcare proxy and durable power of attorney paperwork.

"Alzheimer's disease has reached epidemic proportions, as has the number of family members and friends providing unpaid care," Ms. Krisztofer says. "If you are one of the more than 16 million people providing that care, you must allow yourself to replenish your energy and nurture your body, mind and soul."

## TAKING CONTROL

Seeking guidance from medical specialists and support from other families who understand Alzheimer's is a powerful first step to

take toward self-care. Reaching out to make these connections can work to eliminate the loneliness that so often accompanies the disease.

"On the second Monday of each month, we host an Alzheimer's Disease Care 4 Caregivers group here at the Hospital. It is free and anyone from our community is welcome to attend," Ms. Krisztofer says. "This is not like a traditional therapy-focused support group—it's more an exchange of valuable knowledge and recommendations."

In addition to medical specialists, financial professionals, legal experts, social workers and representatives from the Alzheimer's Association may speak at these semimonthly sessions. If you need additional expertise beyond what these speakers can address, NewYork-Presbyterian Brooklyn Methodist will help you connect with resources like PSS Circle of Care, a multi-service nonprofit for families, youth and older adults.

"Support groups help take care of caregivers," Ms. Krisztofer says. "They also offer education, training and phone support to family members."

### EMBRACING TIME FOR YOU

"Everyone needs 'me time' once in a while to stay strong and healthy," Ms. Krisztofer says. "When we don't take care of ourselves, we can't take care of our loved ones as well."

Try stress-reducing practices, such as water aerobics, dancing or walking to boost your health. Also, take care to see your own healthcare providers regularly to monitor your personal health and reduce your risk of cognitive decline later in life. Habits such as eating low-carb, nutrient-rich foods, managing stress, moderating alcohol intake, and staying mentally and socially engaged can help improve your mood and cognitive health.

## DEDICATED TO MEMORY CARE

Longtime Brooklyn residents Eugene and Carolyn Czap were faced with Alzheimer's disease when Carolyn, a native of Germany, was diagnosed late in her life. She passed away in 2001, and her husband, originally from Poland, passed several years later. Although the Czaps are no longer with us, the presence of this couple is still thriving in Brooklyn.

The Czaps, who had family ties to Brooklyn's famed Ebinger Baking Company, wanted to support Alzheimer's programs at NewYork-Presbyterian Brooklyn Methodist Hospital after their deaths. To make that a wish a reality, the Carolyn E. Czap and Eugene A. Czap Alzheimer's Program was established in their honor by family members in late 2016. Designated as a resource for individuals living with Alzheimer's, as well as those with memory and cognitive disorders, the program is led by neurology professionals and provides patients with a full spectrum of care. It also includes three brain fitness programs for older adults experiencing mild cognitive impairment, dementia or Parkinson's disease.

Additionally, patients may sign up for creative classes, such as painting, exercise programs or monthly support groups to gain insight and information from other patients and wellness specialists.

"These groups offer a wonderful forum to discuss topics that may not be addressed in regular appointments with a doctor," says Ms. Krisztofer.

To learn more about the Carolyn E. Czap and Eugene A. Czap Alzheimer's Program, visit [www.nyp.org/brooklyn/services/neurosciences/alzheimers-program-at-nypbmh](http://www.nyp.org/brooklyn/services/neurosciences/alzheimers-program-at-nypbmh).





# SUN PROTECTION for Men



Wide-brimmed hats like fedoras and panamas may offer men who choose to wear them a good deal of sun protection, but more is needed.

**MELANOMA, A DANGEROUS** form of skin cancer that causes 86 percent of cases through exposure to the sun's ultraviolet rays, affects men at disproportionately higher rates than it does women.

This year alone, more than 55,000 men will be diagnosed with melanoma, compared with approximately 36,000 women. Men younger than age 50 have a higher chance of developing melanoma than they do any other type of cancer.

"A few factors play into the higher occurrence of melanoma in men," says **Stephen Danziger, M.D.**, Chief of Dermatology at NewYork-Presbyterian Brooklyn Methodist Hospital. "Men tend to work outdoors more than women, which exposes them to the sun's harmful effects more frequently. Men also tend to visit their doctors less often than women."

Fewer visits to a primary care doctor or dermatologist mean fewer opportunities to check potential problem spots on the skin. Men may be less informed about skin cancer, including the increased risk of developing melanoma from tanning bed usage and that intermittent sunlight exposure may cause cancer to develop on the skin.

## COVER YOUR BASES

One of the best ways to prevent melanoma is using a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30 to protect the skin.

"Sunscreen protects against the sun's rays, but men often don't use it," Dr. Danziger says. "In addition to wearing sunscreen, we suggest men cover up with long pants and shirt sleeves and, if possible, avoid sun exposure in the middle of the day when it is most damaging."

## TAKE SKIN CANCER SERIOUSLY

Melanoma typically appears as unusual moles, bumps or blemishes that grow or change shape and color. While melanoma is the deadliest of skin cancers, it does not occur as frequently as other forms like basal cell carcinoma (BCC) and squamous cell carcinoma. BCC is the most common form of skin cancer, with approximately 4.3 million new cases diagnosed each year.

"Even one bad sunburn during childhood can predispose you to skin cancer later in life," Dr. Danziger says. "Burns cause damage to the skin cells and genetic material."

Dr. Danziger recommends people talk with their primary care doctors or dermatologists about their personal skin cancer risk and to have suspicious areas of skin examined. He also recommends a monthly self-examination to keep an eye on any new or growing spots.

"Ask a family member or friend to help you look for any moles that have changed shape or color, as they can appear on places that are hard to see—like the back," Dr. Danziger says.





# THE QUEST for **PERFECTION**

RELAX, REFRESH, REFOCUS

Maggie shines in her new role as a publicity assistant, but she feels increasingly anxious. She has started requesting deadline extensions and turns down her coworkers' lunch invitations because she fears she will say the wrong thing.

**A SELF-DESCRIBED PERFECTIONIST**, Maggie strives for excellence in every area of her life—from her job performance to her appearance and social status. She feels like accepting nothing less than perfection helps her achieve her goals, but this trait is holding her back.

## BEYOND A DESIRE TO ACHIEVE

"Perfectionism is associated with a potentially debilitating need to achieve," says **Isabel Sanchez Sachs, Ph.D.**, clinical psychologist and clinical coordinator of the Division of Psychiatry, Department of Neurosciences, at NewYork-Presbyterian Brooklyn Methodist Hospital. "People become preoccupied with living up to self-prescribed high standards and pursue perfection at the expense of their well-being, which becomes unhealthy."

## THE SOCIAL MEDIA GENERATION

Millennials—adults born between 1981 and 1996—are more likely than previous generations to struggle with perfectionism. Among college students, rates of socially prescribed perfectionism have risen 33 percent for people born between 1989 and 2016 and rates of self-oriented perfectionism have increased by 10 percent between the late 1980s and 2016, according to recent research. Further study is needed to determine why perfectionism is on the rise, but social media may play a role. Limiting social media use—which can perpetuate unrealistic standards—may help counter perfectionism and related anxiety and depression, according to Dr. Carroll.

A defining feature of perfectionism is a fear of failure. Like Maggie, many people struggling with perfectionism avoid social situations or miss deadlines because they fear their work will not meet expectations. They may also set goals that are not reasonably attainable and get upset if they fall short.

"This 'all-or-nothing' mind-set prevents people from enjoying successes," says **Paul Carroll, Ph.D.**, clinical psychologist at NewYork-Presbyterian Brooklyn Methodist. "It can also cause people to become overly critical of themselves or impose high demands on others, which can lead to conflict."

Unsurprisingly, perfectionism can harm self-esteem and lead to serious health concerns, like anxiety and depression.

## IDENTIFYING PERFECTIONISM'S DRIVING FORCE

Some people feel a need to be perfect in the eyes of others, which is known as socially prescribed perfectionism. An internal desire to be perfect, known as self-oriented perfectionism, fuels others. Fortunately, learning how to face fears and silence their inner critic can help people combat both.

"People might start by evaluating whether their personal standards are readily attainable by others and if their reactions to unmet high standards are out of proportion to the situation," Dr. Sanchez Sachs says. "They may find that they need to adjust standards for themselves."

"Through cognitive behavioral therapy, we can help people set realistic goals and expectations," Dr. Carroll adds. "We can also address fear of failure by gradually exposing people to situations in which they may make a mistake and work with them to stop behaviors like procrastination."

## Q&amp;A

Raised in a tight-knit family on Long Island, **Justin Steele, M.D.**, general surgeon at NewYork-Presbyterian Brooklyn Methodist Hospital, is committed to caring for the community close to his hometown.

JUSTIN STEELE, M.D.



# Inspired to Make a Difference Through Medicine

**Q** What motivated you to become a doctor?

**A** I was born with an arrhythmia, or an irregular heartbeat, and was on medication until I was a teenager. I have seen cardiologists all of my life and was close with one of them. The work he did inspired me to pursue medicine myself.

**Q** Why did general surgery appeal to you?

**A** I was drawn to general surgery because it allows me to help solve patients' health concerns. Coming up with solutions that can help patients live healthy and full lives after surgery appeals to me.

**Q** Which area of general surgery are you most drawn to?

**A** Abdominal wall reconstruction and complex hernia repair are the top surgeries that interest me. Abdominal wall reconstruction is a creative and effective solution for an issue we have been trying to fix for decades.

**Q** What is the most rewarding aspect of working at NewYork-Presbyterian Brooklyn Methodist?

**A** The hospital has a strong sense of community. Everyone is working toward the same goal, which is getting patients better and improving the health of Brooklynites. I was trained at a hospital with the same type of collegiality, which benefits both patients and the clinical team.

**Q** What do you enjoy most about Brooklyn?

**A** Brooklyn is a very rapidly evolving community with one foot in old-world Brooklyn and the other foot in a more modern borough. The population here is a fascinating melting pot of people.

**Q** What do you enjoy when you're not working?

**A** I enjoy spending time with my wife and my twin 2-year-old girls. We like to do things outside as a family and let the girls make the plans.

**Q** What is one thing that you would change about yourself?

**A** I am often running all over the place to get things done. I think taking a break every now and then is important.

**Q** What is one thing you would not want to change about yourself?

**A** My determination drives me to do all of the things that I have accomplished. When things get difficult, I know I can always fall back on that aspect of my character.

# Sophisticated Solutions for Complicated Conditions

**Justin Steele, M.D.**, general surgeon at NewYork-Presbyterian Brooklyn Methodist Hospital, is dedicated to bringing the latest and most sophisticated treatment options to Brooklyn. Take this quiz to learn more about the scope of services addressed by a general surgeon.

1

*What are some examples of conditions that general surgeons commonly address?*

- a. Appendicitis
- b. Gallbladder disease
- c. Hernias
- d. All of the above

**Answer: d.** General surgeons specialize in a complete spectrum of conditions affecting systems throughout the body.

2

*What signs indicate that you should consult a general surgeon?*

- a. Coughing and sneezing
- b. Painful bulge in the abdomen or pain in the groin
- c. Persistent sore throat
- d. All of the above

**Answer: b.** Your primary care provider (PCP) is your best first line of defense when you are not feeling well. He or she can diagnose and treat common medical conditions and refer you to a specialist as needed. If you have severe discomfort in the abdomen or groin, your PCP may refer you to a general surgeon, or you can schedule an appointment yourself.

3

*True or false: Surgical mesh is the only treatment for hernia repair.*

**Answer: False.**

While surgical mesh is one solution, it is associated with risks, including the mesh sticking to the colon or small bowel and causing an infection.

Abdominal wall reconstruction is an effective alternative for hernia repair, especially when conventional methods are likely to fail. This surgery involves shifting the tissues in the abdomen to reposition the abdominal muscles.

"About 70 percent of the time, patients who have undergone mesh repair to address a hernia do not need another operation. The other 30 percent may need an alternative surgery if the mesh needs to be removed," Dr. Steele says. "Thanks to abdominal wall reconstruction, people with hernias have another durable solution to surgical mesh."

4

*What benefits are associated with abdominal wall reconstruction to treat complex hernias?*

- a. Lower risk of post-operative infection
- b. Reduced recurrence rate
- c. Shorter hospital stay
- d. All of the above

**Answer: d.** "Abdominal wall reconstruction represents a significant improvement in repair of complex hernia, vastly improving the benchmarks associated with the operation," Dr. Steele says.

5

*Fact or fiction: A general surgeon may perform abdominal wall reconstruction through robotic or open surgery.*

**Answer: Fact.**

Either option will work for this procedure, but surgeons may elect the robotic option for roughly 80 to 85 percent of patients.

"NewYork-Presbyterian Brooklyn Methodist is one of about 15 to 20 centers in the United States performing this procedure robotically," Dr. Steele says. "To be part of this quantum leap forward is incredibly rewarding."





# STEADFAST PHILANTHROPY

The dedicated support of our donors has helped make NewYork-Presbyterian Brooklyn Methodist Hospital a leading healthcare provider in our community.

**EVERY GIFT**, no matter the size, makes a difference in the lives of our patients and helps us fulfill our mission: to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

## WAYS TO SUPPORT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST

**UNRESTRICTED GIFTS** give the Hospital the greatest flexibility to support our programs and services with the most urgent needs. Donors who contribute \$1,500 or more in unrestricted, nonevent gifts in a given year are recognized as members of the **George Ingraham Seneby Society**. Donors who make nonevent gifts of any amount for at least three consecutive years are recognized as members of the **1881 Society**, commemorating the year of our founding.

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**THE HEALERS' HALL OF FAME** is our grateful patient program. Donors may nominate a doctor, nurse, staff member, and/or department for induction into our annual list.

**GIFTS IN HONOR OR MEMORY** of an individual can be made in any amount and for any purpose. All gifts can be acknowledged to the honoree or the family.

**NAMING OPPORTUNITIES** are available to recognize a donor's contribution to the Hospital. Gifts may be made in honor or in memory of an individual to name facilities, medical programs or funds that support medical staff and research.

**BEQUESTS AND PLANNED GIFTS**, made through a will, insurance policy or trust, leave a meaningful legacy to our Hospital. Donors can leave a specific dollar amount or a percentage of their estate. Through a planned gift, donors make a gift without depleting current assets and can reduce federal estate taxes.

We invite you to learn about ways to contribute by visiting [www.nyp.org/brooklyn/give](http://www.nyp.org/brooklyn/give), calling the Department of Development at 718.501.6880 or emailing [BMHdevelopment@nyp.org](mailto:BMHdevelopment@nyp.org). Donations can be made online at [www.donate.nym.org](http://www.donate.nym.org)



# COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*?

Email [BMHAskThrive@nyp.org](mailto:BMHAskThrive@nyp.org)

and let us know if we can print your name and submission.

See previous issues at

[www.nyp.org/brooklyn/about-us/thrive-magazine](http://www.nyp.org/brooklyn/about-us/thrive-magazine).

READER LETTERS

## TANDEM BREASTFEEDING

YOUR ARTICLE ABOUT HAVING A SECOND CHILD WITH A TODDLER IN THE HOUSE ["PREPARING FOR SIBLINGHOOD," *THRIVE*, SPRING 2018] MADE ME REALIZE THAT I HAD NO CLUE HOW BREASTFEEDING WOULD GO WHEN I BROUGHT MY NEW DAUGHTER HOME. I WAS STILL BREASTFEEDING MY ALMOST-TWO-YEAR-OLD AND WAS WORRIED I'D HAVE TO STOP WHEN I BEGAN NURSING MY NEWBORN. LUCKILY, I SPOKE TO MY DOCTOR, AND HE SAID THAT TANDEM BREASTFEEDING IS TOTALLY FINE. I'VE BEEN BREASTFEEDING BOTH OF MY CHILDREN AND WILL WEAN MY OLDER CHILD WHEN THINGS CALM DOWN.

THANKS FROM A HAPPY MOM!  
MEREDITH J.

## APP FOR NAPS

I TRY TO PUT MY PHONE AWAY AT NIGHT, BUT I'M NOT ALWAYS SUCCESSFUL, SO I DOWNLOADED AN APP THAT REDUCES THE AMOUNT OF BLUE LIGHT MY PHONE PUTS OUT. I HAVEN'T REALLY NOTICED ANY CHANGES IN MY SLEEP AND WAS WONDERING IF THE APP IS ACTUALLY USEFUL. IS THERE ANYTHING ELSE I CAN DO TO GET MORE SLEEP THAT WASN'T INCLUDED IN "THE ART OF DISCONNECTION" (*THRIVE*, SPRING 2018)?

THANKS,  
BETHANY

*There are apps that can reduce the amount of blue and green light coming from your phone. However, if you're still using your phone when you lie down at night or surrounding yourself with other screens and light sources, that app probably won't do much to help you sleep better—especially if you're looking at work emails or social media.*

*Turn off screens and stay out of brightly lit rooms as you start winding down in the evening. Put your phone away to charge in the living room an hour before bed, and make sure to talk to your doctor if you still have trouble sleeping.*

—Jeremy Weingarten, M.D.,  
chief of pulmonary, sleep, and critical care medicine  
NewYork-Presbyterian Brooklyn Methodist Hospital

## KNOWING YOUR RISK

I HONESTLY HAD NO IDEA THAT MEN COULD DEVELOP BREAST CANCER, SO I'M GLAD I SAW YOUR ARTICLE "IT'S A MAN THING, TOO" IN THE LAST ISSUE [*THRIVE*, SPRING 2018]. MY FAMILY HAS A HISTORY OF BREAST CANCER—BOTH MY GRANDMOTHER AND AUNT HAD IT. I MADE SURE TO TELL MY DOCTOR ABOUT MY FAMILY'S HISTORY. WE DECIDED THAT I DON'T NEED REGULAR SCREENINGS, BUT I MAKE SURE TO CHECK FOR LUMPS ON MY OWN AND FEEL SAFER KNOWING WHAT TO LOOK FOR.

JAMES

## Alzheimer's Disease Wellness Support Group\*

For patients with cognitive deficits/memory loss and their caregivers.  
For times, dates, location and to register (required), call 646.330.3286.

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

## Care 4 Caregivers (Dementia)\*

For caregivers of patients experiencing cognitive deficits/memory loss.  
*Meets the second Monday of each month, 5 p.m.–7 p.m.*  
For location and to register (required), call 646.330.3286.

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

## Brain Aneurysm Awareness Group

For individuals and their family members who want to gain awareness about brain aneurysms.  
*Sat., Aug. 4, 9 a.m.–11 a.m.*  
Carrington Conference Room  
506 Sixth Street  
For more information, call 718.246.8610.

## 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 Room 3K-C, 501 Sixth Street  
Walk-ins welcome. No appointment necessary.  
For more information, call 718.780.5078.

## Caregivers Support Group

For family members and friends caring for an older adult.  
*Meets on the second and fourth Wednesday of each month, 3 p.m.–4:30 p.m.*  
Wesley House Room 6A, 501 Sixth Street  
To register, call 718.596.8789.

## Congestive Heart Failure Support Group

An introduction to heart failure led by a cardiologist open to individuals and their family members.  
*Tues., Aug. 7, 5:30 p.m.–6:30 p.m.*  
Buckley 820 Conference Room, 506 Sixth Street  
Please call 347.442.4997 to register, required.

## Diabetes Support Group

For people with diabetes and prediabetes.  
*Meets the last Thursday of each month, 5 p.m.–6 p.m.*  
Buckley 820 Conference Room, 506 Sixth Street  
For additional information and to register, call 718.246.8603.

## Look Good Feel Better®

For women with cancer who want to feel beautiful inside and out.  
*Thurs., Sept. 20, Nov. 15, 3 p.m.–5 p.m.*  
Wesley House Room 6A, 501 Sixth Street  
To register (required), call 718.780.3593.

## MS Peer Support Group

Group is free and open to any individual living with an Multiple Sclerosis diagnosis.  
*Meets monthly on second Thursdays, 12pm–1:30pm*  
Buckley 820 Conference Room, 506 Sixth Street  
Preregistration required. Call 1.800.344.4867 or visit [www.msny.org](http://www.msny.org) and in the search box, type "Support Group Brooklyn."

## Parkinson's Disease Support Group

For those with Parkinson's disease.  
For times, dates, location and to register (required), call 646.704.1792.

## Parkinson's Disease Caregivers Support Group

For people caring for loved ones with Parkinson's disease.  
For times, dates, location and to register (required), call 646.704.1792.

## Parkinson's Wellness and Exercise Classes

*Dance: Meets twice a month on Thursdays*  
*Yoga: Meets twice a month on Fridays, 2 p.m.–3 p.m.*  
Wesley House Room 6B, 501 Sixth Street  
For dates and to register (required), call 646.704.1792.

## Pulmonary Hypertension Support Group

For individuals with pulmonary hypertension.  
*Mon., Aug. 6, 5 p.m.–7 p.m.*  
Wesley House Room 7A, 501 Sixth Street  
To register (required), call 718.780.5614.

## Stroke Support Group

Share your experience, meet other survivors and hear from different stroke specialists at NYP Brooklyn Methodist Hospital.  
*Meets the second Tuesday of each month, 2 p.m.–3 p.m.*  
Buckley 820 Conference Room, 506 Sixth Street  
For more information, call 718.780.3777.

## Surgical Weight Reduction Seminar/Support Group

Led by a surgeon, this group is open to pre- and post-operative patients.  
*Fourth Thursday of each month, 6 p.m.–7:30 p.m.*  
Carrington Conference Room, 506 Sixth Street  
For more information, call 718.780.3288.

## COMMUNITY EVENTS

### Senior Health Seminars

Join the hospital's doctors as they discuss health topics that are important to older adults.  
*Wed., Sept. 12, 2:30 p.m.–3:30 p.m.*  
Brooklyn College Student Center, East 27th and Campus Road  
Call 718.501.6092 to register (required).

### World Breastfeeding Day

Certified lactation consultants and maternal-child health clinicians will be available to answer questions about the benefits of breastfeeding and the resources provided by NewYork-Presbyterian Brooklyn Methodist Hospital.  
*Tues., Aug. 7, 10 a.m.–2 p.m.*  
Carrington Atrium Lobby, 506 Sixth Street  
Call 718.780.5367 for more information.