

thrive

WINTER 2018

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INSIDE THE
WORLD OF IBS

BLUEPRINT FOR
LABOR & DELIVERY

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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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OPERATION MOTHERHOOD

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**PLAY IT SAFE
ALL WINTER**

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AGING GRACEFULLY
CHRONICALLY YOU

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Viewpoint



I'VE SEEN CLINICIANS
AT NYP BROOKLYN
METHODIST WHO,
WHEN PRESENTED WITH
EXTREMELY CHALLENGING
CASES, RALLY THEIR
COLLEAGUES TO COME
TOGETHER ACROSS
DEPARTMENTS AND
SPECIALTIES AND FIGURE
OUT HOW TO PIECE
TOGETHER THE DYNAMIC
PUZZLE THAT IS A
TREATMENT PLAN.

The French-Algerian novelist and philosopher Albert Camus once wrote, "In the depths of winter, I finally learned that within me there lay an invincible summer." I take strength from this quote because I know, and have seen so many times during my career in medicine, that when faced with seemingly insurmountable odds, people possess a startling resiliency.

I've seen clinicians here at NewYork-Presbyterian Brooklyn Methodist Hospital who, when presented with extremely challenging cases, rally their colleagues to come together across departments and specialties and figure out how to piece together the dynamic puzzle that is a treatment plan. I've seen the patient, often times scared or in pain or frustrated and angry—or a combination of all these feelings, go from feeling hopeless to feeling safe, strengthened and empowered by the knowledge that they are surrounded by a healthcare team that is committed to working tirelessly for the best outcome.

These winter months can sometimes be rough—the days are shorter and the sun feels so distant. Spring will come, but until then, we all have an invincible summer within us. Let's come together to take good care of ourselves and of each other, and know that we have a partner for health in NYP Brooklyn Methodist Hospital.

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.

SEASONAL MOOD SWINGS

During the winter, the weather is chilly, daylight hours are shorter, and cold rain and snow put a damper on the moods of some people. In certain cases, a type of depression known as seasonal affective disorder, or SAD, can cause a variety of symptoms, including fatigue, the urge to overeat and social withdrawal.

Individuals who experience SAD should talk with a doctor about clinical solutions, which may include exposure to a light therapy box, vitamin D supplements, an antidepressant medication like bupropion and/or psychotherapy.

"Depression is a serious medical condition that can disrupt your life and relationships," says **Helen Reingold, Psy.D.**, psychologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "Like other types of depression, SAD can make people feel hopeless. However, with effective treatment, they can enjoy life again.

COCONUT WATER: NATURE'S SPORTS DRINK?

Coconut water, the clear, slightly sweet liquid found in the center of young, green coconuts, is a popular beverage today. Champions of coconut water claim that it hydrates better than water and is the perfect alternative to sports beverages for replenishing electrolytes lost during exercise through sweating.

"Coconut water is great in moderation if you're looking for a natural, delicious way to rehydrate your body and replace potassium and other minerals that the body loses when exercising," says **Brianna Harris, R.D.**, registered dietitian at NYP Brooklyn Methodist. "It's also a good alternative to sugary beverages like soda or juice because it contains fewer calories and carbohydrates."

In addition to potassium, other electrolytes lost during exercise include sodium, calcium and magnesium; however, none of these need to be immediately replenished unless exercise lasts longer than 60 minutes. People who work out for shorter durations are better off drinking no-calorie, thirst-quenching water instead of coconut water or sports drinks.



A TASTEFUL TRANSITION

Is there a healthy food you still refuse to eat because you did not like it as a child? You may want to give it another try.

"As you age, your taste buds and taste bud nerve endings become less sensitive," says **Baqar Bashey, M.D.**, chief of general internal medicine at NYP Brooklyn Methodist. "These changes can alter your perception of taste."

Your sense of smell—which works in conjunction with your sense of taste—may also begin to diminish after age 70, which can lead to foods tasting differently than you remember.

Factors like inflamed gums from gingivitis and periodontal disease, head injuries, smoking, a damaged lingual nerve from a stroke, and Sjögren's syndrome—an autoimmune disease that causes drying of the mouth—can also affect your sense of taste and smell. Gargling with water and antiseptic mouthwash may help.

Having less sensitive taste buds and a less acute sense of smell is not typically a health threat, but it can contribute to a diminished appetite. If symptoms persist, Dr. Bashey recommends seeing a doctor to rule out medical issues like a cancerous lesion.

The fortunate part of all of this is you may finally be able to enjoy the foods you never welcomed on your plate as a child.

4–6%

ESTIMATED PERCENTAGE OF PEOPLE IN THE UNITED STATES WHO EXPERIENCE SEASONAL AFFECTIVE DISORDER (SAD)

600mg

AMOUNT OF POTASSIUM IN ONE EIGHT-OUNCE SERVING OF COCONUT WATER

10,000

THE AVERAGE NUMBER OF TASTE BUDS ON A HUMAN TONGUE

Winter— FLU'S FAVORITE SEASON

Winter is prime time for people to catch the influenza (flu) virus, which causes the all-too-familiar symptoms of coughing, fatigue, fever, muscle soreness and a stuffy nose.

"It is not entirely clear why influenza circulates in the winter months, but a major reason may be that people are in closer contact for longer periods of time when it's cold outside, allowing for increased transmission," says **Harold Horowitz, M.D.**, infectious disease specialist at NewYork-Presbyterian Brooklyn Methodist Hospital. "Other possible explanations include immune system changes due to lower vitamin D levels from less sun exposure, drier mucous membranes from less moisture in the air—which decreases clearance of the virus from nasal passageways—and the lower humidity and temperatures of winter that allow the virus to survive longer on surfaces."

The single most important preventive step to reducing the risk of catching or spreading the flu is to receive an annual flu shot. People age 65 and older may be eligible for a high-dose flu vaccine or a vaccine made with MF59 adjuvant (an added medicine)—both of which are believed to provide greater protection than the standard flu shot.

In addition to the flu vaccine, some measures that lessen the risk of developing the flu are coughing or sneezing into a tissue or a shirt sleeve instead of the hand, and cleaning hands with soap and hot water or hand sanitizer—especially after touching shared surfaces.



Getting to Know PAs & NPs

You have seen them at offices where medical services are provided, and maybe even scheduled an appointment with one—but do you understand the role of physician assistants (PAs) and nurse practitioners (NPs)?

"One misconception is that PAs and NPs are 'doctors' helpers,'" says **Brian Wilkow, P.A.**, director of physician assistant services at NYP Brooklyn Methodist. "But actually we're advanced practice clinicians. PAs and NPs are extensions of physicians. For the most part, a treatment by one of them doesn't look different from that of a primary care doctor."

PAs earn advanced degrees in medicine, and NPs earn advanced degrees in nursing. Both complete internships in a variety of medical environments as part of their training, and both enhance patient care and often spend additional time explaining diagnoses, lifestyle change advantages and treatment plans to patients.

"NPs can practice independently or as part of a care team with doctors," says **Howard Guia, N.P.**, nurse practitioner in the cardiothoracic surgery department at NYP Brooklyn Methodist. "In my job, I work with a team of intensivists [intensive care doctors] and cardiac surgeons, helping with the pre-op and post-op care of cardiothoracic surgery patients. I also focus on patient discharge planning, following Hospital and national protocols to help guide and encourage patients to safely return home after a hospital stay."

VIDEO GAMES — for — AMBLYOPIA

Amblyopia, or lazy eye, occurs when one eye is unable to focus as well as the other due to causes like a muscular imbalance in the eye or significantly different vision in each eye because of nearsightedness, farsightedness or a cataract (clouding of the eye's lens).

"In cases of amblyopia, the brain can be trained to better use the eye," says **Robert Feig, M.D.**, ophthalmologist at NYP Brooklyn Methodist. "If the underlying amblyopia is corrected, the person will be able to see normally out of both eyes."

The most popular traditional treatment for amblyopia is to use an eye patch to cover the dominant eye with the goal of strengthening the affected eye, but some research shows that playing video games while wearing an eye patch or special goggles that encourage both eyes to work together may be more effective for this purpose. This is believed to help because video games tend to capture and hold the attention of players, enticing them to exercise the brain and eyes to a greater extent than other activities.

Video games designed specifically to treat amblyopia utilize high- and low-contrast images to help strengthen connections between the brain and the eyes. These games are expected to be available for purchase in 2018, but virtual reality-based games are available now through vision centers. When used in conjunction with an eye patch or goggles, some off-the-shelf video games, including falling block games and aiming games, may also help improve amblyopia.





THE BEST DEFENSE AFTER A *Heart Attack*

A heart attack can be a life-changing event, but it does not have to be a life-limiting one.

INDIVIDUALS WHO HAVE experienced a heart attack are at greater risk for additional cardiac events, but they are not automatically destined to repeat the past. While a variable like a family history cannot be changed, many personal choices like exercising daily, eating a healthy, balanced diet, and choosing to not smoke can be made.

“An initial heart attack identifies the affected person as someone who has risk factors,” says **Terrence Sacchi, M.D.**, chief of cardiology at NewYork-Presbyterian Brooklyn Methodist Hospital. “To counteract those risks, that individual would benefit from a full-court press treatment plan to lessen them and improve his or her chances for better cardiac health.”

PLAN OF ACTION

Doctors and other specialists can act as coaches who help patients who have had a heart attack develop a comprehensive strategy to prevent a repeat. In addition to dietary changes and adopting a daily exercise routine, the plan may include:

- + Medications to control risk factors like high blood pressure, high glucose levels, high cholesterol and existing heart conditions.
- + Interventional procedures to open clogged arteries.
- + Surgical procedures to repair a malfunctioning heart.
- + Regular checkups with doctors to monitor progress and fine-tune treatment plans.

Family members and friends can also be tremendous resources to individuals who have survived a heart attack by encouraging them to follow through on lifelong commitments to live healthier lives. Most importantly, heart attack survivors and their loved ones should be aware of heart attack warning symptoms.

“It’s critical to go to the emergency room if you’re experiencing symptoms like chest pain, tightness, shortness of breath, nausea, or discomfort in your arm or jaw,” says **John Heitner, M.D.**, director of noninvasive cardiology at NYP Brooklyn Methodist. “These symptoms don’t always indicate heart problems, but they warrant a medical evaluation. It’s better to be overcautious than not cautious enough when it comes to the heart.”

DOs and DON'Ts to Avoid a Heart Attack

DO try to avoid stressful situations and frequently practice stress-relieving activities like meditation, journaling, stretching, aromatherapy or listening to music.

DON'T give up healthy habits once you start to see improvements in blood pressure, cholesterol levels or other risk factors for heart attack.

DO understand that smoking affects more than just the lungs. Chemicals in cigarette smoke damage blood cells and heart function, and clog the arterial passageways that circulate oxygen-rich blood throughout the body. This makes smoking one of the biggest risk factors for heart attacks and other cardiovascular issues.

DON'T resign yourself to the belief that subsequent heart attacks are inevitable. With the proper lifestyle adjustments, survivors of a heart attack can live long, healthy lives.

DO seek out support groups or psychological help if depression or other mental health conditions follow a heart attack. Studies have found that depression is three times more common in those who have had a heart attack than in people who have not experienced a cardiovascular emergency.

The Medical Value of a Family Tree

You can probably recall many of your family members' full names and favorite foods, but do you know anything about their medical history? After all, this is knowledge that may save your life or that of a loved one.

JUST AS PHYSICAL TRAITS such as eye color and a cleft chin are inherited, your likelihood of developing certain conditions and health problems can also be traced from one generation to the next. Understanding the health history of your grandparents, parents and siblings can impact your life, and also that of your children and grandchildren.

"You can't change your genes—at least, not yet—but you can choose behaviors that may reduce your risk for developing certain diseases," says **Parvin Zawahir, M.D.**, internist at NewYork-Presbyterian Brooklyn Methodist Hospital. "For example, a woman with a family history of breast cancer may want to begin mammography screenings at an earlier age. With some cancers, the earlier in the disease process that a diagnosis is made, the more effective the treatment tends to be."

That is why some doctors request your family medical history. The more information they have, the better equipped they will be to care for you by recommending appropriate screenings for and recognizing symptoms of diseases that may have an inherited component.

HAVING THE TALK

You may not think to ask, or you may feel awkward asking your family members about their medical history, but the simplest way to gain the information is to talk with your relatives about their health. Speak with grandparents, parents and siblings to ask what medical problems they have had, what age they were when diagnosed, the type of treatment that they had and the outcome of their treatment. Use a family gathering as an opportunity to bring up the topic and either videotape their responses or jot down notes regarding their answers.



JUDGING BY YOUR GENES

If documents like death certificates are unavailable or not helpful, or if you were adopted, or your family members are no longer living or accessible, a family medical history can be challenging to piece together.

A genetic testing and counseling program may offer a solution for some people in this situation. Through blood tests, such programs provide assessment for pre-pregnancy screenings, inherited risk of genetic disorders like sickle cell disease (hemoglobin disorders that affect the red blood cells) and genetic factors that may increase the risk for

In addition to striking up a conversation, you may uncover some family medical history in obituaries, death certificates and personal correspondence like letters. Keep an eye out for these four occurrences during your research:

- + **Early diagnoses.** If your family has a history of developing diseases earlier than the rest of the population, make note of it. The early development of a disease can indicate a genetic component.
- + **Multiple diagnoses.** If the same condition, for example breast cancer or autism, has been identified in several family members, that is important information. It may suggest that you, your child or your grandchildren are at higher risk for developing it than the average person.
- + **Rare diagnoses.** If one of your relatives has a rare illness, include this information in your findings. For instance, breast cancer is about 100 times less common among men than it is among women. Due to its rarity,

it would be important to note any discoveries that show a male in your family had breast cancer.

- + **Combined diagnoses.** If you have a family member who has been diagnosed with multiple medical conditions—such as uterine and colon cancer or breast and ovarian cancer, for example—write this down as part of your family medical history.

Once you collect your family medical history, share it with your doctor at your next office visit. This information can help doctors determine what diseases you may be most at risk for developing and offer advice on what steps to take next.

“Don’t be shy about gathering your family’s medical history,” says **Karen David, M.D.**, chief, division of genetics at NewYork-Presbyterian Brooklyn Methodist Hospital. “The information that’s hiding in your genes may help you with your health and help generations to come with theirs.”



breast, ovarian and colon cancers. Pre- and post-genetic testing counseling can help you decide whether such tests are appropriate for you and what, if any, course of action you may wish to pursue following the test results.

“Genetic counseling serves an important purpose,” says **Scott Robinson, M.Sc.**, genetic counselor at NewYork-Presbyterian Brooklyn Methodist Hospital. “It combines what you know about your family history with your genetics to help you make more informed health decisions.”

Genetic consultation, counseling and testing services are offered at NYP Brooklyn Methodist. For additional information, call 718.780.5256 or visit nyp.org/brooklyn and search for “genetic.”



A BLUEPRINT FOR *Labor & Delivery*

Rachel was ahead of the game. The first-time mom and her partner had purchased a crib, painted the nursery and picked out a name for their son. The last item on Rachel's to-do list? Draft a birth plan.

BIRTH PLANS HELP expectant moms communicate their labor and delivery preferences to their doctor or midwife and other medical professionals. Unexpected events can make it difficult for women to plan every aspect of their labor, so birth plans typically include a list of broad preferences that touch on topics like pain management and breastfeeding plans, as well as other details.

"The most effective birth plans are short—one page or less—and flexible," says **Jessica Goldman, C.N.M., M.S.N.**, a certified nurse midwife at NewYork-Presbyterian Brooklyn Methodist Hospital. "Women should think of their birth plans as guides to how, in a perfect world, they'd create their preferred birth scenario, but they should also remember that things can change during labor and delivery."

Moms-to-be should write their birth plans early in their third trimester, after they have completed a childbirth education class, and they should share the plan with their doctor or midwife as soon as possible.

"Women want to avoid situations in which they're in labor when they learn that a hospital policy or their doctor disagrees with their birth plan," says **Sanford Lederman, M.D.**, chairman and program director of the Department of Obstetrics and Gynecology at NYP Brooklyn Methodist. "Having a candid conversation about the birth plan prior to arriving at the labor and delivery unit is important because it allows everyone to be on the same page and enhances the comfort and trust between women and their doctors or midwives."

As Rachel thought about creating her birth plan, she knew she needed to answer several questions about her goals, including:

- + **How does she want to manage pain?** During labor, women can opt for intravenous (IV) pain medication or an epidural—a type of regional anesthesia that helps numb the lower half of the body—or they can explore drug-free alternatives.

“On their birth plan, women should list pain control options like an epidural, breathing and movement, using a birthing ball, or going into and out of the shower every hour or so for comfort,” says **Kayann Stephens, R.N.**, nurse manager of labor and delivery at NYP Brooklyn Methodist. “Women who have hired a doula—a support person who has extra training in caring for laboring women—should also note that on the birth plan.”

- + **Who does she want in the delivery room with her, and what type of “tone” does she want to set for the birth?** NYP Brooklyn Methodist allows moms to have two people—often their partner and an additional support person—in the room with them during delivery. As long as things are progressing smoothly, women may also choose to display photographs they bring from home, play soft music and dim the lights to create a more soothing environment.

RECOMMENDED ADDITIONS

Some practices are so well-validated that doctors and midwives advise all women who have had complication-free vaginal deliveries or C-sections to add them to their birth plans. These include:

- + **Skin-to-skin contact**—Uninterrupted skin-to-skin contact helps moms bond with their babies, facilitates breastfeeding, and eases the transition to life after birth for babies.

“Skin-to-skin contact is one of the best things for baby, even if moms don’t plan to breastfeed,” says **Patricia Pierre, R.N.C.-O.B.**, nurse manager of the mother/baby unit at NYP Brooklyn Methodist. “Once babies are placed on their mom’s chest, their temperature, blood glucose and respiration rate start to stabilize.”

- + **Rooming-in with baby**—“Studies show that moms and babies who aren’t interrupted in their care recover much better,” Ms. Pierre says. “Moms learn how to pick up on their baby’s hunger cues, and their internal clocks start to remind them to breastfeed every two hours or formula-feed every three hours. This helps moms become comfortable with the routine and caring for their babies before families are discharged home.”
- + **Breastfeeding**—Doctors, midwives and nurses encourage women to breastfeed, when possible, but they will support the mother’s preference.

WHEN PLANS CHANGE

If pregnancies extend past the due date or women develop complications, like gestational diabetes or high blood pressure, doctors or midwives may recommend inducing labor. Similarly, if the baby experiences distress during labor or labor fails to progress, doctors may recommend performing a C-section.

In these cases, care may deviate from what women express in their birth plans, but these changes are necessary for the safety of moms and babies.

“Ultimately, women need to have confidence in the person providing their health care,” Dr. Lederman says. “They need to know that their doctor or midwife will do whatever is best for them and their babies.”

KEEPING MOMS IN THE KNOW

NYP Brooklyn Methodist’s Life Begins program offers the following educational and supportive resources for expecting and new moms.

- Group labor and delivery tours are available by appointment on Tuesdays and Thursdays at 5 p.m. and on Wednesdays at 9 a.m.
- A prepared childbirth course can help provide information needed to make a birth plan. The course educates couples about the three stages of labor and how to cope with and manage pain throughout each stage. It also covers circumstances under which a C-section may be necessary and details about the C-section process. The \$175 fee includes enrollment in a breastfeeding course.
- A breastfeeding support group for moms with babies under the age of three months meets on Tuesdays from 2:30 to 3:30 p.m. in room 3K-C of Wesley House, which is located at 501 Sixth Street, across the street from the Hospital. Mothers do not need to have delivered at NYP Brooklyn Methodist to join the group.

Visit www.classes.nym.org to register for a labor and delivery tour or the prepared childbirth and breastfeeding courses. For more information about the breastfeeding support group, call 718.780.5078.





PLANTAR FASCIITIS PROTECTION

When 29-year-old Marvin started running road races two years ago, he never imagined that inflammation would trip him up.

MARVIN PURCHASED new running shoes every six months to give his feet support. In spite of this, he developed a foot injury from overuse that is common among runners as well as among people who stand on their feet all day—heel pain due to plantar fasciitis, which occurs when the tissue connecting the heel bone to the toes becomes inflamed.

“The plantar fascia tissue, when inflamed, causes heel pain during your first steps in the morning or when standing after a period of prolonged sitting,” says **Ronald Soave, D.P.M.**, podiatrist at NewYork-Presbyterian Brooklyn Methodist Hospital. “Common risk factors for developing the condition include running on hard, uneven surfaces, having unusually tight calf muscles and low arches, standing for extended periods of time, and being overweight.”

Runners increase their risk of developing plantar fasciitis by running along the same path without varying their route and going for long distance runs too soon in their training. Alternating running paths and following an incremental running plan like the ten percent run duration-increase guideline can reduce the risk.

“Shoe support and stretching are equally essential,” says **Ernest Megdanis, D.P.M.**, assistant chief of podiatry at NYP Brooklyn Methodist. “I recommend stretching for 20 to 30 minutes before and after running or standing for a long time.”

HEALING THE HEEL

When runners or those who stand for hours notice pain along their heel, they should consult with a podiatrist, who typically diagnoses the problem based on the patient’s personal medical history and an exam to check for areas of tenderness. In some

cases, the doctor may recommend an x-ray to rule out an orthopedic issue and confirm plantar fasciitis.

“The first line of treatment for plantar fasciitis includes issuing patients over-the-counter or custom orthotics (insole cushions) to place in their shoes coupled with stretching the feet before and after exercise or using a tension band to bring their foot up toward their nose,” Dr. Soave says. “Another suggestion is to roll a frozen bottle of water under the soles of their feet to release tension after running or standing.”

Other nonsurgical treatments for patients living with plantar fasciitis involve taking nonsteroidal anti-inflammatory drugs, wearing devices like splints, braces, casts or boots while sleeping to gently stretch the plantar fascia, reducing activities that cause pain, or receiving cortisone injection therapy and physical therapy. It can take from two to 12 months for these treatments to resolve the painful condition.

LAST STOP: SURGERY

“After exhausting nonsurgical options and finding no relief from pain, we turn to other, more invasive procedures,” Dr. Soave says. “One is radiofrequency, in which we insert a probe into the fascia at multiple sites to create a reaction that allows for healing to occur.”

“As a last resort, in only about ten percent of patients, we perform a 15-minute minimally invasive outpatient procedure called plantar fasciitis release, which lengthens the tissue causing the pain,” Dr. Megdanis says. “We typically try other methods for six to 12 months before recommending this procedure. Patients see improvements with endoscopic plantar fascia release, but they must take off up to six weeks from activities following surgery.”



OPERATION MOTHERHOOD

When the natural childbirth
Rosabeth Eddy wanted
was no longer an option,
a different approach to
Cesarean section made sure
the moment she became a
mother was no less special.

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FIND A DOCTOR 718.499.CARE (2273)



LAST FEBRUARY, ROSABETH, a 36-year-old high school administrator, and her husband, David, who works in marketing and finance, received the news they longed for: They were going to have a baby. The couple from Fort Greene in Brooklyn, spent six years trying to conceive. Multiple attempts at in vitro fertilization (IVF) were unsuccessful, but finally, the treatment worked. The way Rosabeth conceived strengthened her desire for a natural birth.

"It took so much medical intervention to get pregnant that I wanted as little as possible involved in my delivery," Rosabeth says. "I decided to work with a midwife after seeing a lot of my friends do the same. I liked midwifery's focus on the mother and success with vaginal delivery."

After receiving close monitoring from her fertility doctor for most of the first trimester, Rosabeth transitioned to the care of a midwife around week 10. Her pregnancy progressed smoothly through the spring, summer and early fall. October 28, her due date, came and went with no sign that the baby was ready to enter the world.

"I wanted to go into labor naturally, but the midwives and high-risk obstetrician/gynecologist I was seeing were concerned about letting me go past 41 weeks because IVF patients have a higher risk of problems with the placenta," Rosabeth says. "By November 6, I had reached 41 weeks and two days, so we decided to induce."

A LENGTHY LABOR

Rosabeth and David met their midwife and doula at NewYork-Presbyterian Brooklyn Methodist Hospital around 8 p.m. on November 6. Almost as soon as Rosabeth received a medication to induce labor, she began having contractions at three-minute intervals. Her labor was off to a textbook start. One hour became three, then six, then 12, then 24.

"The midwives broke my water about 24 hours after the contractions started," Rosabeth says. "My cervix was dilating slowly. After a day and a half of labor, I was dilated just five centimeters. Around noon on November 8, one of the midwives mentioned to David that a C-section might be necessary."

The midwives who had been overseeing Rosabeth's labor in shifts recognized that the process had stalled.

"Opting for a C-section is not something we do lightly or without a lot of consideration," says **McKenna Eldh, C.M.**, a midwife at NYP Brooklyn Methodist who attended to Rosabeth during her labor. "If the mother and baby are both safe and healthy, we come to the conclusion to recommend C-section over several hours based on how the labor is progressing. In Rosabeth's case, everything came down to the fact that the baby was moving through the birth canal at an angle, almost ear-first, which is a poor position."

Despite Rosabeth's long-standing desire for a natural birth and the plans she had made for it, she was not disappointed when she learned a C-section would be necessary.

"My mind-set shifted," she says. "I was just really excited to meet my baby."





A SEA CHANGE FOR C-SECTIONS

When it became apparent that a C-section would be the safest option for Rosabeth, Ms. Eldh consulted **Thomas Paone, M.D.**, obstetrician/gynecologist at NYP Brooklyn Methodist. The midwives work closely with the obstetricians/gynecologists at the Hospital when labor becomes complex.

"At NYP Brooklyn Methodist, midwives and obstetricians are true partners in care," says **Roseanne Seminara, C.N.M.**, director of midwifery at the Hospital. "When we midwives encounter a labor that isn't progressing normally, they don't think twice about consulting an attending obstetrician. Likewise, if a doctor is having trouble getting a labor to proceed, a midwife may be able to help."

When Ms. Eldh spoke with Dr. Paone, he brought up the option of a gentle C-section, an approach to surgical delivery that incorporates the intimacy and family-centered aspects of vaginal childbirth as much as possible.

"Instead of using a solid drape that separates the parents from the delivery, we use a transparent one that allows them to see the baby immediately," Dr. Paone says. "We put the baby right up to the drape so the mother can see him or her. The pediatrician examines the baby on the mother's chest rather than on a nearby warmer so the mother and baby can enjoy skin-to-skin time right away while the surgery wraps up. When it's time to go to recovery, the mom and baby go together."

When Rosabeth learned about gentle C-section, she was immediately receptive to the idea.

"Several of the elements of a gentle C-section, such as the special skin-to-skin time, were what I wanted in a vaginal birth," Rosabeth says. "The midwives, doula and team at NYP Brooklyn Methodist translated my birth plan for a natural delivery into one for a gentle C-section."

A FAMILY FROM THE FIRST MOMENT

Rosabeth entered an operating room for her gentle C-section on the night of November 8. David was by her side throughout the procedure, and Ms. Eldh was present to provide emotional support and help keep Rosabeth informed during the surgery.

"Dr. Paone played music and created a truly intimate environment in the operating room," Ms. Eldh says. "It is important for mothers to have that feeling of closeness and comfort during birth. As the C-section proceeded, I explained to Rosabeth what was happening and what she was feeling."

When someone in the room said "Rosabeth, lift your head—your baby is about to be born," Rosabeth looked up through the clear drape and saw her daughter, Stella Jean-Louise, for the first time.

"To see her being delivered was so powerful," Rosabeth says. "In terms of my husband's and my emotions, it was as if we were having a vaginal delivery. David got to cut Stella's umbilical cord and take pictures. When I held her on my chest for the first time, it was the best moment of my life."

For Dr. Paone, that moment encapsulates the purpose of gentle C-section.

"Mother, baby and partner get to be a family unit right away," he says. "Gentle C-section turns an operation into a birth."

Rosabeth agrees.

"What I appreciated most about the gentle C-section was that I was present and aware," she says. "That means I can say to my daughter, 'I've known you from the moment you took your first breath.' That was really important to me."

Now nearly two months old, Stella is a happy, healthy baby who likes to smile and is not shy about letting her parents know when she is hungry or wants attention. She takes just about everything in stride, which bodes well for the future. An enthusiastic gardener, Rosabeth looks forward to introducing her daughter to her hobby. Both David and Rosabeth are excited to take Stella swimming, golfing and snowboarding when she's older. Now that they have the family they dreamed of, the fun is just beginning.

Play It Safe All

WINTER

KID ZONE

16

In spite of winter's colder temperatures, kids can stay active outdoors year-round. Here's how to help protect them as they swing, slide, sled, climb and glide their way to happy winter memories.

SOME CHILDREN SEEM impervious to cold weather. Parents shiver as their little ones beg to stay outside for five more minutes or gleefully throw snowballs and make snow angels.

"Children can't catch a cold or the flu from cold weather," says **Pramod Narula, M.D.**, pediatric pulmonologist and chair of pediatrics at NewYork-Presbyterian Brooklyn Methodist Hospital. "I recommend that parents dress their children warmly and take them outside to play if the weather permits."

One exception is when temperatures reach freezing. Dr. Narula advises that children with asthma symptoms that are triggered or worsened by cold air should play indoors if temperatures are 32°F or colder. If temperatures are above freezing but still cold, wearing a face mask or neck warmer to cover the nose and mouth may help warm the air as it is being breathed into the lungs, which can prevent asthma symptoms.

Unless temperatures are extremely low, most children can safely play outdoors for up to 60 minutes at a time before they should come inside to warm up, rest and rehydrate. Frostbite becomes a concern within minutes when skin is exposed to temperatures or wind chill temperatures of -15°F or less (see "Hypothermia & Frostbite: Know the Signs" on page 17). If temperatures are above that, layered winter clothing can help protect children as they play outdoors.

GET INTO GEAR

Winter clothing should include an inner layer made of fabrics like wool or polypropylene that holds in body heat. A second insulated layer made of natural fibers or fleece is recommended to help trap warm air close to children's bodies. Outer clothing made of tightly woven, water- and wind-resistant fabric should cover the first two layers.

In addition, waterproof hats and gloves, as well as footwear that is large enough to accommodate two pairs of socks, can help children stay dry and comfortable when playing in the snow. Using a neck warmer (instead of a scarf) and gloves with clips (instead of drawstrings) help protect children from getting their clothing caught on playground equipment or tree branches. Coats without drawstrings, as well as separate hats and coats, are

preferable to coats with drawstrings or hooded coats for the same reason.

Layering up keeps children warm without overheating them. If children become too hot, they can shed one layer at a time until they are comfortable. A good way to make sure children are warm enough is to check their hands and feet. If these extremities are warm and not sweaty, then the children are properly dressed. If any article of clothing gets wet, change it as soon as possible.

As counterintuitive as it may seem, the sun can be a concern for children playing outdoors in the winter as they can still get a sunburn. Use sunscreen with a sun protection factor (SPF) of 30 or higher to keep children's skin from being exposed to the sun's harmful ultraviolet rays.

ON THE PLAYGROUND

Playground safety is top of mind for most parents at any time of the year, but there are a few extra considerations during winter.

"There's an increased risk of falls during winter weather conditions," says **Christen Russo, M.D.**, assistant attending pediatric orthopedist at NYP Brooklyn Methodist. "Don't allow children to play in playgrounds if ice has built up on the equipment or the surrounding ground."

It is also wise to check underneath slides for compacted snow and ice as it can linger in this shaded area long after it melts elsewhere and create a slip hazard.

Make sure that the playground surface area is still soft enough to accommodate a few tumbles in freezing weather and choose a playground where guardrails are installed on all platforms, including slides.

ON SNOW

Throwing snowballs, building snowmen and forts, and sledding are winter activities children look forward to when snow accumulates. While building snowmen poses little risk if



HYPOTHERMIA & FROSTBITE: KNOW THE SIGNS

Hypothermia Symptoms

- Shivering
- Exhaustion or drowsiness
- Confusion or slurred speech
- Bright red, cold skin

Frostbite Symptoms

- Skin that is red, numb or painful to touch
- White, gray or yellow skin pallor
- Firm or waxy skin texture
- Blistering

When hypothermia or frostbite is suspected, seek immediate medical attention. If frostbite is suspected in the arms, hands, legs or feet, immerse the affected area in warm water, if possible. Otherwise, keep the child in a warm area, under multiple layers of dry clothing and blankets until help arrives, and offer the child a warm beverage like hot cocoa or tea.

children are properly dressed, sledding requires some safety precautions.

When the snow season begins, be sure to check your sled for any damage before using it and make sure that it can be steered easily. If it fails inspection, get a new sled before hitting the hill.

When choosing a sledding location, try to find a less populated area and a hill no steeper than 30 degrees. This will minimize the chance of sledding collisions.

“Check the terrain and your surroundings before your children hop on a sled,” says **Steven Gelman, M.D.**, pediatrician and director of the outpatient clinic at NYP Brooklyn Methodist. “Have them sled well away from trees, objects like fire hydrants and, of course, streets. Also, limit the ride to one child on one sled at a time, unless the child is under five years old, in which case he or she should only ride a sled with an adult.”

Children should be seated on the sled with their feet forward. “Wearing a hockey or ski helmet while sledding is also a good idea,” Dr. Gelman says.

Some children may be interested in skiing or snowboarding. If so, they should be taught by a qualified instructor before attempting to tackle the slopes. Adult supervision is a must

for younger children, while teenagers should ski in groups or with one or two friends.

Kids should try on all skiing and snowboarding equipment every year to make sure it still fits properly. If it doesn't, replace necessary items to help ensure safety. Goggles, elbow pads, kneepads and wrist guards can help protect the eyes and bones of little skiers and snowboarders. Teach children to watch for and avoid icy patches on the slope and only attempt to ski and snowboard on marked trails that match their skill level and capability.


ON THE ICE

Outdoor ice skating is another classic winter activity for children. Children should be supervised and reminded to watch their speed as they develop skills on the ice. Here again, protective equipment like hockey helmets, elbow pads and kneepads are a good idea, especially for younger children and beginning skaters.

Skates should fit children comfortably and provide strong ankle support to prevent twisted and sprained ankles and feet. Also, stick to public skating rinks instead of frozen ponds or lakes to ensure that the ice is fully frozen.

INSIDE THE WORLD OF

IB



The symptoms of irritable bowel syndrome (IBS) may be uncomfortable to discuss, but for many of the people they affect, living with them in silence can be even more distressing.

AVA, A 33-YEAR-OLD ATTORNEY, tells her older sister, Carrie, almost everything, but for the past four months, she has been keeping a secret: All is not right with her health. Ava is living with abdominal cramps and diarrhea that will not go away. Whenever she enjoys a period of relief and thinks the issue has cleared up, it returns with a vengeance.

The effects of Ava's symptoms on her life are profound. Before client meetings, she becomes anxious that an emergency might force her to excuse herself and hurry out. Plans with friends are sources of anxiety instead of pleasant anticipation, as she knows she will spend much of the time wondering about the location of the nearest bathroom. Lately, she has avoided social gatherings entirely. Her anxiety creates a self-fulfilling prophecy and makes her symptoms worse.

After a visit to her doctor, Ava finally learns what has been turning her life upside down: IBS—which means a change in normal bowel movements in the form of diarrhea, constipation or both, accompanied by abdominal pain.

A PROBLEM OF FUNCTION, NOT FORM

For many people, IBS is both familiar and mysterious: They have heard the term but know little about the condition itself. One of the most common misconceptions about IBS is that it is a sign of a health-threatening issue involving the digestive system.

"IBS is a functional disorder," says **Irwin Grosman, M.D.**, associate chief of gastroenterology (GI) and GI fellowship program director at NewYork-Presbyterian Brooklyn Methodist Hospital. "That means there is a problem with the way in which the digestive tract works as opposed to a problem with its construction, which would be a structural disorder. Two issues define IBS—a change in the way food moves through the stomach and intestines and ends up as waste, and a change in the way the brain perceives that process, which leads to the abdominal discomfort patients feel."

Those issues are related to a leading theory about the cause of IBS. Decades ago, the medical community thought the condition was psychosomatic, but a better understanding of the complexity of the digestive system has swept that characterization aside. Many doctors now think dysfunction in the enteric nervous system—a branch of the peripheral nervous system that serves the intestinal tract—plays an important role in IBS.

"The brain processes signals from the intestine, which ends up causing symptoms like cramping, abdominal pain and changes in bowel habits," says **Vincent Notar-Francesco, M.D.**, gastroenterologist at NYP Brooklyn Methodist. "Because of the brain's involvement, many patients notice that stress and anxiety—which create hyperactivity in the brain—aggravate their digestive symptoms."

SYMPTOMS IN THE SPOTLIGHT

For doctors, understanding patients' symptoms is crucial to diagnosing and treating any disease, but that is especially true for IBS. Treatment for IBS depends heavily on a patient's dominant symptom—constipation, diarrhea or a combination of the two. Doctors classify cases of IBS based on their main symptom; IBS-D, for example, is IBS with mainly diarrhea, and IBS-C is IBS with mostly constipation. IBS-M indicates mixed diarrhea and constipation. Patients typically must have symptoms for at least six months for doctors to diagnose IBS.

Changes in bowel movements and abdominal pain are not the only signs of IBS. Other digestive-related symptoms may include bloating, gas and a feeling of fullness in the stomach. Additional symptoms may have nothing to do with the gut, including fatigue, muscle aches, back pain, headaches, changes in urination and discomfort during sex.

Those who experience IBS symptoms may feel isolated, but they are far from alone. IBS affects millions of people worldwide—up to 15 percent of the population at some point in their lives—and it is one of the most common reasons for people to see their primary care doctor. Gastroenterologists diagnose IBS more frequently than any other condition. Women are especially vulnerable—they develop IBS at a rate nearly twice that of men, perhaps due to differences in the way women's enteric nervous systems and brains interpret messages from the intestines. Greater willingness on the part of women to see a doctor when symptoms arise may also explain their higher rates of diagnosis.

No two people's experiences with IBS are precisely the same, as the condition's symptoms vary from person to person in frequency, severity and effect on quality of life. Individuals with mild or moderate IBS may only experience flare-ups during times of stress, and the impact on their lives may be minimal. For those on the severe end of the symptom spectrum, however, the condition is significantly more disruptive and distressing.

"For certain patients, IBS can be incapacitating, and it may impact many aspects of life," says **Smruti Mohanty, M.D.**, chief of the Division of Gastroenterology and Hepatobiliary Disease and director of the Center for Liver Disease at NYP Brooklyn Methodist. "Stomach pain, and for those who have diarrhea, frequent trips to the bathroom, can hurt their performance at work, throw their day-to-day schedules off balance, and damage relationships with family and friends by making patients restrict social interactions."

A DIAGNOSIS OF ELIMINATION

No test can definitively diagnose IBS. Doctors rely on a detailed history, a physical exam, and perhaps most importantly, tests to rule out other, more serious illnesses.

"IBS is a diagnosis of exclusion," Dr. Mohanty says. "Its symptoms can overlap with those of other diseases, so we want to eliminate those possibilities first. We use blood tests to check for anemia, celiac disease, uncontrolled diabetes, an overactive thyroid and inflammatory bowel diseases, like ulcerative colitis and Crohn's disease. A stool sample can rule out infection. Most patients also have an endoscopy to check the stomach and colon for cancer."

If all these test results are negative, IBS is the diagnosis. The next step is pinpointing the dominant symptom and classifying the condition. That is important because the main symptom guides doctors' treatment recommendations. For example, dietary changes they may suggest differ depending



FOOD FOR THOUGHT

For people with IBS, learning to cope with the condition may mean rethinking how and what they eat. They may want to abandon their three-meals-a-day routine in favor of smaller, more frequent meals, which are less likely to cause cramping and diarrhea. Lactose intolerance—not being able to easily digest lactose—can exacerbate IBS symptoms for many individuals, so they should be extra careful to avoid dairy products. Most importantly, patients should keep a detailed record of the foods they eat so they can determine which ones trigger IBS symptoms. Common culprits include fat-rich foods and those that produce gas, like cabbage, broccoli and beans.

Another class of foods that can be problematic for certain IBS patients are those containing fermentable sugars collectively known as FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides and polyols). FODMAPs are found in a variety of natural and processed foods, from certain fruits and vegetables to candy and foods containing high-fructose corn syrup. A diet designed to help patients avoid FODMAPs can be beneficial for some, according to Dr. Grosman, but it is best to try it only with a doctor's recommendation and guidance from a nutritionist.

"The FODMAPs elimination diet can be challenging for patients to follow on their own," Dr. Grosman says. "A nutritionist can help them do it safely by ensuring that they get the nutrients they need while avoiding FODMAPs. Rather than asking patients to follow the diet, I often use it as a starting place to identify trigger foods. I show them a list of high-FODMAP foods and ask if they notice any that seem to cause their symptoms. That list can be a useful tool for identifying foods they should avoid."

on whether patients are dealing with constipation or diarrhea.

After classifying IBS, doctors turn their attention to clearing up another common misconception, which is that the condition currently has no cure and there is nothing they can do to reduce the symptoms. In reality, doctors have quite a few treatments to choose from.

THERAPIES FOR BODY AND MIND

"Treatment starts with lifestyle changes, especially diet and exercise," Dr. Mohanty says. "Patients who are dealing with constipation, for example, may need to eat a high-fiber diet and drink more water throughout the day to ensure that they stay hydrated. Those whose main symptom is diarrhea, or who have problems with bloating and gas, may need to eat less fiber. Keeping a log of what they eat can help patients identify the foods that trigger symptoms, which they can then avoid. Physical activity is very important for patients, as it increases energy and reduces stress."

Keeping stress under control is an important aspect of managing IBS—one that goes hand in hand with dietary changes and an exercise routine. Techniques such as yoga, meditation or other activities that patients find relaxing can be helpful.

"Certain people may benefit from psychotherapy or cognitive behavioral therapy with a behavioral health professional to learn more effective ways to cope with stress," Dr. Notar-Francesco says. "If patients also have a psychiatric condition, like depression or anxiety, treating it with therapy or medication may improve IBS."

Medications to treat the symptoms of IBS can complement lifestyle changes and are additional options for patients who do not experience enough

relief from diet, exercise and stress reduction. Doctors may prescribe laxatives to patients with constipation and anti-diarrheal drugs to patients who struggle with frequent loose bowel movements. Antispasmodics like hyoscine or dicyclomine and antidepressants like fluoxetine and sertraline can reduce abdominal pain, even in individuals who do not have depression.

The development of more medications to treat the underlying mechanisms of IBS has Dr. Notar-Francesco hopeful about the future.

"Medications like linaclotide can help regulate how much fluid the body secretes into and removes from the intestines, and they are showing increasing promise in treating patients with severe IBS," he says. "In time, we may be able to use those drugs in patients with mild symptoms. For a long time, doctors had nothing to offer IBS patients but changes in diet and laxatives. Now, we have more drugs working on the mechanisms of the condition that are proving beneficial, and I think we will see additional ones in the future."

Experts agree that pinpointing the origins of IBS is crucial to developing more effective ways to help patients.

"Improving our understanding of the underlying causes of IBS will lead us to tools to control the symptoms more successfully and consistently," Dr. Grosman says. "In the meantime, people with IBS should not feel like they have to find a way to live with it. We have come a long way in how we manage this disease. We can usually find a way to improve patients' quality of life."

The things you love—
family, friends and your
favorite pastimes—do not
change with a diagnosis
of chronic disease, and
neither should your
enjoyment of them.

CHRONIC

CHRONIC CONDITIONS CAN take many forms. Some, like osteoarthritis of the knees, affect a small area of the body but may have a large impact on your quality of life. Others conditions, such as diabetes or cancer, can have head-to-toe effects on the body and significantly influence daily living. But, chronic diseases and their related symptoms do not have to be defining.

“When people are diagnosed with a long-term illness, they often ask how their lives will change,” says **Emil Baccash, M.D.**, attending physician in internal and geriatric medicine at NewYork-Presbyterian Brooklyn Methodist Hospital. “The key to living well with a chronic illness is adapting to it.”

Whether you have lived with a chronic disease for years or received the diagnosis just last week, the following tips will allow you to adjust your habits and your self-care routine for a higher quality of life.

LEAN ON YOUR PRIMARY CARE DOCTOR

Of those working with you to manage your health, your primary care doctor plays the most important role in helping you maintain the richest possible quality of life. He or she is your go-to resource for safe exercise recommendations, dietary suggestions and

answers to any questions that you have about living with a chronic illness. You might need to know whether it is safe to travel with cardiovascular disease—it typically is—or how to modify your home if you have chronic obstructive pulmonary disease (hint: keep frequently used items within easy reach). Your primary care doctor can address these concerns and keep a close eye on your overall health, coordinating with other medical specialists, if necessary, to help you manage any changes.

TAKE AN ACTIVE APPROACH

Exercise is powerful medicine for many chronic diseases—it can reduce the risk of osteoporosis-related fractures, mitigate osteoarthritis pain and boost the spirits of people who are experiencing depression, among many other benefits. The key is to find a variety of safe, enjoyable activities that you are likely to stick with.

“Walking your dog or riding a stationary bike are low-impact options that are easy on your joints and get your heart pumping,” says **Nga Yu Cheung, M.D.**, attending physician in geriatric medicine at NYP Brooklyn Methodist. “To reap the full rewards of exercise, incorporate range-of-motion activities

like chair yoga and muscle-strengthening activities like wall push-ups.”

Add spice to your exercise routine by trying a new activity, such as water aerobics if you are looking for a fitness activity that isn’t hard on your knees or yoga if better balance and muscle strength is important.

FEED YOUR WELLNESS

The staples of a healthy diet—whole grains, lean proteins, and a colorful array of fruits and vegetables—are important for managing a chronic condition, but did you know that you could use food to target symptoms or promote specific aspects of health? Fish like salmon, herring or mackerel, which are rich in omega-3 fatty acids, can help reduce inflammation associated with arthritis.

READ UP

Knowledge is more than power—it is peace of mind. The more you remove the element of mystery from a chronic disease, the less intimidating it may become. Spend time learning about the condition you have, which will better prepare you to face any challenges it may present and provide helpful ideas for how to live well with it. As you gather information, ask your primary care doctor and specialists for resource recommendations.

STRESS BE GONE

Stress and chronic illness often feed off one another, each making the other worse. That makes managing stress one of the most important things you can do for your health. Decreasing stress is a highly personal

process—no two people go about it precisely the same way. To form a de-stressing habit, make time each day for an activity that you find soothing. This might mean listening to a particular genre of music, visiting an art gallery or taking a walk outside. Whatever it is, the activity should leave you feeling calmer than before you started it.

STAY SOCIAL AND SEEK SUPPORT

Your relationships with family and friends can be deeply therapeutic, especially when it comes to avoiding depression, which is a common complication of chronic illness.

“Depression can make a chronic disease worse by reducing motivation to exercise, eat healthy and follow treatment recommendations,” says **Anna Gorelik, M.D.**, attending physician in geriatric medicine at NYP Brooklyn Methodist. “Make it a point to call, video chat or visit with family often, and keep up with friends by going out to lunch or getting together for a weekly walking group.”

Sometimes, the most valuable form of support comes from those who are walking the same path as you.

“Joining a disease-specific support group is a great way to meet new people whose fellowship and encouragement can enrich your life,” Dr. Baccash says. “Plus, they can be a great source of advice.”

Maintaining social connections is also a great way to build a network of support you can call upon if, for example, you need help running errands after treatment or an extra set of ears at a specialist appointment.

ALLY YOU

THREE STEPS TO SERENITY

Meditation can be a powerful way to help you accept circumstances that may be beyond your control, such as having a chronic condition. It can also help you manage the pain that comes with certain chronic conditions like arthritis.

“The emotional stress of living with a chronic condition can affect your well-being,” Dr. Cheung says. “Calming practices like meditation can be very valuable in alleviating such tension.”

Meditating is as easy as 1-2-3.

1. Sit or recline in a comfortable, quiet place.
2. Close your eyes and focus on your breathing. Pay close attention to the air as it enters and exits your nostrils and inflates your chest and abdomen.
3. Concentrate on making your inhalations and exhalations the same length. Continue focusing on your breathing in this manner, clearing your mind of all other thoughts. Gradually extend your meditation sessions from one or two minutes to ten minutes.

Flexible Vegetarians

BLACK BEAN BURGERS

Ingredients

- + 1 15.5 ounce can, low-sodium black beans (drained and rinsed)
- + 1 large egg
- + ½ cup cooked brown rice
- + 2 scallions (or ¼ cup green and white scallions)
- + 2 tablespoons fresh cilantro (chopped)
- + 1 clove garlic (peeled and minced)
- + ¼ teaspoon dried oregano or basil
- + ½ teaspoon salt
- + ½ teaspoon black pepper
- + 1 teaspoon vegetable oil
- + 4 whole-wheat buns

Directions

- 1 In a large mixing bowl, mash black beans until softened. Add egg and stir before mixing in remaining ingredients except the vegetable oil.
- 2 Using your hands, divide mixture into four equal parts and shape into patties.
- 3 Heat vegetable oil in a large skillet, and then add the patties, cooking them four minutes per side or until cooked through.
- 4 Place patties on buns and serve with preferred topping, like tomato, lettuce, avocado and onion.

Nutritional Information

Servings: 4	Sugars: 4g
Calories: 274	Protein: 13g
Total fat: 5g	Dietary fiber: 12g
Cholesterol: 53mg	Sodium: 668mg
Carbohydrates: 47g	Potassium: 516mg

ADD FIVE

Giving up meat entirely may not appeal to you, but consuming vegetarian dishes for most meals, also known as a flexitarian diet, can provide many of the same health benefits.

EATING A MOSTLY VEGETARIAN DIET can help you lose weight, lower your cholesterol, and reduce your risk for heart disease and type 2 diabetes. It may also increase your energy levels, says **Jennifer Lease, R.D.**, clinical dietitian at NewYork-Presbyterian Brooklyn Methodist Hospital.

"But not every diet that eliminates meat is healthy," Ms. Lease says. "It is possible to eat a poorly balanced meat-free diet loaded with foods that are not good for you, such as mashed potatoes and macaroni and cheese. It's important to incorporate foods from all the different food groups to ensure that you are reaping the health benefits of essential vitamins and minerals from a variety of foods."

If you want to explore a flexitarian way of eating, start by limiting meat and fish a few days a week and go meatless the other days. When you do, make up the nutritional difference by including more of the following foods into your diet—high volumes of fruits and vegetables, protein sources like eggs and beans, whole grains and low-fat dairy foods. As you get more comfortable with meatless meals, gradually increase the number of days you avoid meat in favor of other nutrient-dense foods.

To help ensure the right balance, plan your menus ahead of time and take your prepared shopping list with you to the market. Avoid last-minute fast food or unhealthy substitutions by preparing go-to meals in single-serving or family-serving portions ahead of time.

VEGETABLES AND FRUITS FOR DAYS

It's easier to incorporate more vegetables into your meals when you make large quantities of baked or roasted vegetables ahead of time. Use fresh herbs like thyme, rosemary or jarred spices—pepper, turmeric or curry powder—for additional flavor. You can squeeze some lemon or orange juice directly from the fruit over cooked vegetables to add a hint of citrus. Coating vegetables with a small amount of balsamic vinegar is another easy way to enhance the flavor of your meals.

Once baked, place cooled vegetables into containers and store them in your refrigerator so that they are easily accessible.

In addition to cooked vegetables, keep raw, sliced carrots, celery and bell peppers slices on hand. These are easy to toss into recipes or they pair well, uncooked, with bean dip or Greek yogurt as a healthy snack. You can also top dark leafy greens with raw vegetables for a colorful salad. Having home-prepared, unprocessed foods on hand makes it easier to choose healthier options after a long day at work or school.

Keep apples, oranges, pears, grapes, bananas and other favorite fruits readily available to eat whole, mix together in a fruit cup or blend in a smoothie.

PACK YOUR PROTEIN

The typical American diet includes a high volume of protein, mostly from meat.

“When switching to a mostly vegetarian diet, it is important to pack each meal with sufficient plant-based protein,” Ms. Lease says. “Protein from foods like hummus, nuts, seeds and legumes, such as edamame and lentils, will help you stay energized and full between meals.”

ADD WHOLE GRAINS

On occasion, substitute a serving of whole grains for bread. Whole grains add fiber to your diet to maintain your colon health and keep you feeling full for longer. Options for healthy grains include quinoa, whole-wheat couscous, farro, barley, oats and buckwheat—all of which can be used as foundations for filling, yet nutritious meals.

A DOSE OF LOW-FAT DAIRY

Incorporate plain, low-fat Greek yogurt with a tablespoon of granola sprinkled on top for breakfast, or include it with diced pieces of fresh fruit as a sweet finish to your lunch. Blend low-fat milk into a smoothie or drink a small glass of it with a meal. Top a savory dish with a sprinkle of cheese for extra flavor.

FLEXITARIAN MENU OPTIONS

Try a few of these meal ideas that follow the recommended calorie counts:

Breakfast:

- + Egg-and-vegetable muffins or one egg scrambled with chopped vegetables and low-fat cheese, served with one

slice of 100 percent whole grain toast. Bread labeled as 100 percent whole wheat has no cholesterol or fat and contains 8 percent of protein per serving.

- + Oatmeal or low-fat Greek yogurt topped with fresh fruit, nuts or chia seeds
- + Breakfast burrito with turkey sausage, scrambled egg and sautéed vegetables

Lunch:

- + Spinach salad topped with almonds, walnuts, cashews or a few slices of avocado or turkey bacon with low-fat cheese and roasted vegetables
- + Leftover stir-fry made with tofu or salmon, zucchini, yellow squash and onions and served on a bed of grains

Dinner:

- + Soups loaded with vegetables and a small amount of bite-size pieces of lean meat or fish
- + Lentil pastas with vegetables, tossed with pesto and low-fat cheese
- + Zucchini boats stuffed with white beans and tomato sauce
- + Peppers stuffed with ground chicken meatloaf and a side of spinach and onions topped with melted shredded parmesan cheese

“Ultimately you have to adjust your diet to what works for you,” Ms. Lease says. “You don’t need to eat meat with every meal or even every day to feel full. Incorporate heart-healthy fats and plenty of fiber so that you will feel satisfied after meals.”



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SWEET POTATO FRIES

Ingredients

- + 3 medium sweet potatoes
- + 3 tablespoons olive oil
- + Salt and pepper to taste
- + ½ teaspoon paprika
- + ½ teaspoon garlic powder

Directions

- 1 Preheat oven to 425° Fahrenheit while washing, peeling and cutting sweet potatoes into thin wedges.
- 2 Toss wedges in olive oil and sprinkle with remaining ingredients.
- 3 Cook wedges for 20 minutes, tossing them occasionally for an even bake.
- 4 Serve them without condiments to avoid added sugars.

Nutritional Information

Servings: 6
Calories: 116
Total fat: 7g

Cholesterol: 0mg
Carbohydrates: 13g
Sugars: 3g
Protein: 1g

Dietary fiber: 2g
Sodium: 36mg
Potassium: 219mg

SWAP BLACK BEANS AND BROWN RICE FOR BEEF TO MAKE A VEGETARIAN, PROTEIN-PACKED MAIN COURSE WITH A SWEET SIDE TO ROUND OUT THE MEAL.

ACTIVE **VERSUS** AGGRESSIVE

The right prostate cancer treatment isn't the same for every man.

RECEIVING A DIAGNOSIS of prostate cancer can be upsetting. However, extensive research shows some men are able to take a surveillance approach to treatment, which provides the opportunity to postpone or even avoid the stress and potential side effects often associated with prostate cancer therapy.

STANDING BY

Doctors use several tests to diagnose and stage cancer of the prostate, a gland that helps produce semen. These tests include a digital rectal physical exam, a blood test that measures levels of a prostate-produced protein called prostate-specific antigen (PSA) and, finally, a biopsy of prostate tissue.

Identifying the stage and grade of prostate cancer, as well as men's ages and overall health, helps doctors identify appropriate treatment options. For example, older men with early-stage, low-grade cancers—slow-growing cancers that have not yet spread to other parts of the body and are not expected to spread rapidly—may not need treatment. Instead, these patients and their doctors may choose active surveillance.

"Using active surveillance, we monitor men over time to make sure the cancer does not progress," says **Ivan Grunberger, M.D.**, chief of urology at NewYork-Presbyterian Brooklyn Methodist Hospital. "Men commit to twice-a-year office visits, which typically include a follow-up PSA blood test and physical exam, as well as a repeat biopsy six months after they receive their diagnosis. If the cancer remains stable, we can extend the interval between biopsies to one year or longer."

WHEN AGGRESSIVE ACTION IS NEEDED

Some men do not want to delay prostate cancer treatment and choose to begin right away. Others may be unable to delay treatment because they have later stage or higher grade cancers. In addition, some men who choose active surveillance may need to begin treatment if their PSA levels rise or a follow-up biopsy shows tumor growth. In these cases, doctors may recommend treatments that include:

+ **Radical prostatectomy**—A surgical procedure in which doctors remove the prostate gland. Advances in surgical technology now allow doctors to offer robot-assisted, nerve-sparing prostatectomy, during which they make

several small incisions instead of one large cut in the lower abdomen. The smaller incision sizes mean that men have less pain and shorter recovery times. Because this approach also lowers the risk of nerve damage, it's less likely to impact the patient's sexual function than more invasive surgical procedures of the past.

+ **Radiation therapy**—Options for radiation therapy include external beam radiation therapy or brachytherapy.

"External beam radiation is a noninvasive radiation treatment that treats the prostate five days a week for a period of six to eight weeks," Dr. Grunberger says. "With brachytherapy, radiation oncologists place needles into the prostate and inject radioactive pellets into the gland. These pellets are active for three months and give off high doses of localized radiation."

+ **Chemotherapy**—These treatments are usually recommended for men with late-stage prostate cancer, where the cancer has migrated to other parts of the body. Chemotherapy can help alleviate prostate cancer symptoms and extend patient lives.

+ **High-Intensity Focused Ultrasound**—Only approved by the FDA in the last year, this non-invasive treatment uses localized high-intensity ultrasound waves that create high temperatures to kill prostate cancer cells. It's a good option for patients with early cancer who want treatment with minimal side effects.

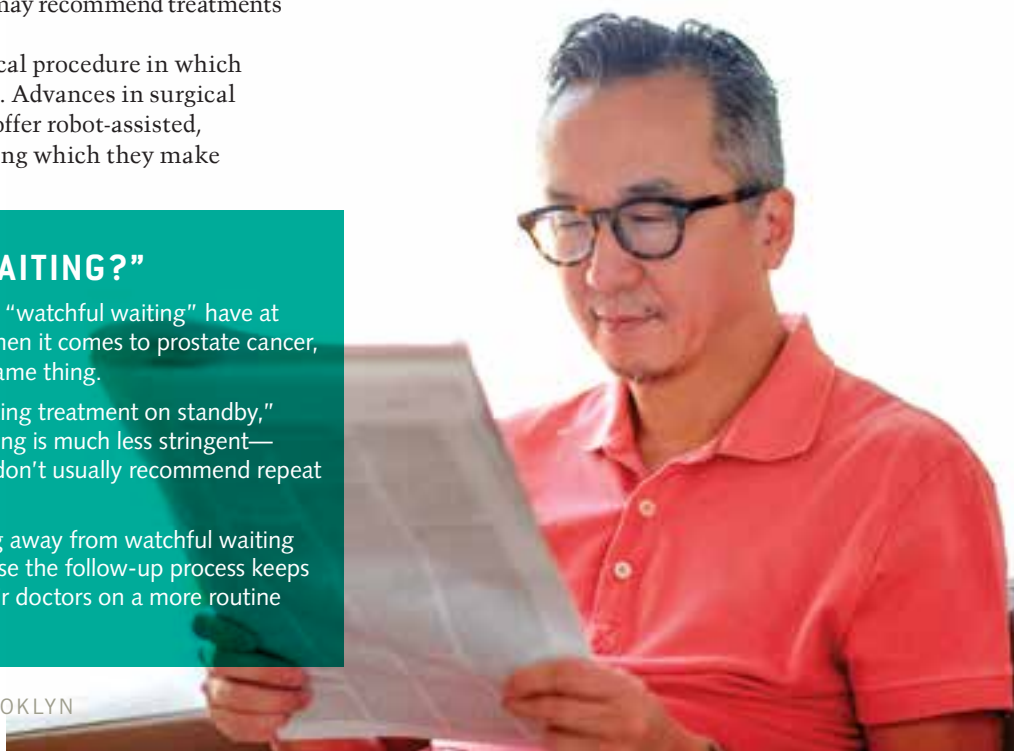
"We have very efficient methods of treating prostate cancer today that allow us to preserve men's quality of life," says **Hani Ashamalla, M.D.**, chairman of NYP Brooklyn Methodist's Department of Radiation Oncology. "Men can find out which option is most suitable for them by talking with their doctor and learning as much as possible about each treatment."

WHAT'S "WATCHFUL WAITING?"

The terms "active surveillance" and "watchful waiting" have at times been used interchangeably when it comes to prostate cancer, but these phrases don't mean the same thing.

"Think of active surveillance as putting treatment on standby," Dr. Ashamalla says. "Watchful waiting is much less stringent—there's less follow-up care, and we don't usually recommend repeat biopsies."

Many doctors, however, are moving away from watchful waiting in favor of active surveillance because the follow-up process keeps patients in communication with their doctors on a more routine basis, according to Dr. Grunberger.



TAMING TENSION

You're on the train, heading home from work when it you feel it. The muscles in your neck, jaw and shoulders tighten, and you feel a dull pain spreading from the back to the front of your head.

THESE SYMPTOMS SIGNAL an incoming tension headache. As the name implies, tension headaches are often related to stress. Find out how to prevent and manage these major pains by making time to relax and recharge.

STEP ONE: RECOGNIZE THE WARNING SIGNS

When you think of headaches, migraines may come to mind, but tension headaches are actually more common than migraines. The pain is usually mild, but affects both sides of your head and often includes telltale feelings of pressure—like a tight band is wrapped around your head—according to **Alla Mesh, M.D.**, a neurologist at NewYork-Presbyterian Brooklyn Methodist Hospital. Unlike migraines, which are typically more severe and affect one side of the head, tension headaches aren't associated with nausea or sensitivity to light and sound.

STEP TWO: UNDERSTAND YOUR TRIGGERS

Stress is the leading tension headache trigger, but it is not the only cause. Eyestrain from spending too much time in front of the computer, skipping meals and not sleeping enough are among other potential causes of a tension headache. If you have frequent headaches, you might want to consider using smartphone apps that can help you track when headaches occur, so you can determine whether they might be stress related.

OTC USE

OTC painkillers or, in the case of sinus headaches, decongestants can ease headache symptoms, but taking too many doses of these medications can cause difficult-to-treat, recurring headaches.

STEP THREE: FIND SWEET RELIEF

While there is no harm in taking an occasional dose of an over-the-counter (OTC) pain reliever, you should not routinely rely on these drugs to cure a headache, especially if headaches are persistent (see "OTC Use"). Instead, try one of these holistic strategies:

- + **Exercise.** Stress-busting exercises, like yoga and Pilates, can help prevent tension headaches or ease the pain when one occurs.
"The top differentiator between tension headaches and migraines is that tension headaches improve with mild exercise," Dr. Mesh says. "If you go to the gym or walk up or down a few flights of stairs, your tension headache may get better."
- + **Stick to a schedule.** To prevent headaches due to changes in eating and sleep habits, have a small meal or snack every three to four hours and go to bed and wake up at the same time every morning.
- + **Try a complementary approach.** "I find massage or meditation useful for preventing and managing tension headaches," Dr. Mesh says. "Studies on acupuncture have had mixed results. I have no objections to trying acupuncture, but the treatment can be time-consuming. After seven to ten initial treatments, you'll need to continue receiving acupuncture once a month."
- + **Know when to see your doctor.** If you have more than one or two headaches a week, talk with your doctor about preventive medications or other solutions.

Q&A | A Passion for the Community

MICHAEL ZENILMAN, M.D.



Michael Zenilman, M.D., chair of the Department of Surgery at NewYork-Presbyterian Brooklyn Methodist Hospital, is devoted to cultivating a community of health and healing.

Q What motivated you to become a doctor?

A I always loved the quest for knowledge, science and human physiology. From the time I was very young, I wanted to help people by understanding how the body works, why people become sick and how they may be healed.

Q Why did surgery appeal to you?

A Surgeons fix multiple problems at once and work closely with patients and families to find sustainable solutions. Surgery is an invasive procedure, but it is a very effective way to target and manage chronic illnesses, such as cancer or inflammatory bowel disease. Taking care of someone who is in pain is very gratifying. There's nothing like it.

Q What area of surgery appeals to you the most?

A The organs of the gastrointestinal tract, the liver and the pancreas are fascinating to me.

Q What is the most rewarding aspect of working at NYP Brooklyn Methodist?

A Our best hospital in Brooklyn is also one of the best hospitals in NYC. I have great admiration for the surgical staff here and enjoy working with this team day after day. NewYork-Presbyterian Brooklyn Methodist Hospital has reached a higher level of excellence than anyone ever dreamed, and it's an honor to lead surgery into the future.

Q What do you enjoy most about Brooklyn?

A During the past ten years, Brooklyn has become a vibrant borough with areas of revitalization that no one ever predicted. Brooklyn's neighborhoods are filled with happy faces and young families pushing strollers, and older couples walking and enjoying the day. Brooklyn also has one of the most ethnically diverse populations on the planet, which makes it such an interesting place to provide care.

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

A I have a wonderful family. My wife, Marilyn, and I have nine children, ages 19 through 33, who are all going their professional ways, which is exciting to see. Our job has been to help them fulfill their dreams.

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

A I enjoy the balance I have achieved between my family life and my career in surgery.

Gastrointestinal Solutions Through Surgery

Specializing in gastrointestinal (GI) procedures, surgeon **Michael Zenilman, M.D.**, chair of the Department of Surgery at NewYork-Presbyterian Brooklyn Methodist Hospital, works with patients to manage chronic conditions and improve their overall quality of life. Test your knowledge about GI surgery by taking the quiz below.

1

Which of the following conditions is considered a disorder of the gastrointestinal system?

- a. Colon cancer
- b. Irritable bowel syndrome (IBS)
- c. Hernia
- d. Pancreatitis
- e. All of the above

Answer: e. Gastrointestinal disorders include a wide variety of conditions that may be divided into two main categories, functional and structural disorders. Functional disorders occur when the GI tract is not working properly. Structural disorders may involve an abnormality in the appearance of the intestines, as well as in their function.

2

Which conditions may be curable through surgery?

- a. Colon cancer
- b. Complications from obesity
- c. Gallbladder disease
- d. All of the above

Answer: d. Surgeons perform many gastrointestinal procedures with the goal to cure specific conditions. In some cases, the patient may also need follow-up care, such as chemotherapy or radiation.

“Following surgery, even locally advanced colon cancer can be cured. For benign diseases like diverticulitis and gall bladder pain, surgery should be curative,” Dr. Zenilman says. “In patients with morbid obesity, complications such as diabetes, hypertension and sleep apnea can be cured by surgery and long-term therapy.”

3

What are some of the benefits of minimally invasive surgery to address gastrointestinal conditions?

- a. Faster recovery time
- b. Less pain
- c. Reduced scarring
- d. All of the above

Answer: d. Patients experience several benefits from minimally invasive procedures, including the ability to return to their daily activities quickly. General surgeons may employ minimally invasive techniques for procedures such as gallbladder removal, obesity surgery, surgery for esophageal reflux and tumor removal.

4

Fact or fiction: Surgeons will not perform bariatric procedures on patients in their 60s or 70s.

Answer: Fiction. A bariatric procedure may be an effective option for older adults who need to lose weight for their health but have not been successful with nonsurgical options like diet and exercise.

5

True or false: If a general surgeon performs open surgery to address cancer in the abdomen, the disease is more likely to spread.

Answer: False. “There is a misconception out there that exposing cancer to open air will cause the cancer to spread, but that is not true,” Dr. Zenilman says. “While minimally invasive surgery results in smaller incisions, we still sometimes need to perform open surgery to achieve effective and lasting results.”



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 NYP 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 SENEY 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.

RESTRICTED GIFTS can be made to a wide range of specialty services or programs designated by the Hospital as areas for support, consistent with a donor's personal interests. Such areas of support include the Alzheimer's Program, Child Life Services, Lung Cancer Screening Program, among many others.

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,
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BMHdevelopment@nyp.org.
Donations can be made online
at **donate.nym.org**.



COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? Email BMHAskThrive@nyp.org and let us know if we can print your name and submission. See previous issues at www.nypbrooklynmethodist.tncmdigitaleditions.com.

HYPOTHYROIDISM AND MENOPAUSE

HI THERE. I WANTED TO KNOW IF YOU COULD INCLUDE AN ARTICLE ON HYPOTHYROIDISM IN THE MENOPAUSE YEARS.

I LOVE YOUR MAGAZINE, AS IT IS SO INFORMATIVE! THANKS SO MUCH.

BEST,
ENID R.

Thanks for writing, Enid. I recommend taking a look at the Spring/Summer 2016 issue of THRIVE where we ran an article about thyroid disorders that included hypothyroidism ["Meet the Body's Energy Executive," pages 18–21].

Hypothyroidism occurs when the thyroid is under-producing hormones and it shares many symptoms with menopause, including fatigue, weight gain and irregular menstrual cycles. If you believe you may be experiencing symptoms of hypothyroidism, speak with your doctor about undergoing a simple thyroid-stimulating hormone (TSH) blood test.

—**Edmund Giegerich, M.D.**,
Chief of Endocrinology and
Vice Chairman of Medicine,
NewYork-Presbyterian
Brooklyn Methodist Hospital

IS SMOKELESS SAFE?

I RECENTLY DECIDED TO QUIT SMOKING AND STARTED USING VAPORIZERS INSTEAD. I THOUGHT I MADE A GOOD CHOICE, BUT AFTER LOOKING AT YOUR ARTICLE "5 REASONS TO STOP SMOKING NOW" [THRIVE, FALL 2017], I WANTED TO ASK IF SMOKELESS OPTIONS LIKE VAPORIZERS ARE ACTUALLY SAFE TO USE.

THANKS,
MATTHEW M.

Unfortunately, vaporizers still introduce large amounts of nicotine into the body, which can increase your risk of heart attack, stroke and some cancers. I recommend quitting all nicotine products as soon as you can. For more information about the dangers of smokeless nicotine and tips for quitting, look at the Fall 2015 issue of THRIVE ["Saying 'No' to Cigarettes May Not Be Enough"].

—**Rameen Miarrostami, M.D.**,
Pulmonologist, NYP Brooklyn Methodist

MUSIC AND MENTAL HEALTH

I LISTEN TO MUSIC A LOT—WHEN I WORK OUT, ON THE WAY TO THE OFFICE, BEFORE I GO TO BED—YOU NAME IT. I WAS GLAD TO SEE THAT MY LOVE FOR MUSIC MIGHT ACTUALLY BE CONTRIBUTING TO MY HEALTH FROM THE ARTICLE "SOOTHING SOUNDS" [THRIVE, FALL 2017]. I FIND THAT LISTENING TO MUSIC HELPS ME PREPARE FOR THE DAY, POWER THROUGH MY WORKOUT OR RELAX BEFORE SLEEPING.

JERRY

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 718.246.8590.

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

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss. For times, dates, location and to register (required), call 718.246.8590.

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

Bereavement Support Group

For those who have lost an adult loved one during the past year.

Fri., 1:15 p.m.-2:30 p.m.

Eight sessions beginning April. 25.

For more information, location and to preregister (required), call 718.780.3396.

Brain Aneurysm Support Group

For individuals and their family members who want to gain awareness about brain aneurysms.

Sat., Feb. 3, April 7,

9 a.m.-11 a.m.

For location and additional 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.

Wed., Jan. 10, Jan. 24,

Feb. 14, Feb. 28,

3 p.m.-4:30 p.m.

Wesley House Room 6A,

501 Sixth Street

To register, call 718.596.8789.

Diabetes Support Group

For people with diabetes and prediabetes.

Thurs., Jan. 25, Feb. 22,

5 p.m.-6 p.m.

Buckley Pavilion Room 820,

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., Jan. 18, March 15

2 p.m.-4 p.m.

Wesley House Room 6A,

501 Sixth Street

To register (required),

call 718.780.3593.

MS Support Group

For individuals with Multiple Sclerosis.

Thurs., Jan. 11, Feb. 8

12 p.m.-1:30 p.m.

Buckley Pavilion Room 820,

506 Sixth Street

For additional information

and to register, call

800.344.4867.

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., Jan. 8, March 5

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.

Wed., Jan. 10, Feb. 14, March. 14,

2 p.m.-3 p.m.

Buckley Pavilion Room 820,

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.

Thurs., Jan. 25, Feb. 22,

6 p.m.-7:30 p.m.

Carrington Conference

Room,

506 Sixth Street

For more information,

call 718.780.3288.

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

GO RED FOR WOMEN DAY

NYP Brooklyn Methodist will wear red and host a heart health fair, featuring free heart healthy screenings, educational information and giveaways.

Fri., Feb. 2, 11 a.m.-2 p.m.

Carrington Atrium Lobby

506 Sixth Street

Call 718.780.5367 for more information.



COMMUNITY EVENTS

Senior Health Seminars

Join the Hospital's doctors as they discuss health topics that are important to older adults.

Wed., Jan. 25, Feb. 21, March 21, April 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).

Give Kids a Smile Day!

Free dental exams for children. Children ages 1-16 welcome!

Fri., Feb. 2, 9 a.m.-3 p.m.

Kirkwood Pavilion

506 Sixth Street

Call 718.780.5367 for more

information.

Diabetes Alert Day

Free blood pressure, dental and podiatry screenings. Diabetes educators, pharmacists and registered dietitians will be available to answer questions.

Wed., March 28, 11 a.m.-2 p.m.

Carrington Atrium Lobby

506 Sixth Street

Call 718.780.5367 for more information.

Eat Right

Nutritionists will be available to answer questions about popular diet myths, heart health issues, weight management, diabetes and more.

Wed., March 14, 9:30 a.m.-2:30 p.m.

Carrington Atrium Lobby

506 Sixth Street

Call 718.780.5367 for more information.

