As a practicing physician for 50 years, Ronald Ollstein knew that the results of his CT scan were not good. The test taken last spring revealed a lesion on the left lobe of his lung that could very well be cancerous. “As you can imagine, I was very concerned.” After discussion with a number of specialists, he was referred to Dr. Nasser Altorki, Director of the Division of Thoracic Surgery at Weill Cornell, for a consultation. “From the moment I entered the hospital, I knew I was in the right place. The care that everyone took in their work was very reassuring. Dr. Altorki was straightforward and clear: whether it was cancer or not, the lesion had to be removed. The surgery was done two weeks later, and I was home recovering in just a few days.”

Dr. Ollstein’s experience is not unique. The Thoracic Division has created continuity of care for each patient: bringing together the considerable expertise of all the division’s professionals, to offer the best treatment in the fastest time possible.

“The last thing a patient wants to hear after meeting with a surgeon is that treatment will be delayed because they have to see additional specialists or have more tests that can take months to schedule. We compress everything into one or two weeks,” says Dr. Altorki.

There are many benefits to expediting patient care. “It is top ten again! Just In Time

Prompt Treatment is Hallmark of Surgeon’s Care

U.S. News & World Report has once again ranked the heart surgery enterprise of New York-Presbyterian Hospital as one of the best in the country. Cardiac care made the top ten list for the fifth consecutive year, ranking in 7th place. The annual survey is widely considered one of the nation’s most thorough and reliable measures of medical quality. The report, America’s Best Hospitals, was published in July 2005.

New York-Presbyterian Hospital is the only New York Metropolitan-area hospital included in the publication’s Honor Roll, a list that notes the top 16 hospitals nationally based on reputation, mortality rates and other issues related to quality of care. “We believe this ranking is made possible by the extraordinary commitment to patient care that is reflected in everything we do at the department of cardiothoracic surgery”
Donna Reilly is a Nurse Practitioner and a Cardiothoracic Nurse Coordinator for Dr. Wayne Isom and Dr. Karl Krieger at the Weill Cornell Medical Center

“My Aunt inspired me to become a nurse. She worked at a hospital in Rochester, and she told me she always felt good when she came home from work at night. I was in elementary school, and this was the first time anyone had talked to me about their career in that way. It made quite an impression. So when I was a teenager I became a Candy Stripper at the local hospital. The uniforms alone could turn you off to the profession, and all I was doing was delivering trays to people’s rooms, but I really enjoyed it.

After high school, I went to nursing school and came to this hospital right out of college in 1983. I started in pediatric ICU and then went to the OR in 1985. I’ve been with Dr. Isom and Dr. Krieger since they arrived at Weill Cornell.

My Aunt was right: helping people makes you feel good every day. And you know, it surprises me that I can still get so emotionally attached to the patients. I think about them all the time. After all these years, that I can still tear up over a sad story or, you know, a concerned spouse who is just devastated because they’ve never spent a night alone in 65 years of marriage. That kind of thing still really touches me.

The best thing I ever did was to get married and have my son, Tommy. He’s 21 months. We’re living full time on Long Island and loving it. We spend evenings at the beach, having dinner with Tommy and watching the sun go down. It’s quite a life.”

In Dr. Ollstein’s case, the lesion on his lung was small enough that it could be treated with minimally invasive surgery. “This type of surgery is suitable for many patients, especially those such as Dr. Ollstein who have early-stage disease,” reports Dr. Altorki.

“It’s the equivalent of laparoscopy in the abdomen. It substitutes the thoracotomy incision, which is the chest incision in the back where the ribs are spread, with operating through holes made between the ribs without actual rib spreading. It translates into less discomfort after the operation and more rapid return to normal activities because you have less pain.”

Six weeks after his surgery, Dr. Ollstein has made a full recovery. But he has scheduled regular follow-up appointments to make sure the cancer has not returned.

“We have a lifetime commitment to the people we treat. I have a patient that I have been seeing now for over 16 years. They come to see me every year. It’s important for the patients that the care is not fragmented, even as they move from one city to another or one state to another. We are always their doctors.”

important, from a health-care standpoint, but it also provides the right emotional support as well. Patients know if they stay with us, we will do everything we can to make sure that nothing takes too long.”

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Our staff is committed to relieving pain and discomfort you experience after surgery. Treating pain effectively can promote healing and help you resume normal activities sooner rather than later. Despite major advances in the treatment of pain, determining the right medication for each patient requires careful planning based on a patient’s age, preexisting conditions, and lifestyle.

“Good pain management is striking a balance between medications that reduce pain and their side effects that can cause further discomfort,” says Dr. Sudhir Diwan, Director, Division of Pain Medicine at Weill Cornell. “Creating an individual treatment program provides patients with the best medication available for them, but it’s always a trade-off. We want people to be free of pain and also have a high quality of life.”

Dr. Diwan and the pain-management team recommend that patients and their families consider the following guidelines when treating pain once they are home from the hospital.

Be Realistic
Pain usually decreases significantly within two weeks following surgery. Ghansham Cheta, a physician’s assistant with the pain-management team who has treated dozens of patients, reports that having reasonable expectations will go a long way in your recovery. “You probably won’t be pain free when you get home. You should anticipate some soreness after major surgery.”

Don’t Touch It Out
Treating pain promptly is always best. Don’t delay taking the prescribed medication when the pain starts. Failing to treat pain can interfere with the healing process and cause depression in some patients.

Education Is Key
Understanding what you are taking and how it works will help you recover faster. One important consideration: medication that you take by mouth takes 30–45 minutes longer to start working than the same drug taken by IV in the hospital. Don’t hesitate to contact us with your questions and concerns about your medication.

New York City
Date of Surgery: November 22, 2003

A stage and television actor/singer for thirty years, Sal Mistretta played opposite Glenn Close and Patti LuPone on Broadway and worked on the critically acclaimed series Third Watch and Law & Order. But he faced his most challenging role in 2003, when he discovered he needed a life-saving valve-replacement operation. Though the surgery was a complete success, the deep incision in his chest made singing nearly impossible, threatening his livelihood.

“To be honest, I was scared. I had been singing all my life and suddenly I couldn’t take the really deep breaths needed to sing. It took a long time for me to get my strength back, to rebuild my chest muscles. I learned to be patient. It meant a lot to me that the doctors and staff were honest and supportive and took the time to answer all of my questions. A year after surgery, I feel great, and I’m back doing the thing that I love. My advice is to stay positive, attitude really is everything.”
The Department of Cardiothoracic Surgery at New York Presbyterian’s Weill Cornell Medical Center depends on many sources of revenue to maintain its status as a leading research center, care provider, and educator of future generations of health care professionals. A major source of support is the philanthropic vision of people who have come to know our work.

To make a tax deductible gift, please use the enclosed envelope.

For more information about the department, log on to:
www.med.cornell.edu/heart surgery

The hospital’s reputation for heart surgery also edged up this year, from 18 percent in 2004 to 20.7 percent in 2005. “We believe this ranking is made possible by the extraordinary commitment to patient care that is reflected in everything we do at the department of cardiothoracic surgery,” says Dr. Karl Krieger. “Everyone should be very proud of this accomplishment.”

Top Ten Ranking from page 1

Please write to us at: Director of Operations, Office of Development, New York Weill Cornell Medical Center, 525 East 68th Street, Box 123, New York, NY 10021 if you wish to have your name removed from lists to receive fund-raising requests supporting New York Weill Cornell Medical Center in the future.