



STAY healthy

HEART HEALTH ISSUE 2016

Pump It Up

Know these numbers
by heart

Time Is Tight

Learn heart attack
symptoms and
get help fast

Minimally
invasive
procedure
relieves
cardiomyopathy
symptoms

Breathing Easy

Recipe for heart health

Spaghetti with turkey meat sauce



INGREDIENTS

- Nonstick cooking spray
- 1 lb. 99 percent fat-free ground turkey
- 1 can (28 oz.) no-salt-added tomatoes, cut up
- 1 C finely chopped green bell pepper
- 1 C finely chopped onion
- 2 cloves garlic, minced
- 1 tsp. dried oregano
- 1 tsp. ground black pepper
- 1 lb. spaghetti



DIRECTIONS

1. Spray a large nonstick skillet with cooking spray. Preheat over high heat.
2. Add turkey; cook, stirring occasionally, for 5 minutes. Drain fat and discard.
3. Stir in tomatoes with their juice, green pepper, onion, garlic, oregano, and black pepper. Bring to a boil; reduce heat. Simmer covered for 15 minutes, stirring occasionally. Remove cover; simmer for 15 minutes more.
4. Meanwhile, cook spaghetti in unsalted water. Drain well.
5. Serve sauce over spaghetti.

Makes 6 servings of 5 oz. sauce and 9 oz. spaghetti.
Calories: 330. Total fat: 5g. Saturated fat: 1g.
Cholesterol: 60mg. Sodium: 280mg.

>> EAT RIGHT.
Get more heart-healthy recipes from the National Institutes of Health at healthyeating.nhlbi.nih.gov.

An abundance of expertise

Fellowship program in cardiology to begin July 2016



Afzal Rehman, MD, PhD



Keyoor Patel, DO

UHS Hospitals will soon begin an accredited Fellowship Program that will provide cardiology training to physicians who have completed their medical residencies. Afzal ur Rehman, MD, PhD, will serve as program director and Keyoor Patel, DO, will serve as associate program director.

Beginning in July 2016, the program will accept one fellow per year for the three-year course of study, so once the program is in full swing, there will be three cardiology fellows available to treat patients.

Dr. Rehman says that having the Fellowship Program increases the overall quality of care in the UHS system. “First, we will be able recruit more highly skilled residents because of the program,” says Dr. Rehman. “Second, the fellow will be a fully trained internist who will be able to provide patient care, as well as participate in a higher level of academic discussion on cases.”

Dr. Rehman notes that this is one of the benefits for patients in a teaching hospital. “There are lots of people working in a learning capacity, including doctors, nurses, technologists and nutritionists. That means patients are the recipients of an abundance of expertise and an abundance of attention.”

Training time line

In the United States, physicians follow established education and clinical training stages.

- Pre-medical (undergraduate)
- Medical school
- Internship
- Residency
- Licensure
- Fellowship
- Board certification
- Continuing medical education



Back in action

Cardiac rehabilitation is key to a full recovery

For patients recovering from a cardiac event or procedure, UHS offers a nationally certified cardiac rehabilitation program that begins upon admission to the hospital and continues well after discharge.

Patients spend 12–18 weeks participating in a comprehensive, medically supervised program of exercise, health education and emotional support. Individualized exercise prescriptions help patients build strength and stamina, as well as reduce risk factors for heart disease.

>> GET MOVING.

UHS Cardiac Rehabilitation is available at UHS Binghamton General Hospital and UHS Delaware Valley Hospital. Call **762-2178** (Binghamton) or **865-2155** (Walton) for more information.



Investment in technology

Catheterization lab and electrophysiology lab renovations

Renovations to the electrophysiology lab and one of the cardiac catheterization labs at UHS Wilson Medical Center are underway to improve patient care.

Arrhythmias — or irregular heartbeats — are tested, diagnosed and treated in the electrophysiology lab. The catheterization labs are used for a variety of diagnostic and interventional cardiology procedures to treat a wide range of heart and vascular conditions. Both rooms are being made larger and are being outfitted with the latest technology available to improve patient care.

“As we’re doing newer procedures, they often require more technology and equipment, so we are expanding the size of the lab to allow this to happen,” says Dr. Hisham Kashou, an interventional cardiologist at UHS. “More room will also increase efficiency and be safer for patients and staff. New technology allows doctors to do the work they need to do, to see structures within the heart, with a lower radiation dose to patients.”

“The upgrades required a significant investment, but they are important for patient care and are a part of our commitment to cardiovascular care within our community,” says Kim Pilarchik, administrative director of the UHS Heart and Vascular Institute.



“As we’re doing newer procedures, they often require more technology and equipment, so we are expanding the size of the lab to allow this to happen.” — Hisham Kashou, MD

Resources for the heart

The special guest speaker at our community’s most recent “National Wear Red Day” was Andrea Witteman, who had suffered a heart attack while still in her 40s. A wife, mother of two and busy university professional, she had been in very good health. Her blood pressure and cholesterol were fine, and she wasn’t overweight, so a heart blockage was the last thing she expected could happen to her. But happen it did.



“While focusing on running errands and picking up my children from camp one day last August, I suddenly felt ill,” she said. Unusual pain had crept into her chest and jaw. At first she was tempted to just go home. “But my guardian angel guided me to turn my car the other way and go to UHS Wilson Medical Center. By the time I got into the Emergency Room, I had to be resuscitated. The clinical team told me that a piece of plaque had dislodged in an artery, causing a blood clot. If I hadn’t sought immediate treatment, I could have died.”

The team at UHS Wilson acted quickly, taking Ms. Witteman to the Cath Lab, where the clot was removed and stents put in. Due to her decision to seek prompt treatment, and to the collective expertise of the clinicians who cared for her, she has recovered well, with little or no damage to the heart muscle.

Ms. Witteman credits the cardiac resources of UHS with saving her life. These resources are expansive, and they are available to everyone who lives in the Southern Tier. As the heart leader, UHS is committed to offering the latest in cardiovascular care. Every year our program becomes more sophisticated, adding new diagnostic tools and treatment options that can add years and quality to people’s lives.

Recent advances in interventional cardiology and cardiac surgery have included the use of drug-coated stents, implantable defibrillators and specialized valve techniques, along with improvements in ultrasound for a clearer picture of heart function and abnormalities. Our work has received regional and national recognition.

But we’re proud of another area of our heart services as well. It comes under the heading of awareness, education, prevention and early intervention. We want you, like Ms. Witteman, to have the edge when dealing with any heart issue. That’s why we encourage you to learn all you can about heart health, read *Stay Healthy Magazine*, visit our website at uhs.net and stop by the UHS Stay Healthy Center at the Oakdale Mall.

By staying in touch with all the information available to you today regarding cardiovascular fitness, by adopting a heart-healthy lifestyle and by seeking treatment right away if symptoms appear, you too will be guided in the right direction for a lifetime of wellness.

Matthew J. Salanger, FACHE
President and CEO of UHS



BREATHING

easy

>> MINIMALLY
INVASIVE
PROCEDURE
RELIEVES
CARDIOMYOPATHY
SYMPTOMS



Cecile Fink has had good health for most of her 72 years. But when normal daily chores in her South Plymouth household began to leave her short of breath, she knew something was wrong.

“I would go outside to feed the rabbits and chickens, and just walking and lifting their water got to be too much,” says Ms. Fink, a mother of six adult children, who lives with her husband, Kenneth, and a watchdog named Rusty.

Along with a fast heart rate and evidence of a leaking heart valve, her cardiologist found signs that she needed further specialized care. Ms. Fink sought treatment from the UHS Structural Heart and Valve Center in Johnson City, which offers expert diagnosis and treatment of complex diseases and deformities of the heart muscle and valves.

“We evaluate and treat both congenital and acquired heart conditions with a team approach,” says Alon Yarkoni, MD, FACC, fellowship-trained interventional cardiologist and director of the UHS Structural Heart and Valve Center. “Our clinic is composed of highly-trained valve coordinators, nurse practitioners, heart surgeons and cardiologists, who thoroughly evaluate patients and guide them through treatment options, some of which are not available elsewhere in the region.”

SYMPTOM RELIEF

Dr. Yarkoni diagnosed Ms. Fink with hypertrophic cardiomyopathy, a disease that causes abnormally thickened heart muscle and affects one out of every 500 people. Some people never show symptoms, while others experience arrhythmias, shortness of breath, fainting and (rarely) heart failure. Open heart surgery is necessary in some cases, but Ms. Fink was eligible for a minimally invasive treatment called alcohol septal ablation, which uses a catheter to access the heart and deliver a therapeutic solution of alcohol to the problem area.

“This procedure targets the area of thickened heart muscle, thinning it to allow more efficient heart function and alleviate symptoms,” says Dr. Yarkoni.

In November 2015, Mrs. Fink was admitted to UHS Wilson Medical Center for the one-hour procedure, which was performed under light sedation. She was observed for two days in the hospital and sent home with a single restriction: not to lift heavy objects for a week.

She says the only discomfort she experienced was from a temporary external pacemaker that she wore during her hospital stay. “I had no pain and the staff and doctors were great to me,”

Heart of it all

Valve clinic coordinator guides patients through complex care

To ease the journey from diagnosis through recovery, patients at the UHS Structural Heart and Valve Center and their families work closely with Valve Clinic Coordinator Kara Mucilli, RN, BSN, who helps coordinate individualized care plans and serves as a link between patients and a collaborative team of physician specialists, nurses and hospital staff.

Ms. Mucilli, who joined the UHS Structural Heart and Valve Center team in 2015, has 10 years of clinical experience, including five years in invasive cardiology at UHS.

“Evaluating and diagnosing patients with valvular heart disease is complex care that relies on close communication, and we emphasize a team environment to optimize the patient and family experience,” says UHS Structural Heart and Valve Center Director Alon Yarkoni, MD, FACC. “We are excited to be joined by an experienced nurse who is dedicated to caring for and changing the lives of her patients.”

she says. “I started feeling better the first week, and now I can go all day long.”

Aside from taking a blood pressure medication, life is now back to normal, she says. “The shortness of breath is all gone. I’m so glad I had it done.”

REGIONAL HEART DESTINATION

Since opening in July 2014, the UHS Structural Heart and Valve Center has successfully expanded the number of highly specialized, minimally invasive treatment options it offers to patients, including:

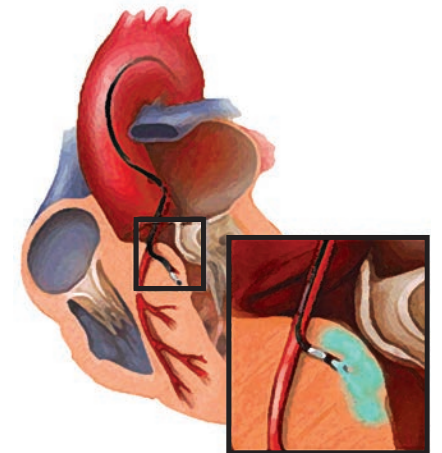
Transcatheter Aortic Valve Replacement (TAVR): TAVR addresses aortic stenosis, a valve deformity that affects about 25 percent of people over the age of 65. It can be a boon for patients who cannot undergo traditional open heart surgery due to age or illness, and typically requires only light sedation and a two-day hospital stay. Since UHS first offered TAVR in December 2014, over 50 TAVR procedures have been performed with extremely successful results. The center

follows protocols that reduce hospital stays, bed rest and the potential for complications, says Dr. Yarkoni, who is fellowship-trained in the procedure. “We exceed the national average in all TAVR quality benchmarks.”

Transapical TAVR: A new TAVR option has recently been added to make the procedure available to patients who cannot undergo the traditional approach through a leg vein. The transapical approach accesses the heart through a small incision between the ribs.

Atrial Septal Defect (ASD) Closure: This procedure can offer an alternative to open heart surgery for patients with ASD, an opening in the heart wall that allows blood to mix improperly between the two top heart chambers. The hole is closed with a small, umbrella-shaped device that is inserted through a catheter. The procedure typically requires only light sedation and hospital observation for 24 hours. “Patients often experience immediate relief from shortness of breath,” says Dr. Yarkoni. “It can also reduce the lifetime risk of stroke and help prevent heart damage.”

Balloon Mitral Valvotomy: This valve repair procedure can be a minimally invasive alternative to valve replacement surgery for patients with mitral stenosis, a narrowing of the mitral heart valve that can cause fatigue and shortness of breath. The valve is widened using a balloon inserted via a catheter and then removed, alleviating symptoms. **SH**



Alcohol septal ablation

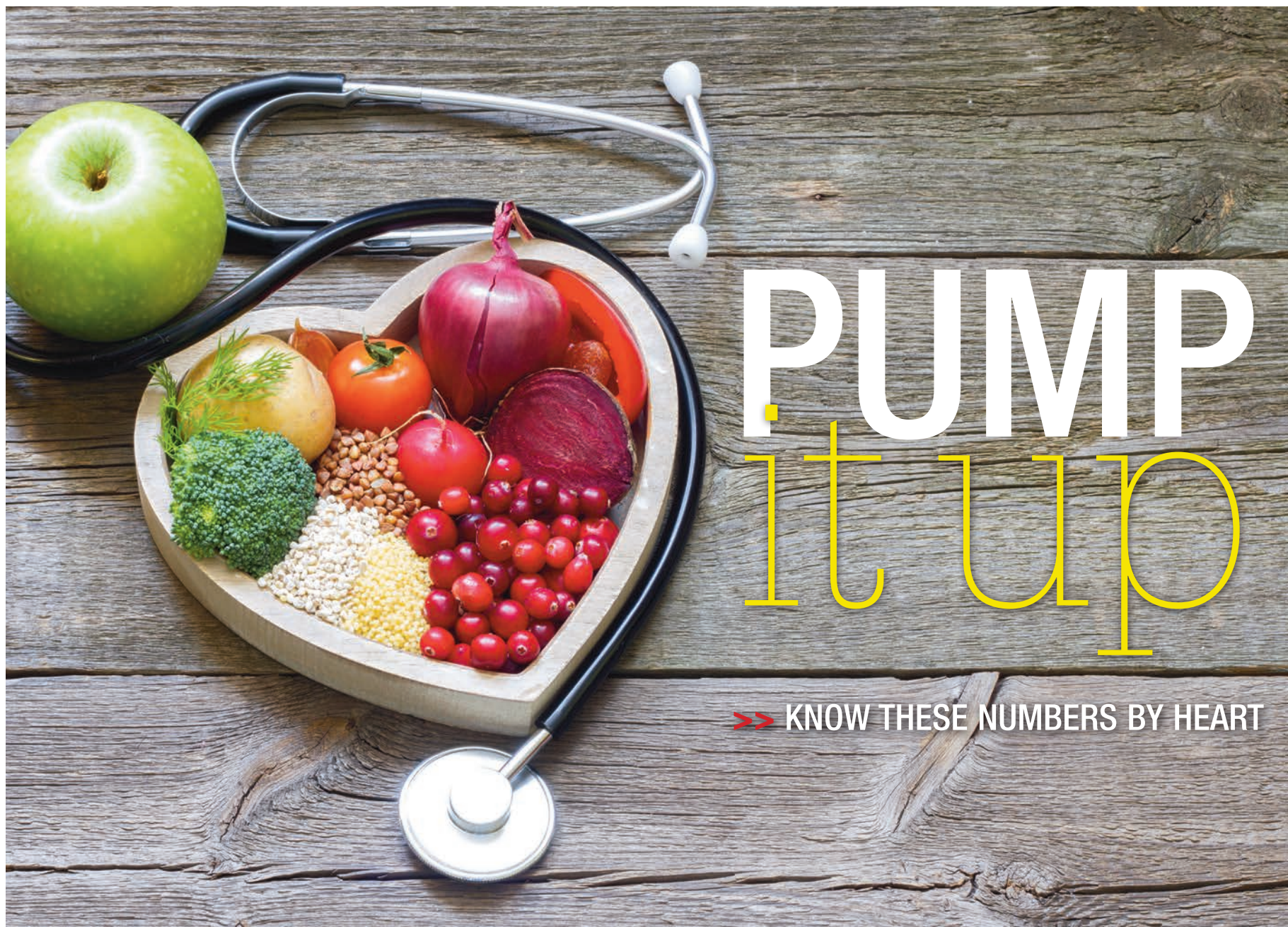
In this procedure, a few drops of an alcohol-based solution are injected into a small branch of the main artery supplying the thickened heart muscle. *Illustration courtesy of Stanford Health Care.*

Hypertrophic cardiomyopathy affects **1 out of every 500** people.

>> CUTTING EDGE. The first of its kind in the Southern Tier, the UHS Structural Heart and Valve Center evaluates and treats structural heart disease, which encompasses a wide range of conditions involving the heart muscle, heart chambers and, most commonly, the heart valves. To make an appointment, call **763-6580**.

“I would go outside to feed the rabbits and chickens, and just walking and lifting their water got to be too much.”

—Cecile Fink



PUMP it UP

>> KNOW THESE NUMBERS BY HEART

Your heart, a robust yet small muscle roughly the size of a fist, pumps blood through the body, delivering oxygen and nutrients and carrying away waste. To accomplish this essential task, the heart beats roughly 100,000 times per day, around 35 million times per year, and more than 2.5 billion times during an average lifetime.

Here's another number worth knowing: Three – as in there are three key areas where the right choices can pump up your heart's health and lower your risk for heart disease.

“The top risk factors you can modify to significantly improve your heart's health

involve weight, exercise and tobacco. When I see patients who are overweight, are sedentary and/or who smoke, I tell them it's time to be proactive,” stresses Keyoor Patel, DO, a medical cardiologist at UHS.

Decreasing modifiable risk factors is worth the effort, reports the American Heart Association, since a heart-healthy lifestyle can prevent up to 80 percent of heart disease and stroke.

To begin taking proactive heart-healthy steps, consider how close you come to hitting the following numbers. If you're off the mark, talk to your doctor about taking action.

18.5 to 24.9 is the normal BMI

for most adults. A BMI of 25 to 29.9 is considered overweight; a BMI of 30 or more is considered obese.

Extra weight puts unhealthy stress on your heart. To determine if your weight is increasing your risk for heart disease, measure your body mass index (BMI), calculated with your weight and height. To find your BMI, talk to your doctor or visit cdc.gov and search “BMI calculator.”

“When someone’s BMI is too high, I suggest dropping 1 or 2 pounds a month—so by the end of the year they’ve lost 12 to 24 pounds. Even losing 3 to 5 percent of your body weight can decrease heart disease risk,” Dr. Patel advises.

There is a caveat, Dr. Patel adds. A healthy weight, he says, is not based solely on what the scale says. It needs to reflect a healthy diet. Slashing calories without regard for proper nutrition can trigger other risk factors for heart disease, so in the end you’re not doing all you can to protect your heart’s health.



0 is the number of cigarettes allowed daily.

Chemicals in tobacco smoke damage blood cells and vessels and impair heart function and structure. All this damage increases risk of atherosclerosis, a disease that results in a waxy substance, called plaque, that builds up in your arteries and over time limits the flow of oxygen-rich blood through your body.

The UHS Stay Healthy Center offers several opportunities to help you quit tobacco use and stop smoking. For information, call **763-6060**.

10,000 steps a day is the recommended daily step count.

The Surgeon General recommends 30 minutes of activity most days of the week. Cumulatively, a half hour of constant activity equals roughly 10,000 steps.

Staying active accomplishes two imperative goals. First, it burns calories to help lower your BMI. Second, it increases your heart’s strength, just as exercise strengthens any muscle. When your heart is stronger, it can pump more blood through the body with every beat and work at maximum level with less strain.

“If 10,000 steps is too much for you, start with 1,000 steps and gradually add steps until you hit 10,000,” Dr. Patel recommends. “It’s more of a goal. The point is to stay active. If you go to the supermarket, park in the farthest spot. Take the stairs instead of the elevator if we’re only talking about a couple of floors.”

A FEW MORE NUMBERS

Eating a balanced, nutritious diet, getting plenty of exercise and not smoking often reduces or resolves additional risk factors associated with heart disease. These factors and their associated healthy numbers include:

- **CHOLESTEROL:** A total score of less than 180 mg/dL is considered optimal.
- **BLOOD PRESSURE:** Less than 120/80 mmHg is the goal.
- **FASTING GLUCOSE:** Associated with diabetes, glucose should be less than 100 mg/dL.

“Because heart health risk factors overlap, I don’t recommend focusing on one risk factor. What you want is a 360-degree view of all your risk factors combined,” emphasizes Afzal ur Rehman, MD, PhD, managing director of the UHS Heart and Vascular Institute. “So if your cholesterol levels are elevated, you’re obese and you live a sedentary lifestyle, you want to begin with a healthy diet and exercise before turning to medication that addresses only cholesterol. The same is true for high blood pressure.”

On the other hand, Dr. Rehman adds, if you have all modifiable risk factors for heart disease under control and one number still isn’t where it should be, then it may be time to discuss medication.

Looking at cardiac disease risk factors as one complete package also clearly points out where and how the patient can take charge of their own health. “When patients realize that they have the power — and responsibility — to reduce as many health risks as possible, then it is much easier to achieve success. “It’s the healthiest mindset you can have to protect your heart,” Dr. Rehman says. **SH**

UHS welcomes new cardiologist

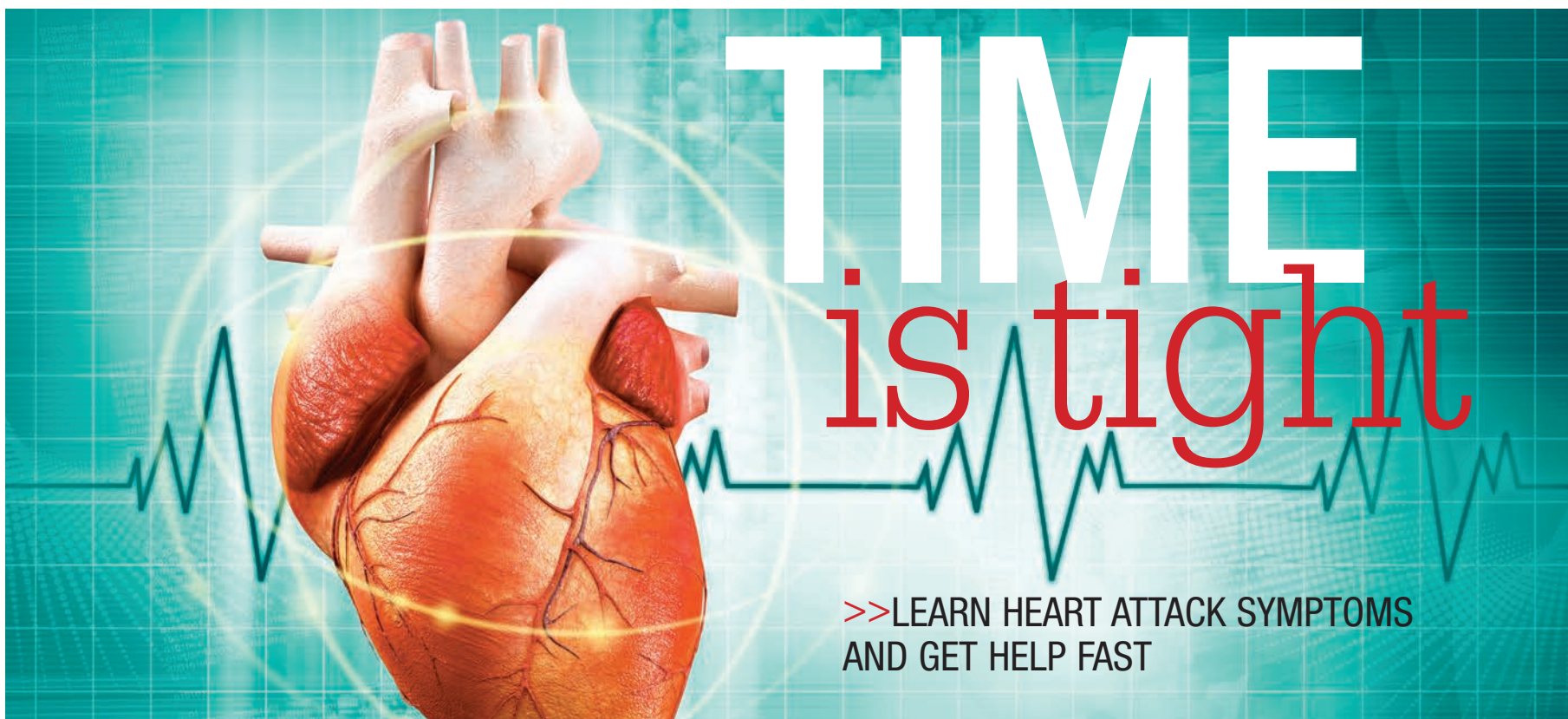
UHS is pleased to announce that Roman T. Pachulski, MD, FRCP(c), FACC, has joined the UHS Heart and Vascular Institute. Dr. Pachulski is board certified in cardiovascular disease, clinical cardiac electrophysiology and internal medicine.

After earning his medical degree from the University of Ottawa in 1983 and then completing his fellowship in cardiology at the University of Ottawa Heart Institute, Dr. Pachulski went on to become a recognized cardiac specialist and educator of other physicians. In addition to his clinical and classroom contributions, Dr. Pachulski has also authored four medical books and is frequently invited to guest-lecture at medical conferences.

Dr. Pachulski comes to UHS from South Texas Heartbeat, where he was recognized for performing many leading-edge cardiac procedures, such as ablation for treatment of cardiac arrhythmias and automatic implantable cardioverter defibrillator (ICD) implantation. Conditions he treats include angina and acute coronary syndrome and aortic aneurysm.

To make an appointment with Dr. Pachulski or any of the other cardiologists at the UHS Heart and Vascular Institute, call **763-6580**.

>> **STRESSED OUT?** Chronic stress can increase the risk for heart disease. Find out why and what you can do about it at *UHS Stay Healthy Magazine* online at uhsstayhealthymag.com.

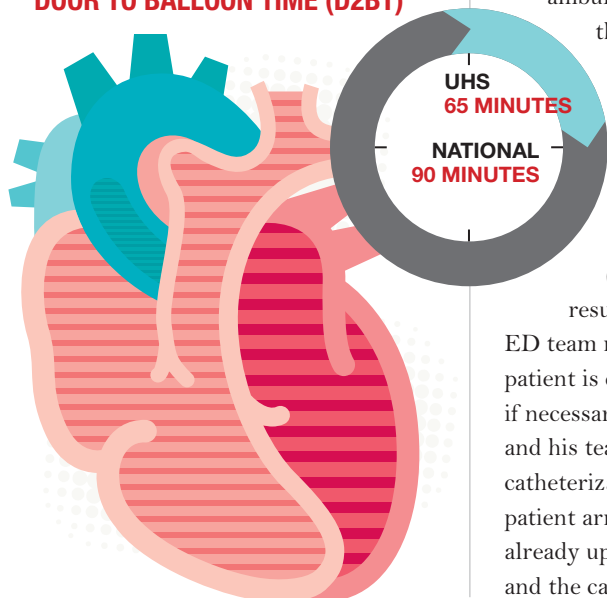


In recent years, hospitals across the country have adopted practices for treating heart attack victims that focus on the time it takes for the patient to get the most effective treatment. In cases of ST-elevated myocardial infarction (STEMI), the goal is to get the patient from the emergency department (ED) into the catheterization lab as quickly as possible. There, a slim catheter can be introduced into the groin or arm and guided to the

blockage in the heart, where it inflates a tiny balloon to reopen the blocked vessel. The window for this lifesaving treatment is known as “door-to-balloon time,” or D2BT. Nationally, the goal for hospitals has been 90 minutes, but UHS Wilson has beat that time, with a median D2BT of 65 minutes in 2015.

This critical time reduction has been accomplished by streamlining key stages in the process. First, patients can be evaluated in the ambulance by emergency personnel. UHS Wilson Medical Center partners with ambulance agencies equipped with the LifeNet Health® system, a high-tech data exchange program that lets life support providers respond to a 911 call, assess the patient’s heart with a 12-lead electrocardiogram (EKG) and transmit EKG results to the Wilson ED. The ED team reviews the data while the patient is en route to the hospital and if necessary, contacts the cardiologist and his team, and prepares the cardiac catheterization lab. With this system, a patient arrives in the ED with the team already up to speed, the cath lab open and the cardiologist ready.

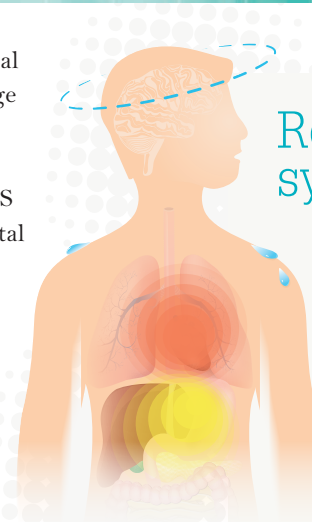
DOOR TO BALLOON TIME (D2BT)



Even patients in rural areas can take advantage of this quick-response system. Patients who arrive at the ED at UHS Delaware Valley Hospital or UHS Chenango Memorial Hospital and are diagnosed with STEMI can be treated with clot-busting drugs and swiftly transported to UHS Wilson via ambulance or helicopter if doctors determine catheterization is necessary.

This process cannot begin, however, until the person having the heart attack (or a companion) calls 911. “The worst heart attacks we get are with people who fail to recognize the symptoms,” says Paul Traverse, MD, an interventional cardiologist at UHS Wilson.

“You need to call 911,” says Dr. Traverse. “Don’t take matters into your own hands or worry about ‘bothering’ emergency services. The worst outcomes come from failure to recognize symptoms or delaying transport to an emergency room.” **SH**



Recognizing symptoms

Learn all the warning signs for heart attack, beginning with the fact that classic chest pain is not always present, and anyone — both men and women — may suffer atypical symptoms. Therefore, if you suffer one or more of the following symptoms, even if you’re not sure

it’s a heart attack, call 911 within five minutes of when symptoms begin.

- chest pain, pressure or discomfort that may remain steady or come and go
- discomfort in the upper body, which may include pain in one or both arms, shoulders, neck, back or jaw
- shortness of breath
- dizziness or lightheadedness
- fatigue or weakness
- excessive cold sweats
- unexplained nausea and vomiting
- pain in upper abdomen
- indigestion