



STAY healthy

SUMMER 2016

Gardening Without Pain

5 tips for proper ergonomics

Gut Instincts

UHS offers cutting-edge tests and treatments for gastrointestinal disorders

Better Every Day

UHS Center for Advanced Wound Care provides a path to healing



Two by 2

Get your child tested for lead

3 ways to limit lead exposure

- 1. Get your water tested.** Letting cold water run for 30 seconds before drinking it and using cold water for cooking can also help.
- 2. Keep your home and family clean.** Wipe down dusty surfaces, including windowsills and walls, with a damp cloth, and wash children's hands frequently. Keep toys clean as well.
- 3. Get enough iron, calcium and vitamin C.** These three nutrients can decrease the amount of lead absorbed by the body.

Lead is a naturally occurring metal. It's common in the paint in older homes, in soil near busy roads, and in some imported products. It can also be found in tap water in homes or communities where older pipes are deteriorating. While lead is toxic to everyone, it's particularly dangerous to young children, who are more likely to inhale or ingest lead in the environment and whose smaller, growing bodies are more easily poisoned by it.

Each year, more than 300,000 young children nationwide are found to have high levels of lead in their blood. Lead toxicity can cause developmental and growth delays, speech and hearing deficits, anemia, behavioral issues and other problems. It is particularly damaging to a child's blood, brain and bones.

Many children with lead poisoning don't have symptoms. That's why testing is

important. New York State law requires all children to be tested twice — at ages 1 and 2. Children at high risk for lead exposure may receive additional tests up to the age of six. The test is done using just a few drops of blood.

>> TEST TIME. Talk to your child's primary care provider (PCP) about lead testing. Your county health department can also give you information and test your home for lead.

Brain Trust

Top neurosurgery group joins UHS



One of upstate New York's leading neurosurgical specialty groups has joined the UHS healthcare system.

The Southern New York NeuroSurgical Group, P.C., has become UHS Neurosurgery, part of the UHS Medical Group, a 300-member multispecialty group practice affiliated with UHS. UHS Neurosurgery's offices will remain at 46 Harrison St. in Johnson City, across from UHS Wilson Medical Center.

The three board-certified neurosurgeons who are members of the group — Saeed Bajwa, MD, Daniel Galyon, MD, and Khalid Sethi, MD — have vast expertise in brain and spinal cord surgery and many years' experience practicing at UHS Wilson.

The group specializes in the treatment of illnesses and injuries of the brain and spinal cord, including stroke, and in comprehensive pain management.

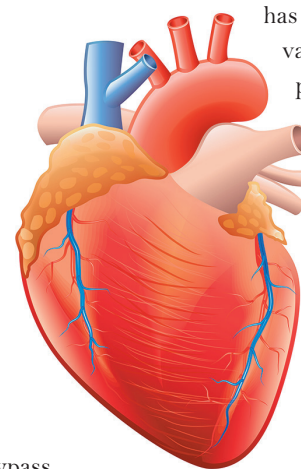
>> HOW CAN WE HELP? To learn more about UHS Neurosurgery, its technological and surgical capabilities, and the specific conditions treated, visit uhs.net/neuroscience.

10,000 Hearts Healed

UHS cardiac surgeons reach milestone

The cardiothoracic surgical team at UHS Hospitals recently performed its 10,000th surgical heart procedure since the program began in March 1989. When it was launched 27 years ago, UHS' open heart surgery program was the first one initiated in New York State since 1974.

Leading the program from the beginning were M. Bashar Yousuf, MD, and J. Richard Cunningham, MD. Kenneth Wong, MD, joined the team in 1991. The types of procedures they perform include coronary artery bypass surgery, traditional and minimally invasive valve replacements, and ventricular septal defect repairs. Recently, in conjunction with cardiologist Alon Yarkoni, MD, and the UHS Cardiology team, UHS



has introduced transcatheter aortic valve replacement (TAVR), which provides a state-of-the-art alternative to traditional open chest valve replacements.

With nearly 90 years of combined cardiac surgical experience, the cardiac team is having an impact that cannot be measured in numbers alone. It can be seen as well in the improved quality of life of their patients, in second chances and in families' hopes for the future.

"UHS and, in particular, our

cardiac surgeons, would like to thank

our patients — past, present and future — for their faith and support in our cardiac program and its supporting heart team," Dr. Yousuf says.

>> ALL HEART. Beyond the wide range of surgical procedures available, UHS also offers patients the latest in diagnostic catheterization, medical therapy and cardiac rehabilitation. In tandem with the heart program, UHS also is home to the region's first designated trauma, stroke and chest pain centers. Learn more at uhs.net/heart.



Gardening Without Pain

5 tips for proper ergonomics

Gardening is a popular activity this time of year, but when not performed right, it can lead to sore muscles and joints, and even injuries. Fortunately, says Sarah Kellogg, PT, DPT, rehabilitation manager at UHS Delaware Valley Hospital, attention to ergonomics, or the act of fitting the job to the person, can help.

“Proper ergonomics can allow someone to enjoy gardening while being safer and decreasing their chance for injury, sprains and strains by correcting their posture and body mechanics while performing the gardening tasks,” she says.

Here are some tips:

- 1. WARM UP.** Light walking on a flat surface and stretching can prepare your body for gardening activities.
- 2. AVOID HEAVY LIFTING.** Rake leaves and weeds onto a tarp that you can pull to the desired location. Instead of lifting full bags of fertilizer and soil, divide into smaller quantities and use a wheelbarrow to move the materials. If you must lift, use your leg muscles — not your back.
- 3. USE THE RIGHT TOOLS.** Wear gloves that provide enough padding to protect you from cuts and blisters, but are not so thick that they reduce your grip strength. Use tools with padded and curved handles that feel good in your hands to avoid joint strain, especially if you have arthritis, says Ms. Kellogg. Long-handled tools can also help you avoid constant bending or overextending your reach.
- 4. MAINTAIN GOOD POSTURE.** When kneeling, keep your body straight instead of arching your back. Kneeling with one leg up also reduces strain. Try to keep the work you do as close to the body as possible to reduce movements such as reaching, lifting and extending, which can add unnecessary stress. “Those who are at greater risk for injury may want to consider using raised garden beds or planting their flowers and crops in pots so they can be positioned at more convenient heights,” adds Ms. Kellogg.
- 5. TAKE BREAKS.** Staying in one position for too long can make you stiff. Take periodic breaks to loosen up muscles and avoid fatigue. Make sure to drink plenty of water during these breaks.



We're Building on Our Strengths

Within the past few years, we at UHS have embarked on an ambitious journey — the transformation of our organization from a collection of disparate health institutions into a closely knit healthcare system, sharing one vision, one purpose and one culture. All members of this integrated UHS system are working together, building on a foundation of clinical and service excellence, to create the healthcare system of tomorrow. Our board members, management, medical staff, employees and volunteers have embraced our strategic direction to move us forward with a commitment to improve our care, grow our market share and manage our costs.



Throughout 2015, we were clearly mindful of the challenges and opportunities presented by that commitment. One of the more tangible ways we are building for the future is by adding or expanding facilities to accommodate services for which there is a growing demand in the community. Recently, we began construction on our new Orthopedic Center, designed to meet the increasing needs of the Southern Tier's residents for the full range of orthopedic, sports medicine and musculoskeletal care. As the center takes shape on the Vestal Parkway, it is another highly visible testament to the way we respond effectively to anticipated community need.

While construction projects are significant, they don't represent the only way we are building our healthcare system with the future in mind. To enhance the patient experience, we continue to develop a comprehensive care management model to support patient-centered, coordinated care delivery, and use clinical excellence scorecards to drive and monitor our progress internally and comparatively to the market.

We maintain an emphasis on disease management programs and are expanding access to care through same-day primary care appointments and an easier registration process. Most importantly, we seek to make our patients safe, secure, comfortable and well-cared-for, no matter what the care setting, by educating and supporting our medical staff and employees as they deliver care firsthand.

In all of these ways, we are working to ensure that everyone on the UHS team shares the same commitment to providing a truly outstanding patient experience, one which people will think of when they say that, at UHS, we listen, we show respect and we give hope. Those are goals we're proud to embrace, to share and to build on for tomorrow.

Matthew J. Salanger, FACHE
PRESIDENT & CEO of UHS



BETTER

every day

>> UHS CENTER FOR ADVANCED WOUND CARE PROVIDES A PATH TO HEALING

Richard Krach is recovering from an amputation with help from hyperbaric oxygen therapy.

>> **WEB EXTRA!** People with diabetes are at higher risk for non-healing wounds. Read more about how UHS helps educate diabetic patients at uhsstayhealthymag.com.

Richard Krach, an energetic 83-year old retiree with Type 2 diabetes, climbs into his camo Gator four-wheeler almost every day and zips around his 50-acre farm in Cozeville. Surveying his land brings Krach happiness, although just six months ago, he was parked inside his home — unable to get out and about.

His diabetes, coupled with arterial obstruction, led to a chronic foot wound that eventually required amputating several toes. Immediately following the procedure, in February 2016, Mr. Krach's surgeon referred him to the UHS Center for Advanced Wound Care.

"The pain was unbelievable," Mr. Krach recalls. "Today I'm about 80 percent healed and rarely have any pain. The thing to remember is that healing a wound like mine takes time. But I'm better every day and without the hyperbaric chamber, I would probably still be a long way from recovery."

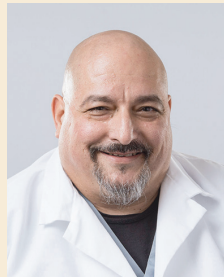
Easy access

Patients in the Delaware Valley area who suffer non-healing wounds can start their road to recovery at UHS Primary Care – Walton, where family physician Luis Rodriguez-Betancourt, MD, provides wound care treatment in addition to primary care.

Dr. Rodriguez can assess non-healing wounds and jumpstart the healing process. Often, the patient can be treated close to home with the methods Dr. Rodriguez can provide. If a specific advanced modality is required, Dr. Rodriguez refers patients to the UHS Center for Advanced Wound Care before any further complications evolve.

“Many patients come to us for wound care because they are our primary care patient and they understand that we treat the whole patient. Because we take a very personal approach to our patients’ healthcare, there are few wounds we haven’t been able to heal,” Dr. Rodriguez explains. “But if we can’t resolve a wound issue, being part of the UHS system gives our patients immediate access to the right expert at the right time.”

>> **CLOSE TO HOME.** Dr. Rodriguez-Betancourt sees wound care patients at UHS Primary Care – Walton and can be reached at **865-2400**.



Luis Rodriguez-Betancourt, MD

BREATHE EASY

Hyperbaric oxygen therapy (HBOT), one of the center’s many advanced modalities to promote wound healing, involves a patient lying in a clear acrylic, tube-like chamber and breathing in pure oxygen, with the chamber’s air pressure raised two to three times higher than regular atmospheric pressure. This results in blood plasma oxygen concentrations 10 to 15 times greater than normal, which in turn increases the amount of oxygen flowing to damaged wound tissues and ultimately speeds up the healing process.

Research suggests that new HBOT medical applications are on the horizon. At this point, however, HBOT is most often used to treat three types of chronic, non-healing wounds:

- Diabetic wounds of the lower extremity
- Damaged tissue due to radiation treatments
- Compromised skin flaps and grafts

THE PATH TO HEALING

Each year, it’s estimated that around seven million Americans suffer some form of chronic wound that has not healed on its own within 30 days. As Mr. Krach describes, these wounds are not only painful but can lead to restricted daily activities, decreased quality of life and, if left untreated, amputation.

“There are many reasons why a wound won’t heal, although most often it’s due to diabetes or inadequate blood flow,” says Ann Semo, RN, nurse manager at the UHS Center for Advanced Wound Care. “Some wounds take longer than others to heal, but we’re persistent. And when necessary, we work with our vascular surgeons to help prevent future wounds.”

The most common non-healing wounds treated at UHS include:

- Diabetes-related wounds
- Venous and arterial ulcers resulting from restricted blood flow
- Surgical wounds that won’t heal
- Pressure ulcers, triggered by reduced blood flow to a specific body area

“We also see burns, traumatic wounds and infections. Although an underlying condition — such as diabetes, arterial issues or venous disease — is usually the root problem,” says Ms. Semo.

CENTERED ON RECOVERY

Selecting the best treatment plan for an individual patient begins with an in-depth, 90-minute patient evaluation, explains Ellin Ede, program director at the UHS Center for Advanced Wound Care. “We build a unique wound profile, considering everything from patient input to test results that help us assess why a wound isn’t healing.”

After the initial visit, center physicians and nurses certified in wound

care select a treatment plan, then every patient is scheduled for weekly checkups. At each visit, the wound is inspected, measured and photographed to document progress. In addition, the wound is cleaned by debridement, which entails removing dead and damaged tissue. “This stimulates the wound bed and wakes up the natural healing process,” Ms. Semo says.

“If the wound isn’t 50 percent healed by week four, we talk about alternatives, which might mean a direction change or adding supplementary treatments,” Ms. Ede says. “It’s a lot of hands-on, personalized attention.”

In addition to HBOT, the advanced, evidence-based protocols and therapies that UHS wound care specialists offer include:

COMPRESSION THERAPY: A bandage wrap compresses tissue around the wound, reduces swelling and promotes healing blood flow to the wound.



UNNA BOOT: A foot or lower leg wound is wrapped in gauze infused with medications and then covered with a compression wrap. The medications promote healing while the compression helps improve circulation.



NEGATIVE PRESSURE WOUND THERAPY: A therapeutic vacuum pump creates a negative pressure environment to draw out fluids and waste materials, increase blood flow to the wound, help pull wound edges together and promote healing at the cellular level.



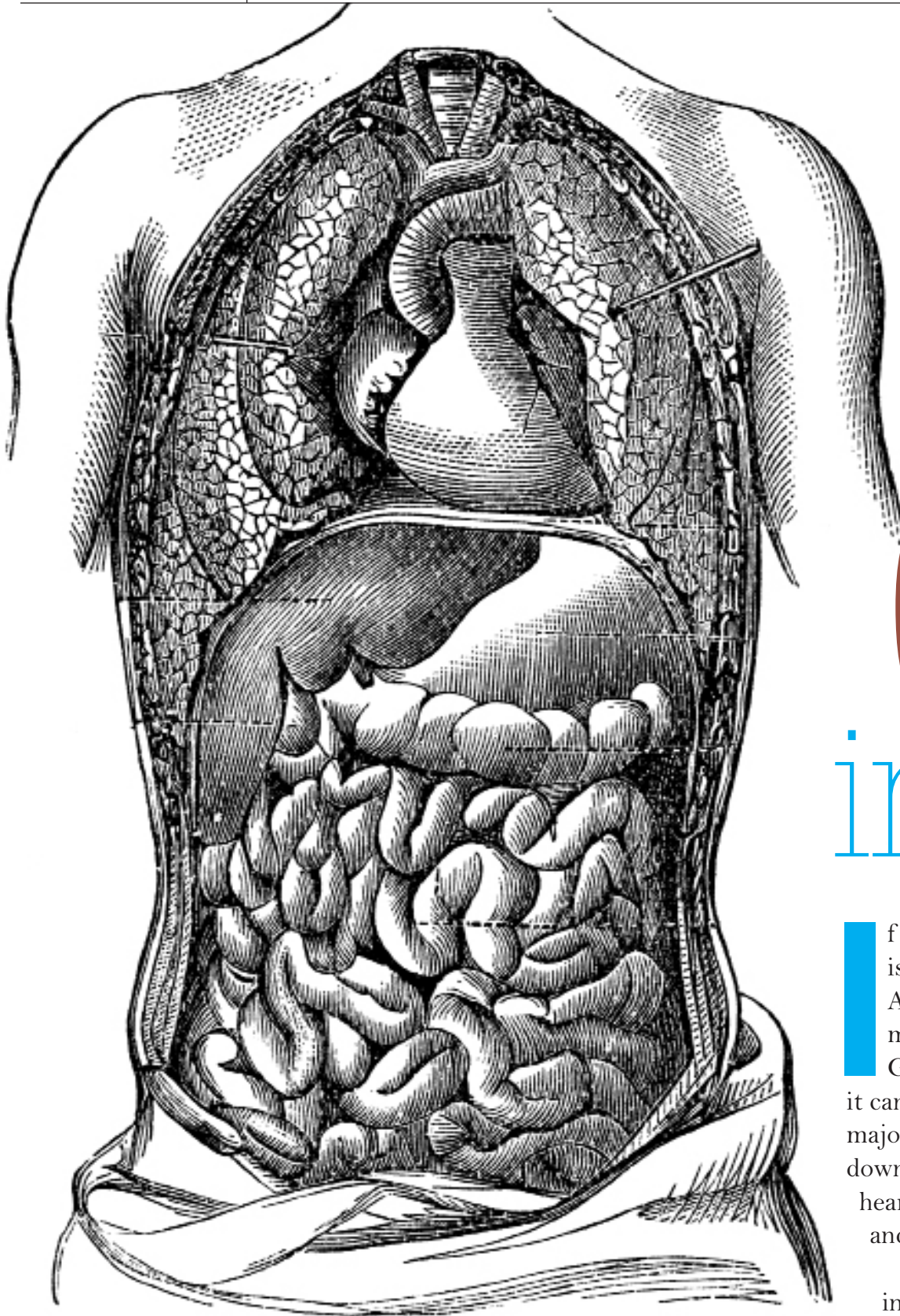
BIO-ENGINEERED GRAFTS: Artificial skin pads are placed on a wound and held steady with bandages. The pads function like skin grafts, stimulating the patient’s own skin cells to multiply and heal the wound by delivering nutrients and proteins.



“The thing to remember is that healing a wound like mine takes time.”

—Richard Krach

>> **START HEALING.** The UHS Center for Advanced Wound Care is on the UHS Binghamton General Hospital campus. Call **762-3131** for an appointment. See [uhs.net/care-treatment/wound-care-center](https://www.uhs.net/care-treatment/wound-care-center) for more information.



>>UHS OFFERS CUTTING-EDGE TESTS AND TREATMENTS FOR GASTROINTESTINAL DISORDERS

GUT instincts

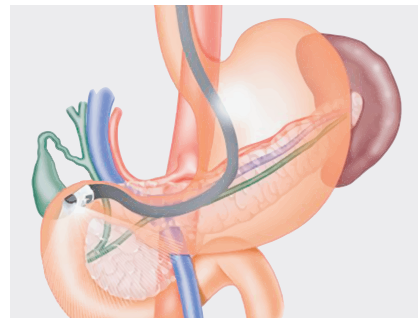
If you're suffering gastrointestinal (GI) tract issues, you're not alone! Approximately 70 million Americans suffer some form of digestive condition, many of which are chronic. The American Gastroenterological Association explains that it can be difficult to differentiate between minor vs. major digestive conditions. Hence, patients often downplay the significance of GI symptoms, such as heartburn, indigestion, upset stomach, bloating, pain and bowel issues.

"Many symptoms that indicate a serious gastrointestinal tract disease are similar to those that come with more minor issues. So patients sometimes put off checking in with their physician," says UHS gastroenterologist Atif Saleem, MD. "Every symptom deserves a discussion with your physician — particularly if it's a chronic issue. There is so much we can now do. At UHS we have the most advanced and safest techniques to diagnose, stage and treat gastrointestinal tract issues — tools that help us treat disorders and cancers at the earliest and most treatable point."

Approximately **70 million** Americans suffer some form of digestive condition, many of which are chronic.

UHS recently began offering three highly specialized procedures to identify and treat GI tract cancers and diseases.

- Endoscopic ultrasonography
- Endoscopic mucosal resection
- Radiofrequency ablation for Barrett's esophagus



Endoscopic ultrasonography (EUS)

USING SOUND TO SEE

Endoscopic ultrasonography (EUS) allows a gastroenterologist to examine a patient's esophageal and stomach linings, the walls of the upper and lower GI tract, and organs near the gastrointestinal tract. In addition, EUS helps diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive or conflicting.

The specialist uses a thin, flexible tube called an endoscope with a built-in miniature ultrasound probe. The endoscope is passed through the mouth or anus to the targeted examination area and sound waves create detailed images of the digestive tract. The results, stresses Dr. Saleem, "are fantastic."

"For diagnostics, the procedure identifies lesions in the esophagus, stomach and rectum, and when necessary, helps stage a cancer tumor," Dr. Saleem says. In some patients, Dr. Saleem adds, EUS can also be used to perform a needle biopsy on a lump or lesion. For therapeutic purposes, endoscopic ultrasound-guided drainage can extract fluid collected within or adjacent to the pancreas due to inflammation of the pancreas.

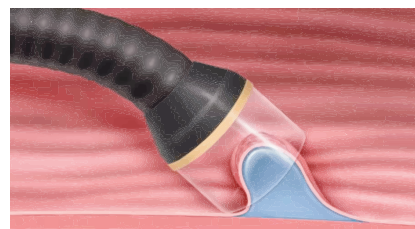
LIGHTING THE WAY

Endoscopic mucosal resection (EMR) is a technique used to diagnose and remove cancerous tissue within the

gastrointestinal tract. This procedure is often recommended for patients with suspected early stage cancer or pre-cancerous tissue, such as seen with Barrett's esophagus.

EMR involves inserting a thin, flexible tube called an endoscope through the mouth and into the esophagus. The endoscope tip has a lens and light source, which delivers images to a monitor for close inspection of the upper gastrointestinal tract's lining.

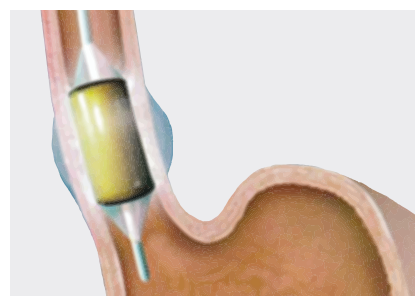
An instrument at the tip of the endoscope allows the gastroenterologist to collect small nodules or growths



Endoscopic mucosal resection (EMR)

and remove diseased tissue. The procedure can be repeated in nearby areas, aiding in the removal of additional abnormal tissue. A pathologist then evaluates the removed tissue.

In the chain of events, patients with suspected early stage esophageal cancer often undergo an endoscopic ultrasound exam before undergoing EMR.



Radiofrequency ablation (RFA)

PULSING DISEASE AWAY

Barrett's esophagus is a potentially serious complication of gastroesophageal reflux disease, commonly called GERD, which occurs when stomach acid or content flows back into the esophagus. The backwash, called reflux, irritates the lining of your esophagus.

Over time, GERD may cause healthy tissue that lines the esophagus to harden. When this happens, Barrett's esophagus may result. There are

no new or unique symptoms directly linked to Barrett's. However, the condition does carry a slightly higher risk of developing esophageal cancer — a potentially-deadly disease.

Radiofrequency ablation (RFA) is a highly regarded and reliable procedure to successfully eradicate Barrett's. "Today it's the standard approach for patients with Barrett's esophagus," says Dr. Saleem. "The procedure is safe and the outcomes are great."

With the patient sedated, a thin, flexible tube is inserted through the patient's mouth and into the esophagus. A controlled, one-second pulse of radiofrequency energy acts to remove a thin layer of diseased esophageal tissue while preserving healthy tissue.

NO HOSPITAL STAY REQUIRED

All three procedures — endoscopic ultrasonography, endoscopic mucosal resection, and radiofrequency ablation for the treatment of Barrett's — are non-invasive and safe alternatives to surgery used to diagnose, stage and treat GI tract cancers and disorders.

"These procedures are relatively simple and patients return home the same day. There is no hospitalization and discomfort can be treated with over-the-counter pain relievers." Dr. Saleem notes. "With EUS and EMR, patients are discharged within an hour of the procedure. Radiofrequency ablation for the treatment of Barrett's requires about two hours in recovery, due to the sedation, but then patients head home. And because of a long, successful history behind these techniques, procedural risks are less than 10 percent. We're talking about uneventful recoveries, but results that ultimately save lives." **SH**

Reducing the risk

True to his heritage, 72-year-old Paul Tierno has always enjoyed fresh pasta smothered in rich Italian marinara sauce. Although the acidic tomatoes and assorted spices aggravated his gastroesophageal reflux disease (GERD) — and the symptomatic heartburn — he continued to indulge.

After suffering frequent heartburn and indigestion for five years, Mr. Tierno eventually saw his physician, who suspected early signs of Barrett's esophagus, a condition caused when acid reflux damages lower esophagus cells. If left untreated, Barrett's esophagus can develop into esophageal cancer.

To fix the problem, Mr. Tierno underwent radiofrequency ablation (RFA), a non-invasive, outpatient procedure performed by Atif Saleem, MD, UHS gastroenterologist. RFA is regarded as the most efficient treatment to successfully eradicate diseased esophageal tissue while preserving healthy tissue.

"I had the procedure and was back home in about two hours," Mr. Tierno recalls. "That was in December. In March I had the procedure again. It was a precautionary follow-up; there were no new issues."

Both treatments were uneventful, Mr. Tierno says. "I always knew what was going on and what to expect. Everyone was great."



Atif Saleem, MD

>> **GET CHECKED.** To make an appointment at UHS Gastroenterology or Binghamton Gastroenterology Associates, both on the campus of UHS Binghamton General Hospital, call **772-0639**. Endoscopy is available at all four UHS hospitals, while GI labs are located at UHS Wilson Medical Center, UHS Binghamton General Hospital and UHS Chenango Memorial Hospital — procedures available at each vary.

WELCOME back

>> SURGEON RETURNS TO UHS AFTER STINT AS A GENTLEMAN FARMER

Several years ago, UHS general and colorectal surgeon Jeffrey Wiseman, MD, thought it was time to take a hiatus from the world of medicine. So what did he do instead? Milk cows.

"It's hard to explain," he says. "We started with beef cattle then added a few dairy cows. We got into the business of selling milk."

As he expected, life on the farm was every bit as challenging and

work-intensive as having a medical practice — in fact, it took up a great deal of time.

"Cows require constant attention," he says. "You have to milk twice a day, every day, whether it's Christmas or your birthday or whatever. Actually, it's a lot more time-consuming than being a doctor."

And while Dr. Wiseman's time away from medicine was absorbing and fulfilling, in its own way, he decided

>> **WEB EXCLUSIVE!** Read Dr. Wiseman's tips for talking to your doctor about conditions of the lower gastrointestinal tract at uhsstayhealthymag.com.

that the life of a dairyman wasn't to be his full-time, permanent profession. When UHS asked him to come back to resume his surgical practice, he said yes. "You miss the relationship you have with people," he says. "It's nice to reestablish that."

BACK TO PRACTICE

And of course, his return is good for patients facing troubling conditions of the lower gastrointestinal tract. While people generally find it embarrassing to speak about problems of the colon, rectum or anus, Dr. Wiseman urges patients to get evaluated as soon as possible to prevent complications down the line. His treatment philosophy reflects his priority on caring for the whole patient, not just the disorder.

"We [doctors] can have tunnel vision," he says. "You shouldn't just treat the patient's disease, you need to take care of the person first. Doctors need to use empathy — which is woefully lacking in modern medicine — and listen more, and more carefully."

In his typically blunt style, Dr. Wiseman continues: "If their butt is hurting, I can treat that condition, but by paying careful attention, I can see that something else is going on in their life and addressing that will actually make them feel better."

Dr. Wiseman is also committed to following up with patients after surgery. Such office visits can be ongoing, as may be the case for someone with pre-cancerous cells, or just once or twice post-operatively. "If someone feels they need more visits, though, I'll do it," offers Dr. Wiseman. "After all, they've made a time commitment to drive over to see me, so I have a responsibility to help them feel better. In the end, it all speaks to taking care of that individual."

"As a surgeon you like quick results," says Dr. Wiseman, "But it's rewarding when someone comes in and is grateful for the care you've given them. Cows can't say thank you." **SH**

>> **GET WISE.** See Dr. Wiseman at UHS Surgery at Wilson Square in Johnson City. Call **763-8100** for an appointment.



General and colorectal surgeon Jeffrey Wiseman, MD, consults with a patient.