



STAY healthy

SUMMER 2017



Sunburn prevention and
summer checkups for kids

Sunny Days

Making a Difference

UHS Neurosurgery rivals large, world-class academic medical centers

In a Tangle

Aneurysms aren't the 'ticking time bombs' they are thought to be

Relief at Last

Busy grandmother finds solution to disabling pain

Sunny Days

Children can get too much sun anywhere — not just at the beach or pool — so they need protection from the sun’s harmful ultraviolet rays whenever they’re outdoors. Incorporate sun safety into a child’s daily routine, and explain to them that sun exposure has a snowball effect — what they do now will have an impact on them in the future. A few significant sunburns now can increase your child’s risk of skin cancer later in life. Follow these sun safety tips to help protect your children.



4 tips to prevent summer sunburns

1 **Keep babies under 6 months old out of direct sunlight.** Use an umbrella or stroller canopy when going for walks.



2 **Rub a thick coat of sunscreen on children older than 6 months.** Choose one that says “broad spectrum” and has an SPF of at least 15. Reapply often.



3 **Dress your child for the sun.** Use lightweight, long-sleeved shirts and long pants. Add a hat with a wide brim and sunglasses with UV protection.



4 **Plan visits to the park, pool or beach for the early morning or late afternoon.** Avoid being out when the sun is strong in the middle of the day.




Beat the Rush

Schedule your child’s back-to-school physical today

Summer is often the busiest time for pediatric and family medicine practices, as families flock in to get the checkups and immunizations they need before school starts. Calling to make an appointment several weeks ahead of time can help you be seen by your preferred provider at a time that’s convenient for you.

Well-child visits with your child’s primary care provider are vital. They help establish a medical history and relationship; detect emerging problems; address developmental, safety and wellness concerns; and provide an opportunity for administering needed tests, screenings and immunizations. For adolescents, checkups also include discussions about sexual and mental health and substance use.

While a checkup may include clearance to play sports, a sports physical alone is not a substitute for a comprehensive checkup. So even if your child received a sports physical at school or at a retail clinic before his or her athletic season started, it’s important to also schedule an annual well visit.

>> NEED A PCP? Use the Find a Provider tool at uhs.net to choose a pediatric or family medicine provider at a UHS Primary Care location near you. Or, call the UHS Stay Healthy Center at **763-6060** to speak with a nurse who can recommend the right provider for your child or adolescent.

A Watchful Eye

UHS introduces 'Watchman' to curb stroke risk



The Watchman, about the size of a quarter, permanently closes off the left atrial appendage to prevent blood clots from escaping.

UHS Wilson Medical Center has become the first hospital in the region to begin using "Watchman," an implant that can reduce the risk of stroke in patients with an irregular heartbeat. The first procedures using the device were completed in May at the UHS Heart & Vascular Institute by cardiologist Waseem Sajjad, MD, and the patients are doing well.

Watchman offers an alternative to the lifelong use of blood thinners for people with the type of atrial fibrillation that is not caused by heart valve problems. Nine in 10 patients can stop taking the medications 45 days after a Watchman implant, Dr. Sajjad noted.

"The permanent implant can reduce stroke risk as effectively as Warfarin, the most common blood-thinning medication," Dr. Sajjad said. "Unlike Warfarin, Watchman can also reduce a patient's long-term risk of bleeding."

To date, more than 20,000 Watchman procedures have been performed worldwide.

>> ALL HEART. To learn more about the advanced capabilities of the UHS Heart & Vascular Institute, visit uhs.net/care-treatment/heart-vascular-care or call 763-6547.

Recipe for Health

Start the day with a power bowl

Power bowls are all the rage, and for good reason. They pack a hefty amount of protein into a satisfying meal, loaded with flavorful vegetables and condiments. Try starting your day with this Southwest-inspired recipe from the American Heart Association.

¼ cup raw quinoa
1 avocado, pitted and diced
2 medium tomatoes, diced
1 ear of corn, removed from cob
¼ cup green onions, chopped
½ cup cilantro, chopped
4 eggs
Reduced sodium salsa or hot sauce, optional



Cook quinoa according to package directions, cool slightly, then divide between four bowls. (This can be done the night before.) Arrange the vegetables on top. Heat a medium skillet over medium-high heat and coat with non-stick cooking spray. Crack the eggs into the skillet and cover about 3–4 minutes, until white is set and yolk is runny. Place one egg in each bowl. Top with salsa or hot sauce and enjoy!

>> MAKE IT YOURS. This recipe is easy to customize with different vegetables or eggs cooked however you like them best.

Improving Always

I have often marveled at how the UHS family shares a common bond, built on the spirit of teamwork and fueled by the power and passion that reflect our mission. I feel a sense of awe at being associated with our providers, employees, volunteers and board members — everyone who serves on our "Team of Healers."

Thinking about the awesome characteristics that have brought us forward makes me optimistic about the future of our organization. As a result of the various approaches to healthcare reform, the health field nationwide has been on a 10-year transition from a volume-driven, fee-for-service payment model to one based on quality and outcomes. At the same time, demand for primary care and home care is increasing. UHS, as an integrated delivery system, is poised to thrive during this era of transformation.



We have made great strides in improving, managing and growing to better serve our patients and community. Our organization's accomplishments over the past year came in spite of the continuing decline in reimbursements from third-party payers and the increasing demands of an aging population in the Southern Tier. Across the system, we saw much progress in the advancement of our strategic goals, as outstanding individuals, departments and system members worked hand in hand to produce outstanding results.

As 2017 got under way, I shared with the UHS team my belief that this year could be truly "A Year of Performance." Our entire organization is poised to reach new levels of excellence in the care and service we provide. I called on everyone to approach the year with renewed vigor to excel in both our individual and collective efforts.

Those of us who provide care are reminded of the many daily opportunities we have to create awe-inspiring moments in the lives of those we serve. Moments such as these are what called us to work in healthcare in the first place, and reflect our personal commitment to positively impact the lives of others. There is no higher calling, after all, than to pursue ways to serve, to heal, to inspire and to change lives.

Matthew J. Salanger, FACHE
PRESIDENT & CEO OF UHS

>> THANK YOU FOR CHOOSING UHS. Our goal is to provide you with excellent care. Please let us know how we are doing. If you receive a patient satisfaction survey, kindly fill it out and return it.



MAKING A

>>UHS NEUROSURGERY RIVALS
WORLD-CLASS LARGE ACADEMIC
MEDICAL CENTERS

difference



Saeed Bajwa, MD



Barry J. Pollack, MD



Khalid Sethi, MD



Daniel D. Galyon, MD

For more than 30 years, the UHS Neurosurgery Center at UHS Wilson Medical Center has pushed the boundaries of neurosurgical care for illnesses and injuries of the brain and spine. And with more than 7,000 brain and spine neurosurgical procedures performed between 2013 and 2016, the center's neurosurgeons have the experience to support their elite status.

A COLLABORATIVE NETWORK

"What sets our program apart from other community hospitals is the fact that our neurosurgeons, neuroradiologists, radiation oncologists, neurointensivists, medical oncologists and neuro-support staff are all within the UHS system — working in concert, sharing electronic medical records and providing collaborative, individualized care for each patient," explains Prakash Ramanathan, director of UHS Clinical Operations and Neuroscience Services.

To encourage this united approach, UHS has the critical infrastructure and services in place to support the best outcomes. This includes a dedicated neurosurgical operating room, a neurological intensive care unit (ICU)

and a neurosciences step-down unit to serve patients who no longer need ICU care but still need a staff with specialized neurological training.

"The comprehensive work we perform is unparalleled for a community hospital," says Saeed Bajwa, MD, UHS director of Neurosurgery. "Our level and depth of care are rarely, if ever, available outside of large academic hospitals located in major metropolitan cities. There's no need to travel outside of Binghamton to receive the best neurosurgical care."

TARGETING SUCCESS

To achieve this level of neurosurgical care, modern providers are relying more and more on the latest technological advancements, such as

3 Tesla (3T) MRI imaging. Specific to benign and malignant brain and spine tumors, 3T imaging provides the highest quality, most accurate image possible — so surgeons and radiologists can “see” what’s going on, deliver a quicker diagnosis and begin treatment faster — which ultimately leads to satisfactory outcomes.

If imaging indicates surgical removal of a tumor is the best course of treatment, UHS neurosurgeons have the right technology to guide them through the most delicate procedures, beginning with the StealthStation® Treatment Guidance System. This system allows surgeons to focus on the tumor’s exact location and avoid compromising healthy muscle, tissue, nerves or blood vessels. Benefitting the patient, the guidance system requires only a small surgical incision and expedites procedure time.

“It’s similar to GPS for your car,” explains Khalid Sethi, MD, UHS neurosurgeon. “The software guides us to the tumor’s precise location so we can identify the correct treatment technique. That’s key to providing the best patient care.”

Once the tumor is removed, the patient is typically transferred to UHS Radiation Oncology, where stereotactic radiosurgery (SRS) is performed to ensure that no tumor cells remain. The TrueBeam platform, a system for image-guided radiotherapy and radiosurgery, is a newer technology offered at UHS.

New neurosurgeon joins UHS Neurosurgical Center

UHS Wilson Medical Center recently welcomed Barry J. Pollack, MD, certified by the American Board of Neurological Surgeons, to the neurosciences team. Dr. Pollack graduated from New Jersey Medical School, University of Medicine and Dentistry of New Jersey. He completed his internship in general surgery and his residency in neurosurgery at Northwestern University in Chicago.

Before joining UHS, Dr. Pollack treated patients at Cayuga Medical Center in Ithaca, and also at Eastern Maine Medical Center.

“With a fourth neurosurgeon on our team, Dr. Pollack’s talents and skills will also allow us to grow our volume of surgery — which at this point surpasses 2,000 operations a year,” says Saeed Bajwa, MD, director of Neurosurgery at UHS.

A wide scope of neurosurgery services

UHS brings adult patients in the Southern Tier advanced treatment capabilities for a wide scope of neurological conditions and injuries, with a noted specialty in providing neurosurgical care for brain and spine tumors. Whenever possible, UHS neurosurgeons use minimally invasive technology to guide them through delicate surgical procedures, minimizing penetration and incision, reducing healing time and significantly decreasing pain, scarring and complications.

Neurosurgery services include:

- **SPINAL FUSION**, including implantation of the X STOP IPD device, to provide immediate and long-term relief of back and leg pain, often for treatment of spinal stenosis.
- **SPINAL DECOMPRESSION**, including kyphoplasty, microdisectomy, intradiscal electrothermal annuloplasty (IDET) and percutaneous discectomy, to alleviate pain caused by conditions such as spinal stenosis, herniated disc and spondylolisthesis.
- **IMAGE-GUIDED SURGERY** provides great accuracy, requires only a small surgical incision, expedites procedure time, allows for advanced procedure planning and shortens the patient’s hospital stay.
- **HF10 SPINAL CORD STIMULATION**, available for the first time in the Southern Tier, uses high-frequency electrical stimulation to treat chronic back and leg pain. The addition of HF10 therapy at UHS Wilson Medical Center makes UHS one of the largest and most comprehensive neuromodulation centers in the country.

TURNING TO THE SPINE

An estimated 65 million Americans experience back and neck pain every year, and the UHS Neurosurgery Center is prepared to meet its patients’ needs. “Our neuro team can provide the complete spectrum of treatment for patients with spinal disorders,” says Dr. Bajwa.

That said, the general consensus among UHS physicians is to investigate non-invasive therapies to relieve back pain before rushing to surgery. “We’ll generally suggest physical therapy, a chiropractor or pain management therapy first,” says Mr. Ramanathan. “Now we also offer HF10 spinal cord stimulation, which involves a surgically-implanted electrical device that sends pain-relieving signals to

the spinal cord.” (See page 6 for the story of a patient who got her life back after implantation of a spinal stimulation device.)

In matters of the spine, it is particularly crucial that the patient’s team of physicians, physical therapists and chiropractors are all on the same UHS team, Dr. Sethi emphasizes. “So when you see me in my office, I can read your physical therapist’s notes in your medical file; I know what pain management you tried; I see your MRIs. Ultimately, all this combined information and coordinated care helps identify if or when it’s time to consider surgical options.”

RIGHT IN YOUR OWN BACKYARD

In addition to having the most advanced instrumentation and experienced clinical team to diagnose and treat spine and brain disorders, there is yet another attribute that sets the UHS Wilson Medical Center Neurosurgical Center apart, says Dr. Bajwa. “When you’re told you have, for example, a brain tumor, the emotional reaction is dramatic. And you think you have to leave your community and head off to New York City, Boston or Baltimore for the best care possible. When we explain to our patients that we have that same level of sophisticated expertise right here — right where their loved ones live — you can see the relief on their faces. It’s a first step to recovery.” **SH**

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— Saeed Bajwa, MD

>> **GET IT ALL.** Learn more about the brain and spine conditions treated and procedures available at UHS. Visit uhs.net/care-treatment/neuroscience.

RELIEF at last

Lorraine Rowe uses a spinal cord stimulator implant to control severe pain.

>> **BUSY GRANDMOTHER FINDS SOLUTION TO DISABLING PAIN**

Beyond medication

At UHS Pain Management, the goal is to find and address the root causes of pain without exposure to opioid (narcotic) medications when possible.

Treatments may include one or a number of the following:

- **Physical modalities** such as physical therapy, chiropractic care, massage and aqua therapies, home exercise, orthotics or braces, nerve stimulation, heat and cold therapy
- **Psychological modalities** that have been shown to help patients manage conditions that can contribute to pain, such as depression, anxiety and PTSD. This can include deep relaxation, meditation and cognitive behavioral therapy.
- **Procedures and devices** such as steroid injections, radiofrequency ablation, spinal cord stimulators, pain pumps and specialized surgery
- **Lifestyle coaching**, such as nutrition and exercise counseling
- **Non-opioid pain medications**

Opioid pain medications may be used within current federal and state guidelines.

>> **WE CAN HELP.** To make an appointment with a pain specialist in Johnson City, call **748-7468**.

Five years ago, Lorraine Rowe's life was on hold. Severe back pain kept the 64-year-old Sidney resident from everyday activities. She couldn't do housework or attend her grandchildren's baseball games. Planning a vacation was out of the question. "I couldn't stand or sleep comfortably; I couldn't do anything," she says.

But she's since gotten her life back. She credits the specialists at UHS Pain Management for finding ways to control the pain despite her complicated health history. "At UHS, they don't give up on me," she says.

Now she's cheering on her grandchildren from the bleachers and planning a trip to Nashville to celebrate 25 years of marriage to her husband, Michael.

New pain clinics in Oxford and Walton

UHS has expanded its multidisciplinary Pain Management Program to UHS Chenango Memorial Hospital (at UHS Primary Care - Oxford) and UHS Delaware Valley Hospital in Walton.

“We now offer the same comprehensive pain management services available at UHS Wilson, in your hometown,” says Javaid A. Malik, MD, board-certified anesthesiologist and lead physician for the UHS Outreach Pain Management Team. “We can help find and address the causes of your pain, decrease your discomfort and improve your function compassionately, safely and responsibly. We do this using a variety of modalities, many of which are medication-free.”

Dr. Malik, who has more than 20 years of experience as an interventional pain specialist, is accepting new patients. In addition to UHS Pain Management in Johnson City, he sees patients at:

UHS Primary Care - Oxford
Tuesdays and Thursdays
843-9816

UHS Delaware Valley Hospital
Mondays
865-2400

MORE RELIEF, LESS MEDICATION

Ms. Rowe suffers from a degenerative disease of the spine. The condition causes neck pain and severe sciatica — pain that travels down the legs. She also has a pulmonary condition that requires her to use supplemental oxygen and she is not a candidate for spine surgery.

Despite these complications, she is determined not to rely on opioid (narcotic) painkillers, so she appreciates that UHS Pain Management doctors look for alternative pain solutions. “I don’t want to be on pain medication unless there is no other option,” she says.

UHS Pain Management Clinics, conveniently located in Johnson City, Oxford and Walton, offer multidisciplinary, comprehensive care under the guidance of physician specialists who take advantage of all appropriate avenues for relief, including physical therapy, chiropractic care, specialized procedures, devices, mental health services and much more. Types of pain addressed include headache, as well as back, joint, abdominal and cancer pain.

“Our focus is on finding the cause of the pain and treating the underlying problems — without exposure to opioids whenever possible,” says Matthew Bennett, MD, board-certified orthopedist and director of UHS Pain Management. “If we do use opioids, it’s for the shortest period of time possible and with an exit strategy — a plan to taper the dosage or stop use when appropriate.”

At first, Ms. Rowe benefitted from steroid injections. Under the supervision of Sajid Khan, MD, an expert in physical medicine and rehabilitation, an anti-inflammatory medication was injected directly into her spine’s problem areas, using local anesthesia. Relief lasted up to six months between injections, and gave her some years of relief. However, she built up a tolerance and the injections gradually became less effective. When the pain returned, she sometimes had to take morphine just to function. It was time for the Pain Management Team to switch course.

SPINAL CORD STIMULATOR

Dr. Bennett, who specializes in orthopedic and spine surgery, is trained and experienced with implanting spinal cord stimulators, small pain-relief devices that are implanted under the skin near the spine using local anesthesia. After consulting with Ms. Rowe’s general practitioner and her pulmonologist, he determined that the device was a safe option for Ms. Rowe.

The stimulator delivers mild electrical pulses directly to the spinal cord, masking pain signals. An external remote allows the user to control the stimulation level as needed. “The new generation of these devices is markedly improved and can work very well,” Dr. Bennett says.

A trial period using an external device verified that it worked for

Ms. Rowe, and Dr. Bennett implanted a long-lasting version.

The procedure was a success. Though she had to take it easy for nine weeks of recovery, Ms. Rowe says she now recommends the device to anyone who is a candidate. “It relieves 75 percent of my pain,” she says.

When bothersome symptoms arise, she adjusts the device’s intensity and the problem is gone in about 10 minutes, she says. Other symptoms she treats with ice or warm baths, and she now needs pain medication only on occasion. Once a week, she charges her device while she relaxes.

She can now walk and sit comfortably, allowing her to take on household chores, and enjoy painting, crocheting and her 10 grandchildren. And her “dream vacation” to Nashville is no longer just a dream. “My husband is so happy for me,” she says. “He says I’m like a new woman.”

As a patient who relies on ongoing treatment, Ms. Rowe is particularly happy with the care she receives at UHS. “I’m so glad I switched hospitals,” she says. “They’re awesome.” **SH**

“My husband is so happy for me. He says I’m like a new woman.”

—Lorraine Rowe



in a TANGLE

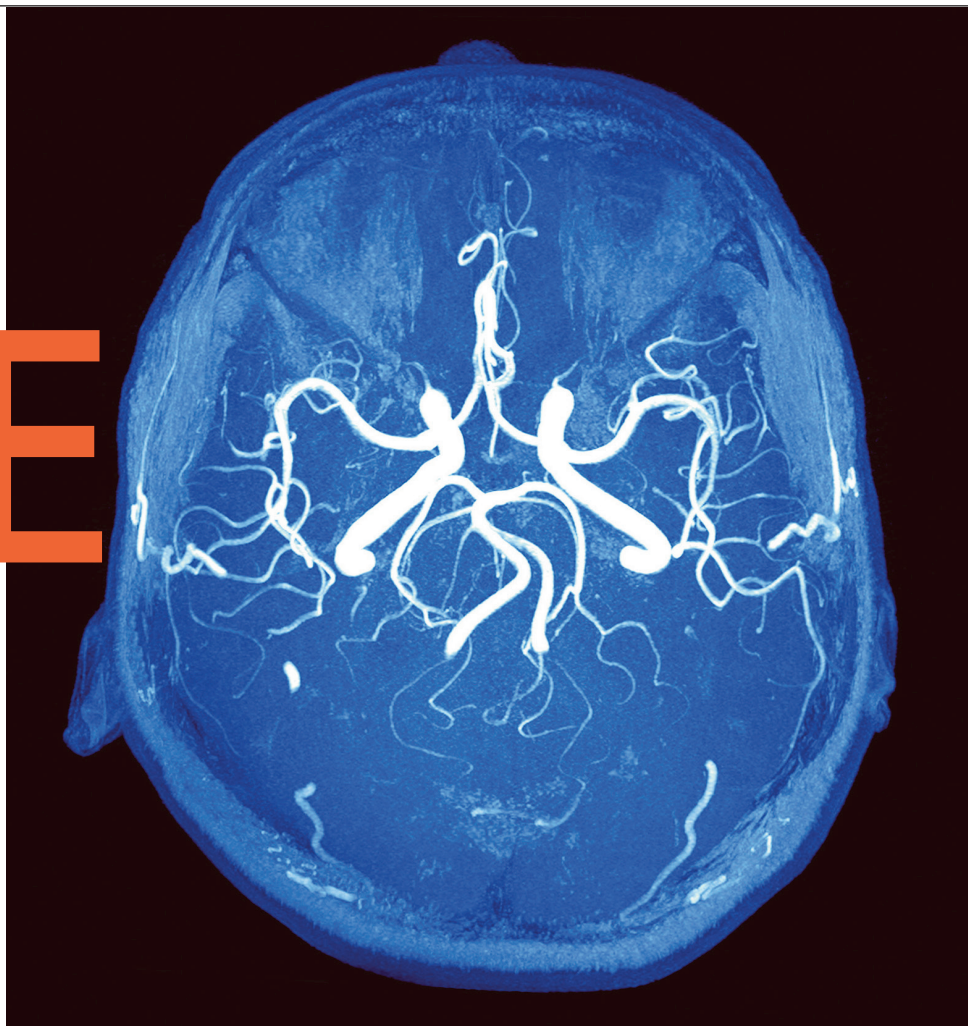
>> ANEURYSMS AREN'T THE 'TICKING TIME BOMBS' THEY ARE THOUGHT TO BE

Do you know the difference between an aneurysm and a stroke? Many people don't. An aneurysm is a bulging or weakness in a blood vessel, most often in the brain or neck. In most cases, aneurysms are completely asymptomatic — meaning you may have one and never even know it. However, an aneurysm can become life-threatening if it ruptures and causes uncontrolled bleeding. A stroke, on the other hand, is usually caused by a blockage in a blood vessel in the neck or brain.

"Most aneurysms are found when a patient has an MRI or brain scan for another reason or other unrelated condition," says Varun Reddy, MD, a neuro-endovascular specialist at UHS. When an aneurysm is found, the first steps are to carefully examine the aneurysm and to assess the patient's risk factors for rupture to determine if treatment is necessary, or if it's safe to monitor the aneurysm over time.

A cranial angiogram is often used to examine the aneurysm more closely. This minimally invasive test combines catheterization with imaging to more precisely determine the location, size and nature of the aneurysm. This helps the surgeons craft personalized treatment or monitoring recommendations based on the likelihood of rupture.

For patients at low risk, imaging tests will continue to be done at regular intervals to see if the aneurysm grows or changes, or if other aneurysms form. Patients are also advised to be on the lookout for any symptoms that may develop. For a stable aneurysm in low-risk patients, treatment is often unnecessary. "For most people, an aneurysm isn't the 'ticking time bomb' many people associate with the condition," says Dr. Reddy. "Still, it's important to fully evaluate it and keep an eye on it."



Patients with certain health conditions or histories are at higher risk for aneurysm rupture. These include patients who smoke (particularly women), who have uncontrolled hypertension or have substance abuse issues. A family history of aneurysms is also a risk factor. High-risk patients are often advised to have their aneurysm surgically repaired to prevent a potentially deadly rupture.

Dr. Reddy and Yahia Lodi, MD, who both are extensively trained in the latest neuro-endovascular advances and treatments, provide the gold standard for aneurysm treatment at UHS. The preferred treatment is endovascular coiling, in which a small incision is made in the groin and a thin, flexible catheter is inserted into the blood vessel. Platinum coils are threaded through the catheter and placed in the mouth of the aneurysm, creating a plug that stops the aneurysm from growing or rupturing. For patients in whom this procedure is contraindicated, a clip is applied to the base of the aneurysm instead. Drs. Reddy and Lodi have performed many of these procedures with excellent results.

Platinum coils are threaded through the catheter and placed in the mouth of the aneurysm, creating a plug that stops the aneurysm from growing or rupturing.

A dedicated team of surgeons and nurses provide thorough follow-up care to result in the best outcome, according to Dr. Lodi. "Here at UHS we have the infrastructure that links all these important pieces of treatment together. We want our patients to go home healthy," he says. **SH**

When a headache isn't just a headache

While most aneurysms remain asymptomatic, it's important not to ignore the symptom doctors cite most: a headache patients describe as the worst in their life, or a "thunderclap" headache. Even if a patient has spent years suffering from migraines, the headache from a critical aneurysm that has burst or is near bursting is markedly worse than the worst headache he or she has experienced, and quick action can vastly improve a patient's outlook. If you suspect a ruptured aneurysm, call **911**.