

**The Support Zone**  
Helping New Moms with Breastfeeding

**Equine Therapy**  
Healing Through HorsePlay

May/June 2017

# AdvancingCare

**in the Hudson Valley**

www.advancingcarehv.com

A publication of  
**WMCHealth**  
Westchester Medical Center Health Network

# OPIOID ADDICTION

**HOW TO RECOGNIZE IT • WHAT IS THE BEST TREATMENT • WHERE TO GET HELP**



## **Children and Scoliosis**

A revolutionary new  
non-invasive procedure

## **Reversing a “Death Sentence”**

How a fallen police officer’s  
life was saved

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PAID  
US POSTAGE  
PSRT STD  
MECHANICSBURG, PA

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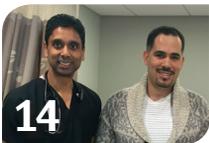
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For more inspiring stories, useful health info and to sign up for our free Advancing Care newsletter, go to [www.advancingcarehlw.com](http://www.advancingcarehlw.com)

## Letter From the President

The Westchester Medical Center Health Network (WMCHHealth)

is creating the future of healthcare today through the groundbreaking use of telehealth, virtually connecting specialists and patients throughout our 10-hospital network and beyond.



At the core of our program is our eHealth Center, located at our flagship, Westchester Medical Center in Valhalla. This state-of-the-art, 5,500-square-foot facility is home to a wide array of medical specialists, all supported by a sophisticated technology that facilitates communication in real time to network hospitals around the clock. The center's expert staff do not replace any bedside providers, but rather complement them, weighing in on evaluations, diagnoses and treatment strategies, and improving patient safety, quality, experience and outcomes through secure, high-speed data lines.

We are connecting our patients and many of our advanced-care services through multiple innovative telehealth initiatives. This includes eICU, where patients in our Intensive Care Units are monitored by critical-care staff in the telehealth center; and our ePsychiatry program, remotely connecting behavioral health patients to clinical psychiatrists at our Behavioral Health Center, improving patient satisfaction, as well as outcomes. This advanced technology was recently expanded to include eStroke, whereby stroke patients across our networks who need a time-sensitive diagnosis receive access to stroke specialists immediately, via telehealth technology.

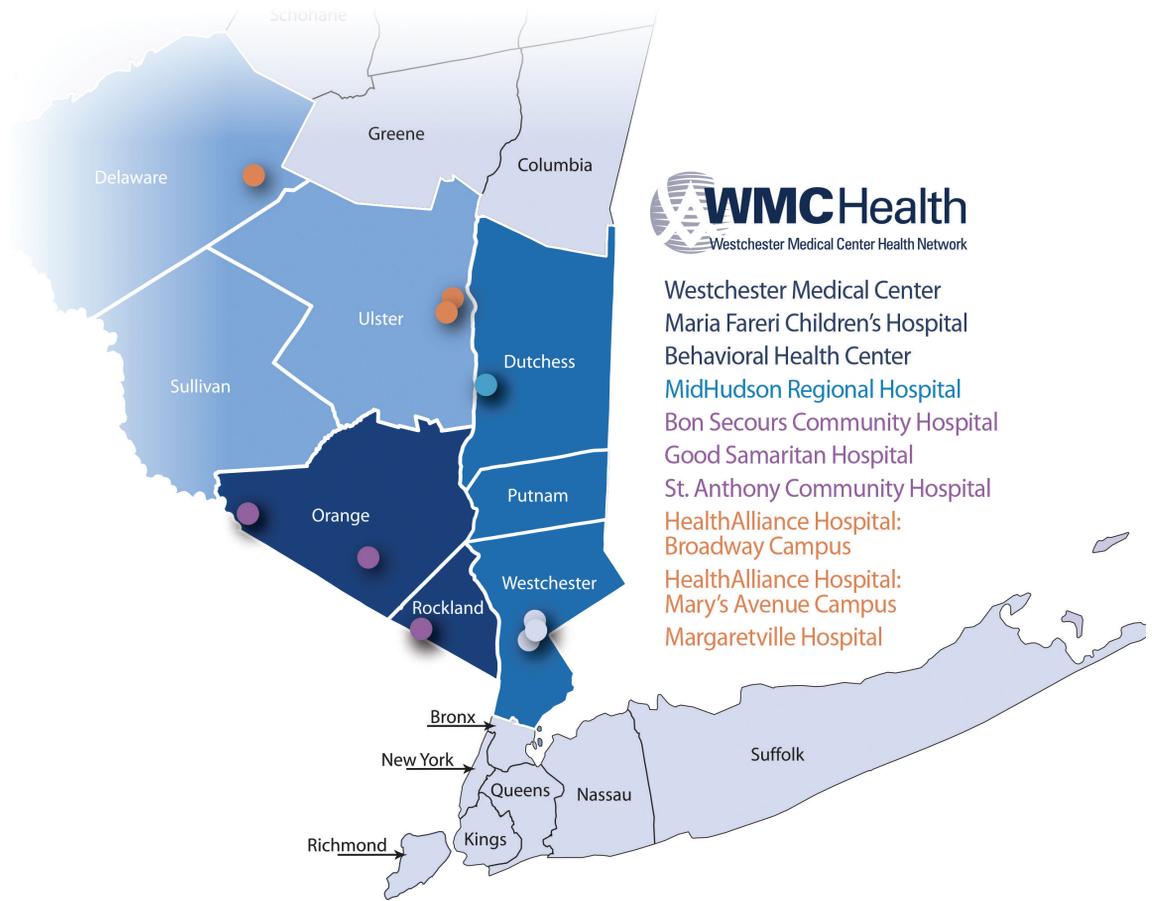
And, this technology is not limited to our hospitals. In WMCHHealth's newest telemedicine program, the Network's mobile ICU ambulances — which provide care to trauma, burn, neonatal and pediatric critical-care patients — are now equipped for video consultations. This allows ambulance crews to connect with a broad array of specialists while in transit, giving additional clinical support and helping receiving teams to better prepare for and assist patients upon arrival.

The future of healthcare is moving at an exciting pace. At WMCHHealth, leading the way in technology is another way we are Advancing Care. Here.

*Michael D. Israel*

Michael D. Israel  
President and CEO  
WMCHHealth

# WHERE WE ARE



- Westchester Medical Center
- Maria Fareri Children's Hospital
- Behavioral Health Center
- MidHudson Regional Hospital
- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital
- HealthAlliance Hospital: Broadway Campus
- HealthAlliance Hospital: Mary's Avenue Campus
- HealthAlliance Hospital: Margaretville Hospital

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Photo/Digital Imaging **BENJAMIN COTTEN**

WMCHealth includes: Westchester Medical Center, Maria Fareri Children's Hospital, the Behavioral Health Center, MidHudson Regional Hospital, Good Samaritan Hospital, Bon Secours Community Hospital, St. Anthony Community Hospital, HealthAlliance Hospital: Broadway Campus, HealthAlliance Hospital: Mary's Avenue Campus, and Margaretville Hospital.

Contact [wcmmarketing@wmchealth.org](mailto:wcmmarketing@wmchealth.org) for questions, feedback, additional copies of this issue and print and newsletter subscription inquiries.

Material contained herein is intended for informational purposes only. If you have medical concerns, seek the guidance of a healthcare professional.



2 Clinton Ave. Rye, NY 10580; 914-345-0601



# WMCHHealth NEWS

## Advanced Technologies Enhance Care



Medical professionals are now able to communicate with ambulance crews en route to the hospitals.

### Telemedicine on Wheels

The Westchester Medical Center Health Network (WMCHHealth) boasts the Hudson Valley’s only telemedicine program, providing remote diagnosis and treatment of patients through technology such as videoconferencing. Now, the innovative eHealth program is hitting the road: WMCHHealth’s two mobile ICU ambulances have been fitted with telemedicine capabilities, as well. Physicians at Westchester Medical Center and Maria Fareri Children’s Hospital are able to see and speak with ambulance personnel and patients en route to the campus in Valhalla. Since the mobile ICU ambulances transport critically ill patients from as far away as Pennsylvania and Rochester, this will give both ambulance crews and the hospital’s receiving teams valuable support and information. It’s a high-tech step forward in fulfilling WMCHHealth’s promise to bring its superior, advanced-care resources to residents throughout the region.

### Kingston, You’re Connected

There’s good news for patients of Kingston’s HealthAlliance Hospital: Broadway Campus, a member of the Westchester Medical Center Health Network (WMCHHealth). The hospital is now connected to WMCHHealth’s specialized eHealth operations center in Valhalla. At this high-tech “command central,” a wide array of medical specialists work around the clock, remotely monitoring patients at network hospitals. The center’s staffers do not replace the Kingston hospital’s own providers but rather complement them, weighing in on evaluations and discussions, and acting as a second set of eyes. While stroke patients are the first to benefit from the hospital’s new connection to the eHealth center through the Telestroke program, Telepsychiatry, Teletrauma and eICU services will be introduced in Kingston shortly.



PATRICIA DONSEY COURTESY OF DAILY FREEMAN

HealthAlliance Chief Medical Officer Paul Llobet, MD, demonstrates WMCHHealth’s high-definition eHealth telemedicine program.

## Formerly Conjoined Twins Discharged From Hospital



*From left: Laurilin Celadilla Marte and Marino Abel Camacho celebrated their daughters' 1st birthday at Maria Fareri Children's Hospital. The twins with their parents as they prepared to leave the hospital.*

**B**allenie and Bellanie Camacho, formerly conjoined twin girls who celebrated their first-birthday party just two weeks after undergoing a groundbreaking, 21-hour separation surgery at Maria Fareri Children's Hospital, a member of the Westchester Medical Center Health Network (WMCHealth), were discharged from the hospital in March.

The girls were separated in a rare and complex surgery, the first of its kind ever performed at Maria Fareri Children's Hospital. Hospital staff, many of whom played a role in the separation procedure, joined proud parents Laurilin Celadilla Marte and Marino Abel Camacho in both the birthday and send-off festivities.

## An Inpatient Care Wing with a Wow Factor



These renderings show the renovations that are happening at MidHudson Regional Hospital. *From left: a nursing station and patient room.*

**M**idHudson Regional Hospital, a member of the Westchester Medical Center Health Network (WMCHealth), has begun a major renovation to its inpatient care wing in its Cooke Building. When complete in winter 2017, the unit will seamlessly blend advanced medical technology and environmentally friendly fixtures in a serene and contemporary space that is conducive to healing, and comfortable for families. The sixth floor will feature private inpatient rooms with state-of-the-art equipment and headwalls, plus private bathrooms and ample space for visitors. Physicians, nurses, and other clinical personnel will benefit from a technologically advanced centralized nursing station, and the entire unit will be served by energy-efficient elevators and a whisper-quiet climate control and air filtration system.



Pictured, from left: Dawn Woods, RN; Chhaya Aggarwal, MD; Laura Overton, social worker; and heart disease survivors Ann Vanderpool, Kelly Kryzack, Emmanuella Bien-Aime, Barbara Gorcynski and Taylor Clarke.

## A Heartfelt Fundraiser

Girls' Night Out, a heartwarming fundraiser, featured tributes to heart disease survivors, and reunited them onstage with hospital team members who supported them through their surgeries and recovery. The event raised \$75,000 for the Heart and Vascular Institute on March 3 at the Marriott in Tarrytown. The Heart and Vascular Institute, a member of the Westchester Medical Center Health Network (WMCHHealth), is the only full-service program in the Hudson Valley, offering a wide range of cardiology, cardiothoracic surgery and vascular surgery services to patients of all ages.

## Partnering to Help Patients

Bon Secours Charity Health System, a member of the Westchester Medical Center Health Network (WMCHHealth), and healthcare-technology company Royal Philips recently made a major announcement: The two have struck a long-term, \$180-million partnership to transform patient care and build healthier communities. The agreement will provide the hospitals access to Philips' cutting-edge imaging and patient-monitoring systems, plus other assets, including its clinical and business consulting services. With these new resources at its disposal, Bon Secours Charity Health System will take its outstanding patient care to a new level, broadening its scope to include more healthy living and preventive care initiatives. In 2015, Westchester Medical Center, the flagship of WMCHHealth, entered into a separate partnership with Philips to provide the Hudson Valley with advanced medical technologies for imaging systems, patient monitoring and more.

# CALENDAR

### May 7 Go the Distance Walk & Family Fun Day

This one-mile, family-friendly walk on the grounds of Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHHealth), in Valhalla is a popular community event, with more than 4,000 people participating each year. All funds raised support advanced care services to more than 20,000 infants and children in our region each year. When you're done going the extra mile for our area's children, enjoy live entertainment and activities on-site. To register, visit: [events.westchestermedicalcenter.com/GTD17](http://events.westchestermedicalcenter.com/GTD17). For more information, contact [events@wmchealth.org](mailto:events@wmchealth.org) or call 914.493.2575.

### May 12 Dinner at the Falls

Enjoy gourmet food and drinks at this exciting event. Held at The Roundhouse in Beacon, the dinner raises funds for MidHudson Regional Hospital, a member of the Westchester Medical Center Health Network (WMCHHealth). For information about the event or sponsorship opportunities, call 914.493.5787 or e-mail [arlette.porpiglia@WMCHHealth.org](mailto:arlette.porpiglia@WMCHHealth.org).

### June 3 38th Annual Westchester Medical Center Gala

Join the crowd – more than 750 hospital leaders, physicians, board members, community leaders and others – at the

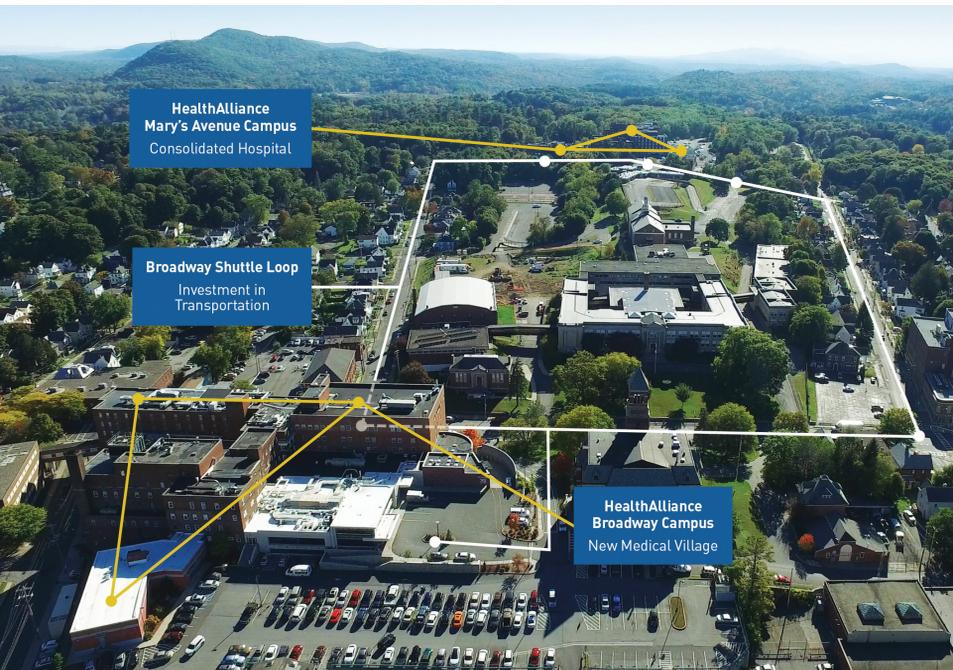
biggest fundraiser of the year for Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHHealth). You'll dine and dance at the magnificent New York Botanical Gardens while celebrating the hospital's 100-year anniversary. For more information on tickets and/or sponsorships, please call 914.493.2575, or visit [www.westchestermedicalcenter.com/gala](http://www.westchestermedicalcenter.com/gala).

### June 9 26th Annual Michael B. Finnegan Golf Classic

Support HealthAlliance Hospital: Broadway Campus, a member of the Westchester Medical Center Health Network (WMCHHealth) by participating in this fun tournament. Come for lunch at the elegant Wiltwyck Country Club in Kingston before teeing off for 18 holes. Dinner, an auction and prizes follow. For more information, call 845.338.8654 or email [Info@MBFGolfClassic.com](mailto:Info@MBFGolfClassic.com).

### June 17 The Evan Lieberman Westchester Medical Center Trauma Mud Run

Enjoy a chance to shine – while getting really dirty! This 5K run/obstacle course at Valhalla's Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHHealth), will have you running through the woods, hustling through mud, climbing obstacles and navigating fire towers. All funds raised will benefit the Joel A. Halpern Regional Trauma Center & Burn Center at Westchester Medical Center. For more information, call 914.493.2575, or email [events@wmchealth.org](mailto:events@wmchealth.org).



From left: A \$133+ million technologically advanced transformation is taking place at HealthAlliance Hospital's campuses; Mary Leahy, MD, CEO, Bon Secours Charity Health System, signs the \$180+ million agreement with Joe Robinson, Senior Vice President, Health Systems Solutions, Philips Healthcare North America.

# A Tale of Two Villages

Big changes are already underway in Port Jervis and Kingston, preparing for the comprehensive-care centers of the future. **BY DEBORAH SKOLNIK**

A hospital is a wonderful resource for any community. And residents in Kingston and Port Jervis will soon have an even greater asset: Each city is slated to become the site of a medical village, being developed by the Westchester Medical Center Health Network (WMCHHealth), to provide comprehensive outpatient services and improve community health. Ultimately, the medical villages will have an even larger overall effect — reducing expensive and avoidable hospital visits.

Imagine going to one central location to receive diabetes care, take an exercise class and pick up needed prescriptions all under one roof. The two “villages” will offer these services and more, from urgent care to cancer screenings in convenient, one-stop locations.

To prepare for the changes, new partnerships and upgrades are taking place throughout WMCHHealth. Earlier this year, the Bon Secours Charity Health System, in Port Jervis, entered into a multiyear, \$180-million partnership with Royal Philips, a leading provider of healthcare technology.

The collaboration will provide Bon Secours Community Hospital — a member of WMCHHealth, and the epicenter of the medical village in Port Jervis — with access to advanced medical solutions. Cutting-edge imaging and patient-monitoring systems, clinical and business-consulting services and more will all be available to staff.

The results — increased standardization, connectivity and optimization of technological resources — will help WMCHHealth fulfill its commitment to Hudson Valley patients. “By collaborating with partners like Philips, we can go beyond providing diagnosis and treatment, to work on proactive health

management, such as healthy living and prevention,” says Mary Leahy, MD, CEO of Bon Secours Charity Health System. “Together, we can transform healthcare, creating integrated solutions and patient-care models, while providing exceptional, compassionate care to those we serve.”

**“With partners like Philips, we can go beyond providing diagnosis and treatment, to work on proactive health management, such as healthy living and prevention.”**

**— Mary Leahy, MD, CEO, Bon Secours Charity Health System**

In Kingston, HealthAlliance Hospitals’ services are rapidly broadening. The new “hospital of the future” will debut on the Mary’s Avenue Campus, featuring a new, more efficient Emergency Center, intensive care unit and endoscopy center, plus two medical-surgical floors. It will undergo dramatic upgrades, as well, including a new main entrance and lobby, imaging center, family-birth space and same-day-surgery suite. The future medical village will occupy the current Broadway Campus.

These may all be big changes, but they’re aimed at an even larger goal: making WMCHHealth’s two new medical villages among the most technologically advanced community-health resources in the nation. •

# Opioid Addiction

What you need to know about this frightening epidemic. **BY LAURIE YARNELL**

According to the Centers for Disease Control and Prevention, someone in the U.S. dies of an accidental drug overdose every 19 minutes, primarily from prescribed opioids. In 2015, more than 33,000 Americans, more than any year on record, suffered fatal opioid overdoses, with nearly half of those deaths involving a prescription opioid. “Prescription opioid abuse is the fastest-growing drug problem in the United States, and the Hudson Valley area is not immune from its ravages,” says Stephen J. Ferrando, MD, Director of Psychiatry at Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHealth).

Some of the most commonly prescribed opioids are medications such as hydrocodone (Vicodin), oxycodone (Percocet), hydromorphone (Dilaudid) and fentanyl.

To learn more about the serious public health issue known as opioid addiction (OA), we spoke with Dr. Ferrando and two other experts in this field, Naim Korça, Administrator of Behavioral Health Services at Bon Secours Charity Health System, and Allen Nace, Administrative Director of Community Rehabilitation Services for HealthAlliance of the Hudson Valley and MidHudson Regional Hospital, all members of WMCHealth.

## How do people typically become addicted to opioids?

**Korça:** Adults start taking opioids to manage pain as a result of medical conditions, and our children can get these from our medication cabinets at home or from drug dealers in our communities.

**Nace:** There is no one way into addictive drug use. For some it’s lifestyle — who you spend time with and what they are doing,



## How do opioids differ from opiates?

**Korça:** Opiates are chemicals derived from opium and are the key ingredient of heroin, the most widely used illegal substance. Many individuals start with prescribed opioids, and when they cannot obtain them, due to the price on the streets and/or cannot get any more prescriptions, they may start using heroin because it is cheaper.

## How do you know if you or someone you know is experiencing OA?

**Korça:** Usually it starts with changes in behavior; they are not the same person anymore. For children, grades go down, they isolate, change friends, miss school, ask for money all the time or are irritable. [In adults] you see problems like loss of a job, running through credit cards, etc.

## What’s the best treatment for OA?

**Ferrando:** There is no “one size fits all.” For some, it’s outpatient counseling; some need medically managed withdrawal or detox, others rehab. Still others may have better outcomes with medical treatments. And many individuals participate in 12-step programs with professional treatment or alone.

## Can OA be cured?

**Korça:** Addiction is a chronic disease that can be managed successfully with discipline and support, such as counseling and medications. In the

majority of cases, professional help is needed...you cannot just stop cold turkey. Relapse is very common.

**Nace:** I believe that addiction is more than the substance. There are underlying issues. Have they been addressed? Has a person “matured” out of an addictive cycle, or is it an embedded lifestyle?

For more, go to:

[www.advancingcarehv.com/opioids](http://www.advancingcarehv.com/opioids)

## OPIOID ADDICTION RESOURCES AT WMCHEALTH Bon Secours Community Hospital

Detox: 845.206.5305

Rehab: 845.858.7234

## Good Samaritan Hospital

Detox: 845.499.4278

Rehab: 845.368.5242

## HealthAlliance Hospital

Detox and Rehab: 845.334.4705

Outpatient Therapy (Methadone):  
845.943.6022

Outpatient Programs and Counseling  
845.943.6091

## MidHudson Regional Hospital

Detox, Rehab, and Outpatient

Counseling Programs: 845.483.5514

Participants at a HealthAlliance adolescent program can engage in Equine Assisted Therapy at the HorsePlay program in Kerhonkson.



# Healing Through HorsePlay

Equine therapy is helping young people with behavioral health issues in many different ways. **BY LISA CESARANO**

**S**ometimes a solution, or even the problem itself, can lie beyond the reach of words.

This can be especially true of young people struggling with behavioral health issues. But thanks to a new program sponsored by the Benedictine Health Foundation and the HealthAlliance Adolescent Partial Hospitalization Program at HealthAlliance Hospital: Mary's Avenue Campus, a member of the Westchester Medical Center Health Network (WMCHealth), participants can engage in Equine Assisted Psychotherapy (EAP), a modality that helps them access and resolve complex and hard-to-reach emotions.

EAP is an evidenced-based therapy that brings individuals, families and groups together with a mental-healthcare provider, an equine specialist and horses, to bring about improved social, behavioral or other positive changes.

During the treatment sessions, the horses act as “mirrors” to the participants, reflecting and revealing specific issues, such as poor communication, relationship issues and problematic thought processes. The therapy is provided in collaboration with the Hudson Valley HorsePlay program at Nichols Field Riding Club in Kerhonkson.

“These kids have been through it all,” says Cori Nichols, certified equine therapist and

director of HorsePlay (pictured above left, with Rosemary Rouhana, a mental-health professional at HorsePlay). “Then, when they’re interacting with the horses, all of a sudden they’re happy and laughing, and the weight of the world is off their shoulders.”

No riding takes place during sessions. Instead, clients are assigned specific activities with the horses. These can include interacting with or touching the horse, trying to enlist the horse’s cooperation or simply observing herd behavior and dynamics. Surprisingly, this interaction is often the key to unlocking patients who have been difficult to reach, to help them more easily identify and resolve their own communication patterns and relationship conflicts, and make meaningful connections.

“For example,” says Nichols, “observing the herd clearly shows a pecking order and can teach kids lessons about authority. They’re also able to identify bullying or other aggressive behavior among the animals.” Then, either during or after the session, the participant will discuss and further process their experience with a mental-health professional.

After each class, participants are also asked to complete “Horse Selfies,” questionnaires that help them to analyze their encounter. “The ‘a-ha’ moments often come after the session,” notes Nichols.

Soon after HorsePlay was established in 2015, Kimberly Addesso, LCSW, Manager of Partial Hospitalization Programs at HealthAlliance Hospital: Mary's Avenue Campus, was thrilled to see an opportunity to share this adjunct therapy with the patients in her program. But before referring participants, Addesso and her team went to experience EAP for themselves.

“We engaged in many different exercises,” recalls Addesso, “like trying to determine what emotion the horse was feeling or trying to get a horse to go from one place to another within the field.”

There’s a growing body of evidence supporting the effectiveness of EAP. A 2014 study published in the journal *Psychiatric Services in Advance* found that EAP resulted in the largest decrease in violent behavior versus more conventional types of therapies. In addition, a 2013 study published in the *Journal of Family and Child Studies* showed that adolescent survivors of sexual abuse and trauma found “significant improvements in functioning after the equine intervention.”

This data comes as no surprise to Nichols. “Watching participants interact with the horses is very powerful. It’s amazing to see the calming effect it has on them, as well as the sense of empowerment and confidence they gain from this experience.” •



Both mother and child benefit from the expertise of lactation consultants such as (right, from top) Rhonda Valdes-Greene, RN, MSN, IBCLC, Amy Fotino, RN, IBCLC and Johanna Hagelthorn, BS, RNC, C-EFM, IBCLC (not pictured).



## The Support Zone

Lactation consultants at WMCHHealth are here to help new moms with the challenges of breastfeeding. BY MARY MCIVER PUTHAWALA, RN, BSN

Studies show that breastfeeding benefits both mother and baby. But just because it's natural doesn't mean it's easy. In fact, according to the Centers for Disease Control and Prevention, while four out of five infants born in 2013 started off breastfeeding, only half were doing so at six months, and less than one-third at 12 months. Through its team of lactation consultants, the Westchester Medical Center Health Network (WMCHHealth) offers a host of educational and support services. Here, three of these consultants — Rhonda Valdes-Greene RN, MSN, IBCLC, Westchester Medical Center and Maria Fareri Children's Hospital; Amy Fotino, RN, IBCLC, St. Anthony Community Hospital; and Johanna Hagelthorn, BS, RNC, C-EFM, IBCLC, the Family Birth Place at HealthAlliance Hospital: Broadway Campus — share their expertise.

### How does a new mom get started breastfeeding? And how can a working mother prepare to continue when she returns to work?

**Valdes-Greene:** Holding your baby skin-to-skin as soon as possible after birth is the best way to get off to a good start! Then, hold your baby skin-to-skin daily after that. This contact actually helps moms produce an adequate supply of milk, and it helps regulate your baby's

temperature and blood sugar and reduces crying. Breastfeeding your baby when he/she shows you feeding cues and avoiding bottles and pacifiers in the early days and weeks is helpful. When preparing to return to work, begin pumping and bottle-feed with your milk, so your baby learns how to drink from a bottle when you're gone. At Westchester Medical Center, we help mothers obtain breast pumps for home use through their medical insurance. Nearly all mothers will have a pump when they need it with no additional copay.

### What are the challenges of breastfeeding?

**Fotino:** Breastfeeding can be hard, and many mothers don't have a lot of experienced support people around them. Plus, the internet can be overwhelming, especially with misinformation. It helps to set short-term goals. First, aim to get through a day of breastfeeding, and then through the weekend. Then, to the next pediatrician's visit. Before you know it, the little goals add up. The American Academy of Pediatrics and the World Health Organization all recommend the ultimate goal of breastfeeding for 12 months or more. Also, finding a good group of supportive breastfeeding moms is crucial. Friends, aunts, grandmothers, mothers-in-law or community mothers groups are great. The Kennedy Birthing Center at St.

Anthony Community Hospital offers a monthly prenatal breastfeeding education class. After birth, the hospital offers a weekly breastfeeding support group. Plus, St. Anthony Community Hospital sponsors "The Big Latch On" in Warwick, an annual, international breastfeeding awareness event.

### Should a new mother try "rooming in" to help with breastfeeding?

**Hagelthorn:** Maternity practices have changed to include "rooming in," in which a newborn stays with the mother in a postpartum room rather than a nursery. This helps increase the mother's confidence in handling and caring for her baby, and she can learn the baby's early feeding cues. Infants love to be near their mothers. They are less distressed and cry less. They also tend to breastfeed sooner, longer and more easily. Babies generally also develop more regular sleep-wake cycles earlier, and it may help ease the transition to day/night routines. There is also less likelihood of postpartum depression, and both parents are usually more rested by the end of the first week home. Many HealthAlliance Family Birth Place nurses are certified lactation counselors (CLCs) and can help new mothers to establish breastfeeding. HealthAlliance also offers a free weekly mothers' support group. •

Every three months Miguel (here with his mom, Grace) visits Dr. DelBello's office to have his rods lengthened via external magnetic remote control.



# Ahead of the **CURVE**

A revolutionary, new, non-invasive procedure for children with scoliosis is nothing short of MAGEC.

BY SHERYL KRAFT

If you were to catch a glimpse of 11-year-old Miguel Ramos today, you'd see a normal, active and happy sixth-grader. But it wasn't always that way.

Miguel was born with scoliosis, a musculoskeletal disorder resulting in an S- or C-shaped curvature of the spine. The condition is typically identified in adolescence, but Miguel was way ahead of the curve in more ways than one: His scoliosis was diagnosed before he was born.

Following a routine sonogram during week 23 of her pregnancy, Miguel's mom, Grace Perez-Ramos, was shocked to learn

of the problem. "It was sad and scary when the doctor told me I had to see a specialist right away," said Perez-Ramos. We didn't know much about scoliosis — let alone what it meant for an unborn baby." They learned that at the onset of adolescence, Miguel would require spinal fusion surgery to permanently correct and stabilize his spine with a titanium rod.

Miguel's condition, infantile scoliosis, has no known cause, and is usually diagnosed prior to age 4. "Early diagnosis and treatment, if needed, allows for the deformity to be kept to a minimum and

for the patient to lead a normal life," explains Miguel's doctor, Damon DelBello, MD, an orthopedic surgeon at Maria Fareri Children's Hospital, a member of the Westchester Medical Center Health Network (WMCHHealth).

At just two months old, Miguel was fitted for a lightweight, custom-molded plastic brace, which, according to Dr. DelBello, can stop or slow the progression of the curve, and in some cases, improve it. "The goal is to keep the scoliosis under control until the spinal fusion can be performed."

But as Miguel grew and continued to be re-fitted for new braces, his curve grew, as well. This became concerning to Dr. DelBello, as advancing scoliosis can adversely impact overall health, by placing pressure on the rib cage and compromising lung function.

As Miguel's condition worsened, so did his tolerance for the brace. Although he was accustomed to it since birth, according to Perez-Ramos, "when he got older, it got harder. Sometimes, when I went to adjust it in the middle of the night, I would find that he had taken his brace off."

"It was hard for me to move around and to sleep," remembers Miguel. "It was hard to

go on rides in the car or on roller coasters.”  
With the brace no longer adequate, Miguel’s curve had to be brought under control. But at age 10, his skeleton had not matured enough, according to Dr. DelBello.

A stopgap measure was needed.  
Enter growing rods. This treatment, in which rods are surgically attached to the spine above and below the curve, allows the spine to continue growing until the child is old enough for a spinal fusion. But traditional growing rods don’t come without their challenges. They require multiple surgeries that must be repeated

## Scoliosis By the Numbers

Scoliosis is the most common deformity of the spine	More than <b>100,000</b> children and adults with scoliosis undergo surgery annually	
<b>2-3%</b> of the population, or about <b>7 million</b> people in the U.S., have scoliosis – or <b>1</b> out of every <b>40</b> people	Each year, an estimated <b>30,000</b> children are fitted for braces	
	Most common age of onset is between the ages of <b>10</b> and <b>15</b>	In <b>85%</b> of cases, the cause is unknown

SOURCE: NATIONAL SCOLIOSIS FOUNDATION



approximately every six months to lengthen the rods, to keep pace with the child’s growth. “With all those operations comes anesthesia, painkillers, infection risk, missed days of school, recovery — the works,” recalls Perez-Ramos.

As it is said, timing can be everything. Just as preparations for the initial surgery were being finalized, the FDA approved a revolutionary, new, non-invasive procedure. MAGEC (MAGnetic Expansion Control) Spinal Growing Rods would save Miguel from the daunting series of multiple surgeries and hospital stays in the years ahead.

For his 10th birthday, Miguel’s parents surprised him with a trip he’d never been able to take before — a visit to Disney World. With Dr. DelBello’s okay, he abandoned his brace and enjoyed all the rides and activities he had long dreamed

about. “We waited to tell him about the surgery until we got home, then took him in for surgery two days later,” recalls Perez-Ramos. “Dr. DelBello was wonderful, patiently explaining everything in detail. And everyone — the nurses, the anesthesiologist — was so comforting. When it was time for the surgery, on my way out of the room, I turned around and made eye contact with the doctor. He gave me a look that said, ‘I got this.’”

Following the initial, one-time surgical procedure to implant the adjustable rods, (which are fitted with tiny motorized magnets), rather than return to the operating room every six months to lengthen the rods, Miguel now visits Dr. DelBello’s office once every three months. Instead of enduring another invasive procedure, he simply hops onto the treatment table and has his rods

lengthened about one-eighth of an inch via external magnetic remote control. About five minutes later, barely enough time for a catch-up conversation with the doctor he’s known since birth, he’s done and walks out of the office, pain-free, ready to resume his normal routine.

“Other than [playing] contact sports, like tackle football, kids with the MAGEC Rods can be outside playing normally, like any other child,” says DelBello of this innovative surgical procedure. “It’s now my go-to method, proving to be safe and effective with low complication rates. What used to be a trip to the operating room is now a few minutes in the office.”

Today, Miguel continues to walk tall, but without the bulkiness of a brace. “Now, it’s a lot easier to sleep and to move around,” he says. “It feels a lot better. I can play more sports and do more things with my friends.”

“It’s mind-boggling,” says Perez-Ramos. “Miguel has had to endure so much but is now the best he’s been.” •

### ORTHOPEDIC SERVICES AT WMCHEALTH

Westchester Medical Center:  
914.493.7000

MidHudson Regional Hospital:  
845.483.5000

Good Samaritan Hospital:  
845.368.5000

HealthAlliance of the Hudson Valley:  
845.334.3130



Four months after the shooting, Officer James Davey (*center*) was reunited with Dr. Kwan and Dr. Phillip and other members of the trauma team, emergency department and emergency medical transport team.

## Reversing a “Death Sentence”

An environmental conservation officer was mistaken for a deer in the middle of a cornfield. Shot in the pelvis, he received the critical care that saved his leg – and his life. **BY MELISSA F. PHETERSON**

It was November 29, just after Thanksgiving weekend... a dank and foggy late afternoon, shading into dusk. Department of Environmental Conservation Officer James Davey was making his rounds in Gallatin with his partner, Liza Bobseine. Spotting a truck parked in a deserted cornfield, the 39-year-old officer surmised that the two men in there were hunting for deer — although it is illegal in the state to discharge hunting weapons from a vehicle.

“I didn’t approach them at the time,”

Davey says. “I figured by the time I got to the truck, they would unload their guns.”

Davey continued his patrol, making a mental note to check in on the truck around 5 p.m. “It was the last thing I was going to do that evening,” he says.

When he and Bobseine returned, “It was pitch-dark, foggy and raining.” Davey began to cross the field.

“The truck wasn’t there anymore, but with the ambient light, we saw fresh tire tracks leading to the back of the field,” recalls Davey. “We followed the

tracks, and I could see the silhouette of a vehicle; we heard voices and got down to listen. It turned out the voices were the hunters seeing us crossing the field — and thinking we were deer.”

One of the men inside began to line up his rifle, then discovered he was out of ammunition. His friend saw Davey’s shadow, which had loomed larger than that of the slight Bobseine.

“He lined up my shadow with the rifle,” says Davey, “and pulled the trigger. I heard the shot fire. The next thing I knew,

I was lying on the ground, yelling at them to drop their guns and come out.”

The bullet had struck Davey in the groin and he drew his pistol while collapsing to the ground. Bobseine immediately called 911 and ordered the two hunters to guide the ambulance through the cornfield.

Conscious but pale, bleeding profusely and accompanied by Bobseine, he was taken to MidHudson Regional Hospital, a Level 2 Trauma Center and a member of the Westchester Medical Center Health Network (WMCHealth). “They gave me morphine [in the ambulance], and I felt the relief come over me,” he says.

Dennis-Roger Phillip, MD, a trauma surgeon at MidHudson Regional Hospital, immediately arranged for Davey to receive a blood transfusion. “His blood pressure and vitals held steady for a while but began to teeter when he arrived at our emergency room,” Dr. Phillip says. “His right leg was cold, with no pulse at all. We couldn’t even find a pulse on the ultrasound. The worst fear for him — and us — was that one or both major blood vessels to that leg had been severed, placing the entire limb at risk. It soon became clear that this was

a life-threatening injury.”

Davey was placed in an induced coma, so his doctors could assess and contain the damage.

“He was in shock, in excruciating pain and losing the blood we had given him,” says Dr. Phillip. “We needed to know what the bullet did between the time it hit the groin and the time it exited the right buttock. Did it burrow through his abdomen? Did it damage any vessels? Where was the source of the bleeding?”

Noting Davey’s groin had swelled to four times its normal size, with his thigh enlarged, as well, Dr. Phillip summoned vascular surgeon J. John Kwon, MD.

“There was a large hematoma, or collection of blood, as a result of extensive bleeding into the thigh. We had to lessen the bleeding,” says Dr. Phillip. Once he took control of the aorta, Dr. Phillip was able to decrease the blood flow to Davey’s pelvis. “Next, we identified the source of the bleeding in the groin entry wound. We clearly saw that the right femoral vein had been severed. And upon inspecting the artery, we found the bullet’s ‘blast effect’ caused injury to his right femoral

artery, to the point it had become occluded, with no blood flow to his leg.”

Dr. Kwon quickly set about repairing the artery and vein, to restore blood flow to the leg. “The bullet injured both major vessels in the patient’s leg: the artery, which carries blood *from* the heart, and the vein, which carries blood *to* the heart,” says Dr. Kwon. “With that sort of trauma, Officer Davey was at significant risk of losing his leg. Our job was to salvage the limb, by repairing damaged vasculature and restoring blood flow to the leg.”

Dr. Phillip and his team performed a fasciotomy — cutting away the fibrous tissue sheath encircling the musculature (fascia) — of the leg, in an effort to restore circulation.

“If we didn’t take control of the blood flow, we knew he would die,” says Dr. Phillip. “But once we did take control, we wanted a leg that has not only flow but also function.”

All told, the operations lasted nearly six hours. “When they brought me out of the induced coma,” Davey recalls, “the doctor said, ‘Wiggle your toes.’” When Davey complied, the room exploded with cheers.

Davey was later told that he had lost three times his blood volume. “A simultaneous femoral-artery/femoral-vein injury in penetrating trauma is often a death sentence,” Dr. Phillip says. “We were fighting against statistics.”

When Davey was discharged three weeks later to begin rehabilitation, every doctor and nurse involved in his care had lined up in the hallways, clapping and cheering. “It tugged at my heartstrings,” Davey says. “My doctor says the chances of surviving this kind of gunshot wound in a cornfield were about 15 percent. My partner, the doctors, the nurses...they saved my leg and saved my life.” •



Davey says Dr. Kwon and Dr. Phillip saved his life.

### TRAUMA CARE AT WMCHEALTH

Westchester Medical Center Health Network is home to Level 1 trauma centers at Westchester Medical Center and Maria Fareri Children’s Hospital and a Level 2 trauma center at MidHudson Regional Hospital.



# A New Hope

Mohamed Khayal travels cross-country to receive care from Dr. Naidu. Also pictured: Noemi Mercado, PA-C S (left) and Angelica Ponios, RCS, FASE.

Westchester Medical Center launches a program offering world-class treatment for a rare but increasingly recognized genetic heart condition.

BY ALI JACKSON-JOLLEY

As 2016 came to an end, Seattle businessman, restaurateur and father of three Mohamed Khayal hopped a plane headed to New York to seek medical care from Srihari Naidu, MD, FACC, Director of the new Hypertrophic Cardiomyopathy Program at Westchester Medical Center (WMC), the flagship of the Westchester Medical Center Health Network (WMCHHealth). Khayal says his friends and family initially thought he was crazy to make the trip. After all, Seattle is a major metropolis with its own nationally recognized hospitals. But what his friends didn't grasp was that Khayal needed a highly specialized treatment to correct his rare genetic heart

disease, hypertrophic cardiomyopathy (HCM), a condition that causes the heart muscle to thicken, while reducing its ability to function — and Dr. Naidu was his best hope.

"It was difficult to leave my family and my businesses behind," says Khayal, "but my case was very rare. The condition in my heart was so deep in the muscle, my local doctor told me that if I didn't have a specialist who knew exactly what he or she was doing, I could end up using a pacemaker for the rest of my life."

To fix his heart, Khayal required a minimally invasive procedure known as alcohol septal ablation, in which alcohol is injected into the heart muscle, to reduce the

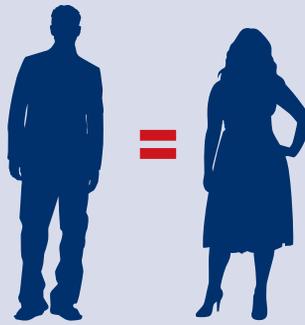
abnormally enlarged tissue blocking blood flow. There is only a handful of doctors in the U.S. as experienced with this procedure as Dr. Naidu. So, in the last week of December, the doctor performed Khayal's alcohol septal ablation at WMC and sent him back home to his family and his businesses, just in time to ring in the New Year.

Speaking to the logistical challenges in caring for a patient located across the country, Dr. Naidu explains, "Because Mr. Khayal is a businessman from Seattle, having his procedure done at Westchester Medical Center required him to make four separate trips to New York over six months' time. This included the initial consultation and evaluation,

## Quick Facts About HCM

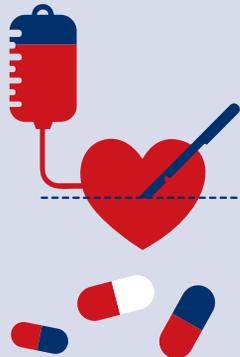
Hypertrophic cardiomyopathy is a rare genetic heart disease that...

- ◆ Can affect people of any age, occurring in 1 out of every 500 individuals
- ◆ Affects men and women equally, and across all races



- ◆ Is a common cause of sudden cardiac arrest in young people, including young athletes.
- ◆ Can cause symptoms including chest pain, dizziness, shortness of breath, or fainting, leading to heart failure later in life.

- ◆ Is usually hereditary.
- ◆ Is caused by a change in some of the genes in heart muscle proteins, which can be seen in genetic testing
- ◆ Can be treated usually by medications, but in severe cases, requires surgery or alcohol septal ablation.



**Source: The American Heart Association**

the procedure and two required follow-up visits.” But the travel schedule proved to be worthwhile. “Today, Mr. Khayal is healthy and doing very well, with all

childhood but is often asymptomatic and goes undiagnosed for years. It is the most common cause of sudden cardiac arrest in athletes.”

**“My local doctor told me that if I didn’t have a specialist who knew exactly what he or she was doing, I could end up using a pacemaker for the rest of my life.”**

—MOHAMED KHAYAL

his symptoms gone!” Dr. Naidu reports.

Dr. Naidu joined the WMC team in the fall of 2016, with the ambitious directive to create a world-class program to treat the condition in the Hudson Valley. Ticking off a few facts about the disease that has become his life’s work, Dr. Naidu explains, “HCM is a genetic disorder that affects about 1 in 500 people. It can present in early

The vast majority of people diagnosed with HCM don’t require treatment (just careful monitoring of their disease). Those who do require treatment can usually manage the disease with medication only. For those who do require a mechanical fix, there are two options: open-heart surgery or alcohol septal ablation.

According to Dr. Naidu, WMC offers the ideal backdrop for the new, world-class

hypertrophic cardiomyopathy program for several key reasons.

First, it has a large HCM patient population, which can be a hurdle for most new HCM programs, given that it’s a rare disease, impacting a small pool of people.

More important, the network offers an interdisciplinary team of experts who can treat the whole patient, providing all the care they need, in a coordinated fashion, within its hospital network. “This must include heart transplantation and a dedicated children’s hospital, since HCM affects every age group,” explains Dr. Naidu.

Simply put, the network offers a one-stop shop for hypertrophic cardiomyopathy patients, with dedicated HCM coordinators to work with both patients and outside doctors. Hypertrophic cardiomyopathy touches on a great number of specialties from surgery, advanced imaging, clinical cardiology, electrophysiological and interventional services, to specialties outside of cardiology, including pediatrics, genetics, psychiatry, diet and nutrition. All of these specialties are offered at WMC by trained and dedicated HCM experts.

Another aspect that makes this new program so unique: expertise in both types of invasive treatments, alcohol septal ablation and open-heart surgery. “Whereas most hospitals are good at one or the other, at WMC we are committed to excellence in both procedures, offering patients the best option for their particular situation,” Naidu says.

With this unique technical expertise, outstanding staff and the network’s strong multidisciplinary capabilities, WMC attracts, and improves, the quality of life for HCM patients from all over the U.S. •

### CARDIAC CARE AT WMCHEALTH

The Heart and Vascular Institute, a member of the Westchester Medical Health Network (WMCHealth) provides comprehensive, integrated cardiac care throughout the network, focused on providing world-class care close to home. Learn more at [westchestermedicalcenter.com/heart](http://westchestermedicalcenter.com/heart).



Father Michael Keane (left) and Father Jack Arlotta are both doing well six months after their bypass surgeries.

# Friends Through Thick and Thin

Two priests unexpectedly share the same diagnosis, same surgeons, even the same ICU room, just two weeks apart.

BY DEBRA BRESNAN

Little did Father Michael Keane know when he visited his friend Father Jack Arlotta, following quadruple bypass surgery, that only two weeks later he would be recovering from the very same surgery, in the very same ICU bed.

The two friends, both Catholic priests, had their surgeries performed by Chirag Badami, MD, and Bruce Toporoff, MD, at Good Samaritan Hospital, a member of the Westchester Medical Center Health

Network (WMCHHealth) on October 12 and October 28, 2016, respectively. Another shared similarity: The exceptional treatment both men received enabled them to return directly home, rather than be admitted to a rehabilitation facility.

Reflecting on the experience, Fr. Keane, 55, laughs and says, “It was contagious! Yes, that was the joke: When I went to visit Jack the day after his bypass surgery, we said that he gave it to me.”

Fr. Arlotta, 66, learned he needed bypass surgery during routine follow-up tests in March, two years after the implantation of stents, while Fr. Keane was asymptomatic until experiencing a mild heart attack on October 25, yet their operations were remarkably similar.

“Both men had four blockages in coronary arteries that required four bypasses, and both surgeries were completed with two arterial grafts, two vein grafts and special plating,” says Dr. Badami. Traditional bypass surgery commonly involves one graft from the left internal mammary artery and three vein grafts from the leg. “Both recovered quickly, and we were able to get them back to work in time for their Christmas services at their churches, which was a big deal for them. Maybe there was a little divine intervention,” he adds with a chuckle.

## Long Friendship, Healthy Lifestyles

Fr. Keane is the priest at Church of St. Anastasia in Harriman, and Fr. Arlotta is at St. Stephen the First Martyr Parish in Warwick. They met 30 years ago at St.

### Heart Disease: What to Look for & What to Do

Most know the classic heart attack symptoms – chest pain or pain/pressure that travels down the left arm or shoulder. But there are non-specific signals, too, such as shortness of breath during normal activity or chest pain that occurs during exertion and subsides when you are resting. “Some don’t feel chest pain with a heart attack,” Dr. Badami says. “A diabetic, for instance, may feel nauseated, short of breath or have stomach pain. One key is that symptoms occur when you’re exerting yourself and are relieved when you relax.”

He recommends regular checkups, especially after 50 – or earlier, closer to age 40, if you have a family history of heart problems. Your primary-care physician can perform routine EKGs and refer you to a cardiologist if there are abnormalities. “You can maintain a healthy diet, exercise, don’t smoke, keep your blood pressure under control – but you cannot control heredity and anatomy. No one is immune: Heart disease is the number-one reason for healthcare admissions in America. Regular checkups are the most important thing you can do.”



Cards from the children in the religious education classes at Father Keane's church helped keep his spirits up during his recovery.

Joseph's Seminary in Yonkers. "We lived on the same hall during seminary school, and I served Mike's first mass when he was ordained in 1990, two years before I was ordained," says Fr. Arlotta. "Being ordained is a special moment, and you ask your friends to help serve mass, like grown-up altar boys."

Both priests also report enjoying the work they do with their churches' religious-education programs. "[I received] so many cards from the kids in the program when I was in the hospital," Fr. Keane says.

Both men were in good physical condition prior to bypass surgery, and are aware of the importance of regular checkups. Fr. Keane had occasional shortness of breath and slight discomfort but says, "I never expected this. I was on the way to the gym when I realized my chest pains were more than indigestion. They gave me nitroglycerin in the ambulance, and when I arrived at the hospital, they found a 75 percent blockage. With my healthy lifestyle, they said it must just be in my genes."

Following surgery, he recovered at his sister's home in Pennsylvania. "I'm

really grateful to my family, and Dr. Badami couldn't have been kinder. The nurses at Good Samaritan were absolutely outstanding, too. I received great care."

Fr. Arlotta echoes his friend's sentiments, saying, "The care was superb. Everyone treated me very well, respectfully. I'd tell anyone who has the same procedure to listen to your body, but don't listen to your head," he says. "You want to do things as you did beforehand, but you have to allow yourself to heal."

Fr. Keane agrees. "At first, I thought I'd never get better, but by Thanksgiving, I started walking slowly on the treadmill and doing gradual weight-resistance exercises."

### Enjoying Life's Pleasures

When not busy working, Fr. Arlotta enjoys "all that Orange County has to offer, including the many opportunities for hiking, dining, music, art galleries and other activities." An avid reader, he devours "just about anything I can get my hands on — professional materials, history books, intrigue. I read James Patterson and the like."

In his downtime, Fr. Keane cruises around in his 1961 Roman-red Chevy Corvette while listening to classic rock. A gym rat for the past 34 years, he's worked out six days a week, barely missing a day, and 14 weeks after surgery, he was going faster on the treadmill than ever. "Usually, I did 4.0 [mph], but now I'm sometimes up to 4.4 or 4.5, and I'm doing more cardio versus more weight resistance."

"One thing I really missed this year, though, were New York Giants games," he admits. "I always get season tickets and love tailgating. I missed four home games, but I'll be back next year!" •

### CARDIAC CARE AT WMCHEALTH

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# 911

Emergency Medical Services in the Hudson Valley have come a long way in 44 years.

**BY DEBRA BRESNAN**

It's hard to imagine, but before 1973, when Community Block Grants from the Department of Transportation helped establish Emergency Medical Service systems, there was no 911.

"If someone needed to go to a hospital, they had to call an ambulance company directly," says Garrett Doering, MS, CEM, CHSP, CFPS, System Director,

Emergency Management, Safety & Security at Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHHealth). "EMS really got a boost when people realized that an Army sergeant in Vietnam had a better chance of survival than someone on a city street."

Though rudimentary emergency transport and care had been around since ancient times, it wasn't until after WWII that many communities started community-based or commercial ambulance services, often using repurposed hearses. The medics who had served on the battlefields of Korea and Vietnam ushered in more advancement in pre-hospital care, and the first standardized training and certification programs were instituted in the early 1970s, when commercial and municipal EMS providers began to meet the needs of growing population centers.

Certified as a Regional Level 1 Trauma

Center for both children and adults – the American College of Surgeons' highest level of trauma verification – Westchester Medical Center responds to 911 calls from locations more than 100 miles away. Depending on patients' needs, EMS transport options include ground ambulance (Basic Life Support, Advanced Life Support and Critical Care) and Air Medical Service providers.

The world of pre-hospital and emergency services is constantly improving, thanks to leading-edge communications technology. "A huge leap forward on critical-care ambulances was just instituted at Westchester Medical Center," Doering says. "Ambulance nurses and doctors can speak directly with ER physicians through mobile ICU technology and high-definition video. By transmitting integrated blood-gas monitoring, EKGs, patient medical records and other metrics, critical-care specialists can monitor



# JUST THE FACTS

Our experts answer your questions

## I'm a 40-year-old male. Any special health advice?

“An annual physical exam becomes very, very important once you reach 40; this is when vascular disease becomes more common, leading to heart disease, stroke and circulatory problems,” says Parag Shah, MD, internal medicine physician at Bon Secours Medical Group, a member of the Westchester Medical Center Health Network (WMCHealth).

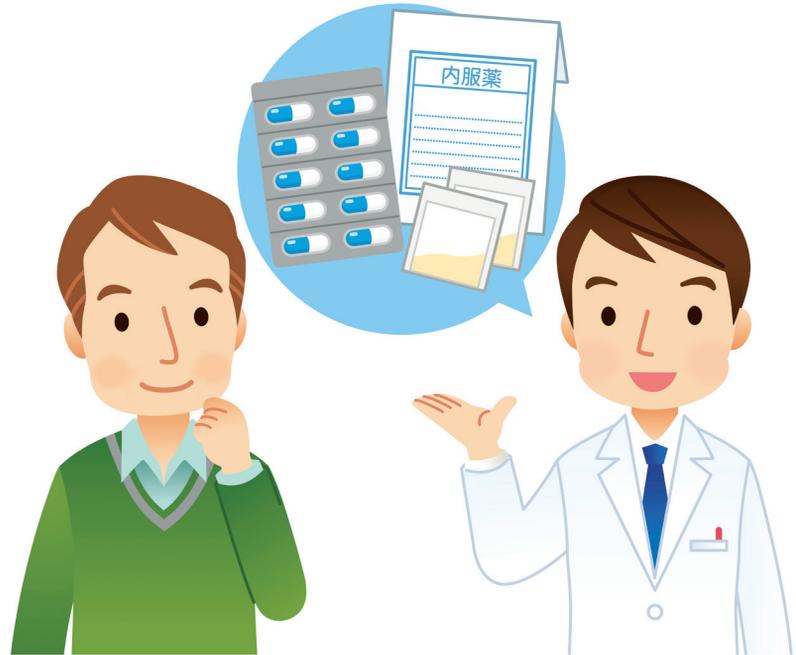
When it comes to wellness screenings, men have a poor track record compared with women. In fact, the Centers for Disease Control and Prevention (CDC) reports that men are approximately 80 percent less likely than women to see a doctor for regular checkups.

For patients who chronically neglect their annual checkups, Dr. Shah gives this piece of advice: “Take responsibility for yourself. Most people have someone relying on them – a spouse, children, parents, friends or work. Think of your annual checkups as a responsibility to yourself and those who depend on you. If you don’t take care of yourself, you are shirking your responsibility.”

Here are Dr. Shah’s guidelines for what men across the age groups should be screened for at checkups.

### 20s and 30s

- Blood pressure
- Blood sugar



- Depression
- Cholesterol
- Weight
- Testicular cancer

### 40s

- Kidney function
- Circulatory disease
- Diabetes
- Coronary disease
- Vision

### 50s

- Colon cancer
- Prostate cancer
- COPD if you have a history of smoking
- Hearing

### 60s and above

- Osteoporosis

### 70s and above

- Dementia

### Do strokes only happen to older adults?

“Three in four strokes occur in people over age 65, but anybody, at any age, can have a stroke,” says Nancy Allen, RN, BSN, Stroke Coordinator at HealthAlliance Hospital: Broadway Campus, a member of the Westchester Medical Center Health Network (WMCHealth). “While the stroke risk doubles each decade after age 55, a quarter of strokes occur in people under age 65.”

But many stroke risk factors are in your power to control, Allen says. “Eat well, with heart-healthy choices, whether at home or dining out. Increase your exercise and activity levels. Maintain a healthy weight and waistline. Cut down on alcohol. And if you’re a smoker, quit.”

Have high blood pressure? “That’s the No. 1 stroke risk factor,” Allen

says. Other risk factors include diabetes, high blood cholesterol and if someone else in your family had a stroke.” Work with your healthcare provider to manage your medical risk factors, including blood pressure and cholesterol and blood-sugar levels, Allen advises.

### Recognizing the signs and surviving

“A stroke is a medical emergency,” says Allen. “Learn the signs – and if you experience any, call 911 immediately. Don’t wait to see if the symptoms go away. And make a note of the time when your first symptoms occurred.”

Recognize the the signs of stroke by remembering **FAST: Facial drooping, Arm weakness, Speech that’s slurred and Time to call 911.**



## Is getting sunburned really a big deal?

“Sunburn, even one bad sunburn, can significantly increase your risk of melanoma.” says Xiang (Eric) Dong, MD, the Associate Director of Surgical Oncology at Westchester Medical Center and MidHudson Regional Hospital, both members of the Westchester Medical Center Health Network (WMCHealth). Dr. Dong adds that when it comes to kids and burns, the risk is even more pronounced, due to the delay in melanoma development. “Getting a painful sunburn, even just once every two to three years, can triple your risk of melanoma skin cancer,” he says. Regarding the prevalence of skin cancer, Dr. Dong explains: “Each year, there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon.”

But there is some good news. According to Dr. Dong, skin cancers are mostly preventable conditions. Here are some simple precautionary measures you can take:

- Stay out of the sun, especially during midday, as the best defense.
- If you can't avoid the sun, clothing and hats are the best alternatives to avoiding sun damage/sunburn.
- Use plenty of sunscreen with an SPF of 30 or greater, and avoid staying in the sun for prolonged periods of time.
- Always choose broad-spectrum sunscreens, termed multi-spectrum, broad spectrum or UVA/UVB protection.



## How can I prevent Lyme disease?

Lyme disease is so pervasive here in the Hudson Valley region, it almost feels impossible to avoid. But according to Gary P. Wormser, MD, Chief of Infectious Diseases at Westchester Medical Center (WMC), the flagship of the Westchester Medical Center Health Network (WMCHealth), you can significantly reduce your risk of contracting a tick-borne illness by following the CDC's guidelines on preventing tick bites ([www.cdc.gov/lyme/prev](http://www.cdc.gov/lyme/prev)). Specifically, Dr. Wormser recommends always using tick repellents with DEET when you're in high grass or a wooded area and to check your body for ticks and shower after you've been outside.

If you do find an attached tick, Dr. Wormser recommends removing the attached tick immediately by grasping it with tweezers, as close to the skin as possible, and pulling it straight out. Then, either go to your doctor or to a diagnostic center. “Bring the tick with you,” advises Dr. Wormser, so it can be identified. “If warranted, we will provide you with an antibiotic to help prevent Lyme disease.”



## How likely is it that my child could be allergic to bee stings?

According to Subhadra Siegel, MD, pediatric allergist and immunologist at Maria Fareri Children's Hospital, a member of the Westchester Medical Center Health Network (WMCHealth), less than 1% of children in the U.S. have a life-threatening allergy to bee stings. “Anaphylaxis to bee stings is much less common than people think – between .15% and .8% of children in the U.S. It is much more common for children to have a large local reaction, which is not typically life-threatening,” she says.

To identify which type of reaction (anaphylaxis or large local) your child is having, Dr. Siegel offers this: “A large, local reaction consists of swelling in the area where the patient was stung. Even if the reaction is very large, this is not dangerous. In the case of anaphylaxis, look for worsening hives that spread all over the body; the swelling of lips, tongue, or anywhere beyond the site where the child was stung; abdominal cramping; and difficulty breathing.”

Here are Dr. Siegel's tips for what to do if your child is having a reaction to a bee sting:

- 1 Identify if it's anaphylaxis or a large local reaction.
- 2 For anaphylaxis, seek medical attention immediately. The only treatment for anaphylaxis is epinephrine (EpiPen).
- 3 For a large local reaction, use a cold compress and an antihistamine, such as Benadryl.

## QUICK LINKS

### Learn more about these topics

For more about **men's health topics**, such as cardiac care, diabetes, and more, go to [www.charity.bonsecours.com/our-services.html](http://www.charity.bonsecours.com/our-services.html)

For more about **stroke services** at HealthAlliance Hospital: Broadway Campus, visit [www.hahv.org/find-care/stroke-center/](http://www.hahv.org/find-care/stroke-center/)

For more about **pediatric allergies**, visit [www.westchestermedicalcenter.com/pediatric-pulmonology](http://www.westchestermedicalcenter.com/pediatric-pulmonology)

For more about **Lyme disease**, visit [www.westchestermedicalcenter.com/departmentofmedicine](http://www.westchestermedicalcenter.com/departmentofmedicine)

For more about **protecting your skin**, visit [www.midhudsonregional.org](http://www.midhudsonregional.org)