

SAINT RAPHAEL'S

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January/February 2011

Food for thought – *When food and meds don't mix*

ALSO:

**Living longer after
a cancer diagnosis**

Goodbye acid reflux

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About Better Health

Published bimonthly by the Hospital of Saint Raphael, a not-for-profit affiliate of the Saint Raphael Healthcare System, *Better Health* is designed to further your understanding of how to maintain good health. It is not designed to help diagnose illness or to replace professional medical advice. Consult your family doctor about health problems. Views expressed are those of the authors and do not necessarily reflect the policies or opinions of the boards of the Hospital, the Healthcare System, or their administrators. ©2011 the Hospital of Saint Raphael. All rights reserved. Reproduction in whole or in part without written permission is forbidden. *Better Health* and Saint Raphael's *Better Health* are trademarks of the Hospital of Saint Raphael, 1450 Chapel St., New Haven, CT 06511. Telephone: (203) 789-3972. Fax: (203) 789-4053. Internet: www.srhs.org.

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Happy New Year! It's an exciting time for the Hospital of Saint Raphael to reflect on 2010 accomplishments and what 2011 has in store.

Saint Raphael's continues to set the bar high. For more than 103 years, you've come to know us as a trusted provider of high quality, compassionate care, with experienced staff offering the latest in treatments and technology. Our actions in 2010 continued this commitment, as reflected in our performance on goals set by Saint Raphael's Board of Trustees. Briefly:

It's all about quality. Since joining Saint Raphael's in October 2009, my mantra has been quality, patient safety and service. This has been embraced by the entire Saint Raphael team, with great results. Goals were exceeded that pertain to rapid intervention for heart attack patients and timely antibiotic administration for surgical patients. We were also named a Breast Imaging

Center of Excellence for the second consecutive year, the highest level of recognition. We also continue to be at the forefront of medical innovation, including state-of-the-art procedures such as Transoral Incisionless Fundoplication (TIF) to relieve acid reflux. You can read more about TIF on page 12.

Increased patient satisfaction, including national recognition. Our staff's work to provide an extraordinary patient experience led to exceeding patient satisfaction goals for inpatient and Emergency Department (ED) care. In addition, Saint Raphael's ED was one of just nine in the country (and 24 total honorees) to receive independent survey firm Press Ganey's 2010 Top Improver Award, recognizing continuous improvement in patient satisfaction scores over a two-year period.

Improved financial performance. It's no secret Saint Raphael's has had some challenging years financially with year-end losses. Our Board, management and every team member has focused on returning to fiscal

health. It has involved renegotiating insurance contracts, improving our revenue cycle to better collect for services provided while remaining true to our mission of caring for those who truly cannot pay, growing certain services, and carefully reducing expenses. The result: For 2010, we reported net income of slightly less than \$1 million. That's promising. Yet, it remains challenging for an independent hospital like ours to thrive in the changing healthcare environment, particularly when about 70 percent of our patients are enrolled in Medicare and Medicaid, which do not cover the cost of services provided.

Our future requires us to be creative and think differently to ensure we continue to meet the needs of this community in the tradition of our sponsors, the Sisters of Charity of Saint Elizabeth. That is our commitment to you.

Chris O'Connor
President and CEO
Saint Raphael Healthcare System

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 **Hospital of Saint Raphael**

Saint Raphael's Lifeline® **Supporting area seniors for 30 years**

If you were frail and elderly and lived by yourself, how would you call for help if you fell and couldn't get up? For nearly 30 years, the Hospital of Saint Raphael has offered a support system that provides elderly people who live alone with quick access to medical care at the touch of a button.

According to Dorothy Ventriglio, administrative director for Saint Raphael's Geriatric Services, the Philips Lifeline® Medical Alert Service provides simple, quick access to Lifeline professionals 24 hours a day, 365 days a year, allowing elderly folks – and others – to live independently longer and with greater peace of mind for less than \$2 a day.

"I feel safer," said Anna, a 92-year-old Madison woman and one of 1,300 area residents who subscribe to the Lifeline service through Saint Raphael's. "It's good to know that I can get help right away. I have used it many times and my family feels better knowing that they are called when I need it."

Wearing a waterproof wrist or pendant-style device, the Lifeline subscriber can simply press a button on the device if they need help. "The call goes to a monitoring system, which is answered by Lifeline personnel," Ventriglio said.

When the call comes in, the subscriber's case file pops up,

providing the response center with critical information about the person. "The Lifeline dispatcher quickly goes through an algorithm and determines if they should call the person's son or daughter, their neighbor or the ambulance," Ventriglio said. "Then they stay on the line with the person until help arrives."

"The response to my call was great," said Helen, an 83-year-old Hamden resident. "I was taken to the hospital and found out that I was dehydrated and had pneumonia. I now make sure that I drink a lot of water."

"Both of my parents are 91 and still live alone," said area resident Lou Mascola. "A few weeks ago my dad fell while out on his deck. If it wasn't for Lifeline, I am not sure how things may have turned out."

According to Ventriglio, the monitoring system and specialized training of the Philips support team are what sets Saint Raphael's Lifeline services apart from other types of medical alert systems. "It's a really well-organized system," Ventriglio said. "We get reports every day, whenever a subscriber calls for help. Faxed reports also go to the subscribers' primary care physicians."

According to Jennifer Cotter, Saint Raphael's Lifeline coordinator, Philips added a new



feature to Lifeline called AutoAlert last March. The AutoAlert option can detect falls and place a call for help when the subscriber cannot. While it does not detect 100 percent of falls, it adds an extra layer of protection, Cotter said.

"AutoAlert is an option that can be added to the standard Lifeline service," Cotter noted. "All it requires is 'swapping out' the subscriber's current help button with the easy-to-wear AutoAlert pendant."

At Saint Raphael's, Monica Brantley, a senior services program associate, assists customers with installations, service calls and billing. According to Brantley, the Lifeline equipment is rented on a month-to-month basis through the hospital, so there is no contract or long-term commitment.

Lifeline installers, who are Saint Raphael employees, install the equipment and review instructions with each subscriber. "It's very personal service," she said.

For more information, call the Healthy Aging Line at (203) 789-3275, or visit Saint Raphael's website at www.srbs.org/seniors.

Avoid fad diets for healthy weight loss

First came grapefruit and cabbage soup; now add Twinkies to the list of controversial fad food diets.

Mark Haub, a Kansas State University nutrition researcher, made headlines in the fall with the “Twinkie Diet,” an attempt to prove to his energy balance class that the bottom line in reducing body weight is to simply drop the number of calories consumed. During his experiment, Haub lost 27 pounds in 10 weeks, with a daily intake of 60 percent junk food, complemented by a protein shake, multivitamins and a can of green beans or several stalks of celery.

While on the diet, Haub consumed about 1800 calories (800 fewer calories than normal) and exercised 40 to 60 minutes each day. In addition to his weight loss, he decreased his body fat, dropped his “bad” LDL cholesterol, increased his “good” HDL cholesterol and

reduced his triglycerides.

But despite the short-term positive outcomes, nutritionists and other experts have said the diet is unhealthy and that its long-term health effects are unknown.

To achieve and maintain a healthy weight, the American Dietetic Association recommends that consumers beware of fad diets and avoid those that promise rapid weight loss, allow unlimited quantities of any food, or eliminate or restrict entire food groups. It also advises consumers to avoid diets that advocate specific food combinations at specific times of day or limit food choices. Exercise is also key.

If a diet sounds too good to be true, it probably is, the ADA advises.



Century-old remedy relieves cold symptoms in children

Looks like Mother was right: The vapor rub she rubbed on your chest when you were sick as child is still good medicine.

Researchers at Penn State College of Medicine have confirmed that applying vapor rub is effective treatment for children with night-time cough and congestion. Vapor rubs, which contain menthol, camphor and eucalyptus oils, have been used for more than a century without published evidence to support their use – until now.

“The American Academy of Pediatrics does not support the use of over-the-counter oral and cold medications for children due to a lack of evidence of efficacy and the



potential for side effects,” said lead researcher Ian Paul, M.D., associate professor of pediatrics

and public health sciences. “The question of whether clinicians can recommend a vapor rub topical treatment to treat cold symptoms required evaluation.”

The researchers compared the use of vapor rub, petroleum jelly and no treatment in children ages 2 to 11 with upper respiratory infections. Parents reported that the vapor rub (when used as directed) provided significantly greater relief as measured by cough frequency, cough severity, congestion and their child’s ability to sleep compared with the other two treatment groups.

The results of the study were published in the December 2010 issue of *Pediatrics*.



Beyond cancer: *Survivors living longer after diagnosis*

By Steve Higgins

When Shelia Farley Best was diagnosed with cancer in her left breast, she was afraid that she would not live to see her two grandchildren grow up. William was 3 years old and Lailah had been born just six months before.

That was 10 years ago, and Best has enjoyed watching her grandchildren blossom from toddlers into preteens.

“I’m so blessed, and I thank God that I’m still here,” said Best, 63, of Hamden. In November she marked her 10th year as a breast cancer survivor with a trip to Palm Springs, Calif., with her husband, Johnnie.

A nationwide trend

Best (pictured above) exemplifies a nationwide trend for cancer patients to live longer following diagnosis, due to an increase in screenings and improvements in technologies for both screening and treatment. Physicians, social workers and other caregivers at the Hospital of Saint Raphael are on the frontlines of this trend, making sure patients at the New Haven and Hamden locations of the Father Michael J. McGivney Center for Cancer Care have access to the latest advances.

Survival rates for all types of cancer combined have been rising since the early 1990s, according to the National Cancer Institute. Of all people diagnosed in 1993 with cancer, 62 percent survived five years or

more. Among those diagnosed in 2001 (the latest figures available), the rate jumped to 68.2 percent.

While there are exceptions, death rates continue to fall for common forms of cancer, including prostate, breast, lung and colorectal.

“Saint Raphael’s is on the leading edge of cancer treatment,” said Joseph Cardinale, M.D., medical director of the McGivney Center and chairman of Radiation Oncology. “The trend is to maximize treatment results while minimizing side effects and complications. We really look at quality-of-life issues.”

Best turned to Saint Raphael’s after a routine mammogram in November 2000 revealed a cancerous tumor. She underwent a partial mastectomy – a breast-sparing procedure that involves removing the tumor as well as some of the surrounding breast tissue and lining of the chest muscles beneath it – chemotherapy and radiation treatments, and today remains cancer free.

“My treatment has been excellent,” said Best, who continues with follow-up visits twice a year to her medical oncologist, Thomas Fynan, M.D., and to her radiation oncologist, Joyce Chung, M.D.

New technologies extending lives

Saint Raphael’s has long been a leader in cancer care and offers advanced cancer treatments such as

CyberKnife® radiosurgery, which pinpoints and destroys tumors without incision, pain, bodily invasion, anesthesia or extended recovery time.

Cardinale said offering patients the most current technologies is a vital goal because these advances not only improve chances for long-term survival but also ease the recovery process. “We are getting into an era of targeted therapies, and that translates into higher cure rates and reduced complication rates,” he said, offering the following examples:

The da Vinci® Surgical System. Surgeons at Saint Raphael’s have been using this technology to perform robotically assisted, minimally invasive surgery for prostate cancer and certain types of gynecological procedures. It enables very delicate and precise surgical procedures; patients now leave the hospital typically within a day rather than a week.



Radiosurgery System. This technology allows physicians to precisely target areas that are necessary to treat with increased doses of radiation while minimizing radiation exposure to normal tissues.



Targeted chemotherapy drugs. Researchers are producing more drugs that

target specific areas within the cell cycle or the formation of new blood vessels, rather than general toxins that damage healthy cells along with cancer cells.

These new technologies allow physicians to treat cancers they previously could not treat, said Cardinale. He related the story of a 95-year-old man who had his kidney removed but then developed a recurrence of cancer in the ureter, or tube that led from his kidney to his bladder.

“He was having terrible problems with bleeding from the tumor, and it was very difficult for the surgeons to control this, partly due to the location of the tumor,” Cardinale said. The physicians used CyberKnife® and were able to eradicate the tumor and stop the bleeding.

John M. Aversa Jr., D.O., a surgeon at Saint Raphael’s who specializes in treating colon and rectal cancer, agrees that robotic and advanced laparoscopic surgery are revolutionizing treatment and recovery, thus extending the life spans of cancer patients.

“I believe that robotic technology is going to become more important in the operating room,” Aversa said. “It allows a level of dexterity that we were previously unable to achieve with laparoscopic surgery.”

Advancing breast cancer care

Improved technologies and techniques are also helping women (and men) with breast cancer live longer. “We know more about the tumors now, thanks to genomic profiling,” said Denise Barajas, M.D., a surgeon and director of Saint Raphael’s Women’s Center for Breast

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Healthy habits for cancer survivors

For cancer patients, stress is a hidden enemy.

“Having high stress when you are undergoing treatment does not help in the recovery process,” said Lori Ratchelous, M.S.W., an oncology social worker at the Hospital of Saint Raphael.

A growing emphasis on healthy habits is a major factor in helping cancer patients live longer, Ratchelous said. At Saint Raphael’s, the *Looking Forward* program is a multi-faceted, nationally recognized program that provides patients and caregivers with a variety of educational and support-based options to adopt healthy habits.

“Attending our support groups helps patients and their family members know they are not alone,” she said. The program offers support groups for general cancer, prostate cancer, head and neck cancer and women living with cancer.

Established in 1994 and named a 2010 “Healthcare Hero” by *Business New Haven* for outstanding community service, the *Looking Forward* program also offers an annual retreat and services such as chair massage, pet therapy, energy balancing and yoga.

To help cancer survivors lead a healthy lifestyle, Ratchelous offers the following tips:

- Eat a healthy diet (consult with a nutritionist)
- Avoid stress as best you can
- Meditate
- Exercise (yoga, walking, etc.)
- Surround yourself with positive people
- Rest when tired
- Seek out a support group

For more information about the *Looking Forward* program and services, visit Saint Raphael’s website at www.srhs.org/lookingforwardcalendar.



Did you know?

- Saint Raphael's comprehensive cancer care combines top experts and advanced technology with social, emotional and holistic support services.
- Saint Raphael's Father Michael J. McGivney Cancer Center – Hamden Campus offers a wide range of cancer services at 2080 Whitney Ave.

Health. "In many cases, breast cancer is now a chronic condition rather than a fatal condition."

Physicians have more treatment choices – from hormonal therapy and targeted chemotherapies to targeted radiation treatment and muscle-sparing reconstructive surgery. "Treatment is not as 'cookie cutter' as it once was," Barajas said. "We can better identify which patients will benefit from certain treatments and which will not."

According to Fynan, Best's medical oncologist and Saint Raphael's section chief of Hematology/Oncology, genotyping has revolutionized breast cancer treatment and is beginning to affect treatment for colon cancer and lung cancer as well.

"We're always saying in oncology that we're on the cusp of something new happening, but it looks like it's really true now," said Fynan. "This is a very exciting time. There are a large number of advances being made as we learn more about the biology of cancer."

Deeper knowledge of cell biology has not only led to the development

of targeted chemotherapy drugs but also to a trend toward more individualized treatment. "We are becoming able to look at an individual patient's cancer – to look at the genes that are turned on and the genes that are turned off – and use that to determine what treatments will work best for that patient," he said.

Staying one step ahead

Another major reason more people are living longer after a cancer diagnosis is greater awareness of the need for screening. Screening techniques have improved at the same time that awareness has increased, and early detection improves treatment results.

Colon and breast cancer are two areas that illustrate the trend. The public campaign in recent years to convince people to undergo colonoscopies to screen for colon cancer has been very successful, said Aversa. "We are finding more cancers in early stages while they are still treatable," he said.

When it comes to breast cancer, studies differ widely over how effective mammography screening is for women of various ages. However, a 2009 study at Harvard Medical School showed that 75 percent of women in the study who died of breast cancer never had a mammogram or were diagnosed after their first mammogram, while only 25 percent of the women who died had received more than one mammogram.

"Mammography is still the most important single item in the fight against breast cancer," Barajas said, noting that ultrasound and MRI screening are also useful for some patients.

Joyce Chung, M.D., Best's radiation oncologist and co-director

of the Women's Center for Breast Health, said pathological diagnoses and advanced breast imaging technology – like that offered at the Hospital of Saint Raphael – are helping breast cancer patients live longer lives.

The hospital was recently named a Breast Imaging Center of Excellence by the American College of Radiology for the second year in a row. It's a designation that recognizes the hospital for maintaining the highest standards of quality and safety.

"Breast cancer patients are living longer now because treatments are being delivered in a matter of weeks," said Chung. "Patients are more rapidly diagnosed and treated."

Best, who has two daughters, learned she had cancer after going in for a routine mammogram. "I was vigilant about getting a mammogram every year because in 1994 I had a benign tumor removed from my right breast," Best said. "I was afraid, but I stood on my faith and that's what helped get me through, along with family and friends, my children, and most of all, my husband."

Best and her husband attended cancer support groups through Saint Raphael's *Looking Forward* program for many years, and both credit the patient education and wellness program for helping them through some very difficult times.

Today, Best tries to maintain good habits to stay healthy. "I take vitamin supplements, and I try to eat a lot of fruits and vegetables," she said. "I want to see my grandchildren grow up." 🌸

For more information about Saint Raphael's comprehensive cancer services, visit www.srhs.org/cancer.

For names of Saint Raphael radiation oncologists, visit www.srhs.org/radiationoncologists; for medical oncologists, visit www.srhs.org/medicaloncologists; for Saint Raphael surgeons, visit www.srhs.org/generalsurgeons, or call (203) 789-3972 for listings.



Abel recognized for professional excellence

Lynelle Abel, director of Volunteer Services and an organizational development specialist at the Hospital of Saint Raphael, was named the recipient of the 2010 New England Award for Professional Excellence. Nominated by her peers throughout New England, Abel received the award at the annual fall meeting of the New England Association of Directors of Healthcare Volunteer Services (NEADHVS) in Nashua, N.H. This prestigious award, which is presented annually to an NEADHVS member, recognizes extraordinary service and contributions to healthcare volunteer management and services to a healthcare facility and its community. Abel, who joined Saint Raphael's staff in 1987, has served as director of Volunteer Services at the hospital since 1990.



Donohue named Department of Medicine chair

Thomas Donohue, M.D., who has served as section chief of Cardiology at the Hospital of Saint Raphael since August 1999, has been appointed chairman of the Department of Medicine. In his new role, Dr. Donohue will lead the hospital's largest clinical department, which offers a full spectrum of internal medicine and specialty care. Board-certified in internal medicine, cardiovascular disease and interventional cardiology, Dr. Donohue is recognized locally and nationally for his clinical skills, expertise and important clinical research. As chief of Cardiology for the past decade, he was responsible for the successful restructuring of care for heart disease from the Emergency Department to the inpatient service, catheterization laboratory, outpatient office and cardiology teaching program. He assumed his new duties in November 2010.



Pappas named director of Managed Care and Financial Planning

Melissa Pappas has joined the Saint Raphael Healthcare System as the new director of Managed Care and Financial Planning. Pappas joins Saint Raphael's with more than 20 years of healthcare experience in Provider Network Management contracting and provider relations, strategic planning and operations management.

In her new role, she is responsible for negotiating, maintaining and developing all managed care contracts for the Saint Raphael Healthcare System as well as identifying new revenue opportunities for the system through contracting initiatives and recovery efforts. Previously, Pappas served as vice president of Network Management for Health Net of the Northeast. She assumed her duties at Saint Raphael's in September 2010.



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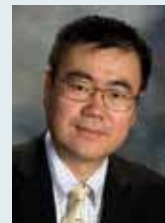
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Food for thought – When food and meds don't mix

By Jim Shelton

Sometimes, perfectly good medications take a bad turn at the dinner table. From milk to grapefruit, broccoli to beer, everyday foods can interact with some medicines in ways that are troublesome at best, and in worst cases, deadly.

“It’s important to be careful so you can be safe, especially as people are on more and more medications,” said Teresa Seo, Pharm.D., a clinical pharmacist and assistant director of Pharmacy Services at the Hospital of Saint Raphael. “It’s an ever-changing situation, with new medications that come on the market, dietary supplements, and even a few medicines that start as prescription drugs and then move to over-the-counter.”

Each of them has the potential to interact with food, alcohol and even other drugs in ways that cause trouble.

Common food-drug interactions

It’s not always the same sort of reaction, either. Caffeine-containing foods such as chocolate, for example, sometimes increase the stimulating effect of the drug Ritalin®, commonly used to treat attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD). That same chocolate, on the other hand, sometimes decreases the sedative effect of the drug Ambien®, a sleep medication.

Or consider the combination of milk or dairy products and anti-infective medications such as Cipro® or tetracycline. Milk or dairy products significantly reduce the absorption of these drugs in the body.

“One of the major examples is tyramine (an amino acid), which is found in beer, wine, avocados, certain cheeses and some meats,” according to Dayo Adetola, M.D., an internal medicine physician at Saint Raphael’s. “Taken with a monoamine oxidase inhibitor (such as Nardil®, Marplan® or Parnate®), it can cause dangerously high blood pressure, or even death.”

Adetola said one of the more common negative interactions occurs with the anticoagulant Coumadin®, which is used to help reduce risk of forming harmful clots. “People who take this are warned not to eat larger than normal amounts of vitamin K-rich food, like broccoli and spinach,” he said. “If they eat a lot of it, it produces an interaction in which the medication is not effective. It lowers the anticoagulant effect of Coumadin®.”

Grapefruit can also have potential interactions with medications such as the cholesterol-lowering drugs Lipitor®, Zocor® and Mevacor®, or with calcium channel blockers such as Adalat®, anti-anxiety drugs such as Valium® and Halcion®, as well as other drugs

like cyclosporine, Viagra®, Allegra® and Cordarone®. Grapefruit juice may increase drug levels of cyclosporine, Lipitor®, Zocor®, Mevacor® and Cordarone®, increasing risks for adverse effects. And it may alter the absorption of drugs like Viagra® or make medications like Allegra® not as effective.

“If you are on medications like these, you may need to watch the amount of grapefruit and grapefruit juice you take normally,” Seo said. Patients hospitalized at Saint Raphael’s are encouraged to ask their healthcare teams questions about possible food and drug interactions. The hospital makes a point of including a pharmacist as part of the treatment team for many specialized units, she explained.

Other types of interactions

Another area of concern is when two drugs are reported to increase or decrease effects of another.

For example, when patients are prescribed Zocor®, a cholesterol-lowering drug, and Cordarone®, a drug that treats abnormal heart rhythms, there is a maximum dose of Zocor® that should be taken routinely. Cordarone® can raise the levels of Zocor® in the body and this may increase risks of adverse effects such as muscle injury if the dose of Zocor® exceeds 20 mg daily.

Dietary supplements factor into the equation, too. Taking ginkgo biloba with an anti-seizure medicine such as Tegretol®, for instance, may reduce the effectiveness of Tegretol®. “Products labeled ‘natural’ or ‘herbal’ are not always safer than prescription medications, and since there is a potential for interactions with medications, it is a good idea to let your healthcare providers know which ones you are taking,” Seo said.

Another example of a drug interaction is the combination of antihistamines (available as over-the-counter decongestants or allergy relief products) and prescription sedatives, which can increase the depressant effect of the sedative.

Adetola warned that alcohol should never be used with medication. "It becomes really dangerous," he said. Of special concern is alcohol use with drugs such as Prozac®, Zoloft® and Dilantin®; the reaction leads to increased drowsiness.

Keep those bottles!

Of course, keeping track of all these drug interactions may seem like a daunting prospect. But Seo said there are practical, effective ways to avoid bad reactions.

First and foremost, she urged people to save their original medication containers and carefully read all warnings about drug and food interactions. Even if a person separates medicines into day-of-the-week dispensers, they should hang on to the original containers.

Did you know ...?

- Saint Raphael's Apothecary and Wellness Center is open to the public as well as to patients and provides services to the Sister Anne Virginie Grimes Health Center.
- Saint Raphael's Concierge Pharmacy Service coordinates outpatient medications at the bedside, providing prescriptions to patients on discharge.

"One of the things we tell folks is that they need to keep a record of all their medications, including any over-the-counter drugs, prescription drugs, natural remedies and dietary supplements," Seo said. "Keep as comprehensive a list as possible." She encourages people to show this list to doctors and pharmacists any time there's a change in treatment.

Seo also recommends that people use one pharmacy for all their routine, ongoing medicines.

"They can develop a rapport with their pharmacist that way," she said. "It helps a pharmacist to better see if there's a potential interaction to watch for and answer questions."

Finally, it's also important to heed warnings about the manner in which medicines are consumed. Seo said patients should not crush or chew medications unless a doctor or pharmacist allows it because some medicines are intended to be released into the body slowly or at a sustained level over a period of time.

"You have to know what to look out for," Seo said. 🌟

For more information about food and drug interactions, speak with your doctor or contact your pharmacist. Saint Raphael's Apothecary and Wellness Center, located on the main level of the hospital, is open Monday, Wednesday, Thursday, from 8:30 a.m. to 8 p.m.; Tuesday, Friday from 8:30 a.m. to 5:30 p.m.; and Saturday from 9 a.m. to 1 p.m. To learn more, call (203) 789-4076.



Some Food-Drug Interactions



Grapefruit, grapefruit juice	Lipitor® (atorvastatin), Valium® (diazepam), Adalat® (nifedipine), Viagra® (sildenafil citrate)	Alters the level of the medication.
Beer, wine, aged cheeses, pepperoni, avocados	Marplan® (isocarboxazid), Nardil® (phenelzine)	Can increase high blood pressure.
Milk, dairy products	Cipro® (ciprofloxacin), tetracycline	Reduces the absorption of medicine into the body.
Spinach, broccoli	Coumadin® (warfarin)	Reduces the drug's effectiveness; keep a consistent diet with these foods.
Chocolate	Ritalin® (methylphenidate) OR Ambien® (zolpidem)	May increase stimulant effect. May decrease sedative effect.
Alcohol	Prozac® (fluoxetine), Zoloft® (sertraline)	Increases drowsiness.
Bananas, potatoes	Lotensin® (benazepril), Zestril® (lisinopril)	Increases potassium level.

Sources: U.S. Food and Drug Administration, Hospital of Saint Raphael Guide to Food and Drug Interactions.

New procedure relieves reflux without incisions

For those who've never experienced it, acid reflux can seem like a minor ailment. Can't this type of digestive problem be handled with a few antacids and by cutting back on spicy foods?

But for those with acid reflux, the condition can be notoriously difficult to treat, disabling and, in certain cases, deadly. Now, doctors at the Hospital of Saint Raphael have a new way to treat reflux that can provide permanent relief with fewer side effects and without a single incision.

Starts with weakness

Reflux starts with weakness in the ring of muscle at the juncture of your stomach and your esophagus, or food tube. Normally, this ring, called the lower esophageal sphincter, closes tightly beneath the diaphragm to keep food in the stomach for digestion.

But if the ring weakens, acid from the stomach rises up into the esophagus, causing heartburn or sore throat. If left untreated, the acid can cause changes in cells in the esophagus that can lead to an aggressive form of cancer.

Surgeons have long treated chronic reflux that doesn't respond to medications with a procedure called fundoplication – literally “stitching the stomach lining.” Using laparoscopic instruments inserted through small incisions in the torso, surgeons fold and stitch small sections of the lining at the entrance to the stomach to form a physical barrier to acid, relieving reflux.

Through the mouth

Now, thanks to new, highly precise instruments, fundoplication can be done through the mouth, requiring no incisions in the torso, according to Mario Katigbak, M.D., director of Thoracic Oncology at Saint Raphael's.

Katigbak, who – along with Murali Naidu, M.D., chief of Minimally Invasive Surgery – has been trained in the new procedure, called Transoral Incisionless Fundoplication (TIF), credits the breakthrough to a high-tech device that is less than 2 centimeters in diameter (the size of a nickel). A surgeon introduces the device through the mouth and throat into the stomach, where it curves back on itself to stitch up the stomach lining.

Appropriate for some

The new procedure is not for everyone, especially those with large hiatal hernias. Reflux often occurs in conjunction with hiatal hernia, when the stomach and the section of the esophagus that joins the stomach are pulled above the diaphragm, causing a bulge, or hernia.

“If a patient has a hiatal hernia of less than 2 centimeters, the TIF procedure has been shown to have very good outcomes and a very low rate of side effects and complications,” Katigbak said. “It's a very promising technology. For a specific group of patients, it provides proven relief of symptoms with a low-risk profile.”

TIF is just the latest procedure at Saint Raphael's – the first hospital in the area to offer it – that takes advantage of new technology to minimize incisions.

“Across the board in surgery we are seeing this trend of using no or fewer incisions,” said Naidu, who is also director of the Surgical Education Lab and medical director of the Center for Weight Loss Surgery at the Hospital of Saint Raphael.

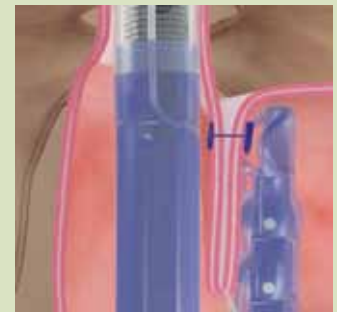
“Procedures like TIF are new approaches to tried-and-true operations that have proven advantages in reduced risk, fewer side effects and shorter recovery time,” Naidu said. “The TIF procedure has shown excellent results over time and we anticipate great benefits for our patients at Saint Raphael's.”

For more information about surgical treatment for gastroesophageal reflux and other thoracic procedures, visit www.srhs.org/thoracicsurgery.

How it works



The device and a lighted instrument are gently inserted through the mouth.



The device forms and fastens tissue folds to create a valve that mimics natural anatomy.

Renovated maternity unit named



Saint Raphael's newly renovated maternity unit is now named the Dr. Romeo A. and Lena B. Vidone Birth Center at the Hospital of Saint Raphael.

Respected Pathologist Romeo Vidone, M.D., a former Saint Raphael's Pathology Department chair, donated \$1 million toward the \$2.2 million project, which boasts a family-friendly lobby and waiting room, family room in the postpartum unit, spa-like services for new moms and more.

The donation is a tribute to his wife, Lena, who died last summer. The renovated center's grand opening is scheduled this month. Pictured here is a view of the Vidone Birth Center lobby.

Auxiliary presents 2010 gift to Saint Raphael's

Hospital of Saint Raphael Auxiliary President Betty LaBonia, on behalf of its membership, presented the group's 2010 gift of \$178,500 to Saint Raphael President/CEO Chris O'Connor at its annual fall meeting. The gift



will go toward completing the Auxiliary's \$1 million pledge to the Sister Anne Virginie Grimes Health Center's recently completed expansion and renovation project, the Father Michael J. McGivney Center for Cancer Care, and the *Looking Forward* program. Additional funds are earmarked for the Dr. Romeo A. and Lena B. Vidone Birth Center at the Hospital of Saint Raphael. The all-volunteer Auxiliary raises money through events like its annual golf tournament, the sale of baby photos and proceeds from the Glass Door Gift Shop and thrift shop.

Saint Raphael's Breast Imaging Center earns top honor

The Hospital of Saint Raphael has been named a Breast Imaging Center of Excellence by the American College of Radiology for the second year in a row, recognizing the hospital for maintaining the highest standards of quality and safety. The Breast Imaging Center of Excellence designation is the highest level of recognition for a breast imaging center from the American College of Radiology.

"This award is a tribute to the focused work and enormous commitment of our medical and technical staff in Saint Raphael's Breast Imaging Center, who have embraced with much dedication and professionalism the many challenges related to improving women's health in our community," said Diego B. Nunez, M.D., chairman of Radiology. "We are all very proud of their accomplishment."

Saint Raphael's is fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy, required for Center of Excellence designation. The American College of Radiology also conducted peer-review evaluations to verify that the hospital maintains the highest practice standards in image quality, personnel qualifications, equipment, quality control and quality assurance.

Saint Raphael's Women's Center for Breast Health was one of the first breast centers in the nation to receive accreditation from the National Accreditation Program for Breast Centers, a program administered by the American College of Surgeons.



a survivor's story

Lung cancer survivor bicycles across the nation

At age 62, Michael Spier is an inspiration to many. In May 2010, he and his wife, Candice, flew to Washington state and biked home to Durham, Conn. More than 4,200 miles later – and 15 years after lung cancer surgery at the Hospital of Saint Raphael – Spier has accomplished something that many men far younger have not attempted. Spier recently spoke with *Better Health* writer Nancy Jo Eckerson about his 105-day journey and the surgery that made it possible.

Spier had a history of mild emphysema from years of smoking, and after watching his father succumb to lung cancer years before, Spier quit smoking in 1991. Five years later, at age 47, during routine pre-op testing for upcoming hernia surgery, he was given the report – the radiologist had spotted a suspicious shadow on his right lung.

A needle biopsy (to draw out fluid for analysis), a core biopsy (to analyze tissue) and surgery were among Spier's options to determine whether he had lung cancer, the second-most common cancer and the most common cause of cancer-related death in both men and women in the United States, according to National Cancer Institute statistics.

His pulmonologist, Kevin Twohig, M.D., recommended that he meet with John Federico, M.D., a thoracic surgeon at Saint Raphael's. "Dr. Federico is well known in New Haven as an exceptional surgeon," said Spier. "I felt I would be in good hands."

Federico reviewed the options with Spier, including watching the tumor to monitor its growth or operating and removing it. "I'm a fix-it-now kind of guy," Spier said. "Waiting didn't appeal to me at all."

While not all types of lung cancer are operable, Spier was a candidate for surgery. In January of 1996, Federico removed the upper lobe of Spier's right lung. A small tumor, undetected on any previous CT scan or X-ray, was also found on Spier's lower right lobe and removed.

Spier underwent a lobectomy, which is traditionally performed by making a large incision on the side of the chest between the ribs. The ribs are then spread apart so that the surgeon can see into the chest cavity and remove the tumor or affected tissue.

"The stage-one cancer was caught early and Spier



Michael Spier
biked his way
across the
country last
summer.

was very young, so the prognosis was good," said Federico. His surgery was followed by 28 radiation treatments at Saint Raphael's Father Michael J. McGivney Center for Cancer Care.

Annual check-ups with Federico consisting of CT scans, PET scans and physical examinations show that Spier remains cancer-free. "I feel like I dodged a bullet," said Spier.

"The successful surgery at the Hospital of Saint Raphael gave me a new attitude. I appreciate being alive, more than ever."

Spier credits determination and a positive attitude to his monumental accomplishment of biking across the United States and parts of Canada – the same persistence that he adopted when faced with his cancer diagnosis years earlier.

"We made this trek to celebrate my wife's birthday," said Spier who, in keeping with bicyclist tradition, touched the rear wheel of his bicycle in the Pacific Ocean last May and his front wheel in the Long Island Sound upon their return home in September. "It was tough at first, but she convinced me to hang in there, and we had the trip of a lifetime."

The Hospital of Saint Raphael is a leader in lung cancer surgery. To learn more, visit www.srhs.org/thoracicservices/lungsurgery.

Today, some lung cancer patients benefit from a procedure called Video Assisted Thoracoscopic Surgery (VATS), also known as thoracoscopic lobectomy, a less invasive option that involves three small incisions.

A fiber-optic instrument enhances visualization of the procedure by magnifying the image on a video screen. The procedure results in less postoperative pain and offers a quicker return to normal activities. Saint Raphael's is one of fewer than 20 percent of hospitals in the U.S. to offer it.

For names of Saint Raphael thoracic surgeons, visit www.srhs.org/thoracicsurgeons, or call (203) 789-3972 to request a listing.

The Saint Raphael Healthcare System is pleased to provide readers of *Better Health* magazine with a bi-monthly listing of Saint Raphael-sponsored activities. All are open to the public and are free of charge, unless otherwise noted.

Classes/Workshops/Lectures

Look Good, Feel Better Workshop

Women currently being treated for cancer

First Monday of Every Month, 11 a.m. - 1 p.m.

Father Michael J. McGivney Center for Cancer Care, New Haven
Call Patty Perry, B.S., (203) 789-5904 or e-mail pperry@srhs.org.

Diabetes Healthcare Program

Anyone with diabetes; a significant other may attend with person with diabetes. Physician referral necessary.

Four Tuesday afternoons from 3-5:30 p.m. or

Four Wednesday mornings from 9-11:30 a.m.

Hospital of Saint Raphael; Cost: Covered by most insurance
To register, call (203) 789-3391.

Preparing for Spinal Surgery

Patients scheduled for spinal surgery at Saint Raphael's and their family member or friend

Second Thursday of each month from 11 a.m. - 12:30 p.m.

Orchard Medical Building, Rm 315, Saint Raphael's.
Snack provided, free parking; Register online at www.srhs.org/spinaleducation, or call the Healthy Aging Line at (203) 789-3275.

Weight Loss Surgery Informational Seminars

Wednesday, Feb. 2, 5:15 p.m.

Saturday, Feb. 19, 10 a.m.

Wednesday, March 2, 5:15 p.m.

Cronin Auditorium at Saint Raphael's

Online Webinar - Saturday, Jan. 22 10 a.m.

Register online at www.srhs.org (Select "Obesity Services," then "Where to Start"), or call (203) 789-6237.

Winter Bereavement Seminar

Saint Raphael's Bereavement Office is offering the following two-part educational seminar to provide comfort and information to those who are bereaved:

Part 1 – Journey of Grief

Wednesday, Jan. 12, 5:30–7 p.m.

Part 2 – Tools for the Journey

Wednesday, Jan. 19, 5:30–7 p.m.

Meetings are held in the Xavier Building call (203) 789-3247 for more information and to register.

Winter Bereavement Support Group Series

Professionally facilitated small groups. Attendance in two-part Bereavement Seminar (above) is required.

Wednesdays, 5 – 6:30 p.m.: Feb. 2, 9, 16, 23, March 2, 16, 23.

Group size is limited. Call (203) 789-3247 for more information.

Health Fair Sessions

For Your Health – Open to the general public as well as hospital employees

Sponsored by the Hospital of Saint Raphael Apothecary and Wellness Center, each health fair informational session will focus on a different health topic. In January, pharmacists will offer medication consultation sessions, and information on ways to promote healthy eating will be provided. The February event will offer free blood pressure screenings and information on heart health awareness.

Thursday, Jan. 20, 10:30 a.m. – 2:30 p.m. (Medication Consultations/Healthy Eating)

Thursday, Feb. 17, 10:30 a.m. – 2:30 p.m. (Blood Pressure Screenings/Heart Health Awareness)

Hospital of Saint Raphael Cafeteria

For more information, call the Apothecary and Wellness Center at (203) 789-4076.

Support Groups

Head & Neck Cancer Support Group

For patients with head and neck cancer

Second Tuesday of each month, 5-6:30 p.m.

Father Michael J. McGivney Center for Cancer Care Conference Room

For more information, call (203) 789-3131.

Stroke Support Group

Patients who have had a stroke and their caregivers

Last Tuesday of each month, 1:30-3:30 p.m.

Hospital of Saint Raphael, Cafeteria Conference Room
To register, call Katie Novak at (203) 789-3362.

General Cancer Support Group

For patients and their caregivers

Every Wednesday, 6-7:30 p.m.

Father Michael J. McGivney Center for Cancer Care
For more information, call (203) 789-3131.

Prostate Cancer Support Group

For patients and their caregivers

First Thursday of Each Month, 6-7:30 p.m.

Father Michael J. McGivney Center for Cancer Care
For more information, call (203) 789-3131.

Calendar of Events

For a comprehensive list of Saint Raphael-sponsored events and activities, please visit www.srhs.org/calendar.



Drove 62 miles for new right knee. *(Drove back later for the left.)*



People come a healthy distance for surgery at Saint Raphael's.

Nancy's 69-year-old arthritic knee was not just painful, it was crippling her quality of life. She was unsure where to go for surgery. Then her primary care doctor suggested the Hospital of Saint Raphael, Southern Connecticut's leader in joint replacement surgery. She was so pleased with the treatment and results that when she needed her other knee replaced, she confidently drove over an hour to Saint Raphael's again. Now she walks pain-free in the park and works in her garden the way she did years ago.

For you, we're just around the corner.

- Designated a Blue Distinction Center for Joint Replacement by Anthem Blue Cross and Blue Shield in Connecticut
- More than 1,000 joint replacement surgeries each year
- More bilateral replacements (both knees or hips) than any other Connecticut hospital
- Expert surgeons using the latest technology and treatments – including minimally invasive surgery
- Comprehensive rehabilitation
- Education and support services before and after surgery

For more information call 203.789.4140 or visit www.srhs.org



Hospital of Saint Raphael

*Southern Connecticut's Leader
In Joint Replacement Surgery*

1450 Chapel Street, New Haven, CT 06511

Can we do it better? To better serve our readers, we're updating the *Better Health* mailing list.

If you receive multiple copies, please mail or fax us the back page of the extra magazine at 203.789.4053 and write "delete" on the label. Don't cross out the name. Please include your phone number, in case we have questions.

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