

SAINT RAPHAEL'S

better HEALTH®

July/August 2011

Type 2 diabetes on the rise:

Impact on a younger generation



A baby boomer's guide to good vascular health

Publisher

Chris O'Connor

Executive Editors

Cindy von Beren GERALYN A. JOHNSON-REIS

Editor

Sharon Napolitano

Art Director/Production Manager

Patricia A. Mich

Graphic Designer

Dorota Kiwak

Contributing Writers

Steve Higgins Liese Klein Mark Lambeck
Christian Meagher Michael Sette
Jim Shelton Robert (Chip) Warren

Contributing Photographer

Michael Dabbraccio

Support Services

Jeri DiNuzzo

Professional Advisory Board

John Beiner, M.D. Janet Kozakiewicz,
Joyce Chung, M.D. M.S., Pharm.D.
Ralph De Natale, M.D. Mary Kuncas, R.N., M.S.
Ginny Einhorn, M.S.W. John McLaughlin, M.D.
Glen A. Henry, M.D. Diego Nunez, M.D.
Alan Klinger, M.D. Kevin Twobig, M.D.

Follow us on



contents

**Type 2 diabetes on the rise:
Impact on a younger generation..... 6**

**Care for aging veins:
A baby boomer's guide..... 10**

Viewpoint..... 3
Saint Raphael's gears up for vibrant, busy summer

Spotlight on Services..... 4
Preoperative classes prepare patients for surgery

MiniTopics..... 5
Achy? Are you getting enough "D"?
Enjoy the great outdoors – but guard against ticks

People News..... 9

Inside Saint Raphael's 12
New heart procedures offer many benefits
Adult Outpatient Psychiatric Services expand to Hamden
"Miracle Walk" to benefit NICU

A Survivor's Story 14
Heart patient gets the gift of life – twice

New Physicians..... 15

**Wellness Corner & Healthy
Living Calendar..... 16**

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: srhs.org.

New senior medical care service in Hamden



Are you a Hamden-area senior without a family doctor? Want expert care that's easy to access? The Saint Raphael Hamden ElderCare Clinic at 2080 Whitney Avenue can help.

Rooted in 20 years of experience, our new location offers:

- Complete primary care
- A staff specializing in senior care
- Social services and counseling for personal and financial problems
- Care coordinated with your medical specialist

All this in a compassionate, caring environment nearby.
Call **203.789.3275** for more information or an appointment.



Hospital of Saint Raphael
srhs.org





After a long winter, it's finally summer. And while we think of these months as "lazy" and "hazy," at Saint Raphael's it's anything but. As you read this, we hope to be completing an "Asset Purchase Agreement" with Yale-New Haven Hospital, our next step toward possible integration. This would begin a series of rigorous state and federal regulatory reviews that could take several months. It's a detailed, meticulous process to ensure this proposed merger is in the best interests of our two respective hospitals and, most importantly, the patients we serve. We will continue to inform you of its progress.

While this is taking place, Saint Raphael's must continue to be a vibrant, independent healthcare provider and maintain our mission to serve greater New Haven, with a focus on the underserved. Each year, we quantify this commitment. In 2010, we documented nearly \$31 million in community benefit in the broad categories of charity care, unpaid cost of public programs, community programs and services, and the education and training of almost 2,000 medical, nursing and allied health students. You can find our full Community Benefit Report at srhs.org/communityprograms.

During May, we honored those at Saint Raphael's who provide or contribute to our exceptional care: our nursing staff during National Nurses Week; long-

service employees (up to 45 years of service!); and our 700+ volunteers in recognition of National Volunteer Week. This summer, we welcome new team members – incoming residents (physicians) and new graduate nurses. Each member of our team – whether new or seasoned – is important in carrying on the values and traditions of our sponsors, the Sisters of Charity of Saint Elizabeth. That spirit is part of the reason people choose Saint Raphael's as a place to work or receive care.

Finally, you may notice Saint Raphael ads on television, radio and websites over the next several months. These underscore the depth of our experience and expertise by focusing on two patients: Kathy, who lost 97 pounds with the help of our skilled bariatric surgeons and staff; and Linda, whose bilateral knee replacement surgery introduced her to the expert team in our Bone and Joint Center as well as our therapists in rehabilitation services who got her back to her very active lifestyle. We are grateful to them for sharing their stories and trusting us with their care. View the ads on our website or YouTube channel.

May you and your family safely enjoy the summer.

*Chris O'Connor
President and CEO
Saint Raphael Healthcare System*

Our Vidone Birth Center delivers

Expert care and comfort for mother, child and family

The Dr. Romeo A. and Lena B. Vidone Birth Center

Our full spectrum of sophisticated maternity services include:

- Experienced, dedicated physicians and nurses providing family-centered care
- Advanced care for premature and at-risk babies in the Newborn Intensive Care Unit
- Special care for high-risk moms in the Maternal Fetal Medicine Unit

For more information, visit srhs.org/thebirthcenter



Hospital of Saint Raphael
srhs.org

Preoperative classes prepare patients for surgery

Knowing what to expect can benefit patients preparing for any type of surgery. For those undergoing spine surgery or hip or knee replacement, the Hospital of Saint Raphael offers preoperative classes that eliminate the guesswork and can help patients become partners in their own care.

Spine surgery

Saint Raphael's Spine Program offers a monthly one-hour course called "Preparing for Spinal Surgery," which covers everything from spine procedures to discharge planning. Patients learn about their specific procedure, the admitting process, what to expect in recovery, pain management, physical therapy and more. The class is taught by Saint Raphael physician assistants and nurses.

"Attendance is highly recommended," said Anne Moore, D.N.P., director of the Spine Program, which has offered the course for nearly two years. "The feedback we get is great. Patients and their families love it because they feel better prepared for their surgery."

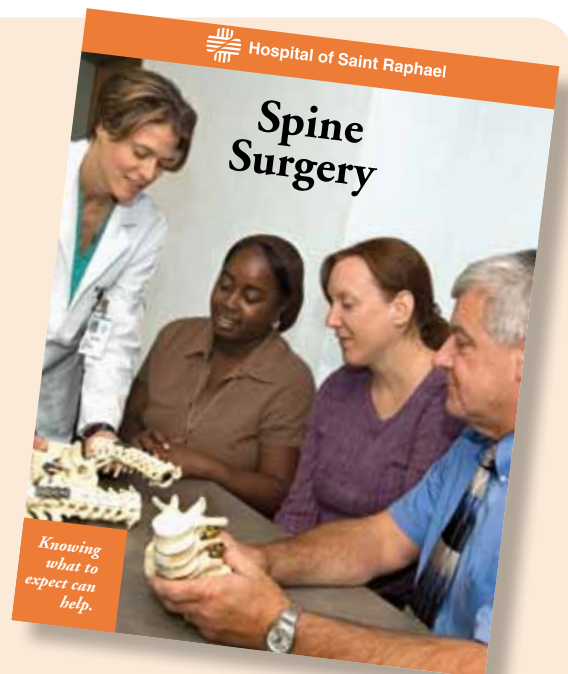
According to Moore, the course provides a safe environment for patients to ask questions and eliminates any anxiety they may have about their upcoming surgery. "We also teach patients things they need to know after surgery," Moore said. "It's better to learn when you're not in pain or sedated."

Patients are also given access to Emmi®, an online educational resource that translates complex medical procedures into easy-to-understand information about what to expect before, during and after surgery. "There are a lot of studies that show the more patients know, the better their outcomes," said Moore.

Joint replacement

Carol Capecelatro, R.N., program director for Saint Raphael's Bone and Joint Center, agrees that preoperative classes are important for patients scheduled for surgery. "I think it's critical; when you know what to expect, it eliminates fear," she said.

For patients undergoing hip or knee replacement at Saint Raphael's, "Pre-Op Joint Classes" are offered every week at the Sister Anne Virginie Grimes Health Center. Saint Raphael's performs more than 1,200 joint procedures each year and has been offering the class for more than 20 years.



Patients receive supplemental educational materials at Saint Raphael's preoperative surgery classes, such as the spine surgery booklet shown here.

"Hips or knees – it's one class fits all," said Capecelatro. "We cover medical exams, EKGs, blood drawing, how to prevent infections and more." The class is conducted by a nurse from the Bone and Joint Center, a physical therapist, anesthesiologist and discharge planner. Presurgical testing is also available.

Because patients who undergo bone and joint procedures are encouraged to get back to function as soon as possible after surgery, Saint Raphael's helps prepare them, including plans for physical therapy. "We arrange everything," said Capecelatro. "We really try to make this process as simple as possible."

"We want to give patients the tools they need to understand their procedure and to give them the knowledge they need to ensure their success," Capecelatro said. "At the end of the day, our goal is to help patients regain their quality of life, not just fix a bad knee."

To register for the Spine pre-op class, call the Healthy Aging Line at 203.789.3275 or register online at srhs.org/spinaleducation; to register for the Joint Replacement class, call 203.789.3258 or register online at srhs.org/orthopreopclass.



Achy? Are you getting enough “D”?

Do you have achy bones and muscles even when you haven’t worked out, strained yourself or been injured? It could be a vitamin D deficiency.

Vitamin D helps the body absorb calcium to maintain bone density. Without enough, muscles fatigue and bones become brittle, which could lead to osteoporosis.

Because vitamin D doesn’t occur naturally in many foods – it’s found primarily in egg yolks and certain fish and mushrooms – the chief source is through fortified foods and sun exposure. It is most often paired with dairy products such as milk and yogurt.

Over the past few years, several studies have focused on the relationship between vitamin D and muscle and/or bone pain. While some experts advocate getting more vitamin D through supplements to overcome musculoskeletal pain, they may not be necessary. Vitamin D is produced by the body in response to spending just 10 to 15 minutes a day in sunlight.

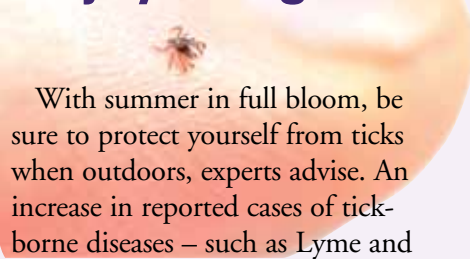
Housebound people (often the elderly) are among those at greatest risk for vitamin D deficiency.

But the “more is better” adage doesn’t apply to vitamin D, according to Saint Raphael nutritionist Mary Maloy, a registered dietitian.

“The vitamin D in most multivitamin supplements is usually higher than you’d think and often meets or exceeds the recommended dietary allowance (RDA),” Maloy said. The daily RDA is 400 to 800 international units for adults under 50 and 800 to 1000 for those over 50.

“Large doses have resulted in dangerously high blood levels of calcium, kidney disorders, anemia and bad reactions with some prescription medications. If you’re considering a vitamin D supplement, discuss it with your doctor,” she advises.

Enjoy the great outdoors – but guard against ticks



With summer in full bloom, be sure to protect yourself from ticks when outdoors, experts advise. An increase in reported cases of tick-borne diseases – such as Lyme and babesiosis – has health officials calling for ongoing vigilance in tick-prone areas.

Lyme, caused by spiral-shaped organisms in tick saliva, remains the most common tick-borne disease in Connecticut. But reported cases of babesiosis, caused by single-celled organisms called protozoa, have surged in recent decades in the

Northeast, partly due to better reporting and testing.

“We’re finding more cases of babesiosis; there’s also a recognition that there’s a broader spectrum of tick diseases,” said Marjorie Golden, M.D., an infectious disease specialist at Saint Raphael’s.

Symptoms of babesiosis are similar to malaria, with patients suffering from fever, fatigue and anemia. Ticks likely to carry the disease are often found on barrier islands like Long Island and Cape Cod.

To prevent tick bites, the CDC recommends:

- Walking in the center of trails

rather than through brush;

- Creating a 3-foot-wide “buffer zone” at the edge of wooded areas on your property with a barrier of mulch or gravel;
- Applying a repellent with DEET (on skin or clothing) or permethrin (on clothing) and wearing long sleeves, long pants and socks;
- Checking thoroughly for ticks, especially in and around the ears, hairline and even inside the belly button (Remove ticks immediately using fine-tipped tweezers).

If you suspect you were bitten by a tick and experience symptoms of illness or a rash, contact your doctor.

Type 2 diabetes on the rise:

Impact on a younger generation

By Steve Higgins



Roberta Pascarelli of Middlefield was 35 years old when she was diagnosed with diabetes. The news came as a shock even though both her parents suffer from the disease. “I thought if I got diabetes I would be older,” said Pascarelli, who recently turned 40. “It upset me to think that now I had health problems that I had to deal with.”

Pascarelli is part of a massive wave of people in their 20s, 30s and early 40s developing type 2 diabetes, which used to strike primarily after the age of 45. While genetics plays a role as in Pascarelli’s case, researchers also point to poor lifestyle choices as being a major contributing factor, as Americans become increasingly inactive and overweight.

A new generation of problems

“With technology we have made our lives so easy that you can essentially do everything just from your home,” said Adam Mayerson, M.D., an endocrinologist at the Hospital of Saint Raphael. Many schools have cut physical education, and additives such as corn syrup have boosted the caloric and carbohydrate content of many foods. “It’s rare you’ll see a commercial for fruits and vegetables,” he said.

Developing diabetes while young presents two major problems:

- Younger people are at risk of developing complications earlier in life, meaning serious health problems may affect their quality of life at an earlier age and for a longer period of time.
- Younger people have a sense of invulnerability that leads them to ignore medical advice more readily than older people. Since diabetes has no symptoms in its early stages – which led to the term “silent killer” – it’s easier for young people to put off treatment or lifestyle changes.

“Our biggest challenge is having patients maintain healthy lifestyle changes, or make the changes at all,” said Mayerson, who is Pascarelli’s doctor. “Younger people haven’t had that many health issues, and they really are not interested in becoming a ‘patient.’”

So many younger people are developing type 2 diabetes that healthcare professionals no longer refer to it by its previous name, “adult-onset diabetes.” It’s the most common form of the disease, which results when the body has problems both making and using insulin, a hormone that regulates the body’s use of glucose in the blood. Type 1 diabetes is a childhood immunological disease that destroys the cells that produce insulin. Among adults with diabetes, 90 percent or more have type 2.

Symptoms and complications

Diabetes is a major cause of heart disease and stroke, a leading cause of kidney failure, new cases of blindness, and nontraumatic lower-limb amputations, and the seventh leading cause of death in the United States. The U.S. Centers for Disease Control and Prevention estimates that more than 8 percent of the population has diabetes, with 18.8 million people diagnosed and 7 million undiagnosed. Pre-diabetes – blood glucose levels higher than normal but not yet classified as diabetes – affects another estimated 79 million Americans age 20 and above.

Type 2 diabetes often goes undiagnosed because many of its symptoms seem harmless, according to the American Diabetes Association. Symptoms may include frequent infections, blurred vision, cuts or bruises that are slow to heal, tingling or numbness in the hands or feet, and recurring skin, gum or bladder infections, among others.

“Early diagnosis is really important because it can minimize long-term complications,” said Anura DeSilva, M.D., an internist at Saint Raphael’s. “I encourage all my young patients, even if they are only 18 or 19 and they feel great, to go for a physical and do routine blood work.”

DeSilva said he has seen a marked increase in diabetes cases among his younger patients, and he blames poor dietary habits and lack of exercise. “It’s a challenge for them to grasp what diabetes can do to them, and what they can do for themselves” said DeSilva. “Starting medications is easy, but getting them to understand the disease is the real important part of it.”

Getting educated

According to Olga Sakharova, M.D., an endocrinologist at Saint Raphael’s TakeHeart Cardiovascular Health Center, educating and motivating patients is vital to the success of controlling

their disease. “The prescribed treatment will never be efficient if not combined with an improved lifestyle,” she said.

“You could have the best endocrinologist in New Haven County and if you don’t understand diabetes you won’t be able to manage it well because it’s largely a self-care condition,” said Leigh Bak, R.N., a diabetes clinical nurse specialist and coordinator of Saint Raphael’s Diabetes Healthcare Program. “We teach people how to live with and manage their diabetes.”

The Diabetes Healthcare Program offers four classes covering diabetes self-management, including *What Is Diabetes?*, *Nutrition and Meal Planning*, *Exercise*, and *Hyperglycemia*. The program also offers instruction on insulin administration and blood glucose monitoring and spreads its message through community outreach as well. The cost of the classes is covered by most insurance.

Joseph Perez of Wallingford said the courses he took through the program helped him immensely after he was diagnosed with diabetes in February at the age of 29. At 5’10”, Perez weighed 360 pounds when he ended up in the emergency department at Saint Raphael’s with extremely high blood sugar levels.

For years Perez, a chef, had been constantly drinking soda

and eating mostly fried foods, pizza and junk food. Four days in the hospital motivated him to take control of his diet and lifestyle. “I should have taken control of it earlier,” said Perez, who was placed on medication and insulin.

He said the diabetes health classes have taught him the importance of exercise as well as how to eat sensibly and inject insulin safely.

“I got a lot of questions answered, and I have a clear understanding of what’s normal and how food is going to affect my blood,” Perez said. “Now I feel more energetic, I’m eating a lot more protein and vegetables, lean meats, diet drinks. I walk my dogs every day for



Photo by Michael Dabracio

Roberta Pascarelli was 35 when she was diagnosed with diabetes. Today, at 40, she has shed 40 pounds and has made a healthy lifestyle a top priority.

30 minutes, and I do things like wash my car now instead of taking it to the car wash.”

Perez said Bak and the other instructors truly cared about his progress and told him to call anytime he needed to talk. “It was good to know I could have somebody to talk to,” he said.

Managing with meds

In recent years, many new treatments have become available to treat diabetes and many patients are now on combinations of two or more medications.

“More treatment options became available to help patients control their disease,” said Sakharova. “The doctors can personalize the treatment and develop the regimen that works the best.”

Mayerson pointed out that having a range of medications means that

patients who cannot tolerate one medication now can switch to another. Some newer drugs also help postpone the time when patients must begin injecting insulin.

Goal setting

Pascarelli said she struggled with her weight for several years after being diagnosed, but a year ago she vowed to lose 40 pounds in time for her 40th birthday. She reached her weight loss goal by joining Weight Watchers.

“I want to make sure my body is healthy, and diabetes makes me more aware that I need to be healthier,” said Pascarelli, whose goal is to cut down on her diabetes medications now that she has lost

Did you know. . .

- Saint Raphael’s Endocrinology Clinic serves as a diagnostic and consultation resource for patients with endocrine problems, including diabetes. Call 203.789.3031.
- A Pre-Diabetes and Diabetes Prevention session will be held at Saint Raphael’s Tuesday, Aug. 2, 7-8 p.m. Register by calling 203.867.5695.

a significant amount of weight, and to take as little medication as possible. “Diabetes can get you down, but you have to get up and do something about it.”

To learn more about Saint Raphael’s Diabetes Healthcare Program, visit our website at srhs.org/diabetes, or call 203.867.5695.

Preventing type 2 diabetes

Eat right and exercise.

Following those four simple words can prevent many health problems, and they are the key to avoiding diabetes. Inactivity and poor diet are the two main causes of type 2 diabetes, especially among people with a genetic predisposition to develop the disease. So prevention is easy, right?

Well, perhaps not easy, admits Leigh Bak, R.N., a diabetes

clinical nurse specialist and coordinator of the Diabetes Healthcare Program at Saint Raphael’s.

“Preventing diabetes often means changing eating habits and developing exercise patterns, which can be challenging under any circumstances,” she said.

Learning about diabetes and pre-diabetes is the key to finding the motivation to make lasting lifestyle changes, Bak said. She offers this advice to prevent or slow the development of diabetes:

Lose weight. Don’t go on a crash diet, but pursue slow and steady weight loss with the goal of reducing your body weight by about 7 percent.

Make healthy food choices.

Cut back significantly on food and drinks loaded with sugar, and start eating more fruits and vegetables, lean meats and whole grains.

Exercise moderately. The minimum recommendation is to walk (or engage in some form of aerobic activity such as swimming, biking or running) for at least 150 minutes a week, or about 30 minutes five days a week. Your physician should be consulted before you begin any exercise program.

To learn more, seek out experts and online resources, such as the American Diabetes Association at diabetes.org.

Saint Raphael nurses honored with 2011 Nightingale awards

Twelve nurses from the Saint Raphael Healthcare System were among 100 honored at the 11th annual Nightingale Awards for Excellence in Nursing celebration held May 5th at the Oakdale Theater in Wallingford. Ted Kennedy Jr. served as honorary chair and keynote speaker of the gala event, hosted by the Visiting Nurses Association of South Central Connecticut, Inc., New Haven.

As Connecticut's largest statewide nursing recognition program, the Nightingale Awards for Excellence in Nursing is designed to celebrate outstanding nurses and elevate the nursing profession by encouraging retention, inspiring future nurses and focusing public attention on the breadth and scope of nursing at the local level. Registered nurses (RNs) and licensed practical nurses (LPNs) who demonstrate excellence in clinical practice, leadership, scholarship and/or education are nominated.



Amy Brown, RN II



Stacia Crockett, RN II



Helen Kenny, RN,
Care Coordinator



Karen Landino, RN,
Clinical Resource
Nurse



Mary Ann Lesnick,
RN III



Catherine Connell
Lindquist, RN III



Linda Martin, RN,
Case Manager



Julie Nguyen, RN II



Sylvie Pauley, RN,
Nursing Care
Coordinator



Dorrine Sopko, RN III



Patricia Vitagliano,
RN II



Catherine Wainer, RN III



Saint Elizabeth
Ann Seton

Seton Award winners named

Three Saint Raphael clinical staff were presented with the Seton Clinical Excellence Award this spring in recognition of their outstanding patient care and service.

Named for Saint Elizabeth Ann Seton, founder of the Sisters of Charity of Saint Joseph in America, it is awarded to staff who embody Saint Elizabeth Ann Seton's commitment and service to others. Eligible nominees include RNs, LPNs, certified nursing assistants, and unit clerks.

Non-Licensed Honorees



Dominic Wilcox,
Psychiatric Technician



Walkiria Perez,
Clinical Technician

Former 2005 Nightingale/ 2011 Licensed Seton



Anna Poschar, RN, III

Care for aging veins: A baby boomer's guide

By Jim Shelton



Roger Gandelman, a Branford glassblower, underwent surgery for carotid artery disease at Saint Raphael's several years ago.

Photo by Michael Dabbraccio

Good vascular health is suddenly very groovy. With an estimated 87 million Americans expected to be over age 55 by 2015, taking care of the body's blood pathways is more important than ever to aging baby boomers, doctors say. Making healthy lifestyle choices now, coupled with an array of diagnostic and treatment options, can keep vascular problems at bay for many years.

"It's not simply the fact that we're getting older," said Thomas Sweeney, M.D., a vascular surgeon at the Hospital of Saint Raphael and a baby boomer himself. "Even more important than age is all the factors that develop over time: Your blood pressure, diabetes, a family history of vascular disease, how you've controlled your cholesterol."

Know your vascular risks

The vascular system is an intricate network of arteries and veins that transports oxygen through the body via the bloodstream. These pathways, however, narrow as we get older. This can be due to atherosclerosis – the buildup of a fatty plaque – that eventually can block the artery or produce a clot or aneurysm.

Antoine Ferneini, M.D., section chief of vascular surgery at Saint Raphael's, said smoking is one of the leading risk factors for vascular disease. Other risk factors are high blood pressure, poor diet, high cholesterol, diabetes and lack of regular exercise.

"The key issue is lifestyle change," Ferneini said. "Some things we cannot control – such as family history and aging – but other things we can control, like managing high blood pressure, not smoking and by avoiding a high-fat diet."

Warning signs of vascular illnesses range from pain in the lower back to pain in the legs after walking and numbness in the toes, to blurred vision, trouble talking, sudden weakness and brief memory loss.

Other people, including 58-year-old Roger Gandelman of Branford, experience no symptoms at all. "I didn't know I had anything wrong with me," said Gandelman, who works as a glassblower.

The ABCs of CAD

Gandelman said his primary care doctor had noticed a carotid "bruit" sound in his neck during a routine exam, a classic sign of possible carotid artery disease (CAD). Located under the jaw on either side of the neck, the carotid arteries supply blood to the brain.

If either of those arteries are blocked or narrowed significantly, a clot could form and cause a stroke, in which brain cells suddenly die from inadequate blood flow. A stroke can lead to permanent disability or even death.

Gandelman was referred to Sweeney, who recommended surgery. “They cleaned out the plaque and then closed me back up,” Gandelman said. “I was awake during the whole thing and they kept me there 24 hours after the surgery. I have to say, the people at the hospital made me feel really important. It was actually a pleasant experience.”

According to Sweeney, any asymptomatic patient with an artery narrowed by more than 80 percent should undergo either a carotid endarterectomy to remove plaque or have a stent inserted in the artery. For patients who have shown symptoms, such as blurred vision, trouble talking or a stroke-like event called a transient ischemic attack, narrowing of only 60 percent warrants surgery.

“The success rate is very high,” Sweeney noted.

AAA’s more common in men

Another common vascular problem that can affect aging boomers is an aortic abdominal aneurysm (AAA). This happens when the aorta, which runs from the heart to the chest and abdomen, swells up in a particular spot. If pressure on the wall of the aorta builds to the point of rupture, the risk of death is severe. When the diameter of the aorta increases to 1.5 times its normal size, it’s considered an aneurysm.

“This is more common in men,” said Ralph De Natale, M.D., an attending vascular surgeon at Saint Raphael’s. “If you have a family history of vascular disease, are a smoker, a male, and over 55, you should be screened for this.”

Screening is done most often with

ultrasound imaging. If an aneurysm is detected, De Natale said, doctors must determine if surgery is the best option. “Anything above 5 centimeters, the risk of a rupture starts going up.”

Most surgeries for AAA’s are minimally invasive endovascular procedures that utilize stent-graft technology. Physicians work on the artery from within, entering through a small incision made near the patient’s groin.

Did you know . . .

- **Saint Raphael’s performs the third highest volume of vascular surgery in Connecticut.**
- **Saint Raphael’s state-of-the-art vascular operating room is equipped with advanced imaging, which allows surgeons to see inside blood vessels in real time.**

“Minimally invasive vascular surgery has afforded us small or no incisions, shorter operative times and a quick recovery,” noted Saint Raphael vascular surgeon Brian Coyle, M.D. “These factors have allowed us to treat higher-risk patients that would otherwise have been excluded because of multiple illnesses.”

“Saint Raphael’s has a hybrid operating room with imaging that’s state-of-the-art,” De Natale added. “It’s among the most advanced and can rival anything in New England.”

PAD an equal opportunity disease

Another common vascular concern for aging boomers is peripheral arterial disease (PAD). In PAD,

plaque is found in arteries in the legs. It occurs equally in men and women, with a higher incidence among African Americans.

“Most people are not aware of peripheral arterial disease,” said Stephen Atlas, M.D., medical director of the adult primary care center at Saint Raphael’s. “Yet, if you look at people greater than 70 years old, the incidence goes up to around 15 percent.”

Aside from symptoms mentioned with other vascular diseases, signs of PAD may include hair loss on a leg, cramps in the hip, thigh or calf, and cooler than normal skin. Doctors can diagnose PAD with imaging tests or with an ankle-brachial index that compares blood pressure in the ankles with blood pressure in the arms at rest and after exercise.

According to Ferneini, one of the big dangers of PAD is that clots formed in the legs can flow through the bloodstream leading to tissue loss in the extremities. In addition, PAD is considered a harbinger of other narrowing elsewhere in the vascular system.

Healthy lifestyle choices

According to Atlas, healthy lifestyle choices are imperative to good vascular health for baby boomers. Often, changes to one’s diet and exercise regime, plus medications prescribed by your doctor are all that is necessary.

“This is a very generalized disease of the blood vessels,” Atlas said. “Keeping them healthy is very important to one’s length of life.”

Saint Raphael’s offers a full range of services to diagnose and treat diseases of the vascular system.

To learn more, visit srhs.org/vascular.

For names of Saint Raphael vascular surgeons, visit srhs.org/vascularsurgeons, or call 203.789.3972 to request a listing.

New heart procedures offer many benefits

Coronary artery disease, in which clogged blood vessels threaten the heart's blood supply and can lead to heart attacks, remains the No. 1 cause of death for both men and women in the United States. At the Hospital of Saint Raphael, new techniques are making treatment of coronary artery disease less invasive, leading to quicker recovery and fewer complications.

"We are using existing technology in new ways to help patients bounce back more quickly from heart surgery," said Saint Raphael cardiologist Samuel Hahn, M.D. "These techniques, including hybrid revascularization and radial artery catheterization, have been proven safe and effective, and we've had great results."

Hybrid revascularization

According to Hahn, Saint Raphael's is at the forefront of performing an increasingly popular procedure called hybrid revascularization, which combines bypass surgery and stenting into a same-day procedure, in carefully selected patients.

Hybrid revascularization is the marriage of two standard techniques in a "new" way – minimally invasive surgery and drug-coated cardiac stent placement. "Not everyone is a candidate for a hybrid operation," said Hahn. "But in those who are eligible, the hybrid approach potentially offers smaller scars, fewer complications and faster recovery with possibly better long-term results than stent placement alone or bypass surgery using vein grafts."

In a traditional bypass, surgeons access the heart and its vessels by

opening the chest at the breastbone; they then use a combination of an artery and veins to bypass blockages and restore blood flow to the heart muscle.

The new procedure involves a much smaller incision called a thoracotomy in the upper section of the chest, between the ribs. The surgeon performs a bypass to the left anterior descending artery, and in the same procedure, an interventional cardiologist uses drug-coated stents or expandable tubes to open up additional blocked arteries.

To be clinically eligible for the new procedure, patients must be diagnosed with coronary artery disease – not valve disease – and have more than one blockage. The locations and extent of the blockages must also be appropriate, but Hahn estimates that at least 20 percent of current bypass patients may be candidates for the new approach.

Radial approach also beneficial

Another initiative aimed at improving care for heart patients at Saint Raphael's is radial artery catheterization. Interventional cardiologists are rapidly adopting radial catheterization techniques, in which physicians access the heart through an artery in the wrist, resulting in fewer side effects, shorter hospital stays, quicker recovery and increased patient satisfaction.

"We have seen great outcomes and



Interventional cardiologists perform cardiac catheterization through the radial artery.



patients seem to prefer the radial approach," said Ron Nudel, M.D., an attending cardiologist at Saint Raphael's who has done intensive training in the procedure. "It doesn't hurt as much, you can sit up immediately after the procedure and the data have shown that it's safer for qualified patients."

In addition, many patients who are candidates for radial artery catheterization will soon be able to go home the same day the procedure is performed under a new program that combines monitoring and risk assessment.

"If given the option, many people prefer to recover at home from surgery and the radial approach allows for safe and comfortable same-day treatment," said Andre Ghantous, M.D., a cardiologist who was pivotal in introducing the procedure at Saint Raphael's. "We're proud to be among the hospitals offering this option to clinically eligible patients."

For more information, call 203.789.3963, or visit srhs.org/cardiaccare.

Adult Outpatient Psychiatric Services expands to Hamden

The Hospital of Saint Raphael is expanding its adult outpatient psychiatric services to Hamden, providing residents in northern New Haven County with convenient access to care at its new 1100 Sherman Avenue location, beginning July 5th.

Like the New Haven center located at 1294 Chapel Street, the Hamden office offers a Partial Hospitalization Program (PHP) and an Intensive Outpatient Program (IOP).

“PHP/IOP was designed for adults who are struggling with mental health or experiencing both mental health and substance abuse disorders and who require more intensive services than traditional outpatient treatment,” said Susan Cutillo, Adult Psychiatric Services program director. The goal is to assist physicians and other providers with referral, treatment and planning for patients they identify as needing this higher level of care.

The new Hamden center meets an identified need for care in towns north of New Haven, according to Marshal Mandelkern, M.D., Ph.D., chairman of Saint Raphael’s Department of Psychiatry. “This will provide easier access to services for patients from this area who require psychiatric care but not hospitalization,” he said.

“This will be a valuable resource and we look forward to working closely with area providers to meet their patients’ needs,” Cutillo said.

What is PHP/IOP?

Saint Raphael’s PHP/IOP is a highly structured, brief-treatment, group-therapy model that offers the following services Monday-Friday:

- An individualized treatment plan developed by one of Saint Raphael’s clinicians, in collaboration with the patient’s referring provider;
- Afternoon and evening care for those who work or attend school;
- Medication evaluation and management services during PHP/IOP treatment; and
- Family therapy and relapse prevention support groups.

To learn more, call 203.784.8770 or visit srhs.org/adultpsychiatricservices.

“Miracle Walk” to benefit NICU



Maria Mackeil, R.N., (left) patient care manager, Women’s and Children’s Services, and Vanna Dest, A.P.R.N., Miracle Walk chair, are shown here with Raquel Jacques, who was born at 28 weeks and was cared for earlier this year with her sister, Reese, in Saint Raphael’s NICU.

A walk in the park will help the Hospital of Saint Raphael upgrade its Newborn Intensive Care Unit (NICU) in the Dr. Romeo A. and Lena B. Vidone Birth Center.

Sponsored by People’s United Bank, the Hospital of Saint Raphael “Miracle Walk” will be held Saturday, Sept. 17, from 10 a.m. to 4 p.m. at Meadowbrook Park in Hamden. The event will feature a 5K walk, live entertainment and fun family activities.

The NICU was not part of the \$2.2 million Vidone Center renovation project completed earlier this year.

Saint Raphael’s NICU cares for approximately one in four infants born at the hospital each year. The upgrade will include new cardiac monitors, medication infusion pumps, a phototherapy light and state-of-the-art incubators. It will also create a more private, quiet environment for newborns and parents.

To register for the Miracle Walk, call the Saint Raphael Foundation at 203.789.3242, or visit srhs.org/foundationevents.

a survivor's story

Heart patient gets the gift of life – twice

Despite having suffered from a degenerative heart condition for more than a decade, 24-year-old Jailene Rivera remembers still “getting a cold sweat” upon learning last year that the time had come for her to undergo open heart surgery. Rivera recently shared her story with *Better Health* writer Chip Warren, crediting doctors at the Hospital of Saint Raphael not only with dramatically improving her health, but also enabling her to have something she feared would not ever be possible – a family.

A native of Puerto Rico and a longtime New Haven resident, Rivera was just 11 when a school nurse first determined she had a heart murmur. While most abnormal heart murmurs are caused by birth defects, Rivera said the cause of her heart murmur was never determined. Over time, it gradually worsened into a condition known as mitral valve regurgitation in which the heart’s mitral valve does not close properly, causing blood to flow backward into the upper heart chamber when the left lower chamber contracts.

Such a condition is not highly uncommon among young patients and usually the valve can be repaired, said Vasant Khachane, M.D., a Saint Raphael cardiothoracic surgeon. “The problem with Jailene was that the valve was very badly distorted.”

In late 2006, Rivera said she was urged by her doctor at the time to have a mechanical valve surgically implanted – a procedure that would subsequently require a lifetime regimen of blood-thinning medication, thereby preventing Rivera and her husband, Luis, from having children. Based on a “gut feeling” that told her she should seek a second opinion, Rivera met with Khachane, who referred her to Saint Raphael cardiologist Philip Fazzone, M.D., for tests.

The results of a heart catheterization – a diagnostic



Rivera, a violinist, says her health has improved dramatically since undergoing open heart surgery last summer.

procedure to examine the heart and surrounding blood vessels – revealed that she didn’t need to have the surgery right away.

“It’s not unusual for patients who have a severely incompetent heart valve to be carefully medically managed for awhile, and that’s what we set out to do,” said Fazzone.

“With the use of diuretics and medications to affect blood pressure, it’s possible to pump enough blood through the circulatory system and minimize leakage.”

During one of Rivera’s monthly appointments, Fazzone informed her that he thought her heart was strong enough to endure a pregnancy, and in January 2008, Rivera gave birth to a daughter, Julisa.

By March 2010, Rivera knew the time for her heart surgery was approaching. “I couldn’t sleep at night because I would get short of breath, and I’d wake up with my heart pounding and have to gasp for

air,” she said. “That’s when I realized that the surgery was just around the corner.”

Last August, Rivera received a mechanical valve, and almost immediately everything in her life improved. “Within two months after my operation, my heart muscle improved by 60 percent,” she said. “I experienced dramatic improvement. Since then,

I’ve been losing weight almost effortlessly because I can now bring up my heart to a speed where I can burn calories.”

Khachane, who performed the operation, has been impressed by her rapid progress. “She’s made a remarkable recovery,” he said.

Looking back, Rivera said her experience has motivated her to help others. Currently, she is studying to become a medical assistant, with hopes of working in a cardiology practice. “I want to meet and help other people who are going through what I went through,” she said.

“I’m just so happy that I went with my gut feeling from the beginning,” she added. “If I didn’t get a second opinion, I wouldn’t have had my child. To me, that’s a miracle.”

Saint Raphael’s heart specialists perform close to 5,500 inpatient and outpatient cardiovascular procedures each year. To learn more, visit srhs.org/cardiaccare.

new physicians

Eliza M. Addis-Thomas, D.P.M.



Associate of: Connecticut Orthopedic Specialists, 2408 Whitney Ave., Hamden, CT 06518, 203.407.3500.

Specialty: Podiatry.

Medical School: Barry University School of Podiatric Medicine, Miami

Shores, Fla., 2007.

Training/Experience: Yale-New Haven Hospital, New Haven, Conn., Podiatry Residency Program, 2007-2010; Hospital of Saint Raphael, attending 2010.

Nina Babu, D.P.M.



Associate of: Center for Orthopedics, 2200 Whitney Ave., Hamden, CT 06518, 203.752.3181.

Specialty: Podiatry.

Medical School: Temple University School of Podiatric Medicine, Philadelphia, Pa., 2007.

Training/Experience: Kaiser Foundation Hospital, Oakland, Calif., Podiatric Surgery Internship Program, 2007-2008, and Podiatric Surgery Residency Program, 2008-2010; Hospital of Saint Raphael, attending 2010.

Farlyn Charlott-Hicks, D.P.M.



Associate of: Affiliated Foot and Ankle Surgeons, Westville Village, 508 Blake St., New Haven, CT 06515, 203.397.0624.

Specialty: Podiatry.

Medical School: New York College of Podiatric

Medicine, New York, NY, 2007.

Training/Experience: Yale-New Haven Hospital, New Haven, Conn., Medicine/Surgery Residency Program, 2007-2010; Hospital of Saint Raphael, attending 2010.

Sumeet Dhindsa, M.D.



Associate of: Internal Medicine of Greater New Haven, 1952 Whitney Ave., Hamden, CT 06517, 203.848.1803.

Specialty: Geriatric Medicine (Internal Medicine).

Medical School: Jawaharlal Nehru Medical College, Amjer, Rajasthan, India, 1999.

Training/Experience: Interfaith Medical Center, New York, NY, Internal Medicine Residency Program, 2006-2009; Winthrop University Hospital, New York, NY, Geriatric Medicine Fellowship Program, 2009-2010; Hospital of Saint Raphael, attending 2010.

Mark Frankel, M.D.



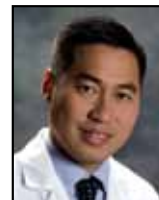
Associate of: 60 Washington Ave., Suite 203, Hamden, CT 06518, 203.288.0414.

Specialty: Psychiatry (Geriatric and Adult Psychiatry)

Medical School: Mount Sinai School of Medicine, New York, NY, 2004.

Training/Experience: McLean Hospital/Massachusetts General Hospital Psychiatry Residency Program, Boston, Mass., 2004-2008; McLean Hospital Geriatric Psychiatry Fellowship Program, Belmont, Mass., 2008-2009; Hospital of Saint Raphael, attending 2010.

Ritchie M. Hao, M.D.



Associate of: Hospital of Saint Raphael, Haelen Center, 1450 Chapel St., New Haven, CT 06511, 203.789.4135.

Specialty: Infectious Diseases.

Medical School: University of the Philippines, Ermita, Manila, 1999.

Training/Experience: University of Connecticut Health Center Internal Medicine Internship Program, Farmington, Conn., 2001-2002; University of Connecticut Health Center Internal Medicine Residency Program, 2002-2004; Fletcher Allen Health Care Infectious Disease Fellowship Program, Burlington, Vt., 2004-2006; Sinai Hospital of Baltimore, Md., 2007-2010; Union Memorial Hospital, Baltimore, Md., 2007-2010; Hospital of Saint Raphael attending, 2010.

Mehul K. Patel, M.D.



Associate of: Radiation Oncology Specialists of South CT, 1450 Chapel St., New Haven, CT 06511, 203.789.3131.

Specialty: Radiation Oncology.

Medical School: Wayne State University School of Medicine, Detroit, Mich., 2005.

Training/Experience: Hurley Medical Center Transitional Internship Program, Flint, Mich., 2005-2006; Henry Ford Health System Radiation Oncology Residency Program, Detroit, Mich., 2006-2010; Hospital of Saint Raphael attending, 2010.



Do you need to have a blood test?

The Hospital of Saint Raphael offers five convenient blood draw centers in Greater New Haven. Staffed by specially trained phlebotomists • Open to the public • No appointment necessary.

Amity Blood Draw Center

West Haven Medical Group Office
1453 Whalley Avenue, New Haven
M-F 8:30 a.m. – 4:00 p.m. • 203.387.8815
Bilingual services available

Hamden Blood Draw Center

Father Michael J. McGivney Cancer Center
2080 Whitney Avenue, Hamden
M-F 8 a.m. – 12 p.m. • 203.867.5643

North Haven Blood Draw Center

Urgent Care Center (next to T.J.Maxx)
163 Universal Drive, North Haven
M-F 7 a.m. – 6 p.m.; Sat., Sun., 8 a.m.-12 p.m.
203.239.0119

Orange Blood Draw Center

Urgent Care Center
109 Boston Post Road, Orange
M-F 7 a.m. – 8 p.m.; Sat., Sun., 8 a.m. – 5 p.m.
203.891.0919

Outpatient Diagnostic Testing Center

Orchard Medical Building – First Floor
330 Orchard Street, New Haven
M-F 7:30 a.m. – 4 p.m. • 203.867.5680



Hospital of Saint Raphael
www.srhs.org





saint raphael's Wellness Corner & Healthy Living Calendar

The Saint Raphael Healthcare System is pleased to provide readers of *Better Health* magazine with a bimonthly 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 203.867.5695.

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 srhs.org/spinaleducation, or call the Healthy Aging Line at 203.789.3275.

Weight Loss Surgery Informational Seminars

Wednesday, July 6, 5:15 p.m.; Wednesday, Aug. 3,

5:15 p.m.; Wednesday, Sept. 7, 5:15 p.m.

Cronin Auditorium, Saint Raphael's

Online Webinar – Saturday, July 23, 10 a.m.;

Saturday, Aug. 27, 10 a.m.

Register online at srhs.org (Select "Obesity Services," then "Where to Start"), or call 203.789.6237.

Childbirth Education Classes

Newborn Care Class, All-Day Childbirth Education Class, Breastfeeding Class, Sibling Silly & Sibling at Birth, Childbirth Education Series Class.

4th Floor Prenatal Classroom, Saint Raphael's

For class fees and to register, call 203.789.3300, or log onto srhs.org/classes for more information.

Spine Symposium

Presented by Saint Raphael medical specialists

Concussions and Neck Injuries in High School and College Sports

For parents, coaches, athletic trainers, teachers and guidance counselors

Tuesday, Aug. 30, 4-8 p.m., Cronin Auditorium, Saint Raphael's

Call 203.789.5997 or register online at srhs.org/concussions.

Clinics

Latent Tuberculosis Infection (LTBI) Clinic

For patients who have been diagnosed with LTBI

Open Monday, Tuesday, Friday, 8:45 a.m. to 3:30 p.m.

Adult Primary Care Clinic, Saint Raphael's

For questions, call 203.789.4124 or contact Clinic

Coordinator Julie Last, Pharm.D., at jl@srhs.org.

Patient's insurance is charged for the visit and any lab work.

Anticoagulation Clinic

For patients who require Coumadin® (warfarin) therapy management and their family/caregivers

Open Monday, Tuesday and Friday, 8:45 a.m. to 3:30 p.m.

Adult Primary Care Clinic, Saint Raphael's

For questions, call 203.789.4124 or contact Clinic

Coordinator Julie Last, Pharm.D., at jl@srhs.org.

Patient's insurance is charged for the visit and any lab work.

For a complete schedule of our ongoing support groups – including stroke, breast cancer, head and neck cancer, prostate cancer and more – visit srhs.org/supportgroups.