

SAINT RAPHAEL'S

better HEALTH®

September/October 2011

Are you at risk?

**Take charge of your
breast health**

Also:

- *Navigating cancer*
- *Focus on the feet*
- *Another CyberKnife® success*

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appt.

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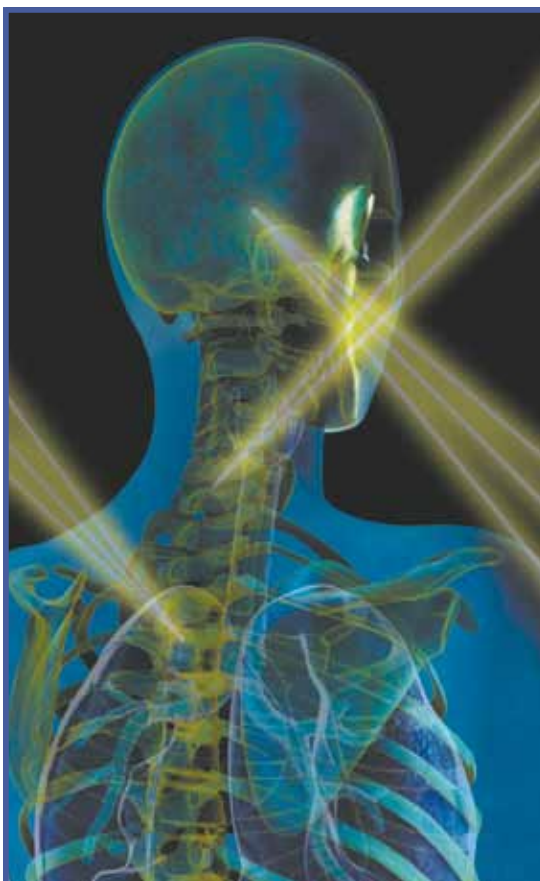
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About Better Health

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Summer 2011 is drawing to a close. Kids are back in school, the days are getting shorter, and football season is in full swing. It's a busy time of year.

Over the last few months, I've been updating you on discussions between Saint Raphael's and Yale-

New Haven Hospital to come together as one hospital under the Yale-New Haven name. The complexities of the two organizations and the important roles we play in this region have required careful, thoughtful deliberations. As *Better Health* went to print in mid-August, good progress had been made and we were cautiously optimistic an announcement about reaching the next milestone in the process would take place in early September. The proposed integration would then require federal and state regulatory review. There are many steps, each requiring significant work, but we are excited about the result – the ability to strengthen the quality of healthcare provided to you – our patients.

While the deliberations continue, Saint Raphael's continues to operate as a separate healthcare entity, providing the comprehensive medical services, procedures and health programs we always have. Over the next several months, you'll notice our current advertising campaign on TV, radio and various websites, highlighting two of our key

services – the Bone and Joint Center and the Center for Weight Loss Surgery. Both successfully treat hundreds of patients each year, restoring quality to their lives.

On September 17 at Hamden's Meadowbrook Park, many of us will walk to show our support for our littlest patients who start off life in our Newborn Intensive Care Unit. Our Miracle Walk will raise funds to renovate this unit, an extension of our new Vidone Birth Center – please join us as a walker or a supporter. And in October, our Women's Center for Breast Health will offer a variety of programs and information in honor of National Breast Cancer Awareness Month, including participating in the Making Strides Against Breast Cancer event on October 23 (see a full listing on our website, srhs.org).

As we pause one more time before saying goodbye to summer, I'd also like to thank you and the many people who trust us with their care or the care of their loved ones, as well as all those – from physicians to staff to volunteers – who make that care possible. That is our mission – to provide you with the best and most compassionate care possible – and it is unwavering.

Chris O'Connor
President and CEO
Saint Raphael Healthcare System



MAKE A MIRACLE HAPPEN: JOIN THE 5K WALK

5K Miracle Walk
10 a.m.-3 p.m.
Saturday,
September 17
Meadowbrook Park,
Hamden, CT

Join area businesses, organizations and residents raising funds for the Newborn Intensive Care Unit (NICU) at Saint Raphael's Vidone Birth Center. NICU's specialized capabilities include care for babies born as early as 28 weeks of pregnancy.

Organize a team or join one. Live entertainment, family activities and more. Sponsored by the Saint Raphael Foundation and presented by People's United Bank.



FOR DETAILS AND REGISTRATION: 203.789.3242 | SRHS.ORG/FOUNDATION

McGivney Cancer Center offers new service:

Patient navigator guides patients through cancer care

A cancer diagnosis can lead many people into uncharted waters. At the Hospital of Saint Raphael, patients do not face that diagnosis alone.

A patient navigator will take that journey with cancer patients at Saint Raphael's Father Michael J. McGivney Center for Cancer Care. The newly created position was added to assist cancer patients with their care – from diagnosis through treatment and beyond.

“This program will increase the level of services we deliver to our patients,” said Joseph Cardinale, M.D., medical director of the McGivney Center and Saint Raphael's chairman of Radiation Oncology. “The patient navigator will help patients obtain all of the services they need in a timely manner, while increasing communication between the patient and the entire healthcare team.”

As the new cancer center patient navigator, Augustine Okeke helps patients navigate through the complex process of treatment. Supporting patients and their families every step of the way, he delivers personalized, compassionate guidance by answering their questions, scheduling appointments, expediting the delivery of test results, and more.

“It can be very confusing for patients to figure out what to do



As patient navigator, Augustine Okeke offers personalized guidance to cancer patients.

next when they receive a cancer diagnosis,” said Okeke, a certified health education specialist.

“There are appointments to make with multiple specialists, lab and diagnostic tests and lots of information coming at them that is sometimes difficult to understand or remember.”

Part of his work includes assisting with insurance issues and connecting patients with resources they may not be aware are available to them, such as the *Looking Forward* wellness program. He assists patients both in New Haven and at the Hamden campus at 2080 Whitney Ave.

Since 2007, breast cancer patients have benefited from similar patient navigator services provided by Saint Raphael's Women's Center for Breast Health. Maria Moura, R.N., who has served in that role since February, said her patients

appreciate the support and guidance.

While the concept of a patient navigator is not new, from a quality-of-care standpoint, performance improvement studies now demonstrate improved patient outcomes. “The benefits of a patient navigator are demonstrated in quality improvement studies and include a decreased level of patient anxiety, improved psychological adjustment, and assured timeliness of assessment and treatment,” said Jim Judson, R.N., director of Quality Improvement/Patient Relations at Saint Raphael's. “Patients and families also benefit from the individualized education they receive, which encourages their partnership and compliance with treatment.”

“Patient navigation in cancer care is becoming a gold standard, as programs all across the country are moving toward this model,” said Cardinale. “This service is necessary to ensure that patients do not get lost in the maze of the healthcare process.”

To learn more about patient navigator services at the Father Michael J. McGivney Center for Cancer Care, call 203.867.5479; for the Women's Center for Breast Health, call 1.888.577.9224 (WCBH); or, visit srhs.org/cancer.

Body weight affected by personality, study shows



Does your personality play a role in how much you weigh? A National Institute on Aging study of nearly 2,000 people over 50, published by the American Psychological Association, suggests a connection. Researchers found that people with personality traits of high neuroticism – characterized by emotional instability – and low conscientiousness are likely to go through cycles of gaining and losing weight throughout their lives.

Being impulsive was the strongest predictor of who would be overweight, the research showed. Study participants who scored in the top 10 percent on impulsivity weighed an average of 22 pounds more than those in the bottom 10 percent.

“Individuals with this constellation of traits tend to give in to temptation and lack the discipline to stay on track amid difficulties or frustration,” according to the researchers. “To maintain a healthy weight, it is typically necessary to have a healthy diet and a sustained program of physical activity, both of which require commitment and restraint.”

“Previous research has found that impulsive individuals are prone to binge eating and alcohol consumption,” noted lead author Angelina R. Sutin, Ph.D. “These behavioral patterns may contribute to weight gain over time.”

The findings were published online in the APA’s *Journal of Personality and Social Psychology*.
To learn more, visit www.apa.org/news/press/releases/2011/07/personality-weight.aspx.

Should athletes “just shake it off” – or is it a concussion?

You’re enjoying the local high school football game when the quarterback goes down with an aggressive tackle. Is it a simple fall that comes with the turf? Or did he hit his head and suffer a concussion? A concussion can cause memory loss, chronic headaches, traumatic brain injury and even vulnerability to neurological disorders down the road.

In the United States, 1.6 to 3.8 million sports-related concussions occur annually, with as many as one in 10 high school athletes sustaining a concussion in contact sports each season. It’s often up to



the coach, trainer or athletic director to quickly evaluate the signs – such as headache, confusion, nausea, dizziness, blurred vision or even seizures – and react appropriately. This can be challenging, as the onset of symptoms may be delayed and the athlete may not have lost consciousness.

While contact sports, such as hockey, lacrosse and soccer, pose obvious risks for a concussion, the condition occurs in non-contact activities as well. A 2009 Centers for Disease Control and Prevention (CDC) study found cheerleading followed football with the second highest rate for concussions and traumatic brain injuries in high school sports. Gymnastics (from falls) and swimming (from flip turns) also made the list.

To learn more, visit the CDC’s “Heads Up: Concussion Program” for downloadable fact sheets at www.cdc.gov/concussion/HeadsUp/sports_specific.html.

Are you at risk? Take charge of your breast health

By Karen Pasacreta



Photo by Michael Dabbraccio

Lynn Alcott, a patient of Saint Raphael's Women's Center for Breast Health, is surrounded by a supportive family, including husband Joseph (not pictured) and their children, Ashley, 18, Joey, 4, and Barbara, 11.

Procrastination. We've all put off something at one time or another. Call it human nature. We can't help it – especially when the thing we put off potentially comes with news we don't want to hear.

Still, if Lynn Alcott had undergone a mammogram screening sooner rather than later, doctors might have caught her breast cancer earlier. But hindsight is 20-20 and regret can paralyze one's decisions to move forward and do something about the situation now. And that's how Alcott, who considers herself lucky, feels. Her breast cancer was caught at Stage 2 out of 4.

"I could have put the covers over my head, but I have three kids and I had to reassure them it's OK," said Alcott, a 44-year-old Hamden resident who turned to the Hospital of Saint Raphael for her breast cancer care. "I had to stay positive. You need to find your strength."

Breast cancer is the most common cancer among American women and the second leading cause of cancer death in women, according to the Centers for Disease Control and Prevention. While having one or

more risk factors for breast cancer does not mean a woman will develop the disease, some women are not aware of their risks or the importance of screening.

Early detection vital

Early detection is vital to diagnosing breast cancer, says Denise Barajas, M.D., director of Saint Raphael's Women's Center for Breast Health (WCBH) and a member of Alcott's care team. "The use of mammograms is the best tool we have to finding breast cancer early and increasing the patient's survival."

The American Cancer Society recommends women begin yearly mammograms starting at age 40. While the U.S. Preventative Task Force came out with other guidelines in 2009 that stated women in their 40s should not get yearly routine mammograms for early detection of breast cancer, the American College of

Obstetricians and Gynecologists clarified its stand in July, joining the American Cancer Society with the same recommendations – 40 and yearly – as the *preferred* guideline, Barajas said.

Begin as early as possible

A woman should start performing breast self-exams in her 20s to know and understand how her breasts feel and look normally and can then be aware of any changes, should any occur, said Karen Johnson, M.D., a breast surgeon affiliated with Saint Raphael's.

"The risk for breast cancer is not high when you are younger," said Johnson, "but you need to be cognizant of what a change *is* in your breast. Do you see something different? Start early so you know what you are looking for. This can start as early as the pre-teen years with their pediatricians, and girls need to be taught not to be embarrassed."

Alcott's ordeal began when she felt a small lump in her right breast. "It felt like a hard grape," Alcott recalled. "And I didn't do anything about it." She actually told herself it would go away. But, over time, she felt a pervasive, dull pain. After some complaining, Alcott was urged by her husband, Joseph, to get a mammogram – her first ever. That was three months after she felt the lump. At the end of November 2010, she got the news. "I couldn't believe it," she said.

Know your risks

Simply being a woman puts you at risk for breast cancer. The chance of getting breast cancer also increases with age.

But one of the biggest risk factors is family history. You could be at a higher risk for breast cancer if your biological mother or sister has been diagnosed – or, if your aunts or either grandmother had the disease. This can put you in a category suggesting a need for genetic screening to find out whether you have inherited a mutation in the BRCA 1 or BRCA 2 genes.

According to Barajas, younger women with breast cancer are more at risk for genetic

Did you know. . .

Saint Raphael's Breast Center was the first in the region and second in CT to be accredited by the National Accreditation Program for Breast Centers, a distinction signifying a commitment to quality care.

mutations. Alcott's maternal grandmother had died from breast cancer, but Alcott had tested negative for carrying the mutation. Breast cancer is less likely to be genetic if your family members were diagnosed after menopause, Barajas explained.

Dense breast, new law

One of the leading high-risk factors for breast cancer is a large amount of dense breast tissue – fibrous and glandular tissue that may hide a small cancer, causing mammograms to be less sensitive for cancer detection.

A new Connecticut law requires mammography reports to include information about breast density. Connecticut was the first to pass this law, which came into effect in 2009 under former Gov. M. Jodi Rell, a breast cancer survivor. The

law states that if a woman has dense breast tissue on her mammograms, a follow-up letter must be sent to notify her that she has dense breast tissue and may benefit from screening; this can include a breast ultrasound or a breast MRI examination, or both, depending on the woman's risk factors. A similar law was recently passed in Texas, and multiple other states are presently considering similar legislation.

"One test is not better than the other," said Johnson, who is affiliated with Saint Raphael's new High-Risk Breast Health Program, "but an ultrasound is a very good test in a skilled radiologist's hands and is an excellent adjunct to a mammogram."

High-Risk program opens

Five years ago, Saint Raphael's established the WCBH to take a personalized, holistic approach to treating women with breast cancer. This year, the center opened the High-Risk Breast Health Program for women who may be at higher risk for breast cancer due to genetic mutations, dense breasts or other high-risk factors. Through initial counseling, diagnostic testing and education,

women can become educated about their risk factors and learn more about mammograms or other testing that may be appropriate.

“We saw a need in the community,” said Barajas, one of the program’s founders. “There are patients with questions that are often best answered by clinicians specializing in breast health. We also provide an opportunity to talk to an expert and get them up-to-date on current screening recommendations.”

If diagnosed, a multidisciplinary team approach of dedicated radiologists, pathologists, a patient navigator, advanced practice registered nurse, breast surgeon and oncologists all work together to address the patient holistically. Weekly treatment planning conferences help determine the best plan of care for each patient. No referral is necessary.

“The WCBH team reaches out to physicians with information about how they may refer their patients to the High-Risk Breast Health Program for more comprehensive evaluation,” said Paul Levesque, M.D., director of Saint Raphael’s Breast Imaging Center and one of the physicians affiliated with the program.

Comprehensive imaging services include screening mammography, screening breast ultrasound, diagnostic mammography, breast ultrasound, breast MRI and PET/CT, all using state-of-the-art equipment, he said.

Advanced treatments

After Alcott’s mammogram showed a mass in her right breast, it was followed up with a biopsy and MRI. In January 2011, she had a lumpectomy, a surgical operation in which a lump is removed from the breast. Many women who undergo surgery for breast cancer also receive additional treatment, such as chemotherapy, hormone therapy or radiation.

According to Joyce Chung, M.D., a radiation oncologist and a WCBH co-director, a combination of chemotherapy and radiation is a standard treatment to improve local control of the cancer cells and optimize survival rate in women who have a lumpectomy. Saint Raphael’s offers radiation treatment at its New Haven and Hamden campus of the Father Michael J. McGivney Center for Cancer Care.

“Radiation therapy uses high-powered beams of energy, such as X-rays, to kill cancer cells,” Chung explained. Saint Raphael’s cancer-fighting arsenal includes linear accelerators that aim high-powered energy beams in a technique known as external beam radiation.

“Radiation therapy can also be delivered to medically eligible patients using a balloon-catheter-based system,” Chung said.

“Partial breast radiation, which involves treatment of only a *portion* of the breast, has been offered to highly selected patients since 2008. Treatment times are significantly shorter than with conventional treatment,” she explained.

Saint Raphael’s arsenal also includes 3D conformal radiation therapy, an advanced treatment planning technology in which beams of radiation are shaped to match and target the tumor, sparing healthy tissue.

Another new advance is Oncotype DX, a diagnostic test for early-stage breast cancer that can determine whether the patient needs chemotherapy or hormone therapy. “The results of this test, combined with other features of the cancer, help patients make a more informed decision about whether or not to have chemotherapy,” said Andrea Silber, M.D., a medical oncologist and co-director of the WCBH.

A helping hand

Whatever your risk, a breast cancer diagnosis can be overwhelming. That’s where Maria Moura, R.N., the patient navigator at WCBH, has the very important role of guiding the patient through this process, from education to diagnosis, testing services, possible surgery and follow-up treatment.

“I’m here to support both patients and physicians – to make sure nothing prevents patients from obtaining their care,” said Moura. “My role is to guide patients through treatment and the recovery process.”

For Alcott, who completed chemotherapy in July and whose radiation treatments will soon come to a close, the beginning of her diagnosis seems like a complete blur. She is grateful someone was able to hold her hand and take her through the process. “I felt very at ease at Saint Raphael’s,” she said. “They made me feel like they were going to help me and make everything better.”

Saint Raphael’s WCBH provides personalized, comprehensive treatment to patients with breast cancer. Call 1.888.577.9224 (WCBH) or visit srhs.org/breastcenter to learn more.



Ferneini appointed section chief, Vascular Surgery

Vascular surgeon Antoine Ferneini, M.D., F.A.C.S., has been appointed section chief of Vascular Surgery at Saint Raphael's. In this role, Dr. Ferneini is responsible for developing and implementing programs to carry out the quality review, evaluation and monitoring functions of his section. Dr. Ferneini, who also serves as director of the Wound Care Center at Saint Raphael's, was the first physician in Connecticut and the second in New England to use a new type of endovascular stent for minimally invasive repair of abdominal aortic aneurysms. He has been affiliated with Saint Raphael's since 1993.



Samele appointed vice president, Surgical Services

Kim Samele, R.N., has been appointed vice president of Surgical Services at Saint Raphael's, where she is responsible for the overall planning, development and financial performance of that service line. With more than 30 years of experience as a healthcare clinician, educator and manager in acute care hospitals and university-based teaching facilities, Samele is also responsible for patient, staff and physician satisfaction and quality improvement. She comes to Saint Raphael's from Saint Francis Hospital, where she served as Surgical Services director since 2006.



Vitarisi rejoins Finance Department

Dean Vitarisi has rejoined Saint Raphael's Finance Department as director of Finance. Vitarisi returns to Saint Raphael's from Saint Mary's Hospital in Waterbury, where he served for one year as controller and as finance director for the last four. In his new role, Vitarisi will assist with managing Saint Raphael's accounting and finance departments and will provide support to the leadership team. Previously, Vitarisi was employed by the Saint Raphael Healthcare System from 1997 to 2006, serving first as a senior accountant and then as an accounting manager. He assumed his new duties at Saint Raphael's in June.



Medical oncologist featured in state media campaign

Andrea Silber, M.D., a medical oncologist at Saint Raphael's, is being featured in a year-long campaign by the Connecticut Department of Public Health to encourage women to get screened for serious illnesses. Dr. Silber will appear in public service announcements on TV and radio statewide on behalf of "Stay in the Game CT," a state effort to promote screenings. The campaign focuses on three of the most common health threats faced by Connecticut women: breast cancer, cervical cancer and heart disease. A co-director of Saint Raphael's Women's Center for Breast Health, Dr. Silber will be featured along with Jen Rizzotti, former UConn Women's Basketball point guard, and former UConn teammates Tina Charles and Renee Montgomery.

new physicians

Raymone K. Shenouda, M.D.



Associate of: Hospital of Saint Raphael, 1450 Chapel St., New Haven, CT 06511, 203.789.6674.

Specialty: Psychiatry.

Medical School: University of Alexandria Medical School, Alexandria, Egypt, 2001.

Training/Experience: Psychiatry Internship Program, Lincoln Medical and Mental Health

Center, Bronx, NY, 2006-2007; Residency Program, Lincoln Medical and Mental Health Center, 2007-2010; Psychosomatic Fellowship Program, Yale-New Haven Hospital, 2010-2011; Assistant Clinical Professor of Psychiatry, Yale University, July 2011; Hospital of Saint Raphael attending, 2011.

Sergey Zhitnikov, M.D.



Associate of: Hospital of Saint Raphael, 1450 Chapel St., New Haven, CT 06511, 203.789.3449.

Specialty: General Surgery/Minimally Invasive and Bariatric Surgery.

Medical School: Odessa State Medical University, Odessa, Ukraine, 1983.

Training/Experience: General surgeon, Ukraine,

1984-1994; Westchester Medical Center/New York Medical College Surgery Residency Program, 1999-2004; Westchester/New York Medical College Minimally Invasive and Bariatric Surgery Fellowship Program, 2004-2005; St. Vincent's Medical Center, Bridgeport, CT, 2006-2009; Orange Regional Medical Center, Goshen, NY, 2009-2010; Staten Island University Hospital, NY, 2010-2011; Hospital of Saint Raphael attending, 2011.

Feet first:

Foot surgery aids common & complex conditions

By Liese Klein

Walking is something many of us do without a second thought, taking for granted that our feet will take us where we want to go in an efficient and comfortable manner. But what if every step were agonizing, sending shooting pains up your legs and making it difficult to get out of bed?

“It felt like someone was hammering on my feet,” recalled Joe Travaglini of Guilford, who suffered from foot pain for decades. “I have a high pain tolerance and I never had surgery, but it was getting worse and worse.”

Big-toe joint pain

Today, Travaglini, 69, is an active man who works as director of Buildings & Grounds for the East Haven school system. But years of work earlier in his career as an auto mechanic, where he often squatted, had worn away the joints in his big toes. By the time he made an appointment with Sanda Tomak, M.D., an orthopedic surgeon affiliated with Saint Raphael’s, the cartilage in his toes had degenerated to the point that bone was rubbing on bone every time he took a step. Tomak, a fellowship-trained foot and ankle orthopedic specialist, often treats this condition, called hallux rigidus, or big-toe-joint osteoarthritis.

“People come in with pain and limited motion of the toe due to wear and tear,” Tomak said. “It’s very painful and affects or restricts daily activities like walking, standing, climbing stairs and sports.”

The “gold standard” for this condition is toe fusion, in which the toe bones are joined using state-of-the-art materials. The bones are then allowed to naturally grow together, which relieves pain and in most cases allows for normal activity and sports like light jogging, tennis and swimming. “There is no motion of the joint, so no pain,” Tomak said.

Travaglini underwent fusion surgery this spring and relief was almost immediate. He was mobile within days and wearing shoes and walking normally eight weeks after the procedure.

Ankle replacement

Sore toe joints aren’t the only foot problems that can impact quality of life and mobility. Saint Raphael’s physicians are on the forefront of treatment for a range of foot and ankle ailments, utilizing the latest techniques, technology and materials to restore function.

Joe Travaglini is now walking with ease, thanks to toe fusion surgery at Saint Raphael’s.

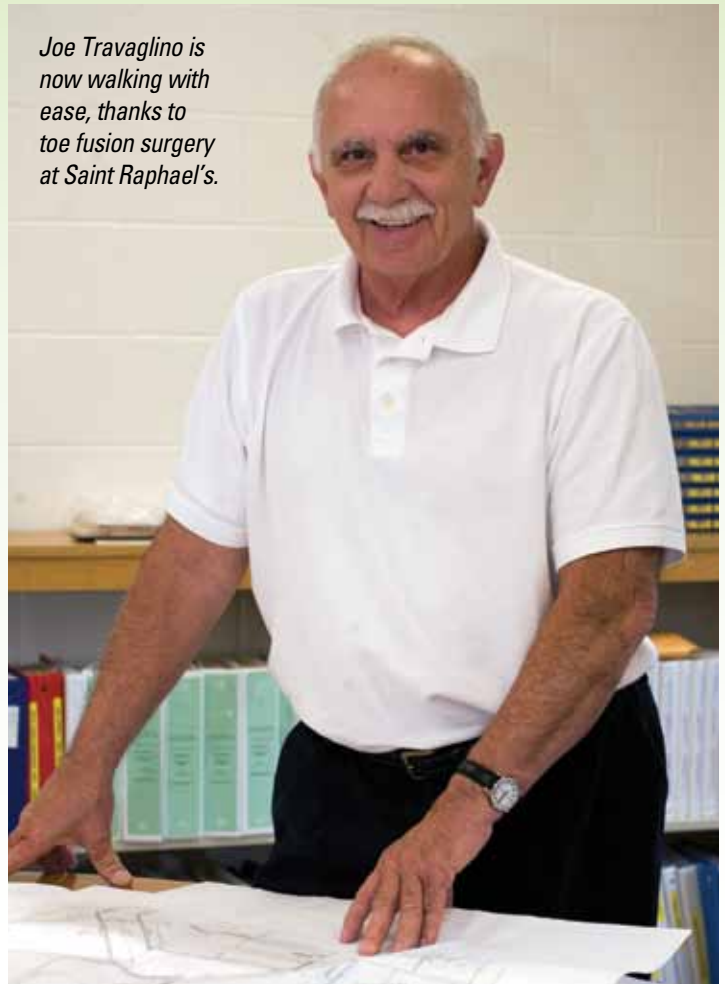


Photo by Michael Dabracio

The cutting-edge field of total ankle replacement, a treatment for those with severe arthritis, has benefited from new materials that allow for longer-lasting and more functional artificial joints, said Saint Raphael orthopedic surgeon Enzo Sella, M.D.

“The goal is to relieve pain and allow for more range of motion,” Sella explained. Although not appropriate for all patients with ankle arthritis, newer implants in use at Saint Raphael’s have performed well in long-term studies, with longer life and fewer side effects than earlier versions.

Hammer toes

New materials have also transformed surgery for the common problem known as “hammer toes,” said Saint Raphael podiatric surgeon Jesse Parks, D.P.M.

Genetics and ill-fitting shoes that put pressure on the toes in an unnatural way are among the common causes

Did you know ...

Saint Raphael's is a leader in joint replacement, performing more than 1,200 procedures each year.

of the condition, which typically affects the middle joint of the second toe, giving it a hammer-shaped appearance. As the condition worsens, walking can become more painful.

To correct misshapen digits, surgeons use metallic implants to realign the toe bones, Parks explained.

"The new implants allow patients to take off their casts sooner and get back to normal life," Parks said. "They are also invisible and remain in place so after-surgery care is easier."

Bunions

Bunions are another common foot deformity where changes in soft tissue and bone alignment can cause unsightly and painful bumps or malaligned great toes, usually the result of hereditary factors. While surgical procedures to address bunion deformities have remained basically the same, advances in internal fixation – which are typically screws or plates in bunion surgery – have made correction of the deformity more efficient in recent years, said Saint Raphael podiatric surgeon Jonathan Key, D.P.M.

Surgery can center on removing prominent bone, but many times realigning the great toe joint is required with the help of implants, such as titanium state-of-the-art screws. "People typically do very well if the correct procedure is chosen and they get the right follow-up care with early range of motion," Key explained.

However, Key prefers patients wait as long as they can before pursuing bunion surgery.

"Primarily, when the bunion deformity starts adversely affecting what a patient can do and changes their lifestyle, that is when we make the decision to surgically intervene," he said.

The first step

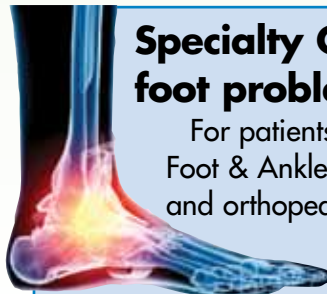
The first "step" in improving quality of life for those with foot pain is a thorough exam by a foot and ankle specialist, doctors agree.

"The sooner you get a foot problem diagnosed, the better," said Tomak. In many cases, simple changes in footwear or

special inserts can help prevent surgery later down the line. The key is early diagnosis and treatment.

"I had this pain for so many years – now I'm better than back to normal," said Travaglino. "Before I couldn't put on my socks or shoes without pain and now I can go to work or do things around the house all day long. My doctor did such a great job; I'll sing her praises forever."

Saint Raphael's offers a full-range of orthopedic and podiatric services. Visit srhs.org/orthosurgicalprocedures or srhs.org/podiatricsurgery.



Specialty Clinic dedicated to complex foot problems

For patients with complex conditions, Saint Raphael's Foot & Ankle Specialty Clinic brings together podiatric and orthopedic experts to restore health. Since

opening in July 2008, the specialty clinic has seen its popularity grow with those who need reconstructive surgery or treatment for chronic pain and deformities.

"We have a dedicated focus on the foot and ankle, which is unique in the area," said David Caminear, D.P.M., Saint Raphael's section chief of Podiatric Surgery. "Our goal is to relieve pain and improve function and quality of life."

At the clinic, located on the second floor of the Orchard Medical Center, orthopedic and podiatric foot and ankle specialists work together with podiatric surgery residents to tackle challenging cases, many involving chronic illnesses such as diabetes or traumatic injuries.

"The procedures we do are a bit out of the realm of ordinary," Caminear explained. "All of the specialists work together collaboratively and collegially, to the patient's benefit."

Referrals to the Foot & Ankle Specialty Clinic, 330 Orchard Street, are not required. Call 203.789.3152, or visit srhs.org/footanklespecialtyclinic to learn more.

For names of Saint Raphael orthopedic and podiatric surgeons, visit srhs.org/orthopedicphysicians or srhs.org/podiatricsurgeons, or call 203.789.3972 to request a listing.



Leading option in breast reconstruction

Saint Raphael's offers DIEP flap procedure

Saint Raphael's breast center and a pair of top plastic surgeons are teaming up to offer more women access to a leading reconstructive procedure through the hospital's new High-Risk Breast Health Program.

"We're proud to be able to offer our patients the latest procedures and the best technology," said Women's Center for Breast Health (WCBH) Director Denise Barajas, M.D. "Saint Raphael's has one of the most experienced surgical teams in the state performing this procedure, which has emerged as a leading option for breast reconstruction."

As more women opt for preventative mastectomies, Saint Raphael's is one of only a handful of hospitals in the region with an experienced team offering the procedure, called DIEP (deep inferior epigastric perforator) flap reconstruction.

With DIEP flap, a woman's own abdominal tissue, along with crucial blood vessels to support its transplantation, is used to reconstruct the breast. The procedure's advantage is that it rebuilds the breast without removing muscle from the stomach, as with earlier techniques.

Complex procedure requires experience, expertise

Stefano Fusi, M.D., and Jeffrey Salomon, M.D., both plastic surgeons at Saint Raphael's, have extensive experience in performing the DIEP flap procedure and are attracting patients from across the region. The DIEP flap procedure is complex and requires a skilled team of doctors and nurses with expertise in both traditional reconstructive techniques and microsurgery. "This surgery requires expertise and experience," Fusi said.

For medically eligible patients, the DIEP flap can result in a better cosmetic result, faster recovery and less long-term weakness in the abdominal region. The procedure can also be performed immediately after

mastectomy and holds up well before, during and after radiation treatment, if such treatment is necessary, Fusi explained.

Expanding access to DIEP

Expanded access to the DIEP flap procedure is being offered through the center's High-Risk Breast Health Program, established earlier this year. The program offers initial counseling, diagnostic testing and education to women with risk factors for breast cancer, including family and personal history of breast or ovarian cancer, past breast biopsies, abnormal breast imaging or dense breast tissue.

"Saint Raphael's has one of the most experienced surgical teams in the state performing this procedure, which has emerged as a leading option for breast reconstruction."

Denise Barajas, M.D.,
Director, Breast Center

Women don't need to be part of the High-Risk Breast Health Program to get the DIEP flap procedure, but patients in the program will be offered information as part of the counseling process.

Appealing to younger, active patients

Breast reconstruction patients are getting younger, are more active and are looking for procedures with a shorter recovery time, Fusi said, as more are opting for preventative mastectomy following genetic tests to detect BRCA mutation, also known as "the breast cancer gene." Women with specific mutations in either the BRCA1 or BRCA2 gene have been found to have five times the risk of developing breast cancer in their lifetimes compared to women without the mutations.

Procedures like the DIEP flap that use a patient's own tissue offer women a longer-lasting and more natural-feeling alternative to breast implants for reconstruction after mastectomy.

"We're lucky at Saint Raphael's that we can perform this procedure with great expertise and provide the best outcomes for patients," Fusi said.

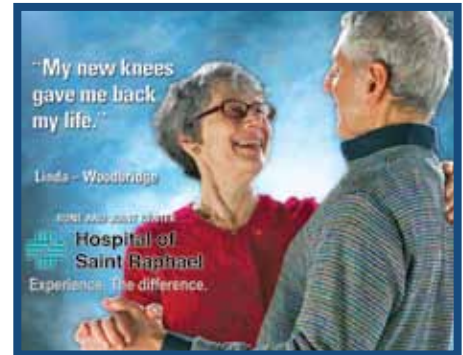
Contact the Women's Center for Breast Health at 1.888.577.9224 (WCBH); or log onto srhs.org/breastcenter to learn more.

Saint Raphael's ad campaign features former patients

When Kathy Blake-Parker of Branford had weight-loss surgery at the Hospital of Saint Raphael in 2005 and Linda Burt of Woodbridge had double knee replacement surgery at Saint Raphael's Bone and Joint Center in March 2011, they both anticipated a change in their quality of life – but they never dreamed it would lead to starring roles in television commercials. The two are featured in Saint Raphael's current ads on television, radio and the Internet.

Gotta Dance

Burt had looked forward to walking, swimming and traveling again without arthritic pain, but next December's centennial ball for the Neighborhood Music School in New Haven was an added incentive. "I'd be sad if I couldn't boogie at the ball," joked Burt, a school board member. "Saint Raphael's Bone and Joint Center is well known for its care," she said. In fact, Saint Raphael's leads the state in bilateral joint replacement and leads the region in single knee and hip replacements.



Nearly 100 pounds gone



Since her weight-loss surgery in 2005, Blake-Parker has lost almost 100 pounds and is back to kayaking and living an active lifestyle. "Work and play are no longer laborious," she explained.

Blake-Parker had gained weight because of a medical condition. Her surgery involved having a band surgically placed around the uppermost part of her stomach; the procedure, which limited food consumption, enabled her to lose the weight and keep it off. Saint Raphael's is the regional leader in weight-loss surgery.

Given her results, Blake-Parker has convinced family and friends to have the surgery as well. "I want to tell everyone!" she said.

To view their commercials or to find out more about Saint Raphael's Bone and Joint Center and Center for Weight Loss Surgery, visit srhs.org or call 1.855.SRHSORG (774.7674).

Breast Center awarded Komen grant

Saint Raphael's Women's Center for Breast Health (WCBH) has been awarded a \$62,500 grant from the Connecticut Affiliate of Susan G. Komen for the Cure for the *Looking Forward* Patient Navigation and Wellness Program. Part of the funding will be used for screenings to detect breast cancer in its earliest stage when it is most treatable.

"We're thrilled to once again receive this kind of support from the Komen Foundation to help us continue to deliver special programs and services to Connecticut women who have been diagnosed with breast cancer," said Denise Barajas, M.D., director of the WCBH.

With the help of the community, Komen Connecticut raises money year-round to invest in national research initiatives and Connecticut-based education, screening and treatment programs for breast cancer and breast health.



Ann Morris, executive director for Komen Connecticut (left), presents the Komen grant to WCBH Director Denise Barajas, M.D., and Alan Kliger, M.D., Saint Raphael's chief medical officer and chief quality officer.

a survivor's story

CyberKnife® a good option for prostate cancer patient

Photo by Michael Dabbraccio



For Jon Woodbury of Bethany, receiving a diagnosis of prostate cancer in 2008 at the age of 53 was not as surprising as it might have been. One of the reasons was because it was part of his family history. The good news was learning that CyberKnife® stereotactic radiosurgery – which became available at the Hospital of Saint Raphael that same year – destroys operable and inoperable tumors in the body with pinpoint accuracy and offers other benefits as well. Woodbury recently spoke with *Better Health* writer Colleen Neleber about his decision to undergo CyberKnife treatment, which has left him cancer-free for the past three years and counting.

Because his father was a prostate cancer survivor, Woodbury, a sales manager for a commercial truck dealership, began having regular prostate check-ups before age 50. “My primary doctor had been keeping an eye on my PSA (prostate-specific antigen), a measure in my blood,” Woodbury said. “This had been ongoing for a few years, and when my lab results increased at a rapid rate, my doctor sent me to a urologist who confirmed I had prostate cancer.”

Prostate cancer forms in tissues of the prostate – a gland in the male reproductive system found below the bladder and in front of the rectum. According to the National Cancer Institute, more than 240,000 new cases will be diagnosed this year alone, often in older men. It is the second most common type of cancer among men in the U.S.

“It wasn’t welcome, but it wasn’t a total shocker,” Woodbury said. “I feel I was better informed than the average person about what the test numbers meant.” Although there are other possible reasons for an elevated PSA, such as inflammation, the higher a man’s PSA level, the more likely cancer is present.

Woodbury met with Joseph Cardinale, M.D., chairman of Radiation Oncology and medical director at Saint Raphael’s Father Michael J. McGivney Center for Cancer Care, to discuss his options. “One option was robotic surgery to remove the prostate; the other option was CyberKnife,” Woodbury said. “When I heard the presentation on CyberKnife, it was like a light went off.”

“It is a type of radiation treatment that is very, very precise,” Cardinale explained. “It can be used in treatment for brain cancer, lung cancer – we can treat all parts of the body; it is a very specific, localized treatment. It is far less invasive to surrounding healthy cells and tissues, and it enables us to precisely target the area requiring treatment,” he noted.

Other benefits include no pain, no incisions or scarring, no recovery time, and it can target multiple locations during a single session. “The beauty of CyberKnife is that there are only five treatments for most people,” Cardinale added.

Cardinale said he has used CyberKnife in about 50 prostate procedures, but encourages patients to review all treatment options carefully, as it may not be appropriate in all cases.

Woodbury, who had no side effects from his five 75-minute treatments, said CyberKnife treatment at Saint Raphael’s was the right choice for him. “I will be three years cancer-free,” said Woodbury. “We are monitoring my PSA level, which is at one; I expect that it will eventually be zero.”

According to Cardinale, screening for prostate cancer should begin at an earlier age in men with a family history. “For the general population, the age is 50, for people in a higher risk group, the age is 45,” he said.

Woodbury, who expressed gratitude for the care he received at Saint Raphael’s and is grateful his primary care physician had kept a watchful eye on his PSA levels, encourages other men to get tested. “If you catch it early, it is quite treatable,” he said.

Saint Raphael’s is one of three hospitals in Connecticut – and the only one in the region – to offer CyberKnife technology. Visit srhs.org/cyberknife to learn more.

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.

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.

Weight Loss Surgery Informational Seminars

Wednesday, Oct. 5, 5:15 p.m.;

Saturday, Oct. 22, 10 a.m.

Cronin Auditorium, Saint Raphael's. Register online at srhs.org (Select "Weight Loss Services," then "Attend a Free Seminar," then "Register Now"), or call 203.789.6237.



Spine Lectures

Presented by Saint Raphael Spine Physicians

Call 203.789.3275 to register for:

• Neck Pain and Cervical Spine Disorders

John Beiner, M.D., and Patrick Tomak, M.D.

Wednesday, Sept. 28, 6 p.m.

Blackstone Library
758 Main Street, Branford, CT

• Surgically Treatable Causes of Unsteadiness and Difficulty Walking in the Adult

(including cervical and lumbar stenosis, normal pressure hydrocephalus and others)

Judith Gorelick, M.D.

Thursday, Oct. 20, 6 p.m.

Miller Memorial Central Library
2901 Dixwell Ave., Hamden, CT



Fall Bereavement Seminar

Saint Raphael's offers the following two-part educational seminar to provide comfort and information to those who have experienced loss recently or in the past:

Part 1 – Journey of Grief

Wednesday, Sept. 14, 5:30-7 p.m.

Part 2 – Tools for the Journey

Wednesday, Sept. 21, 5:30-7 p.m.

Call 203.789.3247 for more information and to register.

Fall Bereavement Support Group Series

Professionally facilitated small groups; organized by "like losses." Attendance in two-part Bereavement Seminar (above) is required.

Wednesdays, 5:30-7 p.m.: Sept. 28, Oct. 5, 12, 19, 26; and Nov. 2, 9.

Group size is limited. Please call 203.789.3247 for more information and to register.

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.

continued on back cover



9 specialties. Top honors.

U.S. News & World Report has ranked the Hospital of Saint Raphael as one of the **top hospitals** in the region, with **nine** medical specialties cited as “high performing.”

- Cardiology and heart surgery
- Gastroenterology
- Nephrology
- Diabetes and endocrinology
- Geriatrics
- Orthopedics
- Ear, nose and throat
- Gynecology
- Pulmonology



Hospital of Saint Raphael
Experience. The difference.

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Wellness Corner & Healthy Living Calendar – continued from page 15

Balance Screen

Presented by Joyce Marston, Physical Therapist
Wednesday, Sept. 28, 1-3 p.m.

Saint Raphael’s Outpatient Rehabilitation
175 Sherman Ave., New Haven, CT
Open to the public; call the Healthy Aging Line at 203.789.3275 to register.

Alzheimer’s Family Caregiver Series

For family caregivers of individuals with Alzheimer’s
Co-sponsored by Saint Raphael’s and the Alzheimer’s Association Connecticut Chapter
Wednesdays, Oct. 5, 12, 19 and 26, 5:30-7:30 p.m.
(can attend one or more sessions)

Lecture 1: Overview of Alzheimer’s Disease
Presented by Gerard Kerins, M.D.,
Section Chief, Geriatrics
Hospital of Saint Raphael campus; free parking.
Registration required; call the Healthy Aging Line at 203.789.3275.

Fall Prevention Awareness Day

Don’t Get Caught Off-Balance

For seniors and their loved ones



Saturday, Sept. 24, Cronin Auditorium
9-9:30 a.m. Registration/Coffee
9:30 a.m. – 2 p.m. Lectures and Free Screenings

Lectures:

- Are you at risk for a fall?
- Osteoporosis: Measuring your risk of a broken bone
- Exercise your way to better balance (demonstration)

- Nutrition and healthy bones: Making the right choices
- Simple steps to preventing falls

Free Screenings (by appointment):

- Osteoporosis
- Medication review
- Balance
- Blood pressure
- Vision

Free parking, giveaways and educational material.
To reserve your spot, call 203.789.3275.

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.

If the mailing label is incorrect, please mail or fax us the back page of your magazine with the correct information clearly written on it. Please include your phone number, in case we have questions.

