

COMPASSIONATE CARE FOR EVERY STAGE OF LIFE

advances

IN MEDICINE

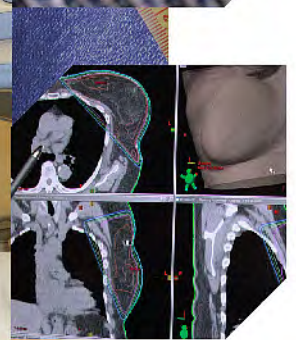
Holy Name Medical Center



BEST
REGIONAL HOSPITALS

USNews

NEW YORK, NY
RECOGNIZED IN 8 SPECIALTIES
2012-13



PUBLICATIONS APPLAUD

Holy Name Medical Center



HOLY NAME Medical Center appears on *US News & World Report's* annual list of "Best Hospitals" for 2012-13 with

a ranking that places the medical center among the top 15 percent of hospitals in the New York metro area, and the top 10 percent of hospitals in New Jersey. *US News* evaluated nearly 5,000 hospitals nationwide, including 184 hospitals in the New York metro area. Of the latter group, 101 hospitals are in New Jersey.

US News ranks hospitals across 16 specialty areas. In 12 of those areas, rankings are based on extensive analysis of performance measures (i.e., volume, technology, and other resources that define the hospital environment), process (i.e., having systems that deliver high-quality care and patient safety) and outcomes (i.e., risk-adjusted mortality). Rankings in other specialties are based on hospital reputation as determined by a physician survey.

Holy Name is *the only hospital in New Jersey* to be recognized this year by *Modern Healthcare* magazine's "Best Places to Work in Healthcare." It is the fifth consecutive year (2012) that the medical center has earned this prestigious nod from *MH*, which honors organizations that enable employees to "perform at optimum levels," providing patients and customers with "the best possible care, products and services."

Modern Healthcare bases its evaluation on the results of a comprehensive employer questionnaire and an anonymous survey of randomly selected employees. In their responses, Holy Name's employees provided in-depth feedback about leadership and planning, culture and communications, role satisfaction, work environment, relationship with supervisors, training and development, pay and benefits, and overall engagement at Holy Name.

For the past six years, *NJBIZ* has named Holy Name Medical Center one of the "Best Places to Work in New Jersey." This honor is based on an employer questionnaire and a comprehensive 72-question survey of randomly selected employees. The results are analyzed and categorized according to eight core

focus areas, which are similar to those used by *Modern Healthcare*: leadership and planning, corporate culture and communications, role satisfaction, work environment, relationship with supervisor, training and development, pay and benefits, and overall engagement.

THERE'S MORE GOOD NEWS

Holy Name Medical Center's accolades also include a number of other benchmarking honors, which place the medical center among the nation's foremost health care organizations. These include:

- The Joint Commission: "Top Performer on Key Quality Measures": heart attack, heart failure, pneumonia and surgical care; also "Primary Stroke Care Center" certification
- J.D. Power and Associates: Distinguished Hospital Awards for excellence in outpatient services, emergency, inpatient services and maternity care
- HealthGrades® Distinguished Hospital Awards for Clinical Excellence™ in maternity care and stroke care
- Magnet Recognition by the American Nurses Credentialing Center (in the top five percent of hospitals nationwide) for excellence in patient care
- Companies that Care Honor Roll 2011 for employee appreciation, work/life balance and community involvement

Vaccines NOT JUST FOR KIDS



RECENT OUTBREAKS OF WHOOPING cough around the world underscore the need for adults to make sure their vaccines are up to date.

“Vaccines are the greatest single advance in medical history; they are safe, effective and cause only local reactions at the site in some people,” states infectious diseases specialist Thomas Birch, MD, who is President of the Holy Name Medical Staff and Chairman of the medical center’s Infection Prevention Committee. “Vaccines are a beautiful science with beautiful results and should be a treasured resource.”

Almost all pregnant women are re-vaccinated to pertussis (whooping cough) as part of their routine prenatal care, but what about the rest of us?

“Depending on age, gender, overall health and medical history, you may need new vaccines or booster shots to protect against diphtheria, tetanus, pertussis, mumps, rubella, pneumococcal pneumonia, human papillomavirus, hepatitis A or B, chickenpox, or shingles,” points out Holy Name internist Carla Germinario, MD. “Even though we have medications to treat most of these, the best protection is prevention.”

To find out which vaccines you might be missing, visit www.cdc.gov and take the CDC’s quiz. Then print out an adult vaccination chart to discuss with your doctor.



THOMAS BIRCH, MD



CARLA GERMINARIO, MD

WHAT’S ALL THIS TALK ABOUT WHOOPING COUGH?

You no doubt have heard news reports in the past few months about outbreaks of whooping cough in the United States.

Also called pertussis, whooping cough is a highly contagious respiratory tract infection that is more dangerous to children but can affect adults as well. Starting with a runny or stuffy nose, fever and mild cough, the disease can progress into severe coughing fits that force infected children to inhale air with a loud “whooping” sound. Adults can pass the bacteria to vulnerable infants, children or adults whose immune systems are deficient or compromised. The Centers for Disease Control and Prevention (CDC) reports that in 2010, 25 out of the 27 pertussis deaths in the United States were babies under age 1.

The pertussis vaccine was introduced in the 1940s. So why is pertussis back?

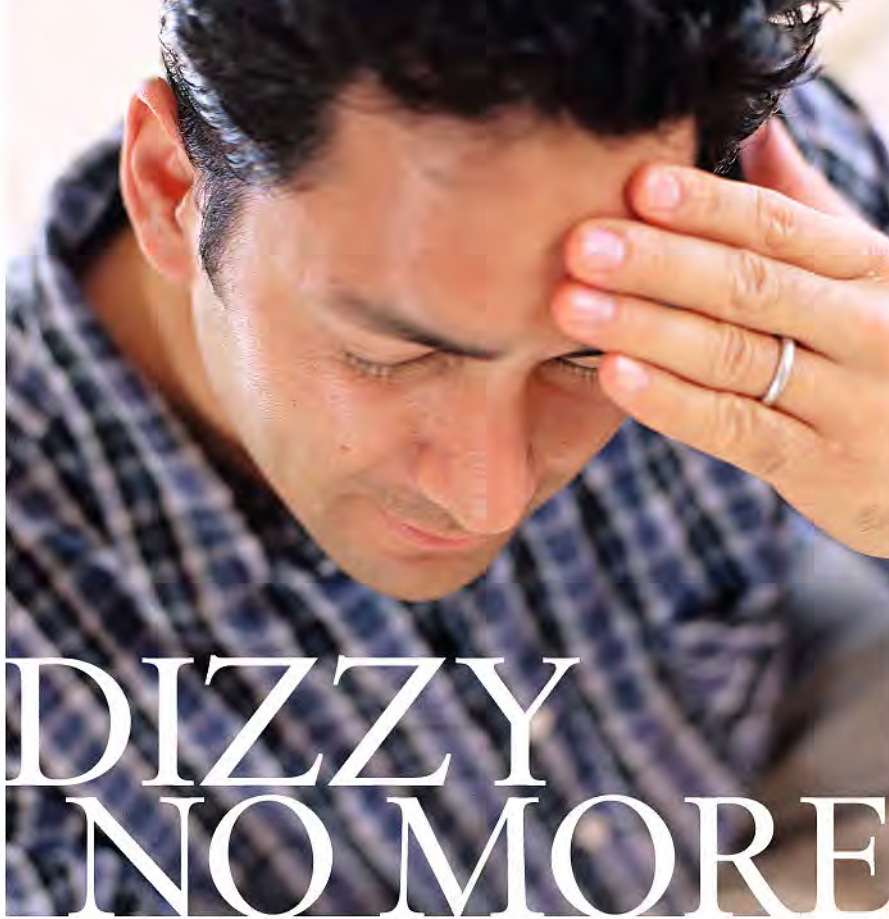
Outbreaks in the U.S. tend to be cyclical, points out Thomas Birch, MD, an infectious diseases specialist at Holy Name Medical Center.

He offers three theories as to why pertussis is currently back:

“Number one: The old whole-cell vaccine that was used up until 1997 was more effective than the newer acellular vaccine, even though it caused more redness and swelling at the vaccine site. Number two: Pertussis immunity wears off after about seven years if you are not exposed to the disease, necessitating a booster shot every 10 years or so. Even though we give booster shots to pre-teens, adults don’t always continue to get them every 10 years. Number three: An increasing number of people are forgoing vaccinations for themselves and their children based on an unfounded fear that vaccines cause adverse reactions, including autism.”

**DON'T
FORGET
YOUR
FLU
SHOT**

Flu season is upon us and your best protection is a flu vaccine, preferably given between October and December because your immune system takes about one to two weeks to respond. “Every year, 30,000 people of all ages die from the flu,” states Dr. Birch. “I can’t say it strongly enough to those who believe they don’t need one how important this one little shot in the arm is. Flu shots can save more lives per year than cardiac bypass surgery, stents and statins combined.”



therapy, or rarely, surgery. Holy Name Medical Center's Balance and Dizziness Program at the Center for Physical Rehabilitation provides comprehensive evaluations, therapy options and education for patients diagnosed with vertigo, inner ear imbalance, head trauma, inner ear surgery, double or blurry vision, labyrinthitis, Meniere's syndrome and other dysfunctions.

Vestibular rehabilitation can be effective for patients whose dizziness is caused by changes in head movements and positions. The Balance and Dizziness Program's certified vestibular physical therapists design individualized therapy programs that might include adaptive head and ocular exercises for the brain and eyes, sensory strategies to assist the brain to absorb and process sensory information, compensatory strategies to assist with functioning, exercises to stabilize gait, and fall prevention education.

"Rehabilitation may take several sessions, but vertigo and other balance problems can be corrected," says Susan Philip, PT, Outpatient Physical Therapy Coordinator for the Center for Rehabilitation's facility at Holy Name Medical Center.

WHAT'S MAKING YOU DIZZY?

Jason Kavountzis, MPT, OCS, Director of Rehabilitation Services at Holy Name Medical Center, notes that dizziness is one of the most common reasons Americans see their physicians. Dizziness and imbalance can be caused by:

- an inner ear disorder
- neurologic conditions
- trauma or head injuries

For a comprehensive evaluation or more information, call Holy Name's Balance and Dizziness Program at 201-833-3085 and ask for a free brochure.

IF YOU FEEL LIKE JAMES STEWART in Alfred Hitchcock's "Vertigo," then it's time for an evaluation by a Holy Name Medical Center otolaryngologist. A specialist trained in disorders of the ear, nose and throat, an otolaryngologist diagnoses inner ear abnormalities that relate to balance and cause dizziness or the excessive spinning of vertigo.

"Everyone describes their dizziness differently, so it's important that we spend time with each patient both to get an extensive history and do a physical exam," says Holy Name otolaryngologist David Lewis, MD. "We have to make sure a patient's problem is caused by an

ear issue and that it's not neurological, such as a stroke, or heart-related, such as an arrhythmia."

A number of screenings and tests performed in an otolaryngologist's office by a skilled audiologist can usually determine if an inner ear disorder is the cause and rule out other medical conditions. Occasionally, an MRI of the brain and internal auditory (ear) canals may be necessary. A postural blood pressure test that measures the differences in blood pressure when a person lies down, moves and then stands up can determine whether the dizziness is related to low blood pressure.

"Although people of all ages experience dizziness and balance disorders, seniors are particularly at risk if they take multiple medications that have side effects that disturb the vestibular system," says Dr. Lewis.

TREATMENT OPTIONS

Depending on the diagnosis, treatment for dizziness or a balance disorder may include oral medications, physical



JASON KAVOUNTZIS, MPT



DAVID LEWIS, MD



WHEN IS IT TIME TO SEE AN orthopedist?

YOUR ANKLE ACHES WHEN YOU JOG. You've lived with knee pain for a while. Your sore back causes you to toss and turn at night.

Although your primary care provider may have managed your chronic muscle, bone or joint problem, when is it time to take the next step and see an orthopedist?

When your condition doesn't get better, gets worse or forces you to make unwanted lifestyle changes, says Jeffrey Steuer, MD, orthopedist and past Chief of Orthopedic Surgery at Holy Name Medical Center.

"Don't be afraid that an orthopedist is going to rush you into surgery; quite the opposite is true," says Dr. Steuer. "Scheduling a visit with an orthopedist for an in-depth discussion and evaluation of your medical condition is a good start."



JEFFREY STEUER, MD

Dr. Steuer and his colleagues usually begin with conservative treatments, such as oral medication, pain management techniques or physical therapy.

Holy Name's Center for Physical Rehabilitation, with outpatient and inpatient services at the medical center and outpatient services at HNH Fitness® in Oradell, offers physical therapy programs for patients with rotator cuff stiffness, degenerative arthritis in the knees and hips, low-back soreness and a host of other orthopedic problems.

INJECTIONS MAY BE A SOLUTION

Cortisone injections, which contain corticosteroids and a local anesthetic to reduce inflammation and relieve pain, can usually be administered safely by a primary care physician, says Dr. Steuer. But others require the skill and experience of an orthopedist:

- intra-articular injections delivered directly into a joint;
- hyaluronic acid injections to improve the lubrication of a joint;
- platelet-rich plasma injections to stimulate the healing of bone and soft tissue in patients with tendon injuries or arthritis; and
- epidural injections to alleviate severe pain from nerve impingement.

WHAT ABOUT SURGERY?

If conservative methods have failed to provide relief and your orthopedist recommends surgery or a pain management procedure, take heart. There are many advanced, minimally invasive options at Holy Name Medical Center that can be performed on a same-day basis or with only a short hospitalization. These include spinal surgeries, arthroscopic knee and shoulder procedures, and cartilage restoration procedures. At the Bone and Joint Center, even today's total knee and hip replacements require shorter stays and result in rapid recovery and a return to the activities you love.

SKIP THE INTERNET, SEE AN ORTHOPEDIST

FOR A REFERRAL TO A HOLY NAME ORTHOPEDIST OR TO LEARN MORE ABOUT HOLY NAME'S TOTAL JOINT REPLACEMENT PATIENT EDUCATION PROGRAM, CALL 1-877-HOLY-NAME (1-877-465-9626).

IT'S ALL IN THE WRIST



AN APPROACH TO PERFORMING cardiac catheterization that uses the radial artery in the wrist instead of the femoral artery in the groin to gain access to arteries leading up to and into the heart is now being used at Holy Name Medical Center. Called transradial access, this gentler approach allows patients to recover more quickly and to experience less bleeding, less pain and fewer complications.

For decades, interventional cardiologists have used cardiac catheterization to diagnose and treat blockages in the coronary arteries. The cardiologist accessed a patient's heart vessels by threading spaghetti-thin tubes called catheters from the femoral artery

up to the coronary arteries. If narrowing or a blockage was found in an artery, the cardiologist could use angioplasty to unclog the vessel and then insert a stent to keep the artery open.



ANGEL MULKAY, MD

The patient had to remain immobilized for four to eight hours to allow the femoral artery and groin area to heal.

The transradial approach, instead, allows the cardiologist to perform the same catheterization, angioplasty, and stent insertion procedures by threading the catheters and instruments through the radial artery in a patient's wrist. The patient experiences just a little pinch on the wrist that feels like a mosquito bite as the cardiologist places the catheter inside.

"With the transradial approach, we can reduce the risk of vascular complications, extended bleeding and groin discomfort, while improving outcomes and the overall patient experience," says interventional cardiologist Angel Mulkay, MD, FACC, Director of the Cardiac Catheterization Laboratory at Holy Name Medical Center.

Dr. Mulkay points out that although the transradial approach offers advantages to both women and men, women especially benefit because, in general, they face a higher risk of vascular

complications from the transfemoral approach than men do.

In the past, patients who underwent elective angioplasty using the transfemoral approach usually spent one night in the hospital, to monitor for complications in the groin area rather than in the heart. In many cases, Holy Name's interventional cardiologists are now sending selective transradial patients home the same day if they undergo elective angioplasty.

"Even patients who undergo emergency angioplasty in the midst of an acute heart attack are candidates for the transradial approach," explains Dr. Mulkay. "As acceptance of the transradial approach increases in the U.S. to the degree it has around the world, it is only a matter of time before it becomes the preferred method here as well."

"Transradial catheterization is just one more example of the state-of-the-art procedures available at Holy Name Medical Center as we remain in the forefront of advances in heart care," states Dr. Mulkay.



EACH YEAR, THOUSANDS OF patients with heart disease trust their cardiac care to Holy Name Medical Center. As 2012 draws to a close, we asked Holy Name's Chief of Cardiology, Stephen Angeli, MD, FACC, to spotlight some of the exciting cardiac advances that occurred this past year.

NUCLEAR CARDIOLOGY

When there are abnormal cardiac symptoms or other findings, the first line of diagnostic testing is often nuclear stress testing, which involves the use of a radioisotope and a treadmill to evaluate the heart's blood flow.

"The camera's superior image quality makes for very accurate diagnosis," reports Dr. Angeli. "In addition, the time it takes to obtain the images is about half what it had been in the past, making the test shorter



STEPHEN ANGELI, MD



LINA CARPENITO,
HNH FITNESS

and more comfortable for the patient," reports Dr. Angeli.

NATIONAL RECOGNITION

Holy Name Medical Center received a three-year accreditation in echocardiography/adult transthoracic from the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL). This accreditation attests to the high national standards achieved by the Echocardiography Laboratory—under the leadership of David Wild, MD, FACC, Medical Director—following a thorough review of its operational and technical expertise by a panel of experts in echocardiography.

Other distinctions include:

- The Beacon Award for Patient Care Excellence in the ICU and telemetry unit by the American Association of Critical-Care Nurses
- HealthGrades® Distinguished Hospital Award for Clinical Excellence™
- Top Performer on Key Quality Measures for heart failure and heart attack by The Joint Commission
- Chest Pain Center accreditation by the Society of Chest Pain Centers
- Primary Stroke Care Center designation by the Joint Commission

KEEP THE HEART PUMPING

HNH Fitness®, Holy Name Medical Center's medically based fitness center in Oradell, offers a number of medical fitness programs, including a chair yoga class and a gentle exercise class called "Balance Basics & Beyond," which help patients reduce their risk of cardiovascular disease or strengthen their heart following cardiac surgery, angioplasty, a heart attack or other cardiac event. Many patients choose to transition from cardiac rehabilitation at Holy Name to HNH Fitness for a lifetime of healthy exercising.

HNH Fitness' many options include cycle classes, TRX Suspension training, yoga, Pilates, kettle bells, boot camp, Zumba® and much more.

"It's important to find something you like to do, because all exercise reduces stress, provides cardiovascular benefits and builds muscle and endurance," says Lina Carpenito, Group Fitness Director of HNH Fitness. To find out more, call 1-888-236-4236 or visit www.holyname.org/hnhfitness.



HEART ALERT FOR WOMEN

Heart disease is the leading cause of death in women—more than all cancers combined. Studies by the Mayo Clinic show there are gender differences in the types of heart attack symptoms men and women experience.

Call 9-1-1 immediately or go to your nearest emergency room if you experience any of the following:

- pain, pressure or fullness of any type in the chest
- indigestion or nausea
- lightheadedness
- sweatiness/clamminess
- breathlessness
- back pain
- extreme fatigue



so their IGRT can be delivered precisely to the cancerous site.

SAFEGUARDING THE SPINE

Cancers that metastasize to the spine from primary cancer sites, such as the lung or kidney, can be particularly difficult to treat, notes Dr. Rosenbluth. The challenge arises because of the high doses of radiation required to overcome some spinal cancers' resistance, and the exquisite sensitivity of the spinal cord to radiation.

"Stereotactic body radiotherapy [SBRT] has changed the game," he says. "Now we can treat these tumors safely with one to three times more radiation than before. This is a labor of love for our team."

Dr. Rosenbluth collaborates with Holy Name neurosurgeon Kevin Yao, MD, and the department's physicists in using SBRT. While the patient is kept comfortable and immobilized, a CT of the area guides the physicians and provides real-time monitoring of the tumor to make sure it does not move during treatment.

"The radiation is delivered precisely and limited only to the three-dimensional volume of the tumor to maximize tumor killing while simultaneously minimizing damage to healthy cells," notes Dr. Yao.

PLANTING THE SEED

Many urologic and gynecologic tumors can be successfully treated using high-dose-rate (HDR) brachytherapy. Together with a radiation oncologist, a skilled urologist or gynecologic oncologist places thin hollow needles into the tumor site. A seed of Iridium-192 radiation, which has been attached to a wire and catheter, is then delivered into each needle by a machine called a remote afterloader.

"Patients receive the full dose of radiation therapy from the inside out over two to 10 sessions," says Dr. Rosenbluth.

DELIVERING A cancer knock-out

A DIAGNOSIS OF CANCER CAN send you reeling, not knowing where to obtain the best treatment available. If your cancer care includes radiation therapy, rest assured that Holy Name Medical Center's Regional Cancer Center houses one of the most advanced arsenals of cancer-fighting radiologic oncology technology available in the area—radiation therapy that has been accredited by the American College of Surgeons Commission on Cancer and the American College of Radiology.

These prestigious distinctions are proof positive of the full range of cancer care modalities; the high quality of the services provided; a multidisciplinary team approach to care; and a focus on all of the prevention, diagnostic, treatment and support services that patients need.



BENJAMIN ROSENBLUTH, MD

THE GOLD STANDARD

By far the most important advance

in radiation oncology in the past 20 years has been intensity-modulated radiation therapy (IMRT), notes Benjamin Rosenbluth, MD, Director of Radiation Oncology at Holy Name's Regional Cancer Center.

"IMRT is widely recognized as the gold standard of radiation therapy for many cancers, giving us the ability to maximize treatment of the tumor while decreasing toxicity to surrounding healthy tissue," says Dr. Rosenbluth.

IMRT is a type of "conformal therapy" that allows radiation oncologists and physicists to shape multiple beams of radiation to surround the tumor and treat it, while sparing nearby healthy tissue.

For tumors that may move, even a minute amount, from treatment to treatment, image-guided radiation therapy (IGRT) provides an extra measure of safety and accuracy. Patients scheduled for IGRT undergo a pre-treatment CT scan before every treatment to verify the tumor's location



Saving a kidney WITH CANCER

OUR KIDNEYS ARE MARVELOUS mechanisms of activity, toiling 24/7 to eliminate toxins from our blood, regulate our metabolism and produce hormones to control blood pressure, produce red blood cells and grow healthy bones.

Even though most of us are born with two of these fist-sized, bean-shaped workhorses, we can live with only one as long as it's healthy.

But smoking, high blood pressure, obesity, workplace chemicals and some inherited disorders can lead to cancer of the kidneys. Nine out of 10 kidney cancers that affect adults are renal cell carcinomas, which start in the lining of small tubes in the kidneys. Others include transitional cell carcinoma, renal sarcoma and Wilms tumor, the most common type of kidney cancer in children.

ROBOTIC SURGERY

"The good news: More than 90 percent



MUTAHAR AHMED, MD



GREGORY G. LOVALLO, MD

of all kidney cancers can be cured if they are found before they have metastasized (spread) outside the affected kidney," says Holy Name urologist Mutahar Ahmed, MD, who uses minimally invasive robotic urologic surgery to treat kidney cancer.

"Over the past 10 years, minimally invasive laparoscopic techniques have transformed the treatment of kidney cancer from major surgery that removed the entire kidney to a gentler procedure called partial nephrectomy that saves the kidney by removing only the tumor."

At Holy Name Medical Center, the da Vinci robotic surgical system has enabled urologists to take partial nephrectomy to the next level of expertise and comfort for patients.

"The robot's superb three-dimensional magnification of the surgical site and its arms' range of motion exceed what our human wrists can do, allowing us to perform a procedure without a large opening but only several keyhole incisions under the navel," says Gregory G. Lovallo, MD, a Holy Name urologist and Dr. Ahmed's partner. "At Holy Name, there are always two board-certified urologists in the Operating Room during a robotic partial nephrectomy; that's two sets of hands and two sets of eyes focused on the patient."

The urologists use the robot to

remove the kidney tumor and reconstruct the defect quickly and meticulously with minimal blood loss, even though the kidney receives 25 percent of the body's blood supply at all times.

"The robot enables us to do all of this so precisely that it is very rare that a patient needs a transfusion from the loss of too much blood," says Dr. Lovallo. "Benefits also include less risk of infection, a shorter hospitalization and a quicker recovery to regular activities."

OTHER TREATMENT OPTIONS

Even if a patient's cancer requires removal of the kidney (a simple nephrectomy) or involves removing the kidney and its nearby adrenal gland and fatty tissue (radical nephrectomy), the surgery can often be performed laparoscopically. "Generally, the only time a traditional 'open' procedure is necessary," says Dr. Ahmed, "is if the tumor is very large."

For patients with kidney cancer who are not candidates for surgery, options include cryoablation, using extreme cold to freeze and scar the tumor; radiofrequency ablation using heat energy to pulverize it; or arterial embolization, an interventional radiologic procedure that stops blood flow into the tumor and "starves" it until it dies.



Better bladder control

IT COULD BE YOU. OR IT COULD BE YOUR BEST friend, mom or sister. Everyone knows someone with urinary incontinence. In fact, one in three women between the ages of 40 and 65 experience this annoying, lifestyle-disrupting disorder. That ratio jumps to one in two women after age 65.

Why? The reason lies in the anatomy of a woman's pelvis, points out Holy Name Medical Center's Director of Urogynecology and Minimally Invasive Gynecological Surgery, Yitzhack Asulin, MD.



YITZHACK ASULIN, MD

"Pregnancy, childbirth, damage to pelvic muscles, prior pelvic surgery or hormonal changes after menopause can cause the bladder and urethra to drop and lose pelvic floor support, causing involuntary urine leakage when a woman coughs, laughs, sneezes, has sex or experiences any other

DID YOU KNOW?

13 million AMERICANS OF ALL AGES
EXPERIENCE URINARY INCONTINENCE.

pressure on the bladder," Dr. Asulin notes.

This type of incontinence, called stress incontinence, is more common than the second type, urge incontinence. The latter is characterized by an overwhelming sudden urge to urinate, interrupted sleep pattern due to a recurrent urge to urinate at night, and frequent involuntary leakage. A "communication problem" between the bladder and its nerves is thought to be the cause. This results in an overactive bladder contracting, even though it is not full.

TREATMENT FOR STRESS INCONTINENCE

A minimally invasive "urethral sling" procedure that utilizes a small mesh sling to lift up the urethra and support it like a hammock is an excellent treatment for stress incontinence. A urethral sling provides more immediate and sustained relief than conservative methods, such as Kegel exercises, biofeedback or a vaginal pessary.

"The sling is inserted into a tiny half-inch incision at the top of the vagina," says Dr. Asulin, who is the Director of Holy Name's state-of-the-art Center for Minimally Invasive and Robotic Surgery in Englewood. Dr. Asulin conducts simple, non-invasive urodynamic tests of the bladder and urethra to confirm a diagnosis before surgery. The sling procedure allows a patient to return home after several hours and return to work and regular activities within days.

TREATMENT FOR URGE INCONTINENCE AND OVERACTIVE BLADDER

The traditional treatment for overactive bladder and urge incontinence/frequency is with oral medications called anticholinergics. Often, these medications can cause disturbing side effects, including blurry vision, dizziness, dry mouth and constipation. When medications fail or when patients cannot tolerate their side effects, Dr. Asulin recommends minimally invasive InterStim® sacral neuromodulation therapy. InterStim® is fast becoming the standard minimally invasive procedure of urge incontinence treatment.

A tiny InterStim® device is implanted through a small incision on the buttock during a same-day procedure. It is programmed by Dr. Asulin at the time of surgery to deliver mild electrical impulses to the sacral nerves to calm the bladder. InterStim® therapy offers long-term control of bladder control symptoms through modulation of the nerves that control the lower urinary tract.

"Many women wrongly believe that urinary incontinence is an inevitable condition to bear as they age," says Dr. Asulin. "But these treatments provide significant relief from and often cure incontinence and thus enhance every patient's quality of life."

A NON- INVASIVE SCREENING FOR Down syndrome



NOW THAT YOU'RE PREGNANT, you're eating your veggies, exercising and seeing your doctor regularly. But you no doubt have concerns about your baby's health.

A blood test called MaterniT21™ is now available at Holy Name Medical Center to screen for Down syndrome in women who are at high risk for having a baby with this genetic disorder. The test analyzes fetal DNA fragments that float in a mother's blood.

"MaterniT21™ is not a diagnostic test but a screening test that will indicate whether the risk of Down syndrome is high or low," says Holy Name Medical

Center perinatologist Edward J. Wolf, MD. "The test is 99 percent accurate, with a false-positive rate of only 0.2 percent."

MaterniT21™ screens for the



EDWARD J. WOLF, MD

presence of extra chromosome 21, which causes trisomy 21, the genetic name for Down syndrome. MaterniT21™ can be administered as early as 10 weeks gestation, but it does not replace prenatal first-trimester screening tests, points out Dr. Wolf. If first-semester screening tests—including a sonogram, nuchal translucency scan to measure fluid accumulation at the back of the fetus' neck, and blood tests for two specific proteins, human chorionic gonadotropin (hCG) and pregnancy-associated plasma protein—point to Down syndrome, the patient may want to consider MaterniT21™ about a week or two later. Genetic counseling is recommended prior to the test.

"The test can reassure expectant parents and allow them to avoid invasive CVS [chorionic villus sampling] or amniocentesis, both of which pose a small risk of miscarriage," says Dr. Wolf. "However, for those who desire an absolute diagnosis, CVS or amniocentesis will provide a definitive answer."

MaterniT21™ is just one of the comprehensive maternal-fetal medicine specialty services offered at Holy Name for women with high-risk pregnancies, either due to a pre-existing maternal medical condition, the fetus' health, multiple fetuses or a complication related to pregnancy. For more information about MaterniT21™ or other maternal-fetal medicine services, call 201-833-3535 or visit www.holyname.org/perinatal.

IS SCREENING RIGHT FOR YOU?

Consider MaterniT21™ if you:

- are age 35 or over
- have a family history of Down syndrome
- have an ultrasound that indicates a high risk of Down syndrome in the fetus
- receive positive transnuchal screening results



FOR MORE INFORMATION ABOUT **MaterniT21™**, CALL 1-877-HOLYNAME (1-877-465-9626).

www.holyname.org



THINKING ABOUT bariatric surgery?

BARIATRIC SURGERY REQUIRES a lifelong commitment to healthy eating, exercising, taking vitamins and supplements and visiting your doctor regularly.

At Holy Name Medical Center, patients considering weight-loss surgery benefit from services that treat the whole person and encourage lifestyle improvements. Patients must first attend a free educational seminar at the hospital or surgeon's office and undergo pre-surgical testing after meeting with a surgeon.

"Bariatric surgery is a partnership between a patient, his/her surgeon and our entire team of supportive professionals," says Stefanie Vaimakis, MD, Chief of Bariatric Surgery at Holy Name. "A patient must be comfortable with his/her choice of surgeon and hospital and should always make sure the surgeon is board-certified and a member of the American Society of Metabolic and Bariatric Surgery."



STEFANIE VAIMAKIS, MD

TYPES OF SURGERY

There are three main types of bariatric surgery, each of which is performed laparoscopically using minimally invasive techniques through one to several tiny incisions above the navel. The choice of which is best for each patient is made by the patient and surgeon together.

Bariatric Surgery options:

- Gastric bypass surgery, results in the fastest weight loss. The procedure reduces the stomach to about the size of an egg. Patients usually get to within 20 to 30 pounds of their ideal body weight within one to one and one-half years post surgery.
- Sleeve gastrectomy, a newer technique, fashions a banana-sized stomach for food and removes 80 percent of the stomach. By removing a large portion of the stomach, a significant amount of the hunger hormone ghrelin is also eliminated. This results in a significant decrease in appetite.
- Adjustable gastric banding, which utilizes a flexible belt around the stomach to restrict food to a small pouch, is the least invasive, carries the lowest risk and is completely reversible.

A variation on gastric banding, called the IBand, involves placement of a band followed by a folding over of the stomach and then stitching it onto itself to reduce the amount of food that can be eaten. Gastric banding patients go home the same day; others stay approximately two days in the hospital.

SUPPORT AFTER SURGERY

Support services offered through Holy Name Medical Center and surgeons' private offices include nutrition counseling by registered dietitians, psychological counseling, nursing care and education, and support groups.

"Patients benefit immensely from our free support groups by sharing tips, discussing their concerns, and most important, motivating each other toward weight-loss success," says Maria Scaffidi, MPA, RD, CDN, Coordinator of The Bariatric Program at Holy Name.

HNH Fitness® in Oradell provides exercise programs that are ideal for helping patients work out within an atmosphere of support and medical guidance. The center's 180+ pieces of equipment and 65 weekly classes offer plenty of choices. For more information, call 1-888-236-4236 or visit www.holyname.org/hnhfitness.

DIGNITY AND RESPECT

As Holy Name's bariatric surgery program moves toward accreditation by the American Society of Metabolic and Bariatric Surgery, the medical center has made significant efforts to ensure the dignity and respect of patients by offering the following:

- a dedicated inpatient unit
- nurses with expertise in caring for bariatric patients
- sensitivity training for all staff
- special equipment and furnishings for larger patients, including wheelchairs, exam tables, chairs and stretchers
- policies that work to improve surgical outcomes

FOR INFORMATION ON THE NEXT **BARIATRIC SURGERY EDUCATIONAL SEMINAR**, CALL 1-877-HOLYNAME (1-877-465-9626).

DEEP VEIN THROMBOSIS—THE SYMPTOMS

Call your physician if you have any of these signs of DVT in the legs:

- sudden swelling
- leg discoloration
- pain in the calf or leg
- enlarged visible veins
- ulcerations (sores) or blisters

Seek immediate medical attention if you experience these signs of pulmonary embolism (PE):

- sudden shortness of breath
- sudden chest pains
- rapid heart rate
- sweating
- anxiety
- fainting

Don't let a clot stop you

SUDDEN LEG SWELLING, PAIN and discoloration should not be shrugged off. These are symptoms of deep vein thrombosis (DVT), a serious vascular condition that affects 2 million people each year, according to the Coalition to Prevent Deep Vein Thrombosis. Some 600,000 of those affected go on to develop a life-threatening complication called pulmonary embolism, and nearly half of them die annually.

Sometimes called “economy-class syndrome,” due to its connection to the restricted movement of passengers’ legs in coach airline seats, DVT occurs when a blood clot forms deep in leg or pelvic veins. Many recall the death of NBC newsman David Bloom in 2003 from pulmonary embolism (PE) resulting from DVT. Bloom developed a blood clot in his leg from traveling and sleeping curled up in the same position for hours in a tank in Iraq. Fragments of the clot broke free, traveled and then lodged in one of his lungs. The clot blocked oxygen to the lung, resulting in his death at age 39.

Patients who recently have had surgery or who are immobilized for periods of time are at highest risk for DVT. Other risk factors include:

- varicose veins
- smoking
- diabetes

- inactive lifestyle
- underlying cancer
- respiratory failure
- congestive heart failure
- over age 50
- obesity

NON-SURGICAL OPTION

For more than 50 years, the treatment of DVT was anticoagulant medications, “blood thinners,” that were taken either in pill form or injected intravenously. Although these therapies worked to prevent future blood clots from forming, they did not address the original blood clot. Consequently, 40 to 70 percent of DVT patients developed post-thrombotic syndrome (PTS), often within the first year of treatment. PTS led to chronic pain, water retention and leg swelling, leg ulcers and a decrease in mobility and quality of life. Anticoagulants also have a long-term risk of causing easy bruising or bleeding.

“These terrible statistics led to a call to arms among physicians and the U.S. Surgeon General for more aggressive treatment of DVT,” says John Rundback, MD, Medical Director of the Interventional Institute at Holy Name Medical Center.

At the Institute, interventional radiologists and collaborating physicians work as a team to offer non-surgical treatment options for a number of illnesses, including DVT. Dr. Rundback and his team perform a procedure called

catheter-directed thrombolysis to treat DVT, during which real-time X-rays and ultrasound help them guide a thin catheter into the clotted leg veins through a tiny puncture behind the knee or ankle. A clot-busting drug called recombinant tissue plasminogen activator, or “rtPA,” is administered through specialized catheters to dissolve the clot.

“We use local as well as mild IV sedation, and there is no cutting or scarring,” says Dr. Rundback. “Most patients go home the same day; others might require an overnight stay in the hospital to make sure the medication sufficiently dissolves all of the clotted vein segments. Patients usually leave the hospital with complete resolution of the clot.”

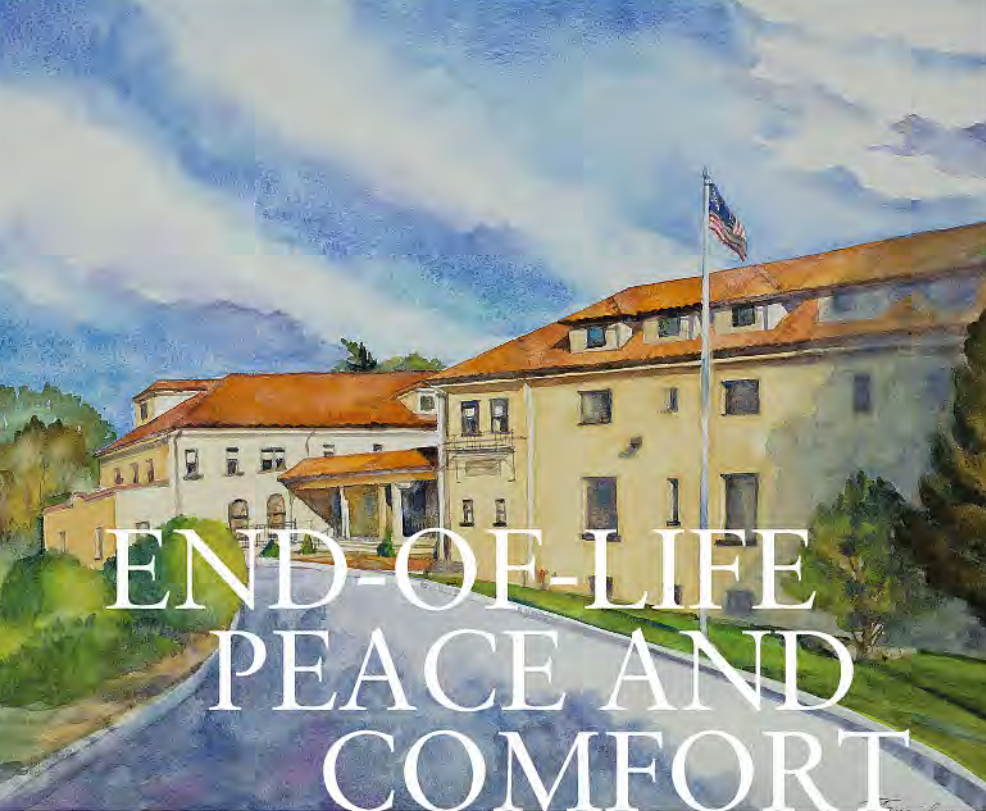
Dr. Rundback and his team are participating in a National Institutes of Health-sponsored research study that is comparing the outcomes of patients who undergo catheter-directed thrombolysis with those who are treated with anticoagulants alone.

“Holy Name Medical Center is the third leading facility for enrolling patients in this pivotal national trial,” says Dr. Rundback. “So far the results have been dramatically favorable.”



JOHN RUNDBACK, MD

FOR MORE INFORMATION ABOUT **NON-SURGICAL TREATMENT FOR DVT**, CALL 1-877-HOLYNAME (1-877-465-9626).



accommodate family or friends overnight. During the summer, the estate's lifeguard-attended, in-ground pool is the scene of many lively Sunday barbecues and parties. Lush gardens provide a place for quiet contemplation. The Villa's sanctuary honors all religious traditions.

Patients age 18 and over, for whom a cure is no longer possible and life expectancy is six months or less, are cared for at Villa Marie Claire. Symptom and pain management, palliative care and supportive therapies allow each patient to remain functional as long as possible and comfortable until the end. Integrative therapies include massage, art and music therapy, aromatherapy and Reiki. Medical attention is available around the clock, provided by Associate Medical Director Charles Vialotti, MD, who resides at Villa Marie Claire and has been known to dabble in the kitchen making ice cream sundaes. The interfaith/intercultural staff includes advanced practice nurses, registered nurses, allied health professionals, social workers, chaplains, spiritual counselors and bereavement counselors. Patients and families can enjoy meals together in Villa Marie Claire's dining room or relax in the parlor. Family pets with up-to-date vaccinations are welcome.

"Since opening almost two years ago, we have been privileged to care for 600 patients and their loved ones," says Ms. Maughn. "Our emphasis is on quality of life and on helping our patients complete their last life journey."

AS THE LIFE JOURNEY OF EACH patient at Villa Marie Claire nears its end, each one is asked a question by the staff that echoes the philosophy of physician Hunter "Patch" Adams: "What have you never done that you would like to do before you die?"

The answers from patients at Holy Name Medical Center's residential hospice have ranged from riding a motorcycle to taking a helicopter ride around the Statue of Liberty to eating a cannoli from a favorite Italian bakery, all arranged cheerfully by Villa Marie Claire's attentive administration and staff.

The real "Patch" Adams, portrayed by Robin Williams in the movie, dedicated his life to bringing love and humor into medical care. The same philosophy abides at Villa Marie Claire.

"When Villa Marie Claire was given to Holy Name Medical Center, the Sisters of St. Joseph of Peace provided us with the means to give hope and compassion to patients and their families at the end of life," says Allison Maughn, MBA, Holy Name Medical Center's Assistant Vice President of Post-Acute Services. "We all hope to live every day to the fullest and in

a setting filled with dignity and respect. We all hope that at the end of our life's journey, we will fly on the wings of compassion. The entire staff of Villa Marie Claire is committed to providing the highest level of care and compassion to the patient and everyone in the family at that time."

A PLACE FOR CONTEMPLATION

Set on 26 picturesque acres in Saddle River, Villa Marie Claire offers a homelike environment that embraces each patient and his/her family and friends. Welcoming to all, Villa Marie Claire provides 20 private rooms for patients and eight guest rooms to

OPPORTUNITIES FOR GIVING

Villa Marie Claire relies on contributions from the community to continue to deliver its unique and compassionate end-of-life care to terminally ill patients. There are many ways to support Villa Marie Claire. A gift of any size makes a significant impact on our community. Make a gift in memory of a loved one, support a specific project or program at the Villa, or consider making a major gift—naming opportunities are still available. Because Villa Marie Claire is a 501(c)(3) non-profit facility, gifts are tax-deductible. Your support today makes a tremendous difference to so many families in our community for generations to come. Support Villa Marie Claire today by contacting the Campaign Office at 201-833-3105.

TO ARRANGE A **TOUR OF THE VILLA**, CALL 201-783-8870. FOR MORE INFORMATION, VISIT WWW.VILLAMARIECLAIRE.ORG OR E-MAIL VMC@HOLYNAME.ORG.

healthy living

EVENTS

JANUARY - MARCH 2013

FOR A FULL CALENDAR LISTING, VISIT WWW.HOLYNAME.ORG.

Holy Name Medical Center hosts a wide variety of programs and series to educate the community about health issues. Join us this winter to learn about topics of interest to you. Programs are free (unless noted) but you must register by calling 1-877-HOLY-NAME (1-877-465-9626). A \$5 parking fee may apply.

HEALTHY LIVING FOR WOMEN EVENTS

Gender Matters—Choices in a Woman's Life

In honor of Women's Heart Month, this program will address choices women make, both in areas of health and in career paths. HNMC cardiologist will address the unique needs of a woman with regard to her cardiac health and symptoms of disease. Additionally, a distinguished panel of local women will discuss the choices that led them to where they are today and challenges they faced along the way. Come for education and inspiration to follow your own dream. Call 1-877-HOLY-NAME for date and time.

AFTERNOON SERIES

Glaucoma Update

SPEAKER: ANDREW BROWN, MD
HNMC MARIAN CONFERENCE CENTER
FEE: \$5 PARKING FEE WILL APPLY
January is Glaucoma Awareness Month. Glaucoma is a disease that damages the eye's optic nerve, and if left untreated, can lead to blindness. Because early disease produces no symptoms, and then progresses slowly, many people are unaware that they are affected. Learn about early detection and treatment that can help preserve your vision. Call 1-877-HOLY-NAME for date and time.

Oops!—Strategies to Prevent Falls

TUESDAY, FEBRUARY 26, 1:00-2:00 PM
SPEAKERS: DIANA BAZZARELLI, DPT, PT AND SUSAN PHILIP, PT
HNMC MARIAN CONFERENCE CENTER
FEE: \$5 PARKING FEE WILL APPLY
If you have challenges to your stability, or are caring for someone who does, you know the fear of falling is ever-present. Learn about steps you can take to make your home safer, boost your stability, and assist you to become more confident in moving about.

GENERAL TOPICS

The Gene Makeover—Increasing your Lifespan and Optimizing your Health

THURSDAY, JANUARY 17, 7:00-8:00 PM
SPEAKER: OHAN KARATOPRAK, MD
HNMC MARIAN CONFERENCE CENTER
Thanks to the latest advances in genetic science, you no longer have to be a victim of your genetic inheritance. By identifying the activity level of five key groups of health control genes and then improving their function you can increase your lifespan and decrease your risk of developing certain diseases. This new anti-aging frontier allows you to control your health and well-being and optimize the quality of your life. Dr. Karatoprak's book, *The Gene Makeover*, will be available for purchase at the program.

Caring for our Aging Parents

MONDAY, FEBRUARY 11, 7:00-8:00 PM
SPEAKERS: HEATHER BEHAN, RD; MARY ELLEN DORAN, MSW, LCSW; NANCY ELLSON, RN, MSN, APN
HNMC MARIAN CONFERENCE CENTER
Are you part of the Sandwich Generation, juggling career, home life and the needs of aging parents? This program will address many of your concerns, including nutritional needs of the elderly, socialization concerns, resources available and the

importance of caring for yourself in the midst of it all.

My Aching Back: Is Minimally Invasive Surgery Right for You?

TUESDAY, MARCH 12, 7:00-8:00 PM
SPEAKER: JAY CHUN, MD, PHD
HNMC MARIAN CONFERENCE CENTER
If back pain interferes with your quality of life, find out how you can get moving again with minimally invasive surgery. This informational lecture will discuss back pain and possible causes. We will also provide information about first line treatment options as well as a discussion about minimally invasive surgical techniques that are available to get you back on your feet quickly and pain free.

Get a Leg Up on Varicose Veins and DVT

TUESDAY, MARCH 5, 7:00-8:00 PM
SPEAKER: KEVIN HERMAN, MD
HNMC MARIAN CONFERENCE CENTER
Varicose veins can be unsightly and painful but DVT (Deep Vein Thrombosis) can have serious medical consequences. Come learn the difference between varicose veins and DVT, things you can do to prevent both and the most current methods of treatment available through our Interventional Institute at Holy Name.

FOR THE LOVE OF BABY



CALL 201-833-3124 TO REGISTER.

Breastfeeding Preparation Class

DESIGNED TO ASSIST WOMEN AND THEIR FAMILIES IN UNDERSTANDING THE PROCESS AND TECHNIQUES NECESSARY TO MAKE THE BREASTFEEDING EXPERIENCE SUCCESSFUL.
FEE: \$30

Breastfeeding Consult

A CONSULTATION IS AVAILABLE WITH A BREASTFEEDING SPECIALIST BY APPOINTMENT.
FEE: \$75 (FREE FOR COUPLES WHO HAVE HAD THEIR BABY AT HOLY NAME.)

Lamaze Childbirth Classes

5-WEEK OR 2-SESSION INTENSIVE CLASSES AVAILABLE TO ASSIST WOMEN AND THEIR COACHES WITH THE BIRTHING PROCESS.
FEE: \$150

Cesarean Birth Prep

PREPARES EXPECTANT COUPLES FOR CESAREAN CHILD BIRTH. **FEE: \$25**

Baby Care Basics

PREPARES PARENTS FOR THEIR FIRST WEEKS AT HOME WITH BABY. **FEE: \$20 (FREE FOR COUPLES WHO HAVE THEIR BABY AT HOLY NAME.)**

FREE SUPPORT GROUPS

Bereavement Support

CALL 201-833-3000, EXT. 7580 FOR MORE INFORMATION.

Breast Cancer Support Group

MEETS TWICE MONTHLY IN HNMC 3 WEST CONFERENCE ROOM
FIRST & THIRD WEDNESDAY, 5:30-7:00 PM
CALL 1-877-465-9626 FOR MORE INFORMATION.

Cancer Support Group

MEETS TWICE MONTHLY IN HNMC 3 WEST CONFERENCE ROOM
SECOND & FOURTH TUESDAY, 4:00-5:30 PM
CALL 1-877-465-9626 FOR MORE INFORMATION.

New Moms Group

CALL 201-833-3124 FOR MORE INFORMATION.

Perinatal Loss Support

CALL 201-833-3058 FOR MORE INFORMATION.

Prostate Cancer Support

MEETS MONTHLY IN HNMC 3 WEST CONFERENCE ROOM
FOURTH THURSDAY, 2:00-3:30 PM
CALL 1-877-465-9626 FOR MORE INFORMATION.

Support for Korean Cancer Patients

FIRST FRIDAY, 10:00 AM-12:00 NOON
MEDICAL AFFAIRS CONFERENCE ROOM
CALL HEI YOUNG YOON AT 201-833-3332 FOR MORE INFORMATION.

TO REGISTER CALL HNMC'S ASK-A-NURSE AT 1-877-HOLY-NAME (1-877-465-9626) UNLESS OTHERWISE NOTED. VISIT US ONLINE AT WWW.HOLYNAME.ORG.

Diabetes & Pregnancy

OUR SPECIALISTS ARE EXPERIENCED IN MANAGING DIABETES RELATED TO PREGNANCY.
CALL 201-833-3371 FOR MORE INFORMATION.

Infant Massage

A CERTIFIED INFANT MASSAGE THERAPIST TEACHES THE BENEFITS AND TECHNIQUES OF INFANT MASSAGE. **FEE: \$30**

Sibling Preparation

THIS COURSE IS DESIGNED TO HELP CHILDREN AGES 3 TO 8 YEARS PREPARE FOR THE NEW BABY. **FEE: \$25 PER FAMILY**



WHAT'S healthy FOR THE holidays?

Quiz answers appear upside-down at the bottom of this page.

- 1. How much do you have to walk to burn the calories of a slice of apple pie (about 450 calories)?**
 - a. 30 minutes
 - b. 1 hour
 - c. 2 hours
- 2. What is the most caloric part of pumpkin pie?**
 - a. the crust
 - b. the creamy filling
 - c. the whipped cream topping
- 3. What is a low-caloric mixer for your alcoholic drink?**
 - a. lemon-lime soda
 - b. club soda
 - c. orange juice
- 4. What is a lower-caloric ingredient for your Hanukkah latkes than the traditional potatoes?**
 - a. zucchini
 - b. broccoli
 - c. spinach

THE ANSWERS:

1. C. APPLE PIE IS A THANKSGIVING TRADITION, BUT SUBSTITUTING FRESH FRUIT OR A LOWER-CALORIE APPLE COBBLER CAN SAVE YOU UP TO 200 CALORIES.
2. A. YOU CAN CUT CALORIES ALMOST IN HALF BY BAKING A CRUSTLESS PUMPKIN PIE, OR DECREASE CALORIES BY MAKING A GRAHAM CRACKER CRUST.
3. B. CLUB SODA HAS JUST ABOUT 0 CALORIES IN A 12-OUNCE CAN.
4. ALL OF THE ABOVE ARE EQUALLY DELICIOUS!

SPECIAL THANKS TO HOLY NAME REGISTERED DIETITIAN DEBBIE BESSEN, MS, RD, CSO.