

# PHELPS

SUMMER 2011

T O D A Y

News from  
Phelps  
Memorial  
Hospital  
Center



**Aquatic Therapy:  
Love at First Immersion**

**Hip Replacement: When  
You Need It, You Know It**

**Improving Quality  
of Life for Patients  
with Serious Illness**

**Tips for Avoiding  
Food Poisoning**



Greetings,

We are proud to announce that Phelps' Breast Health Services was designated a "Breast Imaging Center of Excellence" by the American College of Radiology. This ACR accreditation in mammography, stereotactic breast biopsy, breast ultrasound, and ultrasound-guided breast biopsy signifies that our services meet the highest standards of the radiology profession. Only two other hospitals in Westchester are so designated.

Not only has our Breast Center received recognition for clinical excellence, we recently expanded it to enhance patient comfort. The waiting room, with all new furnishings, is 50 percent larger. Patients appreciate the privacy afforded by partitions that now separate the waiting, registration, and clinical areas.

Our efforts to make patients as comfortable as possible throughout the hospital are also demonstrated by our unique Hospitality Program, which is now offered seven days a week in the Emergency Department and most inpatient units. Hospitality Representatives attend to patients' basic conveniences and offer emotional support to patients and their families.

We recently launched *The Breakfast Club*, a program for seniors that provides a healthy breakfast, a presentation on healthy lifestyle topics, and a light exercise program. *The Breakfast Club* is sponsored by Community Helping Hands along with the Phelps Vitality Initiative, which promotes wellness among older adults in the surrounding community. The Vitality Initiative's mission is to help ensure optimal health during the second half of life.

In March, long-time Phelps physicians Barry Field, MD, Floyd Byfield, MD, and Christopher Martin, MD, merged their practice with Phelps. Now known as Westchester Gastroenterology Associates at Phelps, the doctors continue to see patients in their on-campus office in the 777 Phelps Professional Building, performing procedures in the hospital's state-of-the-art Thomas and Alice Marie Hales Endoscopy Suite.

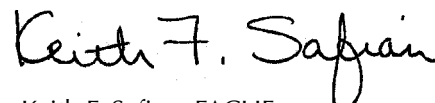
Progress and growth continue at Phelps, at many levels. And remember – Phelps is always here when you need us.

We wish you a healthy and fulfilling summer!

Sincerely,



Andrew C. Merryman  
Chair, Board of Directors



Keith F. Safian, FACHE  
President & CEO



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## Request Your Appointment Online!

Appointments for many of Phelps’ outpatient services can now be made on the hospital’s website, including: cardiovascular, diabetes, hyperbaric, infusion, nutrition counseling, occupational and physical therapy, pain center, pulmonary/respiratory, radiology/x-ray, senior services, sleep, speech & hearing, voice & swallowing, and wound healing. You can even make an appointment to donate blood online. Just go to [www.phelpshospital.org](http://www.phelpshospital.org) and click on “Request an Appointment” – any time of the day or night!

Visit [www.phelpshospital.org](http://www.phelpshospital.org) to see our annual reports, videos, physician directory, calendars and more.

### PHELPS TODAY

#### Editor

Bruce Heckman, MD, MPH

#### Managing Editor

Mary Sernatinger  
[msernatinger@pmhc.us](mailto:msernatinger@pmhc.us)

#### Assistant Managing Editor

Tina Dorfman

#### Editorial Advisors

Lucy C. Engelhardt, RN  
Kenneth C. Kaplan, MD  
Keith F. Safian, FACHE

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# AQUATIC THERAPY

## Love at First Immersion

by Joanne Gelsi, MS, PT, CLT

Some of the diagnoses treated with aquatic therapy at Phelps are: arthritis, orthopedic injuries, neurological issues, total joint replacements, spinal stenosis, post spinal surgeries and fibromyalgia. The benefits of aquatic therapy are not limited to patients with debilitating diseases. It is an excellent way for injured athletes to rehabilitate and maintain their conditioning.

As a swimmer and a previously injured athlete, I have personally experienced the benefits of water. As a physical therapist, I know the importance and benefits of exercise and movement. For people who are unable to do regular land exercise, either temporarily or long-term, aquatic therapy is a welcome alternative.

### What Is Aquatic Therapy?

Since the late 20<sup>th</sup> century, aquatic rehabilitation has been used as a therapy for increasing strength, range of motion and mobility while reducing pain and ultimately improving a person's functional abilities and quality of life.

Some patients cannot tolerate land exercise because weight bearing puts too much stress on their joints and causes pain, or they may not be allowed to weight bear. Aquatic therapy can provide an alternative treatment for these types of patients. Phelps established the only hospital-based aquatic therapy pool in Westchester in 2007.

Some of the diagnoses treated with aquatic therapy at Phelps are: arthritis, orthopedic injuries, neurological issues, total joint replacements, spinal stenosis, post spinal surgeries and fibromyalgia. The benefits of aquatic therapy are not limited to patients with debilitating diseases. It is an excellent way for injured athletes to rehabilitate and maintain their conditioning.

### How Does Aquatic Therapy Work?

When individuals are experiencing pain, they do not want to move, and this causes further debility. In the pool,

buoyancy assists in supporting a person's weight, which decreases the stress on joints. Once patients are without pain, they are willing and happy to move. Water also provides resistance, which allows patients to strengthen their muscles without the use of weights and causes less stress on joints than is possible on land.

An aquatherapy pool is unlike the cool one you might like to dive into on a hot summer day – its water temperature is 90 degrees. The warmth of the water assists in relaxing muscles, which allows for improved range of motion. Warm water also expands blood vessels, increasing blood flow to injured areas. Patients with muscle spasms, back pain and fibromyalgia find this aspect of aquatic therapy especially therapeutic. Additional benefits of water come from the pressure it exerts on the body. The pressure of water against the body decreases swelling and increases circulation, and the heart and lungs benefit when muscles have to work harder to push against the water resistance.

### Aquatic Therapy at Phelps

Once a patient steps into the 20 x 40 foot aquatherapy pool at Phelps, it is love at first immersion. The pool is surrounded by floor-to-ceiling windows, looking out onto a wooded hillside. The water is warm, but not too warm for exercise. There are three long, flat areas of different depths running the length of the pool, which provide a longer unbroken distance for underwater walking. These level surfaces eliminate apprehension in people who are fearful in the water because they know the depth will not increase. The shallowest depth is a non-

threatening 3 feet 6 inches. The deepest is 4 feet 11 inches, which is deep enough to provide buoyancy for most people.

The pool is equipped with an underwater treadmill with hand rails, where patients can work on their walking technique as a therapist observes their gait patterns. All aquatic treatment sessions are one-on-one with a therapist and last for 30 minutes. Patients who participate in aquatic therapy at Phelps find that they are comfortable, and they usually experience less pain. When their aquatherapy session ends, many say "is that all?" – only to report back that they needed a nap once they got home. Our biggest challenge is telling patients they're ready to "graduate" from aquatherapy, because once they've been in our pool, they realize how enjoyable and beneficial aquatic exercise can be!

For patients who have been discharged, or for community members who want to exercise in the pool on their own, Phelps offers community hours. The treadmill and aquatic equipment are available for a great cardiovascular and strengthening workout. Phelps also offers supervised group aquatic exercise classes. Both the community hours for individuals and the group classes are available for a nominal fee.

For more information about aquatic therapy at Phelps, call 914-366-3719.



**Joanne Gelsi, MS, PT, CLT**, has been a member of the Phelps rehabilitation team since 1994, specializing in aquatic and general outpatient physical therapy, lymphedema treatment, and incontinence. Joanne graduated in physical therapy from the University of Connecticut in 1982.



## Andrew Merryman Elected Chairman of Phelps Board of Directors

**A**ndrew Merryman, whose career as a management consultant spans more than 35 years, was recently elected chairman of the Phelps Board of Directors.

Mr. Merryman has been a member of the Phelps Board since 2007.

After graduating from business school in 1969, Mr. Merryman became vice president of a newly formed consulting and publishing organization. In 1973 he founded his own consulting practice, Brecker & Merryman, which over the next 25 years grew to employ more than 40 people.

Mr. Merryman has managed relationships with more than 300 clients across the United States, in Canada and in many countries overseas. Specific assignments involved change and transition management, workforce and organization development, management succession and development, and internal and employer branding. His own and the firm's practice were devoted to "aligning people with strategy."

When the business was sold to Manpower, Inc. in 2000, Mr. Merryman stayed on as executive vice president and deputy chairman of the Empower Group, Manpower's consulting subsidiary. He retired from

Manpower in 2004.

During his years as a management consultant, Mr. Merryman addressed many professional conferences, seminars and workshops sponsored by organizations including the American Management Association, the American Society for Training and Development, the Association of Internal Management Consultants and the National Foreign Trade Council. He is past president of the Human Resource Planning Society and an architect of its European affiliate, the European Human Resource Forum. He was also a board member and treasurer of the New York Human Resource Planners.

Since joining the Phelps Board, Mr. Merryman has served on the Executive, Executive Compensation, Development, Strategic Planning and New Ventures Committees. He has also served on the board of the hospital's childcare center, the Robin's Nest.

Mr. Merryman is a 1964 graduate of Trinity College in Hartford, CT. He earned an MBA from Columbia University in 1969 with a focus on marketing and human resources. He and his wife, Mary, raised their three children in Irvington, where they have lived for more than 30 years.

# Improving Quality of Life for Patients with Serious Illness

When patients and families have a complete understanding of their illness and realize that they have options for pain control, symptom management and emotional support, it lessens the burden.

For patients struggling with serious illness, physical symptoms are often compounded by emotional, spiritual and psychological distress. Patients are understandably fearful of loss of control and loss of life, and their families may be equally fearful and confused about how they can help their loved one cope. When patients and families have a complete understanding of their illness and realize that they have options for pain control, symptom management and emotional support, it lessens the burden.

Unfortunately, studies have shown that although patients and their loved ones desire as much information as possible about the patient's illness – its likely progression and the risks and benefits of various treatment options – they often do not know how to ask the questions that will elicit the fullest answers.

Fortunately, a New York State health-care law went into effect on February 9, 2011 that ensures that patients and their families have the information they need to make decisions about care.

## The New York Palliative Care Information Act

This new law, called The New York Palliative Care Information Act, could well become a model for the nation. It states that:

*“If a patient is diagnosed with a terminal illness or condition, the patient’s attending health care practitioner shall*

*offer to provide the patient with information and counseling regarding palliative care and end-of-life options appropriate to the patient, including but not limited to: the range of options appropriate to the patient; the prognosis, risks and benefits of the various options; and the patient’s legal rights to comprehensive pain and symptom management at the end of life.”*

## What is Palliative Care?

Palliative care is a medical specialty focused on improving the quality of life of people with any serious, chronic or terminal illness. It is appropriate at any age and at any point in the course of an illness and may even be recommended along with curative and life-prolonging treatments. Palliative care provides relief from symptoms including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, sleep problems and many others.

Patients facing chronic illnesses such as cancer, cardiac or lung disease or kidney or liver failure can often live for years after receiving a diagnosis. For these patients, especially, palliative care is essential so that they can remain in control of their lives and care during the course of their illness.

## Initiating the Conversation

The New York Palliative Care Information Act directs all primary care physicians and nurse practitioners to provide information and counseling – either verbally or in writing – to patients who are diagnosed with a serious or terminal illness. Medical providers are required to initiate this conversation and to spend the time necessary to educate patients and their families so that the treatment choices they make are informed choices. The conversation must include a detailed prognosis and the patient's options for care.

If a physician or nurse practitioner is not willing to have this discussion, she or he must designate another healthcare provider to do so. Although the information must be offered, the patient has the right to decline receiving it. Should the patient lack decision-making capacity, the information must be offered to the person who has decision-making authority for the patient.





*Pictured at left are members of the Phelps Palliative Care Team. Back row (l-r): Tobe Banc, MD; Cheryl Burke, RN, CNS; Johnathan Hornig, LMSW; The Rev. Carole Johannsen, BCC. Front row (l-r): Margaret Cotter-Santos, RN, CNS; Sal Giglio, LMSW; and Wanda Cope Orton, RN. Not pictured: Kerry Calle, RN.*

## The Palliative Care Team at Phelps

At Phelps, we are taking a pro-active position with regard to the new law and in helping patients with serious illness. Even before the law went into effect, our multi-disciplinary Palliative Care Team went into action, focusing first on educating all the physicians on our medical staff about what their new obligation would be, then making the team available for consultation with health-care providers and patients. The Palliative Care Team works with a patient's primary care physician and may work with other services such as Hospice and Pain Management. The goal, always, is to improve a patient's quality of life in every way possible: to alleviate pain, to relieve stress, to facilitate communication, and to make the patient and family feel better!

Specific services offered by the Phelps Palliative Care Team include:

- Coordination of care with a patient's primary healthcare physician
- Assistance to patients and families with decisions concerning goals and plans of care
- Advanced care planning (planning for future medical care in case an

individual becomes unable to make decisions)

- Expertise in pain management as well as other symptom management (nausea, shortness of breath, etc.)
- Expertise in dealing with emotional, spiritual and psychosocial needs of patients and families
- Coordination of care that will allow a patient to remain as functional and independent as possible
- Assistance with coordination of care across all healthcare settings (hospital, home, nursing facilities)

The Phelps Palliative Care Team includes experts from the Phelps staff in all the areas of palliative care services: Tobe Banc, MD, board certified in geriatrics; Cheryl Burke, RN, CNS, Medical/Surgical; Wanda Cope Orton, RN, Director of Phelps Hospice; The Rev. Carole Johannsen, BCC, Coordinator of Pastoral Care; Margaret Cotter-Santos, RN, CNS, Critical Care; social workers Johnathan Hornig, LMSW, and Sal Giglio, LMSW; and Kerry Calle, RN, Director of Case Management.

Consultations with the Phelps Palliative Care Team can be arranged through a patient's primary care physician or by calling (914) 366-3677.

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# Mejorando la Calidad de Vida de los Pacientes Con Enfermedades Graves

Cuando los pacientes y sus familias tienen una comprensión total de la enfermedad y se dan cuenta que tienen opciones de control del dolor, tratamiento de los síntomas y apoyo emocional, todo ello alivia la carga.

Para los pacientes que luchan contra enfermedades graves, a los síntomas físicos a menudo se suman malestares e inquietudes emocionales, espirituales y psicológicas. Los pacientes comprensiblemente temen perder control y perder su propia vida, y sus familias pueden sentirse igualmente temerosas y confusas acerca de cómo pueden ayudar a su ser querido a sobrellevar la situación. Cuando los pacientes y sus familias tienen una comprensión total de la enfermedad y se dan cuenta que tienen opciones de control del dolor, tratamiento de los síntomas y apoyo emocional, todo ello alivia la carga.

Lamentablemente, hay estudios que demuestran que aunque los pacientes y sus seres queridos quieren tener toda la información posible de la enfermedad del paciente – su posible avance y los riesgos y beneficios de las diversas opciones de tratamiento – ellos a menudo no saben cómo hacer las preguntas que generen respuestas más completas.

Afortunadamente, una ley de atención médica del estado de New York entró en vigor el 9 de febrero de 2011 que garantiza que los pacientes y sus familias tengan la información que necesiten para tomar decisiones acerca de la atención.

## La Ley de Información de Cuidados Paliativos de New York

Esta nueva ley, llamada Ley de Información de Cuidados Paliativos de New York, bien podría transformarse en un modelo para el país. Estipula que:

*“Si un paciente tiene un diagnóstico de una enfermedad o condición terminal, el profesional responsable de la atención médica del paciente ofrecerá al paciente información y consejos sobre cuidados paliativos y opciones para el final de la vida adecuados para el paciente, incluyendo pero sin limitarse a: el rango de opciones adecuadas al paciente, la prognosis, los riesgos y beneficios de las diversas opciones, y los derechos legales del paciente a un tratamiento integral de los síntomas y el dolor al final de la vida.”*

## ¿Qué son los Cuidados Paliativos?

Cuidados paliativos es una especialidad médica que enfoca mejorar la calidad de vida de personas con cualquier enfermedad grave, crónica o terminal. Es una atención adecuada para cualquier edad y en cualquier punto en el curso de una enfermedad y podría incluso recomendarse junto con tratamientos curativos y de prolongación de la vida. Los cuidados paliativos proporcionan alivio de los síntomas, incluyendo dolor, dificultad para respirar, fatiga, constipación, náuseas, pérdida del apetito, problemas para dormir y muchos otros.

Los pacientes que enfrentan enfermedades crónicas como cáncer, enfermedad cardíaca o pulmonar, fallo renal o hepático a menudo pueden vivir durante años después de recibir un diagnóstico. Especialmente para estos pacientes, los cuidados paliativos son esenciales para que puedan permanecer en control de sus vidas y de la atención que reciben durante el curso de sus enfermedades.

## Inicio de la conversación

La Ley de Información de Cuidados Paliativos de New York da directivas a todos los médicos de atención primaria y profesionales de enfermería para que den información y consejos –ya sea verbalmente o por escrito– a los pacientes con diagnóstico de una enfermedad grave o terminal. Los proveedores médicos tienen la obligación de iniciar esta conversación y dedicar el tiempo necesario a educar a los pacientes y a sus familias, para que puedan hacer opciones informadas de tratamiento. La conversación debe incluir una progno-



sis detallada y las opciones de atención que tiene el paciente.

Si un médico o un profesional de enfermería no está dispuesto a tener esta discusión, él o ella debe designar a otro proveedor de atención médica que lo haga. Aunque la información debe ofrecerse, el paciente tiene el derecho a negarse a recibirla. Si el paciente carece de capacidad para tomar decisiones, la información debe ofrecerse a la persona con autoridad para tomar decisiones por el paciente.

## El Equipo de Cuidados Paliativos en Phelps

En Phelps, tenemos una posición proactiva con respecto a la nueva ley y a la ayuda a pacientes con enfermedades graves. Incluso antes que la ley entrara en vigor, nuestro equipo multidisciplinario de Cuidados Paliativos comenzó a actuar, concentrándose primero en educar a todo nuestro cuerpo médico en su nueva obligación, y luego poniendo el equipo a disposición para consultas con proveedores de atención médica y pacientes. El Equipo de Cuidados Paliativos trabaja con el médico de atención primaria de un paciente y podría trabajar con otros servicios, como Hospicio y Terapia del Dolor. El objetivo siempre es mejorar la calidad de vida de un paciente en todas las formas posibles: para aliviar el dolor, aplacar el estrés, facilitar la comunicación y hacer que el paciente y su familia se sientan mejor!

- Los servicios específicos ofrecidos por el equipo de Cuidados Paliativos de Phelps incluyen:
- Coordinación de la atención con el médico de atención primaria de un paciente
- Ayuda a los pacientes y sus familias con las decisiones que tienen que ver con los objetivos y planes de atención
- Planificación de atención avanzada (planear la atención médica futura en caso que alguien quede incapacitado para tomar decisiones)
- Especialidad en terapia del dolor, y también en el tratamiento de otros síntomas (náuseas, dificultad para respirar, etc.)



- Especialidad en el manejo de las necesidades emocionales, espirituales y psicológicas de los pacientes y sus familias
- Coordinación de la atención que permita que un paciente permanezca lo más funcional e independiente posible
- Ayuda con la coordinación de la atención en todos los entornos de atención médica (hospital, hogar, centros de enfermería)

El equipo de Cuidados Paliativos de Phelps incluye expertos del personal de Phelps en todas las áreas de servicios de cuidados paliativos: Tobe Banc, MD, certificado en geriatría; Cheryl Burke, RN, CNS, Medicina/Cirugía; Wanda Cope Orton, RN, Directora del Hospicio de Phelps; Rev. Carole Johannsen, BCC, Coordinadora de Atención Pastoral; Margaret Cotter-Santos, RN, CNS, Cuidados Críticos; Trabajadores Sociales Johnathan Hornig, LMSW y Sal Giglio, LMSW; y Kerry Calle, RN, Director de Manejo de Casos.

Las consultas con el Equipo de Cuidados Paliativos de Phelps pueden coordinarse a través del médico de atención primaria del paciente o llamando al (914) 366-3677.

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# Hip Replacement

## *When you need it, you know it*

*“When someone makes a decision to have a hip replaced,” says orthopedic surgeon Robert Small, MD, “it follows a period of significant pain, at the point when they just can’t take it anymore.”*



“When someone makes a decision to have a hip replaced,” says orthopedic surgeon Robert Small, MD, “it follows a period of significant pain, at the point when they just can’t take it anymore.”

Typically, pain related to a hip is felt persistently in the groin. Sometimes the pain manifests in the knee, because the hip and knee share a nerve. Along with the pain comes difficulty in putting on shoes and socks, getting out of a chair or walking up stairs. Groin pain or pain in the front of the thigh may wake you up from sleep during the night. At the supermarket the shopping cart becomes more than a vehicle to hold your groceries – it serves as a sort of walker as you move about the store. Life changes, too. You make excuses when friends invite you to lunch, because you’re worried that you won’t find a parking space close enough for you to walk. Or stairs may be too much of a challenge.

An appointment to visit an orthopedic surgeon doesn’t mean that surgery is imminent. The physician will examine you and take X-rays. If it is determined that you have arthritis, you’ll be told that hip replacement is an option, but hip replacement is elective surgery. “It’s not the kind of situation where I say to the patient ‘let’s make an appointment for your surgery,’” says Dr. Small. “I tell them that there is no danger in waiting, that their hip will never get so bad that it can’t be fixed, and that they should let me know when they’re ready. Sometimes they call in two weeks. Sometimes not for two years.”

The hip replacement procedure that Dr. Small performs is similar to the method used by other orthopedic surgeons. The difference is that Dr. Small exercises a particular efficiency that reduces the time patients are in surgery to as little as 35 minutes. How can he replace a hip so quickly? “I’ve been replacing hips for nearly 30 years, and I’ve always worked to perfect my technique and keep my patient’s wound open for as short a time as possible,” says Dr. Small. His surgical team has been with him for so long, they anticipate his needs – from holding

a leg in place to retracting tissue.

The incision Dr. Small makes is small – the size of a business card – and there is minimal blood loss. His patients are under anesthesia for a relatively brief period, since it is a short operation. Most have spinal anesthesia (epidural), which doesn’t require a tube to be placed in the throat.

While there is an advantage to completing the surgery quickly, Dr. Small says his priority is always to do the job right. “I never lose sight of the fact that a hip replacement is major surgery with potential complications.” He assesses his patients to determine if they are healthy enough to undergo the surgery, and he makes sure they understand what is involved. If a patient is severely overweight, Dr. Small generally recommends weight loss before surgery.

After surgery, the horrible groin, thigh and knee pain are gone. Instead, there is a different, more tolerable pain, generally just at the site of the surgery. By the second day after surgery, most patients require only oral pain medication, which can soon be replaced by over-the-counter pain relievers.

Dr. Small’s patients typically have a three-night stay in the hospital. “The inpatient rehab unit at Phelps is a great advantage, because my patients don’t have to be transported to another facility,” he says. “Having rehab in a hospital is also beneficial to patients because if they have any chronic medical issues, such as cardiac or pulmonary, physician specialists are readily available.”

Patients are out of bed the day after surgery and practicing going up and down stairs on the third day. After the patient leaves the hospital, rehab continues – either at home, at the Phelps Outpatient Rehabilitation Center or at another conveniently located rehab facility. Phelps has the only in-hospital aquatherapy center in Westchester – a therapy that is especially beneficial for patients who were so inactive prior to

surgery that they could hardly walk. Usually, patients can walk without a cane in two weeks and are able to drive in about three weeks.

The metal “hips” that Dr. Small uses for replacements do not have any plastic components that wear out, so they can last for 40-45 years. In addition, the large replacement ball is less likely to pop out of the socket. The prostheses has a fuzzy coating that encourages the bone to grow over it, making it exceptionally sturdy – strong enough for jogging or playing sports. This makes hip replacement more appropriate for younger patients in their 40s and 50s, as well as for older patients.

“My youngest hip replacement patient was 28 years old, and the oldest, electively, was in her 90s,” notes Dr. Small. “I see a lot of vibrant people in their 90s.”

When Dr. Small sees his patients for their six-month checkup, they look different. “They’re not hunching over in pain anymore – they’re standing tall and have a relaxed, happy expression,” says Dr. Small. “Many have told me that I gave them their life back. It really is a quality-of-life operation.”



**Robert D. Small, MD**, is board certified in orthopedic surgery. He earned his medical degree at New York Medical College, performed an internship in general surgery at Beth Israel Medical Center and a residency in orthopedic surgery at Hospital for Joint Diseases Orthopaedic Institute, where he was a chief resident and received the Frauenthal traveling fellowship award. He did his hip surgery fellowship at Hospital for Special Surgery. He is a Fellow of the American Academy of Orthopaedic Surgeons. Dr. Small’s practice, Bone and Joint Associates, has offices in North White Plains and Sleepy Hollow (914-684-0300).

## Sleep Center Attains “The Gold Standard”

**D**o you have trouble drifting off in the evenings, or waking up truly refreshed? Since 1997, sleep specialists at Phelps have offered help and hope to the weary. And last year its Sleep Center attained a coveted achievement: full accreditation by the American Academy of Sleep Medicine. The accreditation is the gold standard by which the medical community and the public evaluate sleep.

This mark of distinction from the Academy – the national accrediting body for this complex medical specialty – is more than reassurance for patients. It’s an honor to the hospital’s devoted staff, awarded only to those centers able to meet the highest medical standards. “The application process took about 18 months,” says Mike McGrath, senior administrative director. “Academy representatives visited and reviewed the Sleep Center’s facilities, equipment, our study methods, and the quality of our patient education, among other things.”

The Academy found what the Center’s patients – some 100 per month – find every day: a top-notch staff using state-of-the-art techniques to pinpoint and address sleep problems. Subjects (referred by their primary care physician or a specialist) can check in for overnight observation and vital signs monitoring by technicians. Results are then reviewed by one of the Center’s four physicians – two pulmonologists and a neurologist, all board certified in sleep medicine, and a pediatrician who is board certified in pediatric pulmonology. Dr. Michael Bergstein, a board-certified otolaryngologist, also known as an ENT, is Surgical Director of the Sleep Center. He provides surgical interventions for sleep-related breathing disorders, when necessary.

Upon diagnosis, the doctors move quickly to address the patient’s issue. The results, says medical director Dr. Gary Lehrman, can be life altering. “One recent patient was sleeping on the job, and his employers were threatening to let him go,” he recalls. Testing revealed sleep apnea – a common yet



dangerous disorder where a person temporarily stops breathing in slumber, resulting in numerous brief awakenings. “We gave him a machine that blows pressurized air into a face mask as he sleeps, to keep his airways open. He started getting rest, and his job performance dramatically improved,” Dr. Lehrman says.

The Center’s neurologist, Dr. Kenny Schwartz, is available to weigh in on less common cases—for example, when a patient suffers seizures in her sleep, or tries to act out her dreams. “I also help treat ailments like restless legs syndrome, where a patient feels an urge to move his legs just as he wants to relax and go to sleep, or periodic limb movement disorder, where he kicks his legs as he sleeps – sometimes kicking and awakening his partner too,” he says.

Sleep disorder treatment, then, can be a marriage saver—and a life saver as well. Left untreated, sleep deficits can cause everything from high blood pressure to car accidents. “Since only a small percentage of those who need help are getting it, our hope going forward is to perform screenings on all hospital patients, to address their problems as early and effectively as possible,” says McGrath. That’s news that can make us all rest a bit easier.



**“Cuando alguien toma la decisión de recibir un reemplazo de cadera,” dice el cirujano ortopédico Robert Small, MD, “es una decisión que sigue a un período de dolor significativo, al punto que la persona ya no lo puede soportar más.”**



## Reemplazo de Cadera *Cuando Usted lo Necesite, Usted lo Sabrá*

“Cuando alguien toma la decisión de recibir un reemplazo de cadera,” dice el cirujano ortopédico Robert Small, MD, “es una decisión que sigue a un período de dolor significativo, al punto que la persona ya no lo puede soportar más.”

Típicamente, el dolor relacionado a la cadera se siente de manera persistente en la ingle. A veces el dolor se manifiesta en la rodilla, porque la cadera y la rodilla comparten un nervio. Junto con el dolor viene la dificultad para ponerse los zapatos y los calcetines, para levantarse de una silla o para subir escaleras. El dolor en la ingle o el dolor en la parte frontal del muslo pueden despertarlo de su sueño de noche. En el supermercado, el carrito de compras se transforma en algo más que un vehículo para los comestibles, sirve como bastón mientras usted se desplaza por la tienda. La vida también cambia. Usted pone excusas con amigos que lo invitan a almorzar, porque le preocupa que no encontrará un lugar donde estacionar lo suficiente cerca para poder caminar. O las escaleras pueden significar todo un desafío.

Una cita para visitar a un cirujano ortopédico no significa que la cirugía es inminente. El médico lo examinará y le indicará rayos X. Si se determina que usted tiene osteoartritis, se le informará que el reemplazo de cadera es una opción, pero el reemplazo de cadera es una cirugía electiva. “No es el tipo de situación donde yo le digo al paciente ‘vamos a fijar cita para su cirugía’,” dice el Dr. Small. “Yo le digo al paciente que no hay peligro en esperar, que su cadera nunca estará tan mal que no se pueda tratar, y que debe avisarme cuando esté listo. A veces el paciente me llama en dos semanas. A veces pasan dos años.”

El procedimiento de reemplazo de ca-

dera que realiza el Dr. Small es similar al método usado por otros cirujanos ortopédicos. La diferencia es que el Dr. Small desarrolló una eficacia particular que reduce el tiempo que los pacientes están en cirugía a solo 35 minutos. ¿Cómo puede reemplazar una cadera tan rápido? “Yo he reemplazado caderas durante casi 30 años, y siempre he trabajado para perfeccionar mi técnica y mantener abierta la herida quirúrgica en el paciente la menor cantidad de tiempo posible,” dice el Dr. Small. Su equipo quirúrgico ha estado con él durante mucho tiempo, así que ellos anticipan sus necesidades, desde sostener una pierna en el lugar a la retracción del tejido.

La incisión que el Dr. Small realiza es pequeña –del tamaño de una tarjeta de negocios– y hay una mínima pérdida de sangre. Sus pacientes están bajo anestesia durante un período relativamente breve, dado que es una operación corta. La mayoría recibe anestesia raquídea (epidural), que no exige la colocación de un tubo en la garganta.

Si bien hay una ventaja en completar la cirugía rápidamente, el Dr. Small dice que siempre su prioridad es hacer bien el trabajo. “Yo nunca pierdo de vista el hecho que un reemplazo de cadera es una cirugía mayor con complicaciones potenciales.” Él evalúa a sus pacientes para determinar si están lo suficientemente saludables para someterse a cirugía y se asegura que ellos comprendan lo que implica. Si un paciente tiene un sobrepeso importante, el Dr. Small por lo general recomienda que pierda peso antes de la cirugía.

Después de la cirugía, los dolores horribles en la ingle, el muslo y la rodilla desaparecen. En cambio, hay un dolor

diferente y más tolerable, generalmente en el punto de la cirugía. Al segundo día después de la cirugía, la mayoría de los pacientes solo requieren medicación oral para el dolor, que pronto puede reemplazarse por analgésicos de venta libre.

Los pacientes del Dr. Small típicamente tienen una estadía de tres noches en el hospital. "La unidad de rehabilitación para pacientes ingresados en Phelps es una gran ventaja, porque mis pacientes no tienen que ser trasladados a otro centro," comenta. "Tener rehabilitación en un hospital también es beneficioso para los pacientes porque si tienen cualquier enfermedad crónica, como condiciones pulmonares o cardíacas, hay médicos especialistas inmediatamente disponibles."

Los pacientes se levantan de la cama el día después de la cirugía y practican bajar y subir escaleras el tercer día. Después que el paciente deja el hospital, la rehabilitación continúa, en el domicilio, en el Centro de Rehabilitación para Pacientes Hospitalizados o en otro centro de rehabilitación convenientemente ubicado. Phelps tiene el único centro intrahospitalario de acuaterapia in Westchester, una terapia especialmente benéfica para pacientes que estaban tan inactivos antes de la cirugía que apenas podían caminar. Generalmente los pacientes pueden caminar sin un bastón a las dos semanas, y son capaces de conducir vehículos en unas tres semanas.

Las "caderas" metálicas que el Dr. Small usa para los reemplazos no tienen ningún componente plástico que se desgaste, por lo que pueden durar 40 o 45 años. Además, la cabeza de gran tamaño de la prótesis tiene menos probabilidad de salirse de la cavidad articular. La prótesis tiene un revestimiento opaco que estimula el crecimiento del hueso en su superficie, haciéndola excepcionalmente robusta, lo suficientemente fuerte para correr o practicar deportes. Esto hace que el reemplazo de cadera

sea más adecuado para pacientes jóvenes, en su 4ª y 5ª década de vida, y también para pacientes mayores.

"Mi paciente más joven que tuvo reemplazo de cadera tenía 28 años, y el mayor, por cirugía electiva, más de 90," comenta el Dr. Small. "Yo veo muchas personas llenas de vida que tienen más de 90 años."

Cuando el Dr. Small ve a sus pacientes para el control de los seis meses, ellos tienen un aspecto diferente. "Ya no se quejan del dolor, se paran erguidos y tienen una expresión feliz y relajada," dice el Dr. Small. "Muchos me han dicho que les devolví la vida. Realmente es una operación que aporta calidad de vida."



**Robert D. Small, MD**, es médico certificado en cirugía ortopédica. Él obtuvo su título de médico en la Escuela de Medicina de New York, hizo una pasantía en cirugía general en el Centro Médico Beth Israel y una residencia en cirugía ortopédica en el Instituto Ortopédico del Hospital para Enfermedades Articulares, donde fue jefe de residentes y recibió la beca Frauenthal de especialización itinerante. Hizo su especialización en cirugía de cadera en el Hospital de Cirugía Especial. Él es miembro de la Academia Americana de Cirujanos Ortopédicos. El consultorio del Dr. Small, Bone and Joint Associates, está en North White Plains y Sleepy Hollow (914-684-0300).

## Watch for our Fall Calendar on the web!

To be sure that you do not miss any of our free programs and screenings this fall visit [www.phelpshospital.org](http://www.phelpshospital.org) and click on "calendar of events" to learn about the latest offerings.

## Receive Email News

If you would like to receive announcements and health information via e-mail, please email [msernatinger@pmhc.us](mailto:msernatinger@pmhc.us)

## Wireless Internet Access Now Available at Phelps

To further meet the needs of our patients, their families and visitors, Phelps Memorial Hospital now provides free wireless Internet access. This service is available throughout the hospital, including patient rooms, visitor waiting areas and the cafeteria. Our wireless network uses web filtering software to protect you from objectionable, insecure or inappropriate content.

While Phelps is not able to provide or loan laptops or computers to visitors or patients, you are welcome to bring in your own.

To connect: Please select PMHguest on your wireless device and accept the "Terms of Use Agreement."

We hope you enjoy this new service.

## Tips for Avoiding Food Poisoning During Warm-Weather Months



Every year there are approximately 76 million cases of food poisoning in the U.S. Most food poisonings are mild in nature and recovery happens quickly, but food poisoning can be serious.

Some of the happiest times during the warm months are gatherings with family and friends at picnics or cook-outs. To ensure that your enjoyment of these memories-in-the-making isn't spoiled, take steps to prevent food poisoning.

Every year there are approximately 76 million cases of food poisoning in the U.S. Most food poisonings are mild in nature and recovery happens quickly, but food poisoning can be serious. Seniors, children and immuno-compromised people are at higher risk for contracting food poisoning.

According to our food service professionals, the most common type of food poisoning comes from bacterial contamination. There are two ways that bacteria

can cause food poisoning. The first type is when the bacteria enters the body and attacks the gastrointestinal tract, causing inflammation and absorption difficulties that lead to diarrhea. With the second type, the bacteria produces chemicals (toxins) in food which are poisonous to the gastrointestinal tract.

The symptoms of food poisoning can occur suddenly or develop over a period of days. Common gastrointestinal problems from food poisoning include nausea, vomiting, abdominal cramps and diarrhea. It can also cause fever, chills, bloody stools, dehydration, kidney failure, nervous system damage and even death in severe cases or if the person has a compromised immune system.

Just as careful hand washing can prevent the spread of cold or flu germs, it can also prevent food poisoning. Rub your hands together vigorously with soap and warm running water for a minimum of 20 seconds, being sure to scrub the backs of your hands, between your fingers, and under your nails. Rinse your hands under running water and then dry them on a clean towel or let them air dry. Hands should be washed before, during, and after preparing food and before eating.

Following are some tips for proper handling, cooking and storing of foods that can prevent illness from food poisoning:

- When shopping, buy cold foods last and unpack them first.
- Keep raw meat and poultry separate from other foods.
- Keep your refrigerator at or below 40° Fahrenheit (F) and your freezer at 0°F.
- Cook or freeze poultry, fish and meats within two days.
- Sanitize cutting boards with one teaspoon chlorine bleach in one quart of water.
- Wash hands before and after handling raw meat and poultry.
- Thaw meat or poultry either in the refrigerator, in a leak-proof plastic bag in cold tap water or in the microwave.
- Cook beef, veal, lamb, roasts and chops to 145°F.
- Cook fresh pork and ground meats to 160°F.
- Cook ground poultry to 165°F, boneless breast to 170°F and bone-in poultry pieces to 180°F.
- After removing food from the grill, use a clean platter. Don't place cooked food on the same platter that held raw meat or poultry.
- Never leave food out for more than two hours (one hour in weather over 90°F).
- Use leftovers within three to four days.



Seniors, children and immuno-compromised people are at higher risk for contracting food poisoning.

## Outpatient Nutrition Counseling at Phelps

A number of diseases can cause nutritional problems, but following a specialized meal plan can often delay or prevent complications related to these diseases.

At Phelps, a Registered Dietitian specializing in diabetes, gestational diabetes management, weight management, cardiovascular diseases, renal diseases, and gastrointestinal disorders can meet with you and help you plan your meals and meal selections. This service is available for children and adults. A physician's referral is needed. For an appointment, call 914-366-2264.

**Kilwanna Jordan**, outpatient nutrition coordinator, is a Registered Dietitian with a specialty as a Certified Diabetes Educator. She has additional specialty certifications in adult, child and adolescent weight management.



*Julie Friedman, Clinical Nutrition Manager at Phelps, and Kilwanna Jordan, Outpatient Nutrition Coordinator*

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## Consejos Para Evitar La Intoxicación Alimenticia Durante Meses De Climá Calio

**A**lgunos de los momentos más felices durante los meses cálidos son las reuniones con la familia y los amigos en picnics o comidas a la parrilla. Para asegurar que esos momentos para recordar no se arruinen, tome precauciones para prevenir la intoxicación alimenticia.

Cada año existen alrededor de 76 millones de casos de intoxicación alimenticia en EE.UU. La mayoría de las intoxicaciones alimenticias son leves y de recuperación rápida, pero la intoxicación alimenticia puede ser grave. Los adultos mayores, niños y personas con sistemas inmunitarios comprometidos corren un riesgo más alto de contraer intoxicación alimenticia.

Según nuestros profesionales de servicios de comidas, el tipo más común de intoxicación alimenticia proviene de la contaminación bacteriana. Existen dos formas en las que las bacterias pueden causar intoxicación alimenticia. El primer tipo es cuando la bacteria entra al cuerpo y ataca el aparato digestivo, causando inflamación y dificultades de absorción que causan diarrea. Con el segundo tipo, la bacteria produce químicos (toxinas) en la comida que son tóxicas para el aparato digestivo.

Los síntomas de intoxicación alimenticia pueden ocurrir de repente o desarrollarse durante unos días. Los problemas gastrointestinales comunes de intoxicación alimenticia incluyen náuseas, vómitos, calambres abdominales y diarrea. También pueden causar fiebre, escalofríos, heces con sangre, deshidratación, insuficiencia renal, daño al siste-

ma nervioso y hasta la muerte en casos graves o si la persona tiene un sistema inmunitario comprometido.

Así como el lavado cuidadoso de las manos puede prevenir la propagación de gérmenes del refrió o la gripe, también puede prevenir la intoxicación alimenticia. Friegue sus manos vigorosamente con jabón y agua caliente por lo menos por 20 segundos, asegurándose de lavar el dorso de sus manos, entre los dedos y bajo las uñas. Enjuague sus manos bajo agua corriente y luego séquelas con una toalla limpia o deje secar al aire. Debe lavarse las manos antes, durante y después de preparar alimentos y antes de comer.

A continuación incluimos algunos consejos para manejar, cocinar y almacenar alimentos correctamente los cuales pueden prevenir enfermedades por intoxicación alimenticia:

Cuando hace sus compras, compre los alimentos fríos a lo último y desempáquelos primero.

Mantenga la carne de res y aves crudas separadas de otros alimentos.

- Mantenga su refrigerador en o por debajo de 40° Fahrenheit (F) y su congelador a 0°F.
- Cocine o congele las aves, pescado o carnes dentro de los dos días.
- Desinfecte tablas para cortar con una cucharadita de lavandina diluida en un cuarto de agua.
- Lávese las manos antes y después de tocar carne y aves crudas.



- Descongele la carne y las aves en el refrigerador, o en una bolsa a prueba de pérdidas en agua fría del grifo o en el microondas.
- Cocine la carne de res, ternero, cordero, rosbif y chuletas a 145°F.
- Cocine el cerdo y carne de res picados frescos a 160°F.
- Cocine aves de corral a 165°F, pechugas sin hueso a 170°F y presas de carnes de aves con hueso a 180°F.
- Después de retirar la carne de la parrilla, use un plato limpio. No coloque los alimentos cocidos en el mismo plato que contuvo la carne o ave crudas.
- Nunca deje los alimentos afuera por más de dos horas (una hora en días de más de 90°F).
- Use las sobras dentro de los 3 o 4 días.

Los adultos mayores,  
niños y personas con  
sistemas inmunitarios  
comprometidos corren  
un riesgo más alto de  
contraer intoxicación  
alimenticia.

## Orientación ambulatoria sobre nutrición en Phelps

Una variedad de enfermedades pueden causar problemas nutricionales, pero seguir un plan especializado de comidas a menudo puede demorar o prevenir complicaciones relacionadas con estas enfermedades.

En Phelps, una Dietista Registrada especializada en diabetes, manejo de la diabetes gestacional, manejo del peso, enfermedades cardiovasculares, enfermedades renales y desórdenes gastrointestinales puede reunirse con usted y ayudarlo a planear sus comidas y a la selección de las mismas. Este servicio es disponible para niños y adultos. Se necesita una derivación de un médico. Para hacer una cita, llame al 914-366-2264.

**Kilwanna Jordan**, Coordinadora de Nutrición Ambulatoria, es una Dietista Registrada con una especialidad como Educadora Certificada en Diabetes. Ella tiene certificaciones adicionales en manejo del peso en adultos, niños y adolescentes.



*Julie Friedman, Gerente de Nutrición Clínica de Phelps, y Kilwanna Jordan, Coordinadora de Nutrición Ambulatoria*

# New Treatments for Hepatitis C

Hepatitis C is a viral disease that causes inflammation of the liver with potential progression to chronic liver disease, cirrhosis, and liver cancer. Most people with hepatitis have no symptoms until significant liver damage occurs, damage which may progress silently over several years or decades. Eliminating the virus from the body can reduce or eliminate the risk of fibrosis, cirrhosis, cancer, and death.

Long-awaited approval for two groundbreaking new treatments for patients with the chronic hepatitis C virus has been granted by the Federal Drug Administration.

According to the U.S. Centers for Disease Control and Prevention, there are an estimated 3.2 million individuals in the U.S. with chronic active hepatitis C. Three-fourths of these individuals are infected with hepatitis C virus *genotype 1*. Approximately 30,000 new infections occur each year, with 8,000 to 10,000 deaths attributed annually to hepatitis C.

## What Is Hepatitis C?

Hepatitis C is a viral disease that causes inflammation of the liver with potential progression to chronic liver disease, cirrhosis, and liver cancer. Most people with hepatitis have no symptoms until significant liver damage occurs, damage which may progress silently over several years or decades. Eliminating the virus from the body can reduce or eliminate the risk of fibrosis, cirrhosis, cancer, and death.

People can get the hepatitis C virus in a number of ways, including: being exposed to blood that is infected with the virus; sharing infected needles; having sex with an infected person; sharing personal items such as a razor or toothbrush with an infected person; or getting a tattoo or piercing with infected unsterilized instruments.

## The New Medications

The new medication Victrelis (generic bocepravir), produced by Merck, was approved by the Food and Drug Administration on May 19, 2011. A second similar agent, Incivek (generic telaprevir) by Vertex Pharmaceuticals, was granted approval on May 23, 2011.

These new anti-virals, when used in conjunction with the two current therapeutic agents, pegylated interferon alpha and ribavirin (considered “standard therapy”), have resulted in significantly higher cure rates for patients with hepatitis C *genotype 1*, the most common type of hepatitis C infection in the U.S. and the most difficult to treat. Improved responses were seen for patients in all treatment categories who still have some liver function, including those who had never been treated with drug therapy and those who had relapsed or failed to respond to treatment.

The new drugs are the first to be intro-

duced since 1998. Until now, the standard therapy has been a combination of interferon-alpha (modified to pegylated interferon in 2001), which adjusts the body's immune response, and ribavirin, which has antiviral effects. This standard therapy eliminated the virus in less than 50% of patients with hepatitis C *genotype 1*. The two new drugs, Victrelis and Incivek, work by a mechanism different from that of the standard medications, inhibiting a key viral enzyme necessary for the virus to multiply. The combination of either of these new agents with the standard therapy has resulted in a more potent and effective drug regimen.

## Clinical Trials

Several clinical trials have shown the promise of the two new drugs. In the SPRINT-2 trials, the addition of Victrelis to the standard therapy resulted in cure rates up to 65% in patients who had not previously been treated. In the ADVANCE trial, the addition of Incivek to the standard therapy resulted in even more impressive cure rates of 75 to 79% in previously untreated patients.

For patients who had relapsed after treatment with standard therapy, the RESPOND-2 trial demonstrated that adding Victrelis to standard therapy increased the cure rate to 64%. In the REALIZE trial, adding Incivek to standard therapy was shown to result in a cure rate as high as 88%.

The REALIZE trial also looked at cure rates among patients who had failed to respond to standard therapy in the past, comparing Incivek plus standard therapy to standard therapy plus a placebo. Patients had a 41% cure rate with the Incivek combination, four times better than patients treated with standard therapy plus a placebo.

**Note:** Treatment duration as well as cure rate for patients with hepatitis C is dependent on a number of genetic, clinical, and demographic factors including genotypic markers, amount of liver damage, former treatment history and degree of response to therapy, co-existing medical conditions, race, age, and ongoing substance abuse.

**Hudson Infectious Diseases Associates, PC**, is located in Briarcliff Manor. The practice's physicians are: Thomas J. Rush, MD; Harish Moorjani, MD; Neeta Chitkara, MD; Nili Gujadhur, MD; and Michael H. Miller, MD. 914-762-2276.

# Nuevos tratamientos para la hepatitis C

**D**os nuevos tratamientos de última generación para pacientes con el virus crónico de la hepatitis C han obtenido la aprobación largamente esperada de la Administración de Alimentos y Medicamentos.

Según los Centros para el Control y Prevención de Enfermedades de EE. UU., se estima que hay 3.2 millones de personas en este país con hepatitis C activa crónica. Tres cuartos de estas personas están infectadas con el virus de la hepatitis C *genotipo 1*. Aproximadamente, 30,000 nuevas infecciones surgen cada año, con 8,000 a 10,000 muertes atribuidas anualmente a la hepatitis C.

## ¿Qué es la hepatitis C?

La hepatitis C es una enfermedad viral que causa inflamación del hígado con progresión potencial a enfermedad crónica del hígado, cirrosis y cáncer de hígado. La mayoría de las personas con hepatitis C no tiene síntomas hasta que ocurre un daño significativo del hígado, daño que puede avanzar silenciosamente durante varios años o décadas. Eliminar el virus del cuerpo puede reducir o eliminar el riesgo de fibrosis, cirrosis, cáncer y muerte.

Las personas pueden contraer el virus de la hepatitis C de varias maneras, que incluyen: estar expuesto a sangre infectada con el virus, compartir agujas infectadas, tener sexo con una persona infectada, compartir artículos de uso personal, como una afeitadora o un cepillo de dientes, con una persona infectada, o hacerse un tatuaje o perforación con instrumental no esterilizado.

## Los nuevos medicamentos

El nuevo medicamento Victrelis (genérico: boceprevir), producido por Merck, fue aprobado por la FDA el 19 de mayo de 2011. Un segundo agente similar, Incivek (genérico: telaprevir) producido por Vertex Pharmaceuticals, fue aprobado el 23 de mayo de 2011.

Estos nuevos antivirales, cuando se usan conjuntamente con los otros dos agentes terapéuticos actualmente en uso, el

interferón pegilado alfa y la ribavirina (considerado el "tratamiento estándar"), han resultado en tasas de curación significativamente superiores en pacientes con hepatitis C *genotipo 1*, el tipo de infección con hepatitis C más común en EE. UU. y el más difícil de tratar. Se vio mejor respuesta en todas las categorías de tratamiento en pacientes que aún tienen alguna función hepática, incluyendo pacientes que nunca habían sido tratados con farmacoterapia y quienes habían sufrido recaídas o no habían respondido al tratamiento.

Las nuevas drogas son las primeras que se introducen desde 1998. Hasta ahora, el tratamiento estándar ha sido una combinación de interferón-alfa (modificado a interferón pegilado en 2001), que ajusta la respuesta inmunitaria del cuerpo, y la ribavirina, que tiene efectos antivirales. Este tratamiento estándar eliminó el virus en menos del 50% de pacientes con hepatitis C *genotipo 1*. Las dos nuevas drogas, Victrelis e Incivek, actúan mediante un mecanismo diferente que la medicación estándar, inhibiendo una enzima viral clave para la multiplicación del virus. La combinación de cualquiera de estos nuevos agentes con el tratamiento estándar ha resultado en un régimen farmacológico más potente y efectivo.

## Ensayos clínicos

Varios ensayos clínicos han mostrado que las dos nuevas drogas son prometedoras. En los ensayos SPRINT-2, la adición de Victrelis al tratamiento estándar tuvo como resultado tasas de curación hasta del 65% en pacientes que no habían sido tratados previamente. En el ensayo ADVANCE, la adición de Incivek al tratamiento estándar tuvo como resultado tasas de curación, incluso más sorprendentes, del 75 al 79% en pacientes no tratados previamente.

Para pacientes que habían sufrido recaídas después de recibir el tratamiento estándar, el ensayo RESPOND-2 demostró que añadir Victrelis al tratamiento estándar aumentaba la tasa de curación al 64%. En el ensayo REALIZE, agregar Incivek al tratamiento estándar ha mostrado tasas de curación hasta del 88%.

El ensayo REALIZE también estudió las tasas de curación entre pacientes que no habían respondido al tratamiento estándar en el pasado, y comparó Incivek más tratamiento estándar con el tratamiento estándar más un placebo. Los pacientes tuvieron una tasa de curación del 41% con la combinación de Incivek, cuatro veces mejor que los pacien-

tes tratados con el tratamiento estándar más un placebo.

**Nota:** La duración del tratamiento y la tasa de curación para pacientes con hepatitis C depende de un número de factores genéticos, clínicos y demográficos, incluyendo marcadores genotípicos, cantidad de daño del hígado, historia de tratamientos anteriores y el grado de respuesta al tratamiento, patologías coexistentes, raza, edad y el abuso habitual de sustancias.

**La clínica Hudson Infectious Diseases Associates, PC**, está ubicada en Briarcliff Manor. Los médicos de esta clínica son: Thomas J. Rush MD, Harish Moorjani MD, Neeta Chitkara MD, Nili Gujadhur MD y Michael H. Miller MD. Teléfono 914-762-2276.

La hepatitis C es una enfermedad viral que causa inflamación del hígado con progresión potencial a enfermedad crónica del hígado, cirrosis y cáncer de hígado. La mayoría de las personas con hepatitis C no tiene síntomas hasta que ocurre un daño significativo del hígado, daño que puede avanzar silenciosamente durante varios años o décadas. Eliminar el virus del cuerpo puede reducir o eliminar el riesgo de fibrosis, cirrosis, cáncer y muerte.



## Maternity & Baby Care Classes



### The Childbirth Experience/ LaMaze Method

Weeknights 7:30 – 9:30 pm for 5-6 weeks

**Start dates: July 19, August 10, August 30**

OR Weekend session, 10 am – 3 pm:

**July 16-17, August 13-14, September 17-18**

Cost: \$170 per couple

### Breastfeeding: First Choice for Babies

**July 7, August 1 or September 8**

7 – 9 pm

Cost: \$45 per couple

### ABCs of Baby Care

**June 30, July 11, or 28, August 8 or 22**

6 pm

Cost: \$65 per couple

### Big Brother/Big Sister: Sibling Preparation

**July 23, August 20 or September 24**

10:30 am

\$20 per child

### Totsaver Program: American Heart Association CPR for Family and Friends

**July 9, August 6 or September 10**

9 am

\$55 per person



For up-to-date schedule, visit [www.phelpshospital.org](http://www.phelpshospital.org) or call (914) 366-3382 for information or to register.

**Prenatal Clinic:** Phelps Memorial Hospital Center and Open Door Family Medical Centers, participants in the Medicaid Prenatal Care Assistance Program, jointly sponsor a Prenatal Program. Care for expectant mothers is provided by a highly trained, caring, bilingual staff. No one is turned away based on income or health insurance. Women are encouraged to seek prenatal care early in their pregnancy. Care is provided at Open Door during the first 36 weeks of pregnancy and at Phelps Memorial Hospital during the remainder of the pregnancy and for delivery. For information, call: (914) 941-1263.

**Atención Prenatal:** Phelps Memorial Hospital Center en Sleepy Hollow y Open Door Family Medical Center, participantes en el Programa de Asistencia de Atención Prenatal de Medicaid, auspician conjuntamente un Programa Prenatal. La atención de mujeres embarazadas es provista por un personal bilingüe y solidario, altamente capacitado. No se rechaza a nadie basándose en sus ingresos económicos o seguro. Se alienta a las mujeres a recibir atención prenatal lo más temprano posible durante su embarazo. La atención es provista en Open Door durante las primeras 36 semanas del embarazo y en Phelps Memorial Hospital durante el resto del embarazo y el parto. Para mayor información, sírvase llamar al: (914) 941-1263.

# Summer Programs

## Optimal Aging of the Knees

What causes arthritis of the knees? Can it be prevented? If your knees become arthritic, what treatments work best? Hear from J. Robert Seebacher, MD, Medical Director of the Phelps Joint Replacement Service, about his non-surgical therapy that often helps people maintain active lifestyles while postponing – or eliminating – the need for surgery. Dr. Seebacher has performed thousands of successful joint replacements, but has also treated thousands of patients non-operatively with good results.

**Wednesday, August 10, 2011, 6:30 pm**

Charles Cola Community Center  
945 North Broadway  
Yonkers, NY

Light refreshments will be served.

Call 914-366-3100 to register.



## Look Good . . . Feel Better

This free program teaches beauty techniques to women going through cancer treatments to help them manage the appearance-related side effects of their treatment. Sessions are conducted by trained cosmetologists. Two-hour sessions will be held from 7-9 pm on July 11, August 1 and September 12. Registration is required.

For more information or to register, call the American Cancer Society at 1-800-227-2345.



## Bereavement Support Groups

Phelps offers afternoon and evening bereavement support groups. Both groups meet twice a month on Thursdays. The afternoon support group meets from 2 – 3:30 pm on July 14 and 28, August 11 and 25, and September 8 and 22. The evening support group meets from 6:30 – 8 pm on July 7 and 21, August 4 and 18, and September 1 and 15.

For more information, call Bess Steiger at 914-366-3325.



## The Breakfast Club

The Breakfast Club at Phelps Memorial Hospital is a new series of free breakfast meetings designed especially for seniors. Each session includes a healthy breakfast, a presentation on a healthy lifestyle topic and a light exercise program. The Breakfast Club is held from 8:30 am to 10:30 am on the Phelps campus (701 N. Broadway, Sleepy Hollow).

For more information or to register for this fun and informative new program, call Ellen Woods at 914-366-3937.

## Put Life Back Into Your Life

Are you an adult age 60 or older with an ongoing health condition? Consider attending a Living Well Workshop at Phelps. You'll get the support you need, find practical ways to deal with pain and fatigue, discover better nutrition and exercise choices, understand new treatment options, and learn better ways to talk with your doctor and family about your health. The workshops are co-sponsored by Phelps, Livable Communities (a program of Westchester County Department of Senior Programs and Services) and Westchester Community College.

For more information about Living Well Workshops, call Ellen Woods at 914-366-3937.



## Occupational Therapy for Handwriting and Keyboarding Skills

Phelps offers handwriting assistance over the summer for children ages 3-15 who have handwriting difficulties, fine motor concerns and visual motor issues. The program is directed by certified, registered and licensed occupational therapists trained in handwriting programs. Assistance with keyboarding skills is offered to older children. Insurance may cover cost.

For more information or to set up an appointment, call Marlo White at 914-366-3700.

# Programs and Services at Phelps

|  |                        |
|--|------------------------|
| Bereavement Support  | (914) 366-3325         |
| Blood Donor Services*  | (914) 366-3916         |
| Cardiovascular Diagnostic Lab                                      | (914) 366-3740         |
| Cardiac Rehabilitation   | (914) 366-3742         |
| Child Care – Robin’s Nest  | (914) 366-3232         |
| Diabetes & Metabolism Center**                                     | (914) 366-2270         |
| Diabetes & Endocrine Center for Children & Young Adults*           | (914) 366-3400         |
| Educational Programs and Free Screenings                           | (914) 366-3220         |
| Emergency Department   | (914) 366-3590         |
| Emergency Department’s PromptCare                                  | (914) 366-3660         |
| Emergency Education Center*  | (914) 366-3676         |
| Gastroenterology & Advanced Endoscopy*                             | (914) 366-1190         |
| Hospice  | (914) 366-3325         |
| Hyperbaric Medicine Center   | (914) 366-3690         |
| Infusion Center*   | (914) 366-3523         |
| Laboratory (Clinical)  | (914) 366-3910         |
| Maternal Child Center  | (914) 366-3382         |
| Memorial Sloan-Kettering Cancer Center**                           | (914) 366-0664         |
| Mental Health – Outpatient Counseling*                             | (914) 366-3600         |
| Mental Health – Outpatient Chemical Dependency                     | (914) 944-5220         |
| Mental Health – Inpatient Substance Abuse – Co-occurring Disorders | (914) 366-3027         |
| Mental Health – Inpatient Psychiatry                               | (914) 366-3513         |
| Nutrition Counseling   | (914) 366-2264         |
| Pain Center  | (914) 366-3794         |
| Pastoral Care  | (914) 366-3090         |
| Pharmacy for the Community**                                       | (914) 366-1400         |
| Physical Medicine & Rehab (PT, OT, Aquatherapy) - Outpatient*      | (914) 366-3700         |
| Physical Medicine & Rehab - Inpatient                              | (914) 366-3702         |
| Physician Referral Service   | (914) 366-3367         |
| Prenatal Care Assistance Program (PCAP)                            | (914) 941-1263         |
| Pulmonary Physiology Lab and Pulmonary Rehabilitation              | (914) 366-3712         |
| Radiology/X-Ray  | (914) 366-3430         |
| Respite Care   | (914) 366-3356         |
| Senior Services and Memory Loss Evaluation*                        | (914) 366-3669 or 3677 |
| Sleep Center   | (914) 366-3626         |
| Speech & Hearing – The Donald R. Reed Center**                     | (914) 366-3010         |
| Surgery – Call Physician Referral                                  | (914) 366-3367         |
| Thoracic Center for Chest Diseases*                                | (914) 366-2333         |
| Vascular Institute   | (914) 366-3008         |
| Voice & Swallowing Institute**                                     | (914) 366-3636         |
| Volunteer Services   | (914) 366-3170         |
| Wound Healing Institute*   | (914) 366-3040         |

\*Located in the Phelps Medical Services Building (755 North Broadway).

\*\* Located in the Phelps Professional Building (777 North Broadway).

For more information about Phelps services, visit [phelpshospital.org](http://phelpshospital.org) and click on “Programs & Services.” It is now possible to request an appointment for many services on the Phelps website. Just go to [phelpshospital.org](http://phelpshospital.org) and click on “Request an Appointment Online.”

# *Save the Date*

Saturday, October 15, 2011

## *24<sup>th</sup> Annual Champagne Ball*

Trump National Golf Club  
Briarcliff Manor, NY

**Contact**

Ruth Burton  
914-366-3115  
rburton@pmhc.us



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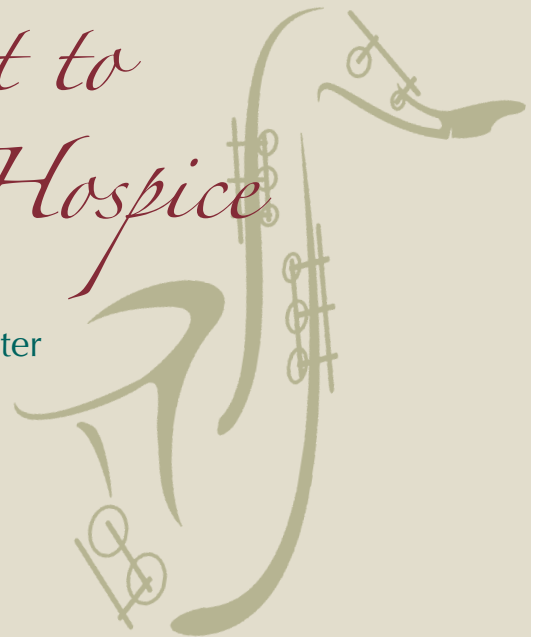
Sunday, October 23, 2011

## *Jazz Concert to Benefit Phelps Hospice*

Irvington Town Hall Theater  
Irvington, NY

**Contact**

Wanda Orton  
914-366-3325  
worton@pmhc.us



# PHELPS

Phelps Memorial Hospital Center  
701 North Broadway  
Sleepy Hollow, NY 10591-1096  
[www.phelpshospital.org](http://www.phelpshospital.org)

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WHITE PLAINS, NY

## Ongoing Health Promotion and Support Groups **Blood Donor Corner**

### **Alzheimer's Support Group**

For information, call Ellen Imbiano (914) 253-6860

### **Outpatient Behavioral Health**

Alcohol/chemical dependency, counseling, continuing day treatment, supportive case management (914) 366-3027

### **Bereavement Support Groups**

(914) 366-3325

### **Better Breathers Club**

(914) 366-3712

### **Blood Donations**

(914) 366-3916

### **Blood Pressure Screenings**

Generally the 1st & 3rd Wednesday of the month, 9:30 - 11:30 am Appointments necessary: (914) 366-3220

### **Cardiovascular Rehab**

(914) 366-3740

### **Cardiovascular Wellness Center**

Exercise under RN supervision (914) 366-3752

### **Celiac Sprue Support Group**

Sue Goldstein: (914) 428-1389

### **CPR Classes**

(914) 366-3166

### **Diabetes Education Classes**

for Adults (914) 366-2270

### **Essential Tremor Group**

Meets in Somers. Contact

barlowhumphreys@yahoo.com for information.

### **Group Counseling**

Help with issues such as: separation & divorce, losses, relationships, family issues, parenting, coping skills (914) 366-3600

### **Hospice**

(914) 366-3325

### **Look Good Feel Better®** for women

undergoing cancer treatment (800) ACS-2345

### **Mammography**

(914) 366-3440

### **Maternity & Baby Classes**

(914) 366-3382

### **My Sister's Place**

1-800-298-SAFE (7233)

### **Ostomy Support Group**

3rd Sunday of every month (914) 366-3395 (Call 366-3000 for cancellation information)

### **Parkinson's Support Group at Kendal on Hudson**

(914) 922-1749

### **Physician Referral**

(914) 366-3367

### **Pulmonary Rehabilitation**

(914) 366-3712

### **Stroke Support Group**

(914) 366-3221

The number-one reason donors say they give blood is because they want to help others. If you would like to learn about donating blood, call 914-366-3916. For every 2nd donation, you may choose from a variety of gifts provided by:

- AJ's Burgers & America's Favorite Foods, New Rochelle
- At the Reef Restaurant & Caterers, Peekskill
- Auto Clean Clinic, Inc., Ossining
- Basilico Pizza, Pasta & Gourmet, Mt. Kisco
- Bistro Z at the Doubletree Hotel, Tarrytown
- Brasserie Swiss, Ossining
- The Cabin, White Plains
- Canfin Gallery, Tarrytown
- Caravela, Tarrytown
- Casa Rina, Thornwood
- Castle on the Hudson, Tarrytown
- Coffee Labs Roasters, Tarrytown
- Crabtree's Kittle House, Chappaqua
- Creative Flooring, Mt. Kisco
- Doubletree Hotel, Tarrytown
- Eldorado West Restaurant Diner, Tarrytown
- Eyebuzz Fine Art, Tarrytown
- Executive Diner, Hawthorne
- Fairview Golf Center, Elmsford
- Geordane's Deli & Catering, Irvington
- Goldfish Oyster Bar & Restaurant, Ossining
- Gordo's Restaurant, Hawthorne
- Hair on the Hudson, Tarrytown
- Heritage Frame & Picture, Tarrytown

- Horsefeathers, Tarrytown
  - The Horseman Restaurant & Pizza, Sleepy Hollow
  - Il Sorriso Ristorante Italiano, Irvington
  - Isabella Italian Bistro, Tarrytown
  - Kendal on Hudson, Sleepy Hollow
  - Lago di Como Italian Restaurant, Tarrytown
  - Landmark Diner, Ossining
  - Main Street Sweets, Tarrytown
  - Marriott Westchester, Tarrytown
  - Mediterraneo, Pleasantville
  - New York School of Esthetics, Tarrytown
  - PHR Center for Electrolysis, Tarrytown
  - Pinnacle at Heritage Hills Country Club, Somers
  - Pleasantville Colonial Diner, Pleasantville
  - The Red Hat Bistro & Bar, Irvington
  - Sheraton Tarrytown Hotel, Tarrytown
  - Spax Hair & Makeup Center, Pleasantville
  - Striped Bass, Tarrytown
  - Sunset Cove, Tarrytown
  - Tarrytown Woodworks
  - Taste of China, Tarrytown
  - Terra Rustica, Briarcliff Manor
  - T.G.I. Friday's, Tarrytown
  - Tramonto Restaurant-Bar-Cafe, Hawthorne
  - Trapp Optical, Irvington
- Please patronize these businesses. Let them know you appreciate their community-minded support