

PHELPS

WINTER 2010

T O D A Y

News from
Phelps
Memorial
Hospital
Center

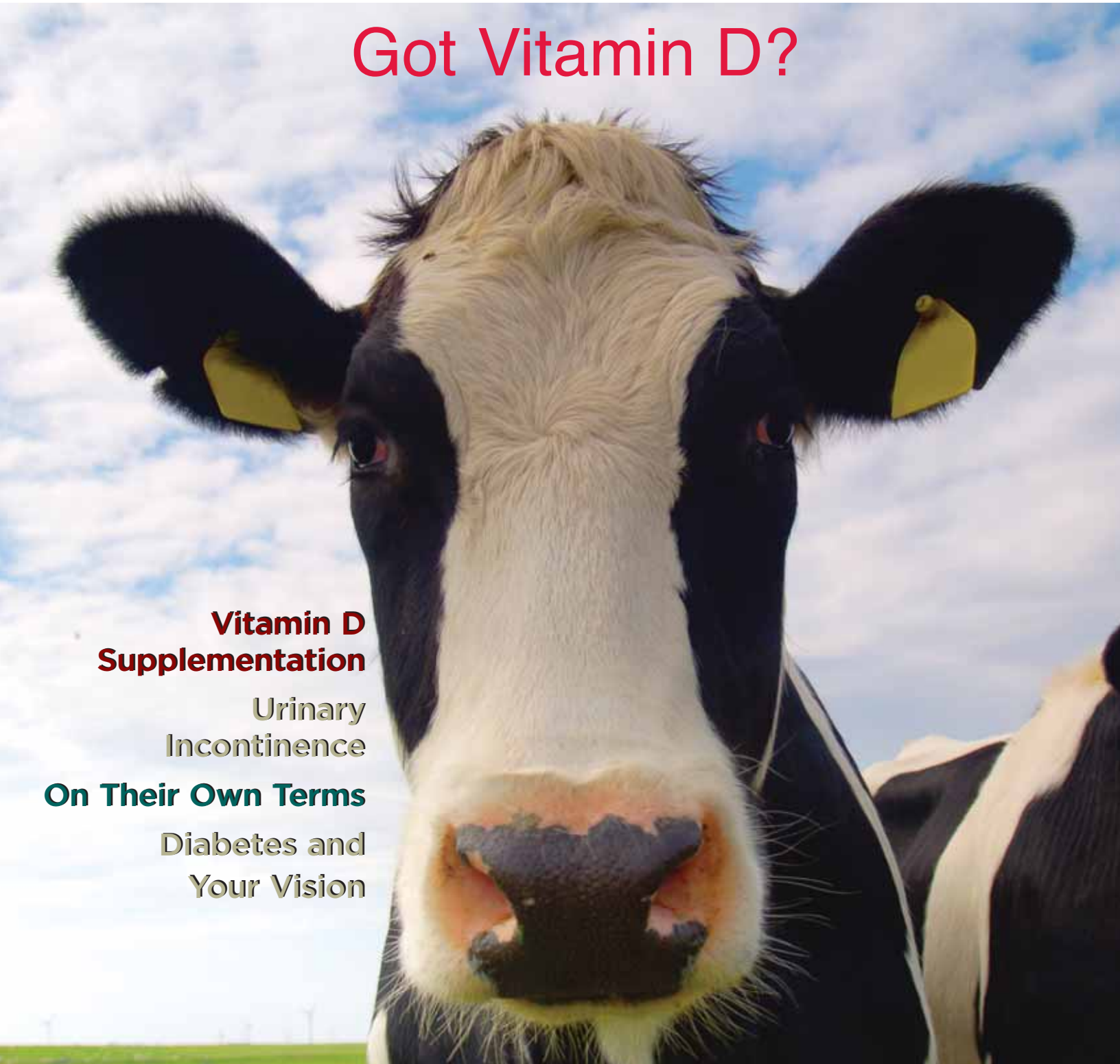
Got Vitamin D?

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Incontinence

On Their Own Terms

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A Message from the Chair and President

Greetings,

As we look forward into the second decade of the 21st century, there are many challenges facing Phelps. Economic, regulatory, and demographic landscapes are changing at a pace and dimension that is revealing uncharted territory for the Hospital and our community. While we do not know what the ultimate impact will be, we are confident that Phelps is well positioned to continue providing the service and care that our community needs and deserves.



In the year ahead, we will build upon the tremendous growth that occurred at Phelps in 2009.

Our Medical Staff increased to 488 members as more “physicians of distinction” chose to practice at Phelps. The number of top-notch Orthopedic surgeons on staff doubled, just as we saw a 20% increase in joint replacement surgeries. Dr. Avraham Merav, who performed pioneering lung transplants in the 1980s, became the director of Phelps’ new Thoracic Center and accomplished 100 chest surgeries – an 85% increase over 2008. Dr. Stephen K. Heier, a leader in the field of gastroenterology whose patients benefit from his advanced diagnostic and treatment expertise, contributed to a 22% increase in endoscopic procedures in 2009.



As a result of our Pediatric Hospitalist program, established with support from the Westchester Medical Center Department of Pediatrics and the Maria Fareri Children’s Hospital, the number of pediatric inpatients cared for last year increased by 85%. Daily, there are many children on the Phelps campus due to the presence of Briarcliff Pediatric Associates, as well as pediatric neurologist Dr. Ronald Jacobson, pediatric endocrinologist Dr. Richard Noto, and their associates in our Medical Services Building.

Phelps is an economic driver in the regional economy as well as a healthcare leader. With 1,580 employees, Phelps is the 8th largest employer in Westchester. Among our newest employees are the doctors and staffs of several physician practices, including the Sleepy Hollow Medical Group Obstetrics/Gynecology practice and Heritage Medical Group Internists. These practices have recruited new physicians and employed additional staff, contributing to the Hospital’s growth. In 2010, Phelps will operate with a budget exceeding \$200 million - the largest in our history – ensuring that excellent healthcare will continue to be available in our community.

The fact that record numbers of patients received care at Phelps in 2009 suggests that people agree with the advertising slogan we introduced in the fall: “Get Better. Here.” The slogan conveys that Phelps offers better doctors, better care, better technology . . . better everything! And patients “get better” – right here in Sleepy Hollow.

On behalf of the Board of Directors, Phelps physicians, staff, and volunteers, we extend our best wishes to you for a happy, prosperous, and very healthy New Year!

Sincerely,

A handwritten signature in black ink that reads "David W. Coulam". The signature is fluid and cursive.

David W. Coulam
Chairman, Board of Trustees

A handwritten signature in black ink that reads "Keith F. Safian". The signature is fluid and cursive.

Keith F. Safian, FACHE
President & CEO

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Visit www.phelpshospital.org to see our annual reports, videos, physician directory, calendars and more.





Male And Female Urinary Incontinence

Michael Altamura, M.D. F.A.C.S.

Urinary incontinence, the involuntary loss of urine, is a condition that affects more than 13 million Americans. Incontinence may be passive (without provocation or warning), due to severe urgency, or due to impairment of the sphincter mechanism (referred to as stress urinary incontinence or SUI). This article focuses on stress urinary incontinence.

The sphincter muscles are the body's muscles that prevent the involuntary loss of urine. In men, the function of these muscles may be compromised after prostate surgery for benign disease or for cancer of the prostate. In women, the problem is both hereditary predisposition and weakness of the sphincter apparatus due to the strain of pregnancy, the effort of vaginal delivery, difficult labor, the trauma of gynecologic surgeries like hysterectomies, and other physical stresses.

People who have stress urinary incontinence will leak urine when coughing, sneezing, laughing and with strenuous lifting. In more severe cases, the urine leakage may occur

even with a change in position from lying to sitting or just while walking.

Because of social implications, this condition impacts significantly on one's quality of life. In a national survey, nearly half of all female incontinence sufferers over age 45 revealed that they had dramatically altered their lifestyle due to incontinence. Changes include everything from the type and location of their work, where and when they shop, whom they visit, and even the clothes they wear.

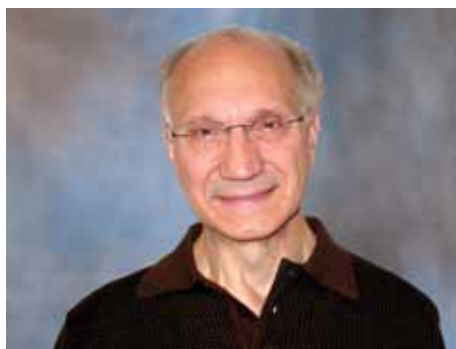
Medications, kegel exercises, and biofeedback have been used to treat stress urinary incontinence. When these treatments are not curative or require extraordinary commitment, the results may be less than satisfactory. In such cases, the most effective way of curing SUI is through surgery. Today, the surgical procedure of choice to correct SUI in both men and women is a urethral sling operation. This operation is minimally invasive and involves the implantation of a strip of synthetic mesh referred to as a sling. The sling is inserted below the urethra to sup-

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port its natural tissues. In women, the surgery involves a small vaginal incision and two puncture openings in the inner thigh. The procedure is done through ambulatory surgery, and the patient goes home the same day. In men, the surgery involves a small incision in the perineum and two puncture openings in the inner thigh. Men are also operated on in the ambulatory unit but stay overnight.

The success rate of urethral sling surgery is 85% and the complication rate is low. Although infrequent, side effects may include difficulty urinating, infection, and, rarely, bladder injury.



Michael Altamura, MD, FACS, earned his medical degree at Rome University School of Medicine in Italy. He completed a residency in general surgery at Mercy Catholic Medical Center in Darby, PA, and a residency in urology at Hahnemann Medical College & Hospital in Philadelphia, PA, where he served as Chief Resident in Urology and was Instructor in Urology. He is currently Clinical Assistant Professor of Urology at New York Medical College. Dr. Altamura is Board Certified in Urology. In 2004, he earned a Master's Degree in Clinical Nutrition at Columbia University. Dr. Altamura's practice, Premier Urological Care, PC, has offices in Croton-on-Hudson and Peekskill (914-737-8675).

The Anson Phelps Society

For those who have included Phelps Memorial Hospital Center in their estate plans

Anson Phelps, for whom our Hospital was named, was an extraordinary person and a philanthropist. He and his wife, Jane, lived in a mansion overlooking the Hudson River on what is now the Phelps campus. Their great grandson, Arthur Curtiss James, offered this home as a gift to encourage the consolidation of the aging Ossining and Tarrytown hospitals. Phelps Memorial Hospital opened in 1956, and The James House Mansion still stands proudly on our campus.

The Anson Phelps Society was created to honor the spirit of Anson Phelps. Anson Phelps Society members are a special group of people who, by including Phelps in their estate plans, demonstrate their understanding of the importance of philanthropy and legacy gifts. These gifts help to ensure our mission to provide outstanding healthcare to our community - today and in the future. Members of the Anson Phelps Society are invited to the President's Reception each year and will receive our Society newsletters.

In 2009, Anson Phelps Society Members' bequests included:

\$25,000 for the Hospice Patient Care Fund – which provides hospice patients with important end-of-life services not covered by insurance, such as massage, art, music, and pet therapies, additional home health aide coverage, and special financial requests.

\$80,000 for Emergency Medical Services – which we use to support these important emergency medical services in the community.

\$52,000 for the Annual Fund - which our Board of Directors has designated to the Phelps Healthcare Foundation where it will function as an endowment.

If you would like to include, or have already included, Phelps Memorial Hospital Center in your estate plans, please contact Janet Pollack, Major Gifts Officer at (914) 366-3108 or jpollack@pmhc.us.



Vitamin D Supplementation: A New Frontier for Research and Disease Prevention

By: Rajat S. Sanyal MD FACC

Vitamin D

Recent studies have shown that Vitamin D deficiency is a potential risk factor for not only bone diseases (e.g. rickets, osteomalacia, osteoporosis) but also for many other diseases involving a variety of systems, including cardiovascular. In a recent publication, Vitamin D deficiency was described as a pandemic with more than half of the world population at risk.

Since 1920, Vitamin D deficiency has been linked to rickets. However, in the last 15 years, the role of Vitamin D as a hormone has been established. Recently, Vitamin D receptors have been discovered to be widely present in almost all body tissues, but especially in the cells that line the interior surface of blood and lymphatic vessels, vascular smooth muscles, heart muscle cells, immune cells and in organs like the brain, prostate, breast, colon, and pancreas.

Also called “the sunshine vitamin,” Vitamin D is formed in the body in different stages. The sun’s ultraviolet B rays turn cholesterol in the skin into a precursor to Vitamin D that enters the blood stream and travels to the liver. In the liver, it is converted into an inactive form of the vitamin (25-hydroxyVitamin D), which is changed to an active form (1-25-dihydroxy Vitamin D) in the kidneys with the help of a special enzyme. A simple blood test can measure the “inactive” form of Vitamin D. If there is a lower than normal level, it suggests a Vitamin D deficiency.

The activated Vitamin D quickly binds with different cell receptors and enters into the cell nuclei. There, it regulates over 200 genes that are linked to various metabolic outcomes. In addition, some of the tissues of the body locally produce the activated product of Vitamin D, assisted by the same enzyme that helps it form in the kidney (Vitamin D3 or 1-25 dihydroxy Vitamin D from 1-25 hydroxy Vitamin D). The activated product influences activities of particular specialized tissues; for example, beta cells in the pancreas or the dendrites of nerve cells.

Benefits of Vitamin D Supplementation

Recent articles in the Journal of The American College of Cardiology and The American Journal of Medicine reported on trials that demonstrated the effects of Vitamin D deficiency on different systems of the human body, and many studies have shown that Vitamin D supplementation can have a positive effect on various diseases. In addition to decreasing the risk of osteoporotic fractures, the studies have shown that supplementing a diet with Vitamin D can decrease:

- Risk of falls, especially in women and elderly populations in nursing homes, as well as homebound and pregnant women.
- Neuropathic pain of type II diabetes mellitus.
- Risk of multiple sclerosis, rheumatoid arthritis, and type II diabetes mellitus.

Also called “the sunshine
vitamin,” Vitamin D is
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different stages.

- Risk of colorectal and all digestive system cancers, breast cancer, and leukemia.
- The incidence of all cancer and associated mortality, because Vitamin D's involvement in cell growth and differentiation can decrease the risk of cell transformation into malignant states.
- Risk of heart attack (myocardial infarction) by decreasing the atherosclerotic process. Low levels of Vitamin D stimulate parathyroid hormone secretion, which plays a major role in the development of atherosclerosis.
- Risk of vascular and myocardial tissue calcification, especially heart valves and mitral and aortic annuli. Increased levels of parathyroid hormone play a major role here, as well.
- Risk of congestive heart failure by reducing myocyte hypertrophy (increased cell size) and improving diastolic function of the heart. This effect is more pronounced in patients with chronic renal disease where secondary hyperparathyroidism plays a major role.
- Risk of type II diabetes mellitus incidence by improving the insulin secretion from B-cells of the pancreas and decreasing insulin resistance, thereby decreasing the incidence of metabolic syndrome – a precursor to diabetes.
- Mortality and improve outcomes in patients with chronic renal failure who have Vitamin D deficiency.
- Risk of total mortality from any disease.
- Loss of cognitive function in the elderly population and the degree of depression in seasonal affective disorder.

Vitamin D Deficiency

The severity of Vitamin D deficiency is measured by ascertaining the 25 hydroxy Vitamin D level, because it is the most widely available form of Vitamin D in the circulation. Generally, less than 10 nanograms (ng) per ml is considered severe Vitamin D deficiency and greater than 30 ng/ml is considered a sufficient level. Between 10 and 29 ng/ml is considered insufficient, either moderately insufficient (11-20 ng/ml) or mildly insufficient (21-29 ng/ml).

One important effect of Vitamin D deficiency is the secondary increase in parathyroid hormone level that occurs in people with chronic renal failure. This has been found to have a direct effect on the vascular lining by causing inflammation and sclerosis. In addition, it causes hypertrophy (increased size) of cardiac and non-cardiac muscle cells. These may cause premature atherosclerosis and lead to hypertension and congestive heart failure.

Based on present data and studies, it is hard to believe that the association between Vitamin D deficiency and various life threatening diseases has not been more formally acknowledged. It will be necessary for more randomized trials to be



Recent studies have shown that Vitamin D deficiency is a potential risk factor for not only bone diseases (e.g., rickets, osteomalacia, osteoporosis) but also for many other diseases involving a variety of systems, including cardiovascular. In a recent publication, Vitamin D deficiency was described as a pandemic with more than half of the world population at risk.

conducted in order to firmly establish that Vitamin D deficiency is an important factor in the development of both cardiac and non-cardiac diseases.

Getting Enough Vitamin D

The amount of Vitamin D formation in skin depends on the exposure to sunlight (5 to 10 minutes of exposure between 10AM and 3PM is generally needed) and the degree of pigmentation of the skin. Elderly people and people of darker skin produce less Vitamin D. There is not much Vitamin D in food except in fish – such as salmon or tuna – and beverages or foods that are fortified with Vitamin D, including milk, orange juice, and some cereals. Vitamin D is not available in plants and vegetables in sufficient amounts.

A position statement on Vitamin D by the American Academy of Dermatology (November 2008) recommended that “an adequate amount of Vitamin D should be obtained from a healthy diet that includes foods naturally rich in Vitamin D, foods/beverages fortified with Vitamin D, and/or Vitamin D supplements – it should not be obtained from unprotected exposure to ultraviolet radiation.” Diet and supplementation, therefore, are key, as there are increased incidences of photoaging and skin cancers from sunlight exposure.

A number of studies have established that toxicity from Vitamin D supplementation is rare. Oral supplementation of Vitamin D3 of about 1000 IU (International Units) daily can safely be taken to maintain an adequate level of this hormone. Most trials have shown that a minimum of 800 IU of Vitamin D3 daily is required to maintain the desired blood level of 30 ng/ml. Another method of treating Vitamin D defi-

ciency is to measure the 25 hydroxy level of Vitamin D in the blood. Depending on the level of deficiency, loading of Vitamin D is achieved by prescribing 50,000 IU of Vitamin D3 every 2 weeks for 6 weeks, followed by repeat blood level check-up and continuing the dosage if necessary until an adequate level is reached. After that, a maintenance dose is recommended.

It has been demonstrated that daily intake of 10,000 IU of Vitamin D consecutively for six months did not produce any renal or hepatic toxicity. However, before starting any supplementation program, patients should consult their primary physician or cardiologist. As in other hormone deficiencies, adequate maintenance dose and level are required for Vitamin D. It has been shown that increased secretion of parathyroid hormone starts when the level of Vitamin D falls below 30 ng/ml, and the resulting high parathormone level causes harmful effects in different organs, as discussed earlier.

A Bright Spot in Nutrition Research

In the December 2009 issue of the Harvard Heart Letter (www.health.harvard.edu) published by the Division of Cardiology at Harvard Medical School, an article entitled “Vitamin D: a bright spot in nutrition research” described different effects of Vitamin D deficiency on various systems in the human body. Clearly, important pieces of the Vitamin D puzzle are coming together. Recent research has established Vitamin D as an important hormone with wide ranging effects, and the effect of Vitamin D deficiency is not just limited to bone health. We would all do well to consider its importance as physicians, researchers, and patients.

References: 1. Stechschulte et al. Vitamin D: Bone and beyond. American Journal of Medicine. September 2009.

2. Lee JH et al. Vitamin D Deficiency: An Important, Common, and Easily Treatable Cardiovascular Risk Factor? Journal of American College of Cardiology. December 2008.



Rajat Sanyal, MD is an Attending Cardiologist at Phelps Memorial Hospital and Montefiore Medical Center and Clinical Assistant Professor at Albert Einstein College of Medicine, Bronx, NY. In October 2009, Dr. Sanyal was invited as a guest speaker to the World Congress on Clinical, Preventive and Geriatric Cardiology held in New Delhi, India, which was organized by the World Heart Academy (WHA), the Cardiology Society of India, and Asian-Pacific Society of Cardiology, among others. The title of his talk was *Vitamin D Deficiency: Is it a new cardiac risk factor?*

Dr. Sanyal is a member of the Phelps Medical Board. He is also involved in the American Association of Cardiologists of Indian Origin (AACIO) of which he is currently a board member and the immediate past president of the organization (2006-2007).

Dr. Sanyal has offices in Briarcliff and Dobbs Ferry and can be reached at (914) 478-0641.

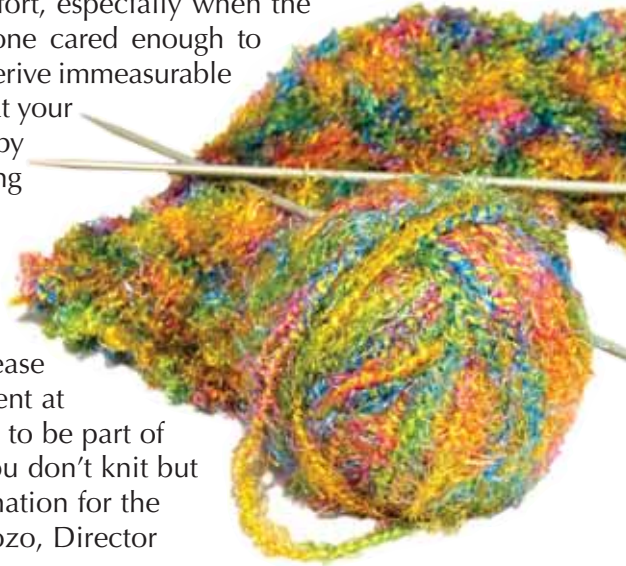


Are You A Knitter?

The Phelps Volunteer Department is looking for knitters to join a group of caring people who are willing to spend a little time to make a “comfort shawl” for patients who might need emotional or physical warmth over their shoulders. This project can be done in your own home or with a group of friends. If knitting in a group interests you, we will be happy to tell you when and where a group will be meeting. Phelps will supply the pattern and the yarn, and all you have to do is get those knitting needles going!

In times of stress, bereavement, illness or recovery, a hand-made shawl is a wonderful source of comfort, especially when the recipients know that someone cared enough to create it for them. You will derive immeasurable fulfillment from knowing that your creativity will be enjoyed by someone in need of caring compassion.

You don't have to be a volunteer at Phelps to participate. All you have to do is be willing to knit! Please call the Volunteer Department at 366-3170 if you are willing to be part of this wonderful project. If you don't knit but would like to provide a donation for the yarn, please call Pam Cardozo, Director of Volunteers at 366-3170.



Calling all Craft Vendors

The James House Mansion Craft Fair, a Phelps Auxiliary project, will be held on June 19, 2010 at the mansion, which is located on the river side of Phelps' campus in Sleepy Hollow. If you are interested in participating, please email jameshousecraftfair@gmail.com.

Robin's Nest

The Phelps child care center, Robin's Nest, is accredited by the National Association of Early Childhood Programs, a division of the National Association for the Education of Young Children. NAEYC accreditation is a rigorous, voluntary process by which early childhood programs demonstrate that they consistently meet national standards of excellence. NAEYC accreditation represents Robin's Nest's commitment to quality early childhood education.

The Robin's Nest program operates year-round from 7 am – 7 pm and provides care for children ages 2 months through 5 years. A security system is in place at the center to promote safety.

For information, please visit www.phelpschildcare.org

Pleasantville Sisters Help Save Lives

In 2007, the Flood Sisters of Pleasantville posted an ad on Craig's List asking if someone would donate a kidney for their father. The following year, their father received a kidney from a Monterey, California woman. The sisters realized that there were many people who faced the same challenges they had in finding a kidney for their father, so they launched “The Flood Sisters Kidney Foundation of America” to provide education about kidney disease and organ donation. Their organization provides matching services all across the US. For more information, visit www.floodsisters.org.

On Their Own Terms

As my mother lay dying in an impersonal New York City hospital room, I asked her one day if there was anything she wanted. She was hard to understand at first, but when I finally deciphered her response, it stayed with me for years to come.

“My own room,” she said.

That was in 1975. The concept of allowing terminal patients to spend their last months at home with family and familiar surroundings was still foreign to most Americans. In the ensuing years, thanks to the Hospice Movement, that has changed.

While my mother’s words and their relevance to policy and practice stuck with me, I did not fully appreciate changes taking place in our national cultural landscape until I was approached, in my role as the special projects editor for Time Magazine, by Bill Moyers to join forces with him and PBS to produce “Dying in America.” The personal stories that emerged from the reporting of Moyers’ TV documentarists and our Time reporters moved me deeply—as they did millions of television viewers and readers when the documentary and special issue came out in September 2000. Hospice, I began to think, was something that I should do more for than simply praise it in the pages of a magazine.

The final push came from the pulpit of my church, when a fellow parishioner spoke one Sunday about her work as a Phelps Hospice volunteer. Clearly, Somebody was telling me something, so I made an appointment to see Steve Bayer, Phelps’

dedicated volunteer coordinator. After eight weeks of training, I was out in the field, traveling to the homes of patients who had consciously chosen to die at home.

Not everyone can handle the role hospice volunteers play. Some in my training program dropped out quickly, unable to deal with the reality of death so close at hand. I managed to stay with it, concentrating wherever possible on the living aspects of the dying process.

Sometimes, a visit amounts to no more than keeping an eye on a sleeping, even comatose patient while the principal caregiver gets a chance to get out of the house. At others, the patient is alert and looking forward to good conversation. These are particularly gratifying for me, as I have a chance to ask about their lives, their achievements, their best memories, which I chronicle in my visit reports back to Phelps. I have come to see myself as a testifier—a storyteller for someone whose tale might not otherwise be told.

In the end, we all die. It should come as no surprise that all of the patients I’ve visited have. That could be discouraging for some—but not if one sees death in the context of what Hospice is all about. I like to think of the time I spend with patients as a gift I give—and they give to me—of just a few more good hours of this life.

There is that old cautionary tale: “There but for the grace of God go I.” But Hospice turns that old saw on its head and allows me to look at a dying patient and say: “There, with the grace of God go I.”

Sometimes, a visit amounts to no more than keeping an eye on a sleeping, even comatose patient while the principal caregiver gets a chance to get out of the house. At others, the patient is alert and looking forward to good conversation.



Barrett Seaman is a former Time Magazine correspondent and editor as well as the author of two books. He and his wife Laura, who is a volunteer counselor with the Bereavement Center of Westchester, live in Irvington. Barrett has been a Phelps Hospice volunteer for nearly a decade and has provided compassionate care and companionship for many hospice patients. Barrett visited “Jack” (name has been changed) over the course of seven months. Following are excerpts from his first and last progress notes.

March 13. I found Jack on the second floor of his house, sitting in a chair by the window. He greeted me warmly: "So you're here to talk to me about golf," he said with a playful smile.

For the next hour, it was Jack who did most of the talking – about golf, about his three brothers, all of whom had passed before him, about his mother and his years of taking care of her, driving her sixteen winters down to Florida and back, about his life as a trucker.

As he told his family stories, he would point to a large photograph, printed on paper and taped to the wall opposite the window.

What little I said served nicely as a platform for him to launch into another story from his, or Westchester's past. Jack is the kind of guy you'd expect to see in a pub – the one who offers to buy you a pint and tell you his story. In truth, he didn't need the pint to get him talking.

Sometimes in hospice work you meet people who are sad that they aren't going to see more of life or regretful that they didn't accomplish more. Jack's smiling eyes and lyrical stories reveal a man who has lived life well and, if he has regrets, isn't going to brood over them much. When it came time to leave, he expressed his thanks and an invitation to return, which I hope I will.

Barry did return to visit with Jack 13 more times over the next several months.



May 15. Jack asked if I had played golf over the weekend. I said yes . . . and told him my scores. That prompted his own recollection of how he and his friends . . . never took scorecards with them and just played against themselves, hole by hole. "I knew when I was shooting a good score," he allowed. But it didn't matter. It was the game – just playing the game – that he enjoyed.

October 14. When I called the Hospice office to ask if it would be all right to visit Jack late in the day, I was told that he was dying. He had taken a dramatic turn for the worse since I had last seen him and would probably not live more than a few days, at most.

So I was prepared to see a dying man – much as I had been prepared to see one since I first met Jack back in the winter. He had changed so little over the course of his hospice care, to the point where I had wondered if he would be able to stay in the program much longer. But the medical prognoses had finally proven to be all too accurate, and here he was in the end game.

For the very first time, I saw big Jack on his back, no longer in control. His breathing was labored. I sat by his side and watched this once powerful man grow weaker. I held his hand and occasionally spoke to him. But I was at a loss for the appropriate words to say to a man for the last time.

Fighting my own emotions, I managed to say to him: "You're a good man, Jack. You've had a great run."

It was almost a week before I learned that he had at last given in. He had always said he didn't want to hang on and be a vegetable. He had a heck of a life.



Bereavement Support Groups

A daytime Spousal Loss Group will be starting soon and will meet Thursdays, 2:00-3:30 pm. An evening group will be offered for Spousal, Parent and Sibling Loss on Tuesdays, 6:30-8:00 pm. Please call (914) 366-3325 to register or for additional information.

SPIRIT OF CLOTH: An Expressive Arts Workshop for the Bereaved

Two friends of Phelps Hospice are offering an alternative approach to the traditional bereavement group for those who love to work with their hands and want to share this love with others. Through a collaborative process of creating a work in fiber, participants will find meaning for themselves while connecting with others. Such techniques as sewing, quilting, knitting, crochet, applique and collage will be used to make a finished piece that will be donated. The workshop will meet weekly on 6 consecutive Wednesdays beginning March 24, 2010 from 2 to 4 pm, location to be determined. The cost for the workshop, including all materials is \$120. All skill levels are welcome. For more information please call: Ellen Hauben at (914) 232-7873 or Susan Leffler at (914) 241-0710.



Diabetes & Your



People with diabetes are more likely than people without diabetes to develop certain eye diseases.



People with diabetes are more likely than people without diabetes to develop certain eye diseases. Fortunately, most people with diabetes do not have eye disorders; and if they do, the problems are minor. Nevertheless, individuals with diabetes should be aware that they are at an increased risk for vision problems. Possible eye disorders include:

Retinopathy – Damage to the blood vessels in the retina – the light-sensitive layer of tissue at the back of the eye that helps to send images to the brain. Retinopathy is more common when someone has had diabetes for a long time, or if blood glucose and/or blood pressure haven't been well controlled.

Glaucoma – Gradual loss of vision that occurs when fluid pressure builds up in the eye and damages the retina and optic nerve. People with diabetes are 40% more likely to get glaucoma than people without diabetes. Risk of glaucoma increases with age and occurs more in people who have had diabetes for a long time. Treatments for glaucoma include drugs that reduce pressure in the eye and surgical options, if necessary.

Cataracts – A clouding of the normally clear lens of the eye, which causes blurred or distorted vision. People with diabetes are 60% more likely to develop cataracts and tend to get cataracts at a younger age. To

help prevent and deal with mild cataracts, wear sunglasses outside and use glare-control lenses in your glasses.

Macular Degeneration – The breakdown of the light-sensitive cells in the macula – the central part of the retina that is responsible for sharp, central vision. “Age-related macular degeneration” (AMD), generally occurs in people over age 55; but in people with diabetes, it may occur at a younger age. Controlling your blood pressure and protecting your eyes from the sun are important in preventing macular degeneration.

To protect your eyes, carefully control your blood sugar and blood pressure (as directed by your physician) and don't smoke! Also, see an eye doctor (optometrist or ophthalmologist) at least once a year to have your pupils dilated and a thorough retinal exam performed. Detecting and treating eye problems before obvious symptoms develop can save your vision.

Endocrinologists specialize in the treatment of diabetes. Patients can also be screened and treated for diabetes by their primary care physician. Phelps endocrinologists are **Drs. James Hellerman** (914-631-9300), **Chithranjan Nath**, Director of the Phelps Diabetes & Metabolism Center (914-366-2270), and **Sunita Ravikumar** (914-591-8400).



La diabetes y su visión

Las personas con diabetes tienen mayores probabilidades de desarrollar ciertas enfermedades del ojo en comparación con personas que no sufren de diabetes. Afortunadamente, la mayoría de las personas con diabetes no tienen enfermedades del ojo; y de tenerlas, los problemas son menores. Sin embargo, los individuos con diabetes deben estar conscientes de que tienen mayores riesgos de tener problemas de visión. Algunas posibles enfermedades de la vista incluyen:

Retinopatía – Daño a los vasos sanguíneos en la retina, la capa de tejido sensitiva a la luz en la parte posterior del ojo, que ayuda a enviar imágenes al cerebro. La retinopatía es más común cuando alguien ha padecido de diabetes durante mucho tiempo, o si la glucosa en la sangre y/o la presión arterial no han estado bien controladas.

Glaucoma – Pérdida de vista gradual que ocurre cuando la presión de fluido se acumula en el ojo y causa daño a la retina y al nervio óptico. Las personas con diabetes tienen un 40% más de probabilidad de padecer de glaucoma que las personas que no tienen diabetes. El riesgo de glaucoma aumenta con la edad y ocurre más en las personas que han

padecido de diabetes durante mucho tiempo. Los tratamientos para glaucoma incluyen medicamentos que reducen la presión en el ojo y hay opciones de cirugía de ser necesario.

Cataratas – Un nublarse del lente del ojo normalmente claro, el cual causa visión borrosa o distorsionada. Las personas con diabetes tienen un 60% más de probabilidad de desarrollar cataratas y tienden a tener cataratas a una edad menor. Para ayudar a prevenir y lidiar con cataratas leves, use gafas de sol afuera y use lentes con control de reflejo en sus espejuelos.

Degeneración macular – El quebrantamiento de las células sensitivas a la luz en la mácula, la parte central de la retina que es responsable por la visión central aguda. “La degeneración macular relacionada a la edad” (AMD) generalmente ocurre en las personas mayores de 55 años de edad, pero para las personas con diabetes, puede que ocurra a una edad menor. Controlar su presión arterial y la protección de sus ojos contra el sol son importantes en la prevención de la degeneración macular.

Para proteger sus ojos, controle cuidadosamente el azúcar en su

sangre y la presión arterial (como indicado por su médico de atención primaria) y ¡no fume! También, visite al médico de los ojos (óptico u oftalmólogo) al menos una vez al año para que le dilaten sus pupilas y se haga un examen de retina comprensivo. Detectar y tratar los problemas de la visión antes de que los síntomas obvios se desarrollen pueden salvar su visión.

Los endocrinólogos se especializan en el tratamiento para la diabetes. Los pacientes también pueden ser evaluados y tratados para la diabetes por su médico primario. Los endocrinólogos de Phelps son los **Drs. James Hellerman** (914-631-9300), **Chithranjan Nath**, Director del Centro para el Metabolismo y la Diabetes de Phelps (Phelps Diabetes & Metabolism Center) (914-366-2270), y **Sunita Ravikumar** (914-591-8400).



Maternity & Baby Care Classes



The Childbirth Experience/LaMaze Method

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

Start dates: February 10, March 2, March 24, or April 13

OR Weekend session, 10 am – 3 pm:

February 13-14, March 13-14, or April 10-11

Cost: \$170 per couple

Breastfeeding: First Choice for Babies

February 4, March 4, or April 8

7 – 9 pm

Cost: 45 per couple

ABCs of Baby Care

February 8, 11 or 25; March 8, 11 or 25; April 12, 19 or 22

6 pm

Cost: \$65 per couple

Big Brother/Big Sister: Sibling Preparation

February 20, March 20, or April 17

10:30 am

\$20 per child

Totsaver Program: American Heart Association CPR for Family and Friends

February 6, March 6, or April 3

9 am

\$55 per person

For up-to-date schedule, visit www.phelpshospital.org or call (914) 366-3359 for information or to register.

Prenatal Clinic: Phelps Memorial Hospital Center and Open Door Family Medical Center, 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.

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) 366-3359
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
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*	(914) 366-3392
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
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 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 and click on “Request an Appointment Online.”

PHELPS

Phelps Memorial Hospital Center

701 North Broadway

Sleepy Hollow, NY 10591-1096

www.phelpshospital.org

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U.S. POSTAGE PAID
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WHITE PLAINS, NY

Ongoing Health Promotion and Support Groups

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

Mammography (914) 366-3440

Maternity & Baby Classes

(914) 366-3359

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)

Physical/Occupational Therapy

(914) 366-3700

Physician Referral

(914) 366-3367

Pulmonary Rehabilitation

(914) 366-3712

Stroke Support Group

The 1st Wednesday of the month,
New Time: 3:30-4:30 pm, Walkway
Conference Room (914) 366-3221

Blood Donor Corner

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
- Sparx 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-Café,
Hawthorne
- Trapp Optical, Irvington

Please patronize these businesses. Let
them know you appreciate their com-
munity-minded support.