Leading With Our Hearts

ORTHOPEDIC CARE IN YOUR HOMETOWN HOSPITAL

Marty Myers
Scranton, PA
NEARLY HALF OF postmenopausal women experience genitourinary syndrome of menopause (GSM), a condition that includes a collection of symptoms and signs related to changes of the genital and urinary systems, often a result of estrogen loss due to menopause.

Advantages of Treatment
» virtually painless
» performed in office
» minimally invasive
» quick — takes just minutes
» results after first treatment (Three treatments are recommended.)

Symptoms vary and can include:
» vaginal burning, discharge, dryness or itching
» urinary incontinence or urgency
» painful intercourse
» frequent urinary tract infections

“Once you’ve experienced menopause, talk with your doctor about if you need a Pap test based on your personal risk factors,” said Barbara Plucknett, M.D., gynecologist and urogynecologist with Commonwealth Health Physician Network and member of the medical staff at Regional Hospital of Scranton. “Even after menopause, it’s vital for women to have an annual pelvic exam, as these exams help us find genitourinary problems, such as vaginal atrophy, early on when they’re more manageable to treat.”

“Even if you don’t have GSM but struggle with incontinence and haven’t found relief with other treatments, this new therapy may potentially help,” Dr. Plucknett said.

Changing Winds
Most women are used to getting a regular pelvic exam every year, a Pap test every three years if they’re between the ages of 21 and 65, and a human papillomavirus (HPV) test every five years if they’re between 30 and 65. But are these tests necessary after menopause?

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“The laser therapy works by regenerating the vaginal tissue’s collagen, which in turn leads to restoring the vaginal tissue,” Dr. Plucknett continued. “The best part is that this therapy is essentially painless and only takes three treatments, 40 to 60 days apart, each of which takes just a few minutes.”

Two Birds, One Stone
While the therapy was initially approved for treating vaginal atrophy — the drying, thinning and inflammation of the vaginal walls — it has also shown to help women suffering from mild urinary incontinence.

“Even if you don’t have GSM but struggle with incontinence and haven’t found relief with other treatments, this new therapy may potentially help,” Dr. Plucknett said.

To find a Commonwealth Health gynecologist near you, visit CommonwealthHealth.net/find-doctor.
MOSES TAYLOR HOSPITAL’S NEW INTERVENTIONAL RADIOLOGY SUITE OFFERS PATIENTS SAFER, LESS INVASIVE DIAGNOSTIC AND TREATMENT OPTIONS.

MINIMALLY INVASIVE INTERVENTIONAL radiology can be a boon for patients who need surgery but may not want to go the traditional surgery route. Employing the most advanced technology on the market, interventional radiologists perform minimally invasive techniques to treat a wide variety of conditions in nearly every organ system. Radiologists often use X-ray and other imaging technologies — such as magnetic resonance imaging (MRI), computed tomography (CT) and ultrasound — to guide small, specialized instruments through tiny incisions to treat affected areas.

Common interventional radiology treatments include:
» angiograms to search arteries and veins for blockages or narrowing
» angioplasties to treat conditions ranging from heart disease to circulatory problems to ischemic stroke
» cardiac catheterizations to treat heart disease
» embolizations to control severe bleeding

“In many cases, these procedures provide significantly less risk than traditional surgical alternatives, and the patient can usually go home the same day,” said Douglas Cutillo, M.D., diagnostic and interventional radiologist, medical director of imaging and independent member of the medical staff at Moses Taylor Hospital. Dr. Cutillo has been practicing interventional radiology for 25 years.

Interventional radiology is a subspecialty of radiology, in which board-certified doctors employ the most advanced technology available to perform minimally invasive, image-guided procedures to diagnose and treat a wide range of diseases throughout the body. This provides an alternative to many open surgical procedures.

“Overall, the new suite and its equipment allow us to continue providing state-of-the-art, minimally invasive procedures to decrease patients’ risk, increase their comfort and improve outcomes,” Dr. Cutillo said.

One of the most notable features of the new suite is its use of a lower radiation dose during procedures.

“Using less radiation than before while still delivering top-quality images is better for our patients all around,” Dr. Cutillo said. “Even the higher doses we sometimes need to use in certain procedures are pretty low.”

In addition to specialized equipment, Moses Taylor Hospital employs a staff of dedicated, skilled technologists and nurses that help make the difference in caring for interventional radiology patients.

To learn more about Commonwealth Health’s interventional radiology services, visit 4healthier.me/CH-IR.

CUTTING-EDGE CARE
To provide patients with interventional radiology services, Moses Taylor Hospital installed a new interventional radiology suite in August 2016.

Dr. Cutillo is an independent member of the medical staff of Moses Taylor Hospital. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
WHEN LAURA SWINGLE, M.D., NOTICED A NEWBORN WASN’T BREATHING PROPERLY, SHE DISCOVERED A RARE BIRTH DEFECT THROUGH A PHYSICAL EXAM.

HOLLIE YOUNG, A nurse who followed regular prenatal care guidelines, went into labor on July 1 at Berwick Hospital Center, anticipating a normal delivery. Routine ultrasounds conducted during her pregnancy showed no complications. However, when her newborn, Amelia Kissinger, arrived limp and pale, everyone in the room knew something was wrong, especially Dr. Swingle and Donna Stancavage, OB/GYN nurse and director of the mom and baby unit at Berwick Hospital Center.

“Donna and I made eye contact and went to work, suctioning out Amelia’s lungs so she could breathe,” said Dr. Swingle, a pediatrician and a member of the medical staff at Berwick. “We stabilized her, but still something was wrong. A chest radiograph confirmed my initial diagnosis: a diaphragmatic hernia was the only thing I knew that could cause this to occur.”

With Hollie’s medical background, she quickly understood the severity of the diagnosis.

Amelia’s liver had entered her chest cavity through a small opening in the diaphragm. Because of this, her right lung couldn’t develop properly, which affected her ability to breathe. Diaphragmatic hernias almost always occur on the left side, making this particular diagnosis rare.

“In more than 20 years of practicing medicine, I’ve seen one other patient with this type of hernia located on the right side of the chest, and that was during my residency,” Dr. Swingle said. “Without that prior firsthand experience, this particular diagnosis might never have occurred to me.”

HELIÇOPTER TRANSPORT
Dr. Swingle and her team arranged for helicopter transport to Danville, Pennsylvania, where baby Amelia could receive neonatal critical care.

“Amelia needed specialized care and technology,” Hollie said. “She eventually underwent two surgeries, one to unblock an artery in her neck and the other to repair her hernia.”

During Amelia’s subsequent treatments, she received a heart catheter and a feeding tube. She is now four months old, living at home and doing well.

“Thanks to the quick action taken by Dr. Swingle and her team, my daughter received the initial care she needed to survive,” Hollie said.

All Hands on Deck
During her brief stay at Berwick Hospital Center, newborn Amelia Kissinger received care from many departments, including labor and delivery, pediatrics, radiology, respiratory, and pharmacy.

“Everyone did what they needed to do to help this baby,” said Laura Swingle, M.D., pediatrician at Berwick Hospital Center. “I’m glad local residents have this medical facility to rely on to handle such moments with clarity and precision.”

To find a Commonwealth Health obstetrician/gynecologist or pediatrician, go to CommonwealthHealth.net/find-doctor.

Dr. Swingle is affiliated with the Commonwealth Health Physician Network and is a member of the medical staff at Berwick Hospital Center. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
WHEN FIRST-TIME MOTHER ASHLEY ALFIERI CARROLL HIT A BUMP IN THE ROAD AT THE END OF AN OTHERWISE SMOOTH PREGNANCY, SHE RECEIVED ALL THE CARE AND SUPPORT SHE COULD HAVE WANTED.

ASHLEY, A 30-YEAR-OLD teacher from Olyphant, and her husband, James, arrived at Moses Taylor Hospital just after 3 a.m. on July 27, roughly three hours after her water broke. Their baby was coming — 12 days ahead of schedule. Ashley labored for 19 hours. Just before her son, Dominic, entered the world, a complication arose: intrapartum fever, which can affect women in labor due to several infectious and noninfectious causes.

“I developed a fever that got up to around 101 degrees,” Ashley said. “I didn’t notice it, but the medical team was concerned Dominic might have an infection. I held him for a couple of minutes after he was born, and then they took him to the neonatal intensive care unit [NICU] for monitoring.”

DECODING MOTHERHOOD
Dominic remained in the NICU for two days. Ashley, who experienced no ill effects from the fever, spent much of her time there, too, visiting her son and breastfeeding him every two hours. Whenever she had a question, whether it was about Dominic’s condition or the best way to hold him for feeding, she never had to search for an answer.

“I'm so grateful to the nurses,” Ashley said. “Dominic is my first child, and I didn’t always know what I should be doing. The nurses were helpful every step of the way, from letting me know what Dominic’s levels meant to telling me he would likely be cranky and might not do well with the first feeding after his hepatitis B vaccine. He was connected to multiple monitors, which made feeding him tricky. The nurses helped me position him. When I was in my room, someone always stopped by or called to let me know how my son was doing.”

A day after going home with Dominic, who was infection-free, Ashley and James returned with him to Moses Taylor so he could receive treatment for jaundice. He has had a smooth start to life ever since — he’s been sleeping through the night for months — and Ashley has gotten the hang of motherhood.

“Dominic only cries when he’s hungry or needs changing,” Ashley said. “Before having Dominic, I never understood how moms could tell what their babies’ cries meant, but I do now.”

Neonatal intensive care is available at Moses Taylor Hospital. For more information, visit 4healthier.me/CH-NICU.
ORTHOPEDIC SURGERY, INCLUDING MINIMALLY INVASIVE TECHNIQUES, ARE AVAILABLE AT TYLER MEMORIAL HOSPITAL.

IN JANUARY 2016, Cindy Van Winkle, 62, had pain in her upper thigh she thought might be related to a muscle injury. A computed tomography (CT) scan revealed the truth — she had a stress fracture in her left femur.

“I took medication for osteoporosis for 10 years, and stress fractures can be a side effect,” said Cindy. “When the fracture still wasn’t healing after months of rest, I got a second opinion.”

Cindy saw William Charlton, M.D., board-certified orthopedic surgeon and independent member of the medical staffs at Tyler Memorial Hospital and Wilkes-Barre General Hospital. Dr. Charlton recommended surgery, and placed a rod down the middle of the femur. This gave Cindy’s bone the stability to heal and induced the healing process to begin. Cindy was happy she could get high-quality care without having to drive to Wilkes-Barre.

“I received excellent care from the moment I had pre-op to the moment I was discharged,” Cindy said. “I needed to stay three days to recover, and it was a 100 percent positive experience. The entire staff was friendly and put me at ease.”

After 12 weeks of outpatient therapy, Cindy is completely healed and back at work.

BETTER HEALTH, BETTER SHOULDERS
Dr. Charlton was also able to help 57-year-old Timothy Winters. Timothy had a sudden onset of shoulder pain that turned out to be a torn rotator cuff and shoulder impingement.

“Traditionally, the surgeries Timothy needed would require an open incision,” Dr. Charlton said. “But that technique increases the damage through the shoulder. We have the capability at Tyler Memorial to treat all size tears using a minimally invasive technique that takes about an hour.”

“It was convenient for me to have the procedure at Tyler Memorial,” Timothy said. “Everyone was very good to work with. Today, I can move my arms again without pain or discomfort, and I’ve got better movement now than I did before.”

To find a Commonwealth Health orthopedic surgeon, go to CommonwealthHealth.net/find-doctor.

Dr. Charlton is an independent member of the medical staffs of Tyler Memorial and Wilkes-Barre General hospitals. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
A Second Chance to Ski

WHEN SCRANTON NURSE AND SKIER LEAH ELGHAZAL FELL ON THE SLOPES LAST WINTER, HER RIGHT KNEE TOLD HER THE FALL WAS DIFFERENT FROM ANY SHE’D EVER EXPERIENCED.

“I FELT A sharp pain,” Leah said of the January 2016 incident at Montage Mountain. “When I tried to walk, my knee felt like it was giving out. I couldn’t put any weight on it.”

Leah had a torn anterior cruciate ligament (ACL), a sprained medial collateral ligament (MCL) and minor meniscus damage. She thought surgical repair was best for her, but the first orthopedic surgeon she saw didn’t agree. She sought a second opinion from Theodore Tomaszewski, M.D., an orthopedic surgeon and independent member of the medical staff at Regional Hospital of Scranton.

“For young patients like Leah, surgery is usually the most appropriate treatment for a torn ACL,” Dr. Tomaszewski said. “We created a new ligament using bone and tendon grafts from her knee and leg and put it in place with non-metallic, dissolvable screws. We also had to remove a small piece of the meniscus.”

After the February 25 surgery, Leah went to outpatient physical therapy for six months and gradually returned to work and normal activities. There is one activity she hasn’t attempted — yet.

“I’m hoping to go skiing again,” Leah said. “It’s something I love to do, and I wouldn’t want to give it up because of one setback.”

Need an orthopedic surgeon who can help you return to the sport or everyday activities you love? Visit CommonwealthHealth.net/find-doctor.

Dr. Tomaszewski is an independent member of the medical staff at Regional Hospital of Scranton. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
MARTY HAS BEEN covering high school sports for the Scranton Times-Tribune for 22 years. Twenty-one years ago, Marty was concerned about how he was feeling before going out of town for business. On referral from his primary care doctor, he consulted Linda Barrasse, M.D., cardiologist affiliated with Great Valley Cardiology, which is part of the Commonwealth Health Physician Network. She discovered a life-threatening blockage that might have had grave consequences had it gone untreated. Ever since that day, Dr. Barrasse has been taking care of Marty's heart.

“I can't tell you the utmost faith I have in Dr. Barrasse, both as a doctor and as a human being,” Marty said. “She's always been there for me, and I've come to expect nothing less from her. When I'm in Linda's office, I feel like nothing else in the world is going on other than our conversation about my medical condition.”

HOPE IN AN EMERGENCY
In March 2016, Marty was in Bethlehem covering high school basketball when he collapsed. His heart had stopped. He was transported by ambulance to an area hospital. Even though Dr. Barrasse couldn't be there when Marty experienced this cardiac event, she was still on his side.

“I was lying on the gurney in the critical care unit in Allentown when I got my phone back,” said Marty. “I had it in my hand for two minutes when I got a call from Linda asking if there was anything she could do. How many doctors do you know that make themselves available at the drop of a hat? I don’t know of very many. When you’re looking at what helps your recovery, that comfort level is so reassuring.”

For Dr. Barrasse, this level of care is all in a day's work.

“I don’t do my job for praise or acknowledgment,” Dr. Barrasse said. “I simply care for my patients, and with Marty, I was just doing my job the best I could from such a distance.”

To find a doctor with Commonwealth Health, visit CommonwealthHealth.net/find-doctor.

Dr. Barrasse is affiliated with Great Valley Cardiology, which is part of the Commonwealth Health Physician Network, and a member of the medical staff at Moses Taylor Hospital and Regional Hospital of Scranton. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
Listen to Your Heart

ANTHONY CONYERS, 50, OF WILKES-BARRE, KNEW HIS CONGESTIVE HEART FAILURE WAS WORSENING.

WHEN HE SAW Steven Marra, M.D., chairman of cardiothoracic surgery and member of the medical staff at Wilkes-Barre General Hospital, Dr. Marra told him that problems with Anthony’s mitral valve and tricuspid valve (the parts of the heart that allow blood to flow into different chambers) were causing his symptoms. Anthony needed surgery.

“I knew I wasn’t feeling right — I was having shortness of breath and a hard time getting around,” Anthony said. “I was nervous and scared. But after talking with Dr. Marra, I wasn’t nervous. He wasn’t a stuffy doctor — talking with him was like talking with just another person. He made me feel comfortable.”

TAKING FLIGHT
Dr. Marra performed open heart surgery, and surgically modified Anthony’s valves to ensure blood flowed through them correctly. A valve repair, rather than replacement, meant that there would be less damage to the heart during surgery, and Anthony could heal faster. Dr. Marra also placed a left atrial appendage clip — this decreased Anthony’s risk of heart attack and stroke.

For such a procedure, it was important that Anthony chose an experienced surgeon.

“You wouldn’t get into a plane without a pilot who had logged thousands of hours and had a track record of quality and skill,” Dr. Marra said. “For the same reason, you want to choose a heart surgeon who is skilled at valve surgery, including repair and replacement. You also want a nursing staff and facility with a history of treating many patients with heart problems. Valve surgery is complicated, and it requires an institution with the support to provide care while someone is in the hospital.”

“If it wasn’t for Dr. Marra, I wouldn’t be here,” Anthony said. “I’d refer anybody to him. He’s an all-around good guy, and he had a great team working with him.”

Dr. Marra and the rest of the team of doctors at Commonwealth Health Heart & Vascular Institute - Wilkes-Barre General Hospital specialize in the diagnosis, treatment and prevention of conditions affecting the heart and blood vessels, ranging from high blood pressure and high cholesterol to coronary artery disease, vascular disease and heart failure.

To find a Commonwealth Health cardiologist or cardiothoracic surgeon, go to CommonwealthHealth.net/find-doctor.

Dr. Marra is affiliated with Commonwealth Health Physician Network and is on the medical staff at Wilkes-Barre General Hospital.

Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
Learn About Lipids

Cholesterol is a fatty substance that your body needs; however, too much cholesterol can damage your heart and blood vessels, leading to heart disease. To measure the level of cholesterol in your body, doctors look at your lipid profile, a laboratory blood test. Your lipid profile includes measurements of:

» HDL, or good cholesterol. The higher your HDL, the better. The higher the HDL number, the lower your risk for heart disease and stroke.

» LDL, or bad cholesterol. The lower your LDL, the better. The lower the LDL number, the lower your risk of heart disease and stroke.

A cholesterol specialist, or clinical lipidologist, uses advanced lipid studies such as hsCRP, Lp(a), ApoB and LDL particle number to determine heart disease risk. If you have high cholesterol, work with your doctor to take control.

For the average person, lifestyle changes, such as diet and exercise, can improve cholesterol levels about 10 percent,” said Richard H. Blum, M.D., FACP, FNLA, internist, clinical lipidologist and independent member of the medical staff at Wilkes-Barre General Hospital. “Most individuals with high cholesterol need to be on medication. Statins have been around for decades and are safe, lifesaving drugs. A new, injectable class of medicine call PCSK9 inhibitors are available for patients with heart disease who cannot reach their cholesterol goal with statins alone.”

Dr. Blum is an independent member of the medical staff at Wilkes-Barre General Hospital.

Valve Replacement Without Open Surgery

The aortic valve allows blood to flow from the heart to the rest of the body. When a patient has aortic stenosis (when valve becomes hardened or damaged), he or she may have trouble breathing and experience exhaustion. A valve repair or replacement can improve symptoms.

Regional Hospital of Scranton is the first hospital in the region to offer transcatheter aortic valve replacement (TAVR), which allows for valve replacement without open surgery. “TAVR provides the same benefits of open valve replacement, but patients go home in a day or two rather than four or five days,” said Nishant Sethi, M.D., interventional cardiologist with Great Valley Cardiology and an independent member of the medical staff at Regional Hospital of Scranton. “They also need less time to recover because the chest is not opened for the procedure. When I see patients in clinic with aortic stenosis, the most common request they have is to stay in the area for their surgery. We’re pleased to offer TAVR so that patients can stay close to home while having an advanced procedure.”

Dr. Sethi is affiliated with Great Valley Cardiology, a division of the Commonwealth Health Physician Network, and is a member of the medical staff at Regional Hospital of Scranton. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.

Doctors and other members of the Commonwealth Health TAVR team go through a dry run before performing the minimally invasive procedure.

Do You Know What a Heart Attack Looks Like?

“Many patients, especially women, think their heart attack symptoms are just anxiety or stomach problems,” said Rupen Parikh, M.D., FACC, cardiologist on the medical staff at Wilkes-Barre General Hospital. “When women wait to go to the emergency room because they don’t think they’re having a heart attack, it affects their outcome.”

The most common symptom of heart attacks in men and women is chest pain. Other symptoms that may affect women more often than men include:

» jaw, neck and shoulder pain
» upset stomach and nausea
» shortness of breath
» cold sweats

Dr. Parikh is affiliated with Commonwealth Health Physician Network and is a member of the medical staff of Wilkes-Barre General Hospital.
Experience Really Counts in This Program

DOCTORS CAN DIAGNOSE AND PSYCHOLOGISTS CAN LISTEN, BUT WHEN YOU NEED SOMEONE WHO CAN TRULY RELATE — SEE A PEER SPECIALIST.

FOR THOSE SEEKING to recover from a mental or substance use disorder, it may seem like there’s nowhere to turn. On one side you may have doctors and nurses offering health advice. On the other, you may have psychologists listening to your story and trying to determine a root cause of your problem. While both of these outlets can be of great help, sometimes what you really need is someone who can speak to you from experience.

This is the reason Commonwealth Health implemented the Certified Peer Specialist Program within its behavioral health division. This addition provides a more personalized treatment dimension to the health system’s services.

“What makes this program unique is certified peer support specialists are individuals who have experienced or have a family member who has experienced the same mental illness or substance abuse problems that the patient is dealing with,” said Yurii Lynn Harden, LCSW, director of social services at First Hospital of Wyoming Valley. “They have lived with and survived the challenges that come with the issue.”

GET TO KNOW YOUR PEERS

The goal of the Certified Peer Specialist Program is to help individuals cope with and recover from their behavioral health problems. The Office of Mental Health and Substance Abuse Services sees the Certified Peer Specialist Program as a way to:

» provide opportunities for individuals receiving services to direct their own recovery and advocacy processes
» teach and support acquisition of the skills needed to facilitate recovery
» share the knowledge of available service options
» promote use of resources within the community
» facilitate the development of a sense of wellness and self-worth

In order to meet these needs, those applying for certified peer support specialist positions go through an advanced screening and training process.

“People in this role meet certain education requirements, have a stable job and have some previous involvement with psychology,” said Yurii. “We also provide our specialists with training to ensure they can truly help make differences in the lives of our community.”

To find a primary care doctor, go to CommonwealthHealth.net/find-doctor.

Winter Blues: Are They True?

Having a blue winter? It may be more common than you think.

“The winter blues is a mild form of seasonal affective disorder, which is a subtype of depression. This condition is most common in people with underlying depression,” said Tina George, M.D., MPH, family doctor affiliated with Commonwealth Health Physician Network and a member of the medical staff of Moses Taylor Hospital. “Living in cold northern climates increases risk, and young people and women are most at risk.”

If you’re feeling a little down this season, Dr. George offers the following tips to beat the winter blues:

» Perform aerobic exercises regularly.
» Bundle up and get some sunlight.
» Try to keep consistent sleep/wake cycles.
» Avoid social isolation and spending too much time indoors.

Dr. George is affiliated with Commonwealth Health Physician Network and is a member of the medical staff of Moses Taylor Hospital.
FOR 29-YEAR-OLD ERIKA UNIATOWKSI OF SHAVERTOWN, A DIAGNOSIS OF COLON CANCER WAS A SHOCK, BUT IT ALLOWED HER TO GET THE CARE SHE NEEDED AND ALERT HER FAMILY TO THEIR RISK FOR THE DISEASE.

AT AGE 28, Erika didn’t know what to think when she started having strange symptoms in late summer 2015.

“I had bright red blood in my stool, and I felt very full and bloated after meals,” Erika said. “I was young and felt healthy — I thought I just needed to change my diet.”

Erika’s primary care doctor referred her to Aman Ali, M.D., gastroenterologist and independent member of the medical staff at Wilkes-Barre General Hospital, in late summer 2015. Although someone Erika’s age was more likely to have hemorrhoids than cancer, Dr. Ali ordered a colonoscopy, just to be sure.

“The diagnosis was colon cancer,” Dr. Ali said. “There was no apparent reason for her to have it this young — she didn’t have a family history — but since she was diagnosed while the cancer was still in an early stage, it was able to be successfully treated.”

RECOVERY AND PREVENTION

Erika had surgery on Sept. 11 to remove the cancer. She started chemotherapy a month later. Today, she has fully recovered and is doing well. After seeing Erika’s journey, her parents and sister also scheduled colonoscopies with Dr. Ali.

“During a colonoscopy, we can remove pre-cancerous polyps,” Dr. Ali said. “Polyps are benign growths in the colon. Although not all polyps will turn into cancer, almost all colon cancer develops from a polyp. I removed polyps from Erika’s mother and father.”

Everyone should have a screening colonoscopy by the age of 50. Only about 10 percent of colon cancers are related to family history — the rest develop with age due to lifestyle or unexplained factors. If, like Erika’s family, you have a family history, you may need a colonoscopy at an younger age.

“You have to be your own health advocate,” Erika said. “The more you know about what you can do to prevent colon cancer, the better.”

To find a doctor with Commonwealth Health, visit CommonwealthHealth.net/find-doctor.

Dr. Ali is an independent member of the medical staff at Wilkes-Barre General Hospital. Patient results may vary. Consult your doctor about the benefits and risks of any surgical procedure or treatment.
TAKE CHARGE OF YOUR HEALTH. GET YOUR RECOMMENDED CANCER CHECKS ON TIME, EVERY TIME.

SCREENINGS — TESTS that check your body for disease before you begin showing symptoms — save lives. This can be especially true for cancer, which often has favorable outcomes if treatment begins during the earlier stages of the disease.

“To paraphrase Benjamin Franklin, an ounce of prevention is better than a pound of cure,” said Michael V. Brown, M.D., primary care doctor on the medical staff at Tyler Memorial Hospital. “While factors such as genetics and personal health history play a role in when certain screenings should be done, there is a commonly accepted schedule, which is often determined by age.”

IN YOUR 20 s
Women from age 21 to 29 should receive a Pap test every three years to check for cervical cancer. This includes women who have been vaccinated against human papillomavirus, also known as HPV.

IN YOUR 40 s
At age 45, men who are at higher than average risk for prostate cancer should talk with their doctors about being tested for this disease.

Women age 40 to 44 have the option to begin yearly mammograms to screen for breast cancer, and should begin this screening at age 45 if they haven’t already started.

IN YOUR 50 s
All women and men of average risk should begin colon cancer screening at age 50. Talk to your doctor about the best testing option for you. Men should also speak to their doctor about beginning prostate cancer screening at age 50 if they are of average risk. In the end, Dr. Brown notes, the goal of screenings is for patients to be proactive about their health.

“If patients are on the fence about certain screenings, they should talk to their primary care doctor, because their doctor knows their risk levels and medical history,” Dr. Brown said. “Getting ahead of it now is better than trying to catch up with the treatment later.”

To find a Commonwealth Health primary care doctor, go to CommonwealthHealth.net/find-doctor.

Dr. Brown is affiliated with Commonwealth Health Physician Network and is a member of the medical staff at Tyler Memorial Hospital.

The HPV Vaccine: Who Needs It?

Human papillomavirus (HPV), one of the most common sexually transmitted diseases, has been linked to seven different types of cancer as well as genital warts, and new research proposes it may be connected to heart disease in women. Fortunately, there is a vaccine available for both young females and males.

“Parents should know that this vaccine significantly reduces their child’s chances of developing an HPV-related condition,” said Barry Green, D.O., OB/GYN at Moses Taylor Hospital. “This isn’t just a vaccine for girls — boys can get HPV and are at risk for certain cancers if they contract it.”

Dr. Green notes there are few side effects from the vaccine — the most common of which is temporary redness or pain at the site of the injection.

The vaccine is approved for ages 9 to 26, and the target age range for recipients is 11 to 12 for all children. Patients receive the first dose, and then return to their doctor’s office for the second dose six to 12 months later. A third dose of the vaccine is recommended for patients age 15 or older.

Dr. Green is affiliated with the Commonwealth Health Physician Network and is a member of the medical staff at Moses Taylor Hospital.
Diabetes During Pregnancy

YOU’VE JUST BEEN DIAGNOSED WITH GESTATIONAL DIABETES. NOW WHAT?

ONE SIDE EFFECT of pregnancy is insulin resistance, which can lead to gestational diabetes, but not all pregnant women develop this condition. Those who do develop it may be unaware since there are often no symptoms.

“We routinely administer a universal blood glucose screening test to patients between weeks 24 to 28 of pregnancy,” said Patrick Fiero, M.D., a doctor and a member of the medical staff at Berwick Hospital Center. “Women who are diagnosed with gestational diabetes go on to monitor their blood sugar levels daily during pregnancy using a blood glucose meter.”

POSSIBLE COMPLICATIONS
The biggest concern with gestational diabetes involves maternal pre-eclampsia, a complication that can cause your face, arms and legs to swell and your blood pressure to increase, ultimately leading to required bedrest. In certain cases, this can result in an early cesarean delivery. The baby may also gain extra fat because his or her pancreas may increase the production of insulin, causing possible shoulder distortion upon delivery.

“Though these complications can occur, gestational diabetes can generally be extremely well controlled with lifestyle modifications and regular prenatal care,” Dr. Fiero said. “Gestational diabetes typically resolves after delivery but there is a one in two chance that it will recur during subsequent pregnancies.”

Since being overweight or gaining excess weight during pregnancy can increase the risk for diabetes, one step you can take to prevent gestational diabetes prior to becoming pregnant and during pregnancy is to focus on healthy lifestyle habits.

THIS WAY TO TREATMENT
For women who develop gestational diabetes, frequent prenatal appointments help ensure both mother and baby stay healthy during this condition. Obstetricians will typically also advise you to make healthy dietary changes and participate in doctor-approved exercises — such as walking or swimming. If these changes fail to control glucose, the doctor will often prescribe oral medications, and if those are ineffective, insulin injections.

To find a Commonwealth Health obstetrician/gynecologist or endocrinologist, visit CommonwealthHealth.net/find-doctor.

Dr. Fiero is a member of the medical staff at Berwick Hospital Center.

Diabetes, a medical condition that results from your body being unable to use insulin properly or not producing enough of it, affects almost 10 percent of Americans.

But, in many Northeastern and Central Pennsylvania communities, the rate is even higher. The incidence of diabetes surpasses the 12 percent mark in Susquehanna, Lackawanna and Wayne counties and is higher than 11 percent in Luzerne and Columbia counties, according to the Pennsylvania Department of Health.

The state statistics show that 29,820 adults in Luzerne County and 20,320 in Lackawanna County have been diagnosed with diabetes.

Michael L. Adler, M.D., FACE, chief of endocrinology and a member of the medical staff at Wilkes-Barre General Hospital, says the disease is on the rise.

"Diabetes is a common problem and one that’s increasing in frequency, due to the prevalence of obesity and an aging population," Dr. Adler said. "It’s important to diagnose diabetes early, before it leads to other ongoing health issues, such as kidney and heart disease."

The treatment for diabetes depends on the type of diabetes. There are three types of diabetes:

» With Type 1 diabetes, your body cannot produce enough insulin. This type of diabetes is not preventable, and it accounts for 5 to 10 percent of all diabetes diagnoses. Treatments often include insulin injections, improvements in diet and exercise habits, and maintaining healthy blood pressure and cholesterol levels.

» In Type 2 diabetes, your body doesn’t use insulin properly, and eventually may not produce enough of it. Type 2 diabetes may be preventable in many cases, and it can be influenced by genetics, obesity, age and diet. Up to 95 percent of all diabetes diagnoses are Type 2. Treatments include modifications to diet and exercise habits and medication.

» Gestational diabetes develops during pregnancy due to insulin resistance and resolves after the baby delivers. It can be partially attributed to excess weight gain. According to the American Diabetes Association, this condition occurs in 9 percent of all pregnancies. Treatments include modifications to diet and exercise as well as medication, if needed. Follow-up glucose testing is necessary during pregnancy to ensure gestational diabetes is well controlled and is recommended after pregnancy to ensure the patient has not developed Type 2 diabetes.

Dr. Adler is a member of the medical staff at Wilkes-Barre General Hospital.

Putting Your Feet First

IF YOU ARE LIVING WITH DIABETES, YOU SHOULD KNOW YOUR FOOT LIKE THE BACK OF YOUR HAND.

ACCORDING TO THE Centers for Disease Control and Prevention, an estimated 29.1 million people living in the United States have diabetes — a condition caused by the body’s inability to produce insulin or use it properly.

Diabetes can be managed to prevent or delay the onset of major complications associated with the disease.

Two of the most common diabetes complications related to foot health are neuropathy (nerve damage) and peripheral vascular disease.

“Foot problems are very common among the diabetic community,” said Laura Virtue-Delayo, DPM, FACFAS, podiatrist on the medical staff at Moses Taylor Hospital and Regional Hospital of Scranton. “High blood sugar can interfere with blood circulation and can impact the nerves, which can lead to the complete loss of feeling in the feet.”

If left unmanaged, this loss of feeling can lead to far greater problems, including infection, injury, burns, or amputation of toes or feet.

PREVENTING PODIATIC PROBLEMS

Dr. Virtue-Delayo offers the following tips to diabetes patients about foot care:

» Check feet daily. Diabetic neuropathy can rob you of feeling in your extremities, which means you could injure your foot and not know because you can’t feel the injury. Inspect your feet for wounds daily, and if you can’t see the bottoms of your feet, ask a friend to do it or check your socks for signs of blood. Avoid walking barefoot as much as possible — that includes at home or on a sandy beach. See a doctor if you find an injury.

» Get good-fitting shoes. Health insurance companies will often pay for diabetes-specific shoes and inserts to go into those shoes. Find a pair that fits comfortably right away and that do not rub your feet.

» Test water temperatures. If you have nerve damage, your feet and hands may not be able to discern temperature fast enough to avoid burning your skin. When bathing or getting into a hot tub, use your elbow to check the water’s temperature.

“It’s important for people with diabetes to realize that they should see a doctor about anything they find on their feet,” said Dr. Virtue-Delayo. “Even if it’s something as common as a hangnail or blister — if they’re unsure, it’s always better to get their doctor’s opinion.”

To find a Commonwealth Health podiatrist, go to CommonwealthHealth.net/find-doctor.

Dr. Virtue-Delayo is affiliated with the Commonwealth Health Physician Network and is on the medical staffs of Moses Taylor Hospital and Regional Hospital of Scranton.

When to Phone a Podiatrist

If you have diabetes, you have every right to be extra cautious when it comes to your foot health. If ignored, the smallest of problems can lead to infections, burns or eventual amputation.

If you notice any of the following, contact your doctor immediately:

» discoloration

» swelling

» ingrown or fungal toenails

» dry cracks in the skin

» bleeding or open sores

» pain in the foot or leg
To subscribe or unsubscribe, contact us.

The next time you experience an illness or injury, first visit our website on your computer or mobile device, answer a few questions and we'll save your spot. It's that easy. You can even choose a time that is convenient for you.

To check in now, visit commonwealthhealth.net.