Health Wellness News

SUMMER 2008



Age-Related Macular Degeneration

New treatments and innovative surgeries can help patients maintain their vision for as long as possible.

or 40 years, Eugene Lemire worked as a wood patternmaker. Creating precise models, he sometimes had to cut his material within a 64th of an inch. Lemire also built the house in Springfield that he and his wife, Phyllis, have lived in for 57 years.

But 15 years into his retirement, the eyes that had been so good to Lemire began to fail. He feared he had a condition his parents had struggled with: age-related macular degeneration, or AMD for short.

His primary care doctor at Lahey, John E. McCarthy, MD, referred him to Jeffrey Marx, MD, chair of the Department of Ophthalmology. Like Lemire, Marx is highly skilled in fine detail work, in his case, eye surgery. Today, Lemire credits Marx with helping him maintain his eyesight—and his independence.

An Innovative Procedure

As people age, debris can build up in the retina and damage the tissue. If such damage takes place in an intricate group of cells at the center of the retina called the macula, the result is AMD.

"Dry" AMD is a breakdown of the process involved in providing nutrients to, and clearing waste from, the retina. Only about 15 percent of people with dry AMD go on to develop "wet" AMD. This involves the growth of irregular blood vessels that leak and bleed. Wet AMD can destroy central vision, which is necessary for reading, driv-

ing and the kind of detail work Lemire had done his whole life.

Marx began monitoring Lemire's condition and treating him with photodynamic therapy to seal off blood vessels and help stabilize his vision. Lemire had lost the central vision in his right eye. When a blood clot developed under the retina in his left

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Phyllis and Eugene Lemire

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Getting Help When You Try to Quit

Anyone who has tried to quit smoking knows that it can be difficult. Still, if quitting is something you are thinking about—or want your loved ones to think about—the benefits are certainly worth the effort.

According to the Centers for Disease Control and Prevention, cigarette smoking is the leading cause of preventable death in the United States—responsible for one in five deaths annually.

"Quitting tobacco may be the single most important thing you ever do," explains Eleana Conway, NP, smoking cessation nurse practitioner at Lahey. "Tobacco smoke contains nearly 4,000 chemicals, of which 250 are known to be harmful, and over 50 of which are known to cause cancer. Smoking increases your risk of getting lung diseases and pneumonia. People who use tobacco are also at an increased risk for heart attack, stroke and diabetes. If you are pregnant, quitting smoking will improve your chances of having a healthy baby. The people you live with, especially your children, will be healthier as they will no longer be exposed to secondhand smoke, a known carcinogen."

Conway, who has helped many people who use tobacco quit, understands the challenges tobacco users face when they try to stop.

She says, "The most difficult part of quitting is different for each individual. Some would say that the hardest part is simply getting started. Others would say that dealing with physical symptoms during the first two weeks is the most difficult. Still others say that staying tobacco free is the hardest part."

Fortunately, medications and nicotine replacement therapies (NRT) such as gum, patches and lozenges are available to help.

"The newest smoking cessation medication is varenicline (Chantix)," says Conway. "Chantix is a prescription medication that works by activating receptors in the brain and blocking nicotine from attaching to them. It has been shown to double the chances of quitting. Anyone who is trying to quit may benefit from using a medication. Talk to your doctor to find out more."

The surgeon general recommends these five steps to help you quit:

- 1. **Get ready and make a plan.** Set
 a quit date, change your
 environment, and once
 you quit, don't smoke—not
 even a puff!
- 2. **Get support.** Tell your family, friends and coworkers that you are going to quit and want their support. Talk to your health care provider and attend a support group.
- 3. Learn new skills and behaviors. When you first try to quit, change your routine. Use a different route to work. Eat breakfast or drink your morning coffee in a different place. Reduce stress by finding something enjoyable to do every day. Drink a lot of water and other fluids.
- 4. **Get medication and use it correctly.**Medications can double your chances of quitting.
- 5. Be prepared for relapse or difficult situations.

One common concern about quitting is weight gain. "For some, a concern about weight gain can lead to a decision not to quit," says Conway. She advises those trying to quit to eat healthy, balanced meals, without focusing too much on their weight.

"It may be too much to quit smoking and begin dieting at the same time," Conway says. "Take it one step at a time and focus on quitting first. The average weight gain is less than 10 pounds, which is much less harmful to your health than smoking."

For a schedule of smoking cessation classes and other information, call Lahey's QUIT Line at 781-744-QUIT (7848) or visit www.lahey.org/SmokingCessation.



Q & A SUMMER 2008

Mohs Surgery

In the 1930s, Frederic Mohs, MD, a professor at the University of Wisconsin, developed a unique form of surgery for skin tumor removal. Since then, the technique has been refined and advanced and is now practiced throughout the world. Its wide acceptance stems from the fact that, for certain kinds of skin cancer, it offers a cure rate of about 99 percent.

In this column, Mollie MacCormack, MD, a dermatologic surgeon, answers common questions about Mohs surgery.

What is Mohs surgery?

Mohs micrographic surgery is a specialized, highly effective and methodical technique that removes skin cancer while preserving healthy tissue, minimizing the cosmetic impact of the surgery. Mohs surgery differs from other skin cancer treatments because it allows an immediate and complete microscopic examination of the removed cancerous tissues, so that all of the cancer can be eliminated while maintaining as much of the surrounding, healthy skin as possible.

Which patients are candidates for Mohs surgery?

Mohs surgery is not appropriate for the treatment of all skin cancers. It is typically reserved for patients who

have skin cancers in cosmetically sensitive areas (such as the face), skin cancers in locations that carry a higher risk of recurrence (such as the ear), skin cancers in areas where tissue conservation is important for wound closure (such as the hand or foot), or for patients who have very large tumors.

How is Mohs surgery performed?

Mohs surgery is performed as an outpatient procedure in a physician's office. First, local anesthesia is used to numb the tumor site. Then, as much of the visible tumor as possible is taken off by scraping with a special instrument. A thin layer of skin at the tumor site is then removed and examined under a microscope. If evidence of tumor cells is found at the edges of the sample, the doctor will remove and examine another skin sample taken from the area where the tumor remains. These steps will be repeated until no tumor can be detected under a microscope.

Although the actual surgery involved in each sampling takes only 20 minutes, the entire process may take more than one hour per sample.

What are the advantages of Mohs surgery?

Tracking the tumor removal process microscopically is a major advantage of Mohs surgery because it better ensures that the entire tumor is removed. By using a microscope, the surgeon removes only the tissue that the tumor has already invaded, sacrificing little of the surrounding healthy skin. This is important if the cancer is close to a prominent feature, especially on the face.

It is important to note that any form of surgery will leave a scar, but by preserving the maximum amount of healthy skin, Mohs surgery strives to allow the best possible cosmetic result.

How will the surgical wound be repaired?

After the procedure is completed, your surgeon will discuss the repair of the surgical site. Depending on the extent of the tumor, there are several ways of repairing the skin.

Some small or superficial wounds may be left to heal by themselves. Larger wounds may need to be stitched closed, and the largest wounds may require a flap or a graft. Both techniques involve moving healthy skin from elsewhere on the body to repair the surgical wound. Most patients have their wounds repaired on the same day the Mohs procedure is performed.

To make an appointment with a dermatologist at Lahey, call 781-744-5115.



Mollie MacCormack, MD

Macular Degeneration (continued from page 1)

eye, he was close to being declared legally blind. That's when Marx suggested an innovative operation.

"He didn't guarantee anything, but he said, 'Let's try it,'" Lemire recalls.

Marx had heard about using tPA—the clot-busting medication used to treat ischemic stroke—to break up a blood clot under the retina. The tricky part is getting to the clot. Using microsurgical tools and a microscope, Marx removed the vitreous, the gel-like substance at the center of the eye. He made a small hole in the retina and bathed the clot in tPA, delivering the drug through a small, flexible tube about 0.13 millimeters in diameter. He put an air bubble in the eye to close the hole and push blood away from the retina.

The outcome was better than either doctor or patient had expected. "He can't imagine what his life would be like if he lost his vision," said Lemire's wife. "Dr. Marx has kept him going."

Lemire is one of only a handful of Lahey patients who have been candidates for this surgery. Marx said many of them have remained stable, and most have gained a moderate amount of vision.

Though Lemire still has AMD, newer medications offer hope for him to maintain his active lifestyle. "While macular degeneration is a chronic disease, new medications not only stabilize, but may improve vision in many cases," says Marx. "Studies involving the next generation of medication, including VEGF-Trap and combination therapies [photodynamic therapy combined with Lucentis] are under way at Lahey Clinic and offer hope that even better therapies are possible."

To make an appointment with an ophthalmologist at Lahey, call 781-744-3250.



Reducing Your Risk of AMD

Although scientists don't yet know what causes AMD or how to fully prevent it, there are steps you can take to lower your chances of developing AMD or delay its progression:

- Have regular eye exams. Early detection of AMD through regular eye exams is critical. The American Academy of Ophthalmology recommends that individuals between the ages of 40 and 64 with no AMD symptoms have eye exams every two to four years. After age 65, eye exams should occur every one to two years (or more frequently if recommended by your eye care specialist). Remember that people with certain eye and medical conditions, such as diabetes, require eye examinations much more frequently.
- Control your risk factors.
 - Quit smoking.
 - Manage high blood cholesterol and blood pressure.
 - -Eat a healthful diet low in saturated fat and rich in fruits and vegetables. These contain lutein, which has shown promise in a small clinical trial for fighting macular degeneration, and zeaxanthine, which is hypothesized to be protective.
- Talk to your doctor about vitamin supplements. The results of one large clinical trial, called the Age-Related Eye Disease Study, indicated that somewhat high dosages of zinc, with or without the antioxidant vitamins C and E, and beta-carotene, might help to significantly reduce the risk of developing advanced stages of AMD in people who already have moderate AMD. Researchers could not determine whether the effect would last over a long period of time or with different doses of these or other supplements.
- Protect your eyes from damage by ultraviolet light by wearing a brimmed hat and UVprotected sunglasses when outside on bright days.

For more health tips, visit our Web site at www.Lahey.org/HealthTopics.

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Lahey Clinic Medical Center, Burlington

41 Mall Road, Burlington

- Internal Medicine
- Medical and Surgical Specialties

Appointments 781-744-8000

All other calls 781-744-5100

Lahey Clinic Medical Center, North Shore

One Essex Center Drive, Peabody

- Internal Medicine
- Medical and Surgical Specialties

Appointments 978-977-6336

All other calls 978-538-4000

Lahey Medical Center, Lexington

16 Hayden Avenue, Lexington

- Internal Medicine 781-372-7100
- Center for Cosmetic and Laser Surgery

1-877-867-0707

 Medical and Surgical Specialties

781-372-7144

Lahey Arlington

Internal Medicine781-641-0100

Lahey Billerica

• Internal Medicine 978-663-6666

Lahey Wilmington

Internal Medicine978-694-9610



When you think about how much support and function your feet provide over the years, it is no wonder that they are vulnerable to the aging process. The good news is that you can avoid common foot problems associated with aging by practicing preventive care.

"As people grow older, their feet become wider and longer," says Lahey's Margaret Lobo, MD, an orthopaedic surgeon who specializes in foot and ankle problems. "The padding on the soles of the feet thins out, arthritis can develop, and feet can develop aches and pains."

Improper footwear is a chief cause of problems, according to Lobo. "I tell patients how important it is to wear shoes that fit, and to dispose of shoes that are not the proper size," she says.

When shopping for shoes, try both shoes on, walk around in them for awhile, and make sure that the toe box is wider and taller than your toes. Allowing plenty of room for your toes prevents pain that comes with crowding your feet.

Aging can also bring on stiffening of the joints and arthritis, which may be related to old injuries. Anthony Teebagy, MD, notes that old foot and ankle injuries can cause new pain and discomfort as you age. "As orthopaedic foot and ankle surgeons, our job is to diagnose and treat these problems," he says.

Swollen feet are also associated with aging. According to Lobo, it is not unusual for feet to swell at the end of the day. She recommends elevating your feet for one hour to give them a rest. Another way to find foot relief is to fill a plastic bottle with water and freeze it. If you are experiencing foot discomfort at the end of the day, roll the icy bottle of water under the soles of your feet.

Plantar fasciitis, which is characterized by severe pain in the heel, may occur after a change in weight as you age. Frequent running or walking may increase your risk of plantar fasciitis. People with flat feet or high arches, or those who stand or walk on hard surfaces for long periods of time are at greater risk. Plantar fasciitis may hurt during walking or running exercises, but the pain is often the worst during the first few steps in the morning. Most patients require treatment to prevent plantar fasciitis from becoming chronic. Lobo and Teebagy recommend the use of night splints or heel cups, and stretching the feet to keep them healthy.

"There is much you can do to maintain good foot health, but if you are experiencing pain, don't wait to address it," Lobo says.

Lahey's Bone & Joint Center offers foot and ankle surgery, podiatry and physical therapy. To make an appointment, call 781-744-8638.



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- Center for Cosmetic and Laser Surgery

1-877-867-0707

 Medical and Surgical Specialties

781-372-7144

Lahey Amesbury

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- Family Practice 978-388-5050

Lahey Haverhill

• Internal Medicine 978-374-1010

Lahey Merrimac

• Family Practice 978-346-9733

Exceptional Treatment for a Common Disorder

LAHEY CLINIC'S CONTINENCE CENTER

One in four women will experience urinary incontinence at some point in life, according to recently compiled statistics. From leakage during sneezing or laughing to full loss of bladder control, urinary incontinence is a fairly common, treatable condition.

"Often people are embarrassed to say anything to their doctors when they have problems with incontinence," says Arthur P. Mourtzinos, MD, a specialist in Lahey's Continence Center. "Urinary incontinence is never normal—there is always a medical reason."

There are three main types of incontinence: stress, urge and overflow incontinence.

STRESS INCONTINENCE is the loss of urine during coughing, laughing or similar activity. It is caused by an anatomic problem with the bladder. This is the most common type of incontinence in women.

The most frequent causes of stress incontinence in women are related to childbirth and loss of pelvic support.

The most common surgery to treat it is a procedure called a pubovaginal sling to create support for the bladder and urethra.

URGE INCONTINENCE is characterized by the sudden sensation to urinate and the inability to control the urgency. This can be caused by infections, prostate enlargement or nervous system conditions, such as multiple sclerosis.

"Initial therapy for urge incontinence involves medication and behavioral management," says Mourtzinos. "If medical therapy fails, we offer neuromodulation therapy." This involves implantation of a nerve stimulator, helping the nervous system interpret signals that regulate the bladder and resulting in better control. Treatment is often based on the extent of a patient's neurological problem.

OVERFLOW INCONTINENCE

involves constant or frequent leakage of urine from a bladder that does not empty completely. It can be caused by medications and medical conditions.

CUSTOMIZED TREATMENT

Because of physiology, incontinence in men is often different than it is in women. The most common causes of male incontinence are related to surgery for issues such as prostate or rectal cancer or radiation therapy for pelvic malignancies.

The physicians of Lahey's Continence Center are fellowship trained by pioneers in the field. They hold subspecialty expertise in neurourology and male and female pelvic reconstruction, and offer experience in treating the most complex cases. In addition, they treat a range of related vaginal, urethral and urinary issues, such as vaginal prolapse, urethral diverticulum, strictures and fistulas.

After an initial consultation, Continence Center specialists customize care for each patient. Treatment can vary from medication to surgery, neurostimulator implants to biofeedback. "Every case is unique," says Mourtzinos. "We tailor treatment to precisely what our patients need."

Mourtzinos is available to see patients at Lahey's medical centers in Burlington and Peabody. To make an appointment with him or another Continence Center specialist, please call 781-744-3250.



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16 Hayden Avenue, Lexington

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- Center for Cosmetic and Laser Surgery
 1-877-867-0707
- Medical and Surgical

Specialties **781-372-7144**

Lahey Beverly

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- Pediatrics

978-927-1919

Lahey Danvers

- Internal Medicine
- Pediatrics

978-774-0730

Lahey Essex

Family Practice978-768-9004

Lahey Hamilton-Wenham

• Family Practice 978-468-7346

Lahey Ipswich

Internal Medicine

• Pediatrics 978-356-5522

IN CASE OF LINE OF LIN



Lahey Clinic's ER is a community resource on the North Shore.

Sometimes summer fun brings summer emergencies. Fortunately for residents of the North Shore, the Emergency Room at Lahey Clinic Medical Center, North Shore, is always open.

"People are outside a lot more in the summer, so there are more outdoor injuries at this time of the year," says Theresa Grady, BSN, RN, assistant nurse manager of the ER. "These include everything from bike, skateboard and boating injuries to bee stings and heatstroke in the elderly."

Lahey has had the only Emergency Room in Peabody for more than a decade, a role that the Clinic is proud to fill. "Our Emergency Department is a great resource to people all over the North Shore," says Robert Schneider, senior vice president. "It's the closest ER for many area residents, and they come here with the assurance of Lahey Clinic's exceptional patient care."

Lahey has been working to ensure that quality care is delivered quickly and efficiently in the ER. Earlier this year the ER adopted a process improvement program, called "lean thinking," to streamline patient flow in the department.

The new process involves taking a new ER patient immediately into an exam bay, where he or she is registered, triaged and treated all in the same space. With this system, the usual time involved in moving patients through the registration area, triage room and into an exam room is eliminated. Patients also see a nurse and physician at the same time, cutting down on the need to repeat information.

"We've seen a great increase in patient satisfaction since we began this process improvement," says Grady. "On our patient satisfaction survey, positive scores have more than doubled."

The ER continues to examine its system and look for ways to improve patient flow. Among the actions currently being taken include the use of newly approved processes initiated at triage by the nurse. These physician-approved protocols allow nurses to obtain certain X-rays and lab tests on patients early in their visit to the ER. This triage process decreases the patient's length of stay tremendously.

"Our patients are leaving very happy, and saying on the way out that the experience was terrific and that they were very pleased with our service," says Grady. "Hearing good comments from patients keeps the staff positive and motivated."

In the spring of 2009, the ER will be expanded and upgraded as part of Lahey's 65,000-square-foot facility and clinical services expansion. The new ER will be redesigned for better patient flow and will include a fast-track unit for urgent care services. The ER remains open through the expansion project.

Lahey Clinic's Emergency Room is located at One Essex Center Drive in Peabody. The ER can be reached at 978-538-4600, 24 hours a day, 7 days a week.



Outpatient Cardiology Class

Wednesdays, July 23 and August 27 2:30 to 3:30 pm Cardiology Conference Room, 5N-67 Lahey Clinic Medical Center, Burlington

Lahey Clinic nutritionist Cindy Neels, MPH, RD, LDN, leads an outpatient cardiology class that focuses on helping patients achieve a diet low in fat and cholesterol. Please check with your insurance company regarding coverage. Please preregister by calling 781-744-7127.

Cardiovascular Wellness Group

Tuesdays, August 19 and September 16 6:30 to 7:30 pm **Alumni Conference Room** Lahey Clinic Medical Center, Burlington

This support group is offered to patients and caregivers and is facilitated by Pat Toye, RN, and Lisa Catalano, LCSW. For further information or to register, please call 781-744-2460.

Varicose Veins and Venous Disease

Wednesday, September 10 6 to 7 pm Lahey Clinic Medical Center, North Shore

Harold Welch, MD, from Lahey's Heart & Vascular Center will be giving a public lecture about the diagnosis and treatment of varicose veins and venous disease. For more information about this lecture, please call 781-744-8193.

Learn to Cook: Quick and Healthy Meals

Monday, September 29, 5:30 to 6:30 pm **Lobby Conference Room** Lahey Clinic Medical Center, Burlington

Lahey Clinic's Department of Food and Nutrition offers a cooking demonstration with Kathleen Shader, a registered dietitian and television cooking program host. The demonstration will include cooking techniques for healthy meals that are delicious and easy to prepare. For further information or to register, please call 781-744-2469.

Freedom From Smoking®

Next session begins Wednesday, September 3, 6 to 7:30 pm 5 West, Room 5-501, Lahey Clinic Medical Center, Burlington

Lahey Clinic offers a free introductory session of the American Lung Association's Freedom From Smoking program. Freedom From Smoking emphasizes winning strategies to help participants adopt a nonsmoking lifestyle. Eleana M. Conway, NP, and Freedom From Smoking certified instructors will review this step-by-step plan for smoking cessation. Although the introductory session is presented without cost or obligation, registration for the seven-part program is \$100 per person, which includes a course guide and a relaxation CD. For more information or to register, call **781-744-QUIT (7848).**

Laser Vision Correction Consultations

Thinking about laser vision correction? Learn about new and exciting advances in the field of laser vision correction by scheduling a comprehensive evaluation with Sarkis H. Soukiasian, MD, and Mahesh Bhardwaj, OD. Please call 978-538-4567 to schedule a personal consultation.

Kidney Transplant Support Group

Thursday, September 18, 6:30 to 8 pm 4 West Conference Room Lahey Clinic Medical Center, Burlington

The kidney transplant support group is open to individuals with pre- and postkidney transplant concerns and has also been helpful for people anticipating or adjusting to dialysis. The group is facilitated by licensed transplant social workers and transplant nurse coordinators and often features guest speakers. Please call 781-744-8628 for more information.

Diabetes Education

Cosmetic & Laser Surgery Center Seminar

> Lahey Medical Center, Lexington 16 Havden Avenue To register, call 1-800-604-2703.

Summer's Over: Repairing the Effects of the Summer Sun

Thursday, September 25 6 to 7 pm

At this seminar, learn the latest nonsurgical techniques and laser technologies for rejuvenation of the face, hands, neck and chest.

Lahey Clinic Medical Center, Burlington 4 East Conference Room, 4N-67 To register, please call 781-744-8355.

Exercise for Your Health July 10, 5 to 6 pm

Medications Used to Treat Diabetes July 17 and 24, 4:30 to 5:30 pm

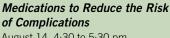
Meeting Challenges and Minimizing **Complications**

July 31, 5 to 6 pm

Keeping Well with Diabetes

August 7, 5 to 6 pm

To view Lahey Clinic's complete health care calendar, go to www.lahey.org/event.



August 14, 4:30 to 5:30 pm

Food for All Occasions August 21, 5 to 6 pm

Putting the Pieces Together August 28, 5 to 6 pm

Pump Therapy and Advanced Carbohydrate Counting

September 4, 5 to 6 pm

Lahey Clinic offers diabetes education in Burlington. Co-pay varies, depending upon insurance. Please check with your insurance company regarding coverage and whether you need a referral from your doctor.

Support Groups

Please call for meeting times and locations.

Alzheimer's Disease

781-744-8114

Brain Tumor

617-726-1061

Breast Cancer

781-744-8113

781-744-7779 (Peabody)

Cancer Patients and Families 781-744-8113

Cardiac Support Group 781-744-8662

Cardiovascular Wellness

781-744-2460 Charcot-Marie-Tooth (CMT)

978-667-9008

Deep Brain Stimulation 781-744-8632

Diabetes

781-744-7779

Gastric Bypass 781-744-3044

General Cancer Support

781-744-8113

Hepatitis Support

781-744-5335

781-744-5382

lleoanal (J-Pouch) 781-744-1030

Lap Band Support Group

781-744-3044 **Marfan Syndrome**

781-248-8743

Multiple Sclerosis 781-372-7098

Ostomy Association

781-744-1030

Ovarian Cancer 781-744-8113

Pre-Kidney Transplant 781-744-8628

Smoking Cessation 781-744-QUIT (7848)

Stroke Survivor and Caregiver 781-744-1912



Lahey Clinic provides interpreter services to meet the cultural and ethnic needs of all our patients. When making an appointment, please notify us if you require an interpreter.



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This newsletter provides general health information. It is not intended to provide medical advice. Medical advice should be obtained directly from a physician.

Health and Wellness News from Lahey Clinic is published four times per year for the communities served by Lahey Clinic. To request additional copies or to make comments. please write:

Lahey Clinic Communications and Marketing 41 Mall Road Burlington, MA 01805

For a directory of staff, locations, services and job opportunities, visit our Web site: www.lahey.org

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CLINIC NEWS

he newest operating room at Lahey Clinic Medical Center in Burlington, the Landsman Hybrid OR, opened for surgeries in early April. The OR is equipped for conventional surgeries and endovascular and endoscopic procedures that require radiographic imaging.

The hybrid OR is 920 square feet. Four other new operating rooms at the facility are around 800 square feet, and the older ORs are between 500 and 700 square feet. The added space allows room for larger surgical teams and advanced imaging technology.

In a traditional operating room, portable imaging technology is moved into the room as needed. In the hybrid OR, radiographic imaging equipment is built into the room. Fixed technology allows 360 degree, real-time imaging. The room has a direct link to imaging studies from various departments, such as ultrasound and radiology.

Procedures that in the past may have needed to be performed in an interventional radiology suite can now be performed in the operating room. "We have an interventional suite built into the OR," said Deborah Zarrella, MSN, RN, associate chief nurse, Surgical Services. "This is a whole new frontier for nursing and medical staff in terms of offering and performing minimally invasive procedures."

Although equipped for all types of surgery, the hybrid OR will be used primarily for cardiac and vascular procedures. "These are exciting times in the treatment of heart disease," said Richard S. D'Agostino, MD, chair, Cardiovascular and Thoracic Surgery. "The convergence of several new technologies, of which the hybrid OR is a significant part, will enable cardiac surgeons and cardiologists to treat patients with a level of precision and efficacy that were simply unimaginable 20 years ago."

The new OR is named for Sheila and Emanuel Landsman, ScD, of Lexington, Mass., who donated the funds to build it. The Landsmans are patients and longtime benefactors of Lahey Clinic.

Pictured above: Kelly Lorrey, BSN, RN, CNOR, and Pam Straube, BSN, RN, CNOR, in the hybrid OR prior to its opening.





Lahey Clinic 41 Mall Road Burlington, MA 01805-0105

S U M M E R 2008



www.lahey.org

100% Tobacco Free

On July 4, Lahey Clinic joined more than 50 percent of Massachusetts hospitals that are, or are in the process of becoming, smoke or tobacco free.

As members of the health care community, we witness the devastating toll that tobacco takes on the lives of our patients, family and friends. Eliminating tobacco products from Lahey campuses supports our mission to protect the health of everyone who comes to the Clinic, and creates a healthier community overall.

Our Smoking Cessation Service has stepped up efforts to assist individuals who use tobacco. See page 2 to learn what our smoking cessation nurse practitioner has to say about quitting, what you can expect, and how Lahey can help.

Lahey offers the American Lung Association's *Freedom From Smoking* program. The next session begins September 3. See page 6 for details. For more information call 781-744-QUIT (7848) or visit our Web site at www.lahey.org/SmokingCessation.

