# Health Wellness News

# **WINTER 2007**

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# Weighing the Benefits

Lifestyle changes and innovative treatments help patients struggling with obesity.

At 294 pounds, Michelle Johnstone was ready for a change.

Since high school, the now 32-year-old mother of three had struggled with her weight.

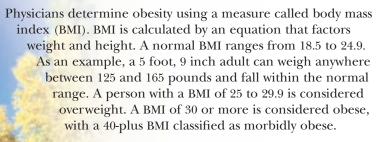
"I tried every diet out there," Johnstone explains. "Each time I'd lose a little weight, but the second I stopped, the pounds would return, and it would be even worse than before."

Shortly before her 30<sup>th</sup> birthday, Johnstone decided it was time for a change.

"I was shy and uncomfortable with myself, and my physician was concerned for my health," she says. "I knew I had to do something, especially for my family."

### **A National Crisis**

According to statistics from the World Health Organization (WHO), 39 percent of Americans were obese in 2005, a 10 percent increase from 2002. Obesity raises an individual's risk of developing chronic illnesses such as diabetes, heart disease, arthritis and some forms of cancer. Obesity can also cause or exacerbate a number of other medical conditions—called comorbidities—that include sleep apnea and high blood pressure.



Simply eating too much and exercising too little are not, by themselves, causes of obesity, although they both play large parts in weight gain. Suzanne Rieke, MD, a Lahey endocrinologist who works with obese patients, always checks for underlying medical causes first that might be contributing to a patient's weight gain.

"The most common medical reason for excessive weight gain is hypothyroidism, or an underactive thyroid," says Rieke. "The thyroid is a gland in the neck responsible for producing a hormone that affects the body's underlying metabolism. By age 60, probably one out of five women has a sluggish thyroid, so it's something I check for regularly."

(Continued on page 4)

Regular exercise is part of any weight loss program.



# Memory\_ Problems

When to Seek Help

Yuval Zabar, MD

It is important to discuss any

concerns of memory loss with

a doctor as soon as possible.

Have you ever forgotten to turn off the stove? Failed to get the one item that you actually went to the grocery store to buy? Misplaced your car in the mall parking lot? Everyone encounters a bout of forgetfulness at one time or another, but it is important to know when it is time to consult a doctor.

"It is normal to forget," says neurologist Yuval Zabar, MD.

"The challenge is differentiating normal forgetfulness from early dementia." Forgetfulness, or absent-mindedness, becomes increasingly common as people get older. "Age-related forgetfulness, such as not remembering complaints among the elderly," explains Zabar.

names or certain words, are typical

"However, if forgetfulness becomes a consistent and progressive problem that affects life at work or home in a negative way, then it may be time to consult a doctor," advises Zabar. Examples of this include constantly losing important documents, repeating the same stories or tasks, or generally lacking awareness of these problems.

Often it is a family member who is the first to notice when someone is having significant problems with memory. Zabar advises caregivers to be open and honest, and to approach the subject gently. It helps to write everything down because the other person may not remember the conversation.

"It is important to discuss any concerns of memory loss with a doctor as soon as possible," says Zabar. Forgetfulness is an early symptom of Alzheimer's disease, a progressive, degenerative disease that results in dementia. Zabar says that treatments for Alzheimer's disease are most effective

early in the course of the illness because the goal is to delay or prevent disability. "If you wait too long, you may not be able to regain lost ground," he says.

A neurologist will initially test for forgetfulness by conducting an interview and mental status exam to draw out a patient's history and memory deficit. This usually includes a question-and-answer session to identify a problem. Next,

> more formal, standardized memory tests may be administered to identify any patterns of memory loss to help establish a diagnosis.

If test results are normal, the cause of forgetfulness may be a lifestyle factor such as lack of sleep or stress. If tests are

abnormal, then a neurologist will conduct a more in-depth evaluation that may include scans of the brain and blood tests.

"We always look for treatable conditions, to slow, stop or reverse the problem," explains Zabar.

For everyday life, Zabar recommends the following tips to help retain memory:

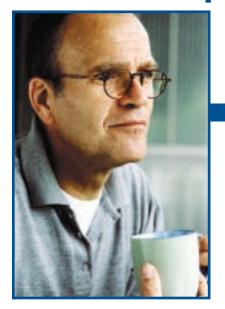
- Try different stress management techniques.
- Stick to a daily routine.
- Participate in regular mental and physical activity.

"Basically, adopting habits that simplify daily life will help combat forgetfulness," adds Zabar.

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



# **Barrett's Esophagus**



# What is Barrett's esophagus?

Barrett's esophagus is a change in the lining of the esophagus that can occur as a result of chronic acid reflux. Normally, the lining of the esophagus is squamous mucosa, similar to the inside of the mouth. When acid gets up into the esophagus, it can cause ulceration and inflammation. In some patients, the damage causes the lining of the esophagus to change to columnar mucosa, similar to what is found in the stomach. Although this lining can tolerate acid better, the change means it is unstable tissue that is more prone to cancer.

# Who is at risk for Barrett's esophagus?

Patients with frequent symptoms of acid reflux for several years—even if it is controlled by medication—are at risk of developing Barrett's esophagus. Although the condition is predominantly found in white males, any patient who has been on acid suppressant medication for reflux for five years, or who has had several years of reflux that occur several times per week, should be screened for Barrett's esophagus.

Many people suffer periodic bouts of heartburn that are generally not a cause for concern. Severe, chronic heartburn accompanied by reflux, however, can lead to Barrett's esophagus, a precancerous condition that warrants careful evaluation and monitoring. In this column, gastroenterologist Ann Marie Joyce, MD, answers questions about Barrett's esophagus.

# How is Barrett's diagnosed?

We do an upper endoscopy to examine the esophagus. If we see visible changes in the tissue, we'll take a tissue sample for a biopsy. Salmoncolored mucosa is suggestive of Barrett's, but a tissue diagnosis actually has to be done under a microscope to be sure. The good news is, it's a one-time thing. If a patient has had reflux for five years, and we do an upper endoscopy and don't find Barrett's, we can be assured that the patient will never have Barrett's.

# What if the patient does have Barrett's?

Patients diagnosed with Barrett's are entered into a surveillance program. This generally involves treatment with acid suppression medication and repeated endoscopies, depending on the level of change. Patients considered at low risk for cancer would be screened with a biopsy every two to three years. Patients at higher risk might have an endoscopy and biopsy every six months to a year.

# What percentage of patients who have Barrett's go on to have cancer?

About 0.4 to 0.5 percent per year. But although not all patients with Barrett's will go on to have cancer, their risk is much higher than that of the general population—perhaps 70 times higher.

# What treatments are available for cancer of the esophagus?

Surgery is the gold standard for treating cancerous changes in the esophagus. Some patients require preoperative chemotherapy and radiation. In patients whose cancer is limited to the superficial layers of the esophageal wall and who are not surgical candidates, we can do a mucosectomy, also called endoscopic mucosal resection, or EMR. With EMR, we use a snare (like a lasso) with electrocautery to strip away the affected lining of the esophagus. Theoretically, the lining that grows back is normal mucosa.

### How successful is EMR?

Recent studies demonstrate that EMR provides a cure in up to 95 percent of patients after a two-year follow-up. At this point, EMR is recommended only for patients who are not surgical candidates.

# What advice do you give someone with reflux?

Overeating, fatty foods, smoking, alcohol, coffee and obesity can all contribute to reflux, so we advise lifestyle modifications. We also recommend medications to suppress acid. For patients who have reflux two to three times per week for five years, we recommend an upper endoscopy at least once.

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



### Weighing the Benefits (Continued from page 1)

Two other hormonal disorders that can cause obesity are Cushing's disease and acromegaly, although both of these disorders are rare.

"The number of obese patients I see whose weight problems are caused solely by an underlying hormonal disorder is quite low," says Rieke. "More often than not, there are multiple factors contributing to a person becoming obese, including environmental, psychological, medical and genetic causes."

## **Treating the Whole Person**

In order to address the various causes of obesity, Lahey clinicians approach treatment across multiple disciplines. Surgical Weight Loss. "If a person has a BMI of 35 to 40 and has some comorbidities associated with obesity—such as diabetes, high blood pressure or sleep apnea—he or she is eligible for bariatric surgery, according to the National Institutes of Health. If a person's BMI is more than 40, regardless of whether comorbidities are present, he or she is a bariatric surgery candidate. All bariatric surgery candidates at Lahey are required to attend a mandatory information session and undergo dietary and psychological evaluations in preparation for surgery."

When Michelle Johnstone's physician first suggested gastric bypass as a solution for her weight problem, she wasn't crazy about the idea. "The thought of surgery really scared me,"

According to statistics from the World Health Organization (WHO), 39 percent of Americans were obese in 2005, a 10 percent increase from 2002.



Consultations with Lahey nutritionists, as well as information sessions and group therapy with a Lahey psychologists, are all available to patients.

Prescription medications for treating obesity are also available, but, Rieke cautions, these medications are most successful when used in collaboration with an ongoing diet and exercise program. For patients who find it difficult to exercise due to arthritis and back problems—two conditions often exacerbated by obesity—Rieke recommends pool therapy. "I suggest that my patients stand in the water up to chest level and just walk. It takes the pressure off the back.

"The best results I've seen," Rieke stresses, "occur in those patients who take the medications and make aggressive lifestyle changes."

For some patients, however, particularly those who are morbidly obese or who have more than 100 pounds to lose, surgery may be recommended.

### **Innovative Surgical Solutions**

The specialists at Lahey's Center for Surgical Weight Loss are experts in two types of weight loss surgery—Roux-en-Y gastric bypass and laparoscopic adjustable gastric band surgery.

"There are specific criteria for who should have surgery," explains David Brams, MD, director of Lahey's Center for

she says. Then she met a patient who had successfully undergone a laparoscopic adjustable gastric band procedure at Lahey, and she changed her mind.

The lap band surgery involves placing an adjustable band around the upper stomach. The band is attached with tubing to an access port on the abdominal wall under the skin. Clinicians inject saline into this access port to tighten or loosen the band, depending on the patient's weight loss progress. This process is called "filling."

Over two years, lap band patients will lose an average of 55 percent of their excess weight. "Unlike gastric bypass, the lap band is reversible," says Brams. "It's also less invasive, which means minimal scarring and a faster recovery time. The drawback is that the resulting weight loss may be slightly less effective."

For Johnstone, who had the lap band procedure at Lahey in 2004, the experience was life changing. "I've lost more than 100 pounds," she says, "and I'm more active and confident because of it. I've even returned to school for radiography—something I never would have done before. I finally feel like I fit in."

To learn more about surgical weight loss options, visit www.lahey.org. To make an appointment with an endocrinologist, call 781-744-3250. For information about Lahey's Surgical Weight Loss Support Groups, call 781-744-3044.



# Lahey Named to Leapfrog Top Hospitals List

Last fall, Lahey Clinic was one of 50 adultcare hospitals in the country—and one of only five in Massachusetts—to be named to the first Leapfrog Top Hospitals list.

More than 1,200 hospitals participated in the Leapfrog Hospital Quality and Safety Survey, a national rating system that offers broad assessment of a hospital's quality and safety. The survey polled hospitals about their actions related to 30 "Safe Practices for Better Healthcare" endorsed by the National Quality Forum as well as other nationally accepted patient safety achievements.

The Leapfrog survey is the only national survey that provides as full an assessment of a hospital's quality and safety. The Leapfrog Web site (www.leapfroggroup.org) displays each hospital's results, which can be viewed by anyone at no charge, and is updated each month with data from additional hospitals.

The survey collects data from hospitals on their progress toward implementing practices in four categories:

- ICU Physician Staffing: Are intensive care units staffed by trained ICU specialists?
- Evidence-Based Hospital Referral: How well do hospitals perform five high-risk procedures?
- Computerized Physician Order Entry (CPOE): Do physicians enter patient prescriptions and other orders into computers linked to error prevention software?
- Leapfrog Safe Practices Score: How well are hospitals progressing on the 27 National Quality Forum Safe Practices?

The Leapfrog Group is an employer organization aimed at encouraging big leaps in health care safety, quality and customer value. The organization works with its members to encourage transparency and easy access to health care information as well as rewards for hospitals that have a proven record of high quality care.



# Lahey Named Top Cardiovascular Hospital

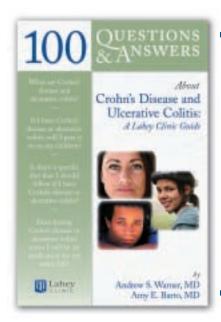
For the sixth time, Solucient, a leading source of health care business research, has named Lahey Clinic among the top cardiovascular teaching hospitals in the country. The results were announced last fall in Solucient's annual report of 100 Top Hospitals: Cardiovascular Benchmarks for Success Class of 2006.

"This recognition once again speaks to Lahey Clinic's ongoing commitment to provide cutting-edge care for our patients," said Lahey Clinic President and Chief Executive Officer David M. Barrett, MD. "Our experienced team of cardiovascular physicians and surgeons is always developing new ways to provide the most advanced cardiovascular treatments possible."

The 2006 Solucient 100 Top Hospitals: Cardiovascular Benchmarks for Success, objectively measures performance on key criteria to identify the nation's top performing acute-care hospitals. The study identifies hospitals that have achieved excellence in care, efficiency of operations, and sustainability of cardiovascular performance.

"Being recognized so consistently speaks to our total commitment to educate and treat our patients at the highest level possible," said Richard W. Nesto, MD, chair of Cardiovascular Medicine.

The Solucient 100 Top Hospitals: Cardiovascular Benchmarks for Success study found that if all hospitals provided the same quality of care as Lahey Clinic and the other *Top Hospitals*, survival rates would increase by more than 8,000 patients a year.



Last fall, local publisher Jones & Bartlett released four new titles in its 100 Questions & **Answers** series. Written by Lahey gastroenterologists, the books answer questions commonly asked during office visits. Topics include Crohn's disease and colitis; liver transplantation; hepatitis C; and GERD (gastroesophageal reflux disease). For a complete list of titles in the series, visit www.Lahey.org/gastro.



# Cosmetic & Laser Surgery Center Seminars

Lahey Medical Center Lexington 16 Hayden Ave. To register, call 1-800-604-2703.

### Aging Face and Eyes Thursday, January 18, 6 to 7 pm

Plastic and cosmetic surgeons will discuss solutions for the aging face and eyes, including preventive skin care treatments, injectables, laser treatment, skin resurfacing, face-lifts and eyelid tucks.

# **Body Contouring**

Thursday, February 8, 6 to 7 pm

Learn about the latest in body coutouring, liposuction, tummy tucks and other treatments.

### Nonsurgical Facial Rejuvenation Thursday, March 15, 6 to 7 pm

Staff of the Center for Cosmetic & Laser Surgery will discuss nonsurgical options for rejuvenation of the face.

## **Diabetes Education**

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

**Diabetes: You're in Control** Thursday, March 1, 5 to 6 pm

# **Carbohydrate Counting**

Tuesday, March 6, 3 to 4 pm Thursday, March 8, 5 to 6 pm

# **Diabetes & Weight: Choices** for Change

Thursday, March 15, 5 to 6 pm

# Exercise for Your Health

Thursday, March 29, 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.

# Cancer Support Group: 1 Can Cope Program

Lahey Clinic Medical Center, Burlington 6 Central Conference Room, Room 6-601

On the first Tuesday of every month, the General Cancer Support Group presents *I Can Cope*, a program of the American Cancer Society. For more information about this program or the group, contact Pamela Reznick, LICSW, at **781-744-8113**.

Tuesday, February 6, 6 to 7:30 pm Tuesday, March 6, 6 to 7:30 pm

Breast Cancer Support Group — Wednesdays, February 7 and March 7, 6 to 7:30 pm

# Create Your Weight Adult Weight Management Program

Mondays 5:30 to 6:30 pm

January 22, 29, February 5, 12, 19, 26, March 5, 12, 19, 26 Lahey Clinic Medical Center, Burlington, Lobby Conference Room

Lahey Clinic nutritionist Cindy Neels, MPH, RD, LDN, leads a 10-week weight loss program that provides nutrition education, behavior modification tools, and motivation for lifestyle change. Developed by health care professionals and based on guidelines from the American Dietetic Association (ADA), Create Your Weight provides participants with the knowledge and tools they need to successfully manage their weight forever simply by making better choices.

The program costs \$250, which includes the cost of two books and a software package that helps participants track their progress at home. To register, please call **781-744-7127**.

# **Outpatient Cardiology Class**

Wednesdays, Jan. 24, Feb. 28, March 28 1:30 to 2:30 pm

Lahey Clinic Medical Center, Burlington Cardiology Conference Room, 5N-67

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. To register, please call **781-744-7127**.

# Look Good, Feel Better

Tuesdays, February 13 and March 13, 4 pm Lahey Clinic Medical Center, Burlington

Lahey Clinic, in association with the American Cancer Society and National Cosmetology Association, presents this program for women undergoing chemotherapy or radiation therapy for cancer. For location and to register, call Pamela Reznick, LICSW, at 781-744-8113.

# Greater Boston Lymphedema Network (GBLN)

Wednesdays, Jan. 17, Feb. 21, March 21, 7 pm Lahey Clinic Medical Center, Burlington 7 Central Waiting Room Area

Sponsored by the Lahey Clinic Physical Therapy Lymphedema Center, the GBLN is comprised of patients and family members as well as health care professionals who provide support, information and advocacy in the hope of improving the quality of life for those with lymphedema. For more information, call Denise McIntosh, PT, at 781-744-2760.

# **Exercise/Movement Therapy**

The Lebed Method, Focus on Healing

Wednesdays, Jan. 17, 24, 31; Feb. 7, 14, 21 6 to 7:15  $\mbox{pm}$ 

Lahey Clinic Medical Center, Burlington Cafeteria Conference Room

Sponsored by the Lahey Clinic Physical Therapy Lymphedema Center, this is a fun, supportive class designed for cancer survivors and others battling chronic health conditions such as lymphedema, rheumatoid conditions, fatigue, or those who need to start moving after surgery. The Lebed Method, Focus on Healing, is a program of exercises and movements created by a dance movement specialist and two physicians. Movements are simple, and they focus on recovery, positive expression and celebration. Contact Denise McIntosh, PT, at 781-744-2760 for more information.



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Calendar Editor Jaclyn Caruso

Art Director Kathleen Nardini

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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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# Where You'll Find Us

Lahey Clinic provides primary care services for adults at medical centers in Burlington, Peabody and Lexington and at physician practices in surrounding communities. Pediatric care is provided in Beverly, Danvers and Ipswich. For a complete directory of staff, locations and services, visit our Web site: www.lahev.org.



Lahev 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.

781-744-5404

# Medical Centers

### Lahey Clinic Medical Center, Burlington

41 Mall Road, Burlington

- Internal Medicine
- · Medical Specialty and Subspecialty Services

**Appointments** 781-744-8000

All other calls 781-744-5100

### Lahey Clinic Medical Center, North Shore

One Essex Center Drive, Peabody

- Internal Medicine
- Medical Specialty and Subspecialty Services

**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 877-867-0707
- Specialty Consultations 781-372-7144

# **Editor's Note**

The fall 2006 issue of Health & Wellness News contained information about cholesterol. The chart we included was meant to provide goals based on a person's risk for heart disease. While the numbers we presented are those recommended by the American Heart Association, there was some

wording missing from the chart that is crucial to the meaning. Below is the corrected information.

Always speak with your physician to determine your risk of heart disease and your individual cholesterol goals.

Numbers That Count	Goal
Total Cholesterol	less than 200 mg/dl
LDL (Bad) Cholesterol	
(There are different goals for each level of risk for heart disease.)	
For people at low risk for heart disease, the goal is	less than 160 mg/dl
For people at intermediate risk for heart disease, the goal is	less than 130 mg/dl
For people at high risk for heart disease,* the goal is	less than 100 mg/dl
For people at very high risk for heart disease, the goal is	less than 70 mg/dl
HDL (Good) Cholesterol	Women: 50 mg/dl or higher
	Men: 40 mg/dl or higher
Triglycerides	less than 150 mg/dl
Includes those who have heart disease or diabetes.	Source: American Heart Association



# Genetic Links to Cancer

If your eyes glazed over last Thanksgiving as your Aunt Esther talked about her recent operation, it's time to wake up and pay attention. As researchers learn more about human genetics, knowing your family's medical history can help your doctors help you.

That's the message Lawrence C. Rusin, MD, wants to send. As director of Lahey's Hereditary Colon Cancer Registry, Rusin says identifying people at high risk of cancer is essential to providing good preventive care and counseling.

Colon cancer is the third most commonly diagnosed cancer among Americans (excluding skin cancer). Even so, the average person has only about a 5 percent risk of having colon cancer at some point in life. For people with a rare genetic mutation, however, the risk could be as high as 100 percent, Rusin says.

You inherit half your genes from your mother and half from your father. An abnormal (or mutated) gene can make someone more susceptible to environmental factors that can cause cancer. A handful of gene mutations have been linked to colon cancer, and researchers are in the process of identifying others.

According to Rusin, patients with these genetic mutations are at risk for multiple cancers, because the mutations affect every cell in the body. "It just so happens that the most frequent and earliest cancers happen to be in the colon," he explains.

In people with a form of colon cancer called familial adenomatous polyposis (FAP), a gene mutation causes the growth of hundreds of polyps in the colon. People with this gene mutation have almost a 100 percent chance of getting colon cancer by age 40, according to the National Human Genome Research Institute. In this case, family members who test positive for the gene may opt to have surgery to remove the colon before cancer arises.

Hereditary nonpolyposis colon cancer (HNPCC) has also been traced to genetic mutations. People with this syndrome have about an 80 percent lifetime risk of colon cancer. According to



Rusin, if colon cancer occurs before age 50 or if there are three or more cases of cancer among first-degree relatives, HNPCC might be the cause.

"There is no obvious clinical sign that someone has HNPCC," Rusin says. "The diagnosis is made by consideration of family history or the age of the patient when he or she gets cancer. If we suspect HNPCC based on that information, we can test the patient for the abnormal gene."

Once a gene mutation is identified in the person who has the disease, physicians can easily test other blood relatives. The cancer registry's goals are to identify family members who need intensive follow up—and those who do not—and to make sure each patient receives appropriate care.

"Risk assessment is part of our initial evaluation of a patient," Rusin says, "but we also keep a database of results of a range of diagnostic tests that are important in preventing other cancers associated with HNPCC. These patients need lifetime surveillance, and that can be psychologically very stressful.

"Cancer registries used to be mainly for research," he adds, "but now that we've learned all this genetic information, they can be a clinical tool."

In November, Rusin was appointed to a one-year term as president of the Collaborative Group of the Americas on Inherited Colorectal Cancer. To read more about cancer programs at Lahey, go to www.lahey.org/cancer.

W I N T E R 2 0 0 7



www.lahey.org



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# Elbow Arthroscopy

Not Just for Athletes

Arthroscopy is a minimally invasive surgical procedure used to visualize, diagnose and treat problems inside a joint. Since the late 1970s, it has transformed the field of orthopaedic surgery and sports medicine.

While this procedure is most commonly used for knees and shoulders, the intricate elbow joint is increasingly becoming a candidate for arthroscopic surgery. Elbow arthroscopy is not just for athletes—it is for all patients with painful elbows who seek to regain day-to-day function in this crucial joint.

During elbow arthroscopy, an orthopaedic surgeon inserts an arthroscope into the elbow joint through a small incision, about 4 to 5 millimeters in size. A small camera attached to the device allows the surgeon to look at the inside of the elbow on a video monitor.

Specially designed instruments are used when corrective surgery is required. The procedure is typically done on an outpatient basis.

Eric T. Tolo, MD, an orthopaedic surgeon who specializes in hand and upper extremity operations, performs elbow arthroscopy at Lahey Clinic. He says arthroscopy can be used to treat a number of injuries to the elbow joint. These conditions include loose bodies (bone and cartilage) that can cause pain and locking of the joint, arthritis, inflammation and postsurgical or post-trauma stiffness.

"Arthroscopy has advantages for patients and surgeons," says Tolo. "For a patient, arthroscopy is minimally invasive. It causes less swelling and allows for quicker recovery, earlier range of motion, better pain relief, and earlier return to function. For a surgeon, it allows for deeper exploration of

the elbow [than traditional, open surgery] and more effective evaluation of all joint surfaces."

He adds, however, that elbow arthroscopy is not effective for injuries occurring outside the joint. Such conditions include contracture (a shortening of muscle, tendons or ligaments that limits normal movement) and the formation of extra bone (known as heterotopic ossification).

While complications are rare, a small percentage of patients suffer nerve injury from the procedure.

Three major nerves cross the elbow joint.

The pressure put on these nerves during the procedure can cause temporary numbness. Contracture, post-trauma stiffness, and inflammation from rheumatoid arthritis also increase the risk of nerve injury during arthroscopy.

Tolo says the structure of the elbow—the confluence of three bones and three major nerves that cross the joint—makes elbow

arthroscopy a technically demanding

procedure. That is one reason why elbow arthroscopy lags behind knee and shoulder "scopes" among orthopaedic surgeons.

"Patient outcomes with elbow arthroscopy are generally excellent," says Tolo. "We see early return to function and less swelling. We know that these patients fare as well as those who undergo traditional, open surgeries. What we don't know yet—and what we're currently investigating—is if they do better."

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

WINTER 2007



Radial nerve

Medial nerve

www.lahey.org



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# Exceptional Treatment

for a Common Disorder

# Lahey Clinic's Continence Center

One in four women will experience urinary incontinence in her 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.

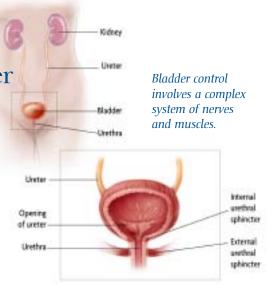
"Often people are embarrassed to say anything to their doctors when they have problems with incontinence," says Arthur Mourtzinos, MD, a specialist in Lahey's Continence Center. "Urinary incontinence is never normal—there is always a medical reason."

All physicians in Lahey's Continence Center are fellowship trained by pioneers in the field. They hold expertise in neuro-urology and male and female pelvic reconstruction.

Because Lahey is a tertiary care facility, Continence Center physicians are experienced 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.

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

Stress and urge incontinence can also be present together, known as mixed incontinence.



# **Stress 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 child-birth and loss of pelvic support. The most common surgery is a procedure called a pubovaginal sling, which creates support for the bladder and urethra.

# **Urge incontinence**

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

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 from that 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.

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 Clinic Medical Center, Burlington, and at Lahey's Peabody location. To make an appointment with him or another Continence Center specialist, please call 781-744-3250.

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