

Your Guide to Healthy Living

# Baystate Health

Fall 2010

FERTILITY AFTER 40

NOT ALWAYS A

## HOLLYWOOD HAPPY ENDING

Page 10

MEET A MAN WHO'S LOST 234 LBS

## WYNN-ING THE BATTLE

Page 13

## SURGERY'S 'FANTASTIC VOYAGE'-LIKE FUTURE

WHAT'S HAPPENING NOW  
AND WHAT'S ON THE HORIZON

Page 5



# THE "GREEN" HOSPITAL OF THE FUTURE



You may have heard about the construction of the Hospital of the Future at Baystate Medical Center, but have you heard that it is green? With a focus on green building practices, the new facility will accommodate the advances of tomorrow while being environmentally responsible today. Examples include:

- **Recycling:** The building will integrate into Baystate's campus-wide recycling program.
- **Lighting:** Interior skylights will bring daylight to interior spaces, reducing energy requirements. Energy efficient lighting will be used. Light sensors will allow the use of daylight whenever possible, and lower lighting levels at night. Patient rooms and family areas will be located on exterior walls to maximize access to natural light.
- **Energy Efficiency:** High quality window systems will assist with insulation, and building infrastructure, including cooling systems and air handling systems, will be energy efficient. A green, vegetative roof will reduce water run-off and cool the building, adding insulation and reducing heat to the roof.
- **Water:** Landscaping will emphasize native plants and green maintenance techniques including a rainwater collection system and water-efficient landscaping for irrigation.

**For information,** visit [baystatehealth.org/hospitalofthefuture](http://baystatehealth.org/hospitalofthefuture).

## Green Stats

Baystate Health saved **\$101,892** on cardboard and paper recycling in 2009.

Last year Baystate Health recycled **3.94** tons of batteries.

From 2008-09, Baystate Health used **338,500** fewer Styrofoam cups, and 71% fewer Styrofoam trays.

## MAKING THE CASE FOR ANNUAL MAMMOGRAMS

Now retired after working for 32 years in the Radiology Department at Baystate Mary Lane Hospital, Martha "Marty" Tombor says, "When I was working, an annual mammogram was a given thing and I never missed a year. After I retired, when I finally got around to making an appointment for my annual screening mammogram, I was surprised to learn that two years had passed."

Tombor had her digital screening mammogram at Baystate Mary Lane Hospital. "I didn't notice any changes or feel anything different," notes Tombor, who also had no family history of the disease. After the test, she met radiologist Dr. Edward Ostrowski, who explained that she had a suspicious finding on her mammogram, in both breasts.

"I believe that mammogram saved my life," says Tombor, whose days are now filled with the laughter and activity of being the grandmother of two boys under the age of four, and time spent doing the things she loves best with friends and family.

The experts at the Baystate Regional Cancer Program stand by the American Cancer Society guidelines, and recommend that all women have an annual screening mammogram starting at age 40 with no upper age limit.

### To schedule an appointment:

- Baystate's Comprehensive Breast Center, Springfield: 413-794-2222
- Baystate Franklin Medical Center, Greenfield: 413-773-2233
- Baystate Mary Lane Hospital, Ware: 866-531-8378

**MARK YOUR CALENDAR** for the 17th Annual Rays of Hope –A Walk Towards the Cure of Breast Cancer on Sunday, October 24! (See page 13 for more information.)

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# 'SPECIAL TRAVELER' BRINGS STRENGTH AND JOY



Front row, left to right: Terri Laverty (daughter), Constance Robidoux (wife), and Margaret Dane, RN (BVNAH). Back row: Bill Hynes (Development) and Suzanne Hendery (founder Baystate Special Travelers Fund).

At 79 years old, Roland Robidoux had lived a full life. He was a proud U.S. Marine veteran of the Korean War. He was married for 56 years to Constance, the love of his life, with whom he raised a family that included four children, seven grandchildren, and four great grandchildren.

Earlier this year, Robidoux became seriously ill with cancer and began to receive hospice services from Baystate Visiting Nurse Association & Hospice (BVNAH) at his home in Granby, MA.

Over 10,000 miles away, his daughter Terri Laverty was at her home in Australia. She was desperate to see her dying father and help her mom. She didn't have sick leave at her job, but her boss told her she would have her job when she got back and even loaned her money to travel to the U.S.

In the final weeks of her father's life, Laverty was at his side helping with his care, supporting her family, and experiencing precious moments with her beloved father. Robidoux was able to spend his final days not in a hospital, but where he wanted to be—at home. Laverty praises Baystate Visiting Nurse Association & Hospice's Sarah Killion, LICSW, a medical social worker; and Margaret Dane, RN, for their exceptional care of her father and family.

With so much to look after, Laverty put the thought of her travel expenses to the back of her mind until she got a phone call from Bill Hynes, development manager at BVNAH, telling her she had been chosen as the first recipient of a special assistance fund at the Baystate Health Foundation called the Baystate Special Travelers Fund. It would pay the cost of her travel so she could repay her boss. "I thought it was unreal," exclaims Laverty.

The Baystate Special Travelers Fund was established by John Spellman, PhD, and his daughter, Suzanne Hendery, vice president of Marketing & Communications for Baystate Health. Its purpose is to bring hope, strength, and joy to terminally-ill patients of Baystate Health by reuniting them with those they love. The fund provides assistance for travel expenses for family members or close friends who cannot afford to visit a terminally-ill patient at Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, or receiving care with the Baystate Visiting Nurse Association & Hospice.

On May 21, Roland and Constance celebrated their 56th anniversary in their home with a BVNAH hospice chaplain renewing their vows. Days later, Roland passed away with his devoted family by his side.

**To learn more** about how to apply for the Special Travelers Fund, visit [baystatehealth.org/specialtravelersfund](http://baystatehealth.org/specialtravelersfund). This fund accepts memorial contributions at all levels in the names of loved ones or relatives; 100% of the revenue goes directly to providing services to Special Travelers. Donations may be sent to: Baystate Special Travelers Fund, c/o Baystate Health Foundation, 280 Chestnut Street, Springfield, MA 01199.

## INTRODUCING TWO NEW SPECIALISTS

**Dr. Dyanne Tappin**, a specialist in obstetrics and gynecology, recently joined Dr. Mohammed Ahmed and certified nurse-midwife Lisa Beaudry as part of BMP - Mary Lane Ob/Gyn, with offices in Ware and Belchertown.

Tappin earned her medical degree at the University of Vermont College of Medicine in Burlington. She completed her residency at Baystate Medical Center in Springfield. She is currently welcoming new patients.

**For more information** or to make an appointment, please call 413-967-2655.

**Dr. Benjamin Schalet**, a specialist in plastic and reconstructive surgery, recently joined the surgeons at Baystate Plastic Surgery in Springfield. He specializes in post-cancer and complex wound reconstruction.

Schalet earned his medical degree from the University of Virginia School of Medicine in Charlottesville. He completed his residency in plastic surgery at Albany Medical Center in New York, and a breast and aesthetic fellowship at Massachusetts General Hospital in Boston. He is currently welcoming new patients on an outpatient and referral basis.

**For more information** or to make an appointment, please call 413-794-5363.



**WATCH THIS!**

Dr. Schalet discusses his patient care philosophy at [baystatehealth.org/plastic](http://baystatehealth.org/plastic).

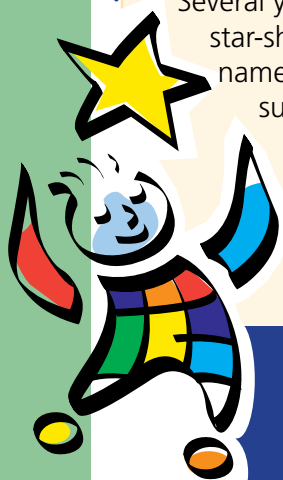


Dr. Dyanne Tappin



Dr. Benjamin Schalet

## WHAT'S MY NAME? CONTEST FOR KIDS



Several years ago, the logo for Baystate Children's Hospital was redesigned to include a cute and colorful star-shaped icon that embodies the spirit of every child. Sadly, the colorful icon was never given a proper name, and the team at Baystate Children's Hospital is calling on children throughout the region to provide suggestions. Children ages five through 21 are encouraged to submit their suggestions for the official name of this star icon, and why they chose it.

The winner's name and photo will appear in the next issue of *Baystate Health* magazine and on the Baystate Children's Hospital website, and the child will receive a prize package featuring a \$100 gift card.

**For more information** and to enter, visit [baystatehealth.org/whatsmyname](http://baystatehealth.org/whatsmyname) and complete the simple online entry form by Friday, October 22, 2010.

## EASING THE PAIN OF ILLNESS

If someone you love is facing a serious illness, they may experience pain and other symptoms such as difficulty breathing, nausea, fatigue, constipation, loss of appetite, and difficulty sleeping. Palliative care may be able to help provide relief for them.

Palliative care, often referred to as comfort care, focuses on making the patient comfortable during their illness. A primary goal of palliative care is pain and symptom management to prevent and relieve suffering, and improve the quality of life for patients with debilitating chronic disease or life-threatening illness.

For over 30 years, palliative care has been provided by hospice programs for terminally ill patients. However, it is now also used for patients to alleviate side effects and help them better tolerate ongoing treatment.

Palliative care can be for patients of any age and at any stage of the diagnosis, and can be used at the same time as other measures.

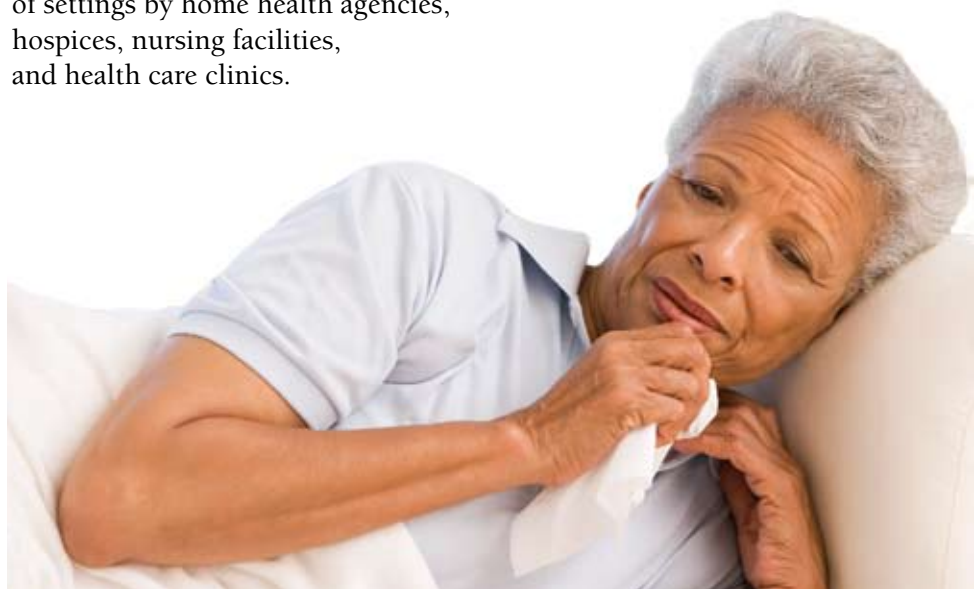
Tailored to each individual, palliative care is provided by an interdisciplinary team of health care professionals who specialize in pain and symptom management. Team members may include: palliative care physicians; specialists; general practitioners; nurses; nursing assistants or home care aides; social workers; chaplains; physical, occupational, and speech therapists; and dietitians.

Care may be delivered in a variety of settings by home health agencies, hospices, nursing facilities, and health care clinics.

Regardless of where it is delivered, the goal is the same—to reduce suffering and improve the quality of life for individuals and families.

Patients suffering with a serious illness should ask their health care provider to see if palliative care can help provide relief.

**For more information, contact Baystate Visiting Nurse Association & Hospice at 413-794-6505, or [ann.johnson@baystatehealth.org](mailto:ann.johnson@baystatehealth.org), or visit [baystatehealth.org/vna](http://baystatehealth.org/vna).**



# HELP FOR THE OVERACTIVE BLADDER



It's estimated that in the United States alone, more than 13 million people suffer from overactive bladders and other forms of urinary incontinence. Yet, those with the problem often feel ashamed. They're inclined to isolate themselves, limiting their social and even their work lives.

But there are treatment options that have proven highly successful for those with overactive bladders. Medication, physical therapy, or a diet change may make a significant positive difference. When these more conservative approaches don't work, many find remarkable results with InterStim™ Therapy, including the patients of Dr. Alejandro Miranda-Sousa of Baystate Medical Practices – Greenfield Urology.

“Over the past ten years, InterStim has proven itself a quite successful, safe, and effective treatment option,” says Miranda-Sousa. “The improvement for some patients can be dramatic. Just recently, I had a patient tell me that for the first time in 25 years she felt like a normal person.”

With InterStim, mild electrical pulses stimulate the sacral nerves near the tailbone that control the signaling between the brain and the bladder. Through this process, the signaling can be restored to its proper function, so an overactive bladder is brought under control.

Patients are introduced to InterStim Therapy in stages.

During an office visit, Miranda-Sousa numbs a small area of the lower back and inserts a thin wire near the sacral nerves. The wire is taped to the skin and connected to a small stimulator, which the patient wears on his or her waist-band, like a beeper. The stimulator sends mild electrical pulses through the wire to a sacral nerve. During this trial assessment, which typically lasts a few days, patients usually continue to work, unless their jobs require strenuous movement. If, over this period, the InterStim Therapy produces the desired results for the patient, it's time to make it more permanent. This requires a trip to the hospital but not an overnight stay. In a procedure that takes less than an hour using a local anesthetic, the stimulator is implanted under the skin.

According to Miranda-Sousa, approximately 75% of his patients who have undergone InterStim Therapy had a successful outcome. In those cases where the results are not satisfactory, the procedure is entirely reversible.

“Understandably, some patients are fearful, until we have the chance to explain InterStim Therapy,” says Miranda-Sousa. “And once they've completed the treatment, it's gratifying, because you can see the relief they feel. It's life changing.”

If you have an overactive bladder or another form of urinary incontinence, talk to your primary care physician, who might prescribe medication, physical therapy, and diet changes. If this doesn't produce satisfactory results, a referral to a urologist is likely to follow.

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Baystate Medical Practices – Greenfield Urology is located at 48 Sanderson Street in Greenfield, and can be reached by calling 413-773-2680.

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## TAKE A STEP TOWARD *Healthier Living*

Ready to take a more active role in your health and wellness? Baystate Health offers two free and exciting Loyalty Programs through our three hospitals: Baystate Medical Center in Springfield, Baystate Franklin Medical Center in Greenfield, and Baystate Mary Lane Hospital in Ware.

### *Senior Class*



Senior Class is offered exclusively to men and women ages 55 and over. You'll enjoy free educational seminars on topics such as nutrition, exercise, the latest medical technologies and treatments, and other health issues important to you, as well as free and low cost health screenings. You'll also receive our quarterly newsletter featuring health information, seminars, and special events like our famous annual Senior Class Picnics, Spring Luncheon, and Gala Holiday Ball. In addition, you'll be automatically enrolled in Rx Senior Class®, our free discount prescription program; and receive discounts in the cafeterias at all three Baystate hospitals.

**To learn more** or enroll, visit [baystatehealth.org/seniorclass](http://baystatehealth.org/seniorclass) or call 1-800-377-4325.

### *Spirit of Women*



Spirit of Women offers women seminars and events with direct access to clinicians and the latest women's health information in a comfortable and lively setting. The program is designed to increase your knowledge of women's health issues, and in turn, provide you with the information you need to make the best decisions regarding your health. You'll also have access to a full range of benefits including a quarterly newsletter, free and low cost women's health events, discounts, and special offers.

**To learn more** or enroll, visit [baystatehealth.org/spiritofwomen](http://baystatehealth.org/spiritofwomen) or call 1-800-377-4325.



Dr. Neal Seymour and the da Vinci robotic surgery system.

# THE FUTURE OF MEDICINE SPACE-AGE SURGICAL CARE

By Sue Spiry

**NEW TECHNOLOGIES AND TECHNIQUES HAVE RESULTED IN ENORMOUS CHANGES IN SURGICAL CARE OVER THE PAST TWO DECADES, AND WHAT ONCE SEEMED LIKE SCIENCE FICTION IS FAST BECOMING REALITY.**

During the last 20 years, we have seen the introduction of minimally invasive surgery, robotic surgery, minimal access techniques for heart surgery, innovative surgical anti-cancer tools, and even surgery performed on babies prior to birth.

In addition, more advanced diagnostic studies, including computerized imagery of various types, have also changed the surgical approaches to certain diseases. As impressive as these developments have been, the next 20 years may produce even more dramatic changes.

## MINIMALLY INVASIVE SURGERY

Minimally invasive surgery refers to procedures that are less invasive than more traditional surgical approaches. Incisions are much smaller, resulting in shorter recoveries, less pain, and a quicker return to normal life for patients.

Minimally invasive surgery has progressed from a technique used in only a few specific situations to a mainstream method employed for most major types of surgery. In fact, says Dr. David Earle, director of Minimally Invasive Surgery, surgeons at Baystate Medical Center perform over 80 different procedures using minimally invasive techniques, from the simple, to the highly complex.

According to Dr. Neal Seymour, vice chair of Surgery and chief of General Surgery at BMC, this evolution will continue, and it is likely that the degree of invasiveness will decrease even further.

“Single incision laparoscopic surgery has now been used successfully to reduce the number of incisions made for access to the abdomen and chest,” he says. “This has prompted the development of entirely new instruments. As this continues, the range of procedures performed through a single miniscule opening will dramatically increase.”

In addition, the use of new types of energy instruments to divide tissue or to destroy abnormal tissue such as tumor cells will greatly improve the ability to perform major operations without creating large openings to enter body cavities. “This will affect the way general, vascular, cardiac, urologic, and gynecologic surgery is performed,” says Seymour.

## 1,000 ROBOTIC SURGERIES

Surgeons at BMC have been performing robot-assisted minimally invasive surgery using the *da Vinci* system since its acquisition in 2005. The medical center now has two *da Vinci* systems, and earlier this year, Dr. Tashanna Myers, a specialist in gynecologic oncology at BMC, performed the 1,000th robot-assisted surgery at the medical center.

Seymour says the use of robots or tele-manipulation devices to perform surgery that requires great precision or maneuvers that cannot be performed easily

with conventional surgical tools is now commonplace. “There are few areas where greater advances will be made than in telerobotics in surgery,” he says.

Among the imminent possibilities are more flexible and more maneuverable robotic tools, as well as the possibility of totally autonomous robotic “vehicles” that could gain access to surgical sites that cannot be reached without major incisions using conventional surgical techniques.

“Miniaturization of robotic devices to cellular size raises the specter of a ‘Fantastic Voyage’-like future, where the surgeon navigates a patient’s anatomy from a remote workstation, in much the same way that a pilot flies a remotely piloted aircraft,” says Seymour. “These developments have already occurred in areas other than medicine, but it is not unreasonable to expect them to become clinical realities in the next 10 years.”

## SURGERY WITHOUT INCISIONS

NOTES®—Natural Orifice Translumenal Endoscopic Surgery—involves passing flexible surgical tools and a tiny camera through a patient’s natural orifice (generally the mouth, vagina, or rectum) to perform surgery, eliminating the skin incisions required for open or laparoscopic surgery and resulting in less pain, fewer infections, and quicker recoveries.

“NOTES is a very recent evolution of minimally invasive surgery and requires refinement and further development before its full promise is realized,” says Seymour. The first procedures have been performed, however, and Baystate Medical Center, the first hospital in New England to offer them, has been recognized for its pioneering work in this area.

Three years ago, a team of surgeons at Baystate Medical Center performed the first ever pancreatic pseudocystgastrostomy to drain a chronic infected pancreatic pseudocyst. In doing so, they





not only saved the patient's life, but they opened up new avenues for next-generation minimally invasive abdominal surgery.

Since then, Baystate surgeons have become pioneers in the emerging field of NOTES having removed several gallbladders transvaginally with this advanced surgical and gastroenterological approach during the past year.

"I believe that minimally invasive approaches like NOTES will in the not-too-distant future become the norm for some types of surgery," says Dr. John Romanelli, director of Bariatric Surgery and Robotic Surgery at BMC. "But first, we need to confirm the new technique is just as safe as current approaches. Currently, Baystate and other academic medical centers across the country are enrolling 140 patients in a rigorous test of NOTES' effectiveness."

In fact, surgeons at BMC have enrolled the first patient in this national multi-center study to determine if NOTES techniques are as effective and safe as traditional approaches while at the same time reducing recovery time, infection rates, post-surgical scarring, and perhaps even health costs. Baystate surgeons performed the first NOTES transvaginal cholecystectomy as part of this study.

### TWO-IN-ONE SURGERY

In some cases, patients may also benefit from having multiple surgical procedures performed during one surgery. Drs. Holly Mason and Susan Cash, breast surgeons at the Baystate Regional Cancer Program's Comprehensive Breast Center, now offer oncoplastic surgery, a new type of procedure that skillfully merges traditional breast cancer surgery with cosmetic surgery techniques.

A welcome option for women facing the prospect of a lumpectomy, oncoplastic surgery allows specially trained surgeons to remove cancerous tissue from the breast and repair the breast cosmetically—all in one surgery.

There are many benefits to the patient with this new procedure. Since there is only one surgery, the patient only undergoes anesthesia once and only experiences one recovery period. Emotional and psychological benefits include reduced anxiety at the thought of multiple surgical procedures and less trauma since the patient does not have to endure the time between surgeries during which the breast is misshapen.

### LOOKING AHEAD

"Although it is exceedingly difficult to envision all possibilities, the future has a tendency to exceed our expectations in unexpected ways," says Seymour. "Some advances are evolutionary, while others are truly revolutionary, and surgeons may suddenly gain access to dramatic new tools that rewrite an entire approach to human diseases."

Dr. Richard Wait, chair of the Department of Surgery at BMC, agrees. "The techniques and technology we are able to bring to bear today make the concept of surgery almost unrecognizable to our predecessors. The pace of new developments has become greatly accelerated requiring that even "general surgeons" develop a greater degree of specialization. The future remains bright with new technologies, expertise, and instruments, all designed to allow us to treat patients more effectively, less invasively, and with the least amount of trauma possible."

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### Need surgery? Know your options.

Call 1-800-377-4325 for a referral to a surgeon on staff at Baystate Medical Center, Baystate Franklin Medical Center, or Baystate Mary Lane Hospital.

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*Drs. David Earle, David Desilets, and John Romanelli at a NOTES press conference in 2007.*



Joe Wynn before and after his gastric bypass surgery.

**HE WAS 33 YEARS OLD, WEIGHED 450 POUNDS, had a waistline over 60 inches, and was getting bigger by the day. No diet seemed to work. He stopped wanting to leave the house and became pretty miserable. "I wanted my life back," he says.**

The year was 2003—the year that Joe Wynn first learned about gastric bypass surgery, and began the journey that would see him get his life back, and more.

"Gastric bypass sounded more like a secret play for the New England Patriots than a life-saving operation," Wynn tells people today, when he looks back at that time.

He began following the progress of a good friend who'd had the surgery, and liked what he saw. He started to attend Weight Loss Surgery Support Group meetings at Baystate Medical Center in Springfield. This led to appointments with the team of expert surgeons and specially trained dietitians, psychologists, physicians, physician assistants, and nurses at the BMC Weight Loss Surgery Program.

Wynn had his own surgery in December of 2005. In the weeks leading up to the procedure, he lost 28 pounds as he began applying what he learned in the program. After the surgery, he lost 240 pounds more. Today, five years later, he weighs 216 pounds, has a 32-inch waist, and plays in a touch football league. He also continues to attend support group meetings, and believes, now more than ever, that these meetings are the key to his success.

"The surgery fixes your stomach, not your head," he tells others when he participates in support group sessions. "This is not the easy way out, no matter what anyone tells you."

## THINKING ABOUT GASTRIC BYPASS SURGERY?

For anyone thinking about gastric bypass surgery and wondering where to go for the procedure, Dr. Jay Kuhn suggests getting answers to the following questions:

- How experienced is the surgeon?
- Is the surgeon fellowship trained?
- Is the surgeon willing to talk with me, answering all my questions and exploring all my options?
- What's the quality of the entire weight loss program? Are they truly interested in me? Or just going through the motions leading to surgery?
- Do I have dietitians available to me postoperatively to make sure I'm losing the weight I want to lose and that I'm losing it safely?

In the 18 months after gastric bypass surgery, most people lose 55-60% of their excess body weight. Over the next two years, most usually regain 10% of that weight. For those who regain more weight than the average, the issue usually is that they have not been careful about what or how much they eat, or how much they exercise.

Dr. Jay Kuhn of Baystate Surgical Associates agrees with Joe's assessment that gastric bypass surgery is not the quick fix people might like it to be. "Any operation is a tool," he says, "that can be used wisely or poorly."

According to Kuhn, while studies show that those who have gastric bypass surgery live longer than seriously obese people who don't, the procedure has the potential for serious complications. That's why Baystate's Weight Loss Surgery Program has such an extensive prescreening process before the final decision is made.

"We actually have patients who lose a lot of weight without the surgery," Kuhn says. "We consider them our greatest successes."

For Joe Wynn, success has been measured not simply in the number of pounds lost, but in the determination he's found to live a healthy, active life. "For years I'd been held back from what I wanted to do," he says. "Not anymore. I took back my life. Now I am in control."

But while he feels in control, Wynn also feels he's had a lot of help. "Whoever I talk to, if they're thinking about gastric bypass surgery, I tell them to go to Baystate. Everyone there is so professional and so caring. And you'll find the best support system, which is something that you really want to have."

[For a referral to a bariatric surgeon on staff at Baystate Medical Center, please call 1-800-377-4325. For more information about the Baystate Weight Loss Surgery Program, call 413-794-7020 or visit \[baystatehealth.org/bsa\]\(http://baystatehealth.org/bsa\).](#)



### WATCH THIS!

Joe Wynn talks about his weight loss surgery experience at [baystatehealth.org/wls](http://baystatehealth.org/wls).

## COMING SOON TO GREENFIELD

Beginning in October 2010, Dr. Satish Muthavarapu will offer the laparoscopic banding procedure at Baystate Franklin Medical Center in Greenfield as part of their new Weight Loss Surgery Program. Dr. Muthavarapu completed a fellowship in minimally invasive and bariatric surgery at New York Hospital Medical Center of Queens.

**2 OUT OF 3 AMERICANS ARE OVERWEIGHT OR OBESE.**

**HOW DO YOU MEASURE UP?**

**VISIT [BAYSTATEHEALTH.ORG/MEASUREUP](http://BAYSTATEHEALTH.ORG/MEASUREUP)**

# ROBOTS & SURGERY

## High-tech surgery helps women suffering from gynecologic cancer

By Patricia Sullivan



### ONE IN THREE WOMEN IN THE U.S. WILL HAVE A HYSTERECTOMY BEFORE SHE TURNS 60.

Though most of these can be done safely and quickly with conventional minimally invasive surgical procedures, or a vaginal hysterectomy, when cancer is involved robot-assisted surgery has clear advantages.

Dr. Tashanna Myers, a specialist in gynecologic oncology at Baystate Medical Center, was pleased after completing her rounds on a recent morning. The day before, she had performed a robot-assisted hysterectomy, pelvic and lymph node dissection using the *da Vinci* surgical system for a patient with endometrial cancer. The 61-year-old woman presented some medical challenges; however, she was recovering well.

"The surgery went beautifully," says Dr. Myers. "She's walking, eating, her catheter is out. She'll be going home today."

### BENEFICIAL FOR PATIENTS

According to Myers, a faster recovery time and return to normal activities is the chief advantage of robot-assisted surgery for patients. "The way the techno-

logy has allowed us to progress from open surgery, to minimally invasive (laparoscopic) surgery, and now robot-assisted surgery, is really getting people back to their jobs and their lives faster," she says. "Right now, after an open incision for a hysterectomy, patients usually stay in the hospital two or three days and there is a six-week recovery. With minimally invasive surgery, they can go home in 24 hours and they are often wanting to go back to work in two weeks."

Dr. Julia Donovan, a gynecologic oncologist at Baystate, says there is no question that robotic surgery offers improvements over traditional laparoscopy. Both minimally invasive procedures offer patients the benefits of less pain and scarring, less risk of infection, less blood loss, and fewer transfusions. However, the robot-assisted procedure has an edge over traditional laparoscopy in visualization. The image of the surgical site is three-dimensional and is not reversed. And since the magnification is higher, the surgeon can view parts of the procedure he or she couldn't see at standard magnification, such as an individual nerve strand.

In addition, says Myers, four robotic arms essentially give the surgeon two sets of hands. "You can control the camera and three instruments," she says. "You can effectively assist yourself." The robotic arms are wristed, allowing the surgeon more precision, and are longer than traditional laparoscopic tools, which is an advantage when treating morbidly obese patients.

The only patients who are not good candidates for robotic gynecological surgery, Myers says, are those who have had multiple abdominal surgeries, resulting in scarring. Of course, some cancers cannot be treated laparoscopically because there are diseases that require that the abdomen be opened.

Drs. Myers and Donovan see patients at the D'Amour Center for Cancer Care in Springfield, part of the Baystate Regional Cancer Program, with services provided by Baystate Medical Center.

**For more information,** call 413-794-9338 or visit [baystatehealth.org/brcp](http://baystatehealth.org/brcp).

**DR. TASHANNA MYERS APPRECIATES BEING ABLE TO GET HER PATIENTS BACK TO THEIR LIVES MORE QUICKLY, THANKS TO THE ADVANCES OFFERED BY ROBOT-ASSISTED SURGERY.**



Dr. Tashanna Myers

# WHEN MINUTES COUNT HOSPITALS COLLABORATE TO SAVE LIVES

By Andrew Shanley



Lisa and Peter Caron

Peter Caron of North Brookfield wasn't feeling right that morning. He thought it was because he hadn't had much to eat. Then, while eating lunch with his wife Lisa, he felt numbness in his left arm and hand. Peter and Lisa headed for the Emergency Department at Baystate Mary Lane Hospital in Ware.



National studies prove that more lives are saved when heart attack victims are moved quickly beyond the emergency room to a state-of-the-art catheterization laboratory for angioplasty—a procedure that immediately opens clogged arteries. A new system in place at Baystate Franklin Medical Center in Greenfield and Baystate Mary Lane Hospital in Ware ensures heart attack patients there are quickly and efficiently transferred to Baystate Medical Center in Springfield—the only hospital in western Massachusetts to offer this level of care.

Dr. Mark Peterman and Tricia Porter, RN, from the Baystate Regional Heart Attack Program, developed a "Hybrid Protocol" that has been implemented at Baystate Franklin and Baystate Mary Lane to determine the best plan of action to treat heart attack patients.

Once there, Caron recalls, things moved very quickly. "The emergency team zipped me right through," he says. "It was perfect. The next thing I knew I was having an EKG."

The initial EKG was only slightly irregular, and with quick work by the ER staff, he became chest pain free and his EKG normalized. Dr. Harshad Sanghvi, a cardiologist on staff at Baystate Mary Lane, was consulted.

Caron then developed recurrent chest pain, and his repeat EKG revealed that the 41-year-old was having a full-blown heart attack. Caron was given oxygen, aspirin, nitroglycerin, a clot dissolving medication, and a beta-blocker. Sanghvi called his interventional cardiology colleagues at Baystate Medical Center (BMC) in Springfield to brief them about his patient and alert them to his imminent arrival by ambulance.

At BMC, Caron was taken to the region's only full-service interventional cardiac catheterization laboratory for angioplasty, a procedure that immediately opens coronary artery narrowings or blockages without surgery.

During this procedure, a coronary stent (a small mesh tube) is loaded on a special angioplasty balloon catheter. The stent balloon catheter is passed through a guiding catheter to the site of the vessel narrowing. Once in place, the balloon is deflated and removed, leaving the stent in the artery to keep it open.

Caron was home four days later. After another week of rest, he was back to work part-time at Dreamers, the restaurant he owns in Barre. Not long after that, he was living a normal, active life.

Sanghvi says that time is an extremely critical factor with heart attack patients like Caron. "Every minute that goes by," he says, "more heart muscle is dying."

The well-established collaboration and coordination between the Emergency Department at Baystate Mary Lane Hospital, Dr. Sanghvi, and the specialists

at Baystate Medical Center ensured that Caron received the best possible care in a very timely manner.

Sanghvi describes his relationship with the Baystate Regional Heart Attack Program team at BMC as one of mutual confidence. "They know me and my expertise," he says. "So when I let them know I'm sending a patient who requires immediate attention, they act. Their team was assembled and ready to go when Mr. Caron arrived." Caron continues to see Sanghvi locally in Ware for follow-up care.

Of that day he landed in the Emergency Department, Caron says he has no doubt the treatment he received was as effective as he could ever have hoped for. "It all went like clockwork. You couldn't get your tires changed faster," he laughed.



Dr. Harshad Sanghvi

"The Emergency Department teams at both hospitals have been extremely receptive and willing to make the necessary changes to make this system work," says Porter. "It is a true collaboration between these hospitals, local EMS and fire departments, and the Baystate Heart & Vascular Program physicians and staff."

With this new system, when a patient comes into the Emergency Department at Baystate Mary Lane or Baystate Franklin showing the symptoms of a heart attack:

- The patient has an EKG within five minutes.
- Baystate Medical Center is notified and the cardiac team put on standby.
- An ambulance is immediately readied for the trip to Springfield.
- Patients early in the course of their heart attack

are given clot-busting medication, which works very well in this circumstance.

- The patient is then transferred immediately to Baystate Medical Center where angioplasty can be performed.

Patients late in the course of their heart attack are given blood thinners and transferred immediately to Baystate Medical Center for emergency angioplasty.

When the patient arrives at Baystate Medical Center, the cardiac team is ready and waiting. "Anytime we can improve the way we get heart attack victims the care they need faster and more efficiently, we act," says Porter. "Having this protocol in place further enhances the level of care we are able to provide."

**If you think you are having a heart attack, call 9-1-1 immediately.**

# Hollywood Happy Endings?

Not the Norm  
in Real Life

By Sue Spiry

**Everyone loves a happy ending. But what happens in Hollywood does not often translate to real life—especially when it comes to a woman's fertility.**

If you read the headlines, you might believe that women can now choose to become pregnant at almost any age. Marcia Cross had twins at age 44, and Holly Hunter at age 47. Kelly Preston, also age 47, announced that she and husband John Travolta are now expecting another child.

What often goes unsaid is that many older celebrity moms do not conceive their babies naturally, and often undergo rounds of in vitro fertilization (IVF), or use donor eggs or other reproductive technologies. In reality, only about 2% of babies in the U.S. are born to mothers over the age of 40.

It is a biological fact that fertility decreases with advancing maternal age. According to Dr. Halina Wiczyc, a reproductive endocrinologist at Baystate Reproductive Medicine, women experience diminished ovarian reserve as the ovaries age. In fact, while the chance of becoming pregnant in any single month is about 25% in women under 30, it's only about 5% for women after 40, and continues to decrease very year.

In addition, as a woman matures into her late 30s and early 40s, the eggs inside the ovaries undergo changes that are not reversible. This often results in eggs with chromosome problems. When chromosomally abnormal eggs are released and fertilized, the resulting embryo is less likely to survive, and miscarriage is likely. Women aged 40 are three times more likely to miscarry than women aged 30.

Because of the higher rate of gynecologic disease and ovarian aging, woman over age 35 should seek help sooner than younger women, says Dr. Daniel Grow, reproductive endocrinologist and chair of the Department of Obstetrics & Gynecology at Baystate Medical Center. Women under age 35 are encouraged to try becoming pregnant for up to a year before seeking help. However, women over age 35 should have a complete evaluation after six months of trying.

In general, says Wiczyc, a woman who wants to use her own eggs should be age 43 or younger. To use an egg donor, she must be enrolled in the Egg Donor Program at Baystate by age 45. "The American Society for Reproductive Medicine has not established a cut-off, but most doctors will not go beyond age 50," she says.

Ellen Tougias, RN, a nurse with Baystate Reproductive Medicine, says, "It's irresponsible to give women false hope. Our doctors are always honest about a woman's chances. It's important that patients know they are not always going to leave with a pregnancy."

In its most recent report on in vitro fertilization (IVF) success rates (2007), the Society for Assisted Reproductive Technology (SART) identifies Baystate Reproductive Medicine as the program with the highest IVF success rates in the state of Massachusetts in all age categories while adhering to the guidelines for numbers of embryos to transfer.

**If you are experiencing difficulty conceiving a child, talk with your doctor or certified nurse-midwife, or call Baystate Reproductive Medicine at 413-794-7045.**

## EGG DONATION: A DIFFERENCE THAT LASTS A LIFETIME

A donor egg cycle is an IVF cycle that involves two women. The donor's ovaries are stimulated and mature eggs are retrieved. The donor eggs are combined with the recipient couple's sperm, and the resulting embryos are transferred into the recipient woman's uterus in the hope that implantation and pregnancy will occur.

If you are interested in becoming an egg donor, you must be a woman between the ages of 21 and 33, a non-smoker, and in good health. Egg donors are compensated \$7000 after a completed cycle.

**To learn more** about how you can help couples achieve what may be their only chance to have a biologically related child, please call Baystate Health Link at 413-794-7045 or visit [baystatehealth.org/brm](http://baystatehealth.org/brm).



# MEET SPORTS MEDICINE SPECIALIST DR. DARIUS GREENBACHER

## Why did you choose a career in medicine in general, and sports medicine in particular?

I have always been interested in medicine but decided to pursue it as a career while living in Sierra Leone, West Africa. I saw that even basic medical care would have improved the people's lives. I decided that I wanted to have a skill with which I could fully contribute to my community. I became an emergency medicine doctor, and started thinking about sports medicine when my wife said in passing, "Wouldn't it be great if there was a way to combine your two passions: medicine and athletics?" It just clicked at that moment.

## What do you like best about caring for patients and what is your patient care philosophy?

It is an honor to be a doctor. I am allowed into people's lives in such a personal way. As an emergency medicine doctor, I was allowed to be part of pivotal and often hard experiences in my patients' lives. As a sports medicine specialist, I get to help people do what they love. I get to see their passion and dedication. Seeing the smile on someone's face who is able to get back to their sport after an injury is a gift. I work to help my patients heal themselves. It is important to understand what they need and expect. I give them a lot of responsibility in their healing process.

## What is attractive to you about being a part of the Baystate Franklin Medical Center community?

BFMC is a growing, dynamic, supportive medical center. There have been so many positive changes in the last 10 years. BFMC is a commitment to the community. The administration is responsive to the staff and are working to make BFMC the best community medical center in the region.

## What do you do for fun?

I have traveled extensively, living in Kenya and Sierra Leone and spending time in Zimbabwe, South Africa, Lesotho, Spain, Ireland, Mexico, and Puerto Rico among others. I want to give my daughters my passion for travel and adventuring.

I am passionate about music and play (or at least work at) multiple instruments: guitar, Irish accordion, and dobro. Before starting in medicine I was a timber frame carpenter and still love building and woodworking.



**AS A SPORTS  
MEDICINE  
SPECIALIST, I  
GET TO HELP  
PEOPLE DO  
WHAT THEY  
LOVE.**



Dr. Darius Greenbacher

Sports are also an integral part of my life. I have bicycle raced for the past 10 years. I play hockey regularly, participate in triathlons, marathons, jujitsu, rock climbing, hiking, and cross-country skiing. Sports medicine is just an extension of this. I have been hurt so many times I feel I can empathize with more patients who come to see me.

## Where do you and your family live?

I am originally from Minneapolis, but I have lived in Northampton for the past 10 years. My wife Alisa and I are proud parents of Bella, age 8, and Annika, age 3. We also have a golden retriever puppy named Buddy.

## How do you define success as a sports medicine specialist?

I feel successful when my patients feel like they are talking to a friend; when they feel they have been heard and understood. I feel successful when I can start my patients on the path of healing and when I am able to help them realize their goals.

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Dr. Greenbacher is currently accepting new patients at BMP - Valley Orthopedic Surgery and Sports Medicine. For more information or to schedule an appointment, please call 413-773-2220. For a complete list of orthopedic surgeons on staff at Baystate Franklin Medical Center, Baystate Mary Lane Hospital, or Baystate Medical Center, call 1-800-377-4325.

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### WATCH THIS!

Dr. Greenbacher discusses his patient care philosophy at [baystatehealth.org/bfmcports](http://baystatehealth.org/bfmcports).

# Defying Gravity



Safe Kids of Western Mass., headquartered at Baystate Children's Hospital, has teamed up with trauma surgeons at Baystate Medical Center to stress the importance of window guards on all windows above the first floor, preferably guards equipped with an emergency release device in case of fire.

"A screen is not a safety device," says Dr. Ronald Gross, chief of Baystate Medical Center's Trauma and Emergency Surgical Services. "It's designed to keep insects out, not to keep children in. Proper safety guards on windows save lives."

Window guards are not required by law in Massachusetts, but are recommended in homes with children age six and under. "In an apartment in a high-rise building, window guards should be considered essential safety equipment," says Gross.

"Still, no safety device can take the place of active adult supervision," notes Mandi Summers, co-coordinator, Safe Kids of Western Mass. "Toddlers have been known to fall out of windows open as

little as five inches." She also reminds parents and caregivers to keep windows locked when they're closed, and keep furniture away from windows so kids can't climb to the ledge.

If you have double-hung windows—the kind that can open down from the top, as well as up from the bottom—it is generally safer to open the top pane, but growing kids may have enough strength, dexterity, and curiosity to open the bottom pane. Don't assume an unlocked window is childproof.

Also, tie the curtain pulls or blind cords out of reach—kids have been strangled while playing with dangling cords. Install safety tassels on the ends of the curtain pulls, or cut the loops, so a child is less likely to get trapped.

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**For more child safety information, visit** [baystatehealth.org/safekids](http://baystatehealth.org/safekids).

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**MOST FALLS HAPPEN AT HOME AND THE RISK OF INJURY INCREASES WITH AGE. BUT FALLS AREN'T ISOLATED TO THE ELDERLY; ALL AGE GROUPS ARE VULNERABLE. AMONG CHILDREN, FALLS ARE THE LEADING CAUSE OF UNINTENTIONAL INJURIES.**

Windows pose a particularly dangerous hazard, especially for young children. Every year, nearly 4,000 kids nationwide—mostly toddlers—fall out of windows. A child who falls even 10 feet can suffer spinal cord injury, paralysis, and fatal head injuries.

## BALANCING ACT

Here are a few simple actions you can take to prevent falls in other areas of your home as well:

- Remove area rugs if possible. If not, choose rugs with slip-resistant backing or secure them with foam carpet backing, double-sided tape, or a rubber pad.
- Keep steps, landings, and floors free of clutter. Remove tripping hazards such as papers, wires and cords, or toys. Sweep floors often and promptly wipe up spills.
- Make sure your stair handrails are sturdy and on both sides, if possible. Repair broken or worn steps.
- Use a step stool with a bar to hold onto for out-of-reach items instead of climbing on counters or chairs.
- Add night lights to your hallways and especially in your bathroom.
- Think before you act. If it doesn't seem safe, it probably isn't.



# Help for WOMEN

Do you put your life on hold every month as you endure heavy and/or irregular menstrual bleeding patterns? Since this is an issue many women don't often bring up during doctor appointments, they are unaware of what is "normal" and what is excessive, or that there may be treatment options to help resolve or lessen these problems.

The medical term for menstruation that has excessive flow and duration is menorrhagia. According to Dr. Mohammed Ahmed of Baystate Medical Practices—Mary Lane Ob/Gyn, the important thing is for women to understand that they don't necessarily have to endure this regular disruption of their daily lives.

## Q. HOW DO I KNOW IF I HAVE MENORRHAGIA?

In general, menorrhagia is associated with heavy bleeding, large clots, and irregular and unpredictable bleeding patterns. There's a medical standard—losing more than 80 mL (about 5½ tablespoons) of blood in each menstrual cycle—but most doctors now diagnose menorrhagia by how much it affects your daily life, so it's important to talk with your gynecologist about your individual experience. Approximately 10 to 20% of women are diagnosed with menorrhagia. If you are experiencing quality of life issues due to menstrual irregularities, talk to your gynecologist; it may be time to have tests run to determine possible next steps.

## Q. WHAT TESTS ARE USED TO HELP IDENTIFY THE POSSIBLE SERIOUSNESS OF THIS CONDITION?

It's first necessary to perform a complete work-up, which often includes an ultrasound, biopsy, blood test, and check for anemia. Once this work-up is complete, and there is no evidence of cancerous or pre-cancerous causes, you and your gynecologist can discuss the appropriate way to move forward.

## Q. WHAT TREATMENT OPTIONS ARE AVAILABLE?

Depending upon the severity of your symptoms, you and your doctor may agree to simply monitor the problem for any changes. Medication options include hormonal therapy, usually using either oral contraceptives or an intrauterine device (IUD). Ablation, a procedure during which the lining of the uterus is inactivated, may also be an option and can now be performed using minimally invasive techniques right in the doctor's office. Surgical treatments may include fibroid removal or hysterectomy, which can also be performed using minimally invasive surgical techniques in many cases.

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Dr. Ahmed is the medical director of BMP - Baystate Mary Lane Ob/Gyn, with offices in Ware and Belchertown. For a free referral to a gynecologist on staff at a Baystate Health hospital, call 1-800-377-4325.

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Dr. Mohammed Ahmed

# {Health Happenings}

## THE POWER OF POSITIVE CONFRONTATION

with Barbara Pachter

Wednesday, 9/29, 5-8:30 pm  
Salem Cross Inn Restaurant  
Route 9 - 260 West Main Street, West Brookfield  
\$25 Spirit of Women members/ \$45 non-members  
To register: 1-800-377-4325

## DIABETES AIC CHAMPION PROGRAM

Wednesday, 9/29, 6-7:30 pm  
Baystate Mary Lane Hospital, 85 South Street, Ware  
Free! To register: 1-800-377-4325

### Spirit of Women Annual Conference

## BURNING BRIGHT: HOW TO MOVE THROUGH FEAR AND OVERCOME OBSTACLES

with Jill Blashack Strahan

Thursday, 11/11, 4:30–8:30 pm  
Log Cabin Banquet and Meeting House  
500 Easthampton Road, Holyoke  
\$40 Spirit of Women members/\$60 non-members  
To register: 1-800-377-4325



## 9th Annual Evening for Women

### COME JOIN THE MAGIC

with Edna Green RN, M.Ed.

Thursday, 10/14, 5-8 pm  
Magic Wings Butterfly Conservatory and Gardens  
281 Greenfield Road, Route 5&10, South Deerfield  
Free! To register: 1-800-377-4325

## RAYS OF HOPE—A WALK TOWARD THE CURE OF BREAST CANCER

Sunday, 10/24,  
10:30 am –Step off at Temple Beth El on Dickson Street in Springfield  
12:00 pm—Step off at Energy Park on Miles Street in Greenfield  
For more information and to register, visit [baystatehealth.org/raysofhope](http://baystatehealth.org/raysofhope) or call Baystate Health Foundation at 413-794-5444.



## Baystate Children's Hospital

### ANNUAL PEDIATRIC DIABETES HEALTH FAIR

Wednesday, 11/10, 6-8 pm  
Baystate Health Education Center  
361 Whitney Avenue, Holyoke  
Free! To register: 1-800-377-4325

## YOUR "BABY" IS HAVING A BABY!

A Special Evening for Grandparents and Parents-To-Be

Wednesday, 11/17, 6:30-8:30 pm  
Baystate Education Center  
361 Whitney Ave, Holyoke  
Free! To register: 1-800-377-4325

## PARENT EDUCATION

Baystate Health offers the region's most comprehensive selection of childbirth and parent education classes. For a complete list, visit [baystatehealth.org/parented](http://baystatehealth.org/parented). For more information, specific dates, and locations, or to register, call 1-800-377-4325.

## FIRST AID AND CPR CLASSES

Baystate Health offers a wide variety of first aid and CPR classes for health care providers, adults, and teens on an ongoing basis. For more information, visit [baystatehealth.org/cpr](http://baystatehealth.org/cpr).



Become a fan of RAYS OF HOPE—A Walk Toward the Cure of Breast Cancer.



Baystate Health has joined the conversation on Twitter! Follow and interact with us @Baystate\_Health.

Visit Baystate Health on YouTube at [youtube.com/user/BAYSTATEHEALTH](http://youtube.com/user/BAYSTATEHEALTH)



## Imagine What a Good Night's Sleep Could Do for You.

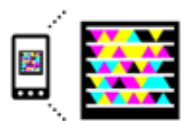
Excessive drowsiness during the day and constant exhaustion may be due to an undiagnosed sleep disorder, like sleep apnea or narcolepsy. Sleep problems can lead to everything from trouble focusing at work to being unable to enjoy life to the fullest.

The Baystate Regional Sleep Program exclusively offers polysomnography studies, the gold standard according to the American Academy of Sleep Medicine. Our experienced team uses the very latest technology for the diagnosis of all types of sleep disorders, including restless legs syndrome, snoring, reflux, and sleep walking. All testing is performed by highly trained and registered sleep technologists, and test results are reviewed by board certified or fellowship trained sleep specialists, providing you and your doctor with the most accurate diagnosis.

We are committed to providing the best sleep center services available, in a warm and home-like environment at all three of our hospital-based locations. For more information, please talk to your doctor or visit [baystatehealth.org/sleep](http://baystatehealth.org/sleep).

### Baystate Regional Sleep Program

Baystate Medical Center | Baystate Franklin Medical Center | Baystate Mary Lane Hospital



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<http://gettag.mobi>