



**BASSETT  
HEALTHCARE**

*Right where you need us*

# Healthy Decisions

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# KNOW THE SIGNS OF STROKE: CAROTID ARTERY DISEASE BOOSTS RISK

Our bodies have an intricate network of arteries, including the carotid arteries in the neck. These are the main suppliers of blood to the brain. Carotid artery disease (CAD) jeopardizes that flow, putting you at an increased risk for a stroke.

CAD occurs when the carotid arteries become narrowed or blocked by plaque. Plaque is fat, cholesterol, calcium and other substances found in the blood. This was the case for Victor Sinnott, age 79, of Fly Creek, N.Y., whose Bassett Healthcare primary care physician thought he detected a potential blockage in a carotid artery during a routine physical examination.

“A physician can listen for a blockage in the neck and if one exists, it is possible to hear a kind of whistling sound,” says Stratton Danes, M.D., vascular surgeon at Bassett Healthcare’s Center for Advanced Vascular Care. “An ultrasound will diagnose whether there is an actual blockage.”

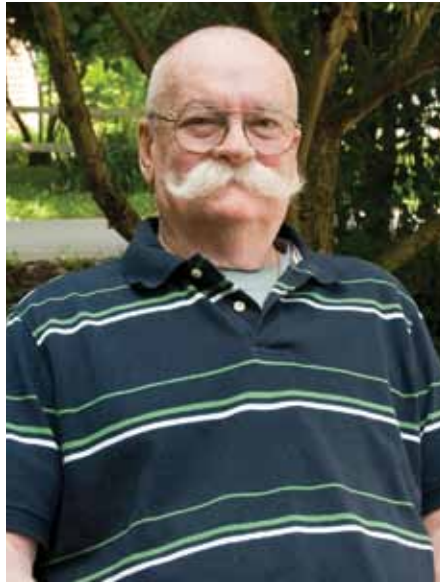
## No Advance Warning for CAD

For most patients, there are no signs or symptoms of CAD prior to a stroke. When plaque builds up in the carotid arteries, it can cause a little clot that goes to the brain. A stroke occurs when blood flow is blocked long enough to cause a section of brain tissue to die.

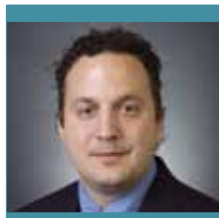
The first symptom of CAD often is a transient ischemic attack (TIA), sometimes referred to as a ministroke, often a precursor to a full-blown stroke. Symptoms of a TIA are similar to those of a stroke and can linger for one to 24 hours.

Symptoms for a TIA and a stroke may include:

- Numbness or weakness in the face, arm or leg, particularly on one side of the body
- Confusion or difficulty talking or understanding speech
- Impaired vision or dizziness



Victor Sinnott



Stratton Danes, M.D.  
Vascular Surgeon,  
Bassett Healthcare’s  
Center for Advanced  
Vascular Care

- Difficulty walking or loss of balance and coordination
- Severe headache with no known cause

## Risk Profile and Early Detection

Genetic disposition or family history, high cholesterol, diabetes, high blood pressure and smoking are the risk factors for CAD. “Smoking is such a dramatic factor,” says Dr. Danes. “The difference in the amount of blockage I see in my patients who have smoked and those who have never smoked is dramatic. We all develop blockages over time, but it is a matter of how much develops, and smoking increases the blockage significantly.

“Good primary preventive care is key to avoiding arterial disease, which means leading a healthy lifestyle including exercise, eating appropriately and not smoking,” Dr. Danes advises. “If you have high blood pressure, take your medications diligently. Have your cholesterol checked and if it is high, adjust your diet. If it is still high, you may need medication to adjust it.” Talk with your doctor about your risk factors to determine if an ultrasound test is right for you.

## Treatment

Treatment may be surgery to remove the blockage, a stent or medical management of CAD. In

July 2008, Mr. Sinnott had surgery to remove his blockage and now reports that he “feels fine.”

“The benefit of Bassett is that we have the skill set here to provide all three treatment options,” Dr. Danes explains. “We can look at each individual situation, make a balanced decision and do the best thing for the patient.” ♦

Could you be at risk for coronary artery disease or stroke? Talk with your doctor about risk factors, symptoms and lifestyle changes that could make a difference in your health.

# GET A HANDLE ON CARPAL TUNNEL SYNDROME



**Andrew Reis, M.D.**  
Surgeon and Director,  
Bassett Healthcare  
Hand Surgery  
Program

The narrow opening that surrounds the nerves and tendons at the base of your hand is called the carpal tunnel. If a tendon or other structure inside the tunnel gets swollen, the sensitive nerves can get squeezed, leading to carpal tunnel syndrome.

Too much typing is often blamed for causing carpal tunnel syndrome. But now experts say keyboard use doesn't cause this problem any more than any other repetitive or unusual wrist movement. Inheriting a small carpal tunnel can also contribute to the problem. Other factors include a wrist injury, arthritis, pregnancy and

frequent use of hand tools that vibrate.

Carpal tunnel syndrome often goes away on its own. Rest your affected hand and wrist and avoid activities that can make pain worse for at least two weeks.

## When Wrist Pain Does Not Go Away

Symptoms of carpal tunnel syndrome will range from numbness and tingling that wakes you at night to—eventually—lack of grip strength. If your pain does not improve, physical therapy and/or an anti-inflammatory medication may help. If the problem persists, your doctor may recommend surgery. The earlier you seek medical attention, the less likely you are to require surgery.

“Any repetitive wrist motion or activity can contribute to developing carpal tunnel,” says Andrew Reis, M.D., surgeon and director of Bassett Healthcare’s Hand Surgery Program. “Typing is no worse than any other type of activity. Those in professions in which they have to use their hands a lot or put their wrist in unusual positions—musicians, mechanics and plumbers, for example—are more likely to have problems.

“If a patient has a problem with their hand that requires surgery, they should see a hand surgeon,” he advises. Hand surgeons are plastic or orthopedic surgeons who have additional training and certification in hand surgery. “Carpal tunnel is the most common problem that I see, but also tendonitis, arthritis, broken bones, cut nerves or tendons and joint replacements.” Dr. Reis performs hand surgery at Mary Imogene Bassett Hospital in Cooperstown and at Bassett Healthcare-Herkimer.

There is little that can be done to prevent carpal tunnel, but it may be helpful to stretch and warm up your hand before doing an intensive repetitive activity. ♦

**TIP:** To keep your grip strong, squeeze a tennis ball while watching television or talking on the phone.

For a free brochure about carpal tunnel, its symptoms and treatment options, call the Bassett Healthcare Department of Surgery at **1-800-BASSETT (800-227-7388)**

# NEW HOPE AFTER A LARYNGECTOMY



**William Richtsmeier, M.D.**  
Otolaryngologist and  
Director,  
Bassett Healthcare  
Cancer Institute

Most of us have experienced a hoarse voice from time to time, but consistent hoarseness may be an indication of something more. The most common cause of hoarseness is laryngitis, or the temporary swelling of the voice box. This often happens if you have a cold or allergies.

Hoarseness also may be caused by vocal nodules (growths) on the vocal cords, vocal strain, gastroesophageal reflux and rarely

chest or throat cancer. “Most patients who develop hoarseness do not have throat cancer,” explains Bassett Healthcare otolaryngologist William Richtsmeier, M.D., director of Bassett’s Cancer Institute. “The disease has a very characteristic look to it, and I can usually tell with reasonable certainty during a physical exam whether it is present.” A biopsy will confirm whether it is throat cancer.

## One Patient’s Story

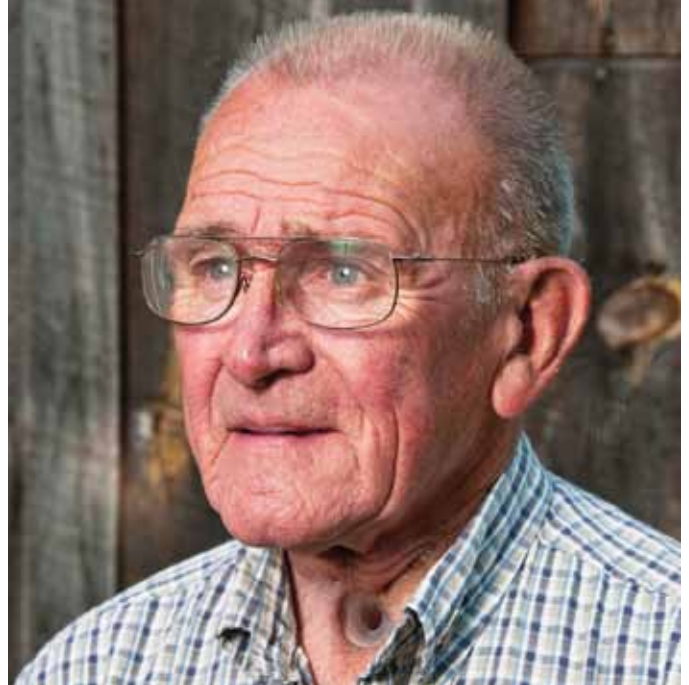
West Laurens, N.Y., resident Charles “Chuck” Smith noticed that he had developed a raspy voice in 2008 while volunteering for his local Jerry Lewis telethon. Shortly thereafter, an otolaryngologist—or ENT—found throat cancer. Although Smith had both chemotherapy and radiation to treat the cancer, it returned.

The next step was surgery to remove the voice box (larynx)—a laryngectomy. For this, Smith turned to Dr. Richtsmeier. “Most people with larynx cancer do not need a laryngectomy, but for the small percentage who do, the procedure has a high cure rate,” he says.

## Learning to Speak All Over Again

Patients who have had a laryngectomy are left with a stoma, an opening in the front of the neck that allows air into the lungs. Although it has a high cure rate, laryngectomy also leaves patients unable to speak because the vocal cords are removed with the voice box. But patients can regain the ability to talk by working with a speech therapist. With training, a patient can learn to talk by swallowing air into the esophagus and forcing it through the mouth. This allows patients to say only a few syllables at a time, and the technique can be hard to learn. An alternative is an electric device that produces a mechanical-sounding voice.

Bassett and other leading medical institutions now offer



**Bassett Healthcare patient Chuck Smith remains very active and has also become a strong advocate for others who have had a laryngectomy.**

improved technology to make the process of learning to talk again easier. “Today we can offer a shunt, a plastic valve about the size of a gelatin capsule that is placed during a brief, outpatient procedure. The shunt allows air to flow from the trachea to the esophagus,” Dr. Richtsmeier explains. “When air from the lungs is forced through the valve, there is a rumbling sound that allows you to form speech. This form of speech is more controlled and of a better quality than the earlier methods. Almost all patients can speak to some extent immediately, but for conversation, that takes practice.”

Smoking is the biggest risk factor for cancer of the larynx. Drinking and chronic reflux are also leading causes. A laryngectomy may also be needed if the neck is injured.

If your hoarseness lasts longer than a few weeks or is accompanied by other serious symptoms, such as coughing up blood, throat or ear pain, or difficulty breathing, call your doctor. ♦

Find out more about the Bassett Cancer Institute by visiting [www.bassett.org](http://www.bassett.org)

# HEART PROGRAM EARNS HIGHEST QUALITY RATING

In 2003, the Bassett Heart Care Initiative transitioned to the Bassett Heart Care Institute (BHCI), bringing a complete range of advanced heart care services and experts to our region.

Today, patients receive integrated heart services, from prevention and detection to surgery and rehabilitation. Bassett’s program recently received a three-star rating, the highest quality category, by the Society of Thoracic Surgeons for excellent outcomes in heart surgeries performed in 2008.

“We are extremely pleased with the outstanding results we have had since the beginning of the program,” says Robert Lancey, M.D., chief of cardiac surgery at Bassett. “Now that we are in our sixth year, we have the data available to assess all aspects of our performance and evaluate how we have progressed in recent years.

“At Bassett, we see an older population of open-heart-surgery patients whose aggregate risk profile appears higher, meaning they may be sicker and have other health problems, than that found nationally,” he says. “Despite this profile, mortality and morbidity rates for our patients remain exceedingly low.”

For example, of Bassett’s coronary artery bypass graft (CABG) patients, nearly 60 percent were age 65 or older



**Robert Lancey, M.D., M.B.A.**  
Chief of Cardiac Surgery, Bassett Healthcare

compared with 52.5 percent nationally and 10 percent of the surgery cases were done on an emergency basis, twice the national rate.

Cardiac surgery outcomes have been scrutinized for well over a decade. Many states now require public reporting of these figures to assist patients and referring physicians in choosing where to undergo surgery. Both in-hospital deaths (those occurring before discharge) and operative mortality rates (those occurring within 30 days of the operation, whether in-hospital or not) are tracked and used as one of the primary measures

of program quality.

At Bassett, overall operative mortality rates for all open-heart operations since the inception of the program are much lower than those found nationally and in New York State.

Dr. Lancey attributes the program’s success to the dedicated and professional staff in Bassett’s Division of Cardiac Surgery, along with those in Cardiology, Cardiac Anesthesiology and the Intensive and Special Care units. ♦

Learn how the Bassett Heart Care Institute can help you or someone you know by visiting [bassett.org](http://bassett.org). To receive the BHCI annual report, call the division of cardiac surgery at 800-BASSETT (800-227-7388).

<b>Bassett Heart Care Institute</b> <i>What we offer. Where we offer it.</i>	Cobleskill (CRH)	Cooperstown	Delhi	Hamilton	Herkimer	Little Falls (LFH)	Oneonta	Sidney (Tri-Town)	Valley Health Services
Angioplasty		✓							
Cardiac Rehabilitation		✓							✓
Cardiac Surgery		✓							
Cardiology	✓	✓	✓	✓	✓	✓	✓		
Catheterization		✓							
Echocardiogram	✓	✓	✓		✓	✓	✓	✓	
Nuclear Testing		✓		✓		✓			
Pediatric Cardiology		✓					✓		
Stress Test	✓	✓	✓	✓		✓	✓		



## UNIQUE PROGRAM TARGETS PHYSICIAN SHORTAGE IN RURAL AREAS

Bassett Healthcare and Columbia University Medical Center have joined forces to launch a new medical school program and establish Bassett as a clinical campus of Columbia University's College of Physicians and Surgeons, taking a more than 60-year relationship to the next level. The partnership is aimed at addressing the rural physician shortage and the need for medical education to better align itself with the health care needs of the 21st century.

"The country spends \$2.3 trillion of a more than \$14 trillion economy on health care amidst an environment

of physician shortages and demands for health care reform," says Bassett President and CEO William F. Streck, M.D. "Part of the solution going forward is in the field of education, particularly innovation in medical education. That's why Columbia and Bassett have partnered to create the Columbia-Bassett Program."

The announcement comes at a time when the Association of American Medical Colleges is calling for a 30 percent increase in U.S. medical school enrollment by 2015 to address the nation's physician shortage, which is especially severe

in rural America. At the same time, the nation's medical schools are being called upon to better equip physicians to deal with the health care reform debate and the issues driving it, including quality, safety, efficiency and cost management.

Columbia will expand its class size and offer 10 to 14 top-ranking students the opportunity to apply for acceptance to the Columbia-Bassett Program. Recruitment will begin this year for the class of 2014.

To learn more about the Columbia-Bassett Program, go to [www.columbia-bassett.org](http://www.columbia-bassett.org). ♦

## SHHH: QUIET ENVIRONMENT PROMOTES HEALING

Bassett Healthcare has launched a campaign to reduce noise in the hospital. Called "SHHH," for Silent Hospitals Help Heal, the initiative includes noise meters in patient care areas, staff education and posters reminding staff and visitors a quiet environment is a healing environment. There is also an overhead recording that plays each night after visiting hours, asking people to respect patients' quiet time so they can rest and heal.

"Studies have shown that noise is an obstacle to healing because it causes stress and anxiety and interferes with sleep," says Connie Jastremski, R.N., Bassett Healthcare vice president of Nursing and Patient Care Services. "Our staff work around the clock caring for patients, and when you live in that environment 24-7,



you sometimes don't notice the same things that patients do. When asked about their care experience, patients told us it's too noisy in the hospital. We heard that concern and are responding to it."

Bassett installed noise meters in key patient care areas to see what the decibel level was. Called "yacker trackers," these instruments revealed that the noise level was higher than staff perceived it to be. That simple awareness helped bring the decibel level down. Other policies already in place to promote a restful environment are the following: Overhead paging is prohibited at night, except in an emergency; lights are dimmed in hallways; and administrative supervisors walk the inpatient floors to ensure quiet.

## DON'T BE SHY: GET HELP FOR URINE LEAKAGE

More than 30 million people in this country are living with urologic conditions that negatively impact their quality of life. That's according to the American Urological Association. Bassett urology specialist Jennifer Lucas, M.D., wants people to know there is help available, and she encourages people with urinary problems to get tested to find the cause and get treatment.

"Anyone who loses urine when they don't want to should seek treatment, because it's not normal," says Dr. Lucas. "I see patients every day who have become preoccupied with constant trips to the bathroom, fear of leaking incidents and not being able to get a restful night's sleep. They are so thankful when they find out that their condition can be successfully treated most of the time."

Urodynamic testing, the standard of care in urology practices, can provide an accurate diagnosis and treatment, avoiding unnecessary or inappropriate surgery, although sometimes surgery is warranted.

A urodynamic study consists of a series of tests that gives your doctor a detailed look at the function of your bladder and urethra, and can help evaluate problems you may be having with storing urine or voiding (eliminating) urine from your body.



**Jennifer Lucas, M.D.**  
Urology Specialist  
Bassett Healthcare

The testing can be done by urologists, urogynecologists or specialty urology nurses.

Nearly half of women older than age 40 will likely experience a urinary problem. What may begin as a bit of urine leakage after childbirth often is ignored and becomes worse. Men, just as often as women, can experience a host of urinary problems, related to other causes, such as an enlarged prostate gland.

Some common urinary problems include:

- Incontinence (leaking of urine)—this is commonly called stress urinary incontinence and typically affects women after childbirth
- Bladder not emptying completely
- Urgent need to urinate, or the frequent need to urinate
- Urine stream/flow that may be intermittent or weak—this is common in men with enlarged prostates
- Persistent urinary tract infection
- Painful urination ◆

If you think you are having urinary problems—including leakage, blockage, pain or persistent urinary tract infections—call Dr. Lucas at **607-547-3400** for an appointment. Testing can lead to accurate diagnosis and treatment, as well as an opportunity for a better quality of life.

# Healthy Decisions

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## for your information

### MONITOR YOUR CHILD CLOSELY FOLLOWING A CONCUSSION

In cartoons, when someone gets hit on the head, twinkling stars can be seen circling his head. But in real life, a head injury that leads to a concussion can be more serious. A concussion is a change in the way the brain functions that results from an injury to the head. Parents need to look for certain symptoms in their injured kids before deciding how to act. Some of the immediate signs of a concussion include:

- Blank stare
- Responding slowly to questions
- Confusion
- Slurred speech
- Stumbling when walking
- Loss of consciousness, even if only for a few seconds.

Parents should contact a hospital or doctor immediately if their child has lost consciousness for any amount of time or if other symptoms get worse or start up later. Otherwise, rest is the best care for a mild concussion. Children should not rush back into activities until all symptoms have cleared. A second concussion could lead to brain damage or even death.



## BASSETT WORKING WITH GE ON PATIENT SAFETY TECHNOLOGY

GE Healthcare, the Healthcare Association of New York State and Bassett Healthcare are working together to make hospitals safer for patients. GE's Global Research Center, as part of GE's healthymagination initiative, and its partners are developing technologies for use in hospitals to identify and reduce patient-safety risks. These include the Smart Patient Room and the Patient-Safety Forecaster, a tool used to model effectiveness and savings associated with patient-safety interventions.

Testing of the Smart Patient Room and the Patient-Safety Forecaster is expected to begin at Bassett Healthcare in Cooperstown this fall. Smart Patient Room technology will begin with one room in the ICU, initially focusing on three common patient-safety risks: hand hygiene,

patient falls and clinical-rounds adherence. According to the Institute of Medicine, medical error is the eighth leading cause of death in the U.S. Solutions developed through the GE healthymagination patient safety collaboration will support hospitals' efforts to improve health outcomes, reduce preventable medical errors and lower costs.

"Smart, predictive technology can help make patients safer and help hospitals operate more efficiently," says William F. Streck, M.D., president and CEO, Bassett Healthcare. "Patient safety is critical to overall healthcare quality and an urgent industrywide need. Bassett Healthcare is proud to partner in developing and testing these new technologies aimed at keeping patients safer." ♦