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Healthy Decisions

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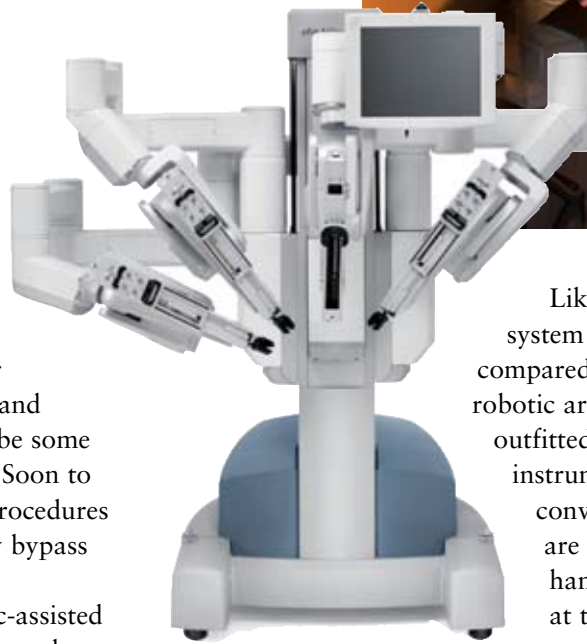
NEW SURGICAL TECHNOLOGY HELPS PATIENTS RECOVER MORE QUICKLY

Robotic-assisted surgery to remove the prostate, one of the most innovative treatments available for prostate cancer, is now being offered at Bassett Hospital in Cooperstown, the first hospital between Albany and Syracuse to do so. Prostate cancer, the second leading cause of cancer death in men, can now be addressed at Bassett using a minimally invasive, high-tech approach that has become the standard of care for patients who require removal of the prostate: the da Vinci Surgical System.

Carlos Bermejo, M.D., performed the first prostate cancer operation at Bassett using the da Vinci system. “Robot is a misnomer, because there are no independent motions initiated by the instrument. All the motions are translations of the surgeon’s movements, and we’re able, through this robotic-assisted technology, to eliminate tremors and complete very delicate hand movements at an even more precise level.”

In addition to prostatectomies, surgeons at Bassett will be using robotic-assisted surgery in the treatment of certain other cancers including head, neck and rectal cancer. There will also be some general surgical applications. Soon to follow will be heart-related procedures such as valve repair, coronary bypass and arrhythmia surgery.

“The benefits of the robotic-assisted technique include faster recovery, less pain, less scarring and better outcomes,” says Bassett Healthcare Chief of Surgery Steven Heneghan, M.D. “The size of the surgical incision is smaller, so there is also less risk of infection. Patients want the least invasive surgical treatment option available, and now they won’t have to travel to Albany or Syracuse to get it. We look forward to expanding the number of specialties using this computer-assisted system in the coming months.”



Like laparoscopic surgery, the da Vinci system requires only small incisions be made, compared with the large incisions of the past. The robotic arms inserted through small portals are outfitted with a camera and specialized surgical instruments designed for the procedure. Unlike conventional surgery, these instruments are not directly touched by the doctor’s hands. Rather, the surgeon’s hands are at the controls of a computerized robotic platform, which

allows for the manipulation of surgical instruments. Each time one of the controls is moved, a computer sends an electronic signal to one of the instruments, which moves in sync with the movements of the surgeon’s hands. ♦



Steve Heneghan, M.D.
Chief of Surgery, Bassett Healthcare

STUDENT ATHLETE INJURIES DECREASE AS A RESULT OF **BASSETT TRAINING PROGRAM**

During the soccer preseason, in August 2007, Bassett Healthcare certified athletic trainer Andy Spence started a preventive knee conditioning program at high schools in Otsego and Delaware counties. The goal was to reduce the number of overuse knee injuries in girls who play high school varsity soccer. By instructing the athletes to perform basic conditioning and rehabilitation exercises before practices and games, the teams have seen a reduction in injuries since the implementation of the program.

“The trend that I see the most is that female athletes have more overuse knee injuries than boys, and this has a lot to do with how girls are built, particularly as the muscles come down off the hips and go down to the kneecaps or patella,” Spence explains. “If the muscles are weak or the alignment is off, the athlete may develop general pain around the patella. This will often lead to overuse injuries. Conditioning exercises that strengthen specific muscle groups along with education about how to jump and land both help avoid injury.”

Bassett Healthcare contracts with 22 area high schools to evaluate injured student athletes and provide students and coaches with athletic training. Three of these schools, Franklin, Cherry Valley and Laurens Central, received special instruction on conditioning exercises over the 2007-2008 and 2008-2009 school years. Two additional schools have been added this year, and Spence plans to continue to expand the program.

All three schools experienced a decrease in the number of reported overuse injuries in 2007-2008 compared with the prior year. Results for this



Franklin High School varsity soccer player Dakota Hanley has benefited from Bassett Healthcare athletic trainer Andy Spence's daily conditioning exercises. She appears here at the top of her game. "I haven't had any problems with my knees this season at all, they haven't hurt whatsoever," she says.

Overuse knee injuries in girls during the soccer season *

YEAR	FRANKLIN	CHERRY VALLEY	LAURENS
2006-07 (before program)	24%	24%	6%
2007-08 (after program)	4%	18%	0%

academic year are not yet complete.

“Our goal is to educate patients as to how to successfully recover from a specific injury and work to prevent future injury or chronic problems,” Spence says.

“We had had nagging injuries, overuse injuries where we were having to ice after practices constantly, [to the point that] I had to have them sit some practices out,” says Franklin High School varsity soccer coach J.J. Laing. “But since we’ve done [the exercises], we haven’t had those type of injuries. We are seeing the positive results across the board.” ♦

*This chart represents the total number of female overuse injuries divided by the total number of male and female overuse injuries for the year at each school.

Work Out with a Bassett Athletic Trainer! To learn more about the exercises Spence prescribed for area student athletes, visit www.Bassett.org/sports-medicine. You also can call **800-618-8880** to reach a Bassett athletic trainer and see if your high school has a contract for athletic training services.



WE'RE LAUNCHING A **NEW TOOL TO FIGHT CANCER**

High-Tech Cancer Screening Coach Unveiled

No one wants to be diagnosed with cancer. Yet, there are many people who, for a variety of reasons, don't access screenings that can detect cancer in its early stages, improve quality of life and prevent cancer-related deaths. That's why the Bassett Cancer Institute is putting a new RV-type medical coach, custom-built by Medical Coaches of Oneonta and equipped with high-tech diagnostic technology, on the road to travel throughout Bassett's eight-county service region and adjacent counties.

By bringing these services to disadvantaged and underserved populations in rural areas, Bassett is hoping to reduce the number of cancer deaths that occur every year. Women in central New York have higher rates of breast cancer than in other parts of the state, but fewer women here have mammograms. The five-year survival rate for breast cancer in its earliest stages is 97 percent, while at later stages it is just over 23 percent.

The coach was unveiled this fall at New York Central Mutual in Edmeston. More than a decade ago, New York Central Mutual helped establish Bassett's mobile mammography program, bringing breast cancer screening services directly to communities throughout the region. SEFCU, a federal credit union based in Albany, also contributed \$100,000 toward the program. Between 2006 and 2008, the Friends of Bassett raised more than \$866,000

for the mobile cancer screening program. The unveiling of the coach coincides with the renaming of Bassett's regional cancer program as the Bassett Cancer Institute.

"The name change reflects the evolution of Bassett's cancer program and the breadth and quality of our cancer care," explains the Cancer Institute's director, William Richtsmeier, M.D. "Our coordinated, comprehensive approach assures that all patients receive state-of-the-art cancer treatments in order to achieve the greatest likelihood of a successful outcome. We're not only committed to the best treatment possible, we want to prevent, as much as possible, the emotional and physical toll a cancer diagnosis can take on patients and their families. Toward that end, the new cancer screening coach will be a valuable tool in our fight against cancer."

The new coach contains full-field digital mammography equipment. The coach's self-contained technology and exam room enable staff to perform additional types of cancer screenings, including cervical cancer screenings, Pap tests, prostate cancer screenings and colorectal cancer screenings, as well as provide educational materials to the estimated 2,000 patients expected to be treated each year. No one will be turned away because of an inability to pay. ♦

When Is the Screening Coach Coming to Your Neighborhood? For more information and a schedule for the Bassett Cancer Institute's medical screening coach, call **1-800-BASSETT (1-800-227-7388), extension 4830.**

STUDY SHOWS STATIN MEDICATIONS MAY DECREASE HEART DISEASE



Patrick McNulty, M.D.
Chief of Cardiology,
Bassett Healthcare

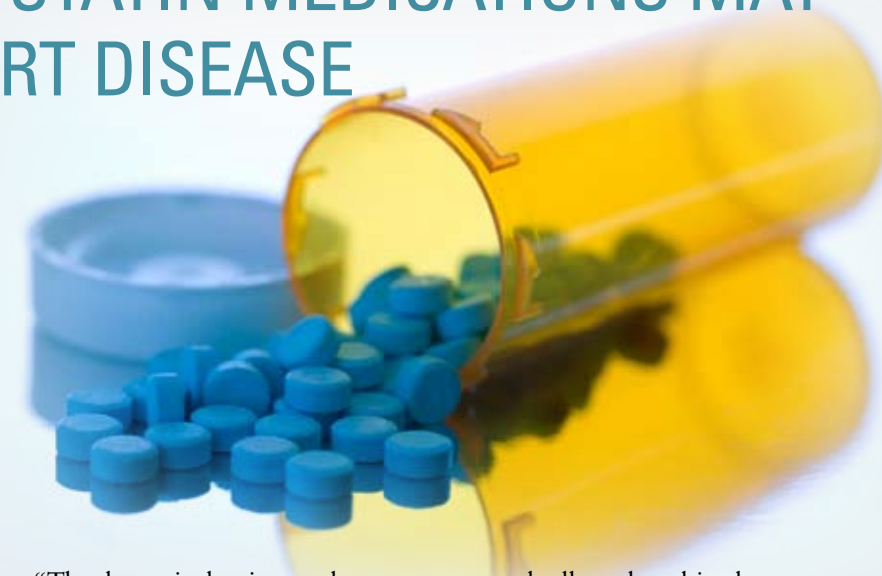
Pharmaceutical company AstraZeneca, the maker of statin medication Crestor, announced this spring that a study was terminated early

as the drug significantly reduced incidents of heart attacks and cardiovascular events. Crestor is typically prescribed only to people with high cholesterol.

The results were very promising. There was clear evidence of a reduction in cardiovascular deaths and heart attacks among patients who received Crestor compared to placebo—sugar pill. The study is called JUPITER, Justification for the Use of statins in Primary prevention: an Intervention Trial Evaluating Rosuvastatin. Rosuvastatin is the generic name for Crestor®.

The Role of CRP in Determining Risk for Heart Disease

JUPITER was designed to determine if treating nonheart disease patients with low to normal cholesterol levels and who had an elevated C-reactive protein (CRP) would benefit with the use of Crestor. “CRP is a recognized measurement of inflammation possibly involving vascular bed and has been associated with an increased risk for heart attacks,” explains Jerel Zoltick, M.D., Bassett Healthcare cardiologist. “The study was designed to determine if Crestor 20 mg daily would reduce the incidents of major cardiovascular events.”



“The theory is that in people prone to heart attacks, reducing inflammation may actually be more important than lowering cholesterol,” explains Dr. Zoltick’s colleague, Patrick McNulty, M.D., also a Bassett cardiologist. “Just like cholesterol, inflammation can lead to coronary artery obstruction, and ultimately heart attack.”

This is not a new theory but this was the first large-scale study that looked at a large, cross-sectional population without known heart disease. While past studies have involved largely Caucasian men, the JUPITER study involved women, African-Americans, and Hispanics, and other large segments of the population not previously studied. More than 80,000 people were screened in the study from the United States and several other countries. One quarter was ultimately part of this large trial.

A normal CRP level is less than 2.0 mg. The average CRP level for study participants prior to the study was 4 or greater. After treatment with Crestor, patients had an average CRP of less than 2.0, whereas the placebo group remained largely unchanged. The “bad” cholesterol levels—also known as LDL—were

markedly reduced in the group taking Crestor.

What Happens Now?

Statin drugs like Crestor effectively lower the LDL cholesterol. Moreover, in the JUPITER study, measurements of inflammation were significantly lowered, which resulted in fewer cardiac events. “Individuals who may be at high cardiac risk are those with an elevated CRP level,” Dr. Zoltick says. “Effectively lowering overall cardiac risk may occur with lifestyle changes, as well as with the appropriate use of medications like statins. In time, CRP may be a routine test to screen for heart disease and help in defining individuals at risk for future cardiac events.”

On a broader scale, physicians and other specialists at the American Heart Association and the American College of Cardiology will discuss the JUPITER results and its impact on standards of care. ♦

Is CRP Right for You? To find out about CRP and whether a test is right for you, talk with your primary care physician.

MEN: TAKE BETTER CARE OF YOUR HEALTH

Women tend to take better care of themselves than men when they get sick. But with health problems such as cancer, heart disease and diabetes looming, men need to take better care of themselves. Perhaps it's time men took a page from the women's health playbook.

The Difference Between the Sexes

For years, men's life expectancy has trailed behind that of women. While the gap has been closing recently, men are dying on average about five years sooner than women. This difference is due in large part to men's tendencies toward accidental injuries and heart disease. In general, men participate in risky behaviors both on and off the job that put them in harm's way. In addition, more men than

women smoke and drink, factors that contribute to many health problems.

Getting hurt or sick is not the only reason why men are less healthy than women, however. According to the U.S. Department of Health and Human Services, men are less likely than women to get medical care and are nearly half as likely to take advantage of preventive health measures such as physicals and screening tests.

What Men Can Do

According to research reported in the *Journal of the American Medical Association*, men who take care of their health in midlife are more likely to live longer. Here are the most important things they can do:

- **Get screened.** Screening tests

can detect diseases early, when they are easier to treat. There are tests for obesity, high cholesterol, hypertension, colorectal cancer and diabetes. Ask your doctor which screening tests you need and when.

- **Don't smoke.** Tobacco damages the entire body.
- **Exercise.** Get at least 30 minutes of moderate physical activity most days of the week.
- **Eat a healthy diet.** The best way to get all the nutrients the body needs is to eat a variety of fruits, vegetables, whole grains, lean meats and fat-free or low-fat dairy products.
- **Maintain a healthy weight.** Excess weight contributes to many health problems, including heart disease and diabetes.
- **Go easy on the alcohol.** Don't have more than two drinks a day. ♦

Valley Health Services of Herkimer Offers Speech Therapy Service

Most everyone understands that the ability to communicate is vitally important to participating in all aspects of daily living. Everyone, regardless of age, cognitive or physical functioning, mental or socioeconomic status, needs to communicate basic needs as well as to interact with others in their environment.

Communication disorders may occur in people of any age and may result from some of the following diagnoses: stroke, multiple sclerosis, Parkinson's disease, cerebral palsy, autism, mental retardation, Down syndrome, traumatic brain injury and developmental delays.

The good news is that oftentimes these problems can be treated effectively and with tremendous results when assisted by a certified speech therapist. Speech/Language Pathologist Melissa Penczek of the Rehabilitation Department at Valley Health Services (VHS) of Herkimer provides this service. She received her master's degree in communication disorders and

sciences from the University of Buffalo. Her experience includes working with patients at the Sitrin Health Care Center and Upstate Cerebral Palsy.

Communication problems can cause emotional distress, including withdrawal from daily activities, social interactions, frustration, embarrassment or depression. Penczek provides VHS residents, short-term rehabilitation patients and outpatients with assessment and treatment of expressive and receptive language disorders, speech and language developmental delays, swallowing, cognitive, memory and voice disorders.

Think you might benefit from speech/language therapy? Talk with your primary care provider, as a physician referral is required before a speech/language pathologist appointment. To contact this service at VHS, call **315-866-3330, extension 100**, or visit **www.valleyhealthservices.org**.



HEALTHY TIPS FOR THE **OLDER MOM-TO-BE**



Dwyann Golden
Nurse Midwife
Bassett Healthcare

More women than ever are starting families in their 30s and 40s. Most have happy, healthy pregnancies and children, even though many of these moms are

considered “high risk.”

Women ages 35 and older do have an increased risk for some problems during pregnancy. These include high blood pressure and gestational diabetes. You’re also somewhat more likely than a younger woman to miscarry or have a baby born early, with birth defects or at a low birth weight.

Fortunately, you can take action to decrease these risks. According to Bassett Healthcare nurse midwife Dwyann Golden, this begins with a preconception visit or an annual gynecological exam close to the time you are planning pregnancy.

“A preconception visit enables your provider to make sure you

have a normal Pap test, follow up on any abnormal results or infections that could cause a problem during pregnancy and conduct baseline lab tests; for example, blood pressure,” Golden explains. “She or he may also advise changes to medications that might impact a pregnancy, antiepileptic, hypertension and diabetes medications, for example, prior to conception.

“That would also be a good opportunity to discuss any previous pregnancies and their outcomes, and plan accordingly,” she adds. “Risks of congenital abnormalities increase tenfold from ages 35 to 40, not just Down syndrome, but all genetic abnormalities, so that could be addressed.”

The risks for high blood pressure and diabetes can be mediated by lifestyle changes. Also, maintaining or getting to a healthy weight before pregnancy substantially reduces the risk for complications during pregnancy.

In addition, women should:

- Take a prenatal vitamin with at least

800 micrograms of folic acid each day starting before conception to prevent birth defects. Eat fortified cereals or take a multivitamin with this nutrient.

- See your midwife or physician right away to begin prenatal care. She’ll tell you how often to come back for checkups. Regular visits will help her detect and treat any problems quickly.

- Stay at a healthy weight. You can do this by eating right—stock up on fruits, veggies and whole grains. Ask your doctor how to exercise safely.

- Don’t smoke, drink or use illegal drugs. These can cause long-term harm to your child.

- Talk with your midwife or doctor about genetic counseling and testing. Screening procedures are available as early as 11 to 14 weeks and can help you assess your baby’s risk for birth defects and make informed decisions. ♦

To schedule an annual gynecological or prenatal visit, call Bassett Healthcare Women’s Health program at 800-227-7388.

WHAT DOES IT MEAN TO BE A **TEACHING HOSPITAL?**



James Dalton, M.D.
Director of Medical Education,
Bassett Healthcare

Some of the most respected medical institutions in the world, from Johns Hopkins to the Mayo Clinic and UCLA Medical Center, are teaching facilities. In our area,

The Mary Imogene Bassett Hospital and other Bassett Healthcare-affiliated hospitals are considered teaching hospitals. It is generally understood that being treated at a teaching hospital benefits the patient. But why is this? And what exactly does it mean to be a teaching hospital?

Medical education has always been a central part of Bassett Healthcare's mission. The organization's commitment to training physicians is a rich part of the organization's history and a key part of its vision for the future. Sometimes, patients are confused about the role medical education plays in their care. To help address these concerns, *Healthy Decisions* talked with James Dalton, M.D., director of Medical Education:

What is a teaching hospital?

A teaching hospital is one that sponsors medical training programs at one or

more levels, including medical students, post-graduate (residency) or following residency (fellowship). At Bassett, we train residents and medical students.

What are the advantages of receiving care at a teaching hospital?

The patient is getting care, in part, from a group of people who are intensely trying to learn the basics of their specialty. They are very interested in the most up-to-date, right way of managing a problem. They are extremely committed to getting things right. One of the resources they use is the faculty: the senior doctors. Consequently, there's a real incentive for the faculty to get it right, keep up-to-date and be on the cutting edge of our specialties. Being a teaching hospital also helps us to recruit more and better faculty, because often the most curious and talented physicians want to be teachers.

Who is responsible for my care?

Each medical or surgical patient is cared for by a team of physicians working together to provide the best care possible. For surgical patients, the team includes the patient's surgeon



and one or more residents. For medical patients, the team includes junior- and senior-level residents, working under the supervision of a designated faculty attending physician. Often, this physician is a hospitalist—an attending physician who specializes in inpatient medicine. There are sometimes medical students on these teams as well, both in Medicine and Surgery.

How does the patient-care team work together?

The intern (first-year resident), resident and attending physician each visit the patients on their hospital team. Then they meet with the nursing team to develop a comprehensive plan of care. Though the patient may not see the intern and resident with the attending physician, they are in contact multiple times during the day about the patient's care. ♦

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