NEW CANCER CENTER

HAZLETON

A Joint Replacement Alternatives

A PASSION FOR BETTER MEDICINE

Lehigh Valley Health Network

Contents

IN THIS ISSUE

- 3 What's a Level IV Trauma Center? It's here to help you
- 4 **5 Fun Foot Facts** How podiatric surgeons heal your feet
- 5 **4 Alternatives to Joint Replacement Surgery** *Try them to help relieve the pain*
- 6 When You Need Help at Home Roger Luhman gets back on his feet
- 8 **Two Lives Saved by** Cancer Research Plus see the new LVHN Cancer Center–Hazleton
- 10 Meet Cathy's Care Team Robotic surgery cures serious pelvic condition



Early next year, residents of Mountain Top and the surrounding municipalities will be able to access health care services from Lehigh Valley Health Network (LVHN).

The Health Center at Mountain Top will be located in the Weis Shopping Plaza on Route 309 between Hazleton and Wilkes-Barre. The 14,000 squarefoot center will offer community members:

- Family medicine
- Cardiology services
 Rehabilitation

Gynecology

• Imaging

And that's only the beginning. LVHN will expand its service offerings by adding additional space and specialists to the Health Center at Mountain Top in the future.

This will be LVHN's 14th health center and the second one in Luzerne County, the first being the Health & Wellness Center at Hazleton.

Health Care Providers Join Lehigh Valley Physician Group–Hazleton



GYNECOLOGY Jill Snyder, DO

LVPG Gynecology–Brookhill Plaza 642 Brookhill Square (Route 93) Conyngham 570-501-4LVH (4584)



FAMILY MEDICINE Eugene Stish, MD

LVPG Family Medicine–Lantern Lane 314 Main St., #C Lantern Lane Plaza Conyngham 570-501-4LVH (4584)

Next Step

LEARN MORE about the health care providers with Lehigh Valley Physician Group–Hazleton. Visit **LVHN.org/hazleton/findadoc** or call **570-501-4LVH (4584).**

Gary Bonfante, DO (right), medical director of the Level IV Trauma Center, leads a team approach to care in Hazleton.

What's a Level IV Trauma Center?

LVH-HAZLETON'S NEW DESIGNATION BRINGS A HIGHER LEVEL OF CARE

Consider this scenario: You're brought to Lehigh Valley Hospital (LVH)–Hazleton complaining of a headache and abdominal pain following a car accident on I-81. There are no visible signs of injury, yet the mix of circumstances and symptoms could signify major problems such as internal bleeding.

Doctors recognize the potential for serious injury, see you immediately, organize services to your bedside including an ultrasound, find blood in your stomach, identify your need for a higher level of care, put you on a helicopter and transfer you to LVH–Cedar Crest in Salisbury Township – all within 45 minutes.

"That kind of thing happens all the time," says LVH–Hazleton trauma program coordinator Alexandra Malenka, RN, BSN – especially now that the

Next Step

LEARN MORE about emergency services in Hazleton. Visit LVHN.org/ hazleton/emergency. hospital has been accredited as a Level IV Trauma Center. The designation came in September by the Pennsylvania Trauma Systems Foundation, an organization that establishes statewide trauma care standards and ensures they're met.

Level IV trauma centers are designed to provide initial care and stabilize patients while doctors and other health care professionals quickly assess the nature of injuries and determine how they should be treated. The center has a direct relationship with the Level I trauma center at LVH–Cedar Crest, where advanced resources include coverage by surgeons in a range of specialties. Those services are available in 17 minutes by air and 40 minutes by ground.

"LVH–Hazleton was once a small hospital in a small community," Malenka says. "Now we serve a large population near two major interstate highways, with more injuries due to things like motor vehicle accidents and falls, especially among the elderly. There is definitely a need for trauma care here."

CREATING A SAFER COMMUNITY

MBULANCE

Having a local trauma center ensures caregivers in multiple disciplines are available to provide a coordinated, quick response to all manner of traumatic injuries. "Research has shown that wherever a trauma system of any type is in place, the death rate in the local community is drastically reduced," Malenka says.

The Level IV designation has been four years in the making and required substantial training throughout the hospital, new personnel dedicated to trauma care and stringent quality-ofcare reviews.

"Achieving this recognition means people in our region can be assured we're working for the best outcomes for patients right here in Hazleton, and we have immediate access to higher-level care," Malenka says.

-Richard Laliberte

5 Fun Foot FACTS

LEARN HOW A PODIATRIC SURGEON CAN HELP YOU KEEP FEET HEALTHY



Brittany Portonova, DPM Podiatric surgery

Between 3 and 6 million years ago, man began walking

upright. Around the same time, according to anthropologists, man first uttered the phrase, "Yikes, my feet are killing me." OK, that part's not true. But here are five facts about your feet that are worth noting.

1. THE BARE FACTS

One-fourth of all your body's bones are in your feet. There are 26 of them, and each foot also has 33 joints and more than 100 tendons, ligaments and muscles.

2. STEPPING OUT

The average person walks about 8,000-10,000 steps a day and 115,000 miles in a lifetime – enough to walk around the world four times. Factors such as your gait, the type of shoes you wear and the surfaces you walk on determine how much wear and tear all those steps have on your feet.

3. SIZE MATTERS

As many as three-quarters of adults do not wear the correct shoe size. Most often it's because they were measured at a young age and don't realize their feet change shape as we age, typically getting wider and longer.

4. NAIL IT

Toenails take six months to fully grow out, and they grow fastest in hot weather, during pregnancy and during our teen years. Toenails also can reveal underlying health issues such as anemia, lung disease, poor circulation and various skin conditions.

5. THE COST OF STYLE

Women are four times more likely than men to have foot problems. High heels are a big reason why. A 2 1/2-inch high heel can increase the load on the forefoot by 75 percent.



How do podiatric surgeons help?

Podiatry deals with the diagnosis, treatment and prevention of diseases of the foot, ankle and lower leg. Podiatric surgeons are podiatrists with specialized education and experience in surgery. "Podiatric medicine has greatly expanded its scope in recent years," says podiatric surgeon Brittany Portonova, DPM, with Lehigh Valley Physician Group Podiatry–Health & Wellness Center. "We now offer a more comprehensive range of services, including nonsurgical treatments, wound care and surgical reconstruction."

Podiatric surgeons can:

• Set fractures, order physical therapy and treat sports-related injuries

- Surgically correct bunions, hammertoes, fractures and foot deformities
- Perform ankle scopes, ankle replacements and reconstruct flatfeet
- Prescribe and fit orthotics, insoles, casts and prosthetics
- Treat warts, callouses, athlete's foot, toenail issues and other skin conditions
- Treat diabetic foot conditions including nerve issues and poor circulation
- Treat lower leg issues such as shin splints and nerve-related conditions

Next Step

LEARN MORE ABOUT ORTHOPEDIC CARE IN THE LEHIGH VALLEY AND IN HAZLETON. Visit LVHN.org/ortho.

Peter Kozicky, MD Orthopedic surgery Watch his video at LVHN.org/hazleton/ Kozicky.

Alternatives to Joint Replacement Surgery

Wade Groff Rehabilitation

TRY THEM TO HELP RELIEVE THE PAIN

You're tired of the pain from that sore knee (or your sore hip). Yet joint replacement surgery seems like such a dramatic next step. Are there any alternatives?

"Yes," says orthopedic surgeon Peter Kozicky, MD, with Lehigh Valley Physician Group Orthopedics–Health & Wellness Center. He works with his patients to try all options prior to surgery.

"Every person is at a different point of his or her life and in a different state of joint health," Kozicky says. "What matters most is how much pain you feel, and how willing you are to tolerate that pain."

HERE ARE FOUR POTENTIAL ALTERNATIVES TO TRY:

Physical therapy – If your pain is caused by arthritis in your knee or hip – or by abnormal joint movement – physical therapy may help. "Our goal is to help you restore as much function as possible and to teach you how to manage the pain," says rehabilitation therapist Wade Groff with LVHN–One City Center in Allentown. (Rehabilitation therapy is available in the Lehigh Valley and Hazleton areas.) Specific treatments may include exercises to strengthen the muscles around the joints, applying heat and/or cold to the joints, or using electrical stimulation to help relieve joint pain.

2 Medications – Two categories – analgesics (pain medication such as acetaminophen) and NSAIDs (nonsteroidal anti-inflammatory drugs such as ibuprofen or naproxen) – can help. They're available in pills or ointments and can be over-the-counter or prescription. "However, their effectiveness may decrease over time depending on the individual," Kozicky says.

Signature Injection therapies – These are steroidal (anti-inflammatory) or

lubricating medications injected into the sore joint to alleviate discomfort. "Injections help some people ward off total joint replacement surgery for several years," Kozicky says.

Other procedures – If you're not ready for joint replacement, one surgical option is arthroscopic surgery. "It cleans away debris in the area of the sore joint," Kozicky says. "However, it generally will only afford temporary relief." A more extensive procedure, osteotomy, involves cutting a bone to shorten, lengthen or change its alignment, thus shifting weight-bearing to a more stable joint.

While these options can help, many times joint replacement surgery is still the best long-term solution. "Most people who have joint replacement feel so much better afterward, they wonder why they waited so long," Kozicky says.

-Ted Williams

Roger Luhman is up and about thanks to home care.

When You **NEED HELP** at Home

HOME CARE ALLOWS LOCAL PEOPLE TO REGAIN FUNCTION

When Roger Luhman fell and injured his back and right hip, he needed physical therapy as part of his recovery. However, he wasn't mobile enough to get from his house to the car and to his needed appointments.

So he relied on Lehigh Valley Home Care–Hazleton. Affiliated with Lehigh Valley Hospital–Hazleton, it's the only hospital-based home health agency in the region. In this case, home care brought a physical therapist – Ralph Richards – right to Luhman's doorstep.

"When I first saw Roger, he needed a walker to get around," Richards says. Luhman was sleeping on a pullout bed in his living room because he couldn't make it upstairs to the master bedroom.

To help Luhman regain function, Richards made the trip to Weatherly three times a week for eight weeks. Hands-on stretching helped to strengthen Luhman's lower back, hips and legs. "I taught him how to walk again and how to get out of bed, and I taught him tips to get rid of his pain," Richards says.

Richards also engaged Luhman in something he calls "talk therapy." "I learned that his hobby is fixing watches and clocks, and his workshop was in his basement," Richards says. So getting back to his hobby became Luhman's motivation to get better. a needed bridge between the hospital and an outpatient setting. "Some people are so weak and debilitated after a hospital stay that the idea of going right to outpatient care is unthinkable," he says.

Richards often sees 10 patients a day, driving as far as 70 miles to visit them. In a typical day he may care for someone recovering from heart disease, then help a person who lost a limb, and then work with someone who is recovering from an extended hospital stay.

"My job is about restoring function and basic life skills," he says. "If someone can't get out of bed, get off the sofa, walk to the bathroom, get off the toilet or get into the shower, they're debilitated. It affects their quality of life."

Because people who need home care can't leave their house, Richards' role is unique. "Sometimes your visit means the world to a person because he or she lives alone," he says. That's why it's not unheard of for Richards to change a burnt-out light bulb or take out the garbage as he is leaving an appointment.

"The people I care for aren't going to score a touchdown on Friday night because of my therapy," he says. "But when I see someone able to walk, cook breakfast or enjoy being with his or her loved ones again, that's something."

That's what happened with Luhman, who went from being homebound to walking and fixing clocks again. "I still use a cane to walk," Luhman says, "but other than that, I'm in pretty good shape."

-Leah Ingram

A 'TYPICAL DAY'

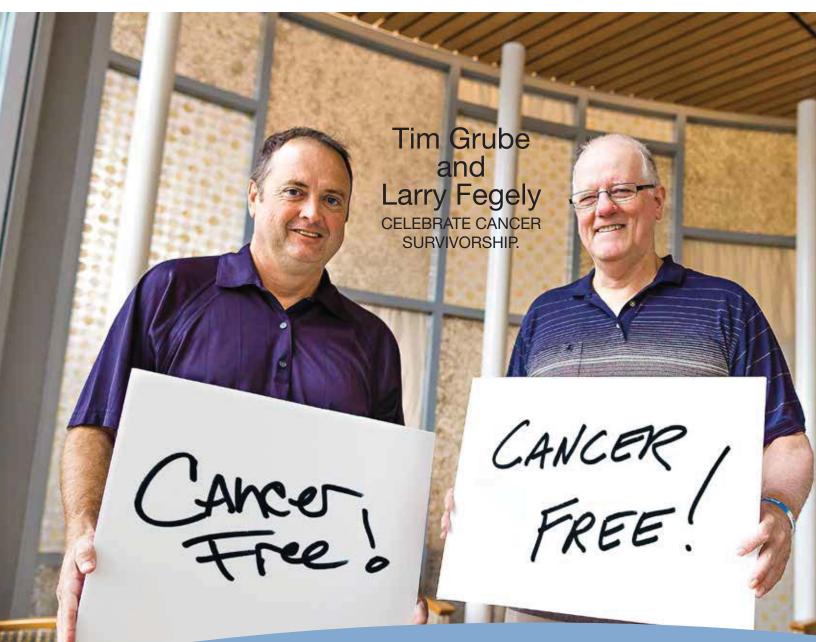
For Richards and his Lehigh Valley Home Care–Hazleton colleagues, bringing care to a person's front door provides

Next Step

LEARN MORE ABOUT LEHIGH VALLEY HOME CARE-HAZLETON. Visit LVHN.org/hazleton/ home-care.



VISIT LVHN.ORG/HAZLETON CALL 570-501-4000 7



NOW OPEN LVHN CANCER CENTER-HAZLETON



LVHN has just shortened the road to recovery for Hazleton-area cancer patients with the opening of the LVHN Cancer Center–Hazleton. The new facility is located at 384 Airport Beltway in Hazleton, about a half-mile from the Health & Wellness Center at Hazleton.

The LVHN Cancer Center–Hazleton provides local resources for Hazletonarea residents who are battling cancer. It also provides access to LVHN's complete cancer team, which has been delivering high-quality cancer care in the Lehigh Valley region for nearly 40 years.

Three Lehigh Valley Physician Group (LVPG)–Hazleton hematology oncology providers, Harvey Hotchner, MD, Michael Evans, MD, and Tom Lyons, PA-C, are on-site at the 6,600-square-foot facility, which features nine infusion chairs, eight examination rooms and an on-site pharmacy. The following services are available at the center:

- Infusion services including:
 - Chemotherapy and therapeutic infusions
 - Transfusion services
 - Therapeutic phlebotomies and injections
 - On-site draw station

- Clinical Laboratory Improvement Amendments (CLIA)-approved tests
- Support services including:
 Nutritional counseling
 - Financial coordinators

Suresh Nair, MD Hematology oncology Watch his video at LVHN.org/Nair.



Next Step

LEARN MORE ABOUT THE LVHN CANCER CENTER-HAZLETON. Call 570-501-4LVH (4584) or visit LVHN.org/hazleton/cancer.

Two Lives Saved by Cancer Research

LOCAL MEN ARE CANCER-FREE THANKS TO MELANOMA TRIAL

It's widely recognized as the most dangerous form of skin cancer

you can get. Yet research trials are offering new hope in the fight against melanoma. Thanks to a clinical trial offered at Lehigh Valley Health Network (LVHN), two local men with metastatic melanoma (skin cancer that spread to other parts of the body) are in remission.

LVHN was the second site in the United States (Yale was the first) to participate in the study known as BMS 218. It combines two immunotherapy agents, ipilimumab and nivolumab (antiPD1), that essentially take the brakes off the body's T-cells so the body's immune system can reject melanoma.

"The very promising results with the combination of these two medications were highlighted in June 2014 at the American Society of Clinical Oncology meeting by researchers from Memorial Sloan Kettering, with almost a 60 percent remission rate," says LVHN hematologist oncologist Suresh Nair, MD, with LVPG Hematology Oncology–1240 Cedar Crest, and a lead investigator in the BMS 218 trial. "In my 25 years in cancer research, it's not often you see a complete turnaround like this. We are hopeful the remission can be permanent following these treatments."

'ALL BUT A MIRACLE'

In early 2013, Larry Fegely of Whitehall bumped his head on his shed. "When I touched my scalp, I felt a lump," he says. "It took my dentist at my annual exam to tell me I should get it checked out."

A biopsy revealed terrible news.

Fegely had stage 4 (the most serious) melanoma, a mass on his salivary gland and 20 tumors scattered in his lung. "It was not looking good," he says. "I knew I needed to get treatment." That's when Nair offered him participation in the trial.

During his treatment, which began in spring 2014, Fegely received two infusions of both ipilimumab and nivolumab. After that, he received maintenance treatment with more antiPD1. In addition, he had regular positron emission tomography (PET) scans to track progress.

Today, Fegely, age 66, is cancer-free.

'A LIFESAVING OPPORTUNITY'

Tim Grube of Nazareth got a most unwanted 50th birthday gift – a mole on his back that had changed in size and color. A biopsy revealed stage 3 melanoma, and surgery removed it. Yet one year later, the cancer returned and had spread to his lungs and liver. It was now stage 4. Still, in hindsight, Grube feels fortunate.

"If my cancer had spread three months earlier than it did, I would not have had the same opportunity to be in a clinical trial, and the results may have been different," he says. "Clinical trials provide people like me with a lifesaving opportunity."

Today, Grube gives back by meeting with other cancer patients at LVHN after his follow-up visits to share his story and offer support and guidance. "To be able to help patients who are going through similar circumstances means a lot," he says. "It's what I want to do."

-Leslie Feldman

Meet Cathy's Care Team

ROBOTIC SURGERY CURES SERIOUS PELVIC CONDITION

When Cathy Bagley first met Lehigh Valley Health Network (LVHN) colon-rectal surgeon Robert Sinnott, DO, and gynecologic oncologist Martin Martino, MD – the doctors who would be using robotic surgery to treat her debilitating pelvic disease – her faith stepped in.

"The robotic device has four arms," she recalls, "so I named them Matthew, Mark, Luke and John."

Bagley, 69, wasn't going to let stomach pain keep her from being a Eucharistic minister and religious education teacher at her parish, Our Lady Queen of Peace Church in Brodheadsville. "If I make commitments, I'm determined to keep them," says Bagley of Albrightsville.

That's why she relied on her doctor, her surgeons – and the robot – to help her in her time of need.

FINDING AN ANSWER

When she first felt pain, Bagley met with her primary care doctor, Annette Borger, MD, with LVPG Family Medicine–Brodheadsville. When the blood work from that visit came back normal, "I decided to just keep going," Bagley says.

But by early October 2014, things changed. "I started having pain through the course of the day, even when I did nothing but rest," she says. "I had terrible spasms after I ate, with alternating bouts of constipation and diarrhea." One day while clutching her stomach, she felt a lump in her upper abdomen.

So she returned to Borger, who ordered a CT scan and an ultrasound. They showed diverticulitis and an ovarian mass. Borger also ordered a colonoscopy, but that had to be delayed until Bagley completed her antibiotic therapy for diverticulitis. When Bagley had a colonoscopy in December 2014, "they could not advance the scope beyond the sigmoid colon," she says. A virtual colonoscopy in January also was inconclusive.

A ROBOTIC SOLUTION

The only way to get to the root cause of Bagley's pain was through surgery. Years ago, surgeons would perform a large incision to find the source of her pain. That wasn't necessary for Bagley, who instead relied on Sinnott, Martino and the surgical team skilled in robotics available through LVHN in Allentown. "Cathy needed both colon-rectal and gynecologic surgery," Sinnott says. "Dr. Martino and I met with her and worked together to help her at the same time."

The two doctors found that several organs had adhered to Bagley's colon, all traced back to her diverticulitis. "That day my husband, Mike, and I left with a high level of confidence and trust in this team of doctors," Bagley says. "With these expert surgeons working together with their robotics team, combined with all the prayers being said, how could I go wrong?"

TEAM APPROACH TO CARE

Both surgeons used the dual console da Vinci[®] Si HD Surgical System, a robotic platform that gives surgeons a 3-D view with wristed instruments. "The robotic instruments allow us to perform more procedures through a minimally invasive approach – and that leads to better outcomes for our patients," Martino says. "In addition, the second console allowed our team to jointly perform this procedure and optimize her outcome."

During the procedure, Martino and Sinnott separated the uterus, her left ovary and colon from her pelvic sidewall. They also removed over a foot of her bowel, identified the source of her colon infection and reattached her bowels without the need for a colostomy. Best of all, nothing was cancerous. Bagley healed quickly and without any complications.

"Through minimally invasive surgery and robotics, we create smaller scars, which leads to less scarring," Martino says. "As a result, our patients can recover faster and return to everyday life."

Six weeks after her surgery, Bagley enjoyed ballpark fare at a Lehigh Valley IronPigs game, where she joined Martino during an LVHN health fair, a walking testament to the power of teamwork. She's also back to her parish and fulfilling her commitments again.

-Leah Ingram

Next Step

LEARN MORE ABOUT ROBOTIC SURGERY, MEET OUR DOCTORS AND WATCH PATIENT STORIES. Visit LVHN.org/roboticsurgery.



Robert Sinnott, DO Colon-rectal surgery



Martin Martino, MD Gynecologic oncology Watch his videos at LVHN.org/Martino.



Annette Borger, MD Family medicine Watch her video at LVHN.org/Borger.

> "If I make commitments, I'm determined to keep them." -Cathy Bagley



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A PASSION FOR BETTER MEDICINE

We've just shortened the road to recovery.

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For nearly 40 years, Lehigh Valley Health Network has been delivering the highest level of cancer care in our region. Now, we've brought it even closer to home. The new cancer center in Hazleton gives patients access to leading oncologists and the most advanced treatment options without leaving town. And it provides access to the strength and resources of Lehigh Valley Health Network's full cancer team. To learn more about the new cancer center in Hazleton, **visit LVHN.org/hazleton–cancer**.

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