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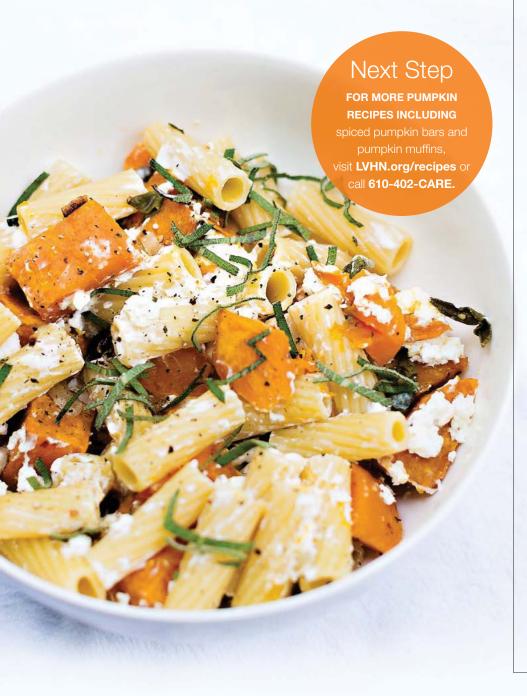
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# Pump Up That Pumpkin

It's almost autumn, and pumpkins are everywhere. So it's a perfect time to cook up some savory pumpkin dishes – and not just pumpkin pie. There are plenty more great ideas – roasted seeds in the oven, pumpkin soup and pumpkin bread. Here's one to get you started:



## Rigatoni With Roasted Pumpkin and Goat Cheese

Makes 6 servings

- 4 pounds fresh pumpkin (can substitute with squash, as seen at left)
- 4 ounces shallots, peeled and quartered
- 3 tablespoons olive oil
- 1/4 cup sage leaves, fresh
- 1/4 teaspoon salt and pepper
- 12 ounces uncooked rigatoni
- 2 tablespoons butter
- 5 ounces goat cheese, crumbled

#### **DIRECTIONS**

- ▶ Preheat oven to 425 degrees.
- ▶ Remove seeds, peel skin and cut pumpkin into 2-inch chunks.
- ➤ Toss pumpkin, shallots, olive oil, sage, salt and pepper together, arrange on sheet pan and roast about 30 minutes.
- Cook pasta in large pot of salted boiling water until al dente. Strain pasta and reserve ¼ cup of cooking water.
- Return pasta, cooking water, pumpkin, shallots, butter and goat cheese to pot. Gently fold to combine well.

Nutritional information per serving (416 grams): 470 calories, 66 g carbohydrates, 15 g protein, 18 g fat, 150 mg sodium, 40 mg cholesterol, 4 g dietary fiber

-Sidney Stevens



Spring had arrived, and Mike and Emmeline Giarrizzi were looking forward to a weeklong trip to Myrtle Beach, S.C. It had been a tough winter. In January, Mike, 77, had been diagnosed with advanced bladder cancer, and the following four months had been a whirlwind of treatment. The Hazleton couple was ready for some rest and relaxation.

But while Mike tackled cancer, Emmeline, 74, had been fighting a persistent cough. "By the end of April, the coughing was constant," Emmeline says. "It didn't seem right." As their trip south neared, she went for blood work one morning at 7 a.m. "By 10, they called back," she says. "My hemoglobin was so low, they didn't know how I was even standing." Emmeline was referred to hematologist oncologist Michael Evans, MD, with Lehigh Valley Physician Group Hematology Oncology-Alliance Drive in Hazleton – the same doctor who had coordinated her husband's cancer care.

"Iron deficiency raises suspicion of a bleeding lesion in the gastrointestinal tract that could indicate cancer," Evans says. Emmeline underwent a colonoscopy on May 5. "Sure enough," Evans says, "she had a tumor in her colon."

Myrtle Beach was off. "We had a two-week interlude between Mike's cancer treatment and mine," Emmeline says. Now it was Mike's turn to support his wife the way she had supported him.

## LOCAL CARE, SPECIALIZED RESOURCES

Mike had dealt with bladder cancer before. But previous cases had been superficial, meaning cancerous growths had been limited to the bladder lining, where a procedure called transurethral resection had been able to remove them. This time, the cancer invaded nearby muscle, and Mike developed a dangerous bladder obstruction.

"Mike's case was particularly challenging," Evans says. "He had a history of prostate cancer, and the bladder lesion was growing from the area of his previous prostate surgery. He was also a potential candidate for cystectomy, or removal of the entire bladder, which would have been more complicated due to his past prostate surgery." Evans sent Mike to urologist Angelo Baccala Jr., MD, with LVPG Urology–1250 Cedar Crest in Allentown. He has expertise in both urology and urologic oncology.

Following surgery at Lehigh Valley Hospital—Cedar Crest in Allentown last February, Mike had 33 daily radiation treatments and six weekly doses of chemotherapy in Hazleton under Evans' direction. "Since then, everything has looked pretty good," Mike says. "I have no more treatments, no pills, no nothing."

#### **FAST ACTION**

Emmeline also underwent surgery

in Allentown, by surgical oncologist Jeffrey Brodsky, MD, with LVPG Surgical Oncology–1240 Cedar Crest. Mike knew what she was going through. "I told her to take it a day at a time, listen to everything Dr. Evans suggests, and don't put anything off," Mike says. "You can't say, 'Maybe it will go away.' It doesn't work that way."

Acting fast was especially important with Emmeline's early-stage cancer. "The single lesion in her colon had not yet spread," Evans says. "That means the likelihood of recurrence was and is quite low." After surgery, Emmeline did not need chemotherapy or radiation. "I'm pretty lucky they found it when they did," Emmeline says. "The doctors were calling each other to make sure I had it removed. I felt good about all the follow-through – they were really checking up on me."

Despite their ordeals, the couple tolerated treatment without significant problems, and both are doing well. "Having cancer care available in Hazleton was a big plus," Mike says. "I've known people in years past who had to run to Allentown and back for radiation and chemo practically every day for six weeks. Having care right here is very convenient."

"It's hard to say anything positive about cancer," Emmeline says. "But one thing would be that all the good, talented people taking care of us were a blessing. We're like two walking miracles here."

-Richard Laliberte







Able to Help Others Again

BARBARA FAULKINBERRY RECOVERS FROM SPINE SURGERY

They started with an ocean-like whooshing noise. Then came supersensitivity to light and sound, followed by pounding in her head. They were migraine headaches, and for years Barbara Faulkinberry couldn't solve them.

Sometimes prescription medication (rizatriptan benzoate, or Maxalt®) offered relief, and later Novocain shots did the same. But too often she had to retreat to a darkened room for two to five days with ice packs on her head. "I still managed to work as a special education teacher, but it was hard," says Faulkinberry, 63, of New Ringgold.

Still, she continued her lifelong dream of owning horses and starting a therapeutic riding school to help children with autism and other mental disabilities. Teaching special-needs children to ride and care for horses often helps them physically and emotionally. Faulkinberry and her husband even bought a 21-acre farm and two horses, Eddie and Dylan, so she could begin learning to ride and develop a program.

#### THAT 'PINCHED FEELING'

Then, about three years ago, Faulkinberry's migraines became completely unbearable. "I got this pinched feeling in my neck and down through my shoulders and arms," she says. "Sometimes it felt like I was going into a seizure."

After much soul-searching, Faulkinberry decided to take early retirement. She continued earning money by offering psychic readings in her home, and tried to stay focused on her horses and planning her riding program.

"I rode for the next two years, but I really shouldn't have because I was in so much pain," she says. "Then last summer, I couldn't lift bales of hay by myself anymore. I just started crying alone in the barn. I thought, 'I'll do whatever it takes so I can have a normal life and a second chance.'"

#### AN UNLIKELY CAUSE

Relief came after she received an August 2014 referral to Lehigh Valley Health Network (LVHN) neurosurgeon Christopher Lycette, MD, with LVPG Neurosurgery. An MRI quickly uncovered the cause of her migraines and pain. Four of the disks between the vertebrae in her neck were herniated (ruptured) and were pressing on the spinal cord.

Herniated neck disks usually are caused by normal wear and tear from aging, a condition called cervical degenerative disk disease. "Her case was more severe than most, because it involved four disks rather than the usual one or two," Lycette says.

A few weeks later, Faulkinberry underwent anterior cervical diskectomy and fusion (ACDF), a minimally invasive (small-scar) but extremely delicate procedure that essentially rebuilds the spine with the aid of a technologically advanced microscope the size of half a room.

"It's an amazing piece of machinery that allows us to use a drill and special tools to remove the damaged disk material and then replace it with bone grafts," Lycette says. "With Barbara, we secured all four grafts in place with a titanium plate and screws so new bone cells could fuse the vertebrae together. This provided her neck with the support it was begging for all along."

#### **PAIN-FREE LIVING**

Faulkinberry's recovery was easier than she expected. Within a month of surgery, her migraines and pain had completely disappeared.

"Most patients do really well with this type of surgery, even when it's as complicated as Barbara's," Lycette says. "They've suffered from nerve pain for so long that once the spine is supported and the pressure is off, they feel better almost immediately."

This past April, Faulkinberry began riding her horses again and now is able to clean stalls and spend full days working on her farm. Best of all, she's moving forward with her therapeutic riding program, planning to buy three more horses and start signing up students.

"Dr. Lycette did a great job, and I'm very grateful," she says. "I have a second chance, and my dreams are finally coming true."

-Sidney Stevens





## The finish line was eight miles away. Tim Felegie was on the running portion of the 2013 Ironman Florida, one of the world's best-known triathlons.

The Sheppton resident had already swum 2.4 miles in the Gulf of Mexico, biked 112 miles and pounded out 18 miles of the 26.2-mile marathon that caps the event.

"I thought, 'I got this,'" Felegie says. "Thirty seconds later, my hamstring just grabbed me." Severe pain forced Felegie to a hobble. Yet he finished the race in 9 hours, 29 minutes and 36 seconds, placing 105th overall and 13th in his 35-to-39-year-old age group.

It wasn't his first injury. "A guy who trains at that level will always have injuries," says chiropractor Dan Gavio, DC, with Lehigh Valley Physician Group (LVPG) Chiropractic Medicine—Health & Wellness Center. "I try to maintain Timmy's body."

#### TWO STRONG MEN

Felegie and Gavio have bonded over the past five years both through regular appointments and a shared interest in high-performance athletics: Gavio competes at the national level in strongman contests. Gavio has treated Felegie for mid- and low-back problems and a range of soft-tissue issues. Treatments include stretching and hands-on therapies, including Active Release Techniques® and the Graston Technique,® two manual manipulation methods in which Gavio is certified.

"His treatments work better than cortisone shots, which can have side effects," Felegie says. "He keeps my training great and my body in tune. He's not just my doctor; he's my friend."

A chronic bout of Achilles tendonitis contributed to Felegie's hamstring injury during Ironman Florida. "Tendonitis is common in athletes," says physiatrist Ammar Abbasi, MD, with LVPG Physiatry–Health & Wellness Center. "We work to find the cause." Abbasi helped control the inflammation by recommending minimalist shoes that worked better with Felegie's foot mechanics.

After Florida Ironman, Gavio advised Felegie to take time off. "He was overtrained, and his body was beat up," Gavio says. "I know how it gets into your head to train more. You forget that rest and healing are as important as training."

#### A HEALTHY 'ADDICTION'

Felegie quit major competitions during 2014 – tough because he credits endurance athletics with saving him from other addictions. From childhood, he'd run in the woods, and as a 12-year-old, he ran a mile at school in 5 minutes, 3 seconds – fast even for older kids. "But by high school I was doing alcohol and controlled substances," Felegie says.

When his wife, Vanessa, became pregnant in 2006, then-28-year-old Felegie decided to run a marathon to mark the birth. "I was running 10Ks with no training," Felegie says. "I knew I could do it." Four months later, he did. Yet his life was still in disarray. "I thought to myself, 'Dude, you have to straighten out," Felegie says. In April 2008, he took his last sip of alcohol. Three months later, he won a 5K race. "That told me I was on the right track," he says.

Felegie ramped up training. Because he worked days making flooring materials, he often trained at 4 a.m. or at night wearing a headlamp. "I'd run past the bar and say to myself, 'Not tonight, buddy,'" he says. From 2010 to 2013, he did event after event, running one hilly half-marathon at a 5:40-per-mile pace with four broken metatarsal bones in his foot. "Heavy

## Next Step

**LEARN MORE** about chiropractic and physiatry services at the Health & Wellness Center at Hazleton. Visit **LVHN.org/ hazleton/HWC.** 

endurance requires mental toughness," Abbasi says. "These athletes are not called ironmen for nothing."

#### HIS NEXT CHALLENGE

"Resting" after Florida Ironman meant simplifying and being like a kid again – mountain biking, running in the woods and spending more time with family. "I'm back to the fun of it," Felegie says. "It's not all about competing anymore."

But after a year away, he feels mentally and physically ready to take on another challenge: competing in ultramarathons. "Eventually, I want to run 100 miles," Felegie says.

There's no question Felegie will be a contender. "He's one of the best athletes in our region," Gavio says. "But at 37, he's not young anymore. As we age, proper care becomes more important."

-Richard Laliberte





## Senior Choice

## Next Step

#### IF YOU'RE AGE 55 OR OLDER,

learn about the benefits of the Senior Choice program. Visit

LVHN.org/hazleton/senior-choice.

# Don't Take Osteoporosis Lightly

TIPS TO HELP YOU AVOID THIS BONE-THINNING DISORDER

"I've fallen and I can't get up." Many of us know that line from a past television commercial. Yet here's one thing you may not know. "Most people think they fall and then break a hip," says geriatrician Philip J. Benyo, MD, with Lehigh Valley Physician Group Geriatric and Internal Medicine—Drums. "In reality, many older people fracture their hip first, and then they fall."

The cause often is osteoporosis, a bone-thinning condition that can increase your risk for fractures and reduce your quality of life. It affects more than 10 million people, and 18 million more are at risk for developing it.

WHO'S AT RISK? Postmenopausal women are at the greatest risk because of their reduced levels of estrogen. Men are at risk after age 70 (10 to 15 years later than women). You also are at greater risk if you have a family history of osteoporosis, if you have a slender build, hyperthyroidism, or if you smoke regularly or drink to excess.

#### **HOW WILL I KNOW IF I HAVE IT?**

"Osteoporosis is a silent disease, and you may not realize you have it until it's too late," Benyo says. In some cases a doctor may notice signs of bone loss, such as shortened height or a curved spine. A bone density (DEXA) scan – a type of enhanced X-ray – can help you measure bone loss and is recommended if you're at risk for osteoporosis.

How Do I Avoid IT? "Lifestyle choices can create stronger bones," Benyo says. Calcium is the most important nutrient to prevent and treat osteoporosis; you'll find it in skim milk, yogurt and leafy green vegetables. Vitamin D is important because it helps your body absorb calcium. Regular weight-bearing exercise and resistance training also can help prevent osteoporosis. "Also, there are oral medications and an injection that, taken at your doctor's direction, can help increase the thickness of your bones," Benyo says.

The most important advice – talk with your primary care provider about osteoporosis now before it's too late. Benyo estimates that 80 percent of people who suffer a hip fracture need assistance with activities of daily living one year later, and 40 percent are unable to walk independently. "It can be prevented," Benyo says. "So protect your bones and keep them strong."

-Leslie Feldman



## Chocolate Almond Delight

#### With extra calcium

Makes 2 cups

- 1 cup nonfat frozen yogurt (or low-fat ice cream)
- 34 cup nonfat milk
- 1/4 cup chocolate syrup
- 1/4 teaspoon almond extract
- 2 scoops vanilla or chocolate soy protein (powdered)

#### **DIRECTIONS**

▶ Blend all ingredients until smooth.



# How Can a Hospitalist Help Me?

THESE PHYSICIANS SPECIALIZE IN SUPPORTING YOU DURING A HOSPITALIZATION

## Next Step

LEARN MORE about care at LVH-Hazleton. Visit LVHN.org/hazleton.

When you're admitted to the hospital, you need someone to be your advocate, coordinate your care and keep all your care providers informed.

That person is your hospitalist, a physician or physician assistant who specializes in caring for people in the hospital.

"If you were hospitalized years ago, you may have been seen by your family doctor," says Anthony Valente, MD, a hospitalist at Lehigh Valley Hospital—Hazleton. "Today, hospitalists provide the hospital care your family doctor used to." Here are the benefits.

Faster admissions – After you're evaluated in the ER, a hospitalist can admit you. You no longer have to wait for your family doctor to do so, which often took several hours.

Family doctor access – Because your family doctor doesn't see patients in the hospital, he or she spends more time in the office. That's helpful when you need an appointment.

Better communication – Your hospitalist regularly talks to all of the professionals caring for you while you're hospitalized. Their teamwork helps ensure you receive the best care.

Hospital familiarity – Hospitalists know everything about the hospital in which they work and have access to the specialists or services you need.

Questions are answered – Hospitalists are in the hospital for extended hours. They have time to talk with you and your loved ones, or address any complications you may experience.

Smooth discharge – "When you leave the hospital, your hospitalist shares your latest health information with your family doctor so he or she can resume responsibility for your care," Valente says.

A hospitalist's work schedule is designed with your care in mind. Each hospitalist works seven days straight from morning until evening, including holidays. That means you'll likely see the same hospitalist throughout your stay. There are only two occasions you would see a different hospitalist. If you need care overnight, you'll be visited by the hospitalist who provides overnight coverage. If your hospitalist's seven-day shift ends, you'll be introduced to a new hospitalist.

A hospitalization can be scary. If it happens to you, your hospitalist will use his or her education, experience, communication skills and compassion to guide your care.

-Rick Martuscelli





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