

Healthy

YOU

Summer 2017

IN THIS ISSUE

Hope for
Dry Eyes

What a Pain:
'Text Neck'

Hearing Again
After Injury

Delivering Babies in Bethlehem

It's the Start of a Beautiful Relationship

 Lehigh Valley
Health Network



In This Issue

- 4** **See a Provider in a Whole New Way**
LVHN Video Visits are available 24/7
- 5** **Look What We've Delivered** Cover Feature
It's the start of a beautiful relationship
- 7** **Staying Close**
Hackerman-Patz House welcomes patients and their families
- 8** **Getting Back to Pappy Pickups**
Scott Koch changes life after heart nearly stops pumping
- 10** **Saving Dan's Heart**
Heart attack patient benefits from supersaturated oxygen study
- 12** **Special Delivery in the Intensive Care Unit**
Tobyhanna resident's pregnancy odyssey
- 15** **Is Your Cellphone Causing 'Text Neck'?**
It's this decade's 'Blackberry Thumb'
- 16** **A Weight Lifted**
June Hinkle's inspiring weight-loss story.
- 23** **Checklists for Safe Travels**
Know whom to call for travel vaccines

What's open...

Lehigh Valley Health Network (LVHN) is busy bringing great care to your community.



Health Center at Easton

Snapshot

ExpressCARE, Family Medicine, Pediatrics, OB-GYN, on-site adult rehab, imaging and lab testing

Factoid

Tribute wall to former bakeries that occupied the site

→ [Visit LVHN.org/easton](http://LVHN.org/easton).



Health Center at Palmer Township

Snapshot

Children's ExpressCARE, ExpressCARE, pediatrics, OB-GYN, pediatric and adult rehabilitation, imaging and diagnostic testing, HNL and care in 11 specialties

Factoid

Our first health center with a strong focus on children

→ [Visit LVHN.org/palmer township](http://LVHN.org/palmer township).

Rehabilitation Centers

New! Inpatient Rehabilitation Center-Pocono

This inpatient rehabilitation site includes 12 beds.

→ [Visit LVHN.org/inpatient-rehab](http://LVHN.org/inpatient-rehab).

New! Outpatient Rehabilitation Services

Several convenient new locations, including Orefield, Coopersburg and Hamburg, have opened.

→ [Visit LVHN.org/rehab](http://LVHN.org/rehab) for hours and locations.



A Higher Level of Stroke Care

New mobile stroke unit will start treatment faster

Lehigh Valley Health Network's new mobile stroke unit will begin treatment sooner, potentially preventing damage to the brain and extending the reach of Lehigh Valley Hospital-Cedar Crest's Comprehensive Stroke Center.

Stroke experts have a saying: Time is brain. "Every minute that you save in caring for a stroke results in better outcomes," says Claranne Mathiesen, RN, Director of Clinical Operations, Neurosciences, at Lehigh Valley Hospital (LVH)-Cedar Crest.

Saving time is the idea behind a new Lehigh Valley Health Network (LVHN) mobile stroke unit becoming operational in summer 2017. The ambulance-like vehicle will bring equipment, stroke treatments and specially educated crew right to the patient, allowing care to begin immediately instead of waiting to reach a hospital. The unit will be first of its kind in the region and among few in the United States.

"Mobile stroke care could improve intervention time by up to 20 to 30 minutes, which is huge," says neurologist Yevgeniy Isayev, MD, Director of the Comprehensive Stroke Center at LVH-Cedar Crest.

Rapid assessment will help save brain

Stroke occurs when blood flow to the brain is disrupted by either a blood clot that blocks a vital blood vessel supplying the brain (ischemic stroke) or a burst vessel that spills blood into surrounding tissues (hemorrhagic stroke). "Almost 2 million brain cells die every minute during a stroke," Isayev says. "Timing of care is one of the most important factors in recovery."

The mobile stroke unit also will assess if a patient has contraindications to clot-busting medication or whether a stroke involves a major artery blockage that may be too massive for medication to treat effectively - a determination normally made only after arrival at a hospital. The crew could rush such victims to the Comprehensive Stroke Center at LVH-Cedar Crest - where equipment and exper-



Learn more about stroke care.
↓
LVHN.org/MSU

tise to perform a specialized endovascular procedure that uses a number of catheter-based therapies to capture and remove brain-threatening blood clots is available 24/7.

Start at 911

"If you think you're having a stroke, call 911," Mathiesen says. "That call will dispatch local EMS and if indicated, the mobile stroke unit, and starts the clock ticking in our goal to save brain."

- RICHARD LALIBERTE

Stroke Warning Signs

face
Does the face droop?

arms
When raised, does one arm drift down?

speech
When repeating a phrase, is speech slurred or strange?

time
If any of these signs is present, call 911.

»» Onboard

Imaging Computed tomography (CT) equipment



"We will be able to visualize the type of stroke."

-Yevgeniy Isayev, MD, LVPG Neurology

→ **Benefit:** Eligible patients will have treatment before arriving at hospital.

Video and telehealth technology Provides secure consultation with vascular neurologists at the Comprehensive Stroke Center



"They'll see in real time what's going on with the patient."

-Keith Micucci, CRNP, LVPG-Emergency Medicine

→ **Benefit:** Allows for specialized care during transport that is not currently available.

Medications Clot-busting (for ischemic) and blood-thickening (for hemorrhagic)



"We'll tailor treatment immediately."

-Megan Leary, MD, LVPG Neurology

→ **Benefit:** Medication can begin en route to the Comprehensive Stroke Center.

Get Health Care in a Whole New Way...

LVHN Video Visits

Coughing? Sneezing? Aching? Sounds like a trip to the doctor is in order – or stay home and see a health care professional through an LVHN Video Visit.

- 1 Log onto your MyLVHN account (or create one at MyLVHN.org).
- 2 Schedule a video visit appointment.
- 3 See an LVHN provider on your mobile device or computer screen.

LVHN Video Visits are for adults age 18 and older and only for minor illnesses or concerns, such as reye (pinkeye), cough/cold, lower back pain, urinary problems, ear pain, rash/skin problems or seasonal allergies. If you are experiencing an emergency, please call 911.



Want to know more about LVHN Video Visits?

→ Go to LVHN.org/videovisits.



Suffering From Dry Eye?

A new technology, offered by LVPG Ophthalmology-17th Street, helps some patients' dry-eye symptoms evaporate

Obstructed meibomian glands, which produce the oily lipid layer of tear film, are the known cause of 86 percent of dry-eye patients' symptoms. To unplug those glands, the LipiFlow® Thermal Pulsation System applies controlled heat to inner eyelids and gentle massaging pressure to outer eyelids. This 12-minute office procedure liquefies and expresses the contents of meibomian glands, allowing the natural flow of lipids to resume.

details

↓
LipiFlow is the only FDA-approved device for treating meibomian gland dysfunction.

↓
Patients undergo a comprehensive exam, including tear film imaging and evaluation of meibomian glands, to determine eligibility.

↓
Clinical studies have shown that LipiFlow treatment can reduce symptoms to approximately half the preprocedure level.¹

Compared to traditional dry-eye treatments (warm compresses, wetting drops, ointments) that only alleviate symptoms, LipiFlow may provide long-term convenient, effective relief.

→ **Learn how you can schedule dry-eye treatment. Call 888-402-LVHN.**

1. "Treatment for meibomian gland dysfunction and dry-eye symptoms with a single-dose vectored thermal pulsation: a review." C. Blackie et al. *Current Opinion in Ophthalmology*. 2015; 26(4): 306-13.

Photo Tour > Family Health Pavilion at Lehigh Valley Hospital (LVH)-Muhlenberg

In 2015, Lehigh Valley Health Network broke ground on a highly anticipated building project at Lehigh Valley Hospital (LVH)-Muhlenberg that would bring hospital births to Bethlehem for the first time. Now, the Family Health Pavilion at LVH-Muhlenberg is open and ready to care for the newest residents of the Lehigh Valley.

Enjoy this snapshot tour of the Family Birth and Newborn Center. It's located on the second and third floors of the Pavilion.

→ Visit LVHN.org/HYwelcomebaby to learn more about our new facility.



Exterior view of the Family Health Pavilion at LVH-Muhlenberg from Westgate Drive.



You will receive a warm welcome at the ground floor welcome desk.



Relax in our lovely courtyard, complete with tables, benches and lighting for evening walks.



If you're in labor, you will check in at the Labor and Delivery welcome desk.



The Family Birth and Newborn Center features eight labor, delivery and recovery rooms.



Each mom or mom-to-be has a spacious private bathroom.



Enjoy bonding with your newborn in one of our 20 private mother-baby rooms.

Plus > Now Open

Inpatient Rehabilitation Center-Muhlenberg offering 28 inpatient beds, a therapy gym and an activities of daily living suite.

Playdate Before the Gate

Introducing the new Lehigh Valley Children's Hospital play area at the Lehigh Valley International airport

Family-friendly features include:

Lactation pod, charging stations, sensory wall panels, car seat safety information and pretend play for the smallest travelers.

→ Find the play area near gate 6B.



5 Tips FOR Staying Active



Joe Stanavage
Exercise physiology

At 80 years old, Norbert Kotzer is a great example of why it's important to keep moving.

Norbert Kotzer, 80, of West Hazleton (pictured) stays fit with regular stops at the Fitness Center at Health & Wellness Center at Hazleton. "Norbert is a great example of the value of staying active at any age," says Joe Stanavage, fitness manager and exercise physiologist. "Our bodies are meant to move. They weren't designed to be sedentary." Stanavage offers these suggestions for people looking to get back into shape:

- 1 Start simple.** Even a few brief walks a day are a great start toward improving your conditioning.
- 2 Join a gym.** Find a place with certified experts (like Stanavage) who can help you reach your goals.
- 3 Easy does it.** Start slowly on treadmills, exercise bikes and ellipticals until

you're comfortable enough for more intensity.

4 Don't stop there. Strength-training exercises are also important to your overall fitness.

5 Have fun. The more you enjoy your workouts, the more dedicated you'll be.

The Centers for Disease Control and Prevention recommends physical activity for maintaining a healthy weight and lowering blood pressure and cholesterol levels. "Keep moving," Stanavage says.

"It's a big key to staying healthy." —TED WILLIAMS



Learn more about our fitness programs at Health & Wellness Center at Hazleton.

→ Visit LVHN.org/HWC.

Staying Close

Hackerman-Patz House provides a home away from home for patients and families

On July 16, 2016, at 2:20 a.m., Mary Perkins got the call that every parent fears. Her son, Andrew, then 28, had been in a serious car accident and was being airlifted to the hospital with severe injuries. The accident occurred near Beech Creek, Pa., where she lives. Except she wasn't in Beech Creek. "I was at my family's camp in Canada," the 54-year-old recalls, some six hours away.

When she arrived at Andrew's bedside at Lehigh Valley Hospital-Cedar Crest Burn Recovery Center, she discovered the extent of his injuries. In addition to having third-degree burns on 25 percent of his body, plus second-degree burns elsewhere, he had broken his neck and numerous ribs, and his

right leg was broken in multiple places, including a completely broken femur and shattered heel. Andrew also had emergency surgery to remove his spleen and repair his lacerated liver at the first hospital where he was taken. Clearly, he had a long road to recovery, and his mother was determined to be by his side.

Minutes from her son

Thankfully, Mary didn't have to worry about where she would stay, because the Hackerman-Patz House (HPH) was right on the Lehigh Valley Health Network (LVHN) campus. HPH, open since 2011, is a family lodging center exclusively for families of LVHN patients.

HPH has 20 rooms, priced well below hotel rates – just \$45 a night. Financial assistance is available to those who qualify. Check-in is offered around the clock, says Kelley Gold, manager of guest services at HPH, "because accidents don't happen between 9 and 5."

People can stay at HPH as long as they need. Mary stayed for almost three months.

"The staff there was unbelievable. It was a phenomenal experience," she says. "They were very accommodating with anything I needed."

Road to recovery leads to HPH

When Andrew eventually left the hospital in October 2016, Mary knew he would need multiple follow-up appointments with doctors. "We could have found a physiatrist or other doctors near where we live," she says of their home some 165 miles from the Lehigh Valley, "but knowing that we could stay (at HPH) – plus the care we received from all the doctors at Lehigh Valley – it is worth making the trip." In fact, Andrew and his mom have been back to stay at HPH almost a half-dozen times since October. Adds Mary, "The staff, the facility, I would recommend it without hesitation."

– LEAH INGRAM



Back for a follow-up visit, Andrew Perkins is joined by Kelley Gold, manager of Hackerman-Patz House, and his mother, Mary.

Andrew Perkins spent nearly three months in LVH-Cedar Crest Burn Recovery Center.



This battery-powered mechanical pump was his only hope for survival: He pledged to his medical team to "be the best patient."

Getting Back **to** **Pappy** Pickups

Like a doting grandfather, the high point of Scott Koch's day is spending time with his 9-year-old granddaughter, Caiden. Each afternoon, "Pappy" picks her up at school, they share a snack and then "hang out together" until Caiden's mother is done working.

That wasn't always the routine. Not long ago, Koch was neglecting his health, living in Lehigh and working long days in construction. But his life changed dramatically in late 2015 when he got sick.

Rare heart complication

"It felt like a chest cold was coming on," says the 56-year-old Koch, now living in Allentown. "It was burning when I breathed deeply." The heavy smoker ignored it for a few days. One morning, he knew something was wrong and drove to the emergency room (ER) at Gnadent Huetten Memorial Hospital. He smoked a cigarette on the way, not realizing it would be his last.

Tests in the ER showed his heart was beating too quickly and irregularly, and not doing its job of pumping blood to the rest of his body. He was taken to Lehigh Valley Hospital (LVH)-Cedar Crest for more tests. The news was bad: His heart muscle was squeezing out only one-quarter of the blood needed to keep him alive. He was in cardiogenic shock, a rare and often fatal condition if not treated immediately.



LVAD helps keep the heart pumping.

→ Visit LVHN.org/LVAD.

Heart-pumping relief

First his heart needed to be stabilized and relieved of its pumping duty for a few days. Then he needed a left ventricular assist device (LVAD) to live - a device sewn into his chest to help his heart pump blood.

Having this battery-powered mechanical device requires patients to comply with rigorous behaviors, schedules and guidelines. Never one to take care of himself, and resistant to the care he was getting at Lehigh Valley Health Network (LVHN), Koch now realized the pump was his only hope for survival: He pledged to his medical team to "be the best patient." He wanted to be there for Caiden for a long time.

Just days later, heart surgeon Tim Misselbeck, MD, opened Koch's chest and connected an LVAD to his heart to help with most of the blood circulation throughout his body. Koch recalls seeing Caiden in the hospital through a haze of anesthesia and thought, "She's the reason I need to live."

Heart recovery and healing

He was soon up on his feet, walking and starting to regain his strength. He and his wife moved to Allentown so they could be closer to family. He completed the cardiac rehabilitation program at LVH, then joined a gym for the first time in his life. Each day as he walked on the treadmill, he grasped a picture of Caiden in his hand to remind him of why he was working so hard to get healthy.

The payoff was more dramatic than Koch or his medical team had expected: His heart muscle has become stronger and healthier, so

"If Scott becomes a candidate for left ventricular assist device (LVAD) removal, he will be among less than **5 percent** of LVAD patients who no longer need the device."



Tim Misselbeck, MD
Cardiology

much that he might not need the LVAD if he continues to improve. This is something that happens in less than 5 percent of patients, says Misselbeck, who has put all 23 of the pumps in critically ill patients in the four years LVHN has offered them. If necessary, he would remove the pump in surgery, just as he implanted it in late 2015.

Today Koch continues taking his medicines, exercising and avoiding cigarettes. He's a new man, he says. He has to be, so he can pick up Caiden at school, take her fishing in the summer and eventually walk her down the aisle on her wedding day. 🐟

- ROB STEVENS

Saving Danny's Heart



Introducing supersaturated oxygen to blood- and oxygen-starved heart tissue

Danny Balon plucked and munched the first cucumber of last summer from his girlfriend's garden, just outside Hazleton. He instantly felt something like indigestion in the center of his chest. Back at the house, he took an antacid hoping to stop the heartburn. But squeezing, heavy pain began – so intense he fell to his knees, gasping for breath.

"I knew something was very wrong," says the 54-year-old computer programmer and avid musician from Freeland, Pa.

Suspecting heart trouble, which runs in his family, Balon swallowed two aspirins and had his girlfriend, Lori Stish, rush him to the emergency room at Lehigh Valley Hospital (LVH)–Hazleton.

A "widow maker" in the making

An electrocardiogram (EKG or ECG) showed he was having a severe heart attack, known as the "widow maker." He recalls someone saying the EKG was "catastrophically abnormal." Balon's main heart artery was totally blocked, and he needed immediate care to survive.

His mother had suffered a heart attack at age 57 and underwent heart bypass surgery to save her heart. Balon wondered if that was next.

STEP 1: Open the artery

He was stabilized and airlifted via LVHN's MedEvac helicopter to LVH–Cedar Crest, for lifesaving treatment. Interventional cardiologist



Nainesh Patel, MD
Cardiology



Yaqoob Mohyuddin, MD
Cardiology

Nainesh Patel, MD, with LVPG Cardiology, opened the blocked artery using a tiny balloon threaded through a blood vessel in Balon's groin – a coronary angioplasty procedure. Patel also placed two stents in the vessel to prop it open, giving Balon fast relief.

STEP 2: Treat oxygen-starved heart muscle

While angioplasty and stenting are separate procedures used to reopen the artery, oxygen-starved ischemic tissue persists. As part of a research study of which Patel is LVHN's chief investigator, a special catheter was inserted into Balon's artery using the same pathway that opened the artery. For the study, saline is mixed

with oxygen in a device outside the body, then the oxygen-concentrated mixture (known as SSO₂) is introduced to the patient's circulatory system. For an hour, the superoxygenated blood and saline mixture bathe the injured heart muscle. This oxygen concentration is seven times greater than the normal oxygen concentration in blood. That oxygen infusion is believed to help limit the size of the infarction area (dead tissue) and promoted the healing of Balon's heart muscle.

According to Patel, this therapy offers a significant shift in the treatment of heart attack patients. "Since the advent of angioplasty and stenting to treat heart attack, we haven't seen any new treatment options to reduce infarct size in this vulnerable population and SSO₂ therapy appears to fulfill this unmet need," he says. Study results will be published this fall.

Balon was out of the hospital in four days. He then completed a cardiac rehab course at the Health & Wellness Center at Hazleton. Today he walks three miles a day and follows up with cardiologist Yaqoob Mohyuddin, MD, with LVPG Cardiology.

Heartfelt inspiration

He soon was blowing his trombone again, belting out Dixieland numbers in the Tin Roof Brass Band with his brother and some friends. A singer-songwriter who records his own tunes, Balon has some unique inspiration for new songs: surviving his close brush with death and singing the praises of the medical professionals who saved his life. 🎵

- ROB STEVENS

Learn more about this research study.

→ Visit LVHN.org/IC-HOT.

Concussion Discussion

Care close to home can help heal traumatic brain injury

Concussion treatment providing physical, occupational and speech therapy, available at Lehigh Valley Health Network, can help resolve memory, balance, attention, vision and headache problems from mild traumatic brain injury.

Untreated concussion symptoms can persist for months, even years. "Often, concussion goes undiagnosed at first," says physical therapist Ashley Schartzer, with the Health & Wellness Center at Hazleton. "People may initially focus on more obvious injuries from an accident. But even after time has passed, therapy for concussion can help heal the brain and get people back to normal activities."

What causes mild traumatic brain injury (TBI)?

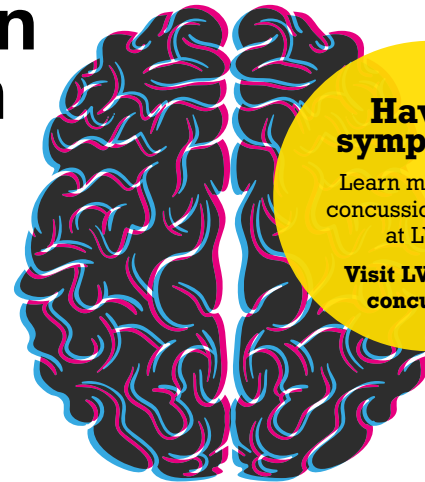
People often associate concussion with sports injuries, but you can suffer mild traumatic brain injury from a variety of causes:

- Vehicle accidents
- Falls
- Work-related injuries
- Any impact that causes brain to make contact with the skull

What are symptoms of mild TBI?

Each person experiences mild TBI in a unique way. Some symptoms include:

- Headache
- Attention problems



Having symptoms?

Learn more about concussion services at LVHN.

Visit LVHN.org/concussion.

- Vision concerns (such as trouble focusing, double vision, eye pain)
- Memory issues
- Balance
- Dizziness
- Coordination
- Fatigue
- Trouble sleeping
- Light sensitivity



Ashley Schartzer
Physical therapy

How is mild TBI treated?

Therapists educated in concussion treatment use specialized equipment, imaging tools and methods to address brain injury-related problems:

- Infrared goggles
- NeuroCom® BalanceMaster®
- Dynavision™

Where can I receive treatment for mild TBI?

Your primary care provider or the emergency department will send you for an evaluation prior to treatment. Treatment can take place at any of these locations.

- Concussion and Head Trauma Program at Lehigh Valley Health Network-One City Center, Allentown
- Health & Wellness Center at Hazleton
- Health Center at Fogelsville
- Health & Wellness Center at Muhlenberg 🎵

- RICHARD LALIBERTE



Karina Reed, MD > Obstetrics and gynecology



Daniel Kraus, MD > Maternal fetal medicine



Jhonathan Duarte, MD > Obstetrics and gynecology



Special Delivery in the Intensive Care Unit

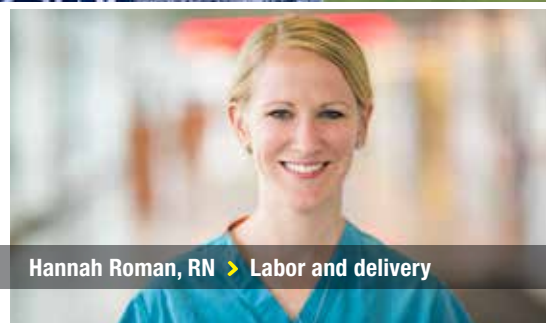
Maternal fetal medicine team helps guide Bethan Nowak through difficult pregnancy



Treena Horn > Perinatal unit



Richard Kolesky, MD > Anesthesiology



Hannah Roman, RN > Labor and delivery

»»» obstetrics and gynecology »»» maternal fetal medicine

Bethan Nowak, 27, of Tobyhanna was an active mother of two who stayed fit by eating healthy and running in 5K races and half marathons. Her life took an unexpected turn in summer 2015 when she developed kidney stones for the first time.

Over the next 18 months, Nowak developed five kidney infections and sepsis - a serious medical condition that can result in organ damage or death. A computed tomography (CT) scan revealed a congenital condition called medullary sponge kidney, which increases the risk for kidney stones and urinary tract infections.

A whirlwind of appointments followed as Nowak and her physicians tried to get ahead of her painful symptoms using preventive antibiotics and pain management. Then in May 2016, she learned the unexpected news she was pregnant with her third child.

A pathway for high-risk mothers

Nowak's previous pregnancies were healthy. Her sons, Phillip, 4, and Leif, 2, were born close to home at Pocono Medical Center (now Lehigh Valley Hospital-Pocono). But this pregnancy was different. She was suffering from severe morning sickness and dehydration and in pain due to daily kidney stones.

Nowak saw obstetrician-gynecologist Karina Reed, MD, with LVPG Obstetrics and Gynecology, for routine visits and treatments for her frequent urinary tract infections (UTIs). Early in her second trimester her condition worsened, and she was referred to physicians at LVPG Maternal Fetal Medicine (MFM) for specialty care.

"Bethan had pain and kidney problems throughout her second and third trimesters," says Reed. "When a UTI flared or she was dehydrated, she was admitted quickly into the labor and delivery triage for pain management and fluids."

At first, trips to Lehigh Valley Hospital (LVH)-Cedar Crest were monthly, then twice a month. During the third trimester they occurred twice a week.

"I knew this pregnancy was going to be long and difficult," says Nowak. "My husband, Michal, took intermittent family leave to care for me when my mother couldn't."

Nowak's family rallied around her throughout the fall and winter. Her mom, Joe Cassidy - an emergency room nurse at LVH-Muhlenberg - and Michal, took turns driving her to doctors while her father, Phillip, took care of the older children. On Jan. 2, Nowak was in excruciating pain. Joe drove her to LVH-Cedar Crest, where doctors discovered an obstructed kidney stone 1 centimeter in size (larger than 1/3-inch).

The next morning she woke with a raging fever, low blood pressure, a rapid heartbeat and trouble breathing - all signs of sepsis. She was 36 weeks pregnant.

Intensive care unit physicians sedated her and began to treat the kidney infection with antibiotics. Later, a fetal monitor started picking up contractions, and at 3 a.m. a team of doctors and nurses began to prepare for delivery.

A memorable delivery

Kidney infections develop into sepsis quickly during pregnancy, putting mothers at risk for preterm labor.

Over 6 hours, more than two dozen team members rotated in and out of her room in the intensive care unit. Finally, baby Coraline emerged healthy to a chorus of cheers.

"Bethan's blood pressure was dangerously low, and she was having trouble breathing," says maternal fetal medicine specialist Daniel Kraus, MD. "Using an epidural for pain control was out of the question because it could drop blood pressure further."

Nowak needed a breathing tube and ventilator to keep her airway open. A traditional delivery could cause the tube to dislodge, so a team of doctors and nurses came up with a plan to sedate Nowak and perform a forceps-assisted delivery with the help of obstetrics, MFM, infectious disease, intensive care, pulmonary critical care, labor and delivery, pediatrics and the neonatal intensive care unit (NICU).

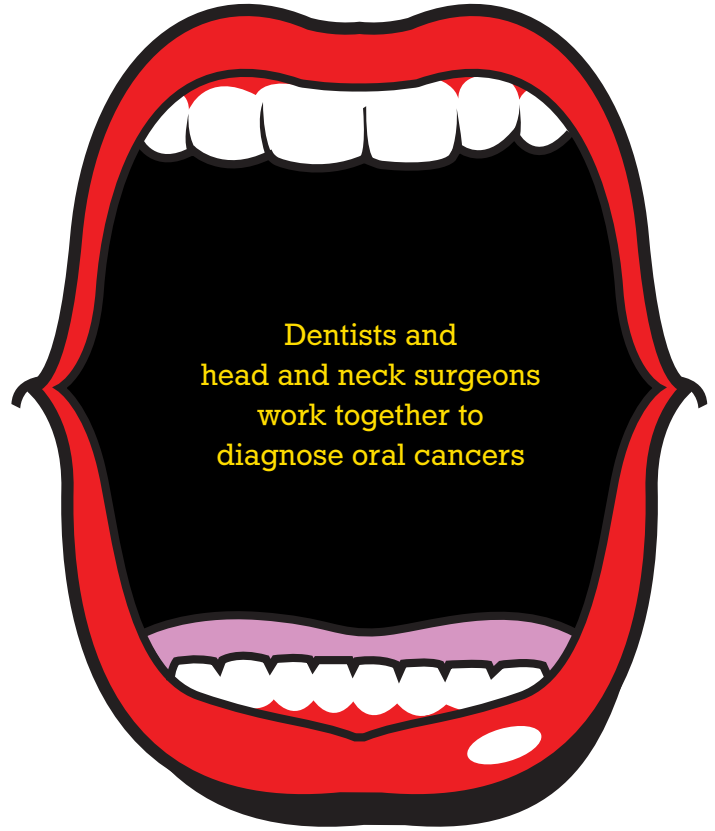
Over six hours, more than two dozen team members rotated in and out of her room in the intensive care unit. Finally, baby Coraline emerged healthy to a chorus of cheers.

Over the next several days, Nowak's condition stabilized. She and Coraline roomed in together with the assistance of NICU nursing staff.

"I never imagined I would have a high-risk pregnancy," Nowak says. "I chose LVH-Cedar Crest so Coraline would have access to the region's highest-level neonatal intensive care unit if she needed one. I couldn't be happier with the team that took care of us. I'm so grateful that everything turned out OK." 🌸

- SHEILA CABALLERO

Head & Neck Cancer



Risks and Signs



Chetan Nayak, MD
Otolaryngology

When it comes to diagnosing head and neck cancers, physicians like otolaryngology-head and neck surgeon Chetan Nayak, MD, with LVPG Ear, Nose and Throat, face certain challenges. For starters many oral cancers don't create pain where the tumor actually is located. Take one patient Nayak treated last year.

The patient was a 78-year-old former smoker who was eventually diagnosed with a stage 4 squamous cell carcinoma. "This patient came in essentially for left ear pain," he recalls. In fact, for nine months the patient was treated with multiple courses of antibiotics for fluid in the ear. "But no one thought to look in the patient's mouth - until we did," Nayak says.

He knew that certain head and neck cancers can present with ear pain, the most common misleading symptom related to these cancers.

Dentures?

"Once patients get dentures, they think they're done seeing the dentist," says dentist Charles Incalcaterra, DMD, of Bethlehem. "I

ask all of my denture patients to return for a yearly oral cancer exam."

When you have your teeth cleaned every six months, your dentist is checking inside your mouth for any abnormalities. "We're looking at the inside and outside of the mouth," he adds, "because the sun can do damage to the lips." Incalcaterra notes that an annual oral cancer screening takes less than 15 minutes and is completely painless.

Former or current smoker?

Oral cancer screenings are critical, especially if you are a current or former tobacco user. "We see changes in the oral tissue on any smoker - cigarettes or cigars - as well as those who put chewing tobacco in their cheeks," Incalcaterra says. "If a patient is a former smoker, that doesn't mean he or she is immune

Note to former smoking, denture wearers - don't neglect your annual visit to the dentist.

from oral cancer. Changes start at the cellular level and can take years to appear."

Persistent sore throat?

Another new but very real risk when it comes to head and neck cancers - sexually transmitted diseases, specifically human papillomavirus (HPV). Doctors say that signs of HPV-related cancer manifests differently than other cancers. "It is more in the back of the mouth, and in the tonsil area," says Incalcaterra.

Is Your Cellphone Causing 'Text Neck'?



Christopher Johns
Physical therapy

Learn more about this serious posture problem and how to prevent it

Do you experience unexplained pain or hoarseness?

→ Request an appointment.
Visit LVHN.org/ENTappt.

"You look at the back of the mouth for those HPV lesions."

It's important to note that an HPV-related cancer might present as a persistent sore throat. Don't just brush off a nagging sore throat as allergies or a cold you just can't get rid of. "Any sore throat that lasts longer than two weeks," says Nayak, "or a sore throat that you've treated or followed and is not getting better after two weeks, well, it's time to be seen by a head and neck surgeon or ear, nose and throat doctor. It could be nothing, but it could be something."

Ear pain patient

So what was the outcome for the patient who Nayak saw? Because proper diagnosis and treatment was delayed, cancer had invaded the patient's mandible (jawbone). Part of the jaw had to be surgically removed and then rebuilt. During the healing phase, dietary services provided support until the patient could again eat by mouth. While the cancer was not caught early, the patient is doing well and has no evidence of disease. 🦋

- LEAH INGRAM

You probably can't get through the day without glancing at your smartphone, laptop or tablet. But staring too much and too long at these wireless devices isn't just distracting, it also may hurt your neck and spine.

It's called "text neck," and it's becoming a digital-age epidemic.

"Our bodies are designed to move and to change positions frequently," says Lehigh Valley Health Network (LVHN) physical therapist Christopher Johns, with Rehabilitation Services. "Today, many of us spend the day sitting at computer, texting and watching television while not getting enough exercise. These activities all involve a sustained forward-head posture that puts extra strain on the neck. This could lead to tightness of some muscles and joint and weakness of other muscles, Johns says.

Pain in the neck

Your neck naturally curves like a C. When you tilt it forward, you reverse that natural curve, stretching and inflaming tissues that can cause neck, shoulder and back pain.

Over time, the text-neck hunch also may promote headaches, ruptured spinal disks, pinched nerves, reduced lung capacity from shallow breathing, and shoulder rotator cuff impingement caused by tendon compression.

Putting it in reverse

Besides limiting screen time, Johns recommends the following tips to prevent text neck or ease discomfort you're already having.

→ **Change positions.** After 10 minutes of looking down at your device, hold it at eye level with your neck in a neutral position for 10 or 15 minutes.

→ **Achieve balance.** Restore your neck curve by looking up at the ceiling periodically to stretch it in the opposite direction.

→ **Stop slouching.** Periodically sit up straight and squeeze your shoulder blades together. Reach your arms over your head.

→ **Keep eyeglass prescriptions current.** Trouble seeing the screen may force you to lean even farther forward.

The good news is you don't have to give up electronics. A few minutes staring down at your device won't hurt you, Johns says. It's when you do it repeatedly without varying your posture that problems could develop.

"Everything in moderation," he advises. "Just be aware - change positions frequently, get enough exercise, and take time to stretch." 🦋

- SYDNEY STEVENS



Do you have "text neck" or other spine and neck conditions?

→ Visit LVHN.org/HYortho.

Lifted

A Weight

Weight-loss surgery helped June Hinkle lose almost 100 pounds, ease back pain, and reduce diabetes and cardiovascular risks that claimed her father.

Three babies helped June Hinkle of Allentown decide it was time for weight-loss surgery. In fall 2014, both her daughter and daughter-in-law were pregnant. "Within 48 hours, one had twins and the other a boy," Hinkle says. "Looking at those grandkids, I said to myself, 'June, you want to be here for them.'"

Not being there was a real possibility, which Hinkle knew from experience. Her father suffered from diabetes - as did Hinkle and her mother. The condition prevented her father from receiving a heart transplant for related cardiovascular disease, and he died in December 2003 at age 67. Closing in on 60 herself, Hinkle also recalled being a cardiac technician at then-Allentown Hospital in the 1970s and 1980s. "I knew all too well how people with diabetes can go on dialysis, lose toes, go blind," she says. Despite other health problems, "I was more afraid of what diabetes would do to me than anything else."



Richard Boorse, MD
Bariatric surgery





“It wasn’t about wearing a bikini,” she says. “It was about being healthy – and you’re never too old to get healthy.”

Her father’s wisdom inspires a call

In December 2014 – just days before the anniversary of her father’s death – she scheduled her weight-loss procedure. “My father was on my mind when I made that call,” Hinkle says. “On his deathbed he said, ‘I wised up, but not soon enough.’ He struggled with weight his entire adult life, and I was not going down that road if at all possible.”

At first she worried about the surgery. Education sessions at Lehigh Valley Health Network’s Weight Management Center reassured her that the procedure was safer than a hip surgery she’d already had. Hinkle never considered her age an impediment. “It wasn’t about wearing a bikini,” she says. “It was about being healthy – and you’re never too old to get healthy.”

Shrinking appetite shrinks June

Bariatric surgeon Richard Boorse, MD, with LVPG General and Bariatric Surgery, performed Hinkle’s sleeve gastrectomy (or gastric sleeve surgery) in April 2015. The procedure removes about 85 percent of the stomach, including a portion called the fundus, which is responsible for producing

the appetite-stimulating hormone ghrelin. “You’re left with a tube about the size of half a banana and little appetite,” Hinkle says. Instead of big meals, she eats small quantities about five or six times a day.

Weight loss was immediate. “I lost 19 pounds in the first 10 days,” Hinkle says. Once 253 pounds at 5 feet 4 inches, she’s now 155 pounds and wears size 10-12 instead of 24. “That’s a big difference in terms of what clothes are available and comfortable,” she says. Not carrying extra weight eased pressure on her back. “I’ve struggled with back pain for years and was even slated for back surgery, but that’s on hold,” she says. “My back is much better.” Best of all, she no longer fears life-threatening effects of diabetes.

Completing the transformation

But happy as Hinkle was, her transformation seemed incomplete because of excess skin where fat

had been. “Even with people telling me how much better I looked, in the mirror I’d still see excess folds of stomach,” Hinkle says. “Part of me felt I didn’t really lose that weight.”

In August 2016, Hinkle decided to have plastic surgery to remove excess fat and skin from her abdomen and thighs. “Now my stomach is flat,” she says. “I’ve been heavy all my adult life and don’t remember being able to say that before. There’s something about it that makes you stand a little taller.”

June’s success now inspires others

An outgoing self-described talker (“I get that from my father”), Hinkle has inspired two longtime friends and her husband’s godson, a former football player, to undergo weight-loss surgery as well. If you attend a Weight Management Center information session, there’s a good chance Hinkle is volunteering at the sign-in desk where she enjoys sharing her story with people who are much like she was before surgery.

The reality of that previous life struck her when she recently found a pre-surgery photo of herself – rare because she avoided cameras then. “It was like – wow, I was bigger than I thought,” Hinkle says. “I honestly had blinders on. Looking back on that time, having known full well what happened to my father, I think: ‘What were you waiting for?’” 🌟

– LEAH INGRAM

Free Info Event Locations

- Allentown
- Bethlehem
- Bangor
- Palmer Township
- Hazleton
- Pottsville

Do you want to take back your life and health?

→ **Lehigh Valley region:**
LVHN.org/LVbariatrics

→ **Northeast PA region:**
LVHN.org/NEPAbariatrics

A photograph of an outdoor basketball court. In the background, a brick wall is visible. To the right, a basketball hoop with a white backboard and a red rim is mounted on a black pole. The court floor is asphalt with white lines. A semi-transparent dark grey box is overlaid on the left side of the image, containing text.

Hearing Everything Again After 25 Years

**Surgical procedure repairs
Mark Riccetti's punctured eardrum
from a pickup basketball game**

Apparently, Mark Riccetti wasn't looking when his teammate passed him the ball during a pickup basketball game outside his mother-in-law's house 25 years ago. But he clearly remembers getting hit with the ball on the left side of his head.

"It hit directly on my ear, and I immediately felt a pop," says the 57-year-old Riccetti from Plains, Pa. "It was like the impact of the ball created a vacuum. It was something like the popping in your ears you get when you're changing altitude going up a mountain. It was that kind of pop."

At the time, there was more embarrassment over a botched basketball play than any pain involved. Riccetti didn't see it as any cause for concern. In fact, he didn't think anything of it until days later when he went to clean out his ears and realized there was a hole in his eardrum.

"I took a cotton swab to clean out my left ear," Riccetti says. "You know how you can go only so far with the cotton swab? Well, it just kept going."

“I don’t have my phone set on ‘scream’ anymore. If the girls are whistling at me, now I know it.”



Turning up the volume

Riccetti’s initial reaction was just to live with it. If his hearing had declined any, he didn’t really notice it often. Over time though, he realized others were noticing.

“Let’s just say when I was watching football on TV at my house, everyone in town probably knew it,” he says.

There were other problems too.

“I really couldn’t go swimming,” he says. “When I would get that area wet, that’s when there was pain and it was phenomenal. I couldn’t take a shower unless I put cotton in my ear.”

Then there was the ringing. “It would be a long, constant ear ringing, especially at night,” Riccetti says. “I had to make sure I was really, really tired just to sleep sometimes.”

And then there were the ear infections. “I’d get maybe five or six infections there a year,” Riccetti says. “I’d get discharge running out of my ear like people have stuff running out of their nose with a cold.”

An eardrum fix without a hearing aid

Still, Riccetti never considered seeking treatment for a quarter century. Early on he was told that nothing would correct the ringing in his ears. However, one day his family doctor told him it was possible to make the ringing go away - without a hearing aid. A short time later, Riccetti met Lehigh Valley Health Network otolaryngologic surgeon Kevin Kriesel, MD, of LVPG Ear, Nose and Throat.

“It’s not unusual that people will put off problems with hearing loss,” Kriesel says. “But once Mark came to us, realized we could take care of his problem quickly and he’d have his eardrum intact again without any issues, he couldn’t wait to have it done.”

Riccetti says the procedure was short and painless. Kriesel took a skin graft from behind his ear and essentially built a new eardrum membrane. It didn’t take long after the procedure for Riccetti to hear what he was missing.

“It changed everything overnight,” he says. “I don’t have to say ‘what?’ and make people repeat things anymore. I don’t have my phone set on ‘scream’ anymore. If the girls are whistling at me, now I know it.”

Kriesel has heard such reactions before. “I’ve had patients cry when they come back for the first checkup and tell me how clearly they hear birds chirping again,” Kriesel says. “Some people are happy to get annoyed enough to have to ask somebody to turn down the volume on the radio. It’s like a new lease on life in a way.”

Riccetti has advice for anyone with a similar problem.

“Get it done, don’t wait,” he says. “Like my son told me after I had it done, it is money well-spent.” 🐦

- TED WILLIAMS



Kevin Kriesel, MD
Otolaryngology



See ENT providers at Lehigh Valley Hospital—17th Street and our new office at the Health Center at Palmer Township.



Think you might have hearing loss? Take our ear, nose and throat assessment.

→ Visit LVHN.org/ENTquiz.

Patrick Miller and furry pals at his dog day care and boarding business



N.J. Man Bounces Back From Trampoline Injury

Patrick Miller tore tendons in both knees in a freak accident

The evening began as a fun holiday outing at a local trampoline park with his wife and kids. Then Patrick Miller suddenly found himself down on a trampoline unable to move while somebody called 911.

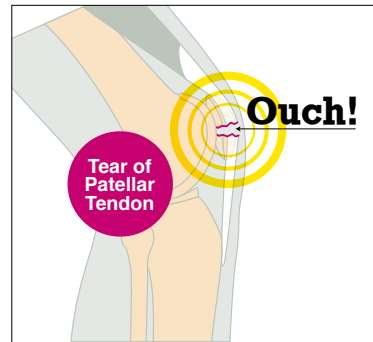
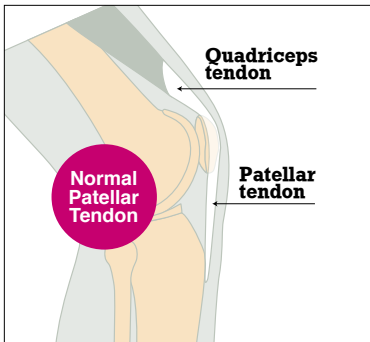
"I couldn't believe it," says the 46-year-old Bloomsbury, N.J., resident of the rare injury he sustained while trampoline jumping on July 4, 2016. "I was with my 8-year-old son and 3-year-old daughter at the time, not doing anything crazy at all. This was maybe the fifth time I'd ever been on a trampoline in my life. I came down and was springing to go up again – and bam. I knew it immediately."

In that instant, Miller tore the patellar tendon in both knees. The patellar tendon connects the kneecap to the tibia, or shin bone. Within an hour, he found himself

being evaluated in the emergency room at Lehigh Valley Hospital (LVH)-Muhlenberg. He would need to undergo surgery to repair the tendons the following day.

"I've seen maybe two other cases like it in my career," says Lehigh Valley Health Network (LVHN) orthopedic surgeon Mitchell Cooper, MD, of LVPG Orthopedics and Sports Medicine, who performed the surgery. "It's certainly uncommon. You want a good definition of a freak injury, this would be it."

Cooper says it's important to perform the surgery as soon as possible to curb scar tissue formation. Miller came through the procedure without complications. "In this case, that was the easy part," Cooper says. "The hardest part is the rehab. Usually somebody has



“I came down and was springing to go up again – and bam. I knew it immediately.” In that instant, Miller tore the patellar tendon in both knees.

one leg to bear weight while the injured leg is healing. Patrick didn't have that option.”

Miller, who recuperated at LVH-Muhlenberg for four days before being transferred to LVHN's Inpatient Rehabilitation Center-Cedar Crest, would need to wear metal knee immobilizers for five weeks to keep both legs straight to avoid stress on his knees.

“Everybody in our unit wanted to observe this case,” says LVHN occupational therapist Colleen Noga, who worked with Miller. “We were curious how this was going to work with both legs being immobilized. How do you go about taking a shower or using the commode? Even getting into the back seat of his car when he was going home took some thought. It all required a lot of creative problem-solving, and most of the time it came down to Patrick and what he could support with his upper body strength.”

Despite his leg restrictions, Miller was determined to make as much progress as possible during his stay in inpatient rehab.

“I was stumbling about 200 feet on the rolling walker at the rehab in a matter of days,” Miller says. “It was really tough, but I knew what I needed to do. My wife, Mychaelann, and I own a dog day care and boarding business, and we have two young children too. I had to be able to move around when I got home.”

Once Miller had the immobilizers removed, he went about the business of regaining his range of motion in outpatient rehabilitation.

“It was pretty amazing to see,” Cooper says. “Patrick was already

at 90 degrees in his first outpatient appointment, about two months after the surgery. He was at 120 degrees maybe three weeks after that. That's a tribute to how hard he was willing to work.”

Miller felt about 75 percent back to normal by year's end. Cooper expected it would take a full year before Miller felt back to his old self.

“I can't say enough about how great Dr. Cooper and everyone at LVH-Muhlenberg were with me,” Miller says. “And it was exactly the same with Colleen and everyone at the rehab unit. If I come across anyone who needs some sort of orthopedic help, I'll be telling them LVHN is the place to go.”

- TED WILLIAMS



Mitchell Cooper, MD
Orthopedic surgery



Colleen Noga
Physical therapy



Sudden knee pain or chronic knee pain?

→ Get more info at LVHN.org/HYortho.



Patrick Miller
and his family

IT'S GALLING:

Know the Signs of Gallbladder Disease

Your age, gender and diet can put you at risk

Who's at risk?

- Women (especially during pregnancy)
- People over 40
- Obese individuals
- Those with high-fat, high-cholesterol diets
- People who lose weight rapidly (including from bariatric surgery)

What are the symptoms?

- Classic symptom: Sharp pain in the upper right abdomen that radiates to the back and right shoulder
- Nausea
- Vomiting
- Fever
- Clay-colored stools

How do you treat gallbladder problems?

If you have gallbladder problems but mild or no symptoms, treatment is usually not necessary. "For mild symptoms, you may try living with them or switching to a low-fat diet," Yourey says.

If symptoms get progressively worse, surgery is needed. "In those cases, the most effective treatment usually is surgery to remove the gallbladder," Mahoney says.

- Surgery is typically done laparoscopically.
- Pain is minimal.
- Patients usually go home the same day.
- Back to work within a week or two.



Michael Mahoney, DO
General surgery



Jennifer Yourey, CRNP
Family medicine



Have you ever felt sharp pain in your right side? It could be a sign of gallbladder disease. Learn the signs, symptoms and treatments from surgeon Michael Mahoney, DO, with LVPG Surgery and family medicine nurse practitioner Jennifer Yourey, CRNP, with LVPG Family Medicine.

What is the gallbladder?

This 4-inch pear-shaped organ lies just beneath your liver on the right side of your abdomen.

- It stores bile made in your liver - a mixture of water, cholesterol, bile salts and other substances that help digest fats in food.
- The gallbladder squeezes bile into your small intestine, where food has traveled from your stomach.

What can go wrong?

- **Gallstones:** These small, rock-like deposits form when bile contains too much cholesterol or other substances. "You may not know you

have gallstones if they're small and don't cause symptoms," Mahoney says. However, they often grow and clog the bile duct opening.

- **Choledocholithiasis:** This dangerous condition occurs when gallstones completely block the bile duct opening.

- **Cholecystitis:** This painful inflammation is caused by gallstones, infection or injury. It may start off acute (sudden and severe) and become chronic if left untreated.

- **Biliary dyskinesia:** This chronic disease occurs when your gallbladder muscles stop working properly for unknown reasons.



Learn more about gallstone symptoms, diagnosis and treatment.

→ Visit LVHN.org/gallstones or call 570-501-4LVH to make an appointment.

▶ Watch featured provider video: LVHN.org/Yourey

Checklists for Safe Travels

Before bon voyage, understand your health risks and travel needs



LVHN colleague and avid traveler Ashley Miller posing on her trip to Machu Picchu.

There's nothing like getting away from it all, but it's even better to prepare for that trip if your travels put you at risk for acquiring an illness-causing bug.

The team at Lehigh Valley Health Network's Travel Medicine office specializes in knowing the health risks you could face traveling here in the U.S. or across the globe. You can receive advice about immunizations you need, get those immunizations, as well as the documentation some countries require.

Exotic trip on the horizon?

Make a date with Travel Medicine first.

Then prepare for your great adventure in good health.

✓ What could make me sick?

- Insects
- Animals
- Humans
- Water
- Food

✓ What vaccinations might I need?

- Hepatitis
- Typhoid
- Yellow Fever
- Rabies
- Cholera
- Meningitis
- Tetanus
- Diphtheria
- Measles

✓ What pre-treatment might I need?

- Anti-malaria treatment

✓ What first aid should I bring?

- Sunscreen
- Tweezers
- Scissors
- Insect repellent
- Antiseptic wipes
- Thermometer
- Pain reliever
- Anti-diarrheal medication
- Cough or cold medication

✓ What documentation do I need?

- Immunization records (Yellow Card)
- General health/wellness document
- Letter from health care provider about prescription and /or over-the-counter medications
- Health insurance
- Supplemental health insurance
- Evacuation insurance 🇺🇸

→ Visit LVHN.org/Travel or call 888-402-LVHN to request an appointment.

New Health Centers at Easton and Palmer Township

You asked for improved access to Lehigh Valley Health Network doctors and providers. And we've been listening. That's why we're opening new health centers right in your neighborhood. It's all the care you need in one place to help you get the most out of life.

Now Open

Health Center at Easton
2401 Northampton St.
(former Bimbo Bakeries site)


- *ExpressCARE*
- *Family medicine*
- *Obstetrics and gynecology*
- *Pediatrics*
- *Rehabilitation services**
- *Imaging services**
- *Health Network Laboratories*

* A service of Lehigh Valley Hospital

Now Open

Health Center at Palmer Township
3701 Corriere Road
(behind Applebee's on Route 248)

- *Children's ExpressCARE*
- *ExpressCARE*
- *Obstetrics and gynecology*
- *Pediatrics*
- *Adult and pediatric rehabilitation services**
- *Imaging and diagnostic testing**
- *Health Network Laboratories*
- *Care in 11 specialties including bariatric medicine, cardiology, ear, nose and throat, endocrinology, infectious disease, neurology, optometry, orthopedics, pediatric, surgery and urology.*



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LVHN.org/easton | LVHN.org/palmer township