His Heart, Our Hands

Nursery owner Jim Scocozza is prepping for spring, thanks to lifesaving cardiac care

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Musculoskeletal Center Now Open

Brings multiple services under one roof

When you have an injury or disease affecting your joints, tendons, ligaments, bones or muscles, you want to go to one place that provides all the care you need to get back to living your healthiest life. That's what you'll get at Lehigh Valley Health Network’s new Musculoskeletal Center. Located at 798 Hausman Road, suite 100, in Allentown near LVHN-Tilghman, this new location creates an ideal opportunity for physicians from different specialties to collaborate while eliminating the need for you to visit multiple locations to get the care you need.

Here is what you’ll find inside LVHN’s Musculoskeletal Center:

- LVPG Orthopedics and Sports Medicine-Hausman Road
- LVPG Physiatry-Hausman Road
- LVPG Pediatric Physiatry-Hausman Road
- LVPG Pain Specialists-Hausman Road
- LVPG Rheumatology-Hausman Road

The Musculoskeletal Center will provide X-ray services, as well as a procedures suite where patients can receive lumbar epidurals under fluoroscopy for pain management. Plans are in the works to add chiropractic and advanced spine care services at the Musculoskeletal Center in the future. To schedule an appointment, call 888-402-LVHN (5846).

Growth in Lower Nazareth Township

Lehigh Valley Health Network (LVHN) is pleased to announce the construction of a new health campus just off Route 33 along Hecktown Road in Lower Nazareth Township. The campus is the latest addition to a group of LVHN health care resources established in Northampton County to make care more accessible and convenient for area families. Our new campus meets the evolving health care needs of families in a growing community. We’re acting now to ensure the services you and your family need most are in place today and for the future.

Our new Northampton County campus will include:

- 156,000-square-foot hospital and medical office building
- Emergency room that cares for adults and children, including space designed just for kids
- Private patient rooms with views of a healing garden
- State-of-the-art operating suites
- Lehigh Valley Special Surgery Institute and Lehigh Valley Heart Institute services
- Musculoskeletal Center
- Outpatient primary and specialty care, including breast health services
- Leading-edge diagnostic testing
- Comprehensive rehabilitation services

The name of the campus will be announced when ground is broken in spring 2019. Grand opening is slated for fall 2020.
The Dick and Peggy Fleming Military and Veteran Resource Information Center (MAVRIC), part of LVHN’s Veteran Health Program (VHP), is a resource designed to provide guidance and navigation to current and former military members with service connected illnesses or injuries. MAVRIC is located in the School of Nursing at 1628 W. Chew St. in Allentown.

MAVRIC: Here to serve

“In the Lehigh Valley, 7 percent of the population identifies themselves as military veterans,” says Alexander Alex, acting director, VHP. “MAVRIC is here to help navigate and coordinate the care they need.” Knowledgeable staff members address individual health and family needs through a tailored care plan. Putting that plan into action requires an understanding of TRICARE, Veterans Health Administration, and related agencies – skills the MAVRIC team possesses. Beyond health care navigation, MAVRIC helps veterans connect with support groups and other social services in the community.

A legacy of honor

Established in 2017, through funding from the Fleming Foundation, MAVRIC was named in honor of World War II veteran Dick Fleming and his wife, Peggy, both longtime LVHN benefactors. MAVRIC has helped hundreds of veterans and their families receive health benefits they have earned. “We are here to serve people who have given their all to us,” Alex says. “Thanks to support from the Fleming Foundation, we will continue to bridge gaps to help our military families get the care they need.”

-JENNIFER FISHER
Hamburg resident Troy Strausser, 54, remembers sitting in the recovery room with his wife of 32 years waiting for his colonoscopy results. Strausser, a former power lifter who now considers himself a “gym rat,” had noticed blood in his stool for a couple of months. “At my colonoscopy, I knew something was not right,” Strausser says. “But sometimes, you just have to hope for the best.”

That August day in 2015, Strausser was diagnosed with stage 3 rectal cancer. But his commitment to hope paid off when oncologist Maged Khalil, MD, Associate Director of Clinical Research at Lehigh Valley Cancer Institute, presented Strausser with an option to join a clinical trial. Strausser saw the trial as a great opportunity and volunteered.

Lehigh Valley Cancer Institute offers access to many clinical trials.
→ Learn more at LVHN.org/clinicaltrials.

Randomized to the experimental arm of the trial, Strausser received six cycles of chemotherapy, with no radiation. His response was successful. “Patients on the trial must show that they’ve had at least 20 percent response before surgery,” Khalil says. “Troy had about a 35 percent response. After surgery, he showed no evidence of disease.”

Battling back
John Park, MD, colon-rectal surgeon with Colon-Rectal Surgery Associates, PC, performed Strausser’s surgery at Lehigh Valley Hospital-Cedar Crest. While surgery successfully eliminated Strausser’s cancer, recovery presented complications. “Troy needed an ileostomy to let the area rest and heal, but he had unusual complications with it,” Park says. So after just four weeks, Park successfully closed Strausser’s ileostomy, which was originally intended to remain in place for six months. While the healing process took more than a year, Strausser received the final six chemotherapy treatments and has had no cancer recurrence. His life, including his workouts, are back to normal. “I’m really no different from any other cancer patient,” Strausser says. “For me, the clinical trial just worked out so well. I’m so thankful for all that Dr. Park and Dr. Khalil did for me.”
Living Well
After ‘SCAD’

Younger women aren’t immune to heart attack

Teri Hontz of Whitehall had just hit the dance floor at a wedding in 2015 when she was overcome by excruciating jaw pain. She quickly sat down, but continued feeling lightheaded and clammy. Her husband wanted to call 911, but she insisted it would pass.

“I knew these were heart attack symptoms, but I didn’t believe I was a candidate for it,” Hontz says. “I was only 47 and super healthy. I exercised regularly and didn’t have high cholesterol, high blood pressure or diabetes.”

Painful symptoms persist

During the following weeks, Hontz continued experiencing jaw pain, burning in her chest and breathlessness with minimal exertion. Her primary care doctor finally convinced her to visit the ER at Lehigh Valley Hospital (LVH)-Muhlenberg. Fellowship-trained cardiologist Nidhi Mehta, MD, with Lehigh Valley Heart Institute and the Women’s Heart Program, immediately ordered tests.

“We thought she might have coronary artery disease caused by plaque buildup in her heart arteries that was blocking blood flow,” Mehta says. “But a cardiac catheterization didn’t show any blockage.”

After more tests, Mehta concluded Hontz had suffered a heart attack caused by a condition called spontaneous coronary artery dissection (SCAD). “SCAD is unlike coronary artery disease in which arteries narrow and harden due to cholesterol buildup. Instead, for reasons not entirely understood, the coronary artery tears, which causes blood to pool and slows or blocks blood flow,” Mehta says. This can cause heart attack, heart rhythm abnormalities or sudden death.

SCAD expertise is crucial

SCAD mainly affects women in their 40s and 50s who don’t typically have heart disease risk factors. It causes up to 35 percent of heart attacks in women under 50 and is the leading cause of heart attacks during pregnancy.

“Treatment is different than for traditional heart attacks, so early identification is key,” says fellowship-trained cardiologist Ellina Feiner, MD, with LVPG Cardiology. “Our Women’s Heart Program has the largest team of female cardiologists in the region who are skilled at treating SCAD.”

Living fully

Despite some damage to her heart, Hontz’s artery tear is healed, and she’s back to her fitness routine. She credits Mehta’s quick action and treatment plan, which includes taking a daily baby aspirin and low-dose cholesterol medication.

“I continue to work out, but I don’t overdo it,” she says. “Fortunately, Dr. Mehta is always there whenever I need advice. I’m lucky to be alive.”

Learn more about the Women’s Heart Program at Lehigh Valley Heart Institute.

⇒ Visit LVHN.org/heartinstitute or call 888-402-LVHN (5846).

Watch featured doctor video: LVHN.org/Mehta
Conquering Colon Cancer

Lifesaving treatment and teamwork at Lehigh Valley Cancer Institute helped Barrie Carr battle stage 4 cancer

As his 60th birthday approached in spring 2017, Barrie Carr decided to schedule his first colonoscopy. Guidelines recommend initial screening at age 50, but Carr of Northampton felt good and expected to receive the best birthday present of all: a clean bill of health.

He was surprised when the colonoscopy showed unusual tissue growth, but his doctor said not to worry. Days later, though, the pathology report came back with bad news. Carr, who is a nurse at Lehigh Valley Heart Institute, had colon cancer. "It was devastating news at the time," he says.

Treatment teamwork

Carr was referred to Lehigh Valley Cancer Institute surgical oncologist Aaron Blackham, MD, with LVPG Surgical Oncology, for additional tests. The news was about to get worse. He had stage 4 colon cancer, which had spread to both lobes of his liver where five tumors were growing.

Blackham met with the Cancer Institute's tumor board (a multidisciplinary team of cancer specialists) to discuss Carr's case. "In most cases of colon cancer, surgery is offered as the first treatment. However Barrie had multiple metastases in both lobes of the liver, and because of his advanced stage at the time of diagnosis, we recommended upfront chemotherapy. Our plan was to assess response after several months of treatment and reevaluate his surgical options at that point," Blackham says.

He referred Carr to hematologist oncologist Usman Shah, MD, with LVPG Hematology Oncology. "Our goal was to prolong Barrie's life and minimize symptoms for as long as possible," Shah says. "But he had a good response to chemotherapy with considerable shrinkage of his tumors."

In fall 2017, Shah encouraged him to take advantage of the Cancer Institute's affiliation with the Memorial Sloan Kettering (MSK) Cancer Alliance to explore a more aggressive therapy that could potentially cure him.

Usman Shah, MD  
Hematology oncology

Aaron Blackham, MD  
Surgical oncology

Watch featured doctor videos:  
→ LVHN.org/UShah  
→ LVHN.org/Blackham
Top-notch partnership
Carr traveled to New York City for an evaluation at MSK. Medical oncologist Nancy Kemeny, MD, explained he was a potential candidate for a leading-edge treatment called hepatic arterial infusion (HAI) therapy, which delivers chemotherapy drugs directly into the liver via a small pump implanted in the abdomen. MSK is one of only a few cancer centers offering this therapy. However, there was a caveat. Because doctors needed to remove tumors from both lobes of Carr’s liver, the small remaining portion would be at significant risk for damage from chemotherapy. He decided to hold off.

Then in December 2017, Shah discovered the tumors had shrunk further, meaning more of Carr’s liver would remain intact after surgery and boost his chances for success. “I decided to take the gamble,” Carr says.

In February 2018, he underwent surgery at MSK to remove the primary colon tumor and the five metastatic liver tumors. Kemeny then implanted an HAI pump to destroy remaining cancer cells in his liver.

For the next six months, Carr traveled regularly to MSK where Kemeny oversaw his HAI therapy, while Shah continued providing systemic (intravenous) chemotherapy at Lehigh Valley Cancer Institute.

“They co-managed my care and made things as convenient as possible,” Carr says. “We’re extremely lucky to have great cancer care at LVHN and an alliance with MSK.”

A winning gamble

Carr is now an advocate for regular colonoscopy screening, starting at age 50. “Don’t mess around,” he says.

He’s particularly grateful for the groundbreaking care that’s given him a second chance. “Without a doubt, patients get world-class care here in the Lehigh Valley,” he says.

Help for Cancer-Related Fatigue
Debilitating fatigue is a common side effect of having cancer and undergoing treatment. To help patients cope, Lehigh Valley Health Network (LVHN) is offering a new physical therapy program designed to combat weakness and exhaustion that occurs during and after chemotherapy, radiation and surgery.

“Evidence indicates that supervised exercise reduces cancer-related fatigue in patients during and after cancer treatment,” says physical therapist Donna Millan of Rehabilitation Services-Walnutport. “Exercise can improve conditioning, flexibility and strength.”

Patients have a one-on-one evaluation with a physical therapist, who creates a customized exercise plan designed for their individual needs and goals. “Our program aims to increase patients’ function and quality of life during this difficult time,” Millan says.

Colonoscopy is the proven screening for colon cancer.
Learn more about colonoscopy at LVHN.org/colonoscopy.
New Name, Ongoing Mission

Lehigh Valley Reilly Children’s Hospital expands care for kids

It’s a common scenario: A seemingly healthy child suddenly doesn’t feel well – and continues to not feel well. A pediatrician’s evaluation determines the hard truth: The child has cancer, often pediatric leukemia. “I see this happen frequently at Lehigh Valley Health Network (LVHN),” says J. Nathan Hagstrom, MD, Physician in Chief with the newly funded, renamed and expanding Lehigh Valley Reilly Children’s Hospital.

Such cases highlight the importance of having a nationally recognized children’s hospital available nearby to provide timely cancer care, as well as treatment in more than 30 pediatric surgical and medical subspecialties.

“Putting in place pediatric-specific assets allows LVHN to improve health for a larger number of children in the Lehigh Valley and beyond. We will continue providing advanced treatments for serious pediatric illnesses and chronic conditions as well as promote preventive medicine throughout the communities we serve,” Hagstrom says.

LVHN has steadily bolstered programs, services and facilities for treating kids since opening the Children’s Hospital at Lehigh Valley Hospital (LVH)-Cedar Crest in 2012. Expansions included Reilly Children’s Surgery Center, opened thanks in part to a 2016 contribution from local philanthropists and business owners J.B. and Kathleen Reilly, whose two daughters each were treated for life-threatening conditions at LVHN.

New enhancements

Now a new substantial gift from the Reillys is supporting ongoing enhancements at the renamed Lehigh Valley Reilly Children’s Hospital.

Construction includes a newly opened pediatric inpatient unit for general medicine and surgery with 30 private rooms. The hospital also is updating its Level IV neonatal intensive care unit (NICU) – the highest-level NICU in the area – and expanding the region’s only pediatric intensive care unit (PICU) to 12 beds. Future plans include growing the Children’s ER by 14 beds. A new entrance for Lehigh Valley Reilly Children’s Hospital is expected to open this spring.

Specialized needs

Children-specific facilities and services are important for a simple reason: Kids are different from adults. “You need a specialized team, especially in areas such as surgery, intensive care, and cancer care,” Hagstrom says. Specialization includes a comprehensive team of pediatric surgeons, anesthesiologists, medical specialists, nurses, child life specialists and social workers.

Consolidating resources at Lehigh Valley Reilly Children’s Hospital’s LVH-Cedar Crest campus helps ensure that specialized care and the latest science and technology are readily available. Key affiliates include pediatric inpatient units at LVH-Hazleton, LVH-Pocono and LVH-Schuylkill.

LVPG general pediatric practices and family medicine practices that see children are directly affiliated with the hospital too. “A child whose community physician has a close relationship with a children’s hospital receives care that is faster and better coordinated with information that flows more readily back and forth,” Hagstrom says. “The faster we deliver care with all the information we need right at our fingertips, the better for the child and the family. Kids can go back to being kids faster, and the experience for the whole family is better.”
Best practices

Having pediatric health care delivery organized under Lehigh Valley Reilly Children's Hospital ensures the care is consistently state-of-the-art and that each child is getting the most effective treatments. It ensures the best caring, comforting and healing for every child.

Best practices include more than 20 clinical pathways. “These are essentially standardized processes for delivering care for common conditions so anyone on the medical team can quickly assess where patients are in their care, know what steps come next and more readily identify problems,” Hagstrom says.

Clinical pathways – aided by electronic medical records – make care both faster and more effective. “Often they result in shorter hospital stays because patients get better sooner,” Hagstrom says.

Close care

Having resources close to home can make a big difference to families. “In addition to urgent care, follow-up care can be delivered right in the community so families don’t have to travel far or take as much time off work,” Hagstrom says. “And support from friends and relatives is close by.”

Closer distance fosters closer clinical relationships. “When children know their doctors and nurses, it eases fears and provides comfort,” Hagstrom says. “That translates to better care and better outcomes.”

Pediatric Subspecialties Available at Lehigh Valley Reilly Children's Hospital

Surgical pediatric subspecialties
- Anesthesiology
- Burn
- Ear, nose and throat (ENT)
- General surgery
- Ophthalmology
- Orthopedics
- Neurosurgery
- Urology

Pediatric medical subspecialties
- General pediatrics
- Adolescent medicine
- Allergy and immunology
- Child abuse medicine
- Child and adolescent psychiatry
- Developmental and behavioral pediatrics
- Cardiology
- Critical care
- Dentistry
- Emergency medicine
- Endocrinology
- Gastroenterology and nutrition
- Gynecology
- Hematology-oncology
- Hospitalists
- Infectious disease
- Neonatology
- Nephrology
- Neurology
- Pulmonology
- Radiology
- Rehabilitation medicine
- Rheumatology
- Sleep medicine

Learn more about Lehigh Valley Reilly Children’s Hospital.
- Visit LVHN.org/children.
EASE-Y Does It

App helps families stay connected to caregivers during surgery

When Jane Storm underwent surgery at Lehigh Valley Hospital (LVH)–Hazleton last spring, her family didn’t fret in the waiting room during the 10-hour process, wondering how she was doing. Instead, they used a new app on their mobile devices known as Electronic Access to Surgical Events, or EASE for short, to receive instantaneous updates.

"Jane is resting comfortably," one text message read. Another was a photo of Jane Storm, smiling on the gurney in the preoperative area.

"We were able to leave the waiting room to have lunch because we knew we could come back without missing anything," says Jane’s son, Rob Storm, 51, a self-employed home repairman and plumber from the Pocono region.

“It was a great experience.”

Improving the patient and family experience

Introduced to the Lehigh Valley Health Network (LVHN) in December 2017 in collaboration with perioperative services, EASE app modernizes hospital communication and helps reduce family anxiety during long surgical procedures.

In addition to LVH–Cedar Crest, EASE is currently in use at LVH–Hazleton, LVH–Muhlenberg, LVH–Pocono and LVH–Schuylkill for surgical cases that are at least one hour and for robotic surgery cases at the ambulatory facility at LVH–17th Street.

"Until now, communicating with patients’ families relied on having people wait until the procedure was done," says, M. Bijoy Thomas, MD, with LVPG Gynecologic Oncology, who helped launch the app at LVHN with colleague Martin Martino, MD. The app allows medical staff to communicate in real-time from their mobile device from the preoperative area and operating room to family members in the hospital waiting area or anywhere in the world.

"The EASE app is simple technology that makes a world of difference," Thomas says. "Patients appreciate it as much as their family members do."

Using EASE is easy and secure

"If my 81-year-old father can use it, anyone can," Rob says. Friends, family members and patients simply download the EASE app on their mobile device. At the beginning of a procedure, a clinician scans a QR code on the patient’s device and a bar code on the patient’s medical bracelet. An EASE code is then generated that the patient can share. A patient’s family and friends can then receive real-time text messages, photos and videos of the patient before, during and after surgery.

LVHN is the first health system in the state and region to offer EASE. Importantly, "all EASE communication is encrypted and HIPAA compliant," Thomas says. Messages are deleted one minute after they are reviewed.
Another Treatment Option for Skin Cancer

Radiation therapy helps heal difficult-to-treat skin cancers

Mary Golias is 96, and knows what she wants and doesn’t want. When she was told that she might need a potentially disfiguring surgery to remove skin cancer on her forehead that hadn’t responded to chemotherapy, she refused. But over time, the cancer – a basal cell carcinoma – grew to the point where she was always wearing a bandage to cover it up. Finally, her daughters, Georgeann DiGiovanni and Mary Wozniak, both nurses, convinced her to see Hasan Danish, MD, a radiation oncologist with Lehigh Valley Cancer Institute.

"There was something about Dr. Danish that I liked," Golias says. It may have been his calm, non-pushy manner, or the fact that he told her that he could treat her with radiation therapy alone. Still, it took some convincing after she learned that she’d need 20 consecutive treatments over the course of a month. "That was a little scary, but I figured I’d take it one day at a time," she says.

"I had some concerns that my mother wouldn’t be able to withstand the treatment," says DiGiovanni. "But Dr. Danish was confident and optimistic that he could help her, and I knew something had to be done."

An effective alternative

Danish notes that many patients and even physicians aren’t aware that radiation treatment is an option for basal and squamous cell carcinomas, the most common types of skin cancers. "Particularly in visible areas like the face and neck, radiation is as effective as surgery in terms of removing the cancer, and it offers better cosmetic results," he says.

In June 2018, Golias began receiving daily treatments for her forehead cancer, as well as three other lesions on her body. Although she did experience some side effects, including some pain, poor appetite and "no pep," she notes that "the radiation oncology staff was wonderful, and once I got used to the routine, the treatments weren’t so bad."

Resuming her life

Over time, the forehead lesion gradually scabbed over and fell away. It’s now healed completely, allowing Golias to more fully enjoy visits with her daughters and her daily routine at Holy Family Manor in Bethlehem.

"I feel good now," she says. "I came through it all beautifully."

A second opinion could open doors for a new treatment path.

Call 888-402-LVHN (5846) to request a second opinion appointment.
E-cigarettes are more harmful than many teens and parents realize.

Most teens know that tobacco use is dangerous, and according to the Centers for Disease Control, youth cigarette smoking has plummeted. Unfortunately, a new danger has arisen in its place: vaping, or use of electronic devices such as e-cigarettes.

"These products vaporize a liquid to produce an aerosol that can be inhaled," explains adolescent medicine pediatrician Rosa Gomez DeJesus, MD, with LVPG Adolescent Medicine-17th Street.

Devices come in many sizes, shapes and formats. Some resemble regular cigarettes but others look like pens or USB flash drives so they’re easy to disguise. Some produce smoke-like clouds of vapor but others minimize exhaled aerosol so a kid can vape without being obvious.

Liquid cartridges often come in flavors, making them especially – and increasingly – appealing to kids. E-cigarette use among high school students jumped 78 percent between 2017 and 2018, according to the U.S. Surgeon General. One in five high schoolers and one in 20 middle schoolers now use these devices.

"These figures are eye-opening and reflect what we see in our communities," says family nurse practitioner Mary Jane Hanson, CRNP, PhD, with LVPG Family Medicine-Albrightsville. "A few years ago we didn’t screen for e-cigarette use, but we do now," Hanson says.
Vaping is addictive

“There’s a misperception that e-cigarettes are safer than regular cigarettes, but that’s not the case,” Hanson says. E- and regular tobacco cigarettes both deliver highly addictive nicotine — and e-cigs may have more. A typical cartridge for one of the most popular electronic delivery devices contains about as much nicotine as an entire pack of 20 cigarettes. “Some kids think they’re just using flavored liquid,” Gomez DeJesus says. “They don’t even know nicotine is in these products.”

Nicotine can harm adolescent brain development, especially in areas that control attention, learning, mood and impulse control. It also stimulates and shapes the brain’s reward system. “Nicotine produces an instant hit that makes you feel better,” Gomez DeJesus says.

Developing that pathway through vaping can leave youth more prone to addiction from other drugs or additional sources of nicotine, including tobacco. “Young people who start experimenting with e-cigarettes are six times more likely than non-using peers to eventually end up smoking regular cigarettes,” Hanson says. Some youth use e-cigarettes to inhale marijuana.

E-cigarettes deliver dangerous substances

Aerosols from e-devices may lack tar and other carcinogens found in tobacco smoke, but they contain dangerous substances of their own. These include heavy metals such as lead and nickel; volatile organic compounds such as benzene, found in car exhaust; ultrafine particles that go deep into lungs; and flavoring chemicals such as diacetyl, a chemical linked to lung disease.

“We lack long-term data, but there are indications that vaping causes lung damage, decreases your ability to fight infection, triggers coughing and throat irritation, and may increase cancer risks,” Hanson says. Other harms have included burns from batteries catching fire and children ingesting poisonous liquid from cartridges.

Parents should talk to kids

While many parents caution children about risks from tobacco, drugs and sex, vaping tends to be off the radar. “Most parents don’t know what the devices look like or what kids are exposed to,” Gomez DeJesus says. “Without a conversation at home, curious kids who think e-cigarettes are safe are likely to try one.”

Start by asking what your child knows about vaping or “juuling” — a term derived from a popular e-cigarette brand. “Start a conversation, not a lecture,” Gomez DeJesus advises. Explain what you’ve learned about risks and express concern rather than laying down the law.

If you’re a current tobacco smoker, bolster your case by quitting — but without using e-cigarettes as a substitute. “Studies indicate that vaping doesn’t help smokers quit, and it’s not an FDA-approved cessation aid,” Gomez DeJesus says. “Work instead with your primary care physician, who can prescribe nicotine patches or medication.”
Triking for a Cure

Cycling helps Kate Savett live her best life while being treated for multiple sclerosis

When Kate Savett was diagnosed with multiple sclerosis (MS) in 2015, she thought her dream of learning to ride a bike was over. "I never learned to ride as a kid. And now, I thought, it's really never going to happen," says the 40-year-old life insurance sales administrator.

Fortunately, while on vacation, Savett spotted an elderly woman riding a three-wheeled cruising trike, and inspiration struck. "I thought, 'I can do that!'" she says. Back home in Allentown, Savett bought a recumbent tricycle, which sports an aerodynamic configuration of two wheels in the front and one in the back.

With her husband, Scott, who is an avid cyclist, Savett took to Lehigh Valley's scenic rail trails. "Riding a recumbent trike gives me a way to exercise," Savett says. "If I walk for more than 15 minutes, my legs might start to tingle. But on the recumbent trike, I can ride for hours."

Get in on the action!

Take steps to help end MS. Sign up for Walk MS: Allentown 2019, on Sunday, May 5. To register, visit nationalmssociety.org.

Personalized MS treatment

With MS, the immune system mistakenly attacks myelin, a protective covering around nerve fibers in the brain and spinal cord, causing symptoms such as tingling, numbness and fatigue, as well as balance, bladder and vision problems.

"Exercise is beneficial for patients with MS," says neurologist Dmitry Khaitov, MD, with LVPG Neurology. Physical activity may protect the immune system and trigger myelin to regenerate. "Exercise can help patients with MS function better physically and may reduce cognitive symptoms, such as fatigue and depression," Khaitov says.

In addition to recommending exercise, Khaitov and colleagues work with patients to individualize their treatment plans.

"We have 14 different treatments that can be customized to each patient," Khaitov says, including injectable and oral therapies. "The goal of treatment is no evidence of disease on an MRI, neurological and other exams, and how patients feel," Khaitov says.

Powering through

In 2018, Savett was doing so well that she rode her recumbent trike for 20 miles in Bike to the Bay, an annual MS Society fundraising ride from Dover to Rehoboth Beach, Del. "It was a fantastic ride," Savett says, "especially seeing all these people helping the MS Society find a cure." Savett believes a cure will be found in her lifetime. Meanwhile, "you can’t wait for that," she says. "You have to continue to live your best life, and that's what cycling does for me."
It isn't vain to want your legs to look and feel their best. Lehigh Valley Health Network (LVHN) vascular surgeons offer comprehensive vein care and customized treatments that will reduce vein-related pain and swelling in your legs while improving the health and appearance of lumpy veins.

**How veins work**

Veins carry blood from the body back to the heart. They contain valves that act as one-way flaps to prevent blood from moving backward. "If these valves don't work properly, blood leaks back into the veins and pools there," says vascular surgeon James Guzzo, MD, with LVPG Vascular Surgery and Chief, Division of Vascular and Endovascular Surgery.

**Chronic vein troubles**

"When blood pools in leg veins, it can lead to a condition called chronic venous insufficiency or CVI," says vascular surgeon Eric Wilson, MD, with LVPG Vascular Surgery and Chief, Department of Surgery, Lehigh Valley Hospital-Pocono.

**You might be at risk for CVI if you are:**
- Middle age or older
- A woman
- Obese
- Sedentary for long periods - either sitting or standing

**Or if you have:**
- Family with leg vein problems
- Ever had deep vein thrombosis (DVT)
- Been pregnant

**Signs of CVI**

Symptoms of CVI include varicose veins - swollen, twisted veins close to the skin's surface. Beyond the cosmetic, CVI can cause leg pain, swelling, heaviness, fatigue or throbbing. Advanced vein disease also can lead to chronic leg wounds.

**Do visible veins = CVI?**

Varicose veins and spider veins (smaller veins) can appear independent of CVI. "Visible veins aren't dangerous if they don't cause symptoms," Guzzo says. But when they do cause symptoms like aching, throbbing pain, ask your primary care provider if you should see a vein specialist.

**Vein goals**

"Along with compression stockings, which is the first line of treatment for all patients, LVHN has measures that can treat chronic vein issues and help prevent acute problems from occurring," Wilson says.

**Vein treatments**

Depending on the type of vein issue present, procedures are done in the office or comfortable outpatient setting, using suitable anesthesia. They can relieve leg pain caused by CVI, and have rapid recovery times:

- **Endovenous radiofrequency ablation:** A small catheter delivers a targeted pulse of energy that causes the vein to shrink and seal shut. Blood then naturally reroutes to surrounding healthy veins.
- **Sclerotherapy:** A chemical solution is injected into the vein, causing it to close and eventually be reabsorbed into surrounding tissue.
- **Microphlebectomy:** Small incisions are made to surgically remove larger veins.

**Watch featured doctor video:** LVHN.org/Guzzo
A Heart in the Right Place

Jim Scocozza puts his trust in the hands of LVH-Pocono’s lifesaving cardiac care team
In March 2018, Jim Scocozza was gearing up for the busy season at Chestnut Hill Nurseries, his Pocono-area landscape design firm, but he didn’t have his usual energy. In fact, he’d felt sluggish for months.

Scocozza was active and fit, but with his family’s history of heart disease he finally agreed to see cardiologist Anil Gupta, MD, with LVPG Cardiology. A cardiac stress test showed his heart wasn’t receiving enough oxygen-rich blood, indicating the possibility of coronary artery disease. Gupta suggested he schedule a cardiac catheterization to determine if fatty deposits called plaques were clogging his heart arteries (a condition called atherosclerosis).

"I knew I had to pay attention to this," says the 66-year-old Kunkletown, Pa., resident. "But I was concerned about being away from work, so I asked Dr. Gupta to treat it with medication until things calmed down and I had more time to explore the problem."

Seaside SOS
In August, with the busy season over, Scocozza and his wife, Deb, headed to the Jersey shore for some rest and relaxation. As they strolled on the beach one day, he felt an uncomfortable compression in his chest. The couple returned to their beach chairs so he could rest, and later set out again for another walk. But the symptoms immediately returned.

"I knew something had changed, and I needed to see Dr. Gupta," Scocozza says. "We went home the next day, and I scheduled a catheterization."

Change of plans
On the morning of Aug. 17, he and Deb arrived at Lehigh Valley Hospital (LVH)-Pocono for what they assumed would be a brief procedure. The plan was to look for blockages in his heart arteries using a long, narrow catheter tube and place stents if needed to open the vessels and improve blood flow. Scocozza hoped to return to work that afternoon.

But when Gupta entered his room afterward he looked concerned. Results showed a significant blockage in his left main artery, which can lead to a deadly "widowmaker" heart attack. Gupta recommended immediate heart bypass surgery to create a detour around the blocked artery.

"I had appointments lined up and my phone was ringing — I thought, I can’t do this now," Scocozza says. "But Dr. Gupta looked at me with a serious expression and said, ‘It’s really bad. You need surgery. Now.’"

Deciding point
The couple immediately met with cardiothoracic surgeon Kelly M. Wanamaker, MD, with LVPG Cardiac and Thoracic Surgery, who was on-call that day. She carefully reviewed the seriousness of the findings with them and answered their questions. The Scocozzas learned that LVH-Pocono is the only hospital in Monroe County licensed to treat all serious heart conditions, and can perform open heart surgery. As a result, the ESSA Heart and Vascular Center makes quality heart care more convenient for patients and their families closer to home.

The couple asked for time to talk privately. They considered delaying surgery and researching other hospitals first, but quickly came to the same conclusion. "I knew about Lehigh Valley Health Network’s good reputation, and after meeting with Dr. Gupta and Dr. Wanamaker, I decided to put my faith in them and have surgery at LVH-Pocono," Scocozza says.

Rehab and recovery
Three days after surgery, Scocozza went home and eagerly entered LVH-Pocono’s cardiac rehab program to help him regain his full strength.

"Individuals who attend 36 rehab sessions have a 47 percent lower risk for death and a 31 percent lower risk for heart attack," says Linda Breen, clinical supervisor of cardiac rehabilitation at LVH-Pocono. "We work hand in hand with patients’ cardiologists developing an individual treatment plan to maximize their recovery."

Scocozza credits the rehab staff’s dedication, the lighthearted atmosphere and camaraderie with other patients for his remarkable recovery.

"I could have had a very different outcome, but I listened to my heart, and because of the team at LVH-Pocono I feel absolutely fantastic today," he says. "It’s like I’m 10 or 20 years younger. I’m looking forward to many extended road trips this summer with my wonderful wife."
Say Goodbye to GERD

If you often have heartburn, a painful burning sensation in your chest and throat, you could have gastroesophageal reflux disease (GERD), commonly known as acid reflux.

What is GERD?
After eating, the lower esophageal sphincter (LES) – the valve in the esophagus where it meets the stomach – functions like a one-way door. It opens when swallowing food, then closes again. With GERD, however, the LES doesn’t close completely. This can allow acidic stomach contents to back up into the esophagus, causing symptoms such as heartburn, stomach pain, coughing, muscle spasms in the esophagus, shortness of breath and chest pain.

Prescription and over-the-counter proton pump inhibitor (PPI) medications can help. But they don’t always work. Long-term, they may cause side effects too, such as vitamin B12 deficiency, bone weakness and kidney disease. Plus, there’s the inconvenience of having to take pills daily.

Fortunately, Lehigh Valley Health Network (LVHN) now offers evaluation through the Reflux Treatment Program. In addition, LVHN offers two new leading-edge procedures: transoral incisionless fundoplication (TIF) and LINX. Read on to learn how these comprehensive treatments helped two area residents say goodbye to GERD.
TIF resolves Roberta’s reflux

In 2007, Roberta Conrad had such severe indigestion and chest pain that she ended up in the hospital. After ruling out a heart issue, the Mohrsville resident was given PPI medication for GERD and sent home. Conrad tried four different PPIs, but each eventually stopped working. “I’d take the medication at 8 a.m., and it was supposed to last 12 hours, but by 1 p.m., it was so bad that I would get indigestion from something as bland as a banana or from bending over to tie a student’s shoe,” says the 63-year-old assistant elementary school nurse.

In June 2018, after meeting with Shashin Shah, MD, Director of Endoscopy at Eastern Pennsylvania Gastroenterology and Liver Specialists, and Scott Beman, MD, with LVPG General, Bariatric and Trauma Surgery, Conrad had the TIF procedure, which treats GERD at its source.

What is TIF?

“TIF is a minimally invasive procedure to reconstruct the LES,” Beman says. Performed under general anesthesia, TIF uses a special device to restore normal function of the LES, often times with no internal cutting. “The best candidates for TIF are patients suffering from GERD who regularly experience troublesome symptoms, but who no longer respond to or aren’t satisfied with pharmaceutical therapies,” Shah says.

Since then, Conrad has been GERD-free. “The day I had TIF is probably the happiest day of my life,” she says. Conrad stopped taking PPIs and can eat anything without experiencing GERD symptoms. In fact, eight weeks after her TIF procedure, Conrad traveled to Zimbabwe for two weeks with her family and enjoyed spicy local cuisine. “I tested TIF well, and I didn’t have any problems with reflux or food,” Conrad says. “It was an amazing trip.”

LINX lets David sleep well

Starting in his early 40s, David Bitting was routinely awakened by the burning sensation of acid reflux in his chest and throat. “I can’t describe the amount of pain I felt,” says Bitting, 52, an information technology specialist from Allentown. “I’d be up the rest of the night.”

For nearly a decade, Bitting followed his doctor’s recommendation to take prescription PPIs to relieve GERD symptoms and modify his diet. “I couldn’t eat anything acidic, including chocolate, green peppers, coffee, alcohol, spicy foods and pineapple,” Bitting says. But the strategy didn’t work. Painful acid reflux continued to disrupt Bitting’s sleep at least twice a week. Fortunately, Bitting was referred to Beman, who offered the LINX procedure after evaluating his condition.

What is LINX?

“LINX is a laparoscopic surgical procedure in which a magnetic titanium band is placed to reinforce the lower esophageal sphincter,” Beman says. After seeing an example of LINX, Bitting says “it looks like a metallic candy bracelet.” LINX allows food to pass from the esophagus to the stomach normally. It opens up when food is swallowed, then squeezes closed to prevent stomach contents and acid from flowing backward, into the esophagus.

Since his LINX procedure in June 2018, Bitting has stopped taking PPI medication and no longer experiences nighttime GERD symptoms. “My whole life is different because I don’t have to worry about whether I’m going to get acid reflux,” Bitting says. LINX works best when food is thoroughly chewed. It has forced Bitting to eat more slowly and take smaller bites. “But other than that, I don’t even realize the device is there,” he says. “Overall, I feel 100 percent healthier, and I’m sorry I waited so long to have surgery.”

-SANDRA GORDON
Triple Threat

For young women athletes, striving for a lean look and high achievement can be dangerous

In many sports, being a “triple threat” makes you invincible. But some young women athletes face a different triple threat – female athlete triad.

Female athlete triad refers to a cycle some young women athletes fall into by consuming fewer calories than they burn, and simultaneously overtraining. That constant depletion of energy doesn’t just lead to weight loss, it also can lead to hormonal imbalances.

**Hallmarks of female athlete triad**

- Energy deficiency (consuming fewer calories than training demands)
- Loss of a monthly period (amenorrhea)
- Low bone density

**Achievement and appearance factors**

“There’s so much pressure to be successful. The focus on getting scholarships and playing at a higher level can lead to athletes making drastic changes in diet and exercise,” says Chelsea Evans, DO, with LVPG Orthopedics and Sports Medicine. Appearance also comes into play, especially with body-image-focused sports such as dance, diving, gymnastics and cross-country running. “Striving for a lean look coupled with high achievement can be dangerous,” Evans says.

Female athlete triad can cause hormonal disturbances that can lead to stress fractures, low bone mass and premature osteoporosis. It can impact mental health too. “Athletes with the disorder can suffer from anxiety, sports burnout and life-threatening eating disorders,” says Richard Canlas, MD, with LVPG Primary Care Sports Medicine at the Health & Wellness Center in Hazle Township.

**Multidisciplinary treatment**

To help young female athletes get on a healthier track, Lehigh Valley Health Network (LVHN) offers a multidisciplinary team treatment approach, including sports physiologists, nutritionists, endocrinologists, sports medicine physicians and psychologists. Although treatment varies, it may include a hormonal evaluation, a DEXA scan – a test that measures bone mineral density to assess risk for osteoporosis or fracture – plus meetings with a nutritionist.

**Athlete awareness**

Athletes may not realize they have the disorder. To help spot female athlete triad (or RED-S in young male athletes), LVHN distributes screening questionnaires to local high schools. Athletic trainers and pre-participation sports physicals can help identify it too.

You also can play a part. If you suspect your high schooler may be at risk, don’t wait to seek help.

“The best time to identify female athlete triad or RED-S and intervene is in high school, while parents still have close involvement in their child’s health care,” Evans says.  

- Sandra Gordon

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**RED-S**

Male athletes who overtrain and undernourish are at risk for relative energy deficiency in sport (RED-S). Like female athlete triad, RED-S puts male athletes at risk for bone density depletion, bone fracture, eating disorders and burnout.

Watch featured doctor videos:

- LVHN.org/CEvans
- LVHN.org/Canlas
Leap of Faith

For Cristian Randeau, the sky’s the limit after weight-loss surgery

“Skydiving rules said you couldn’t be over 200 pounds,” says the 34-year-old Bartonsville, Pa., resident. “I hadn’t weighed under 200 since I briefly lost weight after my second son’s birth. At my highest, I reached 231 - too much for someone 5 feet 3 inches.”

Randeau tried dieting and exercise over the years with little success. She finally came to accept her size and embraced the “big-is-beautiful” philosophy. But deep down she still felt ashamed and frustrated by how much extra weight limited her.

It wasn’t just missing out on skydiving. Randeau also avoided everyday activities, like jumping on the trampoline or swimming with her sons. “I couldn’t keep up with my kids because I was too heavy or too embarrassed to join in,” she recalls. “I wasn’t the mom I wanted to be.”

Tipping point

The real wake-up call came when Randeau began noticing health problems. First, she developed gestational diabetes during her second pregnancy, putting her at higher risk for type 2 diabetes. Her knees often hurt, and she tired easily.

“My father died young from not taking care of his body,” she says. “The combination of him passing so early and fear that my children wouldn’t have a mother is what ultimately pushed me to take action.”

Randeau mentioned weight-loss surgery to her primary care doctor, who immediately referred her to bariatric surgeon Nicolas Teleo, MD, with LVPG General, Bariatric and Trauma Surgery-Plaza Court in East Stroudsburg.

“We met in November 2016 and agreed that gastric sleeve surgery (sleeve gastrectomy) was my best option,” Randeau says. “I began participating in the preoperative education and support program at Lehigh Valley Hospital-Pocono Weight Management Center.”

Prepping for a new life

Over the next months, Randeau attended nutrition classes, as well as support groups and behavioral counseling sessions to uncover and manage emotional triggers that made her overeat.
As a childhood sexual abuse survivor, she'd turned to food as a coping mechanism to make herself feel better. Extra weight also offered a layer of “padding” that provided a sense of security. Research shows this is common among childhood sexual abuse victims, increasing their likelihood of becoming obese in adulthood.

“People usually overeat for various emotional reasons,” says physician assistant Denise Castro, PA-C, Teleo’s colleague. “Before surgery, patients learn healthier ways to cope with stress and new strategies for rewarding themselves.”

In July 2017, Teleo performed gastric sleeve surgery, a minimally invasive procedure that removes about 75 percent of the stomach, including a part called the fundus. “The surgery restricts calorie intake by reducing how much you can eat during meals,” Teleo says. “The fundus of the stomach contains ghrelinergic cells that secrete an appetite-stimulating hormone known as ghrelin.”

The best reward

Today, Randeau’s weight has stabilized at a healthy level between 131 and 137. She credits Teleo’s “brilliant” surgical skills and Castro’s ongoing encouragement. “She really built my confidence,” Randeau says.

Also key was developing a new relationship with food. “I used to reward myself by going out to dinner with family or friends,” Randeau says. “Now I go roller skating or buy a new dress. Bariatric surgery isn’t a quick fix, but a tool to help manage your weight. Adopting new eating habits is also integral to success.”

Randeau no longer holds herself back from enjoying life. Recently, she and her sons went jumping at the trampoline park. She also crowd-surfed at a music concert for the first time, allowing herself to be passed over concertgoers’ heads without fearing she was too heavy.

Even better, Randeau finally fulfilled her lifelong dream of skydiving. “I went with my mom and wasn’t nervous until after we’d jumped,” she says. “Then I just took it all in – it was awesome. I highly recommend weight-loss surgery to anyone who wants to take control of their health and take back their life.”

—SIDNEY STEVENS

I highly recommend weight-loss surgery to anyone who wants to take control of their health and take back their life. Cristian Randeau

Ready to learn more?

Weight-Loss Surgery Information Events are available throughout the area.

See all the dates, times and locations in the class insert found in the middle of Healthy You magazine, or visit LVHN.org/calendar and use the keyword “weightloss” to find the complete list of informational events.
Midwifery care is a growing and welcome part of our obstetrics and gynecology team. At Lehigh Valley Health Network (LVHN), midwives play a special role in providing exceptional care to women. Midwifery care is safe and satisfying, and it is unique and personalized. In addition, midwives give extra support to patients and focus on building trusting relationships with patients and families.

Complementary care
Together with obstetricians, laborists and maternal fetal medicine specialists, certified nurse midwives (CNMs) are important members of the maternity care team. CNMs specialize in nurturing, hands-on care during labor and are licensed to deliver uncomplicated low-risk pregnancies. They also administer medication and assist physicians during cesarean sections. Midwives help improve the birthing experience through their “holistic” (whole woman) approach to pregnancy care. The partnership of physicians and midwives allows for two pregnancy and childbirth experts who provide the best care based on patients’ individualized needs.

According to certified nurse midwife Nissa Gossom, CNM, with LVPG Obstetrics and Gynecology-Pond Road, the styles of obstetricians and midwives are complementary. “Obstetricians complete a surgical residency, and their specialty is full scope obstetric care including higher risk conditions and surgical cases,” Gossom says. “As midwives, we provide a safety net for normal pregnancies. We listen to what our patient wants and needs for her pregnancy. We also are trained to recognize changes during normal pregnancies, and will transfer care to one of our obstetricians when necessary.”

In many cases, low-risk pregnancies that develop a complication during childbirth are managed by both an obstetrician and a midwife.

“Midwives focus on the needs of patients and have expertise to educate and care for expectant mothers,” says Karina Reed, MD, practice leader at LVPG Obstetrics and Gynecology. “But our midwives also assist if a low-risk patient needs a C-section or a complicated repair after delivery, so that the patient has constant support and continuity in care.”

Growing the midwifery program
Leaders at LVHN recognize the value of certified nurse midwives working alongside obstetricians and highlight the need for growth of the midwifery program.

“Having a team that covers the wide range of our patient population is important,” says Sherilyn Gibbs, DNP, CNM, Director, Midwifery at LVHN. “It gives patients options, and having both low-risk providers and high-risk specialists available to patients greatly improves statistics and outcomes associated with childbirth.”

LVH-Cedar Crest Midwifery
At Lehigh Valley Hospital (LVH)—Cedar Crest, the full-time midwifery staff has more than tripled in the past 18 months. In addition to birthing care, certified nurse midwives also provide low-risk gynecology services in a medical office.

“We are optimistic that we are enriching the women’s health experience at LVHN,” Gibbs says. “There are are many women seeking the personalization and specialization that comes with midwifery care, and we plan to provide it for them in balance with physician expertise.”

LVHN Obstetric and Newborn Services Locations
- Lehigh Valley Hospital—Cedar Crest Family Birth and Newborn Center
- Lehigh Valley Hospital—Hazelton Family Birthing Center
- Lehigh Valley Hospital—Muhlenberg Family Birth and Newborn Center
- Lehigh Valley Hospital—Pocono Family Birth and Newborn Center
- Lehigh Valley Hospital—Schuylkill Family Birth and Newborn Center

Your healthy pregnancy is our concern too.
Learn more about pregnancy care at LVHN.org/pregnancy.
As Rachel joined her grandkids on the water slide, she knew something was very wrong. It was a heart attack, followed quickly by another. She needed immediate surgery to save her life. Thankfully, paramedics took her to Lehigh Valley Hospital–Pocono, part of Lehigh Valley Heart Institute. She recovered just in time to welcome grandchild number five. How grand is that?

Two heart attacks in one day.
That's how Rachel remembers 9/11/18.

LVHN.org/heartinstitute