Healthy
Summer 2019  Caring for Our Lehigh Valley Neighbors

Lehigh Valley
Reilly Children’s Hospital

CHILDREN’S HEALTH PARTNERS

Lehigh Valley Health Network
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Happy Memories

Like a proud parent, we're elated to show you a special art installation that lists the names of more than 800 babies who were born during the first year the Family Birth and Newborn Center was open at Lehigh Valley Hospital–Muhlenberg (June 2017–June 2018). The installation is located on the third floor of the Family Health Pavilion. The Family Birth and Newborn Center offers the only labor and delivery unit in Bethlehem.

Our Cover Feature

Owen Wilt is one of our tremendous Lehigh Valley Reilly Children's Hospital patients. His health care partner is Kimberly Zayas, RN, who is not only his nurse, but his buddy who helps make every visit a positive one.

As we go through life, we have many partners: school bus partners, dance partners, business partners, and more. One partner we all need is a health care partner. Learn more about our commitment to be your health partner.

Your Health Deserves a Partner, page 5.
Magical Light

Hundreds of blown-glass "beans" will adorn Lehigh Valley Reilly Children's Hospital light sculpture

A bright, colorful light sculpture will soon shine in the nearly completed entrance of Lehigh Valley Reilly Children's Hospital, and the handiwork that makes this sculpture possible comes from talented people like you.

Since spring, hundreds of unique blown-glass "magic beans" have been handcrafted by community members who participated in glassblowing workshops at ArtsQuest Glassblowing Studio in Bethlehem.

The shimmering beans will be affixed to three spheres that will hang from the ceiling of the new Children's Hospital entrance, and provide a friendly, colorful welcome to our young patients and their families.
Back in Action
How surgery helped one triathlete overcome traumatic injury

At 47, Jeff Miller was in the best shape of his life, competing in 10 triathlons a year. But in January 2015, when he slipped and fell on ice at work, he immediately knew something was very wrong.

“I worked for 20 years as the finance manager at a car dealership, helping to clear the snow from cars every winter,” Miller says. “One fall changed everything.”

A painful time
Miller ruptured two disks in his lower back, resulting in severe back and leg pain. After a year of seeing pain management doctors, Miller’s pain worsened until he could no longer work. Exercise was a thing of Miller’s past.

“It was tough to see my body go downhill,” Miller says. “This injury didn’t just take a physical toll. It took an emotional toll as well.”

Miller decided to seek out Jeffrey McConnell, MD, spinal surgeon with LVPG Orthopedics and Sports Medicine in Allentown.

A beacon of hope
After diagnostic testing, McConnell determined that two lower lumbar disks were causing Miller’s pain and needed to be fixed.

“Pain had beaten him down, and the whole thing was complicated because this injury happened at work,” McConnell says. “We also had to consider the active lifestyle that Jeff hoped to regain. There was a lot to consider.”

Fusing both of the painful disks would leave Miller’s lower back stiff and limit his mobility. McConnell suggested an alternative plan.

“We did a hybrid surgery for Jeff. We fused the bottom disk, but we completely replaced the other injured disk so that it could act as a transition between the fused disk and the rest of his spine,” McConnell says. “This way, Jeff would maintain a healthy range of mobility.”

Grabbing the gold
Surgery took place in July 2017 at Lehigh Valley Hospital–Cedar Crest. Miller underwent physical therapy for a year after surgery, and was back swimming within four months of surgery. In August 2018, Miller entered his first triathlon post-injury. He won first place.

“I was so excited to tell Dr. McConnell about my success,” says Miller, who traveled an hour from his home in Sugarloaf, Pa., for appointments at the new Musculoskeletal Center–Hausman Road campus. “Dr. McConnell gave me my life back. He really did.”

-KRISTEN CHANLEY

Musculoskeletal Center–Hausman Road
You can find access to all musculoskeletal services under one roof at Musculoskeletal Center–Hausman Road, including orthopedics and sports medicine, physiatry, pain specialists, rheumatology, and X-ray services.

Visit LVHN.org/musculoskeletal to learn more.
YOUR HEALTH DESERVES A PARTNER

We’re here for you and your family, at every stage of life

Throughout life, people have partners. Whether it’s a business partner or life partner, it’s reassuring to know someone is at your side, ever ready to support you. With the peace of mind a partner provides, shouldn’t you have a partner for the most important aspect of life—your health?

During my career at Lehigh Valley Health Network (LVHN), I’ve repeatedly witnessed the power of partnerships. When I was an emergency medicine physician at Lehigh Valley Hospital–Muhlenberg, I saw clinicians work together to save lives during the most challenging circumstances. Since then and still today, I witness partners throughout our health network who are committed to delivering world-class care to you and your loved ones with skill and compassion.

LVHN’s 18,000 dedicated health care professionals are here for you and your family at every stage of life. At Lehigh Valley Reilly Children’s Hospital, children have partners to help them grow into healthy adults. At Lehigh Valley Heart Institute, Lehigh Valley Cancer Institute and Lehigh Valley Institute for Surgical Excellence, you have partners willing and capable to take on the toughest health challenges. If you need help managing a chronic condition, your family medicine provider will partner with you to help you live your healthiest life. When you need help recovering from an injury, your rehabilitation partner will get you back to living life.

You have a partner around every corner at LVHN. With eight hospital campuses, 26 health centers and more than 160 practices, my colleagues and I are proud and humbled to partner with you.

Your health deserves a partner. Know with certainty that you have a reliable and trustworthy partner in LVHN.

Your partner in health,
Brian Nester, DO, MBA, FACOEP
President and Chief Executive Officer
Lehigh Valley Health Network

Welcome to LVHN.org

Our brand-new website recently debuted with features that will help you find the right doctor, service and location, as well as easily make an appointment or get directions.

Find a Doctor
Easily find the doctor you need, searching by the doctor’s specialty, a specific treatment or by condition.

Locations
Search by service or location, and filter by ZIP code. If you turn on “Use my location,” the search will return locations nearest you.

Service
Look for a treatment, test, program or institute from our full range of services.

Appointments
Every page offers ways to make an appointment.

Rated Best in Patient Safety

Lehigh Valley Hospital–Cedar Crest
Lehigh Valley Hospital–Muhlenberg
Lehigh Valley Hospital–Hazleton
Lehigh Valley Hospital–Pocono

Leapfrog Group awarded ‘A’ grades to LVHN hospitals for spring 2019. The ratings reflect how well hospitals protect patients from accidents, errors, injuries and infections.

Learn more at hospitalsafetygrade.org.
Prima's Care Team

Suresh Nair, MD
Oncology

Caroline McConnell, RN
Oncology

Lutchana Beckford, CRNP
Oncology

Heiwon Chung, MD
Surgical oncology

Charles Andrews, MD
Radiation oncology

Watch featured doctor videos:
→ LVHN.org/Nair
→ LVHN.org/Chung

Watch Prima's video at LVHN.org/CancerStories.

HOPE & MORE

State-of-the-art care, supportive medical team at Lehigh Valley Cancer Institute help

Prima Duperval beat rare, aggressive breast sarcoma
Prima Duperval was enjoying a girls' night out in August 2018, but behind her laughter she was worried about a walnut-size lump she’d recently discovered in her right breast. "I was a little in denial," she says.

When she finally confided in her friends, they assured her it probably wasn’t serious. After all, she was just 31 with lots of energy and an exciting new job as a tech partner at Lehigh Valley Hospital–Cedar Crest. Still, they urged her to be smart and get it checked out.

Diagnosis shock
Duperval, who lives in Pocono Summit, Pa., made an appointment at nearby LVPG Obstetrics and Gynecology-Bartonsville. Results from an ultrasound and mammogram were inconclusive. Over the next week as she waited for her biopsy results, the lump began growing at an alarming rate.

On Aug. 13, Duperval and her mother arrived for the biopsy results appointment. The news was bad—the lump was a sarcoma, a rare form of aggressive cancer that can develop in soft tissues anywhere in the body. Duperval’s just happened to form in her breast.

They immediately headed to Dale and Frances Hughes Cancer Center at Lehigh Valley Hospital–Pocono, where oncologist Sureesh Nair, MD, with Lehigh Valley Cancer Institute, had already been alerted. Breast cancer navigator Caroline McConnell, RN, and nurse practitioner Lutchana Beckford, CRNP, were on hand to welcome them and answer questions from the moment they arrived.

"That day was overwhelming," Duperval says, "but everyone was so supportive."

Plan of attack
A positron emission tomography (PET) scan revealed that Duperval’s tumor had spread to nearby lymph nodes but not to her organs.

"At stage 3, we knew we had a shot at a cure," Nair says. "But the tumor had already grown from 1 to 6 centimeters in under a month, so we had to move fast and treat it aggressively."

To individualize her treatment, Nair enrolled Duperval in a leading-edge clinical trial to uncover genetic mutations driving the cancer—one of many innovations available to patients through the Cancer Institute's membership in the Memorial Sloan Kettering (MSK) Cancer Alliance.

"The advantage of being an Alliance member is that no matter how aggressive the cancer, we can bring groundbreaking precision medicine right to where patients live," Nair says.

Genetic testing results showed that Duperval’s tumor cells had a BRCA1 (Breast Cancer) gene mutation, but the rest of her body’s cells were mutation-free, meaning she had no genetic risk factors for cancer.

Encouraged by the results, her medical team agreed to treat the tumor as a sarcoma (not a traditional breast tumor) using highly targeted chemotherapy drugs to inflict maximum DNA damage to the mutated tumor cells. Afterward, Duperval would undergo surgery and radiation.

Top-tier treatment
Between August and October, Duperval received two rounds of "continuous infusion" chemotherapy, both requiring a three-day hospital stay with round-the-clock intravenous treatments that drained her physically but effectively shrunk the tumor.

On Oct. 17, Duperval underwent an elective double mastectomy with surgical oncologist Heiwon Chung, MD, with LVPG Surgical Oncology, followed by another chemotherapy round. Afterward, she began radiation therapy with radiation oncologist Charles Andrews, MD, at Hughes Cancer Center. "We administered 30 radiation treatments to maximize local control and help improve survival," he says.

Today, Duperval is cancer-free and recently enrolled in a nursing program. "If not for my medical team’s support I don’t think I’d be here," she says. "I really want to give back now, and this experience has pushed me to become an oncology nurse."
Robotic Surgery: The New Normal

Lehigh Valley Institute for Surgical Excellence offers the region’s most advanced technology and experienced surgeons.

Expertise in robotic surgery at Lehigh Valley Institute for Surgical Excellence dates back more than a decade. “Our initial use of this technology in 2008 centered around caring for patients with prostate as well as gynecologic cancers,” says surgeon Michael Pasquale, MD, with LVPG General, Bariatric and Trauma Surgery and physician-in-chief with Lehigh Valley Institute for Surgical Excellence. “We quickly realized the potential for robotics to improve care for patients while providing outcomes equivalent to those of traditional surgery.”

The technology has since evolved significantly – as has its use. Today, the Institute for Surgical Excellence offers the region’s largest and most advanced robotic surgery program, with a total of 10 robots across all hospital campuses. More than 50 highly skilled surgeons employ the technology throughout the network in 11 different specialties.

Recently, Lehigh Valley Institute for Surgical Excellence became one of only 15 sites worldwide to utilize the da Vinci SP® (single port) robotic surgery system, a next-generation technology newly cleared by the Food and Drug Administration (FDA) for urologic and certain otolaryngology procedures.

“With a total of more than 15,000 procedures performed since 2008, the Institute for Surgical Excellence has established a world-class center for advanced robotics with a level of training and experience that’s unmatched in our region,” says James Miller, vice president for perioperative services, Lehigh Valley Health Network.
"Robotic" doesn’t mean “automated.” “A surgeon still does the procedure just like in a traditional or laparoscopic surgery,” Pasquale says. “The robot is a tool – but in many cases it’s a superior tool in terms of technical capabilities and impact on patients.”

“This system allows for surgeons to see in 3D and provides refined wrist articulation to allow for precision surgery. These benefits, along with the skill of the surgeon and team, are what lead to our improved quality outcomes,” says gynecologic oncologist Martin Martino, MD, medical director of the Minimally Invasive and Robotic Surgery Program at LVHN.

Surgeons access the body through one or more small incisions or ports. “Benefits to patients can include quicker recovery, faster healing, shorter hospital stays, less scarring and in some cases reduced blood loss,” says urologist Angelo Baccala Jr., MD, with LVPG Urology and chief of urology at LVHN.

Traditional thoracic surgeries, for example, may require opening the chest. “With robotic surgery, you can go through three tiny incisions on the side,” says thoracic surgeon Richard Chang, MD, with LVPG Cardiac and Thoracic Surgery. “That’s a huge advantage when it comes to returning patients to normal function.”

Small incisions often entail less pain than with traditional surgery. “We typically use fewer opioids both during and after a robotic surgery,” Baccala says - “in some cases, none at all.”

Advancing technology

Instruments attached to a robotic arm can articulate inside the body in ways not possible with other types of surgery. “Being able to rotate small instruments 360 degrees provides flexibility that enhances our ability to do complex surgeries in tight spaces,” Baccala says.

With the new da Vinci SP system, multiple highly articulated instruments access the body through a single 1-inch port. This allows less tissue disruption and unparalleled movement through all quadrants of the abdomen. “That’s valuable for procedures like colon surgery in which visualizing blood flow helps ensure a healthy connection where the two pieces of a colon are joined,” says surgeon Paul Cesanek, MD, with LVPG General, Bariatric and Trauma Surgery.

Visualization can be enhanced with a fluorescent technology called Firefly that illuminates tissue receiving blood. “Robotic technology also provides incredible strength and precision for tissue manipulation such as releasing muscles during hernia surgery,” Cesanek says.

Robotic technology continues to evolve. “We’re at the forefront of obtaining the latest technology early,” Chang says. Future developments may include additional FDA-cleared uses for the single port system and the possibility of telesurgeries or consultations in which Institute for Surgical Excellence surgeons may collaborate with surgery teams at other sites and remotely contribute to procedures.

“It’s rewarding to be on the leading-edge with an institution that’s willing to invest in innovative technology and bring it to the community,” Baccala says. “Patients are super happy to go home the next day in some cases rather than be in the hospital for extended periods.”

-RICHARD LALIBERTE
Short attention span

Difficulty with focus

Difficult to calm down

MORE THAN A MELTDOWN

Overreact emotionally

Overenergetic

Poor slumber in children is linked to behavioral, learning and developmental problems
Saying you slept like a baby is shorthand for getting great shut-eye. But many children don’t get the quantity or quality of sleep they need, with sometimes surprising consequences.

Recent research finds, for example, that children with attention deficit/hyperactivity disorder (ADHD) are more likely to have sleep disorders such as sleep apnea, along with difficulties such as trouble drifting off, fragmented slumber and daytime fatigue than children without ADHD. Sleep apnea causes breathing difficulties that can disrupt slumber throughout the night.

“Overall, about half of behavioral problems with kids are related to sleep issues,” says Stephanie Betz, clinical manager at Lehigh Valley Hospital (LVH) Sleep Disorders Center, the region’s only dedicated pediatric sleep center fully accredited by the American Academy of Sleep Medicine.

The chicken-and-egg question of whether ADHD contributes to sleep difficulties or vice versa is unresolved. “What’s clear is that sleep is an essential part of overall health whether you’re 1 or 80,” says Sameh Morkous, MD, child neurologist with Lehigh Valley Reilly Children’s Hospital and medical director at LVH Pediatric Sleep Disorders Center. Yet poor sleep can affect children differently than adults and cause problems with potentially lasting impact.

How poor sleep affects kids
A bad night’s sleep makes people tired regardless of age. But tired adults tend to be lethargic and low-key.

Sleep studies are available for kids and adults.
→ Call 888-402-LVHN (5846) to learn more about sleep studies near you.

“Tired children are the exact opposite,” Betz says. “They become more hyperactive, have shorter attention spans, tend to overreact emotionally and find it more difficult to calm down or focus.” Behavioral problems can arise as a direct result of being sleep-deprived. “And also if the child already has a behavioral issue like ADHD, lack of sleep can make that issue worse,” Morkous says.

Poor sleep is tied to learning difficulties for reasons beyond lack of focus. “During sleep, the brain processes what you’ve learned throughout the day and organizes information so you retain what’s most important,” Betz says. “When kids don’t sleep enough, they have more trouble forming memories and filing them away.” Academic performance can suffer.

Slumbering young brains also perform developmental functions such as releasing growth hormone. “When children don’t get good sleep, we worry about developmental delays in acquiring skills such as walking, running, saying ‘Momma’ or ‘Dada,’ or putting words together to form sentences,” Morkous says. “It may even slow growth.” Lack of sleep also has been linked to increased risk for childhood obesity.

Recognizing sleep problems
“Talk to your pediatrician about how much sleep your child needs,” Morkous advises. “Parents are often surprised.” An infant, for example, should sleep 12 to 16 hours a day and a teen 8 to 10 hours. “Naps shouldn’t be necessary after about age 5,” Morkous says. Children who log enough hours of shut-eye but act cranky or perform poorly during the day may not be getting enough sleep for their age. They also may have a sleep disorder, often sleep apnea.

Signs to watch for sleep apnea beyond daytime difficulties include snoring, waking during the night with breathing trouble and obesity. “These may indicate the need for a sleep study,” Morkous says. A sleep study measures breathing patterns, heart rate, muscle movements and can be done at LVH Pediatric Sleep Center.

A diagnosis of sleep apnea may be addressed in some children with surgery to remove the adenoids and/or the tonsils. “Removing this fleshy tissue in the nose and the mouth usually stops airway blockages that disrupt sleep,” Morkous says. Losing weight is always a good secondary goal in obese children.

Ensuring good sleep
Sometimes poor sleep habits are to blame. “Sleep is the first thing busy families steal from to carve out extra time,” Betz says. Make sure children don’t have electronic devices in their bedrooms. “We’ve had concerned parents discover that even though their children spent plenty of time in bed, they spent half of the night on their phones after mom and dad turned in,” Betz says.

“Have kids turn in and wake up at the same times every day, set an alarm clock to remind you of bedtime as well as wake-up, develop a consistent bedtime routine and have kids begin winding down at least a half-hour before hitting the hay, which helps prepare brains and bodies for sleep,” Morkous recommends.

- RICHARD LALIBERTE
The death of actor Luke Perry at age 52 from an ischemic stroke — caused by a blocked blood vessel to the brain — brought to light the sobering truth that strokes do occur in younger people. According to the Centers for Disease Control and Prevention (CDC), one in seven (14 percent) of patients hospitalized for ischemic stroke every year are younger adults.

Age is an important factor for all of us: CDC reports that risk for stroke increases starting at 55, and nearly doubles every decade thereafter.

Lehigh Valley Health Network (LVHN) provides unparalleled stroke diagnosis, treatment and prevention services. In 2012, Lehigh Valley Hospital (LVH)-Cedar Crest was the first hospital in Pennsylvania to be certified as a Comprehensive Stroke Center, where you receive the highest level of stroke care. LVH-Muhlenberg, LVH-Hazleton and LVH-Pocono are all certified Primary Stroke Centers, offering special procedures to rapidly diagnose and treat stroke. Facilities throughout the region utilize LVHN stroke telehealth services, providing immediate video consultation with an LVHN stroke specialist.

**Time is brain**

The ultimate success of stroke care depends on one factor: time. “People need to recognize symptoms of stroke and call 911,” says neurologist and neurocritical care specialist Christopher Melinosky, MD, with LVPG Neurocritical Care. “When you call an ambulance, it triggers an alert, so that a stroke team is waiting at the hospital when you arrive, ready to provide immediate treatment.”

Melinosky says the mnemonic BE FAST is the most useful way to remember stroke symptoms.

“If you think you’re having a stroke, don’t take an aspirin, which is only recommended when you are having heart attack symptoms,” Melinosky says. “If you are having a hemorrhagic stroke, aspirin may actually worsen bleeding in the brain. The best thing to do is call 911 immediately.”

**BE FAST STROKE SYMPTOMS**

- **BALANCE:** Is balance or coordination suddenly impaired?
- **EYES:** Is vision suddenly blurred or double?
- **FACE:** Ask the person to smile. Does one side of the face droop?
- **ARMS:** Ask the person to raise both arms. Does one arm drift downward?
- **SPEECH:** Ask the person to repeat a simple phrase. Is speech slurred or strange?
- **TIME:** If you see any of these signs, call 911 right away.
Reducing Afib-related Stroke With Watchman™

In 2016, an LVHN patient was first in the region to receive a Watchman™ device, which reduces risk for stroke in patients with difficult-to-treat atrial fibrillation (Afib) who are unable to take blood thinners.

Watchman device is an umbrella-like implant that seals off the left atrial appendage (LAA), a section of the heart in which blood can pool and clot. Watchman is implanted in the heart using a catheter during an hour-long outpatient procedure. One year after surgery, 95 percent of patients are able to completely discontinue blood-thinning medications.

Types of Stroke

Ischemic stroke
Occurs when a vessel carrying blood to the brain is blocked by a clot, causing an interruption in blood flow. Ischemic stroke accounts for about 87 percent of all strokes. The first-line treatment for ischemic stroke is a clot-busting drug called tissue plasminogen activator, or tPA. This medication must be administered within a three-hour window of symptom onset (and up to 4.5 hours in certain patients), the earlier the better. Mechanical thrombectomy, in which doctors manually remove a clot using a catheter and stent system, can be performed up to 24 hours after symptom onset in certain patients, and often offers the greatest chance for recovery.

Hemorrhagic stroke
Caused by bleeding into or around the brain; it accounts for about 15 percent of strokes but about 40 percent of stroke deaths. This type of stroke may be treated with medications that control further bleeding, control high blood pressure and reduce brain swelling. Surgery also can be performed to seal off or repair bleeding vessels in some cases.

Transient ischemic attack (TIA)
Occurs when blood flow to the brain stops for a short time, causing stroke-like symptoms. TIA, sometimes called a "mini-stroke," is a warning that you are in danger of having a major stroke. This is considered a neurologic emergency, and appropriate workup may actually be able to prevent a stroke.
Summer is the season for getting outside and showing some skin. It's also prime time for skin irritations and injuries, from annoying rashes to painful sunburns. Here's what you need to know to protect yourself.

**Sun safety**

Adrian Secheresiu, MD
Internal medicine

Apply sunscreen with a sun protection factor (SPF) of at least 30 that shields against both UVA and UVB rays (look for "broad spectrum" protection).

"Make sure you cover all exposed skin with sunscreen—most people don't use enough," says internal medicine physician Adrian Secheresiu, MD, with LVPG Internal Medicine-Weatherly. "You need at least two tablespoons to fully protect yourself. Apply sunscreen to dry skin about 20 minutes before going outside to let it soak into the skin." He also advises that you reapply every one to two hours, or after playing in water or strenuous exercise. "And don't forget to wear a hat, sunglasses and other sun-protective gear," Secheresiu says.

Heat rashes, caused by moisture being trapped close to the skin, are another common summertime malady. "Choose fabrics like linen, cotton and materials that wick away sweat," Secheresiu advises.

Seek medical care if a sunburn or sun-related rash is markedly red or starts to blister, which can lead to infection. Also stay alert to signs of heat illness and heatstroke, including nausea, fatigue and sudden confusion.

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**Insect bites**

Shaymal Mozumdar, MD
Internal medicine

You can treat minor bug bites with over-the-counter lotions that relieve itch and swelling. However, if you develop a rash that resembles a bull's-eye, seek medical attention immediately. This is a potential symptom of Lyme disease, a bacterial infection transmitted through the deer tick, which is very common throughout this region of Pennsylvania. Lyme disease can affect every part of the body and cause a range of symptoms, including muscle and joint pain, fever and fatigue. Untreated Lyme can lead to serious issues with the brain, skin and other organs.

Internal medicine physician Shaymal Mozumdar, MD, with LVPG Internal Medicine-Nazareth Road, recommends carefully checking your skin and scalp after being outside, particularly if you've been in wooded areas. "If you find a tick, have it removed by a medical professional, if possible," he says. "We can remove all parts of the tick without trauma to the skin and immediately provide a dose of preventive antibiotics for Lyme disease."

**Problem plants**

Victor Catania, MD
Family medicine

Poison ivy, poison oak and poison sumac all contain an oil called urushiol that can cause an itchy, blistering rash. This oil can be spread through direct contact with the plant, indirect contact with gardening tools or other items that have touched the plant, or through airborne contact that occurs when these plants are burned, causing particles of oil to be released into the air. The rash cannot spread through skin-to-skin contact (the oil absorbs into the skin too quickly).

Family physician Victor Catania, MD, with LVPG Family Medicine-Tobyhanna, advises wearing long pants and sleeves if you think you may come into contact with these plants, and thoroughly wash your clothes and tools afterward.

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Watch featured doctor video ➔ LVHN.org/ASecheresiu
Mole patrol

As you take steps to protect your skin, take note of your moles and other pigmented spots. Seek medical advice if you notice any of the following signs:

**Asymmetry:** One half is unlike the other half

**Border:** An irregular, scalloped or poorly defined border

**Color:** Color that varies from one area to another

**Diameter:** Anything greater than 6 millimeters, or the size of a pencil eraser

**Evolving:** A mole that looks different from the rest or is changing in size, shape or color

"Once a month, take a selfie of any moles that concern you and use them to monitor any changes," Catania says.

Mozumdar, who performs skin biopsies in his office, says the fastest way to get diagnosed is through your primary care doctor if he or she also performs biopsies. "If we get a positive biopsy result, we can refer patients to a dermatologist for treatment right away," he says. – YASMIN IQBAL

Itching after hours?

When the doctor’s office is closed, and you have a rash or skin concern, try an LVHN Video Visit or stop by ExpressCARE.

+ Try a Video Visit
LVHN.org/VideoVisit

+ Check Wait Times
LVHN.org/ExpressCARE
Amirah and Her Team Take On 22q

Chromosomal syndrome 22q can't hold back Amirah Johnson from thriving

Like most 9-year-olds, Amirah Johnson loves to run and play. She just finished third grade at Steckel Elementary School in Whitehall, Pa. She also loves to cheer for her uncle, Saquon Barkley, while watching him play football for the New York Giants on television. Amirah is a happy child who spends most of every day wearing a smile.

Amirah's adversities
Amirah's upbeat nature belies health struggles she's endured since infancy. The day after she was born, Amirah needed to be hospitalized in the neonatal intensive care unit at Lehigh Valley Hospital—Cedar Crest for breathing problems caused by an elevated diaphragm (the muscle between the chest and the abdomen). When she was 6 months old, Amirah's family noticed she wasn't using her left arm and was struggling to sit up on her own. She received early intervention physical therapy to help.

At age 2, Amirah first showed signs of scoliosis, for which she eventually needed rod-placement surgery to straighten her spine. Around the same age, she developed asthma-like symptoms that would eventually affect her speech. This resulted in palate surgery as well as intensive speech therapy.

"It was one thing after another," says Katrina Krasenics, Amirah's mother. "Finally around age 5, one of her specialists recommended genetic testing."

Diagnosis: 22q
Genetic tests indicated Amirah had 22q11.2 deletion syndrome, also known as DiGeorge syndrome or simply 22q. It's a congenital disorder caused by the deletion of a segment of chromosome 22, one of 23 pairs of chromosomes found in human cells. The disorder can impact several systems around the body.

"It can affect your mind, your breathing, your heart and your digestive system," Krasenics says. "It can cause developmental delays, kidney problems, rheumatoid arthritis, repeated infections - there's really no telling where it might impact next. We're fortunate to have a lot of people helping us."

Uncle Saquon's advocacy
That includes Barkley, who took part in a 5K run for 22q awareness while he was an All-American at Penn State. When the National Football League chose the running back to take part in its "My Cause, My Cleats" initiative during his rookie year, Barkley had his cleats designed bearing Amirah's picture and the logo of the International 22q11.2 Foundation.

"This condition is more common than most people realize," says Yvette Janvier, MD, developmental and behavioral pediatrician with Lehigh Valley Reilly Children's Hospital. "Many children in our region have chromosomal abnormalities. With today's technological advancements and the accessibility of genetic testing, we're finding these disorders and working to address them much more quickly."
Amirah vs. 22q
Helping Amirah address the health issues caused by 22q is her Pediatric Rehabilitation Services team. Since she was 5 years old, Amirah has benefited from speech and physical therapies through LVHN.

"Amirah has come a long way since her palate surgery," says Nadyne Dias, MS, CCC-SLP, pediatric speech therapist with Lehigh Valley Reilly Children's Hospital. "When she began, she struggled with almost all consonant sounds with the exception of a very few."

Physical therapist Sarah Smith, MS, PT, has worked to address Amirah's weakness on her left side.

"We work on her flexibility and strength through stretching, resistance exercises and functional strength training like running, jumping and climbing stairs," Smith says. "Amirah is now able to use her left side more effectively. As she has gotten older, we also have focused on teaching her how to best use the skills she has so she can keep up with her peers."

Helping kids succeed
The strides Amirah and other children with physical challenges make at Lehigh Valley Reilly Children's Hospital are a testament to the work of Dias, Smith and other specialists on the staff.

"It's really impressive to see how well these children can do," Janvier says. "With the advancements we continue to make across health care, it will get even better."

"This condition is more common than most people realize."

Amirah Johnson works with members of her LVHN pediatric rehabilitation team to increase her strength and flexibility, and refine skills that help her keep up with her classmates.
Helping Women Conquer Incontinence

If you leak urine when you cough, laugh, sneeze or exercise, you’re far from alone. The condition, known as stress urinary incontinence (SUI), affects about one in three women at some point in their lives, according to the American Urogynecologic Society (AUGS).

"Many women will first notice SUI after the birth of their first child or during menopause, but it can happen at any age," says Nabila Noor, MD, with LVPG Female Pelvic Medicine and Reconstructive Surgery. SUI results when activities like exercise or sneezing cause an increase in abdominal pressure. The urethra and bladder are supported by pelvic floor muscles. Weakness in the muscles or damage to the bladder neck support can cause urine to leak. Whether it's just a few drops or enough to saturate undergarments (and beyond), SUI is an aggravation.

Fortunately, there's a relatively quick remedy: the sling procedure, a surgical treatment that involves placing a small piece of polypropylene mesh under the urethra to support it. The outpatient hospital procedure, which requires only small incisions under twilight anesthesia, similar to what you would receive for a colonoscopy, takes just 20-30 minutes. Best of all, "most women notice improvement immediately," says Carolyn Botros, DO, with LVPG Female Pelvic Medicine and Reconstructive Surgery.

Sling FAQs

What is the sling attached to?
The sling isn't surgically attached to anything; it's placed against the urethra, and your own tissue grows over it to hold it in place.

Can the sling dissolve?
No, it's permanent. "The sling can stay in your body as long as it's helping you," Noor says.

Will my body react to the polypropylene mesh?
No, polypropylene is a non-reactive substance.

Who is eligible for the sling?
"Pregnancy and childbirth may displace the sling so it's best to wait to have the procedure until after you've completed your family," Botros says. Eligible patients will undergo a few quick tests in the doctor's office to see if the sling is an appropriate treatment.

Does the sling require special care?
Avoid heavy lifting and vigorous exercise for a few weeks post-surgery. "If everything heals well, you can just go back to living your life after a couple of weeks of exercise restrictions. That's the goal," Noor says. Overall, "most patients are surprised by how well the sling works."

Learn more about treatments for SUI, including the sling procedure or pelvic floor therapy.
→ Call 888-402-LVHN (5846).
Over the Past Month

**Incomplete emptying:** How often have you had the sensation of not emptying your bladder completely after you finished urinating?

- **Frequency:** How often have you had to urinate again less than two hours after you finished urinating?

- **Intermittency:** How often have you found you stopped and started again several times when you urinated?

- **Urgency:** How often have you found it difficult to postpone urination?

- **Weak stream:** How often have you had a weak urinary stream?

- **Straining:** How often have you had to push or strain to begin urination?

- **Sleeping:** How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

**Total Symptom Scores**

- 1-7 Mild symptoms
- 9-19 Moderate symptoms
- 20-35 Severe symptoms

**Quality of Life**

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

- 0 Delighted
- 1 Pleased
- 2 Mostly satisfied
- 3 Mixed
- 4 Mostly dissatisfied
- 5 Unhappy

Have you tried medications to help your symptoms?

- Yes
- No

Did these medications help your symptoms?

- No relief
- Complete relief

What is your level of frustration with your medications?

- Not frustrated
- Very frustrated
Living a Full Life With a New Heart Pump

Johanna Feher is grateful for her left ventricular assist device

Johanna Feher, 74, enjoys strolling around her Hellertown neighborhood, attending her grandson's football games and going on day trips. She's living life with a full heart – one that won't let her down, thanks to her left ventricular assist device (LVAD), a permanent mechanical heart pump that she received at Lehigh Valley Heart Institute. Feher was the first person in the Lehigh Valley to get the newest version of this device, the HeartMate 3™, in November 2017.

In the months leading up to her surgery, she struggled with congestive heart failure caused by chemotherapy she'd received years earlier. "My lungs would fill with fluid, and I would end up in the emergency room," she recalls. "I was told I had about six months to live."

But there was hope. "Johanna was an excellent LVAD candidate since she was in overall good health with the exception of her heart," says cardiothoracic surgeon Timothy Misselbeck, MD, with LVPG Cardiac and Thoracic Surgery and LVAD team leader at Lehigh Valley Heart Institute.

How it works
An LVAD takes over the function of the heart's left ventricle by pumping blood into the aorta, the artery that routes blood throughout the body. A tube from the LVAD passes through the skin and is connected to a system controller, which in turn is connected to a power source, such as a wearable battery pack or a wall outlet.

"HeartMate 3 represents the most current LVAD technology and is designed to work for a long time with less chance of side effects, such as developing blood clots," Misselbeck says. "I felt great about getting the newest version of the HeartMate," Feher says. "I had a lot of trust in Dr. Misselbeck and this team of doctors."

A bright future
About a month after surgery, Feher returned home and quickly adjusted to the realities of living with an LVAD, including charging batteries in the morning and taking extras when she goes out.

"I'm totally used to it now," she says. "I'm very grateful for the year I just had, and I'm looking forward to many more."

Learn about the lifesaving services provided by Lehigh Valley Heart Institute.
-> Visit LVHN.org/heartinstitute.
Joseph Scioscio could hear his mother whispering behind him – and it changed his life.

“It was amazing,” says the 19-year-old East Stroudsburg University student, who was testing a simulated BAHA (bone-anchored hearing aid) for Kevin Kriesel, MD, with LVPG Ear, Nose and Throat, hoping to address hearing problems he had struggled with since early childhood. “I knew this was for me.”

Hearing history
Scioscio has a history of chronic ear disease after his right eardrum burst in the middle of the night at age 4. His hearing declined to the point where he needed speech therapy in kindergarten. He developed cholesteatoma, an abnormal skin growth behind the eardrum, and in 2008 needed surgery to address it. Around this time, he began to struggle with hearing in his left ear as well.

“I used several types of hearing aids in both ears over the years,” Scioscio says. “They would work only for a while, and my hearing got worse.”

His hearing story
Scioscio’s family doctor referred him to Kriesel, who quickly realized BAHA would be an excellent option. BAHA involves placing a small titanium implant in the bone behind the ear, with a small magnet or titanium post used to attach the processor.

“BAHA works well for patients with extensive conductive hearing loss, which Joseph has on his right side,” Kriesel says. “The processor feeds information directly through the bone of his skull base to the inner ear, bypassing the dysfunctional ear structures.”

Kriesel sent him to audiologist Alicia Kittle, AuD, with LVPG Pediatric Surgical Specialties, for a demonstration.

“We evaluate every patient before implantation,” Kittle says. “As soon as Joseph put on a headband with the BAHA, you could see him light up.”

Kriesel performed the surgery in August 2018. After four weeks of healing, Kittle activated the device shortly after Scioscio began his sophomore year at East Stroudsburg, where coincidentally he majors in audiology.

“At first it sounds somewhat robotic,” says Scioscio. “It can be challenging in crowded or noisy situations. But with time you adjust to it. Now I hear ambient sounds I never noticed before. It’s a new world for me.”

TED WILLIAMS

Having trouble hearing?
→ Make an appointment for an evaluation today with LVPG Ear, Nose and Throat at LVHN.org/ENTappointment.
For Tracy Weiss, every day is a new adventure after losing nearly 300 pounds.

From puberty onward, Tracy Weiss was always a "bigger girl." Despite multiple diets, her weight crept up over the years. Still, she managed to stay active with family and friends and thrived in her job as a senior customer service representative.

But in 2012, everything came crashing down after Weiss of Wind Gap, Pa., was hospitalized for 15 days with life-threatening multilobar pneumonia. "At that point, I weighed nearly 400 pounds, both knees were in constant pain from carrying extra weight, and I had diabetes, high blood pressure and high cholesterol," she says. "I was a poster child for obesity."

Once home, Weiss found she was barely able to walk or care for herself. Only 43, she gave up her job and moved in with her disabled mother so they could receive in-home care together. Meanwhile, her weight continued climbing, ultimately reaching 460 pounds.

"I lost the next few years of my life," she says. "I was on 340 units of insulin a day, couldn't fit behind a steering wheel, barely left the house, and slept in a recliner because of arthritis and back pain."

Surgical hope
Something had to give, and in 2016, Weiss attended a free weight-loss surgery information session at Lehigh Valley Health Network (LVHN), led by bariatric surgeon Richard Boorse, MD, with LVPG General, Bariatric and Trauma Surgery. She was impressed by his expertise treating extremely obese patients and his personal weight-loss story.

"For the first time in years I felt there might be hope," she says. Shortly afterward, Weiss enrolled in a six-month pre-surgery education program at LVHN's Weight Management Center.

In January 2017, she underwent Roux-en-Y gastric bypass surgery with Boorse. The procedure involves creating a small gastric pouch at the top of the stomach and attaching it directly to the small intestine to bypass the main stomach and restrict food intake.

"When patients reach 400 to 600 pounds their surgery and weight-loss journeys are more complex," Boorse says. "We have extensive experience with patients like Tracy, offering ongoing support to ensure success."

Treatment teamwork
In April 2018, after losing nearly 200 pounds, Weiss had bilateral knee replacement surgery with orthopedic surgeon Eric Lebby, MD, with LVPG Orthopedics and Sports Medicine. "Tracy did this the right way by addressing her weight first, and today her new knees are doing great," he says. "Studies show that patients who are overweight when they undergo joint replacement surgery experience more complications and higher failure rates."

Afterward, Weiss had 16 weeks of physical therapy at Rehabilitation Services-Bangor with physical therapist Wade Groff.

In January 2019, she underwent skin removal surgery with plastic surgeon Randolph Wojcik Jr., MD, with LVPG Plastic and Reconstructive Surgery. He removed 17 pounds of excess, deflated skin from around her waist and plans additional surgeries to remove sagging skin from her thighs and breasts. "Body-contouring surgery after weight loss helps patients achieve the sculpted body shape they've envisioned," Wojcik says. "I'm happy for Tracy and privileged to help her reach her goals."
Weiss' weight has now dipped below 200 pounds.

Her cholesterol is normal, she's off hypertension and diabetes medications, and knee pain is a thing of the past since having successful joint replacement surgery. She's also shrunk from size TX clothing to size 14 thanks to a combination of weight-loss surgery and body-contouring surgery. Tracy's energy levels are "phenomenal," and her confidence keeps rising.

Especially exciting are the "small victories" - like buying clothes off the rack instead of special ordering online, fitting into restaurant booths, and going out to movies. (The last film she saw in theaters was "Titanic" in 1997.) Next on her bucket list: bicycling and horseback riding. Best of all, Weiss, now 50, has found love. Her partner, who also struggles with weight, is currently considering bariatric surgery after witnessing Weiss' life-altering results.

"Weight-loss surgery is only a tool, not a quick fix," Weiss says. "You have to make permanent changes in your diet and lifestyle to be successful. I wanted it badly enough, and between me and my care team, we made it happen."

~SINDY STEVENS

Learn more about weight-loss surgery at LVHN.

Visit LVHN.org/weightloss or call 888-402-LVHN (5846).
Long-Lost Partners

Life is full of partners. Your health deserves one, too. Whether you need serious clinical care, a routine exam or tips on how to live a fuller, happier life, one of the best health networks in the country is never more than a short drive away. Learn more at LVHN.org.