

HealthyYou

7

TIPS FOR NEW MOMS

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WATCH AND WAIT

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VISIT US ONLINE

 **WATCH VIDEOS** of health care providers from Lehigh Valley Physician Group in northeast Pennsylvania. Visit LVHN.org/hazleton/findadoc.

READ THIS ISSUE of Healthy You Hazleton online at LVHN.org/hazleton/healthyyou.

COMING IN MAY:

New!

Internal Medicine, Pediatrics at Brookhill Plaza

If you live in the Conyngham-Sugarloaf Valley, you'll soon have closer access to health care providers with Lehigh Valley Physician Group (LVPG)–Hazleton. In May, LVPG Internal Medicine and LVPG Pediatrics both will open at 642 Brookhill Square (just off Route 93). Both offices will be open Monday through Friday. The providers will include:

▶ Jennifer Yourey, CRNP, with LVPG Internal Medicine–Brookhill Plaza. She is passionate about providing care and education to help adults live healthier, happier lives.

▶ Board-certified pediatricians James Caggiano, MD, Stephen Glicken, MD, Alvaro Reymunde, MD, and physician assistants Laura Shallenberger, PA-C, and Alisha Wainwright, PA-C, with LVPG Pediatrics–Brookhill Plaza. All LVPG pediatricians are on-call 24/7.

Next Steps

CALL 570-501-4LVH to schedule an appointment.

 **WATCH VIDEOS** of these providers at LVHN.org/hazleton/peds-brookhill.

Health Care Providers Join Lehigh Valley Physician Group– Hazleton

To help provide the best care for you and your family close to home, Lehigh Valley Physician Group–Hazleton is proud to welcome the following health care providers to the Greater Hazleton area.

Next Step

LEARN MORE about the health care providers with Lehigh Valley Physician Group–Hazleton. Visit LVHN.org/hazleton/findadoc or call **570-501-4LVH (4854)**.

HEMATOLOGY ONCOLOGY

Harvey Hotchner, MD

LVPG Hematology Oncology–
Alliance Drive
1000 Alliance Drive, Hazleton
570-501-1242



INTERNAL MEDICINE

Jennifer Yourey, CRNP

LVPG Internal Medicine–
Brookhill Plaza
642 Brookhill Square, Sugarloaf
570-501-4LVH (4584)



HOSPITAL MEDICINE

Ann Traux, CRNP

Lehigh Valley Hospital–Hazleton
700 E. Broad St., Hazleton
570-501-4LVH (4584)



Next Step

FIND A PRIMARY CARE PROVIDER NEAR YOU.

Visit LVHN.org/hazleton/findadoc or call **570-501-4LVH (4854).**

How Often Do You Need a **Checkup?**

USE THIS GUIDE TO TALK WITH YOUR HEALTH CARE PROVIDER

Perhaps you've heard of recent research, published in the **British Medical Journal (BMJ)**, that found **annual health checks did not reduce mortality**. Widely covered in the media, the findings appeared in newspaper articles that advised, "Skip your annual physical."

But should you? Not if you want to stay healthy, says physician assistant and certified diabetes educator Shelley Sassaman, PA-C, with Lehigh Valley Physician Group Family Medicine—Hometown.

Regular checkups are still important, helping you stay up to date on vaccinations and allowing your primary care provider to identify and treat problems during their earliest stages. "Without regular screenings, these diseases have more time to take hold before they are caught," Sassaman says. "It's like a silent time bomb ticking away."

How often you need that well visit depends on your age, health, family medical history and lifestyle. Sassaman suggests these general rules of thumb:

GET A WELL EXAM...

▶ EVERY THREE MONTHS

if you have diabetes. "This allows you to work closely with your health care provider to ensure your blood sugar is under control, and your medicines and lifestyle regimen are as effective as possible," Sassaman says.

▶ EVERY YEAR

if you have a family history of diabetes, heart disease and/or cancer, if you have elevated blood pressure, cholesterol or blood sugar, or if you smoke, consume a fatty, sugar-rich diet or are sedentary.

▶ EVERY ONE TO TWO YEARS

if you are age 65 or older. The older you are, the higher your chances for developing any disease, making regular checkups a must.

▶ EVERY THREE TO FIVE YEARS

if you are younger than 65, fit and healthy.

During your checkup, make sure to mention any subtle symptoms – a change in bowel habits, trouble sleeping, mild fatigue – no matter how benign or unimportant they may seem. A change of bowel habits, for example, could be a sign of a thyroid problem.

Ask your primary care provider what you can do to stay healthy. Get your screening results and ask how to improve any of those results. He or she might suggest lifestyle changes such as changing your eating patterns, exercise or stress reduction. Also ask when you should come back for another checkup. "You may be surprised to learn you don't need to come back as often as you think," Sassaman says.

—Alisa Bowman



Shelley Sassaman, PA-C
Family medicine

When the Best Cancer Treatment Is No Treatment

SOMETIMES IT'S BEST TO WATCH AND WAIT



Promising new medications recently have been approved for the treatment of chronic lymphocytic leukemia (CLL), a type of cancer affecting the white blood cells that fight infection. Many people who used these medications in clinical trials went into partial or complete remission, or experienced longer periods of time in which the cancer did not progress. Even though these new medications are effective, they may not be the best treatment for every person with CLL.

“For people who have a type of cancer that grows slowly (like CLL or prostate cancer), often the best thing to do is watch and wait,” says Lehigh

Valley Health Network hematologist oncologist Harvey Hotchner, MD, with Lehigh Valley Physician Group Hematology Oncology—Alliance Drive. “Active treatments such as surgery, chemotherapy or radiation are not always the first recommendation.”

Many people facing a cancer diagnosis feel immediate action is necessary and become stressed when watchful waiting is suggested. However, Hotchner says there are many reasons a physician might recommend this approach, including:

- ▶ Active treatment may be more effective when the cancer is at a certain stage.
- ▶ Some cancers progress so slowly people do not experience symptoms and never need treatment.
- ▶ The risks of treatment are greater than the possible benefits.

When a doctor suggests watchful waiting, consider it optimistically.

“It means you are in stable condition, and the cancer is not spreading quickly,” Hotchner says. By closely monitoring your condition, your doctor can determine if or when active treatments are in your best medical interest.

Here are things you can do if you are in a watch-and-wait situation:

- ▶ **Recognize changes in your body.** Notify your doctor if you begin to experience new or more severe symptoms.
- ▶ **See your doctor and get tests as scheduled.** It’s the only way your doctor can precisely monitor your condition.
- ▶ **Be prepared.** Understand what will happen should your doctor recommend an active cancer treatment.
- ▶ **Practice wellness.** Whether you are sick or well, it’s always wise to exercise and eat a healthy diet of fruits, vegetables and lean meats.

—Rick Martuscelli

“For people who have a type of cancer that grows slowly, often the best thing to do is **watch and wait.**”

HARVEY HOTCHNER, MD

Next Step

LEARN MORE about cancer care in the Greater Hazleton area. Visit LVHN.org/hazleton/hemonc-alliance.

7 Health Tips for New Moms

CARE FOR YOURSELF WHILE YOU CARE FOR BABY

On Mother's Day, family and friends look out for Mom. Translation: Mothers look out for themselves the rest of the year, which is tough when you're devoted to your newborn. Yet making self-care a priority helps both you and your baby. To do so, try these seven tips:

1 LIMIT WELL-WISHING. Everyone wants to see the new baby. But put people off for the first two weeks. That allows mom time to rest, bond with her family and feel a semblance of normalcy. "It's also good for your baby's health to limit early exposure to outside germs," says obstetrician/gynecologist Sheila Hockman, DO, with Lehigh Valley Physician Group Obstetrics and Gynecology—Alliance Drive.

2 DRINK WATER. Breast-feeding increases your need to stay hydrated. Get the equivalent of eight 8-ounce glasses of water a day. Stay away from sugary sodas and caffeine that can filter into breast milk.

3 RETHINK A "BOTTLE BAN." If you can breast-feed, great – it's best for baby. If not, formula is great too. Bottle-feeding also creates windows to rest while dad nourishes the baby – and shares an important source of bonding that otherwise only moms experience.

4 HANG UP YOUR CAPE. You're not superwoman. "The biggest cause of depression after childbirth is constantly thinking you still need to keep up with laundry, dishes and cooking when your baby is crying and you can't sleep," Hockman says. So nap daily.

5 EASE INTO EXERCISE. Take baby steps to get back to pre-pregnancy shape. "Start by walking around the block with a stroller," Hockman says. "Gradually add activity as you're able."

6 ACCEPT HELP. Chores still can get done – by others. Tell family and friends how they can help.

7 RIDE THE ROLLER COASTER. Emotional ups and downs are normal. But a ride that only goes down is broken. "If you lose interest in caring for yourself or the baby, it's a sign of depression, and you should talk to your health care provider," Hockman says.

—Richard Laliberte

Sheila Hockman, DO
Obstetrics and gynecology

▶ Watch her video at LVHN.org/hazleton/Hockman.

Next Step

GET THREE TIPS on how to be a mom's helper. Visit LVHN.org/news or call **570-501-4LVH (4584)**.



How Rehab Helped Trudy Return to Work

TECHNOLOGY, THERAPY AND DETERMINATION HELP
LOCAL WOMAN OVERCOME STROKE

When Trudy Singley awoke on Oct. 13, 2012, feeling fatigued and nauseous, she wasn't overly concerned. An ER nurse at Lehigh Valley Hospital (LVH)–Hazleton, Singley treats patients with life-threatening conditions every day. “I thought I had a virus or maybe the flu,” she says.

But Singley, 38, of Nuremberg, felt worse as the day wore on. When her sister, an emergency medical technician, noticed her lips turning blue, Singley was rushed to LVH–Hazleton's ER. Doctors there diagnosed blood clots in both her lungs. By 10:30 that evening she was unresponsive. That's when a colleague, emergency medicine physician Annette Mann, DO, checked in on her.

Mann ordered a computed tomography (CT) scan and used web-based “cloud” technology to share those images with vascular neurologist Hermann Schumacher, MD, at LVPG Neurocritical Care in Allentown. Schumacher diagnosed a blockage in Singley's main brain artery, which had caused a stroke. “If it weren't for the quick actions of ICU nurse Michele Price, Dr. Mann and Dr. Schumacher, I wouldn't be here today,” Singley says.

With every minute now precious, Singley was immediately airlifted to LVH–Cedar Crest in Allentown, home to the region's only Comprehensive Stroke Center. There, interventional radiologist Stephen Huber, MD, snaked a catheter

through her leg into her brain, grasped the clot with a special tool and removed it. Days later, doctors discovered a hole in Singley's heart. They determined the clot came from her lung, passed through the hole and traveled to her brain. (The hole was eventually repaired through a procedure at LVH–Cedar Crest.)

THE LONG ROAD BACK

Once Singley's condition stabilized, she began the long road back. On Oct. 25, she was transferred to LVH–Hazleton's Gunderson Rehabilitation Unit for 10 days of intense speech, physical and occupational therapy. The next step was outpatient therapy at the Health & Wellness Center at Hazleton. Physical therapist Congetta Zola treated Singley through the center's balance program.

“Trudy would lose her balance while making quick position changes, like going from sitting to standing,” Zola says. Singley's other physical challenges included weakness in her left leg and arm, as well as core weakness from weeks of inactivity.

In addition to general strengthening, Singley worked on balance by standing with her feet wide apart and gradually moving them closer, one leg at a time. She also progressed from hard surfaces to incrementally softer ones, which forced her affected muscles to adjust. “Once Trudy felt confident enough to do these exercises at home, she improved even faster,” Zola says.

Singley also worked with speech therapist Jennifer Hoats. Though she didn't have a speech impairment, Singley struggled with task focusing, higher-level reasoning and problem solving, issues that are typically treated by a speech or occupational therapist. Also a certified brain injury specialist, Hoats helped Singley achieve her goals of returning to work in the ER and to her volunteer job with the Nuremberg Community Ambulance.

“Trudy's cognitive deficits were subtle,” Hoats says. “She may have appeared ‘normal’ during a quick conversation, but a nurse must be able to concentrate and make split-second decisions.”

Next Step

LEARN MORE ABOUT THE HEALTH & WELLNESS CENTER AT HAZLETON. Visit LVHN.org/hazleton/HWC or call **570-501-6600**.



Annette Mann, DO
Emergency medicine

Hoats initially worked on each of Singley's deficits separately. She then helped Singley translate those skills to real life by juggling multiple tasks simultaneously, with the tasks gradually getting more complex. "It's like weight-lifting for the brain," Hoats says. "Making the exercises just hard enough to be uncomfortable leads to strengthening and healing."

Word association strategies helped Singley compensate for lost brain function, and smartphone alerts served as cues for everyday tasks such as taking medication or remembering appointments.

A TRIUMPHANT RETURN

In March 2013, Singley returned to the LVH-Hazleton ER – not as a patient but a nurse. "Motivation makes all the difference in rehabilitation," Hoats says, "and Trudy was determined to get back to helping her patients."

Singley now approaches that role with awe and appreciation. "I'm amazed by today's medical advancements," she says. "To be back to my life just like before is nothing short of unreal."

—Gerard Migliore



Hermann Schumacher, MD
Neurology



Stephen Huber, MD
Interventional radiology



Congetta Zola
Physical therapy



Jennifer Hoats
Speech therapy

Take Charge **CANCER**

TIPS, HINTS AND SUPPORT TO HELP YOU MANAGE YOUR HEALTH



Learning About Cancer Risk

LUZERNE COUNTY FAMILY UNDERGOES GENETIC TESTING

In August 2011, Patricia Richie felt unusually bloated and fatigued. “I chalked it up to stress,” says Richie, who at the time was going through a divorce and in the process of moving.

Yet Richie of White Haven soon developed severe pain and pressure throughout her abdomen. “I looked nine months pregnant,” she says. She received care at two hospitals but didn’t get clear direction on her diagnosis. “It was frustrating because we felt we had few options,” says her daughter Alicia Quinn, 33, of White Haven. So she requested her mom get a second opinion at Lehigh Valley Health Network (LVHN).

There, gynecologic oncologist Martin Martino, MD, with LVPG Gynecologic Oncology—1240 Cedar Crest, diagnosed Richie with ovarian cancer. He immediately performed a nine-hour surgery to remove her ovaries, fallopian tubes, appendix, bladder, half her diaphragm and most of her colon. “Without that surgery, I would have died,” Richie says.

HOW GENETIC RISK IMPACTS CARE

After learning about her many different family members who’d also battled cancer, Martino suggested Richie undergo genetic counseling and testing. “I had no hesitation whatsoever,” she says.

If you’ve already received a cancer diagnosis, genetic testing helps your care team learn whether you are at a higher risk for developing other cancers. “If you test positive for a gene mutation, it means your risk for developing a new

cancer – unrelated to the one you are already battling – is higher than it is for a different cancer patient without the gene abnormality,” says LVHN genetic counselor Tara Namey. This information will prompt your care team to be even more vigilant with screening so you can catch any future cancers earlier.


Another benefit: Your family members can learn whether they too should be tested. “If you have a gene mutation, each of your children has a 50 percent chance of having it too,” Namey says.

TEST RESULTS

Patricia Richie tested positive for the BRCA-2 mutation. Normally the BRCA-2 gene prevents cells from growing and dividing too rapidly, but mutated versions of this gene don’t function properly, so cells more easily grow and divide uncontrollably, leading to tumors.

A person with a BRCA-2 mutation has somewhere between a 56 and 87 percent increased risk for developing breast cancer, and a 28 percent increased risk for developing ovarian cancer. “Risk for pancreatic, prostate (in men) and skin cancer – specifically melanoma – also is higher,” Namey says.

Next Steps

 **WATCH A VIDEO** about genetic testing in the Lehigh Valley region. Visit LVHN.org/cancer-genetics.

LEARN MORE about cancer care in the Greater Hazleton area. Visit LVHN.org/hazleton/hemonc-alliance.



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



Tara Namey
Genetics

Soon after she received her results, Richie urged her daughters to undergo genetic testing. Her two older daughters – Greta Yoka, 36, of York and Alicia Quinn – were tested right away. A few years later, in 2014, Patricia Richie’s youngest daughter, Kimberly Richie, 26, of Bowie, Md., was tested and learned she carries the same mutated BRCA-2 gene as her mother. As a result, she now gets annual mammograms, and after age 30 she’ll have frequent blood work, vaginal ultrasounds and skin tests, along with mammograms every six months.

She’ll also have the option of taking Tamoxifen to suppress hormones that may trigger cancer growth, and will have the option of preventively removing her ovaries and/or breasts. “I’m now at an advantage over the average person who isn’t getting these frequent screenings,” she says.

A GIFT OF KNOWLEDGE

Today, Patricia Richie and her family are grateful for the knowledge learned through genetic testing. “It’s a gift to know such testing is available,” Quinn says. “Knowledge is power. Because we asked for a second opinion, we learned about a gene that plagues our family. Had we known sooner, we may have prevented what she had to go through.”

—Alisa Bowman

6 Ways Walking and Cycling Boost Your Health

MODERATE ACTIVITY CREATES BIG BENEFITS

Spring is here – finally. It's time to dust off your sneakers and rev up that bicycle. “Both walking and cycling are great forms of exercise with many health benefits,” says nurse practitioner Heather Sugarman, CRNP, with Lehigh Valley Physician Group Family Medicine–Vine Street. Walking and cycling:

1 IMPROVE CARDIOVASCULAR HEALTH. Moderate exercise like walking and cycling lowers blood pressure, strengthens the heart muscle, keeps blood vessels flexible and improves heart rate, all of which lower your risks for problems like heart disease and stroke.

2 LOWER BLOOD SUGAR. Moving your body burns carbohydrates, helps insulin unlock energy from cells and keeps blood-sugar levels in balance. “Even standing up and marching in place while watching TV really helps,” Sugarman says.

3 SHAVE OFF WEIGHT. Regular physical activity is a cornerstone of any weight-loss plan. It burns calories and controls metabolic factors that are linked to weight control (such as how the body uses fats).

4 STRENGTHEN BONES. Weight-bearing activity like walking stimulates bone growth or reduces bone loss, while riding a bike strengthens muscles that support strong bones. “Both may help prevent falls or help protect you if you do fall,” Sugarman says.

An avid cyclist,
John Leskoski of Hazleton
hits the trails regularly.

Next Step

JUNE
13

ATTEND THE GREATER HAZLETON RAILS TO TRAILS walking and cycling event on Saturday, June 13, and get free health screenings courtesy of Lehigh Valley Hospital–Hazleton.

5 BOOST VITAMIN D. The sunshine you soak up when hitting trails or pavement stimulates the body to produce its own vitamin D, which is linked to key health factors such as bone growth and cell function.

6 BRIGHTEN YOUR MOOD. Moderate exercise improves levels of brain chemicals such as serotonin that are linked to mood and help ward off depression. “People just feel better when they exercise, and people who are on antidepressants often find they need less of them if they’re active regularly,” Sugarman says. Exercising with a friend may help even more.

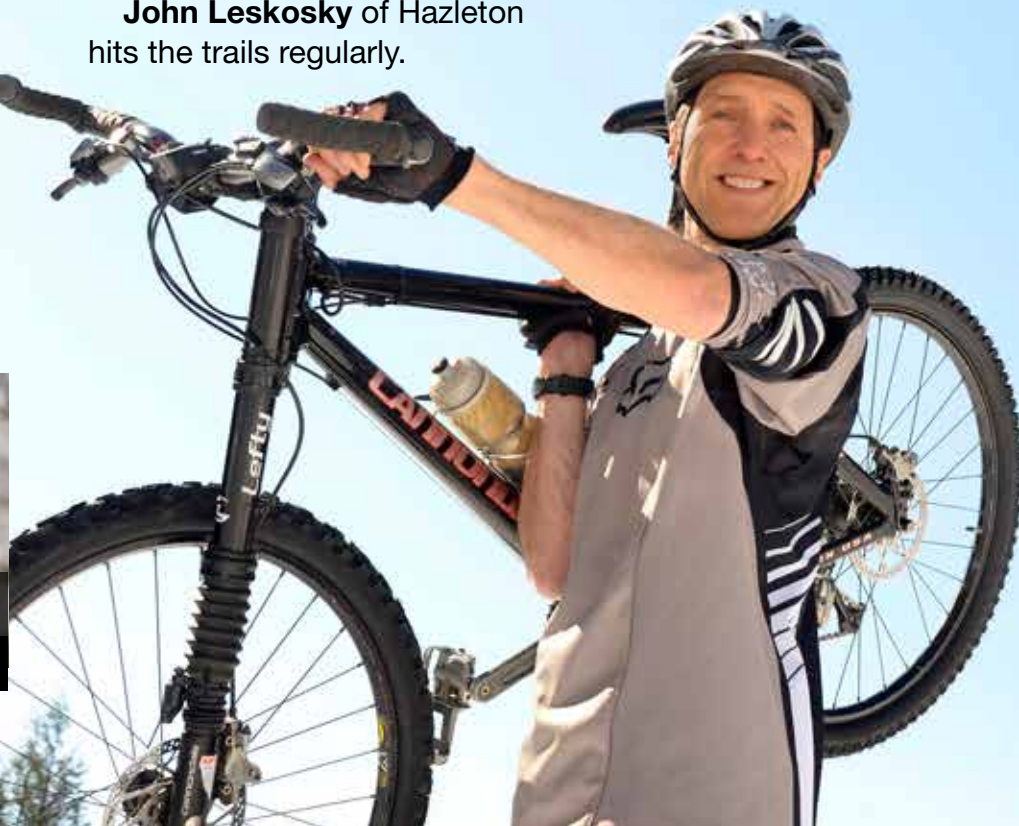
All of these benefits accrue from modest amounts of time and energy, Sugarman says. “You don’t have to run a marathon to get great exercise.”

–Richard Laliberte



Heather Sugarman, CRNP
Family medicine

▶ Watch her video at LVHN.org/hazleton/Sugarman.



Pain-Free Burn Care

BENEFITS TO BODY AND MIND FOR BURN SURVIVORS

If you've ever been burned – even if you've just tapped your wrist against the oven door – you know how painful it can be. Severe burn injuries are among the most serious trauma a human can endure. New advances in sedation and anesthesia now allow for something once thought impossible – pain-free burn care.

“Burn wounds are so painful that historically patients have sometimes experienced post-traumatic stress during treatment,” says Lehigh Valley Health Network (LVHN) burn surgeon Daniel Lozano, MD, with LVP General and Trauma Surgery—1240 Cedar Crest. “By using pain management techniques during burn treatment, we now have the unique ability to remove the trauma and improve healing.”

LVHN's Regional Burn Center is the only one in the nation providing this pain-free treatment for inpatient and outpatient burn care.



Daniel Lozano, MD
Burn surgery

▶ Watch his video at LVHN.org/Lozano.



Video game technology helps patients relax during burn dressing changes.

HOW IT WORKS

After an initial injury, patients once ran the risk for reliving the trauma during wound cleaning, debriding (removal of dead skin tissue), staple removal or daily dressing changes. The pain-free approach includes using different levels of sedation and anesthesia to provide treatment with minimal pain. These include:

- ▶ For people with minor burns, oral medications to reduce the level of pain are administered 30 minutes before the burn is cleaned and dressed.
- ▶ For people with burns that cover a large portion of their body, anesthesia is administered. This allows a patient to verbally respond during treatment but not retain any memory of the procedure being performed.
- ▶ For people with very serious burns, deep sedation is administered.

“A patient's response to pain and the size of the burn determine the type of sedation he or she receives,” Lozano says.

Next Steps

LVHN'S REGIONAL BURN CENTER cares for nearly 900 patients a year. Learn more at LVHN.org/burn.

READ A STORY about laser treatments to remove scars from serious burns. Visit LVHN.org/healthyyou or call **610-402-CARE**.

A 'COOL' APPROACH

Another pain-reducing technique used at LVHN for both inpatient and outpatient care is a technology called Snow World. Using a set of virtual reality goggles, a patient enters an imaginary arctic world with snowball-throwing snowmen and penguins. Initially designed to help wounded Iraqi war veterans, Snow World helps distract people with burns during dressing changes. “It takes their focus elsewhere and relieves anxiety,” Lozano says.

—Sheila Caballero

A passion for better medicine is here.

At Lehigh Valley Health Network, we are committed to bringing the highest level of care to our region. Which is why our network of highly educated and well-respected providers – Lehigh Valley Physician Group – is now in your neighborhood. This means you have access to nationally recognized care in a variety of specialties, as well as the expertise, resources and leading-edge technology of one of the region's largest health networks. Because we are passionate about delivering the very best care, closer to home.

To find a provider near you, call 570-501-4LVH or visit LVHN.org/hazleton.