Contents

COVERAGE STORY
14 How I Keep the Weight Off
Follow Carolyn Qammaz’s post-surgery plan

DEPARTMENTS
GET STARTED
4 Your Holiday To-Do List
Plus sign up for MyLVHN

TAKE CHARGE
12 Cancer
Two lives saved by research

16 Heart Disease
Protect your heart during cancer treatment

CALENDAR
21 Classes and Support Groups for You

IN THIS ISSUE
3 Concussions: Know the Facts
Protect yourself from head injury

6 Meet Cathy’s Care Team
Robotic surgery cures serious pelvic condition

8 A Pleasant April Fool’s Surprise
Easton woman juggles pregnancy, diabetes

10 All About Eye Exams
They protect your overall health

11 Earn an ‘A’ in Vitamin D
Take our fun quiz

17 Inside the Trans-Fat Ban
What to look for now and in 2018

18 4 Alternatives to Joint Replacement Surgery
Try them to help relieve the pain

20 Boost Your Holiday Energy
Use these 3 quick tips

PUT YOUR HEALTH FIRST

WATCH VIDEOS
of Carolyn Qammaz’s extraordinary weight-loss journey and read this issue of Healthy You magazine online. Visit LVHN.org/healthyyou.

FIND A DOCTOR
LVHN.org/findadoc

STAY UP-TO-DATE
Get daily health information on our Lehigh Valley Health News blog. Visit LVHN.org/news.
CONCUSSIONS: Know the Facts

THEY’RE INJURIES YOU NEED TO TAKE SERIOUSLY

Don’t let anyone tell you concussions are minor. They aren’t. “Concussions are serious and need appropriate treatment,” says Lehigh Valley Health Network (LVHN) nurse practitioner Daniele Shollenberger, CRNP, clinical coordinator of the Concussion and Head Trauma Program at LVHN–One City Center.

GET INFORMED. START WITH THESE THREE QUICK FACTS:

1. Concussions happen all year long. Falls and auto accidents are common causes – so are sports injuries. “Football is the No. 1 cause for sports concussions in males, and soccer is No. 1 for females,” Shollenberger says.

2. They’re more common than you think. According to the Centers for Disease Control and Prevention, Americans suffer about 3.8 million sports-related concussions annually.

3. You can have one without losing consciousness. Ninety percent of concussions do not involve a loss of consciousness.

WHEN CONCUSSIONS ARE DIFFERENT

No two concussions are alike. Sometimes they don’t show up until days after a blow to the head. “An athlete may not want to come out of a game, so she won’t tell you how she’s feeling,” Shollenberger says. “Or sometimes she can’t articulate what she’s feeling, so you have to look for the signs.”

Such signs fall into these four categories:

• Physical (headache, balance problems, dizziness, blurred or double vision)
• Cognitive (difficulty concentrating, memory loss, confusion)
• Emotional (crying spontaneously, change in personality)
• Sleep (sleeping more or inability to fall asleep)

GETTING A DIAGNOSIS

Diagnosing a concussion can be tricky. LVHN takes a team approach, including nurse practitioners and physical, occupational and speech therapists. The team will refer to ophthalmologists, neurologists and neuropsychiatrists/neuropsychologists as needed.

Team members administer tests and perform state-of-the-art assessments to obtain an accurate diagnosis and plan post-concussion therapy. Such assessments include a physical exam, symptom rating, computerized neurocognitive testing, and vestibular-ocular system testing, an assessment of your vision, balance and movement.

PATIENCE IN RECOVERY

“Eighty percent of concussions will heal in less than a month,” Shollenberger says. “But for the 20 percent that demonstrate vision or balance symptoms, recovery will be longer with more specific treatment.” In all cases, to heal properly you’ll need patience, rest and symptom management. You may need to adjust your work schedule (or your child’s school schedule) accordingly.

While patience is hard, it’s non-negotiable. “You need to gradually return to your regular activities because any recurrence of either physical or cognitive symptoms may lead to a step backward,” says LVHN physiatrist Amy Hao, MD, with LVPG Physiatry–1250 Cedar Crest. “So don’t return to work or school until you are completely recovered.”

—Leah Ingram
THE HOLIDAYS ARE ON THEIR WAY. “But it’s too soon,” you say. Have no fear; we’re here to help. Here’s a holiday to-do list filled with free classes, programs and events courtesy of Lehigh Valley Health Network. So take the first step and protect your health today.

1. Get your flu shot. The first weekend in November (7-8) is the time to get yours for free. Drive right up at Dorney Park or Coca-Cola Park and get a vaccination that will keep you protected all winter long. See page 21.

2. Get a good night’s sleep. It’s the best way to make sure you are well-rested for the holidays. If you just can’t sleep, try attending one of our free sleep education sessions in November and December. See page 21.

3. Exchange your time. It’s better to give than to receive, so the old saying goes. By giving of your time and talents through Community Exchange, you can gain the gift of time and learn more about people in your community. See page 21.

4. Learn more about LVHN. Attend our Community Annual Meeting on Wednesday, Dec. 2 at Lehigh Valley Hospital–Cedar Crest, and learn how the Triple Aim (Better Health, Better Care and Better Cost) helps us fulfill our not-for-profit mission. RSVP to 610-402-CARE by Nov. 20.

5. Follow Carolyn Qammaz’s lead. If you’ve struggled to lose weight and want to learn more about weight-loss surgery, attend one of our free information nights. See page 23.

For the third straight school year, Community Canvas is giving young artists at area elementary schools a chance to display their passion for healthy living and their talent for art.

A partnership between Children’s Hospital at Lehigh Valley Hospital and Lehigh Valley Art Spark - and in conjunction with the Rodale Institute - Community Canvas gives students at six schools the opportunity to create a piece of artwork based on what they’ve learned in a school assembly. One winner is selected at the event; the second is selected by your votes on Lehigh Valley Health Network’s Facebook page (Facebook.com/LVHealthNetwork).

In addition, top chefs from local restaurants create and distribute healthy meal samples at each preliminary event. Winners from the preliminary rounds qualify for the Community Canvas Grand Finale in May.

Last year, third-grader Luisa Sinisterra (above) from the Lehigh Valley Regional Charter School in Bethlehem won the Grand Prize.
Early next year, residents of Mountain Top and the surrounding municipalities will be able to access health care services from Lehigh Valley Health Network. The Health Center at Mountain Top will be located in the Weis Shopping Plaza on Route 309 between Hazleton and Wilkes-Barre. The 14,000 square-foot center will offer community members:

- Primary care
- ExpressCARE – walk-in care for common illnesses and minor injuries
- Cardiac diagnostic testing
- Radiology and ultrasound imaging services
- Rehabilitation services

And that’s only the beginning. Later in 2016, the center will expand by 10,000 square feet. That addition will provide space for another primary care practice and occupational medicine services, along with a suite that will offer obstetrics/gynecology, cardiology, pediatrics, orthopedics and general surgery on a rotating basis. This will be LVHN’s 14th health center and the second one in Luzerne County, the first being the Health & Wellness Center at Hazleton.

**Sign Up for MyLVHN**

Get the story of your health through MyLVHN. It’s a free, secure, easy-to-use patient website that connects you with your personal health information, or the health information of someone you care for, such as your child or a relative. It’s a benefit of receiving care within Lehigh Valley Health Network.

**WITH MyLVHN YOU CAN:**

- Review medical information
- View test results
- Send messages to and receive messages from your provider
- Request prescription refills
- Pay or review bills for medical services
- Request an appointment

Next Step

SIGN UP FOR MYLVHN TODAY, AND WATCH A VIDEO ABOUT HOW TO USE IT. Visit MyLVHN.org or call 610-402-CARE.
When Cathy Bagley first met Lehigh Valley Health Network (LVHN) colon-rectal surgeon Robert Sinnott, DO, and gynecologic oncologist Martin Martino, MD – the doctors who would be using robotic surgery to treat her debilitating pelvic disease – her faith stepped in.

“The robotic device has four arms,” she recalls, “so I named them Matthew, Mark, Luke and John.”

Bagley, 69, wasn’t going to let stomach pain keep her from being a Eucharistic minister and religious education teacher at her parish, Our Lady Queen of Peace Church in Brodheadsville. “If I make commitments, I’m determined to keep them,” says Bagley of Albrightsville.

That’s why she relied on her doctor, her surgeons – and the robot – to help her in her time of need.

FINDING AN ANSWER
When she first felt pain, Bagley met with her primary care doctor, Annette Borger, MD, with LVPG Family Medicine–Brodheadsville. When the blood work from that visit came back normal, “I decided to just keep going,” Bagley says.

But by early October 2014, things changed. “I started having pain through the course of the day, even when I did nothing but rest,” she says. “I had terrible spasms after I ate, with alternating bouts of constipation and diarrhea.” One day while clutching her stomach, she felt a lump in her upper abdomen.

So she returned to Borger, who ordered a CT scan and an ultrasound. They showed diverticulitis and an ovarian mass. Borger also ordered a colonoscopy, but that had to be delayed until Bagley completed her antibiotic therapy for diverticulitis. When Bagley had a colonoscopy in December 2014, “they could not advance the scope beyond the sigmoid colon,” she says. A virtual colonoscopy in January also was inconclusive.

A ROBOTIC SOLUTION
The only way to get to the root cause of Bagley’s pain was through surgery. Years ago, surgeons would perform a large incision to find the source of her pain. That wasn’t necessary for Bagley, who instead relied on Sinnott, Martino and the surgical team skilled in robotics available through LVHN in Allentown. “Cathy needed both colon-rectal and gynecologic surgery,” Sinnott says. “Dr. Martino and I met with her and worked together to help her at the same time.”

The two doctors found that several organs had adhered to Bagley’s colon, all traced back to her diverticulitis. “That day my husband, Mike, and I left with a high level of confidence and trust in this team of doctors,” Bagley says. “With these expert surgeons working together with their robotics team, combined with all the prayers being said, how could I go wrong?”

TEAM APPROACH TO CARE
Both surgeons used the dual console da Vinci® Si HD Surgical System, a robotic platform that gives surgeons a 3-D view with wrists instruments. “The robotic instruments allow us to perform more procedures through a minimally invasive approach – and that leads to better outcomes for our patients,” Martino says. “In addition, the second console allowed our team to jointly perform this procedure and optimize her outcome.”

During the procedure, Martino and Sinnott separated the uterus, her left ovary and colon from her pelvic sidewall. They also removed over a foot of her bowel, identified the source of her colon infection and reattached her bowels without the need for a colostomy. Best of all, nothing was cancerous. Bagley healed quickly and without any complications.

“Through minimally invasive surgery and robotics, we create smaller scars, which leads to less scarring,” Martino says. “As a result, our patients can recover faster and return to everyday life.”

Six weeks after her surgery, Bagley enjoyed ballpark fare at a Lehigh Valley IronPigs game, where she joined Martino during an LVHN health fair, a walking testament to the power of teamwork. She’s also back to her parish and fulfilling her commitments again.

–Leah Ingram
Next Step

LEARN MORE ABOUT ROBOTIC SURGERY, MEET OUR DOCTORS AND WATCH PATIENT STORIES.
Visit LVHN.org/roboticsurgery.

Robert Sinnott, DO
Colon-rectal surgery

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

Annette Borger, MD
Family medicine
Watch her video at LVHN.org/Borger.

“If I make commitments, I’m determined to keep them.”
-Cathy Bagley
Shortly after moving to the area last year, Renelle Stauffer and her husband, John, were overjoyed to learn they were going to be first-time parents. Yet Stauffer also knew she and the baby were at risk for complications because she has type 1 diabetes, a condition that prevents the body from producing enough insulin. Pregnant women with pre-existing diabetes (or those who develop gestational diabetes during pregnancy) have higher risks for birth defects, miscarriage, preterm birth, high blood pressure issues and a larger-than-normal fetus.

"Because I knew the risks of not controlling my blood sugar, I turned to my care team for help," says Stauffer, 29, of Easton.

A ‘ONE-STOP SHOP’
From the start of her pregnancy journey, Stauffer relied on Lehigh Valley Health Network’s (LVHN) Comprehensive Diabetes in Pregnancy Program. It includes maternal fetal medicine (high-risk pregnancy) specialists, endocrinologists, nutritionists, diabetes educators and nurse practitioners, all providing coordinated care.

“Diabetes complicates about 10 percent of all pregnancies we see at LVHN," says maternal fetal medicine specialist Meredith Rochon, MD, with LVPG Maternal Fetal Medicine–3900 Hamilton Blvd. “The good news is that optimal control of blood sugar, which rises during pregnancy due to hormonal changes, significantly decreases the risk for maternal, fetal and neonatal complications.”

Throughout her pregnancy, Stauffer visited the program’s specialists once a month. She met with Rochon, who carefully monitored her and the baby to make sure the pregnancy was proceeding without problems. Monthly ultrasounds showed the baby was growing normally.

Stauffer also saw LVHN endocrinologist Marc Vengrove, DO, with LVPG Endocrinology–1243 Cedar Crest, to track her changing blood sugar levels and insulin requirements. Between monthly checkups, she was able to download her blood sugar values and insulin pump settings to a secure website. Vengrove reviewed this information at least once a week and made adjustments in her insulin doses to optimize blood sugar control.

At one point, when her blood sugar started spiking after breakfast, Vengrove and the team recommended Stauffer substitute the whole-grain cereal she usually ate with more eggs and other lower-carb foods.

“A baby’s brain uses blood sugar almost exclusively, so you want adequate carbohydrates (which break down into sugar) to make sure the baby is getting enough nutrition,” Vengrove says. “But you don’t want blood sugar going too high after you eat because it isn’t healthy for the baby. Renelle is a nurse and really understood the importance of counting carbs and staying on a schedule.”

APRIL FOOL’S JOY
To ensure a safe delivery, Stauffer’s team decided early on to induce labor by 39 weeks (the average pregnancy is 40 weeks) so the baby did not grow too large.

Renelle Stauffer enjoys a laugh with her son, Isaac.
The Stauffers arrived at Lehigh Valley Hospital–Cedar Crest on the evening of March 31. The plan was to have a normal vaginal delivery before midnight so the baby wasn’t born on April Fool’s Day. “We worried that he’d be teased all his life,” Stauffer says.

But after labor started, it was clear there was a problem unrelated to Stauffer’s diabetes. “The baby wasn’t coming out, and his heart rate was dropping,” she says. “They had to perform a cesarean section and discovered the umbilical cord was wrapped around his neck twice. He ended up being born on the morning of April 1 after all.”

Baby Isaac was monitored briefly in the NICU (neonatal intensive care unit) to make sure his blood sugar was normal. Soon he received a clean bill of health.

“The Comprehensive Diabetes in Pregnancy Program allowed me to see my doctors at the same time and have close contact with them electronically between visits,” Stauffer says. “We want more children, and I’m sure with the program’s care, my next pregnancy also will be problem-free.”

—Sidney Stevens
All About Eye Exams

They protect your health in many ways

Your eye doctor is like a detective. When she examines your eyes, she assesses your eye health and finds important clues to your overall well-being.

“Many patients first learn they have a health condition such as diabetes during a routine eye exam,” says ophthalmologist Christine Saad, MD, with LVPG Ophthalmology–17th Street. That’s just one reason why having regular eye exams is important.

How often should you see an eye doctor?

If you have healthy eyes, the American Academy of Ophthalmology recommends:

► In your 20s – Get one eye exam.
► In your 30s – Get two eye exams.
► At age 40 – Get an exam and talk with your eye doctor about regular follow-ups.
► At 65 or older – Get an exam every one to two years.

If you have a family history of eye problems, diabetes or eye injury, you should see your eye doctor more frequently.

What health issues affect your eyes?

You may be most familiar with nearsightedness, farsightedness or astigmatism, conditions that typically require prescription lenses. Yet an ophthalmologist also checks for other conditions and problems that could lead to vision loss. These may include:

► Glaucoma – It causes increased pressure in your eyeball, which can gradually cause you to lose your vision.
► Diabetic retinopathy – It occurs when tiny blood vessels inside your eye leak, causing retinal tissue to swell and making vision cloudy. “Often there are no symptoms until it reaches an advanced stage and causes permanent vision loss,” Saad says. An eye exam can find it earlier.
► Macular degeneration – This age-related condition destroys your sharp central vision.

“If you experience any eye problems like pain, blurry vision, spots or loss of peripheral vision, see your ophthalmologist right away,” Saad says. There are treatments that can slow the progress of many eye conditions and ways to control the underlying medical condition, including keeping your blood sugar, blood pressure and cholesterol under control. “But keep in mind that many conditions are silent and will not be detected without an exam,” Saad says.

Using new technologies to test sight

Today’s eye exams involve far more than an eye chart. At her practice, Saad and her colleagues use technology called OCT (optical coherence tomography), a noninvasive imaging test that uses light waves to take cross-section pictures of your retina. This examines the light-sensitive tissue lining the back of the eye. Additional technologies help to detect glaucoma and other conditions.

—Leslie Feldman

Christine Saad, MD
Ophthalmology

Next Step

Learn more about care for diabetes.
Visit LVHN.org/diabetes.
Avoid D-deficiency This Winter

You know vitamin D can help keep bones strong, but did you know recent studies find too little could put you at risk for some forms of cancer, especially colon-rectal cancer? “Just among my patients, I estimate 40 percent have inadequate reserves of vitamin D,” says hematologist oncologist Maged Khalil, MD, with LVPG Hematology Oncology–1240 Cedar Crest.

Your best source of vitamin D comes from sun exposure. In the winter that’s hard to get and requires the use of other vitamin D sources to avoid “D”-ficiency. Take this quiz and arm yourself with facts:

1 HOW MUCH VITAMIN D DOES A HEALTHY ADULT NEED?
A. 200 IU (international units)
B. 400 IU
C. 600 IU
D. 800 IU
Answer: C. 600 IU. The Institute of Medicine set the current recommended dietary allowance (RDA) of vitamin D for healthy adults at 600 IU; maximum limit is 4,000 IU per day.

2 WHEN IT COMES TO DAILY VITAMIN D REQUIREMENTS, DO THE ELDERLY NEED:
A. More
B. Less
Answer: A. More. Older adults cannot synthesize vitamin D as efficiently as they did when younger. The Institute of Medicine vitamin D RDA for adults age 70 and older is 800 IU per day, with a maximum limit of 4,000 IU per day.

3 WHICH FOODS NATURALLY CONTAIN VITAMIN D?
A. Salmon
B. Egg yolks
C. Mushrooms
D. Fish oil
E. All of the above
Answer: E. All of the above, but in wide-ranging amounts. Fish oil is one of the best sources of vitamin D, providing more than 1,300 IU per tablespoon.

4 WHICH FOODS ARE FORTIFIED WITH VITAMIN D?
A. Milk
B. Orange juice
C. Cereal
D. All of the above
Answer: D. All of the above. Read the product’s label to determine the number of vitamin D IUs per serving.

5 HOW CAN YOUR DOCTOR DETERMINE IF YOU HAVE ADEQUATE VITAMIN D?
A. Ask about sun exposure
B. Blood test
C. Urine test
D. X-ray
Answer: B. Blood test. The 25-OH D blood test measures the total amount of vitamin D in the body. A result of greater than or equal to 50 nmol/L or more than 20 ng/mL is considered adequate in adults.

–Jennifer Fisher

You know vitamin D can help keep bones strong, but did you know recent studies find too little could put you at risk for some forms of cancer, especially colon-rectal cancer? “Just among my patients, I estimate 40 percent have inadequate reserves of vitamin D,” says hematologist oncologist Maged Khalil, MD, with LVPG Hematology Oncology–1240 Cedar Crest.

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–Jennifer Fisher
An agreement has been signed for LVHN to join the Memorial Sloan Kettering (MSK) Cancer Alliance. The alliance’s goal is to bring the most current knowledge and advanced cancer care into the community setting.

LVHN and MSK – the world’s oldest and largest private cancer center – are participating in a mutual process to determine how the organizations can best work together to improve care for patients and enhance cancer research at both organizations. Once that process is complete and LVHN becomes a member of the MSK Cancer Alliance early in 2016, here is what will happen:

- Patients will benefit from expanded access to MSK clinical trials, as well as the latest discoveries in cancer research.
- LVHN physicians will discuss their more complex cancer cases with MSK physicians, who have experience in treating different and rare forms of cancers.
- LVHN physicians will visit MSK to observe new techniques.
- Both institutions will share educational resources, and collect and track data on quality of care, outcomes and patient satisfaction.
It’s widely recognized as the most dangerous form of skin cancer you can get. Yet research trials are offering new hope in the fight against melanoma. Thanks to a clinical trial offered at Lehigh Valley Health Network (LVHN), two local men with metastatic melanoma (skin cancer that spread to other parts of the body) are in remission.

LVHN was the second site in the United States (Yale was the first) to participate in the study known as BMS 218. It combines two immunotherapy agents, ipilimumab and nivolumab (antiPD1), that essentially take the brakes off the body’s T-cells so the body’s immune system can reject melanoma.

“The very promising results with the combination of these two medications were highlighted in June 2014 at the American Society of Clinical Oncology meeting by researchers from Memorial Sloan Kettering, with almost a 60 percent remission rate,” says LVHN hematologist oncologist Suresh Nair, MD, with LVPG Hematology Oncology–1240 Cedar Crest, and a lead investigator in the BMS 218 trial. “In my 25 years in cancer research, it’s not often you see a complete turnaround like this. We are hopeful the remission can be permanent following these treatments.”

**ALL BUT A MIRACLE**

In early 2013, Larry Fegely of Whitehall bumped his head on his shed. “When I touched my scalp, I felt a lump,” he says. “It took my dentist at my annual exam to tell me I should get it checked out.”

A biopsy revealed terrible news. Fegely had stage 4 (the most serious) melanoma, a mass on his salivary gland and 20 tumors scattered in his lung. “It was not looking good,” he says. “I knew I needed to get treatment.” That’s when Nair offered him participation in the trial.

During his treatment, which began in spring 2014, Fegely received two infusions of both ipilimumab and nivolumab. After that, he received maintenance treatment with more antiPD1. In addition, he had regular positron emission tomography (PET) scans to track progress.

Today, Fegely, age 66, is cancer-free.

**‘A LIFESAVING OPPORTUNITY’**

Tim Grube of Nazareth got a most unwanted 50th birthday gift— a mole on his back that had changed in size and color. A biopsy revealed stage 3 melanoma, and surgery removed it. Yet one year later, the cancer returned and had spread to his lungs and liver. It was now stage 4. Still, in hindsight, Grube feels fortunate.

“If my cancer had spread three months earlier than it did, I would not have had the same opportunity to be in a clinical trial, and the results may have been different,” he says. “Clinical trials provide people like me with a lifesaving opportunity.”

“If my cancer had spread three months earlier than it did, I would not have had the same opportunity to be in a clinical trial, and the results may have been different,” he says. “Clinical trials provide people like me with a lifesaving opportunity.”

Today, Grube gives back by meeting with other cancer patients at LVHN after his follow-up visits to share his story and offer support and guidance. “To be able to help patients who are going through similar circumstances means a lot,” he says. “It’s what I want to do.”

—Leslie Feldman
How I Keep the Weight OFF

PHYSICAL ACTIVITY HELPS
CAROLYN QAMMAZ MAINTAIN WEIGHT LOSS THREE YEARS AFTER SURGERY

Carolyn Qammaz before (inset) and after (in her size-8 black dress) weight-loss surgery.
Just a few years ago, Carolyn Qammaz got breathless answering the front door. Then in September 2012 she had laparoscopic sleeve gastrectomy surgery and lost 100 pounds. Today, she kayaks, roller skates with her 7-year-old grandson and runs with her 20-year-old daughter, Natalie. She’s even planning to jump out of an airplane next year.

Qammaz, 64, of Bethlehem, gained weight after each of her four pregnancies. Then came menopause and a thyroid condition. By 2012, her body mass index (BMI) was 38, and she had high cholesterol, reflux, high blood pressure, was pre-diabetic and wore a CPAP (continuous positive airway pressure) machine during sleep. The final straw came when a mammogram revealed possible breast cancer.

“My mother died from breast cancer,” Qammaz says. “Thankfully I didn’t have it. But I know there’s a connection between obesity and cancer, and I didn’t want to go through what she did.”

ENJOYING HER ‘SECOND CHANCE’

Weight-loss surgery gave Qammaz a second chance. “Less than 5 percent of people can sustain regular weight loss achieved through normal methods,” says Qammaz’s surgeon, T. Daniel Harrison, DO, with LVPG General and Bariatric Surgery. “With bariatric surgery, those numbers are reversed, and 95 percent of people are able to keep the weight off.”

Here’s how Qammaz has maintained her weight loss:

► SHE TRACKED HER PROGRESS. Right after surgery, she used an electronic fitness band to count her steps and calories. She started at 1,200 calories per day and now is at 1,500 per day because she’s so active.

► SHE CLEARED HER FIRST HURDLE. Qammaz initially lost 60 pounds after surgery, then plateaued. “So I began running,” she says. Then she lost another 40 pounds.

► SHE’S CONSTANTLY IN MOTION. On a typical day, Qammaz walks around her neighborhood, tends to her garden and does stomach crunches. She also challenges her grandson to foot races.

► SHE MAINTAINS HER DIET. To avoid stretching out her stomach, Qammaz eats six small meals a day and thinks protein first.

Today, Qammaz continues to share her story. At a recent Lehigh Valley Health Network Weight Management Center support group meeting, she arrived wearing an old black dress from before her surgery. On cue, she stepped out of the dress, and the audience gasped. She proudly smiled and twirled in a slim skirt and top showing off her size-8 figure.

“I feel healthy and amazing,” she says. “I’m off my medications and having so much fun shopping for clothes and buying shoes. It’s the best gift I ever gave myself.”

—Sheila Caballero

WATCH A VIDEO OF CAROLYN QAMMAZ’S MAKEOVER (courtesy of LVHN esthetician Emily Doster) at LVHN.org/healthyyou.

Next Step
GET INSPIRED BY MORE PEOPLE WHO LOST WEIGHT THROUGH SURGERY.
Visit LVHN.org/weightloss-surgery.

T. Daniel Harrison, DO
Bariatric surgery
Watch his video at LVHN.org/Harrison.
Cancers that were once considered terminal are now becoming chronic diseases thanks to advances in treatment over the past few decades.

Yet for some people, cancer treatment may have unintended consequences affecting your body’s most important organ: the heart.

That’s why cardiologists and oncologists at Lehigh Valley Health Network (LVHN) have formed the new Cardio-Oncology Program. The first of its kind in the Lehigh Valley, it seeks to minimize toxicity during cancer treatment and to reduce the possibility of heart risks down the line.

“We want to increase awareness that cancer treatments can affect the heart, and that we will work diligently to prevent heart damage and treat it aggressively if it develops,” says cardiologist and program co-director Deborah Sundlof, DO, with LVPG Cardiology–Muhlenberg.

HOW IT WORKS

If you have a history of heart disease and need cancer treatment, the program’s experts will first conduct a detailed cardiovascular assessment. “It may include specific tests such as an echocardiogram or stress test to determine your level of cardiovascular health,” says hematologist oncologist and program co-director Ranju Gupta, MD, with LVPG Hematology Oncology–Muhlenberg. Doctors also will ask you about any additional risk factors for heart disease, such as diabetes or high blood pressure.

Armed with that information, your doctors will create a detailed treatment plan. Each plan is personalized. If you have high blood pressure, your plan may include steps you can take to lower that blood pressure prior to starting cancer treatment. Your plan also may include certain cardiac medications that have been shown to decrease the risk for cardiotoxicity – a condition caused by some cancer medications that may lead to heart muscle weakness or heart rhythm abnormalities in certain people. “You’ll be able to enter cancer treatment with full knowledge of your risk and potential for any adverse effects on the heart,” Sundlof says.

LVHN’s program also works with other such programs in the Northeast to continually develop guidelines to better diagnose, monitor and treat people with heart disease who need cancer treatment.

“Many of the adverse effects of cancer treatment on the heart can be anticipated, monitored, managed or avoided altogether,” Gupta says. “We’ll aim to give you the best chance at surviving cancer while also protecting your heart.”

–Leslie Feldman
Inside the Trans-Fat Ban

KNOW WHAT TO LOOK FOR NOW AND IN 2018

The Food and Drug Administration (FDA) announced in June that unhealthy trans fats (also called partially hydrogenated oils) will be banned from all food within three years. Yet that’s not a go-ahead to start noshing on all those frozen pizzas, snack cakes and packaged crackers that soon will be trans-fat-free. While trans-fat alternatives may be healthier, they still carry potential risks.

HOW WE GOT HERE
“Trans fats are made by hydrogenating liquid vegetable oil (an unsaturated fat) so it’s solid at room temperature,” says Lehigh Valley Health Network (LVHN) registered dietitian Kimberly Procaccino with Sodexo. “Trans fats originally replaced butter and other saturated fats thought to cause heart disease, and they gave foods a longer shelf life and enhanced texture and flavor. But it backfired.”

It turns out trans fats are even unhealthier than saturated fats. “Studies show they raise your LDL (bad) cholesterol, putting you at greater risk for cardiovascular disease,” says LVHN internist Darryl Gaines Jr., MD, with LVPG Internal Medicine–3080 Hamilton Blvd. “They also may predispose you to certain cancers, including breast and prostate cancers.”

In 2006, the FDA required food manufacturers to start listing trans fats on nutrition labels. Some companies have since replaced them with alternatives. But trans fats continue lurking in many packaged foods, which finally led to the FDA ban.

WHAT TO LOOK FOR
▶ Until 2018 when the ban is effective, continue curbing trans fats in your diet. Also, know that just because a nutrition label says zero or no trans fats, the product still can have up to 0.5 grams per serving. “Look at the ingredient list for partially hydrogenated oils and avoid those foods when possible,” Gaines says.▶ After 2018, keep limiting foods that once contained trans fats. Most are being replaced with either chemically altered “interesterified” vegetable oils that also could prove harmful, or “bad” saturated fats that originally were used, including palm and cottonseed oil. “The American Heart Association still recommends only 10 percent of daily calories should come from saturated fats, with total fat intake limited to 30 percent of calories,” Procaccino says.

Bottom line: Follow the same nutrition advice as always. Eat fresh foods instead of processed foods, limit saturated fats, and opt for heart-healthy monounsaturated and polyunsaturated fats like olive or canola oil.

–Sidney Stevens
You’re tired of the pain from that sore knee (or your sore hip). Yet joint replacement surgery seems like such a dramatic next step. Are there any alternatives?

“Yes,” says orthopedic surgeon Peter Kozicky, MD, with Lehigh Valley Physician Group Orthopedics–Health & Wellness Center at Hazleton. He works with his patients to try all options prior to surgery.

“Every person is at a different point of his or her life and in a different state of joint health,” Kozicky says. “What matters most is how much pain you feel, and how willing you are to tolerate that pain.”

HERE ARE FOUR POTENTIAL ALTERNATIVES TO TRY:

1. **Physical therapy** – If your pain is caused by arthritis in your knee or hip – or by abnormal joint movement – physical therapy may help. “Our goal is to help you restore as much function as possible and to teach you how to manage the pain,” says rehabilitation therapist Wade Groff with LVHN–One City Center in Allentown. (Rehabilitation therapy is available in the Lehigh Valley and Hazleton areas.) Specific treatments may include exercises to strengthen the muscles around the joints, applying heat and/or cold to the joints, or using electrical stimulation to help relieve joint pain.

2. **Medications** – Two categories – analgesics (pain medication such as acetaminophen) and NSAIDs (nonsteroidal anti-inflammatory drugs such as ibuprofen or naproxen) – can help. They’re available in pills or ointments and can be over-the-counter or prescription. “However, their effectiveness may decrease over time depending on the individual,” Kozicky says.

3. **Injection therapies** – These are steroidal (anti-inflammatory) or lubricating medications injected into the sore joint to alleviate discomfort. “Injections help some people ward off total joint replacement surgery for several years,” Kozicky says.

4. **Other procedures** – If you’re not ready for joint replacement, one surgical option is arthroscopic surgery. “It cleans away debris in the area of the sore joint,” Kozicky says. “However, it generally will only afford temporary relief.” A more extensive procedure, osteotomy, involves cutting a bone to shorten, lengthen or change its alignment, thus shifting weight-bearing to a more stable joint.

While these options can help, many times joint replacement surgery is still the best long-term solution. “Most people who have joint replacement feel so much better afterward, they wonder why they waited so long,” Kozicky says.

—Ted Williams
Boost Your HOLIDAY ENERGY

USE THESE 3 QUICK TIPS

The holidays are filled with family, friends and fun, yet they also can be exhausting. Here are three great ways to keep up your energy this season, courtesy of exercise physiologist Kelsey Coates with LVHN Fitness.

1 HYDRATE – It’s cold outside. Yet you still need at least eight daily cups of water. Dehydration slows oxygen flow in your body and saps energy.

2 SLEEP WELL – Experts recommend six to eight hours of restful sleep per night. Wind down before bed with slow stretches, meditation or another low-key activity to quiet that running to-do list in your head.

3 EXERCISE – With all the holiday busyness, it sounds counterintuitive that more activity will invigorate you. But 30 minutes of daily exercise – even an additional dance at the party or another lap around the mall – stimulates blood flow and transports energy-boosting oxygen to your body. Plus, it relieves stress and improves sleep.

–Sidney Stevens

Next Step
BOOST YOUR ENERGY AT AN LVHN FITNESS LOCATION.
Visit LVHN.org/fitness.
What’s New

Free! Brain Injury Support Group
For brain injury survivors, their families, friends and caregivers, join others with similar situations and challenges, and learn about available services and resources. Meets first Tue. of month: 6-7 p.m. at LVH–Cedar Crest

Free! Identifying Sleep Disorders in Children
The Importance of Sleep in Children
Nov. 9: 6-6:30 p.m. Sleep lab tour at Health Center at Bethlehem Twsp.; 6:30 p.m. refreshments at The Courtyard by Marriott, Bethlehem; 7 p.m. lecture at Courtyard by Marriott, Bethlehem
Understanding Sleep Disorders
Nov. 10: 6:30 p.m. at LVH–Muhlenberg
Diagnosed With Sleep Apnea, Now What?
Dec. 9: 9:30 a.m. at LVH–Cedar Crest
Treatment Options for Obstructive Sleep Apnea
Dec. 15: 9:30 a.m. at LVH–17th Street

Free! Rehabilitation Services Screenings
Free injury and fall screenings at our two new locations. Nov. 5, 4-6 p.m. 3333 Seventh St, Whitehall 3859 Nazareth Pike, Bethlehem

Free! Caring for Mind and Body
Aqua New
Water exercise for posture, balance, strength and confidence.

Massage Therapy
Medical therapists offer different massage options at various sites.

Mindfulness-Based Stress Reduction
Internationally recognized program uses meditation and group support. Retreat
Nov. 14 at LVH–Cedar Crest

Shine a Light on Lung Cancer
Lung Cancer Awareness event for our community and lung cancer survivors and their families: Nov. 18: 7 p.m. at LVH–Cedar Crest

Survivors of Suicide Support Group
After losing someone to suicide, you may experience a multitude of emotions. Join fellow suicide loss survivors in a confidential setting. Meets first Tue. of month: 7-8 p.m. at LVH–Muhlenberg
Sponsored by Greater Lehigh Valley Chapter, American Foundation for Suicide Prevention

Would a Support Group Help?
Dozens of different groups provide comfort and support.

Free! Clinical Breast Exams and Pap Tests for Uninsured Women
Appointment is necessary. Call 610-969-2800.
Sponsored by Community Health and Wellness Center in collaboration with Allentown Health Bureau. Weekly 8:30 a.m.-4 p.m.

Free! Rapid HIV and Hepatitis C Testing
Free, anonymous and confidential. Mon.-Thu.: 9 a.m.-3 p.m.; Fri. by appointment at LVH–17th Street

Free! Lung Cancer Screening
Call 610-402-CARE for more information.

Free! CPR
Heartsaver CPR, Heartsaver First Aid and BLS for Health Care Providers certification courses offered. Monday evenings at GMI-EMI Training Center and at the Health Center at Bangor, 1337 Blue Valley Drive, Pen Argyl
For information on class schedules, dates, times and fees, call 610-402-CARE.

Free! Tobacco Free Northeast PA
Tobacco treatment referral services available for individuals and businesses.
Living With Diabetes

Our team will work with you and your health care provider to design a program to fit your needs.

We provide education for:
- Prediabetes
- Type 1 and type 2 diabetes
- Gestational diabetes

We will help you learn more about:
- Healthy eating
- Being active
- Testing your blood sugar
- Taking medication
- Reducing risks
- Problem-solving and healthy coping

We also offer:
- Insulin pump training
- Continuous glucose monitoring system training
- Support groups for adults and children
- Medical nutrition therapy

Insulin Pumpers
Support and information for adults with diabetes using insulin pumps and continuous glucose monitors (CGMs). For details, call 610-402-CARE.

Meetings will resume in February 2016

Sweet Success
Monthly support group for adults with type 2 diabetes. For details, call 610-402-CARE.

Meetings will resume in February 2016

Sugar-Free Kids
Monthly support group for children with type 1 diabetes. Call 610-402-CARE to register for events.

November – To be determined
December – Annual Christmas Party

Prediabetes Self-Management Classes
Offered periodically throughout the year. Call 610-402-CARE for information.

Coping With Illness

Amputee Support Group
Meets third Mon. of month:
5-6:30 p.m. (includes dinner) at LVH–Cedar Crest

Bereavement Support Services
Grief Process Groups
Individual, Family and Couples Counseling
Ladies Lunch Club
Men’s Breakfast Group
Spiritual-Based Adult Grief Support Group
Stepping Stones for Children

Brain Warriors Stroke Support Group
For survivors and caregivers, share emotional and physical issues to help deal with life after stroke.

Meets third Mon. of month:
11 a.m.-noon at LVH–Cedar Crest

Huntington’s Support Group
Meets second Sat. of month at LVH–Cedar Crest

Joint Replacement Prep
What to expect for knee or hip replacement.

Nov. 12: 1:30-3 p.m.;
Dec. 10: 8:30-10 a.m. at LVH–Muhlenberg

Nov. 18, Dec. 16 at LVH–Tilghman
Nov. 25, Dec. 23: 1:30-3 p.m.;
Dec. 1: 9-10:30 a.m. at LVH–Cedar Crest

Kidney/Pancreas Transplant Information Session
If you would like more information about kidney and pancreas transplants, attend one of our information sessions. For details, call 610-402-CARE.

Myasthenia Gravis Support Group
Jan. 21: 5:30-7 p.m. at LVH–Cedar Crest

Parkinson’s and Multiple Sclerosis Get Up and Go
Balance, stability and fall prevention exercises; group games, lectures and more to enhance movement outcomes.

Mon. and Thu.: 10:30-11:30 a.m.
and noon-1 p.m. at 1243 S. Cedar Crest Blvd.
Tue. and Fri.: 11 a.m.-noon at 1770 Bathgate, Bethlehem

Parkinson’s Support Group
Meets fourth Tue. of month at LVH–Muhlenberg

Preoperative Spine Class
Prepares you for surgery, postoperative care and aftercare.

Nov. 17, Dec. 9, Dec. 15, Jan. 6

Look Good...Feel Better
Makeover to understand and care for changes to skin during cancer treatment and to boost self-confidence.

With American Cancer Society

Men Facing Cancer
Meets third Mon. of month:
6:30-9 p.m. at LVH–Cedar Crest

Metastatic Breast Cancer Support Group
Meets second Mon. of month:
7-8:30 p.m. at LVH–Cedar Crest

Nutrition for Cancer Survivors
For patients who have completed treatment.
Support of Survivors
Breast cancer helpline
610-402-4SOS (4767)

Managing Your Weight
Monthly Support Group
Support and information on weight-loss surgery.
Transformation
Dec. 3: 6-7:30 p.m. at LVH–Cedar Crest
Plastic Surgery After Weight Loss
Jan. 6: 6-7:30 p.m. at LVH–Cedar Crest

Motivational Therapy Group
6-week program
Starting Nov. 17: 9-10 a.m. at 1243 S. Cedar Crest Blvd., Suite 2200
Starting Dec. 29: 4-5 p.m. at 1243 S. Cedar Crest Blvd., Suite 2200

Weight-Loss Surgery Information Events
What to expect.
Evening sessions
Nov. 17,* Dec. 1, Dec. 22, Jan. 7*: 6-7:30 p.m. at LVH–Cedar Crest
Day sessions
Dec. 11,* Jan. 15*: 12-1:30 p.m. at LVH–Cedar Crest
*Simulcast to LVH–Muhlenberg

Weight Management Services
INDIVIDUAL
Nutrition Counseling
Assessment, body-fat analysis and goal-setting.

Nutrition Counseling/Metabolism Body Composition Test
Counseling plus personal metabolism test and interpretation.

Six-Month Supportive Weight-Loss Program
Individualized expert-level care for nutrition, behavior and fitness.

Sports Performance Classes
Youth Program
For young athletes ages 8-11, two sessions/week for eight weeks concentrate on proper weight-lifting technique, flexibility and movement skills.

Junior Varsity Program
For athletes ages 12-14, two or three sessions/week for eight weeks emphasize gaining flexibility, strength and power.

Varsity Program
For athletes ages 15-18, advanced two or three sessions/week for eight weeks work on proper mobility, stability, increased strength and power.

LVHN Fitness Group Classes
Being an LVHN Fitness member allows you to partake in a variety of classes. Call 610-402-CARE for more information. See a list of class locations and descriptions at LVHN.org/fitness. Classes are offered at five locations.

Boot Camp
Cardio Cross-Training
Chisel
Core Synergy
Cycling (30-, 45- and 60-minute classes)
Get Up and Go
Energizing Yoga
Exercise for Life
Kettlebells
Pilates
Relaxing Yoga
Staying Strong
STAT
Very Gentle Yoga
Yoga Basics
Yogalatte
Zumba
Zumba Gold

A Passion for Better Medicine drives Lehigh Valley Health Network to keep you well. That’s why we publish Healthy You magazine—to educate you, your family and your community on how to enjoy a healthier life.

We’d love to hear from you.
Send your comments to:
Healthy You
Attn.: Marketing & Public Affairs
P.O. Box 689, Allentown, PA 18105-1556
Call 610-402-CARE (2273) or email 402CARE@LVHN.org.

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For information or a referral to any of the professionals featured in Healthy You, call 610-402-CARE or visit LVHN.org/healthyyou.

Information appearing in this publication is not intended for self-diagnosis and/or treatment. If you have a health problem and need help finding a physician, call 610-402-CARE (2273) for further assistance.

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TDD General Information 610-402-1995
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Two of the 10 BEST hospitals in Pennsylvania.

There are hundreds of hospitals in Pennsylvania. And right here there’s a health network with two hospitals ranked among the top 10 in the state – Lehigh Valley Health Network. U.S. News & World Report has once again ranked LVH–Cedar Crest as #3 in PA, and has ranked LVH–Muhlenberg as #10. This is recognition of our passion for better medicine and the level of care and treatment we provide to the Lehigh Valley. When it comes to your health and the health of your family, take comfort in knowing that the very best care is right here at home.

610-402-CARE  LVHN.org