

## Lehigh Valley Health Network LVHN Scholarly Works

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Better Medicine

Newsletters

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Summer 2017

# Better Medicine

Lehigh Valley Health Network

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# Advance Health Care Directives Clarify Your Health Care Priorities

By **MaryAnne King Peifer, MD, MSIS**

*MaryAnne King Peifer, MD, MSIS, is Associate Medical Director, Medical Informatics, LVPG Family Medicine–Whitehall.*

As primary care physicians, we usually center our conversations with patients on what they can do to regain or maintain their health. We're often much less comfortable discussing what they would wish to do if they can no longer speak for themselves. These are the issues that advance health care planning discussions can help bring into focus.

## Help with planning

We owe it to our patients to help them understand how important it is to think about their priorities, to discuss them with the person or people who they think best, and to have a plan. Here are a few strategies that might make that discussion easier:

**Bring it up.** Simply acknowledging that this is a difficult conversation can help put patients at ease. In many cases, you may find patients have already started thinking about these issues but do not know how to proceed.

**Give patients time to prepare.** Once you introduce the topic, ask if they'd like to speak about the details at their next visit. There are many great conversation guides online our patients can use. This gives patients time to collect their thoughts, start some discussions and perhaps arrange for their preferred health care decision-maker to accompany them.

**Rely on LVHN resources.** Lehigh Valley Health Network has published a patient guide to advance health care directives and [user-friendly forms](#) that patients can complete to create their own health care directive package.

Our teammates, clinical social workers, care managers and clinical teammates, chaplains, and palliative care experts may be helpful in guiding our patients through this process.

## Types of advance health care directives



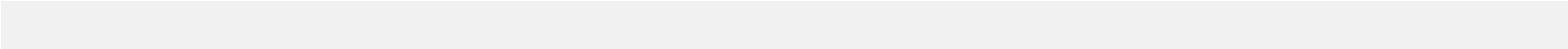
MaryAnne King Peifer, MD, MSIS  
Family medicine

- **Organ donation form:** Patients can give legal consent to donate organs in a living will through the Pennsylvania Department of Motor Vehicles or at [donatelife.pa.gov/registration](https://donatelife.pa.gov/registration).
- **Health care power of attorney:** Designates the person/people with the legal right to make choices about medical treatment if the patient is unable to make them.
- **Living will:** Includes specific wishes about life-supporting treatments the patient does or does not want if unable to express them.

For patients with serious illness and a life expectancy of less than two years:

- **Pennsylvania Orders for Life-Sustaining Treatment (POLST):** Lists specific doctor's orders that may be used in all places where the patient might receive health care.
- **Out-of-hospital DNR:** Directs health care providers to refrain from performing CPR.

**To refer a patient to family medicine, call 888-402-LVHN. For more information on advance care planning, visit [LVHN.org/ACP](https://LVHN.org/ACP).**



# Connect and Engage

**By Timothy Friel, MD, FIDSA**

*Timothy Friel, MD, FIDSA, is an infectious disease specialist and the Chair of the Department of Medicine.*

Most physicians are drawn to the medical profession by a desire to connect with patients. These relationships invigorate members of the medical community throughout their professional lives. However, as we progress in our careers, it becomes increasingly evident that our connections with colleagues and engagement in our care delivery system are equally vital to our longterm professional joy and success.

Collaboration and engagement are fundamental drivers of our ability to navigate the complex world of modern medicine, drive thoughtful innovations in our system of medical care and fully realize the fantastic rewards of patient care.



**Timothy Friel, MD, FIDSA**  
Department of Medicine

## **Leadership journey**

I joined the Lehigh Valley Health Network (LVHN) team in 1999 as an infectious disease specialist. Over the years, I was encouraged to expand my skills and talents in multiple arenas, from honing my prowess as a clinician to developing my skills as a teacher, from leading new medical programs to writing grants and developing clinical research projects. This became the foundation of my leadership journey. Throughout my ventures, I was encouraged to fully engage and collaborate with individuals from across the expansive LVHN system.

Now, as Chair of the Department of Medicine, I am privileged to have the opportunity to guide a supremely talented and diverse department of physicians and advanced practice clinicians from 18 divisions and sections, always emphasizing the core values of engagement and collaboration that have been so consequential to my personal and professional development.

## **Guiding principles**

There's no standard road map for becoming a leader nor a defined script to follow when leading a team. However, I have always adhered to some basic guiding principles:

**Develop embraceable goals.** Our department has mission and vision statements that articulate concrete ideals, not amorphous concepts. In addition, I encourage my team to establish cascading departmental, division and personal goals that support the priorities of LVHN – and resonate with us as medical providers. By clearly communicating these goals and regularly reviewing our progress, we assure that this diverse team is working together to reach a common destination.

Great things happen when a team is united by a common quest.

**Embrace multidisciplinary expertise.** When confronting new challenges, we form core operational teams comprised of colleagues from multiple disciplines and departments – both clinical and nonclinical – to maximize our impact. Many of our greatest recent successes – becoming a top national performer in inpatient mortality rankings, expanding the impact of our patient-centered medical homes, creating comprehensive clinical care pathways, and launching new residencies and fellowships – are the direct result of the magic that happens through thoughtful, multidisciplinary collaboration.

**Unleash praise...and gratitude.** You can never underestimate the value of celebrating the successes and unique contributions – no matter how great or small – of members of your team. Not a week goes by when I am not humbled by the remarkable achievements of my colleagues in the realms of patient care, community service, education, quality improvement, programmatic development, innovation, clinical research and community service. Acknowledging the impact of these efforts is one of the most rewarding aspects of my role. An important corollary: Never squander an opportunity to say “thank you” for exceptional individual service or fantastic teamwork.

Our greatest successes come about when we bring people with different backgrounds, talents and experience levels together.

**Lead with conviction and realistic optimism.** You need to believe your own message and convey passion for your mission. Optimism strongly grounded by realistic practicality can be incredibly motivating. It also fuels remarkable resilience in times of change and uncertainty.

**Continually develop “the bench.”** Our people are our most valuable resource. LVHN’s reputation as one of US News & World Report’s “Best Hospitals” is not driven by its state-of-the-art facilities or an eye-catching logo. It’s the direct result of remarkable care delivered by some of the finest providers in the country. As a leader, a primary responsibility is creating an environment where every member of the team can thrive. Positioning colleagues for success is paramount. Encourage colleagues to engage fully and deeply into meaningful opportunities for professional and personal growth. You bring out the best – in individuals and your entire team.

Being a physician and a leader at LVHN continues to bring me great professional joy and satisfaction. I remain passionate about making LVHN a place where our colleagues can always become the best possible versions of their professional selves.

# New Technology Offers Long-Term Relief for Dry Eye

LVPG Ophthalmology—17th Street is now offering a new treatment for dry eye that addresses the condition's root cause. For 86 percent of dry eye patients, symptoms stem from obstructed meibomian glands, which produce the oily lipid layer of the tear film. The LipiFlow® Thermal Pulsation System, a 12-minute office procedure, applies controlled heat to the inner eyelids and gentle massaging pressure to the outer eyelids to liquefy and express the contents of the meibomian glands. This allows the natural flow of lipids to resume.

LipiFlow is the only FDA-approved device for treating meibomian gland dysfunction. Patients undergo a comprehensive exam, including tear film imaging and evaluation of the meibomian glands, to determine eligibility. Clinical studies have shown that LipiFlow treatment can reduce symptoms to approximately half the preprocedure level.<sup>1</sup> Compared to traditional dry eye treatments (warm compresses, wetting drops, ointments) that only alleviate symptoms, LipiFlow may provide longterm, convenient, effective relief.

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

**To refer a patient for dry eye treatment, call 888-402-LVHN.**

# LVHN Opens New Health Centers

To make accessing walk-in care, primary care, specialty care, imaging and diagnostic testing, rehabilitation services, and blood testing more convenient for patients of all ages, Lehigh Valley Health Network (LVHN) opened two new [health centers](#) in summer 2017.

The new health centers include:

- [Health Center at Easton](#): 2401 Northampton St., Easton
- [Health Center at Palmer Township](#): 3701 Corriere Road, Easton

Additionally, three LVPG services formerly located on Emrick Boulevard in Bethlehem Township have relocated to the new LVHN–Madison Farms medical office building on 4807 Freemansburg Ave., Suite 200, in Easton. [LVPG Maternal Fetal Medicine–Madison Farms](#), [LVPG Obstetrics and Gynecology–Madison Farms](#), and [LVPG Pediatrics–Madison Farms](#) are accepting new patients. The pediatrics practice is affiliated with Lehigh Valley Children’s Hospital, the region’s only children’s hospital.

The Health Centers at Easton and Palmer Township offer ExpressCARE, walk-in care without an appointment for common illnesses and minor injuries. ExpressCARE treats patients of all ages. The region’s only Children’s ExpressCARE, which is designed just for kids and affiliated with Lehigh Valley Children’s Hospital, is available at the Health Center at Palmer Township. Children’s ExpressCARE treats patients up to 21 years old. ExpressCARE locations offer extended hours on weekdays as well as hours on weekends and holidays.

**To refer a patient to an LVHN Health Center OR LVHN ExpressCARE, CALL 888-402-LVHN.**

# LVHN Offers Breast Health Services Throughout Region

Lehigh Valley Health Network offers mammograms performed by certified technologists using advanced technology for both 2-D and 3-D mammography. LVHN offers both 2-D and 3-D mammography services for screening and diagnostic purposes. 3-D mammography can be particularly helpful in patients with dense breast tissue and at increased risk for breast cancer. Screening mammograms are performed at convenient locations across the region.

## **3-D and 2-D mammograms are offered at these locations:**

### **Health Center at Bartonsville**

Bartonsville Square, 600 Commerce Blvd.,  
Stroudsburg

### **Health Center at Bethlehem Township**

Breast Health Services, 2101 Emrick  
Blvd., Bethlehem

### **Health Center at Moselem Springs**

Breast Health Services, Routes 222 and  
662, Fleetwood

### **Health Center at Trexlertown**

Breast Health Services, 6900 Hamilton  
Blvd., Trexlertown

### **Lehigh Valley Hospital–17th Street**

Breast Health Services, 17th and Chew  
streets, Allentown

### **Lehigh Valley Hospital–Cedar Crest**

Breast Health Services, John and Dorothy  
Morgan Cancer Center, 1240 S. Cedar  
Crest Blvd., Suite 203, Allentown

### **Lehigh Valley Hospital–Muhlenberg**

Breast Health Services, 2597 Medical  
Office Building, Suite 202, Bethlehem



## **2-D screening mammograms are offered at these locations:**

### **Health & Wellness Center at Hazleton**

50 Moisey Drive, Hazleton

(3-D coming soon to this location)

### **Health Center at Bangor**

1337 Blue Valley Drive, Pen Argyl

### **Health Center at Bath**

Breast Health Services, 6649 Chrisphalt  
Drive, Bath

### **Lehigh Valley Hospital–Pocono**

206 E. Brown St., East Stroudsburg

### **Lehigh Valley Hospital–Pocono**

Radiology Services  
Route 447, 400 Plaza Court,

### **East Stroudsburg**

Lehigh Valley Hospital–Schuylkill

### **E. Norwegian Street**

700 E. Norwegian St., Pottsville

### **Mountain Healthcare Center**

100 Community Drive, Tobyhanna

### **Women’s Imaging Center**

171 Red Horse Road, Pottsville

(3-D coming soon to this location)

**To refer a patient for breast health services, call 888-402-LVHN**



# Bridging the Gaps for Younger Cancer Patients

## **New tumor board tailors care for historically underserved population**

From the perspective of treating cancer, teen and young adult patients live between two worlds. With its adolescent and young adult (AYA) tumor board, Lehigh Valley Health Network oncologists have created a forum specifically designed to meet this population's unique needs.

"These patients are not children, but they're often not fully functioning adults yet either. And they are encountering challenges unlike anything they have experienced before," says Donna Colabroy, RN, MSN, CCM, AOCNS, oncology nursing program quality specialist. "We are trying to bridge the gaps between pediatric and adult oncology care by addressing potential needs and/or barriers while providing available resources."

## **Meeting a growing need**

The AYA tumor board features expert specialists such as Ranju Gupta, MD, of LVPG Hematology Oncology–Muhlenberg; pediatric oncologists Felipe Bautista Otanez, MD, and Lydia Boateng, MD, of LVPG Pediatric Hematology Oncology; and Wendy Schillings, MD, Chief, Division of Reproductive Endocrinology & Infertility. Also included are a radiation oncologist, a surgical oncologist and several supportive care staff. They meet monthly to evaluate patients ages 15 to 30 who have hematologic and brain malignancies, sarcomas and other issues.

"Younger adults face different issues, particularly around reproductive health, that affect decisions around chemotherapy and radiation in ways that wouldn't be factors for older patients," says Steven Perch, MD, radiation oncologist. "These are often very curable cancers, so patients have long life expectancies. When you're in your 70s, you're not so concerned about reproductive health issues that might crop up 10 years down the road. For this population, radiation therapy has to be done more judiciously."

Some AYA patients enter adult clinical trials. Others are better served through pediatric trials, which may accept patients into their 30s. "For each patient, we work together to determine the best fit," Gupta says. "Without this tumor board, we would need to coordinate appointments with multiple providers. Here, everyone discusses the patient together, and we can all attack different parts of the problem working as a team."

## **Supporting the whole patient**

Cancer diagnoses raise a host of issues for patients in this age range. They may need fertility services, which can be very expensive. Patients may struggle to get to and from appointments. They may have insurance issues, or no insurance. They may not be able to return to work or school. A wide range of cancer support services – social workers, financial and psychological counselors, and patient navigators – participate in the AYA tumor board to address the full spectrum of needs.

“It’s so important to use a team approach for these patients, to have all those people in place,” says Angela Miller, RN, MEd, OCN, an oncology nurse navigator. “My job is to help make sure each patient is connected with the right resources.”

“This type of protocol is very much needed, but is still very rare,” Gupta says. “Many of the bigger cancer programs don’t have programs like this yet, and those that do are very infantile. This is very unique.”

**To refer a patient for cancer treatment, call 888-402-LVHN.**





## LVHN Provides Leading-Edge Treatment for Brain Tumors

### **Gamma Knife® Icon™ offers improved patient comfort and safety for knifeless brain surgery**

Patients at Lehigh Valley Health Network (LVHN) can now benefit from the Gamma Knife® Icon™ for treatment of primary brain tumors, brain metastases and other central nervous system disorders using ultraprecise microradiosurgery capabilities that limit unwanted radiation to healthy tissue and allow for improved patient comfort. The new Icon allows providers to use frameless or head frame immobilization options.

“The biggest advantage with Icon is that we don’t always have to use the head frame, which can cause discomfort and anxiety for some patients,” says neurosurgeon and Gamma Knife Surgery Director Stefano Camici, MD, with LVPG Neurosurgery—1250 Cedar Crest. “Instead, we can use a molded face mask and cone beam CT imaging on the treatment bed to maximize patient comfort. We also expect that the frameless approach will make this a faster process for patients because they will not require as much sedation or an MRI on the day of treatment.”

The team can use Gamma Knife Icon to treat a variety of malignant and benign conditions, including:

- Primary and metastatic brain tumors (including paraspinal)
- Glial tumors
- Acoustic neuromas
- Pituitary adenomas
- Pinealomas
- Craniopharyngiomas
- Meningiomas
- Chordomas
- Arteriovenous malformations
- Trigeminal neuralgia (ticdouloureux)

## **Improved care**

Other advantages of the new technology include an infrared monitoring system that automatically halts treatment if the patient moves a fraction of a millimeter during treatment delivery, as well as a fractionated treatment option. LVHN is the only health network in the region to offer this capability, meaning patients can receive, close to home, what is known as the gold standard treatment for brain conditions. Patients are typically seen within a week of referral.

## **Experience matters**

Gamma Knife technology has been in use at LVHN since 2004. This noninvasive alternative to conventional neurosurgery, wholebrain radiation therapy or intensitymodulated radiation therapy allows patients to remain awake during treatment and to go home the same day. More than 1,400 patients have undergone Gamma Knife procedures at the John and Dorothy Morgan Cancer Center at Lehigh Valley Hospital–Cedar Crest, and this upgraded technology will allow LVHN to expand care to even more patients in need.

LVHN's extensive Gamma Knife experience has led to a well-honed team consisting of neurosurgery, radiation oncology, medical physics, radiology and a dedicated Gamma Knife nurse, all of whom surround the patient with support before, during and after the procedure.

"This technology is the most leading-edge treatment for small brain tumors and benign conditions," says radiation oncologist Alyson McIntosh, MD, Gamma Knife Medical Director.

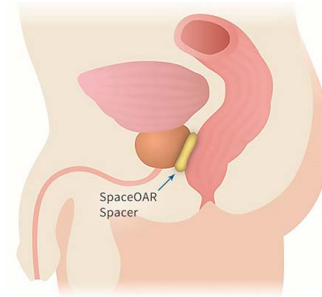
**To refer a patient to neurosurgery, call 888-402-LVHN.**

# Minimizing Prostate Cancer Complications

## New technique allows for shorter courses of radiation with less risk of serious side effects

A recent advance in the treatment of localized prostate cancer has meant a shift to shorter courses of treatment using higher daily doses of radiation. Most patients prefer shorter treatment courses, but higher doses targeting the prostate can pose risk to nearby organs – especially the rectum, which is particularly sensitive to radiation. Doses that are too high can lead to long-term complications, such as pain and bleeding, that may require medical intervention.

Now, Lehigh Valley Health Network (LVHN) radiation oncologists can minimize the risk of rectal injury using the Spacing Organs at Risk (SpaceOAR) system.



Lehigh Valley Health Network (LVHN) radiation oncologists can minimize the risk of rectal injury using the Spacing Organs at Risk (SpaceOAR) system.

“The system allows us to inject a material to push the rectum away from the prostate,” says [Charles Andrews, MD](#), Director of Radiation Oncology at Lehigh Valley Hospital (LVH)–Pocono. “It gives us more margin between the prostate gland and rectum, so the dosage to the rectum is markedly less. We can use a very high dose to get better control of the cancer, while reducing the risk of long-term side effects.”

## Reducing treatment times

Traditionally, treatment for most prostate cancers entailed daily radiation therapy for nine weeks. Recognizing the inconvenience this poses to patients, radiation oncologists have endeavored to shorten that timeline to as little as five weeks for low- and intermediate-grade cancers that are likely to be localized. For some very early prostate cancers, the course of treatment may now be even shorter.

“With conventional intensity modulated radiation therapy, incidence of significant rectal toxicity was less than 10 percent,” says [Dennis Sopka, MD](#), Chair of the Department of Radiation Oncology at



LVHN. “But as we transition select patients to higher doses of radiation in fewer treatments, they could see toxicities in much greater numbers. For these patients, SpaceOAR is a game changer. With this treatment, we are providing patients with the same or greater efficacy of other treatments but in a much shorter time frame.”

For patients, the SpaceOAR procedure is similar to a standard prostate biopsy. Oncologists use an ultrasound probe in the rectum, introduce a needle into the perineum under image guidance to find the space between the rectum and prostate, and inject saline to open up the space. The oncologist then injects SpaceOAR hydrogel, which solidifies on contact and forms a barrier between the prostate and rectum. The material dissolves over time.

The procedure is conducted in an outpatient setting, typically in 30 to 40 minutes.

### **Raising the bar**

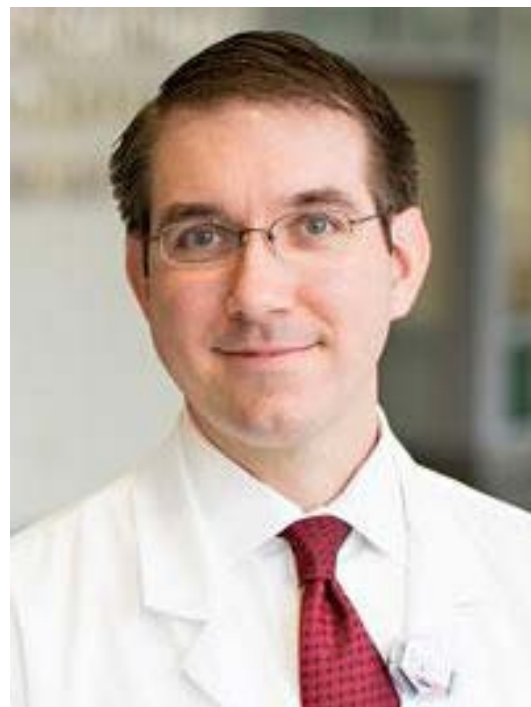
SpaceOAR was previously available only at large academic cancer centers. Now, LVHN is the first health system locally to offer it to patients. The procedure is available today at LVH–Pocono and is coming soon to LVH–Cedar Crest.

“We strive to offer people the latest technologies and leading-edge treatments that would ordinarily require them to travel to large cities,” Andrews says. “This is just the latest example of our commitment to deliver academic center-quality cancer care close to home.”

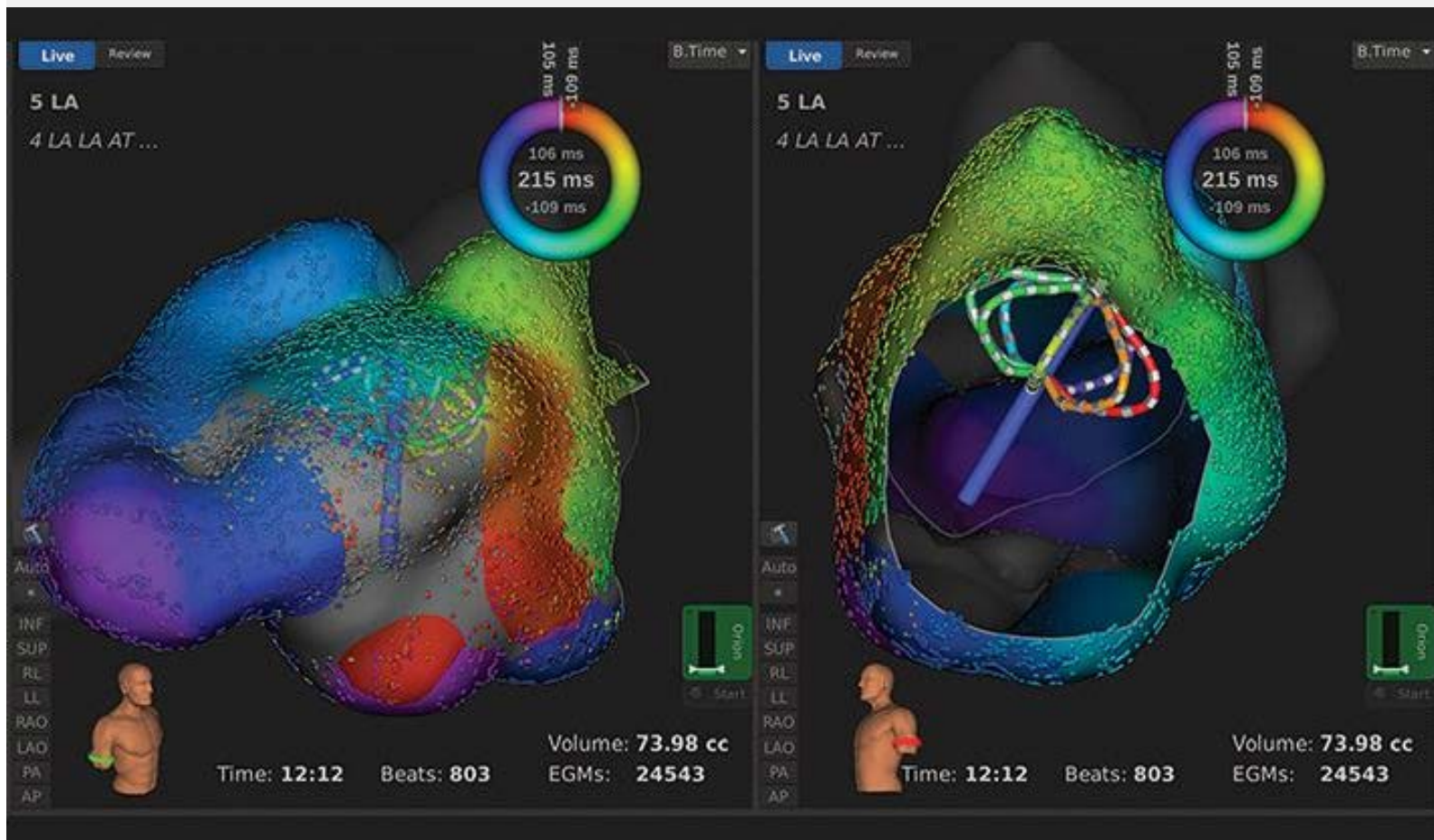
**To refer a patient for prostate cancer treatment, call 888-402-LVHN .**



**Charles Andrews, MD**  
Radiation oncology



**Dennis Sopka, MD**  
Radiation oncology



# Treating Complex Cardiac Rhythm Disorders

## New electrophysiology mapping system offers superior speed and accuracy

A new cardiac mapping system now deployed at Lehigh Valley Hospital (LVH)–Muhlenberg allows electrophysiologists to target and treat rhythm abnormalities with unparalleled effectiveness.

The Rhythmia HDx™ Mapping System rapidly and automatically generates 3-dimensional maps of any chamber of the heart to help pinpoint and treat the source of the abnormality.

“It’s the next generation of mapping technology, offering benefits in both complex and routine cases,”





says electrophysiologist [Hari Joshi, MD](#), with LVPG Cardiology–Muhlenberg.

### **Precision and flexibility features of the system:**

**Excellent map quality:** The system includes the Intellamap Orion™ Mapping Catheter, which has a basket design and is lined with 64 electrodes that produce an average of five times higher point densities compared with competitive automated mapping systems.

“Higher point densities result in better resolution and image clarity, and give us the ability to zoom in on specific areas of the map,” Joshi says. “We’re also able to collect these data points much faster. It used to take us 15 to 20 minutes to collect 1,000 data points. Now we can collect up to 10,000 to 15,000 points in 10 to 12 minutes. We also have the ability to create a verification map after the initial ablation to determine if there are any gaps we might have to re-ablate.”

**Ability to detect true electrical signals:** The Orion catheter’s 0.4-mm<sup>2</sup> electrode area, the 2.5-mm spacing between the electrodes, and the close contact between the electrodes and the surface of the heart enable the system to detect low-amplitude signals while filtering out electrical “noise.” “This allows us to diagnose complicated arrhythmias and perform more precise procedures,” Joshi says.

**Full catheter portfolio:** In addition to the Orion mapping catheter, the system comes with three Intellanav™ Ablation Catheters, which permit a navigational accuracy of 1 mm. “Physicians also have the ability to use catheters made by other manufacturers, which is a flexibility of choice that other systems haven’t offered,” Joshi says.

### **Expanded capabilities**

Joshi has used the system in routine procedures as well as in complex atrial flutter and atrial fibrillation cases with excellent results. “The Rhythmia enabled us to reduce our case time by nearly an hour, and the patients did very well,” he says. “We look forward to performing more of these complex cases that were previously only treated at tertiary and quaternary care centers.”

Electrophysiology services are offered at LVH–Muhlenberg, LVH–Schuylkill and LVH–Hazleton. LVH–Pocono also

Hari Joshi, MD  
Electrophysiology

[Watch a video to learn more about him.](#)

offers electrophysiology services under the leadership of Praveer Jain, MD.

**To refer a patient for an electrophysiology study, call 888-402-LVHN.**





# Bringing Stroke Treatment to the Patient

## **Allows for faster triage and specialized care during transport**

During a stroke, almost 2 million brain cells die every 60 seconds. Time is brain. “Every minute that you save in caring for a stroke results in better outcomes,” says Claranne Mathiesen, RN, MSN, CNRN, Director of Clinical Operations, Neurosciences, at Lehigh Valley Hospital (LVH)—Cedar Crest. To expedite treatment for patients with stroke-like symptoms and increase chances of a full recovery, Lehigh Valley Health Network (LVHN) will be introducing a mobile stroke unit.

## **Rapid assessment enhances chances of recovery**



Claranne Mathiesen, RN, MSN  
Stroke center

From the mobile unit, eligible patients will be able to receive leading-edge stroke treatment immediately rather than waiting to reach a hospital. The unit's specially trained crew can perform CT scans from the road and consult with vascular neurologists at LVH–Cedar Crest's Comprehensive Stroke Center through the unit's HIPPA-compliant video and telehealth technology.

"From inside the mobile unit, we will be able to see images of the brain and know what type of stroke a patient is having," says neurologist [Yevgeniy Isayev, MD](#), Director of LVH's Comprehensive Stroke Center. As directed, the mobile unit crew can administer thrombolytic "clot-busting" treatment to patients with ischemic stroke. Patients on blood-thinning medication diagnosed with hemorrhagic stroke can receive blood pressure reduction treatment.

### **Lifesaving determinations**

In accordance with the passage of Pennsylvania HB 2350 (the Primary Stroke Center Recognition Act), which establishes protocols related to prehospital assessment, treatment and transport of stroke patients by licensed emergency medical services providers, the mobile stroke unit staff also can assess whether a stroke involves major arterial blockage that may be too extensive for medication to treat effectively, a determination that's usually made at the hospital. The crew can rush patients to LVH's Comprehensive Stroke Center. There, highly trained physicians are available 24 hours a day, seven days a week, to perform a specialized endovascular procedure that uses catheter-based therapies to capture and remove lifethreatening blood clots.

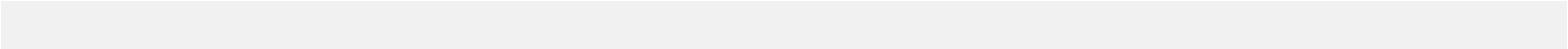


[Yevgeniy Isayev, MD](#)  
Neurology

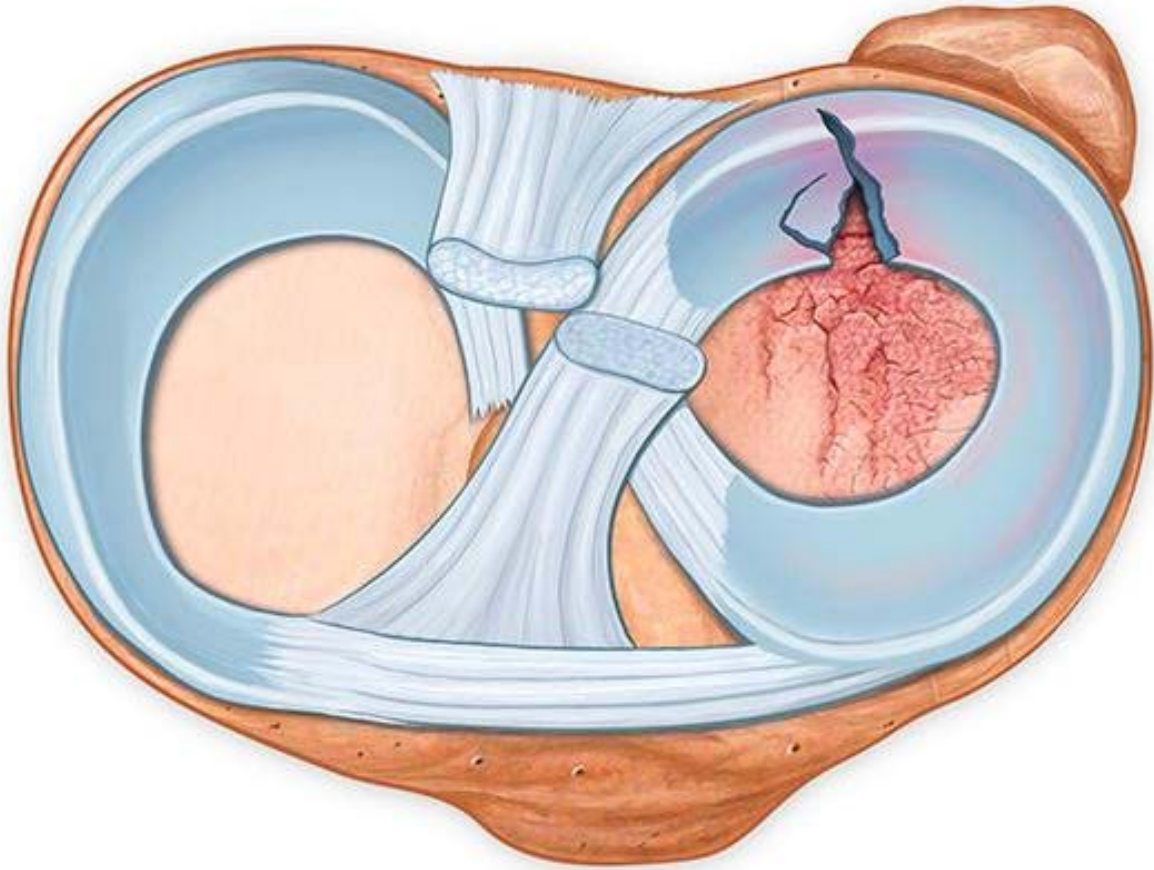
Overall, LVHN's mobile stroke unit will allow for faster patient triage and provide specialized care during transport not available with the current emergency management services system. It's among the first of its kind in the region and among the few operating in the U.S. The closest institutions with a mobile stroke unit are Capital Health in Trenton, N.J., and New York-Presbyterian in New York City.

### **Stroke symposium events for patients and caregivers**

LVHN will play host to stroke symposium events at multiple locations for patients who have had a stroke and their caregivers. The goal is to provide practical counsel and tips for patients who are dealing with "a new normal." For dates and locations, patients can call 888-402-LVHN.







# Repairing Acute Traumatic Meniscal Tears

## **LVHN provides expert care for common sports injury**

Acute traumatic meniscal tears during sports activity are among the most common knee injuries, affecting people of all ages. Physicians with fellowship training in sports medicine and advanced practice clinicians at Lehigh Valley Health Network (LVHN) provide nonsurgical and surgical management that allow patients to return to pre-injury status.

Meniscal cartilage, two wedge-shaped disks located between the tibia and condyles of the femur, function as shock absorbers during load transmission. The menisci also provide lubrication and joint stability. While some meniscal tears are

degenerative due to repetitive stresses, acute traumatic tears occur frequently during sports such as tennis, basketball, volleyball, skiing, lacrosse and football. The menisci may be torn during sudden acceleration or deceleration accompanied by a change of direction, or by contact that injures ligaments and displaces the menisci from peripheral attachments.

Symptoms of acute traumatic meniscal tears include:

- Swelling
- Catching and/or locking
- Decreased range of motion (ROM)
- Pain

“A classic presentation of a meniscal injury is when a patient hears a pop and reports swelling,” says orthopedic surgeon [Rupam Das, MD](#), who completed a yearlong sports medicine fellowship at University of South Florida Health before joining [LVPG Orthopedics and Sports Medicine](#) this summer.

“It’s certainly common among athletes,” says orthopedic surgeon [Peter Spohn, MD](#), with [LVPG Orthopedics and Sports Medicine–Health & Wellness Center](#). “It can also happen in something as simple as shoveling snow by flexing and twisting their knee awkwardly. It will make that same sound.” Diagnosis requires a detailed history, physical examination, X-ray and MRI. “For traumatic



[Rupam Das, MD](#)  
Orthopedic surgery



[Peter Spohn, MD](#)  
Orthopedic surgery

meniscal tears, time can matter,” says family physician [Chelsea Evans, DO](#), who completed her primary care sports medicine fellowship at Rutgers University this past year prior to joining LVPG Orthopedics and Sports Medicine in July. “It’s important to refer patients with a suspected traumatic tear to an orthopedist for potential repair.”

### **Nonsurgical and surgical management**

The type, size and location of a meniscal tear, along with the patient’s age and activity level, affect treatment decisions. Nonsurgical treatment (rest, nonsteroidal anti-inflammatories and physical therapy) may be appropriate for small tears on the outer portion of the meniscus that features good blood supply. Other treatment options include:

- Surgery to remove the area of torn meniscus
- Surgery to repair the torn meniscus with sutures or meniscal fixation devices

“Partial removal constitutes 75-85 percent of surgical treatment for acute traumatic meniscal tears,” Das says. “The goal is to leave as much meniscal tissue as possible to provide a shock absorber.”

Meniscal transplantation is a less common surgical option. It is reserved for patients who have a history of failed repair or have undergone total or large subtotal meniscectomies in the past, are relatively young, and do not have advanced degenerative changes, such as significant osteoarthritis.

### **Postoperative rehabilitation**


The type of surgical intervention and the location of the acute traumatic meniscal tear guide postoperative management. Repairs require a longer recovery, with use of crutches and a brace that restricts ROM for approximately four weeks and no running for three months. Patients who undergo partial removal typically return to normal activities within four weeks, although patients with lateral meniscal resections should avoid impact activities for a minimum of six weeks. Rehabilitation includes physical therapy to restore ROM, strength and movement control.

**To refer a patient to orthopedics, call 888-402-LVHN.**



[Chelsea Evans, DO](#)  
Family medicine





The practice is one of only **250 sites nationwide** selected by the Centers for Disease Control and Prevention to administer the Stamaril yellow fever vaccine.

## Keystone Travel Medicine Offers Personalized Trip-Planning Advice

**Comprehensive travel consultation covers immunizations and much more**

At [Keystone Travel Medicine](#) at Lehigh Valley Health Network (LVHN), board-certified physicians provide in-depth travel consultations and create individualized plans based on each patient's destination and health concerns.

### **Emerging health risks**

Both novice and seasoned travelers need to take proper precautions to guard their health. There are emerging risks even in highly developed nations, demonstrated by the recent measles outbreaks in several European countries, including France,



Mark Knouse, MD  
Infectious diseases

Germany, Switzerland and Italy.

The Keystone Travel Medicine staff includes providers with fellowship training in infectious diseases and/or certification in travel medicine, as well as a clinical pharmacist. A travel consultation includes an in-depth health history and covers all aspects of the patient's trip. Patients receive a travel folder containing maps of the region, including altitude maps, and educational material on their travel destinations, including tips on food and water safety, jet lag, gastrointestinal issues, and emergency preparedness. They also receive their completed and signed International Certificate of Vaccination (yellow card).

### **Immunization preparedness**

The practice is one of only 250 sites nationwide selected by the Centers for Disease Control and Prevention to administer the Stamaril yellow fever vaccine. Stamaril has been approved on a limited basis by the Food and Drug Administration as an alternative to the only yellow fever vaccine licensed in the U.S., YF-Vax, which is currently unavailable due to delays in the manufacturing process. The practice also offers routine vaccines, such as tetanus boosters and flu shots, as well as vaccines for diseases endemic to the areas that travelers will be visiting and malaria preventive measures.

The practice is one of only 250 sites nationwide selected by the Centers for Disease Control and Prevention to administer the Stamaril yellow fever vaccine.

“Many people in the U.S. are not current on their immunizations and don't even know it,” says [Mark Knouse, MD](#), LVHN Chief of the Division of Infectious Diseases and Medical Director of Keystone Travel Medicine.

Patients are asked to bring complete vaccination history forms and other relevant documentation. The practice offers evening appointments as well as group/family consultations. The practice does not currently provide vaccine-only visits.

“We’re here to help seniors with chronic conditions, families with young children, solo vacationers and anyone else who travels far or frequently or has travel-related medical concerns,” Knouse says. “A little preparation can reduce or eliminate a lot of risks and ensure a healthy journey.”

**To refer a patient to Keystone Travel Medicine, call 888-402-LVHN.**



# Bariatrics Services Expanded in Northampton County

To help patients in Northampton County reach their weight-loss goals, Lehigh Valley Health Network (LVHN) has begun offering additional services. Patients can learn about LVHN's bariatric surgeons and their surgical and nonsurgical weight-loss options at the [Health Center at Palmer Township](#) and [Lehigh Valley Hospital \(LVH\)–Muhlenberg](#) in Bethlehem. Both locations will offer medical weightloss, presurgery education classes and free information sessions.

During the free events, patients can meet [Guillermo Garcia, MD](#), of [LVPG General and Bariatric Surgery–Muhlenberg](#) (shown above). Garcia now performs sleeve gastrectomy procedures at LVH–Muhlenberg. Patients can get answers to their medical and surgical weight-loss questions from Garcia, who is fluent in English and Spanish.

In general, bariatric surgery may be appropriate for patients with BMIs of 40 or greater (or BMIs of 35 or greater for patients with pre-existing conditions, such as type 2 diabetes). Sleeve gastrectomy can help patients lose up to 70 percent of their excess body weight within two years. Free weight-loss information events will also continue to take place several times a month during daytime and evening sessions at [LVH–Cedar Crest](#) with [Richard Boorse, MD](#), [T. Daniel Harrison, MD](#), and [Paul Cesanek, MD](#). Patients can sign up for a free information event at [LVHN.org/weightloss](http://LVHN.org/weightloss).

**To refer a patient for bariatric surgery, call 888-402-LVHN.**

# LVHN Offers Comprehensive Services for Women and Children

## Patient-centered approach addresses changing needs

Lehigh Valley Health Network (LVHN) provides comprehensive perinatal and postpartum care for women and newborn care for their neonates. Components of care include vaccinations and support from a multidisciplinary team of obstetricians, pediatricians, nursing support and patient educators.

## Vaccination during pregnancy

Vaccination protects the health of pregnant women and their fetuses. Both the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend influenza vaccinations for pregnant women. Influenza is more likely to cause severe illness in pregnant women, and pregnant women with influenza have a greater chance for premature labor and delivery.

The CDC and ACOG also recommend that women receive a tetanus, diphtheria and pertussis (Tdap) vaccination during each of their pregnancies, preferably between the 27th and 36th week of gestation. “There’s good awareness about the need for Tdap vaccine during pregnancy, and we really encourage women about the benefits of the influenza vaccination,” says obstetrician/gynecologist (OB/GYN) [Susan Angelisanti, MD](#), with [LVPG Obstetrics and Gynecology–Kutztown](#).

In addition to immunization screenings and education that takes place in physician offices, LVHN’s Baby Bundle app provides push notifications



[Susan Angelisanti, MD](#)  
Obstetrics and gynecology

that remind pregnant women about vaccination schedules.

### **Postpartum resources, support**

Following delivery, LVHN offers a variety of services to maximize maternal health. “One of most exciting times of a woman’s life – when she becomes a mother – is also one of the most difficult,” says OB/GYN [Emily Brophy, MD](#), with [LVPG Obstetrics and Gynecology–Pond Road](#). “Beyond providing the medical care that new mothers need, we have an opportunity to help them navigate new territory.”

During a checkup at four to six weeks postpartum, Angelisanti, Brophy and other OB/GYNs in the network conduct a physical examination and provide contraceptive education. Behavioral health counselors are also in the outpatient offices to aid women with postpartum anxiety or other psychosocial issues. The care team refers women to needed resources, including free lactation and postpartum depression support groups. “The first months after delivery are challenging from a physical and emotional standpoint,” says Deanna Shisslak, LVHN’s Parent Education Program Manager. “Everyone can benefit from support.”

At LVHN’s Monday Morning Moms support group, a lactation specialist fields questions and guest speakers address issues such as sleep, pediatric rehabilitation, colic and other topics related to newborns. “The speakers are experts in issues that



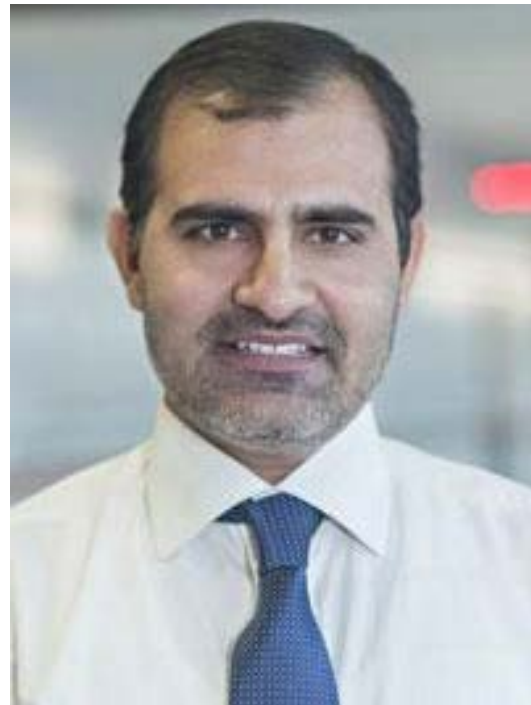
[Emily Brophy, MD](#)  
Obstetrics and gynecology



Deanna Shisslak  
Parent education



new mothers care about, but one of the most important parts of this group is the mother-to-mother support that occurs,” Shisslak says. “Women in this group really bond and form friendships that continue outside of the Monday sessions.” Women with babies up to age 6 months meet from 11:30 a.m. to 12:30 p.m. on Mondays in the Parent & Family Education classroom, 1243 S. Cedar Crest Blvd., Suite 303. A second Monday Morning Moms group has been launched at the new Family Health Pavilion at Lehigh Valley Hospital–Muhlenberg, which opened this summer. The Family Health Pavilion includes obstetrics and newborn services on the second and third floors. Other free support groups include:



Shujayat Ali, MD  
Pediatrics

- **LVPG Breast-Feeding Support Group** – Meetings occur from 6 to 7:30 p.m. on the first and third Thursday each month at 1611 Pond Road, fourth floor conference room.
- **Thursday Evening Moms** – This forum is for women with postpartum depression or women who wish to explore emotional issues after pregnancy. It provides a safe place for mothers to talk to each other without being judged. The group meets from 6:30 to 7:30 p.m. on the second Thursday of each month in the Parent & Family Education classroom, 1243 S. Cedar Crest Blvd., Suite 303. Babies are welcome at the meetings.

LVHN provides pregnancy and postpartum support at its Hazleton, Pocono and Schuylkill campuses as well. For more information, call 888-402-LVHN.








## Newborn vaccinations

Beyond meeting the evolving needs of pregnant women and new mothers, pediatricians affiliated with Lehigh Valley Children’s Hospital encourage vaccination for newborns and toddlers. The CDC recommends that newborns receive the Hep B #1 vaccine, with a continuing series of immunizations administered at 2, 4, 6, 9, 12, 15 and 18 months of age. (Additional vaccinations are recommended for children ages 4, 5 and 11-12, along with an annual influenza vaccine.)

“Timely vaccinations are the safest and most effective way parents can protect their children,” says pediatrician [Shujayat Ali, MD](#), with LVPG Pediatrics. “During my conversations with parents, I emphasize the importance of following the immunization schedule in order to provide the greatest protection to their children. Delaying or missing recommended immunizations poses serious risks.”

## Vaccine safety

## Immunization Schedule

Visit	Immunizations Given	
	Newborn	Hep B #1 (if not given at birth)
	1 month	Hep B #2
	2 months	Pentacel #1 Prevnar #1 Rota #1
	4 months	Pentacel #2 Prevnar #2 Rota #2
	6 months	Pentacel #3 Prevnar #3 Rota #3, Hep B #3 (if 6 months from Hep B #1)
	9 months	Hep B #3 (if not given at 6 months) Hemoglobin
	12 months	MMR #1 Varivax #1 Prevnar #4 Hep A #1
	15 months	Pentacel #4
	18 months	Hep A #2
	4 years	MMR #2 Varivax #2 Consider Hep A series (if not previously given)
	5 years	DTaP #5 IPV booster Consider Hep A series (if not previously given)
	11-12 years	Tdap Menactra Gardasil (HPV), Varivax #2 (if not previously given) Consider Hep A series (if not previously given)

Influenza vaccine is now recommended for all children 6 months through 18 years.  
Two doses of the varicella vaccine are recommended for all age groups.  
Hep A vaccine can be offered as a catch-up vaccine for older kids at any visit.

Ali and colleagues at LVPG Pediatrics also seek to reassure parents about the safety of vaccines. “Immunizations are one of the greatest innovations in medicine,” Ali says. “The vaccines we use are safe and have allowed us to prevent hospitalizations and deaths.” With the exception of some influenza vaccines, none of the vaccines administered at LVPG Pediatrics to protect preschool children contains thimerosal as a preservative. Certain influenza and tetanus-diphtheria (Td) vaccines given to children ages 7 and older contain very small amounts of thimerosal as a preservative.

**To refer a patient to women and children's services, call 888-402-LVHN.**



# New Children's Cancer Center Coming to LVH–Cedar Crest

Lehigh Valley Children's Hospital's new [Children's Cancer and Multipurpose Infusion Center](#) is scheduled to open this summer on the first floor of the Children's Specialty Center at Lehigh Valley Hospital (LVH)–Cedar Crest. It will be the new home of the pediatric hematology and oncology practice now located at LVH–Muhlenberg, which will be renamed as LVPG Pediatric Hematology Oncology–Cedar Crest.

The cancer care and blood disorders team will continue to treat pediatric patients with cancer, congenital anemias such as sickle cell and thalassemia, bleeding disorders, hemochromatosis and other blood disorders. In addition, infusion therapy will be provided to patients with juvenile rheumatoid arthritis, inflammatory bowel disease, chronic infections, immunodeficiency disorders, multiple sclerosis, HIV/AIDS, and metabolic and neurological conditions. The facility will feature five exam rooms, five infusion bays, two infusion rooms and a procedure room, as well as kid-friendly amenities such as a play area, a teen game room and a family resource room.

**For more information and a photo tour, please visit [LVHN.org/childcancercenter](http://LVHN.org/childcancercenter).**