

Steward

Health Matters

A Publication of Steward Health Care for Residents of the Merrimack Valley and Southern New Hampshire from Merrimack Valley Hospital in Haverhill and Holy Family Hospital in Methuen

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Early Detection Boosts Breast Cancer Survival Rates

Women of all ages and ethnicities should have access to mammograms



TO SCHEDULE YOUR SCREENING MAMMOGRAM TODAY:
Merrimack Valley Hospital:
 978.521.8121
Holy Family Hospital:
 978-722-3800

After years of controversy over mammogram guidelines some women continue to get annual mammograms as it remains the best tool in breast cancer detection. But more needs to be done to increase access to mammogram screenings. According to statistics from the American Cancer Society, only 46 percent of all women ages 40-49, 56 percent of women ages 50-64, and 49 percent of women 65 and older report having had a mammogram within the past year.

That percentage decreases with ethnicity, level of education, immigration status and lack of health insurance coverage.

According to The National Health Survey, only 51 percent of white women reported having a mammogram within the last year, 50 percent of African American women, 47 percent of Asian women, 46 percent of Hispanic women, 26 percent of women who immigrated to the United States less than 10 years ago, and 16 percent of women without health insurance. And 37 percent of women with an average of 11 years of education report having a mammogram within the past year compared to 57 percent of women with an education level of 16 years or more.

Mammograms are important because breast cancer screening has been shown to reduce breast cancer mortality.

The American Cancer Society (ACS) reports that in the United States death rates from breast cancer in women have been declining since 1990 due in part to early detection by mammography screening, and improvements in treatment. Currently, 60 percent of breast cancers are diagnosed early when patients have a five-year survival rate of 98 percent, so it is important to eliminate any barriers that prohibit women from getting screening

mammograms in order to detect breast cancer at its earliest stages when it is most treatable.

Prior to 2009 it was recommended that all women age 40 and older get mammograms every one to two years. Then the U.S. Preventive Services Task Force issued new guidelines stating that women younger than 50 do not need a routine annual mammogram, and those 50 to 74 could get screened every two years.

The new guidelines ignited debate about whether delayed screening would increase breast cancer mortality. Since then, organizations such as the American Cancer Society and the National Cancer Institute have adhered to the earlier recommendations that women 40 and older be screened annually. Holy Family Hospital and Merrimack Valley Hospital adhere to those recommendations.

“Age is the major risk factor - risk goes up as you get older. It begins to increase at age 30 and women are at a steep part of the curve between ages 40 and 50,” said Steward Medical Group Surgeon Kathryn Hughes, MD, who recommends annual mammograms for women 40 and older

along with clinical breast exams and breast self-exam.

It is important for women 40 and older to know that they **do not need a referral from their health care provider to schedule a routine annual mammogram** - they can call and schedule the appointment themselves. And some insurances will also cover a baseline mammogram prior to age 40.

“Age is the major risk factor - risk goes up as you get older. It begins to increase at age 30 and women are at a steep part of the curve between ages 40 and 50.”

Steward Medical Group
 Surgeon Kathryn Hughes, MD.

Chances of being diagnosed with Breast Cancer By Age

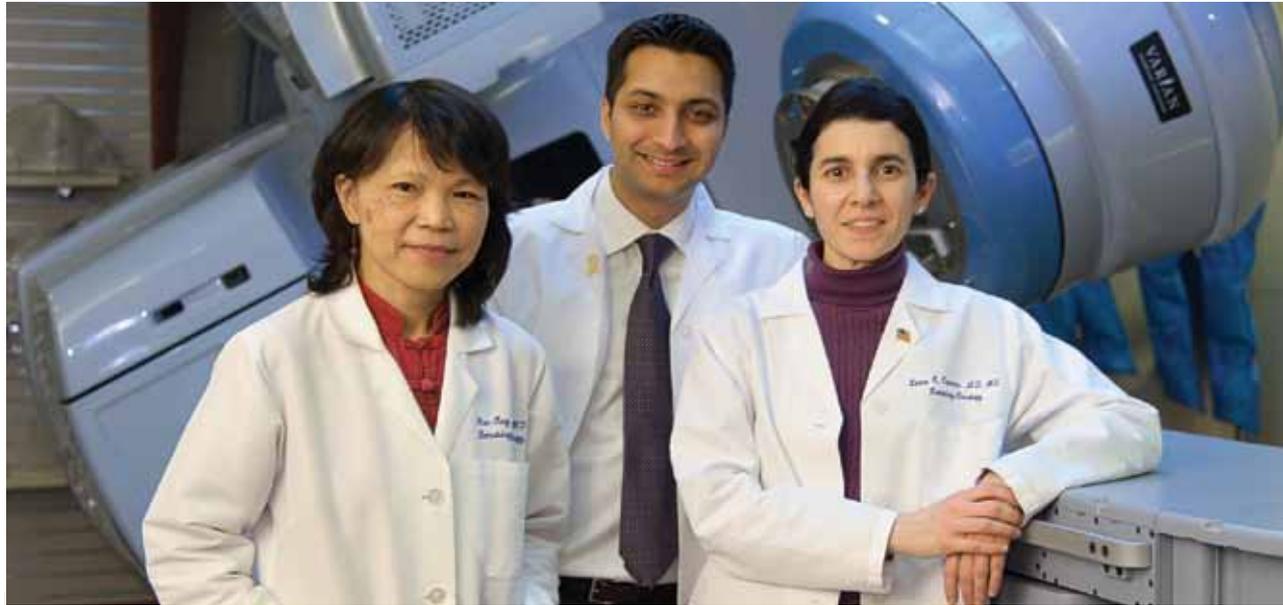
20	1 in 1,760
30	1 in 229
40	1 in 69
50	1 in 42
60	1 in 29
70	1 in 27

***Overall life span risk is 1 in 8**

Source: National Cancer Institute

Holy Family Hospital's and Merrimack Valley Hospital's digital mammography equipment possess valid licenses and certifications of inspection from the Massachusetts Department of Public Health and are accredited by the American College of Radiology.

Holy Family Hospital's Award Winning Cancer Care Coming to Merrimack Valley Hospital



Holy Family Hospital Oncologists, from left are, Han-Ting Lin, MD, Ankur Mehta, MD and Laura Caprario, MD. All are Board Certified in Internal Medicine as well as Medical Oncology and Hematology

Holy Family Hospital's Award Winning Cancer Center will have a presence at Merrimack Valley Hospital beginning October 1.

Board certified oncologists will be available for inpatient, outpatient and new patient consultations, as well as follow-up visits in Suite 405 of Merrimack Medical Center, the medical office building attached to Merrimack Valley Hospital. The site will initially be open on Tuesdays and expand as needed. Chemotherapy and radiation oncology services will be provided at Holy Family Hospital.

For six consecutive years Holy Family Hospital's Cancer Center has held the Outstanding Achievement Award from the American College of Surgeons Commission on Cancer—one of only nine hospitals in Massachusetts and one of only three north of Boston to garner this level of

commendation. Holy Family Hospital and UMass Memorial Health Care collaborate for radiation oncology.

Holy Family Hospital oncologists will be in the same office as Merrimack Valley Surgical Specialties, the practice of Urologist Christopher Birdsall, MD and General Surgeons Kathryn Hughes, MD and Edwin Menor, MD.

"We are delighted to have Holy Family Hospital oncologists on board to provide a valuable and convenient service to our Haverhill patients," said Dr. Christopher Birdsall.

For more information about Holy Family Hospital's Cancer Center please visit steward.org/cancercare.



CHAT LIVE

WITH A BREAST CANCER SPECIALIST.

Join noted breast cancer specialist, **Dr. Charu Taneja** and breast cancer survivor and WCVB-TV 5 award-winning reporter, **Kelley Tuthill** in an online **Steward Live Chat on Friday, Oct. 25 at 1 p.m.** Discuss the latest information on women's health issues, specifically breast cancer screenings, the latest treatments, genetic testing and living with breast cancer. **Moderated by Mary Richardson**, Steward Health Care Community Liaison and former anchor of *Chronicle*. **To submit your questions or sign up for an event reminder, register today at Steward.org/LiveChats.**



Meet Our Breast Health Navigators

If you have a simple question about your mammogram, a concern about results of a biopsy, or you need support after a breast cancer diagnosis, Holy Family Hospital's breast health navigators are here to answer your questions and be your advocate.

As breast health navigators at Holy Family Hospital, Brenda Holter, RN and Marsha Basiliere, RN, serve as a resource for patients and help them navigate the health care system.

From the uncertainty of a biopsy to a possible breast cancer diagnosis and treatment, the process can be stressful. "We care about our patients and want to help minimize the anxiety and emotional roller coaster they experience when facing a possible diagnosis. Each patient's experience is unique so it is important to be aware and anticipate their needs," shared Marsha. "This is a very emotional time,



Breast health navigators Marsha Basiliere, RN (Left) and Brenda Holter, RN (Right).

and as a nurse and a survivor, this is my way of helping others through the challenges and anxiety they face."

"We are available to answer questions concerning breast health, provide education and support, coordinate care as needed, and prepare breast cancer patients for survivorship," explained Brenda.

"We never forget the women we meet," agreed Brenda and Marsha. "How can you when you are part of such a pivotal time in their life. We are reminded each day what a difference we can make in someone's life."

Good News for Bad Knees

Minimally invasive surgical technique provides a partial knee replacement option for conditions like osteoarthritis.



Your knees are subject to a lifetime of repetitive bending, lifting and pushing that can leave them worn out. The stress of these motions causes the knee cartilage - the smooth cushioning tissue that serves as a shock absorber between your bones - to wear thin and become rough and bumpy. The severe form of this condition is known as osteoarthritis. When the cartilage in your knees deteriorates you lose this lubricant that allows the surface of the bones to glide. As a result, the joint space between the bones in your knees narrows leaving you with bone rubbing on bone.

Osteoarthritis, a type of arthritis, affects 23 million and according to the CDC will rise to 60 million by 2020. In comparison, arthritis affects 40 million Americans each year.

Benefits of Minimally Invasive Partial Knee Replacement

- Less invasive surgery
- Less scarring
- Shorter hospital stay and recovery time
- Conserves healthy portions of the knee and ACL
- More natural feeling knee
- Greater flexibility

Many people begin to feel the effects of thinning cartilage when they are in their 40s - stiff knees that ache when you walk, bend, sit or stand; swelling and feeling warm to the

touch. Over time, osteoarthritis in the knee can lead to decreased activity and an impaired lifestyle because of the resulting pain.

Assessing Your Condition

Understanding your treatment options and disease stage begins with an examination by an orthopedic specialist to evaluate decreased function, tenderness and any swelling or deformities.

While there are three compartments to the knee, only one joint space is typically affected. A basic x-ray and the exam will allow the specialist to determine which knee compartments are affected and design a custom treatment plan.

Sometimes the wear and tear of OA may not respond to conservative treatments to decrease swelling and pain. About 20 percent of individuals affected require surgery.

Advanced Surgical Technique Provides a Partial Knee Replacement Option

The Orthopedic Surgeons at Holy Family Hospital's Regional Center for Orthopedic Care are now using a minimally invasive surgical technique to perform partial knee replacements that conserve two-thirds of the



Orthopedic Surgeon, Tom Hoerner, evaluates a patient to assess the range of function in their knee and identify any tenderness, swelling or deformities

knee when compared to a total knee replacement. If the patient is an appropriate candidate, this can mean a more natural feeling knee and shorter recovery for patients because the surgery is less invasive.

“This bone- and tissue-preserving procedure provides an alternative solution for knee pain when the disease is present in one compartment,” explained Thomas Hoerner, MD, Orthopedic Surgeon at Essex Orthopaedics. “For the right candidate, this coordinated approach allows us to keep the healthy portions of a patient’s knee and ACL and relieve them of their pain before the disease progresses to the whole knee.”

This approach can result in a knee that feels more natural explained Barry Bickley, MD, Orthopedic Surgeon at Associates in Orthopedics. “When preserving more of the bone and maintaining the ACL, patients can experience a more natural feeling knee with greater flexibility and natural stability. The minimally invasive procedure is less painful and allows for a shorter recovery time.”

“This technique is a great solution for patients with isolated disease in their knee,” said Steven Andriola, MD, Orthopedic Surgeon at Orthopaedics Northeast. “Patients sometimes believe they need to wait until they

are older or until the pain progresses to have surgery, but using this new approach enables them to get back to the activities that they may be giving up.”

Traditionally after a knee replacement patients have a three-day hospital stay and sometimes inpatient rehabilitation. Now patients can go home the same day as the procedure and recover at home where specialized nurses and physical therapists provide the same care that would take place in the hospital explained Eric Arvidson, MD, Orthopedic Surgeon at Essex Orthopaedics. “We’re proud to bring this advanced surgical technique to the Merrimack Valley and are committed to providing innovative options for treatment and recovery so that individuals can focus on enjoying their life.”

MEET THE EXPERT NOVEMBER 19

GOOD NEWS FOR BAD KNEES
with Orthopedic Surgeon Thomas Hoerner, MD.
Details on the back page.

Consult with an orthopedic surgeon,
call Steward DoctorFinder at 800-488-5959
or visit HolyFamilyOrtho.org

Preventing and Detecting Concussion During Sports and Playground Activities

Concussion Can Occur Even Without a Blow to the Head

Back to school activities are underway so it's a good time to think about how to prevent or detect an injury such as concussion from sports and playground activities.

Concussion is the most common type of traumatic brain injury; about 4 million concussions occur each year in the United States from work-related injuries, falls, car accidents, sports, recreation activities, bicycle accidents and roughhousing. Approximately 1 million occur in children, and of those, about 30,000 will result in long-term disabilities, so it's important to recognize the symptoms to insure proper treatment.

Concussions can be tricky to diagnose because symptoms vary with each individual, can last for just seconds or linger, and sometimes symptoms don't appear for days or weeks following the injury.

There is often a visible cut, bruise or bump on the head so you know to watch for symptoms, but sometimes there is no visible evidence of trauma to the head because trauma to the brain has happened internally, not externally.

It's important to understand that even an injury such as whiplash, which causes the head to rapidly move back and forth, can damage the brain.

"As a team physician I'm vigilant on the sidelines for any player showing signs of concussion. The findings can sometimes be quite subtle, and the hit doesn't necessarily have to be jarring, so you need to be looking for it," said Orthopedic Surgeon Tahsin Ergin, MD of Essex Orthopaedics. "I would urge everyone involved in youth sports to be aware of the possibility of concussion and to treat the athletes cautiously when concussion is suspected."

The brain is soft, delicate tissue that's cushioned in spinal fluid and encased in a skull made of hard bone. When the head is forced to move rapidly back and forth, the impact can jolt the brain, literally causing it to move around within the skull. If the brain slams into the skull, it can cause brain bruising, damage to the blood vessels, and injury to nerves.

Concussions often occur in young children because their brains are disproportionately large compared to the rest of their body. And as they become adolescents they experience rapid height and weight gain, which also

makes them more susceptible to accidents and injury.

It is critical that parents, coaches and trainers teach young athletes to take care of themselves when participating in sports.

"Post-concussion symptoms are often down-played by young athletes for fear of not being allowed to compete, and the perception that they may lack desire or motivation," said Dr. Buck Woo, neuropsychologist at Merrimack Valley Hospital, who lectures on concussion and is a basketball coach. "This can be prevented if coaches, trainers, and parents focus on teaching them

how take care of themselves after injuries so they can extend their future as athletes."

Dr. Woo believes this should be part of the training education of young athletes; no different than teaching how to build endurance, strength training, and nutrition.

If you suspect a concussion, call your physician immediately. Once diagnosed, an adult should closely monitor children for the first 24 hours, especially young children who often cannot fully articulate how they feel. And do not give any medications, including aspirin, which may cause bleeding, without consulting a doctor.

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Dr. Buck Woo, neuropsychologist at Merrimack Valley Hospital, who lectures on concussion and is a basketball coach



Haverhill High School football players Joshua Dion, left, and John Ramsdell, right, help teammate Stephane Bristol off the field.

From Varicose Veins to Abdominal Aortic Aneurysms - We've Got You Covered

When problems with the circulatory system arise primary care physicians often refer patients to a vascular surgeon, who can help with everything from simple cosmetic treatment for small spider veins to serious, life-threatening conditions such as aortic aneurysms in the chest or abdomen.

Merrimack Valley Hospital and Holy Family Hospital provide comprehensive care for all vascular issues with Board Certified Vascular Surgeons Arthur Gonsalves, MD; Walter Kwass, MD; and Gary Pare, MD. And St. Elizabeth's Medical Center in Boston has partnered with our hospitals to provide state of the art services for medically complex patients in need of tertiary level monitoring and care through Board Certified Vascular Surgeons Frank Pomposelli, Jr., MD, Nikhil Kansal, MD and Scott Prushik, M.D.

Q. What is the circulatory system?

A. The circulatory system consists of arteries and veins that carry blood throughout the body. Arteries carry oxygen and nutrients from the heart to the rest of the body. Veins carry oxygen-depleted blood and waste to the lungs where blood is re-oxygenated and returned to the heart.

Q. What conditions do vascular surgeons treat?

A. Everything from varicose veins to blood clots to blocked carotid arteries in the neck, to abdominal aneurysms to narrowing in the leg arteries.

Q. What are varicose veins?

A. They are bulging, swollen veins seen just under the skin, most commonly in legs. They are caused by damaged valves within veins, which cause blood to pool. This can lead to phlebitis or blood clots, as well as ulcers or open sores in the legs. They are no longer treated by surgical vein stripping; these can be treated with radiofrequency ablation or a laser with minimal recovery time.



With the help of a vascular lab, Technician Tammy Dingman prepares to check pulses in a patient's arms and legs to help determine the level of blood flow.

Q. What is an aneurysm?

A. Aneurysms are abnormal bulges caused from weakened blood vessel walls. Aortic aneurysms develop in the main blood vessel in the chest and abdomen. If an aneurysm bursts it is life threatening and can be fatal. The majority of abdominal aortic aneurysms (AAA) are treated without opening the abdomen, resulting in a shortened overnight hospital stay and faster recovery.

Q. What is the most common circulatory problem in arteries?

A. Peripheral arterial disease (PAD), a condition in which blood flow through arteries becomes partially or completely blocked. This is usually caused by atherosclerosis, a gradual build-up of fatty plaque which narrows and weakens arteries.

Q. How do I know if I have peripheral arterial disease?

A. Only about half of the people with peripheral artery disease have symptoms which may include pain in the calf or thigh on walking, pain in the foot at night, and open sores on the foot or leg which do not heal promptly

Q. Is this associated with other conditions?

A. Peripheral arteries of the legs are most often affected, but also affected are arteries of the kidneys, other abdominal organs, carotid arteries in the neck and occasionally arteries in the chest and arms.

Q. Who is most at risk?

A. Men are slightly more at risk than women, but it is more common in smokers and people with diabetes and high cholesterol.

Q. Why is diabetes a risk factor?

A. High blood sugar can damage blood vessels, making them narrow and weak. Also, people with diabetes frequently have high blood pressure and elevated blood fats, which accelerates development of plaque.

Q. How do I know my symptoms are from peripheral vascular disease?

A. It is suspected largely by risk factors. If the patient is young, healthy, active, and doesn't smoke, peripheral artery disease may not be a primary concern. But if the patient is older than 50, smokes, has diabetes, is inactive, and has a family history of high cholesterol and atherosclerosis, peripheral vascular disease will be more likely.

Q. How is it treated?

A. Treatment depends on the underlying cause, severity and overall health. It is important to eliminate or reduce risk factors: quit smoking, start moving, eat nutritious foods, and follow your doctor's orders to control weight, blood pressure, blood sugar levels and cholesterol. In many cases, peripheral artery disease can be treated successfully by medical management. Certain medications may also be helpful.

Q. And if that doesn't help?

A. There are interventional procedures such as angioplasty, where a balloon catheter is inserted into the affected artery and inflated to help push plaque aside and widen the artery for better blood flow. A stent can also be inserted to hold arteries open for severe blockages, or arteries that begin to close up following angioplasty. Bypass surgery is also an option for blood vessels that are extensively blocked.

Q. How is it detected?

A. The absence of a pulse in the legs or the arms will require a workup to rule out peripheral artery disease. It can include comparing blood pressure in legs and arms at rest and with exercise. To help locate blockages, ultrasound, angiography, or CAT scan testing are often used.

For more information on vascular care at Merrimack Valley and Holy Family Hospitals visit www.steward.org/cardiac-and-vascular

VNUS Closure – a Minimally Invasive Solution to Varicose Veins

Patients are usually walking the same day and back to their normal routine within 24 hours

If you're opting to wear long pants due to embarrassment about varicose veins, a minimally invasive procedure called VNUS closure can help.

Varicose veins are large, raised, swollen blood vessels that twist and turn. The two veins in the legs which most often become varicose veins are the great and small saphenous veins. The small saphenous vein runs behind the knee and great saphenous vein runs up the inner thigh. Both are superficial veins, meaning they are close to the surface of the skin.

It is estimated that 30 to 60 percent of adults have varicose veins. People tend to develop them as they age. They are found more often in women, and the causes range from heredity, obesity and injury to work related conditions.

Arteries carry oxygenated blood away from the center of the body. Veins, which carry the blood back, have valves inside them that help push blood against the force of gravity. When valves fail, blood pools in the veins causing them to bulge.

Some people with varicose veins don't report pain or discomfort, and for them no treatment is necessary - unless for cosmetic reasons, they prefer to have the veins removed. Others suffer with discomfort and pain described as aching, cramping, tiredness, restlessness, burning, throbbing, tingling, and heaviness in the legs.

To reduce discomfort it's often helpful to elevate legs while sitting, eat a healthier diet, exercise to lose weight, reduce sodium intake to minimize water retention and swelling, and wear support hose to reduce bulging and swelling.

But for those who find little or no relief from such changes, there is VNUS closure - a minimally invasive treatment for varicose veins that uses radiofrequency heat to permanently seal the vein shut.

VNUS closure directs radiofrequency energy through a thin catheter inserted through a small incision in the vein. When heated, the vein produces scar tissue, which blocks the flow of blood and seals the vein. VNUS closure is done in a hospital, but sometimes in an office setting.

Closing the vein can actually enhance circulation: Blood is meant to go through deep veins, so circulation can actually be improved by sealing these veins and redirecting the blood where it is meant to go.

VNUS closure offers a much more gentle method of treatment than procedures from the past. Patients are usually walking the same day and back to their normal routine within 24 hours.

Vascular Surgeon Profiles



Walter Kwass, MD
Vascular Surgeon

Certification: American Board of Surgery-Vascular Surgery
Medical School: New York University School of Medicine
Medical Director, Wound Care and Hyperbaric Center
Merrimack Valley Hospital
140 Lincoln Ave.
Haverhill, MA 01830
Phone: 978.420.1405
Fax: 978.420.1010



Arthur Gonsalves, MD
Vascular Surgeon

Certification: American Board of Surgery
Medical School: Tufts University School of Medicine
Vascular & Vein Associates
380 Merrimack St., Suite 3C
Methuen, MA 01844
Phone: 978.837-3317
Fax: 978.837.3318



Gary Pare, MD
Vascular Surgeon

Certification: American Board of Surgery
Medical School: Tufts University School of Medicine
Vascular & Vein Associates
380 Merrimack St., Suite 3C
Methuen, MA 01844
Phone: 978.837-3317
Fax: 978.837.3318

If you think you may have symptoms of vascular disease, please visit www.steward.org and click on DoctorFinder to reach Walter Kwass, MD, Arthur (Chip) Gonsalves, MD, or Gary Pare, MD.

Get the Most Out of Your Annual Physical: 10 Questions to Ask at Your Appointment

Your annual check-up is a prime opportunity to strengthen a vital partnership with your healthcare provider and assess your health and wellness. Dr. Randall Fenton, a Family Medicine PCP and the newest member of Steward Medical Group, shares 10 questions you can ask to get the most out of your check up.

COVER YOUR BASES

“It’s helpful to think of your physical as a two-part process. First, of course, is the exam itself. The second part is a conversation with your doctor to thoroughly understand your health,” explained Dr. Fenton. “You are an important part of your care team. Discussing your concerns and asking questions are essential to understanding your health and mapping your plan for personal wellness.”

The following questions provide a great check list of reference topics to cover during your appointment. You can pick and choose based on your personal health.

1. Are all my signs normal or within accepted limits? Ask about your:

- Body-mass index (BMI), a formula that tells if your weight is appropriate for your height.
- Blood pressure and pulse to see if your heart is beating irregularly and if your blood pressure is higher than normal (120/80 mm Hg).
- Breathing to learn if your lungs are working efficiently or if your breathing sounds shallow, labored or rapid.
- Skin tone and nails, their color, texture and appearance give clues to underlying disorders of your vital organs.

2. Is my health better, the same or worse since my last checkup?

3. What are the best ways I can maintain my health or manage my condition? Ask for advice on:

- Dietary intake to be sure you’re avoiding high-fat, high-calorie meals and aren’t overdoing alcohol.
- Physical activities to help prevent disease or manage a chronic condition.
- Stress-management tips to ease chronic tension and anxiety that send blood pressure soaring and create a host of other ills.



Randall C. Fenton, MD, PCP, Family Medicine

4. Given my personal and family medical history, do I have a higher than normal risk for certain illnesses? Review with your doctor:

- Your family medical history, which shows if grandparents, parents or siblings had heart attacks, strokes, breast or prostate cancers and other illnesses.
- Your personal medical history, which may include a childhood history of sunburn, severe allergies or high fevers that are risk factors for diseases later in life. It shows if you were hospitalized, had surgery or tested positive for allergies to drugs or food.

5. Given my age and health, what are my primary health concerns and what symptoms may indicate the onset of an illness?

6. Given my medical status, what specific symptoms may indicate a health emergency?

7. What screenings should I have? Depending on your age and risk factors, your doctor may recommend a mammogram for breast cancer, a bone density scan for osteoporosis, a colonoscopy for colorectal cancer, a blood test for prostate-specific antigens that may indicate prostate cancer, a pap smear to look for irregular cervical cells, or blood tests for cholesterol and other markers for cardiovascular disease.

8. Should I be seeing a specialist for any reason?

9. Are there any new therapies or changes in treatment since my last checkup that I should know about?

10: Are the vitamins/supplements I am taking safe and appropriate? Are there any you suggest?

BE INFORMATIVE

“Last but not least, it is imperative that you also mention any current symptoms or unusual feelings — physical or emotional — that you may be experiencing,” reminds Dr. Fenton. “Never let embarrassment, fear or shame keep you from telling your doctor about a problem. We are trained to handle all your medical concerns—and you won’t be the first patient with a sensitive issue.”

Likewise, contact your doctor’s office any time you have a question about your health or are having trouble adhering to his or her instructions. “Open communication is the foundation to every physician-patient relationship,” said Dr. Fenton. “This is just as important as eating right, exercising and watching your weight.”



Dr. Fenton is accepting new patients. See page 10 for his profile. To schedule an appointment with Dr. Fenton or another Steward Medical Group physician in your community, please visit DoctorFinder at www.Steward.org/doctorfinder or call **800-488-5959**.

The New Health Care is Here

Stay Healthy with a Wellness Approach to Health Care

Make an Appointment with Your Doctor

- If you have not yet scheduled your annual physical or wellness visit, make an appointment now. It's an important way to take care of yourself when you are feeling fine.
- Prepare for your appointment and be ready to discuss all of your health concerns and questions.

Get Access to the Right Kind of Care

- Finding a primary care doctor or specialist who can address your specific health care needs is essential to your health and wellness. Our team will work with you to understand your needs and identify a caregiver in your community.
- We can also help you get answers to your health questions and be informed.

**We are working to keep you healthy
and provide you with care where and
when it is most convenient for you.**



HEALTH CARE NETWORK

**Steward.org/doctorfinder
1-800-488-5959**



Community Insurance Option Helps You Manage Costs

**Steward Community Health Plans offer a real solution
for the real problem of rising health care costs.**

Steward Health Care System partnered with Tufts Health Plan and Fallon Community Health Plan to create Steward Community Health Plans, community hospital network insurance products that dramatically reduce health insurance costs for individuals and small businesses.

By providing the majority of care in physicians' offices and community hospitals, Steward Community Health Plans can be priced up to 15-35% below current market rates while still providing you with a benefit option that is comparable to the design of other benefits.

Features:

- Comprehensive coverage
- No co-insurance
- \$15-\$25 co-payment for most physician office visits
- Clinically appropriate care delivered by Steward hospitals and physicians
- Health care services that cannot be delivered within the Steward network delivered by Massachusetts General Hospital and Brigham and Women's Hospital
- Pediatric care provided by Steward Network pediatricians and the Partners Health Care pediatric network, Affiliated Pediatric Providers (APP)



For more information on these benefit options, please contact Steward Health Plans Product Director James Cavanaugh by email at james.cavanaugh@steward.org or phone, **617-895-7593**.

New Physicians Caring for Our Community

Steward Medical Group is pleased to welcome a number of primary care physicians and specialists to the Holy Family Hospital and Merrimack Valley Hospital medical community:

Jamshed Anvari, MD, FACP PCP, Internal Medicine



Office Location:
Primary Care of Haverhill, Merrimack Medical Center, 62 Brown St. Suite 200, in Haverhill.
Board Certified:
Internal Medicine
Areas of Special Interest:
Cardiology, primary care

Affiliated with Merrimack Valley Hospital

Dr. Marcia Chatfield, DO PCP, Internal Medicine



Office Location:
Advanced Internal Medicine, Merrimack Medical Center, 62 Brown St., Suite 303 in Haverhill.
Board Certified:
Internal Medicine
Areas of Special Interest: Adults with autism, hypertension,

preventive care **Languages:** Portuguese and Spanish

Affiliated with Merrimack Valley Hospital

Randall Fenton, MD PCP, Family Medicine



Office Location:
SMG Family Medicine Woburn, 18 Commerce Way, Suite 2650 in Woburn.
Board Certification:
Family Medicine
Areas of Special Interest:
Preventative medicine, diabetes management,

hypertension, cholesterol Management
Affiliated with Holy Family Hospital

Maysabel Aponte, MD PCP, Internal Medicine



Office Location:
Primary Care of Haverhill, Merrimack Medical Center, 62 Brown St. Suite 200 in Haverhill.
Board Certified:
Internal Medicine
Areas of Special Interest: Diabetes, hypertension, nephrology and women's health
Languages:

Spanish and American Sign Language
Affiliated with Merrimack Valley Hospital

Heling S. Dilone-Arellano, MD PCP, Family Medicine



Office Location:
Methuen Medical Group, 33 Lawrence Street in Methuen.
Areas of Special Interest:
Chronic illness management, women's health, preventative medicine, and patient education
Languages:
Spanish

Affiliated with Holy Family Hospital

William Ingram, MD PCP, Internal Medicine



Office Location:
Advanced Internal Medicine, Merrimack Medical Center, 62 Brown St., Suite 303 in Haverhill.
Board Certified:
Internal Medicine
Areas of Special Interest: Prostate cancer, heart disease, nutrition

Affiliated with Merrimack Valley Hospital

STEWARD
DOCTORFINDER™

All of the physicians are now accepting patients. Please call DoctorFinder™ at **1-800-488-5959** for more information and to schedule an appointment.

Stewards of The New Health Care

Steward. The New Health Care.™

Prathima Chaloori, MD PCP, Family Medicine



Office Location:
New England
Family Practice,
140 Haverhill St.
in Andover.

**Areas of Special
Interest:**

Women's health,
adolescents,
geriatrics,
behavioral
science, adult
medicine

Languages: Hindi,
Telugu

Affiliated with Holy Family Hospital

Kathryn Hughes, MD General Surgery



Office Location:

Merrimack Valley
Surgical Specialties,
Merrimack Medical
Center, 62 Brown
St. Suite 405, in
Haverhill.

Board Certification:

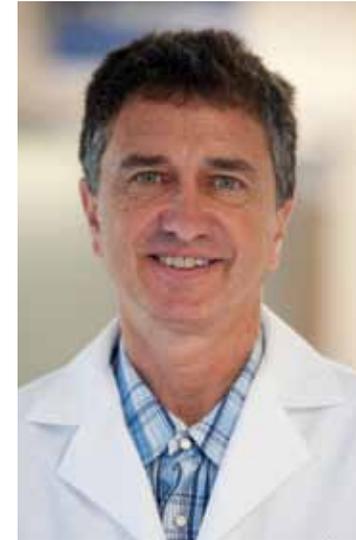
General Surgery
**Areas of Special
Interest:** Breast care
and breast surgery;
minimally invasive
and abdominal
surgery; gall bladder,

appendix, colon and hernia surgery

Languages: Spanish

Affiliated with Merrimack Valley Hospital

Norman Miller, MD Gastroenterology



Office Location:

Merrimack Valley
Gastroenterology,
Merrimack
Medical Center,
62 Brown St.
Suite 503, in
Haverhill.

**Board
Certification:**

Gastroenterology
**Areas of Special
Interest:** Colon
health, GERD,
irritable bowel
syndrome

Affiliated with Merrimack Valley Hospital

Shruti Biyani, MD OB/GYN



Office Locations:

Salem OB/GYN
at 56 Stiles Road,
Suite 104 in
Salem, NH and
Methuen OB/GYN
at 101 Amesbury
St., Suite 103
in Lawrence.

**Areas of Special
Interest:** High and
low risk obstetrics;
adolescent

gynecology; urogynecology; advanced
laparoscopic, minimally invasive and robotic
surgeries

Languages: Hindi, Gujarati

Affiliated with Holy Family Hospital

Kalyan Kalava, MD Interventional Pain Management



Office Location:

Merrimack Valley
Hospital Center for
Pain Management,
140 Lincoln Ave.
in Haverhill.

Board Certification:

Pain Medicine

**Areas of Special
Interest:** Spine and
Joint

Languages Spoken:
Hindi

Affiliated with Merrimack Valley Hospital

Robert D. Moore, MD General Surgery



Office Location:

575 Turnpike
Street, Suite 27,
in North Andover.
He also practices
in Methuen, Holy
Family Hospital,
70 East Street.

Board Certified:

General Surgery
**Areas of Special
Interest:** Minimally
invasive surgery,
reflux/hiatal
hernia surgery,
biliary surgery,
minimally invasive

colon surgery, abdominal wall hernia surgery

Affiliated with Holy Family Hospital



A Message from the President

Dear Neighbor,

Holy Family Hospital in Methuen and Merrimack Valley Hospital in Haverhill are collectively focused on your health and wellness. As part of Steward Health Care Network, we are able to offer you access to an integrated system of care comprised of two community hospitals and two medical staffs. Our complement of award-winning services and advanced treatment options make it possible for you to receive your care locally, without the worry of traveling to and from Boston during your time of need.

This October, Holy Family Hospital's award-winning Cancer Center will have a presence at Merrimack Valley Hospital. Our board certified oncologists will be available for inpatient, outpatient and new patient consultations. *See page 3 for details.*

Our Orthopedic Surgeons are now using a minimally invasive surgical technique to perform partial knee replacements that conserve two-thirds of the knee when compared to a total knee replacement. *See page 5 for details.*

We continue to welcome new physicians and specialists to the community, see page 10 and 11. With the arrival of Norm Miller, MD, Gastroenterologist, we

renovated the Endoscopy Suite and purchased new equipment. And at both hospitals, new C-arms were purchased for enhanced imaging in the OR.

These are just some of the ways in which we are collaborating to meet your health care needs. Keeping you well and caring for you when you are sick are at the forefront of our decisions. We know you have many choices; we strive to be your number one choice for all of your health care needs.

Sincerely,

Lester P. Schindel



SHOULD I GET A FLU SHOT?

The Centers for Disease Control and Prevention recommends a yearly flu vaccine for everyone 6 months and older. Flu shots are covered for individuals with Medicare. If you have a chronic medical condition you have a higher risk for complications from the flu and it's important to protect yourself. Almost all adults can safely get the vaccine (check with your doctor first to see whether you are an exception.) The vaccine is especially important for people in public-service jobs; those with heart conditions, asthma, diabetes or an immune-system disorder; and patients receiving cancer treatment.

Contact your primary care physician or Steward DoctorFinder to locate the most convenient place to get your flu shot.

Upcoming Events

MEET THE EXPERT SERIES

At Merrimack Valley And Holy Family Hospitals

All seminars are free and open to the public. Free contact hours in nursing are also offered. For more information and to register, please call Jean at 978-420-1168 or email jean.maccougall-tattan@steward.org

OCTOBER 1

NEW HORIZONS IN WOMEN'S HEALTH- A SPECIAL WOMEN'S HEALTH NIGHT

Introduction to Robotic Surgery
Gynecologist Melinda Birdsall, MD

Genomics and Genetics in Regard to Breast Cancer,
General Surgeon Kathryn Hughes, MD

Advances in Breast Reconstructive Surgery,
Plastic Reconstructive Surgeon Michael Kutka, MD

5:30-7:30 pm, Merrimack Valley Hospital, 1st floor auditorium, 140 Lincoln Ave., Haverhill, 2 free nursing CEUs

OCTOBER 15

Advances in Minimally Invasive Surgery

General Surgeon Robert Moore, MD

6-7 pm, Holy Family Hospital, Ground Floor Auditorium, 70 East St. Methuen, 1 free nursing CEU

NOVEMBER 5

Neuropsychology & Retraining of Memory and Functional Cognition

Neuropsychologist Buck H. Woo, PhD

6-7 pm, Merrimack Valley Hospital, 1st floor auditorium, 140 Lincoln Ave., Haverhill, 2 free nursing CEUs

NOVEMBER 19

Good News for Bad Knees: Outpatient Partial Knee Joint Replacements, Less is More

Orthopedic Surgeon Thomas Hoerner, MD

6-7 pm, Holy Family Hospital, Ground Floor Auditorium, 70 East St., Methuen, 1 free nursing CEU

Continue Senior Lunch Series at Merrimack Valley Hospital

Lunch is \$5 and includes a full meal and presentation. For information and reservations, please call Katie at 978-521-8140 or email kathleen.helps@steward.org

DECEMBER 3

Memory Loss & Dementia with Mary Richardson

1-2 pm, 1st floor auditorium, 140 Lincoln Ave., Haverhill

Continue Senior Supper Series at Holy Family Hospital

Supper is \$5 and includes a full dinner. For information and reservations, please call DoctorFinder™ at 800-488-5959.

October 16

Open House – Social Gathering

4:30 pm, Cafeteria, 70 East St., Methuen

December 18

Seasonal Celebration

3:30 to 5:30 pm, Auditorium, 70 East St., Methuen

CONFERENCES

OCTOBER 26

2nd Annual Wound Care & Hyperbaric Conference

Northern Essex Community College David Hartleb Technology Center, 100 Elliott St. Haverhill. Offering 3.5 physician CMEs and 3.5 contact hours in nursing. For more information or to register, please call Jean at 978-420-1168 or email jean.maccougall-tattan@steward.org

SUPPORT GROUPS

Caregiver Support Group

For those caring for loved ones with memory loss. Third Wednesday of the month, 7-8:30 p.m., Merrimack Valley Hospital, 1st Floor Atrium, 140 Lincoln Ave., Haverhill, MA. For more information call Patricia Lavoie, LICSW, facilitator, at 978-420-1162 or email patricia.lavoie@steward.org

The Angela Pisick Cancer Support Group

For patients, families and friends dealing with all types of cancer. 1st and 3rd Wednesday of each month from 6 to 7 pm at Holy Family Hospital. Please call 978-687-0156, ext. 2021 for information and prior to attending your first meeting.

Look Good...Feel Better

Through our partnership with the American Cancer Society, Holy Family Hospital hosts a free *Look Good...Feel Better* evening every other month. Women receiving chemotherapy or radiation treatments are invited to join a cosmetologist for an evening of hands-on beauty techniques. For more information and to register for the Friday, November 18th event, from 4 to 6 pm, please call 978-687-0156, ext. 2021.