



STAY healthy

CARDIAC ISSUE 2017



Signs of Trouble

Heart attack symptoms are not always what you'd think

A Steady Beat

Ablation procedure for atrial fibrillation now available at UHS

A Healthy Relationship

Heart failure clinic launched in the hospital

UHS WILSON MEDICAL CENTER

UHS CHENANGO MEMORIAL HOSPITAL

UHS HOME CARE

UHS PRIMARY CARE

UHS FOUNDATION

UHS BINGHAMTON GENERAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP

Big-hearted

UHS Heart & Vascular Institute expands

The UHS Heart & Vascular Institute, located at UHS Vestal on the Vestal Parkway and at Wilson Square on the campus of UHS Wilson Medical Center, has expanded. With the recent addition of several new providers, including five physicians from Cardiology Associates, the Institute combines the skills of more than 30 providers offering care in 14 medical and surgical specialties. It is now one of the largest heart programs in central New York.

Services include cardiology and interventional cardiology, sports medicine cardiology, pediatric cardiology, cardiac and vascular surgery, and cardiac electrophysiology. There is also a structural heart program, and specialized clinics have been launched for patients with congestive heart failure, heart valve conditions and coagulation issues, as well as for those using cardiac devices, such as pacemakers.

Afzal ur Rehman, MD, PhD, who was recently named vice president for Cardiovascular Services and is also vice president for Informatics at UHS, was instrumental in establishing the UHS Heart & Vascular Institute in 2015, then directing and overseeing its continuous growth.

"I look forward to working with our cardiovascular team in furthering the mission of the Institute," says Dr. Rehman, who is board-certified in cardiology, interventional cardiology and clinical cardiac electrophysiology. "Bringing together all related cardiac activities within a common format is allowing us to grow and strengthen our services across the continuum of care."

>> **TO LEARN MORE** about the UHS Heart & Vascular Institute and find a cardiac specialist, visit uhs.net or call 240-2868.



Afzal ur Rehman, MD, PhD

Is It a Heart Attack?

UHS Chest Pain Center earns special accreditation

More than five million Americans visit hospitals each year with chest pain. It takes special expertise to quickly determine if a patient's chest pain signals a heart attack. It's also critical to evaluate patients with chest pain thoroughly to definitively rule out a cardiac event that may still be unfolding. This ensures that patients are neither sent home too early nor needlessly admitted to the hospital.

UHS has been recognized for the high quality of care it provides for these patients with full accreditation as a Chest Pain Center from the



Society of Cardiovascular Patient Care. Chest Pain Center accreditation is awarded to hospitals that:

- **Quickly assess patients**, including those who are at low risk for heart attack or whose symptoms are vague
- **Train and equip** staff to monitor patients and diagnose or rule out coronary events
- **Integrate** the emergency department with the local emergency medical services system
- **Continually improve** processes
- **Support** community outreach and public education programs

Afzal ur Rehman, MD, PhD, vice president for Cardiovascular Services

at UHS, says accredited hospitals have achieved a high level of expertise in caring for patients with symptoms that may or may not turn out to be a heart attack. "Centers like ours use standardized protocols that enable us to more effectively diagnose the person's condition and administer the right treatment as rapidly as possible," he says.

UHS' Chest Pain Center is part of the UHS Heart & Vascular Institute. It is located at UHS Wilson Medical Center, which is also a designated Stroke Center and Regional Trauma Center.

>> **THANK YOU FOR CHOOSING UHS.** Our goal is to provide you with excellent care. Please let us know how we are doing. If you receive a patient satisfaction survey, kindly fill it out and return it.

Recipe for Health

Slow-cooker pulled chicken

This recipe is as simple as it is healthful. High in protein but low in sodium and saturated fat, this slow-cooker recipe from the American Heart Association takes only minutes to prepare.



SAUCE INGREDIENTS

- 1 1/2 ounce can no-salt-added tomato sauce
- 1 Tbsp. brown sugar
- 1/4 cup apple cider vinegar
- 1 Tbsp. mustard
- 1/2 tsp. garlic powder
- 1/2 tsp. onion powder
- 1/2 tsp. chili powder
- 1/4 tsp. cayenne pepper
- 1 tsp. black pepper
- 1/4 tsp. cinnamon
- 1/2 tsp. paprika

DIRECTIONS

1. Place 1 lb. of boneless, skinless chicken breasts or thighs in a slow cooker with 1 cup of water.
2. Cook on low for 8–10 hours or high for 3–4 hours. Drain water and pull meat apart with two forks.
3. Whisk sauce ingredients together in a medium bowl, mix with meat, and continue cooking for 15 minutes, until sauce is warmed through.
4. Serve on whole wheat buns, corn tortillas, or lettuce wraps, topped with your favorite vinegar coleslaw or reduced-sodium pickle slices for extra flavor.



Far and Wide

Cardiac services available in outlying areas

While the UHS Heart & Vascular Institute is based in the Binghamton area, its services extend to residents of Delaware, Chenango and Sullivan counties and surrounding communities.

At UHS Delaware Valley Hospital, cardiologist Keyoor Patel, DO, FACC, sees patients weekly. Diagnostic procedures such as echocardiograms and Holter and event monitoring can be performed. In addition, a certified cardiac rehabilitation program is available for patients recovering from a cardiac event, condition or procedure.

At UHS Cardiology Norwich, located at UHS Chenango Memorial Hospital, appointments with cardiologist James O'Brien, MD, FACC, are available five days a week. A wide range of cardiac testing is also performed on-site, as well as recently-enhanced inpatient cardiac care.

Rural residents also have access to the full range of UHS Heart & Vascular Institute services, from emergency cardiac treatment to surgical procedures, and everything in between.

"When physicians at either rural hospital determine that a patient needs specialized services not available locally, transfer or referral is seamless and quick," says Dr. O'Brien. "Electronic medical records shared between all UHS locations and providers further enhance coordination of care."

>> CARDIAC CONNECTION. Schedule an appointment with a nearby UHS cardiologist. In the Delaware and Sullivan County area, call **865-2400**. In Chenango County, call **337-4215**.

Check It Out

Get *UHS Stay Healthy* online and via email



You can now get the latest in health information delivered right to your email address, absolutely free. You'll receive easy-to-understand articles, advance notice of screenings and events, and tools to help you stay healthy — all neatly packaged as quick-to-read emails. Plus, you'll stay up-to-the-minute about what's new at UHS, your hometown healthcare system.

You can also read this magazine, enhanced with web exclusives, links to more information, archives and expanded articles, at uhsstayhealthymag.com. Quick share buttons make it simple to post stories to your social media accounts.

>> SIGN UP. Enter your email address at uhs.net/stayhealthynewsletter. Your personal health information is always kept private and confidential. Each email will include an "opt-out" if you wish to discontinue receiving the emails.

Hearts in Good Hands

BY MATTHEW J. SALANGER

Deborah McNamee and June Leise are two area residents who didn't take chances with their health, and today are stronger and healthier for it. Each of the women was in her 60s when she experienced physical symptoms that told her something wasn't right, and each acted quickly to seek appropriate medical care. In Ms. McNamee's case, she was diagnosed with blockages in her arteries, and underwent open heart surgery to address the issue. Ms. Leise suffered from an irregular heartbeat, and had a new, minimally invasive type of ablation to correct the problem. Both procedures were performed at UHS Wilson Medical Center, home of the UHS Heart & Vascular Institute.



Both patients have expressed gratitude that the advances in care available today made it possible for them to deal with momentous, even life-threatening heart issues. Because they responded rapidly to symptoms and had access to high-level care nearby, both are doing well today. As Ms. McNamee puts it, "If I had waited longer, the outcome could have been much worse. I encourage anyone with new or troubling symptoms of any kind to call 911."

As a community-based, not-for-profit healthcare system, UHS has made a major investment in its cardiovascular programs and services to address the expanding needs of our region's population and keep up with advances in medicine. From open heart surgery to atrial fibrillation ablation, and from aortic valve replacement to the use of clot-busting drugs, cardiac care has progressed by leaps and bounds over the past 30 years. Today, UHS is the center for an extensive range of heart procedures that are saving, prolonging and enhancing people's lives.

At UHS, we're proud that our Heart & Vascular Institute can be such a valuable, trusted resource; the place people turn to when treatment is imperative. With the recent addition of several new providers, the Institute combines the skills of more than 30 physicians, surgeons and allied health practitioners to offer care in 14 subspecialties, such as pediatric and sports medicine cardiology, and electrophysiology. It's now one of the largest heart programs in central New York.

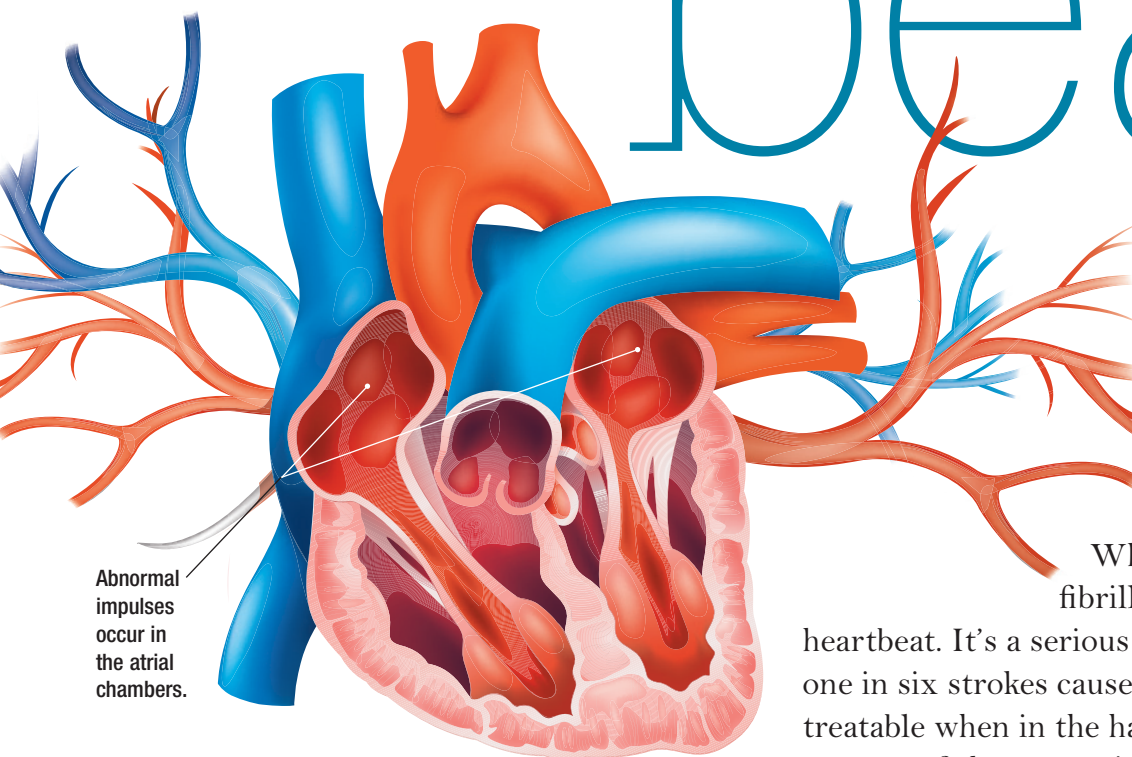
If you are concerned about heart health, or if you have symptoms that won't go away or are affecting your ability to function normally, you're encouraged to take it seriously and take action. Once diagnosed, you'll be given a support team to help you navigate your treatment options and encourage you every step of the way. Your heart will be in good hands. As Ms. McNamee has noted: "You won't regret it; you'll get an accurate diagnosis and you'll receive outstanding care. Most importantly, it just might save your life."

*Matthew J. Salanger, FACHE,
is president and chief executive officer
of the UHS healthcare system.*



A STEADY beat

>> ABLATION
PROCEDURE
FOR ATRIAL
FIBRILLATION NOW
AVAILABLE AT UHS



Abnormal impulses occur in the atrial chambers.

A healthy human heart has the ability to self-adjust. When you're exercising, it speeds up to pump extra nutrients and oxygen to your muscles. When you're sleeping, it slows down and gives itself a rest, too.

Sometimes the heart's ability to regulate its rate and rhythm go awry, resulting in an irregular rhythm called an arrhythmia.

While arrhythmias can present in a variety of ways, atrial fibrillation, also called A-fib, is the most common irregular heartbeat. It's a serious condition that can lead to heart failure or stroke, with one in six strokes caused by atrial fibrillation. Fortunately, A-fib is highly treatable when in the hands of an experienced electrophysiologist with access to state-of-the-art equipment and medication.

Staying ahead of the curve

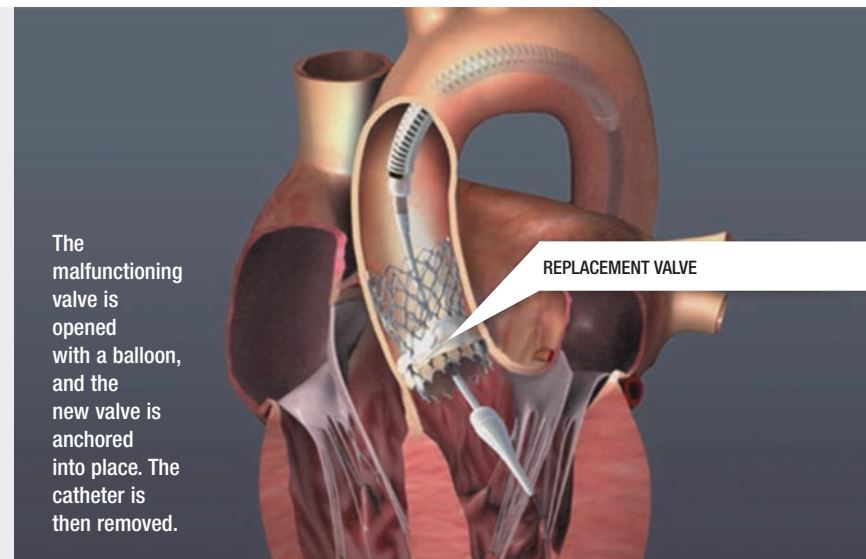
Since upgrading the UHS Wilson Medical Center Cardiac Catheterization Lab to accommodate transcatheter aortic valve replacement (TAVR) surgeries, the program has continually advanced its scope of procedures, technology and patient education.

TAVR is a minimally invasive surgery used to replace a damaged aortic valve. The UHS Valve Clinic is now performing the procedure from a choice of multiple entry points, and also now offers a valve-in-valve technique, which slips a new valve over a damaged one. UHS now also offers replacement valves from two different manufacturers, to ensure the best fit for each patient.

“Having choices allows us to consider each patient’s unique needs and choose the best solution for that patient,” says Alon Yarkoni, MD, FACC, director of UHS Structural Heart & Valve Program.

To ensure that each patient fully understands the best solution, Mary Cina, RN, UHS valve clinic coordinator, is at the ready. “The patient and I review the procedure Dr. Yarkoni will perform and all tests prior to the patient’s valve replacement. I’m that familiar face — someone to turn to with questions before and after the procedure,” Ms. Cina emphasizes.

>> Read more about TAVR at UHS at uhsstayhealthymag.com.



The malfunctioning valve is opened with a balloon, and the new valve is anchored into place. The catheter is then removed.

“Atrial fibrillation is a complex arrhythmia, and bringing the heart back to a normal rhythm often requires electrophysiological intervention as well as medications. The combination won’t be the same for every patient, so that’s where experience becomes vital,” says Waseem Sajjad, MD, electrophysiologist.

Dr. Sajjad, who recently joined the UHS Heart & Vascular Institute, is recognized for his advanced experience in atrial fibrillation ablation, a key minimally invasive surgical treatment for A-fib — and a procedure that was unavailable at UHS prior to Dr. Sajjad’s arrival.

PROCEDURE OVERVIEW

Atrial fibrillation ablation essentially destroys tiny areas of the heart that are firing off abnormal electrical impulses, which cause the heart’s upper and lower chambers to beat out of sync. While the procedure itself is not new, the technology and equipment used for it are continually evolving and improving. UHS’ recent investment in its electrophysiology lab gives Dr. Sajjad the space and tools necessary to perform the most sophisticated atrial fibrillation ablation procedures and bring advanced cardiovascular care to patients in the Southern Tier.

Dr. Sajjad describes atrial fibrillation ablation as “very safe, with only a 1 to 2 percent risk for complications.” The first step is to put the patient to

sleep with general anesthesia. Next, catheters — thin, flexible wires — are inserted into a leg vein and threaded by the electrophysiologist up to the heart. An electrode at the tip of the wires sends out radio waves that create heat, which destroys the heart tissue causing the atrial fibrillation. After the procedure, patients typically return home the next day.

“Ablation can be a life-changing treatment for many patients who struggle with atrial fibrillation symptoms,” Dr. Sajjad says.

IDENTIFYING THE SYMPTOMS

A-fib symptoms can be nonexistent, occasional, persistent or long-standing, which adds to atrial fibrillation’s complexity. Those who do present symptoms may experience one or several of the following:

- Heart palpitations, which may feel like a racing, uncomfortable, irregular heartbeat or a flip-flopping in the chest
- Weakness, fatigue or lack of energy
- Lightheadedness or dizziness
- Confusion
- Shortness of breath
- Chest pain

In most cases, patients experiencing symptoms of atrial fibrillation begin evaluation with their primary care physician, who may refer the patient to a cardiologist. “By the time I see a patient, there’s usually been an electrocardiogram to determine if

the symptoms are related to atrial fibrillation or another arrhythmia, so the patient and I have a clear picture and can immediately begin discussing treatment options,” Dr. Sajjad explains.

The doctor is also currently discussing upcoming purchases for the UHS electrophysiology lab. “Technology is moving quickly, and UHS has made a commitment to keep our lab on the cutting edge. We’re already looking into new equipment that will allow us to perform the latest advanced procedures in our lab.” **SH**



Music to her ears

June Leise, 67, was feeling extremely fatigued — too exhausted to even strum a few tunes on her guitar, a hobby that normally puts a song in this Apalachin, N.Y., resident’s heart. So she decided to check in with her primary care physician.

Almost immediately, Ms. Leise was diagnosed with an arrhythmia, or irregular heart rhythm. Several tests confirmed that the specific arrhythmia was atrial fibrillation.

Soon after the diagnosis, Ms. Leise met with Waseem Sajjad, MD, electrophysiologist with the UHS Heart & Vascular Institute. Dr. Sajjad recommended a combination of medication and atrial fibrillation ablation, a minimally invasive surgical procedure to correct atrial fibrillation.

“I had never heard about this procedure, but my daughter is a registered nurse, and she felt confident about Dr. Sajjad’s decision,” she says. “She also knew that UHS Wilson Medical Center is the only hospital in the area that performs this procedure.”

Returning home two days after the minimally invasive procedure — and getting right back to her normal routine — Ms. Leise says, “If anyone is considering this procedure, I say ‘go for it.’ It doesn’t feel at all like what I would call surgery, and I feel great now.”

SIGNS of trouble

>> HEART ATTACK SYMPTOMS ARE NOT ALWAYS WHAT YOU'D THINK

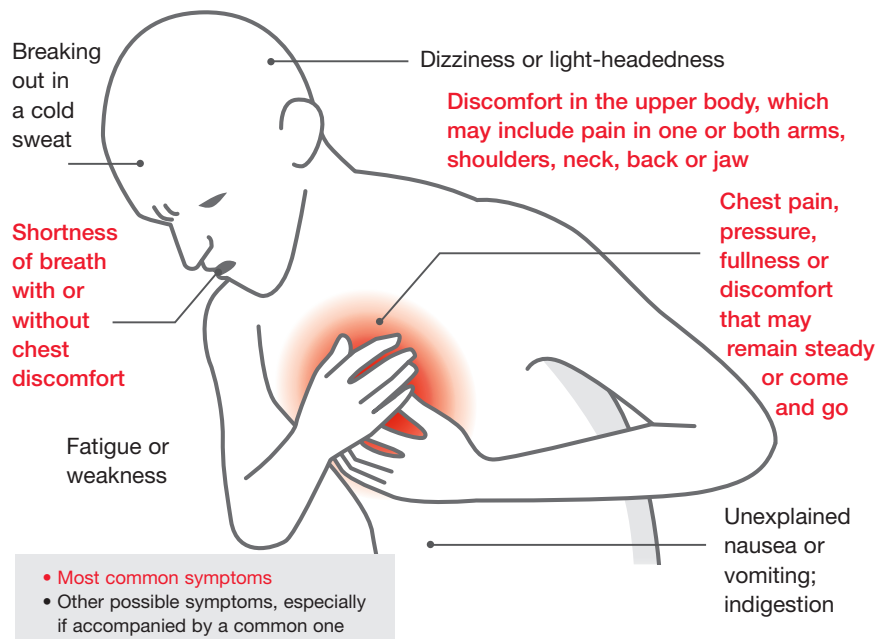
The faster a heart attack is diagnosed and treated, the higher the likelihood of survival. Yet not everyone who has a heart attack will have classic chest pain (angina). The absence of this symptom could cause them to delay seeking treatment.

Deborah McNamee of Susquehanna County, Pa., discovered this after her 2016 summer vacation was interrupted by what she thought was routine gallbladder trouble. She felt off-and-on pressure on the right side of her chest under her rib cage, along with some nausea. "It was uncomfortable, like a fist pressing on me, but not painful, and not near the center of my chest."

Deborah McNamee initially dismissed the symptoms of a heart attack, but sought treatment just in time.

Is it a heart attack?

Classic chest pain is not always present during a heart attack, and anyone — both men and women — may suffer atypical symptoms. If you suffer one or more of the following symptoms, even if you're not sure it's a heart attack, call 911.



Although she expected the symptoms to subside, Ms. McNamee and her husband, Denis, decided to drive home early from Vermont as a precaution. When she woke up the next morning with more discomfort and nausea, Mr. McNamee and a co-worker persuaded her to go to the hospital.

At UHS Wilson Medical Center's Emergency Department, blood tests indicated that her symptoms were manifestations of a heart attack. Emergency coronary angiography was performed and she was diagnosed with blockages involving four major heart arteries. A quadruple bypass was recommended, and Ms. McNamee remained hospitalized until surgery was performed about a week later, on August 1, by UHS cardiothoracic surgeon Kenneth Wong, MD.

Ms. McNamee had no idea her condition was so precarious — in fact, it became acute once she arrived at the hospital. "It still feels surreal to me," says the 65-year-old registered nurse, who has since retired from her job as a nutritional counselor. "If I had waited longer, the outcome could have been much worse. I encourage anyone with new or troubling symptoms of any kind to call 911 right away."

IN A HEARTBEAT

UHS provides fast, life-saving response to heart attack symptoms. The median time from a patient's arrival at UHS Wilson to cardiac catheterization, when needed, is 61 minutes, beating the national goal of 90 minutes. "The entire process, from stabilization to diagnosis and treatment, is streamlined," says Paul Traverse, MD, interventional cardiology medical director. "We can view patient data while you are still in the ambulance. The cardiology team is notified and the catheterization lab is prepared before you arrive."

That fast response applies to rural patients as well. Those who arrive at UHS Delaware Valley Hospital or UHS Chenango Memorial Hospital and are

diagnosed with an acute myocardial infarction are swiftly transported to UHS Wilson Medical Center via ambulance or helicopter and are met by a team of physicians and nurses for immediate intervention.

Of course, patients have these advantages only if they seek care. "It's crucial to call 911 when you recognize or suspect heart attack symptoms," says Keyoor Patel, DO, FACC, who was recently named director of echocardiography at UHS. "The faster you get to us, the faster we can stabilize and treat you before your condition worsens. Remember, time is muscle."

HEART HEALTHY

Ms. McNamee says it was comforting to have the quick-acting UHS cardiac catheterization team members by her side during diagnosis. "Though they had to deliver bad news, they were very professional and answered all of my questions."

Ms. McNamee has recovered from her surgery and says she's feeling healthy after completing cardiac rehabilitation at UHS. She now takes advantage of the Health and Wellness personalized exercise program and gym at UHS Binghamton General Hospital, staffed by trained professionals. "I feel safe knowing that if I have questions or a problem such as shortness of breath, I'm in good hands."

Her story has inspired many of her friends to visit their doctor and get a heart health checkup. It has also inspired her to volunteer as a Go Red for Women spokesperson. "If in doubt, call 911," Ms. McNamee says. "It could save your life." **SH**



“I feel safe knowing that if I have questions or a problem such as shortness of breath, I’m in good hands.”

—Deborah McNamee

Support group for cardiac patients

Deborah McNamee, who had a heart attack and open heart surgery in 2016, says the experience has made her do some soul-searching. "After an event like that, I had to figure out who I was again," she says.

She's not alone. Living with a heart condition can be life-altering. The Mended Hearts support group at UHS provides an opportunity to get the help and encouragement needed to

improve your quality of life or that of a loved one.

Meetings cover a variety of subjects, such as how to manage medication, navigate insurance, plan a heart-healthy diet and exercise safely. Guest speakers, including physicians, dietitians and other professionals, offer advice and information, and members have time to socialize and compare strategies for coping with everyday challenges.

Mended Hearts' volunteer leaders and members have all had personal experience with heart disease. Family members are highly encouraged to attend Mended Hearts as well.

WHEN: The fourth Monday of every month
CONTACT: 785-3019

A HEALTHY relationship

>> HEART FAILURE CLINIC LAUNCHED IN THE HOSPITAL

As the population ages, so does the incidence of heart failure. The number of people diagnosed with heart failure will rise from about 5.7 million today to nearly eight million by 2030, according to the American Heart Association. However, the good news is that people with heart failure are living longer, healthier lives, thanks to improvements in treatment protocols, such as the multidisciplinary approach taken by UHS.

The UHS Heart & Vascular Institute cares for patients with heart failure through its Congestive Heart Failure Clinic, a program staffed by physicians, nurse practitioners,

“When I see a patient and they’re sick, I try to figure out if there was any catalyst to it.”

—Kristen Lewis, FNP



Nurse practitioners Kristen Lewis (left) and Enid Nixon support patients with heart failure.

pharmacists and a cardiac nurse navigator. The team works with each heart failure patient from the time he or she enters the hospital through the transition back home and beyond.

Enid Nixon, NP, and Kristen Lewis, FNP, introduce hospitalized heart failure patients to the clinic’s services. They meet with patients at the bedside to discuss medications, reasons for hospitalization, diet and other health issues. They also provide educational and support resources.

“When I see a patient and they’re sick, I try to figure out if there was any catalyst to it,” says Ms. Lewis. “Then I try to get them feeling better and help them transition to the home setting. We follow up within days of them going home, explain to them what their medications are for, tell them what to do if they gain weight, how to recognize symptoms and act upon them, and how people they’re living with can help.”

The cardiac nurse navigator also works with patients to identify necessary changes to diet and lifestyle,

Tracking your symptoms

If you have congestive heart failure, it is important to pay attention to any symptoms you may be experiencing. Tracking your symptoms is a good way to stay on top of them, and can help you decide when to alert your doctor or other provider. Symptoms to be aware of are:

- Shortness of breath
- Reduction in your ability to do your regular activities
- Elevated heart rate
- Weight gain or swelling, which can signal fluid retention
- Increased blood pressure
- Confusion or impaired thinking
- Loss of appetite
- Inability to sleep

as well as address any additional needs. Since each patient is different, follow-up can continue as long as needed.

“Heart failure requires a lot of attention, so the key to management is intensive follow-up and education,” says

Ms. Lewis. “Being involved in the care of our patients is so important.”

Ms. Lewis and Ms. Nixon aim to be their patients’ “point persons,” getting to know each of them individually, learning their histories, and providing quick access via telephone to answer any of their questions or offer support. Overall, this kind of personalization and continuity of care leads to better outcomes and reduced re-hospitalization.

“Since starting the heart failure clinic last year, I’ve developed close relationships with patients and families, working closely together to improve outcomes,” says Ms. Nixon. “I’ve seen them go back to their regular activities and spend more time with their families and less time in the hospital. Feedback from patients has been very positive, because they feel supported.”

>> WE CAN HELP. If you suffer from congestive heart failure, contact the clinic at **763-6580** to find out if a multidisciplinary approach can help you manage your condition.