

IN GOOD HEALTH

A PUBLICATION OF LENOX HILL HOSPITAL :: FALL/WINTER 2012/13

TAKE A CLOSER LOOK AT MACULAR DEGENERATION :: PAGE 2

GROUNDBREAKING SURGERY WITH
ROBOTIC TECHNOLOGY :: PAGE 4

ADVANCES IN HEARING IMPLANTS :: PAGE 6

GAIN CONTROL OVER YOUR WEIGHT WITH
10-WEEK PROGRAM :: PAGE 8

TAKE A CLOSER LOOK AT MACULAR

“Dry macular degeneration, the more common and less severe form of the disease, usually develops gradually,” said William Schiff, MD, a retinal specialist and director of ophthalmic surgery at MEETH. “Wet macular degeneration accounts for only about 10 percent of all cases, with vision loss occurring more rapidly than with the dry form of the disease.”

Q: Is macular degeneration inevitable as we age?

A: “Macular degeneration is not inevitable with age,” said Gaetano Barile, MD, a retinal surgeon and director of ophthalmic research at MEETH. “However, it is considered rare in people younger than 55 and is most frequently detected in adults older than 65.” In fact, the condition is often referred to as age-related macular degeneration, or AMD.

Q: Is macular degeneration hereditary?

A: “Yes, studies show that macular degeneration tends to run in families and some individuals have a genetic predisposition for the disease,” said Dr. Barile.

Q: What are some of the symptoms of macular degeneration?

A: “With dry macular degeneration, patients often have no symptoms, but can develop blurred vision, wavy lines and difficulty with night vision,” said Dr. Schiff. “With wet macular degeneration, symptoms can be quite similar, but often develop much more rapidly and include blurring, wavy lines or dark spots that appear with both near and distance vision.”

Q: Is there a difference between macular degeneration and cataracts?

A: “Yes. Some patients may think they have

You may have heard of the term “macular degeneration,” but do you know what it means? To help bring macular degeneration into clear focus, ophthalmology experts from the Manhattan Eye, Ear and Throat Hospital (MEETH) answer common questions about this condition.

Q: What is macular degeneration?

A: Macular degeneration is an increasingly common disease of the eye affecting the macula, the area of the retina that is responsible for sharp vision, aiding activities such as reading, recognizing faces, sewing and driving.

While the retina sends light signals from your eye to your brain, the macula fine-tunes the details for a sharper picture. Macular degeneration comes in two forms: dry macular degeneration and wet macular degeneration. Dry macular degeneration, characterized by slow deterioration and loss of cells in the macula, is most common. Wet macular degeneration is less common. It occurs when new blood vessels develop near or under the macula, which can result in blood and fluid accumulation in this area.

Have You Been Diagnosed with MACULAR DEGENERATION?

If you have been diagnosed with macular degeneration, don’t automatically assume that it will lead to a loss of vision.

“It’s a big misconception that macular degeneration equals blindness,” said William Schiff, MD, a retinal specialist at Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital.

Although macular degeneration is a leading cause of new cases of vision loss in people older than 65, only a small percentage of people who have been diagnosed with macular degeneration eventually lose their vision, Dr. Schiff explained.

Despite the fact that macular degeneration can interfere with vision, most people remain very independent.

“There are many products available on the market today to help those with vision difficulties,” Dr. Schiff said. “For example, although reading print and numbers may prove challenging for patients with macular degeneration, electronic tablet devices have been a great solution to that problem. We want people who have been diagnosed with this chronic but manageable condition to be assured that with regular medical care they can enjoy a full life.”

DEGENERATION

“If you have macular degeneration — or any other eye condition — the sooner you have it diagnosed and effectively treated, the greater chance you have of preserving your vision.”

—Richard Braunstein, MD,
vice president of ophthalmology
for the North Shore-LIJ Health System

cataracts when actually they are suffering from macular degeneration,” said Richard Braunstein, MD, vice president of ophthalmology for the North Shore-LIJ Health System and a cornea and cataract specialist. “Cataracts occur in the lens, which is located in the front of the eye. Light passes through the lens on the way to the retina, which is located in the back of the eye. Think of the eye’s lens as the lens of a camera and the retina as the camera’s film. When cataracts develop, it’s like having a smudged camera lens. Macular degeneration occurs in the eye’s retina, but the visual effects can be quite similar.”

Q: How is macular degeneration treated?

A: “There is no cure for macular degeneration. We often recommend antioxidant supplementation for the dry type of macular degeneration,” said Dr. Barile. “For wet macular degeneration, there are now medications that can be injected into the eye to help stabilize this condition.

“Although we now have a definitive treatment for wet macular degeneration, that by no means indicates that it is the preferable form of the disease,” added Dr. Barile.

Q: Is there anything I can do to prevent macular degeneration?

A: You may not be able to prevent it, but you can slow the progression of macular degeneration by adopting certain lifestyle changes. “Smoking has been found to be a risk factor, so quitting is important,” Dr. Barile said. “It also helps to wear sunglasses to slow the aging of your eye’s retina, especially if you are at high risk for or have been diagnosed with macular degeneration.”

One of the best strategies is regular visits to the ophthalmologist. “Visiting an ophthalmology professional for a thorough checkup on a regular basis is the best way to care for your eyes, especially as you grow older,” Dr. Braunstein said. Adults older than age 60 should have an annual eye exam.

“If you have macular degeneration — or any other eye condition — the sooner you have it diagnosed and effectively treated, the greater chance you have of preserving your vision.”

Q: Is there new research that offers hope to macular degeneration patients?

A: Researchers around the world are currently investigating new ways to stop the progression of dry, age-related macular degeneration and to find better therapies for wet macular degeneration, including stem cell therapy.

Tea for Two (cover)

There’s something undeniably comforting about sipping a cup of tea, particularly on a cold, blustery day.

People worldwide drink tea more than any other beverage except water. Here’s a reason to join them: tea contains more than 4,000 chemical compounds, including flavonoids that may protect against heart and blood vessel disease. Women who regularly drink tea appear to lower their chance of developing cardiovascular disease. It may help men, too, but scientists are still trying to sort out how much.

One study found that steeping black or green tea for about five minutes released more than 80 percent of its antioxidants. For heart health, don’t take shortcuts — instant and ready-to-drink teas may not have the same amount of heart-healthy benefits as freshly brewed tea.

Moderate tea intake is considered safe. However, drinking large amounts may make it harder for your body to absorb some medications and iron supplements.

Too much caffeine can lead to nausea, trouble sleeping and frequent urination. People who have irregular heartbeats and women who are breast-feeding or pregnant should go easy on caffeinated tea.

So, when winter winds begin to blow, make time for a cup or two of tea.

:: For more information about macular degeneration, call Manhattan Eye, Ear and Throat Hospital at **212-702-7400** or visit **lenoxhillhospital.org**. To watch a video on macular degeneration, go to **bit.ly/Or7DvK** or scan this QR code with your smartphone.



ROBOTIC TECHNOLOGY HELPS THORACIC

It's not every day that someone becomes the first person in history to achieve a particular goal. Record-breaking athletes and breakthrough scientists know what this feels like. And so does Richard Lazzaro, MD, chief of the Division of Thoracic Surgery at Lenox Hill Hospital and an innovator in lung surgery techniques.

Groundbreaking Surgery with Robotic Technology

Surgery to remove all or part of a lung offers the best chance to cure certain types of lung cancer. But if a patient has already received high-dose radiation therapy, there's a catch: radiation may impair blood flow and healing around the bronchus, the main air passage leading from the windpipe to the lung. There's a risk the bronchus could open up after surgery causing a serious infection in the chest.

Such was the dilemma faced by a Brooklyn man who came to see Dr. Lazzaro, a board-certified thoracic surgeon who treats diseases of the lungs and chest. The patient was seeking a second opinion after the first surgeon he saw recommended not only removing half a lung, but also taking a small flap of muscle from between the ribs and using it to support the bronchus. This was a complex operation, and the surgeon had warned him to expect a big incision and a lengthy recovery.

"I told the patient that I agreed he needed this type of surgery and I asked him if he wanted me to perform the exact same surgery with less pain and a quicker recovery," recalled Dr. Lazzaro.

Dr. Lazzaro proposed doing minimally invasive surgery, which meant he would use specialized instruments inserted through a few tiny incisions instead of a single large one. In addition, he would use the latest robotic technology to guide the instruments as precisely as possible.

The patient opted to have Dr. Lazzaro perform the surgery, and it was a success. The feat was even more remarkable because it was the first time in the world that this procedure had ever been done with the aid of robotic technology.

Pioneering Robotic Surgery

Robotic lung and chest surgery uses very small, easy-to-manuever instruments, which are controlled by the surgeon sitting at a nearby console. The advanced technology takes surgery far beyond the limits of the human eye and hand.

"The surgeon has a greatly magnified, high-definition view and three times more precise motion," said Dr. Lazzaro. "Robotic



Robotic technology allows for maximum precision during surgery.

technology has certainly helped me do the same operations as before, only better. It has also allowed me to do what was previously undoable."

Dr. Lazzaro is a pioneer in robotic lung and chest surgery. He was the first surgeon in the tri-state area to remove an entire lung with robotic technology. And he was the first in the nation to use the technology to treat an adult with intralobar sequestration — a congenital malformation of the lung.

Today, Dr. Lazzaro is regarded as a leader in the field. He regularly teaches robotic techniques to surgeons from other top hospitals in the nation.

SURGEON “DO THE PREVIOUSLY UNDOABLE”

Improved Survival, Less Pain and Shorter Hospital Stays

The benefits of the robotic procedures that Dr. Lazzaro performs are numerous. Robotic lung and chest surgeries may result in better outcomes, including increased survival among patients with stage I lung cancer — the earliest stage of the disease. “For stage I lung cancer, if you can forego the big incision and do minimally invasive surgery, studies show a nearly 25 percent improvement in the five-year survival rate,” Dr. Lazzaro said.

In addition, robotic technology allows the surgeon to be gentler with delicate tissues, because the equipment is more precise. Compared to open surgery through a large incision, there is less blood loss during robotic operations, and considerably less pain afterward. “My patients routinely go home after robotic surgery with nothing more than an over-the-counter pain reliever,” Dr. Lazzaro said.

“Robotic technology has certainly helped me do the same operations as before, only better. It has allowed me to do what was previously undoable.”

—Richard Lazzaro, MD, chief of the Division of Thoracic Surgery at Lenox Hill Hospital

Patients also return home from the hospital sooner. For a lobectomy — surgery to remove a section of the lung — the national average for hospital stays is about eight days for open surgery and seven days for minimally invasive surgery not performed with a robotic system. “In contrast, when I use robotics, my patients average just two and a half days in the hospital,” Dr. Lazzaro said.

Looking Beyond the Lungs

At Lenox Hill Hospital, state-of-the-art robotic surgery is also performed on other organs in the chest besides the lungs. For example, it can be used to remove the thymus gland, which sits behind the breastbone. This operation may be done to treat a thymus tumor or myasthenia gravis, a muscle-weakening disease.

Traditionally, surgeons had to make a long vertical cut through the breastbone and open the whole chest to reach the thymus. “Now, however, I can do the same operation through three tiny incisions,” said Dr. Lazzaro.

LENOX HILL HOSPITAL LEADS THE WAY

Lenox Hill Hospital is one of only a handful of hospitals in the tri-state area offering robotic lung and chest surgery. Nationwide, 95 percent of operations for stage I lung cancer are still open surgeries done through a large incision. Only 5 percent are performed using minimally invasive techniques, and just a small fraction of those use a robotic system for maximum precision.

Another area that can be treated with robotic surgery is the esophagus, the food tube connecting the throat to the stomach. Such surgery may be needed to treat esophageal cancer or achalasia, a swallowing disorder.

Helping the Sickest Patients

The gentler touch of robotic technology may be especially helpful for high-risk patients. “Making smaller incisions instead of a large one causes less inflammation,” said Dr. Lazzaro. That, in turn, reduces the risk that inflammation will trigger lung, heart, liver or kidney failure after a procedure. Dr. Lazzaro said this benefit may be particularly important for older patients and those in fragile health.

The technology is also a plus in complicated situations, such as when a previous surgery needs to be repaired. “The magnification, precision and visualization that the robot offers allow me to perform many complex reoperations, often avoiding open surgery and its increased risk and prolonged recovery,” Dr. Lazzaro said.

But he also believes that less pain, fewer complications, shorter hospitalization and faster recovery are benefits that any patient can appreciate. “I now use the robot for 95 percent of the surgeries I perform,” said Dr. Lazzaro. “I want to be the kind of doctor who embraces innovation to best help my patients.”

For more information about thoracic surgery at Lenox Hill Hospital, call **212-434-3000** or visit **lenoxhillhospital.org**. To watch a video on robot-assisted thoracic surgery, visit **bit.ly/VVdo8b** or scan this QR code with your smartphone.



NOW HEAR THIS: ADVANCES IN



Jatna Baldera can once again enjoy conversations with friends after successful surgery to restore hearing loss.

“Our experienced, fellowship-trained otology experts are on the cutting edge of advancements in this field. We take the time to listen to patients to fully understand what they want and which modality will work best for their particular needs.”

—Ian Storper, MD, director of otology at the New York Head and Neck Institute at Lenox Hill Hospital

To reverse Ms. Baldera’s hearing loss, Dr. Storper performed an outpatient microsurgical procedure called a stapedotomy. He drilled a small hole to access her left inner ear and bypassed the extra bone with a prosthesis.

After surgery, Ms. Baldera’s hearing improved remarkably. Within a week, she was back at work. To complete Ms. Baldera’s treatment, Dr. Storper will perform the same operation on her right ear next year. The delay is necessary; if the second operation is scheduled too soon after the first procedure, air pressure created during general anesthesia may damage the repaired ear.

A lifetime ban on scuba diving is the only limitation resulting from Ms. Baldera’s surgery. She says she is very happy with the experience and the results. “Dr. Storper was one of the few surgeons performing this operation, so I was willing to travel from my home in New Jersey to New York for excellent care,” Ms. Baldera said. “I went with my instincts, and it was totally worth it.”

Recognizing a Problem

As it did for Ms. Baldera, it takes time for many individuals to admit that they may have a hearing disorder.

“It’s often a patient’s family who first notices that their loved one is having trouble hearing, but after a while, the patient admits it to him or herself,” Dr. Storper said. “It can be very isolating and lead to depression if you can’t hear what’s going on around you.”

Dr. Storper said that signs of hearing loss include trouble hearing other people speak; struggling to hear the television or radio, even when turned up to the highest volume; or difficulty hearing conversations in situations with a great deal of background noise, such as parties. These symptoms may indicate that it is time for a hearing checkup.

Last year, 24-year-old administrative assistant Jatna Baldera feared she was going deaf. It happened gradually. First, she kept increasing the television volume. Then she began having difficulty hearing her colleagues at work. And at school, where she studied early childhood education, she had to ask her professors to repeat themselves.

She consulted one doctor, then another, and then she met with internationally recognized hearing expert Ian Storper, MD, director of otology, Center for Hearing and Balance Disorders, New York Head and Neck Institute at Lenox Hill Hospital. Dr. Storper diagnosed Ms. Baldera with a rare condition called otosclerosis.

“Unfortunately, hearing loss can occur at any time in life,” said Dr. Storper. “Jatna had a condition where extra bone formed in her middle ear and disrupted the normal movement of sound, leaving her with a 50 percent hearing loss.”

HEARING IMPLANTS

An Earful

Hearing evaluations at Lenox Hill Hospital are designed to precisely pinpoint hearing abnormalities. Conducted by audiologists in state-of-the-art soundproof booths, evaluations are made using the latest technologies available.

“Hearing loss can occur in the outer ear, the middle ear or the inner ear. It’s vital to perform a complete audiologic evaluation to determine the location of the problem, the patient’s ability to understand speech and hear pitches or frequencies, and the patient’s degree of hearing loss, whether it’s from a blockage or from a malfunctioning nerve of the ear,” said Dr. Storper.

21st Century Options

If hearing loss is uncovered, there are various restoration options available for patients, including:

- **Hearing aids.** These have improved tremendously in recent years, said Dr. Storper. In addition to standard aids, advanced versions are available, including the bone-anchored hearing aid. This aid features a titanium fixture that is surgically attached to the skull to conduct sound when hearing loss occurs in one ear, or if a medical condition, such as chronic ear infections, prohibits the placement of standard hearing aids.
- **Hearing restoration surgeries.** There are numerous microsurgical procedures that are available to reconstruct the hearing mechanism, such as repair of the eardrum.
- **Cochlear implants.** A small electrode with a receiver is surgically placed into the cochlea — the snail-shaped cavity located in the inner ear that is essential for hearing — to act as a conduit, sending sound signals to the nerve that connects to the brain. “It’s like a bionic ear and works quite well,” said Dr. Storper.
- **Maxum.** Part of the next generation of hearing implants, Maxum is surgically implanted to send electromagnetic signals that are transferred across the eardrum to the inner ear, where they are interpreted as speech and sound. Dr. Storper is currently one of very few surgeons in New York City offering Maxum implantation.

SOUND SOLUTIONS Does hearing loss always come with age?

“Although there is some inevitable wear and tear on the ears as you age, hearing loss does not affect everyone. In fact, studies show that older people in some underdeveloped nations experience minimal hearing difficulties, which leads us to believe that cumulative exposure to loud sounds probably adds to hearing loss in this country,” said Ian Storper, MD, director of otology at the New York Head and Neck Institute at Lenox Hill Hospital.

Protect your ears from environmental noises by avoiding loud sounds whenever possible. For example, keep the volume down when wearing earphones while listening to music.

“Even drummers in rock bands and people who frequent clubs or concerts now wear colorful, trendy-looking earplugs,” said Dr. Storper. “It’s wise to protect your ears, and your children’s ears, against extremely loud sounds. Although you can’t avoid all noise, it is possible to minimize your exposure to help maintain your hearing.”

Meeting Your Needs

No matter what type of hearing loss a patient experiences, Lenox Hill Hospital offers a full array of treatments, procedures and technologies.

“Our experienced, fellowship-trained otology experts are on the cutting edge of advancements in this field,” Dr. Storper said. “We take the time to listen to patients to fully understand what they want and which modality will work best for their particular needs.”

:: Hearing doesn’t have to be hard. For more information on hearing implants at the New York Head and Neck Institute at Lenox Hill Hospital, call **212-434-4500** or visit **nyhni.org**. To watch a video on hearing implants, visit **bit.ly/Pqawyg** or scan this QR code with your smartphone.



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In Good Health is published by the Public Relations Department of Lenox Hill Hospital (212-434-2400). The information within this publication is intended to educate readers about subjects pertinent to their health and is not meant to be a substitute for consultation with a personal physician. Produced by Krames StayWell, Evanston, IL. © 2012. Printed in USA



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CREATE YOUR WEIGHT WEIGHT MANAGEMENT IN A SMALL GROUP SETTING

Effective weight management is far more than simply losing pounds. It's about boosting your overall health by understanding and improving individual eating habits, lifestyle and activity choices to achieve long-term results.

Create Your Weight, taught by Lenox Hill Hospital registered dietitians, encompasses nutrition education, physical activity and the role of behavioral therapy in weight reduction and management.

The 10-week core program begins with an individual assessment by a registered dietitian, followed by weekly group sessions:

- Nutrition education focuses on food labels, food preparation, meal planning, portion control, dining out, fad diets and shopping tips.

- Physical activity addresses the benefits of exercise, body composition, components of fitness and the basics of planning an exercise program.

- Behavior modification consists of a weekly assignment and discussion addressing how to listen to your body in order to overcome bingeing, overeating or obsessions with food.

:: Learn more about nutrition therapy programs. For more information on Create Your Weight or individual nutrition counseling, call Erin Keane, RD, CDN, CDE, at **212-434-6198** or email ekeane@nshs.edu



DON'T GET SIDELINED BY A RUNNING INJURY

Are you an injured or recovering runner? Do you experience pain from running?

Attend a free screening at the Runners' Injury Clinic at the Nicholas Institute for Sports Injury and Athletic Trauma at Lenox Hill Hospital. The Runners' Injury Clinic is held monthly and all screenings are performed by physical therapists.

Schedule an appointment today at **212-434-2700**.

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For information or to find a doctor, visit lenoxhillhospital.org.