



# MATHER

JOHN T. MATHER MEMORIAL

# HOSPITAL

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# Community News

winter 2010

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**2** { **TRAINED EYE** A Mather Hospital retinal specialist is helping people see again.

**7** { **NO SMOKING** Learn why Mather has become a completely tobacco-free campus.

**7** { **NEED A NEW KNEE?** The latest technology gets you back on your feet quicker than ever before.

**8** { **ONE ENCHANTED EVENING** Annual gala supports the Fortunato Breast Health Center.

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Retinal specialist Josh Glatman, MD, uses the latest technology to restore patient Susan Mackesey's vision.

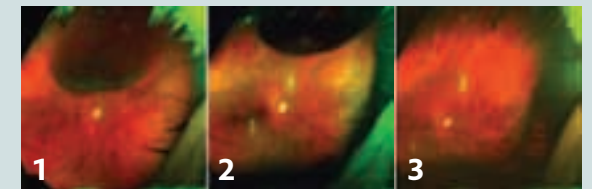
## treatments for detached retinas

**Laser (thermal) or freezing (cryopexy):** Can weld or seal a retinal tear if it is diagnosed early.

**Pneumatic retinopexy:** May be used if the tear is small. A small gas bubble is injected into the vitreous gel. The bubble rises to press against the retina and close the tear. A laser or cryopexy can then be used to seal the tear. This procedure is 85 percent successful.

**Scleral buckle:** Involves placing a silicone band, or buckle, around the eye to hold the retina in place. This band is permanently attached and not visible. Thermal treatment may be necessary to repair the tear. This procedure is 95 percent effective.

**Vitrectomy:** Used for large tears. The vitreous gel is removed from the eye and is usually combined with filling the eye with either a gas bubble or silicone oil. Its success rate is approximately 95 percent.



Susan Mackesey's retinal detachment was repaired by pneumatic retinopexy. 1) Initial retinal detachment (darker area) seen in the upper area. 2) The retina has reattached after gas bubble injection (darker area). 3) After six weeks, the retina is attached, with laser repair spots in upper periphery surrounding retinal tear. The gas bubble has reabsorbed and is no longer present.

# local visionary

leading retinal surgeon joins mather hospital to serve community

"I could see a pingpong ball shadow through the bottom corner of my right eye," recalls Susan Mackesey of Oakdale. "Dr. Glatman said I had a detached retina and, if left untreated, I would lose vision in that eye in a couple of days."

Josh Glatman, MD, decided on pneumatic retinopexy. It involves an injection of a gas bubble into the vitreous space—the hollow center of the eye, which is filled with a gel-like substance called the vitreous—to push the torn retina back in place in the back of the eye. "It's a less-invasive

procedure that works well with superior [upper] tears, which Miss Mackesey had," Dr. Glatman says. "It worked beautifully."

Had Mackesey experienced the tear before Dr. Glatman joined the staff at John T. Mather Memorial Hospital in August, she may have had a difficult time finding a retinal specialist elsewhere. "With about 1,600 retinal surgeons in the country [there are 1.5 million physicians in the U.S.], having a retinal surgeon of Dr. Glatman's caliber on Mather's staff is very important and exciting,"



## SEE TO IT

Need a Mather Hospital ophthalmology specialist? Call **631-476-2888**.

says ophthalmologist Vincent Basilice, MD (cover photo, right), whose practice Dr. Glatman joined.

“Dr. Glatman was trained at the University of Pittsburgh, one of the leading medical centers in the country,” Dr. Basilice adds. “He did all of their retinal work.”

Retinal detachment can occur at any age; however, it is more common later in life because the vitreous gel that holds the retina in place contracts as we age. Conditions that may increase the chance of a retinal detachment include previous cataract surgery, nearsightedness, severe trauma, glaucoma, a family history of retinal detachment, an earlier retinal detachment in the other eye, or weak spots in the retina.

### the latest and greatest

Although Mackesey’s retinal tear was repaired by injection of a gas bubble, detached retinas often require more complex and sophisticated procedures, such as vitrectomies (see “Treatments for Detached Retinas”). “Through the development of advanced procedures and new technology, the success rate of vitrectomy retinal repair is very high,” Dr. Glatman says. “Prior to these advancements, many people suffered vision loss.”

Mather Hospital’s administrators have been very supportive, Dr. Basilice says. “It was critical for the hospital to purchase the latest advanced technology available to equip our retinal surgery suite,” he adds.

Dr. Glatman continues, “The most important piece of new equipment is the constellation vitrectomy system. It’s brand new and the most advanced in the world. It combines advancements in high-speed microcutting [5,000 cuts per minute, twice the previous standard], which allows for more control during retinal surgery. It enables us to perform safer vitrectomies—without sutures. This allows patients to recover more quickly with less discomfort.

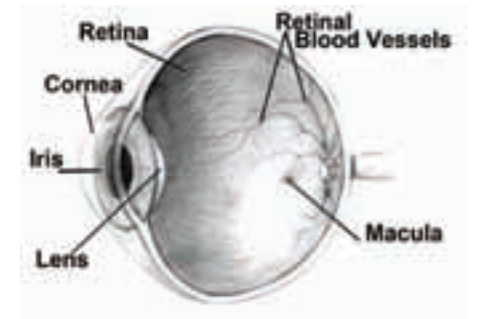
“Vitrectomy surgery effectively treats other conditions, such as vitreous hemorrhages, epiretinal membrane, macular holes and diabetic retinopathy,” Dr. Glatman says. “We are also seeing advances in treatment for macular degeneration by means of laser coagulation and medication.”

According to Department of Ophthalmology Section Chief Alfred Cossari, MD, Mather Hospital continues to expand its ocular expertise. “We’ve brought a cornea specialist on to staff about two years ago, and we’ve recently brought a glaucoma specialist on board,” Dr. Cossari says. “In addition, we have proudly been one of the premier providers of pediatric eye care in Suffolk County for more than 30 years. Patients in our area may now avail themselves to high levels of expertise right here at Mather. Long trips into Nassau County and New York City are no longer necessary.”

## conditions treated by retinal specialists

**Macular degeneration:** Damage to the retina resulting in loss of vision in the center of the field of vision, or macula. Usually affects older adults. It occurs in two forms, dry and wet. Although peripheral vision remains to allow daily activities, macular degeneration can make it difficult or impossible to read or recognize faces. In the dry or nonexudative form, cellular debris called drusen accumulate behind the retina, causing it to detach. In the wet or exudative form, which is more severe, blood vessels grow behind the retina, also causing detachment.

**Vitreous floaters:** Deposits of various size, shape and consistency within the eye’s normally transparent vitreous humor (the gel that fills the inside of the eye), which can obstruct vision. They are common, and, for most people, do not cause serious problems.



### Retinal detachment:

The lining of the eye peels

loose and freely floats within the eye. If left untreated, this condition can quickly lead to blindness.

**Epiretinal membrane (macular pucker):** A patch of unhealthy tissue that forms in the central retina, or macula, thus distorting vision.

**Proliferative diabetic retinopathy:** May damage sight by formation of unhealthy, bleeding blood vessels in the eye, which cause fibrous scar tissue on the retina, thus detaching it. People with diabetes should have an eye exam yearly.

**Macular holes:** The normal shrinking with age of the vitreous gel can occasionally peel the central retina, or macula, causing a hole and blocking sight in that spot.

**Vitreous hemorrhage:** Bleeding in the eye from injuries, retinal tears or blocked blood vessels. After blood is removed, photocoagulation with a laser can shrink unhealthy blood vessels and seal retinal holes.

For a referral to a Mather ophthalmologist or other physician, call **631-476-2888**.





# what's your excuse?

breaking down the  
barriers between you and  
your annual mammogram

If the cost of a gallon of milk goes down a nickel, or if your car starts getting 27 mpg instead of 28, you probably won't think it's that big of a deal.

But when the Centers for Disease Control and Prevention (CDC) reports that fewer women are getting mammograms, it's not so much the rate that's important—although that 1.8 percent drop translates into 1.1 million women over five years—but the fact it's decreasing at all.

Getting a mammogram seems like a no-brainer: Regular screenings can catch breast cancer early, reducing the mortality rate by up to 35 percent. And leading health resources, including the American Cancer Society and the American Medical Association, recommend a mammogram at least every other year for women 40 and older, and every year beginning at 50.

So why would anyone ignore the advice and skip her screening?

## concern about costs

**The challenge:** Women in low-income households are significantly less likely to have had a mammogram, according to a study by the CDC. And during a down economy, more women find themselves unemployed or underemployed—often without the health insurance that typically covers at least some, if not all, of the cost of examinations.

**The solution:** Federal, state and non-profit programs offer no- or low-cost mammograms to low-income, uninsured and underinsured women. "Virtually every state has a federal matching program," says Margaret Drugay, a spokeswoman for the American Cancer Society.

## FREE PODCAST

The latest feature from [breastcancer.org](http://breastcancer.org) is the treatment coach. Listen to free podcasts from experts on new treatments and discoveries, as well as advice for life after a diagnosis, at [breastcancertreatmentcoach.com/podcasts](http://breastcancertreatmentcoach.com/podcasts).

“The longer you wait between mammograms, the more time a cancer has to spread.”

· · · MARGARET DRUGAY, SPOKESWOMAN FOR THE AMERICAN CANCER SOCIETY

The National Breast and Cervical Cancer Early Detection Program screened nearly 300,000 women in 2007. The program exists in all 50 states, the District of Columbia, and a number of U.S. territories and American Indian tribal organizations.

The Susan G. Komen for the Cure breast care helpline, **877-465-6636**, guides women in finding out how to get a low-cost or free mammogram in October, during Breast Cancer Awareness Month.

Many YWCA locations participate in the ENCOREplus program, which offers referrals for low-cost or free screenings.

Drugay also recommends calling the American Cancer Society or your local health department to learn about eligibility and locations.

### my doctor didn't tell me I should get one

**The challenge:** Just having access to healthcare might not be enough. A study published in the journal *Cancer Causes & Control* reported that 80 percent of the surveyed women who didn't get a mammogram said their physician hadn't suggested they do so.

“It does make a difference if a physician recommends you get a mammogram,” says Drugay, who for her doctorate in nursing examined early detection of breast cancer in older women.

Unfortunately, Drugay says, these days physicians often “are so time-limited and have to be so focused [on a specific health problem] on each visit that it's easy not to remember all the preventive healthcare.”

**The solution:** Be proactive. “If the physician doesn't say you need a mammogram, ask them why not,” Drugay says. “They may have forgotten about it, focused on a different issue, or not remembered what the recommendations are for mammograms.”

Regular screenings are particularly important for women who have a family history of breast cancer. Drugay stresses that women whose mothers and grandmothers had breast cancer should be vigilant earlier—by at least age 35.



### words from a survivor

“It's easy to be complacent” and put off getting a mammogram, says Margaret Drugay, spokeswoman for the American Cancer Society, “especially if you've had negative mammograms over time.”

But Drugay is a living example of the importance of the exam: After surgery on her collarbone following a bicycle accident, she had so much going on that she skipped her exam one year.

“When I came back, I had breast cancer,” she says. “It was very early, it was very small, but if I had gone in my usual sequence, it would have been caught even earlier.” She has since become an advocate for annual exams.

“Women need to go in,” Drugay says. “They should not be skipping years. The longer you wait between mammograms, the more time a cancer has to spread. So it's far better to find it as early as possible and have a possibility of 95 or better percent cure rate, than to wait two or three years and find something that's much larger that's spread and is more difficult to contain.”

Women also should regularly perform self-exams. “Women who are familiar with their own contours are more likely to find something early,” Drugay says.

### it will hurt!

**The challenge:** Some women dread any possible discomfort associated with mammograms so much that they put off the lifesaving screening.


**The solutions:** A study at St. Luke's Mountain States Tumor Institute in Boise, Idaho, showed that lidocaine gel—a topical anesthetic used to treat skin irritations like sunburn, insect bites and rashes—eased the discomfort so much that 88 percent of study participants indicated they would definitely get a mammogram the following year.

“When used appropriately, these products may provide safe and effective pain relief,” according to the study, but the FDA recommends you talk to your doctor before using a topical anesthetic for a mammogram because there is an associated risk.

An advisory issued by the FDA warns that lidocaine and other skin-numbing products used on large areas of the body may pass into the bloodstream through the skin. A high concentration could lead to irregular heartbeat, seizures, coma or death.

However, Drugay says some equipment now has padding to make the examination less uncomfortable. She also suggests that women who are extremely sensitive could take an over-the-counter pain reliever, such as Advil or Tylenol, before leaving for the examination. Other steps to consider: Make the appointment for your mammogram for the week after your period when breast sensitivity is less.

### still thinking of passing?

“My blunt response,” Drugay says, “is that a mammogram is a whole lot less painful than chemotherapy. This goes back to the ‘ounce of prevention, pound of cure.’ It's just a few seconds—it's *literally seconds*—that might prevent discovery of something that's unbearable.”  by sam mittelsteadt



## a link between obesity and diabetes

The power to reduce your risk for type 2 diabetes is entirely in your hands—and your mouth. Along with regular exercise, watching what you eat is the best way to reach and maintain a healthy weight, while avoiding a diabetes diagnosis. Sue McLaughlin, registered dietitian, certified diabetes educator and president of healthcare and education for the American Diabetes Association, offers some sensible strategies.



**Q** Why is maintaining a healthy weight important for people who want to prevent type 2 diabetes, or for those who already have it?

**A** A study called the Diabetes Prevention Program showed that people at high risk for diabetes could reduce that risk by more than 58 percent over a three-year period by losing 5 to 7 percent of their total body weight. In the study, this was done by following a reduced-calorie, low-fat diet and exercising 30 minutes per day, five days a week. It's also easier to manage diabetes if you're at a healthy weight.

**Q** What kind of eating plan is the best way to lose weight, especially for people with diabetes?



**A** Develop a meal plan that incorporates all food groups and includes the lowest-fat choices in each group (such as fish instead of red meat for protein). Choose nutritious foods that are high in vitamins, minerals and fiber. Watch your calorie intake, control portion sizes—try using a salad plate instead of a dinner plate so you take smaller servings—and keep your consumption of saturated fat to less than 7 percent of your daily calories.

**Q** Can certain kinds of diets be bad for your health?

**A** Weight-loss plans that promise rapid weight loss—or that encourage avoidance of entire food groups, which can deprive you of nutrients you need for overall good health—should be evaluated carefully. Low-carb diets, which are very high in protein, may promote kidney problems. For most people, losing weight at the rate of one-half to two pounds per week is reasonable. Before starting any weight-loss program, it's a good idea to talk to your doctor.

## QUIZ YOURSELF

Are you a risk-taker when it comes to your health? Use the American Diabetes Association's free online Diabetes Risk Calculator to determine the likelihood that your lifestyle habits could lead to prediabetes or type 2 diabetes. Go to [diabetes.org/risk-test](http://diabetes.org/risk-test).

**Q** Losing weight and keeping it off can be really tough, especially when temptations seem to be everywhere. Any suggestions?



**A** Find friends, family members or healthcare professionals who will encourage you to stick with your new healthy habits. Include moderate exercise in your plan and keep activity and food journals to track how you're doing. Weigh yourself at least once a week to monitor your progress. And remember that almost everyone slips up at some point, but every day is a new day and you can get back on track to achieve your goal.

by amy lynn smith



# the butt STOPS here

mather hospital is now smoke-free and tobacco-free

On January 1, 2010, John T. Mather Memorial Hospital officially became a smoke-free and tobacco-free campus. This new public health policy applies to all employees, volunteers, medical staff, patients, visitors, vendors and contractors. Mather's Health Alliance partner, St. Charles Hospital, also became smoke-free and tobacco-free on January 1.

According to the American Cancer Society, smoking kills 25,500 people in New York state each year. This includes 2,500 who die from secondhand smoke. Since smoking remains the leading preventable cause of death in the U.S., it is essential that the Mather-St. Charles Health Alliance take these steps to promote better health.

Although both hospitals have been smoke-free and tobacco-free for many years, smoking was permitted in designated areas outside. On January 1, these areas were eliminated. The new

policy prohibits smoking and tobacco use anywhere on hospital property, including personal vehicles on hospital grounds.

"The goal of both our hospitals is to sustain a healthy environment for our patients, staff and community," says Mather Hospital President Kenneth Roberts. "As our community's healthcare providers, it is our duty to promote healthy lifestyles and to lead by example."

In collaboration with Suffolk County Department of Health's smoking cessation program, St. Charles and Mather hospitals provide smoking cessation programs to employees and periodically host "Learn to Be Tobacco Free" seminars.

"We realize how hard it is for smokers to quit and understand their concerns," Roberts says. "And we will continue to provide support to help make this transition as easy as possible."

St. Charles and Mather hospitals have joined a Suffolk County collaborative to address tobacco use. The collaborative's goal is to positively affect behavioral changes that ultimately improve the overall health and wellness of county residents. Most hospitals in the county have adopted smoke-free and tobacco-free policies or are planning to do so. 🌱

## KICK YOUR HABIT

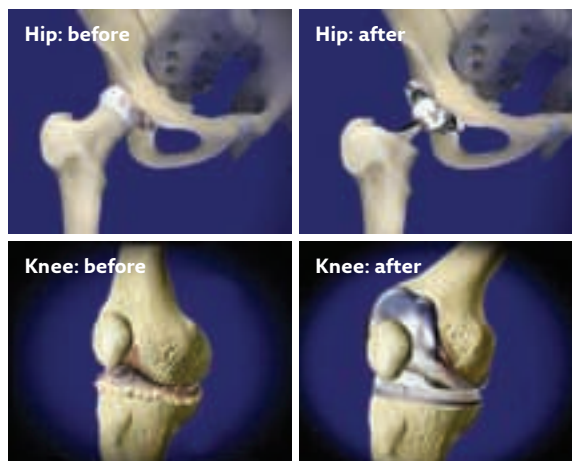
To discover how you can be tobacco-free, or to learn more about Mather Hospital's smoke-free initiatives, visit [www.matherhospital.org/tobaccofree](http://www.matherhospital.org/tobaccofree).

# joint replacement gets you back on your feet

most patients are well enough to go home in 3 days

Orthopedic surgeons at John T. Mather Memorial Hospital are leaders in the field of joint replacement. They pioneered new techniques and contributed to the design of state-of-the-art, less-invasive joint implants. Mather's sophisticated operating suites are especially suited for orthopedic and total joint replacement procedures.

Your health, safety and comfort are the top priority of Mather surgeons, nurses and hospital staff. Certified and experienced physical therapists will have you on your feet the very first day and typically discharged in three days. 🌱



During a joint replacement procedure, damaged or diseased bone surfaces are removed and replaced with synthetic materials, made of durable, wear-resistant plastic and metal.



## am I eligible?

Each patient is unique; however, in general, candidates for knee or hip replacement surgery experience:

- Pain severe enough to restrict work, recreation and activities of daily living.
- Pain that is not relieved by nonoperative treatment, such as reduced activity, medication or physical therapy.
- Advanced arthritis or other degenerative conditions.

As with any type of surgery, medical clearance by a physician is required.

**For more information, or to register for our next FREE joint replacement seminar, call Mather Hospital at 631-476-2888.**





## gala raises \$352,000 for fortunato breast health center

Thanks to the generosity of corporate sponsors and dedicated individuals, John T. Mather Memorial Hospital's 44th Annual One Enchanted Evening fundraising gala raised more than \$352,000. Proceeds benefit the Fortunato Breast Health Center and breast cancer treatment at Mather Hospital.

Pictured (from left) are Mather President Kenneth Roberts; Michael Fracchia, MD\*; Jeffrey Vacirca, MD\*; Mather benefactor Barney Fortunato Sr.; Mather benefactor and event co-chair Judith Fortunato; event co-chair Barney Fortunato Jr.; Mather Board Member Gary Cress\*; Suffolk County National Bank\*\* President and CEO J. Gordon Huszagh; and Mather Board Chairman Kenneth A. Jacoppi.

\*2009 Theodore Roosevelt Award recipient, \*\*Special honoree

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For further information or to purchase raffle balls online:  
[www.matherhospital.org/cow](http://www.matherhospital.org/cow)  
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(631) 476-2723

## symposium sheds light on pancreatic cancer

At the 2009 community education health symposium, experts from John T. Mather Memorial Hospital's medical staff presented detailed information about the disease to the 200-plus people in attendance.

Special guest speaker Dan Grimaldi of HBO's *The Sopranos*, whose wife was diagnosed with pancreatic cancer, shared his and his wife's story about dealing with the disease.

Pictured (from left) are Stanley Ostrow, MD; William LiPera, MD; David Hyman, MD; Martin Silverstein, MD; Kevin Watkins, MD; Elliot Dreznick, MD; Seth Persky, MD; George Calcanes, RN; Matias D'Costa, MD; Jeffrey Vacirca, MD; and actor Dan Grimaldi.

For physician referrals, call **631-476-2888**.



## a fabulous evening for mather hospital

With offerings ranging from pasta to pastries and merlot to microbrews, the 4th Annual An Evening of Fabulous Food dazzled the nearly 400 people who took part in the fundraiser for Mather Hospital's Prostate Health Center.

Twenty-five restaurants, wineries, microbrewers and related businesses offered their very best at the elegant Blackwell's Restaurant in Wading River on October 27. With their help, An Evening of Fabulous Food raised more than \$16,000.

Pictured are chefs and staff of 25 Long Island establishments with event chairman and Blackwell's co-owner Walter Hurney.



## assemblyman supports breast health

Assemblyman Marc Alessi secured \$125,000 in funding toward the purchase of new stereotactic biopsy equipment for the Fortunato Breast Health Center (FBHC) at John T. Mather Memorial Hospital. Stereotactic biopsy is extensively used by radiologists specializing in breast imaging to obtain tissue samples containing microcalcification, which can be

an early sign of breast cancer. Pictured (from left) are FBHC Director Eileen Swieczkowski, Alessi, FBHC Co-Medical Director Joseph Carrucciu, MD, Mather President Kenneth Roberts and Mather Board Chairman Kenneth A. Jacoppi.



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