

Housecalls

A publication of Mather Hospital • Autumn 2019



**IBD and IBS
– what's the
difference?**

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**Everything you need
to know about breast
cancer screening**

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Emergency surgery gets mother of two back on her feet



Jeanine Morelli, an active 41-year-old mother of two, had sudden, severe back pain. When she started to experience excruciating pain down her left leg, she knew something wasn't right. After multiple trips to her doctor and then a visit to Mather Hospital's Emergency Room, she was referred to the Hospital's Back & Neck Pain Center. Jeanine made an appointment for the next day. She drove to the Center in severe pain and was seen immediately by Cindy Price, NP-C, the Center's Nurse Navigator.

Cindy was able to get Jeanine an MRI within an hour. Once Cindy got the results, she rushed Jeanine to spine surgeon Dr. Ira Chernoff's office that evening, asking them to stay open until Jeanine got there. "I was in so much pain, I couldn't even think straight," said Jeanine. "Cindy saved me the hassle of making calls and coordinating my care, she saved me time and energy." The orthopedic spine surgeon planned to operate the

following week, but Jeanine's pain intensified. Cindy explained to Jeanine that if she started to suffer from loss of bodily functions, she needed to get to the ER immediately. Jeanine was in surgery two days later. Dr. Chernoff removed the disc herniation, the nerve root was decompressed, and the vertebral bone was removed to relieve pressure on the nerve root. "I had no time to research the surgeons, I trusted Cindy's advice emphatically," said Jeanine.

Cindy was in touch with the doctors after surgery and followed up with Jeanine the following week. Jeanine is now back to work as a teacher at Longwood Junior High School and can keep up with her two children. "I'm going for physical therapy and have to watch what I lift for now," Jeanine said, "Meeting Cindy was a godsend. She took care of me. She was amazing. She saved me."



Get relief from your back and neck pain.
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Thursday, October 17, 2019, 6 - 8pm

Middle Country Public Library
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Honoring three medical professionals in our community

Mather Hospital will honor David BenEliyah, DC, Director of Mather’s Chiropractic Collaboration and Back & Neck Pain Center, as its Community Honoree and David Shenouda, DO, cardiologist and Sumeer Sathi, MD, neurosurgeon, will receive the 2019 Theodore Roosevelt Awards for service to the Hospital and to the community. The awards will be presented at Mather’s One Enchanted Evening gala on Friday, November 1, at East Wind Long Island in Wading River.

2019 Community Honoree

David BenEliyah, DC, is the founder and administrative director of the Back & Neck Pain Center at Mather Hospital, and the Mather Chiropractic Collaboration Program. He has advanced certification in Sports Injuries and Pain Management. A strong proponent of education, Dr. BenEliyah started Mather’s NeuroSpine Summit, an interdisciplinary symposium that features presentations of complex spine cases with expert roundtable discussion. Dr. BenEliyah is widely published on spine care in peer reviewed journals, and has made many presentations on spine care at multiple conferences. He is a member of the USA Olympic Medical Society having been selected to spend a month at the U.S. Olympic Training Center treating Olympic and USA elite athletes. Dr. BenEliyah has been in private practice in Selden, NY for 36 years, where he directs an integrated and collaborative spine and musculoskeletal practice.



2019 Theodore Roosevelt Award Winners

David Shenouda, DO, is a board certified cardiologist with Three Village Cardiology, a practice of Harbor View Medical Services. He most recently served as president of the Medical Staff and chairman of the Medical Board. During his tenure in that role he was a founding member of the Committee on Promoting Physician Excellence, which is a subcommittee of Quality Management that establishes expectations for the medical staff regarding standards of performance in professionalism, wellness, communication and team work skills.



Dr. Shenouda partnered with the American Academy for Physician Leadership to develop training and lectures for the Medical Staff. He is a champion in engaging the medical staff in Mather’s journey to becoming a high reliability organization.

He graduated from the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine and completed both a residency in internal medicine and a fellowship in cardiovascular medicine at Winthrop University Hospital. He also serves as a clinical assistant professor at Stony Brook University.



Sumeer Sathi, MD, is a neurosurgeon who was instrumental in building the neurosciences service line at Mather Hospital. Dr. Sathi serves as section chief of Neurosurgery, medical director of Neurosciences

and the Back & Neck Pain Center, an innovative holistic, multidisciplinary program established in 2016. He is a perennial presenter at Mather Hospital’s Annual Spine Summit. Dr. Sathi also is a clinical assistant professor of neurological surgery at Weill Cornell Medical College.

Dr. Sathi finished his medical degree at Harvard Medical School in Boston, MA, and continued his interest in the neurosciences by training in neurosurgery. He served as general surgery intern and neurosurgery resident at the Harvard Medical School program, The Children’s Hospital and the Brigham and Women’s Hospital in Boston, MA. He also supervised the cerebrovascular research laboratory involved in neuroprotection. After finishing his residency, he entered a skull base and cerebrovascular surgery fellowship under the tutelage of Dr. John Tew, Jr. at Mayfield Institute and the University of Cincinnati, Cincinnati, OH.



“I’m a survivor... why don’t I feel that way?”

Whether it has been one year or 20 years since your breast cancer diagnosis, questions and concerns may still persist.

Meet 1:1 with Marianne Kiernan, RN, BSN, CN-BN, CBCN, Certified Breast Cancer Navigator the first Wednesday of each month.

Appointments available from 1:30 - 7pm at the Fortunato Breast Health Center at Mather Hospital

For more information or to make an appointment, call (631) 686-2561

Don’t let hip or knee pain slow you down

Attend a free joint replacement breakfast seminar
Saturday, October 19, 2019

10:30am - 1pm
Villa Lombardi’s
877 Main Street, Holbrook

Learn how advancements in minimally invasive surgical techniques can:

- Eliminate your knee, hip and shoulder pain
- Minimize scarring
- Reduce recovery time
- Improve your life



For more information or to register, call (631) 686-7876

Recognizing John T. Mather Legacy Society Members



A new recognition wall honoring those who have made gifts to ensure that quality health care will continue to be available in our community for many years to come was unveiled on June 27 by JTM Foundation Board Chairman James Danowski at the JTM Foundation Legacy Society reception. The Legacy Society was established to honor our founder and to recognize the thoughtful generosity of those who have included Mather Hospital in their estate plans or who have made a planned gift.

JTM Foundation Board Members pictured from left to right: James Danowski, Donald Lippencott, Mark Snyder, Kathryn Frey, Linda Oak and Eric Cherches



The reception included a presentation by Dr. Arif Ahmad, the Director of Robotic Centers of Excellence, about the exciting advancements in Mather’s robotic surgery program, including Mather Hospital’s designation as only the third Epicenter in Robotic Bariatric Surgery in New York State.

▼ [Learn more about the John T. Mather Legacy Society at matherhospital.org/legacysociety.](http://matherhospital.org/legacysociety)

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at New York Cancer & Blood Specialists in East Setauket

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Minimum purchase for this raffle is \$100.

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Cardholder's name _____

Account # _____ Exp. ____/____

Number of tickets: _____ Amount enclosed: \$ _____

Fax option for credit cards, fax to: Mather Public Affairs Office (631) 476-2792
Online purchases: matherhospital.org/wheels

Mather Hospital Northwell Health*

Thank You!
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Husband and wife take weight-loss journey to better health

Jennifer Kohler had struggled with her weight since her teens and had tried it all— the weight loss programs, the diets, the personal trainer. She was even one of the first people in the country to have the gastric band, then later had it removed. But the weight always came back.

David Kohler was an athlete in high school, a wrestler and football player who didn't have a weight problem until an injury ended his sports activity. When he was diagnosed with colon cancer years later, it was the jump start he needed to do something about his weight and overall health.

After researching bariatric surgeons and attending a Mather Bariatric Center of Excellence information seminar in November 2016, the Center Moriches couple went to see Dr. Arif Ahmad, director of the Center. David had the gastric sleeve in April 2017, and Jennifer was scheduled for the same procedure the following week. But even as David was at Mather recovering from his surgery, she still had doubts.

“My biggest fear was giving up food,” she said. “Food has been an emotional best friend for me. It’s gotten me through the good times and the bad times of my life. I was worried about never being able to eat what I wanted when I wanted. During that week David was in the hospital, I went to a support group at Mather that was meant for people who had already had the surgery. I said I know I haven’t had the surgery yet, but I need to talk to people. They let me stay and they talked to me. They talked me off the ledge.”

Today, Jennifer and David – who both weighed about 365 pounds at their heaviest – are down to about 190 and 260, respectively, and still attend support groups and nutrition counseling sessions at Mather.

“During the first year to two years after your surgery there are so many different groups and people you can talk to,” David said.

“We really took advantage of the nutrition program. We did that every month,” Jennifer added.



Before



After

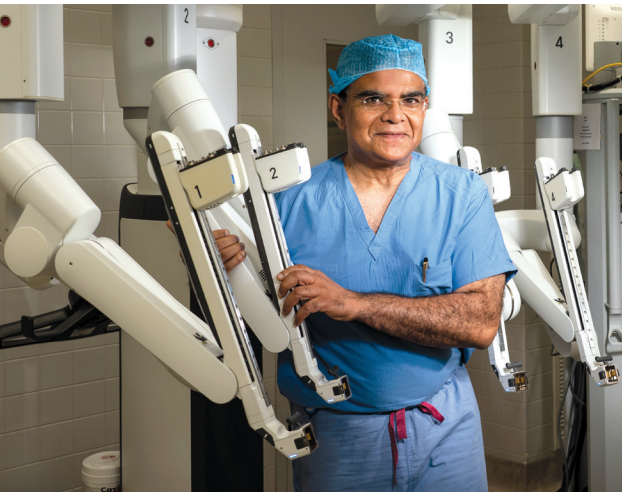
Both know that maintaining their current weight and losing more is something they must work at and they are motivated by the dramatic changes in their lives in terms of health and increased level of activity.

“Overall our health is so much better,” Jennifer said. “I had been on blood pressure medicine since I was 20. My blood sugar levels were high. I’m off all medications, and David is, too. David had high blood pressure and severe sleep apnea. David has gone zip lining. It was something he always wanted to do but couldn’t because of the weight requirement. We went to the Cayman Islands right before our surgery and then a year later we went back. We didn’t have to ask for a seat belt extender on the plane.”

“I’m more active now,” David said. “I play beach volleyball once a week with friends. I’m a volunteer fireman and I can see a major difference when I’m on calls.”

“(Doing) things like cleaning the house or playing with our dog or getting on my knee and tying my shoes and getting dressed and shopping for clothes,” Jennifer said. “It’s all the things you don’t think about that were so difficult.”

Mather designated as Epicenter in Robotic Bariatric Surgery



Arif Ahmad, MD, and Mather Hospital have been designated as an Epicenter in Robotic Bariatric Surgery by Intuitive Surgical, manufacturers of the da Vinci® surgical robotic system. Dr. Ahmad is the director of Mather’s Center of Excellence in Metabolic and Bariatric Surgery™ and Robotic Center of Excellence™.

An Epicenter serves as a model for robotic surgery and is considered a state-of-the-art facility with a surgeon who is a proven expert in his or her field as demonstrated by world class standards in clinical outcomes, safety, procedural efficiency, cost reduction and program management. Dr. Ahmad and Mather are the first such Epicenter on Long Island and join New York-Presbyterian/Weill Cornell Medical Center and Albany Medical Center as the only designated Epicenters in Robotic Bariatric Surgery in New York State.

As part of the designation, Dr. Ahmad and Mather host surgeons from all around the country who come to learn the latest robotic bariatric surgical techniques in one of Mather’s two da Vinci® robot operating rooms.

IBS and IBD – what’s the difference?

It’s easy to mix up inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS) because the names sound very similar, and some people with IBD can also have IBS, but these gastrointestinal conditions are two very different medical issues. IBS and IBD do have some similar symptoms, including stomach pain, bloating, diarrhea and constipation, but that’s pretty much where the similarities end. Although they are both chronic conditions, IBS and IBD have very different treatments and getting the correct diagnosis is key to properly managing the symptoms. Here are the differences:

Irritable Bowel Syndrome

IBS is known as a functional disease, meaning you may have a group of symptoms, but diagnostic tests and procedures may not show any physical explanation for those symptoms. The symptoms of IBS and their intensity vary from person to person. Symptoms can occur after eating a large meal or can be induced by stress. They can temporarily be relieved by having a bowel movement. IBS is largely managed by gastroenterologists with non-operative treatment plans.

Unlike IBD, IBS cannot be confirmed by visual examination or with diagnostic tests because it does not cause inflammation in the digestive tract. Your doctor may use blood and stool tests, x-ray, endoscopy, or other tests to rule out other diseases. People with IBS would typically present with stomach pain for at least one day a week for the past three months. The pain is usually associated with a bowel movement. Other symptoms of IBS include gassiness, nausea or the feeling of needing to have a bowel movement.

The causes of IBS are not clear. People with IBS usually try to treat it with dietary changes, however, there is no specific diet that works for everyone with IBS. Your doctor may also prescribe medications to help with diarrhea or constipation if those are symptoms you’re trying to manage. Other treatments that may help relieve IBS include stress management, acupuncture, and relaxation training.

Inflammatory Bowel Disease

IBD is a term used to describe a group of autoimmune disorders (the body attacks its own organs) where the intestines become inflamed. The occurrence of IBD is increasing yearly in the United States. IBD is broken up into three main classes: Crohn’s disease, ulcerative colitis, and indeterminate colitis. Unlike IBS, with IBD there is physical damage such as inflammation, ulcers and bleeding. These may require tests of blood and stool, a colonoscopy, imaging studies like CAT scans or MRIs, or a biopsy in order for your physician to make a diagnosis.



David Schwartzberg, MD, Mather Colorectal Surgery

The symptoms unique to IBD that are caused by inflammation in the gut can include blood in the stool or black stools, weight loss or loss of appetite, and fever. The medical treatment of IBD aims at controlling the inflammation caused by the body, and surgery is occasionally needed. According to David Schwartzberg, MD, Colorectal & IBD Surgeon at Mather Colorectal Surgery, “patients are best served by seeing specialists who manage and can perform complex operations on patients with IBD to have the best outcomes and get the patient back to living their lives.”

Crohn’s disease can cause pain, fever, bleeding, bloating, ongoing abdominal infections, recurrent abscesses around the anus, unintended weight loss and an inability to eat. Crohn’s disease can occur in any portion of the gastrointestinal tract starting from the mouth, through the stomach, small intestine, colon, rectum, anus and peri-anal area. Crohn’s disease is further divided into stricturing disease (intestinal narrowing), penetrating disease (fistula/abnormal connection between organs) and inflammatory disease. Unfortunately, the majority of patients with Crohn’s disease will need an operation during their life (but new medications designed to help patients avoid surgery are becoming more effective), and optimal treatment occasionally involves a variety of medications, including steroids and biologics, and repeat operations. “Crohn’s disease is managed by a team that is dedicated to treating patients with IBD and consists of colorectal surgeons, gastroenterologists, dieticians, stoma therapists and many other members of the IBD team,” said Dr. Schwartzberg.

Ulcerative colitis is a disease that is confined to the large intestine (the colon and rectum) and can cause diarrhea, pain, fever, bleeding and unintended weight loss. Most patients do not need surgery to remove their colon and rectum; however, patients may need to be on long-acting medications that may additionally include the use of steroids and/or biologics.

“For patients who do need surgery, it is performed in stages (different operations) and involves removing the colon and rectum, which removes the disease ulcerative colitis, and then creating an ileo-pouch-anal-anastomosis, or ‘J-pouch,’ which allows the patient to not have an ileostomy bag (bag on the skin to collect stool),” Dr. Schwartzberg said. “Occasionally, the J-pouch does not work and specialized centers, like Mather Colorectal, can re-do the J-pouch so the patient can again live without an ileostomy bag,” said Dr. Schwartzberg. Ulcerative colitis is managed by a team that is dedicated to treating patients with IBD and consists of colorectal surgeons, gastroenterologists, dieticians and stoma therapists.

Indeterminant colitis is part of IBD; however, its symptoms and results of the tests make it impossible to tell which type of IBD the patient has, despite an extensive workup. Luckily, the majority of treatments for Crohn’s disease and ulcerative colitis are similar, so regardless of which type of IBD the patient has, the patient can still be treated by the IBD team. Often times, years after the diagnosis of Indeterminant colitis, the patient is eventually considered to have Crohn’s disease or ulcerative colitis.

Like IBS, the causes of IBD are unknown. It is thought that bacteria or viruses may trigger the body’s immune system to produce an inflammatory reaction in the intestinal tract. Some combination of hereditary, genetic, or environmental factors may also play a role in the development of IBD.

Everything you need to know about breast cancer screening

Information about breast cancer screenings can be confusing. It seems like new recommendations are coming out all the time, and each recommendation is different from the last one. Michelle Price, MD, co-medical director of the Fortunato Breast Health Center, helps us to understand some important breast health issues.



Michelle Price, MD,
Fortunato Breast Health
Center

Understanding screening guidelines

Dr. Price says, “think of it as an annual check-up. Unless there are other factors, women should begin screening mammography at age 40, and continue annual screening every year thereafter.” Many professional societies involved with the diagnosis and treatment of breast cancer also continue to recommend annual screening mammography starting at age 40, including the Society for Breast Imaging, American College of Radiology and National Comprehensive Cancer Network.

According to Dr. Price, the Fortunato Breast Health Center also does not recommend a particular age for stopping screening. “Some organizations suggest discontinuing mammography screening at age 75, but as long as you are in reasonably good health, you should continue to have your annual mammogram.”

In certain instances, women should begin mammography screening even younger than age 40. Typically, this situation would occur if a woman has a first-degree family member, such as mother or sister, who was diagnosed with breast cancer younger than 50 years of age. Having a family history of breast cancer may increase one’s risk for developing breast cancer. However, it is important to remember that 75 percent of women diagnosed with breast cancer have no family history at all. “The fact is that all women are at risk. All women can benefit from regular mammography screening and early detection. Women with additional risk factors such as dense breast tissue and family history may also benefit from complementary screening methods, such as breast ultrasound or breast MRI,” said Dr. Price.

Dense breasts – what does that mean?

Nearly half of all women age 40 and older who get mammograms are found to have dense breasts. Dense breast tissue refers to the way breast tissue looks on a mammogram. It is a normal and common finding. On a mammogram, dense breast tissue appears as a solid white area, whereas fatty tissue is more gray. Since dense breast tissue is more difficult to see through on a mammogram, it can make it more difficult to identify breast cancer. This is why the Fortunato Breast Health Center recommends that women with dense breasts have an ultrasound along with their mammogram.

A breast ultrasound can help find some breast cancers that cannot be seen on a standard digital 2-D or 3-D mammogram. Ultrasound can allow your doctor to see through the breast tissue in a way that x-rays from a mammogram cannot. Ultrasound uses painless sound waves to

evaluate the tissue. These images can help your doctor identify a small breast cancer or distinguish if a mass seen on a mammogram is actually a solid lump or a fluid filled cyst. If unsure, all women should ask their doctor if they have dense breasts and if they should consider a breast ultrasound in addition to their annual mammogram.

Although supplemental screening tests are important, it is critical to remember that mammography remains the gold standard imaging test for early detection of breast cancer. Many breast cancers can be seen on a mammogram even in women who have dense breast tissue. For example, mammography is the only way to identify calcifications. It is very important that supplemental screening be done in addition to, not as a replacement for, a mammogram to rule out breast cancer.

If a woman has a screening mammogram that shows an area of concern, she is called back for a more detailed examination of the area in question. Approximately 10 percent of women screened may need this additional workup, which is called a diagnostic mammogram. Additional mammography imaging, and possibly a breast ultrasound, is then performed with the radiologist present to better evaluate the area of concern.

Sometimes an area of calcification or a breast mass is found, and needle biopsy may be recommended. We perform all types of needle biopsies at the Fortunato Breast Health Center. This is the best way to get a conclusive answer regarding the imaging finding. Nearly all patients who undergo needle biopsy report that it wasn’t as bad as they thought it would be. We take special care to provide support to our patients throughout the procedure, and many even say it was completely painless.

In the United States, the vast majority of breast needle biopsies have a benign result. Although undergoing this type of workup may be understandably stressful to patients, it’s important that any cancer be found at the earliest stage possible. Early diagnosis offers a woman her best chance at survival. “From extensive experience with our patients, we find that they are willing to endure a brief period of stress if it could be a life-saving choice,” Dr. Price said.

“There is no question that an early stage diagnosis offers the best prognosis,” notes Dr. Price. “We are well aware that mammography screening can be stressful, and that women are always busy with so many responsibilities. But please, give yourself the gift of an annual mammogram. It just might save your life.”

Reducing your breast cancer risk

Some risk factors, such as family history, are out of your control, however there are lifestyle changes you can make to lower your risk:



Don’t drink alcohol, or limit alcoholic drinks to no more than one per day.



Don’t smoke, and if you do smoke, try to quit.



Maintain a healthy weight, and eat a diet rich in plant-based foods, such as fruits, vegetables, whole grains, legumes, and nuts. Being overweight or obese increases your risk of breast cancer.



Be physically active. Aim to exercise for at least 30 minutes, five days a week.



Be vigilant about breast cancer detection. If you notice any changes in your breasts, such as a new lump or skin changes, consult your doctor.

PaintPortPink!

Mather Hospital Northwell Health®

Bringing the community together in the fight against breast cancer.

October 1-31, 2019



▼ **Go to paintportpink.org for a complete list of community partners and more information on:**

- Calendar of community events
- Pink Your Pumpkin contest
- Free HealthyU seminar series and health fair
- Ladies Night Out at Comsewogue Public Library
- Free breast cancer screening program for underinsured

...or call (631) 476-2723

Any proceeds will benefit the Fortunato Breast Health Center Fund for Uninsured and Underinsured.

Fall Semester



**Saturday,
October 26, 2019**

Mather Hospital
Long Island Anesthesia
Physicians Conference Center
(Please enter the hospital via
the Cody Ambulatory Surgery
Pavilion entrance on Belle Terre
Road.)

Health Fair:
9:00am - 12:30pm
Blood pressure screenings,
BMI calculator, interactive
exhibits from Mather signature
programs and leading health
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