

your health today

nym
NEW YORK METHODIST HOSPITAL

When Time is of the Essence

FOR MOST PEOPLE, knowledge of what goes on at a trauma center comes from TV dramas: the wailing of an ambulance, the beeping of resuscitation equipment, doctors working at top speed to revive the patient. Because trauma centers deal exclusively with severely injured patients, in real life the urgency is just as great, according to Bashar Fahoum, M.D., director of trauma and critical care services at New York Methodist Hospital. "We call the window we have to work with 'the golden hour,' but often we have much less time to save a life."

Trauma takes many forms, so the team's first job is to determine the exact nature of the patient's injuries. State-of-the-art, onsite imaging equipment—x-ray machines, CT scanners and ultrasound—are used to arrive at a diagnosis. "Our most common cases involve pedestrians struck by vehicles," according to Joseph Bove, M.D., chairman of emergency medicine. "These are tough to diagnose as they often involve traumatic brain injury or damage to internal organs. Advances in imaging technology allow us to diagnose them quickly and accurately. Ten years ago a typical CT scan would take twenty minutes; today it takes seconds. When five minutes can mean brain death, that's a huge difference."

Before opting for a CT scan or x-ray, both of which involve moving the patient as well as some radiation exposure, the trauma team may employ a relatively new tool: point-of-care ultrasound. "Traditionally, CT scans and x-rays have been the gold standard," says Gerardo Chiricolo, M.D., chief of NYM's Division of Point-of-Care Ultrasound. "But if we need to pinpoint the location of an accident victim's injury, a collapsed lung, for example, our point-of-care ultrasound equipment—a portable machine that can be brought right to the patient's bedside—saves precious time."



WHAT IS A TRAUMA CENTER?

In April 2015, New York Methodist Hospital was certified by the State of New York as the city's 17th trauma center—a facility that is specially equipped to treat life-threatening injuries. "Whether it's the result of a vehicular accident, a fall or a violent incident, a trauma differs from other emergencies in that it happens unexpectedly, and the injuries are life threatening and so severe that every second counts," according to Dr. Fahoum.

Thanks to funding made possible by New York State Assistant Assembly Speaker Felix Ortiz, NYM's point-of-care ultrasound technology is now available in several units of the Hospital, including the Emergency Department.

How Families Can Help

When seconds count, friends and families can often assist doctors in speeding up a diagnosis. "If they witnessed the event that caused the injury, and can tell us what happened, that can help doctors decide on the appropriate course of diagnosis and treatment," says Paris Datillo, R.N., trauma program manager at NYM. "Family members can also provide us with the patient's medical history. With little time to wait for blood test results, knowing that a patient is on certain medications—blood thinners, for example—can be critically important."

meet the DOCTOR



Alexandros D. Zouzas, M.D. Attending Neurosurgeon

Fellowships: University Hospital (UMDNJ-Newark); Tampa General Hospital

Residency: University Hospital (UMDNJ-Newark)

Medical School: New York University School of Medicine

Millions of children enjoy building the occasional model boat, train or dollhouse. For Alexandros Zouzas, M.D., that popular hobby was a prelude to a career in spinal surgery.

"Working with the body's most intricate structure—the spine and the brain—is manual labor that also uses my intellectual abilities. I loved building models as a kid. Even in college, I can remember locking myself in a room for hours to build a model of the double helix."

The son of a doctor and a pharmacist, Dr. Zouzas is steeped in the tradition of medicine as a helping profession: "I've always been drawn to treating working people who are disabled by pain; getting them up on their feet and back to their jobs and their families."

When he's not at work, he may be doing interval training outdoors in his Park Slope neighborhood or returning to his childhood love of building things: "My wife is a sculptor; she makes pots for succulents and other plants. I build lattices on which she can display them."

at the
FOREFRONT

The Small But Mighty Artificial Disc

IT'S A DEVICE that could fit in the palm of a child's hand, but this little item, an artificial disc fashioned of cobalt, chromium and polymer, can relieve the debilitating pain of one of the most common disorders of the spine: the bulging out or complete displacement of a disc. "When a disc—the gelatinous material between two vertebrae—bulges or herniates, it can press on adjacent nerves causing pain and weakness," says Alexandros Zouzas, M.D., an attending neurosurgeon at NYM. "In the most extreme cases, a disc can press on the spinal cord itself causing incontinence, difficulty walking, even paralysis."

Since the 1940s, surgeons have treated this disorder by removing the damaged disc and fusing the spine. The disadvantage of fusion, particularly in the neck, where the artificial disc is most often employed, is that a fused spine is inflexible, according to Martin Zonenshayn, M.D., chief of neurosurgery. "That inflexibility may cause diminished function, and also the risk that adjacent vertebrae will be stressed and will eventually fail, leading to more surgery." The artificial disc, in contrast, allows normal flexibility. "It is constructed like a sandwich of two metal plates with a polymer core," Dr. Zouzas explains. "When the patient moves, the plates actually toggle on the core to replicate the motion of a natural disc."



The best candidates for the artificial disc, he says, are younger patients with limited osteoarthritis or bone deformity. But even in such patients, he cautions, surgery should be a last resort. "These problems can often be addressed non-surgically with pain management, meditation, physical therapy, biofeedback or chiropractic therapy. I

personally encourage patients to try such alternatives for anywhere from six to nine months. Only when they come back to me and say 'I can't deal with this anymore, my quality of life is severely affected,' will I consider surgery."

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For referral to a neurosurgeon at New York Methodist Hospital call the Institute for Neurosciences at 866. DO.NEURO (866.366.3876) or visit www.nym.org and click on "Find a Doctor."

focus
ON
women's
HEALTH

New Ways To Treat Fibroids

THERE WAS A TIME WHEN a diagnosis of uterine fibroids—non-cancerous growths in the uterus or uterine wall—usually meant hysterectomy, surgical removal of the uterus. That's no longer the case. While very large fibroids may still require hysterectomy, advances in both surgical and non-surgical treatments now give women other



options, according to Michael Lewis, M.D., NYM's director of minimally invasive gynecologic surgery.

As a first step, he explains, the doctor may recommend medications, such as oral contraceptives, to control bleeding. If that doesn't work, more invasive treatments may be employed. Women who are still in their childbearing years and wish to preserve their fertility, may opt for hysteroscopic myomectomy—an incision-less surgical procedure in

which doctors remove fibroids by inserting a thin scope and small surgical tool into the uterus through the vagina.

The two most common non-surgical treatments for fibroids are endometrial ablation and uterine fibroid emolization (UFE). Both may affect fertility, so they are not recommended for women who may want to get pregnant. In endometrial ablation—an ambulatory procedure performed under general anesthesia—the lining of the uterus, where fibroids tend to grow, is destroyed. In UFE, performed under conscious sedation, the doctor introduces tiny particles into the uterine artery through a thin catheter in the upper thigh. These particles prevent blood from reaching the fibroid, causing it to shrink.

To ensure the best outcome, Dr. Lewis urges women to get checked as soon as they suspect fibroids: "Many women postpone seeing the doctor until symptoms are severe. This raises the risk that fibroids will increase either in size or number. Don't delay: the sooner you are diagnosed and discuss treatment with your doctor, the sooner you can find relief."

For referral to a gynecologist at New York Methodist Hospital call the Institute for Women's Health at 877.41.WOMAN (877.419.6626) or visit www.nym.org and click on "Find a Doctor."

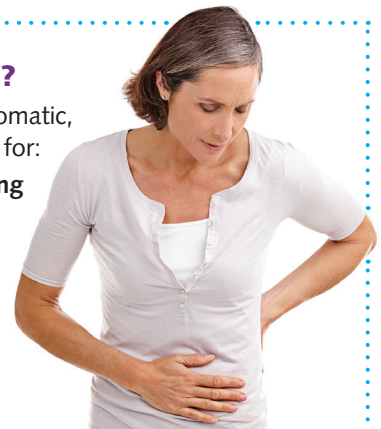
why me?

Uterine fibroids, which usually develop when women are in their 30s or 40s, are quite common, occurring in about 80 percent of African American women, and about 70 percent of Caucasian, Asian and Latino women. The good news: only 20 to 30 percent of cases are severe enough to require medical or surgical intervention.

DO I HAVE FIBROIDS?

While fibroids can be asymptomatic, here are some signs to watch for:

- **Abnormal menstrual bleeding**
- **Low back pain**
- **Abdominal cramps**
- **Pain during intercourse**
- **A persistent full feeling in the lower belly.**



WHAT NURSES KNOW



Fidelia Jordan, R.N.
Director of Nursing,
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Registered nurses have a unique perspective on health and wellness. In each issue of Your Health Today, we ask NYM nurses to address a particular health care concern.

TOPIC: TAKE NOTE!

Your loved one is in the hospital, and you've brought a bag with everything you think he or she may need. But have you included a notebook or pad? "Note-taking by family members or friends—or by the patient if he or she is aware and alert enough—helps ensure that every aspect of care is well coordinated," according to Fidelia Jordan, R.N. Keeping a written record is so important, she adds, that at New York Methodist Hospital most admitted patients are provided with a welcome package that includes a notepad and pencil. "It's a really good idea to keep track of everything that happens—from tests, medications and procedures to dietary matters and issues surrounding discharge and insurance—so you can refer to your notes later and share the information with other caregivers." Although Hospital personnel are trained to explain what is being done and why, "patients and loved ones may be overwhelmed, especially in the case of a critical illness. The brain doesn't always retain details, especially under stress. Keeping a written record ensures that everyone—the patient, the family and the Hospital team—are on the same page," says Jordan. Her advice:

- Don't be afraid to ask medical personnel to repeat things and even spell out unfamiliar terms.
- Ask every person who comes to the bedside who they are and what they are doing, and jot down their contact information so you can reach them if you need to.
- Review your notes when you have some quiet time, and write down additional questions so you can follow up later with the care team.



MyNYM

Patients at NYM can now access portions of their health records online. To sign up for MyNYM, a password-protected free service that provides patients with key clinical information, please call 877.621.8014.

Finding a Physician at New York Methodist Hospital

If you need a physician for primary or specialty care, contact New York Methodist Hospital's free Physician Referral Service at the number or web address below. Our staff will help you find a doctor whose office location, area of specialization, insurance and billing policies are right for you.

718.499.CARE (2273) or www.nym.org

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