Carotid Artery Health
An “All-Clear” Helps Prevent Stroke

Relief for Herniated Disc Symptoms
page 6

A Lesson from Tim Russert’s Death
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Collaborative Care for Crohn’s & Colitis
page 8
At St. Joseph, recovering from surgery on your back, joints, even hands or feet, is less painful than ever before. So you’ll be back under the basket with your grandson—or wherever you’d like to be—faster.

Why? A breakthrough that means patients experience far less pain after surgery, making them better prepared for the physical therapy that’s so important to recovery.

An advance St. Joseph experts helped pioneer delivers a revolutionary pain medication formula directly to the surgical area after procedures. So patients can instantly be more comfortable, tackle rehabilitation faster, and get back to an active life sooner.

No wonder St. Joseph orthopaedists train surgeons from across the nation and around the world.

Is fear of painful recovery slowing you down? This breakthrough, like so many others at St. Joseph, changes all that. Jump in.

See how less pain can speed your recovery at stjosephortho.com, or call 410-337-1337 to make an appointment with a St. Joseph orthopaedic expert.
On the cover …
An active lady with a drapery business, Meirlyn Bock was diagnosed with clogged carotid arteries. She immediately chose surgery to prevent a possible stroke and is “sew” happy she did.

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Learn how clogged carotid arteries are diagnosed and successfully treated.

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When you need support, it’s here!

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A fast track to diagnose and treat breast cancer

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13 St. Joseph’s New Heart Institute — Opening December 2008

Free Flu Vaccinations
Registration requested. (More details, pg. 14)

St. Joseph Medical Center:
Sunday, November 2, noon – 4 p.m. • Saturday, November 15, 10 a.m. – 2 p.m.
Sunday, November 16, noon – 4 p.m. • Friday, November 21, 4 – 7 p.m.
The two large arteries on each side of the neck that deliver the brain’s blood supply are called the carotid arteries. Clearly, it’s important to keep these arteries healthy and open. The buildup of plaque that narrows these arteries is called carotid artery disease. The plaque can even break off, forming a blood clot that can block the artery, which is extremely dangerous. Clogged carotid arteries can prevent blood from reaching the brain, resulting in stroke.

“If you have a blockage of 80 percent or more in a carotid artery, there is a 20 percent chance that you will have a stroke within two years,” warns Dr. Sam Saiedy, a vascular surgeon with St. Joseph Medical Center.
“If you have a blockage of 80% or more in a carotid artery, there is a 20% chance that you will have a stroke within two years.”

Dr. Sam Saiedy, vascular surgeon, St. Joseph Medical Center.

People at high risk for developing carotid artery disease include diabetics, those with a family history of the disease, and smokers or ex-smokers.

When Saiedy diagnosed Meirlyn Bock with a 90 percent blockage in each artery, there was no doubt in her mind that she would have surgery to clear out the plaque. “When the doctor tells you that it’s very probable that you’ll have a stroke, you immediately get treated,” says Bock, who, at age 85, is an energetic lady with a drapery sewing business.

She underwent surgeries on both carotid arteries, done by Saiedy at St. Joseph Medical Center, and was back in business within a couple of weeks.

“Recovery is a 24-hour hospital stay, with return to normal activity in about ten days,” says Saiedy. When patients need both carotid arteries opened, Saiedy likes to wait a couple weeks in between each surgery to promote healing.

Diagnosing carotid artery disease is straightforward. The doctor uses a stethoscope to listen to the blood flow through the carotid arteries. “We can hear an abnormal sound in the neck if the blood is moving too quickly, which can indicate that the artery is too narrow,” says Saiedy.

If the doctor hears this rushing sound, a non-invasive ultrasound is performed to confirm the diagnosis. “One-third of patients with the abnormal sound will be diagnosed with carotid artery disease; one-third have heart problems, and another third turn out to have nothing,” says Saiedy, who refers those with cardiac disease to a cardiologist.

People with carotid artery disease may be symptomatic or not. This can make a difference in their stroke risk and the way their disease is treated. Bock underwent open surgeries, which are the gold standard of treatment. However, patients who are too ill to undergo open surgery are candidates to receive stents, which are also a very good option, to open their arteries.

“Patients who have mini-stroke symptoms, including weakness on one side and temporary loss of eyesight, need to see a doctor or go to the emergency room immediately. These symptoms come and go and, unfortunately, some patients ignore them,” explains Saiedy.

Although the average age for carotid artery disease is between 60 and 75 years old, Saiedy’s patients have ranged from a 35-year-old heavy smoker to a woman in her 90s, who did very well after surgery.

**Know Stroke’s Warning Signs and Get to an ED!**

**Sudden—**
- Numbness or weakness of the face, arm or leg, especially on one side
- Confusion, trouble speaking or understanding people
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

**Stroke Center Kudos**
St. Joseph’s Stroke Center received two professional commendations this year, reflecting the center’s high quality of care:

- Bronze Performance Achievement Award from the “Get With The Guidelines” Stroke Conference sponsored by the American Stroke Association. The awards recognize hospitals that demonstrate at least 85 percent compliance in seven core measures.
- The Stroke Center was originally certified as a Primary Stroke Center with Distinction in spring 2006 by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and was recertified in late May 2008 with no RFIs (Requirement for Improvement).

**Lecture Series**

**Stroke Lecture and Screening. Call 410-337-1479 for information.**

**THE STRUGGLES OF STROKE AND MINI-STROKE**
Changing stroke’s risk factors, recognizing the symptoms, and getting fast treatment from a certified Stroke Center can be life-saving. Presented by stroke expert Ruth Linde, R.N. Tuesday, October 28, 6:30 p.m.

**FREE CAROTID ARTERY SCREENING**
Recommended for men and women 60 years and older with any of these risk factors: high blood cholesterol, hypertension, tobacco use, or a personal or family history of stroke or heart disease. **Appointment required.** Tuesday, December 2, 5–7:30 p.m.

**Intense Emergency Care for Stroke**
St. Joseph’s Emergency Department provides expert care for patients who arrive with stroke symptoms. “Our details to care for stroke patients have taken on the same level of intensity as heart attack and trauma patients,” explains Dr. Gail Cunningham, head of St. Joseph’s Emergency Department. “We have found that stroke patients have a three-hour “golden hour” of opportunity for treatment, so we get them on the right pathway immediately to determine if they are candidates for thrombolytics (clot-busting stroke medication).”
In our high-tech world there are many types of discs—floppy discs, compact discs, and DVDs. But the most essential discs are the natural ones—those in the human spine, made of cartilage, which serve as flexible and strong connections between the individual bones known as vertebrae.

The discs in the neck and back are vulnerable to injury as well as a natural aging process (degenerative disc disease). “Herniated discs can happen to very young people and without trauma or a major injury. Later in life, discs can also become worn or arthritic. Arthritis in the spine results in spinal stenosis. The spinal canal becomes narrowed, pinching nerves,” explains spine surgeon Dr. Ira Fedder of St. Joseph’s Orthopaedic Institute.

Disc problems can cause life-altering leg or arm symptoms (radiculopathy). These conditions can occur at any age, to anybody, fit or not, though sometimes there is a strong family history. Many patients respond to physical therapy or medications. Others need surgery, which can offer excellent results and is performed by Dr. Fedder using the most expert pain control.

When Sarah Maddalone developed sciatica (leg pain) during her second pregnancy, both she and her OB/Gyn thought this common problem during pregnancy would resolve after she delivered her baby.

But Sarah’s pain became unusually severe as her pregnancy progressed. “On a scale of one to ten, the pain was
“I feel great. I can get back to living now!”

Sarah Maddalone

Picking up her baby, pain-free, just a couple weeks after a lumbar disctectomy.

a ten. When I arrived at the hospital to deliver the baby, I had to use crutches to walk,” says Maddalone.

And her pain did not go away after she gave birth to a healthy baby girl. Less than two months later, she went to see Dr. Fedder. An MRI revealed that she had a herniated disc. He gave her two steroid shots that offered minor relief, but, ultimately, she needed a lumbar disctectomy.

“This is one of the most common spinal operations,” assures Fedder. “I make a very small incision that gives me access to her spinal canal, and then I remove the damaged pieces of the disc. This takes the pressure off the nerve and allows the nerve to heal. Most patients feel great relief; the body heals though we cannot repair the cartilage in the disc.”

Before Fedder closes the incision, he injects pain medication all around the incision site. “That way, when the patient wakes up, there’s not that intense surgical pain that most patients experience,” he says.

“The results are outstanding. In the recovery room, I felt normal for the first time in months,” says Maddalone.

Just two and a half weeks following surgery, Maddalone was able to pick up her infant daughter independently for the first time. “I feel great. I can get back to living now!” she says.

Although Brian May feels just as good about his new lease on life, his surgery took four hours and was a more complex neck surgery, according to Fedder. “He had cervical spinal stenosis, bone spurs and discs that were pushing on his spinal cord and nerves.”

“I was having severe neck and left arm pain,” recalls May, who began a new job, following a 30-year career on the Baltimore police force, just as his symptoms hit.

“To get the pressure off his nerves, I had to take out four discs and some of the bone,” says Fedder. “He was left with a series of gaps that I filled with spacers and a plate with screws.”

For spacers, Fedder uses a choice of materials that range from bone to plastic and titanium. The plate and screws hold the spacers and bones together. “The process of doing the fusion stimulates the growth of bone,” he says.

Fedder performs the surgery through the front of the patient’s neck, which takes particular skill, but results in significantly less discomfort for the patient.

“I never had any neck pain afterwards,” says May. “I work out five days a week now and golf. There’ve been no limitations. I was pretty impressed with Dr. Fedder.”

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### Lecture Series

**Don’t Ignore These Symptoms:**

- Do your legs feel tired or heavy when walking?
- Has your walking tolerance declined?
- Do you have pain or tingling radiating from your buttocks to your leg?

These symptoms of herniated discs and spinal stenosis don’t have to be ignored. Learn about successful treatment options to relieve herniated disc and spinal stenosis symptoms and restore mobility.

Presented by Ira Fedder, M.D. Thursday, October 23, 7 p.m. Call 410-337-1479.

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**Need an Orthopaedic Surgeon?**

Call our Doctors Directory at 410-337-1337 or visit sjmcmd.org
Crohn’s and Colitis Patients

When You Need Support, It’s Here!

“On March 9, after a long recovery from bowel resection surgery, I joined the group. I’ve learned a lot, including that there are many people out there experiencing what I’m experiencing. I refuse to give into this disease.”

Approximately 1 million people in the U.S. have Crohn’s or ulcerative colitis, also known as IBD (inflammatory bowel disease).

At St. Joseph, more than 2,000 IBD patients are treated by physicians affiliated with the medical center, so support is strong, explains Dr. Neil Goldberg, St. Joseph’s chief of Gastroenterology.

“Patients and their families meet in an atmosphere of understanding, trust and privacy,” says Gunning. “You need to have people support you through this disease. When you’re better, you should have someone to celebrate with.”

Studies have shown that a strong social network and support can reduce stress, which helps lessen the activity of the disease.

Goldberg says, “We offer much more than medical care at St. Joseph. Our goal is to treat people with IBD so they are pain-free and can lead a normal life.”

Here’s a real-life story about the impact of Crohn’s disease and the difference support can make.

A recent high school graduate with a college athletic scholarship is diagnosed with Crohn’s. He becomes so ill that he’s bedridden. His grandparents attend a Crohn’s and Colitis Support Group at St. Joseph Medical Center seeking help. They immediately receive resources and ideas. As a result, they find the right care for their grandson at St. Joseph, and he recovers to play college football.

This tale is one of many examples of how someone can become incapacitated by chronic digestive disease, which results in problems such as chronic diarrhea and severe abdominal pain. But, people who attend St. Joseph’s support group no longer feel isolated and gain valuable information, explains the group’s co-facilitator Lori Gunning, RN.

Discussions range from nutrition and medications to patients’ legal rights. For example, Crohn’s and colitis patients are covered by the American Disabilities Act.

Joyce Doonan, who has attended the group for six years, acts as a lay facilitator. “We have young and old attend, mothers and daughters, husbands and wives,” she says. “I’m 61, but when I was diagnosed at age 24, people didn’t talk about Crohn’s. Now, they’re more open. After a long recovery from bowel resection surgery, I joined the group. I’ve learned a lot, including that there are many people out there experiencing what I’m experiencing. I refuse to give into this disease.”

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St. Joseph’s New Multidisciplinary Approach to Treating Inflammatory Bowel Disease!

Did you know that St. Joseph has had the only dedicated Ostomy Center in Maryland for the last 20 years? And, St. Joseph physicians treat more IBD patients than at any other area hospital? St. Joseph’s new holistic, multidisciplinary, patient-centered approach to IBD provides patients with the best possible care for treating and managing challenging conditions. The expert team includes gastroenterologists, nutritionists, nurse coordinators, colon rectal surgeons, social workers and ostomy care specialists.

For a physician referral, call our Doctors Directory at 410-337-1337 or visit sjmcmd.org
New & Noteworthy

Diabetes Support Inspires Diabetics to Take Control!

According to the Centers for Disease Control, the U.S. diabetes epidemic is on the rise: eight percent of Americans, or 24 million people, are diabetics, and another 57 million have prediabetes.

Patient admissions at St. Joseph Medical Center exemplify this trend; about 25 percent of the hospital’s inpatients have diabetes. Since St. Joseph has the largest heart care program in Maryland, this also reflects the connection between diabetes and heart disease.

Therefore, St. Joseph has a strong Diabetes Management Center that provides high-quality care to diabetic patients in the hospital and has expanded classes and support to help people with diabetes in the community manage their disease and live healthy lives.

“It’s not the diagnosis of diabetes that is the problem; it’s uncontrolled diabetes that causes complications,” says Ellen Wallace, R.N., C.D.E., St. Joseph diabetes educator.

“Our goal is to inspire the person with diabetes. The key is a plan which includes activity, meal planning, and knowing their blood glucose level. People need to learn these tools to manage their disease. This means checking blood glucose at home, changing what and how much they’re eating, and becoming active.” It can also include tighter control with insulin or oral medications.

Obesity trends, the American diet, inactive lifestyles and heredity are fueling the diabetes epidemic. “Just being 10 to 15 pounds overweight combined with a high fat, high carbohydrate diet and lack of activity can change the way the body uses insulin,” says Wallace. “Type 2 diabetes can also be triggered in response to illness or stress in people at risk.”

“Minority groups, such as African Americans and Hispanics, have an increased risk, suffering a 56 percent higher rate of diabetes” adds Eva Gonzales, R.D., L.D., Diabetes Management Center director.

To catch diabetes early, Gonzales urges people to get regular checkups with their primary care doctors. Complications such as slow-healing wounds, pain or loss of sensation in their extremities, or blurry vision can be early indicators even before a diabetes diagnosis.

Once diabetes or prediabetes is diagnosed, lifestyle management is the solution. And St. Joseph’s Diabetes Management Center specialists can provide expert help with counseling, individual and group classes.

When diet and exercise are not enough, medication may be added. “Oral medications can help cells use insulin better, decrease sugar production by the liver, or help the pancreas to release more insulin,” says Wallace. “Many people think by needing insulin, they’ve failed or gotten worse. Sometimes, adding once-daily insulin is all that is needed to gain control.”

For diabetes education and support offerings, see page 15.

“Go Red” Spokeswoman is St. Joseph Heart Patient

Theresa Volpe could be described as having a heart of “Go Red.” First, her life was saved after she was helicoptered to St. Joseph’s Heart Institute from Hanover, Pennsylvania, where she had suffered a massive heart attack. The young mother of two received four stents implanted in her heart by Dr. Mark Midei, director of St. Joseph’s Cardiac Catheterization Lab.

Next, her dramatic story, featured in St. Joseph’s housecall fall 2007 issue, came to the attention of the American Heart Association (AHA). Volpe went to a nationwide casting call and was chosen as one of nine national “Heart of Go Red” women for the AHA’s Go Red for Women movement to increase awareness of heart disease.

Not only was she featured in an NBC-TV special in September hosted by Marie Osmond, but she will be part of the February 2009 Go Red for Women national campaign. For more info, go to www.GoRedForWomen.org.
A Pitch to Battle Esophageal Cancer

—The Fastest-Growing Cancer for Men

Over the last two decades, adenocarcinoma of the esophagus has become the fastest-growing cancer in the U.S., primarily striking white men, ages 50 and older.

There is evidence linking it to the increase of reflux disease, which can lead to a precancerous condition called Barrett’s esophagus. Aggressive multimodality treatment at The Cancer Institute is giving many men hope of successfully battling this cancer.

Richard Horner, age 44, and father of six sons is one of those men. He was stunned when he was diagnosed with esophageal cancer last year and concerned about whether he would be around to see his six-year-old twin boys grow up. However, thanks to rigorous treatment at The Cancer Institute at St. Joseph Medical Center, Horner’s outlook is very good. So good, that he was asked by Dr. Mark Krasna, medical director of The Cancer Institute, to have the honor of throwing the first pitch at the Orioles game, where St. Joseph’s annual Cancer Survivors Reunion was held last Father’s Day.

“He was the perfect patient to represent us,” said Krasna, who attended the celebration at Camden Yards with around 300 cancer survivors and staff members. “His care was a success due to the multidisciplinary approach to fighting cancer that we use at St. Joe’s.”

In summer 2006, Horner began gagging and choking while he ate, despite the fact that his reflux was controlled with prescription medicine. He consulted his doctor, who ordered diagnostic tests that led to the discovery of esophageal cancer.

“I was scared to death,” Horner recalls. “I thought I was going to die, at first.”

Indeed, 30 years ago, most cases of esophageal cancer were thought to be a death sentence, explains Dr. Ziv Gamliel, chief of Thoracic Surgery at St. Joseph Medical Center. But medical advances have changed that. “Now, we’re seeing some very good results in treating this cancer, thanks to our ability to offer advanced tri-modality treatment,” he says.

Horner received a hard-hitting combination of chemotherapy, radiation and surgery. “For the earliest stage of esophageal cancer, surgery alone is the treatment, but by the time most patients have symptoms and seek medical care, the disease is no longer localized,” says Gamliel.

“For patients whose esophageal cancer is more advanced, the most aggressive treatment regimen involves chemotherapy and radiation, followed by surgery. This can be followed by more chemotherapy for patients who are able to tolerate it.”

Being under a doctor’s care and regular surveillance are very important for people with chronic acid indigestion, since Barrett’s esophagus, which is caused by acid reflux, can be a risk factor in developing adenocarcinoma of the esophagus.

St. Joseph gastroenterologist Dr. Andrew Rosenstein explains, “Between .2 and two percent of patients with Barrett’s will go on to develop cancer. However, there is no way to predict who will.”

Screening for esophageal cancer is done through an esophageal endoscope, as an outpatient procedure performed under twilight sedation. Patients with no cellular changes should be screened every two to three years, while those with precancerous changes require more frequent screenings.

“Doctors are much more conscious about the risks of acid reflux and more aggressive about using endoscopy for screening than we used to be,” assures Gamliel. “Once a gastroenterologist discovers cancerous cells, the patient should be referred to a thoracic surgeon for evaluation, staging and treatment.”

Richard Horner (next to the Orioles Bird) was accompanied onto the ballfield by Dr. Krasna (far right) to throw out the first pitch at the Oriole’s game last Father’s Day.

Cancer Lectures

Call 410-337-1479 for information.

THERAPIES TO TACKLE ESOPHAGEAL CANCER

Smoking, drinking alcohol heavily, and GERD can lead to this cancer. Learn about prevention and the success of the newest treatment modalities. Presented by Linda Martin, M.D., Thoracic Surgeon.

Thursday, November 20, 7 p.m.
Breast Lump or Abnormal Mammogram?

No More Sleepless Nights™
A Fast Track to Diagnose Breast Cancer

Although every woman knows the importance of her annual mammogram, for many the prospect evokes fear about what might be found. Mammography often involves additional views and studies and, for some, a biopsy. Although the overwhelming majority of women receive a negative result, the process produces ongoing anxiety.

Recognizing this, Dr. Michael J. Schultz envisioned a different experience for women when he developed The Breast Center at St. Joseph Medical Center.

“With advanced digital imaging techniques, up to 40 percent of women need additional views. At other facilities, this can take weeks. If something requires a biopsy, a surgical consultation and the biopsy add additional weeks, all fraught with sleepless nights,” says Schultz, who has 30-plus years of experience.

That’s why The Breast Center created No More Sleepless Nights™, a unique fast track that reduces this lengthy period to just a day. Usually, a pathology report and follow-up consultation can be obtained within approximately 24 hours after a biopsy.

In the event the biopsy demonstrates a malignancy, patients have all the necessary diagnostic and treatment facilities in The Breast Center’s compassionate, patient-centered environment.

“Our program requires a close relationship between radiologists, surgeons and pathologists, plus the technology for biopsies to be done immediately,” says Schultz. “We have top scanning equipment—Breast MRI, CT and PET scanners on site. The entire team works rapidly and expertly to allow for full evaluation of each patient and for individualization of care!”

No More Sleepless Nights™ Services

Following abnormal mammogram:

• Additional views, ultrasound
• Consultation with breast surgeon
• Biopsy if needed
• Results and follow-up consultation usually within 24 hours
• Availability of full diagnostic evaluation
• Expert treatment, multidisciplinary approach

Carolyn Bublitz (center) and friends were in the pink celebrating her final chemotherapy treatment.

Customized Treatment For Each Breast Cancer Patient

Last Thanksgiving, Carolyn Bublitz had a breast biopsy on Wednesday and waited the entire holiday weekend for results from a facility that was not St. Joseph Medical Center. “My family and I spent the holiday worried,” recalls Bublitz. Her abnormal mammogram and additional breast studies had already taken weeks.

She received her breast cancer diagnosis on Tuesday, and a friend immediately recommended Dr. Michael Schultz, director of St. Joseph’s Breast Center. Dr. Schultz saw her the very next day.

Her breast cancer turned out to be somewhat complicated, requiring an extensive work-up and evaluation. “I had two different kinds of cancer tumors in both breasts,” she explains.

At St. Joseph’s Cancer Institute, each patient is presented at a multidisciplinary conference where all the experts—surgeon, oncologist, radiation oncologist, radiologist, pathologist, plastic surgeon and nurse navigator—discuss each patient and customize a treatment plan.

Although Bublitz could have had a bilateral mastectomy with reconstruction, Schultz explains, “After additional consultations with Carolyn, we came up with a unique paradigm, much better tailored to her specific needs. By utilizing a novel approach in which chemotherapy is given prior to surgery, we offered Carolyn lumpectomies—breast conservation type surgery.”

“Following completion of chemotherapy, she was ready for surgery, avoiding mastectomy,” says Schultz. “I got superb results from the chemo, which shrunk the tumors,” she adds. Her surgery will be followed by radiation treatment and nine months of Herceptin therapy.

“I don’t mind driving up and down the Beltway to St. Joseph,” says Bublitz, who lives in Columbia, Md. “My confidence in St. Joe’s team is well-deserved!”
A Lesson From Tim Russert’s Sudden Death

THE ABCs OF AEDs AND CALCIUM SCORING TO SAVE LIVES

A is for awareness

about the dangers of heart disease, which was raised substantially by Tim Russert’s sudden cardiac death last June from the disease that causes more deaths in the U.S. than any other. Out of 1.1 million heart attacks that occur annually in the U.S., approximately 460,000 are fatal. Most heart attack victims die within an hour.

“Unfortunately, for one out of three persons, their first symptom of heart disease is their last,” states Dr. Stephen Pollock, director of The Heart Institute at St. Joseph Medical Center. “The key to fighting heart disease is to get the right diagnosis early, get on the right medications and treatment, exercise, eat right, and stay in touch with your doctor.”

B is for blood pressure

According to the American Heart Association, one out of three adults in the U.S. has high blood pressure. “Mr. Russert was getting excellent care for his high cholesterol and high blood pressure. Medications like statins and aspirin are very effective for lowering cholesterol. Given the right medications, there is a 70 percent chance of not having a heart attack, but there are no guarantees,” explains Pollock.

Russert’s autopsy revealed significant hardening of his left anterior descending artery, in which a clot broke off, triggering the ventricular fibrillation that caused the fatal heart attack. This artery is nicknamed “the widow maker” because its blockage is often fatal.

In addition to immediately calling 911 when someone’s heart stops beating, using an automated external defibrillator (AED) to shock the heart back into beating can make a life-saving difference.

Although the NBC newsroom where Russert collapsed had an AED, no one used it before the ambulance arrived. Pollock emphasizes, “AEDs are
75 percent effective in starting the person’s heart within the two minutes recommended by the American Heart Association. AEDs are simple. They come with verbal instructions—every company and school should have one.”

Russert passed a stress test in late April, but there is another diagnostic test that can help assess risk of heart disease. It’s a calcium scoring CT scan, which can detect the calcium buildup on the heart’s artery walls.

“A normal stress test does not necessarily rule out the presence of coronary disease,” explains Pollock. “At St. Joseph, we offer the coronary calcium score. An abnormal test may indicate plaque in the arteries and allows a patient to begin treatment for heart disease before symptoms occur.”

As with any CT scan, radiation is involved, but for a person at risk for heart disease, the scan’s benefits can outweigh the small risk of radiation.

St. Joseph’s Heart Institute offers a low-cost $90 CT scan test and calcium scoring (approximately one-third of the usual retail cost). The test requires a physician’s order and is not covered by insurance. For information, call 410-337-1110.

Introducing St. Joseph’s new Heart Institute—Opening December 2008

State-of-the-Art Features:

110,000 square feet of new space, including:

- Two-story glass atrium
- Healing garden with reflecting pool
- Terrazzo lobby floors
- Main elevator tower
- Three-story Heart Institute addition
- 41-bed, all private rooms Cardiac Catheterization Pre and Recovery Unit
- 30-bed, all private rooms Cardiac Telemetry Unit
- Expanded Cardiovascular Fitness Center
- Integrated Nuclear Medicine and Cardiographics Department
- Direct connection to Cardiac Catheterization Lab and Emergency Department with Chest Pain Observation Unit
- Easy access to Cardiac Operating Rooms and Cardiac Surgery Unit
- Family Waiting Room

Learn Your Risk of Heart Disease with a Fast, Free Test at StJosephHeartAware.com

One-third of people who die of heart attacks have no warning. Don’t let your first symptom be your last. St. Joseph’s easy online test is the first step to knowing your risk of heart disease.

Need a Cardiologist or Cardiac Surgeon?

Call our Physicians Directory at 410-337-1337 or visit sjmcmd.org
TOPICS OF INTEREST

Autism, Autism Spectrum Disorder and Asperger’s Disorder
Gain valuable insight. Learn skills easily reinforced at home using a fun, organized, multisensory system for building social and communication skills. Family needs discussed. Presented by Stanley Sack, Ph.D., and Erin Sapperstein, B.A. Wednesday, October 13, 7 p.m.

Herniated Disc and Spinal Stenosis Symptoms—Don’t Ignore Them!
Legs heavy when walking? Pain radiating from buttocks to leg? Low walking tolerance? Learn about successful treatment options to relieve these symptoms and restore mobility. Presented by Ira Fedder, M.D. Thursday, October 23, 7 p.m.

The Struggles of Stroke and Mini-Stroke (TIA)
Changing stroke’s risk factors, recognizing the symptoms, and getting fast treatment from a certified Stroke Center can keep someone from being a statistic. Presented by stroke expert Ruth Linde, R.N. Tuesday, October 28, 6:30 p.m.

Influenza and Pneumonia: Avoiding the Annual Bug and Its Buddy
Influenza is a highly contagious virus that can cause severe illness and complications, including pneumonia. Learn how to prevent these infections. Presented by Linda Barr, M.D., and Leigh Chapman, R.N., B.S.N. Thursday, October 30, 6:30 p.m.

Improving Life after Prostate Cancer
Though prostate cancer may cause complications such as urinary incontinence and erectile dysfunction, new effective treatments can enhance quality of life. Life fare included. Presented by Marc Siegelbaum, M.D. Wednesday, November 5, 6:30 p.m.

Facing Lung Cancer Together
For patients & families, this education program provides updates on treatment. Life fare included. Presented by Ziv Gamliel, M.D., & Maria Congiario, R.N. Thursday, November 6, 5:30 p.m.
To register, call 410-427-2319.

Pre-Diabetes: Dodging and Delaying Diabetes in Adults and Kids
Extra body weight, high blood pressure, and/or family history of diabetes are risk factors. Learn to prevent or manage diabetes early on. Presented by Diabetes Educators Ellen Wallace, R.N., C.D.E., and Eva Gonzales, R.D., L.D. Monday, November 10, 6:30 p.m.

ADHD and Academic Ups and Downs
Discussion on building core competencies for academic success and on gaps in intervention. Presented by Stanley Sack, Ph.D., and Susan Wallens, M.A. Thursday, November 13, 7 p.m.

Therapies to Tackle Esophageal Cancer
Smoking, drinking alcohol heavily and reflux can lead to this cancer. Learn about prevention, plus success of the newest treatment modalities. Presented by Linda Martin, M.D. Thursday, November 20, 7 p.m.

The Future of Cancer Care
From prevention to the most up-to-date, patient-focused cancer treatments, we demystify the topic of clinical trials and give valuable insight about the future of cancer care. Presented by Richard Schraeder, M.D., and Brian Cornblatt, Ph.D. Wednesday, December 3, 7 p.m.

Screenings

Carotid Artery Screening
Clogged carotid arteries can result in stroke. Screening involves an ultrasound. Recommended for people 60 years and older with any of these risk factors: high blood cholesterol, hypertension, tobacco use, or a personal or family history of stroke or heart disease. Appointment required. Tuesday, December 2, 5–7:30 p.m.

Breast Cancer Screening
FREE for women 40 years and older, who have not had a mammogram within the past year and do not have breast disease or implants. Includes clinical breast exam and screening mammogram. Appointment required. Saturday, October 25, 9 a.m.–1 p.m.

Training

Brief Intervention Training
To help health care providers help their patients stop smoking. Information on pharmacotherapies and new patient resources. CEU, CME and Social Work credit awarded. Fee $25. Tuesday, November 18, 5:30–9:30 p.m.

CPR for Health Care Providers
For health care professionals who respond to cardiac and respiratory emergencies. Includes adult and pediatric CPR, FBAO, 2-person rescue CPR, barrier devices and AED. Registration required. Fee $50. Saturday, November 8, 9 a.m.–1 p.m. Saturday, December 13, 9 a.m.–1 p.m.
For all Family Programs, call 410-337-1880 for information, dates and times, or to register.

All classes are taught by registered nurses with maternal-child health nursing experience who are certified in their field.

Childbirth Classes
Breastfeeding Class
One-time class for expectant parents. Certified lactation consultant provides basics on breastfeeding, including advantages, how-tos, special considerations and more. Fee: $20 per couple.
Saturday, October 11, 10:30–11:30 a.m.
Saturday, November 8, 10:30–11:30 a.m.
Saturday, December 13, 10:30–11:30 a.m.

Childbirth Education Series
For parents in seventh month of pregnancy. In-depth instruction about labor and delivery, breathing techniques and relaxation is provided. Cesarean birth, pain management and postpartum care discussed. Fee $60 per couple. Tour included. Offerings (Call for start dates):
5-week evening series: Mondays or Wednesdays
3-week evening series: Thursdays or Saturdays

Grandparents Class
For those expecting a first grandchild at St. Joseph Medical Center. Class discusses latest trends in maternity and infant care and infant CPR. Fee $10 per person. Registration required. Sliding scale fee.
Three-session series. Times vary. November 2, 5, and 6

Infant Massage
For parents and babies ages newborn through six months. Infant massage benefits parent and child by promoting bonding, attachment, relaxation and stress reduction. Babies experience sense of trust and improved body awareness while relaxing to the gentle touch of their parent. Three weekly classes lasting 90 minutes each. Cost $45. Call for dates and times.

Kangaroo Kapers
For children ages 3–7 of families expecting new siblings. Includes mother/baby unit tour. Fee: $10 per child.
Saturday, October 11, 1–3:30 p.m.
Saturday, November 8, 1–3:30 p.m.
Saturday, December 13, 1–3:30 p.m.

Mothering Matters
Free support group for new moms and their babies. Meets every Thursday, 10:30 a.m.–noon Call for meeting location.

SMOKING CESSATION
Freshstart – Smoking Cessation Program
Six weeks. Help to stop smoking quickly and stay stopped. Learn techniques to end your need to smoke while avoiding triggers to start again. Registration required.
Wednesdays, November 12–December 17, 6–7 p.m.

No Butts About It—Smoking Cessation Support Group
Professionally led. Helps quitters maintain a tobacco-free life and provides those considering quitting with motivation and guidance. Wednesday, November 5, 6–7 p.m.; Wednesday, December 24, 6–7 p.m.

RAISE – Teen Smoking Cessation Program

SPIRITUAL OFFERINGS
Call 410-337-1109 for more information on these offerings:

Memorial Mass for Deceased Patients
Hospital Chapel (St. Clare Building)
Tuesday, November 11, 7 p.m.
JOURNAL
A Mother & Daughter’s Recovery from Breast Cancer

Come hear this talented actress who’s appeared in famous films and Broadway plays—from *Georgy Girl* (1966) to *The Jane Austen Book Club* (2007)—discuss her journey through breast cancer, as seen through her daughter’s photographic lens and her own journal and published as a very special book.

General admission donation: $50
• Includes dessert reception afterwards with photo exhibit
• Proceeds help support The Breast Center

Pink Daisy Pre-Reception 5:30 p.m.

Exhibit sponsors: Jeanne & Stan Cohen, Susan & Steve Weintraub
Special advisor: Louise Goodman Finkelstein

Signed books will be available for purchase.

For tickets, call 410-337-1874.