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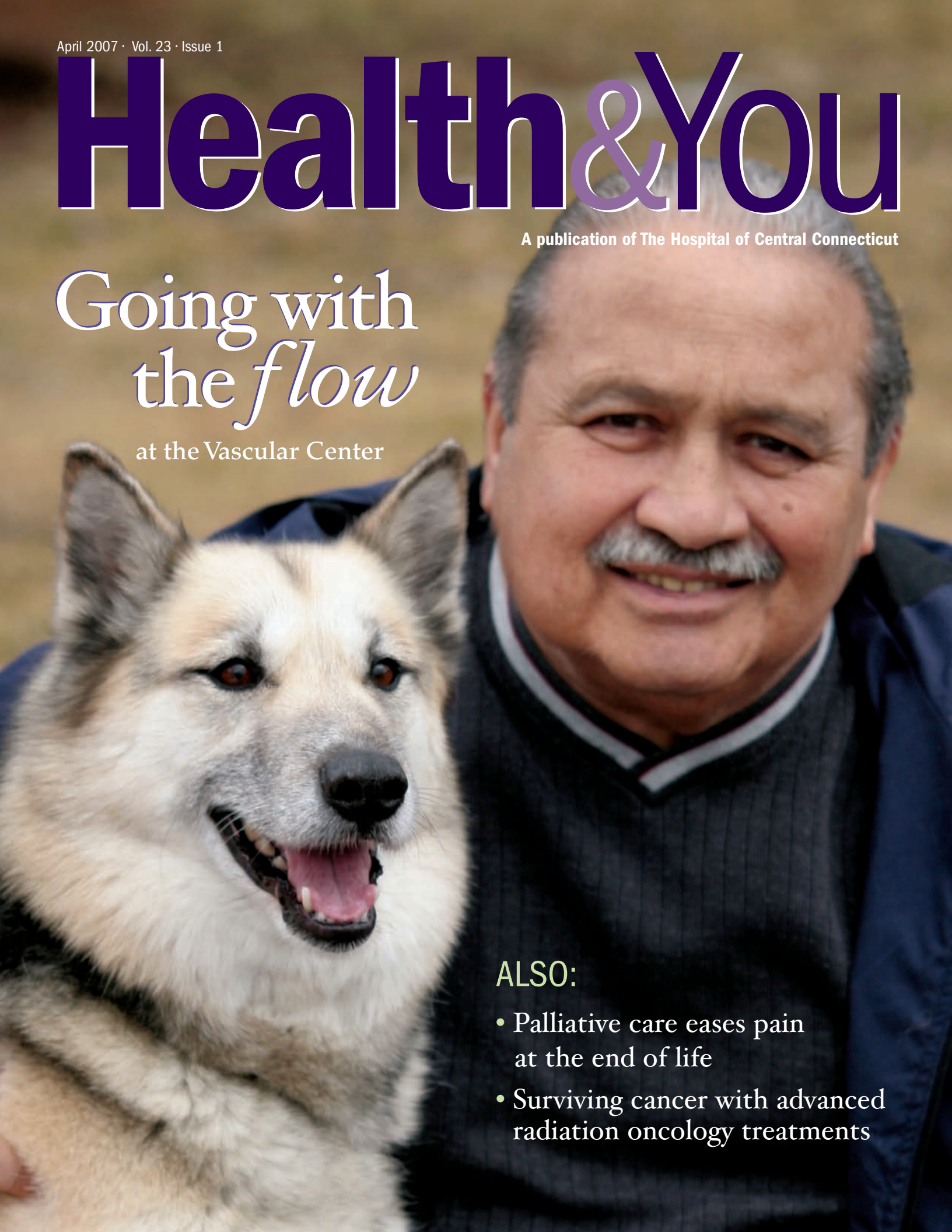
Health&You

A publication of The Hospital of Central Connecticut

Going with the *flow*

at the Vascular Center



ALSO:

- Palliative care eases pain at the end of life
- Surviving cancer with advanced radiation oncology treatments

president's message

Dear Friends and Neighbors:

Welcome, once again, to *Health&You*, a magazine published by The Hospital of Central Connecticut. It's been a little more than six months since our "new" hospital was formed by the merger of New Britain General and Bradley Memorial Hospitals, and things are going extremely well.

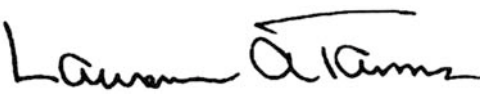
One primary reason for our merger was our desire to bring more advanced healthcare services to our community. I'm pleased to report that we're right on track.

In this issue, you'll read about our new Vascular Center. This new center brings together the specialists who care for the body's blood vessels, including surgeons, cardiologists, and interventional radiologists. The center offers a variety of treatments, including medication management, minimally invasive techniques and surgical procedures to treat conditions like peripheral vascular disease and potentially deadly abdominal aortic aneurysms. What this means to patients is that they can get quicker, more convenient care for complex vascular cases.

You'll also learn about the advanced therapy we provide to cancer patients at our American Savings Foundation Radiation Oncology Treatment Center. We are proud to offer highly sophisticated technology, equipment, and therapies—including some not available anywhere else nearby. What could be more important than getting the best cancer treatment possible, close to home?

We also highlight a service unique to The Hospital of Central Connecticut—our Wolfson Palliative Care Program. Funded through a bequest by the late Samuel Wolfson, MD, former chief of anesthesiology, the program helps patients, families, and even caregivers to cope with serious illness and death. Many people don't like to think about death, but Dr. Wolfson was visionary. He realized that special assistance and attention, from knowledgeable and compassionate professionals, can help to make this difficult time so much easier. Patients today, and far into the future, will benefit from his insight and thoughtful legacy.

There is much in store for the future. We are in the midst of major renovations to the Emergency Room at the New Britain General campus, and will update the Emergency Room at the Bradley Memorial campus as well. We've expanded cardiology coverage at the Bradley campus, which is working in tandem with our primary angioplasty program and other cardiac services in New Britain to heal hearts and save lives. Working as one, we're providing advanced care to the surrounding communities. And we're getting even better together.



Laurence A. Tanner
President and Chief Executive Officer

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A PUBLICATION OF THE HOSPITAL OF CENTRAL CONNECTICUT

Health & You is published by The Hospital of Central Connecticut for its community of patients, colleagues, and friends.

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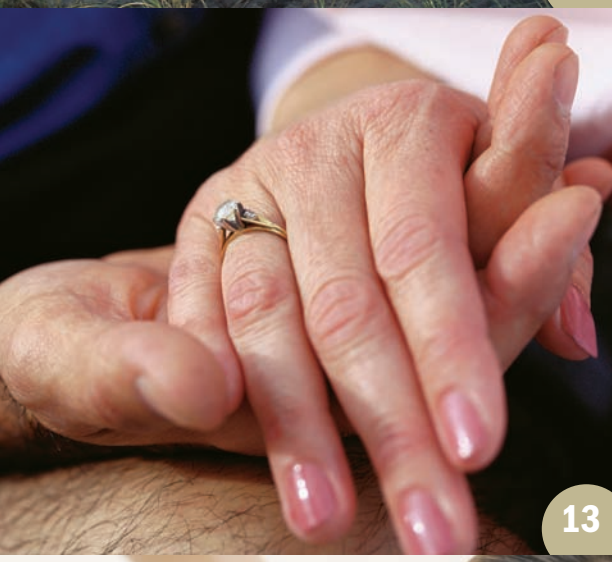

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On the cover: Ronald Palumbo of New Britain, a recent patient at the hospital's Vascular Center, with his dog, Duchess. Photo by: Rusty Kimball.

How to Care for Minor Wounds

Countless children with scraped knees have flinched at the sight of Mom wielding a bottle of hydrogen peroxide. And while, as Mom promised, it doesn't really hurt, experts say hydrogen peroxide isn't the best substance for cleaning minor wounds. Neither is alcohol (which really *does* hurt).

Alcohol is irritating, and hydrogen peroxide, iodine, and other substances traditionally used to clean wounds can actually damage the healthy cells needed to heal wounds.

So what's the best way to clean a minor wound and prevent infection?

1. Before treating your own or someone else's wound, wash your hands. If possible, wear disposable rubber gloves.
2. For minor cuts and scrapes that don't stop bleeding on their own, apply gentle pressure with a clean cloth or bandage for 20 to 30 minutes. Don't peek — you may dislodge the blood clot that's forming. If bleeding continues, seek medical assistance.
3. Rinse the wound. Bottled or clean running water works well. If you have a sprayer in the sink, use that to gently flush debris from the wound. Avoid using soap, which can irritate. Any remaining dirt or debris can be carefully removed with tweezers that have been cleaned with rubbing alcohol.
4. Clean the area around the wound with soap and water.
5. Pat the wound dry and apply a thin layer of antibiotic cream or ointment to keep the wound surface moist. While they don't make the wound heal faster, antibiotics can discourage infection.
6. Cover the wound with a bandage to keep harmful bacteria out. Change the bandage at least once daily or if it becomes wet or dirty. However, if the wound is not completely clean, leave it uncovered and seek professional medical attention. Covering unclean wounds can trap bacteria and actually cause infection.
7. Leave the bandage on until the wound has healed. Covering speeds healing and minimizes the chance of scarring because it helps prevent scabbing.

Mitral Valve Prolapse – a Common Heart Condition

It's one of the most common heart valve problems, affecting an estimated 5 percent to 20 percent of the population, but many people probably don't know they have it.

Mitral valve prolapse (MVP) is an abnormality of the mitral valve, located between the heart's left atrium (upper chamber) and left ventricle (lower chamber). The valve has two flaps, or cusps, that normally open and close to allow blood to flow from the atrium, which holds blood, to the ventricle, which helps pump blood into the arteries.

With MVP, one or both mitral valve flaps are enlarged, so when the heart contracts, they "billow" (prolapse) back into the upper chamber like a sail full of wind. The prolapsing can cause a clicking sound that can be heard with a stethoscope.

Prolapsing can also prevent the valve from closing properly, and a small amount of blood can leak backward into the atrium. This blood leakage can cause a heart murmur.

Most people with mitral valve prolapse — also called click-murmur syndrome, Barlow's syndrome, balloon mitral valve and floppy valve syndrome — don't have clinical symptoms and won't need treatment.

But those with MVP who have backwards blood leakage may need to take measures to prevent the valve from becoming infected. These usually involve taking antibiotics before certain surgical or dental procedures likely to cause bleeding. MVP patients experiencing chest pain, abnormal heart rhythms, and other conditions may need to take medication.

MVP is usually diagnosed in patients between ages 20 and 40. It tends to run in families, so if you have a family member with the condition, talk to your doctor. He or she may recommend testing.

Popping, Snapping, Cracking Joints – Cause for Concern?

It happens to many of us: We roll out of bed in the morning to the sound of snapping ankles, popping shoulders or the rat-tat-tat of vertebrae.

What's causing your joints to sound like the percussion section of a high school marching band? Do noisy joints indicate a serious problem?

No one knows for sure why joints make noise, but one theory is that the ligaments that hold bones together sound off when they suddenly tighten during joint movement. Tendons and ligaments might also make a snapping sound when they move over or around a joint. Another theory: When joints move, gases in the fluid that lubricates them are released, forming bubbles that pop.

Arthritis can also cause joint noise due to loss of smooth cartilage, which makes joint surfaces rough. But noise is a later symptom of the disease, so people hearing it probably already know they have arthritis.

If your mother told you cracking your knuckles would cause arthritis, she's probably wrong. While it might annoy the people around you, most medical experts agree knuckle-cracking doesn't lead to more serious problems.

Whatever the cause, most medical professionals say joint noises aren't usually serious unless accompanied by pain and/or swelling, or if the joint gets "locked" or "stuck." If you experience any of these symptoms, with or without noise, snap to it! Go see your doctor.

Is your toothbrush hazardous to your health?

You might have heard news reports about the dangers of bacteria on your toothbrush, and recommendations that you soak your brush in some kind of germ-killing solution to keep it safe.

It's unnecessary, according to the American Dental Association (ADA), which says your body's immune system already provides the protection you need.

The mouth harbors hundreds of microorganisms, including bacteria. These and other microorganisms from environment will get onto your toothbrush, but guess what? We are constantly exposed to potentially harmful germs, which our immune systems usually neutralize before they can cause infection.

Research has shown that soaking your toothbrush in mouthwash or other types of solutions probably won't enhance infection protection, but if you really want to take that extra step, the ADA recommends using a sanitizing solution approved by the Food and Drug Administration (FDA).

The ADA does recommend steps you can take to lessen bacteria growth and keep other people's bacteria off your brush:

- Don't share toothbrushes, and be sure when your brush is drying it's not touching anyone else's brush.
- After brushing, rinse your brush with tap water to remove any toothpaste or debris.
- Store brushes upright and let bristles air dry. Enclosing wet bristles in a container creates the moist environment many microbes love.

Want To Be A Dad? Fertility-Boosting Tips for Men

When couples are trying to conceive, much of the focus is usually on the woman. However, the man's health is equally important. Male-factor infertility is responsible for up to 50 percent or more of conception problems. While some male fertility issues require medical treatment, others can be alleviated by making some simple lifestyle changes:

- Talk to your doctor about any medications you're on. According to the American Urological Association, medications usually prescribed to treat conditions like arthritis, depression, digestive problems, infections, hypertension, and cancer can affect sperm production, function and other factors.
- Limit your exposure to substances such as pesticides and chemical fertilizers; heavy metals such as lead, nickel and mercury; and petrochemicals (chemical products made from the raw materials of petroleum), including benzene, ethylene and propylene.
- Take antioxidants and eat a diet high in antioxidant-rich foods, according to WebMD. These include Selenium, vitamin C, B complex, folic acid, a multi-vitamin with trace minerals and vitamin E. Check with your doctor about dosages.
- Eliminate alcohol, tobacco, marijuana, and any illicit drugs.
- Keep your testicles cool. A romantic evening in the hot tub might sound like just the ticket, but heat reduces sperm quantity. Saunas, electric blankets, tight clothing, and even laptop computers can also cause problems.

When "Get Up And Go" is a Bad Thing

It's an embarrassing topic for many, but thanks to television commercials for a variety of prescription medications, you've probably been hearing more about urination problems.

Among the most common is frequent urination, defined simply as needing to urinate more often than usual. There are a variety of causes, ranging from minor to very serious. Among the most common causes of frequent urination:

Drinking too much liquid: a problem easily remedied. Caffeine and alcohol exacerbate the problem because both are considered mild diuretics – substances that remove water from the body by promoting urine production.

Pregnancy can also prompt frequent urination, due to the dramatic increase in fluids in the body and the growing uterus pressing on the bladder.

In men, frequent urination can be caused by an **enlarged prostate** – the walnut-shaped gland that surrounds the urethra just below the bladder. The gland commonly becomes enlarged as a man ages – a condition called benign prostatic hyperplasia or benign prostatic hypertrophy (BPH).

As it grows, the prostate can squeeze the urethra, partially or completely blocking urine flow; and/or cause muscles around the urethra to contract, making it difficult for urine to flow. With either problem, the bladder doesn't completely empty during urination. More than half of men in their 60s and up to 90 percent in their 70s and 80s have BPH symptoms. The good news: there are a variety of treatment options, including medications and minimally invasive surgery.

Frequent urination and urgent urination – a sudden, compelling urge to urinate accompanied by bladder discomfort – together can indicate a urinary tract infection, in which inflammation reduces bladder capacity. Antibiotics are usually prescribed to cure the infection.

Other, more serious conditions can cause frequent and/or urgent urination, so if you're having problems, see your doctor.

Beware the Beauty of Bloom and Berry

While most adults know to keep household poisons away from their children, there are other dangers in disguise.

Numerous plants commonly found in the home or yard are poisonous or have poisonous parts. They pose a special danger to children, who may be tempted to eat colorful berries or even flowers.

Wild mushrooms are particularly dangerous. Call your poison control center if any amount of wild mushroom is consumed. The Connecticut Poison Control Center offers a downloadable brochure on safe and unsafe plants in the educational information section of its Web site: http://poisoncontrol.uchc.edu/.

The Center offers these tips to help prevent ingestion of poisonous plants:

- Know the names of your house and yard plants and trees.
- Keep houseplants out of children's reach.
- Teach your children never to put leaves, wild berries or wild mushrooms into their mouths.
- Remember, cooking may *not* destroy a plant's toxic chemicals.

Poisonous plants include, but are not limited to:

Houseplants

Amaryllis	Elephant's Ear
Bird of Paradise	Philodendron
Caladium	Purple Passion

Garden plants

Bleeding Heart	Gladiola
Crocus, Autumn	Hyacinth
Daffodil	Iris
Daisy	Lily of the Valley
Delphinium	Morning glory
Eucalyptus	Sweet Pea
Foxglove	

Ornamentals

Azalea	Mountain Laurel
Holly	Oleander
Hydrangea	Rhododendron
Juniper	Wisteria
Mistletoe	Yew

Connecticut Poison Control Center – for emergencies, call 1-800-222-1222

Getting patients back into circulation

By Nancy Martin

Vascular Center specialists repair blood vessels, restore quality of life

Several months ago, Ronald Palumbo found trips to the store agonizing.

By the time the New Britain man walked from the handicapped parking spot to the store entrance, excruciating leg cramps and numbness in his feet forced him to stop and rest.

"I'd wake in the middle of the night with the cramps, too," says Palumbo, 61. "I dreaded going to sleep."

Palumbo suffered from peripheral vascular disease (PVD), caused when fatty deposits, cholesterol, calcium, and other substances build up as plaque in the arteries to the legs and restrict blood flow.

Palumbo was referred to Manny Katsetos, MD, a board-certified cardiologist at The Hospital of Central Connecticut's Vascular Center.

The center, which opened last December on the New Britain General campus, is also staffed by surgeons and interventional radiologists experienced in diagnosing and treating conditions involving the body's blood vessels.

The center treats a variety of conditions. Two of the most common are PVD and abdominal aortic aneurysms – which occur when a section of the artery supplying blood to the abdomen, pelvis and legs enlarges abnormally or balloons out.

"The center gives patients convenient access to physician specialists from three disciplines," says board-certified interventional radiologist Kevin Dickey, MD, Vascular Center co-director. Katsetos and associate chief of surgery Robert Napoletano, MD, are the center's other co-directors.

"Patients are seen by one of the specialists during their first appointment, and many tests may be performed that same day," Dr. Dickey says. "Because patients don't have to schedule multiple appointments for each diagnostic and treatment procedure, we can coordinate and expedite their care."

That care may include conservative treatments like lifestyle changes, as well as medications, less-invasive surgical "endovascular" (performed inside the blood vessel) procedures and traditional surgical techniques such as bypass, says Scott Fecteau, MD, a board-certified vascular surgeon who specializes in peripheral and endovascular surgery. "We have a lot of tools available to treat vascular patients. The best treatment often depends on the severity of the problem, the patient's anatomy and overall health and other factors," says Dr. Fecteau.

"We offer the most current therapies available for the entire spectrum of vascular diseases – all in one setting," Dr. Napoletano adds.

Ronald Palumbo with his dog, Duchess, four months after he was treated for PVD. *Photo: Rusty Kimball*

Getting patients moving again

The leg pain and fatigue Palumbo experienced during walking – called claudication – is a classic PVD symptom resulting from restricted blood flow. But many of the estimated 10

million Americans with PVD don't know they have it.

"People with PVD in its earlier stages may have no symptoms or very subtle symptoms — one or both feet might feel a little cool or, a visit to the doctor for another problem might show they have no pulse in the foot," Fecteau says.

Smokers and people with high blood pressure, heart disease and diabetes are more prone to PVD.

"The disease can go undiagnosed because quite often other medical problems get most of the attention," says Dr. Dickey. "Because of these other conditions, patients might not be that mobile. If they're not walking, they probably won't experience claudication."

Other severe PVD symptoms caused by the plaque buildup or "hardening" of the arteries (atherosclerosis) can include leg-hair loss and/or non-healing leg and foot ulcers. Rarely, untreated PVD can lead to gangrene and leg amputation. The greatest risk is future heart attack and stroke, because people with PVD often have atherosclerosis in their heart and brain arteries.

The good news: many people can be treated with risk factor modification.

"Quitting smoking, eating healthier, exercising, and controlling diabetes and blood pressure can keep the disease from getting worse," Dr. Fecteau says.

Medication can also be effective. "In some cases we use the same medications and treatments we use for cardiac patients, including aspirin and other blood-thinning medications, as well as cholesterol-lowering medications," Dr. Katsetos says.

Patients with more advanced PVD or other health conditions may require surgery. The traditional surgical treatment for blocked arteries in the legs and other areas of the body is bypass, in which surgeons create a new artery for blood to flow through, bypassing the blocked vessel. The new artery may be artificial or created from a piece of a patient's vein.

"For some patients, bypass is most effective," says Dr. Napoletano, a board-certified general and vascular surgeon. "But other patients may benefit from the less-invasive endovascular procedures, which usually result in less pain and allow for a shorter hospital stay and faster recovery."

Dr. Katsetos performed an endovascular angioplasty and stenting procedure on Palumbo. With Palumbo under local anesthesia, Dr. Katsetos inserted a catheter into his groin area and guided it to the blockages using fluoroscopy (a moving X-ray image projected onto a monitor). For the angioplasty part of the procedure, he inserted a tiny deflated balloon through the catheter into the arteries and expanded the balloon to break up the plaque. To keep the arteries open, Dr. Katsetos then inserted narrow, wire mesh tubes called stents. Once in place, the stents were expanded to hold the arteries open.

Palumbo had two stents placed in one leg and one in the other. His procedure was performed in the morning and "by 6 p.m. I was up walking." After an overnight hospital stay, he began easing back into the exercise routine that helps him manage his heart disease and diabetes. Now, instead of parking in handicapped spots, he parks at the far end of the lot and takes a little stroll inside the store, too.

"My legs feel great," he says. "I shake my head sometimes and wonder why I didn't take care of this a long time ago."

Disarming a "time bomb"

Leo Manville lived for years with a slowly growing danger.

Eighteen years ago, the Meriden man was getting an ultrasound to check for heart problems when his doctor discovered a 2-centimeter aneurysm in his abdominal aorta.

Aneurysms – enlarged, weakened areas of a blood vessel – most often occur in the abdominal aorta and pose two major risks: blood clots can form in them and travel to other arteries, or the aneurysms can rupture. According to the Society of Interventional Radiology, 50 percent of people with untreated abdominal aortic aneurysms (AAA) die of rupture.

While an aneurysm can sometimes be felt as a pulsing lump in the abdomen or cause abdomen, side or back pain, "in most cases there are no symptoms, so a lot of people don't know they have this very dangerous condition," says board-certified surgeon Akella Sarma, MD.

"I was living with a time bomb, and I had no symptoms," says Manville, 71.

"We usually find the aneurysm by accident when the patient is being examined for another condition, or we decide to screen for aneurysms based

Vascular Center physicians

Surgeons:
Robert Napoletano, MD, co-director
Scott Fecteau, MD
Akella Sarma, MD

Cardiologist:
Manny Katsetos, MD, co-director

Interventional radiologists:
Kevin Dickey, MD, co-director
Robert Gendler, MD
Albert Gladstone, MD
Bennett Kashdan, MD

For information or to schedule an appointment, call the Vascular Center: 860-224-5193. Physician referral is not required.

on family history," Dr. Sarma says.

Doctors often monitor aneurysms under 5.5 centimeters for changes in size and status; Manville had regular CT scans for 18 years. When his aneurysm had grown to 5 centimeters, Dr. Sarma advised repair.

Currently there are no effective non-surgical treatments for AAA. Depending on the patient, AAAs can be surgically repaired using minimally-invasive endovascular procedures or traditional "open" surgery to replace the damaged section of the aorta.

Because of his aneurysm's size and Manville's anatomy, Drs. Sarma and Fecteau removed the damaged part of the aorta and implanted a manmade tube called an aortic graft. Now blood flows through the tube instead of the weakened blood vessel walls.

The hospital's Vascular Center also offers endovascular stent grafting to reinforce artery walls. Small incisions are made in the groin, and catheters threaded to the weakened area of the blood vessel are used to place a special endovascular stent graft (endograft).

"Many patients who receive endografts go home the next day and return to their regular activities fairly quickly," Dr. Fecteau says.

"The less-invasive endovascular procedures are a big advantage for patients who can have them," Napoletano says. "We've been performing them for years with great success."

After years of watching and waiting, Manville can go dancing with his wife, Hildegard, and exercise with friends in the cardiac rehab program at the hospital's Bradley Memorial campus without worry.

"My experience at the hospital has been great," he says. "It's a relief to have this taken care of. I feel good."

What Is the Vascular System?

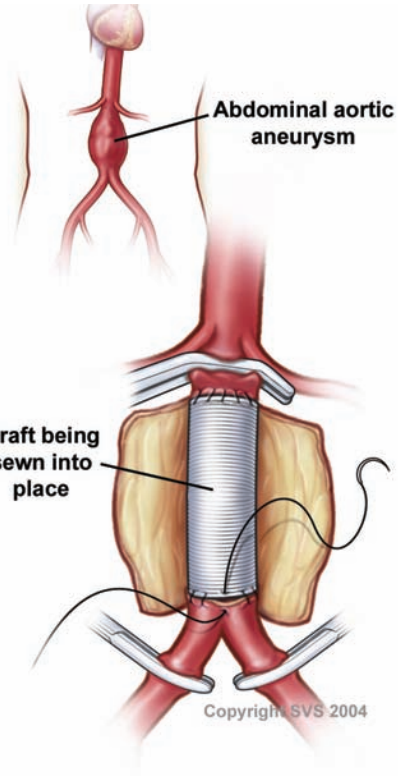
The vascular system – also called the circulatory system – is often compared to a network of highways. The "roads" include the veins and arteries (known as blood vessels) that run throughout your body.

Arteries carry blood rich with oxygen and other nutrients throughout the body for use by muscles, organs and other tissues. The blood is pumped from the heart to the aorta, the main artery, then travels through a series of progressively smaller arteries.

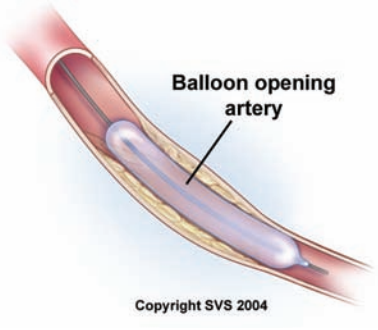
The oxygen-rich blood then travels to capillaries, tiny blood vessels in the body's tissues. The capillaries transfer the oxygen to the tissues, then pick up oxygen-depleted blood and deliver it to the veins.

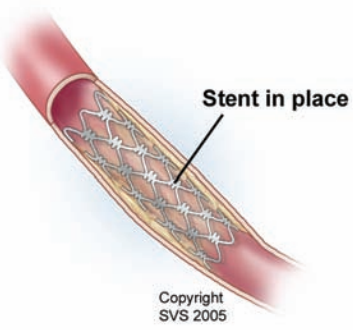
The veins carry blood back to the lungs, where the blood receives a fresh supply of oxygen. The pulmonary vein carries the oxygenated blood to the heart, so it can be pumped back out through the arteries, completing the circulatory circuit.

Surgical aneurysm repair



Angioplasty and stenting





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By Margaret Moss DeGraaf

Surviving Cancer

Leading-Edge Radiation Oncology Treatment Save Lives

Cancer is the last thing anyone wants to hear, but, says Candyce Shupenko, "A cancer diagnosis is no longer a death sentence. The sooner you find it, the better chance there is of a cure."

Shupenko, 59, of Southington, should know. Two years after a diagnosis of vaginal cancer, she is cancer free and feeling good.

Shupenko recalls a routine visit to her gynecologist, Dr. Sharon Goldberg, in 2005. Finding something "suspicious," Dr. Goldberg referred Shupenko to Dr. James Hoffman, who specializes in gynecological oncology.

It turned out Shupenko had vaginal cancer. Her particular disease, the location, and the fact that it was still at an early stage allowed doctors to treat Shupenko with high-dose radiation (HDR) as an outpatient. Dr. Hoffman worked closely with Dr. Neal Goldberg, a radiation oncologist and director of the Radiation Oncology Department at The Hospital of Central Connecticut.

Vaginal cancer is unusual, and it's unusual to detect it at such an early stage. With early detection, Shupenko could receive High Dose Brachytherapy, which allowed treatment to be limited to the local tissues only.

"My initial reaction to the diagnosis," says Shupenko, "was shock… I was hysterical." But she says that her physicians presented all the options in a straightforward, compassionate way. That, coupled with the professionalism of everyone on the team, gave her strength and confidence.

Importance of Early Detection

Patients receiving a cancer diagnosis experience a torrent of emotions that include disbelief, anger, and intense fear. When patients are treated at The Hospital of Central Connecticut, they also experience

Saving cancer patients'

the strength and confidence that come with outstanding physicians and advanced cancer treatments that include some radiation oncology treatment techniques not available anywhere else in Central Connecticut.

Saving cancer patients' lives often begins with early and accurate diagnosis.

Although the three individuals interviewed for this story are very different, one thing they share was an early cancer diagnosis. Their physicians were vigilant. In each of these instances, had the disease been allowed to grow unabated for another year or more, their disease process would have changed significantly and their treatment options would have narrowed. Treatment for cancer can include surgery, various medicinal treatments including chemotherapy, and various forms of radiation.

"If it wasn't for that mammogram," says Joan Martin, 55, of Southington, pausing a minute, "God only knows." Martin, now a breast cancer survivor, is referring to the mammogram last year that

illuminated a pea-shaped "density" too small to be detected by physical examination. Even now, Martin is incredulous — that she had it; that they found it; that she survived it. A follow-up ultrasound confirmed the mammogram results and she was immediately referred to a team of physicians. First, Dr. Akella Sarma surgically removed the tumor, confirming that it had not spread to the lymph nodes.

Dr. Barbara Fallon, Martin's medical oncologist, who specializes in breast cancer, worked closely with Dr. Goldberg to design a treatment plan with six months of chemotherapy, followed by radiation.

lives often begins with early and accurate diagnosis.

Martin's regimen was "dose dense chemotherapy," in which 24 weeks of chemotherapy are compressed to 16 weeks, increasing its effectiveness and shortening treatment. Because her cancer is sensitive to hormones, for the next five years she'll take medications to deprive the cancer of estrogen. "By using chemotherapy, hormone manipulation and radiation, we maximize the chances that the cancer will not recur," Dr. Fallon says.

Soon after completing chemotherapy, Martin began daily radiation treatments. First the cancer sites were digitally mapped. She had 34 treatments consisting of, first, Intensity Modulated Radiation Therapy (IMRT), and second, "boost" treatments using an electron beam, Dr. Goldberg explains. (See sidebar) "Using electrons allows precise positioning because of the unique characteristics of the electron beam," he says.

"My treatment experience was very good," Martin says without a hint of irony. "I met other people with similar problems. You came to feel like a family. I felt so sorry for myself until I saw what some other people were going through. You learn a lot going through cancer. You wonder why things happen. I made some good friends. I know I was one of the lucky ones."

Advanced Treatment Options Close to Home

John Prendergast, 59, of Cromwell, was diagnosed with prostate cancer in October 2005. His urologist had been checking John's PSA levels regularly for over three years. When one test came back high, a biopsy was performed, and it was positive for cancer.

"People posed the question to me about going to a 'real cancer institute,'" Prendergast says. "After talking to my two doctors here, I felt very confident. They answered all of my questions. I always felt that I got the very best treatment possible here."

Prendergast received Acculoc™ image-guided IMRT. Prendergast's urologist placed the Acculoc markers at the affected sites in his prostate. These markers are inert and simply mark the site internally, much the way tattooing the skin guides external radiation, so the radiation can be targeted precisely.

The radiation therapy began in June 2006 and lasted 42 days, Monday through Friday. "For 8-1/2 weeks, this was my job," says Prendergast. Like many cancer patients, he continued working at his "day job," grateful he could work his treatments around his employment schedule.

Nearly a year after treatment, Prendergast says he "feels fine" and his PSA level is normal.

Intensity Modulated Radiation Therapy (IMRT): Uses a computer-controlled machine to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. The radiation dose conforms to the shape of the tumor by modulating – or controlling – the intensity of the radiation beam to focus a higher dose to the tumor while minimizing radiation exposure to surrounding normal tissues.

Image Guided Radiation Therapy (IGRT): Images of the treatment area are taken from two directions before daily treatment. This compensates for any possible movement or variations of the tumor area at the time of treatment, further increasing the accuracy of the IMRT treatments.

Brachytherapy: also called internal radiation, involves placing a radioactive material inside the body, allowing the physician to use a higher total dose of radiation to treat a smaller area, in a shorter period of time than is possible with external radiation treatment. Brachytherapy can be permanently or temporarily implanted.

In **Temporary Brachytherapy**, the radioactive material is placed inside or near a tumor for a specific amount of time then withdrawn. Temporary Brachytherapy can be administered at either a low-dose rate (LDR) or high-dose rate (HDR).

Permanent Brachytherapy, also called seed implantation, involves placing and leaving them permanently. After several weeks or months, the radioactivity level of the implants diminishes to nothing. The seeds remain in the body, with no lasting effect on the patient

"An Amazing Facility"

The American Savings Foundation Radiation Oncology Treatment Center at The Hospital of Central Connecticut is a comprehensive center incorporating multiple imaging and high-tech equipment and treatment modalities.

Radiation Oncology Department staff include board-certified radiation oncologists Dr. Goldberg and Dr. Alan Perlmutter, nurses, radiation therapists, patient aides and others. All are fully invested in helping patients through all aspects of their treatment, says Ann Allen, RTT, department manager.

Radiation therapy uses high-energy X-rays or particles to treat cancer, is highly concentrated and focused only on the treatment area. Treatment length can vary, but is generally two to eight weeks. Treatments can be external or internal (Brachytherapy).

Most successful cancer treatments depend on obtaining high-quality images to digitally map the cancer. State-of-the-art imaging provides the kind of extraordinarily precise data doctors need to make treatment decisions. The type of imaging used depends on the diagnosis and location of the cancer. When the cancer has been imaged and mapped, decisions are made about what type of targeted radiation to use.

All patients must have a simulation session before treatment begins to determine exactly where to target radiation beams during future treatments.

"Our newest equipment enables us to scan patients without compromising image quality or positioning," explains Allen. CT images taken during the simulation process are sent to the 3-D treatment-planning computer, which constructs three-dimensional images of the tumor to pinpoint its shape, size, and location. Multiple radiation beams are positioned to conform to the tumor, improving accuracy and sparing surrounding tissue. This equipment is so precise, it allows for the most subtle movements, such as breathing.

Many of the newest radiation treatments, despite variations, are based on one common principle — to precisely target radiation, so little or no healthy tissue is affected. The center utilizes IMRT — intensity modulated radiation treatment, IGRT — image guided radiation therapy, along with 3-D conformal treatment planning , and Brachytherapy for cervical, endometrial, breast (Mammosite®) and prostate cancer.

Dr. Goldberg emphasizes that since the facility was built from the ground up with the newest and most innovative technology, all the equipment was networked to work in perfect concert and maximize results.

Seamless communication between technologies is as important as the communication that goes on between physicians, patients, and other healthcare providers. Dr. Goldberg and Dr. Hoffman addressed things straight on, Shupenko says. "We lay out all the options, and we work as a team: to provide each patient with the care, and the cure, they want," says Dr. Goldberg.

Photos: Rusty Kimball

Top, Candyce Shupenko with Drs. James Hoffman and Neal Goldberg. Bottom, John Prendergast at work.

"There's not enough I can say about them — my doctors and everyone at the radiation oncology center treats you with such respect and such caring," Shupenko says. "The experience was probably as good as you can possibly have." Coming from a cancer survivor, that's saying a lot. ✹

By Margaret Moss DeGraaf

The Wolfson Palliative Care Program

Easing Pain at the End of Life

Alice Smith is doing everything she can to prepare herself for the inevitability of her son's death. He is 48. His liver and kidneys have ceased to function, a result of chronic disease. Alice's mind is racing with the details surrounding his death — obtaining legal guardianship of her teenage granddaughter, a funeral, cremation, the complicated family dynamics. David's Aunt Kathryn reminisces at his bedside about what a sweet child he was and the fun they had before he got sick.

David was admitted to the hospital a week ago. His physician told Alice[1] his liver and kidney damage was irreversible, but Alice held on to a slim hope. Two days ago, the doctor told her David's death would come soon.

This is a nightmare, even for a woman who has already endured so much. She talks about where she will keep his ashes. "I can keep him close," she says. That is one of the easier decisions. "I don't want to start crying," she says, trying to hold back the tears running down her face. Social worker Janice Vough, MSW, gently reminds her that she needs to cry and not keep her emotions bottled up.

The most difficult decision was whether to continue medical interventions, when all indications were that such interventions would not only be futile, but might increase David's suffering.

Alice chose the path of least suffering.

David is on "comfort measures only," meaning he'll have no further medical intervention to sustain his life; only comfort such as pain relief. He seems to be peacefully asleep, unaware of his surroundings. Aunt Kathryn leans over and talks to him gently now and then; keeping vigil, confident David can still hear her.

Rev. Will Baumgartner drifts in to pay his respects. The comfort of his presence is palpable.

Even in her grief, Alice praises the staff. "Every step of the way someone has been here. Everyone has been loving and caring, attentive and good," and, referring to Janice Vough, Alice says, "She has been a God-send."

Rev. Baumgartner and his colleague, Rev. Ron Smith, provide pastoral care — what you might call spiritual medicine. His job at the hospital, Rev. Baumgartner says, is "primarily to meet the spiritual and emotional needs of patients. But that is not unique to pastoral care people." What is more unique to pastoral care, he says, is that "we speak of inward healing and spiritual healing and wholeness."

Death may be inevitable, but guiding the end-of-life process with knowledge and sensitivity, especially in serious and terminal illnesses, makes all the difference for the dying and their loved ones.

Photos: Rusty Kimball

[1] *Not their real names.*

"A good death," says Cynthia Kociszewski, PhD, APRN, manager of the Wolfson Palliative Care Program at The Hospital of Central Connecticut, "is different for each dying person. The priority for most people is to be free of distressing physical symptoms. The source of physical symptoms can be physiological or the manifestation of psychosocial or spiritual issues."

It sounds so simple. And yet, when complex medical needs and dynamic family relationships collide with the threat of death, it rarely is.

"The better healthcare providers can understand the person behind the illness — who they are, what is important in their life, what traditions or spiritual practices are meaningful to them — the better we can support people and their families by respecting their wishes for care," explains Dr. Kociszewski. "But a good death must also adhere to the clinical, cultural, and ethical standards of care that healthcare professionals ascribe to."

(Below, left) Dr. Michael McNamee, director of pulmonary medicine and critical care, and Deborah Ferretti, APRN.

Wolfson Palliative Care

The Wolfson Palliative Care staff, together with the patient's physician, and the Pastoral Care and Social Work departments, form the core of the interdisciplinary care team that provides comfort, compassion, support, and knowledge when a person's illness causes distressing symptoms or debilitation that are no longer responsive to traditional medical therapies. Physical symptoms can include everything from pain, nausea, and respiratory problems, to anxiety, insomnia, and skin rashes. Team members work closely together to understand the patient's illness holistically, with each contributing expertise and insight into how best to assist patients and their families.

Stephen H. Grund, MD, PhD, is the medical director for the Wolfson program and the George Bray Cancer Center. Dr. Kociszewski and Deborah Ferretti, APRN, are Wolfson's fulltime staff members. Kociszewski is board certified as an acute-care nurse practitioner and an advanced practice nurse in hospice and palliative care; Ferretti is board certified as a clinical nurse specialist in wound and ostomy care.

But they work closely with attending physicians, social workers, care coordinators, and the Hospital's two pastors, Smith and Baumgartner. The care coordinators, says Dr. Kociszewski, are "invaluable." If a patient is being discharged to the home or community setting for palliative and or hospice services, care coordinators have the expertise and compassion to work with patients and families to create a well-organized discharge plan.

"One role of a critical care unit, not frequently recognized, is to determine when patients can't survive," says Dr. Michael McNamee, director of pulmonary and critical care medicine. "We communicate that in a compassionate way, but the palliative care service helps a lot in that process. Their team can take time to fully discuss all the issues with the patient and family."

Dr. Madura Saravanan, associate director of the hospitalist service, and hospitalist Dr. Daniel Lehnhoff agree the palliative care program is invaluable. "We give the patients and families the big picture. The palliative care service can involve themselves much more deeply with all aspects of care," Dr. Saravanan says.

(Above) Dr. Cindy Kociszewski, manager of the palliative care program; Kathleen Parsons, RN, care coordinator for the C5 inpatient cancer unit; and Diane DeFronzo, MSW consult with a patient.

Palliative Care and Hospice Care

Palliative care and hospice care are often confused. Hospice care is a holistic approach to care for terminally-ill people, "whose stated goals of care are guided by optimizing the person's physical, psychological,

and spiritual comfort," Dr. Kociszewski explains.

Palliative care is also a holistic approach — not just for people at the end of life, but also for those with chronic, progressive, life-limiting illnesses such as end-stage kidney, heart, lung, neurological, or immunologic disease. In these cases, Dr. Kociszewski explains, patients can continue to receive medical treatment as well as "aggressive symptom management. "There is often much care that can be given, but no cure."

A recent study published in *The New England Journal of Medicine* found that specific interventions with families of dying patients can have a significant impact — reducing grief, length of bereavement, incidence of Post Traumatic Stress Disorder, and need for their own mental health care.

"At a time when a family is emotionally devastated and least able to deal with it, there is a crush of incredibly complex information to absorb," says Diane DeFronzo, MSW, oncology social worker, who frequently works with the palliative care service. "It is crucial to have a coordinated team of professionals to help."

One Patient, Many Lives

One terminally ill patient often means many lives to care for — spouses, children, grandchildren, and friends. The end of life issues are many, and frequently come into conflict. Pain management is often a delicate balancing act — as with a patient who wants to be free of pain and also remain lucid. Dr. Kociszewski often finds herself in the center of these medical maelstroms, holding everything together — keeping tabs on specialists and caregivers, tests and results, medications, other treatments and their effectiveness.

A daughter whose father was recently cared for on the C5 unit says that understanding the constantly changing information, in addition to their own grief, was "overwhelming." "Cindy was amazing… putting all the pieces together," Judith[2] says.

At a meeting with Dr. Kociszewski, this family discussed what their dad wanted and came to the unavoidable conclusion that it was time for comfort measures only.

"Dad told us he did not want to be in pain," Judith continues. "He was ready for the next step, but we weren't." But with their family meetings, the reality was faced and decisions could be made. The family prepared. Everyone had the chance to say good-bye. For all of their grief, relatives say this is how the end of life in a hospital should be handled. "The staff seemed to anticipate every need, every question, at just the right time."

Families praise C5 Manager Lorry Killeen, RN, and virtually everyone else they have contact with, from nurses to housekeeping staff. "They are all truly compassionate, so kind, and competent. They were respectful and treated Dad with such dignity and care. They made us feel at home here," another family member says.

"One of the most useful things I can do is to listen," social worker DeFronzo says. DeFronzo explains that her job overlaps several others. She ministers to patients' and families' emotional needs, but also helps facilitate communication wherever needed. "Very often, patients will be protective of their family members. They don't want to tell them how bad the pain is or to see them cry. But with a compassionate stranger, these patients can cry.

"You know that you're helping people," she continues. "How many people can say that (about their work) — that they make a difference in other people's lives?"

"They created a sacred space for our dad," says Judith. "If you have to be at the end of life with someone, this is where you would want to be."

Dr. Samuel Wolfson's Legacy

The Wolfson Palliative Care Program began at the former New Britain General Hospital in 1998 through a multi-million dollar gift from Samuel Wolfson, MD, former chief of anesthesiology. Dr. Wolfson wanted to alleviate the pain and suffering associated with illness and dying.

By 2000, the Wolfson Palliative Care Program was providing direct inpatient care and family support and other services.

The idea for the program sprang from Dr. Wolfson's expressed desire to help others.

Barbara Davidson got to know Dr. Wolfson when she was volunteering and he was hospitalized on C5 for a month. "He had no family and was close to few people," Davidson explains. "He put everything into his work at the hospital until he became sick.

"So I would go by and see him once in a while. Once I brought him homemade matzo ball soup on one of the Jewish holidays. It was a small thing, but it made him very happy.

"When he took a turn for the worse, I went to ICU. They told me he wouldn't know if I was there. But he knew. I held his hand and he died within five minutes," Davidson says.

Unbeknownst to Davidson at the time, Dr. Wolfson, in his will, put her in charge of a $6 million bequest to the hospital. (The largest single gift the hospital had ever received.)

So Barbara Davidson found herself charged with starting the palliative care program that now bears Dr. Wolfson's name. "I can't say enough about this program, its people, and the things they do for patients. Dr. Wolfson would have been so happy."

[2] *Not her real name.*

Computers on wheels, wireless phones enhance patient care

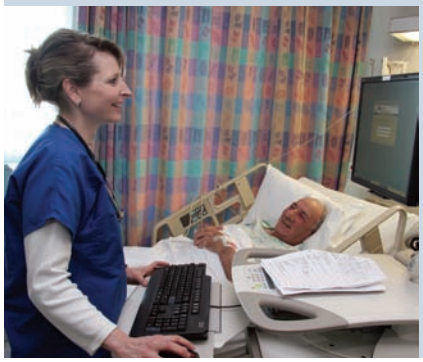
Hospital of Central Connecticut nurses are using workstations on wheels (W.O.Ws) to retrieve medical records and complete paperwork at the patient's bedside, making care safer and more efficient.

Previously, nurses hand-wrote notes on patients' essential medical history information, which they would then transcribe into computers at a central nurses' station on the unit.

With the W.O.W.s, nurses can wheel the computer right into patient rooms and access information that was gathered during admission, as well as the patients' medical records and details of past tests and treatments. Nurses can also enter important information on patients' conditions on the spot.

The W.O.W.s are one of several initiatives at the hospital designed to enhance patient care and safety. Nursing staff at the New Britain General campus now carry wireless phones to facilitate immediate information sharing with physicians, pharmacists, and staff in other departments.

Deborah Turner, RN, N-5, uses one of the workstations on wheels (W.O.W.s) at patient Sebastian Buonocore's bed side.



Give Kids a Smile Day

During Give Kids a Smile Day held in February, 187 young children and adolescents received free cleanings, exams, sealants, and had cavities repaired through the volunteer efforts of 17 New Britain area dentists and a host of dental hygienists, dental assistants, and support staff. Over 47 million Americans are uninsured; 8 million of them are children. The event is held every February to draw attention to the oral health crisis of uninsured or underinsured children across the nation and in Connecticut. Here in New Britain, the event was sponsored by the New Britain Dental Society and the New Britain Oral Health Collaborative, of which the hospital is a member.

Sisters Allyiah and Darya Guiont of Bristol, are all smiles after they received dental treatment.

Lap Banding Procedure is Now an Option at Hospital

Lap banding, one of most common types of weight loss surgery, has been offered at the hospital since September 2006 when Dr. Carlos Barba joined the hospital as co-medical director of bariatric surgery. Dr. Barba is a bariatric surgeon who performs lap band, laparoscopic, and open gastric bypass surgery. The lap-banding procedure, as the name indicates, involves banding part of the stomach to reduce its capacity.

Lap (short for laparoscopic) banding is favored by some because it involves no cutting or stapling of the stomach and is adjustable and reversible. The hospital stay for the lap band procedure is shorter than other types of bariatric surgery, depending on the patient. Along the continuum of clinical weight loss programs at the hospital known as "Weigh Your Options," bariatric surgery is the most aggressive. The center includes a wide range of services for individuals looking to lose five pounds and manage their cholesterol, to those who are morbidly obese and need to lose more than 100 pounds.

Patients accepted for weight-loss surgery must meet specific criteria, which include being over age 18, having tried other diet methods, and being a non-smoker. Most significantly, a patient must have a Body Mass Index (BMI) of 35 or more, "morbidly obese."

The two commonly performed types of bariatric surgery are lap-banding (laparoscopic stomach band), as well as laparoscopic and open gastric bypass (Roux-en-Y gastric bypass) — patients' individual situations dictate which procedure is best.

To contact Dr. Barba, please call his office at 860-727-4099. For more information about bariatric surgery and other "Weigh Your Options" clinical weight loss programs at The Hospital of Central Connecticut, please call toll free 866-668-5070 or visit the hospital website at www.thocc.org.

New to The Hospital of Central Connecticut

Carlos A. Barba, MD
Surgery
Practice: 1000 Asylum Ave., Suite 3201, Hartford, 860-727-4099
Medical degree: University of Panama; residency, McGill University, Montreal, Canada; fellowship in surgical critical care, University of Pennsylvania Health System.

Amy Brown, MD
Medicine
Practice: Hartford, 860-545-2795
Medical degree: Tufts University School of Medicine; residency, University of Rochester; fellowship in gynecologic oncology, Women's and Infants' Hospital of Rhode Island.

Alan J. Farb, MD
Pediatrics
Practice: 209 Main St., Southington, 860-621-8331
Medical degree: University of Texas Medical School at San Antonio; residency, Texas Children's Hospital.

Manny C. Katsetos, MD
Medicine
Practice: Lexington Cardiology, One Liberty Square, New Britain, 860-229-6811
Medical degree: University of Connecticut School of Medicine; residency, University of Connecticut School of Medicine; fellowship in cardiology, Tufts New England Medical Center.

Manju Mavanur, MD,
Medicine
Practice: Hospital of Central Connecticut Hospitalist Program, 860-224-5661
Medical degree: Topiwala National Medical College, India; residency, University of Connecticut School of Medicine.

John Nazarian, MD
Psychiatry & Behavioral Health
Practice: The Hospital of Central Connecticut, 860-224-5900, X2685
Medical degree: University of Maryland School of Medicine; residency, New York Hospital Westchester Division; fellowship, Yale University School of Medicine (College of Mental Health).

Rekha Ranade-Kapur, MD
Psychiatry and Behavioral Health
Practice: 530 Silas Deane Hwy, Suite 340, Wethersfield, 860-721-7911
Medical degree: University of Bombay; residency, William Backus Hospital, Norwich; fellowship in psychiatry, University of Connecticut School of Medicine.

Jonathan Reidel, MD
Pediatrics
Practice: Grove Hill Medical Center, New Britain
860-224-6282
Medical degree: New York Medical College; residency, Emory University School of Medicine in Atlanta.

Steven Ruby, MD,
Surgery
Practice: 1000 Asylum Ave., Suite 2120, Hartford, 860-246-4000
Medical degree: Columbia University College of Physicians and Surgeons; residency, Columbia-Presbyterian Medical Center; fellowship in vascular surgery, Brigham & Women's Hospital.

Priya Tandon, MD
Medicine
Practice: The Hospital of Central Connecticut Hospitalist Program, 860-224-5661
Medical degree: M.S. Ramaiah Medical College Bangalore University, India; residency and fellowship in hematology/oncology, University of Connecticut School of Medicine.

Dale J. Wallington, MD
Psychiatry & Behavioral Health
Practice: 1216 Farmington Ave., Suite 303, West Hartford, 860-313-5380
Medical degree: University of Connecticut School of Medicine; residency, Yale-New Haven Hospital.

Priya J. Warrier, MD
Medicine
Practice: The Hospital of Central Connecticut Hospitalist Program, 860-224-5661
Medical degree: M.S. Ramaiah Medical College, Bangalore University, India; residency, University of Connecticut School of Medicine.

Celeste Wegrzyn, DMD
Surgery
Practice: New Britain, One Lake St., 860-224-2419
Medical degree: University of Connecticut School of Dental Medicine; residency, Ohio State University, Colombus Children's Hospital.

Joel L. Wilken, DO
Medicine
Practice: 710 Main St., Building 4, Plantsville, 860-378-2891
Medical degree: New York College of Osteopathic Medicine; residency, University of Connecticut School of Medicine.

Hospital Radiology Upgrades Put Patient Convenience First

The hospital's imaging services continue to keep pace with the leading edge of the healthcare industry and are also increasingly convenient for patients.

Renovations were recently completed on the unit that houses the Hospital's state-of-the-art cardiac catheterization and angiography suite.

Access to these services has been simplified and streamlined, so those coming for same-day outpatient procedures go through a single admitting process. A spacious and comfortable waiting area with complete amenities, along with a completely outfitted three-bed pre- and post-procedure area have been created.

The labs have been in clinical use for over a year, providing life-saving treatments, as well as routine tests and procedures. The lab offers minimally invasive tests to check heart and vascular/artery function, as well as angioplasty to clear blocked arteries. In addition, a growing number of people need to have outpatient procedures, such as surgical follow-up or placement of catheters for chronic illness, which rely on sophisticated imaging ability. The lab is staffed by a highly-skilled team of registered nurses and certified radiology technologists, led by board-certified cardiologists and interventional radiologists.

The labs are open for outpatient services Monday through Friday, and are on call for emergencies 24 hours, seven days a week.

For more information about services at the Hospital's cardiac catheterization and angiography suite, please call 860-224-5287.

Minimally Invasive Pituitary Surgery Easier on Patients

Surgeons at The Hospital of Central Connecticut have teamed up to remove certain brain tumors using minimally invasive techniques.

A neurosurgeon and an ear, nose, and throat surgeon are collaborating using an innovative technique to remove pituitary tumors inside the brain.

A relatively small number of people — about 14 in 100,000 — experience pituitary tumors. But even if benign, the sheer mass of a tumor can cause serious problems, interfering with various brain functions, including vision, and balance and other equilibrium functions.

Drs. Alden L. Stock and Donald Weinberg, ear, nose, and throat surgeons, and Dr. Ahmed Khan, a neurosurgeon, both at the hospital's New Britain campus, performed three successful procedures last fall.

The traditional surgery to remove these tumors involves large facial incisions, takes four hours, and involves much more discomfort and longer recovery times for patients.

The endoscopic endonasal transsphenoidal surgery, as it is called, takes about two hours. Only a small incision is necessary. Patients are comfortable after surgery and feel an immediate impact, some of whom have improved vision the day after surgery.

"This surgery is not experimental," says neurosurgeon Dr. Ahmed Khan, "but it is still relatively new. Our team is the only one in the area performing endoscopic pituitary tumor removal." Drs. Stock and Weinberg can be reached at the Grove Hill Medical Center in New Britain at 860-224-2631. Dr. Ahmed Khan's neurosurgery practice is located in the Hart Street Medical Buildings, 860-225-1227.

Technology for Anorectal Disease Helps in Diagnosis

Doctors at The Hospital of Central Connecticut are using new state-of-the-art equipment to help diagnose and determine treatment options for a variety of anorectal diseases. The hospital's Endorectal Ultrasound (ERUS) went online this winter and is being used for the first time in Hartford County at the New Britain General campus to diagnose certain conditions.

The ultrasound was designed specifically for diagnosis of anorectal diseases. It can capture images from 360 degrees three-dimensionally and allow views not previously possible.

Diseases that affect the lower intestinal tract are common, and range in variety from anorectal abscesses to fecal incontinence, to lower rectal cancers. About 8 percent of the U.S. adult population is known to suffer from fecal incontinence (loss of bowel control), but experts think the total number is much higher. "It is a delicate subject for some people, but one that needs to be discussed because, often these problems can often be corrected entirely," says colorectal surgeon Dr. Christine Bartus.

The ERUS ultrasound can more precisely diagnosis problems to the sphincter (muscles of control), as well as diagnose complex anorectal abscesses.

Emergency Angioplasty Saves Lives

William Sherman suspected that he was having a heart attack. "Like a hot poker stabbing me in the chest," is how he describes the pain that sent him to the hospital's Bradley Memorial campus where the staff quickly diagnosed an acute myocardial infarction (heart attack).

Emergency Department physicians, interventional cardiologists, and the coronary angioplasty team at the New Britain General campus all worked seamlessly to transport and treat Mr. Sherman, 80, of Southington. The patient's medical records were immediately available online at the New Britain campus. At the cardiac catheterization laboratory, Drs. Robert Borkowski and Manny Katsetos performed primary coronary angioplasty in which the blocked artery is re-opened by inserting a small tube known as a catheter into the obstruction. A balloon is then inflated to open the artery.

The procedure was a success, and within hours. Mr. Sherman's condition had vastly improved. The following day, he was sitting up in bed. This is a classic story of a life saved.

It is also a story about how the merger of these two hospitals saved critical hours for a patient. "Time is heart muscle when you have an occluded artery. The faster we can clear that artery, the less damage there is to the heart," says Dr. Milton J. Sands, the Hospital's chief of cardiology.

Before the merger of the two hospital campuses, such a move would have taken much longer. Patients had to be officially transferred from one hospital to another and readmitted, which would include obtaining copies of medical records. With the merger, a second admission is unnecessary and doctors and staff can communicate and share records freely. With the Hospital's unified record-keeping system, called Cerner, there is a single record for each patient, simplifying clinical evaluation and saving time.

Pulmonary/CCU Director Honored by American Lung Association

Michael J. McNamee, MD, the hospital's director of pulmonary medicine and critical care, has been named recipient of the American Lung Association of Connecticut's 2007 Connecticut Thoracic Society Award. The award recognizes his dedication and service to the Society and the field of pulmonary medicine.

Visit us online at www.thocc.org for:

Services: Specifics on departments and services
Phone numbers and directions
For patients and visitors: Admission, visiting and discharge information
Calendar: Upcoming events – many free!
What's New: New treatments, services and more
Employment: Job openings
Need-A-Physician: Free online physician listing
And much more!

Psychiatry clinical trials under way

The hospital's Psychiatry and Behavioral Health Research Center is conducting clinical trials for generalized anxiety disorder, schizophrenia/schizoaffective disorder, and bipolar mania. For all studies, medication is free and patients receive trial-related medical care at no cost. In addition, patients are compensated with gift certificates for their time and effort. For information on participating, call toll free, 1-877-790-1926.

Auxiliary holds fashion show

The Hospital of Central Connecticut auxiliary held a luncheon-fashion show "Flirting With Fashion" April 29 to raise money toward the auxiliary's five-year, $1 million pledge to support the cardiac catheterization and interventional radiology suite at the New Britain General campus.

Celebrity models, including auxiliary members, hospital staff, community leaders and other friends of the hospital modeled fashions from area stores.

Auxiliary members and fashion show co-chairs Teri Polaske, left, and Patricia Maerz.

Kudos

William A. Petit, Jr., MD, FACP, FACE, medical director of the Joslin Diabetes Center Affiliate at The Hospital of Central Connecticut and director of the Section of Endocrinology, Metabolism and Diabetes, was elected president of the Hartford County Medical Association. Dr. Petit is a past president of the American Diabetes Association, Connecticut Affiliate, and was elected to the ADA Hall of Merit in 1994. He is also an associate professor of clinical medicine at the University of Connecticut Medical School. He is involved with numerous clinical research studies and has published two books. He will serve a one-year term as president of the Association, a professional organization of more than 2,200 physician members dedicated to promoting quality medical care and patient advocacy.

Rekha Singh, MD, an associate attending surgeon, was recently appointed a Cancer Liaison Physician by the American College of Surgeons Commission on Cancer. She is among 1,600 physician volunteers nationwide serving as Cancer Liaison Physicians. During her three-year term, Dr. Singh will spearhead Commission on Cancer initiatives within The Hospital of Central Connecticut's cancer program; collaborate with agencies such as the American Cancer Society; and facilitate quality improvement initiatives at the hospital.

Southington Diagnostic Center staff received the Southington Chamber of Commerce's "Ann Hauver Award," given to employees who exemplify the ethics and spirit of a local business. Honored in April were Elaine Parciak and Nora Carvalho, radiologic technologists; Heather Rinaldi, registration specialist; and Terri Kramer and Leo Lavertue, phlebotomists. The award is named for Ann Hauver, who was an exceptional employee at the Chamber of Commerce for more than 20 years.

Laurence A. Tanner, hospital president and CEO; **Jean Kostak**, manager of education & clinical research for the Joslin Diabetes Affiliate; and **Patricia O'Connell**, diabetes nutrition educator, were honored by the American Diabetes Association for their outstanding commitment to raising funds for the association and diabetes research. All three played important roles in the Oct. 22, 2006 America's Walk for Diabetes in East Hartford. Hospital of Central Connecticut employees generated $16,500 in donations for the walk.

Appointments & promotions

Bonnie Boucher Archambault, BSN, MS, has been named Stroke Program coordinator and clinical nurse specialist. She previously worked at Visiting Nurse Health Services of Connecticut in Vernon as manager of the Telehealth Program, and as a cardiac nurse specialist and manager and nurse case manager. Archambault earned her bachelor's degree in nursing from the University of Connecticut School of nursing and her master's degree in health care management from the Hartford Graduate Center.

Paula Bowley, RN, MSN, CCRN, has been named director of the Critical Care and Respiratory Therapy departments at the Hospital's New Britain General campus. She was previously director for Critical Care, Telemetry, and Cardiovascular services at St. Mary's Hospital in Waterbury. Bowley earned her RN diploma from St. Mary's Hospital School of Nursing, and her bachelor's degree in nursing and master's degree in nursing administration from the University of Hartford.

Elaine Greene, RN, BSN, MPA, has been named executive director of physician and patient relations. She was previously chief operating officer and director of nursing at Bradley Memorial Hospital. Her new post was created following the Oct. 1 merger of New Britain General and Bradley Memorial hospitals to enhance customer service to patients, and to develop programs and services to meet the needs of medical staff at the newly combined hospitals. Greene will also assist with physician recruitment. Greene earned her bachelor's degree in nursing from Niagara University, Niagara Falls, New York, and her master's degree in public administration, with a concentration in healthcare administration, from Pace University, Dyson College of Arts & Sciences, White Plains, New York.

David L. Girouard, RPh, MPH, has been named the hospital's pharmacy director Before joining the hospital, he was pharmacy director at Saint Francis Healthcare, Hartford. Girouard earned his bachelor's degree from the University of Connecticut School of Pharmacy and his master's degree in public health at the University of Connecticut.

Lisa A. Laird, MD, has been named associate chief of pathology. Dr. Laird has been a pathologist at the hospital for 10 years. She earned her medical degree from Louisiana State University School of Medicine. She completed a residency in surgery at New Britain General Hospital; a residency in anatomic pathology at the University of Connecticut School of Medicine; and a residency in clinical pathology at Hartford Hospital. Dr. Laird completed a fellowship in cytopathology at the University of Connecticut School of Medicine.

Robert Napoletano, MD, has been named associate chief of surgery Dr. Napoletano joined the hospital in 1990, and has served as an attending surgeon and head of the Vascular Surgery Section. He is also a clinical instructor in the Department of Surgery at the University of Connecticut. He earned his medical degree from Boston University and completed his internship and residency in general surgery at New Britain General Hospital.

Candace Pettigrew, RN, has been named director of patient safety. She previously worked in occupational health and safety and patient safety at the University of Connecticut Health Center's John Dempsey Hospital. Pettigrew earned her bachelor's degree in nursing from St. Joseph College in West Hartford.

calendarofevents *support groups, classes & health screenings*

If you plan to attend an event, please call ahead, as dates or times may change.

Wellness Programs & Classes

"LOOK GOOD, FEEL BETTER"
The George Bray Cancer Center sponsors the American Cancer Society's make-up/make-over and scarves/wig program. For women in active treatment. **May 22, June 26, 5:30–7:30 p.m.**, Lecture Room 2, New Britain General campus; attendance limited to 10; reservations req'd. Contact Marcia Anderson, 860-224-5299.

"QUITTING TIME"
A smoking cessation class held weekly **May 7–June 25, Mondays, 5:30–6:45 p.m.** in Dining Room A. First class is a free introduction. New Britain General campus. Information & registration, 860-224-5433.

YOGA
Meets weekly on Thursdays, New Britain General campus, call for info, 860-224-5433.

WEIGH YOUR OPTIONS
Weight loss programs information session, meets third Thursday of each month, 6:15 p.m., New Britain General campus cafeteria. 1-866-668-5070.

Informational Lectures

HEALTH WISDOM LECTURE SERIES
All lectures held at 6:30 p.m., refreshments at 6:15 p.m., New Britain campus cafeteria, registration required, 1-888-224-4440.
"EATING RIGHT AS YOU AGE"
May 8, May Harter, Registered Dietician, will discuss how to eat right, and eat well, to meet your body's changing needs.
"INSIDE YOUR HIGHWAYS AND BYWAYS"
June 20, MDs Kevin Dickey, Robert Napoletano and Manny Katsetos will discuss common conditions of your body's blood vessels and how they are the thoroughfares for everything from nutrients to oxygen.

UNDERSTANDING KNEE & HIP PAIN
New Britain General campus —
May 31, June 28 and August 30, 6:30 p.m., Lecture Room 2
Bradley Memorial campus —
May 10, 2 p.m., Conference Room A.
Information & registration, 860-224-5186.

15TH ANNUAL NATIONAL CANCER SURVIVORS DAY "CELEBRATE LIFE: LIVE IT UP!"
June 9, speaker Nick Mezacapa, prostate cancer survivor. Registration at 9 a.m. Aqua Turf Club, Southington, CT. Sponsored by the George Bray Cancer Center. Contact Marcia Anderson, 860-224-5299.

Lunch & Learn
at Bradley Memorial campus

Sponsored by the Connecticut Center for Healthy Aging. 12 Noon, Conf. Rm A, Bradley Memorial campus, 860-276-5293.

FOOD PYRAMID FACTS
May 17, May Harter, registered dietician will discuss the food pyramid, up-to-date nutrition information, and tips on how to eat a healthier diet.

UNDERSTANDING HOSPICE
June 21, Joy Preston, Director of Hospice and Palliative Care, VNACC. Learn about hospice care, eligibility, and criteria for care.

VARICOSE VEINS AND NEW TREATMENTS
July 19, Dr. Kevin Dickey will discuss the causes and symptoms of varicose veins and the latest treatments.

Lunch & Learn
at New Britain General campus

12 Noon, Lecture Room 2, New Britain General campus, 860-224-5278.

BALANCE AND FALL PREVENTION
May 10, Doug Barber and Shelley Nyren, Physical Rehabilitation, Jerome Home/Arbor Rose, will discuss common causes of falls, enhancing balance, and how falls increase as we age.

UNDERSTANDING PRE-DIABETES
June 14, Jean Kostak, manager of the Joslin Diabetes Center Affiliate at The Hospital of Central Connecticut, will discuss pre-diabetes, its signs, symptoms and how to prevent or delay the onset of diabetes.

DEVELOPING A RETIREMENT INCOME STRATEGY
July 12, Christopher Calandra, Certified Financial Planner of Calandra Financial Services, how to generate enough income and protecting your money for the rest of your life.

Support Groups

BARIATRIC SUPPORT GROUP
Meets the first Thursday of each month, 6:30 p.m., Lecture Room 1, New Britain General campus, 860-224-5453.

DIABETES SUPPORT GROUP
Morning Groups: **May 14 and June 11**, 10–11:30 a.m.
Evening groups: **May 9, June 13**, 5:30–7 p.m., Joslin Diabetes Center classroom, New Britain General campus, 860-224-5672 or 1-888-456-7546.

LIVING WITH CANCER SUPPORT GROUP
Meets third Wednesday of each month, 5:30–7 p.m., American Savings Foundation Radiation Treatment Center, New Britain General campus, 860-224-5299.

MULTIPLE SCLEROSIS SUPPORT GROUP
Meets second Monday of each month, 7–9 p.m., Bradley Memorial campus, 860-276-5088.

PROSTATE CANCER SUPPORT GROUP
Meets second Wednesday of each month, 7-9 p.m., Lecture Room 1, New Britain General campus, 860-224-5299.

Physicians *at* The Hospital of Central Connecticut

Anesthesiology
Hanumanthaiah Balakrishna, MD
Kenneth R. Colliton, MD
Gregory Fauteux, MD
Kamel H. Ghandour, MD
Mohan K. Kasaraneni, MD
Steven S. Kron, MD
Michael Loiacono, DO
Brian P. Reilly, MD
John M. Satterfield, MD
Neil N. Seong, MD
Angela Smith, DO

Cardiology
Robert J. Ardesia, MD
Ellison Berns, MD
Robert Borkowski, MD
Sanjayant Chamakura, MD
Patrick Corcoran, MD
Robert C. DeBiase, MD
Joseph Dell'Orfano, MD
David S. Henry, MD
Jared M. Insel, MD
Ajoy Kapoor, MD
Manny C. Katsetos, MD
Jeffrey Kluger, MD
Alan M. Kudler, MD
Inku K. Lee, MD
Neal Lippman, MD
Robert D. Malkin, MD
Joseph E. Marakovits, MD
Jan R. Paris, MD
Milton J. Sands, MD
Joseph B. Sappington, MD
James F. St. Pierre, MD
Aneesh Tolat, MD
Henry N. Ward, MD
Morgan S. Werner, MD
Michael Whaley, MD

Colon/Rectal Surgery
Saumitra R. Banerjee, MD
Christine M. Bartus, MD
Steven H. Brown, MD
David A. Cherry, MD
Jeffrey L. Cohen, MD
Christina Czyrko, MD
Kristina H. Johnson, MD
Maria C. Mirth, MD
Maurizio D. Nichele, MD
William P. Pennoyer, MD
William V. Sardella, MD
Paul V. Vignati, MD
David L. Walters, MD

Dermatology
Glenn S. Gart, MD
Caron Grin, MD
Allen D. Kallor, MD
Christopher W. Norwood, MD
Mark D. Pennington, MD
Joseph Weiss, MD

Diagnostic Radiology
Sungkee Ahn, MD
Neal D. Barkoff, MD
Jeffrey S. Blau, MD
Anita L. Bourque, MD
Kim M. Callwood, MD
Bolivia T. Davis, MD
Kevin W. Dickey, MD
Ellen P. Donshik, MD
Jay R. Duxin, MD
John E. Foster, MD
Joel Gelber, MD
Robert Gendler, MD
Abner S. Gershon, MD
Julie S. Gershon, MD
Alfred G. Gladstone, MD
Scott Glasser, MD
Richard D. Glisson, DO
Eric R. Gorny, MD
Michael Hallisey, MD
Kenneth Hines, MD
Henry Janssen, MD
Mozafareddin Karimeddini, MD
Bennett J. Kashdan, MD
Wanda M. Kirejczyk, MD
Susan E. Mandel, MD
Todd A. Meister, MD
Roy L. Moss, MD
Ari I. Salis, MD
Alisa S. Siegfeld, MD
Steven A. Stier, MD
Sidney Ulreich, MD
Max L. Wallace, MD
Jean M. Weigert, MD

Emergency Medicine
William M. Allen, MD
Gregory Bell, MD
Terrence Bugai, MD
David A. Buono, MD
Stuart C. Calle, MD
Ronald Clark, MD
Maria Cristofaro, MD
Dennis Dolce, MD
Jayson L. Eversgerd, DO
Jeffrey A. Finkelstein, MD
Louis G. Graff, MD
Mark D. Hagedorn, MD
Steven D. Hanks, MD
Rene A. Hipona, MD
William Karp, MD
Edward H. Kim, MD
Constantine G. Mesologites, MD
David A. Mucci, MD
Louis Pito, MD
Marc N. Roy, MD
John F. Scarfo, MD
John M. Sottile, MD
Richard Steinmark, MD
Mathew Thomas, MD
Douglas R. Whipple, MD
Jan Zislis, MD

Endocrinology
James L. Bernene, MD
Latha Dulipsingh, MD
Youssef B. Khawaja, MD
William A. Petit, MD
Michael S. Radin, MD
Joseph Rosenblatt, MD

ENT/ Otorhinolaryngology
Mahesh H. Bhaya, MD
Robert A. Gryboski, MD
Neil F. Schiff, MD
Alden L. Stock, MD
Donald S. Weinberg, MD

Family Practice
Dana Cavicke, MD
Alicja J. Harbut, MD

Gastroenterology
Thomas J. Devers, MD
Janet B. Dickinson, MD
Joel J. Garsten, MD
Ralph A. Giarnella, MD
Harjot K. Gill, MD
Barry J. Kemler, MD
Bhupinder S. Lyall, MD
Albert R. Marano, MD
Eduardo G. Mari, MD
David M. Sack, MD
Edward P. Toffolon, MD
Mark R. Versland, MD
Housein M. Wazaz, MD
Ronald A. Zlotoff, MD

General Dentistry
Douglas J. Macko, D.MD

General Practice
Albert J. DeNuzzio, MD
Richard N. Goldberg, MD
Nasim Toor, MD

General Surgery
Ara D. Bagdasarian, MD
Rainer W. Bagdasarian, MD
Carlos A. Barba, MD
Ovleto W. Ciccarelli, MD
Terrence K. Donahue, MD
Christian W. Ertl, MD
David L. Giles, MD
Joseph C. Kambe, MD
Peter D. Leff, MD
Mark S. Loewen, MD
James L. Massi, MD
Robert S. Napoletano, MD
Michael G. Posner, MD
Joseph J. Robles, MD
Patrick M. Rocco, MD
Paul K. Safer, MD
Akella S. Sarma, MD
Rekhinder Singh, MD
Paul Straznicky, MD
Eugene D. Sullivan, MD

Gynecologic Oncology
Amy K. Brown, MD
James S. Hoffman, MD

Gynecology
Ossama Bahgat, MD
Robert Chmieleski, MD
Donald B. Maier, MD
Pamela L. Manthous, MD
Marco Morel, MD
John C. Nulsen, MD
Vincent H. Pepe, MD
Vincent Pepe, MD
Leena G. Shah, MD
Narendra Tohan, MD

Infectious Disease
Kenneth P. Abriola, MD
Virginia M. Bieluch, MD
Jennifer A. Clark, MD
Joseph G. Garner, MD
April R. Morrison, MD
Brenda A. Nurse, MD
Mina Raju, DO

Internal Medicine
Sairah Ahmed, MD
A. Richard Alberti, MD
Daren R. Anderson, MD
Rebecca A. Andrews, MD
Letterio Asciuto, MD
Joseph A. Babiarz, MD
Sanjay P. Barochia, MD
Antoni Berger, MD
Sudhir K. Bhatnagar, MD
Craig Bogdanski, DO
Larry Broisman, MD
Stanislaw Chorzepa, DO
Anthony D. Ciardella, MD
Eugene Ciccone, MD
Mohammed A. Dada, MD
Raymond L. D'Amato, MD
Oliver B. Diaz, MD
Robert M. Dodenhoff, MD
Camilo Echanique, MD
Othman El-Alami, MD
Lenworth R. Ellis, MD
Robert W. Elwell, MD
Edward Francois, MD
Leonard C. Glaser, MD
Kevin P. Greene, MD
Andrew D. Guest, MD
Marwan S. Haddad, MD
John J. Harbut, MD
Peter J. Harris, MD
Tatong Hemmaplardh, MD
Catherine A. Holmes, MD
Michael S. Honor, MD
Shahnaz Hussain, MD

Askari H. Jafri, MD
Jerzy S. Jedrychowski, MD
Monika A. Juszczyk, MD
Jeffrey M. Kagan, MD
Allison E. Kerr, MD
Jennifer Kim, MD
Lawrence W. Koch, MD
Lucyna T. Kolakowska, MD
Malgorzata Kowalska-Berger, MD
Thomas J. Lane, MD
Haklai P. Lau, MD
John A. Lawson, MD
W. Daniel Lehnhoff, DO
Mary A. Lim, MD
Jonathan S. Lovins, MD
Hamid Majdizadeh, MD
Manju Mavanur, MD
Gerald V. McAuliffe, MD
Meaghan A. McNulty, MD
Gary Miller, MD
Navaratnasingam A. Mohanraj, MD
James M. O'Hara, MD
Alkesh Patel, MD
Jonathan P. Pendleton, MD
Mark A. Piekarsky, MD
Maryanna G. Polukhin, MD
Ralph Prezioso, MD
John E. Rivera, MD
David P. Roy, MD
Madura Saravanan, MD
Maud Shakr-Ward, MD
Earle J. Sittambalam, MD
Elizabeth Solano, MD
Thomas J. Soltis, MD
Barry S. Steckler, MD
Albert B. Sun, MD
Robert L. Taddeo, MD
Priya Tandon, MD
Katarzyna Wadolowski, MD
Priya J. Warrier, MD
Neil H. Wasserman, MD
Joel L. Wilken, DO
Turgut Yetil, MD
Stephen E. Zebrowski, MD

Medical Oncology/Hematology

Peter D. Byeff, MD
Barbara G. Fallon, MD
Stephen H. Grund, MD
Mansour S. Isckarus, MD
Jeffrey M. Kamradt, MD
William H. Pogue, MD
Kenneth J. Smith, MD
Virginia M. Tjan-Wettstein, MD

Nephrology

Mervet A. Abou El kair, MD
Gregory K. Buller, MD
Sanjay K. Fernando, MD
Adam Goldstein, MD
Charles W. Graeber, MD
Susan E. Halley, MD
Robert A. Lapkin, MD

Neurology

Marie-Anne Denayer, MD
Marc P. Kawalick, MD
Alexander A. Komm, MD
Andre Lerer, MD
Wendy C. Lewandowski, MD
Sujai (Ronald) Nath, MD
Barry G. Spass, MD
Robert S. Thorsen, MD
Harold E. Trinkoff, MD

Neurosurgery

Joseph Aferzon, MD
Stephen F. Calderon, MD
Bruce S. Chozick, MD
Ahmed M. Khan, MD
Stephan C. Lange, MD
Howard Lantner, MD
Hilary C. Onyiuke, MD
Richard Simon, MD
Stephen A. Torrey, MD
Andrew E. Wakefield, MD

Obstetrics/Gynecology

John W. Andreoli, MD
Kyle A. Baker, MD
Claudio Benadiva, MD
Smita Bhagat, MD
Jay M. Bolnick, MD
Adam Borgida, MD
Winston A. Campbell, MD
Charles A. Cavo, DO
Linda M. Chaffkin, MD
Richard J. Dreiss, MD
James F. Egan, MD
R. Allen Glasmann, MD
Sharon R. Goldberg, MD
John F. Greene, MD
Karen P. Haverly, MD
Kirsten L. Kerrigan, MD
Derek W. Kozlowski, MD
Nicholas L. Lillo, MD
Anthony A. Luciano, MD
Danielle E. Luciano, MD
Jeffrey J. Mihalek, MD
Mary E. Mihalek, MD
Anne-Marie Prabulos, MD
Gerard M. Roy, MD
David W. Schmidt, MD
Joel I. Sorosky, MD
David E. Sowa, MD
Ursula Steadman, MD
Paul Tulikangas, MD
Garry W. Turner, MD

Occupational Health

Angelina L. Jacobs, MD

Ophthalmology

Ronald C. Bezahler, MD
Svetlana Borohovich, MD
Perin W. Diana, MD
Patricia A. Ecker, MD
Edward P. Fitzpatrick, MD
William C. Hall, MD
Jay E. Hellreich, MD
Steven R. Hunter, MD
Patricia A. McDonald, MD
Kevin D. McMahon, MD
Robert J. Ouellette, MD
Sarit M. Patel, MD
Mary Gina Ratchford, MD
Charles R. Robinson, MD
Martin C. Seremet, MD
Ijaz Shafi, MD
Farid F. Shafik, MD
Alan L. Stern, MD

Oral Surgery/ General Dentistry

Stephen J. Bosco, DMD
Robert J. Dess, DMD
Dennis S. Gianoli, DDS
Fredric R. Googel, DMD
Charles F. Guelakis, DDS
Richard V. Niego, DMD
David M. Sheintop, DMD
Celeste Wegrzyn, DMD

Orthopedics

Jeffrey A. Bash, MD
David A. Belman, MD
Robert M. Belniak, MD
C. Robert Biondino, MD
Robert J. Carangelo, MD
Russell A. Chiappetta, MD
Jon C. Driscoll, MD
Robert P. Dudek, MD
Richard L. Froeb, MD
Frank J. Gerratana, MD
Charles B. Kime, MD
Leonard A. Kolstad, MD
Michael T. LeGeyt, MD
Ronald S. Paret, MD
Stephen L. Pillsbury, MD
Jeffrey T. Pravda, MD
Balazs B. Somogyi, MD
Ira L. Spar, MD
Lane D. Spero, MD
Jeffrey B. Steckler, MD
Robert S. Waskowitz, MD
Frederick J. Watson, MD
Paul H. Zimmering, MD

Pathology

Barry G. Jacobs, MD
David J. Krugman, MD
Lisa A. Laird, MD
William Pastuszak, MD
Harold Sanchez, MD
Lakshmi A. Sarma, MD
Alexandre A. Vdovenko, MD

Pediatric Allergy

Bhushan C. Gupta, MD

Pediatric Cardiology

Richard Berning, MD
Daniel Diana, MD
Felice Heller, MD
V. Ramesh Iyer, MD
Seth Lapuk, MD
Harris Leopold, MD
Olga H. Toro-Salazar, MD
Pediatric Dentistry
Ammar A. Idlibi, DMD
Eduardo Rostenberg, DMD
W. Fred Thal, DDS

Pediatric Genetics

Robert M. Greenstein, MD

Pediatric Neonatology

Antoinetta M. Capriglione, MD
Daniel Langford, MD
Scott A. Weiner, MD

Pediatric Neurology

Philip Brunquell, MD
Robert L. Cerciello, MD
Francis J. DiMario, MD
Carol R. Leicher, MD

Pediatric Pulmonology

Anita Bhandari, MD
Michelle M. Cloutier, MD
Karen L. Daigle, MD
Craig D. Lapin, MD
Craig M. Schramm, MD

Pediatric Medicine

Susan A. Adeyinka, MD
Leslie P. Beal, MD
Arthur T. Blumer, MD
William J. Brownstein, MD
William J. Currao, MD
Lynn M. Czekai, MD
Robert W. Dudley, MD
Linda Dyer-Ertl, MD
Alfonso R. Enriquez, MD
Alan J. Farb, MD
Sari K. Friedman, MD
Holly A. Frost, MD
Angela G. Geddis, MD
S. Martin Harwin, MD
Nancy B. Holyst, MD
Saima N. Jafri, DO
Norine T. Kanter, MD
A. E. Hertzler Knox, MD
Brian A. Lamoureux, MD

Physicians *continued*

Pediatric Medicine cont.
Ellen B. Leonard, MD
Matteo Lopreiato, MD
Paul N. Marusov, MD
Maureen N. Onyirimba, MD
Alpa R. Patel, MD
Mark Peterson, MD
Foster I. Phillips, MD
Robert L. Rackliffe, MD
Marc P. Ramirez, MD
Jonathan R. Reidel, MD
Donald W. Samson, MD
George E. Skarvinko, MD
Teresa M. Szajda, MD
John B. G. Trouern-Trend, MD
Sara R. Viteri, MD
Thomas G. Ward, MD
Edward E. Zalitis, MD

Physical Medicine & Rehabilitation
Steven G. Beck, MD
Paul F. Cerza, MD
Robert C. Pepperman, MD
William Pesce, DO

Plastic Surgery
Alan Babigian, MD
Steven A. Belinkie, MD
Stephen A. Brown, MD
Bruce E. Burnham, MD
Charles Castiglione, MD
Alex C. Cech, MD
Rajiv Y. Chandawarkar, MD
Armann O. Ciccarelli, MD
Orlando DeLucia, MD
Steven S. Smith, MD

Podiatry
Tina A. Boucher, DPM
Richard S. Cutler, DPM
Odin de Los Reyes, DPM
Thomas W. Donohue, DPM
Richard E. Ehle, DPM
Gary P. Jolly, DPM
Craig Kaufman, DPM
Eric Lui, DPM
David M. Roccapriore, DPM
Jason L. Seiter, DPM
Ashley K. Shepard, DPM
Joseph R. Treadwell, DPM
Leo M. Veleas, DPM

Psychiatry
Ahmad Almai, MD
Michael E. Balkunas, MD
Maria M. Dacosta, MD
Aileen F. Feldman, MD
Peter H. Hawkes, MD
Neil Liebowitz, MD
Edgardo D. Lorenzo, MD
John A. Nazarian, MD
J. P. Augustine Noonan, MD
Rekha Ranade-Kapur, MD
Jeffrey S. Robbins, MD
Susan Savulak, MD
Gerson M. Sternstein, MD
Bollepalli Subbarao, MD
Dale J. Wallington, MD

Pulmonary Medicine
Curtland C. Brown, MD
Michael G. Genovesi, MD
Richard P. Giosa, MD
Joseph A. Harrison, MD
Michael J. McNamee, MD
Laurence Nair, MD
Steven R. Prunk, MD
Paul J. Scalise, MD
Richard A. Smith, MD
John J. Votto, DO
Kevin W. Watson, MD

Radiation Oncology
Neal B. Goldberg, MD
Alan M. Perlmutter, MD
Allen B. Silberstein, MD
Joseph Weissberg, MD

Rheumatology
Micha Abeles, MD
Edward J. Feinglass, MD
Nicholas B. Formica, MD
Christopher K. Manning, MD

Thoracic Surgery
Philip D. Allmendinger, MD
Charles B. Beckman, MD
Surendra K. Chawla, MD

Urology
Corlis L. Archer-Goode, MD
Robert A. Ave'Lallemant, MD
Paul J. Ceplenski, MD
Raphael M. Cooper, MD
Peter F. D'Addario, MD
Michael A. Fischman, MD
Howard I. Hochman, MD
Keith A. Kaplan, MD
Jill M. Peters-Gee, MD
Adine F. Regan, MD
Rafael S. Wurzel, MD

Vascular Surgery
David J. Esposito, MD
Scott R. Fecteau, MD
Steven T. Ruby, MD

Calendar *continued from page 21*

Childbirth Education

CHILDBIRTH EDUCATION
6-Week program on Mondays, **May 7–June 18, July 9–August 13**, 7–9:30 p.m., or Wednesdays, **May 9–June 19, July 11–August 15,** 7–9:30 p.m., New Britain General campus, 860-224-5433.

SIBLING CLASSES
Presentation and tour of the Family BirthPlace for siblings of the new baby. Offered one Saturday each month, **May 26, June 23, July 28**, noon–1 p.m., New Britain General campus, 860-224-5433.

FAMILY BIRTHPLACE TOUR
Sundays, May 27, June 24, July 29, 1:30–2:30 p.m., New Britain General campus, 860-224-5433.

CHILDBIRTH EDUCATION – REFRESHER CLASS
May 24, July 26, 7–9:30 p.m., New Britain General campus, 860-224-5433.

BREAST FEEDING CLASSES
June 21, 7–9 p.m., New Britain General campus, 860-224-5433.

BABYSITTING COURSE
June 29, 8:30 a.m.–3:30 p.m., Bradley Memorial campus, 860-276-5088.

Health Screenings

CHOLESTEROL, BLOOD PRESSURE & GLUCOSE SCREENING
New Britain General campus – **May 24, June 19, 11–1 p.m., May 8, June 7, July 12, 4–6 p.m.**, by appt, $10, 860-224-5433.
Bradley Memorial campus – **May 9, July 11, 9–11 a.m., June 27, 2-4 p.m.**, by appt, $15, 860-276-5088.

BLOOD PRESSURE SCREENING
June 6, July 11, 10–11 a.m., Free, Bradley Memorial campus, 860-276-5088.

FAMILY & FRIENDS CPR FOR ALL AGES
June 20, July 9, 6–9 p.m., Bradley Memorial campus, 860-276-5088.

May 10, July 12, 5:30–8:30 p.m., Lecture Room 1, New Britain General campus, 860-224-5433.

HEALTHCARE PROVIDER RECERTIFICATION CPR
May 29, June 21 and July 25, 6–9:30 p.m., Bradley Memorial campus, 860-276-5088.

HEARTSAVER CPR ADULT/CHILD/INFANT
May 23, June 13, July 31, 6–9:30 p.m., Bradley Memorial campus, 860-276-5088.

HEARTSAVER FIRST AID
May 9, June 6, July 18, 6–9:30 p.m., Bradley Memorial campus, 860-276-5088.

HEARTSAVER PEDIATRIC FIRST AID W/CPR
May 19, 9 a.m.–4 p.m., Bradley Memorial campus, 860-276-5088.

HEALTHCARE PROVIDER CPR
May 30 & 31, June 26 & 28, 6–9:30 p.m., both sessions are required for certification. Bradley Memorial campus, 860-276-5088.

Soothing medicine for sore muscles

After a stressful week hunched over your keyboard, you're looking like Quasimodo's lost twin. Or maybe too many softball games have left your hamstrings in knots.

A massage sure would feel good.

Therapeutic massage can reduce tension and pain, improve blood flow, and encourage relaxation. One in five Americans have had a massage in the past five years, according to the National Certification Board for Therapeutic Massage and Bodywork.

On a physiological level, massage increases circulation to all areas of the body, primarily to the muscles that are directly manipulated. Better circulation translates to more oxygen and nutrients for body tissues.

Whatever the physiologic benefits, anyone who has ever experienced a massage from a professional knows it feels great.

There are at least 80 different types of massage — some gentle, some intense. Which is right for you? It depends on the results you're after. According to the American Massage Therapy Association, some of the more common types of massage include:

Swedish: The most common type, Swedish massage uses long strokes, kneading and friction techniques on the more superficial muscle layers, combined with active and passive movements of the joints. It's designed to promote relaxation, improve blood flow and relieve muscle tension.

Deep tissue: Used for muscle damage from an injury or long-lasting muscle tension, deep tissue massage uses slow strokes and deep pressure on the tight areas, either following or going across the grain of muscles, tendons, and tissues. As the name implies, this technique focuses on the deeper tissue layers.

Sports: Focusing on the muscle systems used for a particular sport, this type of therapy can help prevent athletic injury, keep the body flexible and heal some injuries.

Chair massage: An upper-body massage performed while the client is clothed and seated in a special chair.

Trigger point therapy (also called myotherapy or neuromuscular therapy): Applies firm pressure to "trigger points"— knots or tight, tense muscles that have been overused or injured — until the muscles relax.

Before you have a massage, particularly after an injury, check with your doctor. And be sure to choose a licensed/certified massage therapist. To find one in your area, visit the American Massage Therapy Association www.amtamassage.org.

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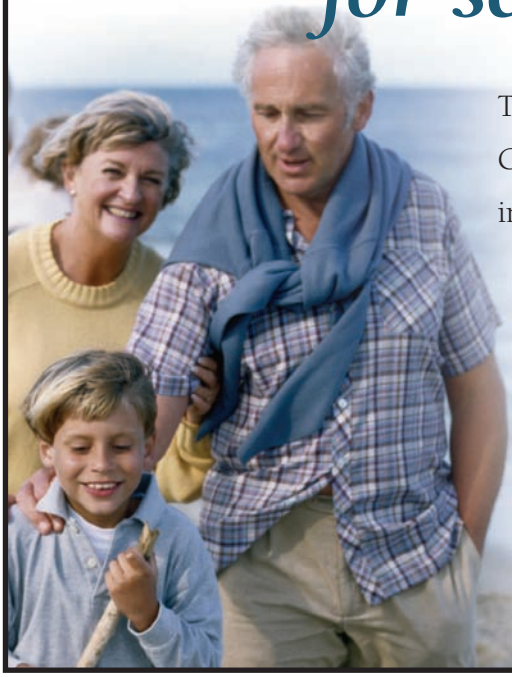

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