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SUMMER 2015



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the first step to avoiding Lyme
disease.

The magazine of PREMIER medical group of the Hudson Valley

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PremierHealth is published for Premier Medical Group of the Hudson Valley by Martinelli Custom Publishing.



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A Healthier You

Warm Weather Heart Health

The heart is, above all else, a pump, says Dr. Davide Michael DeBellis of our Internal Medicine Division. “It beats, on average, 72 times a minute every day of our lives, and it does so regularly, silently and without complaint.” Like any pump, he says, it needs to be primed to work well, and for the heart, the most important primer is water. That is especially important to remember now, as we head into summer.

“The most common way to cause heart trouble is by failing to adequately hydrate during hot weather, when perspiration contributes to fluid loss,” he says. “A minimum intake of two liters of fluid a day is necessary to keep the heart pumping properly,” he says.



Davide Michael DeBellis, MD

Eating a heavy meal also may strain the heart in hot weather. Blood is needed for digestion. “When enough blood is diverted away from regular circulation, blood pressure drops,” he

says. “If you must have that big meal, try not to do it outdoors in the heat.”

Patients with underlying health conditions such as chronic edema (swelling) need to take further precautions. These patients may be on diuretics to remove fluid, but that can put a strain on the heart in summer. “If you start the day already slightly dehydrated, hot weather will only make things worse,” he says. One solution is the use of compression stockings to help keep blood circulating. “I have been told many times that nobody likes to wear compression stockings in hot weather, that they are too hot or difficult to coordinate with a colorful outfit,” he says. “My response is usually this: What is worse—a little discomfort or a trip to the emergency room?”

Elderly patients are most at risk for heat-related complications. “The best thing to do during extremely hot weather is to stay indoors,” he advises. And, as with everyone else, they should stay well hydrated all summer long.



Summer Is ‘Kidney Stone Season’

You may call the period from Memorial Day to Labor Day “summer,” but physicians call it “kidney stone season.” Approximately 1 in 10 Americans will develop a kidney stone at some point in their life. The risk for men is almost double that for women, and the prime time to have a first stone is between ages 30 and 50. The extreme pain of a kidney stone (women say it’s worse than childbirth) drives about 1.5 million sufferers to the ER annually, with the rate rising by 20 percent between June and August.

The primary cause of kidney stones is dehydration, says Dr. Evan R. Goldfischer, co-CEO of Premier Medical Group. “In the heat of summer, as people are outdoors exercising, they lose fluids through perspiration,” he says. “It takes about 90 minutes to form a kidney stone—that’s about seven holes of golf. When we get a run of 90-degree days, more people start to appear in the ER.”

Thus, the primary preventive medicine is to stay well hydrated, especially for people who are predisposed to forming stones. “I recommend an 8-ounce glass of fluid with each meal, and a glass between each meal,” says Dr. Lorraine Nardi of Premier’s Internal Medicine Division. “Even a glass of water at bed time is a good idea for stone formers.” She says



Small as they are, kidney stones can cause great pain.

any salt-free fluid is generally fine.

Dietary changes can also be beneficial, the doctors say. The DASH diet—Dietary Approaches to Stop Hypertension—is, for the most part, a good plan to follow. “Avoid heavily salted foods, such as processed and fast foods,” Dr. Nardi says. “When you cook, don’t lean heavily on the salt. Also, reduce protein intake; have



Lorraine Nardi, MD

at least one protein-free meal a day and limit meat to 4 to 6 ounces per serving.” Eating animal protein increases urine acidity, which contributes to kidney stones.

People who have had a kidney stone are at high risk of having another one. They will need to be vigilant about taking any prescribed medications and avoiding foods and beverages that are likely to contribute to stone formation. Different types of kidney stone require varied dietary responses. For example, people who form oxalate stones will need to avoid dark green leafy vegetables and other oxalate rich foods like iced tea and pepper.

Analysis of the stone and a urine collection analysis can determine which compounds to avoid. “We can then recommend very specific diets for these specific stone formers,” Dr. Nardi says.

PREMIER WOMEN'S CENTER FOR CONTINENCE & SEXUAL HEALTH

With the official opening of Premier Women's Center for Continence & Sexual Health, women in the Hudson Valley have a dedicated medical practice specifically charged with addressing sensitive health issues in a compassionate and caring environment. The center's providers offer a full range of treatment options in one comfortable, patient-centric facility.

The center actually began accepting patients a year ago, but was still in transition, says Dr. Daniel Katz of Premier's Urology Division, who serves as medical director.

"With our current lineup of Megan Wright, FNP-BC, and Fran Traver, ANP-C, CUNP, Aileen Moschetto-Martorana, LPN, CUA and Mary Kate Priest, RN, our team is now fully functional and our services are complete," he says.

"Our goal is to treat all female urologic and pelvic floor issues, including overactive bladder, stress incontinence, pelvic floor organ prolapse and female sexual dysfunction" says Katz, whose subspecialty is female pelvic medicine and reconstructive surgery.

Our team is aware of the anxiety these issues can produce, and we are dedicated to making a difficult situation comforting and positive.

Continence patients begin by giving an extensive health history and undergoing any appropriate non-invasive testing. "Based on our findings, we create a treatment plan so patients have an idea of what to expect over the course of several visits," Dr. Katz says. "For something like simple overactive bladder, treatments such as pelvic floor exercises and behavior modification can start immediately." For more complex cases, medication, acupuncture, Botox injections, interstimulation (a "pacemaker for the pelvic floor"), or surgical repair may be called for. We offer a range of minimally invasive surgical procedures that produce successful outcomes with little or no side effects and quick recovery. Whatever treatment is chosen, "women can expect excellent results very quickly," Katz says.

Regarding sexual health, "Megan and her team are well-equipped to deal with female sexual dysfunction, including disorders of libido, arousal and orgasm and female hormonal deficiencies," he says. "We have achieved very successful outcomes, in a setting where our patients feel taken care of."

The center is designed specifically to appeal to women. "It is a place where women can go for care that is private and sensitive in nature," he says. "Our team is aware of the anxiety these issues can produce, and we are dedicated to making a difficult situation comforting and positive. We treat patients not just as a number in line, but as a person in a wholesome caring environment."



Treating Sunburns and Stings

We are now in prime time for outdoor activities, and while being outdoors is healthful in so many ways, it is not without its hazards: Insect bites and sunburns become common problems in the summer.

Most bee, wasp and hornet stings can be treated at home, and don't require a doctor visit. If the person who has been stung is known to be allergic or shows signs of an allergic reaction, such as difficulty in breathing or a swollen tongue, it's important to get to an emergency room quickly; these reactions, though relatively rare, can be life threatening.

To treat a sting at home, quickly remove the stinger with a pair of tweezers or scrape it off with a fingernail or credit card. Wash the bite area with warm water and soap. A cold compress will take care of the pain of most stings. You can also apply an antihistamine gel, hydrocortisone cream or that old standby,

calamine lotion, to ease pain, swelling and itching. Insect bites tend to resolve over two to three days. If pain or redness lasts longer, or if redness spreads, consult a doctor.



Thanks to successful public awareness campaigns, most people understand that too much sun exposure not only leads to sunburn, it can also cause skin cancer. We don't see many serious sunburns anymore, but it bears repeating that the sun is dangerous.

Burns can blister, get infected, and cause serious illness requiring hospitalization.

Prevention is truly the best medicine. Whenever you'll be out in the sun for more than a few minutes, generously apply sunscreen with SPF 30 or greater, and reapply every two hours, or immediately after swimming. Try to avoid being outdoors during the sun's strongest hours, from 10 a.m. to 4 p.m. If you are out then, wear loose-fitting long-sleeve shirts and pants, and cover your head and face with a wide-brim hat.

For mild sunburns, apply cool compresses, stay in a cool, dry area and use over-the-counter analgesics such as ibuprofen, antihistamines or aloe vera gel for temporary pain relief. It is also important to stay hydrated. Sunburn is an injury, and the skin needs to be well hydrated to heal. If a burn starts to blister, appears infected or has not resolved in several days, see your doctor.



Michael Gaesser,
MD, FACP



Time to Be Wary of Ticks

The spring and summer months are a peak period for Lyme disease and other tick-borne infections.

By the time you read this, the blacklegged tick that carries Lyme disease and other infections will already be active in the northeast. The risk of Lyme disease—diagnosed in 240,000 to 440,000 new patients every year—demands attention, especially in the Hudson Valley, the most hard-hit area of the country, and especially now, says Dr. Farah M. Ashraf of Premier's Rheumatology Division. "Lyme disease is the most common vector-borne disease. It is most prevalent from April/May through November, with peak onset in the spring and summer months," she says.

Lyme disease is caused by infection with the tick-borne spirochete *Borrelia burgdorferi*. The same type of tick may also carry spirochetes that cause babesiosis and anaplasmosis, both of which can be life threatening.

An infected tick must be embedded in the skin for more than 24 hours for the infectious agents to enter the blood stream and cause disease. Lyme is classically diagnosed by the presence of an erythema chronicum migrans (ECM) lesion, the "bull's-eye" rash that occurs at the site of the tick bite.

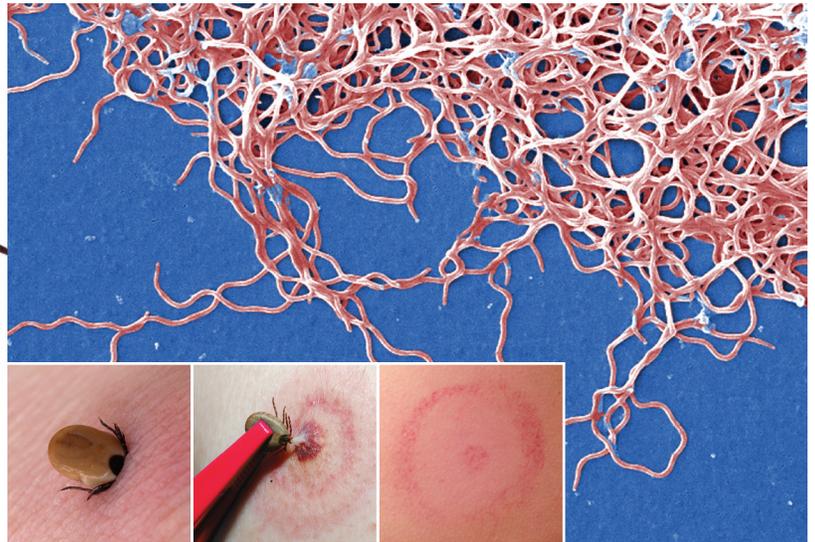
"The rash is frequently found behind the knee, in the groin or armpit," Dr. Ashraf says.

Along with rash, typical symptoms include joint pain, muscle pain, flu-like symptoms and nervous symptoms such as Bell's palsy, a type of facial paralysis. "Swelling of the knee joint occurs about 80 percent of the time," says Ashraf.

There also may be swelling in the lymph nodes of the neck, heart palpitations or chest pain. Left untreated, the infection can cause long-term concerns such as chronic joint pain, chronic fatigue and neurologic problems involving memory and concentration.

Because the symptoms mimic those of other condition, including autoimmune disorders, Lyme disease and other tick-borne infections are often misdiagnosed. Accurate diagnosis is achieved through testing with a Lyme titer and Western Blot analysis. "If the person lives in an area where ticks are endemic, the likelihood of Lyme is higher than it is for autoimmune disease," Ashraf says.

Standard treatment calls for a 21-day course of the oral antibiotic doxycycline. IV antibiotics are prescribed for those who are oral resistant.



An infected tick must be removed in under 24 hours to prevent *Borrelia burgdorferi* bacteria (pictured above in a colorized scanning electron micrograph) from entering the blood stream and potentially causing Lyme disease.

"It sometimes requires two to three months of antibiotic treatment to be successful," she says.

Tick Avoidance

Prevention is the best medicine, of course. When venturing outdoors, be aware that ticks live in moist, humid environments in or near wooded or grassy areas. It is best to walk on trails to avoid contact with leaves, branches, and grasses that may contain ticks. "Common sense measures include wearing clothing that covers up to the wrists and down to the feet," Dr. Ashraf says. "Wear light-colored clothing so it is easier to detect ticks." Insect repellents are also helpful. Clothing and camping gear containing permethrin kill ticks. Applied to skin, repellents that contain 20 percent or more DEET offer protection for up to several hours, but must be used cautiously with children.

After returning indoors, conduct a complete tick check. "Check the entire body, but especially moist areas like the groin, armpit and belt line, where ticks like to attach," she says. Showering within two hours of coming indoors may wash off unattached ticks and has been shown to reduce the risk of getting Lyme disease. Also check clothing and equipment for ticks and dispose of them down a drain.

If you find a tick on your skin, remove it immediately with tweezers, grabbing as close to the skin as possible and pulling straight out. "Keep the tick in a plastic bag and bring it to your physician, who can have it tested for the infection," Ashraf says. If you notice any signs of illness, such as the ECM rash or flu-like symptoms, in the days and weeks following the bite, see your health care provider.

If you notice any signs of illness—such as the ECM rash or flu-like symptoms—in the days and weeks following a bite, see your health care provider.



Farah M. Ashraf, DO

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Premier's Prostate Cancer Clinic

A team approach to the complexities of advanced PC care.

As recently as five years ago, there were very few options available for patients with advanced, metastatic prostate cancer,” says Dr. Evan R. Goldfischer, co-CEO of Premier.

Today, however, the situation is much brighter. “A number of new drugs have been approved—with new mechanisms of action—that extend life, improve quality of life and control complications such as osteoporosis and osteopenia,” he says.

In direct response to these newly approved drugs, the American Urological Association updated its Advanced Cancer Guidelines in April, just 18 months after the previous update. “That indicates how quickly the field is changing,” Goldfischer says.

“There are so many new medicines in this space, understanding how to combine and sequence them is becoming a subspecialty in itself,” Goldfischer says.

Therapeutic Developments

About 25 percent of newly diagnosed prostate cancers are considered to be aggressive, but since the introduction of the PSA test, fewer than 4 percent of initial diagnoses are of metastatic cancer, says Dr. Naeem Rahman, director of the Prostate Cancer Clinic. Indeed, diagnostics plays a crucial role in determining when treatment is necessary and in achieving better outcomes with these cases.

“The newest test we have is sodium fluoride PET scanning, which is able to detect bony metastasis of prostate cancer,” he says. Another test, OncoType DX, helps tease out potentially lethal forms of the disease. “One of the challenges of PC is that some conventional wisdom says that all prostate cancers are slow-growing and not likely to be lethal. But that is not the case. This test screens for about 17 different genes that have been linked to high-risk cancers and gives the cancer a score based on these genotypes. The score helps us determine the appropriate treatment regimen. It has been a very valuable tool.”



There are so many new medicines for advanced prostate cancer, understanding how to combine and sequence them is becoming a subspecialty in itself.

New treatment options include immunomodifying agents, such as Provenge, that enhance the patient’s immune response to attack the cancer. “We harvest the patient’s own dendritic cells (white blood cells), prime them outside the body and then infuse them back into the patient—much like a vaccine,” Dr. Rahman explains. “It is very well tolerated and doesn’t have many side effects.” Other medications, such as Zytiga, work to block the hormones that feed the cancer. Injections of Xofigo (radium 223), not only blocks hormones, they also kill cancer cells that have spread to the bones. These drugs have been shown to significantly improve survival rates.

The Team Approach

To keep up with the pace of developments, Premier Medical Group has reconfigured its Prostate Cancer Clinic to include a

comprehensive, team-oriented approach to caring for patients with advanced disease.

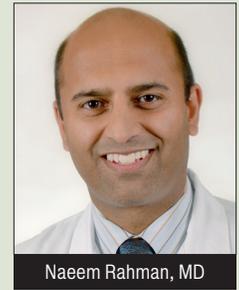
“It requires a team to stay on top of all these new breakthroughs,” says Dr. Rahman. “It is important to have one physician dedicated to staying abreast of the new treatment algorithms and acting as the point person for implementing these treatments and ensuring that the entire team understands the process.”

“Patients with advanced disease now will have a unified home for their care, one where they can develop rapport with their team of caregivers. Any time you add continuity of care, you have better outcomes and higher patient satisfaction,” Dr. Rahman says.

“Another significant benefit of a dedicated clinic like ours is the ability to offer patients the opportunity to join clinical trials,” Dr. Rahman says. “We participate in multiple advanced trials involving immunotherapy and hormone receptor medication.”

As these and other new approaches are further developed, Dr. Goldfischer and Dr. Rahman and his team will remain at the forefront, so as to offer the best care possible to patients. “We are committed to staying current during this very exciting time in PC care,” Goldfischer says.

When Watchful Waiting Isn't Enough



Naeem Rahman, MD

A 65-year-old man in relatively good health is referred to me from his primary care physician after a PSA test raises some concerns. Though the PSA score of 4.0 ng/mL is within normal range, it is higher than his previous scores and the percentage of free prostate-specific antigen measures at 10 percent. Free PSA is not bound to other proteins in the blood; a reading of 10 percent or less suggests an increased risk for cancer and the need for further evaluation.

PATIENT HISTORY AND EXAM

The patient has mild high cholesterol and hypertension. There is no previous history of surgery. He reports minor urinary symptoms, including a slowing of stream.

On performance of a digital rectal examination (DRE) he is found to have mild induration on the left lobe of the prostate gland (hardening and swelling), suggestive of probable tumor formation. With the abnormal DRE and 10 percent free PSA, patient is advised to undergo a transrectal ultrasound with prostate biopsy.

DIAGNOSIS

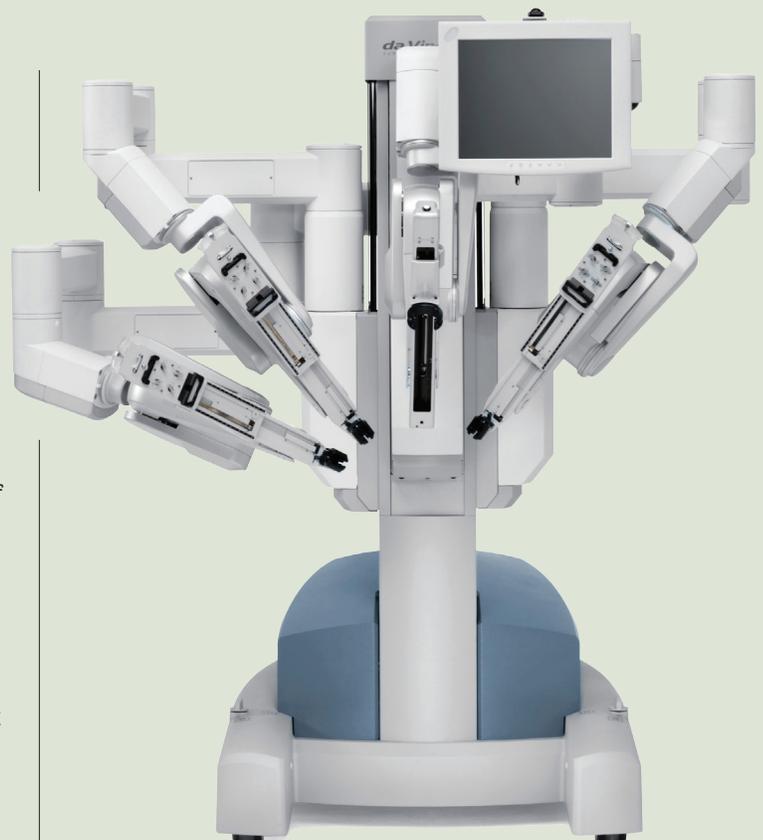
A standard biopsy and pathology analysis reveal that the tumor, though small, is of the aggressive variety, with a Gleason Score of 8. Due to the aggressive Gleason Score, a CT Scan and Bone Scan are performed to assess for advanced metastatic disease. The results show no evidence of advanced or metastatic disease.

The patient is counseled on his options, which include robot-assisted radical prostatectomy (removal of the prostate) with lymph node dissection, radiation, or possible active surveillance (careful observation of the cancer). He is strongly advised against surveillance due to his aggressive Gleason Score.

TREATMENT

Taking into account his relatively young age and good overall health, the patient decides to seek a definitive cure with a robot-assisted laparoscopic prostatectomy and bilateral pelvic lymph node dissection. The prostatectomy is uneventful and the patient is discharged the day after surgery. At seven days post-surgery his catheter is removed, and on day 12 post he returns for a review of his report.

Pathology reports he has stage T3B disease, which means the cancer has spread beyond the prostate and into the seminal vesicle. His margins and lymph nodes are negative. Because of the locally advanced cancer he is advised of the strong possibility of needing radiotherapy for complete cure.



Dr. Rahman employed the da Vinci® Surgical System to perform the robot-assisted laparoscopic prostatectomy and bilateral pelvic lymph node dissection his patient needed.

At six weeks post-surgery, his PSA is undetectable and he is beginning to regain his urinary continence. At three months post, continence has returned completely, but the patient's PSA is detectable at 0.1 ng/mL. He is urged to pursue radiation therapy for a better chance at long-term cure without recurrence.

He does so, successfully. Now, nine months post-surgery, his PSA is again undetectable.

[podiatry]

Dr. Parajon Brings Podiatry to Premier

Basic podiatric care is an important but often overlooked component of overall good health and a matter of necessity for people with diabetes.

In January 2015, Dr. Robert C. Parajon joined Premier Medical Group, adding podiatric medicine to our list of specialties. “Podiatry is part of the big picture of comprehensive medical care,” says Dr. Evan R. Goldfischer, co-CEO of Premier. “We are lucky to have someone with his stellar reputation and great patient following join us.”

Dr. Parajon, a board certified podiatrist, has practiced in Dutchess County for over 25 years. He is currently the Assistant Director of Podiatric Surgery at Vassar Brothers Medical Center. “Dr. Parajon is very well respected, perhaps the most respected podiatrist in Dutchess County,” says Dr. Sunil K. Khurana, co-CEO of Premier.

“Bringing Dr. Parajon aboard, as well as adding a rheumatology group last year, is part of our evolution as a multispecialty group. His presence will be a great benefit for our endocrinology patients with diabetes who often develop foot problems and can now turn to our in-house podiatrist.”

Dr. Parajon is excited to be a part of the group. “I think Premier is an excellent opportunity for me,” he says. “It is a large practice, but with old-fashioned values, such as taking extra time with your patients.”



Robert C. Parajon, MD

Basic podiatric care is an important but often overlooked component of overall good health. “If your feet hurt, your body hurts,” Dr. Parajon says. “You can’t walk around comfortably. You can’t move well for general health and activity. It is like a toothache—if you aren’t able to chew, you won’t be well nourished.”

He and his staff diagnose and treat the entire gamut of podiatric conditions, from everyday complaints such as corns, calluses, ingrown toenails, and bunions to acute episodes like ankle and foot injuries, deformities, and infections. “I perform surgery at Vassar Brothers Medical Center for all types of foot deformities, on people of all ages, from children to geriatric patients,” he says.

A large part of Parajon’s practice at Premier will involve the foot complaints associated with chronic diseases, such as diabetes. “Podiatric care is critical in a multidisciplinary approach to diabetes care,” he says. Diabetes damages the small blood vessels and nerves, particularly



With 26 bones, 33 joints and more than a hundred muscles, tendons, and ligaments, the human foot is a complex structure.

in the feet. Impaired blood circulation opens the door to infection and impairs healing. Nerve damage, called neuropathy, can cause pain or weakness. It also may reduce sensation in the foot, leaving patients unaware of cuts, sores or skin breakdowns that, without treatment, can become serious.

For these reasons, diabetics are encouraged to see a podiatrist regularly. “It’s a key part of my job to check for loss of circulation or loss of sensation,” Parajon says. He also looks for red flags, such as foot ulcers, skin or hair growth changes and other complications that may go unnoticed by the patient.

The practice of podiatry has grown as sophisticated as any other modern specialty. The oxygen-rich environment of a hyperbaric chamber is now available to treat refractory wounds. “We now use amniotic membrane treatments, in which live tissue is taken from the placenta to promote tissue growth in tendons, ligaments and bones,” he says. Bioengineered skin makes grafts appropriate for a wider range of patients. A new synthetic matrix that bonds to tissue can be used to fill bone fractures and gaps.

When should people with foot issues but without underlying disease see a podiatrist? “When it starts to alter your lifestyle, when you cannot do what you normally want to do, that’s the time to seek treatment,” Parajon advises.

Dr. Goldfischer says that those who seek out Dr. Parajon will be glad they did.

“Along with his great clinical skills, he is incredibly dedicated and devoted to his patients,” he says.

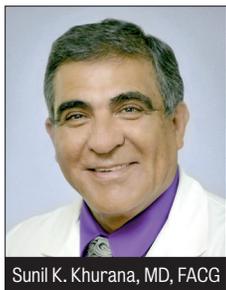
When foot pain starts to alter your lifestyle, and you cannot do what you want to do, it’s time to seek treatment.

Ensuring Endoscope Safety

Our use of proven equipment and sterilization procedures provides patients the highest level of confidence.

You may have seen news reports this spring about a number of hospital patients in California who were infected with a powerful bacterium between October 2014 and January 2015. As many as 179 patients may have been exposed to Carbapenem-Resistant Enterobacteriaceae—an infection resistant to most antibiotics—after undergoing a complex procedure called endoscopic retrograde cholangiopancreatography (ERCP), at the University of California at Los Angeles’ Ronald Reagan Medical Center. Seven of those patients developed infections, and two died.

As a result of that outbreak, the U.S. Food and Drug Administration issued a warning to health providers this past February regarding the use of medical endoscopes for complex endoscopic procedures such as ERCP. The warning stated that the complicated design of duodenoscopes, the type of endoscope used in ERCP, might impede effective reprocessing—that is, the ability to effectively “clean, disinfect and sterilize reusable devices.”



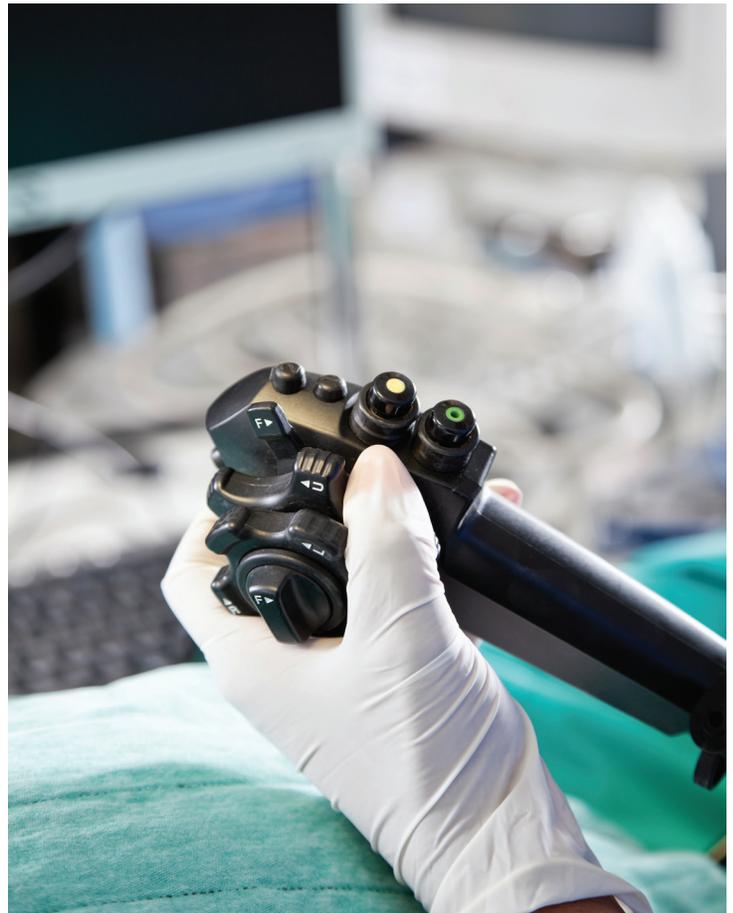
Sunil K. Khurana, MD, FACC

“Although the complex design of duodenoscopes improves the efficiency and effectiveness of ERCP, it causes challenges for cleaning and high-level disinfection,” the warning stated. “Some parts of the scopes may be extremely difficult to access and effective cleaning of all areas of the duodenoscope may not be possible.”

Should Premier’s GI patients be concerned about this? “Not at all,” says Dr. Sunil K. Khurana, co-CEO of Premier Medical Group. “The risk of infections such as this at our outpatient center is zero.”

The reason for Dr. Khurana’s high level of confidence is that Premier does not utilize duodenoscopes at the center. “Those scopes are used only for highly specialized and complex procedures that are performed exclusively in a hospital setting,” he says. “They are very different from the regular scopes that we use on a day-to-day basis.”

The usual range of endoscopes have straight channels through which medical and surgical instruments are inserted



In expert hands, and with gold-standard sterilization protocols, the type of endoscopes used at Premier provides safety our patients can count on.

for visualization and to obtain tissue samples or inject contrast dyes for imaging studies. Duodenoscopes, on the other hand, are more complicated instruments. They are angular, flexible tubes that are threaded through the mouth and into the top of the duodenum.

Unlike most other endoscopes, duodenoscopes also have a movable “elevator” mechanism at the tip, which allows the physician to change the angle of the accessory exiting the accessory channel. This affords the instrument better access to the pancreatic and biliary ducts that may be blocked by cancerous tumors, gallstones, or other conditions.

With this design efficiency, however, comes challenges for cleaning and disinfection. “Because the scope channel is angular and curved, we think that, even when protocols are being correctly followed, the cleaning agents may not get to all of the areas of the scope,” Dr. Khurana says.

Safe Scopes, Rigorous Measures

The endoscopes normally used at Premier’s outpatient center go through a multiple-cycle wash in an autoclave, a pressure chamber that uses high-pressure, high-temperature saturated steam, for 40 minutes. Joy Jones, Premier’s technician in charge of sterilization efforts, follows gold-standard protocols. “She undergoes yearly competency testing and is up-to-date on all the newest sterilization procedures,” Dr. Khurana says. “That is her total focus—sterilizing our instruments and doing it right.”

The Promise of Fecal Transplant

A microbiome treatment for *C. difficile* infection proves we are not just what we eat, but also what we have in our gut.

Clostridium difficile, a bacterium that may cause serious intestinal conditions, is a growing concern in the United States. Almost half a million Americans were infected with the bacterium, also known as *C. difficile* or *C. diff*, in 2011, and 29,000 died within a month of diagnosis, the U.S. Centers for Disease Control and Prevention reported this past spring.

C. difficile causes inflammation of the colon and can lead to potentially fatal cases of diarrhea. It is often linked to overuse of antibiotics, which can destroy the natural bacterial balance in the gut and allow *C. difficile* to grow unabated.

The first-line treatment of *C. difficile* involves stronger antibiotics. However, even when the infection is controlled, the colon's normal bacterial environment, called the microbiome, can remain unbalanced. As a result, "one in five patients has at least one relapse that requires further treatment," says Dr. Arif M. Muslim, of Premier's Gastroenterology Division.

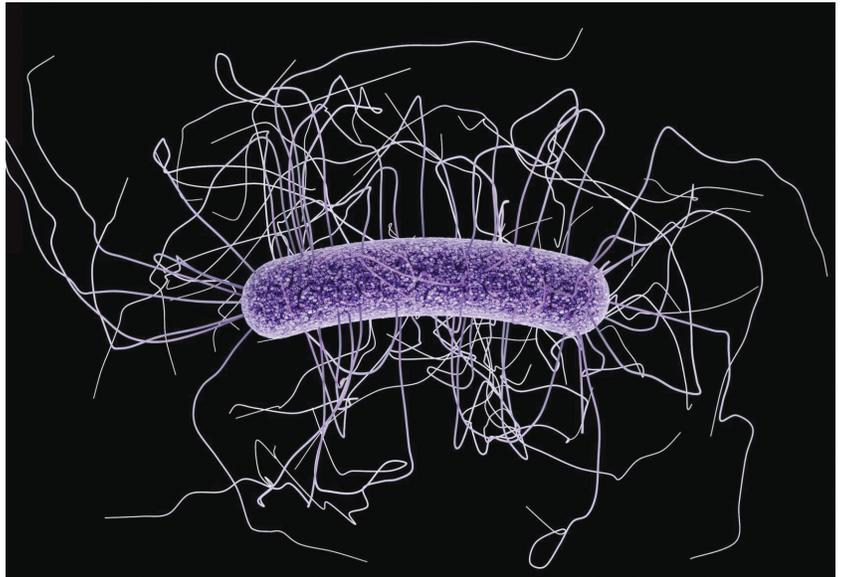


Arif M. Muslim, MD, FACP

In severe cases, relapsed patients do not respond to further antibiotic treatment. However, a newer option, fecal transplant, is proving remarkably effective at restoring the gut's microbiomic balance and eradicating the infection. "This is one of the first approved microbiome treatments, and it stands at the forefront of what's to come," Dr. Muslim says.

The condition was first described in 1892, and the bacterium responsible was given its name in 1935, "because it is difficult to culture," he says. It is currently on the rise, not only because of the over-prescription of antibiotics in humans but also because of the preponderance of antibiotics in animal feed and in the environment. "It used to be seen only as a result of antibiotic therapy in a hospital setting, but now it is seen as community-acquired *C. diff*," he says.

Fecal transplant, which is currently considered the last line of treatment after everything else has failed, has actually been in use since the 1950s. In 2000, Dr. Lawrence J. Brandt of Montefiore



The *Clostridium difficile* bacterium can overgrow the gut, resulting in a serious intestinal condition.

Hospital in New York pioneered this treatment, using a colonoscope to place donor fecal material into the patient's colon specifically to treat *C. diff*. Dr. Muslim trained under Dr. Brandt; "he is my mentor and my friend," he says. Dr. Muslim currently refers patients to Montefiore Hospital for this treatment, but hopes to begin offering it locally soon.

According to treatment guidelines, established in 2013 by the American College of Gastroenterology, donor stool is harvested, blended with sterile water and strained.

The resulting fluid is put into a syringe, which is placed endoscopically into the colon and released. "It is a very simple procedure, and patients respond within 24 hours, as their microbiomes return to normal," he says. The success rate is over 90 percent.

Donor stool can come from any healthy donor. "Patients can ask a family member," Dr. Muslim says. In the future, donor stool may be available in capsule form—it already is in Canada—in what Dr. Muslim calls a "poop pill."

Although this is one of the first microbiome treatments, Dr. Muslim foresees "an explosion of treatments in the next five to 10 years. There are trials for treating Crohn's disease, some forms of arthritis, multiple sclerosis, autism and Parkinson's diseases," he says. "Some researchers believe that obesity may be microbiome-related. In one study, when stool was transplanted from skinny mice into obese mice, the obese mice became skinny.

"This is the new wave of treatment," he continues. "The new thinking now is that we are not just what we eat, but what we have in our gut. Many diseases come from changes in the billions of bacteria in the gut. Even Hippocrates knew it, around 400 BC, when he said, 'All disease begins in the gut.' He meant the microbiome."



Putting the Fun in Fundraising

Proceeds from these signature events benefit Premier Cares Foundation, a 501(c)(3) charity whose mission is to provide support, education, awareness and treatment to those individuals in the community lacking sufficient funds to address significant urologic and digestive issues including, but not limited to, prostate and colon cancers. To learn more, visit www.premiercaresfoundation.org.

December 6, 2014 4th Annual Celebrity Chef Dinner

Master pastry chef Jacques Torres, AKA “Mr. Chocolate,” fed and entertained 230 enthusiastic guests at the Foundation’s sold-out fundraiser, held at the Poughkeepsie Tennis Club. Working with the culinary team at Cosimo’s Trattoria, Chef Torres prepared a themed dinner featuring chocolate-infused delights in every course.

The first course, seared salmon coated in cocoa beans infused with cocoa butter, “was an early indicator of what an extraordinary ‘chocolate ride’ our guests were in for,” says Julie Goldfisher, Executive Director of the Premier Cares Foundation. The last course, “to go” bags of Torres’ famous giant chocolate chip cookies, extended the pleasure through the rest of the evening and into the next day. “Chef Torres was hilarious! He had the crowd in stitches with all of the funny stories and anecdotes that he shared between each course,” says Elyse Brocks, Foundation Coordinator. “He was a huge presence at the event.” Live music was provided by the Tom



DePetris Jazz Trio, and a silent auction raised more funds for Foundation programs.

Premier Cares Foundation received generous sponsorship and support for this fundraising dinner from many community organizations, businesses, and patrons. Major sponsors included Entergy, Professional Radiation Oncology Services, North American Partners in Anesthesia, and BioReference.



March 15, 2015

4th Annual 'Challenge Your Colon' Chili Festival

The large crowd gathered at the Villa Borghese in Wappingers Falls for this year's Festival had the opportunity to sample chili and other comestibles from more than 30 vendors.

"We had such an amazing variety at the Chili Festival this year—from traditional chili to chili made with wildebeest and ghost peppers," says Julie Goldfischer, Foundation Executive Director and event Co-Chair. "The People's Choice competition was a really tight race, with the meat-filled chili from The Crooked Rooster taking home the most votes." Popular Q92 host Joe Daily was on hand to emcee the event and live music by Bob Stump and the Blue Mountain Band had people dancing.

There was variety in the educational portion of the Festival as well. Colorectal cancer survivors and their families shared inspirational stories of battling the illness; attendees had an opportunity to walk through an inflatable model of a colon, visit the "Ask the Doctor" booth and check out the nutritionists' information table to learn about the prevention and treatment of colon cancer.

"The highlight for me was listening to Peter Engel, who was courageously battling colon cancer, share his inspirational story with the attendees," Goldfischer says.

"We design our exciting, family-friendly event to bring awareness of the importance of early detection and getting screened." "One moment that really hit me," says Elyse Brocks, Foundation Coordinator, "was when I was speaking with a new chili vendor and he told me that he knew he had to take part in the event because his father had died from colon cancer."



In Memory of Peter P. Engel, who succumbed to colon cancer May 4, 2015 after bravely battling the disease.

"We could not have been more pleased with the outcome of our 4th Annual Chili Festival," Goldfischer says. "This event takes over a year to plan. Thanks to the generosity of more than 90 volunteers and countless vendors, the event provides our guests with three hours of pure country fair bliss!"

Chili, cornbread, and other fare were judged in a blind tasting and by People's Choice voting.

And the winners are:

- My Brother Bobby's Salsa—*Table with Best Country Attire*
- Mole Mole—*Table with Best Country Flair*
- Cosimo's—*People's Choice for Best Cornbread, "Premier" Award for Best Cornbread, People's Choice Award for Best Vegetarian Chili*
- Tuthill House at the Mill—*"Premier" Award for Best Vegetarian Chili, "Premier" Award for Best Chili*
- Billy Joe's Ribworks—*Runner-up for People's Choice for Best Chili*
- The Crooked Rooster—*People's Choice Award for Best Chili, 1st runner-up for Best Chili*
- The Artist's Palate—*2nd runner-up for Best Chili*



SAVE THE DATES

Register Now for the 6th Annual 2015 Prostate Cancer Walk

over the beautiful Walkway Over the Hudson.

Saturday, September 26, 2015

Please join us for magnificent views of the Hudson Valley as you walk 1.2 miles each way, 212 feet above the Hudson River. Spend an exhilarating morning with the entire family, enjoying refreshments, entertainment and great prizes while supporting this important cause.

Saturday, November 21, 2015

The 5th Annual Celebrity Chef Dinner

**Featuring Food Network
Chef Nancy Fuller**



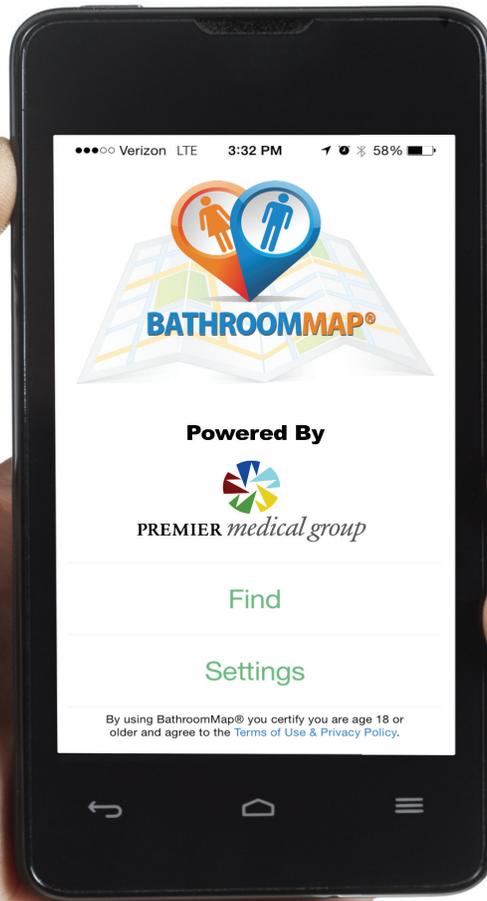
The host of **Farmhouse Rules** (filmed at her Hudson Valley farm) is a champion of the farm-to-table movement known for her philosophy of providing "delicious, simple meals from the heart."

Poughkeepsie Tennis Club

Tickets available online in Fall, 2015

Know Where to **GO** WITH THE BATHROOMMAP APP

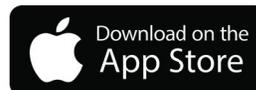
Designed by health experts and built with the most up-to-date data, **BathroomMap**® is there for you when you are in need of a restroom away from home. Get access to our comprehensive list of toilet locations available wherever you are. Bathrooms are rated by our team, shown on an interactive map, and sorted by distance. Each listing includes directions and contact info. Why wait until it's an emergency? Keep **BathroomMap**® handy on your mobile device. Available on iPhone and Android.



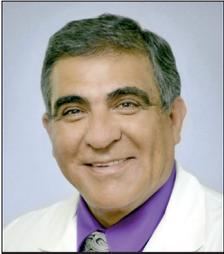
BathroomMap® may help manage the stress associated with not knowing the location of the closest restroom while traveling, common in:

- Bladder Conditions
- Bowel Conditions
- Bladder Stones
- Crohn's Disease
- Cystitis
- Diabetes
- Disabilities
- Diverticulitis
- Gastritis
- Incontinence
- Irritable Bowel Syndrome (IBS)
- Kidney Disease
- Kidney Stones
- Multiple Sclerosis (MS)
- Overactive Bladder (OAB)
- Pregnancy
- Prostate Conditions
- Ulcerative Colitis (UC)
- Urinary Tract Infections (UTIs)
- Urinary Urgency

POWERED BY



IBD and Female Reproduction



Sunil K. Khurana, MD, FACC

When well controlled, the disease need not interfere with sexuality, pregnancy or childbirth. We have diagnostic and treatment capabilities for both psychological and physical concerns.

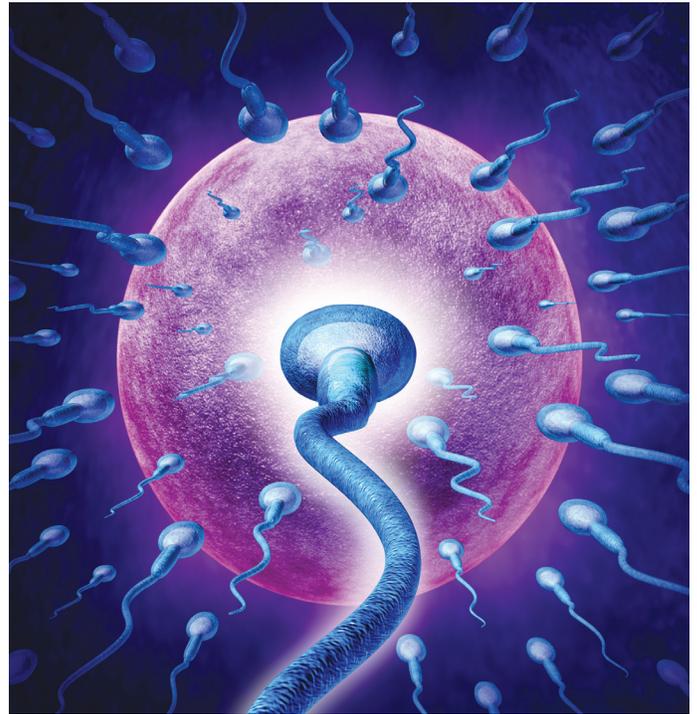
Inflammatory bowel disease (IBD) is a chronic illness that, along with its gastrointestinal challenges, frequently complicates sexuality and sexual function. Women with the disease have added concerns about fertility, pregnancy and breastfeeding. Dr. Sunil K. Khurana, co-CEO of Premier Medical Group and a leader of our Gastroenterology Division, assures women that, if the disease is medically managed and well controlled, those concerns are unfounded. “I am often asked by women, whether they can have a regular life with this disease,” he says. “There is ample evidence out there that the answer is yes.”

IBD affects sexuality, fertility and childbearing indirectly, in several ways. Uncontrolled IBD can cause symptoms that impede interest in and enjoyment of sex, such as increased bowel frequency, incontinence, perianal fistulas or abscesses. About a third of patients experience chronic pain and half of IBD patients are persistently fatigued. Any of these can quite understandably impair sexual desire and reduce sexual pleasure, Dr. Khurana says.

In addition, coping with IBD takes a psychological toll: patients often suffer from poor body image and are at risk for depression and anxiety. This is especially challenging, Dr. Khurana says, because, “The disease is diagnosed most often in young people, in their teens and early 20s, prime childbearing years and a time when, sexual exploration and relationship building are most intense.”

He stresses, however, that when symptoms are controlled, IBD need not have a direct impact on sexuality. Women who feel fearful, uninterested or overwhelmed by sexual issues can look to the Premier Women’s Center for Continence and Sexual Health for help. “Our female sexual dysfunction clinic deals with all issues regarding sexual function,” says Dr. Daniel Katz, director of the Center. “The symptoms of IBD can cause both psychological and physical concerns, but we have diagnostic and treatment capabilities for these concerns, regardless of the cause.”

IBD has no affect on fertility. However, Khurana says, “women often ask me, ‘Can I get pregnant while on medication and can I still use the medications during pregnancy? I never tell my patients not to get pregnant, but I help them understand that a time when they’re experiencing active disease is not the right time to try. If you get your disease under control, then there is no problem.’”



Inflammatory Bowel Disease has no direct impact on fertility.

Your gastroenterologist will work closely with your obstetrician to manage medications and monitor fetal growth and development. “There are a few drugs we have to be careful with, but the majority of medications we use to treat Crohn’s disease and ulcerative colitis can be used safely during pregnancy,” he says. Women who take steroids, or who have a flare-up while pregnant, may require additional ultrasound imaging every four weeks after about 18 weeks gestation.

The bottom line, Dr. Khurana says, is that: “Many of my female IBD patients go through pregnancy with these diseases, and none have any significant problems.”

Breastfeeding is not only safe, it is encouraged for the numerous benefits it brings to both mother and child. The majority of IBD medications can be used by breastfeeding mothers, he says. “Even if they are found in the breast milk, they are perfectly safe for the baby.”

The most important thing for women to remember is that active disease is more problematic than the medications used to control it. “Trouble comes when women stop taking their medication and their disease acts up,” Khurana says. “It is the activity of the disease, not the medications, that may harm the mother and fetus.”

Dr. Khurana notes that he and his colleagues develop long-term relationships with their IBD patients, which makes discussing sensitive issues such as sexual intimacy and pregnancy more comfortable. “I can assure women that all the GI specialists at Premier are well equipped to help women deal with the physiologic and psychosocial aspects of their disease,” he says.

Finding Help for Fecal Incontinence



Fecal incontinence is a debilitating disorder that negatively impacts quality of life.

THE CASE

A 47-year-old female presents to the office with diarrhea and episodes of fecal incontinence. She describes having loose stool all her life. Recently her symptoms have been worse. Stools are non-bloody, occur immediately after eating and are associated with urgency. She denies abdominal pain, history of travel, recent antibiotic use or weight loss. During these episodes she has noted inability to hold the stool. She is hesitant to dine out now from fear she is not going to make it to the bathroom. She wears a pad and feels embarrassed about this. On a few occasions she has noted a small amount of stool in her underwear, even without a bowel movement.

THE HISTORY

Patient's other medical problems include Diabetes Mellitus type I, for which she uses insulin. She has had three vaginal deliveries and had episiotomies during two of them. During the first vaginal delivery, a forceps was used to pull the baby out. She had no toxic habits and there were no new medications started.

PHYSICAL EXAMINATION

On physical examination patient was in no distress; she had normal heart, lung and abdominal exam. Focused neurological exam was intact. A rectal exam was performed in the office and revealed some skin excoriations around the anal canal; skin reflexes were intact. Digital examination revealed low resting and squeeze tone during attempted squeeze but very good relaxation of the sphincter during bear-down maneuver. Light-green colored stool was present in the rectal vault, which had no blood on it.

DIAGNOSTIC WORK-UP

Patient underwent work-up for diarrhea, which included blood work to rule out thyroid disease, celiac disease and other metabolic diseases associated with diarrhea. She had stool tests done to rule out chronic infections and they were negative. A colonoscopy with biopsies was performed to exclude mucosal diseases like inflammatory bowel disease.

Patient was advised to undertake life style modifications, such as decreasing the amount of caffeine consumed and decreasing the intake of foods likely to cause more diarrhea and urgency to move her bowels. Fiber was tried to increase the bulk of the stool. It was thought that diarrhea was likely due to diabetes or irritable bowel syndrome, so small doses of loperamide were prescribed for the patient, resulting in some improvement in patient's symptoms.

FURTHER WORK-UP

An anorectal manometry was performed, which confirmed the physical exam findings. Patient's sphincter tone was low at rest and during attempted squeeze; the duration of the sustained squeeze was also low. Rectal sensation was measured and found to be abnormal as well. Reflexes measured during the test were normal. Patient underwent an anal ultrasound as the guiding diagnosis was a tear in the anal sphincter muscles related to prior difficult deliveries. The ultrasound confirmed the diagnosis. A tear was noted in 2/3 of the circumference of the muscle.

TREATMENT

The defect in the muscle responded to injection with a thickening agent.

Patient did well for almost a year, but the symptoms returned. At that time, a decision was made to place a stimulator device under her skin to help stimulate the nerves that innervate the sphincter muscle. Her symptoms improved significantly.

The causes of fecal incontinence are often multifactorial and can be related to complicated vaginal delivery, local anorectal diseases and surgeries, neurological problems like multiple sclerosis, spinal cord lesions, dementia, systemic diseases like diabetes or muscular diseases like myasthenia gravis.

Although most women with incontinence are treatable, many remain untreated because a significant proportion of women do not report their symptoms. Fecal incontinence frequently is associated with urinary incontinence and sexual dysfunction. Women do not seek medical attention due to the stigma associated with these issues.

At Premier Medical Group, we offer a team of dedicated physicians, nurses and therapists who work in different aspects of the human body to help relieve these symptoms.

Our team of gastroenterologists and urologists, paired with nurses at Premier Women's Center for Continence and Sexual Health can successfully perform diagnostic and therapeutic procedures like anorectal manometry or placement of neurostimulators to treat fecal incontinence.

Vasectomy Reversal

Dr. Krumholtz's skilled microsurgery gives men another chance at fatherhood.

Fourteen years ago, when Bob (not his real name) and his wife decided not to have any more children, Bob had a vasectomy. The couple eventually divorced, Bob recently remarried, and he and his new wife wanted to start a family together. Bob had heard about vasectomy reversal (VR) and contacted Premier Medical Group's Dr. Jason Krumholtz, the only urologist to have performed VR at one of our regional hospitals. "He explained everything, from start to finish, very clearly," says Bob, who had the procedure in September 2014 and reports excellent results.

"About 6 percent of patients who undergo vasectomy will, at some point, decide to have it reversed," Dr. Krumholtz says. There are two options for patients who have had a vasectomy and want to biologically father a child: microsurgical vasectomy reversal or in vitro fertilization with testicular or epididymal sperm extraction. "But the advantage of vasectomy reversal," says Krumholtz, "is that it is significantly less costly and avoids some of the risks of IVF, gives the couple the opportunity to have a spontaneous pregnancy, and in many situations carries a higher success rate than IVF."

"The greatest success is achieved the closer the reversal procedure is to the vasectomy," he says. If the interval is less than 3 years, achievable patency is 97 percent, at 3 to 8 years it is 88 percent, at 9 to 14 years it's 79 percent, and for 15 years or more, the rate is 71 percent. Pregnancy rates are largely affected by the spouse's age.

In a vasectomy, the vas deferens, or sperm duct, is cut to prevent sperm from reaching the ejaculate fluid. In VR the ends of the severed vas deferens are microsurgically reconnected in a procedure known as vasovasostomy. With the patient under general anesthesia, a small incision is made on each side of the scrotum and the scarred ends of the vas are removed. Fluid is sampled from the end closest to the testicle and viewed in the operating room with a light microscope to see if it contains sperm. Using a large high-powered operative microscope, each end of the vas deferens is then microsurgically reattached. Dr. Krumholtz prefers what is commonly referred to as a *two layered technique*: The lumen or channel inside the vas deferens is circumferentially reapproximated with 6-8 individual 10-0 nylon microsutures. Then a second layer, the seromuscular layer, is reapproximated with stronger 9-0 nylon microsutures. In addition, if necessary, the periadvential layer, a third layer, is used to strengthen the anastomosis.

"The lumen of the vas is half a millimeter in diameter, and the whole vas is the diameter of a piece of spaghetti," says Dr.



Dr. Krumholtz and the Vasectomy Reversal team at Vassar Brothers Medical Center.

About 6 percent of vasectomy patients will eventually decide to have it reversed. The closer the reversal procedure is to the vasectomy, the greater the success, with achievable patency of 97 percent if the interval is less than three years.

Krumholtz. "Furthermore, each end of the vas deferens is not identical in size. The end closest to the testicle is often larger, sometimes significantly so, than the end closest to the abdomen. This, along with the use of suture that is not visible without the aide of the operative microscope, can make the surgery technically demanding." At Vassar Brothers Medical Center, Dr. Krumholtz

uses the same team of highly skilled nurses and technicians to assist in the surgery. Says Krumholtz, "This procedure is really a team effort. It simply wouldn't be possible without the aide of a consistent, dedicated, knowledgeable, and skilled crew which I am very grateful to have at Vassar."

VR takes two to three hours per side, and is done on an outpatient basis. Recovery is similar to that for vasectomy. "There is a recuperation period, and patients frequently don't return to work for 10 to 14 days. Then, it takes three to six months to reach normal sperm counts," Krumholtz says.

Bob confirms this. "I was a bit uncomfortable after the anesthesia wore off, but had no severe pain," he says. "The first week I was sore, and I was out of work for two weeks, but since then, no problems." Now, his sperm count and motility are 100 percent normal. "I would recommend this surgery and Dr. Krumholtz," he says.

UROLOGY TEACHING DAY 2015

Patch Adams Spreads “The Joy of Caring”

“Medicine is not just a science, it is also an art,” says Dr. Evan R. Goldfischer, co-CEO of Premier Medical Group. “Along with clinical excellence, it is also important to maintain humanism and compassion, and to strive to improve our ability to relate to patients and what they are going through.”

To that end, Dr. Hunter Doherty Adams—better known as Patch Adams—was invited to speak at this year’s Urology Teaching Day, organized by Premier and Vassar Brothers Medical Center, and held on April 30 at Villa Borghese in Wappingers Falls.

“Every year, we pick several topics of interest to the field, and bring in world-class experts to deliver an address,” Dr. Goldfischer says. “These symposia ensure that our practice stays current with the latest cutting-edge advances in clinical, diagnostic and treatment options, giving us the tools to provide our patients with the best possible care.”

This year, Dr. William Oh delivered an “Update on the Management of Advanced Prostate Cancer: New Drugs, New Paradigms”; Dr. Bryan Mehlhaff spoke about “Operationalizing the Latest Advanced Prostate Cancer Treatments”;



Dr. Robert J. Motzer presented on “Sunitinib and Other Targeted Drugs for Metastatic Renal Cell Carcinoma”; and Dr. Matt Galsky discussed “Treatment of Advanced Bladder Cancer: The Beginning of a New Era.”

Urology Teaching Day is designed for practitioners in family

practice, internal medicine, oncology and urology who care for patients with bladder cancer, prostate cancer, and renal cell carcinoma. This event, as well as the annual gastroenterology event, are open to all area physicians and allied staff, who receive continuing education credits for attending.

Dr. Adams delivered the closing presentation, called “The Joy of Caring.” His life and work were the subjects of the 1998 film, “Patch Adams,” starring the late Robin Williams. “The physicians and staff of Premier fully support Patch’s mission to promote humanity and compassion in the field of medicine,” Dr. Goldfischer says. “As practitioners, we want to be great scientists, clinicians and leaders in our field, but we are people too, and we need to remember to relate to patients humanely and maintain the joy that got us into medicine.”



New Understanding About Celiac Disease

Celiac disease (CD) is an intolerance of gluten, the protein composite present in certain grains, notably wheat. It causes intestinal damage that can lead to symptoms ranging from mild discomfort to severe malnourishment. Though it was once considered rare, new data suggest that CD may, in fact, affect three million men, women and children in the United States. The disease has a genetic component, but according to Dr. Sunil K. Khurana, co-CEO of Premier, “not everyone with the genetic predisposition develops the disease.” He says that new research reveals a clue as to why.

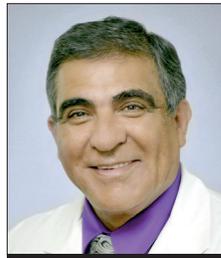
It appears that infants who consume gluten in their diet during the first six months of life are more likely to develop CD than infants who breastfeed exclusively during that time. “This is not absolutely confirmed, but the message I give to new mothers is that six months of breastfeeding, without exposing the infant to foods containing gluten, reduces the risk of CD,” he says.

CD is an autoimmune disease. Triggered by the presence of gluten, an immune response damages or destroys the villi, the tiny protrusions that line the intestine and absorb nutrients from digested food into the bloodstream. Some people who do not have celiac disease, which is diagnosed through a blood test, still have sensitivity to gluten.

“These people get the symptoms of the disease—cramps, diarrhea, not feeling well—but don’t develop the metabolic problems associated with the disease, such as anemia, osteoporosis and malabsorption,” Dr. Khurana says. “We previously thought these symptoms were associated with irritable bowel syndrome, but we now know this is gluten sensitivity.”

Currently the best treatment option for both CD and gluten sensitivity involves adopting a gluten-free diet, which is both challenging and, in some cases, insufficient in relieving symptoms. Pharmaceutical companies have new medications in trial that, although they are still several years away from FDA approval, are showing promise in controlling the symptoms.

“However, these drugs are not being developed to allow patients to keep eating whatever they want,” Dr. Khurana says. “They are to help patients who, even with a strict diet, are still exposed to gluten when they eat out or use products, such as lipstick, that contain gluten,” he says. “The issue is that even if you avoid gluten, you are still exposed to it.”



Sunil K. Khurana, MD, FACC

[premier in the community]

Heartfelt Efforts

Sparrow's Nest

Premier Volunteer Kim Secord—
Clinical Research Manager, Prostate Cancer
Clinic Coordinator

Sparrow's Nest, a 501(c)3 charity got its name because it was specifically formed to help mothers fighting cancer. "Every mom's nest should be protected," says Kim Secord, Premier's Clinical Research Manager and Coordinator of the Prostate Cancer Clinic.

Community support has been so enthusiastic that Sparrow's Nest has recently expanded its mission to provide services to all caregivers, including fathers, grandparents, etc. "Parents with cancer should not have to feel stressed about getting their families fed."

Sparrows Nest was founded by Krista Jones. Her best friend was diagnosed with colon cancer. Krista could not cure the disease but she could take some of the burden off of her friend and allow her to fight a battle with cancer as stress free as possible. Krista would cook and deliver meals to her house each week. Subsequently, four

other friends developed cancer and Sparrows Nest was on its way. Weekly, Krista prepares home-cooked meals that are delivered by volunteers to families in need of stress relief and support. There is no financial requirement to be served.

Secord, a nurse, found the charity through a request for volunteers and donations on social media. After talking with Sparrow's Nest founder Krista Jones, Secord was all in. "I love her

passion," Secord says. "I told her I would do whatever she needs."

Secord joined the organization's board in February, and serves as its treasurer. "We expect to feed over 125 families this year. We service Dutchess, Orange, Ulster and Putnam Counties. Sparrows Nest is a community supported charity. Without the support of our community, we would not be able to help our sick caregivers."

As for Secord herself, "I get the gift of being able to promote healing and peace. I am a nurse, it is what I do every day. This is bigger than that. I get the gift of helping sick people nurture their families and themselves.

"We are not a huge organization" she adds, "but this is an important detail in the life of a family dealing with cancer. Every little bit counts, and it feels good for people to know they are not alone."

To learn more about Sparrow's Nest, visit their web site at www.sparrowsnestcharity.org.



Volunteers deliver home-cooked meals to families in need of stress relief and support.



Go Red for Women

Premier Volunteer Laine Belmonte—
Director of Human Resources

For each of the past three years, Laine Belmonte, Premier's Director of Human Resources, has volunteered for Go Red for Women. The mission of this annual American Heart Association (AHA) event is to increase awareness about women's risk for heart disease and stroke, and to raise funds for research and education.

"Many people think it is mainly men who suffer from heart disease and stroke, but the fact is that they are the Number 1 and Number 3 killers of women in the United States," Belmonte says. "I have a personal interest in this disease also, because I have two family members who found out unexpectedly that they had heart disease. Heart disease is 80 percent preventable, so I believe that women and men need to know their risk and be aware of the signs."

She learned of the event from a neighbor. "I decided to get involved to give something of myself toward a meaningful cause," she says. Belmonte helps with the silent auction, held every February. "The auction began with people donating handbags to the event," she says. It has evolved to include donations of services, such as gift certificates to salons, and products such as wine baskets or tickets to local events.

Belmonte and her co-volunteers start work in the fall, soliciting donations from local businesses and planning the event.

This year's Go Red For Women Luncheon, held Feb. 27 at the Grandview in Poughkeepsie, drew approximately 500 people and the silent auction raised about \$10,500 for the AHA.

"It is personally very satisfying to add value to an organization that raises awareness and positively influences women who might not otherwise have explored their own risks and warning signs for heart disease," she says. "It is rewarding to do something positive in my community. It's a way of giving back."

For more information about Go Red for Women, visit www.goredforwomen.org.



PREMIER *medical group*

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Faces of Premier

Good healthcare requires teamwork. We're proud of the dedicated staff that makes up the Premier Medical Group team.

Maureen Fink, RN, BSN, CNOR Clinical Director

Since joining Premier Medical Group in March 2014, Maureen Fink has been the driving force behind numerous quality improvement initiatives throughout the entire organization. Her duties are many and varied, but perhaps most important, says Dr Evan R. Goldfischer, co-CEO of Premier, “her clinical oversight of all divisions helps ensure we are meeting the highest standards of practice.”

Maureen started her career as a nurse, including an 11-year stint in an operating room. “That was my true calling,” she says. She moved to an ambulatory surgery center where she worked as a staff OR nurse for several years until moving into management as the Clinical Coordinator and remained there for 16 years before joining Premier. “The job here is similar to what I was doing there, and that appealed to me,” she says. She has been warmly welcomed at Premier. “The staff have been incredibly, almost embarrassingly supportive,” she says. “They have really rallied around me.” Dr. Goldfischer attributes that to her “wealth of experience and



knowledge, and she is also a great people person. Maureen works wonderfully with the staff and is very well respected.”

Among her many tasks are working with the Joint Commission Committee and monitoring clinical performance measures. “I am responsible for all our clinical sites, making sure staff are educated in current polices and procedures and any changes within the practice,” she says. She also tracks patient data to discuss at quality improvement meetings, and oversees inventories and submits orders for special medications and supplies. “If a piece of equipment goes down, I am in charge of repairing or replacing it,” she says.

Maureen serves on the Environment of Care Committee and also works closely with the practice’s Infection Control Coordinator to maintain the highest levels of surgical safety. She is especially proud of her work in this area. “We have come a long way in the last six months in regards to our surgical processes and infection control,” she says. “We have brought them to another level.”

She is supervising improvements in other areas of the practice and vows to raise their levels of excellence as well. “I want to see all these changes through,” she says. “I am stubborn that way.”