

Dangerously **Overweight?** Committed to Improving **Your Health?**



Lapband Surgery



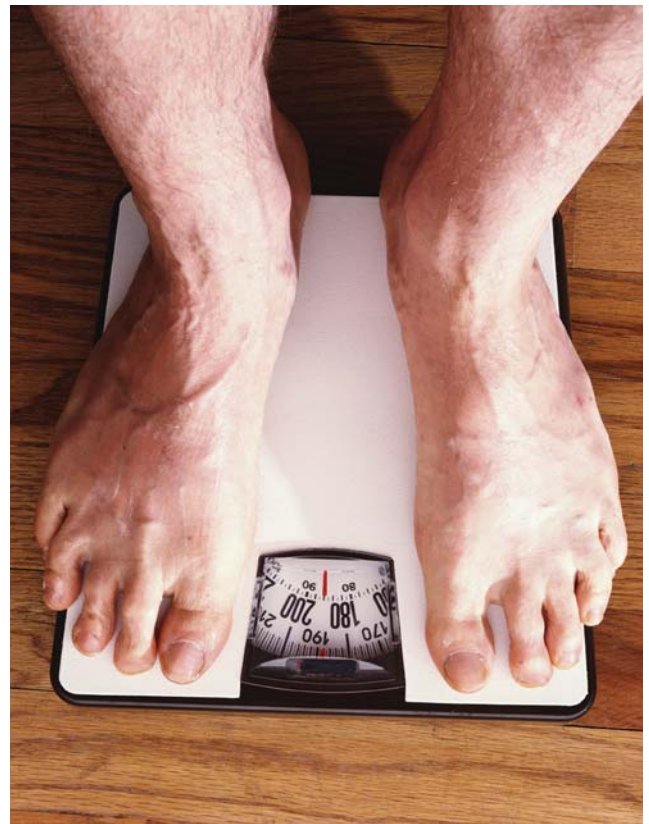
Can Help

According to the American Obesity Association, more than 60 million Americans are obese, and the Federal government estimates that as many as 12 million have weight-related medical problems. Type 2 diabetes, certain cancers, high blood pressure, heart disease, sleep apnea, and many other conditions are associated with obesity. Bariatric surgery, which physically restricts the amount of food that can be consumed, may offer severely obese patients their best hope for improved health when traditional weight loss methods like diet, exercise and drug therapy have failed.

A less invasive approach

Orange Regional offers a form of bariatric surgery called lapband surgery. In contrast to procedures like gastric bypass and gastroplasty, lapband surgery doesn't require the surgeon to completely open the patient's abdomen. Plus, it's reversible.

Several small incisions are made in the abdomen. An instrument called a laparoscope is then used to insert an



inflatable band around the upper portion of the stomach, making a small stomach pouch. An access port is implanted just under the skin, below the ribs. Sterile saline solution is injected through the access port to inflate the band, and the degree of inflation is adjusted.

The small incisions usually heal quickly, so patients' postsurgical discomfort is minimal. Patients generally stay in the hospital for only one or two days, and may be back to work within two to three weeks after surgery.

Are you a candidate for lapband surgery?

Weight loss surgery is only for people who have severe obesity that endangers their health. Physicians use the Body Mass Index (BMI), a ratio of weight to height, to determine whether weight poses a health risk. According to the American Society for Bariatric Surgery, a BMI of 25 is overweight. Patients with a BMI of 40 or higher are candidates for bariatric surgery, and patients with a BMI of 35 or higher may be candidates, if they also have one or more weight-related diseases. Typical candidates for bariatric surgery are at least 100 pounds overweight. In addition, the American Society of Bariatric Physicians recommends that candidates for surgery have a history of obesity for at least five years, must not suffer from hypothyroidism or other conditions that cause weight gain, must not be addicted to alcohol or drugs, and must be capable of maintaining the strict postsurgical regimen that bariatric surgery requires. These are general guidelines – assessing whether a specific patient is a good candidate for surgery requires a thorough work-up and consultation with a physician.

Typical post-surgery results

More than 100,000 lapband procedures have been performed worldwide, with a high success rate. A typical lapband patient who complies with the recommended postsurgical regimen (see sidebar) can expect a weight loss of 1 to 2 pounds per week. According to one recent study, lapband patients lost a mean average of 75 percent of their excess weight after two years, which is comparable to the experience of patients who undergo more invasive bariatric procedures. Another recent study published in the Journal of the American Medical Association found that a substantial majority of patients who have bariatric surgery experience significantly less weight-related disease. For patients who have long struggled with obesity and obesity-related medical problems, lapband surgery can offer a chance at a healthier life. ❖

Key elements for success

Successful weight loss after lapband surgery requires significant permanent lifestyle changes. Immediately after surgery, the patient is restricted to liquid, pureed or finely chopped food, before advancing to a "normal" diet after three to six weeks. Certain foods, like fried or greasy foods, fibrous meats, nuts, and certain fiber-rich fruits and vegetables may cause stomach upset and hence, will always be off limits. For the rest of the patient's life, portions must be very small. The patient must chew slowly and thoroughly, and stop eating as soon as a feeling of fullness is achieved.

Patients should engage in light exercise as soon as possible after surgery to help speed healing and prevent complications associated with blood clots.

Progressively more strenuous exercise helps to speed weight loss. Patients must embrace these lifestyle changes in order for the surgery to be effective. ❖



A Different Weigh of Living - bariatric weight loss support

Orange Regional offers free support and education for presurgical and postsurgical bariatric weight loss surgery patients. All are welcome; no registration is necessary.

The group meets the first Thursday of each month from 7:00 p.m. to 8:00 p.m. at Orange Regional's Community Health Education Center, 110 Crystal Run Road, Middletown.

For more information, please call the Orange Regional Health Connection at 1-888-321-ORMC (6762). ❖



New cardiac technology helps save lives

Orange Regional adds electrophysiology services

In 2001, Bill Bassett, a member of Orange Regional's Board of Directors, was walking in Washington, D.C. when, without warning, he lost consciousness and fell to the sidewalk. "I remember thinking that, if I could just fall into the bushes, I'd probably be okay," Bill recalls. Instead, he fell backward, cracking his head, and needed 19 stitches to close the wound on his skull. Doctors at the hospital where Bill was treated believed that cardiac arrhythmia – an irregular heartbeat – was likely the cause of his sudden loss of consciousness.

They referred Bill to Dr. David A. Rubin at Columbia Presbyterian Hospital in New York City for electrophysiology (EP) studies, to confirm his diagnosis and identify an effective treatment. After the EP study revealed the source of Bill's arrhythmia, Dr. Rubin implanted a defibrillator and pacemaker into Bill's chest to control his heartbeat.

Now, Dr. Rubin and his associate, Dr. Jose Dizon, have begun offering EP services locally; this latest cardiac advancement is available at The Peter Frommer, M.D. Heart Center's Cardiac Catheterization Lab at Orange Regional.

"Adding EP testing and the capacity to implant defibrillators is a big step forward for Orange Regional's cardiac care program," says Anne Nelson, A.N.P., Administrator of Cardiopulmonary and Diabetes Services. "These diagnostic and preventative services literally save lives," she says.

"EP is another diagnostic tool that can help prevent early death and improve quality of life. Having this service in our own backyard increases the probability that patients will get the progressive health-care they need," Nelson explains.

According to the American Heart Association, sudden cardiac death (SCD) due to arrhythmia is the leading cause of natural death in the United States. Immediate defibrillation is the best way to prevent it. Medicare recently recognized the value of EP in preventing sudden cardiac death, and expanded its coverage of the service, Nelson says.

An EP study makes it possible to identify and treat arrhythmias. "Using EP, physicians can monitor the movement of electrical impulses in the heart that stimulate heartbeat, and map each patient's unique electrical pathway," Nelson

explains. The location of a problem can be found by inducing a controlled arrhythmia with electrical stimulation.

“The area of the heart’s electrical pathway where the disturbance is located determines how the arrhythmia will be treated. Some patients’ arrhythmias can be controlled with medication. Others may require cardiac ablation, which involves directing a radio wave at the source of the irregular heart rhythm to create a tiny piece of scar tissue that the electrical impulses cannot cross,” explains Martha Hall, Director of Orange Regional’s Cardiac Catheterization Lab. The Lab celebrated its first anniversary in September and has treated more than 400 patients with cardiac catheterization. “Treatable heart conditions that might otherwise have gone undiagnosed were found in 70 percent of those patients,” Nelson notes.

Some patients, like Bill, need a pacemaker and implantable cardioverter defibrillator (ICD). These constantly monitor heart rhythms, keep them beating smoothly, and even shock hearts back into a regular beat, should an arrhythmia occur. Bill reports that the procedure to implant his ICD device was painless. “Then, after it’s implanted, they need to make sure it works,” he explains. “They induced an arrhythmia to make sure the device effectively restarted my heart in a normal rhythm. That part was scary, but it was over in just a few seconds.”

He adds: “The ICD is small, about the size of an old-fashioned cigarette lighter. And, although you can see it if I have no shirt on, it doesn’t get in the way. I can participate in all my normal activities. I don’t feel it at all.”

The device also allows Dr. Rubin to constantly monitor and record the way Bill’s heart is beating. “Once, I went for an appointment and he asked what I had been doing on a certain day, months before,” Bill recalls. “It turns out I was playing golf, walking the course and carrying my bag, on a very hot day. Dr. Rubin could tell that my heart had been working harder.” Bill marvels at the technology that permits such close monitoring, joking that the implanted pacemaker/defibrillator even “has an iPod and makes toast.”

All kidding aside, Bill is convinced that the device has extended his life. Since he received it in 2001, it has gone into action several times – meaning that his heart went into arrhythmia and the defibrillator shocked it back to a normal rhythm. This even happened once when Bill was traveling in Norway. And because of the device, doctors abroad could determine immediately just what was occurring – and treat it appropriately. ❖

New 64-slice CT scanner detects heart disease early

Orange Regional is among the premier facilities in the nation – and the first in the Hudson Valley – to offer powerful new cutting-edge 64-slice CT (computed tomography) scan technology that provides extremely detailed images of the heart and other body parts.

Orange Regional now has one of only approximately three hundred 64-slice CTs in the country. This advanced CT can capture thousands of images in seconds, and is much quicker than the average CT technology. In addition to cardiac tests, the 64-slice CT is also used for many other procedures including vascular, neurological and emergency examinations.

The 64-slice CT takes exceptionally clear pictures of the beating heart, virtually freezing the heart’s motion. It’s especially useful for patients with rapid heart rates or those who have difficulty holding their breath during the CT procedure.

Because doctors can obtain incredibly detailed images of the body in a non-invasive manner, they can then make a more informed treatment decision. Since these images provide a clear, 3D view of the heart without surgery, the new CT system offers an early, less painful look at possible heart problems. The fast turnaround time can lead to quicker intervention and treatment when necessary.

John Carleo, Vice President of Clinical & Support Services, says, “The 64-slice CT, together with our PACS (Picture Archive Communication) system, makes Orange Regional one of the most technologically advanced hospitals in the United States.”

For more information or to schedule a CT test at Orange Regional, call 1-866-ORMC-TEST or (1-866-676-2837). ❖