



Palm Beach Gardens
Medical Center

Healthy Visions

For your heart

Bringing life-saving
technology to
our community



SHOULDER ARTHRITIS | NEW REPLACEMENT OPTION OFFERS RELIEF. SEE PAGE 7.

Letter from the CEO



David A. Pettit,
CEO

These are very exciting times at Palm Beach Gardens Medical Center. I am proud to announce the opening of our new state-of-the-art electrophysiology (EP) lab. Although electro-

physiology studies are not new to PBGMC, the new EP lab enables us to perform atrial fibrillation ablations—a procedure that is not currently available in Northern Palm Beach County.

We are also ready to break ground on our new \$13.6 million emergency department which will not only increase our ED bed capacity from 18 to 32 beds, but will also provide a fast-track ward to treat less critically ill patients and increase throughput for all patients. Eight rooms will be dedicated to chest pain. These new construction projects are another way we are able to offer quality, accessible care to the members of our community.

I am also pleased to announce the appointment of Debra Brindley, MSM, BSN, RN, CNA, LHRM, as the new chief nursing officer at PBGMC. Debra has more than 30 years of experience in the health care field, with a strong background in management and quality improvement. We are very pleased to have Debra on our team and know her results-oriented track record will be a valuable asset in our continued commitment to excellence and the highest standards of safety.

Finally, I would like to congratulate Louise Dittmer, RN, for being named PBGMC Nurse of the Year for 2009. Read more about Louise in the story on this page. She is one of the many outstanding employees at PBGMC who are committed to making your health their number one priority!

David A. Pettit, CEO



Louise Dittmer,
RN, 2009 Nurse
of the Year, al-
ways puts her
patients first.
Read more about
Dittmer below.

Louise Dittmer, RN, named Nurse of the Year

Congratulations to Louise Dittmer, RN, who was recently named the 2009 Palm Beach Gardens Medical Center Nurse of the Year. Nominees were selected by their peers, and the winner was selected by the nurse award committee. Dittmer has been an employee at PBGMC since 1987 and currently works in the operating room.

When she commits to something, Dittmer gives her whole self to it, and her love of nursing is very evident in all that she does. Her patients' well-being is her number one priority, and because she continually strives to give her best and learn as much as she can, she is an excellent teacher—always willing to help or share information with her colleagues. She has also earned the respect of her co-workers and physicians.

Dittmer's commitment to caring goes beyond the hospital. You will often find her working at one of our community outreach events, always with a smile and a positive attitude. In addition, Dittmer and members of her family participate in community organized events, such as the American Heart Association's annual Heart Walk and the Susan G. Komen Race for the Cure.

It is for these reasons and more that Dittmer is the perfect choice for the 2009 Nurse of the Year award. She is truly deserving of such an honor.

[Chief nursing officer]



Debra Brindley,
PBGMC chief
nursing officer

PBGMC is pleased to announce the appointment of its new chief nursing officer, Debra Brindley. Brindley brings to PBGMC over 30 years of strong health care management experience, having held leadership roles in medical staff, quality management, infection control, laboratory services and various clinical units. She is a licensed health care risk manager and has over 15 years experience in quality improvement.

"I love making a difference in health care," Brindley says. "And I look forward to working with the team at PBGMC to ensure all of our patients receive the very best care possible."

Carotid artery occlusive disease

WHEN YOUR ARTERIES NARROW



Robert Anderson, MD

Carotid artery occlusive disease is caused by a narrowing of the arteries. It is a normal phenomenon that is directly related to the aging process—most typically affecting adults 55 to 85 years old.

The major risk factors for the disease include atherosclerosis, or hardening of the arteries, elsewhere in the body; a history of smoking; diabetes; hypertension; elevated cholesterol levels; poor nutrition; obesity; and lack of exercise.

The carotid arteries are paired arteries in the neck that serve as the major blood supply to the brain. When atherosclerosis (plaque) builds up in the carotid artery, blood flow to the brain may be impaired, increasing your risk of stroke.

Finding

“Surprisingly most patients with carotid artery occlusive disease have few complaints or symptoms,” says Robert Anderson, MD, a board-certified cardiovascular and thoracic surgeon at Palm Beach Gardens Medical Center. “Those with symptoms often complain of dizziness or a sense of light-headedness. They may also have suffered a transient ischemic attack, or mini-stroke, without even realizing it. That is why it is so important to visit your doctor regularly for a complete history and physical examination.”

A carotid endarterectomy procedure can reduce the two-year risk of stroke by more than 80 percent in some patients.

Treating

If your physician suspects carotid artery disease, he or she may suggest a carotid ultrasound to confirm the diagnosis; this will likely be followed by an MRI (magnetic resonance imaging) or CT (computed tomography) angiogram to more accurately access the extent of the blockage.

“For patients who exhibit 60 percent blockage, follow-up ultrasounds are recommended and covered by Medicare every 6 to 12 months,” Dr. Anderson says. “For blockages 70 percent or greater, I recommend patients undergo a carotid endarterectomy, unless there are medical contraindications.”

Approximately 130,000 people have a carotid endarterectomy each year to help restore blood flow to the brain. Studies show that patients who have had a stroke or experienced the warning signs of one and have severe narrowing of the carotid artery can reduce their two-year risk of stroke by more than 80 percent after having this procedure.

During a carotid endarterectomy, a small incision is made in the neck to expose the carotid artery. The plaque that is



Robert Anderson, MD, examines an x-ray that shows a blocked carotid artery. In such instances, a carotid endarterectomy procedure may be an option to help restore blood flow.

clogging the inside of the artery is completely removed. The artery is then patched to repair it. The procedure takes approximately two hours. Recovery involves an overnight stay in the hospital to watch for possible complications, such as bleeding, low blood pressure or stroke. Upon returning home, patients are advised to limit physical activity for several weeks. Annual follow-up carotid ultrasounds are also recommended.

As with any surgery, this procedure does carry some risk and is best performed by a carotid artery specialist.

Preventing

Although a carotid endarterectomy can reduce the risk for stroke, it does not prevent plaque from building up again. To help prevent recurrence, lifestyle changes are recommended, including:

- » Losing weight and exercising on a regular basis
- » Eating a healthy diet and choosing foods that are low in saturated fat, cholesterol and calories
- » Not smoking
- » Checking your blood pressure often and controlling diabetes if you have it



To learn more about heart health, visit www.pbmgc.com. Click on “Health Resources” and explore the Encyclopedia.



« **CARDIAC ABLATION:
A TEAM EFFORT**

The cardiac ablation team at PBGMC includes highly trained medical professionals: two physicians specializing in electrophysiology, Simie Platt, MD, and Gabriel Breuer, MD, as well as anesthesiologists, cardiac nurses and technicians. Pictured are (from left) Ken Swope, Susan McClelland, Jim Sardo, Sharmila Ward, Robin Howard and Syd Blenman.

Expanding heart care

PBGMC OPENS STATE-OF-THE-ART ELECTROPHYSIOLOGY LAB

Palm Beach Gardens Medical Center is pleased to announce the opening of its new 1,585-square-foot state-of-the-art cardiac electrophysiology (EP) lab. The lab is equipped with the newest technology available and will allow PBGMC to provide expanded EP services, including atrial fibrillation ablations and 3-D mapping of the heart.

Atrial fibrillation (AF) is characterized by a rapid and irregular heart beat in the upper chambers of the heart. It is prevalent in the elderly, affecting more than 2 million people in the United States.

last for a variable period of time before spontaneously stopping.

» **Chronic or persistent atrial fibrillation** is sustained and does not usually stop spontaneously.

Understanding atrial fibrillation

A normal heart rate is approximately 60 to 100 beats per minute. In individuals experiencing AF, the heart rate in the upper chambers of the heart can increase to a staggering 400 to 600 beats per minute! This is frightening and negatively impacts quality of life, but it can also result in serious complications—primarily stroke.

A normal heart rhythm is the result of an electrical impulse passing through the heart tissue in one narrow conduction path. Many tachycardias (extremely fast rhythms) are the result of areas of abnormal tissue that cause this electrical system to short circuit. This contributes to multiple weak contractions of the upper chambers, which results in only a small amount of blood being pumped out of the heart. The remaining blood becomes sluggish, allowing blood clots to form and increasing the risk of a stroke.

There are two forms of AF:

» **Intermittent (paroxysmal) atrial fibrillation** is characterized by episodes that occur with varying frequency and

Prescription medications designed



Gabriel Breuer, MD



Simie Platt, MD

[Get the facts about atrial fibrillation]

FACT: Atrial fibrillation (AF) is the **most common heart rhythm disorder in the United States** and increases the risk for heart disease and stroke. An estimated 2.2 million adults in the United States have been diagnosed with AF.

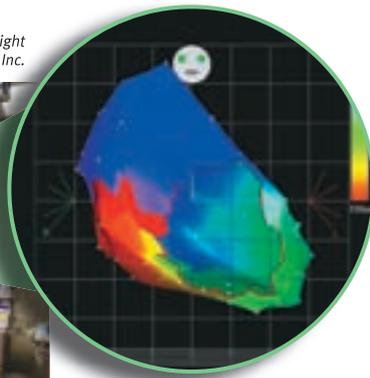
FACT: AF is characterized by a **rapid and irregular heart-beat** that can cause serious complications.

FACT: The prevalence of AF **increases with age in older adults**, from less than 1 percent for those younger than 60 to roughly one in every 10 people 80 years or older.

FACT: Men have a higher prevalence of AF than women, and whites have a higher prevalence than blacks.

FACT: Other factors associated with AF include **hypertension, congestive heart failure, previous myocardial infarction and diabetes.**

Photo credit: 3-D image copyright 2009 © Biosense Webster, Inc.



You can be confident in our technology and in the care you will receive at PBGMC.

A WAY TO NAVIGATE
The Carto® XP EP Navigation System aids in diagnosis and affords a higher degree of success.

to fight arrhythmia can help regulate the heart rhythm and may help prevent it from happening again, but success is often less than ideal. In addition, medications that reduce the risk of blood clot formation (aspirin and Warfarin are the two most common) can help reduce

stroke risk in people with atrial fibrillation, but these are also not always successful. lab is equipped with the latest mapping and ablation technology, allowing us to more safely isolate and treat areas of the heart causing the rapid heart rhythm.”

Dr. Platt and Gabriel Breuer, MD, provide electrophysiology services at the hospital.

PBGMC’s new EP lab includes technology that allows for a more accurate diagnosis and a higher degree of success.

“If medication therapy has been tried without success, catheter ablation may provide the patient with relief from AF,” says Simie Platt, MD, section head of cardiac electrophysiology at PBGMC.

“Catheter ablation is based on the idea that by ablating, or burning, abnormal tissue areas in the heart, its electrical system can be repaired and the heart will return to a normal rhythm. Our new EP

Providing 3-D images of the heart

Catheter ablation is a minimally invasive procedure that does not require open-heart surgery but uses catheters (long, narrow tubes) to reach and isolate the abnormal heart tissue causing the AF. Locating and ablating the abnormal tissue is a lengthy process, requiring skill and a highly trained support team.

The new EP lab at PBGMC is equipped with the Carto® XP Navigation System, a 3-D electroanatomical

navigation system. It provides clear views into the electrical activity of the heart through real-time data on 3-D, color-coded cardiac maps. It also ensures precise tracking of catheter location, allowing for a more accurate diagnosis and helping afford a higher degree of success following ablation.

Once the abnormal areas have been identified, the electrophysiologist uses the catheter tip to apply energy to ablate the abnormal heart tissue. This creates a lesion, or tiny scar. As a result, this tissue is no longer capable of conducting or sustaining the arrhythmia.

Caring for you here

PBGMC is the only hospital in Northern Palm Beach County to provide ablations for atrial fibrillation. In the past, patients had to travel south or out of the county in order to access this level of care.

“It is rewarding knowing that we can help patients in our own community who are suffering from atrial fibrillation,” Dr. Platt says. “Successful treatment can change people’s lives. In many cases, it has allowed patients to avoid taking medications while they resume a normal, active lifestyle.”

 **Find out more about what’s happening at PBGMC when you visit www.pbgmc.com and click on “Hospital News.”**

FACT: AF accounts for **one fourth of all strokes in the elderly.** The American Heart Association reports that in the United States, AF is estimated to be responsible for more than 70,000 strokes each year.

FACT: Signs and symptoms that suggest AF include **a sensation of missed or extra heartbeats; an unexplained, rapid heartbeat; or palpitations.** Consult your health care provider if you believe you have any of these symptoms.





Charles S. Theofilos, MD, is chief of neurosurgery at PBGMC and medical director of The Spine Center in Palm Beach Gardens. His treatment philosophy for spinal stenosis is based on using the latest technologies for both conservative and surgical treatment approaches.

spinal canal, an MRI (magnetic resonance imaging) scan to take pictures of the spinal cord or nerves, or a myelogram (an x-ray that uses an injection of contrast dye) to show herniated disks, bone spurs or tumors.

Treatment

Based on a thorough physical examination and the findings of these additional diagnostic tests, your doctor can determine the best course of action for this common problem. The first step is always to treat the symptoms associated with this condition conservatively. This may mean a course of physical therapy, anti-inflammatory medications and steroid injections. These conservative approaches are usually successful with those patients who have mild symptoms and are at the beginning stages of the degenerative process.

Because these treatment approaches cannot physically change the spinal passageways and canals that may be compressing the neural and vascular structures in the spine, surgery may offer the best alternative for patients with severe spinal stenosis and the accompanying symptoms.

Surgical intervention for spinal stenosis is designed to “decompress” these vital structures in an attempt to restore the spine’s natural function. These surgical decompression options may include one or a combination of the following: laminectomy, laminotomy, foraminotomy, laminoplasty and a spinal fusion. Although many of these surgical techniques are not new, it’s best to use state-of-the-art equipment and techniques, such as minimally invasive surgical options, to strive for the very best results for the patient.

Although spinal stenosis is a common diagnosis in spinal disorders, it can be effectively treated using the latest technology for both conservative and surgical approaches.

 Dr. Theofilos is an acclaimed lecturer and sought-after medical commentator. If you are interested in learning more about back health and future community education programs featuring Dr. Theofilos, call 561-625-5070 for more information.

Spinal stenosis

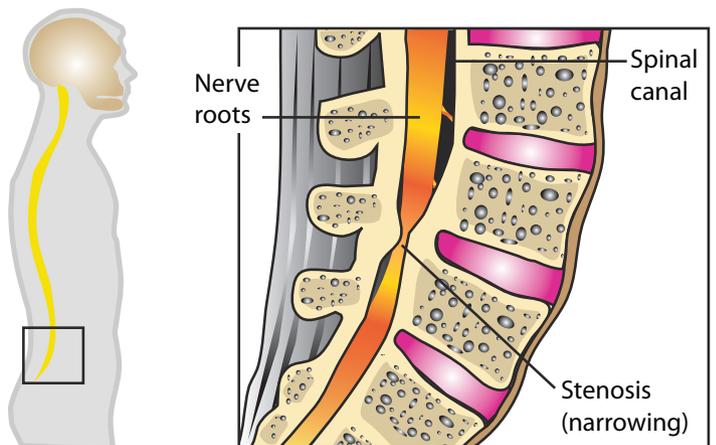
By Charles S. Theofilos, MD

As chief of neurosurgery at Palm Beach Gardens Medical Center, I see many patients with debilitating neck and back pain. Because of the prevalence of this condition, we strive to stay on the leading edge of state-of-the-art surgical and nonsurgical treatment options for a full range of cervical and spinal ailments.

What is spinal stenosis?

There are many types of spinal ailments, affecting more than 80 million Americans each year. Of these ailments, spinal stenosis is the number one diagnosed cause of neck and back pain. Spinal stenosis is a narrowing of the passageways or canals for the spinal cord, nerve roots and blood vessels associated with the spine. The compression of these structures can often cause pain, numbness and weakness in the extremities and may even cause bladder and bowel problems.

The tests to determine if you have spinal stenosis include a complete medical history and a physical exam. Additional tests may be recommended to verify and evaluate the diagnosis; these tests may include a spinal x-ray to check for skeletal abnormalities, a CT (computed tomography) scan to assess the



Spinal stenosis is a narrowing of the passageways or canals for the spinal cord, nerve roots and blood vessels associated with the spine.

Reversing shoulder arthritis



Ryan Simovitch, MD

Arthritis can develop in the hip, knee or shoulder joint for many different reasons. Wear and tear (osteoarthritis), rheumatoid arthritis and post-traumatic arthritis limit a joint's function and can cause varying degrees of pain.

Whatever the underlying cause, as arthritis in the shoulder progresses in severity, it can limit your ability to carry out activities of daily living.

Structure of a shoulder

The shoulder is designed like a golf ball fitting onto a golf tee. The golf ball represents the ball (humeral head) at the top of the arm and the tee represents the indented area of the shoulder blade (the glenoid).

The rotator cuff (a sleeve of muscles around the shoulder) helps center the ball of the shoulder on the socket and facilitate movement. These muscles are important for proper shoulder function. However, the rotator cuff muscles are susceptible to injury and tearing, especially with age and activity. Torn rotator cuff muscles can cause and lead to significant pain, weakness and disability.

Surgical options for relief

Traditional. When arthritis in the shoulder becomes debilitating and conservative measures fail to bring relief, shoulder replacement becomes an option. Traditional shoulder replacement rebuilds the ball and socket anatomy of the shoulder joint. The surgery is performed more than 23,000 times a year in the United States.

The latest approach. The reverse

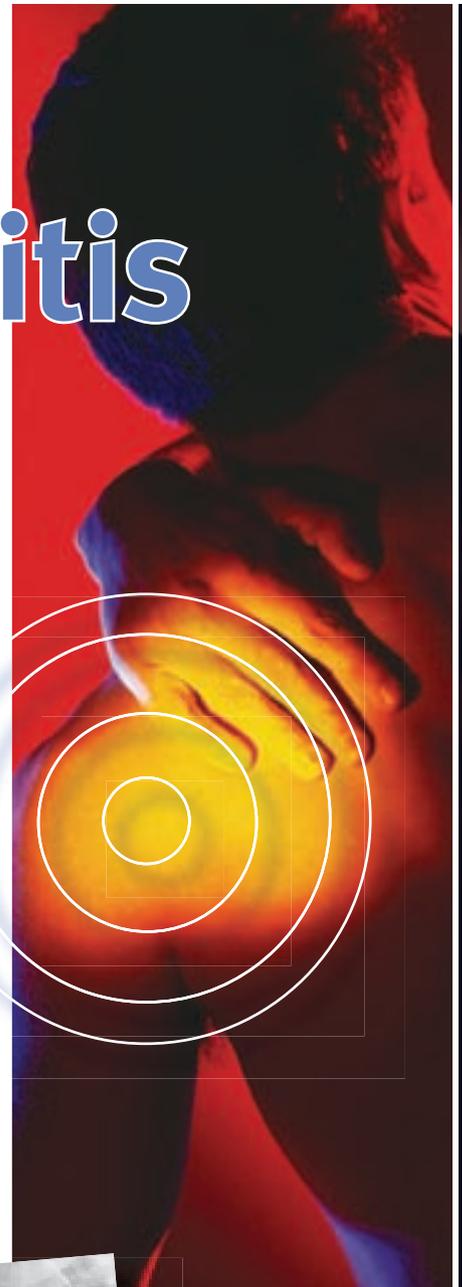
shoulder replacement is an exciting new procedure that can diminish pain and significantly improve function and range of motion in people experiencing severe arthritis of the shoulder and irreparably torn rotator cuff muscles.

Other procedures may fail for patients in this condition. Until the reverse shoulder replacement, which has been used for 20 years in Europe, treatment of shoulder arthritis in patients with rotator cuff tears had poor outcomes.

Reverse shoulder replacement is designed to provide pain relief and improved function. The procedure reverses the normal positions of the ball and socket. The upper arm bone is replaced with a socket implant, and the normal socket is replaced with a metal ball. This optimizes the remaining untorn muscles to contribute to shoulder function. The large and powerful deltoid muscle is able to replace the function of the torn rotator cuff muscle.

The results of this procedure can be dramatic: Patients who could not raise their arms at all may be able to raise their arms above their head after the procedure.

Reverse shoulder replacement is a major surgical procedure akin to a knee or hip replacement. With appropriate technique, rest and physical therapy, recovery takes approximately three to six months.



GIVING PAIN THE COLD SHOULDER

If you would like to learn more about the management of shoulder pain, please join us for a lecture by Dr. Simovitch on Thursday, Sept. 17, at PBGMC beginning at 6 p.m. Light refreshments will be served. RSVP by calling 561-625-5070.

HEALTHY VISIONS is published as a community service for the friends and patrons of PALM BEACH GARDENS MEDICAL CENTER, 3360 Burns Road, Palm Beach Gardens, FL 33410, www.pbgmc.com.

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ABDOMINAL AORTIC ANEURYSM

Screening could help save your life

Abdominal aortic aneurysm (AAA) is a condition in which the lining of the blood vessel (aorta) is enlarged within the abdomen. The aorta is the largest artery and carries oxygen-rich blood away from your heart. The abdominal aorta supplies blood to the lower part of the body.

The pressure from blood flowing through your abdominal aorta can cause a weakened part of the aorta to bulge, much like a balloon.

Aneurysms develop slowly over many years and often have no symptoms. But they can grow larger and eventually rupture, causing a fatal or life-threatening medical emergency.

Each year, physicians diagnose approximately 200,000 people in the United States with AAA. Of those, nearly 15,000 may have an AAA threatening enough to cause severe complications from its rupture if not treated. When diagnosed before it causes symptoms, AAA can be treated, often with highly positive results.



GET CHECKED—FOR FREE!

PBGMC is offering free AAA screenings for men 65 to 75 who have ever smoked or have other risk factors. Call 561-625-5070 today!

Am I at risk?

Men between the ages of 65 and 75 who have ever smoked are most at risk for AAA. Other risk factors include: » High blood pressure » Elevated cholesterol » Drinking (more than two alcoholic drinks per day) » Obesity

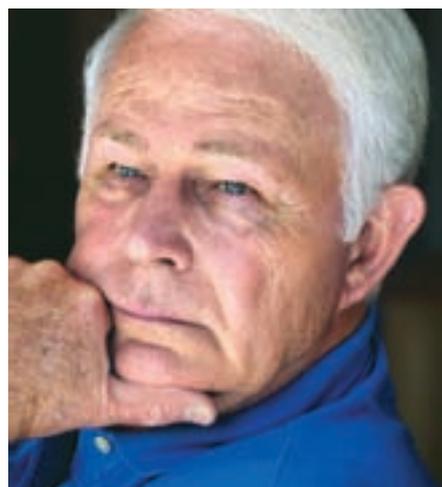
While the most common symptoms include intense back or belly pain, most people do not experience symptoms.

How can I be screened?

Come to Palm Beach Gardens Medical Center for a free AAA screening. (See the following note regarding screening eligibility.)

The screening includes:

- » An ultrasound of your abdomen
- » An examination of your legs to detect pulses or sensations



» Review by a physician and a written risk assessment

Please note the following information about the screening:

- » Patients must meet eligibility requirements (men between the ages of 65 and 75 with a history of smoking).
- » Walk-ins are not permitted due to staffing and equipment requirements.
- » Fasting is required 8 hours before the screening.



Space is limited, so call 561-625-5070 today to schedule your free AAA screening.

New staff physicians

Please join Palm Beach Gardens Medical Center in welcoming the following physicians:

- » **Mark T. Agrama, MD**, otolaryngology
- » **Shady Salib, MD**, internal medicine

» **Ira G. Warshaw, MD**, family medicine



If you're looking for a physician, visit www.pbgmc.com.

You can search for physicians by name, ZIP code, specialty and more.