

A PUBLICATION OF WHITE PLAINS HOSPITAL

HEALTH **matters**[®]

WINTER 2022

ADVANCED CARDIAC CARE HAS ARRIVED

THE BEST WAY
TO EAT IN 2022

SURGERY SAVES
A CANCER PATIENT

A NEW APPROACH
TO HIP REPLACEMENT



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Hospital
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physician
associates



OUR DOCTORS. YOUR NEIGHBORHOOD.

We are pleased to welcome the cardiology group of **Drs. Mitchell Fishbach, Gary Gabelman, Gabriela Grasa, Douglas Hart, and Anthony Mercado** to White Plains Hospital Physician Associates. Specializing in preventative and non-invasive cardiology, nuclear cardiology, and echocardiography, these experienced cardiologists are now seeing patients at the new **Center for Advanced Medicine & Surgery, 122 Maple Avenue in White Plains.**

To schedule an appointment, please call (914) 849-4800 or visit wphpa.org. Virtual visits are available.

From the desk of

Susan Fox

PRESIDENT AND CEO



Cardiac surgeons Dr. William Jakobleff (fifth from left) and Dr. Robert Michler join Susan Fox and leaders from White Plains Hospital to cut the ribbon on a new operating room dedicated to Cardiac Surgery.

HEALTH matters

WINTER 2022

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Cover photo: Ken Gabrielsen

ALTHOUGH FOR many of us the new year is an opportunity for fresh attitudes and objectives, we unfortunately find ourselves amidst another COVID wave, spurred on by the contagious Omicron variant. As I write this in late January, we appear to be at the end of the Omicron wave. Positive cases and hospitalizations are on the decline, however, the past month has reminded us that we must remain vigilant in order to protect ourselves and our community.

This starts with getting vaccinated and boosted if eligible. While this will not necessarily prevent you from getting the virus, studies show that the vaccines are more than 90% effective in preventing serious illness, hospitalizations, and death. That is what is most important. Also, wear a mask when inside public places, especially during the winter, as this is the best way to reduce the spread of disease.

The pandemic has reminded all of us that our health is essential and whether your New Year's resolution involves eating healthier, exercising more, starting new habits, or quitting some old ones, you should make an appointment with your trusted physician to get a better understanding of your health and set out on the path to success. Medical screenings are so important, and in this issue, we highlight a patient who underwent life-saving surgery—thanks to a team of incredible doctors—after a routine colonoscopy

revealed that he had colon cancer. In addition, as February is American Heart Month, we have dedicated a portion of this issue to “knowing your numbers,” and we share tips for a romantic, heart-healthy Valentine’s Day. We also provide an update on our new cardiac surgery program that we launched in November 2021 in partnership with Montefiore.

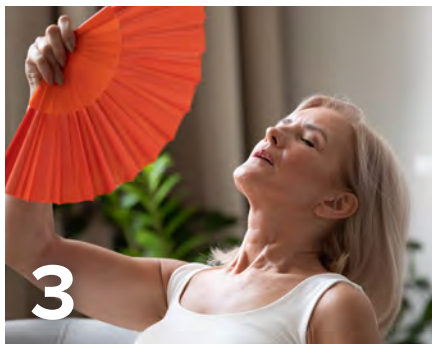
At White Plains Hospital, we are committed to providing the highest quality of care to our patients, and that often extends beyond the walls of our Hospital. Remote Patient Monitoring is one way we are using innovation to increase access to care, while helping our patients become more proactive in managing their chronic diseases. We are excited to share more information on this program and many other timely topics in this edition of *Health Matters*.

Happy New Year and I hope you know that White Plains Hospital is here for you when you need us.

Yours in good health,

Susan Fox
President and CEO
White Plains Hospital

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To receive more helpful tips and content from White Plains Hospital, visit wphospital.org/stayconnected

COUPLE PHOTO: INSIDE CREATIVE HOUSE/ADOBE STOCK; DOCTOR PHOTO: KEN GABRIELSEN

Heart-Healthy Dates for Valentine's Day



Want to grow old together? Keep your hearts beating stronger and longer.

BY MELISSA PHETERSON

THERE'S NO BETTER WAY to celebrate your valentine than with a heart-healthy date night. Take advantage of these ideas that encourage gratitude, adventure, mindful moments, and other qualities that warm the heart.

Take a walk under the February full moon, before or after dinner. Try snowshoeing if the conditions are right; it's a great workout to get your heart pumping and reduce anxiety. Leave your phone behind to "unplug" from stressful alerts and FOMO.

Skip dinner out and cook together. For fun, go for a red-and-pink theme (think strawberry salad, sides of grapes, soups with beets, spicy red curry, or fruit-spiked sangria). Foods rich in color are also packed with heart-healthy antioxidants. Plus, because you're controlling what you add to the food, cooking at home almost always results in a lighter, heart-healthier meal than pressing your luck at a restaurant.

Dine in the dark or by candlelight. You'll savor each bite by honing your senses of smell and taste, which lead to mindful eating, a heart-healthy practice that controls weight and fights stress.

Write a love note to express appreciation for your loved one. Try these prompts: "I love you because...", "I am grateful for...", or "I appreciate..." Putting your gratitude on paper helps promote a healthy mindset, reduce anxiety, and strengthen your relationship.

Take an archery class in honor of Cupid. Bonding over new experiences can spark or reignite romance. Plus, activities that require both focus and movement can release endorphins, which lower stress levels.

Send your valentine on a **neighborhood scavenger hunt** with romantic, meaningful objects tucked in secret places (with a promise of a sweet reward at the end). It's similar to geocaching but more personal, and it gets your heart pumping while engaging your brain.



Go to a comedy club, live or on Zoom, or play a board game with your date alone or with other couples. Besides lifting your mood, laughter seems to stimulate heart-healthy blood flow in your arteries. Plus, checking in with friends strengthens your support network in times of stress.

And of course, there's the **classic pairing of dark chocolate and red wine**. We can't think of a more romantic way to enhance circulation, lower blood pressure, and reduce your risk of stroke. Again, savoring pieces is better than gobbling bars. If you're feeling too decadent for discipline, try a heart-healthy angel food cake with chocolate drizzle, or share a batch of chocolate-covered strawberries for those sweet antioxidants. —MP

A Hip, New Approach

Dr. Jakub Tatka brings the Anterior Approach Hip Replacement to White Plains Hospital.

HE'S NEW TO WHITE PLAINS HOSPITAL, but orthopedic surgeon Dr. Jakub Tatka's connection with the Anterior Approach Hip Replacement stretches back four generations, to the French surgeon who invented the technique, Dr. Robert Judet.



Jakub Tatka, MD
Orthopedic Surgeon

Dr. Tatka also trained with Dr. Joel Matta at the Steadman Clinic in Vail, Colorado, honing his skills by learning how to treat a variety of patients, including former Olympic athletes. And while Dr. Tatka remains a physician for the U.S. Ski and Snowboard team, he's also happily accepting patients in White Plains.

He says the best candidates for his approach to hip replacement have cartilage damage in their hips, haven't responded to nonsurgical options, and are eager to resume the activities they love, from tennis and skiing to gardening and grandchildren.

"The posterior and lateral surgical approach to hip replacement (from the back or side of the hip joint) has been done for decades with excellent results but does require some restrictions post operatively and often a hospital stay." In contrast, the Anterior Approach of entering through the front of the joint has key advantages:

MINIMAL MUSCLE DAMAGE

Rather than slicing through muscle and leaving it to heal, Dr. Tatka finds the plane that runs in between the body's groupings of muscles and nerves. "I'm not cutting or splitting any muscle, and I rarely need to disrupt the muscle attachments to bone, just skin, fascia, the paper-thin connective tissue, and the hip capsule. And by avoiding muscle damage, I am minimizing pain and bleeding." With a smaller incision, most patients go home the same day and require no physical therapy.

PRECISE PLACEMENT

Through X-ray imaging and computer navigation, Dr. Tatka can determine exactly where to place the implants to recreate

the length of the leg and restore the correct muscle tension, which decreases the risk of dislocation. "Many surgeons today still evaluate the hip implant X-Ray after the surgery. However, the imaging and information I have 'in real time' during surgery means I can proceed with control and precision," Dr. Tatka says.

BETTER BIOMECHANICS

The minimally invasive, highly precise nature of the Anterior Approach helps Dr. Tatka tailor each surgery to an individual's anatomy. "Getting to know my patients well, discussing their options, and understanding exactly what they want to achieve allows us to make the best decisions, together," he says. "I need to understand the patient's needs and biomechanics. A competitive athlete, weekend warrior, or someone who just wants to spend pain-free time with their kids or grandkids all have different needs and ways of moving."

Besides his surgical training, Dr. Tatka credits his background in music with fine-tuning his approach to hip replacement; he studied music and technology in college, composes and plays the guitar as well as other instruments. "Performing surgery is like an orchestra performance," he says. "Everyone plays their role in the OR to make it come together; it allows me to focus on all the nuances of the patient's surgery and experience." —MP



HIP PHOTO: SCIEPRO/ADOBE STOCK

Menopause (News) Flashes

New options to navigate transitions and ease the discomforts of menopause.

HOT FLASHES are one of the primary discomforts of menopause. The good news is you don't have to peel off layers, toss and turn in bed, or suffer in silence, even if you're wary of traditional hormonal therapy. "Hormones work great if you're the right candidate," says Dr. Adrienne Galang, a Gynecologist with White Plains



Adrienne Galang, MD
OB/GYN

Hospital Physician Associates.

Here are the top 8 things to know to help you navigate menopause without breaking a sweat.

1 Menopause is defined as not having had a period for one year. The average age has held steady at 51 and a half years, though the transition known as premenopause varies in length and experience among women. "Ask your mom or aunts when they went into menopause," Dr. Adrienne Galang suggests. Knowing family history can shed light on your own experience.

2 The two most common complaints are hot flashes (also called hot flushes), which often disrupt sleep, and vaginal atrophy, in which the walls of your vagina become thinner and dryer due to reduced estrogen. "Painful intercourse is a result of vaginal dryness," Dr. Galang explains.

3 Traditional hormonal therapy, using estrogen and sometimes progesterin, is proven to relieve symptoms. But in 2002, when a Women's Health Initiative (WHI) trial appeared to flag an increased risk of breast cancer, heart disease, stroke, and dangerous blood clots, women backed away without knowing the details. "People are scared of hormonal treatment without fully understanding what these studies were looking for, the information they gathered, and the stages of post-menopause the patients were in," says Dr. Galang. "By having



an honest conversation with your doctor that includes your family history and personal medical history, I believe there's more wiggle room." Your doctor can assess your individual health profile to weigh the risks and benefits of estrogen or combination therapy.

4 That said, to reduce unwanted health risks, companies are developing more targeted estrogen treatments. Two examples: a suppository gel for building back vaginal walls or a transdermal estrogen cream that's applied on the arm. "These doses are small and targeted, as opposed to systemic and possibly excessive," says Dr. Galang.

5 Options for non-hormonal treatments are growing in response to patient demand. Recently the FDA approved a "bioidentical hormone," a synthetic hormone derived from plant estrogen that is chemically identical to the estrogen women produce. Bioidentical estriol is a milder form of estrogen that binds to the estrogen receptors in your body with lower risk of adverse effects.

6 Another approach to relief is protecting sleep from sweat-drenched disruptions with a selective serotonin reuptake inhibitor (SSRI) called paroxetine, also FDA-approved. By regulating serotonin levels in the brain, similar to an antidepressant, this SSRI can substantially reduce the number of nighttime awakenings.

7 If you can add it to your tea, don't fully count on it. While flaxseed, ginseng, and St. John's wort might seem medicinal, Dr. Galang says there's no evidence from the American College of Obstetricians and Gynecologists that these remedies help or hurt.

8 Obesity complicates matters: Adipose tissue, or fat tissue, has estrogen that prolongs bleeding. However, excess fat can interfere with your body's ability to regulate temperature. Getting regular exercise, even with a daily walk, eating well-rounded meals, and managing your stress can provide both overall health benefits and postmenopausal relief. —MP



Staying Connected With Patients After They Leave the Hospital

WPH Cares program monitors patients at home to prevent relapse.

BY DAVID LEVINE

WHEN PATIENTS ARE DISCHARGED from White Plains Hospital, their care doesn't end at the front door. Indeed, the transition from hospital to home often requires close monitoring of patients to ensure they follow their discharge instructions to prevent a relapse of symptoms.



Farrukh Jafri, MD
Medical Director,
WPH Cares

Take, for example, the case of one patient who transitioned home with a new diagnosis of congestive heart failure and required home oxygen.

"We found that his oxygen saturations would drop at certain times in the morning and, through conversations, we provided continued education on how he should use

his home oxygen device," says White Plains Hospital's Dr. Farrukh Jafri. "Later, we also started detecting a trend of increased weight. Coordinating with his cardiologist, over the next three weeks we closely monitored the patient's daily weights, setting up follow-up appointments and adjusting his medications. After 30 days, he lost eight pounds of water weight, did not have a drop in his oxygen saturations, did not need to return to the Hospital, and felt much improved regarding his health management."

This close follow-up is managed through the hospital's WPH Cares program, which provides high-risk patients medical equipment to record important vital signs, like blood pressure, weight, and oxygen levels, and checks on them regularly to prevent adverse outcomes based on their underlying medical conditions.

Recently, the program, for which Dr. Jafri serves as Medical Director, expanded to monitor patients at physician practices who have specific chronic conditions, beginning with hypertension.

"The WPH Cares department is focused on improving patients' access to critical services, whether that is appointments, home services, or even home monitoring," says Priscilla Harmon, Administrative Director for WPH Cares. "Our vision for the WPH Cares program is to provide data-driven, innovative solutions to ensure patients have access to services when they need them and to empower them to reach their goals and enhance their overall experiences." The goal of the program, Harmon explains, is to improve overall personalized health in the community "through continuous, personalized patient education and individualized coaching, along with a proactive strategy for healthcare through home monitoring."

Soon after being discharged, most patients receive a call from the WPH Cares team to discuss follow-up appointments, ask



Patient-monitoring devices used in the WPH Cares program

about medications, and answer any questions about discharge instructions. "It is a more proactive means of health monitoring," Dr. Jafri says. "For patients being transitioned home, it is a way to continue monitoring daily weight and have access to critical information, so we can intervene when necessary to help individuals return to their baseline health. At our physician practices, it is particularly useful for those who struggle with their blood pressure diagnoses or are newly diagnosed."

The program provides continuous information and trend insights for patients in real time, which means medical teams can adjust treatment protocols if necessary. In addition, Dr. Jafri says, "It also encourages empowerment of the patient with their own data and coaching and education. We are reviewing the values and clinical symptoms as a team. It should honestly be named 'remote patient co-monitoring.'"

Another success story involves an outpatient who had severe high blood pressure. He was monitored closely through the program, and in coordination with his physician, his medications were slowly and steadily lowered. "Now, three months into the program, his blood pressure is in much better control, with no extreme values," Dr. Jafri says. "The patient feels empowered by the program and continues to check his vital signs daily."

Good Health—By the Numbers

Numbers can tell you and your doctors a lot about your overall health.

Here are some of the most important numbers to know. BY DAVID LEVINE

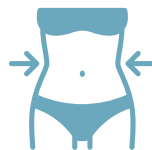


CHOLESTEROL

130 LDL or “bad” cholesterol should be less than 130 milligrams per deciliter (mg/dL).

45 HDL or “good” cholesterol should be 45 mg/dl or higher—and the higher the better!

150 Triglycerides, a “bad” cholesterol, should be less than 150 mg/dL.



WAIST CIRCUMFERENCE

40, 30 Fat distribution helps predict weight-related health problems such as diabetes, high blood pressure, and heart disease. Body fat that accumulates around the waist and stomach area poses a greater risk than fat stored in the lower half of the body. Men should strive for a circumference of 40 inches or less; women, 30 inches or less.



BLOOD SUGAR

100 Glucose should measure under 100 mg/DL after fasting. A measurement of 101-125 signals impaired glucose levels. Measuring 126 or higher signals diabetes.

5.5 A1C, a test that measures your average sugar over the previous 90 days, should be under 5.5.

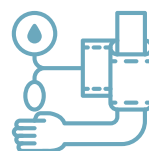


BODY-MASS INDEX

18.5-24.9 This measurement, a ratio of your weight to your height, is considered normal in this range. Below 18.5 is considered underweight, which can be as unhealthy as being overweight.

25-29.9 This BMI is considered overweight.

30 A BMI of 30 or higher is considered obese.



BLOOD PRESSURE (HYPERTENSION)

120 and 80 Normal blood pressure measures less than 120 systolic and 80 diastolic millimeters of mercury (mmHg).

120-129 and less than 80 This measurement signals prehypertension, which increases the risk of developing full hypertension.

Blood pressure monitors available for free

Sponsored by White Plains Hospital, the American Heart Association and Westchester County Health Department are collaborating to improve blood pressure awareness and self-monitoring in Westchester County. Through a New York state grant, the WCHD obtained 24 blood pressure monitors that are now available for patrons to check out at libraries in Peekskill, Ossining, Mount Vernon, Yonkers, and White Plains, and at Westchester Community College in Valhalla.



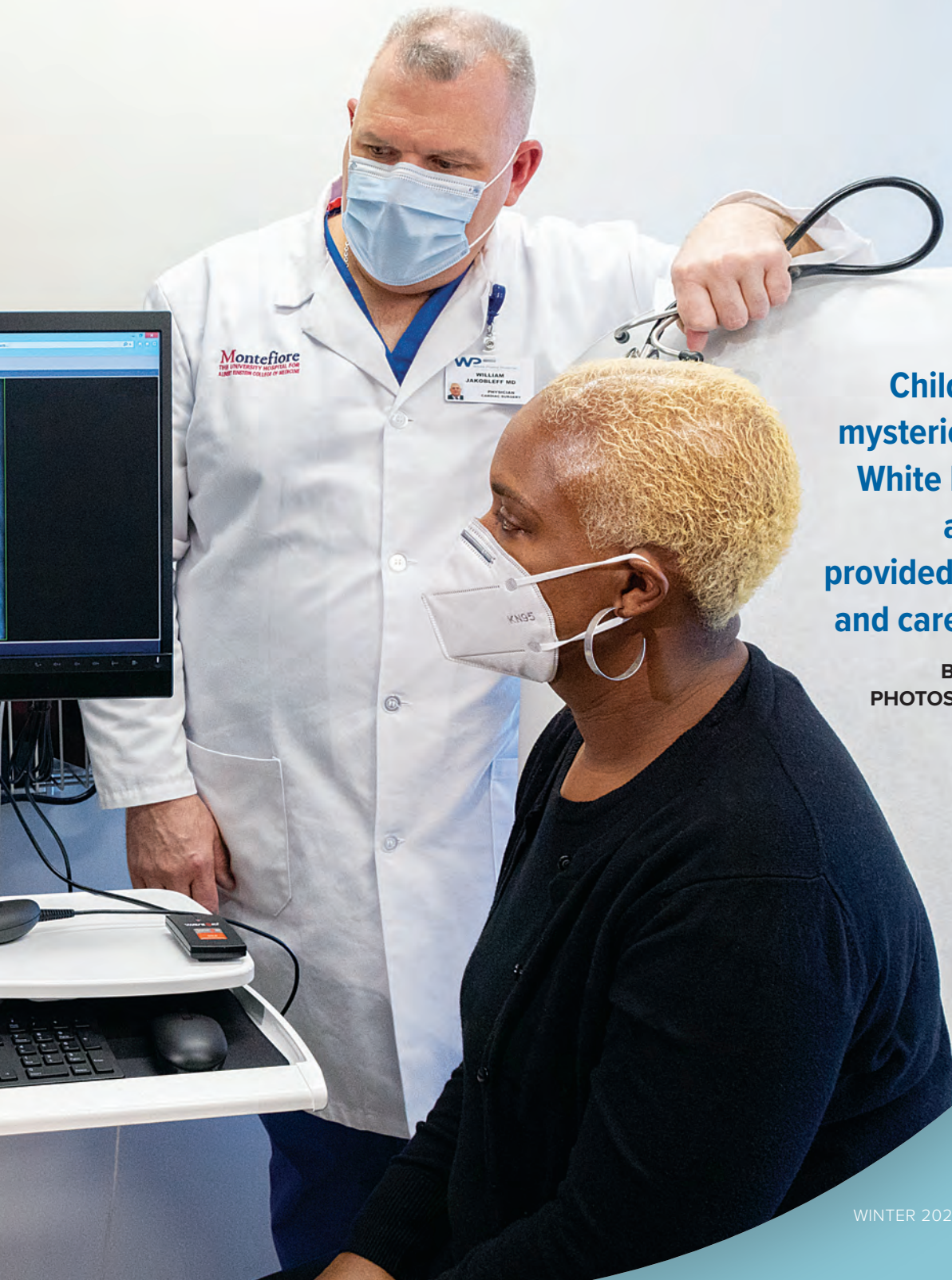
The monitors support an initiative known as “Check. Change. Control.” This is an evidence-based hypertension management program that uses blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health.

For more information or if you have an interest in hosting a blood pressure program, contact Jennifer Miller, AHA Executive Director, Westchester County, at Jennifer.miller@heart.org.



Dr. Robert E. Michler confers with patient Keisha Childs and Dr. William A. Jakobleff.

HEARTFELT GRATITUDE



When Keisha Childs experienced mysterious chest pain, White Plains Hospital and Montefiore provided the answers—and care—she needed.

**BY DEBORAH SKOLNIK
PHOTOS BY KEN GABRIELSEN**

SOMETIMES, THE SYMPTOMS

of a health problem are so subtle, they're easily overlooked. Other times, a warning sign can be swift and severe. That's the kind of red flag that Keisha Childs of Mount Vernon experienced one evening in January 2021. "I was up pretty late working, and I felt chest pain," recalls the 48-year-old teacher, who works at Lewis and Clark School in the Bronx. "It was very, very strong."

Childs saw her doctor the next day and then underwent a battery of tests over the following week, including a chest X-ray and an EKG. To her frustration, no abnormalities were detected. "My doctor told me everything was fine," she remembers. "I didn't feel comfortable with that because it was really weird."

The next several months brought still more episodes, often after Childs had just been physically active. The flare-ups were less intense than the first one but still enough to halt her in her tracks. "I would just stop what I was doing and maybe hold on to something," she shares. By late fall, the chest pain was occurring as often as twice daily. "I would dread going up my steps inside my house," Childs says. After a particularly bad day in early November, she visited an ER but was sent home with only blood pressure pills.

ACCESSING EXPERTISE

Childs knew she needed real answers and secured a next-day appointment with Dr. Gregory Neufeld, a cardiology specialist who practices at Montefiore Medical Group-Cross County in Yonkers.

Dr. Neufeld listened carefully as Childs described her symptoms and then administered an EKG, which turned out to be abnormal. Given that information, as well as the fact that Childs was suffering frequent bouts of chest pain, he made a recommendation: Childs should go see the specialists at White Plains Hospital.

Though it wasn't good news, in a sense it was Childs' lucky day. She was about to be cared for by an extraordinary assemblage of medical professionals. The Cardiac Surgery Program Director at White Plains Hospital is the world-renowned Dr. Robert E. Michler, who holds an array of titles that reflect his leadership and astonishing mastery of his field. He is the Surgeon-in-Chief of the Montefiore Einstein Health System, as well as Chairman both of the Department of Cardiothoracic and Vascular Surgery and of the Department of Surgery. In addition, he is a professor and Endowed Chair at Montefiore Einstein.

He is also regarded as a leader in several specialties, including complex cardiac surgery, valve repair surgery, and ventricu-



"White Plains Hospital is such a wonderful facility, and I love how I can communicate with the doctor one-to-one by sending text messages."

—KEISHA CHILDS

lar reconstruction for heart failure. For those needing minimally invasive cardiac surgery there is no finer expert, yet he is equally skilled in heart transplantation. In addition, he has personally performed well over 5,000 open-heart operations and has published multiple articles in the *New England Journal of Medicine* on cardiac surgery and its benefits. Dr. Michler has also been named a Mitral Valve Repair Reference Surgeon by both the American Heart Association and the Mitral Foundation for the exceptional work he has done. It's a rare commendation, one held by a mere handful of surgeons in the United States.

Well before the program began treating its first patient, in November 2021, the team went through extensive preparation, which included multiple simulation activities and the coordination of every member of the team, who were "handpicked by me as part of the process. And this includes persons who we felt were at the highest level in their personal areas of care," Dr. Michler shares.

These highly skilled professionals have a common goal: providing the highest-quality care. "White Plains Hospital has a culture that

has long focused on patients and their families. So, it is really an opportunity to combine what has been the longstanding reputation of White Plains Hospital with the excellence of care provided by this heart surgery team," Dr. Michler explains.

ESTABLISHING A CLEAR COURSE OF ACTION

Just two days after meeting Dr. Neufeld, Childs was in the cardiac catheterization lab at White Plains Hospital. Dr. Dimitrios Bliagos, Chief of the Section of Cardiology and Director of Interventional Cardiology at White Plains Hospital, performed the procedure, which showed there were 90% blockages in three of Childs' coronary arteries, which supply blood to her heart.

Dr. Michler, along with Dr. William A. Jakobleff, attending cardiac surgeon at White Plains Hospital and Associate Professor of Cardiac Surgery at Montefiore Einstein, and Dr. Bliagos all agreed on the best way to address her condition. "All three of her major heart blood vessels were critically diseased, and the only therapy that could prolong life expectancy and reduce the risk of heart attack, sudden death, and heart failure was bypass surgery," Dr. Michler says.

The operation would involve making detours around the blockages using a vein and an artery taken from Childs' leg and the area beneath her chest wall. Blood would then flow through these new routes, allowing each coronary artery to continue to

nourish her heart muscle. “Coronary artery bypass grafting, as it’s called, is essentially very fancy plumbing,” says Dr. Jakobleff. Because three of Childs’ arteries were blocked, she would need a triple bypass.

The news that this was her best option was shocking. “She was very tearful. She has three children at home,” Dr. Jakobleff recalls. “She wasn’t prepared for that; I don’t think anybody is.”

REASSURANCE AND RESOLVE

Childs met with Drs. Jakobleff and Michler a week later to discuss in depth what the triple bypass would entail. “It’s always important to have a well-educated patient, someone who understands what’s going on, and it gives a patient an opportunity to get to know their surgeon as well,” Dr. Michler says. “We take our role very personally, and we want our patients to get to know who is going to be holding their heart in their hands.”

Though the meeting was helpful, Childs was understandably still extremely nervous. Childs’ father was apprehensive as well. Then one evening before the surgery, he made a discovery that would provide him and the rest of Childs’ family with peace of mind. “While he was sitting down at his dining room table, he picked up some mail, and there was a magazine there [*Health Matters*] from White Plains Hospital,” Childs shares. “It just so happened to be talking about the brand-new heart facility. When he opened up the magazine and went to the article, they had done a spread on Dr. Michler, sharing that he was world-renowned.”

The news made Childs’ father and the rest of her family much calmer about the upcoming operation. “He called me and said, ‘Keisha, don’t worry. You have the best medical team,’” Keisha says. “My aunt and sister were telling me, ‘You have nothing to worry about because it’s almost like this is destiny.’”

UNDERGOING AN IMPORTANT OPERATION

Childs’ surgery was scheduled for the Monday after Thanksgiving. Though the idea behind the procedure is straightforward, the operation is very demanding technically as the surgeons work to create bypasses around the clogged areas of her three coronary arteries. To accomplish this feat, Drs. Michler and Jakobleff had to use sutures that were literally microscopic.

The operation, which only took about an hour for all the suturing of blood vessels on the heart, took about five hours in total because the anesthesia team and surgical team performed much prep work. The operation was a complete success.

Dr. Michler and Dr. Jakobleff perform every heart operation together as a team, providing every patient with their combined decades of experience and skill.

Childs stayed at the hospital for five days before her release, all while remaining in the same bed and room. “It’s a concept called a universal bed,” Dr. Jakobleff shares.

“The patient remains in that same bed or in that same room for her entire stay. As the patient’s medical needs become fewer, their level of care is de-escalated. So, patients go from the ICU setting to a step-down setting while they remain in the same room.” This spares the patients the stress of relocation, another fact that makes the program a true standout in the field. “The universal bed concept is one of the unique things we brought when we started our cardiac surgery program here at White Plains Hospital,” Dr. Jakobleff says. “Not many programs are doing it.”

That wasn’t the only thing that impressed Childs. “The nurses were great—they had a sense of humor, and they explained everything,” she remembers. “By Wednesday I was up and walking. They had me doing rounds. They asked me if I had steps in my house, and I told them I had 19 steps to go upstairs to my room. Then they had me walking up steps in the hospital, so I would be ready to handle it.” Childs was grateful that Drs. Michler and Jakobleff often came by to see how she was doing and offered her encouragement. For an extra boost, she received a large number of get-well cards from her students.

Childs marveled at how little pain she experienced following the operation. Dr. Michler wasn’t surprised. “With current techniques, pain is not a major aspect,” he says. “I have had scores of patients over the years tell me that their knee replacement or hip replacement was more painful than their heart surgery.”

On December 4, Childs was discharged. She continues to see her surgeons regularly, so they can check on her chest incision and touch base about medications she was prescribed. They also offer her advice on scar-reduction techniques and on eating a healthy diet going forward.

Childs feels profound gratitude for the White Plains Hospital-Montefiore combo. “What I love is how they’ve streamlined everything,” she says. “White Plains Hospital is such a wonderful facility, and I love how I can communicate with the doctor one-to-one by sending text messages.” If others ever find themselves in her shoes, she adds, “I would definitely recommend Montefiore and White Plains Hospital.”



Dr. William A. Jakobleff
and Dr. Robert E. Michler

Bad Diet or Fad Diet?

Deciphering the Best Way to Eat in 2022

A White Plains Hospital dietitian shares her take on today's popular weight-loss trends.

BY STACEY PFEFFER



IF YOUR NEW YEAR'S RESOLUTION

was to lose weight, you are definitely not alone. But wading through the celebrity and



Elizabeth DeRobertis,
RD and Certified
Diabetes Educator

influencer hype and putting together a diet and action plan that truly works can be tricky. We asked Elizabeth DeRobertis, a Registered Dietitian and Certified Diabetes Care and Education Specialist at White Plains Hospital and

Scarsdale Medical Group, to weigh in (no pun intended) on four popular diets. She shares her helpful tweaks to these diet plans, which turn them into more sustainable lifestyle programs.

"Diet is a four-letter word because it implies that it is temporary and that you'll be deprived. It's important that people understand how to make realistic changes over time," explains DeRobertis.

Check out these modified diet options to find something that will appeal to your taste buds while trimming your waistline.

KETO DIET

Originally developed to prevent seizures in children with epilepsy, the keto diet is high in fat and low in carbohydrates.

PROS: When you reduce your carbohydrate intake, you eat fewer calories, so keto can be effective for weight loss.

CONS: With keto, some people consume too much saturated fat from foods like red meat, butter, and cheese, which raises a person's LDL (low-density lipoprotein). DeRobertis has seen several patients referred by the Hospital's cardiology department with newfound high cholesterol due to keto. "LDL is the lousy cholesterol," she says. "It builds plaque in the arteries and can lead to heart disease."

THE BOTTOM LINE: DeRobertis suggests switching to unsaturated fats (*See story, pg 9*), such as olive oil, avocados, eggs, and lean meats: "These will help promote satiety, so you'll feel fuller longer." They also ensure you have more HDL (high-density lipoprotein), which doctors call the "healthy" cholesterol.

Sample Keto Meal Plan

BREAKFAST: Bacon & eggs

LUNCH: Burger (without bun), cheese, mushrooms, avocado & greens

DINNER: Grilled shrimp & asparagus with lemon butter

SNACK: Cheese cubes



PLANT-BASED DIET

This concept isn't just for vegetarians who adhere to a plant-only diet for religious or ethical reasons. The basic idea is to consume more fruits and vegetables throughout the day, coupled with lean proteins.

PROS: Most fruits and vegetables are low in calories and high in nutrients. Adding in lean proteins, such as fish and turkey, helps achieve a well-balanced diet.

CONS: Beware of plant-based items trying to mimic the taste and texture of meats.



These faux meats offer a long list of processed ingredients and are full of saturated fat, cautions DeRobertis. Opt for a salmon, turkey, or veggie burger instead.

THE BOTTOM LINE: Most people wrongfully worry that they won't consume enough protein, which is about .8 grams per kilogram of body weight for a typical person. DeRobertis recommends being mindful of which protein sources you choose. For example, if you are choosing beans for your protein, pair them with veggies as a side—skip the rice—so you don't end up with double or triple carb sources at the same meal.

Sample Plant-Based Meal Plan

BREAKFAST: Oatmeal with fruit and peanut butter

LUNCH: Chickpea wrap with spinach and avocado

DINNER: Brown rice burrito bowl with beans

SNACK: Veggies and hummus

INTERMITTENT FASTING

There are many different ways to incorporate intermittent fasting. Some people do a 12- or 16-hour fast in a 24-hour period. Others opt for eating only 500 calories twice a week, with a normal schedule the other days. Most research, however focuses on an eight-hour window of eating and 16 hours of fasting on a daily basis.

PROS: DeRobertis conducted a small pilot study during the pandemic and found that her patients who did intermittent fasting and ate during an eight-hour window, delaying breakfast, lost more weight than those who did



not. "If you delay your first meal, your body starts burning fat as fuel, so you may not need as many snacks throughout the day. Overall, you consume fewer calories," she explains.

CONS: People think that intermittent fasting gives you carte blanche to eat whatever you'd like during that eight-hour window. "Not so. Watch those calories," warns DeRobertis.

THE BOTTOM LINE: "If you need to modify this because you have dinner plans or want to eat weekend breakfasts with your family, you can. Delaying breakfast over time is more sustainable than a strict cut-off time for eating," she says.

Intermittent Fasting Suggested Meal Times

8 AM: Coffee/tea/water

12 PM: Lunch

3 PM: Midday snack

7 PM: Dinner

8 PM: Small snack

8 PM+: Water

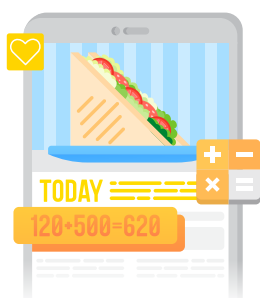
APP-BASED DIETS

There are many free apps such as Lose It or My Fitness Pal, or paid apps like Noom that track your daily food intake.

PROS: These are user-friendly. "Food tracking is very helpful and makes you more conscious of what you are eating," explains DeRobertis.

CONS: Some people get caught up in counting macros (proteins, fats, and carbs), but DeRobertis believes calorie counting is more essential for weight loss.

THE BOTTOM LINE: "People who track their food, whether in a spiral notebook or an app, lose weight," she says. "It helps educate you on how calories add up, and it lets you see what to splurge on. If you are careful 80% of the time, you have 20% flexibility for special occasions."



Introducing the "GPS" Weight-Loss Program at WPH

When in-person diet support groups were prohibited during the pandemic, DeRobertis used her 20-plus years of experience with clients to instead offer a tailored online approach to weight loss. Her program offers lifetime access to 50 bite-size videos on topics such as strategic snacking and alcohol hacks, plus 60 recipes and a seven-day meal plan. Participants receive a digital smart scale from the Hospital, and DeRobertis monitors participants' weight loss via a tracking app. She also created a private Facebook support group for participants, which she moderates daily. "The program helps you to turn on your internal GPS, so you can navigate different situations and get to your goal!" she says. To learn more about the program or to make an appointment, call (914) 723-8100.

GPS Diet Sample Meal Plan

Breakfast: **2 Eggs, any style, or egg bites**

Snack: **String cheese or 1 piece of fruit**

Lunch: **Whole grain bread, thin sliced + turkey + light cheese**

Snack: **100-calorie cup of guacamole + veggies for dipping**

Snack: **100-calorie bag of almonds**

Dinner: **Lean-and-green meal (chicken or fish + veggies) + a "carb swap," such as zucchini noodles or cauliflower rice**

Snack: **Frozen yogurt pop**



Kimberly Yee, MD
Surgical Specialist



FROM SHOCK *to* *Survival*

Stephen Karotkin wasn't prepared for his surprising colon cancer diagnosis—but White Plains Hospital was prepared to help him.

BY DEBORAH SKOLNIK
PHOTOS BY KEN GABRIELSEN

AS THE SECOND HALF OF 2020 BEGAN, Stephen Karotkin of Scarsdale looked forward to his busy life finally slowing down. The now 70-year-old attorney was retiring after a 45-year career and already had plans for how he'd enjoy his newfound leisure. He couldn't wait to spend more time with his four grandchildren, and he and his wife hoped to both travel internationally and make frequent trips to Florida to soak up the sunshine.

Retirement also meant Karotkin would have a chance to take better care of himself. He'd been flying back and forth to California each week for work, which had forced him to delay a routine colonoscopy for a year. On the morning of his very last day on the job, he finally had the exam, which inspects the large intestine and colon to make sure they're both healthy.

"After the anesthesia wore off, the doctor came in and said, 'I found three or four polyps. They looked okay to me,'" Karotkin recalls. "He also said, 'We have to do the pathology to make sure.'" With that, Karotkin returned home to finish tying up some loose ends for his firm. Two days later, however, something unexpectedly awful happened. "The doctor called me and said, 'I've got bad news for you. The polyps are cancerous,'" he shares.

Swift Action for a Scary Diagnosis

Karotkin was floored to learn he had colorectal cancer. "That was right about the time that [actor] Chadwick Boseman died from colon cancer. My mind immediately went to him, and I said, 'Oh my God,'" he says. "But my doctor said to me: 'Don't worry; you're not going to die. This is treatable. I wasn't feeling great, but this made me feel better.'"

Seeking a referral to an expert, he turned to his friend Dr. Jay Lupin, an OB-GYN. The doctor's response was immediate: For impeccable care, Karotkin should go straight to Dr. Kimberly Yee, Director of Colorectal Surgery at White Plains Hospital.

Dr. Yee is more than just a respected expert in the field; she is also Vice Chair of the National Accreditation Program for Rectal Cancer (NAPRC) Education Committee and the Program Director for the National Accreditation for Rectal Cancer Program (NARCP) at White Plains Hospital, which recognizes high-quality rectal cancer treatment centers. White Plains Hospital adheres to the program's demanding standards and currently is just one of two hospitals in New York State to meet that benchmark.

Karotkin was impressed by how quickly Dr. Yee agreed to see him, as well as how compassionate she was. "She spent a fair amount of time explaining to my wife and me what my situation was

and what the options were. You never felt like you were rushed or that she had to go do something else," Karotkin remembers. "She was really unbelievable."

Dr. Yee was happy to give the Karotkins her undivided attention. "Those of us who don't have knowledge [about colorectal cancer and how to address it] are fearful all around," she observes. "Their imagination can run wild."

Carefully Determining a Course of Action

Dr. Yee had Karotkin undergo several tests, including a CT scan of his chest, abdomen, and pelvis, and a pelvic MRI, which were used to try to assess whether the cancer had spread to other parts of his body. An ultrasound was used to help see how deep the cancer went, as well as whether there was lymph node

involvement. He also had a blood test to gauge the amount of a protein called CEA in his body, since CEA is a tumor marker, and, says Dr. Yee, "it is something to follow."

In addition, Karotkin needed to have a thorough physical and share his medical history. (Though he'd been treated for prostate cancer several years before, Dr. Yee confirmed with genetic testing that it was unrelated to his colorectal cancer.) "Lucky for us, Mr. Karotkin was in excellent condition," she says. His cancer was also found to be at stage one, which was a lucky break as well. "He had the very earliest of colorectal cancers," Dr. Yee affirms.

After gathering all the data she could, Dr. Yee presented it to a multidisciplinary team within the Hospital, made up of expert surgeons, oncologists, and radiation oncologists. "Based on what the stage [of the cancer] is, we decide upon the best modality of treatment," she says.

A Second Opinion Builds Confidence

After consulting her team, Dr. Yee presented Karotkin with options. "Because he was diagnosed at a very early cancer, the choice of management could have been a couple [of approaches]," she recalls. One procedure would simply remove the site where the cancer was, while the other, more invasive, option would allow Dr. Yee to determine if the cancer had spread.

What to Know About When to Screen

When caught early, colon cancer is very treatable. That's why a colonoscopy—which allows physicians to view the inside of the lower digestive tract up close, so that they may spot cancer in its earlier stage and intervene right away—is so important. With improvements in the procedure and the day-before prep involved, there's no reason to put off a colonoscopy.

Who needs one? The U.S. Preventive Services Task Force recently lowered the recommended age for average-risk people to start screening for colon cancer to 45. But anyone experiencing the following symptoms should consult their physician to see if a screening is the right choice:

- Blood in the stool
- Change in stool or bowel movements
- Difficulty in bowel movements
- Bleeding from the rectum
- Abdominal pain and cramping

Call **914-849-MyMD** to find a doctor and schedule your colonoscopy today!





(L to R) Dr. Kimberly Yee, patient Stephen Karotkin, and Dr. Joshua Raff

Karotkin pondered his options. *Did I want to have the abdominal surgery, or did I want to do something less invasive?* he remembers asking himself. “I had to do my own due diligence.” With Dr. Yee’s blessing, he sought out a second opinion, from the head of colorectal surgery at a Manhattan hospital famed for its cancer expertise.

“He said he agreed with everything I’d been told,” Karotkin remembers. “He also said, ‘I’d love to do your surgery. I think I’m one of the best colorectal surgeons in the United States, but you have one of the best already, so I would stay with her.’” Reassured, Karotkin decided to remain Dr. Yee’s patient and undergo the abdominal surgery.

A Life-Saving Procedure

On October 5, 2020, Karotkin had the operation. “I was nervous for two reasons,” he shares. The first thing he was anxious about was whether Dr. Yee would find that the cancer had spread. The other was what his condition would be when he reawakened.

Patients sometimes need to be fitted with an ileostomy bag that diverts and collects the flow of waste from the large or small intestine. While these can be temporary, they can also be permanent, based on the patient’s surgical outcome. “Right before my surgery, I said to Dr. Yee, ‘I don’t want a bag!’” Karotkin says. While he did end up needing the ileostomy bag, it was only a temporary measure.

The Verdict On Post-Surgery Therapy

Following the operation, Karotkin also began having visits with Dr. Joshua Raff, a Medical Oncologist and Hematologist who is the Director of WPH’s Digestive Cancer Program. He had been involved in helping to stage, or gauge the severity of, Karotkin’s cancer. The good news was that since it had been detected at an early

stage and was well contained, Karotkin would not need radiation or chemotherapy.

As Dr. Raff, who is also the Assistant Director of National Accreditation Program for Rectal Cancer, explains, “What I tell people is that the best surgeons know when not to operate. For us to show forbearance and say, ‘You don’t need any more therapy’ is important as well. It’s crucial knowing when not to treat and knowing when to say, ‘Hey, you’ve had enough; let’s keep a close eye.’”

Dr. Raff reassured Karotkin that he had carefully considered this course of action, and it was an appropriate one. Battling cancer “is a very top-sy-turvy and upsetting time

for people,” Dr. Raff says. “Even though we knew the prognosis for the colon cancer was excellent, emotionally it was probably a very, very scary and challenging time. We had to acknowledge that and treat him just as compassionately as someone with a higher stage [of colon cancer].”

Embracing Normality Again

In early February 2021, Karotkin underwent the surgery to remove the ileostomy bag and restore the flow of waste to his intestines. “Once your system starts working, it’s just such an incredibly fabulous feeling,” he says. “You just feel whole again; you feel like a human being. Taking that into account, along with the fact that I didn’t need any more treatment, was such a relief!”

Another relief: His colon cancer is very unlikely to return. “There is a less than 10 percent chance of recurrence,” Dr. Raff says. “Also, he will be watched carefully.”

Whenever Karotkin needs assistance, he contacts Alyssa Frager, a Nurse Practitioner who is the program’s coordinator. “She calls me to see how I am too. She’s just absolutely delightful and so competent. If I talk to her about some issue or another, she says, ‘Oh, I know who can help you with that. Let me call them.’ I’ll get home, and five minutes later, she will call and tell me who to contact and what arrangements to make.”

He feels lucky that his cancer was caught early and fortunate to have been in such good hands throughout his long journey back to health. “White Plains Hospital is unique,” he says. “The amount of attention they give to the individual patient, and the care accessibility of the physicians is just extraordinary. The ease with which you can get an appointment to see people was critical to me and very comforting. The hospital is a treasure, and the doctors there are the best in the country as far as I’m concerned. Why would I want to go anywhere else?” •



GET TO KNOW

Patricia Byrne

SENIOR DIRECTOR OF PHARMACY

BY STACEY PFEFFER

HENRY DAVID THOREAU ONCE SAID, “Success usually comes to those who are too busy to be looking for it.” He could have easily been describing Patricia (“Patty”) Byrne, Senior Director of Pharmacy at White Plains Hospital for the past 11 years. While Byrne has always had a lot on her plate, she’s known for handling every single task with aplomb. Sure, others might be overwhelmed by such a workload, yet Byrne thrives on the challenge and leads a dedicated team of colleagues who are eager to pitch in and ensure that patients at the Hospital get the correct medications, as well as COVID vaccinations, in a safe manner.

In her role, Byrne ensures that there are policies and procedures in place at the Hospital to guarantee a safe medication-management system. Working collaboratively with various departments, Byrne and her team of 80 employees assess medicines to evaluate patient risks and determine the best and most efficient way to dispense medication. “We have so many guardrails in place to make sure that a medication is given safely,” explains Byrne. From calling a doctor for clarification on a prescription to flagging “soundalike/lookalike” medicines, Byrne is constantly staying abreast of federal and state laws to make sure that the Hospital is compliant with all controlled substance requirements.

This year has been particularly challenging for her team, but where others might falter, Byrne’s enthusiasm for her job shines through. “Pharmacy is my passion. I am always thinking about the future and how we can improve the treatment of patients here and how my team can move things forward,” she explains.

Byrne just unveiled a new pharmacy on the Hospital’s fifth floor. “It has all-new technology, state-of-the-art equipment, and a much bigger space for the team,” she gushes. Byrne is thrilled to see the project come to fruition: “There is so much support here from leadership to make things happen.”

In addition to spearheading the switch to a new computer system for patients’ electronic health records this May, Byrne’s team was also very busy preparing how they will deliver medicine to the new cardiac surgery program.

All of these changes were afoot during 2020 and 2021, but the pandemic was

also in full swing, so Byrne was tasked with serving as the vaccine coordinator for the Hospital. By October, the Hospital's vaccine team had administered nearly 25,000 vaccines to adults. "The vaccine team was full of passion. We all wanted to get the shots in people's arms so that we could start making a real difference in our community," she says. From ordering supply to keeping records for the state and county, the vaccine team worked tirelessly to get people vaccinated. Many pharmacists voluntarily learned how to become vaccinators, and the Hospital's vaccine team set up vaccine pods at churches, high schools, and even soup kitchens. "It was truly an adventure," she notes. "We had to learn so many new things fast."

"My pharmacy team is amazing," adds Byrne. "Throughout the pandemic, we have often had to change things at a moment's notice—from reloading machines with medicines to delivering drugs to newly created ICU areas. The team here is so devoted."

Byrne is a self-proclaimed team cheerleader. Along with colleague Christine Kopec, Assistant Director of the Pharmacy Department, Byrne will celebrate a team member's accomplishments with a tambourine serenade, so that her team's work "can be seen and appreciated." Byrne has been so happy at WPH, in fact, that she recruited her sister to join the Hospital as the Administrator of Radiation Oncology.

Kopec has worked with Byrne for a decade at the Hospital, but they first met 33 years ago at St. John's University College of Pharmacy and Allied Health. "If I had to choose one word to best describe the outstanding qualities of Patricia, I would choose *integrity*. This quality is apparent in her every exchange or action," Kopec notes.



Another key aspect of Byrne's job is helping to reduce opioid use in the Hospital while properly addressing a patient's pain. She serves on the hospital's Opioid Task Force and has led educational sessions on how to use naloxone, a reversal agent that can quickly help with the potentially fatal effects of a drug or opioid overdose. "Westchester is not immune from the opioid crisis. If you think it's not happening here, you just aren't looking hard enough," Byrne says.

With such a full plate at work and the many overtime hours due to COVID, Byrne counts on her supportive, high-school-sweetheart husband, Hayden, to pitch in at their Weston, CT, home and help with

Patricia Byrne and her husband, Hayden, are taekwon do enthusiasts.

"My pharmacy team is amazing. Throughout the pandemic, we have often had to change things at a moment's notice—from reloading machines with medicines to delivering drugs to newly created ICU areas. The team here is so devoted."

—PATTY BYRNE

Commenting on Byrne's leadership skills, Joseph Tumino, Pharmacy Manager of Oncology and Investigational Drugs at the Hospital's Center for Cancer Care, adds: "Patricia is a true advocate of the pharmacy profession. She is always willing to assist in any project and has no problem getting her hands dirty to ensure the job gets done."

It is obvious that Byrne cares deeply about her colleagues, but she is equally passionate about caring for the wider community that the Hospital serves.

her two teenage sons, Connor and Logan. She credits her practice of taekwon do (she has a black belt!) with helping her regroup when needed.

Then there is her family's COVID passion project, raising chickens, which brought her such joy during the early, dark days of the pandemic. "It does amazing things for my spirit when you get home from work and are just on the floor playing with chicks. We treat them like pets. Plus, it's good to have pets that give you breakfast," she chuckles. •

CARING FOR OUR COMMUNITY

White Plains Hospital staff members continue to reach out, give back, and share the importance of health and wellness.



White Plains Hospital hosted the WPH/Mariano Rivera Classic in October at Quaker Ridge Golf Club. It was a fun-filled day featuring golf and two new additions sponsored by the Friends of White Plains Hospital, tennis and cards.



Farida Skin Care Studio once again donated 10% of its revenues during October, Breast Cancer Awareness Month, to White Plains Hospital's Center for Cancer Care.



In honor of Hispanic Heritage Month, the White Plains High School Mariachi Band came to WPH to give a lively performance to staff and community members.



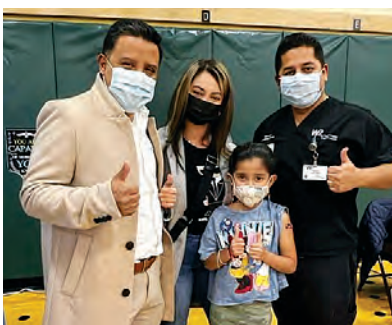
In October, the Hospital teamed up with community partners El Centro Hispano, the Thomas H. Slater Center and others to host its annual Neighborhood Health Fair at Calvary Baptist Church in White Plains. Community members received essential health screenings, educational sessions, and fresh food—and a bike was raffled off to one lucky winner!




White Plains Hospital cut the ribbon on its modernized and expanded pharmacy on the 5th floor of the main Hospital. The beautiful, new, state-of-the-art space is equipped with enhanced safety measures and designed to meet the current and future needs of the Hospital.



White Plains Hospital Medical & Wellness was proud to sponsor the Armonk Frosty parade in November. Dr. Ted E. Bear had fun with Frances Bordoni, SVP Ambulatory and Physician Services and Business Development (top), and North Castle Town Supervisor Michael Schiliro (bottom).



WPH teamed up with the White Plains and Scarsdale school districts to provide first and second doses of the COVID-19 vaccine to kids ages 5-11.



IN THE 3 MINUTES IT TAKES TO MAKE YOUR COFFEE, YOU COULD CHECK YOUR HEART HEALTH

When it comes to knowing about your heart health, making a big difference shouldn't take a huge effort. That's why White Plains Hospital created a three-minute quiz that can help you determine your risk factors and lead you to the right doctors for your treatment.

Because knowing is exceptional, every day.



Visit exceptionaleveryday.org/heartdisease or scan the QR code with your phone to take the quiz.