

A PUBLICATION OF WHITE PLAINS HOSPITAL

# HEALTH matters®

FALL 2022

## Battling Breast Cancer During Pregnancy

THREE WOMEN SHARE THEIR STORIES



**MEDICAL MYTHS  
BUSTED**

**A NEW APPROACH  
TO CHRONIC PAIN**

**FALL FUN!**



White Plains  
Hospital  
wphospital.org

From the desk of

# Susan Fox

PRESIDENT AND CEO

**AS WE SETTLE** into fall's cooler weather and our schedules begin to fill with holiday celebrations, I encourage you to make room in your calendar for any annual health screenings or procedures you may have postponed over the summer. With flu and cold season upon us, it is possible that COVID-19 cases may rise, and now is also the ideal

time to ensure that you are up to date on your COVID-19 vaccinations, boosters, and flu shots. Preventive care is critical for good health.

One preventive measure all women 40 and older should take is to get screened annually for breast cancer. October is Breast Cancer Awareness Month, and in this issue, you'll read the unique journeys of three women, all of whom were pregnant at the time of their diagnosis and received treatment at our Center for Cancer Care. Early detection played an important role in their successful outcomes. All were supported by our world-class radiologists, oncologists, breast surgeons, and OB/GYNs, who worked in partnership to provide exceptional, personalized care.

This kind of devotion to compassionate care helped our Hospital earn a five-star hospital rating this year from the Centers for Medicare and Medicaid Services, the highest distinction from the federal agency. We are honored to be one of only eight hospitals in New York, and the only in Westchester, recognized for our commitment to high-quality care. In addition, we were proud to have earned Great Place to Work Certification acknowledging the culture of excellence, respect, and employee pride that is shared across the Hospital.



After previously increasing distribution of *Health Matters* to all households in Westchester, I am excited to announce this is the first issue of *Health Matters* to be distributed to our neighbors in Connecticut. We have worked hard to ensure that our growing network of physicians provides access to the highest level of care for residents throughout

the New York Metro area, including those just across the border in Greenwich. In fact, world-renowned cardiac surgeon, Dr. Robert Michler, has just opened an office in Greenwich to make ease of care seamless for patients. Other Montefiore Einstein surgeons who call Connecticut home will also practice there.

We have invested in many services and are proud to now provide access to programs, such as cardiac surgery, as well as our neurointerventional program that will allow us to perform thrombectomies, the highest standard in stroke care. Our ever-evolving suite of advanced procedures is supported by our newly modernized and expanded intensive care unit, which opened this August and strengthens our life-saving care capabilities.

I hope you enjoy learning more, and remember: White Plains Hospital is always here when you need us.

Yours in good health,

Susan Fox  
President and CEO  
White Plains Hospital

**HEALTH**  
matters  
FALL 2022

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Cover photo: Ken Gabrielsen

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To receive more helpful tips and content from White Plains Hospital, visit [wphospital.org/stayconnected](https://wphospital.org/stayconnected)

BACKACHE PHOTO: JDS/ADOBE STOCK; PUMPKIN BAR PHOTO: WCKIW/ADOBE STOCK; DONPIERRE PHOTO BY KEN GABRIELSEN.

# Knee'd to Know

New technology in knee surgery translates to greater precision, faster recovery, and optimal function.

BY MELISSA PHETERSON



**Isaac Livshetz, MD**  
Orthopedic  
Surgeon

**SURGERY IS USUALLY THE LAST RESORT** for patients suffering from osteoarthritis—the breaking down of cartilage and bone that causes pain and stiffness—and while it can seem daunting, new advancements in technology have transformed the way knee replacements are performed, with improved outcomes and faster recovery.

“Nothing I see on an X-ray is going to say, ‘You must have knee replacement surgery,’” says Dr. Isaac Livshetz, a fellowship-trained Joint Replacement Surgeon at White Plains Hospital’s Center for Orthopedic & Spine Surgery. Instead, the patient must consider the level of pain, how it limits their function, and whether they’ve tried other remedies, such as weight loss, medications, injections, and exercise. However, studies have shown that nine out of 10 patients wait too long to have knee replacement surgery, which can prolong and complicate recovery.

## THE MAKO DIFFERENCE

Incredible advances in knee surgery have increased the appeal of the procedure. Dr. Livshetz, who specializes in knee replacement and reconstruction at White Plains Hospital, uses MAKO Robotic-Arm Assisted Surgery, which he calls “a game-changer.” It allows for improved precision in surgery, both preoperatively and in real time, he explains.

Knee replacement surgery involves removing the damaged cartilage and bone and resurfacing the joint with a durable implant made of metal and polyethylene. The MAKO robotic arm assists the surgeon in very precisely shaping the bone and placing latest-generation implants that effectively fuse with the bone.

“Modern implants have a more biologic fixation by integrating into the bone rather than being cemented in,” Dr. Livshetz says. “With a traditional implant, cement is used to hold the implant in place. This cement degrades with time, allowing the

implant to loosen, which could lead to another surgery down the road. These newer implants allow the bone to grow into the implant and form a solid bond without the need for cement. We expect this will provide a more durable and long-lasting knee replacement.”

In the days before surgery, Dr. Livshetz and his team review a virtual 3D model of the patient’s knee to determine the exact position and orientation of the implants. Then, with the robotic arm, “we can adjust the bone cut and implant position in 0.5-degree increments, to balance out the knee during surgery, which makes it feel as natural as possible,” he notes.

## BOUNCING BACK FASTER

“The robotic-assisted surgery allows us to exercise more pain control, minimize blood loss during surgery, and use fewer, if any, narcotics,” says Dr. Livshetz. The result? A much faster path to healing.

Dr. Livshetz is also a proponent of a new protocol for pain management that combines various classes of medications, pain management techniques, and other palliative techniques to target different pain pathways. “By using multimodal analgesia, we have made great advances in managing pain after surgery,” he says. “This provides a synergistic effect, which means we can better control pain with lower doses of medications, sometimes eliminating narcotic medications altogether.”

This hyper-tailored regimen often gives patients the confidence to walk within hours of their surgery.

“Because we’re getting patients up and moving so quickly,” Dr. Livshetz says, “we don’t need to prescribe strong blood thinners. They take a baby aspirin rather than something stronger, like Coumadin, which has potential for more harm than good.” Most patients go home to recover, with some going home the same day as the surgery. A return to “typical” activity can take four to six weeks, depending upon their adherence to a proper exercise and therapy plan.

To make an appointment to learn if knee replacement surgery is right for you, call the Center for Orthopedic & Spine Surgery at 914-849-7897.

# Say Goodbye to Chronic Pain

White Plains Hospital welcomes its new Director of Pain Management and doubles down on advanced techniques to provide relief for patients.

## FROM TENNIS ELBOW TO

tendonitis, stiff necks to sore knees, and stabbing sensations to dull aches, chronic pain takes many forms—and can impact your day-to-day activities. White Plains Hospital physicians who specialize in pain management may provide the relief you desperately need.



**David Spinner, MD**  
Director of Pain  
Management

Dr. David Spinner, the new Director of Pain Management at White

Plains Hospital, has practiced at the forefront of the field for eight years and is now bringing his expertise to our region. He's traveled the world to train physicians on a cutting-edge treatment called peripheral nerve stimulation—donning scrubs for demonstrations in Italy, Morocco, Israel, and the United Kingdom.

He also relates to patients on a personal level, bringing his own experiences into his understanding of chronic pain and how it impacts everyday life.

"I see lots of weekend warriors complaining of pain, which I've been through and understand as a former athlete," Dr. Spinner says.

Dr. Spinner was one of the first physicians in the country to become certified in diagnostic musculoskeletal ultrasonography, which uses a small probe to translate sound waves from soft tissue and bone into helpful images that provide a more precise picture of exactly what is causing pain. He also published the first textbook on ultrasound-guided musculoskeletal injections.

"There are many more interventions than people realize to reduce pain and increase function," he says. "And rarely, if ever, do we prescribe opiates. We don't want patients to assume that's the go-to, when in reality it's often the last option."

## WHEN DO YOU NEED PAIN MANAGEMENT?

Dr. Spinner stresses that pain management occupies the space between "take two aspirin and call me in the morning" and the decision to undergo a surgical procedure.

"It's normal to wake up occasionally with a stiff neck," he says. "That's what Motrin or stretching is for. But if you can't sit at your desk, walk to the train station, pick up your toddler, or even sleep at night, and you've given it a couple of days, you should come in and let us take a look."

Pain can result from an injury (such as a torn ligament), nerve damage (such as a spinal disc pressing on a nerve), or from conditions such as arthritis. And sometimes it's completely unexplained: One study found that in 2019, approximately 20% of adults in America suffered pain significant enough to interfere with their lifestyle.

Surgery remains an option—especially in cases of severe arthritis and debilitating back pain—but it doesn't need to be the default. Some patients' health histories might



rule surgery out; patients often want to try nonsurgical options. "We offer many outpatient alternatives for less invasive means of controlling pain," says Dr. Spinner.

According to Dr. Spinner, these are some of the most common options for effective pain management:

**INJECTIONS:** This treatment involves injecting anesthetics, numbing agents, and/or steroids into the space surrounding the nerve roots, blocking nerve signals to numb the pain. In areas with cartilage loss, such as the knee joint, gel injections can help provide lubrication and shock absorption. Injections can be guided by ultrasound for maximum precision.

**STEM CELL INJECTIONS:** Stem cells, which have the ability to differentiate into various cell types, show promise for osteoarthritis or mus-

culoskeletal issues. By repairing and regenerating damaged tissues or injured nerve cells, stem cells can mitigate many types of pain.

#### PLATELET-RICH PLASMA

**(PRP):** This injection therapy uses a patient's own blood platelets to promote healing and regrowth of the damaged ligaments, tendons, muscles, or joints causing pain. Patients give a blood sample that is placed into a centrifuge to draw out the platelets and concentrate them within the plasma.

**CRYOABLATION:** To give pain the "cold shoulder," Dr. Spinner uses a guided needle to deliver liquid nitrogen or argon gas that freezes the layer surrounding the nerve, called the myelin. The extreme cold numbs the mechanism firing pain signals to the brain. This procedure provides relief for about three months, until the myelin rebuilds.

#### PERIPHERAL NERVE

**STIMULATION (PNS):** In this approach, which Dr. Spinner has demonstrated on four continents, he implants a small electrode wire just below the skin that runs alongside the nerve that causes pain (sciatic nerve, nerves running into the shoulder, etc.). To block signals from firing down pain pathways, the electrode delivers quick pulses that feel like mild tingles. After this 30-minute procedure, the patient leaves with a remote control and a removable patch used to transmit energy to the electrode. Going forward, the patient has the power to control stimulation—and its intensity—by activating and adjusting the current to deliver relief as needed. Dr. Spinner has performed PNS in children, he says, but the typical patient age ranges from 30 to 80. —MP

To make an appointment with Dr. Spinner, call 914-849-1199.

# Relief That's Nothing to Sneeze At

A simple "scratch" test and a series of injections can bring much-needed help to seasonal allergy sufferers. BY DEBORAH SKOLNIK

**DOES THIS SOUND LIKE YOU?** It's a rare day when you're not dealing with the effects of seasonal allergies. You never leave



Kirk Sperber, MD  
Allergist and  
Immunologist

home without a pack of tissues. You frequently endure congestion, itchy eyes, a scratchy throat, and sinus-related issues. And, you don't know what is behind your symptoms?

Suffering for far too long is common among allergy patients. But

answers—and relief—are readily available, says Dr. Kirk Sperber, an Allergist and Immunologist with Scarsdale Medical Group, part of the White Plains Hospital Network.

Dr. Sperber recommends what's known as a scratch test, or prick test, in order to identify allergy triggers. The procedure, which is available on-site at Scarsdale Medical Group offices, involves a simple series of steps:

- First, the patient's back is cleaned, and Dr. Sperber makes a series of marks on it.
- To each mark, Dr. Sperber applies a liquid extract. "The extracts contain proteins isolated from allergens such as ragweed, grasses, animal dander, dust mites, and mold," he explains.
- Using a needle, Dr. Sperber gently scratches each mark, about 60 in all, to introduce the extract under the skin.
- After a brief wait, he examines the marks to see which ones develop a wheal—a bump resembling a mosquito bite—along with a red area called a flare.
- Using a ruler, Dr. Sperber measures each wheal to see if any is longer than 4 millimeters, indicating an allergic reaction.

"The whole test takes only about 15 minutes," Dr. Sperber notes. If the scratch test shows significant allergic reactions, a course of

allergy shots is often the best treatment. "It's been very convincingly shown that the shots provide significant relief," he explains.

Patients receive injections that contain a mixture of tiny amounts of their allergens. The shots are formulated at levels that stimulate the immune system but do not cause a full-scale allergic reaction. With each visit, the patient is injected with higher concentrations of the allergens, Dr. Sperber explains.

The allergy shots become effective very quickly. Within two weeks or so, many patients will feel relief from achy sinuses, postnasal drip, and itchy eyes. At about six months into the process, patients will be able to tolerate allergy shots in clinically effective strengths. The next step is to get maintenance injections weekly and eventually cut them back to monthly.

"The allergy shots are a game-changer," says Dr. Sperber.

Allergy skin testing can be done in all age groups, from children to adults, to identify potential allergens, says Dr. Sperber. Indoor sensitization (dust and animal dander) can begin between 6 months and 2 years, while pollen sensitization develops between 2 and 7 years old.

Don't suffer any longer! For more information on allergy testing and treatment, contact Dr. Sperber at 914-723-8100.



# Robotic Rebuild

With small incisions, three-dimensional views, and precision movement, robotic-assisted surgery dramatically shortens recovery from hernia repair.

**HERNIA REPAIRS**, however essential, require a serious time commitment. Regardless of whether patients undergo open surgery or a laparoscopic procedure, most will face a prolonged recovery period. The aftermath can be painful, taxing, and challenging for patients who need to remain active for a living or simply to stay healthy.



**Stacie Kahan, MD**  
Endocrine Surgeon

“After a traditional hernia repair, patients must often wait six weeks before returning to activity,” says Dr. Stacie Kahan, Endocrine Surgeon at White Plains Hospital Physician Associates. “I often struggle with telling people who are active that they can’t work

or do what they enjoy for a month and a half.”

Thankfully, there’s a new approach available through White Plains Hospital. Dr. Kahan is credentialed in robotic-assisted hernia repairs—a technique that allows the surgeon to rebuild the abdominal wall using precise movements, magnified images, and flexible maneuvering. As a result of such precision, the recovery time can be as short as two weeks. To date, Dr. Kahan and the da Vinci surgical assistant have performed dozens of robotic repairs of hernias in the groin area (known as inguinal hernias) and incisional hernias, which occur as a result of prior surgical cuts.

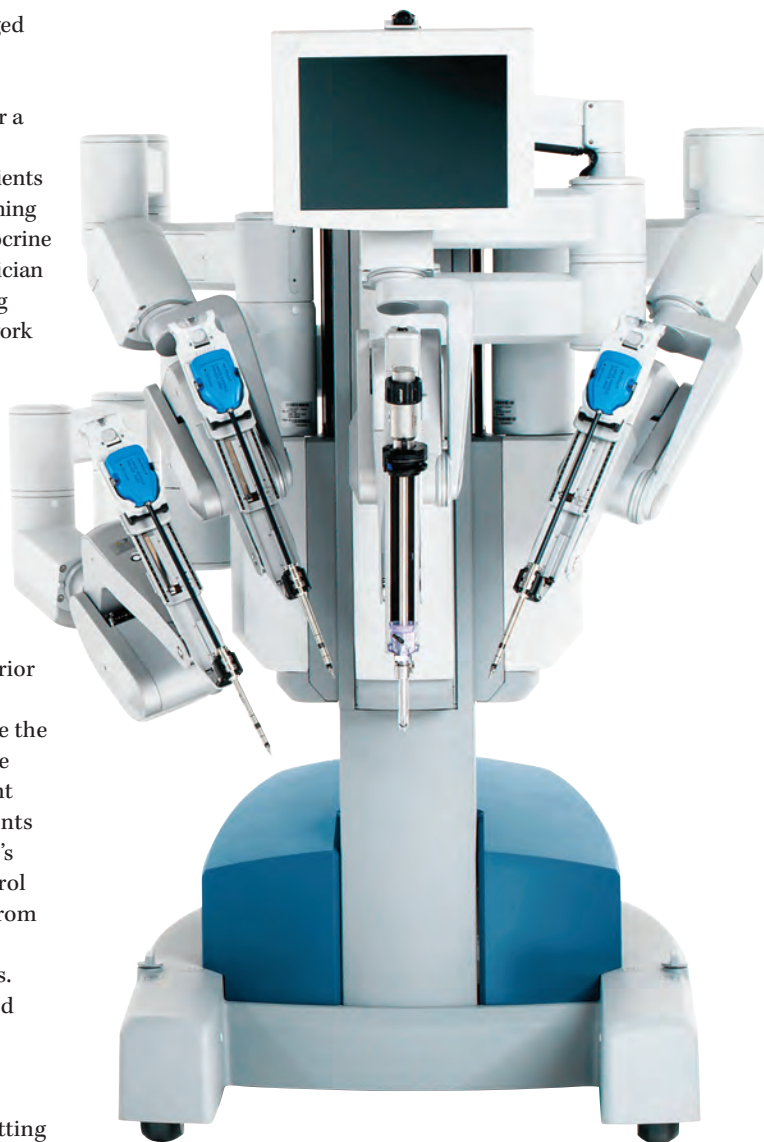
The robotic repair begins with three small incisions above the navel, in a straight line. “The largest incision is one inch; the others are just large enough to accommodate an instrument the size of my fingertip,” says Dr. Kahan. Once the instruments slip into place, a Physician Assistant remains at the patient’s bedside while Dr. Kahan takes a seat at the console to control the robot, guided by three-dimensional images broadcast from within the abdomen.

“The da Vinci is an extension of my hand,” Dr. Kahan says. “Every flick of my wrist, and every articulation, is translated through the robot. It’s incredibly precise and allows me to access hard-to-reach spaces to reinforce tissue. And the visualization is tremendous.”

Because the minimally invasive approach requires no cutting through tissue, patients tend to recover faster. “They describe the post-op feeling as more discomfort than pain,” says Dr. Kahan. There’s also a significant difference in post-op pain management: “Patients are reporting reduced pain and a faster return to activity.”

The best candidates for robotic-assisted surgery, she says, include patients with active lifestyles and symptomatic hernias—prominent swelling, heaviness or discomfort in the abdomen or groin—without an extensive history of abdominal surgery.

Having a robot in the operating room does not detract from the human connection Dr. Kahan values in her practice. On the

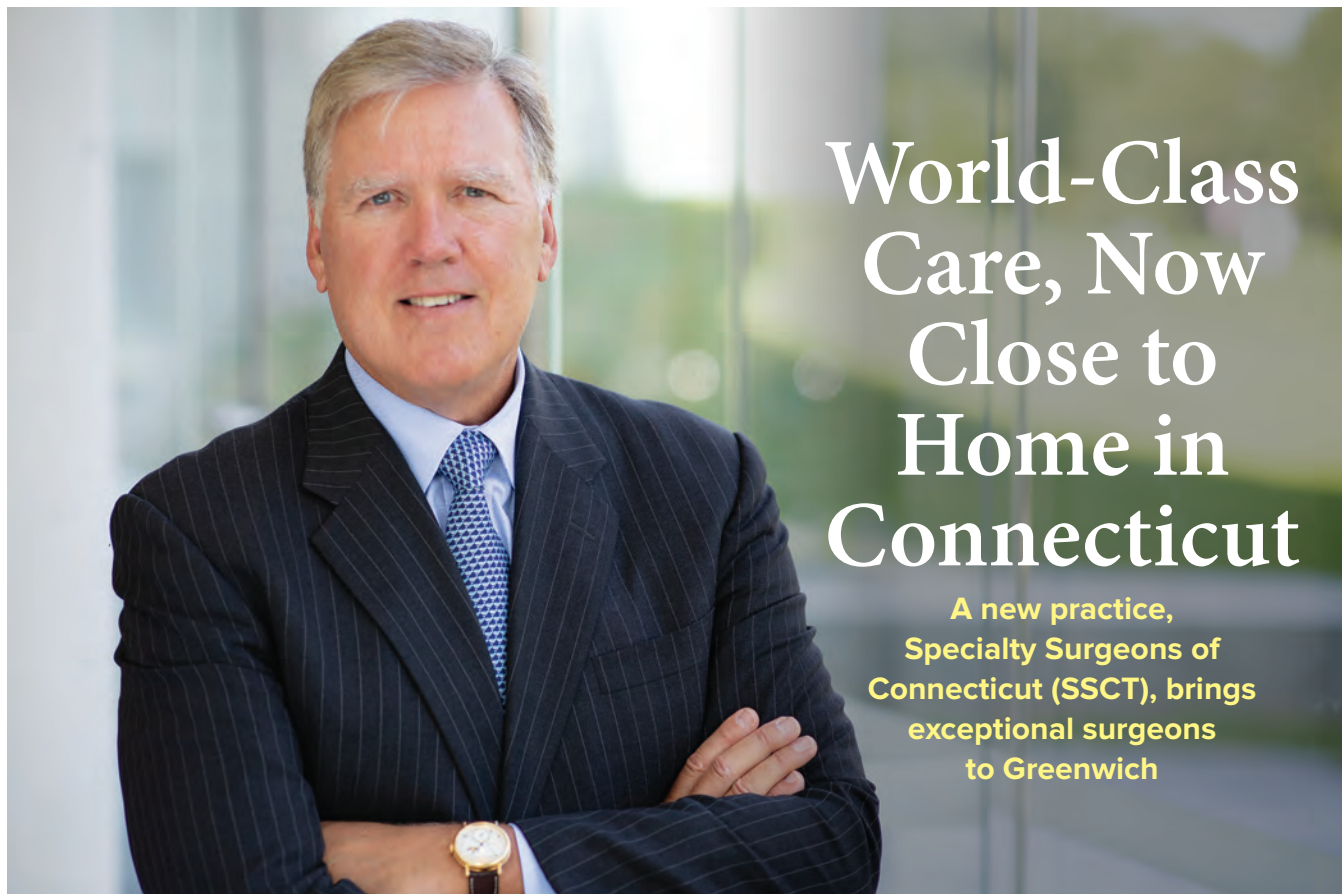


**The da Vinci Surgical System**

contrary, she says, it allows her to enhance her approach, provide reassurance, and expedite healing.

“Helping patients at vulnerable moments gives me tremendous satisfaction,” she says. “More precise surgery, with faster recovery, is something they deeply value, so it’s important to me as well.” —MP •

Struggling with a hernia? Find out if robotic-assisted surgery is right for you. Call Dr. Kahan at 914-948-1000.



**FOR DECADES**, Dr. Robert E. Michler (*above*) has served friends and neighbors from Connecticut with his heart-surgery expertise. In recent years, he realized that a number of his surgical faculty at Montefiore Einstein resided in Connecticut and were similarly providing their expertise to their local communities. It was this “neighbors caring for neighbors” philosophy that led to the creation of Specialty Surgeons of Connecticut (SSCT).

Now open in Greenwich, SSCT provides consultations and pre-and post-operative care from world-renowned surgeons in disciplines which include breast cancer surgery, cosmetic surgery, varicose vein & vascular surgery, hernia & general surgery, plastic surgery, and pediatric surgery.

Dr. Michler is the Surgeon-in-Chief of the Montefiore Einstein Health System, Chairman of both its Department of Surgery and Department of Cardiothoracic & Vascular Surgery, and a 30-year Greenwich resident.

“The goal of the practice is to bring noteworthy expertise and neighbor-to-neighbor consultative care to Connecticut residents,” Dr. Michler says. Dr. Michler, who also leads the cardiac surgery team at White Plains Hospital, performed the Hospital’s first open-heart surgery in November 2021 and has built a comprehensive program in White




Plains that specializes in such complex cardiac procedures as valve surgery, coronary artery bypass surgery, mitral valve repair, and aneurysm surgery replacement. Dr. Michler is one of a handful of surgeons in the world to be recognized for the quality of his work by the American Heart Association and the Mitral Foundation. •

**“The goal of the practice is to bring noteworthy expertise and neighbor-to-neighbor consultative care to Connecticut residents.”**

—ROBERT E. MICHLER, MD

Find out more about the distinguished surgeons at Specialty Surgeons of Connecticut by visiting [specialtysurgeons.org](https://specialtysurgeons.org). Specialty Surgeons of Connecticut is located at 1455 E. Putnam Ave., Greenwich, CT. For more information or to schedule an appointment, call 203-SURGEON (203-787-4366).



# New Body, New Life

For one local woman, bariatric surgery at White Plains Hospital was the key to fulfilling her lifelong desire to become a mother.

BY KEVIN ZIMMERMAN

Thanks to two White Plains Hospital surgeons, Jeany Donpierre shed more than 200 pounds, removed more than 11 pounds of excess skin, and was finally able to safely have children.

## WHITE PLAINS RESIDENT JEANY DONPIERRE

had long wanted children.

But Donpierre, 34, faced a not-uncommon barrier to getting pregnant: her size. Weighing about 430 pounds, she was told she should not have children by a series of medical professionals.

“The doctors I saw all said the same thing: ‘Children may not be possible for you,’” she recalls. “One even told me, ‘Trying to have kids at your size is a death wish.’”

Being overweight or obese—or, by contrast, underweight—can have a negative effect on a woman’s fertility. Overweight women experience an increased incidence of menstrual dysfunction, such as menorrhagia (heavy bleeding, prolonged menstrual periods), metrorrhagia (irregular bleeding), and amenorrhea (the absence of menstruation), all of which can render a woman infertile.

Obesity can also lead to hormonal imbalances, problems with ovulation, hypertension, diabetes, and heart disease. (Overweight men are also more prone to the latter, as well as infertility.) The odds of suffering a miscarriage, or even a stillbirth, are also increased for obese females, as is developing gestational diabetes.

Even for a mother who has successfully delivered a baby, having a high body mass index (BMI) during pregnancy can pose a number of health risks to their newborn, ranging from congenital disorders to obesity to cognitive problems and developmental delays.



**Philip Weber, MD**  
Director of Minimally Invasive Surgery, Robotics and Bariatrics

DONPIERRE PHOTO BY KEN GABRIELSEN

## SAYING 'YES' TO SURGERY

Shedding hundreds of pounds through diet and exercise just wasn't going to happen, Donpierre says: "I had struggled with weight my entire life. I had a food addiction and had tried so many diets. The one thing I hadn't tried was weight-loss surgery."

Weight-loss, or bariatric, surgery involves a variety of procedures whose aim is to not only reduce one's weight but also help keep it off. With a laparoscopic sleeve gastrectomy, the surgeon removes 80% to 85% of the stomach and staples the remainder together, which significantly decreases how much food one can ingest. The procedure involves reshaping the stomach to create a long, thin tube (or "sleeve") that holds only about 10% of the amount of food it previously could contain while diminishing appetite. The rest of the digestive tract is left undisturbed.

During a gastric bypass, the surgeon makes an incision across the top of the stomach that allows part of the intestine to be bypassed, thus limiting the amount of food one can consume and ensuring that the body will absorb fewer calories from the food that is ingested.

Living across the street from White Plains Hospital helped to make Donpierre's research into bariatric surgery simpler. Her path ultimately led her to Dr. Philip Weber, Director of the Hospital's Division of Minimally Invasive Surgery, Robotics and Bariatrics.

"She is a very positive person, with a very determined mindset from the beginning," Dr. Weber recalls. "She was a pleasure to work with, and of course her experience was really life-altering."

Weight-loss surgery is not scheduled immediately, however. "Some people who are overweight tend to look at it as a quick fix, but that's not the case," Dr. Weber says. "It's actually a six-month program before you get to the operating room, involving meetings with not just me but a dietitian, a gastroenterologist, a pulmonologist, an internist, and a psychologist."

That approach better prepares the patient for the procedure. But it's not just the surgery that helps them lose (and hopefully keep off) the weight, Dr. Weber says: "What you put into it, you get out of it. There's as much hard work afterward as there is dieting and going through the other steps before surgery."

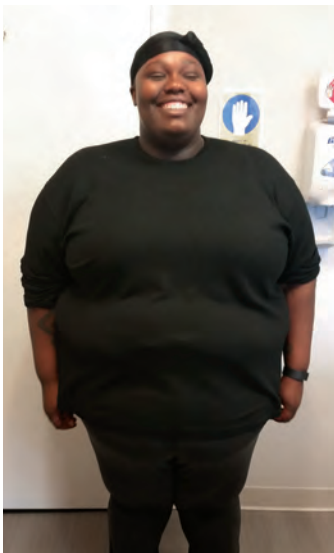
He notes that some patients fall by the wayside during those six months. "They think and reflect," he says, "and in some cases decide they're not ready. That's what makes this such a successful program."

Ultimately, Dr. Weber performed the laparoscopic sleeve gastrectomy on Donpierre. The surgery "definitely helped," Donpierre laughs, as she gave birth to not one but two children, twin boys, now 4 years old.

"It's always nice to see people who have had children after

surgery," Dr. Weber says. "Again, it's in the patient's control; they have to do the work to keep the weight off."

Like Donpierre, Dr. Weber's patients are asked to come in for follow-ups every three months during their first post-op year and every six months thereafter. "That's crucial," he says. "It helps them to keep on track and be accountable, and it allows us to stay a step ahead of any downward spirals."



**"I had struggled with weight my entire life. I had a food addiction and had tried so many diets. The one thing I hadn't tried was weight-loss surgery."**

—JEANY DONPIERRE

## A BETTER FIT FOR PARENTING

Fast-forward to 2021, and Donpierre had shed 200-plus pounds, primarily in her midsection. She was thrilled with the weight loss but was still afflicted by excess, sagging skin from having lost so much weight. Carrying that extra skin "robs you of the joy of seeing the results of the surgery," Donpierre explains. "It affects your self-esteem and confidence, and it negatively impacts how you see yourself now as opposed to before the surgery."

Donpierre was trying to exercise, but her ability to perform certain movements was severely hampered or even prevented by the excess skin.

Enter another White Plains Hospital physician: Plastic and Reconstructive Surgeon Dr. Alessandrina Freitas. Dr. Freitas removed 11.4 pounds of extra skin while performing a "fleur-de-lis" abdominoplasty, or tummy tuck, on Donpierre about a year later. The procedure removes excess skin—but not muscle—from the stomach via an incision running laterally across the abdomen, from one hip to the other, just above the pubic bone, followed by another incision running vertically down the midsection.



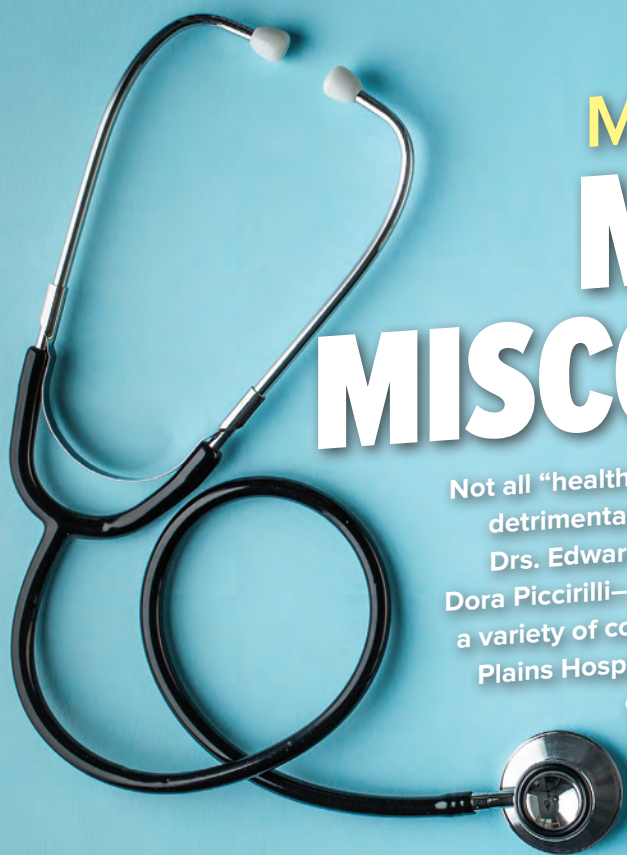
**Alessandrina Freitas, MD, Plastic and Reconstructive Surgeon**

"Ms. Donpierre came to our first appointment with amazingly positive energy, having already accomplished so much," Dr. Freitas says. "But she was quite literally being weighed down by all this excess skin, unable to be as mobile as she desired and deserves. My role was to tailor her skin to match her new, smaller body. It is an honor to be able to help patients in this way."

The end result helped to "restore" Donpierre's hips and further tighten her waistline—making it that much easier to work out and to hold her own with two boisterous boys. "It's been great," Donpierre says. "Now I can bend down and play with them without feeling uncomfortable—doing all the things that moms do."

"I look and feel great," she adds. "I couldn't be happier." •

For more information about White Plains Hospital's bariatric surgery program, email the program coordinator, **Sandi Gallo**, at [sgallo@wphospital.org](mailto:sgallo@wphospital.org) or call **914-948-1000, ext. 327**.



# MD ROUNDUP: MEDICAL MISCONCEPTIONS

Not all “healthy” habits are the same; in fact, some may actually be detrimental to your well-being. Family medicine practitioners Drs. Edward Merker, Richard Strongwater, Frank Soroka, and Dora Piccirilli—who bring more than 30 years of experience treating a variety of conditions in adolescents and adults to the new White Plains Hospital Physician Associates practice in Pleasantville—correct some common misconceptions.



**TIP:** Your physician is your best resource for accurate health guidance that considers your personal health needs. Remember to schedule an annual checkup!



## The Exercise/ Eating Balance

**Dr. Edward Merker:** “A surprising number of people think that just because they exercise regularly, they can eat whatever they want. But that approach can lead people to take in more calories than they work off, leading to weight gain. You also have to consider the types of food you eat. Eating snacks that are high in sodium and/or drinking soda or fruit juices that contain a lot of concentrated sugar can put added stress on your cardiovascular system.”



## Vexing Vitamins

**Dr. Richard Strongwater:** “Popular belief has it that all vitamins are good for you, but that’s not really the case. While taking supplements is a smart idea for some patients, be aware that overdoing it with supplements like beta-carotene and vitamins A and E can have serious consequences. Multivitamins are rarely effective. The fact is that most people get all the vitamins they need from their diets.”



## The Cramping Conundrum

**Dr. Frank Soroka:** “We’ve all heard that swimming too soon after eating—within 30 to 60 minutes—can result in serious cramping. But you are much more likely to get a leg or arm cramp, rather than stomach cramps, from swimming. And even that is rare. If you do get such a cramp, keep calm and make your way carefully back out of the water.”



## A Flu Shot Does Not Equal Getting the Flu

**Dr. Dora Piccirilli:** “A lot of people believe that receiving the flu vaccine means they’re also getting the flu virus. But flu shots are made either with inactive flu virus or no virus at all. You may experience such side effects as soreness, redness, swelling where the shot was given, even a low-grade fever—but those are side effects that should soon vanish, not a case of the flu.”

Drs. Merker, Piccirilli, Soroka and Strongwater are located at 180 Marble Avenue in Pleasantville. To make an appointment, call 914-849-4100.

TOP PHOTO BY ASP13/ADOBE STOCK

# A Ray of Hope

White Plains Hospital brings medical supplies to a children's hospital in Ukraine with the help of a devoted local board member—and TV cook Rachael Ray. **BY STACEY PFEFFER**

**WHILE 4,500 MILES** separate White Plains Hospital from Western Lviv Regional Children's Hospital in Ukraine, they share the same mission: to provide crucial healthcare services for their communities. Due to the ongoing war between Ukraine and Russia—which has resulted in the largest humanitarian crisis in Europe since World War II—the hospital in Lviv faces a major shortage of basic necessities, medical supplies, and equipment. Many of the children at this hospital have sustained injuries from the war or are fighting cancer or complex chronic conditions and were forced to flee their local hospitals.

When the opportunity arose to help the children in need at Western Lviv Regional, White Plains Hospital was all in.

The Hospital was able to join forces with celebrity TV cook Rachael Ray through a serendipitous twist: Board Member Julie Peskoe's husband, Andrew, works for the law firm that represents The Rachael Ray Foundation. When Andrew shared the news with Julie that Ray was leading philanthropic efforts in Ukraine, she knew it was somewhere White Plains Hospital could help. Peskoe approached CEO Susan Fox to inquire about helping to secure medical supplies, and Fox immediately said yes.

As part of her Foundation's efforts, Ray first visited Ukraine in the spring to provide food and medical supplies in partnership with Ukrainian Congress Committee of America's (UCCA) president, Andriy Futey. She was touched by what she saw at the hospital in Lviv and vowed to return this summer with more supplies.

"Rachael has a huge heart and wanted to use her celebrity in a positive way to make Americans aware of the crisis there. Plus, she loves kids," says Peskoe.

When Ray went back to Ukraine, in June, she was joined by her husband, singer John Cusimano, as well as by Julie and Andrew Peskoe on behalf of White Plains Hospital, UCCA's Futey, and other Foundation staff members.

Peskoe brought much-needed supplies to the Lviv hospital on her weeklong trip, including catheters, antiseptic solution, and chest drains. White Plains Hospital also shipped over additional medical supplies, including surgical equipment and protective gear.

"When the doctors opened the kits, they gathered around and kept on passing them to each other excitedly. They were thrilled to receive this



WPH Board Member Julie Peskoe (far left) worked with TV cook Rachael Ray's (second from right) foundation to help deliver medical supplies to Western Lviv Regional Children's Hospital in Ukraine.

donation," says Peskoe. Ray was also appreciative that another donor was lending support, she notes.

"Everywhere we went, people were so appreciative of Americans being there," she adds.

But the trip was a sobering one. Peskoe recalls meeting a 10-year-old girl recovering from a shrapnel wound in her head—who was the only surviving member of her 11-person family. They also toured the hospital's makeshift bomb shelter, which was lined with cribs, and had, at that point, been used four times since the war started.

Peskoe, a Briarcliff resident who works as a healthcare consultant, first became involved with White Plains Hospital because of her passion for community health: "I appreciate the Hospital's work on preventive health in our community and the fact that they are accessible to everyone." Peskoe's admiration for the Hospital has only grown during this latest crisis. "The Hospital saw the need and responded. Any of us can do that. Even with small donations, any way that people can support Ukraine matters greatly." •



Andrew and Julie Peskoe in Ukraine.

To support ongoing relief efforts in Ukraine, visit [www.ucca.org](http://www.ucca.org).



(From left) Dr. Preya Ananthakrishnan, Karlie Goldstein, Delphine Goldstein, Dr. Karen Green, Henry Riknauth, Ramona Ricknauth, Dr. Yael Zack, Ethan Beck, and Jordana Beck.

# Saving Their Lives— and Their Babies

**For three women, a dreaded cancer diagnosis came at the worst possible time. But thanks to the physicians at White Plains Hospital, they're now all cancer-free—and the parents of healthy children.**

BY DEBORAH SKOLNICK • PHOTOS BY KEN GABRIELSEN



## Ramona Ricknauth, 40

Bronx, NY

It's easy to overlook physical changes when you're expecting. That's what Ricknauth, then 25 weeks pregnant, did when she felt a lump in her left breast in April of 2021. "I thought, *Oh, maybe I'm starting to lactate*," the 39-year-old nurse recalls. "I pushed away the thought for about a week, and then noticed the lump was moving and changing."

Her obstetrician, Dr. Jacqueline Bavaro of White Plains Hospital, arranged a same-day ultrasound. Ricknauth expected to hear all was well, but the screening didn't turn out to be routine. "I was planning on going to work afterwards, but the radiologist asked if I could postpone leaving because she wanted to perform a biopsy," Ricknauth says. A few days later, the radiologist called to inform her that the lump was malignant.

"I was shocked," remembers Ricknauth, whose older child was 4 years old at the time. "My husband was at work. I called him and said, 'Please come back home. I have cancer.'"

Ricknauth didn't have to wait for medical attention: Dr. Yael Zack, a Medical Oncologist at the Center for Cancer Care, opened her office early to meet with her. "Anytime we have a new breast cancer patient, we try to see them within 24 to 48 hours," Dr. Zack explains. She reviewed the biopsy findings, and also alerted Dr. Preya Ananthakrishnan, the Hospital's Director of Breast Surgery.

"Ramona was terrified," recalls Dr. Ananthakrishnan, who goes by Dr. Preya. "She had a breast cancer diagnosis, and she was pregnant with her second baby. During a time that's supposed to be happy, she got this scary news." But Dr. Preya had other, better news for Ricknauth: She was confident she would be able to treat her.

An ultrasound thankfully found no evidence the cancer had spread to other areas. Yet, at 14 centimeters, the tumor was large. Ricknauth's course of treatment would be determined not only by the physicians but also by a "tumor board" of medical oncologists, surgeons, radiation oncologists, genetic counselors, and other experts. This extra step is a hallmark of the Center for Cancer Care's dedication to excellence.

"It's an all-encompassing conference where we evaluate each case and make sure that we're treating not only the cancer but also addressing the personal needs of each patient," Dr. Zack says. Together with the rest of the board, she and Dr. Preya decided to perform a mastectomy, a surgical operation to remove a breast, and have her undergo chemotherapy.

When informed she'd need an operation, Ricknauth was understandably anxious, but Dr. Preya assured her the baby was going to be okay. "There's a huge body of evidence that surgery is safe during pregnancy," Dr. Preya says.

The operation, however, revealed unsettling news: The cancer had spread to 14 of out of 17 lymph nodes examined. As soon as Ricknauth healed from the

**WHEN TWO LINES** appear on a pregnancy test, many women start to wonder if they're having a boy or girl, and what their labor experience will be like. But for Ramona Ricknauth, Jordana Beck, and Karlie Goldstein, this exciting time involved life-or-death questions. Each of their pregnancy journeys took an unexpected turn—one that began when, on an otherwise unremarkable day, they felt a concerning lump in their breast and decided to visit their doctor.

This simple decision led them to the biggest challenge of their lives: Battling breast cancer while pregnant. Fortunately, the caring physicians at White Plains Hospital Center for Cancer Care were there at every step of the fight.



**"If I didn't have this baby to take care of and focus on, I think the whole experience would have been a lot worse. In a lot of ways, I feel like he saved me."**

**—RAMONA RICKNAUTH**



**“It was just pure happiness. When you go through something like I was going through, it makes you really treasure those happy memories more than ever.”**

**—JORDANA BECK**

## **Jordana Beck**

Scarsdale, NY

Many exciting careers these days have a digital component. Beck's is among them: The 35-year-old works in influencer marketing for Walmart. Yet just three years ago, a cancer diagnosis influenced the course of her entire life.

At the time, in the fall of 2018, Beck, who already had one child, had recently become pregnant again. “My husband and I were just so happy and excited to expand our family,” she says.

Then, while on a vacation, Beck felt a small lump in her right breast. “It was like a tiny little marble,” she remembers. “My OB told me to get it checked out.” After undergoing screening and a biopsy, Beck received a call on the following Saturday, informing her she had cancer. “I fell to the floor,” she shares. “It was a week-end full of emotions. All my husband and I could think about was the baby and what would happen.”

Yet Beck is an optimist and soon rallied. “Later on, I'd learn that I actually had two tumors, and one was so deep that I wouldn't have been able to feel it. I really like to think of myself as lucky,” she says. “I would rather have found out about it when I did than if it had spread. That's what started the whole journey of my positive attitude.”

Beck was further heartened when she met Dr. Preya. “From the beginning, I knew she was a really special doctor,” she says.

Dr. Karen Green, a Hematologist/Oncologist at White Plains Hospital's Center for Cancer Care, deeply impressed Beck as well. “She called every single expert she knew across the country and spoke to them about my situation,” she remembers.

Beck's case had come up at a fortunate time, since Dr. Green was about to attend a major breast cancer symposium. In addition to consulting with the Hospital's tumor board, “I went to the conference and was able to get input from a host of experts,” she says.

The verdict was that it would be safe to give Beck infusions of a chemotherapy drug called Taxol. It would be very effective against her type of cancer, by keeping the cells from dividing and growing in number. And Dr. Green had more good news: “She said it was okay to keep the baby and have chemo,” Beck says. “My husband and I just collapsed into each other's arms.”

In the meantime, Beck had a mastectomy in her 13th week of pregnancy. “I was scared about what surgery and the anesthesia could do to my baby, but at that point, the doctors said to me, ‘You have to come first, right now,’” she recalls.

Dr. Preya took every step to make sure the operation harmed neither Beck nor her baby. “We had a carefully orchestrated plan to keep the length of surgery as short as possible and to minimize blood loss,

mastectomy, she underwent two courses of chemotherapy. “The tiny cells of the cancer can spread and flourish,” explains Dr. Zack. “We didn't want to miss the opportunity to treat the cancer while there was no overt evidence that it had become metastatic [spread to other areas of the body and formed tumors there].”

Luckily, the timing was right. Ricknauth was past her first trimester, when a baby's organs form and chemo is too risky to administer. Still, she says, “I was very, very nervous.” Once Ricknauth started chemo, she was further reassured by Dr. Zack's dedication. “I'm very attached to my patients. I like to know everything at all times,” Dr. Zack explains.

After a short break to allow her body to recover, Ricknauth was induced into labor at 37 weeks so that chemo could resume as quickly as possible. In October, little Henry arrived completely healthy. Overjoyed, Ricknauth was ready to face chemotherapy once more.

Beginning in December, she underwent another 14 rounds, followed by radiation “to zap any tiny cells that might have escaped surgery and still be floating around near the site of the tumor,” Dr. Zack explains.

Ricknauth remains on anti-cancer medication, and underwent a hysterectomy in April 2022. The operation removed her ovaries, which produced much of the estrogen that had fueled her tumor. The procedure also involved removing her uterus—a prudent move, since certain medications Ricknauth might need in the future carry a small risk of uterine cancer.

Her latest scans have shown no evidence of any cancer. It's the outcome she'd fervently hoped for all along, and she credits her physicians at the Center for Cancer Care for making it happen. “Dr. Zack and Dr. Preya were both so amazing,” she says.

She credits her son Henry as well. “If I didn't have this baby to take care of and focus on, I think the whole experience would have been a lot worse,” she reflects. “In a lot of ways, I feel like he saved me.”

### **DON'T WAIT, GET SCREENED!**

Help catch breast cancer early. Visit [wphospital.org/mammo](https://wphospital.org/mammo) to request an appointment for a mammogram at one of our three convenient locations.

so it didn't interrupt the baby's blood supply," she explains. When she woke up, Beck was relieved to learn the baby was healthy.

She then underwent 10 chemotherapy sessions between her surgery and delivery. "We did a lot of fetal monitoring to make sure the fetus was doing fine. We also had her undergo a lot of ultrasounds, just looking at the fetus's heartbeat," Dr. Green explains.

In April 2021, Beck was induced into labor several weeks early and gave birth to a healthy boy. "It was just pure happiness. When you go through something like I was going through, it makes you really treasure those happy memories more than ever," she says.

Yet Beck's cancer treatment was far from over. "I was back in the chemotherapy chair in two weeks, and then I had radiation every Monday through Friday for six weeks that summer," she says. COVID delayed the plans for the mastectomy of her other breast, but she was able to have the surgery in October 2021.

While some women understandably want to put a breast cancer experience behind them, Beck has been public about hers, sharing her story in various publications and even on the *Today* show. "Putting chemo in my body while creating a child was really scary, but I trusted the doctors," she says. "I knew they wouldn't be doing this unless they felt confident about it."

She's overjoyed that her physicians made sure her son arrived safely, despite extraordinary obstacles. "We named him Ethan," she shares. "It means 'warrior.'"

## Karlie Goldstein

Hartsdale, NY

In the fall of 2018, Karlie Goldstein, a 39-year-old early-childhood social worker, was delighted to find out that she was expecting. "My husband and I were together for 11 years before we tried to get pregnant. We were very happy because we were able to conceive easily," she says.

But life would soon present them with challenges. In April 2019, shortly before her due date, Goldstein felt an odd lump under her left armpit. She decided to have it examined at once. Goldstein visited the White Plains Hospital imaging center in Armonk and was relieved when the lump turned out to be harmless. Several weeks later, though, she felt a second lump, this one on the side of the same breast.

On May 1, when she was already nine months pregnant and went to a follow-up visit at the imaging center, she mentioned the second lump. The radiologist was concerned with the new lump and wanted Goldstein to head to White Plains Hospital immediately. Goldstein still remembers feeling shocked. "I went straight to the hospital, and after they looked at the lump, they did a biopsy practically that very minute," she says.

The next day, she was informed she had breast cancer.

Immediately, the Hospital addressed her case and concerns. "I got a call from a really lovely clinical coordinator who metaphorically held my hand," Goldstein says. Then she was connected to Drs. Preya and Green.

After consulting the Hospital's tumor board, Drs. Preya and Green decided Goldstein needed to deliver her baby as soon as possible. "Karlie had waited a while to achieve this pregnancy, so I wanted to do everything I could to help her and her baby have a good outcome," Dr. Green says.

"She was 37 weeks pregnant when I first met her, and we induced her at 39 weeks," Dr. Preya adds. Goldstein gave birth to a beautiful daughter, whom she and her husband named Delphine.

After delivery, Goldstein was able to have a mammogram and CT scan, which showed no evidence that her cancer had spread beyond her breast. Less than a month after giving birth, she underwent a lumpectomy, which found no involvement of her lymph nodes. But to further ensure no stray cells were lurking, Dr. Green prescribed a 20-week course of chemotherapy. Goldstein received another chemo drug for the rest of the year, along with Herceptin, a drug tailored to target her particular type of cancer cells.

In March 2020, Goldstein underwent a mastectomy of her left breast. Since then, she says, "I've had regular mammograms, and there is no evidence that the cancer has spread. And we'll keep watching it for years."

Today, she is feeling fine—and incredibly happy to be a mom to Delphine, now 3 years old. "I wondered if I'd even live to see her turn 1 year old," she remembers. "I can't express how wonderful Dr. Preya and Dr. Green are. It's so nice to have these two amazing women." •

"I wondered if I'd even live to see [Delphine] turn one. I can't express how wonderful Dr. Preya and Dr. Green are. It's so nice to have these two amazing women."

—KARLIE GOLDSTEIN



## A Team Effort

The White Plains Hospital Center for Cancer Care offers numerous physicians with the skill to provide world-class care to breast cancer patients. New to the breast surgery team is Dr. Dianne Seo. Dr. Seo performs breast biopsies, lumpectomies, mastectomies, oncoplastic surgery, and other procedures to treat breast conditions, such as breast cancer in both men and women. She joins the team of Dr. Preya Ananthakrishnan, Director of Breast Surgery, and Dr. Mark Gordon, Chairman of the Cancer Committee and Surgical Director of the Cancer Program.

# Healthy Eats

Fall is our favorite time of year to dig into healthy and hearty fare!  
**SARAH CUNNINGHAM**, Clinical Nutrition Manager at White Plains Hospital,  
 shares the recipes for two of her favorite fall dishes.



## SLOW-COOKER CHICKEN & CHICKPEA SOUP

*Adapted from eatingwell.com*

(6 servings)

Let this simmer away all day and come home to a comforting soup full of healthy, nourishing flavors.

- 1½ cups dried chickpeas, soaked overnight
- 4 cups water
- 1 large yellow onion, finely chopped
- 1 (15 oz) can diced tomatoes, preferably fire-roasted
- 2 Tbsp tomato paste
- 4 cloves garlic, finely chopped
- 1 bay leaf
- 4 tsp ground cumin
- 4 tsp paprika
- ½ tsp cayenne pepper
- ½ tsp black pepper
- ½ tsp salt
- 2 lbs bone-in chicken thighs, skin removed
- 1 (14 oz) can artichoke hearts, drained and quartered
- ¼ cup halved, pitted, oil-cured olives
- ¼ cup chopped fresh parsley

1. Gather all ingredients.
2. Drain chickpeas and place in a 6-quart or larger slow cooker. Add water, onion, tomatoes and their juice, tomato paste, garlic, bay leaf, cumin, paprika, cayenne, and black pepper. Stir to combine.
3. Add the chicken. Cover and cook on low for 8 hours or high for 4 hours.
4. Transfer the chicken to a clean cutting board and let cool slightly. Discard bay leaf. Add artichokes, olives, and salt to the slow cooker and stir to combine.
5. Shred the chicken, discarding bones. Stir the chicken into the soup.
6. Serve topped with parsley.

### NUTRITION INFORMATION

Per Serving: Calories: 447 kcal | Protein: 33g | Carbohydrates: 43g | Fiber: 12g  
 | Total Fat: 15g | Saturated Fat: 3g | Sodium: 761mg



## HEALTHY PUMPKIN BARS

Adapted from [dishingouthhealth.com](http://dishingouthhealth.com)

(12 servings)

Pumpkin and chocolate pair well in these bars made with healthy ingredients. They're a great way to feel good about eating dessert!

- ½ cup pumpkin puree
- ½ cup maple syrup
- ½ cup natural creamy nut butter (peanut, cashew, almond)
- 2 large eggs
- ½ tsp vanilla extract
- ½ cup almond or oat flour
- 2 tsp pumpkin pie spice
- ¼ tsp baking powder
- ¼ tsp kosher salt (if using unsalted nut butter, increase to ½ tsp salt)
- ½ cup chocolate chips, plus more to sprinkle on top

1. Preheat oven to 350°F. Line an 8 x 8-inch baking dish with parchment paper and lightly grease with cooking spray.
2. In a large bowl, combine pumpkin puree, maple syrup, nut butter, eggs, and vanilla. Whisk until smooth.
3. In a separate smaller bowl, combine flour, pumpkin pie spice, baking powder, and salt. Stir with whisk.
4. Combine dry ingredients into bowl with wet ingredients. Stir until just combined. Use a rubber spatula to fold in chocolate chips. Transfer mixture to prepared baking dish and sprinkle extra chocolate chips on top, if desired.
5. Place pan in oven and bake for 30–33 minutes or until a toothpick inserted in the center comes out mostly clean. Let cool in pan for 30 minutes. Cool completely and slice into 12 squares.

### NUTRITION INFORMATION

Serving: 1 bar | Calories: 172 kcal | Carbohydrates: 15g | Protein: 5g | Fat: 11g  
Saturated Fat: 2g | Sodium: 85 mg | Fiber: 2g | Sugar: 11g

## FALL FUN!

From festivals to foliage, Westchester has a full slate of family-friendly activities this season. **By Samantha Garbarini**

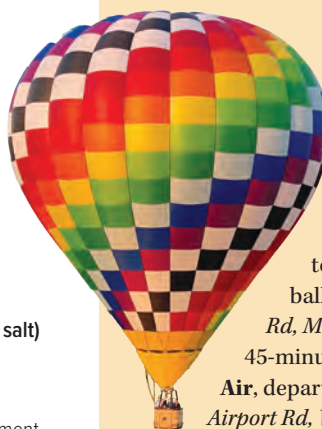
### CLASSICS FOR A REASON

**Harvest Moon Farm & Orchard** (130 Hardscrabble Rd, North Salem, right) hosts a full-scale Fall Festival every weekend through October, featuring u-pick apples, food stalls, hayrides, a corn maze, and apple cannons. If you prefer a Ferris wheel to a Fuji, the **Eastchester Columbus Day Carnival** (660 White Plains Rd, Eastchester) on October 7–10 is a can't-miss celebration, with rides, fireworks, and classic Italian comfort foods. Another beloved tradition is the **Tarrytown Halloween Parade**, which celebrates its 20th anniversary on October 29, with spooky floats and costumed performers marching down the main drag.



### NEXT-LEVEL LEAF PEEPING

Get a new perspective on fall foliage at **Boundless Adventures** (735 Anderson Hill Rd, Purchase), where the aerial ropes course has you ziplining and climbing through the colorful canopy. For a bird's-eye view of the changing leaves, day trip to Orange County and lift off in a hot-air balloon with **Above the Clouds** (72 Airport Rd, Middletown, left). Or splurge on a luxe, 30- or 45-minute fall foliage helicopter tour with **Wings Air**, departing from Westchester County Airport (240 Airport Rd, White Plains).



### ARTS & CRAFTS

There's more than apples and pumpkins happening in Westchester this fall. On October 15, 150 authors and illustrators descend on the county for readings, demos, and crafts during the **Chappaqua Children's Book Festival** (Chappaqua Train Station). Little ones don costumes for the scavenger hunt at **Greenburgh Nature Center's Fall Festival** (99 Dromore Rd, Scarsdale) on October 22–23, where they can also decorate pumpkins, visit the resident animals, and make fall-themed crafts. And any weekend, the whole family can kick back at **Captain Lawrence Brewing Co.** (444 Saw Mill River Rd, Elmsford), where kids can run around and play cornhole while Mom and Dad sip seasonal releases, like Autumn Blaze pumpkin ale.



## GET TO KNOW

# Martha Ferrara, DNP

**ASSISTANT DIRECTOR OF CARDIAC  
ELECTROPHYSIOLOGY SERVICES**

**BY STACEY PFEFFER**

## AS A NURSE FOR MORE THAN

40 years, Martha G. Ferrara, DNP, has had her fair share of rotations in various units at several hospitals. But it wasn't until she found a position in a cardiac electrophysiology (EP) unit that she truly found her calling. Dr. Ferrara realized that she loved harnessing the power of technology to help patients with cardiac arrhythmias achieve better outcomes with cardiac implantable electronic devices (CIEDs), such as pacemakers and defibrillators.

"To treat cardiac conditions, you have to know not only your nursing basics but also figure out how to integrate the latest technological advances in the field to deliver the best patient care," Dr. Ferrara explains. Today, as the Assistant Director of Electrophysiology Services at White Plains Hospital, she is responsible, alongside the Hospital's EP physicians, for the remote monitoring of more than 1,500 patients with CIEDs.

The field of electrophysiology is constantly evolving and has seen major advances over the course of Dr. Ferrara's nearly two-decade tenure. At the time, monitoring pacemakers was a cumbersome process that many patients found daunting, usually done through a landline phone using electrodes typically placed on the patient's wrists.

By contrast, today's remote monitoring can be done with ease, using Bluetooth technology or a smartphone kept close to the patient while they sleep. The pacemaker data is captured nightly, downloaded by the manufacturer and reviewed by Dr. Ferrara's team at the Hospital. Dr. Ferrara ensures that any patient with a "red alert" is promptly contacted and assessed.

Dr. Ferrara's deep knowledge and nursing education are strong assets to the Hospital. Having received her doctorate in nursing science from Stony Brook University in 2007, Dr. Ferrara enjoys research and has had her work published in a variety of medical journals. She is also an active participant at industry conferences and with professional orga-

nizations, such as the Heart Rhythm Society, where she was elected a Fellow in May 2014. She is working with the Heart Rhythm Society's Allied Health Professional Council as elected Chairwoman for 2022-2023, on a "research roundtable" initiative so that colleagues feel empowered to publish research and share their best practices.

Coincidentally, attending the Heart Rhythm Society's annual conference in 2016 is what led to her position at White Plains Hospital. WPH's cardiac electrophysiologist program director, Dr. Daniel Wang, approached her after her presentation at the conference; eventually they established the EP unit at White Plains Hospital together in 2018.

The department has flourished and now features a dedicated staff of 12. "Patients know they can reach us 24/7, 365 days a year, and we are always available to them," Dr. Ferrara says.

One of the primary reasons Dr. Ferrara accepted the opportunity to start the unit despite a 90-minute commute from her home in New Paltz was the chance to work with Dr. Wang. "His mentorship is invaluable. He teaches me about complex rhythms, arrhythmia mapping, and above all, kindness," she says.

Dr. Wang is equally enthusiastic about his colleague, noting that "Martha truly embodies White Plains Hospital's motto of 'Exceptional, Every Day.' Her decades of experience and expertise in EP have been invaluable to the growth and success of our program. She has an ability to connect with patients and their families, making them feel both heard and understood."



(From top): As an American Heart Association Woman of Impact nominee, Dr. Martha Ferrara and her team helped raise funds for Go Red for Women; The EP unit staff (left to right) Monique Davis, MA, Dr. James Peacock, Martha Ferrara, DNP, Uloma Ijomah, NP, Maria Hernandez, MA, Dr. Daniel Wang, and Cherlyne Branche, BSHA

with more than 12 million Americans expected to have it by 2030. It is the cause of one in seven strokes, according to the CDC.

The high stakes involved in treating cardiac patients are not a deterrent for Dr. Ferrara. "I'm lucky to love my job," she says. "Working with cardiac patients who want to get better is inspiring and rewarding. There are days that are challenging, and I feel like I can't do even one more thing—but then a red alert comes through, and I think about the anxiety the

**"I'm lucky to love my job. Working with cardiac patients who want to get better is inspiring and rewarding."**

—DR. MARTHA FERRARA

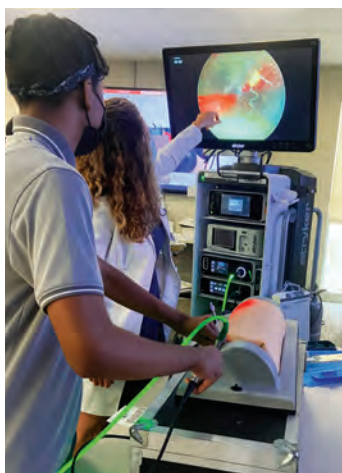
A hallmark of a successful remote monitoring program is the connectivity rate for patients, and Dr. Ferrara is proud to note a consistent connectivity compliance rate of more than 90% for patients in her unit. (Industry averages vary from only 20% to 50%.) The high connectivity rate is directly related to the ongoing patient education that Dr. Ferrara and her team take pride in. Educating a patient's loved ones about how the remote monitoring program works is crucial, she says. "Patients with AFib [an irregular heartbeat], for example, sometimes do not experience any symptoms," explains Dr. Ferrara. Dubbed the "silent arrhythmia" by doctors, AFib is on the rise,

patient must be experiencing with this latest health threat. That empathy never leaves you."

The empathy and passion Dr. Ferrara holds for nursing has been passed down to her son, who is an ICU nurse at Montefiore St. Luke's Cornwall in Newburgh, NY. Her daughter shares more of her photographer husband's artistic inclinations as a cinematographer and is the founder of the New Paltz Film Festival. When she isn't spending time with family, Dr. Ferrara, a past New York City Marathon runner, prefers to spend her weekends on the Walkway Over the Hudson to decompress. "It's beautiful there. Plus, nothing beats being healthy!" •

## 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 White Plains Youth Bureau Summer Leadership Medical Pathways Program, giving local 9th- and 10th-grade students the opportunity to learn about careers in medicine, including radiology, nursing, emergency medicine, and cardiac surgery.



Neiman Marcus hosted a thank you lunch and fall fashion presentation, styled by Samantha Brown, for the Better Together Gala Committee. The Hospital Gala was on October 1 at Westchester Country Club in Rye – photos to follow in our next issue! Thank you to Neiman Marcus and White Plains and General Manager Dina Sturtevant for supporting us in style!



Rye Subaru and the Leukemia & Lymphoma Society donated 80 beautiful blankets to patients at the White Plains Hospital Center for Cancer Care.



White Plains Hospital hosted the 2022 Mariano Rivera Classic golf outing in June at Quaker Ridge Golf Course. Afternoon golf and tennis were cancelled due to rain, but supporters returned in September for a fun day of tennis.



White Plains Hospital opened a new, modernized Intensive Care Unit to provide life-saving care to its most medically vulnerable patients. WPH's exceptional critical care team is now even better equipped to care for the growing number of patients with complex needs as the Hospital continues to add more advanced care, such as cardiac and neurointerventional surgery.

White Plains Hospital is extremely proud to announce that it is the only hospital in Westchester, and one of just eight hospitals in New York State, to receive a 5 Star rating by the Centers for Medicare & Medicaid Services (CMS). The honor is the highest quality rating given by the federal agency and reflects the hard work, dedication, and commitment of every staff member across the organization.





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