

SPECIAL CARDIAC EDITION

LEADING EDGE

SPRING 2021

MOUNTAIN HEALTH NETWORK

SM St. Mary's Regional Heart Institute
CARDIOVASCULAR CENTER OF EXCELLENCE



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President & Chief Executive Officer

Mountain Health Network

Michael L. Mullins

Executive Editor, Chief Strategy Officer

Mountain Health Network

Lisa Chamberlin Stump

Managing Editor

Shawn Jordan

Layout & Design

Phil Stanley

Photography

Angela Henderson-Bentley

Mike Brady

Rick Lee

Phil Stanley

Writers

Shawn Jordan

Angela Henderson-Bentley

Lisa Chamberlin Stump



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contact the Strategic Marketing,
Planning & Business Development
Department at 304.526.2260.

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1340 Hal Greer Blvd.

Huntington, WV 25701



Message from the
President & CEO

Welcome to the cardiovascular edition of *Leading Edge* Magazine. This edition highlights the importance of preventive heart health management as well as the new technology and teams who are dedicated to heart services.

We are pleased to share information about Mountain Health Network's Cardiovascular Center of Excellence, St. Mary's Regional Heart Institute. To become a center of excellence, a clinical area must be recognized by the medical community, accrediting bodies and the public as providing expert, high-level compassionate and innovative care.

Patients with heart conditions across the region choose Mountain Health hospitals to receive specialized inpatient and outpatient care. Treatment includes all aspects of caring for heart disease, from the hospital stay through outpatient rehabilitation programs.

One thing you can count on is we are with you every step of the way. Our award winning facilities follow processes that improve outcomes, reducing time-to-treatment during the critical first stages of a heart attack.

We hope you find this edition educational and empowering. Mountain Health Network, our dedicated team is committed to providing patients with the best heart care treatment available.

Michael L. Mullins

Michael L. Mullins, FACHE
President & CEO
Mountain Health Network

The Region's Heart & Vascular CENTER OF EXCELLENCE



In 1979, physicians at St. Mary's Regional Heart Institute performed the first cardiac catheterizations and first open-heart surgeries in the region. Since then, St. Mary's has been leading the way in advanced heart care. Our cardiovascular and thoracic surgeons have the highest rating from the Society of Cardiovascular and Thoracic Surgeons, and our electrophysiologists are innovators in helping people with heart rhythm problems. Plus, St. Mary's established the first accredited chest pain center in Huntington to help save the lives of heart attack patients.

U.S. News and World Report named St. Mary's a Best Regional Hospital, with designations of excellence in heart bypass surgery and heart failure. St. Mary's was one of only 140 hospitals in the country to receive the prestigious Chest Pain-MI Registry Platinum Performance Achievement Award from the American College of Cardiology. Highmark Blue Cross Blue Shield West Virginia named St. Mary's a Blue Distinction® Center+ for Cardiac Care and the American Heart Association recognized St. Mary's with the Get With the Guidelines®-Heart Failure Gold Plus Quality Achievement Award for the seventh year in a row.

Thank you for choosing St. Mary's, The Hands of Experience, providing advanced heart care for over 40 years.

 **ST.MARY'S**
REGIONAL HEART INSTITUTE
Member of MOUNTAIN HEALTH NETWORK

The Heart² Smart Cart

When it comes to living a heart-healthy lifestyle, what you choose to put into your body makes a difference. Knowing how to shop for the groceries that are the healthiest for you can help you stay the course of eating foods good for your heart.



"What I tell people when they ask how to eat healthy is to start with smart shopping," said Chef Marty Emerson, manager of Huntington's Kitchen. "Shop the perimeter of the grocery store. All of the fresh items are located along the outside isles."

Items such as fruits and vegetables, eggs, dairy and meats are always located where there is electricity to help keep them fresh. Items in the middle isles have more preservatives to keep them on the shelves longer.

"Another tip is to read labels on products before you buy them," Emerson said. "Even foods you may think are healthy could contain high amounts of sodium, saturated fat and added sugars."

The American Heart Association (AHA) offers several tips to help people find healthier options while shopping, including:

Choosing frozen, canned or dried produce when fresh isn't available or practical. It not only lasts longer but offers higher nutritional value than canned options. Be cautious to read the labels on canned items to stay clear of heavy syrups that have unwanted amounts of sugar and avoid frozen fruits and vegetables with sauces that add more sodium and calories.

Choosing whole-grain foods. Again, reading the labels on foods before you buy can make a big difference on the nutrition you gain from a product. Look for the word "whole-grain" as the first ingredient in a product.

Looking for the AHA's Heart-Check mark as a way to identify a product that has been certified by the AHA to meet specific nutritional requirements. The Heart-Check is a quick way to find healthy options and take the guesswork out of comparing nutrition facts on the labels.

"The bottom line is to take your time at the grocery store, make a list and stick with it," Emerson said. "And never go to the store on an empty stomach. That often results in impulse buying and poor food choices."

For more information about healthy eating, visit www.huntingtons-kitchen.org.





Bringing culinary medical skills to medical students

Eating a nutritious diet along with other lifestyle choices to maintain good health is important. When it comes to educating patients on this important regimen, many physicians cite a lack of time and culinary know-how as barriers.



"Providing medical students with dietary knowledge so they can share these skills with patients supports overall health and well-being of both patients and students," said Nathan Vaughan, MD, MBA, cardiologist and assistant professor in the Department of Cardiovascular Services at the Marshall University Joan C. Edwards School of Medicine.

Diet-related illnesses, such as coronary heart disease, diabetes, high blood pressure and obesity, are recognized as the leading non-transmissible disease causes of death. This has occurred as the intake of excess calories, especially those high in saturated fat, sodium, and refined sugars, as well as the lack of physical activity have resulted in a worldwide epidemic of obesity.

Healthcare providers who have the skills to counsel patients about healthy nutrition can help reverse this epidemic.

According to Dr. Vaughan, "nutrition has been a component of medical school curricula as far back as the 19th century. A notice in the *British Medical Journal* published Jan. 7, 1893, reported a course of 'four demonstrations on sick-room and convalescent cookery for medical students is to be given at the

Edinburgh Royal Infirmary.' This may be the first report of coursework in culinary medicine for medical students."

Medical students at the Marshall University Joan C. Edwards School of Medicine (MUJCESOM) have participated in nutrition education for several years through the Nutrition in Medicine program. That program was intended to provide high-quality nutritional education to medical schools that did not have a broad faculty base to provide that education. Over the years the Marshall curriculum provided 23 hours of nutrition education in the first year of medical school with an additional 15.5 hours available in years two through four of the curricula. That far exceeded the recommended amount of hours of nutritional education for U.S. medical schools.

The MUJCESOM will soon offer a new program of over 30 modules through the Health Meets Food culinary medicine

"Providing medical students with dietary knowledge so they can share these skills with patients supports overall health and well-being."

— Nathan Vaughan, MD

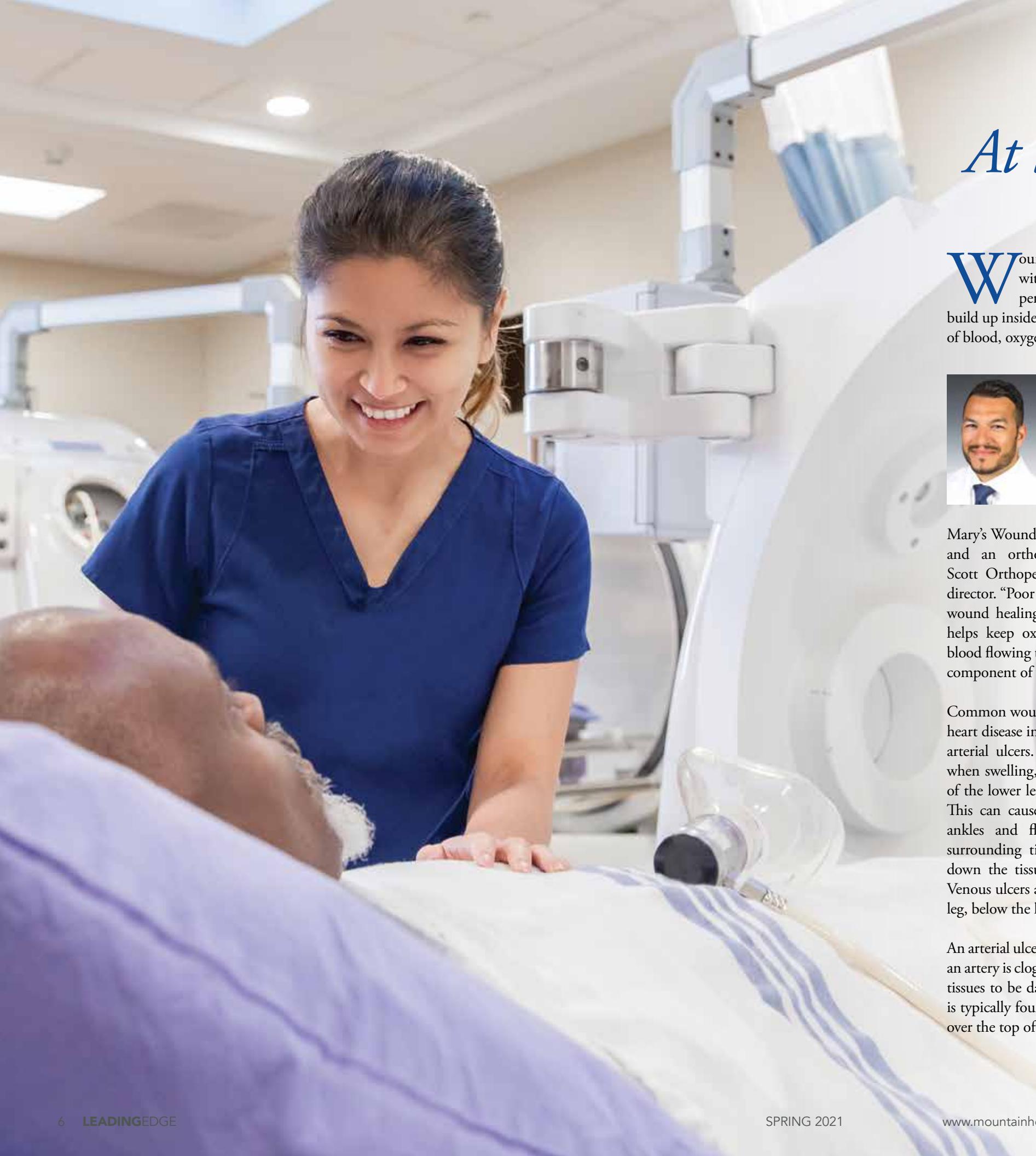
courseware. As this program is integrated into the curriculum, modules that apply to blocks of study related to heart disease, kidney disease, endocrine disease and many others will be part of self-study for those courses. This courseware will provide a broader base of practical knowledge in nutrition directly applicable to patient care. Topics range from pediatric to geriatric nutrition, nutrition in pregnancy, cancer, HIV, obesity, endocrine disease, cardiovascular disease, gastrointestinal disease and coursework related to inflammation, neurocognition, fad diets and nutrition controversies, food allergies/intolerances, eating disorders, macronutrients and many others. A 4th year elective that integrates hands-on cooking virtually or in a teaching kitchen environment will be offered as well. This elective will integrate new professional educational opportunities with the Department of Dietetics.

"The goal of this new courseware is to provide medical students with a basic understanding of nutrition as it relates to disease and how diet impacts health, as well as the skills to be able to have discussions with patients in a clear and understandable manner," said Dr. Vaughan. "The ability to provide this information to patients can deliver higher impact, lower cost and higher value care, to reduce the burden of chronic disease." Dr. Vaughan anticipates future topics such as food insecurity, food deserts, food sustainability and planetary health to be included as part of the courseware.

Dr. Vaughan has more than 35 years of experience in cardiology care, specializing in non-invasive, preventive and general cardiology. Vaughan's practice also places a special emphasis on nutrition as it relates to heart disease and heart health. He is a Certified Culinary Medicine Specialist from the Culinary Medicine Specialist Board.

 Nathan Vaughan, MD, assistant professor in the Department of Cardiology at the Marshall University Joan C. Edwards School of Medicine.

Healthy circulation: *At the heart of every healed wound*



Wounds are not something people normally associate with heart disease, but coronary artery and peripheral arterial diseases can cause plaque to build up inside the arteries, which can reduce or block the flow of blood, oxygen and nutrients needed for wound healing.



"Any disease that disrupts blood circulation affects how long it will take for a wound to heal," said Karim Boukhemis, MD, co-medical director, St. Mary's Wound and Hyperbaric Center and an orthopedic physician with Scott Orthopedic Center, co-medical director. "Poor heart health means poor wound healing rates. A healthy heart helps keep oxygen and nutrient-rich blood flowing through the body, a vital component of wound healing."

Common wound types associated with heart disease include venous ulcers and arterial ulcers. A venous ulcer occurs when swelling, due to damaged valves of the lower leg veins, is uncontrolled. This can cause blood to pool in the ankles and fluid to leak into the surrounding tissue. This fluid breaks down the tissue and an ulcer forms. Venous ulcers are typically found along the inside of the lower leg, below the knee.

An arterial ulcer is commonly caused by clogged arteries. When an artery is clogged, it decreases the blood flow, which can cause tissues to be damaged and an ulcer to form. An arterial ulcer is typically found on the lower leg or foot and is often located over the top of the toes or the ankle.

"Poor heart health means poor wound healing rates. A healthy heart helps keep oxygen and nutrient-rich blood flowing through the body, a vital component of wound healing."

— Karim Boukhemis, MD

Patients who have high blood pressure or high blood cholesterol, and patients who smoke are at an increased risk for hard-to-heal wounds.

Dr. Boukhemis suggests patients do the following to be heart healthy:

- Exercise at least 30 minutes a day
- Quit smoking, if a smoker
- Eat a healthy amount of fruits and vegetables instead of processed foods like potato chips
- Get adequate sleep
- Engage in activities to relieve stress, such as meditation

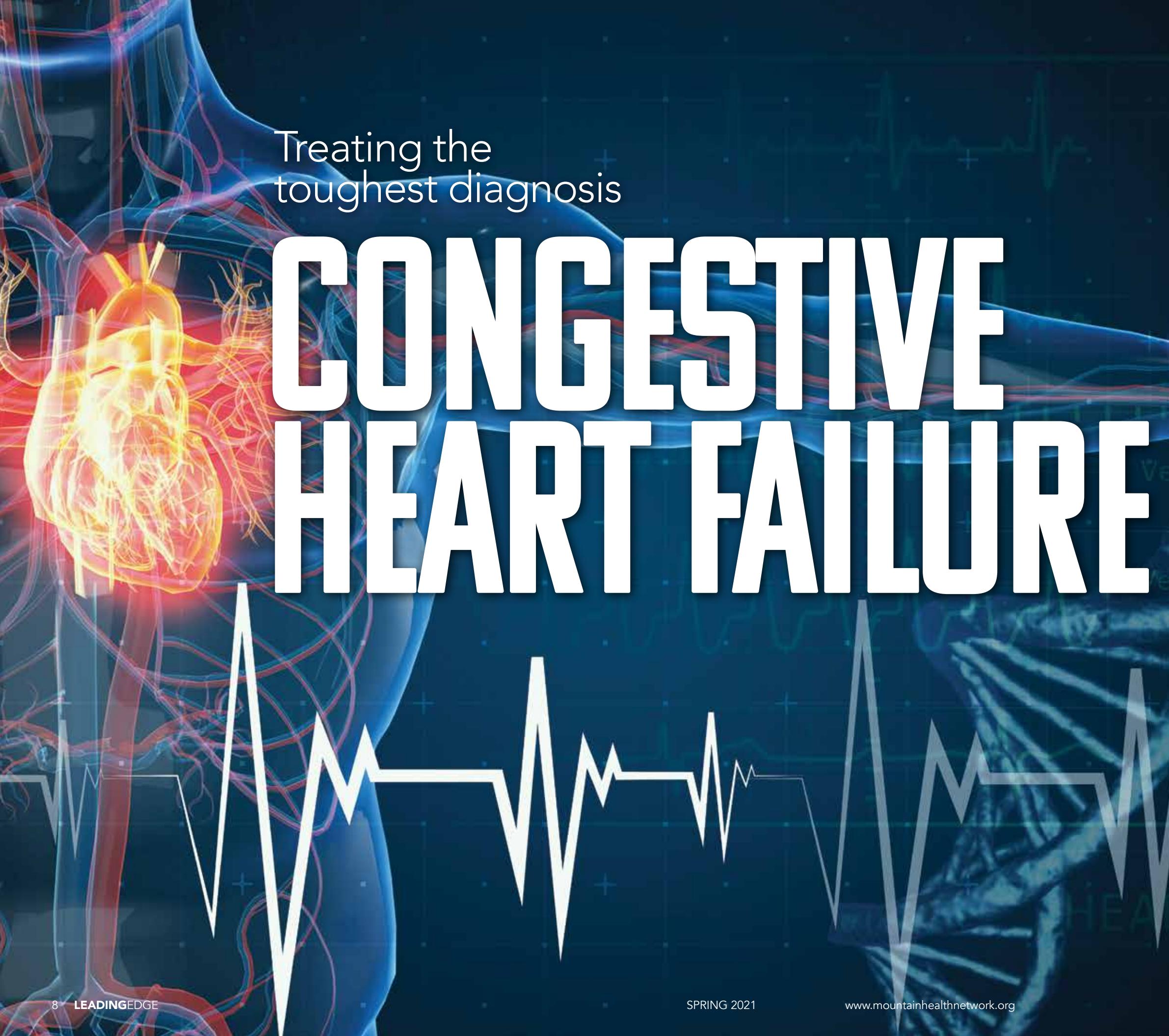
St. Mary's Wound and Hyperbaric Center and the Center for Wound Healing at Cabell Huntington Hospital have multidisciplinary healthcare teams that use proven wound care practices and advanced clinical approaches to help heal patients who suffer from chronic wounds. The team includes physicians with advanced training in wound management and hyperbaric medicine and nurses skilled in chronic wound care treatment.

"It's important to remind patients that if they are suffering from any type of wound that is not healing or is slow to heal, they should contact a wound center

for an appointment to get them back on the path to healing," Dr. Boukhemis said.

St. Mary's Wound and Hyperbaric Center and the Center for Wound Healing at Cabell Huntington Hospital have both received quality and patient satisfaction awards in wound care from RestorixHealth, a leading wound care management company.

For more information, or to make an appointment, call SMMC at 304.399.7450 or CHH at 304.399.3510.



Treating the
toughest diagnosis

CONGESTIVE HEART FAILURE



Learning you have congestive heart failure (CHF) can be a frightening diagnosis. But Carlos Rueda, MD, the region's only board-certified, fellowship-trained advanced heart failure specialist, is leading the way in providing treatment for all stages of the disease.

Heart failure is a chronic long-term condition that can worsen over time. The heart works less efficiently than normal causing blood to move through the heart and body at a slower rate, and increasing pressure in the heart. As a result, the heart is not able to pump enough oxygen and nutrients to meet the body's needs. Treatment options vary depending on the severity of the condition.

According to the American Heart Association, heart failure affects nearly six million Americans. Roughly 670,000 people are diagnosed with heart failure each year. It is the leading cause of hospitalization in people older than age 65.

"There are four stages of heart failure," explained Dr. Rueda, medical director of the heart failure program at St. Mary's Medical Center. "The stages range from high risk of developing heart failure to advanced heart failure. Each stage can have varying treatment options to help provide relief from the symptoms of CHF."

Some of the most common symptoms of heart failure are:

- Shortness of breath
- Decreased functional capacity
- Leg swelling
- Waking up during the night gasping for air

"It is important for patients who begin developing symptoms to talk to their primary care physician," Rueda explained. "Tests can be ordered to determine if a visit to a cardiologist is needed. Earlier is better to prevent hospitalization, manage the disease and extend quality of life for heart failure patients."

Treatments can range from self-care changes that include eating less salt and limiting fluid intake, to taking prescription medications. In some cases a defibrillator or pacemaker may be implanted to help the heart pump in a regular pattern.

St. Mary's Medical Center was recognized as a High Performing Hospital 2020-21 for heart failure care by U.S. News and World Report. For more information, call SMMC's heart failure program at 304.526.8339.



Carlos Rueda, MD, is an assistant professor in the department of cardiology at the Marshall University Joan C. Edwards School of Medicine.

COVID-19 Aftermath:

What are the long-term effects on the heart?

As the COVID-19 pandemic continues, physicians learn more each day about the virus, including prevention, treatment, and future side effects it may cause. So what do we know about the long-term effects COVID has on the heart?



"The COVID-19 pandemic has been challenging on many levels," said Sonal Bajaj, MD, infectious disease specialist, St. Mary's Infectious Disease. "As new data and facts are discovered by national and international health agencies, the medical community must adapt and adjust health care practices as quickly and efficiently as possible. Whether it's diagnostic testing, isolation precautions, PPE guidelines, therapeutic agents and now vaccines, we have acquired an abundant volume of knowledge. But there is still much that is unknown, especially about the long-term effects from COVID-19."



Gudjon Karlsson, MD, interventional cardiologist, HIMG Cardiology, said he has seen several different ways in which COVID has affected a patient's heart. "If you have a more serious case of COVID, you are more prone to blood clots, which can lead to heart attacks," Dr. Karlsson said. "We've seen patients with underlying heart problems, get COVID and then COVID pneumonia, which makes breathing more difficult and creates increased stress on the heart. We've even had some people with COVID pneumonia have a heart attack at the same time, which is very dire and difficult to treat."

Dr. Karlsson said he has also seen patients, sometimes young people, show signs of heart trauma weeks after they have experienced COVID. Those symptoms of heart trauma include exhaustion, and accelerated heart rate after being active.

Cardiomyopathy, a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body, has also been reported in COVID patients.

"COVID is tricky because some people have minimal symptoms and some become incredibly sick," Dr. Karlsson said. "We expect some patients will continue to recover months out following COVID symptoms. I'm sure we will continue to learn more about long-term effects."

One of the biggest issues Dr. Karlsson has seen, especially in the earlier stages of the pandemic, resulted from people not seeking care. "At the beginning of the pandemic, patients delayed care because they were more afraid to come," he said. "But time is of the essence with heart conditions and so this resulted in their heart problems becoming worse. We, unfortunately, saw some of that with patients after the initial shutdown last spring."

Though Dr. Karlsson said he has seen an improvement in patients coming to see him, there are some who are still hesitant, and he and Dr. Bajaj both caution patients not to delay care.

"Our healthcare professionals are committed to attending to the needs of our community," Dr. Bajaj said. "Individuals who experience any acute, alarming symptoms due to underlying heart disease and other conditions should not delay seeking medical attention."

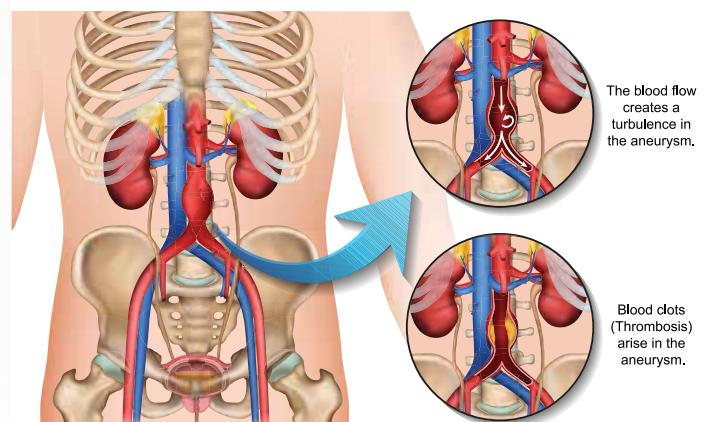
"If you are having symptoms, chest pain, or you're out of breath, absolutely do not delay care," Dr. Karlsson said. "Both at HIMG and in the ER, we have a good system for keeping patients safer. Even in the most hectic weeks of the pandemic, patient care has continued to be our top priority."

For more information about St. Mary's Infectious Disease, call 304.399.7213. For more information about HIMG Cardiology, call 304.697.6000.

A less invasive treatment for

ABDOMINAL AORTIC ANEURYSM

According to the Society for Vascular Surgery, 200,000 Americans are diagnosed each year with an abdominal aortic aneurysm (AAA). An AAA is an enlarged area in the aorta, the lower part of the major vessel that supplies blood to the body. A ruptured AAA, which can cause life-threatening bleeding, is the 15th leading cause of death in the U.S. and the 10th leading cause of death in men older than 55.



An endovascular stent graft, a newer form of treatment less invasive than open surgery, can help keep AAAs from rupturing.



"In the old days, before an abdominal aortic aneurysm ruptured, we would do a big abdominal surgery," said Dr. Mehrette Maru, interventional cardiologist, HIMG Cardiology. "Today, we can treat 95-98% of AAA patients with a stent graft. The procedure lasts 30-45 minutes and the patient can go home and resume their regular activities the next day."

During the procedure, an endovascular stent graft is placed inside of the aortic aneurysm with the help of a very thin plastic tube called a delivery catheter. The catheter is inserted into an artery in the leg near the groin. Using advanced imaging, Dr. Maru guides the catheter through the vessel into the aneurysm.

Once the graft is in position, he removes the delivery catheter and places the graft inside the aorta to keep the aneurysm from rupturing.

"With open surgery, you need three to five days of recovery in the hospital and 4-6 weeks of recovery at home," Dr. Maru said. "With the stent graft, the total recovery is only 12 hours. It is wonderful for patients. We almost don't call it surgery anymore."

Dr. Maru said that family history of aneurysms is the biggest risk factor for the development of AAAs. Other risk factors include smoking and high blood pressure. More men are diagnosed with AAAs, although it is unknown why. Because most AAAs grow slowly without symptoms, most AAAs are discovered through an examination for something else.

"An aneurysm might be discovered through an ultrasound if you have stomach pain, or through a CT scan if you go to the emergency room," Dr. Maru said. "But there might not be any symptoms at all and that's why screenings are important when appropriate."

A one-time screening using an abdominal ultrasound is recommended for men ages 65-75 who have ever smoked. For men ages 65-75 who have never smoked, a screening may be recommended by your primary care provider based on other risk factors, including family history.

For more information about HIMG Cardiology, call 304.697.6000.

PREVENTIVE SCREENINGS

St. Mary's Regional Heart Institute offers an AAA screening the first and third Thursday of each month. The test can be purchased for \$45 or for \$99 as part of a three-test package, which also includes carotid artery screening and peripheral vascular disease screening. To schedule a screening, call 304.526.1492.

PRONE POSITION

Reduces Heart Damage During Radiation Therapy

The Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital makes patient safety a priority by continually studying and researching options for the most effective breast cancer treatments possible. Recent studies have shown that lying face down, or prone, to receive radiation therapy to the breast area reduces the amount of radiation that unintentionally reaches the heart and lungs.



"When lying face up to receive radiation treatment for breast cancer, the risk increases exposing major internal organs to radiation," said Grace Dixon, MD, radiation oncologist at the ECCC. "The heart is especially vulnerable when treating the left breast as it is directly in line with the heart."

Dixon said that by placing the patient in the prone position, using a specially-designed table with a breast board for comfort, the breast drops away from the body. This allows better isolation of the area for treatment. And with the breast away from the body, surrounding organs such as the heart and lungs are less likely to receive radiation exposure lowering the risk of complications such as future heart disease and lung damage.

Dixon said the prone position ensures radiation is distributed evenly, consistently and accurately with each treatment. In addition to patient positioning, advances in radiation therapy have also minimized the amount of exposure to the heart, lungs

"Prone is much safer for the patient and is more precise in delivering radiation."

— Grace Dixon, MD

and other healthy tissue. Using advanced equipment, physicians are able to deliver higher radiation doses to breast cancer cells while limiting damage to healthy tissue.

Advantages of using the prone position for treatment include:

- reducing the amount of heart tissue exposed to radiation by 86%
- reducing the amount of lung tissue exposed to radiation by 91%

"While these reductions sound large, it's important to remember that only a very small area of the heart and lungs might be exposed to radiation while lying face up. But because we want to eliminate any over exposure we can, this is the best solution to minimize the risks," said Dixon.

Prone positioning also improves dose uniformity, leading to a more tolerable treatment course and better cosmetic outcomes. This is especially true in large-breasted women.

"Prone is much safer for the patient and is more precise in delivering radiation," said Dixon. "When a woman lies on her back, gravity pulls the breast closer to the body. And because larger breasts may lay flat differently with each session, the radiation precision can vary."

The Edwards Comprehensive Cancer Center is an ACR Accredited facility of the American College of Radiology. For more information about breast cancer, visit us on the web at www.edwardsccc.org.



READY TO QUIT SMOKING?

We can help break the habit.



St. Mary's Medical Center's (SMMC) certified smoking cessation specialists can help you break the smoking habit to help prevent heart disease.



Smoking is a major cause of cardiovascular disease (CVD) and causes one of every four deaths from CVD. The certified specialists at SMMC Pulmonary Rehabilitation can help smokers break the habit.

"No one claims that quitting is easy," said Rhonda Sheridan, RRT, CTTS, coordinator of pulmonary rehabilitation at SMMC. "It's a big step. A commitment that is only possible if you have decided to put your health first."

According to the Centers for Disease Control and Prevention (CDC), smoking can:

- Raise triglycerides, a type of fat in your blood
- Lower "good" cholesterol (HDL)
- Make blood sticky and more likely to clot, which can block blood flow to the heart and brain
- Damage cells that line the blood vessels
- Increase the buildup of plaque in blood vessels
- Cause thickening and narrowing of blood vessels

Cigarette smoking is the leading cause of preventable death in the U.S. with 480,000 people dying per year. According to

"Smoking Cessation: A Report of the Surgeon General," which was released in January 2020, quitting smoking can add as much as a decade to an individual's life expectancy.

There's no one right way to quit. Most smokers prefer to quit cold turkey, smoking until their chosen quit day and then stop. Others cut down on the number of cigarettes they smoke each day. Nicotine Replacement Therapy (NRT) can help reduce withdrawal symptoms, but it works best when used as part of a stop-smoking plan that addresses both the physical and psychological components of quitting smoking.

SMMC offers one-on-one counseling by phone to help smokers break the habit. The counseling sessions are with Sheridan, a certified tobacco treatment specialist through the Mayo Clinic.

"One-on-one sessions are important because everyone is different, so everyone doesn't quit the same way," Sheridan said. "This is an individualized program focusing on individual motives for quitting with an individualized treatment plan."

Sheridan said counseling, when combined with nicotine replacement therapy, can double a person's chances of successfully quitting. Smokers should always check with their provider before beginning any prescription drugs to help them quit.

For more information, or to register for St. Mary's smoking cessation program, call St. Mary's Pulmonary Rehabilitation at 304.399.7402.

Minimally invasive cardiac surgery: *a true game changer*

Heart surgery once meant a large incision in the chest and weeks of recovery time. Now, many procedures can be done using minimally invasive techniques, giving patients a faster recovery, less pain and a lower risk of infection.

St. Mary's Cardiovascular and Thoracic Surgeons Nepal Chowdhury, MD, Richard Heuer, MD, and Nestor Dans, MD, use the latest technologies, including minimally invasive procedures, to provide the best outcomes in cardiac, thoracic, vascular and esophageal surgery.

"Minimally invasive surgery is a less stressful way of performing procedures and helps patients get back to their lives quicker," Chowdhury said.

Among the minimally invasive heart and vascular procedures performed at SMMC are: coronary artery bypass grafting (CABG); valve surgeries, including transcatheter aortic valve replacement (TAVR), a procedure to replace a narrowed aortic

valve that fails to open properly; aortic valve replacement and mitral valve repair and replacement; vascular surgery, including treatment of endovascular abdominal aortic aneurysm; and arteriovenous fistula creation to assist patients with chronic kidney disease in need of hemodialysis, or the filtering of their blood. Minimally invasive robotic-assisted lung surgery is also routinely performed at SMMC, including lobectomy and thymectomy.

The benefits of minimally invasive surgery include:

- Less blood loss
- Lower risk of infection
- Reduced trauma and pain
- Faster recovery, including a shorter hospital stay
- Smaller, less noticeable scars

"Many patients think they have to travel to receive these services," Dr. Heuer said. "But you don't have to travel three to four hours for these types of procedures. We're doing them right here at St. Mary's and doing them very well. It's a true game changer."

Not everyone is a candidate for minimally invasive heart surgery. The treatment team will work with patients to determine if a minimally invasive procedure is the best option for treatment.

For more information about St. Mary's Cardiovascular and Thoracic Surgeons, visit st-marys.org, or call 304.399.7530.



Nestor Dans, MD

Nepal Chowdhury, MD

Richard Heuer, MD



St. Mary's Cardiac Rehabilitation: *Where patients become family*

When you think of cardiac rehabilitation, you think mostly of exercise. But spend any amount of time at St. Mary's Cardiac Rehabilitation, and the first word you think of is family.

Cardiac rehabilitation is a medically supervised program designed to improve the cardiovascular health of anyone who has experienced heart attack, heart failure, angioplasty or heart surgery. It's made up of three components: exercise, education and counseling. St. Mary's uses a team approach with the exercise physiologists, nutritionists, RNs and counselors working together on an individualized plan for each patient.

"We use treadmills, bikes, rowing machines and other equipment to help get their strength back after a procedure," said Cindy Gibson, MS, exercise physiologist. "But we also work on their self-confidence. Cardiac rehab is both physical and mental. Many of our patients are scared. We teach them they can get back to their lives."

Cardiac rehabilitation helps cardiac patients recover quickly, improve their overall physical and mental functioning and regain their independence. The staff works to develop an individualized therapeutic plan of care and gains a rich connection with each patient.

"You do get to build relationships with patients," said Jon Clark, MS, exercise physiologist. "You see them at their hardest time. They really connect with you and lean on you and trust you. It's really quite special when they get through."

Clark and Gibson agree that patients make the most progress when they make a complete lifestyle change. "It improves their quality of life," Clark said. "They find out they haven't felt good for years. And when they get that feeling back, it's really powerful."

St. Mary's Cardiac Rehabilitation has three stages: inpatient, outpatient and maintenance. Gibson said there are some patients who have been participating in maintenance 15-20 years. "That's the type of atmosphere we want here," Gibson said. "They become our family and we want what's best for them."

St. Mary's Cardiac Rehabilitation, accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation, requires a physician referral. For more information, call 304.526.1253.

Diabetes and the Heart: Education is Key

According to the Centers for Disease Control and Prevention (CDC), 34.2 million Americans have diabetes, a chronic disease that affects how your body turns food into energy. Another 88 million adults in the United States have prediabetes, meaning their blood sugar levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes.

Diabetes and heart disease often go hand in hand as a person with diabetes is twice as likely to have heart disease as someone who doesn't have diabetes — and at a younger age.

The Joslin Diabetes Center education affiliate at St. Mary's Medical Center, located inside St. Mary's Regional Heart Institute, helps individuals with diabetes find answers to their questions and solutions to their concerns, as well as offer support with meal planning and lifestyle counseling.



"The longer a person has diabetes, the more likely they are to have heart disease," said Catherine Mitts, BSN, RN, CDCES, diabetes nurse educator. "The good news is that a person can lower their risk for heart disease and improve their heart health by changing certain lifestyle habits. Those changes will help manage diabetes better too."

Many people consider diabetes an extremely dire diagnosis, but it doesn't have to be. Mitts says that sustaining proper nutrition can be challenging, but it can be done. "I talk to so many people who think diabetes is the worst news they can hear, but it's really not," she said. "They can still enjoy their favorite foods and manage their diabetes. It's all about portion control and thinking about eating in a different way."



One important thing to consider is carbohydrates have the biggest impact on blood sugar. Meats and non-starchy vegetables have limited carbs, while foods like bread or mashed potatoes have more. "So instead of a second helping of potatoes, choose turkey or green beans," Mitts said. "If you really want a piece of pie, then you should have it, but then think about the food the pie can take the place of, like a hot buttered roll. It's important to make balanced choices."

Mitts stresses that two of the most important tools for people with diabetes are knowledge and support. "It's important for people who have been diagnosed to realize they are not alone. There are people that can help. Education is the key to managing diabetes."

The team at the St. Mary's Joslin Diabetes Center, which includes Mitts and Kathy Salters, RN, MSN Ed., inpatient diabetes education coordinator, can provide that education. The center is a partner of the world-renowned Joslin Diabetes Center in Boston, an international leader in diabetes treatment, research and education. Individuals in the Joslin program at St. Mary's receive the benefit of millions of dollars of research and national best practices.

Participation in the program requires a referral from a primary care physician. The program is accredited by the American Diabetes Association and is Medicare-approved. Most insurance providers offer benefits for diabetes education, so patients should check with their insurance company regarding coverage.

For more information about the Joslin Diabetes Center at St. Mary's, please call 304.526.8363.

WELCOME NEW PHYSICIANS

Tarake Aljarod, MD – Internal Medicine

Medical School: University of Benghazi Faculty of Medicine

Residency: Morehouse School of Medicine - Internal Medicine

Fellowship: University of Kentucky - Pulmonary & Critical Care medicine

Fellowship: University of Illinois at Chicago - Sleep Medicine

Assistant Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Meredith Bentley, DO – Psychiatry

Medical School: West Virginia School of Osteopathic Medicine

Residency: Marshall University Joan C. Edwards School of Medicine

Assistant Professor in the Department of Psychiatry at the Marshall University Joan C. Edwards School of Medicine



Anthony Dempsey, MD - Cardiac Intensivist

Medical School: Jefferson Medical College at Thomas Jefferson University

Residency: University of Louisville School of Medicine and Temple University School of Medicine

Fellowship: University of Kentucky



Wesam Frandah, MD – Gastroenterology

Medical School: Al-Fateh University School of Medicine

Residency: Texas Tech University Health Sciences Center - Internal Medicine

Fellowship: University of Kentucky - Gastroenterology & Hepatology

Fellowship: Center for Interventional Endoscopy - Advanced Endoscopy

Assistant Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Jordan Gaal, DO – Psychiatry

Medical School: West Virginia School of Osteopathic Medicine

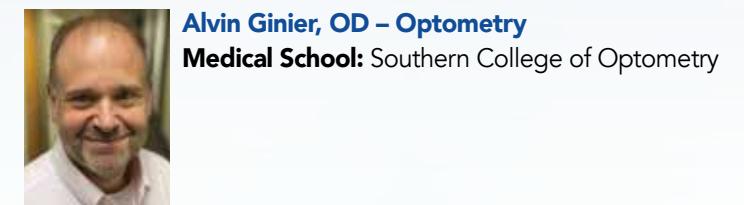
Residency: Marshall University Joan C. Edwards School of Medicine

Assistant Professor in the Department of Psychiatry at the Marshall University Joan C. Edwards School of Medicine



Alvin Ginier, OD – Optometry

Medical School: Southern College of Optometry



John Gosche, MD – Surgery (pediatric)

Medical School: University of South Florida College of Medicine

Residency: University of Louisville

Fellowship: Nationwide Children's Hospital

Professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine



Janice Hostetter, DO – Psychiatry

Medical School: Edward Via College of Osteopathic Medicine

Residency: Marshall University Joan C. Edwards School of Medicine

Assistant Professor in the Department of Psychiatry at the Marshall University Joan C. Edwards School of Medicine



Kate Impastato, MD – Plastic and Reconstructive Surgery (pediatric)

Medical School: Louisiana State University

Residency: University of Washington

Assistant Professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine



Ravi Kapadia, MD – Surgery

Medical School: American University of the Caribbean School of Medicine

Internship: St. John Providence Hospital - General Surgery

Residency: Montefiore Medical Center - General Surgery

Assistant Professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine



Carlos Malave, MD – Surgery

Medical School: Ponce School of Medicine

Residency: University of Florida



Jason Malenfant, MD

Medical School: St. George's University School of Medicine

Fellowship: UCLA Medical Center

Asma Nayyar, MD – Geriatrics

Medical School: King Edward Medical University

Residency: St. Joseph Mercy Oakland

Fellowship: Wayne State University School of Medicine

Assistant Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Pramod Pantangi, MD – Gastroenterology

Medical School: Osmania Medical College

Residency: SUNY Upstate Medical University

Fellowship: SUNY Upstate Medical University - Gastroenterology

Fellowship: SUNY Upstate Medical University - Geriatrics

Assistant Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Gregory S. Parkins, DO – Internal Medicine

Medical School: West Virginia School of Osteopathic Medicine

Residency: Marshall University Joan C. Edwards School of Medicine - Internal Medicine

Assistant Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Ahmed Sherif, MD, AGAF, FASGE – Gastroenterology

Medical School: Al-Fateh University School of Medicine

Externship: Columbia Presbyterian/ St. Luke's Medical Center

Internship: Al-Fateh University School of Medicine

Residency: Albert Einstein College of Medicine

Fellowship: University of Michigan

Associate Professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine



Pamela Stallo, MD, FAAP – Pediatrics

Medical School: Marshall University Joan C. Edwards School of Medicine

Residency: West Virginia University – Charleston Area Medical Center

Assistant Professor in the Department of Pediatrics at the Marshall University Joan C. Edwards School of Medicine



Robin Tolbert, DO, - Family Medicine

Medical School: West Virginia School of Osteopathic Medicine

Residency: Cabell Huntington Hospital



Marco Yung, MD – Surgery

Medical School: St. George's University

Residency: Marshall University Joan C. Edwards School of Medicine

Fellowship: University of Connecticut

Assistant Professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine

Boukhemis named Wound Center co-medical director



St. Mary's Wound and Hyperbaric Center has named Karim Boukhemis, MD, an orthopedic physician with Scott Orthopedic Center, co-medical director. He joins Kirt Miller, DPM, podiatry specialist with HIMG.

Dr. Boukhemis joins the center's multidisciplinary healthcare team that uses proven wound care practices and advanced clinical approaches to help heal patients who suffer from chronic wounds. The team includes physicians with advanced training in wound management and hyperbaric medicine and nurses skilled in chronic wound care treatment.

Dr. Boukhemis received his medical degree from the Marshall University Joan C. Edwards School of Medicine. He completed his residency in orthopedics at West Virginia University and his foot and ankle fellowship at the University of California at Davis in Sacramento.

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Sister's Struggle with Finances Prompts the Creation of Pammy's Fund

Pamela Jo Mason, affectionately called Pammy by her sister Christie Kinsey, was only 50 when she passed away from complications of stage four inflammatory breast cancer. Her legacy lives on in a way that will help underinsured and uninsured women, like Pammy, get breast MRIs early and receive treatment quickly.

"Our mother died of breast cancer 25 years ago at the age of 68. She had a lump for about a year but was too modest and frightened to check it out," said Kinsey. "When she finally did, she had a mastectomy and chemotherapy with a 50/50 chance of living five years. Her determined attitude allowed her to live for 12 years with several chemo treatments and tamoxifen."

Knowing that breast cancer was a possibility for her and her sister, Kinsey prompted her sister to get regular mammograms each Thanksgiving when she would visit the area from her home in Myrtle Beach.

"Pammy lived in Myrtle Beach where she worked in the food industry. She had no benefits, no health insurance or retirement," Kinsey explained. "I arranged for her to have a mammogram each year at Cabell Huntington Hospital when she came here for the holidays. I was happy to pay the cost of the mammogram for several years."

But one year, Pammy was unable to travel to West Virginia for Thanksgiving and went to a local breast center where she was turned away because she was told she was too young.

"At that time, even though we had a family history of breast cancer, the doctors told her she didn't need to worry about getting a mammogram," Kinsey said. "But the following year, Pammy found a lump."



Pammy received a lumpectomy and radiation treatments at a Myrtle Beach hospital, but couldn't afford the maintenance medication needed after radiation. So she went without. After a year, she presented with symptoms of breast cancer. But again, she couldn't afford to have an MRI and was forced to wait on Medicaid approval before she could have the test.

"When she came home I made an appointment with Dr. Mary Legenza who saw her right away," Kinsey said. "One of Pammy's breasts was swollen and Dr. Legenza referred her to Dr. Maria Tria Tirona for a breast MRI."

The MRI revealed that the cancer had spread. She was diagnosed with stage four inflammatory breast cancer, for which there is no cure.

"She was the most positive person through it all," Kinsey said. "She fought hard and lived two and a half years after her diagnoses. She was the first long-term resident at Hospice of Huntington where she passed away at age 50."

After her sister's passing, Kinsey went through Pammy's belongings and found a box containing several bills.

"It broke my heart, not only to see the amount of bills that had piled up and were unpaid, but also to see the notes she had written on them," Kinsey said. "She noted how stressed and depressed she was. I knew then I needed to do something so that others wouldn't suffer the way she did."

Kinsey contacted the Cabell Huntington Hospital Foundation and said she wanted to do something to memorialize her sister. "We talked about naming a hallway after her or purchasing chairs but that's not what Pammy would have wanted," she said.

"She was the most positive person through it all. She fought hard and lived two and a half years after her diagnoses. She was the first long-term resident at Hospice of Huntington where she passed away at age 51." – Christie Kinsey

Instead, Kinsey established a fund, Pammy's Fund. Women who are uninsured or underinsured can use money from this fund to get a breast MRI if their doctor recommends they need one.

"Women know their body and will put off having tests or seeking treatment if they don't have the money to do it," Kinsey said. "This fund will allow women the ability to get the tests they need without worrying about how they're going to pay for it."

Kinsey made a monetary donation and also contributed through legacy giving to establish the fund.

"People who want to contribute to Pammy's Fund can do so through monetary donations or they can also donate through their life insurance policy or stocks," Kinsey explained. "There are many ways that people can donate and help others."

"Christie has been a champion for Cabell Huntington Hospital, the Edwards Comprehensive Cancer Center and the Foundation for many years," said Kristi Arrowood, development director of the Cabell Huntington Hospital Foundation. "She has been instrumental in building our organization and the many programs we have established. We are deeply grateful she chose to honor Pammy with this fund to help others."

If you would like information on legacy giving or to donate to Pammy's Fund, please call 304.526.2009 or 304.525.2658.



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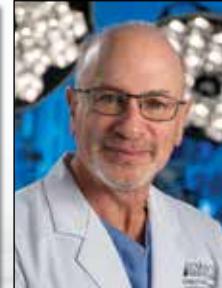
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