

Pullout  
Healthcare  
Calendar  
Inside!

Spring 1999

# LAHEY CLINIC

*Health Magazine*

Surviving  
Heart Attack

Gynecologic  
Oncology

Male Infertility

Cosmetic Surgery:  
The Age of  
Anti-Aging

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Classic beauty.  
Courtesy of the Memorial Art Gallery  
of the University of Rochester  
Photograph: Brian Sprouse/KSC

# The Age of Anti-Aging



## Cosmetic Laser Surgery

The surgical procedure known as the “face-lift” has been everyone’s psychological Fountain of Youth for so long that it’s often thought of as *THE WAY* to hold back the clock and retain a more youthful image.

But the essential fact today is that an array of new cosmetic surgery techniques and technologies are making face-lifts less and less necessary. Face-lifts aren’t “out,” but new “anti-aging” capabilities in cosmetic surgery can often eliminate the need for them.

“Far fewer patients end up needing a face-lift than was the case 10 years ago,” says Brooke R. Seckel, MD, chief of Lahey’s Cosmetic and Laser Surgery Center, “and the reason is that we’re now able to rejuvenate the face with newer,

less invasive procedures than we had in the past. These can usually be done on an outpatient basis, with quicker return to public activity.”

The anti-aging menu includes both medical and surgical tools, from micro-peels that remove old, damaged skin cells to laser treatments that eliminate wrinkles, remove excess hair, zero out red spots and spider veins, and even make that once-adorable heart-shaped tattoo disappear.

### More accessible services

“This is an important evolution for

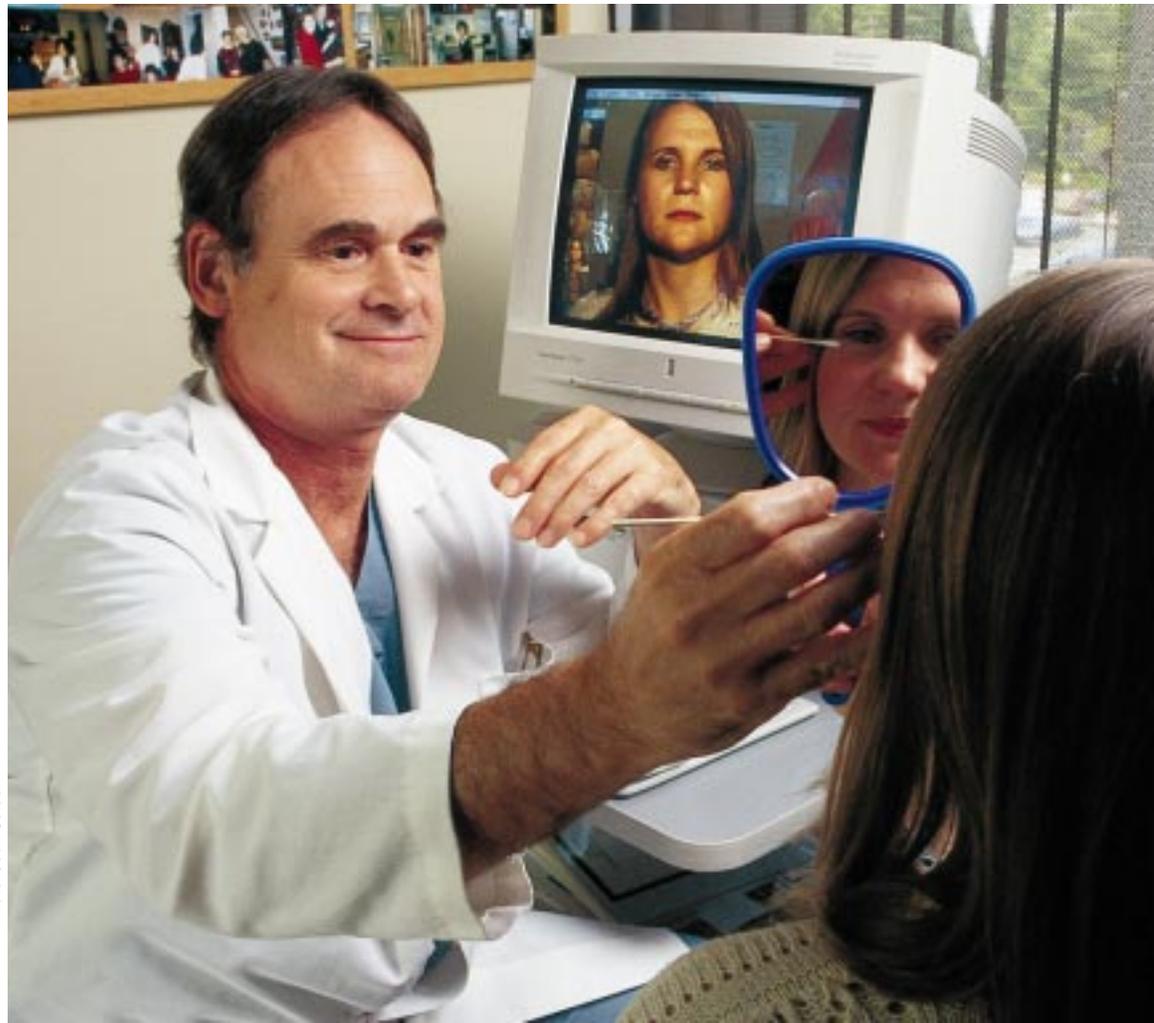
cosmetic surgery,” says Paul Liu, MD, who is also a plastic surgeon at Lahey. “We still do the full range of traditional plastic surgery procedures — nose reshaping, breast reduction and augmentation, traditional full face-lifts — but our ability to provide less intensive pre-emptive treatments makes cosmetic services accessible to more people with more diverse needs.”

And, with diverse motivations. Patient Josephine Jones of Woburn, Mass., thought she was more heavily wrinkled than she should have been at age 74, and she decided to do something about it. After talking to several cosmetic surgeons, she chose Seckel, who performed a laser treatment on her whole face. “He took off wrinkles, smile lines, brown spots,” she says. “I’m glad I did it. It helped my morale immensely.”

Patient Virginia Roberts of Braintree, Mass., originally sought

**During a consultation, Brooke R. Seckel, MD, uses computer “morphing” software to give patients a look at their potential new look — whether a reshaped nose or chin, tightened eyelids, the absence of wrinkles and smile lines, or a new breast shape. “This helps the patient have a more realistic expectation of the procedure being considered,” Seckel says.**

Photo: Joan Seidel



treatment for puffy eyelids that were beginning to interfere with her vision, but she asked Seckel if he could do something about the lines around her eyes, as well. He ended up rejuvenating her entire face, including freckles on her forehead, in the same session. “It came

out quite well,” she says. “My skin is nice and smooth, and I’m very pleased.”

“With these capabilities and with the development of our new Cosmetic and Laser Surgery Center at Lahey Lexington,” Seckel says, “we have the resources we need to care for cosmetic

patients in an environment that reinforces our commitment to quality, safety and comfort.

“It’s important to note,” he adds, “that Lahey’s Cosmetic and Laser Surgery Center is the first such center in the Boston area associated with a major academic medical

## The Anti-Aging Arsenal

*Today’s menu of anti-aging options includes:*

### • *Micropeel*

This is a form of skin rejuvenation that uses glycolic acid-based skin care products to remove old, damaged cells on the top layer of skin. Removal of damaged cells stimulates cell division that results in plumper, healthier young cells, according to Laurie Watson, LPN, one of the staff who administers this treatment. The procedure can smooth and soften the skin, diminish fine lines, decrease acne outbreaks, even out coloration and lighten hyperpigmented areas. By relying on gradual skin cell turnover, Watson notes, a micropeel results in decreased risk, recovery time and expense. Similar treatments are sometimes available at spas, but with weaker and less effective glycolic solutions than can be applied at the Lahey center, where the procedure is done under supervision of a physician. It’s recommended that the treatment be followed up with take-home skin care products, and repeated every two to three months.

### • *Botox treatments*

These treatments to eliminate wrinkles around the eyes and forehead involve very diluted injections of botox. Microdoses injected directly into the muscles of the forehead and the areas around the eyes relax those muscles, resulting

in an even tone and eliminating frown lines and “crows feet.” The injections affect only the local muscles. A treatment is effective for about six months.

### • *Laser facial skin smoothing*

Skin rejuvenation with the Coherent Ultrapulse CO<sub>2</sub> laser is performed with a broad-beam setting that vaporizes damaged skin to eliminate wrinkles and stimulate the growth of new, healthy collagen in the deeper layers of the skin. The result is a new, refreshed skin that looks younger and healthier.

### • *Erbium laser skin smoothing*

Erbium laser treatments are used

for more superficial wrinkles and fine lines. The erbium laser represents a milder treatment that is often appropriate for people in their 20s and 30s, whose skin damage generally isn’t as pronounced, Seckel says. The results aren’t as permanent, but the recovery time, only four to five days, involves considerably less downtime for patients.

### • *Power peel*

This microabrasion procedure resurfaces the skin to diminish age spots, fine lines around the eyes, lips and neck, and acne scars. It’s often called the “lunch-time peel” because of the short (20-minute)

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The Versapulse laser’s red spotting light provides a guide for the removal of an age spot. The device’s laser beam can be adjusted to eliminate blood vessels, brown spots, tattoos and other discolorations. Goggles are mandatory to protect the eyes.

institution that is devoted exclusively to cosmetic and laser plastic surgery.”

### A center of expertise

“All members of our department are board-certified or board-eligible plastic surgeons, and our department has a

strong interest in research and education,” Seckel notes. Seckel, chair of Lahey’s Department of Plastic and Reconstructive Surgery, wrote the first textbook on laser cosmetic surgery in 1996. In addition, he is recognized internationally for his expertise in this field,

having directed more than 25 training seminars on laser cosmetic surgery procedures in the United States and abroad.

Seckel currently focuses full-time on cosmetic surgery, with Liu and department members David J. Bryan, MD, and Timothy M. Whitney, MD, focusing more

treatments involved and because recipients can return to work without any delay for recovery.

### • *Laser treatments of discolorations*

Ultrapulse CO<sub>2</sub> laser treatments can treat brown spots, “liver” spots, and other discolorations that occur with age or excessive exposure to the sun. Whereas treatment for these discolorations previously involved freezing or shaving them off with a scalpel (and leaving a scar), the Ultrapulse’s laser energy vaporizes them. Literally, the clinician then wipes them away with a cloth. The faint mark that remains heals in a week or two with no scar. “You’ll never know we’ve been there,” Seckel says.

### • *Versapulse laser treatments*

The Versapulse lets the clinician tune its laser light frequency so that specific pigment colors will absorb the laser energy but leave other tissue unaffected. The Versapulse is used to remove broken blood vessels, spider veins, cherry red dots, tattoos and other skin discolorations. In the case of spider veins, for example, it harmlessly causes the vein to “clot” off, resulting in its elimination by the body over a period of weeks. With tattoos, the pigment is absorbed by the body and is excreted over time. Usually, with the Versapulse, a series of smaller treatments are indicated to give the body a chance to recover between visits.

### • *Laser eyelid tucks*

The Ultrapulse CO<sub>2</sub> laser has revolutionized treatment for aging eyelids. Called blepharoplasty, this procedure uses the CO<sub>2</sub> laser set on a very narrow, cutting-beam setting to remove lax skin and underlying fat from the upper and lower eyelids. Since the laser seals most of the tiny blood vessels in the eyelid as it cuts through them, the procedure is nearly bloodless and therefore involves minimal bruising. It’s performed with anesthesia in the

operating room at Lahey Clinic Medical Center. “Of all the things that age a person’s face, eyes are first and foremost, and the results of this procedure are the most dramatic,” Seckel says.

### • *Laser hair removal*

By tuning the Light Sheer Diode Laser’s energy to match the color of the patient’s hair follicles, the clinician can heat and kill follicles without damaging surrounding tissue. Currently, most patients are women who want to remove facial, leg and underarm hair permanently.



In a skin rejuvenation procedure, medical aesthetician Carolyn King follows up a glycolic acid application with a dry-ice treatment (right) that causes pores to shrink and facial color to be more even. Above, she ends with a make-up application.



## A Flagship Setting



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A milestone for Lahey's cosmetic surgery program is the opening of the new Lahey Lexington facility on Route 2, just east of I-95/Route 128. Lahey's cosmetic team will continue to provide care at Lahey Clinic Medical Center in Burlington and Lahey Clinic Northshore in Peabody, but the specially designed cosmetic center at Lahey Lexington is intended to be the flagship for an expanded full-service program. Here, the environment is tailored to support the physical and psychological needs of cosmetic patients. All major surgical services are performed in the acute-care hospital setting of Lahey Clinic Medical Center, but initial consults, most outpatient procedures and laser treatments, and follow-up care for all patients are provided at Lahey Lexington.

This is important because the new space allows for an emphasis

on education for new and prospective patients about options available, expectations and nuances of various treatments. And, it provides dedicated space for each of the laser systems and other therapies.

For post-treatment patients experiencing the short-run redness, bruising or swelling associated with many treatments, Lahey Lexington reinforces patients' sense of privacy with a private entrance and special waiting rooms for follow-up visits. The center features a salon room, where aesthetician Carolyn King is specially trained to assist post-surgical patients with hair and make-up issues so that they can feel comfortable appearing in public even during their period of recovery.

"Our goal with Lahey Lexington," Seckel says, "is to create an environment where cosmetic surgery patients can feel secure about their treatment — a center where patients can feel comfortable not only about the quality of medical care they are receiving, but also about the atmosphere in which they are receiving that care."

### *Look as Good as You Feel!*

You are invited to an open house for the new Lahey Lexington at 16 Hayden Avenue on Saturday, May 8, with tours, clinics and demonstrations in the Center for Cosmetic and Laser Surgery, the Orthopaedics and Sports Medicine Center and Lahey Lexington's internal medicine practice, Lexington Medical Associates. See page 16 for details.

on the full range of traditional plastic, cosmetic and reconstructive surgery.

### **Knowledge, safety, setting**

"Dr. Seckel's commitment to patients and quality of care is what convinced me to choose Lahey," says patient Susan LaFrance of Arlington, Mass., who had a procedure by Seckel several years ago and is contemplating blepharoplasty in the foreseeable future. "I feel comfortable with Dr. Seckel," she says, "because I sense that he isn't just looking to get another patient on the table. He pays great attention to detail in the consultation, and he makes a special effort to be sure the patient is interested in the procedure for the right reasons."

"Ultimately," Seckel says, "what we offer our patients is a combination of skill, the most up-to-date knowledge, and safety — the safety of experienced, skilled staff, of services provided in the environment of a major medical institution, of innovative technologies and techniques, and of a setting designed to enhance the patient's feeling of security and comfort."

Seckel notes that he does not operate on five to 10 percent of patients who request cosmetic surgery because he doesn't think they need the procedure, or that it might be bad for them.

"How do you pick a cosmetic surgeon?" he asks, rather rhetorically. "Ask them how many patients they turn down."

*For an appointment at Lahey Clinic's Cosmetic and Laser Surgery Center, call (toll free) 1-877-867-0707 or 781-372-7070.*

*For more information, see the cosmetic surgery website at [www.lahey.org/cosmetic/](http://www.lahey.org/cosmetic/)*



**What's New in Cosmetic Surgery**  
*Tuesday, April 20, 4:30 and 7pm*

**For details about this and other health and wellness events, turn to the Healthcare Calendar inside the back cover.**

# Annual Check-ups Save Lives



## Screening for Gynecologic Cancers

Each year, 25,000 women in the United States die of gynecologic cancer. “Early detection of cervical, endometrial and ovarian cancers is the key to more effective treatment,” says Kathleen Lambert, MD, an internist at Lahey Lexington. “It’s important for women to have an annual exam that includes a full pelvic examination and Pap smear.”

Two years ago, 68-year-old Eleanor Post of North Billerica, Mass., discovered the value of annual screening. During a routine exam, Ronald P. Crisciello, MD, an internist who practices at both Lahey’s Billerica and Arlington practices, discovered an abnormal mass on her ovaries. “I owe a lot to my primary care doctor,” says Post.

Crisciello immediately referred her to Robert McLellan, MD, director of gynecologic oncology at Lahey Clinic Medical Center, with whom he’s had a long-term working relationship. Further testing confirmed the presence of ovarian cancer, and Post underwent surgery followed by chemotherapy and radiation. “There’s been no recurrence of the cancer,” says Crisciello. “Mrs. Post’s treatment was seamless, the way it should be. Our group practice structure makes such teamwork a matter of course.”

Lahey’s group practice structure is multidisciplinary, drawing together clinicians from all relevant specializations.

**Robert McLellan, MD, director of gynecologic oncology at Lahey Clinic Medical Center leads a team that includes specialists in diagnostic radiology, medical oncology and radiation oncology.**

Along with McLellan and Crisciello, Post’s team included specialists in diagnostic radiology, medical oncology and radiation oncology.

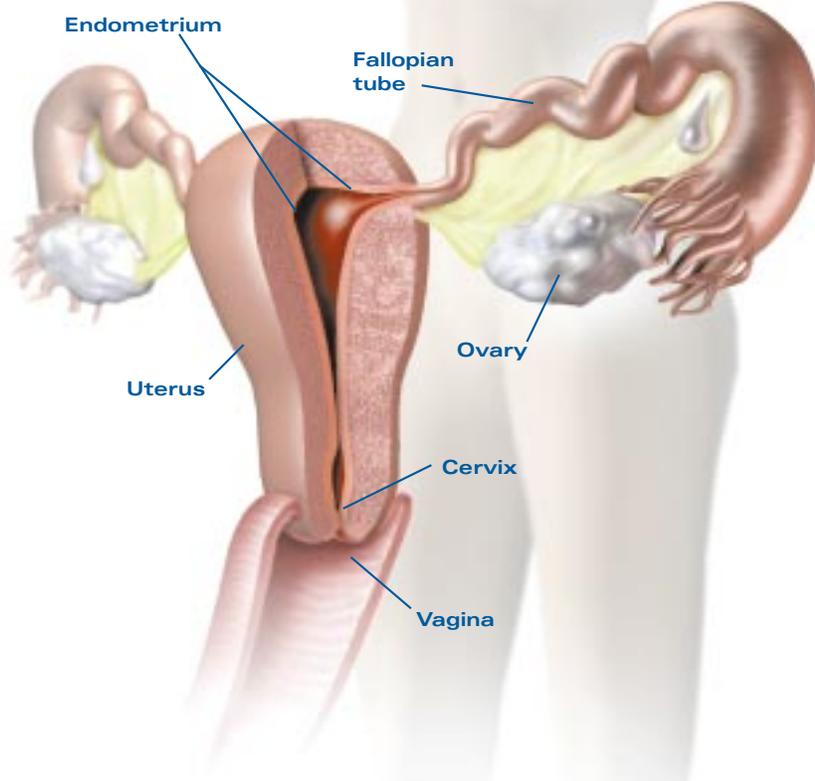
Lahey’s team of cancer specialists is organized to diagnose and treat patients on a collaborative basis. In fact, Lahey Clinic’s cancer program was recently

rated one of Boston’s top three cancer services by *America’s Health Network* Mercury Awards.

### Ovarian cancer

The ovaries, located on either side of the uterus, produce eggs and female hormones during the reproductive





**The female reproductive system includes the ovaries and accessory organs consisting of the fallopian tubes, uterus and vagina. The endometrium is the mucous membrane lining the uterus.**

years. Most ovarian cancers start in the lining of the ovary, but they can spread throughout the abdominal cavity.

Each year, there are approximately 25,000 new cases of ovarian cancer in the United States, with an annual death rate of about 14,000. Advanced ovarian

cancer may cause abdominal bloating and other vague abdominal symptoms. Although in Post's case, a mass was identified during a routine pelvic examination, most ovarian cancers are not found at an early stage.

Ovarian cancer is usually treated

with surgical removal of the ovaries and other tissues, often in conjunction with post-surgical chemotherapy.

"The disease is usually diagnosed in its advanced stages and current research is being directed at developing screening tests for early detection," says McLellan. "Tests such as CA-125 blood testing and pelvic ultrasound are being evaluated in our Breast and Ovarian Cancer Risk Assessment Clinic, but to date, no screening tests have been ideal."

### **Endometrial cancer**

The endometrium is the inner lining of the uterus. In the United States, approximately 36,000 new cases of endometrial cancer are diagnosed each year and about 6,000 women die from it. "While endometrial cancer is the most common cancer in the reproductive tract of women, it is also associated with a very high cure rate or long-term survival," McLellan says. "The reason is that most women who develop endometrial cancer have early symptoms, specifically post-menopausal bleeding."

Most patients diagnosed with endometrial cancer are treated with removal of the uterus, fallopian tubes, ovaries, and, when indicated, with lymph node surgery and other biopsies. The key to finding it early is heeding the symptoms. "Certainly, women with abnormal bleeding or any bleeding

## *The ThinPrep Pap Test*

The accuracy of conventional Pap smears is sometimes marred by the fact that some material from the cervix may remain on the instruments used to remove cervical cells rather than being transferred onto the microscope slide. In addition, other material, such as mucous and red and white blood cells, can make it more difficult for the cytotechnologist to isolate and analyze cervical cells. A new version of the Pap test — the ThinPrep test — is now being used in the Department of Gynecology at Lahey Clinic Medical Center. "The ThinPrep is designed to overcome these problems," says Robert McLellan, MD, director of gynecologic oncology at Lahey Clinic.

Instead of spreading material directly on a glass slide, the instruments are inserted into a small container of fluid. The fluid is then processed and filtered before the material is placed on the slide. Thus, more of the cervical cells — and less of the other debris — make it onto the slide. This new system is felt to be advantageous, and plans are being made to expand its availability to clinicians throughout the Lahey network. "The Pap smear has saved the lives of many women. With this new system, we believe our ability to diagnosis precancerous conditions will be further improved," McLellan says.

that's post-menopausal, no matter how scant, should undergo a thorough evaluation by a gynecologist," says McLellan.

### Cervical cancer

The cervix is the lower, narrow part of the uterus, or womb, forming a canal that opens into the vagina. Each year, roughly 13,000 women in the United States are diagnosed with cervical cancer, and about 5,000 die from it. In its early stages, cervical cancer may not cause pain or other symptoms, but in advanced stages, it can cause unusual discharge from the vagina (unrelated to the menstrual period) and bleeding following sexual intercourse.

Abnormal, or precancerous, cervical cells can be detected using a decades-old test called the Papanicolaou smear, or Pap smear. It can detect cells that are abnormal but not yet cancerous (precancerous) — a condition known as cervical dysplasia.

"Cervical dysplasia is a premalignant disease on the surface of the cervix," explains McLellan. "In and of itself, it's not life-threatening, but in a certain percentage of women, if left untreated over the course of time, it may eventually become invasive cancer — and that is a life-threatening disease."

Gynecologic oncologists have several ways of treating cervical dysplasia. Abnormal tissue may be removed by freezing, cauterization (burning), laser surgery, or with a tiny electrically charged loop of wire.

According to McLellan, regular Pap smears clearly save lives. "Cervical cancer was the leading cause of death from cancer for women at the turn of the century, but as a result of the Pap smear, it's now way down on the list," he explains. "Since the late 1940s, the incident rate of cervical cancer has fallen 75 percent."

Invasive cervical cancer has traditionally been treated with hysterectomy or radiation therapy, but a new aggres-



**Kathleen Lambert, MD, internist at Lahey Lexington, discusses the importance of annual exams for women.**

sive treatment regimen shows great promise. Studies sponsored by the National Cancer Institute found that combining the chemotherapy drug cisplatin with radiation reduced deaths from cervical cancer by as much as 50 percent. "We've been using this treatment combination for several years," McLellan says. "The research data is now confirming our original view that it improves response rate and survival."

### Screening for gynecologic cancers

McLellan recommends that all women get annual pelvic examinations and Pap smears, beginning at age 18 or when they become sexually active. The Pap smear involves obtaining cells from the cervix and smearing them on a glass microscope slide or placing them in a container of preservative. A cytotechnologist then examines the cells under a microscope to see if any of them are cancerous or abnormal. If any suspicious cells are identified, the sample is given to a pathologist. "At Lahey, Pap smears are interpreted within the Clinic, rather than by an outside laboratory," says Lambert. "This means the clinician can call the pathologist, who also has the

patient's medical records, and thoroughly discuss the findings of the Pap smear."

Pelvic examination involves visual inspection of the vulva, vagina and cervix. During a rectal-vaginal exam, the clinician palpates the uterus, fallopian tubes and ovaries to search for a mass or other irregularities.

The importance of regular screening can't be overstated, says McLellan. "A recent study has found that the incidence of invasive cervical cancer in Caucasian women of reproductive age has gone up in the past five years," he reports. "Unfortunately, postponing an annual exam is all too common."

*For an appointment with a Lahey cancer specialist, call 781-744-3250. For the name of a primary care physician near you, call 781-744-8733, or call the community practice directly. See directory on page 16.*



### Surviving Menopause: A Proactive Approach

*Tuesday, May 18, 7 pm*

**For details about this and other health and wellness events, turn to the Healthcare Calendar inside the back cover.**

# Surviving Heart Attack



## *Emergency Care and Comprehensive Treatment*

The best-known sign of a heart attack is pain in the middle or the left side of the chest, spreading out to the shoulder, neck, or arms. Yet, when Calvin Porter, of Lynnfield, Mass., suffered a heart attack in 1996, his symptoms were nothing like that.

While walking down the aisle at a department store, Porter got a “grabbing” feeling on his right side. He stopped walking and the feeling subsided. “I thought, okay, maybe it’s something I ate,” he recalls.

After finishing his errands and returning home, his wife urged him to go to the hospital, but he insisted he felt fine. When the symptoms returned almost immediately, they rushed to the emergency department at Lahey Clinic Medical Center.

“Heart attacks can cause unusual symptoms — feelings that aren’t your classic ‘grab-your-chest’ kind of chest pain,” confirms Malcolm A. Creighton, MD, chair of emergency medicine at Lahey Clinic.

The primary cause of heart attacks is atherosclerosis, a narrowing of the artery due to a build up of plaque. A heart attack occurs when the blood flow in one or more of the coronary arteries becomes totally blocked, usually due to a blood clot. While heart attacks can cause permanent heart damage and death, the outcome can be very good if the heart attack is diagnosed and treated within a few hours.

### **Diagnosis and treatment**

After diagnosing Porter’s heart attack, doctors injected a thrombolytic medication or “clotbuster” to dissolve any clots in his coronary arteries. Studies have shown that administering these drugs within a few hours after the symptoms of a heart attack begin can reduce the amount of damage to the heart muscle and save lives.

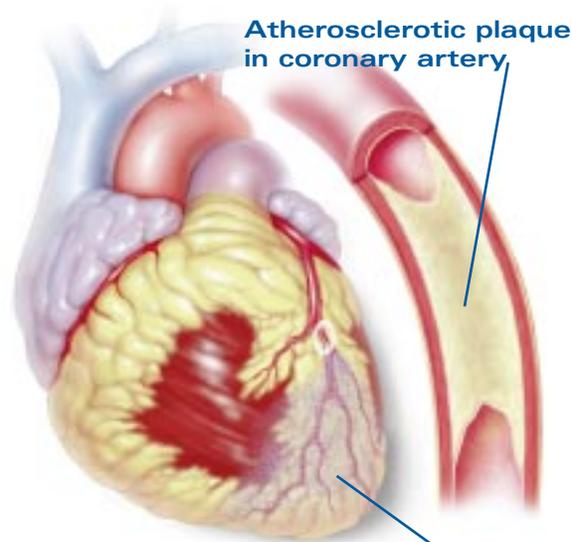
The following day, after being hospitalized in the Cardiac Care Unit, Porter underwent a test called echocardiography. A technician moved a small hand-held device called a transducer over his bare chest. The transducer sends ultrasound waves into the chest, some of which get reflected (or “echoed”) back into it. The echocardiogram translates these sound waves into a picture of the heart that shows how well it is functioning. The echocardiogram showed that there was some damage to Porter’s heart.

Porter expected to undergo cardiac catheterization — an imaging test that shows heart structure and function, but his cardiologist, Bruce E. Mirbach, MD, explained that he wasn’t going to use it unless it was necessary. He wanted

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**Cardiologist Bruce E. Mirbach, MD,**  
talks with heart attack patient Calvin Porter.



Atherosclerotic plaque in coronary artery

Region of heart damage

to give Porter a stress test and examine the results first.

An exercise stress test can uncover heart problems that aren't apparent when the body is at rest. While the patient exercises on a treadmill or stationary bicycle, blood pressure, heart rate, and electrical impulses are monitored. Porter passed his stress test with flying colors and was treated with the blood-thinning medication Coumadin for a short time.

"If the electrocardiogram suggests that the heart attack has not gone all the way through the muscle wall, those patients will often be treated with drug therapy and noninvasive evaluations," says Mirbach.

Like Porter, most patients fare pretty well after a heart attack nowadays, according to Mirbach. "There is so much more we can do for them compared with 10 — and even five — years ago," he says. "Our techniques are better, our experience is much broader, and the data to support our decision-making is much clearer."

### Cardiac rehabilitation

Porter was sent home after a few days and started the gradual process of rehabilitation. He followed Mirbach's prescribed exercise routine, taking daily walks with his wife and gradually increasing his distance.

Soon he started attending an organized cardiac rehabilitation program at Lahey Clinic. Several times a week, he would walk on a treadmill or ride a stationary bicycle while technicians monitored his heart function. He also attended educational lectures by various health-care professionals.

Porter hasn't let retirement — or his heart attack — keep him from staying active. He regularly works out and plays volleyball at the YMCA — and he's a certified volleyball referee for collegiate and high school matches. Although Porter hasn't had any more problems with his heart, he carries a bottle of nitroglycerin just in case. "And, knock on wood, I haven't had to open the bottle," he says.

Porter urges people not to ignore their symptoms. "If you feel anything that seems strange — that's the time to go to the hospital," he says.

"We don't want patients to be at home trying to figure out whether they've had a heart attack," says Creighton. "They should seek emergency medical care and turn the question over to us."

*For an appointment with cardiovascular services at Lahey Clinic Medical Center, call 781-744-3250.*

*For more information about cardiovascular services, see our website at [www.lahey.org/cardiol](http://www.lahey.org/cardiol)*

## High-Tech Treatments for Cardiac Arrhythmias

Most people occasionally experience some type of cardiac arrhythmia, such as a skipped heart beat or palpitations. While most of these are harmless, some may be life-threatening. According to David T. Martin, MD, director of the cardiac electrophysiology laboratory, Lahey offers high-tech treatments for arrhythmias:

- Catheter ablation is used to treat a variety of arrhythmias. Doctors use flexible wires called catheters to record electrical activity in different areas of the heart, in order to make an "electrical map" of the heart and pinpoint the exact area of tissue that is giving rise to the arrhythmia. Then they use a catheter to deliver a tiny burn, the size of a pinhead, to the offending tissue. "It's a technique that allows us to cure rather than just treat the symptoms," says Martin.

- People with bradycardia (abnormally slow heart beats) can be treated with cardiac pacemakers. A pacemaker is a small electronic device, roughly the size of a silver dollar, implanted in the patient's shoulder and connected to the heart. If the heart rate slows down too much, the pacemaker electronically stimulates the heart to speed it up again.

- People with life-threatening rapid, unstable heart beats, can be treated with other implantable electronic devices called defibrillators. Drugs can be used to suppress these abnormal rhythms, but implantable defibrillators serve as a reliable safety net, says Martin. They detect abnormal heart beats and then deliver a high-voltage electrical shock to the heart to correct it.

### A Cardiovascular Report Card

With more than 700 cardiac surgery procedures annually, Lahey's cardiovascular service is one of the largest in the Boston area, and its mortality rates are among the lowest in the country. Lahey's cardiac surgery program has been ranked among the best by *U.S. News and World Report* ([www.usnews.com](http://www.usnews.com)), *Healthcare Report Cards* ([www.healthcarereportcards.com](http://www.healthcarereportcards.com)) and *America's Health Network Mercury Awards* ([www.ahn.com](http://www.ahn.com) [select "Mercury Awards"]).

# Treating Heart Attack: A Lahey Clinic Portrait



## DON'T DELAY

Anyone experiencing the warning signs of a heart attack should call their town's emergency service and be taken to the hospital immediately. When a coronary artery is blocked, any treatment delay increases the chance of permanent damage. The sooner adequate blood supply is restored to the heart muscle, the better the chance of survival and full recovery.

## EMERGENCY CARE

In the emergency department, patients with heart attack symptoms receive high-level priority. A history is taken and an electrocardiogram is given to help gauge the extent of any heart damage. Depending on those results the patient is given clot-dissolving drugs or blood thinners and pain medication, or they are sent to the cardiac catheterization lab for further testing.

## CORONARY CARE UNIT

The patient is admitted and a cardiologist begins monitoring their care. Blood enzyme tests are done approximately every eight hours to detect heart damage. The most commonly used test measures levels of creatinine-kinase, which is released from heart tissue when it becomes damaged and can be found at high levels in the blood following a heart attack.

An echocardiogram may also be performed to see how well the heart is functioning. This test uses ultrasound waves to create a picture of the heart chambers and valves.

## CARDIAC CATHETERIZATION

"Lahey has a cardiac catheterization laboratory with an interventional cardiologist and team available 24 hours a day," says cardiologist Andrew C. Eisenhauer, MD. "We have tremendous experience in treating heart attacks."

Cardiac catheterization shows heart structure and function. A thin plastic tube called a catheter is threaded to the heart, dye is injected and the exact location of a blockage is determined. General anesthesia is not needed.

"Coronary intervention, cardiac surgery, continued drug therapy or a combination approach may be recommended," says Eisenhauer. "We work as a team — with the patient — to decide on the most appropriate treatment for the type of disease and the patient's lifestyle. That's an advantage of our multispecialty group practice."

## CARDIOVASCULAR SURGERY

Coronary artery disease is usually caused by atherosclerosis, fatty build-up on the inside of the vessel wall which narrows the artery and blocks adequate blood flow to the heart. This may cause chest pain, or pressure (angina pectoris). In some cases, a blood clot may form in the narrowed artery, choking off the blood supply completely and causing a heart attack.

“If cardiac catheterization shows significant coronary artery disease — particularly if it involves all three major coronary arteries or the left main coronary artery — or if there is a decrease in the function of the ventricle, those patients may benefit from surgery,” says David M. Shahian, MD, thoracic and cardiovascular surgeon. Heart bypass surgery involves removing a vessel from the leg or chest wall and grafting it to the affected coronary artery beyond the blockage or narrowed area.



## CORONARY INTERVENTION

A procedure called angioplasty may be used to reduce the blockage. During angioplasty, a tiny balloon is inserted in the catheter and inflated to widen the blood vessel, or a coronary stent — a metal mesh tube — may be inserted to hold the vessel open. “Stents are a valuable tool in treating coronary artery disease and we are currently doing research that will maximize the effectiveness of their use,” says Eisenhauer.

## CARDIAC REHABILITATION

An exercise program usually begins before the patient goes home from the hospital and most patients continue a program that includes monitored exercise, one-on-one counseling and lectures by nurses, pharmacists and nutritionists.



### Warning Signs of Heart Attack

These early warnings may be a sign that the blood supply to the heart is seriously reduced. Get to an emergency department immediately.

- Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes
- Pain in the jaw, elbow, shoulder or back
- Pain spreading to the shoulders, neck or arms
- Chest discomfort with light headedness, fainting, sweating, nausea or shortness of breath



**Staying Well: A Cholesterol Update**  
*Tuesday, April 27, 7pm*

**For details about this and other health and wellness events, turn to the Healthcare Calendar inside the back cover.**

# A Common Problem with Many Solutions



## Male Infertility

“There is a better understanding today that male infertility is a common, treatable disorder,” says Margaret Vereb, MD, director of Lahey Clinic’s Male Reproductive Center. “And accepting that infertility is a couple’s issue — not simply a man’s or a woman’s issue — has increased male participation in the treatment process.”

Infertility — the inability to get pregnant after trying for one year — is an issue for approximately one in six couples. Research has shown that fertility problems are equally divided among men and women. The most common issues faced by men are varicoceles, variances in hormone levels and obstruction. Fortunately, the majority of all male

infertility problems are treatable.

“The first step in finding a solution is a semen analysis,” says Vereb. “This should be done before seeing a specialist. The analysis, which can be arranged through the patient’s primary care physician, examines the physical characteristics of the semen, sperm count, motility and morphology. If the semen analysis is normal, the couple is referred to our reproductive endocrinologist, who assesses the woman’s reproductive health.”

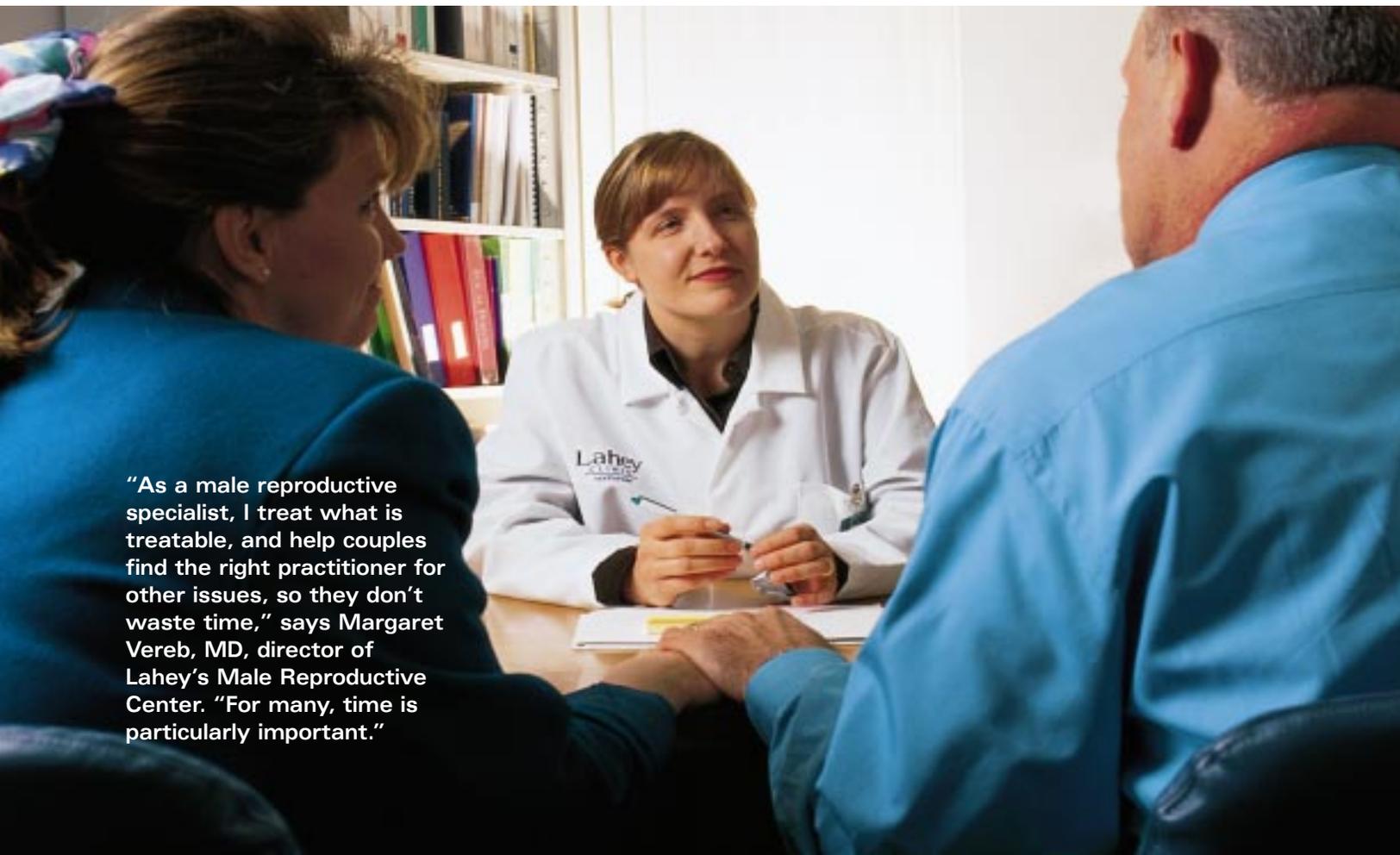
### Hormonal dysfunction

Hormone problems can cause abnormalities that may show up in semen analysis. “The testes are affected by hor-

mones produced by the pituitary gland. In some men, particularly during times of stress, not enough of these hormones are produced,” says Vereb. This is fairly easy to treat with medication, and bringing hormone levels up to normal for three or four months may allow the semen quality to improve enough to cause a pregnancy.

### Varicoceles

A varicocele is a dilated vein in the scrotum and is congenital — a condition present at birth. This enlargement of the vein causes the temperature of the scrotum to rise, which can lead to a decrease in sperm production.



*“As a male reproductive specialist, I treat what is treatable, and help couples find the right practitioner for other issues, so they don’t waste time,” says Margaret Vereb, MD, director of Lahey’s Male Reproductive Center. “For many, time is particularly important.”*

Varicoceles can be an issue for 40 percent of men in couples who are unable to get pregnant for the first time and 70 percent who are not able to establish a second pregnancy. Yet, not every man with a varicocele has a fertility problem. “A man who has children in his early 20s may have a varicocele that will not become significant until his 30s. Therefore, it may not be an issue for the couple because they are finished having children by the time the varicocele has an effect,” explains Vereb. “The other concern with varicoceles is that the longer a man has one, the larger it becomes and the more damage it does.”

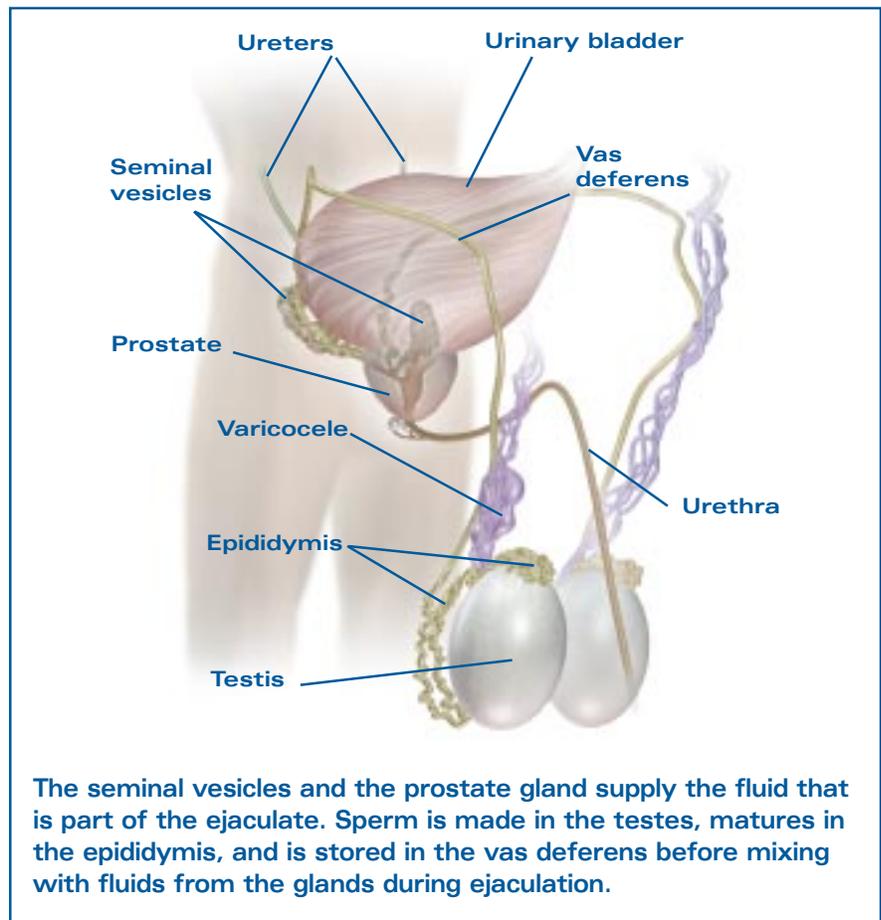
A varicocele can be corrected with a minor surgical procedure that has a 70 percent improvement rate. “The procedure is done on an outpatient basis, usually on Fridays, with patients back to work on Monday,” says Vereb.

### Obstruction

The most common cause of obstruction is a previous vasectomy. Other reproductive tract obstructions are detected through semen analysis that reveals either a complete absence of sperm, or very few sperm. In those cases where some sperm are found, the motility (the percentage of sperm that are able to “swim”) is almost always decreased.

There are a number of places along the reproductive tract where an obstruction can occur. The seminal vesicles and the prostate gland supply the fluid that is part of the ejaculate. They come together in the middle of the prostate at the ejaculatory duct. Infection, trauma or a congenital problem can cause a partial or complete obstruction of this duct. When this is the case, the blockage can be surgically removed during an outpatient procedure.

Another area in which obstructions frequently occur is the epididymis, a tube approximately 20 feet long that is tightly coiled in the scrotum. Sperm,



which are made in the testes, mature in the epididymis, and are stored in the vas deferens. Epididymal obstructions are corrected by a surgical procedure that connects the vas deferens to a portion of the epididymis that is not blocked.

“Although this surgery is complex and requires microscopic techniques, it is performed on an outpatient basis,” says Vereb. “We advise the patient to stay out of work and avoid any strenuous physical activity for the week following surgery to avoid stressing the area.” Success rates, which are measured by a return of sperm to the ejaculate, can approach 90 percent, depending on the situation.

For most infertility problems, Massachusetts has mandated insurance coverage for evaluation and treatment. However, some procedures, such as vasectomy reversal, may not be reimbursable. Patients should contact their insurance company for specific coverage.

“It’s important for people to understand that most infertility problems are common and treatable,” says Vereb. “As a male reproductive specialist, I do two things: I treat what is treatable, and I help couples find the right practitioner for other issues, so that they don’t waste time. For many, time is particularly important. A semen analysis should be done after three to six months of unsuccessful ‘timed’ intercourse when a woman is over 35.”

*For an appointment in the Male Reproductive Center at Lahey Clinic, call 781-744-3250. With a physician referral, a semen analysis can be scheduled by calling 781-744-3250 or 978-977-6336.*

*For more information, visit Lahey Clinic’s Male Reproductive Center website at [www.lahey.org/MaleRepro/](http://www.lahey.org/MaleRepro/)*

# A Program for Excellence



## *Achieving Quality in Healthcare*

“Our central commitment is to provide top-quality care for patients,” says Sanford R. Kurtz, vice president and chief medical officer at Lahey Clinic. Then he adds: “Of course, everyone says they do that. So we set out to demonstrate it with a rigorous performance improvement program and a forum to share results and ideas with the public. It’s an exciting challenge. We needed to expand our existing process and document outcomes.”

“The drive for quality improvement helps patients dramatically,” says Kathleen Jose, MSN, RN, director of education and clinical guidelines for Lahey. “Many of our projects involve the development of clinical pathways, which are road maps for care,” she says. “The pathway may begin for the patient with the patient’s visit to a primary care physician and continue through hospitalization, discharge and adjustment to being on their own at home.

“We’ve designed a ‘value compass’ that measures the patient’s health, satisfaction with care, clinical outcomes and cost of treatment,”

**“Our Quality Program utilizes the tools of disease management and clinical pathways — that is, the optimal timing of medical and surgical interventions,” says Sanford R. Kurtz, MD, vice president and chief medical officer.**

**You’re Invited To  
1999 Quality Day**

The public is invited to a day-long event highlighting Lahey Clinic’s 1998 quality initiatives. Team members will share their experiences and present initiative outcomes.

Wednesday, May 5, 8 am to 4 pm  
Alumni Auditorium  
Lahey Clinic Medical Center  
Burlington, Mass.

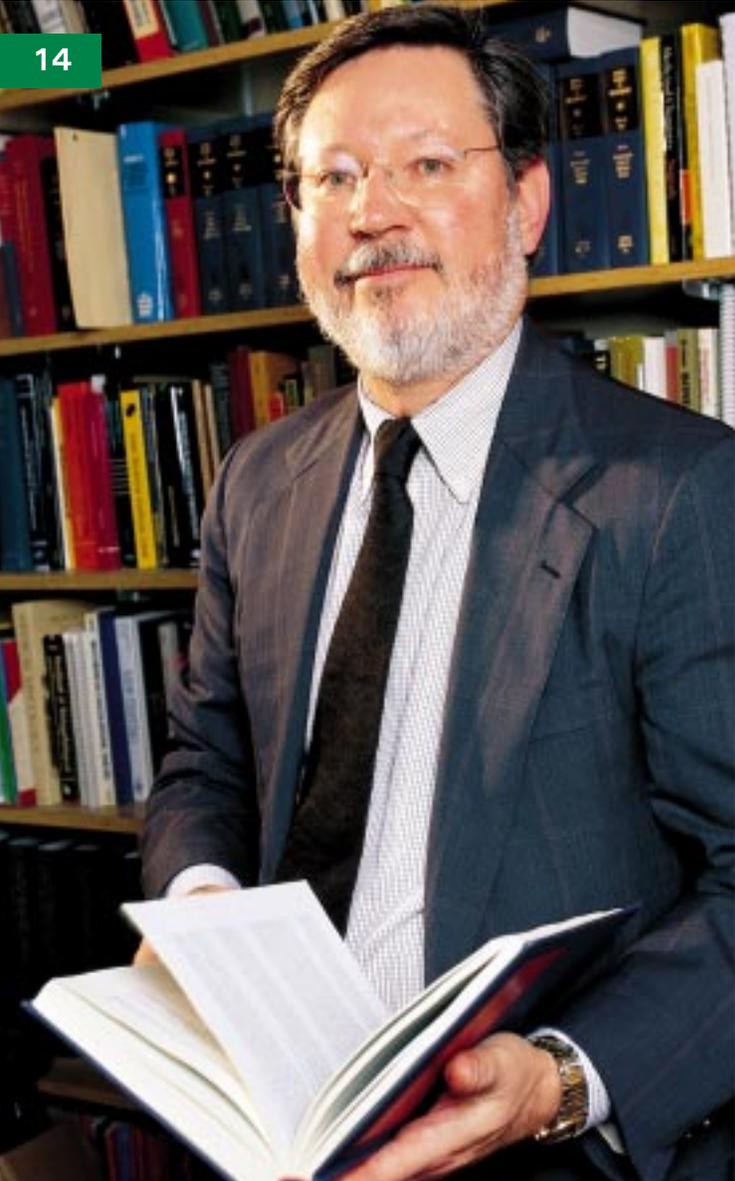
she adds. “Those measures show us where we are and where we need to go.”

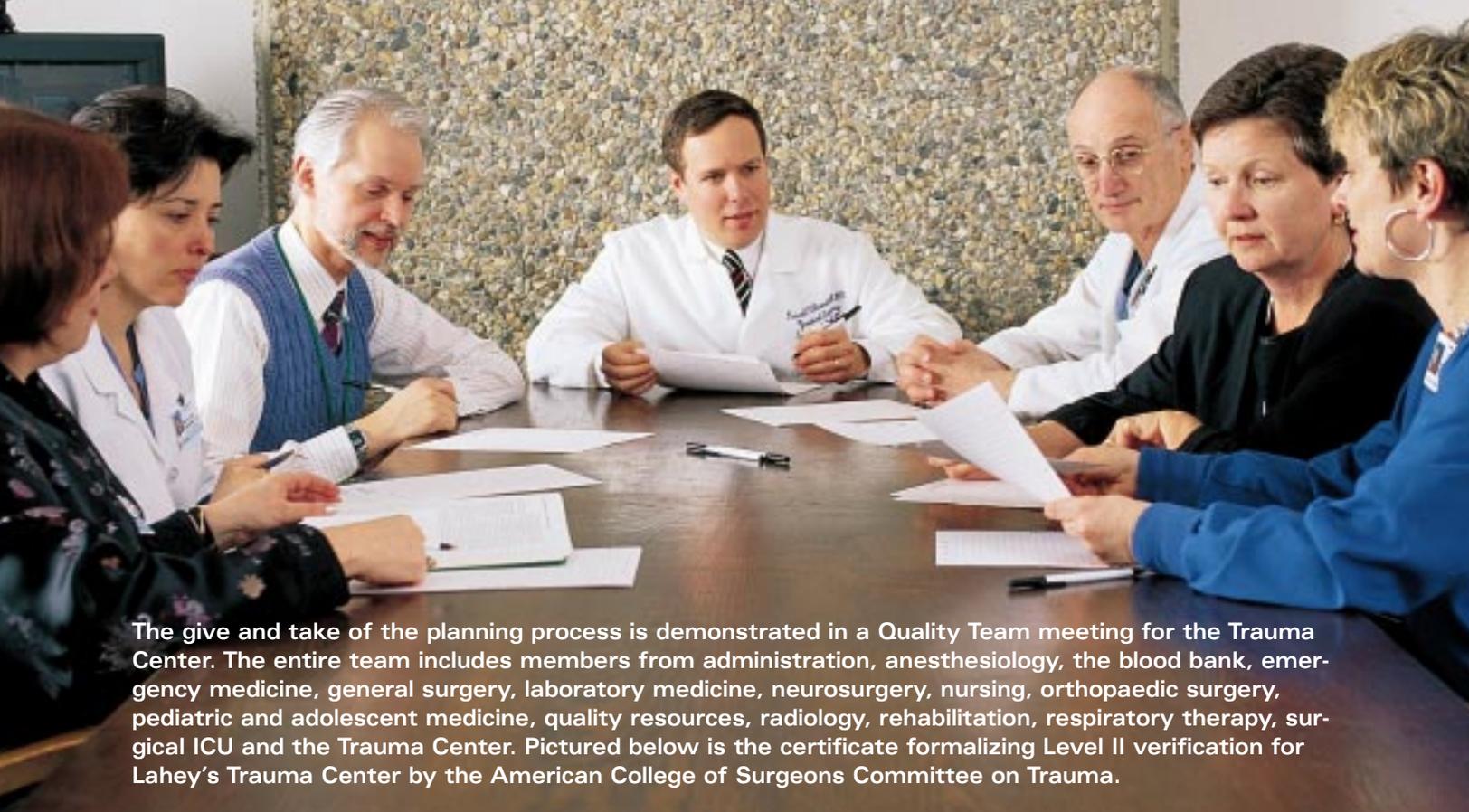
The road to quality improvement can go in many directions. The process involves staff members from multiple disciplines brainstorming and analyzing everything from clinical steps to paperwork to physical site planning. Most commonly, when quality teams get together, they find they can eliminate unnecessary steps or activities in a pathway, standardize procedures or shift the time when certain things take place.

An example of that is a change in the timing of education for patients who are scheduled for surgery. The program, which began with breast surgery, has been introduced to other areas and could eventually cover most surgical patients.

“In the past, surgical patients were given information about home care just before they left the hospital,” says Jose. “It can be difficult to teach them all they need to know at that time,” she says. “In most cases, we now ask the patient to come in prior to surgery for a teaching session with a nurse.

“They’re given literature, shown how to do their exercises, taught about wound care and told how the healthcare team will work with them on pain control,” Jose says. “They have five to seven days to study this prior to surgery. Then, when they are in the hospital, the nurse reinforces what they have already learned. It makes the transition from hospital to home much easier.”





The give and take of the planning process is demonstrated in a Quality Team meeting for the Trauma Center. The entire team includes members from administration, anesthesiology, the blood bank, emergency medicine, general surgery, laboratory medicine, neurosurgery, nursing, orthopaedic surgery, pediatric and adolescent medicine, quality resources, radiology, rehabilitation, respiratory therapy, surgical ICU and the Trauma Center. Pictured below is the certificate formalizing Level II verification for Lahey's Trauma Center by the American College of Surgeons Committee on Trauma.

## Excerpts from Lahey Clinic's 1999 Quality Report

### Heart failure mortality rates decreased by 65 percent

Since the inception of a specially designed multidisciplinary approach to heart failure care in 1996, mortality rates have decreased by 65 percent. Length of hospitalization has decreased from an average of 4.74 days per patient in 1996 to an average of 3.79 days in 1998. In addition, 90-day readmission rates have fallen from 19 percent to eight percent.

### Mortality rates for cardiac surgery remain low

Three external organizations have ranked Lahey's cardiovascular services as among the best in the nation. In 1998, mortality rates for cardiac valve operations were 0.5 percent; for coronary artery bypass, mortality rates were 1.6 percent.

### Improved treatment for upper respiratory infections

A pilot telephone triage program created easy and cost-effective access to care for 1,328 patients with complaints of upper respiratory infections. After antibiotic

therapy, no additional care was needed for 82 percent of sinusitis patients. Patient satisfaction was 88 percent for those with sinusitis and 90 percent for those with upper respiratory infections.



### Identification of women at high risk for hereditary breast or ovarian cancer.

Out of 1,145 family history surveys completed by Lahey Clinic mammography patients, 97 women were identified as potentially at risk for hereditary cancer. Those at risk are being evaluated and referred to Lahey's Cancer Risk Assessment Clinic for further analysis and consultation on management options.

### Patient satisfaction with joint replacement surgery at 96 percent

In a survey asking patients to rate their satisfaction following joint replacement surgery, 98 percent were satisfied with preoperative appointments and 96 percent rated care from their surgeon as excellent or very good.

**Simply the Best**

Eleven Lahey staff members have recently been named among the best physicians in their fields in rankings in two popular magazines.

In its survey of 318 top cancer specialists for women, *Good Housekeeping* magazine named three members of Lahey's Department of Colon and Rectal Surgery as among the top doctors in their field. They are John A. Collier, MD; Patricia A. Roberts, MD; and David J. Schoetz, MD. Schoetz, who chairs the department, has established a registry for hereditary, potentially malignant colon polyps and is participating in a multi-center study to evaluate the safety and effectiveness of an artificial bowel sphincter prosthesis. Collier pioneered the use of the noninvasive colonoscope for diagnosing and treating colonic disease and has developed a patented procedure to measure pressure in the sphincter. Roberts, an authority on diverticular disease, has written a book and authored several articles on the subject.

In *Boston Magazine's* list of 300 "Top Doctors" in the Boston area, the following Lahey physicians were chosen as those most respected by their peers nationwide: radiation oncologist J. Robert Cassady, MD; cardiologist William H. Gaasch, MD; pediatrician Gerald Hass, MD; urologists John A. Libertino, MD, and Robert A. Roth, MD; dermatologists Samuel L. Moschella, MD, and Suzanne M. Olbricht, MD; and colon and rectal surgeon David J. Schoetz, MD. In addition, pediatrician Michael Robinson, MD, was picked as one of Boston's most compassionate doctors, according to patients.

**Lahey Essex**

Lahey's healthcare network has a new site providing top-quality family practice services on the North Shore. Lahey Essex, formerly Essex Medical Center, is staffed by

Stephen Price, MD, and Terese Barous, FNP. A graduate of the University of Bristol in England, Price has been practicing family medicine since 1973, and has been based on the North Shore since 1980. Located at 74 Martin St. (Route 22), Lahey Essex can be reached for appointments at 978-768-9004.

**Open Houses**

**Lahey Waltham**

564 Main Street

*Join us for a Health Fair!*

Wednesday, May 5, 1 to 8 pm

Everyone's invited to Lahey Waltham's new facility for an open house and health fair. Events include screenings for high blood pressure, skin cancer and diabetes. Internist Henry Merola, MD, will be available to discuss herbal remedies. Refreshments will be served. For more information, call 781-894-4488.

**Lahey Lexington**

16 Hayden Avenue

*Look as good as you feel!*

Saturday, May 8th, 10 am to 4 pm

Lahey Lexington cordially invites you to tour our state-of-the-art medical facility. See the latest advances in cosmetic and laser surgery, orthopaedics and sports medicine, physical therapy facilities, adult and pediatric primary care, x-ray and mammography. Events featured: cosmetic make-overs in our Cosmetic and Laser Surgery Center, running and golf clinics and personal trainer consultations in the Orthopaedics and Sports Medicine Center, and complimentary therapeutic massages hosted by our primary care and physical therapy teams. Family relationship programs will be presented by Families First. Plus, refreshments and children's events including clowns and face-painting. For more information, call 781-372-7100.



**Massachusetts**

**Amesbury**

Greenleaf Medical Associates/Lahey Amesbury  
Internal Medicine  
Pediatrics  
Family Practice  
978-388-5050

**Arlington**

Lahey Arlington  
Internal Medicine  
781-641-0100  
Pediatrics  
781-643-7700

Cambridge Family Practice/Lahey Family Practice at Arlington  
Family Practice  
781-646-4345

**Bedford**

Concord Hillside Medical Associates/Lahey Bedford  
Internal Medicine  
781-275-6466

**Belmont**

Lahey Belmont  
Internal Medicine  
617-484-9929

**Beverly**

Lahey Beverly  
Internal Medicine  
Pediatrics  
978-927-1919

**Billerica**

Lahey Billerica  
Internal Medicine  
Pediatrics  
978-663-6666

**Burlington**

Lahey Clinic Medical Center  
Internal Medicine, Pediatrics and a complete range of medical specialties  
781-744-8000  
781-744-5100

# Lahey Locations

## Cambridge

Hass, Epstein, Ballenger, Goldstein/Lahey  
Pediatrics at Cambridge

*Pediatrics*

Johnye Ballenger, MD 617-547-2093  
Daniel Epstein, MD 617-354-6660  
Richard Goldstein, MD 617-547-8100  
Gerald Hass, MD 617-354-6655

## Concord

Concord Hillside Medical Associates/Lahey  
Concord

*Internal Medicine*

*Pediatrics*

978-287-9300  
978-287-9400

## Danvers

Lahey Danvers  
*Internal Medicine*

*Pediatrics*

978-774-0730

## Dartmouth

Lahey Diabetes and Endocrinology  
*Diabetes and Endocrinology*

508-991-3323

## Essex

Lahey Essex  
*Family Practice*

978-768-9004

## Fall River

Truesdale Internal  
Medicine Associates  
Lahey Diabetes and Endocrinology  
*Internal Medicine, Diabetes and  
Endocrinology*

508-676-3411

## Fitchburg

Lahey Fitchburg  
*Internal Medicine*

978-345-6696

Lahey Pediatrics at Fitchburg  
*Pediatrics*

978-342-4437

## Foxboro

Lahey Foxboro  
*Internal Medicine*

508-543-1553

## Framingham

Framingham Community Medicine/Lahey  
Framingham

*Internal Medicine*

Bart Alfano, MD 508-875-3926  
Edward Hoffer, MD 508-875-6977  
Michelle Zhang, MD 508-875-1575  
Arthur Freedman, MD 508-875-1141

## Georgetown

Pentucket Medical Associates  
An Associated Practice

*Internal Medicine*

978-352-8375

## Hamilton Wenham

Lahey Hamilton Wenham Family Practice  
*Family Practice*

978-468-7346

## Harvard

Concord Hillside Medical Associates/Lahey  
Harvard

*Internal Medicine*

*Pediatrics*

978-772-6161

## Haverhill

Pentucket Medical Associates  
An Associated Practice

*Internal Medicine*

978-521-3250

*Pediatrics*

978-521-3230

## Holliston

Lahey Holliston Pediatrics

*Pediatrics*

508-429-2800

## Ipswich

Lahey Ipswich  
*Internal Medicine*

*Pediatrics*

978-356-5522

## Lancaster

Lahey Lancaster  
*Internal Medicine*

978-368-8956

## Leominster

Lahey Leominster  
*Internal Medicine*

978-537-0985, 978-840-1388

## Lexington

Lexington Medical Associates/Lahey Lexington  
*Internal Medicine*

781-372-7100

*Pediatrics (opening soon)*

781-372-7171

## Malden

Malden Internists Associates/Lahey Malden  
*Internal Medicine*

781-322-3005

## Merrimac

Greenleaf Medical Associates/Lahey Merrimac  
*Family Practice*

978-346-9733

## Milford

Lahey Holliston Pediatrics  
*Pediatrics*

508-634-4910

## Newburyport

Lahey Newburyport  
*Selected Specialty Services*

978-499-8273

Pentucket Medical Associates  
An Associated Practice

*Internal Medicine*

978-499-7200

*Pediatrics*

978-499-7300

## North Andover

Pentucket Medical Associates  
An Associated Practice

*Internal Medicine*

978-557-8700

*Pediatrics*

978-557-8600

*Family Practice*

978-557-8800

## Peabody

Lahey Clinic Northshore  
*Internal Medicine, Pediatrics and a complete  
range of medical specialties*

978-538-4000

## Sudbury

Concord Hillside Medical Associates/Lahey Sudbury  
*Internal Medicine*

978-443-5163

Sudbury Pediatrics Associates/Lahey Sudbury

*Pediatrics*

978-443-6005

## Waltham

Lahey Waltham  
*Internal Medicine*

781-894-4488

## Wilmington

Lahey Wilmington  
*Internal Medicine*

978-694-9610

## Woburn

Lahey Woburn  
*Internal Medicine*

781-935-8859

## New Hampshire

### Hampstead

Pentucket Medical Associates  
An Associated Practice

*Family Practice*

603-329-6911

### Nashua

Lahey Cardiology at Nashua  
Southern New Hampshire Medical Center

*Cardiology*

603-577-2039



**You normally choose your health insurance plan only once a year, but you can choose a Lahey doctor anytime during the year.**

Usually, when you join an HMO during the open enrollment period, you fill out a form selecting a primary care physician and an institution to provide your care. You're committed to that health plan until you get new coverage.

Many people don't understand that their health plan most likely lets them select a new doctor or institution at any time (check your own plan's policy).

And there are many important reasons for switching to a Lahey doctor:

- ✓ Our affiliation with HMO Blue, Harvard Pilgrim Health Plan, Tufts Health Plans, First Seniority, Secure Horizons and more than 35 other health insurance and managed care plans
- ✓ Our comprehensive network of primary care services in more than 35 towns throughout eastern Massachusetts, from Lahey Clinic Medical Center in Burlington to Lahey Beverly on the North Shore to Lahey Foxboro south of Boston to Lahey Fitchburg in Boston's far western suburbs (See complete list on pages 16 and 17.)

- ✓ Our superb specialty services at Lahey Clinic Medical Center and Lahey Clinic Northshore, where 300 physicians and 3,000 nurses, therapists and other staff represent virtually every specialty and subspecialty of medicine, from allergies to heart disease

**Many people don't  
understand that their  
health plan most likely**

**lets them select a new doctor or  
institution at any time.**

In areas as diverse as cancer care, heart surgery and digestive disorders, Lahey physicians are in the forefront of medical expertise.

**To choose a Lahey physician or to make an appointment at Lahey Clinic Medical Center or Lahey Clinic Northshore, call 781-744-3250. Or call the community location near you. Visit our website at [www.lahey.org](http://www.lahey.org) for an on-line directory of staff and services, or see our directory of sites on page 16.**

**Lahey**  
CLINIC

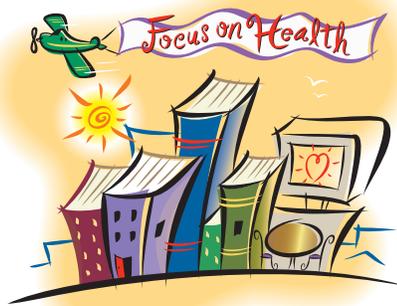
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Burlington, MA 01805

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# Healthcare Calendar

Educational Events Sponsored by Lahey Clinic

Pullout  
Healthcare  
Calendar!



## APRIL EVENTS

### Laser Vision Correction

Tuesday, April 13, 6 to 7:30 pm

LCMC

Thursday, April 29, 6 to 7:30 pm

LCN

Join ophthalmologist Sarkis Soukiasian, MD, to learn about correcting nearsightedness using the excimer laser.

Receive a pair of designer sunglasses when you schedule your laser procedure. For pre-registration, call 978-538-4567.

### Medical Ethics: Gender, Identity and Role

Wednesday, April 14, 12:15 pm

Alumni Auditorium, LCMC

Norman Spack, MD, Clinical Director of Endocrine Division, Children's Hospital, Boston

### Week of the Young Child

April 18 through 24

Lahey Clinic celebrates this national program to recognize the health and well-being of today's children. Check our Community Hotline, 781-744-3414, for further information.

### Senior Focus: What's New in Cosmetic Surgery

Tuesday, April 20, 4:30 pm

Alumni Auditorium, LCMC

Brooke R. Seckel, MD, Chair, Plastic and Reconstructive Surgery, discusses advances in cosmetic surgery and skin rejuvenation.

### What's New in Cosmetic Surgery

Tuesday, April 20th, 7 pm

Alumni Auditorium, LCMC

(See program description above.)

## DIABETES: YOU ARE IN CONTROL

### Diabetes and Weight Control

Tuesday, April 20, 3 to 4 pm or

Thursday, April 22, 5 to 6 pm

### Exercise for Your Health

Tuesday, April 27, 3 to 4 pm or

Thursday, April 29, 5 to 6 pm

All sessions in 4 East Conference Room, 4N-67, LCMC

Cost is \$29 per session, unless covered by insurance. Certified Diabetes Educator Lois Maurer,

MS, RD, CDE, offers the latest in diabetes management and nutrition. To register, call 781-744-8355.

### Staying Well: A Cholesterol Update

Tuesday, April 27, 7 pm

Symmes Hospital and Medical Center

Presented by Bryon Schaeffer, MD, Symmes Family Practice.

## FAMILIES FIRST PROGRAM

### ♥ Preteen and Early Teen Years: When Almost Everything you Do is Wrong

Tuesdays, April 27, May 4, 11, 18, 7 to 8:30 pm, Symmes Hospital and Medical Center

Learn how to keep communication open and encourage responsible behavior as you and your child enter this new stage. Fees vary by program. To register, call 617-868-7687.

### ♥ From Mild to Wild and Back Again: Parenting your Preschool Child

Thursdays, April 29, May 6, 13 and 20, 7 to 8:30 pm, LCMC

This series will help you understand your preschooler's behavior and give you guidelines for enhancing development. Fees vary by program. To register, call 617-868-7687.

## MAY EVENTS

### Allergic Rhinitis and Asthma

Monday, May 3, 12 to 1:30 pm

Alumni Auditorium, LCMC

A free series for those with chronic obstructive pulmonary disease, sponsored by Lahey Clinic and the American Lung Association of Middlesex County. Presented by John A. Saryan, MD, Department of Allergy and Immunology.

## DIABETES: YOU ARE IN CONTROL

### Diabetes in Control

Tuesday, May 4, 3 to 4 pm or

Thursday, May 6, 5 to 6 pm

### Carbohydrate Counting

Tuesday, May 11, 3 to 4 pm or

Thursday, May 13, 5 to 6 pm

### Diabetes and Weight Control

Tuesday, May 18, 3 to 4 pm or

Thursday, May 20, 5 to 6 pm

### Exercise and Your Health

Tuesday, May 25, 3 to 4 pm or

Thursday, May 27, 5 to 6 pm

All sessions in 4 East Conference Room, 4N-67, LCMC

Cost is \$29 per session, unless covered by insurance. Certified Diabetes Educator Lois Maurer, MS, RD, CDE, offers the latest in diabetes management and nutrition. To register, call 781-744-8355.

### 1999 Quality Day

Wednesday, May 5, 8 am to 4 pm

Alumni Auditorium, LCMC

The public is invited to a day-long event highlighting Lahey Clinic's 1998 quality initiatives. Team members will share their experiences and present initiative outcomes.

### Lahey Waltham Open House

Wednesday, May 5, 1 to 8 pm

Everyone's invited to Lahey Waltham's new facility for a tour and health fair. There will be screenings for high blood pressure, skin cancer and diabetes. Internist Henry Merola, MD, will be available to discuss herbal remedies. Refreshments will be served.

### Lahey Lexington Open House

Saturday, May 8, 10 am to 3 pm

Tour our state-of-the-art medical facility. Events include cosmetic make-overs, running and golf clinics and personal trainer consultations. Family relationship programs will be presented by Families First. Plus refreshments and children's events.

## FAMILIES FIRST PROGRAM

### ♥ Love and Limits: Positive Approaches to Discipline

Wednesdays, May 5, 12, 19, 26, 7 to 8:30 pm, LCN

This series focuses on why children "misbehave" and what parents can do about their children's hitting, whining, "back talk" and other troublesome behaviors. Fees vary by program. To register, call 617-868-7687.

### Laser Vision Correction

Tuesday, May 11, 6 to 7:30 pm, LCMC

Thursday, May 20, 6 to 7:30 pm, LCN

Join ophthalmologist Sarkis Soukiasian, MD, to learn about correcting nearsightedness using the excimer laser. Receive a pair of designer sunglasses when you schedule your laser procedure. For preregistration, call 978-538-4567.

### Senior Focus: Arthritis Update

Tuesday, May 18, 4:30 pm

Alumni Auditorium, LCMC

Rheumatologist Andrea Schneebaum, MD, discusses the latest in arthritis treatments.

### Surviving Menopause: A Proactive Approach

Tuesday, May 18, 7 pm

Alumni Auditorium, LCMC

Michele Lucas, LICSW and Connie Roche, MSN, RN, CS, will help dispel the myths of menopause and discuss traditional and complementary treatments for symptom management. To register, call 781-744-3414.

### Bike Safety Day

Saturday, May 22, 9 am to 2 pm

LCN

Join us for a free family day of bike safety clinics, workshops, displays and materials. Free bike helmets as long as they last. Come join the fun! Call 978-538-4502 for information.

(continued on reverse)

Lahey  
CLINIC

LCMC: Lahey Clinic Medical Center  
LCN: Lahey Clinic Northshore

For additional information on any events listed, or to preregister, please call the Community Hotline at 781-744-3414.

# Healthcare Calendar

Educational Events Sponsored by Lahey Clinic



## JUNE EVENTS

### Look Good/Feel Better

Tuesday, June 1, 6:30 pm  
Room 5-501, LCMC

For patients currently undergoing chemotherapy or radiation treatment, personal consultations on skin care, make-up techniques, nail tips and hair styling with wigs. Sponsored by the Cosmetic Toiletry and Fragrance Association, the American Cancer Society and the National Cosmetology Association. For session information, call 781-744-8519.

### Laser Vision Correction

Tuesday, June 8, 6 to 7:30 pm  
LCMC

Thursday, June 24, 6 to 7:30 pm  
LCN

Join ophthalmologist Sarkis Soukiasian, MD, to learn about correcting nearsightedness using the excimer laser. Receive a pair of designer sunglasses when you schedule your laser procedure. For preregistration, call 978-538-4567.

### Medical Ethics: Ethics Consultation and Patient Care Awards

Wednesday, June 9, 12:15 pm  
Alumni Auditorium, LCMC  
Panel Discussion

### Senior Focus: Hearing Loss

Tuesday, June 15, 4:30 pm  
Alumni Auditorium, LCMC

Learn about degrees of hearing loss, communication strategies and assistive-listening devices. Presented by Nancy Cohen, MA, CCC-A, senior audiologist and Cochlear Implant Coordinator in the Department of Otolaryngology.

### Summer Sports

Tuesday, June 15, 7 pm  
Lahey Lexington

Presented by our Sports Medicine specialists, this program offers helpful tips on staying safe, while enjoying summer sports.

## ONGOING

### Breast-feeding Workshop

Tuesdays at 6 pm, LCMC

Parents-to-be can familiarize themselves with proper breast-feeding techniques while becoming aware of behaviors to avoid. For dates and to preregister, call 781-744-8083.

### Blood Pressure Screenings

First Thursday of each month  
9 am to 1 pm  
Nature's Heartland, Great Road,  
Bedford

Fridays, 9:30 am to 12:30 pm  
Lahey Belmont, Waverly Square

### CPR/First Aid Training

The American Red Cross offers a variety of CPR courses at Lahey Clinic Medical Center, Lahey Belmont and Lahey's Symmes Hospital and Medical Center. For schedule and cost information, please call 800-564-1234.

### Managed Medicare Orientations

If you are a senior newly enrolled in a managed care plan, we offer monthly orientation programs and geriatric assessment clinics. Keeping you informed and healthy is our goal. To register, call 781-744-3414.

### Senior Dinner Program

Tuesday evenings, 5:30 to 6:45 pm  
Cafeteria, LCMC

Seniors 55 and older are welcome to join us for specially priced (\$3.95) full-course meals and health-awareness programs. No need to register. For menu selections, call the Community Hotline at 781-744-3414.

### Senior Focus

This monthly program held on the third Tuesday of every month at 4:30 pm, is supported in part by Harvard Pilgrim Health Care's First Seniority and is held in the Alumni Auditorium, LCMC. Attendees receive an additional \$1 off the Senior Dinner, which follows in the LCMC cafeteria.

### SHINE

Mondays, 9 am to 1 pm, and  
Fridays, 10 am to 2 pm, LCMC

SHINE (Senior Health Insurance Needs and Education) counselors are available to provide Medicare or Medicaid recipients and their families with health insurance information, counseling and assistance. Call 781-744-8201 with your questions, or just drop in. Sponsored by the Executive Office of Elder Affairs and Lahey Clinic.

### Yoga, Tai Chi or Mindfulness Meditation

LCMC

A balanced mind, body and spirit can help relieve stress. Meditation, tai chi or yoga can each help you increase strength, flexibility and concentration while restoring balance to your life. For schedule and fee information, call the Community Hotline at 781-744-3414.

## SUPPORT GROUPS

### Alzheimer's Disease

781-284-2872

### A.L.S. (Lou Gehrig's disease)

978-538-4625

### Bereavement

781-744-8113, LCMC

781-641-7800, Symmes

### Brain Tumor

978-538-4625

### Breast Cancer

781-744-8113, LCMC

978-538-4625, LCN

781-641-3700, Symmes

### Cancer Patients and Families

781-744-8113

### Cardiovascular Rehabilitation Education

781-744-2460

### Continent Urostomy

781-744-2627

### Diabetes Support Group

781-744-8918

### Dialysis and Kidney Transplant

781-744-8023

### General Cancer Support

781-641-3700

### Ileoanal (Parks)

781-744-2627

### Internal Cardioverter Defibrillator (AICD)

781-744-8863

### Internal Cardioverter Defibrillator (Young AICD)

781-744-8662

### Lymphedema Support Network

781-894-2309

### Marfan's Syndrome

617-969-5477

### Meniere's Disease

617-489-5957

### Ovarian Cancer

508-881-6320

### Ostomy Association

781-744-2627

## VOLUNTEER OPPORTUNITIES

Opportunities are available on a variety of shifts, such as patient liaison, messenger, clerical assistant and more. For additional information, call Volunteer Services at 781-744-8803, LCMC; or 978-538-4169, LCN.

## SPEAKERS' BUREAU

Lahey Clinic provides speakers for groups of 25 or more on medical topics ranging from the latest technology to general health and wellness information. To schedule a speaker, please call 781-744-3414.

## PLACES

### LCMC

Lahey Clinic Medical Center  
41 Mall Road  
Burlington, MA 01805

### LCN

Lahey Clinic Northshore  
One Essex Center Drive  
Peabody, MA 01960

### Lahey Lexington

16 Hayden Avenue  
(Intersection of Route 2 and  
Waltham Street)  
Lexington, MA 02173

### Lahey Waltham

564 Main Street  
Waltham, MA 02154

### Symmes Hospital and Medical Center

Hospital Road  
Arlington, MA 02174

**Lahey**  
CLINIC

**LCMC: Lahey Clinic Medical Center**  
**LCN: Lahey Clinic Northshore**

**For additional information on any events listed, or to preregister, please call the Community Hotline at 781-744-3414.**