

Holy Family Hospital  
Merrimack Valley Hospital

Steward

# Health Matters

A Publication of Steward Health Care for Residents of the Merrimack Valley and Southern New Hampshire from Merrimack Valley Hospital in Haverhill and Holy Family Hospital in Methuen

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THE LEAPFROG GROUP



# Post-Partum Appointments are Key to Continued Health

Whether you are expecting or have already delivered, this is an appointment you don't want to miss

**A**fter nine months of pregnancy, appointments with your OB/GYN and a constant focus on your health, you finally meet your tiny miracle. Suddenly, the world around you ceases to exist and everything you do is focused on this one little person (or maybe more than one). You quickly jump into your new routine, finding your way as you go, but somehow, your health takes a backseat.

“The six-week post-partum appointment with your OB/GYN is an essential follow-up appointment,” said Shruti Biyani, MD, OB/GYN. “It’s your chance to address concerns and questions about healing – physically and mentally – and it’s the time when your OB/GYN will transition you to your primary care physician for follow-up.”

Your follow-up appointment is as much about your immediate health following delivery as it is about your future health. “Women with conditions such as gestational or pre-gestational diabetes mellitus and hypertensive disorders, such as preeclampsia, are more likely to be at risk for longer-term health problems,” said Fernando Romero, MD, FACOG, OB/GYN. “Being aware of your risk for conditions such as type 2 diabetes, high blood pressure and cardiovascular disease is important and will allow you to take immediate preventative measures.”

Of course, if you have questions prior to your appointment, you should contact your doctor. And, in some cases, such as if you had a c-section; your doctor’s office will schedule an earlier appointment for you.

## **So what do you discuss at your six-week visit?**

Consider the following questions in advance of your appointment and take notes regarding anything else you may want to discuss. They’ll of course have additional questions for you based on your personal experience during pregnancy, labor and delivery.

**Did you have any complications during pregnancy or delivery – diabetes, preeclampsia?** Your doctor will discuss any considerations they present for future pregnancies and your overall health.

**Are you experiencing any physical symptoms such as bleeding, abdominal discomfort, vaginal or perineal pain, urinary incontinence or breast pain?** If you’re not sure about a symptom, it’s always best to share what you are feeling.



**“The six-week post-partum appointment with your OB/GYN is an essential follow-up appointment. It’s your chance to address concerns and questions about healing – physically and mentally – and it’s the time when your OB/GYN will transition you to your primary care physician for follow-up.”**  
Shruti Biyani, MD, OB/GYN

**How are you feeling emotionally as you adjust to the new experiences and responsibilities of motherhood?** It’s normal to feel many emotions. If you are feeling overwhelmed, anxious or even depressed let your doctor know.

**If you are breastfeeding, how is it going?** Your doctor can address any questions or concerns you may have.

**Do you want birth control?** Information about your options and considerations will be available to you.

**How is your diet and are you exercising?** Diet is important for your recovery and for your child’s nutrition, if you are breastfeeding. Kegel exercises can help strengthen your pelvic floor muscles.

Your OB/GYN is your partner from pre-pregnancy through post-partum care. Finding the right person who you can speak with openly is important. The OB/GYN’s at Holy Family Hospital’s Birthing Center take pride in helping you every step of the way, from maternity through motherhood.

If you are pregnant or thinking about starting a family, call our DoctorFinder service at 800-488-5959. We’ll help you find an OB/GYN. You may also tour our birthing center and meet our team of OB/GYNs and nurse midwives at [stewardhollyfamily.org/birthingcenter](http://stewardhollyfamily.org/birthingcenter).

# Detecting Coronary Artery Disease in Women

When symptoms are silent and subtle

**W**ould you believe that heart disease affects more women than men? It's true. Heart disease is the leading killer of women, claiming over 250,000 women's lives a year. Cardiovascular disease, which includes stroke and hypertension, as well as heart disease, kills more American women than men each year.

"When it comes to coronary artery disease, women's symptoms are atypical. It's common for women to miss the symptoms or attribute them to another condition," said Pierre Chahraban, MD, a board certified cardiologist who has special interest in cardiovascular disease prevention.

Dr. Chahraban stresses that it is extremely important to be attentive to symptoms that are out of the ordinary for your personal health, err on the side of caution and bring these symptoms to the attention of your primary care physician.

"Prevention is crucial. Risk factor modifications early in life will have a long-term impact on your health," said Dr. Chahraban. "Don't wait for your first heart attack, act now. Involve your physician and raise concerns. You have a critical role in communicating with your doctors."

## Take Preventative Measures for Your Heart Health

Whether you are healthy or at risk for coronary artery disease it's important to be mindful of the steps you can take for your health today, and into the future:

- Lower your cholesterol
- Check your blood pressure periodically
- Develop better dietary habits
- Don't smoke
- Exercise regularly
- Seek treatment as appropriate
- Maintain communication with your doctor

"It's so important for women to understand this disease and the risk factors, to embrace their ability to change its course. Partnering with your primary care physician and openly communicating any concerns is critical," added Sunit Mukherjee, MD, who specializes in cardiovascular medicine and is board certified in interventional cardiology. "Your primary care physician can advise you of whether any of your levels are high and work with you to define an action plan that is based on your personal health conditions."

## Be Aware of the Silent Killer

Hypertension, or high blood pressure, is known as the silent killer. This condition greatly increases your risk for developing cardiovascular diseases, it can also cause a stroke. There are no symptoms. "Checking your blood pressure periodically is important. While your PCP and specialists will check it, you can check it more frequently at local pharmacies and even health fairs," said Dr. Chahraban. If you are at greater risk, your doctor may recommend that you have a blood pressure cuff at home so you can regularly monitor your levels.

## Take Action

Talk to your primary care provider about your risk for a heart attack and always alert them of any suspicious symptoms. It's better to be overly cautious than ignore possible signs. Your PCP will refer you to a cardiologist if your health condition necessitates this and/or if symptoms require specialized medical attention.

## Symptoms of Coronary Artery Disease for Women:

- Extreme fatigue that is out of the ordinary
- Chest discomfort, which can sometimes feel like heartburn
- Jaw pain
- Arm pain / tingling
- Upper neck / shoulder pain

## Know your risk factors and make smart health choices that may prevent a heart attack.

- Family history of premature heart disease
- Being 55 years and older
- Diabetes – Type I or II
- Hypertension (high blood pressure)
- High cholesterol
- Smoking (or exposure to second-hand smoke)
- Overweight/obesity
- Physical inactivity
- Stress
- Drinking too much alcohol



Pierre Chahraban, MD, a board certified cardiologist, monitors a patient having a stress test.

## Cardiac Care at Holy Family Hospital

*Holy Family Hospital provides advanced diagnostic tests and treatment options for patients with a wide range of cardiac conditions, including coronary artery disease, congestive heart failure and arrhythmia. We have a state-of-the-art catheterization lab, provide 24/7 angioplasty for heart attack victims as well as elective coronary angioplasty. Our cardiac rehabilitation program is AACVPR accredited. For information on cardiac care at Holy Family Hospital, visit [www.steward.org/cardiac-and-vascular](http://www.steward.org/cardiac-and-vascular).*

# Arthritis Makes Simple Tasks Difficult

Thumb Osteoarthritis is much more common in women beginning in their fifties



Orthopedic Surgeon Pamela Jones, MD, a board certified orthopedic surgeon, is also board certified in the subspecialty of hand and upper extremity surgery.

If you have a noticeable ache or pain at the base of your thumb that is aggravated by the weather, you could have osteoarthritis of the thumb.

This condition, also known as carpo-metacarpal joint arthritis, is caused when the gliding surface (cartilage) of a joint becomes worn and degraded resulting in a painful and stiff joint. It's common, generally appears when people are in their fifties, and is much more prevalent in women.

"The aching sensation and pain often increase when doing something as simple as grasping with the hand or pinching, and when severe, it can be present even while the hand is at rest," said Orthopedic Surgeon Pamela Jones, MD, who is board certified in orthopedic surgery as well as board certified in the sub-specialty of hand and upper extremity surgery.

Other symptoms include weakness and deformity of the thumb. Thumb arthritis can cause severe hand pain, swelling, decreased strength and decreased range of motion, making it difficult to do simple household tasks, like opening jars.

"Osteoarthritis is primarily caused from wear and tear, but contributing factors include a previous

injury, repetitive movements, especially related to work, loose joints and the aging process," said Board

For joint replacement, called arthroplasty, the arthritic joint is replaced or resurfaced. Sometimes the trapezium

**"Osteoarthritis is primarily caused from wear and tear, but contributing factors include a previous injury, repetitive movements, especially related to work, loose joints and the aging process."** Richard Choi, MD

Certified Orthopedic Surgeon Richard Choi, MD, who specializes in hand surgery.

Your doctor will ask about symptoms, look for swelling or lumps on joints, and may press on the base of the thumb while rotating the joint to see if it produces a grinding sound or pain, which points to worn cartilage and bones rubbing against each other. X-rays can reveal bone spurs, worn cartilage and loss of joint space — all indications of thumb arthritis.

"Initial treatment is usually non-surgical with options that include a splint, usually worn at night to help decrease pain, encourage proper positioning and rest the joint," said Orthopedic Surgeon Crawford Campbell, MD who is board certified in orthopedic surgery as well as hand and upper extremity surgery. "We also recommend physical therapy, oral non-steroidal anti-inflammatory medications, and cortisone injections into the joint before we consider surgery."

If non-surgical techniques are not effective, there are surgical procedures such as joint replacement and joint fusion.



Orthopedic Surgeon Crawford Campbell, MD, a board certified orthopedic surgeon, is also board certified in the subspecialty of hand and upper extremity surgery.

bone is removed and tendons are rerouted to act as a spacer or cushion between the arthritic thumb bone and the rest of the wrist bones.

Joint fusion, called arthrodesis, is usually reserved for younger patients who use their hands for heavy labor. Thumb bones are fused to increase strength but joint mobility is lost.

***Holy Family Hospital and Merrimack Valley Hospital have highly qualified teams of orthopedic surgeons, all expertly trained to meet the needs of the communities we serve. To locate an orthopedic surgeon, visit [www.Steward.org/doctorfinder](http://www.Steward.org/doctorfinder) or call 1-800-488-5959.***

## RISK FACTORS FOR THUMB OSTEOARTHRITIS

- Being female
- Being age 40 or older
- Hereditary conditions
- Injuries to the joint, such as fractures and sprains
- Diseases such as rheumatoid arthritis which change the normal structure/function of cartilage
- Activities/jobs that put high stress on the joint

## SIGNS AND SYMPTOMS OF THUMB OSTEOARTHRITIS

- Swelling, stiffness and tenderness at the base of your thumb
- Decreased strength when pinching or grasping objects
- Decreased range of motion
- Enlarged, bony or out-of-joint appearance at the base of your thumb

Holy Family Hospital provides occupational and hand therapy services to support patients as they work to rehabilitate upper extremity surgeries, injuries and disorders. Our certified hand therapist, Mary Hayes-Whinery provides custom splinting, modalities, exercise, wound/scar management and ADL retraining to help patients return to performing everyday functions.

**Conditions that can be treated include, for example:**

- Upper extremity fractures, sprains
- Tendon, nerve, ligament, vascular repairs
- Replants, tendon transfers, reconstructions
- Tendonitis, tenosynovitis
- Complex regional pain syndrome
- Amputations
- Carpal tunnel syndrome
- Ulnar neuropathies
- Rheumatologic conditions
- Osteoarthritis
- Rheumatoid arthritis

**For more information on occupational and hand therapy services at Holy Family Hospital's outpatient rehabilitation center, call 978-687-0156, ext. 2050.**



Holy Family Hospital's certified hand therapist, Mary Hayes-Whinery, prepares a custom splint for a patient.

# Several Conditions Can Cause Pelvic Pain

For women, the cause is often the reproductive system



With the assistance of guided imagery, pain management specialist Stephanie Gianoukos, MD gives an injection to a patient suffering with pelvic pain.

When pain occurs in the lowest part of the abdomen and pelvis it is called pelvic pain.

It can arise from the digestive, reproductive or urinary systems, as well as muscles, connective tissue and nerves within the pelvis.

Although pelvic pain often refers to pain in the region of women's reproductive organs, pelvic pain can also be present in men.

Pelvic pain can occur suddenly or be present for a long period of time. The pain can be constant or intermittent, dull or sharp, mild to severe, or present only at certain times, such as during urination or sexual activity. It can also radiate to the lower back, buttocks or thighs and can be a symptom of infection.

In men and women, pelvic pain can occur from a variety of conditions that include appendicitis, chronic constipation, Crohn's disease, ulcerative colitis, diverticulitis, fibromyalgia, inguinal hernia, intestinal obstruction, irritable bowel syndrome, interstitial cystitis, kidney stones, prostatitis, urinary tract infections, pelvic floor muscle spasms, past physical or sexual abuse, and colon cancer,

For women, pelvic pain can also indicate a problem with one of the reproductive organs – the uterus, ovaries, fallopian tubes, cervix, or vagina.

Under these circumstances, pain can be from menstrual cramps, miscarriage, ovulation, ovarian cysts and other ovarian disorders, benign uterine fibroid tumors, ectopic pregnancy or other pregnancy-related

conditions, pelvic inflammatory disease, endometriosis, and cervical, uterine or ovarian cancer.

Other symptoms include vaginal bleeding, vaginal spotting, vaginal discharge, painful or difficult urination, constipation or diarrhea, bloating or gas, blood in stools, pain during intercourse, fever or chills, and pain in the hip or groin areas.

Sudden and severe pelvic pain may be a medical emergency that

needs immediate medical attention. Pelvic pain that is new should be checked by a doctor. For chronic pain, see a doctor if it is disrupting daily life or has gotten worse over time.

"Procedures for pelvic pain in women typically include injections of steroids and local anesthetics performed under x-ray guidance, said Holy Family Hospital and Merrimack Valley Hospital Pain Management Specialist Stephanie Gianoukos, MD. "These outpatient procedures numb the nerves providing pain relief to the pelvis, and can last up to six months."

To determine the cause of pelvic pain, your doctor will likely ask several questions about your symptoms and past medical problems, and perform a physical exam. He/she may also ask for lab work such as blood tests, urine tests, a pregnancy test for women of reproductive age, a stool test, and cultures for sexually transmitted diseases. Further studies could include abdominal and pelvic x-rays, a bone density test to determine bone strength, a CT scan or laparoscopy to see inside the pelvic area, or a colonoscopy.

Treatment depends on the cause, how intense the pain is, and how often it occurs. Sometimes pelvic pain is treated with medications, including antibiotics, and sometimes it involves procedures, including surgery.

**For more information about the Centers for Pain Management at Holy Family Hospital and Merrimack Valley Hospital please visit [www.Steward.org/Pain-management](http://www.Steward.org/Pain-management).**

# Distinguishing Between Baby Blues and Post-Partum Depression

If symptoms don't resolve within a couple of weeks, talk to your doctor

**P**ost-partum depression is an adverse change in mood and behaviors related to pregnancy and childbirth, and the cause is often debated.

Some believe hormonal changes during pregnancy and childbirth are primarily responsible. Others believe it's caused, or aggravated by, exhaustion from childbirth and lack of sleep, along with the daily stress that comes with caring for a newborn.

Symptoms include sadness, anxiety, tearfulness, increased irritability, and trouble sleeping.

When symptoms appear within a few days of delivery and go away without treatment within two weeks after giving birth, it is referred to as "baby blues."

However, about 10 to 20 percent of women develop post-partum depression, which can be intense and last from weeks to a year. Women suffering from post-partum depression frequently feel unable to take care of themselves and the baby. Daily tasks, such as dressing, working at home or at their job, seem impossible.

"When a newborn comes home, it's a joyful event and the beginning of a new life full of hope and happiness, but for some the colors of life suddenly disappear," said Psychiatrist Philippe Sioufi, MD, medical director of the Center for Recovery and Wellness at Merrimack Valley Hospital. "Confused and lost, despair sets in. The lucky ones are those who find the light again by seeking help early on, which is very important in the management of

**"Studies have shown that in most cases, post-partum depression may be effectively treated with a combination of psychotherapy and psychopharmacologic intervention. With professional help almost all women overcome their feelings and are able to take good care of themselves and their children."**

Buck H. Woo, PhD,  
Neuropsychologist and program director  
of the Center for Recovery and Wellness  
at Merrimack Valley Hospital.

post-partum depression, to improve the well-being of children, mothers and families."

Women are often too ashamed to tell others, including their husband or partner, and afraid to talk about their symptoms, which can include thoughts and fears about harming their baby – because they fear their baby may be taken away.

"Studies have shown that in most cases, post-partum depression may be effectively treated with a combination

of psychotherapy and psychopharmacologic intervention," said Neuropsychologist Buck H. Woo, PhD, program director of the Center for Recovery and Wellness at Merrimack Valley Hospital. "With professional help almost all women overcome their feelings and are able to take good care of themselves and their children."

Mothers having hallucinations or delusions about themselves or their baby should contact their health care provider right away, or go to the emergency room, as this could be a condition called post-partum psychosis - the most severe and rarest post-partum reaction, and it is an emergency requiring immediate medical help.

Women most at risk for post-partum depression are those who have a history of depression or anxiety disorders, or who have had post-partum depression before. Other factors that may increase risk include:

- A history of moderate to severe premenstrual syndrome
- Depression or anxiety during pregnancy
- A family history of depression, anxiety disorders, or alcohol abuse
- A stressful event
- Lack of emotional support
- Low self-esteem
- Trouble managing stress
- Unrealistic ideas about motherhood
- Lack of sleep
- An unwanted pregnancy
- A complicated pregnancy
- Having a newborn with physical or behavioral problems

***Merrimack Valley Hospital, an acute care medical hospital, has a Center for Behavioral Medicine that offers three distinct services.***

**The Center for Recovery and Wellness** assists adults struggling with anxiety, depression, mood disorders and associated behaviors. **978-521-8617**

**The Senior Adult Behavioral Medicine Center** is for patients 55 and older with emotional conditions that require hospitalization. **978-521-8360**

**The Center for Substance Abuse Treatment** provides 24-hour inpatient care as well as outpatient programs for those struggling with addiction. **978-521-8485**



Psychiatrist Philippe Sioufi, MD, medical director of the Center for Recovery and Wellness at Merrimack Valley Hospital, reassures a new mother struggling with post partum depression.

# Are You Affected by Heavy Menstrual Bleeding?

If you are avoiding social events or missing work because of heavy menstrual bleeding, a procedure called uterine ablation could be an option because it helps stop abnormally heavy uterine bleeding in 90 percent of women.

The procedure preserves the uterus but ablates the uterine lining, minimizing or eliminating menstrual flow. Uterine ablation can be done in a variety of ways, and is offered by gynecologists at Holy Family Hospital and Merrimack Valley Hospital.

## Symptoms of heavy menstrual bleeding?

Women generally begin to experience heavy bleeding when they are in their late-30s to mid-40s and approaching menopause. Heavy menstrual bleeding,

estimated to affect 20 percent of women, can interfere with daily life.

## Abnormally heavy menstrual bleeding can cause women to

- Be physically tired and nauseated
- Experience cramping
- Have headaches
- Suffer with moodiness, depression and anxiousness
- Lack confidence
- Miss work, social and athletic events

## Is uterine ablation for anyone experiencing heavy periods?

Abnormal uterine bleeding affects about one in every five women and is often due to changes in hormone levels caused by perimenopause. It can also be caused by

medical conditions such as cancer, fibroid tumors and miscarriage.

## What is perimenopause?

Perimenopause is when a woman's hormone levels and menstrual periods become irregular as she approaches menopause. Symptoms typically begin when a woman reaches her late-30s to mid-40s, and one of the symptoms can be heavy menstrual bleeding. When a woman has had no period for a year she is considered to be in menopause. The average age of menopause is 50.

## If I have uterine ablation, can I still have children?

Uterine ablation is only appropriate for women who have completed childbearing as it can cause irreversible loss of fertility.



*If heavy menstrual flow is interfering with your life, talk with your gynecologist to understand more about the uterine ablation procedure if you think it may be an option for you.*

*To identify a gynecologist in your area who offers this treatment option, please contact DoctorFinder™ at 800-488-5959.*

# Women Need Not Feel Embarrassed About Incontinence

Almost half of women who have had a baby have some degree of pelvic organ prolapse

Pelvic organ prolapse is caused by injury to the muscles or supporting tissue of the pelvic floor.

The main cause of this type of injury is having had children. Other causes of pelvic support problems are prior pelvic surgery, menopause, aging and intense physical activity. Also, factors that add more pressure on the abdomen can cause pelvic organ prolapse such as being overweight or obese, being constipated and straining to have a bowel movement, and chronic



Following a surgical procedure, Gynecologist Melinda R. Birdsall, MD, FACOG, goes over a patient chart with Kathy Renzi, RN.

coughing. Heredity is another important factor since this condition often runs in families.

“The key to effectively treating pelvic organ prolapse is making the proper diagnosis. Women should not feel embarrassed to discuss their symptoms with their health care provider. However, it can often times be difficult since many women with prolapse can also have problems with urine leakage,” said Melinda R. Birdsall, MD FACOG, an award winning gynecologist at Merrimack Valley Hospital who specializes in pelvic reconstructive surgery. “Almost one half of women who have had a baby have some degree of pelvic organ prolapse. However, pelvic support problems can also occur in women who have never had children.”

Without medical treatment or surgery, prolapse can continue farther into the vagina, and even through the vaginal opening. Pelvic organ prolapse can cause discomfort and pressure, affect sexual function, and affect bodily functions such as urination and bowel function.

## Types of pelvic organ prolapse include:

**Prolapse of the rectum** happens when the back wall of the vagina weakens and the rectal wall pushes against the vaginal wall, creating a bulge which may become noticeable during bowel movements.

**Prolapse of the bladder** happens when the front wall of the vagina prolapses. The bladder may prolapse into the vagina which can cause the urethra to prolapse as well. Urine leakage during coughing, sneezing, or exercise is a common symptom.

**Herniated small bowel** happens due to weakening of the upper vaginal supports following a hysterectomy when the front and back walls of the vagina separate, allowing the intestines to push against the vaginal skin.

**Prolapsed uterus** is caused by the weakening of ligaments at the top of the vagina, which causes the uterus to fall. Depending on the degree of weakness, the uterus can fall into the upper portion of the vagina, lower part of the vagina, the vaginal opening or protrude outside the body.

**Vaginal prolapse** occurs following removal of the uterus (hysterectomy) which provides support for the top of the vagina. The top of the vagina falls toward the vaginal opening causing the walls of the vagina to weaken. The top of the vagina may eventually protrude out of the body through the vaginal opening.

*If you have symptoms of pelvic organ prolapse you can make an appointment with Melinda R. Birdsall, MD by calling 1-800-488-5959 or by logging on to [www.Steward.org/Merrimack-Valley](http://www.Steward.org/Merrimack-Valley) and clicking on DoctorFinder™.*

# Is it Stress, Hyperthyroidism or Menopause?

Symptoms may overlap, but they are not the same

**T**hyroid disease comes in different forms: diseases of thyroid function, and nodules of the thyroid gland. For diseases of thyroid function, the gland can produce too much thyroid hormone, which is called hyperthyroidism, or too little, which is called hypothyroidism. Nodules on the thyroid gland can be cancerous or non-cancerous, and they rarely interfere with thyroid function.

Anyone can develop thyroid disease, but it is more common in women. Hyperthyroidism and hypothyroidism are almost always caused by autoimmune disease, and that, too, is more common in women.

Hyperthyroidism occurs in classic and subtle ways.

The classic hyperthyroid patient arrives in the doctor's office in late winter and says she has been nervous, fatigued, unable to sleep, and feeling stressed.

At first she thought she was stressed because she's just been through a divorce, had a death in the family, made a big move, or had another major life event. But that was months ago, so she can't understand why she still feels like there's a motor running inside her.

She still can't sleep. When she lies down at night, she has heart palpitations. She's hot all the time - not just at night like when she went through menopause, and there's no sweating. She fights with family members because she's turning down the thermostat while wearing a t-shirt and everyone else is freezing in their sweaters.

She used to have one bowel movement a day, and now she has three. She feels like she has consumed 10 cups of coffee, but in reality she's had none. Her blood tests reveal elevated thyroid hormone levels.

"Endocrine disorders often present a lifetime challenge. I like to think of my patient



Board Certified Endocrinologist Neil Ravin, MD points to a thyroid abnormality on an ultrasound image.

**"Endocrine disorders often present a lifetime challenge. I like to think of my patient as the team leader, and we are the team supporting them in their fight. They are not alone and through education and self empowerment, they learn to take control and we celebrate the wins together."**

Board certified endocrinologist Naaznin Lokhandwala, MD, medical director of the Steward Center for Endocrinology at Holy Family Hospital.

as the team leader, and we are the team supporting them in their fight. They are not alone and through education and self empowerment, they learn to take control and we celebrate the wins together," said board certified endocrinologist Naaznin Lokhandwala, MD, medical director of the Steward Center for Endocrinology at Holy Family Hospital.

Weight loss with hyperthyroidism and weight gain with hypothyroidism are not at all consistent. Thyroid hormone may play a role in weight control but dozens of other hormones play more important roles. Fortunately, we have the tools to treat low and high thyroid states. We also have technology to help distinguish benign from malignant thyroid nodules.

"Thyroid hormones, the universal ignition keys, turn on every cell in the body. Thyroid receptors are especially rich and dense on heart,

brain and muscle cells, so patients often have symptoms related to these tissues," said board certified endocrinologist Neil Ravin, MD, medical director of the Steward Center for Endocrinology at Merrimack Valley Hospital. "The hypothyroid patient feels slow, cold, tired and under water, which is just the opposite of the hyperthyroid patient, but fatigue is common to both.."

The vast majority of thyroid nodules are benign, and require no more treatment than a mole on your skin. It's estimated that 77 percent of residents in the United States have thyroid nodules, which are often too small to feel, but visible on today's sensitive ultrasounds. They are considered a disease only in the sense that we are not able to distinguish benign nodules from malignant nodules without diagnostic testing.

Though thyroid cancers are common, well over 90 percent can be cured with a combination of surgery and post operative radioactive iodine. For patients with the two most common types, papillary and follicular, life expectancy is generally normal.

Medullary carcinoma is more aggressive, but still most often curable if caught early.

Anaplastic carcinoma of the thyroid is rare, and one of the most aggressive cancers; the patient notes a rapidly enlarged, rock hard mass in the neck, which seems to be growing daily.

**For an appointment with board certified endocrinologists Naaznin Lokhandwala, MD or Neil Ravin, MD please visit [www.Steward.org](http://www.Steward.org) and click on DoctorFinder™ or call 1-800-488-5959.**

# Irritable Bowel Syndrome – Does It Interfere with Your Life?

One in seven people have IBS and it's twice as common in women



Board Certified Gastroenterologist/Hepatologist Bridget Jennings Seymour, MD has many patients with conditions such as irritable bowel syndrome. Many are women who looked specifically for a woman gastroenterologist because they are more comfortable discussing their conditions with another woman.

“Irritable bowel syndrome can be a debilitating and embarrassing illness. The condition is particularly difficult and frustrating for both patients and providers

The first step toward managing IBS is to identify what makes your symptoms worse. Although no specific cause has been identified, it is believed that food

**“Irritable bowel syndrome can be a debilitating and embarrassing illness. The condition is particularly difficult and frustrating for both patients and providers due to its chronic nature with no specific cure.”** Bridget Jennings Seymour, MD.

due to its chronic nature with no specific cure,” said board certified gastroenterologist Bridget Jennings Seymour, MD. “Treatment requires a strong patient/physician relationship so that patients can feel comfortable discussing sensitive and personal issues to work toward symptom relief.”

intolerances, stress, bowel infections, and hyper-sensitive bowels may be contributory.

Although IBS is not life-threatening because it doesn't damage the digestive system like other inflammatory bowel diseases, the persistent pain, as well as frequent, urgent, and often unpredictable trips to the bathroom can interfere with everyday life. Sometimes people are afraid to leave the house.

No specific foods are universally linked to IBS, but a food/symptom diary can help identify foods that are causing your problems. Common food triggers include certain fruits and vegetables (broccoli, onions, cauliflower, brussel sprouts, garlic, apples, apricots), legumes (beans, chick peas), gluten, dairy, sorbitol and other artificial sweeteners.

“Because IBS is a benign disorder with no long term cure, some health care providers will approach it with a less than full-on approach; their efforts frequently end once diagnostic testing fails to show a more dangerous condition. At Steward Medical Group GI we appreciate that alleviating our patient's symptoms and anxieties is an ongoing responsibility. We will not ask patients to walk the difficult path of dealing with this condition alone after testing is complete,” said board certified gastroenterologist Norman Miller, MD.

Stress is known to be a trigger, so stress management and identification of stressful triggers can be beneficial. Stress management techniques include meditation, exercise, support groups, hypnosis, and cognitive-behavioral therapy.

Ultimately, treatment is supportive. When dietary changes and stress reduction techniques aren't effective, doctors may recommend over-the-counter or prescription medications that best target your symptoms.

***To make an appointment with board certified gastroenterologists Bridget Jennings Seymour, MD or Norman Miller, MD please visit [www.Steward.org](http://www.Steward.org) and click on DoctorFinder™ or call 1-800-488-5959.***

Irritable bowel syndrome is the most common gastrointestinal condition associated with recurring symptoms of abdominal pain, diarrhea and/or constipation, as well as bloating. It is a cause of embarrassment, isolation, and missed work amongst millions of Americans. It is estimated that only 15% of affected patients seek medical attention despite its debilitating nature, and women are twice as likely to be diagnosed as men.

Doctors don't know the exact cause and there is no standard test to diagnose it, so doctors generally make a diagnosis based on a patient's description of their symptoms. The clinical criteria include a chronic recurring change in bowel habits with associated abdominal pain. Often, additional tests are run to rule out disorders that can mimic irritable bowel syndrome: Crohn's disease, celiac disease, thyroid disease, or cancer.

## Symptoms

- Bloating
- Gas
- Constipation
- Diarrhea
- Alternating bouts of constipation and diarrhea
- Bowel movements that feel uncontrollably urgent, difficult to pass, or incomplete
- Clear or white mucus with the stool

## Common Triggers for Some People

- Lactose
- Sorbitol sweetener
- Carbonated drinks
- High sugar sweets/drinks
- Caffeine
- Chocolate
- Alcohol
- Eating too much
- Eating too quickly
- Eating a lot one day and little the next
- Fried, fatty and rich creamy foods

## Stress Reduction Techniques

- Exercise
- Meditation
- Guided imagery
- Biofeedback training
- Hypnosis
- Deep breathing
- Cognitive behavioral therapy

## Coping strategies

***A Food and Feelings Diary***  
No specific foods are universally linked to IBS, but keeping a food diary can help identify which foods are causing you problems. Your diary should include foods, feelings, and symptoms to help pinpoint what your triggers are.

# New Physicians Caring for Our Community

We are pleased to welcome a number of primary care physicians and specialists to the Holy Family Hospital and Merrimack Valley Hospital medical community:



**Farah Mullah, MD**  
**PCP, Family Medicine**  
**Office Location:** 1 Branch St., Methuen, MA 01844  
**Board Certification:** Family Medicine  
**Areas of Special Interest:** Chronic illness, preventative medicine, women's health  
**Languages in Addition**

**to English:** Hindi

*Affiliated with Holy Family Hospital and Steward Medical Group*



**Neil Ravin, MD**  
**Endocrinology**  
**Office Location:** Merrimack Medical Center, 62 Brown St. Suite 303, Haverhill, MA 01830  
**Board Certifications:** Internal Medicine, Endocrinology  
**Areas of Special Interest:** Thyroid nodules, thyroid cancer,

osteoporosis, male hypogonadism

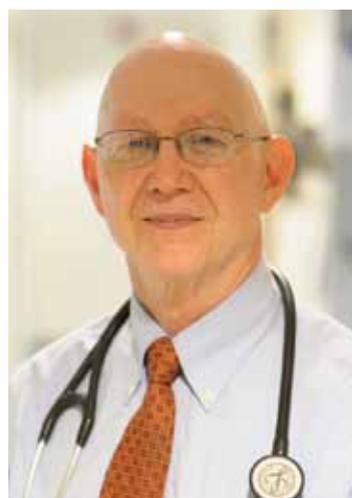
*Affiliated with Merrimack Valley Hospital, Holy Family Hospital and Steward Medical Group*



**Sokharith Mey, MD, PCP, Family Practice**  
**Office Location:** New England Medical Group, 140 Haverhill Street, Suite 1, Andover, MA 01810  
**Areas of Special Interest:** Family Medicine  
**Languages in**

**Addition to English:** Cambodian

*Affiliated with Holy Family Hospital and Steward Medical Group*



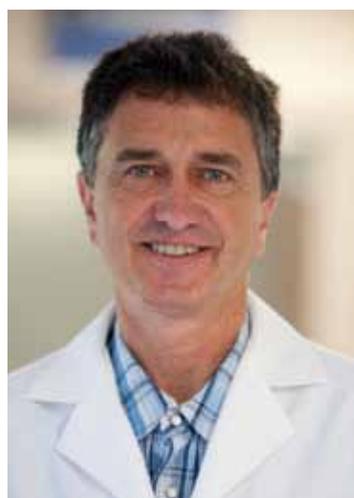
**Robert Voight, MD**  
**Occupational Health/ Travel Medicine**  
**Office Location:** Merrimack Valley Hospital, 2nd floor, 140 Lincoln Ave. Haverhill, MA 01830  
**Board Certification:** Internal Medicine, Occupational Medicine, Certificate

of Knowledge in Travel Medicine by the International Society of Traveler Medicine

**Areas of Special Interest:** International travel medicine, occupational health

*Affiliated with Merrimack Valley Hospital and*

*Steward Medical Group*



**Norman Miller, MD**  
**Gastroenterology**  
**Office Location:** Steward Medical Group Gastroenterology, Merrimack Medical Center, 62 Brown St. Suite 503, Haverhill, MA 01830  
**Board Certification:** Gastroenterology  
**Areas of Special**

**Interest:** Colon health, GERD, irritable bowel syndrome

*Affiliated with Merrimack Valley Hospital and Steward Medical Group*



**Fernando Romero, MD, FACOG, OB/GYN**  
**Office Location:** Methuen OB/GYN, 60 East Street., 3rd Floor, Methuen, MA 01844  
**Areas of Special Interest:** Obstetrics, gynecology, colposcopy,

laparoscopic surgery, high risk obstetrics, endometrial ablation, menopause

**Languages in Addition to English:** Spanish  
*Affiliated with Holy Family Hospital and Steward Medical Group.*

STEWARD

DOCTORFINDER™

All of the physicians are now accepting patients. Please call DoctorFinder™ at **1-800-488-5959** for more information and to schedule an appointment.

# New Office Locations

## Steward Welcomes OB/GYN and Cardiology Specialists to New Keewaydin Drive Medical Practice

### PRACTICE LOCATION:

**Steward Medical Specialists of Southern New Hampshire  
18-22 Keewaydin Drive, Salem, NH 03079**

**Phone: 603-898-7622**

Affiliated with Holy Family Hospital

*These specialists are available to care for you from this modern, newly constructed center specifically designed to create a convenient experience for your health care needs.*

- Specialty Suite
- PCP Suite
- Private exam rooms
- Expansive waiting and registration area for your comfort and privacy
- On-site blood draw services for testing needs
- Handicap accessible first-floor suite

SMG Women's Health Salem



**Shruti Biyani, MD, OB/GYN** has relocated to this location.

New England Cardiology



**Lan Tran, MD, OB/GYN** has relocated her Salem, NH practice to this location and will continue to provide care at 60 East St. in Methuen.



**Davor Kvaternik, MD, Cardiologist** has relocated his Salem, NH office to this site and will continue to provide care at 25 Marston St. in Lawrence.

## New videos help patients choose medical specialists

Choosing a specialist is an important decision and one that is made with careful consideration. That's why Holy Family Hospital and Merrimack Valley Hospital are creating new "Meet the Expert - Your Health Matters" videos that offer additional insight to the specialists. Hear first-hand why they decided to become a doctor and what makes their chosen career so special to them.

The DoctorFinder™ section of the hospital website features profiles of physicians and specialists, including board certifications, medical school and specialty training, and languages. If a video has been created for a physician, you can view it in this section by clicking the video tab, and then the arrow to start the video.

*New videos are being produced each month.*

*To view our videos please visit [www.holyfamily-hospital.org/MeetTheExpert](http://www.holyfamily-hospital.org/MeetTheExpert)*



The New Health Care is Here

**When the flu, sudden illness or injury has you feeling like you just can't wait to see a doctor, stop by Steward Medical Express.**

No appointment is needed. You'll get exceptional, personal health care from our doctors and nurse practitioners, delivered in a modern, new facility. And Steward Diagnostic Imaging offers onsite x-ray services for your added convenience. Best of all, this convenient, quick access to care costs no more than your regular doctor's office copayment.

**Steward Medical Express**  
WALK-IN OR BY APPOINTMENT  
380R Merrimack Street  
Suite 1A, Methuen, MA  
978-416-6000

Ample parking available and we are located on MVRTA bus route 01, servicing Lawrence, Methuen and Haverhill.

Monday–Thursday: 12:00 PM – 8:00 PM  
Friday: 12:00 – 6:00 PM  
Saturday: 8:00 – 4:00 PM

Some insurance plans may require a physician referral. Please check with your provider.

**SUDDENLY SICK?  
SEE A DOCTOR TODAY.**

Steward Medical Express  
Steward MEDICAL GROUP

For more information, visit [steward.org/medicalexpress](http://steward.org/medicalexpress)

# A Message from the President



Dear Neighbor,

It is an exciting time for Merrimack Valley Hospital and Holy Family Hospital as we strengthen our existing relationship and joint commitment of caring for the community.

After careful consideration, we determined that it is in the best interest of our patients, our employees and the surrounding communities to bring Merrimack Valley Hospital and Holy Family Hospital closer together.

We recently filed an application with the Department of Public Health to add Merrimack Valley Hospital to the Holy Family Hospital license. We expect the approval process to take several months and be completed this summer.

We have decided to make this move because health care reform, state regulations, and federal budget sequestration require hospitals to better manage costs. This integration allows us to respond to these changes while putting Merrimack Valley Hospital and Holy Family Hospital on stronger financial footing.

For our patients and employees, this will be a seamless transition. All acute-care services will continue to be offered at their current locations. We remain committed to providing excellent care to our patients.

Since I have been serving as president of both hospitals, the leadership teams have been working closely together to enhance your access to quality care. Integrating our hospitals is a logical extension of our already successful partnership that has resulted in many quality distinctions and service enhancements, all of which we have shared in past editions of our Health Matters publication. I encourage you to read them online anytime from each hospital's web site.

We know you have many choices when it comes to your health care needs. We strive to be your number one choice for all of your health care needs, today and into the future.

Sincerely,

Lester P. Schindel

## SAVE THE DATE!

September 26, 7:30 a.m. - 4:15 p.m.

MERRIMACK VALLEY HOSPITAL'S 4<sup>TH</sup> ANNUAL  
ADULT BEHAVIORAL MEDICINE CONFERENCE

*Offering 5 physician CMEs, 5 nursing CEUs, 5 social work CEUs  
and 5 LADAC/CADAC CEUs*

**Northern Essex Community College-Haverhill Campus  
David Hartleb Technology Center  
100 Elliott Way, Haverhill, MA 01830**

Cost of \$35 includes breakfast, lunch, continuing education credits

**More information about registration coming - stay tuned!**

# Calendar of Events

## Meet the Expert Series at Merrimack Valley and Holy Family Hospitals

All seminars are free and open to the public. Free contact hours in nursing are also offered. For more information and to register, please call Jean at 978.420-1168 or email [jean.maccougall-tattan@steward.org](mailto:jean.maccougall-tattan@steward.org).

**JUNE 3, 2014**

### Neuropsychology of Aging with Psychiatric Disorders

**Neuropsychologist Buck Woo, PhD**

Merrimack Valley Hospital, 6-7 p.m. 1st floor auditorium

140 Lincoln Ave. Haverhill, MA

## Continue Senior Lunch Series at Merrimack Valley Hospital

Lunch is \$5 and includes a full meal and presentation. For information and reservations, please call DoctorFinder™ at 800-488-5959. The next luncheon is Tuesday, June 3, 2014 from 1 to 2 pm in the 1st floor auditorium, 140 Lincoln Ave., Haverhill, MA. Topic TBA.

## Continue Senior Supper at Holy Family Hospital

Supper is \$5 and includes a full dinner. For information and reservations, please call DoctorFinder™ at 800-488-5959. The next supper is Wednesday, June 18, 2014 from 3:30 to 5:30 pm in the auditorium, 70 East St., Methuen, MA. Topic TBA.

## SUPPORT GROUPS

### AA (Alcoholics Anonymous)

Meetings at Merrimack Valley Hospital on Saturdays at 6:45 p.m. and Sundays at 6:30 p.m. in the 1st floor Auditorium.

### The Angela Pisick Cancer Support Group

For patients, families and friends dealing with all types of cancer. Meetings are the first and third Wednesday of each month from 6 to 7 pm at Holy Family Hospital. Please call 978-687-0156, ext. 2021 for information and prior to attending your first meeting.

### Bereavement Support Group

Meets Mondays, 1:30-3:00 p.m. at Merrimack Valley Hospital, 1st floor Atrium. For information, please contact Edith Blanchard at 978-552-4128.

### Caregiver Support Group

For those caring for loved ones with memory loss. Third Wednesday of the month, 7-8:30 p.m., Merrimack Valley Hospital 1st floor Atrium, 140 Lincoln Ave, Haverhill, MA. Light refreshments. For information please contact Patricia Lavoie, LICSW at 978-420-1162 or email [patricia.lavoie@steward.org](mailto:patricia.lavoie@steward.org).

## Childbirth Education Classes at Holy Family Hospital

For expecting and new parents, we offer a variety of educational classes:

- Lamaze Childbirth Education Program
- Baby Care Basics
- Breastfeeding
- Sibling Preparation Class
- CPR for Friends and Family

Complete class information, including a downloadable registration form, is available online at [StewardHolyFamily.org/birthingcenter](http://StewardHolyFamily.org/birthingcenter). To speak with a childbirth education coordinator, please call 978-687-0156, ext. 2271 or email [anne.bolis@stewardhollyfamily.org](mailto:anne.bolis@stewardhollyfamily.org).

## Diabetes Support Groups

Free support for individuals with diabetes offered at Holy Family Hospital. Groups take place from 10 to 11 am in the radiology classroom. To register and for more information on upcoming events, please call 978-687-0156, ext. 2161.

## Look Good...Feel Better

Through our partnership with the American Cancer Society, Holy Family Hospital hosts a free Look Good...Feel Better evening every other month. Women receiving chemotherapy or radiation treatments are invited to join a cosmetologist for an evening of hands-on beauty techniques. For more information on upcoming events, please call 978-687-0156, ext. 2021.

## NA Step for Women Serenity Sisters

Meets Wednesdays at Merrimack Valley Hospital from 7:45-9 p.m. in the 1st floor Boardroom.

For information: [adelelacasse@yahoo.com](mailto:adelelacasse@yahoo.com)

## NA Step for Men

Meets Wednesdays at Merrimack Valley Hospital from 7:30-8:30 p.m. in the 1st floor Auditorium.

For information: [Mike.diodati@yahoo.com](mailto:Mike.diodati@yahoo.com)

## NAMI (National Alliance on Mental Illness)

Meets Thursday evenings at Merrimack Valley Hospital from 6-8 p.m. For information, including location, please contact Bernie Gallant at 603- 583-9252 or [bernard.gallant@gmail.com](mailto:bernard.gallant@gmail.com)

## SHARE

The Resolve through Sharing Support Group (SHARE) is offered for parents who lose a baby during pregnancy or shortly after birth. Maureen Little is the support leader. For information and to sign up, please call 978-687-0156, ext. 2240.