

A Legacy in **Thyroid Cancer Treatment**

They rarely cause symptoms, and they often cannot be seen or felt. Thyroid nodules nonetheless affect a significant percentage of the population in the United States.

“If you just look at people walking down the street who are over the age of 45, you can estimate that about 20 to 40 percent may harbor nodules in their thyroids, and most of these are too small to feel,” says Lahey endocrinologist Gary W. Cushing, MD.

Thankfully, only about one in 20 thyroid nodules is cancerous. But with an unexplained increase in the number of people being diagnosed with thyroid cancer over the past two decades, physicians are focusing on new ways of diagnosing and treating thyroid cancer—and keeping it in remission.

A Very ‘Treatable’ Form of Cancer

The thyroid gland, which is located in the front of the neck, serves to regulate the body’s metabolism. Because the most common forms of thyroid cancer—papillary and follicular—are very slow growing, they usually remain isolated inside the gland.

For this reason, patients may live with the disease for months without noticing any symptoms. “For about a year before I was diagnosed, I felt a bump on my neck—it wasn’t really obvious and it didn’t hurt,” recalls Holly, a patient at Lahey.

Holly, 51, was diagnosed with thyroid cancer three years following a diagnostic procedure known as ultrasound-guided biopsy. During this procedure, the doctor uses a fine needle guided by an ultrasound to remove cells from the nodule, then tests them to see if they are cancerous. “The use of this new technology gives us the ability to diagnose lesions we wouldn’t have otherwise found. Today, any nodule greater than a centimeter in diameter can be biopsied under ultrasound guidance. In the past, we could only biopsy nodules we could feel,” says Cushing.

Holly says that the results of her biopsy left her stunned. “When someone tells you ‘You have cancer,’ it is a scary thing,” she says. “People under the age of 40 have a

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A Cure for Chronic Sinusitis

“It is probably just a common cold.”

This is what many people tend to think until their symptoms—which might include a runny nose, headache, cough or tiredness—don’t improve over time. Tissue in hand, they visit a doctor to learn they have something in common with 37 million people in the United States: a condition known as chronic sinusitis.

“Sinusitis is characterized by an infection of one or more of the sinuses, the eight hollow chambers in the facial skeleton that are connected to the nose,” explains Peter J. Catalano, MD, chair of Otolaryngology/Head and Neck Surgery. “The condition occurs when the sinuses become inflamed and blocked, resulting in the painful pressure commonly described as a ‘sinus attack.’”

Common colds or allergies can easily inflame the nasal passages and lead to sinusitis. In these cases, doctors try to manage the symptoms of sinusitis by treating the underlying allergies, and prescribing steroids to control inflammation and antibiotics to cure infections.

But for those with chronic sinusitis—symptoms lasting anywhere from weeks to years—management can be more challenging. Steroids and antibiotics offer temporary relief, rather than a permanent cure. And up until now, no one has known why some people develop chronic sinusitis.

Recently, however, research performed at Lahey Clinic and elsewhere has shown that more than half of all cases of chronic sinusitis may actually be caused by hypersensitivity to a common organism: mold. “In certain individuals, the immune system—for some unknown reason—thinks inhaled

mold and fungus spores are trying to invade the body. As a result, the body mounts a major immune response to mold in the airway, causing symptoms of sinusitis and even asthma,” says Catalano.

In patients with an abnormal immune response to mold, the body secretes chemicals to kill the fungus. These chemicals damage the lining of the sinus and nose, leading to bacterial infection. The blockage of the sinuses, recurrent infections, and intense immune response also lead to the formation of polyps (small protrusions of tissue) that may require surgical removal.

Researchers at Lahey Clinic found that a combination of three medications—an antifungal pill, antifungal nasal spray and leukotriene inhibitors (commonly used to treat asthma)—represent a potential cure for this form of chronic sinusitis. This noninvasive medical treatment works by eliminating the mold that colonizes the airway. According to Catalano, 35 percent of patients with mold sensitivity who take these medications are cured of their sinusitis, and another 52 percent are able to eliminate or minimize their symptoms.

“What used to require a series of surgical interventions has now become a medical disease. If a patient has never had surgery, usually one operation is required to enhance access for topical medications. If a patient has had surgery before, the medication is usually all they need,” he says.

For more information about this treatment for sinusitis, contact the Department of Otolaryngology at 781-744-8450.

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This newsletter provides general health information. It is not intended to provide medical advice. Medical advice should be obtained directly from a physician.

Health and Wellness News from Lahey Clinic is published three times per year for the communities served by Lahey Clinic. To request additional copies or to make comments, please write:

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For a directory of staff, locations, services and job opportunities, visit our Web site: www.lahey.org

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HPV:

A Hidden Epidemic

Deaths from cervical cancer have decreased dramatically in the United States since the Pap smear came into wide use as a screening and early detection tool following its introduction in 1941. Today, improvements in technology and increased knowledge about the disease have led doctors to focus on human papillomavirus (HPV) as a cause of the majority of cervical cancer cases. The Centers for Disease Control and Prevention considers HPV a “hidden epidemic,” with an estimated 20 million Americans infected at any given time.

In this column, gynecologic oncologist Robert McLellan, MD, answers questions about HPV and cervical cancer.

Q: What is HPV and how is it linked to cervical cancer?

A: HPV is a sexually transmitted virus that is very common, but largely transient. While some subtypes of HPV can cause genital warts, which can be treated, most subtypes cause no symptoms. Usually the immune system will clear the virus naturally, and people won't even know they had it.

There are more than 70 subtypes of HPV, and only a few of them are known to be related to cervical cancer. Even these “high-risk” HPV subtypes usually clear up on their own and have no long-term consequences. In about 10 percent of people with high-risk HPV, the infection persists, putting them at significant risk for cancerous changes.

Q: If there are generally no symptoms, how is HPV detected?

A: The goal of the Pap test is to identify cellular changes in the cervix—precancerous changes or dysplasia—before they become cancerous. In about 5 percent of cases, Pap smears may show atypical squamous cells of undetermined significance, or ASCUS. Although these cells are neither clearly normal nor clearly precancerous, only 5 to 10 percent of these patients will harbor a precancerous lesion on the cervix.

An advance in testing technology is the ThinPrep Pap test. This method involves scraping cells from the cervix and placing them into a liquid fixative, rather than smearing the cellular material on a slide as is done in conventional Pap tests. Liquid-based cytology clearly improves the detection of

precancerous lesions and reduces the number of false positives and false negatives. After the cells are examined, the residual liquid can be used to test for sexually transmitted diseases such as HPV. At Lahey, any Pap test that shows ASCUS is routinely tested for high-risk HPV.

Q: If HPV is present, what kind of follow-up is recommended?

A: In women found to have ASCUS, half will test negative for high-risk HPV. Because our knowledge has improved so much in the past few years, we can say, “If you don't harbor the virus, you're not at risk for squamous cell cancer of the cervix.” The half who test positive for high-risk HPV are called back in to undergo additional testing and possible biopsy to look for the presence of precancerous lesions.

Q: Why not test everyone for HPV to begin with?

A: HPV is so common that if we tested women in their 20s using modern techniques, too many would test positive for it to be effective as a screening tool. One in four women in their 20s tests positive for high-risk HPV subtypes, but for the vast majority, the infection is transient.

Women in their 30s, however, are less likely to test positive for HPV. Last August, the American College of Obstetrics and Gynecology approved the use of HPV testing with Pap smear as a primary screening tool in women 30 years of age or older. If a woman has negative results from both tests, she does not need another Pap for three years.

Q: How are men affected? Is there a screening tool for them?

A: Currently there is no method to test men for the presence of HPV. Men are carriers, and while HPV can cause penile or anal cancers, those are very rare.

To make an appointment with a gynecologist at Lahey, call 781-744-3250.



A Legacy in Thyroid Cancer Treatment (Continued from Page 1)

greater than 90 percent chance of being cured of thyroid cancer. But because I was older, my doctors agreed I would need more aggressive treatment.”

Thyroid cancer is somewhat unusual in that it is very rarely genetic and it frequently occurs in people between the ages of 25 and 65—meaning it presents at an earlier age than most cancers. While the cause of most thyroid cancers is unknown, more and more people are being diagnosed with the disease each year. Cushing speculates that this may be due to improvements in radiology.

“In the last 10 years we have seen more people being diagnosed because lumps were discovered on their thyroids during radiological studies—such as MRI or CAT scans—that they underwent for totally unrelated conditions,” he says. “But it is also possible that there has been a true increase in the number of thyroid cancers developing.”

Breakfast Seminar

**Thyroid Cancer:
The “Neck’s” Generation
of Treatment**

Thursday

January 13, 2005

8 to 10 am

Lahey Clinic

Medical Center

Alumni Auditorium

Lahey staff will present

at this event sponsored

by the Sophia and Bernard

Gordon Cancer Center.

To register,

call 781-744-8410.

Building on a History of Expertise

Lahey Clinic has a long history as a pioneer in treating thyroid cancer that began with founder Frank Lahey, MD, who gained an international reputation for developing surgical techniques that drastically lowered thyroid cancer mortality rates.

“Our records of thyroid cancer follow-ups at Lahey go back 60 years, and our database contains more than 1,500 patients who have had papillary thyroid cancer,” says surgeon David M. Brams, MD, who performs hundreds of thyroid surgeries each year with colleague John P. Wei, MD. “We look at how people recover in relation to their age. What we have found is that in women younger than age 40 with papillary thyroid cancer, there were no deaths. As patient age increases, however, thyroid cancers tend to become more aggressive.”

Treating thyroid cancer requires a multidisciplinary approach. Experienced surgeons, radiologists, endocrinologists and nuclear medicine specialists at Lahey combine their skills to remove the thyroid gland, destroy any remaining cancer cells, and make sure the disease remains in remission.

Brams and Wei surgically remove the thyroid gland through a small incision that is placed in a natural skin crease, so scarring will be minimal. This technique requires the hands of an experienced surgeon who is conscious of the many delicate structures in the neck.

“We are one of the most referred-to thyroid cancer treatment centers in the region. That is important because this is an operation where, if you perform many of them, you have a lower complication rate,” says Brams. Because the thyroid wraps around the nerves to the vocal cords, complications—while extremely rare—might include a permanently hoarse voice or inability to speak.

About a month after surgery, most patients undergo a procedure known as “radioactive iodine therapy.” Thyroid cells are unique from other cells in the body in that they have the ability to absorb iodine. In Nuclear Medicine, a division of the Diagnostic Radiology Department, the patient is treated with radioactive iodine. The iodine is absorbed by any remaining thyroid cancer cells, and the radioactivity destroys the cells from within.

Holly underwent this procedure, which she describes as a “surreal experience” in that you have a foreign substance in your body during your brief stay at the hospital. Today she lives a normal life, although she must take supplements of thyroid hormone to replace those her body can no longer produce naturally. She also undergoes frequent follow-ups to make sure the cancer has remained in remission. During these visits, nuclear medicine specialists use sophisticated tests to detect the presence of any new cancer cells.

“The good news is that there is a very high cure rate,” says Cushing. “On the other hand, it is a slow-growing cancer, and it could recur 20, 30, 40 years later. We follow our patients closely their entire lives, so if you are one of the 10 percent of people who have a recurrence, we will detect this early on and be able to provide you with additional treatment.”

For more information about cancer programs at Lahey, visit our Web site: www.lahey.org

Breaking Ground in Burlington

Last fall, the Town of Burlington Planning Board voted unanimously to grant Lahey Clinic the building permits necessary to begin expansion of the Burlington facility.

“This vote marks a major landmark in our efforts to meet the health care needs of our patients in the years to come,” said David M. Barrett, MD, Lahey’s chief executive officer. “We are thankful for the support we received from the Town of Burlington and we are looking forward to a bright future for this institution.”

In November, Barrett welcomed members of the Lahey Board of Trustees and officials of the Town of Burlington to a groundbreaking celebration marking the beginning of the Southeast Expansion project. Plans for this phase include two new medical-surgical units with a combined total of 36 beds, a new 24-bed Intensive Care Unit, additional state-of-the-art operating rooms, a renovated Post-Anesthesia Care Unit, and a four-level parking garage with more than 1,100 spaces.

The project will proceed in phases, with the first new patient care facilities expected to come into use by winter 2006.

Lahey and its construction partner, Walsh Brothers, have developed a Web site to keep the public informed about the project. *For details, visit www.lahey.org/facility.*



Breaking ground for the Southeast Expansion are (left to right) Sonia Rollins, Burlington Board of Selectmen; Ernest E. Covino, Jr., Burlington Planning Board; Kevin B. McKelvey, Burlington Board of Selectmen; Town Administrator Robert Mercier; Jayne L. Hyde, chair of the Burlington Planning Board; Bernard M. Gordon, DrEng, chair, Lahey Clinic Board of Trustees; David M. Barrett, MD, chief executive officer, Lahey Clinic; Albert L. Faye, Jr., chair, Burlington Board of Selectmen.

Building for 
Our Future
Together

Lahey Verified as a Level II Trauma Center



Lahey Clinic was recently verified as a Level II Trauma Center. The American College of Surgeons (ACS) Committee on Trauma made this determination following extensive interviews with Lahey staff and a review of patient charts and quality improvement efforts.

“We commend Lahey Clinic on its continued commitment to providing high-quality trauma care to patients,” noted Robert L. Coscia, MD, chair of verification review programs for the ACS.

For more than a decade, the ACS Committee on Trauma has maintained a voluntary verification program for trauma centers nationwide, with the goal of optimizing and creating national standards for patient care. As a Level II Trauma Center, Lahey Clinic is able to care for all types of injured adult patients. Other elements of Level II Trauma Centers include the presence of clinical staff who remain in house solely to support the trauma team and the availability of 24-hour support services, such as CT scanning.

While verification is notably an elective process, members of the trauma team view it as part of their continued commitment to providing high-quality care to the community. Level II Trauma Centers are required to have a firm commitment to trauma prevention and education, and quality improvement efforts.

“The review ensured that we have a healthy performance improvement program and that everyone involved is constantly learning,” said Michael S. Rosenblatt, MD, MBA, MPH, director of trauma services.

Diabetes Education

At Lahey Clinic Medical Center
 41 Mall Road, Burlington
 4 East Conference Room, 4N-67
 To register, please call
 781-744-8355.

Diabetes: You Are in Control

Learn about the latest in diabetes management and nutrition from diabetes educators and a pharmacist.

Carbohydrate Counting 2 and Pump Therapy

Thursday, Jan. 20, 5 to 6 pm

Meeting Challenges, Minimizing Complications

Thursday, Jan. 27, 5 to 6 pm

Diabetes and Medications

Thursday, Feb. 3, 5 to 6 pm

Food for All Occasions/ Restaurant Choices

Thursday, Feb. 10, 5 to 6 pm

Keeping Well with Diabetes/Pattern Management

Thursday, Feb. 24, 5 to 6 pm

Putting the Pieces Together

Thursday, March 3, 5 to 6 pm

Diabetes in Control

Thursday, March 10, 5 to 6 pm

Carbohydrate Counting

Thursday, March 17, 5 to 6 pm

Lahey Clinic offers diabetes education programs in Burlington and Peabody. Co-pay varies, depending upon insurance. Please check with your insurance company regarding coverage and whether you need a referral from your doctor.

At Lahey Clinic Northshore
 One Essex Center Drive, Peabody
 First Floor Conference Room
 To register, please call 978-538-4674.

Diabetes & You

Wednesdays, March 23 and March 30
 9 to 11:30 am

A nurse practitioner and a registered dietitian, both certified diabetes educators, offer two sessions on the ins and outs of diabetes self-management.

- Better control your blood sugar.
- Plan meals that are good for you.
- Understand your medications for more effective use.
- Learn how to handle special situations: exercise, travel, illness.

Cosmetic & Laser Surgery Center Seminars

At Lahey Lexington, 16 Hayden Ave. To register, call 1-800-604-2703.

Cosmetic Plastic Surgery: What It Could Do for You

Thursday, Jan. 20, 6 to 7:30 pm, Lahey Lexington

Physicians will discuss the latest advances in face, eye, nose, breast and body contouring.

Laser Treatments for Aging Skin

Thursday, Feb. 24, 6 to 7 pm, Lahey Lexington

Learn about the newest laser techniques in minimal resurfacing treatments for wrinkles, brown spots and facial veins.

Botox, Restylane and Radiance Fillers

Tuesday, March 22, 6 to 7 pm, Lahey Lexington

Learn about nonsurgical solutions for the aging face.

Cancer Support Group: I Can Cope Program

First and Third Tuesdays of the Month, 6 to 7 pm
 Lahey Clinic Medical Center
 Room 6-601, 6 Central Conference Room

On the first Tuesday of every month, the General Cancer Support Group presents *I Can Cope*, a program of the American Cancer Society. For information about this program or the group, contact Pamela Reznick, LICSW, at 781-744-8113. Upcoming topics:

Managing Effects of Illness and Treatment

Tuesday, February 1, 6 pm

Communicating Concerns and Feelings

Tuesday, March 1, 6 pm

Exploring Self-Esteem and Intimacy

Tuesday, April 5, 6 pm

Laser Vision Correction

– Tuesdays, Jan. 11 or March 8
 6 to 7:30 pm
 Lahey Clinic Medical Center

– Thursdays, Feb. 17 or April 14
 6 to 7:30 pm
 Lahey Clinic Northshore

Join refractive surgeon Sarkis H. Soukiasian, MD, to learn about new and exciting advances in laser vision correction. See if you are a candidate for laser vision correction at the free screening. For room location and to register, please call 978-538-4567.

Freedom from Smoking

Wednesday, Jan. 12, 6 pm
 Lahey Clinic Medical Center,
 5 West, Room 5-501

Lahey Clinic offers a free preview of the American Lung Association's Freedom from Smoking program. Timothy Wu, MD, Pulmonary and Critical Care Medicine, and Freedom from Smoking certified instructors review this step-by-step plan for smoking cessation. Course information is available at this introductory session. For more information or to register, please call 781-744-8484.

Blood Pressure Screenings

Tuesdays, 9 to 11 am, Burlington Mall
 Part of the Mall Walkers program, this service is sponsored by the Burlington Mall, the Burlington Recreation Department, and Lahey Clinic.

Senior Dinner Program

Tuesdays, 5:30 to 6:45 pm
 Lahey Clinic Medical Center, Cafeteria
 Seniors 55 and older are welcome to join us for specially priced (\$3.95) full-course meals. For menu selections, call 781-744-8803.

Look Good, Feel Better

Tuesdays, February 8 or April 12
 Lahey Clinic, in association with the American Cancer Society and the National Cosmetology Association, presents this program for women undergoing chemotherapy or radiation therapy for cancer. For location and to register, call Pamela Reznick, LICSW, at 781-744-8113.

SUPPORT GROUPS

Please call for meeting times and locations.

Alzheimer's Disease
781-744-8114

Brain Tumor
617-726-1061

Breast Cancer
781-744-8113 (LCMC)
781-641-3700 (Lahey Arlington)

Cancer Patients and Families
781-744-8113

Cardiac Support Group
781-744-8662

Cardiovascular Rehabilitation Education
781-744-2460

Charcot-Marie-Tooth (CMT)
978-667-9008

Deep Brain Stimulation
781-744-5124

Diabetes Support Group
781-744-3134

Dialysis and Kidney Transplant
781-744-8628

Gastric Bypass
781-744-3044

General Cancer Support (Lahey Arlington)
781-641-3700

Hepatitis Support Group
781-744-5335 or 781-744-5382

Ileoanal (J-Pouch)
781-744-2627

Marfan Syndrome
617-969-5477

Ostomy Association
781-744-2627

Ovarian Cancer
781-744-8113

Pre-Kidney Transplant
781-744-8976 or 781-744-8628



Lahey Clinic provides **Interpreter Services** to meet the cultural and ethnic needs of all our patients. When making an appointment, please notify us if you require an interpreter.

781-744-5404

Where You'll Find Us

Lahey Clinic provides primary care services for adults at medical centers in Burlington, Peabody, Lexington and Arlington and at physician practices in surrounding communities. Pediatric care is provided in Arlington, Beverly, Danvers and Ipswich. For a complete directory of staff, locations and services, visit our Web site: www.lahey.org

Medical Centers

Lahey Clinic Medical Center

41 Mall Road, Burlington
• Internal Medicine
• Medical Specialty and Subspecialty Services

Appointments:
781-744-8000
All other calls:
781-744-5100

Lahey Clinic Northshore

One Essex Center Drive, Peabody
• Internal Medicine
• Medical Specialty and Subspecialty Services

Appointments:
978-977-6336
All other calls:
978-538-4000

Lahey Lexington

16 Hayden Avenue, Lexington
• Internal Medicine
781-372-7100
• Center for Cosmetic and Laser Surgery

1-877-867-0707
• Specialty Consultations
781-372-7144

Lahey Arlington

Hospital Road, Arlington
• Internal Medicine
781-641-0100
• Pediatrics

781-643-7700

Community Group Practices

Lahey Amesbury

• Internal Medicine
• Family Practice
978-388-5050

Lahey Beverly

• Internal Medicine
• Pediatrics
978-927-1919

Lahey Billerica

• Internal Medicine
978-663-6666

Lahey Danvers

• Internal Medicine
• Pediatrics
978-774-0730

Lahey Essex

• Family Practice
978-768-9004

Lahey Hamilton-Wenham

• Family Practice
978-468-7346

Lahey Haverhill

• Internal Medicine
978-374-1010

Lahey Ipswich

• Internal Medicine
• Pediatrics
978-356-5522

Lahey Merrimac

• Family Practice
978-346-9733

Lahey Wilmington

• Internal Medicine
978-694-9610

Injecting a New Look

On a Thursday last October, a group of smart, curious and proactive women gathered in Lexington, Mass., for a free educational seminar. The topic: cosmetic surgery. The message: It is not all about face-lifts.

“The number one thing we want to educate people about is that the correction of facial aging has changed drastically in the past few years,” says Brooke R. Seckel, MD, director of the Lahey Center for Cosmetic and Laser Surgery, who presented at the seminar. “Today, it is very much a nonsurgical event.”

According to Seckel, most people experience the earliest signs of facial aging between the ages of 35 and 50. The effects can range from crow’s feet (wrinkles around the eyes) to deep frown lines in the forehead or in the nasolabial folds, which extend from the nose to the mouth. Also common are “marionette” lines, which run from the corners of the mouth to the jaw.

“These are the changes that are most likely to make people feel they are getting old,” Seckel says. “But it is too early for a face-lift. Instead, there are very simple, noninvasive things we can do.”

While Botox and collagen have been used as cosmetic treatments for many years, synthetic “fillers” developed in the past

few years are offering new options (see box).

“Fillers are substances we inject into deep facial lines,” Seckel says. “The nasolabial lines and marionette lines are caused by sagging of cheek skin. It folds over, causing a crease. Fillers plump up the crease, making less of a shadow and leading to visual improvement.”

“The result was everything I thought it would be,” says Martha Bousquet of Nashua, NH, who saw Seckel last spring for Radiance injections in the nasolabial area. “A big issue for me is trust. From the moment I step into the center in Lexington, I feel comfortable.”

Seckel emphasizes that injectable treatments are safe. “Once you break the skin and inject something, however, it is a medical procedure. These are highly regulated medical pharmaceuticals, which is why it is important to come to a clinic like Lahey for these treatments. You want a physician who has a complete understanding of the forces that create aging changes in the skin. Technical finesse of the doctor is very important for a good result.”

For a schedule of upcoming free seminars on cosmetic and laser surgery, see page 6. To make an appointment, call 877-867-0707.



A Menu of Options

- Botox is often used for treating wrinkles around the eyes and forehead. “Botox weakens the muscle,” Seckel says. “When the muscle is weak and can’t contract, lines disappear.”
- Collagen works in a similar fashion. With collagen, however, patients need to have a skin test before treatment, because one in 500,000 is allergic to collagen, which is made from cow protein.
- Restylane works like collagen, but because it is a synthetic filler, it does not require skin testing.
- Radiance is known as a “permanent” filler because the results can last up to three years. “Radiance does the best job for nasolabial fold lines, but it is more expensive, so I usually advise people to try Restylane or collagen first,” Seckel says.

Treatment Advances for Gallstones

More than a decade ago, removal of the gallbladder became one of the first surgeries to be done routinely via laparoscope, with tiny incisions and the use of a camera and video monitor to guide the surgeon. This technique spares the patient a large incision, resulting in reduced pain and a shorter recovery time.

Today, patients with gallstones are benefiting from additional advances in technology. At Lahey, gastroenterologists using endoscopic techniques work alongside general surgeons to treat patients suffering from gallstones that are blocking the biliary system.

Gallstones are hardened formations of bile, a liquid that helps the body digest fats. Bile is created by the liver and stored in the gallbladder. When needed, it is secreted into the small intestine.

“The majority of gallstones are formed when the bile contains an excess of cholesterol, which can harden into stones large enough to cause a blockage in any of the ducts that join the liver, gallbladder and small intestine,” says gastroenterologist Stephen J. Heller, MD. Depending on where the blockage occurs, symptoms can include pain, nausea, fever, vomiting and, in serious cases, jaundice caused by bile backing up in the liver.

“If we diagnose gallstones in the gallbladder, but the patient has no symptoms, we’ll leave them alone,” Heller says. “If the stones are in a bile duct, we recommend taking them out because there is a high risk of complications in the future.”

People can survive without a gallbladder; when it is removed, bile flows directly from the liver into the small intestine. “But while we can remove the gallbladder, we can’t remove the ducts,” Heller adds. “That is where endoscopy comes in.”

ERCP stands for endoscopic retrograde cholangiopancreatography. During this procedure, the patient, under sedation, swallows an endoscope—a fiber-optic tube with a camera at the end. The physician guides the endoscope through the stomach and into the small intestine. A contrast agent is then injected backward through the biliary system, allowing the physician to see the gallbladder and ducts. If a stone is blocking a duct, it can be removed with the endoscope and sent into the small intestine to pass normally through the bowels.

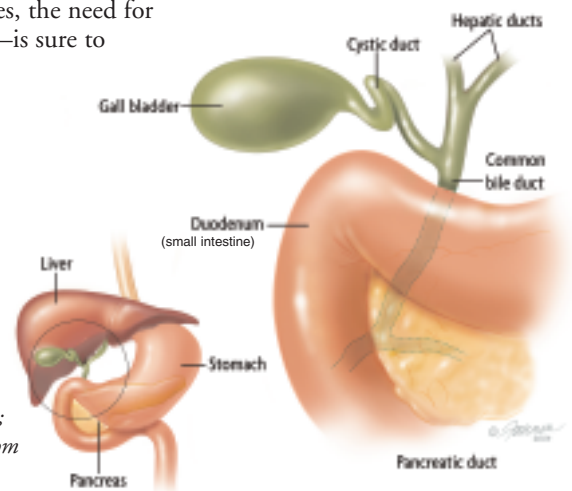
ERCP is an advance over previous treatments, which often included conventional “open” surgery with a long recovery period. The procedure is also used to diagnose and relieve pain from tumors or metastatic cancers in the gallbladder, bile duct and pancreas.

“ERCP used to be done a lot just to look at the biliary system and diagnose a problem,” Heller says. “Now, it is used more as a therapeutic tool, because MRI technology and ultrasound are good, and less invasive, diagnostic tools.”

Certainly, not everyone who develops gallstones experiences health problems because of them. In fact, they are largely harmless. Yet according to Heller, two important risk factors for gallstones are aging and being overweight. One-third of people over the age of 60 develop gallstones. With an aging population and a rising tide of obesity in the United States, the need for gallbladder surgery—and ERCP—is sure to remain high.

To make an appointment with a gastroenterologist at Lahey, call 781-744-3250.

People can survive without a gallbladder; when it is removed, bile flows directly from the liver into the small intestine.





Avoiding Winter Woes

No matter how much we love winter, most of us could do without the heavy snow, ice and other hazardous conditions that pose threats to our safety. Reduce your risk of injury this season by understanding the dangers and taking proper steps to protect yourself and your loved ones.

Snow Shoveling

“Back injuries and chest pain are the most common conditions we see from shoveling,” explains Karen Hayward, RN, director of Nursing Services at Lahey Clinic Northshore’s Emergency Services Department. “Some people simply throw a coat on and begin shoveling without first considering the risks.”

Although anyone can get hurt shoveling snow, some people are more vulnerable to injury than others. “You need to be realistic about your health and what

you can do,” says Chanda McKee, RN. “Listen to your body and pace yourself. Talk to your doctor. Remember, taking care of yourself is more important than getting the snow cleared.”

Hayward and McKee advise calling 911 immediately if you experience any of the following symptoms while shoveling:

- Severe shortness of breath
- Chest discomfort
- Profuse sweating and nausea

Snow Blowing

While snow blowers can be a good alternative to shoveling, “snow blowing” can also be dangerous, with hand injuries being the most frequent complaint.

“If the machine becomes obstructed, don’t stick your hand in it. Turn it off immediately and consult your owner’s manual,” says Hayward.

“Always read the safety manual before using your machine,” adds McKee. “And make sure your blower is tuned up before the first storm hits.”

Hypothermia

Hypothermia—or a lowering of the body’s core temperature to less than 95 degrees Fahrenheit—is responsible for approximately 600 deaths nationwide each year.

“Hypothermia often occurs before the victim realizes what is happening,” says Hayward. Early warning signs of hypothermia include

- Uncontrollable shivering
- Memory loss
- Disorientation and incoherence
- Slurred speech
- Drowsiness/exhaustion

“Early detection is key as symptoms can progress and lead to loss of consciousness,” says McKee.

Being mindful is critical to avoiding hypothermia. “Use common sense. Dress appropriately for the weather, avoid drugs and limit your intake of alcohol, which can impair good judgment.”

Getting Around

In winter, simply walking up the front steps can be risky. “The wrong shoes can quickly turn into ice skates,” says Hayward. “Leave the heels inside, and wear only rubber-soled shoes outside.”

Keeping walkways clear and salted is also important. “If you don’t have any salt, kitty litter is a handy alternative,” suggests McKee.

Lahey Clinic Northshore, celebrating its 10th anniversary this year, offers comprehensive emergency services 24 hours a day, seven days a week, at One Essex Drive in Peabody, Mass.