

# synapse

THE CHESTER COUNTY HOSPITAL AND HEALTH SYSTEM MAGAZINE

*getting back in the*  
**SWING...**

ADVANCEMENTS IN  
ORTHOPEDIC SURGERY

# CALENDAR

## ▼ ONGOING

### Screenings

- Blood Pressure
- **NEW!** Cancer Risk Evaluation – Call 610.423.4556
- Cancer: Breast, Oral, Skin
- Cardiovascular Health – Sept 28, Oct 5, Nov 23, Dec 7
- Falls Risk
- Hydration
- **NEW!** Peripheral Vascular Screening – Call 610.220.0432
- Stroke

#### **NEW! Reversing Pre-Diabetes**

Sign-up for one of these two-hour programs to find out if you have pre-diabetes, to get the tools you need to change your lifestyle, and to reduce your risk of getting type 2 diabetes. RSVP: 610.738.2300

September 9, November 10, December 9

### Shopping

#### WOMEN'S AUXILIARY GIFT SHOP

Two locations! The Chester County Hospital and Fern Hill Medical Campus 610.431.5497

#### ENCORE SHOP UPSCALE CONSIGNMENTS

RE-OPENS SEPTEMBER 8.

Route 52 S and Route 1 N,  
Kennett Square 610.388.6269

### Registration

For programs & screenings 610.738.2300

For fundraisers 610.431.5329

[chestercountyhospital.org](http://chestercountyhospital.org)

**HOSPITAL PROGRAMS & SUPPORT :** Throughout the year, The Chester County Hospital offers various types of programs, courses, support groups and fundraising events. Here are a few of the many opportunities that will be taking place in the forthcoming months.

### Upcoming Events

**NEW! Why Weight?**  
**Get help losing your pregnancy pounds –**  
September 20



**Hot Topics in Joint Health –** September 21

**Move It or Lose It –** September 23

**NEW! Healthy Steps to a Healthy Weight –** September 27

**70th Annual Chester County Day\* –** October 2

**What's Best for the Breast? –** October 6

**Dilworthtown Inn Wine Festival\* –**  
October 10

**Cooking Demo: Living Healthy in a Busy World –**  
October 12



**Supermarket Tour: National Diabetes Month –**  
November 3

**Diabetes Day –** November 6

**SHINE\* –** November 6

**Hot Topics in Joint Health –**  
November 10



**START DATES**      **RSVP 610.738.2300**  
**Sept 20** Mondays @ Kennett Area YMCA  
**Sept 27** Wednesdays @ 606 E. Marshall St. WC  
**Oct 7** Thursdays @ 606 E. Marshall St. WC  
**Oct 20** Wednesdays @ 606 E. Marshall St. WC

\* FUNDRAISERS



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## ▼ DEAR NEIGHBORS



All of us who have worked in a hospital setting understand that there is a natural rhythm and flow for all living

things. After 33 years of being President of The Chester County Hospital, I have respectfully asked the Hospital's Board to allow me to retire at the end of September or at such time as they name my successor.

I believe the next few years will bring great change for hospitals. We are positioned favorably in this new era of healthcare that is based on value and I feel this is the right time to make a thoughtful transition in leadership. In fact, we are already witnessing positive changes here at the Hospital – a new logo and mission, a new chairman of our CardioVascular Institute, and new advances in surgery and health programs. These new endeavors are shared in this edition of Synapse, and we still have much more good work to do.

During this time of transition, our entire team will continue to work together to keep the Hospital and entire Health System steadfastly focused on our mission to make lives better every day.

I can tell you that no man could have found a more fulfilling and gratifying place to spend the greater part of his career. I am thankful for the wonderful team of professionals who graciously allowed me to represent them as their President and for the community that continues to select The Chester County Hospital and Health System for its healthcare needs.

Best wishes to you all,

H.L. Perry Pepper  
President

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As the average age of hip and knee replacement patients gradually gets younger, new devices and surgical advancements are adapting to get patients back to their active lives quicker and with less pain.

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As one of the only resources for prenatal care for uninsured women in Chester County, the Ob/Gyn Clinic provides exceptional care. Its mission to provide a healthy start for newborns has inspired many generous foundations to lend their financial support.

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# synapse

(NOUN - sin-aps)

THE SITE OF COMMUNICATION BETWEEN NERVE CELLS

*Synapse* is the award-winning publication produced by The Chester County Hospital's Corporate Marketing Department. The articles provided in this magazine are solely for informational purposes. It should not be relied on or used in placement of a physician's medical advice or assessment. Always consult a physician in matters of your personal health.

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►► Feedback Welcome

Email [synapse@cchosp.com](mailto:synapse@cchosp.com) to let us know what you think, to make suggestions about future topics or to change your mailing information.



# THE CHESTER COUNTY HOSPITAL *and Health System*

## NEW VISION, NEW MISSION, NEW LOGO, NEW BRAND

A lot of responsibility rests on a logo – a corporate icon often no bigger than a postage stamp. It must project the institution's personality. It must convey the organization's purpose. It must stand out in a crowd and stand alone on a page.

The Chester County Hospital and Health System has launched a new logo and brand advertising campaign with the goal of further strengthening the Hospital's position in the region. The Marketing Department and its advertising agency – Aloysius, Butler & Clark – worked for five months to reinvent the Hospital's brand and to set new standards for the next several years.

The new "Making Lives Better Every Day" campaign focuses on the Hospital's patient-centered approach to healthcare, and expresses its commitment to helping those it serves enjoy long and healthy lives.

The branding effort coincides with a change in the Hospital's organizational structure and modified name: **The Chester County Hospital and Health System**. Given that the Hospital needed to update its logo to reflect this, the Administration took this opportunity to propose a change.

Paul F. Huberty, Senior Vice President for Strategic Planning and Marketing, says, "The new logo reflects the culture of The Chester County Hospital and Health System – one that is progressive but welcoming; that is standards-driven but patient-focused; and that is highly technical but knows that the personalized delivery of care will always be our defining strength."

*In addition to the new logo and brand campaign, the Hospital has written new vision and mission statements.*

**VISION** To provide each patient and their family with an outstanding experience, improve the health of our community, and attract, retain, and educate the best and brightest health-care professionals.

**MISSION** To be recognized as the leading provider of care in the region and a national model for quality, service excellence, and fiscal stewardship.

The blue-and-green colors capture the essence of the Hospital's ability to look forward while standing atop its proud historic roots. The color blue is often associated with stability and strength, and in the logo it corresponds with the known brand name – The Chester County Hospital. The color green represents growth and hope, and highlights its new direction (Health System) and outlook for the future.

The font – or lettering – used for the logo is the same font found in the gold seals that are embedded in the floors of the Hospital and which remind employees and patients daily of the Hospital's proud heritage.


The graphical mark or "badge" lends a sense of strength and stability to its identity and can stand alone as an identifiable mark for the system, while the 1892 reinforces

the Hospital's history of independence, the stability of the organization, and its longstanding commitment to caring for the community.

Huberty adds, "We recognize that our community is far too savvy to choose a hospital simply because of an iconic mark, but if they come to recognize the symbol for what it is – a representation of a healthcare organization with a long history of quality care and with great vision to support the health needs of its community – then at that point, our logo will have lived up to the responsibility it bears."

►► To see all The Chester County Hospital has to offer, visit [ChesterCountyHospital.org](http://ChesterCountyHospital.org).





Recent developments offer new options  
for younger people who want to continue  
their active lifestyles without pain

# ADVANCES IN JOINT REPLACEMENT SURGERY

People now entering their late 40s, 50s, and early 60s—the “Baby Boomers”—tend to be more active than previous generations were at middle age, with no expectations of slowing down. But sometimes nature intervenes in the form of osteoarthritis, a degenerative joint disease in which the cartilage (connective tissue) joining the ends of two bones breaks down, roughens, and ultimately wears out. The rubbing of bone-on-bone can cause significant pain that worsens over time.

“With a larger number of men and women reaching their 50s and early 60s, we have seen a huge upswing in degenerative arthritis of the hip and knee,” says Robert Huxster, MD, board-certified Orthopedic Surgeon and Chairman of the Department of Surgery. “We always start with conservative treatments such as medication, injections, and physical therapy. But some will continue to have pain that limits exercise and daily activities.”

Historically, these younger patients were not good candidates for joint replacement surgery because artificial joints tend to wear out within 15 to 20 years—meaning that most patients would outlive their prosthesis. Although not impossible to replace an artificial joint, it is difficult.

Today, there are newer resurfacing procedures that preserve more of the patient’s own bone, making it possible for total joint replacement to be done later in life if needed. For some younger people with persistent pain, surgery has become a more viable option.

“The focus in orthopedics has been on developing surgical procedures that last longer or can be converted [to total joint replacement] later in life,” notes Dr. Huxster. “We’re seeing younger and younger people with pain and limitation who are running out of conservative options.”

*continued...*

# HIP RESURFACING

The hip is a ball-and-socket joint: the rounded head of the leg's femur bone fits into a pocket in the pelvis called the acetabulum. In a total hip replacement, the surgeon removes the entire head and neck of the femur and replaces it with a half-sphere-shaped metal or ceramic ball on top of a long stem, which is anchored deeply into the femur. The acetabulum is capped with metal and plastic. A total hip replacement can last up to two decades, but it puts high-impact activities such as running, jumping and singles tennis off-limits to reduce the risk of loosening.

## TESTIMONIAL



**Mike Schnably**, 45, of Honey Brook, is back to playing competitive amateur tennis thanks to a hip resurfacing procedure. To read Mike's story, go to [www.chestercountyhospital.org](http://www.chestercountyhospital.org) and follow the link to "Testimonials."

possible as well. "The ball of the joint has a larger diameter than it does in total hip replacement, which makes it more anatomically correct and allows for a greater range of motion," says Chet Simmons, Jr., MD, a board-certified orthopedic surgeon with Chester County Orthopaedic Associates in West Chester and Kennett Square. He adds that the metal-on-metal design may be

Hip resurfacing is a newer approach pioneered in Europe during the late 1990s and approved for use in the U.S. by the Food & Drug Administration in 2006. Instead of removing the entire head of the femur, the surgeon shaves it into a rounded shape and covers it with a metal cap on a small spike, which is then cemented into the bone. The socket of the pelvis also is lined with a metal cap.

This approach offers some significant advantages. Because so much of the femur is preserved, a patient can have total hip replacement later in life if the implant wears out. High-impact sports and other activities are

HIP RESURFACING



TOTAL HIP REPLACEMENT



- Allows for implants later
- High-impact sports are permitted

more durable than the metal-on-plastic typically used in hip replacement.

Hip resurfacing is not right for everyone, however. The femur has to be strong and solid enough to support the metal cap. Dr. Simmons notes that the best candidates typically are "younger, active males" who have high bone density and plan to resume high-impact activities. He points to three of his recent cases, all men in their late 40s, including a competitive tennis player, karate instructor and basketball referee. Although he has performed hip resurfacing on women, many are not good candidates because they are smaller-framed and at higher risk for osteoporosis, or thinning of the bones.

Because hip resurfacing is still relatively new, only a limited number of orthopedic surgeons are trained to do it, and they cannot know for sure how patients will fare over the long term. But so far, studies suggest success rates in the high 90-percent range several years out from surgery. There may be some small risk of an adverse reaction to the tiny metal particles released into the bloodstream by the metal-on-metal implant.

"This is something I always discuss with patients," notes Dr. Simmons. "If there is persistent pain or inflammation suggestive of a problem due to the metal, we can always revise the resurfacing to a total hip replacement."

Until this risk is more fully understood, hip resurfacing is not recommended for those with a known metal sensitivity or kidney disease (because the kidneys filter impurities out of the blood). A study of 3,400 resurfacing patients at nine Canadian medical centers did show that three years after surgery, more than 99.9 percent of patients experienced no implant failure due to metal wear debris. There is a small risk of fracture to the femur, which could require a total hip replacement later. But for the right candidates, the benefits of hip resurfacing appear to far outweigh the risks.

The recovery process for hip resurfacing is similar to that

*Illustrations are courtesy of Stryker Orthopaedics.*



for total hip replacement, as it is just as extensive an operation. Brendan Sullivan, head physical therapist at The Chester County Hospital's Center for Physical Rehabilitation and Sports Medicine, says that patients can expect to start working with a physical therapist in the Hospital, followed by one to three weeks of in-home therapy and several weeks of outpatient therapy.

"Timing really varies depending on the needs of the individual patient," says Sullivan, who is certified in orthopedic rehabilitation. "At first there may be stiffness, weakness and balance issues. Once we address those through a progressive therapy plan, we work to get the patient back to his or her functional goals." Full recovery can take up to six months, although therapy typically does not last that long.

"The single most important predictor of how a patient recovers is their condition going into surgery," Sullivan adds. This

can put hip resurfacing patients at an advantage, since they tend to be younger, healthier, and more active. But sometimes he finds he needs to "rein in" younger patients because they try to take on too much too soon.

Sullivan emphasizes that staying active before surgery can make a major difference in recovery for all joint replacement patients. The Center for Physical Rehabilitation offers a pre-surgical therapy program called "Start Strong, Stay Strong," which helps patients get ready by exercising with a physical therapist for three to six weeks before surgery.

"The most important thing is to try to stay as active as possible before surgery, as it will make the rehabilitation process easier. Get on a bike, get in the pool, do whatever you can. The worst thing is to sit on the couch and wish the pain away, because ultimately patients will have to deal with that inactivity during the rehab process," Sullivan says.

## PARTIAL KNEE RESURFACING

Unlike hip resurfacing, partial knee resurfacing—also called partial knee replacement—is not limited to younger patients. However, it has made surgery a better option for them because it too preserves more of the bone.

"We see many people in their 40s or 50s who develop significant arthritis of the knee, but it may affect only the inner or outer portion, or just under the knee cap," says Dr. Simmons. "By replacing only the damaged portion, there is less bone removal and the knee feels more natural. If the implant does wear out, it can be converted to a full knee replacement later."

### TESTIMONIAL



**Wayne Mills**, 68, is able to enjoy his passion for classic cars again. He's had this Corvette – a stick-shift – for about two years and is able to drive it pain-free. To read Wayne's story, go to [www.chestercountyhospital.org](http://www.chestercountyhospital.org) and follow the link to "Testimonials."

- Saves more bone
- Feels more natural
- Allows for implants later

The knee has three compartments: the medial (inner), lateral (outer), and patellofemoral (kneecap). Dr. Simmons notes that arthritis of the knee is limited to one of these areas in as many as 20 to 30 percent of patients. In partial knee resurfacing, only the damaged surface of the knee joint is replaced with a fitted implant. Usually this involves a smaller incision, less trauma to healthy bone and tissue, and faster recovery than a total knee replacement.

"Once the knee is resurfaced, physical therapy helps patients work on the problems they had before, such as lack of strength or limited range of motion," Sullivan says. As with hip resurfacing, the length of physical therapy depends on the individual patient, but some are able to finish within four to six weeks. Again, pre-surgical physical therapy can be a tremendous help.

*continued...*

PARTIAL KNEE RESURFACING



TOTAL KNEE REPLACEMENT



## OTHER ADVANCES IN JOINT REPLACEMENT

Many patients are not good candidates for resurfacing procedures, but they may benefit from other recent advances in joint replacement surgery. One good example is anterior hip replacement surgery, a less invasive approach in which the surgeon accesses the hip joint through a smaller incision on the front of the hip, rather than the side (lateral approach) or the back (posterior). He or she then does not have to cut the major muscles in the buttocks and thigh that help stabilize the hip. As a result, patients are able to bend the hip and bear weight on it soon after surgery, which leads to a faster recovery. With the more traditional lateral and posterior approaches to hip replacement, patients have to limit hip motion carefully for several weeks after surgery.

Dr. Simmons stresses that each patient should work with an orthopedic specialist to determine when the time for

surgery has come and what type of joint replacement will serve him or her best, given factors such as age, lifestyle, activity level, and other health conditions. Whatever procedure they choose, all patients stand to benefit from the development of increasingly more durable implants. Dr. Simmons says there has been a “marked improvement” in these materials, meaning that today’s patients can expect them to last even longer than they would have in the past.

“Most patients know when medications and therapy aren’t enough any more and their activity level drops significantly,” Dr. Simmons says. “For some, it might be when they can’t run or golf anymore. For others, it might be when they can’t make it through the grocery store without pain. We care much more about the patient’s experience of pain and limitation than what the joint looks like on an X-ray.”

*By Kristine M. Conner*

►► Visit [ChesterCountyHospital.org](https://www.ChesterCountyHospital.org) to learn more about Physical Rehabilitation services and orthopedic surgery at The Chester County Hospital.

### Exploring Non-Surgical Options

Many younger patients with osteoarthritis pain find relief from medications and physical therapy. “Physical therapy can help patients re-establish as much motion and strength as they can, preventing or delaying the need for surgery,” says John Gose, PT, MS, OCS, Director of Rehabilitation at The Chester County Hospital. “Often it’s not just about pain relief, but getting people functional as golfers or runners, as heavy equipment operators or manual laborers. Even if they can hold off on surgery for five years, that’s a good deal.” Medical therapies can help, too. Orthopedic surgeons are treating some cases of knee osteoarthritis with viscosupplementation, a series of injections that place fluid directly into the knee, typically every six months. It can be a good option for patients who are no longer helped by anti-inflammatory medications such as ibuprofen.

### Orthopedic Programs and Support

- **Aquatic Exercise** – A program offered to those who have recently had a hip or knee replacement and have completed their outpatient physical therapy. Call 610.738.2480 for details.
- **Orthopedic Solutions** – Treatment options discussed by board-certified orthopedic surgeons. Call 610.738.2300 for details.
- **Pre-Surgery Joint Education Class** – A team of experts share services, educational materials and special amenities for those scheduled for surgery. Call 610.738.2300 for details.



## IN MEMORIAM:

## Richard M. Armstrong, Jr., Longtime Board Chairman

"We have lost a great leader and dear friend," said H.L. Perry Pepper, President and CEO, of Richard M. Armstrong, Jr., who passed away on May 9, 2010. Mr. Armstrong was elected to The Chester County Hospital Board of Directors in 1978 and became Chairman of the Board in 1985 – a position he held for 21 years. During that time, he was instrumental in guiding the Hospital through a difficult healthcare environment, innovative clinical affiliations, and campus expansions while remaining tenaciously committed to the charitable, community-based mission of the institution. "No one has given so much of their time



in governing our Hospital while generously supporting our growth initiatives," said Mr. Pepper. "Richard was truly dedicated to our cause and demonstrated this in so many ways. He was and always will be an inspiration to us all."



## Re-certification in all Six Areas from the Joint Commission

The Chester County Hospital and Health System has again earned six Gold Seals of Approval™ for healthcare quality. In June, the Joint Commission awarded the Hospital Disease-Specific Care Certifications for stroke, heart failure, acute myocardial infarction (heart attack), hip replacement, knee replacement and wound care. "The Chester County Hospital voluntarily pursued this

comprehensive, independent evaluation to enhance the safety and quality of care we provide," says H.L. Perry Pepper, President and CEO of the Hospital. "We're proud to achieve the re-certifications." The Hospital first earned the six certifications in 2008. It is still the only hospital in Pennsylvania to have six Gold Seals of Approval™.

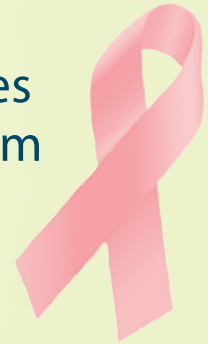
## Cancer Program Receives CoC Commendation



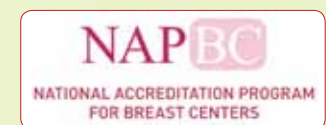
The Commission on Cancer (CoC) of the American College of Surgeons has granted a Three-Year Accreditation with Commendation to the Cancer Program at The Chester County Hospital. The Commendation came following an intensive on-site evaluation by a physician surveyor during which the Cancer Program demonstrated a Commendation level of compliance with one or more standards that represent the full scope of the cancer program (cancer committee leadership, cancer data management clinical services, research, community outreach, and quality improvement).

The Chester County Hospital has maintained the approval of the Commission on Cancer of the American College of Surgeons since 1978. The Hospital established the Cancer Program in conjunction with Penn's Abramson Cancer Center, which offers the most up-to-date cancer treatment. With this recognition, the Hospital has extended its tenure of accreditation through the year 2013, acknowledging the hard work and measured steps that the Cancer Program has taken to become the region's leading provider of cancer care.

## NAPBC acknowledges Breast Health Program



The Breast Health Program has been granted a full, three-year accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. During the survey process, the center demonstrated compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership,



clinical management, research, community outreach, professional education, and quality improvement. A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

►► To see our other  
Points of Pride, visit  
[ChesterCountyHospital.org](http://ChesterCountyHospital.org).

# vital signs



Putting the spotlight on some of the extraordinary work being done by our Medical Staff.

## New Chairman of The CardioVascular Institute Announced



After a long and thorough executive search, The Chester County Hospital is happy to share that cardiothoracic surgeon, **Brian Priest, MD**, will be joining the Medical Staff. Dr. Priest trained at our affiliate, Cleveland Clinic, which has one of the largest heart surgical programs in the country. A noted cardiac surgeon who is recognized for his clinical expertise and excellent outcomes, Dr. Priest will join **Martin LeBoutillier, III, MD**, in surgical practice.

Coming to our Hospital from Lourdes Health System, Dr. Priest received his medical degree from the University of Medicine and Dentistry of New Jersey and completed his surgical residency at Temple University Hospital. He also served a prestigious three-year cardiovascular surgical residency at the Cleveland Clinic, working under the tutelage of Bruce Lytle, M.D., Chairman of Cleveland Clinic's Heart and Vascular Institute. From Cleveland, Dr. Priest joined the staff at Lankenau Hospital before developing the exceptional heart surgery program at Doylestown Hospital.

Dr. Priest specializes in adult cardiac surgery including coronary bypass grafting, valve repairs and replacement and aneurysm surgery. At The Chester County Hospital, he will serve as Chairman of The CardioVascular Institute, a new model of medicine, which coordinates cardiologists and cardiovascular, vascular and thoracic surgeons under one institutional umbrella, thereby eliminating barriers to the seamless delivery of patient-centered care.

## Inducted into Vanguard Ophthalmology Society

**John J. DeStafeno, MD**,

Ophthalmology, has been inducted as one of 11 founding members of the Vanguard Ophthalmology Society (VOS). VOS was formed in September 2009 to recognize and unite future leaders in ophthalmologic subspecialties related to the anterior segment - the front third of the eye, which includes the cornea, iris, ciliary body, and lens. Current recognized leaders in the field selected the founding members.



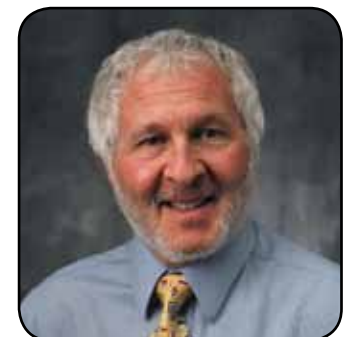
## Lifetime Achievement Award for Excellence

At a reception earlier this year Pennsylvania State Representative Barbara McIlvaine Smith presented a citation to Cardiologist **Mian A. Jan, MD**, from the Pennsylvania House of Representatives for a lifetime achievement of excellence in services in cardiology to the citizens of Chester County. Dr. Jan is the Chairman of the Department of Medicine at The Chester County Hospital, President-Elect of the Chester County Medical Society, and President of West Chester Cardiology.



## Named Member of the American Medical Writers Association

Radiologist **Barry Smoger, MD**, has recently become a member of the American Medical Writers Association (AMWA). AMWA provides support and networking for medical and scientific writers, and it promotes excellence in medical communication.



►► To see more,  
visit Physician News at  
[ChesterCountyHospital.org](http://ChesterCountyHospital.org).



## ATTENDING STAFF

### Renee Cassidy, MD,

Department of Pediatrics.

Dr. Cassidy graduated from the University of Pittsburgh School of Medicine, and completed an internship and residency at the University of North Carolina at Chapel Hill. She is Board Certified in Pediatrics and Internal Medicine and has joined Gateway—Myers, Squire and Limpert Family Practice.



Mark Ogino, MD, Department of Pediatrics, Section of Neonatology. Dr. Ogino graduated from the University of California School of Medicine, completed an internship and residency at Massachusetts General Hospital and a fellowship at the University of California. He is Board Certified in Neonatal-Perinatal Medicine and is Medical Director of CHOP Newborn Care at The Chester County Hospital.



### Davis Clark, DO, Department of

Emergency Medicine. Dr. Clark graduated from Philadelphia College of Osteopathic Medicine, and completed an internship and residency at SUNY Upstate Medical University in New York. He has joined Emergency Care Specialists.



### Larry Kim, MD,

Department of Surgery, Section of Anesthesiology. Dr. Kim graduated from Jefferson Medical College, completed an internship at Lankenau Hospital, and a residency and fellowship at Thomas Jefferson University Hospital. He is Board Certified in Anesthesiology and has joined West Chester Anesthesia Associates.



### Poongu Pichaimuthu, MD, Department of Medicine,

Section of Internal Medicine. Dr. Pichaimuthu graduated from Madras Medical College in India, and completed an internship and residency at St. Luke's Hospital in Bethlehem. Dr. Pichaimuthu is Board Certified in Internal Medicine and has an office in Exton.



### Pamela Demnicki, MD,

Department of Surgery, Section of General Surgery. Dr. Demnicki graduated from the University of Texas Health Science Center, and completed an internship and residency at MCP – Hahnemann University. She is Board Certified in General Surgery and has joined Surgical Specialists, P.C.



### Kathleen Gallatig, MD,

Department of Pediatrics. Dr. Gallatig graduated from Jefferson Medical College and completed a residency at A.I. DuPont Hospital in Delaware. She is Board Certified in Pediatrics and has joined Kids First Chadds Ford.



### Darshana Tawde, MD, Department of Medicine,

Section of Internal Medicine. Dr. Tawde graduated from Krishna Institute of Medical Sciences in India, and completed an internship and residency at Sinai Grace Hospital in Michigan. Dr. Tawde is Board Certified in Internal Medicine and joined Gateway Internal Medical of West Chester.



## COURTESY STAFF

### Smith Apisarnthanarax, MD

for Courtesy Staff for Coverage Only, Department of Radiology, Section of Radiation Oncology. Dr. Apisarnthanarax graduated from Brown Medical School in Rhode Island. He completed an internship at Evanston Northwestern in Illinois, a residency at the University of North Carolina and a fellowship at the University of Texas. He is part of the Penn Radiology service at The Chester County Hospital.

### John Christodouleas, MD

for Courtesy Staff for Coverage Only, Department of Radiology, Section of Radiation Oncology. Dr. Christodouleas graduated from Tufts University School of Medicine in Massachusetts. He completed an internship at Tufts University and a residency at John Hopkins Hospital and is part of the Penn Radiology service at The Chester County Hospital.

### Christopher Conners, MD,

Department of Radiology. Dr. Conners graduated from the Medical College of Penn-

sylvania. He completed an internship at Pennsylvania Hospital, a residency at New York Weill Cornell Medical Center and a fellowship at Thomas Jefferson University Hospital. He is Board Certified in Radiology and is part of the Penn Radiology service at The Chester County Hospital.

**Carl Hardin, MD,** Department of Radiology. Dr. Hardin graduated from the University of Texas Southwestern Medical School. He completed an internship at University of Southern California – Keck School of Medicine and a residency at fellowship at the University of Utah School of Medicine. He is Board Certified in Radiology and is part of the Penn Radiology service at The Chester County Hospital.

**Douglas Johnston, MD,** Department of Surgery, Section of Cardiac Surgery. Dr. Johnston graduated from Harvard Medical School. He completed an internship and residency at Massachusetts General Hospital and a fellowship at Cleveland Clinic. Dr. Johnston is Board

Certified in Thoracic Surgery, and is a member of the Department of Thoracic and Cardiovascular Surgery at the Cleveland Clinic, currently providing coverage in the Hospital's CardioVascular Center.

**Susan Kohli, MD,** Department of Medicine, Section of Internal Medicine. Dr. Kohli graduated from the University of Pittsburgh Medical Center, where she also completed an internship and residency. She is Board Certified in Internal Medicine and has joined Chester County Internal Medicine.

**Robert Krisch, MD,** Department of Radiology, Section of Radiation Oncology. Dr. Krisch graduated from Temple University School of Medicine, and completed an internship and residency at Brigham & Women's Hospital in Boston. He is Board Certified in Radiation Oncology and is part of the Penn Radiation Oncology service at The Chester County Hospital.

**Elliott Leitman, MD,** Department of Surgery, Section of Orthopedics. Dr. Leitman

graduated from Boston University School of Medicine, completed an internship and residency at Albert Einstein Medical Center in New York and a fellowship at Graduate Hospital. He is Board Certified in Orthopedics and has offices in West Grove and Wilmington.

**Jeffrey Vargo, MD,** Department of Radiology. Dr. Vargo graduated from Thomas Jefferson University Hospital. He completed an internship at the University of Pittsburgh Medical Center, a residency at The Western Pennsylvania Hospital in Pittsburgh and a fellowship at Thomas Jefferson University Hospital. He is Board Certified in Radiology and is part of the Penn Radiology service at The Chester County Hospital.

## AFFILIATE STAFF

**Francis Brennan, DO,** Department of Family Medicine. Dr. Brennan graduated from Philadelphia College of Osteopathic Medicine, and completed an internship and residency at Riverside Hospital in Delaware. He is Board Certified in Family

Medicine and is in practice with Brandywine Village Family Medicine.

## DENTAL STAFF

**Marc Albano, DDS** for Courtesy Staff, Department of Surgery, Section of Pediatric Dentistry. Dr. Albano graduated from Temple University Hospital. He completed an internship at Children's Memorial Hospital in Illinois and a residency at Temple University Hospital. He has joined Chester County Dentistry for Children.

**These physicians hold Medical Staff privileges at The Chester County Hospital but they are not necessarily employees of The Chester County Hospital and Health System.**

►► To find a Doctor, call 610.738.2300, do an online search at [ChesterCountyHospital.org](http://ChesterCountyHospital.org) or email us directly for a Medical Staff Directory at [marketing@cchosp.com](mailto:marketing@cchosp.com).

# UNLOCKING YOUR FAMILY HISTORY

## brings greater awareness about breast and ovarian cancer risk

Every woman is at risk for breast or ovarian cancer, but for some the risk is greater than for others. The level of each individual's risk depends on many factors. There is family history, genetics, environmental influences, age, lifestyle, and reproductive history. Thanks to recent advances in medical research, it is now possible to find out what your personal risk is for these diseases and what you can do to lessen that risk.

The Cancer Risk Evaluation Program of the University of Pennsylvania, offered by The Women's Specialty Center at The Chester County Hospital, is specifically designed for women who want information about their likelihood for breast and ovarian cancers. The program offers individualized counseling and evaluation of personal and family risk, along with a full explanation of genetic testing and whether it is a reasonable option to pursue.

### TESTIMONIAL



**Ellen Endslow**, gallery curator of The Chester County Historical Society, learned more about her own history and personal risk. To read Ellen's story, go to [www.chestercounty-hospital.org](http://www.chestercounty-hospital.org) and follow the link to "Testimonials."

Because The Chester County Hospital is a member of the Penn Cancer Network, its staff has been able to benefit from training that allows the Hospital to offer the Cancer Risk Evaluation Program. The Abramson Cancer Center of the University of Pennsylvania is a national leader in the field of breast cancer genetics and has been selected by the National Cancer Institute as one of eight institutions chosen to conduct cancer genetics research on a national level.

Experienced in the most up-to-date procedures and cutting-edge technologies, the Hospital's team of highly skilled, compassionate cancer experts can help identify any factors that may place you or your family at higher risk for breast or ovarian cancer. The team can then provide you with options to help you



## Know Your Risk Factors

### You Control

- DIET
- EXERCISE
- WEIGHT
- ALCOHOL
- SMOKING

### Not in Your Control

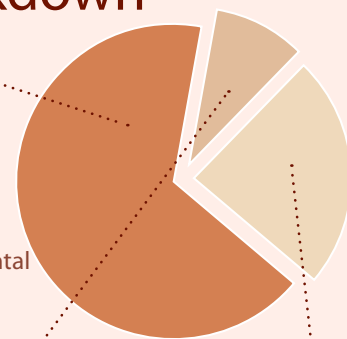
- GENDER
- RACE
- AGE
- HORMONES
- GENETICS
- FAMILY HEALTH HISTORY

## Cancer Breakdown

**SPORADIC**  
majority of cancers occur by chance or related to environmental factors

**HEREDITARY**  
gene mutation is inherited in family, significantly increased cancer risk

**FAMILIAL**  
multiple genes and environmental factors may be involved, some increase in cancer risk





reduce your risk. If genetic testing is deemed appropriate, they will coordinate the testing and make sure you understand the results.

“Women tend to overestimate their risk of cancer,” says Jessa Blount, MS, CGC, Certified Genetic Counselor for the Cancer Risk Evaluation Program. “I tell women that when we look at their lifetime risk compared to national risk averages, their personal risk is often far less than they think it would be.”

According to Waleed Shalaby, MD, PhD, Gynecologist-Oncologist and Medical Director of the Cancer Risk Evaluation Program, there are external and internal factors that come together to raise a women’s risk for breast or ovarian cancer. “Internal factors are the things going on inside the body like hormones, illnesses and genetics,” he explains. “External factors are things outside the body, like the air we breathe, the environment we live in, and the food we eat.”

Anything that increases your chance of developing cancer is called a risk factor, some of which you can control. For instance, if you are overweight, you can try to lose those extra pounds. If you smoke or use tobacco products, you can quit. Both steps may reduce your risk of breast and ovarian cancer.

“There are a variety of factors that can come together to increase a woman’s risk,” says Dr. Shalaby. “Once we identify the contributing factors in a women’s life, we can determine her level of risk. Then we can help her make good choices about lifestyle and healthcare, and help her lower her risk.”

Most women who develop breast or ovarian cancer have no family history of these diseases. In fact,

## “Women tend to overestimate their risk of cancer”

JESSA BLOUNT, MS, CGC,  
CERTIFIED GENETIC COUNSELOR



only about 10-15% of breast and ovarian cancer cases are hereditary in nature. However, a family history of breast or ovarian cancer has been identified as one of the major risk factors for developing these diseases.

When a strong family history of breast and/or ovarian cancer exists, there may be reason to believe that an individual has inherited a BRCA1 (BRest Cancer gene one) or BRCA2 (BRest Cancer gene two) mutation.

“The job of BRCA1 and BRCA2 genes is actually to keep breast cells growing normally, but when these genes contain abnormalities, or mutations, they are associated with a much higher than average risk of breast cancer and ovarian cancer,” says Pamela Scott, MD, Breast Surgeon and Medical Director of The Women’s Specialty Center and the Hospital’s Breast Health Program. “Women who inherit a mutation in either of these genes from their mothers or their fathers have a much greater than average risk of developing these cancers.”

More and more women are deciding to learn whether or not they have an abnormality in their breast cancer genes, but it is important to remember too that family history alone is not the only reason people get cancer. Many other factors come into play. And, the more risk factors a woman has, the more likely she will develop breast cancer or ovarian cancer.

“The reason cancer develops is often unknown, but it may be caused by a combination of factors, including environmental exposures or lifestyle,” says Blount. “We are fortunate that we are now able to take steps that reduce our overall risk.”

►► To learn more about the Cancer Risk Evaluation Program, call The Women’s Specialty Center at 610.423.4556.

By Beth Eburn

## Breast and Ovarian Cancer

**Breast cancer is the second most common form of cancer. It is also the second leading cause of cancer deaths for American women, but the disease is also highly treatable when diagnosed in the early stages. It may be surprising to some, but men can also develop breast cancer—although it is seen far less often. While ovarian cancer is much less common than breast cancer, it is considered the deadliest of gynecological cancers. It is more life-threatening and harder to diagnosis early, because of its subtle symptoms. Ovarian cancer is often diagnosed in its later stages when treatment options are limited. However, if patient carries a BRCA 1 or 2 mutation prophylactic surgery to remove the ovary and fallopian tube can provide up to a 96% risk reduction for developing ovarian cancer.**

# { SURGERY WITHOUT SCARS }

NOW AN EVEN LESS INVASIVE OPTION FOR GYNECOLOGIC SURGERY IS AVAILABLE.

Gynecologic surgery can require an incision of several inches in the abdomen—called an “open incision”—to access organs such as the uterus and ovaries and surrounding tissues. But surgeons often opt for less invasive approaches when it’s right for the patient and the procedure she needs. Smaller incisions can mean less blood loss, less trauma to healthy tissues, lower risk of complications, minimal scarring, and shorter recovery times—all potentially great benefits for women.

During laparoscopic gynecologic surgery, for example, the surgeon

belly button. The surgeon works through a specially designed port with multiple openings for inserting the laparoscope and surgical instruments. Because the incision is in the belly button, there is no visible scarring, and having one small incision instead of several can reduce post-surgical pain, complications, and recovery time.

“For selected patients, single-incision laparoscopic surgery is yet another option to offer as we try to further minimize the trauma of surgery and give the most aesthetically pleasing result,” says Waleed Shalaby, MD, PhD, Director of Gynecologic Oncology and The Cancer Risk Evaluation Program at The Chester County Hospital. Dr. Shalaby is one of just a handful of

mutation, which significantly increases lifetime risk of ovarian cancer. Dr. Shalaby notes that women in these groups tend to be younger, otherwise healthy, and eager for a surgical option that is virtually scarless and causes the least amount of disruption in their lives.

In a few other cases, Dr. Shalaby has used SILS™ as part of the surgery for early-stage endometrial cancer (cancer of the uterine lining), in which the uterus is removed through the vagina. Traditionally, the first part of the surgery—which typically removes the ovaries and checks for any evidence that the cancer has traveled beyond the uterus—has been done through several laparoscopic incisions, rather than just one.

## A NEW REASON TO LOVE BELLY BUTTONS

inserts a thin, lighted telescopic camera (or laparoscope) through a small, ½-inch incision in the navel to visualize the organs. The physician then makes two or three additional ½-inch incisions in the abdomen and operates through them using specialized surgical instruments. Some hospitals are now offering robot-assisted gynecologic surgery, in which the surgeon uses robotically-controlled precision instruments to operate through several tiny, one-centimeter abdominal incisions.

An even newer, less invasive option called single-incision laparoscopic surgery, or SILS™, is just what its name suggests: surgery requiring only one incision and made directly into the

surgeons in the area performing SILS™ for some gynecologic procedures.

“Younger women, especially, are looking to get back to their active lifestyles quickly and avoid obvious scarring.”

Single-incision laparoscopic surgery is not right for every procedure nor for every woman. Since the Hospital began offering it earlier this year, Dr. Shalaby has used SILS™ primarily for women who need to have one or both ovaries removed. There may be a suspicious mass on the ovary and cancer needs to be ruled out, or persistent benign cysts that are causing a woman enough discomfort to justify removal of the ovary. Other women elect to have their ovaries removed because they test positive for the BRCA genetic

### What is a BRCA test?

**A breast cancer (BRCA) gene test is a blood test to check for specific changes (mutations) in genes that help control normal cell growth. Finding changes in these genes, called BRCA1 and BRCA2, can help determine your chance of developing breast cancer and ovarian cancer. A BRCA gene test does not test for cancer itself. This test is only done for people with a strong family history of breast cancer or ovarian cancer, and sometimes for those who already have one of these diseases. A woman's risk of breast and ovarian cancer is higher if she has BRCA1 or BRCA2 gene changes.**

Source: WebMD





WALEED SHALABY, MD, PHD, DIRECTOR  
OF GYNECOLOGIC ONCOLOGY AND  
THE CANCER RISK EVALUATION PROGRAM

**“Patients are looking to get back to their active lifestyles quickly and avoid obvious scarring.”**

January Pasquantonio, Cancer Care Coordinator for The Chester County Hospital, has followed these patients with endometrial cancer from diagnosis to recovery.

“The women who had single-incision laparoscopic surgery as part of their procedure did find it to be less invasive with less scarring and a quicker recovery time,” Pasquantonio says. “They liked being out of the Hospital in about 24 hours, as opposed to a few days.”

“Generally, women with confirmed or suspected gynecologic cancer are anxious about the potential diagnosis and getting the cancer out—what kind of surgery they have is secondary,” she adds. “But once they get over the initial anxiety, they are interested to know they have different surgical options. It is

such an overwhelming and potentially life-changing time, and being able to give a less-invasive option under the right circumstances can alleviate some angst and get them out of the Hospital faster.”

Pasquantonio also has worked with some patients who had SILS™ to remove a suspicious ovary that turned out not to be cancerous—the best possible situation, she says.

“They are so happy it was benign and also that they were able to have the least invasive surgery available to figure that out,” she says.

Women with more extensive or complicated gynecologic conditions, such as advanced cancers, are not good candidates for single-incision laparoscopic surgery. Nor are women who are morbidly obese or have scarring from previous abdominal surgeries.

In the right situations for the right patients, though, Dr. Shalaby believes that single-incision laparoscopic surgery will come into even wider use for gynecologic procedures.

“SILS™ is an option for many women instead of laparoscopic or robotic surgery. What it will come down to is what is right for the individual patient and her situation. I just see it as another tool that lets us offer as many minimally invasive surgical options as possible,” Dr. Shalaby says.

*By Kristine M. Conner*

►► To learn more about your surgical options for gynecological cancers, contact The Women’s Specialty Center at 610.732.6730.

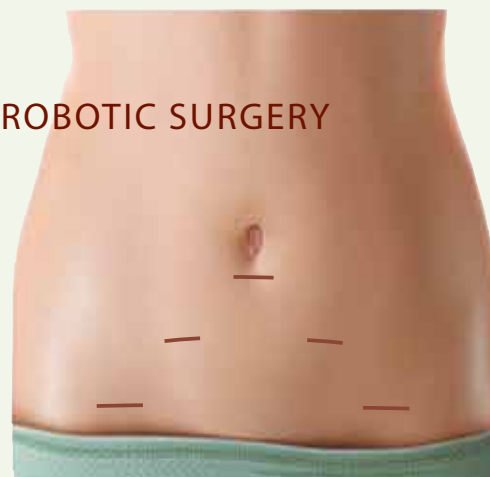
## ABDOMINAL SURGERY



## LAPAROSCOPIC SURGERY



## ROBOTIC SURGERY



## SINGLE-INCISION LAPAROSCOPIC SURGERY



\*SILS™ is a trademark of Covidien, maker of the port. All surgery presents risk. Any procedure using the SILS™ Port is major surgery and as with any surgery, complications may occur.

## Jumping for Joy

Lindsay Walsh of Coatesville is a mere 10 years old, but she has been riding horses since she was 3 and riding competitively since age 5. On June 14, the young equestrian presented Hospital President H.L. Perry Pepper with a donation of \$1,094 in support of the Neonatal Intensive Care Unit (NICU), the result of her 2009 riding successes. The nurses, family and friends who sponsored her, pledged up to \$1 per ribbon. At the end of the 2009 season, Lindsay and her pony, Prince, won 77 ribbons. "Lindsay already has her head and her heart in the right place," says Mr. Pepper.

# news makers



*The Encore Shop*

## Bravo, Encore Shop...Bravo!

Managed by the Kennett Square Branch of the Women's Auxiliary to The Chester County Hospital, The Encore Shop has recently achieved a great financial milestone. It reached the \$1 million mark in donations to the Hospital. For each item sold, two-thirds of the sales price goes to the consignor and one-third goes toward The Encore Shop's commitment to the Hospital. The Encore Shop is an upscale consignment destination that specializes in clothing, jewelry, antiques and glassware.



*Lindsay and Prince*



*Lindsay and Mr. Pepper*



## Accolades for Wound Care and Hyperbaric Medicine

For the second year in a row, the Wound Care and Hyperbaric Medicine Center™ at The Chester County Hospital has been awarded both the Center of Distinction award and the Robert A. Warriner, MD Center of Excellence award from Diversified Clinical Services, the Hospital's Wound Management Partner Company. Both awards recognize the impressive patient outcomes and outstanding care provided by the Center in 2009. During this time the Center has met or exceeded Diversified's benchmarks for Healing Outcomes, Patient Satisfaction, Outlier Management, and Days to Heal.

## Smoke-FREE Campus

In an effort to model healthy behaviors for each other and for the community in which it serves, The Chester County Hospital and Health System is now a smoke-free environment for its employees, patients and visitors. In July, The Chester County Hospital and Health System enacted the smoke-free policy, no longer allowing smoking anywhere on the main campus of the Hospital or on its many satellite locations. The Chester County Hospital offers cessation classes free of charge to those who wish to quit smoking. Stop Smoking Now! includes education, support and Nicotine Replacement Therapy, if needed. To sign up, call 610.738.2300.



## PGA TOUR Pro Sean O'Hair Designates \$50k to the Foundation

Sean O'Hair, a three-time winner on the PGA TOUR, designated a check in the amount of \$50,000 to The Chester County Hospital Foundation. The contribution is a portion of the charitable proceeds generated from The 2009 Presidents Cup at Harding Park Golf Course in San Francisco, Calif., in which O'Hair participated for the first time in his career as a member of the victorious U.S. Team. The Hospital and O'Hair formed a unique friendship over the past year. O'Hair has donated his time in 2009 and 2010 at the Hospital's annual charitable golf outing by giving technique demonstrations to golfers. The hospital's FORE Health Invitational benefits women's and children's health services.

Each year, hundreds of pregnant women make the journey to the prenatal center at the Chester County Hospital for their care. The opportunity to have one-on-one medical follow-through during their pregnancies makes a big difference in the health of their babies, making the Ob/Gyn Clinic team not just important to their families but in many patient's eyes – part of the family or "somos familia."

"This is the only Hospital-based prenatal care option in Chester County for uninsured women," says Deb Mellon, CRNP, Clinical Manager of the Ob/Gyn Clinic for the past 15 years. The Clinic has been providing

obstetric and gynecological care for more than 30 years. "Our team truly cares about the women who come to us. We want to keep the moms healthy and help them give their newborns a strong start, too."

To that end, the Clinic team provides excellent routine prenatal care plus education on breastfeeding, smoking cessation, car seat safety and more. Patients of the prenatal center receive care by board-certified, private, attending obstetricians on staff at the Hospital, a dedicated nursing team most of whom are bilingual, a social worker, and, if the baby should need it, the Hospital's Level III Neonatal Intensive Care Unit.

institution, this is a significant financial responsibility. Thankfully, several foundations and community members have recognized the need and have provided support to the Hospital's effort to help uninsured families.

Each year, the Hospital receives generous donations from many charitable organizations all of which have been moved by the Clinic's role in the community. The Hospital graciously thanks the **Connelly Foundation, United Way of Chester County, The Irene D. Cunningham Trust (Administered by Wells Fargo Bank), The Scholler Foundation, The Patricia Kind Family Foundation, PNC Foundation, Siemens Caring Hands Foundation** and the **Women's**

## Somos Familia HEALTHY BABIES, HAPPY FAMILIES, HELPFUL FOUNDATIONS

2010 OUTCOMES	GUIDELINE	CLINIC
Low Birth Weight	5%	4%
No Smoking	87%	94%
Breastfeeding	65%	92%

If the patient shows signs of having other medical needs beyond prenatal care, the team will refer the patient to one of the Hospital's many specialists.

About 95% of the expectant mothers who come to the Clinic do not have health insurance at the time of their first visit, but the prenatal center team is able to get more than 90% of them onto Medical Assistance by the time they deliver.

For those who do not qualify for health insurance, the Hospital offers these moms a significantly reduced, flat-rate fee that covers the entire course of their prenatal care and extends through their six-week postpartum visit. The rate hasn't changed in about 30 years, the result of the Hospital's commitment to provide affordable care.

To do this, the Hospital supplements the difference between the cost to the patient and the actual cost of care. As a non-profit and independent

Auxiliary for collectively granting nearly \$200,000 over the past three years. And beyond the major financial gifts, the Clinic has also received pregnancy books, baby quilts, hand-made layettes, new baby clothes, knitted newborn hats, stuff animals, children's books and highly sought new car seats from various donors.

"Our ultimate goal," says Mellon, "is to make sure the mom is healthy, the baby is healthy and their home is ready." And, the results have been outstanding: 553 babies were delivered by Clinic patients in 2009. Statistics show that the prenatal center's percentage of low-birth weight outcomes exceeds the Healthy People 2010 guidelines.

Beyond the data, though, the proof of the Clinic team's important work comes in the form of gratitude from their patients. Just like being part of the family, members of the Clinic's team through the years have been invited to christenings, first birthdays, third birthdays (a significant celebration in the Latin American community) and Quinceañeras (a cultural coming-of-age ceremony held on a girl's 15th birthday). The Clinic team have become well known and greatly appreciated members of the community they serve.

By Lisa M. Huffman

►► To learn more about the best way you can support The Chester County Hospital, call 610.431.5108.





One of the most common and dangerous cardiovascular diseases is hiding among us.

More than 8 million Americans have  
Peripheral Vascular Disease.

peace of mind  
~~priceless~~ \$79-

- **Peripheral Vascular Disease (PVD) is a serious disease that affects millions of Americans over age 50.**
- **People with PVD have a two to six times greater chance of death from a heart attack or a stroke.**
- **Every 45 seconds someone in the United States has a stroke.**
- **PVD increases your chances of blood clots, heart attack, stroke, and even death.**

### Peripheral Vascular Screening

Early signs of cardiovascular disease can be caught and potentially treated before problems occur. A Peripheral Vascular Screening can help to determine your risk for Coronary Heart Disease by assessing your risk for peripheral vascular disease. The screening is painless and non-invasive and takes about 30-minutes. Testing includes an abdominal aortic aneurysm screening, an ultrasound review of carotid arteries, and an ankle brachial index, all of which are completed at The Chester County Hospital and reviewed by a vascular surgeon.

### AAA Medicare Benefit

You may be eligible for a free Abdominal Aortic Aneurysm Screening when you become a Medicare participant. As a participant, you are eligible for a one-time "Welcome to Medicare" physical exam within the first 12 months of your Medicare Part B effective date. During your exam, ask for a referral for an AAA screening and the cost for it will be covered.

*The fee for this screening is \$79.\**

Hours: Weekdays 8 – 11:30am

*\*Flexible spending funds can be used.*

### Screening Includes

#### ABDOMINAL AORTIC ANEURYSM SCAN

An ultrasound scan of the aorta, the body's main artery. The scan can detect the presence of an aneurysm.

#### CAROTID SCAN

This scan consists of a quick ultrasound of the carotid arteries in the neck and a blood pressure check for hypertension. This exam can detect one of the most frequent causes of stroke – significant internal carotid artery stenosis.

#### ANKLE BRACHIAL INDEX

This is a comparison of the blood pressure readings from the arms and legs. This exam can quickly determine if there is impairment in the circulation to the limbs due to peripheral vascular disease.

▶▶ To learn more about **Peripheral Vascular Screenings** or to schedule one, call 610-220-0432.





**THE CHESTER COUNTY**  
**HOSPITAL** *and Health System*

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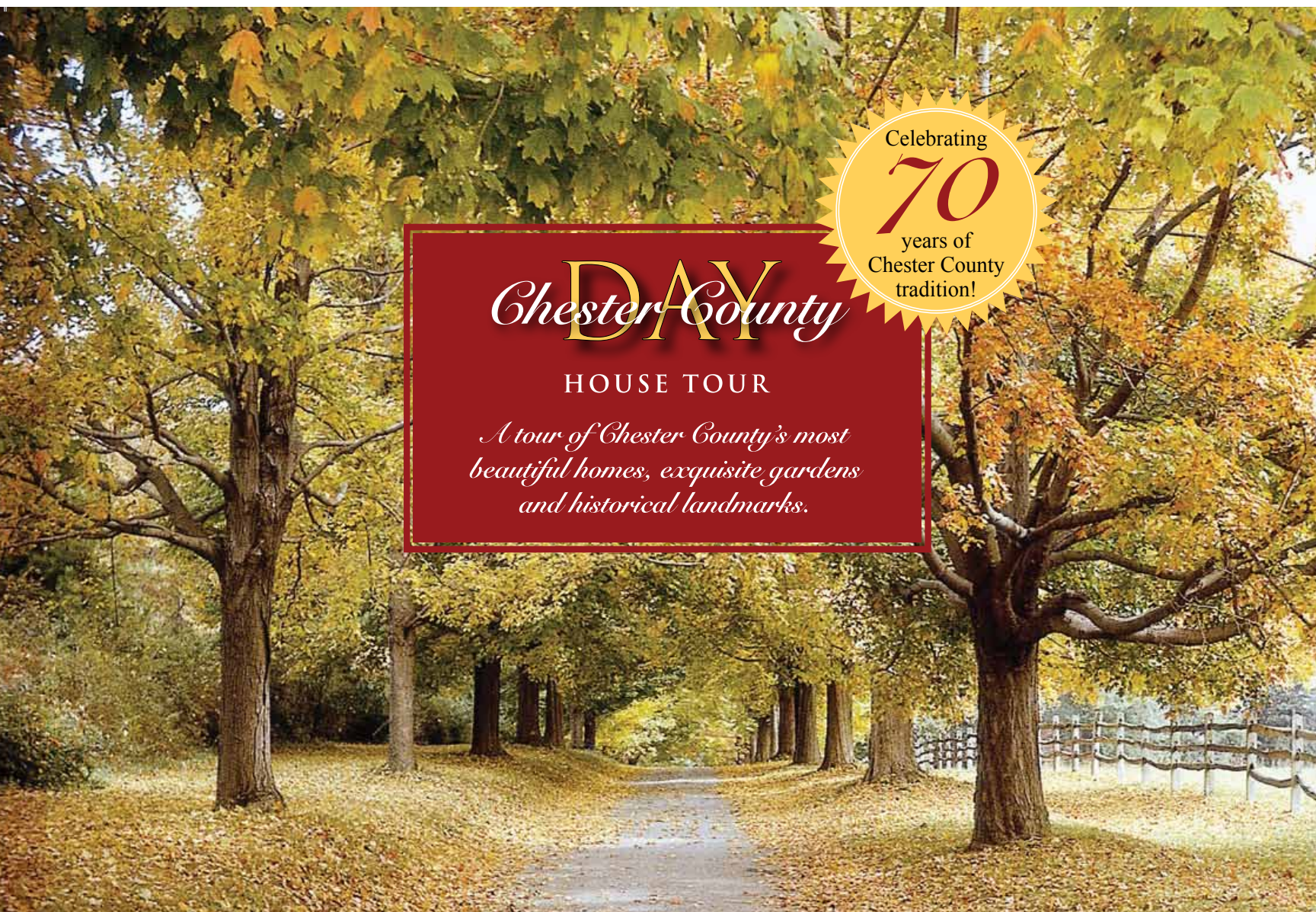
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[chestercountyhospital.org](http://chestercountyhospital.org)

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Call 610.738.2818 to update your mailing information.



Celebrating

**70**

years of  
Chester County  
tradition!

**DAY**  
*Chester County*

HOUSE TOUR

*A tour of Chester County's most  
beautiful homes, exquisite gardens  
and historical landmarks.*

ALWAYS THE FIRST SATURDAY IN OCTOBER

**OCTOBER 2, 2010**

The 2010 tour will feature homes in the northeastern section of the county.  
Tickets may be purchased online at [www.chestercountyhospital.org](http://www.chestercountyhospital.org). Call 610.431.5301 for more information.

**BENEFITS THE CHESTER COUNTY HOSPITAL**