



VALLEY

health & life

**WEIGHT LOSS
A TOP-TIER
TEAM**

**5 REASONS
TO GET A
MAMMOGRAM**

**JOURNEY
BACK TO
HEALTH**

TREE OF LOVE

Valley Health Systems' Tree of Love is again online and interactive! Watch it fill with twinkling lights throughout the holiday season. You can help us decorate our annual Christmas tree in memory of a loved one or to honor someone special. Add a colorful twinkling light or add the star to the top of the tree! Check back often—the lights on the tree will multiply with every donation.

You can:

- Write a personal message dedicated to someone special
- Upload a photo of your family, friends or pets
- Share your message on social media

Your support this holiday season truly makes a lasting difference at Holyoke Medical Center. We're helping and healing every day thanks to your generosity. We hope you and your family enjoy this special time of sharing and giving, and that the fun of decorating our online interactive Tree of Love adds to your enjoyment.

Help us trim the tree!

Visit www.holyokehealth.com/treeoflove to make your tax-deductible donation today.

Or mail your donation to:

Valley Health Systems, Inc.
Development Office
20 Hospital Drive, Holyoke, MA 01040

Be sure to include who you're donating in honor or memory of, and a personal message (optional).



Valley Health Systems, Inc.

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- **HOLYOKE MEDICAL GROUP**
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VALLEY health & life

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On the Cover:
After being treated for cancer of the spleen at Holyoke Medical Center, Cary Gray has regained his strength and is looking forward to his daughter's wedding.

HEALTHY HABITS

FOR YOU AND YOUR FAMILY



TAKE A SOAK

A study of more than 30,000 people in Japan found that those who took baths daily reduced their stroke risk by 26 percent compared to people who took two or fewer soaks. Researchers theorize that because warm water causes blood vessels to dilate, it lowers blood pressure. *Ahh.*

—Heart



WALK OFF ANXIETY

A brisk 15-minute walk—especially in a natural setting—can reduce anxiety. In a recent study, subjects who walked among trees had less anger and anxiety and a greater sense of well-being compared to those who enjoyed a city stroll.

—*International Journal of Environmental Research and Public Health*

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The percentage by which breast cancer risk is reduced by eating a healthy plant-based diet, based on data on 65,000 postmenopausal women over a 20-year period.

—*American Society of Nutrition*

CANCER AND FERTILITY

Research has found that male testicular tissue that's cryopreserved can be reimplanted after more than 20 years and will go on to make viable sperm. That's good news for young men facing cancer treatment.

—*PLOS Biology*



AN A+ FOR AVOCADO

Folks who eat avocados weekly had a lower risk of cardiovascular disease than people who rarely include it in meals.

—*Harvard University*



SHUT YOUR MOUTH...

...and breathe through your nose, experts say. While 30 percent to 50 percent of adults breathe through their mouths, experts say nose breathing is better. Why? It filters allergens and keeps inhaled air warm—important for optimum lung function.

—*Cleveland Clinic*

A full-page photograph of a middle-aged man with gray hair, smiling as he runs on a concrete sidewalk. He is wearing a light blue short-sleeved athletic shirt, gray shorts, and blue and yellow running shoes. His right leg is a prosthetic. The background shows a suburban neighborhood with green lawns, trees, and houses.

IT TAKES A TEAM

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For years, Cary Gray was a “frequent flier” at the hospital. Now, after being treated twice for a rare cancer involving the spleen, he’s back to his normal activities and looking forward to his daughter’s wedding.

ONE PATIENT'S JOURNEY FROM HOSPITAL REGULAR TO HEALTHY AND FIT FATHER OF THE BRIDE.

IF YOU SAW Cary Gray in your neighborhood, you'd see a fit-looking man who appears to be around 50. He might be running around the block or doing some yard work. What you'd never expect is that Cary is actually 64, and he's survived diabetes, atrial fibrillation and—most dramatic of all—cancer of the spleen, which involved the removal of an 11-pound tumor from his abdomen.

Cary jokes that he's become a regular at the hospital. "I think most people at that hospital know who I am right now—like being a frequent flier. Even Sam, the guy who checks you in when you walk in the front door, knows who I am. Even the guys who park the car know who I am." It's that upbeat attitude—and a dedicated team of medical providers and family members—that helped the former college athlete get through all his medical challenges.

First diagnosed with diabetes in middle age, he says his medical story really started getting dramatic in 2016 when he received his cancer diagnosis. In September that year, Cary was admitted to the hospital for a diabetes-related wound infection that would not heal. "Then, Dr. Renuka Dulala, an oncologist at Holyoke Medical Center, noticed some abnormalities in my blood work. She recommended a bone biopsy, which came back positive for cancer." A PET scan showed an enlarged spleen, and the diagnosis was splenic marginal zone lymphoma, a rare type of non-Hodgkin's lymphoma that involves the spleen and bone marrow.

Cary began coming to the hospital for chemotherapy with immunotherapy drugs.

After the third round of treatments, he had another PET scan, which showed the drugs had been successful. "It showed I didn't have cancer anymore," says Cary.

CANCER COMES BACK

"Fast-forward to 2019," he continues. Blood work indicated his cancer might be returning, and Dr. Dulala recommended a CT scan to see what was happening. "The scan showed this huge spleen—the biggest one I'd ever seen," says John Mazzucco, MD, a general surgeon at Holyoke Medical Center. "Usually the spleen is small, tucked up over the stomach. But Cary Gray's spleen was huge and was taking up about half his abdominal cavity."

The worry, explains Dr. Mazzucco, was that such a huge spleen could rupture. "And if that happened, he would almost certainly have died immediately," says the doctor. Cary's spleen had to be removed immediately.

The spleen's functions in the body include making white blood cells and antibodies to help fight infections and filtering blood to remove old or damaged red blood cells. While the organ is an important part of the immune system, people can live without it. When the spleen is removed, called a splenectomy, other organs take over some of its functions, but patients are at increased risk of becoming sick or getting infections.

Dr. Mazzucco assembled a team for the complicated procedure. The night before the surgery, Sandip Maru, MD, a vascular surgeon at Holyoke Medical Center, did an endovascular intervention to

embolize the splenic artery to prevent bleeding, which was the medical team's biggest worry. "We had to control the blood vessels to the spleen and make sure they

didn't rip or tear," says Dr. Mazzucco. The surgery began laparoscopically but had to be converted to an open procedure because of the spleen's size. The operation took several hours, and Dr. Mazzucco says Cary's recovery went very well. "He had such a positive spirit," the surgeon remembers. "He was very motivated and was out of the hospital quickly."

"Dr. Mazzucco is a great surgeon," says Cary. "I have an 8-inch scar on my abdomen that you can barely see. He saved my life."

HELPING HANDS

Today Cary's cancer is in remission, but he admits the last few years have been tough on him and his wife, who supported him, cared for him and drove him to treatments all while working full-time as a dental hygienist. Cary's son, a registered nurse at Stanford Medical Center in California, helped him deal with medical information and advice.

"I've talked to a counselor to help me cope with all the medical issues," Cary says. "I wonder what the hell is going to happen to me next. But I'm a tough-minded individual, and I'm dealing well with it now. I've learned so many different ways to cope."

"I'm as strong as anybody now," he continues. "I'm in better shape than I've been in in a long time. I still run three miles, three times a week. I ride a bicycle and use a weight-lifting machine regularly. I can lift 100 pounds over my head no problem."

In spite of what he's gone through in the past, Cary is focused on looking ahead. And what he's most excited about right now is his daughter's wedding this December in Plymouth.

"I'm all fired up for the wedding," he says. "I'm trying to stay in shape. I have all my hair, I don't have a gut, I try to keep myself lean. I want to look really good when I walk my daughter down the aisle and have a first dance with her." Fortunately, he doesn't need a spleen to do any of that!



Renuka Dulala, MD



John Mazzucco, MD



Sandip Maru, MD

*** Dr. Dulala practices with HMC Oncology & Hematology. To learn more, call 413.534.2543.
Dr. Mazzucco practices with HMC General & Specialty Surgeons. To learn more, call 413.532.1411.
Dr. Maru practices with HMC Vascular Center. To learn more, call 413.535.4785.**



WEIGHT LOSS: TOP-TIER CARE

OUR INNOVATIVE, CARING AND EXPERIENCED PROVIDERS HELP PATIENTS REACH THEIR GOALS FOR BETTER HEALTH.

WHEN MARTIN WALKO, MD, FACS, a surgeon specializing in weight loss procedures, found out he'd be interviewing for a position at Holyoke Medical Center's highly regarded Weight Management Program, he was, he says, "flattered." He knew about the center's track record of success and its unique hands-on approach under the leadership of the center's director, Yannis Raftopoulos, MD, and he wanted to be part of the team. Dr. Walko's expertise and caring manner made him a clear choice for the program, and he has been a welcome addition.

The program offers all the most current bariatric (weight loss) procedures, including laparoscopic Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy, as well as nonsurgical interventions focused on lifestyle and diet. In fact, all surgical patients are encouraged to lose 10 percent

of their body weight before surgery. "We're the only program I know of nationally that has that policy, and we've shown that this method significantly improves weight loss in the long run," says Dr. Raftopoulos.

The program's individualized approach is enriched by its embrace of telehealth, and frequent telehealth visits allow patients to give and receive regular feedback regarding their progress.

"Telehealth visits also allow for much more focused, customized care," Dr. Raftopoulos notes, "because you get to know your patients so much better."

The center's highly experienced team includes two surgeons, three physician assistants, a dietitian and a psychologist, all dedicated to treating the whole patient on a personalized basis.

MEET THE TEAM

OUR NEWEST MEMBERS



Martin Walko, MD, FACS, formerly medical director of bariatric surgery at Parkland Medical Center in New Hampshire, joined the team in March 2022. He believes that the most significant recent advance in weight loss surgery is the recognition that a multidisciplinary team approach is required to help patients succeed. “Every patient is unique,” he says. “Having multiple bariatric

team members providing assistance, support and different ideas to bolster a patient’s success is key.” Dr. Walko was a general surgeon for 16 years but in 2015 retrained in bariatric surgery for very personal reasons. “My mom died because of complications of obstructive sleep apnea related to her obesity,” he says. “I wanted to help people avoid the kind of problems my mom lived through.”



Michael Bell, PA-C, joined the team in August 2021, bringing with him more than two decades’ experience as a physician assistant in general and cardiac surgery, wound care and geriatrics, and as a hospitalist (a specialist in the care of hospitalized patients). He’s known equally for his attention to detail and his enthusiasm for patient care. “I’m humbled, proud and

enthusiastic to be on this amazing team and to be able to help my patients in their weight loss journeys,” he says.



As bariatric program supervisor at HMC’s River Valley Counseling Center from 2016 to 2017, **Maria Michelakis Cintron, MA, LMHC**, worked closely with patients and clinicians in the Weight Management Program, developing and implementing a variety of programs offering psychological support. With more than a decade’s experience providing mental health care, she joined

the team in February 2022 as a mental health counselor and is on hand to support patients through the entirety of their weight loss journey.



Ashley Kuselias, MPAS, PA-C, who joined the team in April 2022, is a physician assistant with 13 years’ experience in the field of bariatric medicine. She previously worked as first assistant in the operating room at Baystate Medical Center in Springfield, Massachusetts, and Kent Hospital in Warwick, Rhode Island, and also has extensive experience counseling and

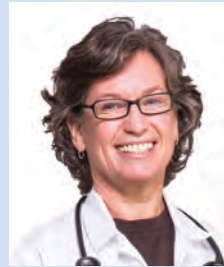
supporting patients before, during, and after their surgeries.

FOUNDING AND ESTABLISHED STAFF



Yannis Raftopoulos, MD, PhD, FACS, FASMBS, the program’s founding director, has performed more than 3,000 bariatric procedures over the past 13 years, with results that are consistently superior to those reported by the national accrediting body for bariatric

surgery. His patients also spend less time in the hospital—usually a single day. Dr. Raftopoulos puts a priority on educating patients, not only about weight loss surgery but also about the process of weight management as a component of a healthy lifestyle. He notes that “because our patients tend to be more engaged and more motivated, they lose the weight quickly.”



Elana Davidson, PA-C, MPAS, is a founding member of the program along with Dr. Raftopoulos. She’s the bariatric clinical administrator for the program and has been a key team member since the program opened in 2015. Elana provides surgical

assistance and treats preoperative and postoperative patients in the office. Over the past 15 years, she’s assisted in more than 1,000 bariatric surgery procedures. Her three-plus decades as a physician assistant in a wide variety of specialties—including bariatric surgery, plastic surgery, general surgery, obstetrics, emergency medicine, urgent care and neurosurgery—prepared her well for her role at the Weight Management Program.



Christina Reardon, RD, has been the Weight Management Program’s dietitian since 2019. She helps patients eat well and feel well. She leads monthly support groups and weekly bilingual group classes, as well as the program’s popular cooking

classes, and shares her nutrition insights on social media as well. Christina played a major role in developing the program’s nutrition curriculum and has continued to perfect it over time.

✱ To learn more about the HMC Weight Management Program, visit HolyokeHealth.com/wmp or call **413.535.4757**.



Erick Torres with his oncologist, Renuka Dulala, MD, who treated him for colon cancer twice: when it was initially diagnosed and again when it recurred.

SURVIVING COLON CANCER

TWO-TIME COLON CANCER PATIENT ERICK TORRES BELIEVES STRONGLY IN THE IMPORTANCE OF SCREENING COLONOSCOPIES. HIS STORY REVEALS WHY.

WHILE MANY PEOPLE avoid colonoscopy because of the preparation required to clear the colon, that wasn't the case for Erick Torres. Even though there was no colon cancer in his family, and he wasn't experiencing any symptoms, Erick was ready to schedule the exam just after he turned 50, as recommended at the time by the U.S. Preventive Services Task Force.

But then COVID-19 hit. In those first months of the pandemic, before vaccines were available, it was difficult to schedule elective medical procedures, and many had to be postponed, including colonoscopies.

In the middle of 2020, Erick began experiencing pain on his right side. The pain worsened, interfering with his job

as a handyman. Finally, in November 2020, the pain got so bad that Erick wound up in the Holyoke Medical Center emergency room. There, a scan revealed an intestinal blockage caused by a tumor. He had surgery to remove the blockage, which was cancerous.

"He had to undergo a right hemicolectomy," says Erick's oncologist, Renuka Dulala, MD, explaining that this is a procedure to remove the right side of the colon—where Erick's tumor was—and then connect the remaining portion to the small intestine. After the surgery, a colonoscopy revealed good news: There was no other cancer in the colon.

FOLLOW-UP TREATMENT

Although the tumor had been removed, Erick began cycles of chemotherapy that January to make sure that any remaining cancer cells were destroyed. "We gave him what we call adjuvant chemotherapy," says Dr. Dulala. "He received the IV drugs every two weeks for six months."

Adjuvant chemotherapy refers to drugs given after a treatment, such as surgery, to help prevent the cancer from recurring. Fortunately, Erick tolerated the chemotherapy well and didn't have many side effects. Throughout the treatment cycles, he tried to work as much as possible, aiming for a one week on, one week off schedule.

Erick completed the six months of chemotherapy in June 2021 and saw Dr. Dulala regularly for follow-up visits. For almost a year, Erick was cancer-free.

BEATING A RECURRENCE

Then in April 2022, a CT scan showed the cancer appeared to have recurred, and a PET scan confirmed it. "In spite of the news, Mr. Torres had a great attitude," says Dr. Dulala. "I'm sure he was upset—I know how disappointed I was as his treating physician that the cancer came back—but he didn't show it. He was stoic. His attitude was, 'Okay, we have to do what we have to do.'"

That meant Erick had to go back on chemotherapy treatment, this time with more powerful drugs. At first, the new drugs had harsher side effects, which caused him to lose weight. But when doctors adjusted Erick's regimen,

the side effects disappeared. He received chemo every two weeks for seven cycles.

This past August, he received some very good news. "He had an excellent response to the treatment," says Dr. Dulala. The new PET scan showed that the cancer was gone, and he's now in remission. She explains that because he has had one cancer recurrence, he will now receive periodic chemo treatments indefinitely to keep any remaining, undetectable cancer cells in check.

"Dr. Dulala has been great," says Erick. "In fact, everyone at Holyoke Medical Center has been extremely nice. They've been so much help to me and my family. And their concern comes from the heart. They're not there just for a paycheck; they're there because they care about treating patients."

THE IMPORTANCE OF SCREENING

In 2021, guidelines for colonoscopy screening from the U.S. Preventive Services Task Force changed—a first colonoscopy is now recommended for most people at age 45. Colonoscopy is so important because it not only can detect cancer early, when it's most treatable, but also can prevent it by removing benign (harmless) polyps before they turn cancerous.

For those with a family history of colorectal cancer or other risk factors, the new recommendations call for screening to start as early as age 40. Erick and his wife have three grown children, and Erick is determined that his daughter and two sons will get screened for colon cancer early.

"There's such a stigma attached to colonoscopies," he says. "But it's so important for early detection. Because of my cancer, my kids are supposed to get their first colonoscopies earlier, around age 40. And I'm definitely going to be on them and reminding them to get that test."

*** To schedule a colonoscopy, get a referral from your PCP and then call HMC Gastroenterology at 413.540.5048.**

To learn more about the HMC Oncology & Hematology Department, call 413.534.2543.

ARE YOU AT INCREASED RISK?

For everyone, the likelihood of getting colorectal cancer increases with age, but there are other factors that raise risk, some of which you can control.



Risk factors you can't control include having:

- Inflammatory bowel disease, such as Crohn's disease or ulcerative colitis
- A personal or family history of colorectal cancer or colorectal polyps
- Certain genetic syndromes



Risk factors you can control include:

- Not getting regular physical activity
- Eating a diet low in fruits and vegetables
- Eating a low-fiber and high-fat diet or a diet high in processed meats
- Being overweight or obese
- Drinking alcohol
- Using tobacco



5 *Reasons to Get a Mammogram*

MANY WOMEN HAVE PUT OFF SCREENING MAMMOGRAMS BECAUSE OF THE PANDEMIC, BUT IT'S TIME TO GET BACK ON TRACK. HERE'S WHY.

HAVING A MAMMOGRAM MAY not be fun, but it's one of the best health moves you can make. "One in eight women in the U.S. will be diagnosed with breast cancer in their lifetime," says Steven R. Urbanski, MD, Chair of the Department of Radiology at Holyoke Medical Center. "And mammography is the only imaging modality that's been proven effective in reducing deaths from the disease."

Here are five great reasons to make regular screening mammograms a priority.

1 The sooner a woman is diagnosed with breast cancer, the better.

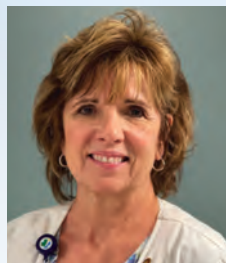
The COVID-19 pandemic threw many women off track with annual mammograms. In the early part of the crisis, many facilities suspended screenings. Later, women were hesitant



Susan Lavoie



Steven R. Urbanski, MD



Dianne Walsh

telling us that their experience was better with this unit and the new curved paddles,” says Susan Lavoie, Director of Imaging Services at Holyoke Medical Center.

to visit healthcare settings out of concern that doing so would increase their risk of being exposed to the virus. “We had a huge backlog,” says Dianne Walsh, Supervisor of Holyoke Medical Center’s Women’s Center. “Some of the patients that we’re booking now had their last mammogram in 2019.”

Now is a great time to return to yearly screenings. “We want to find cancer early so it can be treated when it’s at its smallest and the treatments are easier,” says Dr. Urbanski. “They’re less invasive, and the outcomes are much better.”

The American College of Radiology, the Society of Breast Imaging and several other national societies recommend that women at average risk of breast cancer get a screening mammography every year starting at age 40, says Dr. Urbanski. Women who have very dense breasts may also receive a screening ultrasound, and those with breast cancer risk factors, such as a significant family history of breast cancer or breast cancer gene mutations, may need MRIs as well.

2 New technology makes mammograms more comfortable and accurate.

In January, the Women’s Center acquired a second mammogram machine—this one engineered to reduce the discomfort of mammograms. Unlike the conventional equipment, the unit’s paddles are contoured to follow the shape of the breast.

“This allows more uniform compression, which reduces the amount of pressure needed to get a good mammogram,” says Walsh.

The feature is already making a difference. “Quite a few women are

Both of the center’s mammography machines produce images in 3D, Lavoie adds. “You can’t see breast tissue with traditional 2D mammograms like you can with 3D technology,” she says. “When the unit moves across the top of the breast, it’s capturing ‘slices’ of the breast so we can see through those layers of fibrous tissue.”

3 If you get a call back, the odds are that you don’t have cancer.

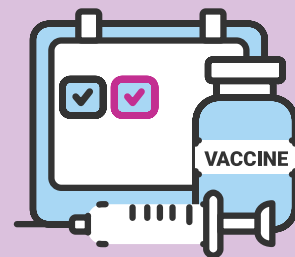
Nothing strikes fear in women like getting a call asking them to return to the Women’s Center for additional tests due to a suspicious finding on a mammogram. Fortunately, in the vast majority of cases, these are false alarms, says Dr. Urbanski.

“Out of 1,000 patients, we’re going to call back about 100. And then out of those 100, 85 are going to leave the office with us saying either ‘Everything is fine,’ or ‘We’re 98% sure you’re OK but we’re going to recheck it again in six months,’” says Dr. Urbanski. “You’re left with only about 15 women out of 1,000 who we want to get a biopsy, and the majority of biopsies will not have cancer.”

Often, radiologists use ultrasound to get a better picture. It can distinguish between harmless cysts and cancerous lesions, even though they look the same on an X-ray.

4 Breast biopsies are easier than ever.

If the radiologist decides you need a biopsy, keep in mind that it’s a minimally invasive, office-based procedure, performed with local anesthesia. “In the whole gamut of medicine, it’s a relatively



COVID-19 VACCINES CAN IMPACT MAMMOGRAMS

COVID-19 vaccines sometimes cause swollen lymph nodes that can look like a suspicious mass on a mammogram. That can cause confusion and fear and prompt doctors to do additional tests to rule out cancer. Lymph nodes return to their normal size after a few weeks. If you’re due for a mammogram and want to avoid uncertainty, follow this advice from Steven R. Urbanski, MD, Chair of the Department of Radiology at Holyoke Medical Center: “If you have the flexibility, get the vaccine the same day or the day after your mammogram.”

minor procedure,” says Dr. Urbanski. “It’s normal to be nervous, but when the procedure is over, almost everyone says, ‘If I knew it was going to be this easy, I wouldn’t have been worried.’”

Keep in mind that when mammograms are done on a regular basis, there’s a very good chance that if cancer is found, it will be small and treatable, says Dr. Urbanski.

5 You don’t need a referral.

Unless you’re having breast symptoms that a doctor needs to look at, you can schedule a routine mammogram directly with the Women’s Center.

“If women feel a lump, have discharge or are in pain, they should see a doctor first for a breast exam,” says Lavoie. “But if it’s your annual screening, you don’t need a primary care provider’s order to make an appointment.”

✳ To schedule a mammogram, call The Women’s Center at HMC at 413-534-2770.

MEET OUR NEW MEDICAL PROVIDERS

PLEASE JOIN US IN WELCOMING 18 NEW SKILLED CLINICIANS
TO THE HOLYOKE MEDICAL CENTER TEAM.

NEW INPATIENT PROVIDERS



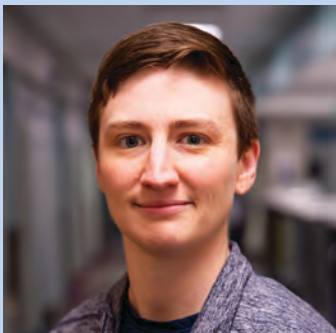
Praveen Devineni, MD
HOSPITALIST



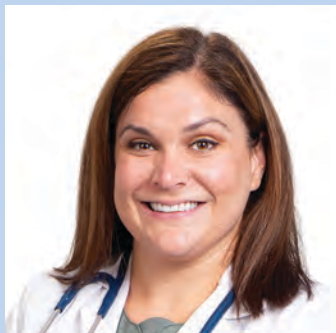
Abdul Hussain Vali, MD
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ANESTHESIA



Kristine Fleming, PA
EMERGENCY DEPARTMENT



Ashley Reidy, PA-C
HOSPITALIST



Ella Sylvia Sussman, PNP
HMC BEHAVIORAL HEALTH
SERVICES

NEW OUTPATIENT PROVIDERS



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FACE, FACP**

ENDOCRINOLOGY
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413.534.2820



James Schumacher, MD

RHEUMATOLOGY
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Mohamed Talaat, MD

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Olga Buchachiy, NP

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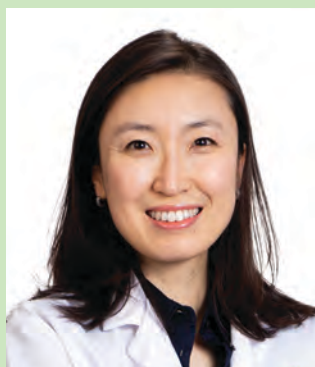
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Jooyun Shin, FNP-BC

NEURO/SLEEP MEDICINE
10 Hospital Drive, Suite 103, Holyoke
413.736.1500



**Mohamed Turay, DNP,
FNP-BC, NP-C**

**PRIMARY / WALK-IN CARE -
WESTFIELD**
140 Southampton Road, Westfield
413.535.4800



Alison Smith Wynter, NP

RHEUMATOLOGY
10 Hospital Drive, Suite 304, Holyoke
413.534.2682



COMPREHENSIVE CARE FOR INFECTIOUS DISEASES

The Infectious Disease Center provides full-service outpatient infectious disease treatment and management of complex diseases, including:

- HIV care (with referral to case management if needed)
- Hepatitis B and C treatment
- Chronic wound infections (including diabetic foot infections)
- Fever of unknown origin
- Some travel medicine
- Recurrent urinary tract infections
- Tick-borne illnesses

FEET FIRST!

FOR PEOPLE WITH DIABETES, DAILY FOOT CARE CAN FEND OFF INFECTIONS AND THEIR COMPLICATIONS, WHICH CAN BE SERIOUS.

COMPLICATIONS FROM DIABETES can affect nearly any area of the body, but one of the most common complications involves the feet. It's estimated that about one quarter of people with diabetes will develop significant foot problems.

"For most people, small cuts, scrapes and blisters on the feet are minor inconveniences that will heal on their own," says Robert J. Cooper, MD, FACE, FACP, of Holyoke Medical Center's Endocrinology & Diabetes Center. "But for people with diabetes, these small injuries can lead to infections that can require medical attention. And, if left untreated, they can cause serious consequences."

There are several reasons people with diabetes are so prone to foot infections. First, high blood sugar may lead to neuropathy—pain, tingling or loss of feeling—in the extremities. That means people with diabetes may not notice small wounds on their feet. In addition, diabetes reduces the body's ability to heal wounds and causes them to progress more quickly, increasing the risk they'll turn into open sores. Called diabetic ulcers, these sores provide an opening for bacteria to enter the body, potentially causing infection.

"If you do develop an infection, it's important to seek medical attention quickly," says Amelia Jaworek, MD, an infectious disease physician at Holyoke Medical Center. Dr. Jaworek is board-certified in infectious diseases and

serious consequences of these infections by treating them early with powerful antibiotics." However, if left untreated for too long, diabetic foot infections can spread and—in the worst cases—require surgery, including, potentially, amputation.

Even better than quick treatment, though, is preventing foot infections from developing in the first place. There are several steps people with diabetes can take to make sure their feet stay healthy. The first is to follow medical advice to keep blood sugar in check. "Diabetic foot ulcers are most likely to occur in people whose diabetes is not well-controlled," explains Dr. Cooper.

If you have diabetes, foot care should be a regular part of your personal healthcare routine. Avoid going barefoot, even at home, to protect the soles of your feet. Make sure to gently wash, dry and moisturize your feet daily. Also, check your feet daily for small cuts, sores, blisters or calluses. It may also be important to see a foot doctor or podiatrist for regular care. "Call your doctor if you have an open sore or any foot problem that doesn't go away within a few days or if you feel pain or fever," recommends Dr. Jaworek.

✳ **The HMC Endocrinology & Diabetes Center is located at 10 Hospital Drive, Suite 104, in Holyoke and can be reached at [413.534.2820](tel:413.534.2820).**

✳ **The Infectious Disease Center at Holyoke Medical Center provides expert care for all kinds of chronic wound infections, including diabetic foot infections. A referral is needed and usually comes from your primary care provider, endocrinologist, wound care specialist or hospital physician. The office can be reached at [413.534.2722](tel:413.534.2722).**



Robert Cooper, MD, FACE, FACP



Amelia Jaworek, MD

has extensive experience diagnosing and treating a wide variety of infections, including diabetic foot ulcers.

"We can usually prevent the most

all about EDAMAME

PERFECT FOR SNACKING, THIS FUZZY LITTLE GREEN BEAN IS
A HEALTHY HANDFUL—AND FUN TO EAT, TOO.

IF YOU'VE EVER eaten at a Japanese restaurant, you've likely sampled edamame (pronounced eh-dah-MA-may). These young green soybeans are typically served in their fuzzy pod, steamed and sprinkled with coarse salt, and are eaten by dragging the pod between the teeth, releasing the beans. The nutty, buttery flavor and somewhat crunchy texture make edamame a popular snack or appetizer, but the beans are also low in calories, high in protein and fiber, and incredibly easy to prepare at home.

POWER UP

One cup of unshelled edamame rings in at just 190 calories and yields a hefty eight grams of fiber. It's also a complete protein (meaning it contains all nine essential amino acids), boasting 17 grams a cup—about as much as three eggs. Edamame are an excellent source of folate, manganese and vitamin K, too, as well as a good source of copper, phosphorous, magnesium, thiamin and iron. And, according to the American Institute for Cancer Research, edamame contain a variety of phytochemicals that may be beneficial in preventing and fighting cancer. So munch away!

BUY/STORE/SERVE

Edamame can be purchased fresh, frozen and dry-roasted with various seasonings (sea salt, wasabi) for snacking right out of the bag. The fresh variety lasts only a day or two in the fridge. Once cooked, the pods can be stored in the refrigerator for up to a few days. Frozen edamame, on the other hand, will keep in the freezer for about a year.

To prepare, boil fresh pods for four to five minutes, drain and immerse in an ice bath to stop the cooking. (You don't want them to get mushy!) Frozen pods have been pre-cooked and only need to be reheated by boiling for two to three minutes. Sprinkle pods with coarse salt and, if you'd like, other spices such as garlic or cayenne. Another alternative: Remove the beans from the pods (gently squeeze with your fingers to release them) and incorporate into your favorite dips, salads and stir-fries.

Some folks prefer to steam edamame, which is the way it is prepared in many Asian restaurants—purists argue this

method retains more of the nutrients. To steam, place a steamer basket into a large saucepan and fill the pan with about an inch of water, making certain that the water does not touch the basket. Bring the water to a boil and place the frozen edamame in the basket. Cover with a lid and steam until tender, about two minutes. Another option: Edamame can be shelled and roasted (350°F for 30 to 40 minutes) with olive oil, salt and pepper.

DID YOU KNOW?

The word edamame comes from the Japanese words eda (branch or stem) and mame (beans), translating to “beans on a branch” or “stem beans” (the beans were often sold while still attached to the stem).

Although edamame have been enjoyed in East Asian countries for more than seven centuries, they didn't become popular in the United States until the 1980s when a TV miniseries, *Shogun*, brought about a boom in Japanese food and culture in California, according to the 2009 book *History of Edamame, Green Vegetable Soybeans, and Vegetable-Type Soybeans*. And the word edamame didn't appear in the Merriam-Webster dictionary until 2008.



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