

VALLEY

health & life

**A
CANCER
'MIRACLE'**

**HEALING
HARD-TO-TREAT
WOUNDS
NEW HELP FOR
CHRONIC PAIN**



SAVE THE DATES!

RIVER VALLEY COUNSELING CENTER

8th Annual GOLF TOURNAMENT

FRIDAY, SEPTEMBER 15, 2023
AT EAST MOUNTAIN COUNTRY CLUB
WESTFIELD, MA

Holyoke Medical Center Annual

Gala

The Holyoke Medical Center Annual Gala
will return on Saturday, November 18,
2023, at The Log Cabin, Holyoke, MA.

To learn more or become a sponsor of
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On the Cover:
After being diagnosed with three types of cancer and treated at Holyoke Medical Center, Sheila Ann Dedeurwaerde is cancer-free.

HEALTHY HABITS

FOR YOU AND YOUR FAMILY



TUNING IN TO THE BENEFITS OF MUSIC

A review of several studies found that musically trained kids have better reading, memory and executive function than those who aren't musicians.

—Frontiers in Neuroscience



EAT LEGUMES FOR A LONG LIFE

A recent study suggests that young American adults could lengthen their life expectancy by more than 10 years by eating a diet rich in legumes, nuts and whole grains in lieu of meat.

—PLOS Medicine

56

The percentage of folks who tested positive for COVID-19 during the Omicron surge who didn't think they had it. Even if you have a case of the sniffles, it's best to test to avoid infecting others, say experts.

—JAMA Network Open



WELLNESS EVENTS

QUIT SMOKING SUPPORT SERVICES

Our smoking cessation counselors are available to give you the information and support you need to get through one of the most important



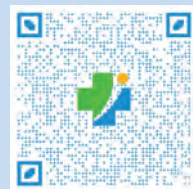
changes of your life. For more information or to preregister for a workshop or individual counseling, **scan the QR code**, call us at **413.534.2739** or email **smokefree@holyokeyhealth.com**.

MANAGING DIABETES

Managing diabetes is a journey, but not one you have to make alone. Sign up today for a virtual, group-based distance learning experience and discover what you can do to better manage your diabetes.

Topics covered will include:

- Your experience with diabetes
- Monitoring your blood sugar
- Healthy eating and activity
- Long-term management



To sign up or learn more, call **413.535.4732**.

The program will meet Wednesdays throughout January and February from 5 to 6:30 p.m. **Scan this QR code** to join the Zoom!

TRANSCRANIAL MAGNETIC STIMULATION (TMS) THERAPY

Has depression put your life on hold? TMS therapy at Holyoke Medical Center is here to help. If traditional therapy and medication haven't worked,* TMS might!

- A proven effective treatment for major depression
- Not medication, not electroconvulsive therapy (ECT) and nonsurgical
- 30% of patients have achieved full remission from symptoms
- 77% of patients responded with at least 50% reduction of symptoms

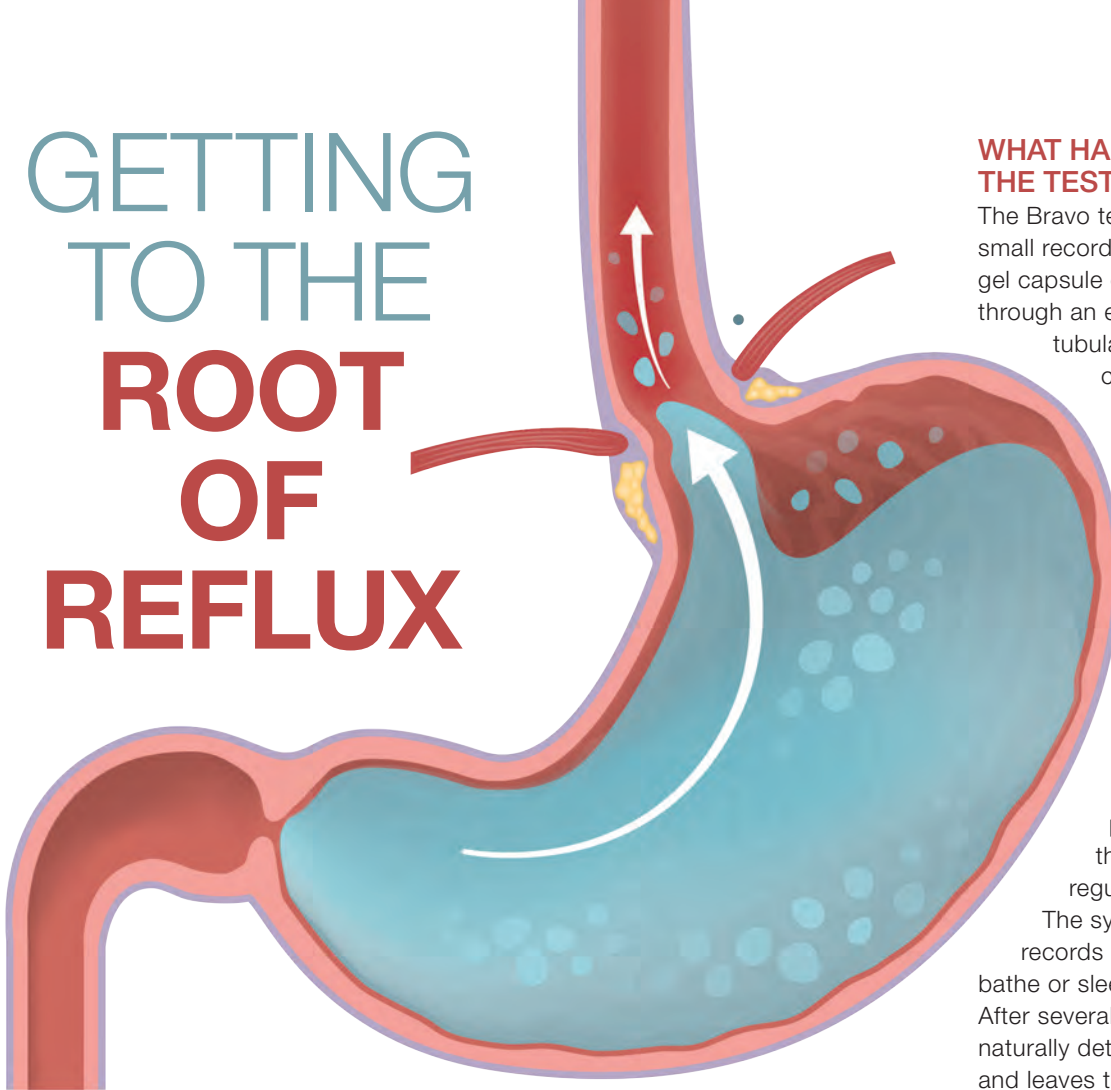
Scan this QR code to complete a short list of questions used by your provider to assess the severity of depression. Your answers will be



securely transmitted to your provider to review during your appointment.

*A minimum of 12 weeks of therapy and four (4) medication trials are required for insurance consideration.

GETTING TO THE ROOT OF REFLUX



WHAT HAPPENS DURING THE TEST?

The Bravo test involves placing a small recording device the size of a gel capsule on the esophageal wall through an endoscope (a lighted tubular instrument with a camera). The capsule measures acid levels in the esophagus and transmits that information to a portable receiver worn on the waist. Patients follow their usual daily routine, including eating foods that increase symptoms. Over 48 hours, they record times when they eat and lie down, pressing a button when they experience heartburn, regurgitation or chest pain.

The system measures and records pH levels when patients bathe or sleep if the receiver is nearby. After several days, the capsule naturally detaches from the esophagus and leaves the body through stool.

A POTENTIALLY LIFE-CHANGING DIAGNOSTIC PROCEDURE HELPS DOCTORS DETERMINE THE BEST TREATMENT FOR PATIENTS WITH ACID REFLUX.

IN GASTROESOPHAGEAL REFLUX

disease (GERD), one of the most common gastrointestinal disorders in the United States, stomach contents move up into the esophagus (the muscular tube connecting the throat with the stomach). Though symptoms typically include heartburn or regurgitation, sometimes symptoms are less obvious. "GERD is not always that classic burning pain," says

Tuyyab Hassan, MD, of Holyoke Medical Center Gastroenterology. "It can present in many ways, including dental issues and lung problems like asthma and pneumonia."

To help get to the root of reflux, Holyoke Medical Center (HMC) offers the Bravo pH test, which measures pH (the amount of acidity) in the esophagus to help diagnose GERD or find out if there's another cause for symptoms. While the Bravo system is new to HMC, Dr. Hassan and gastroenterologist Bushra Zia, MD, have years of experience performing the procedure.

RESULTS AND FOLLOW-UP

After testing, patients return the receiver and diary to their gastroenterologist, who will download data to a computer and analyze results. By comparing the diary to readings captured on the receiver, your doctor can measure the amount of acid flowing up into your esophagus from your stomach. This helps confirm or rule out GERD and determine appropriate medical or surgical treatment, if necessary.

The Bravo procedure is short (10-15 minutes) and causes few side effects—usually only a small sore throat. Yet it yields important results. According to Dr. Hassan, "The test has been life-changing for many of my patients as they finally learned the reason for their symptoms and how to treat them."



Tuyyab Hassan, MD



Bushra Zia, MD

*** HMC Gastroenterology has locations in Holyoke and Westfield. To learn more or make an appointment, call 413.540.5048.**

MAKING PRESCRIPTIONS EASIER



HMC'S NEW PHARMACY WILL OFFER MANY BENEFITS, INCLUDING BEDSIDE DELIVERY TO HOSPITALIZED PATIENTS OF MEDICATIONS THEY'LL NEED TO TAKE ONCE THEY GO HOME.

PRESCRIPTIONS AT Holyoke Medical Center (HMC) will become more convenient and accessible.

An on-site retail pharmacy and wellness gift boutique, located near the medical center's main entrance, will open this winter. The new pharmacy will allow outpatients to get their prescriptions at the point of care and will offer inpatients bedside delivery of medications before discharge, says Carl Cameron, Chief Operating Officer of HMC.

The new retail pharmacy, to be called the HMC Pharmacy, will be a fully functional retail pharmacy that doubles as a "wellness boutique," selling healthy items, such as granola bars and protein shakes, as well as HMC merchandise. "It'll be like a CVS on-site," Cameron says.

To make the HMC Pharmacy a reality, the medical center partnered with ProxsysRx, a company that manages hospital-based pharmacy operations. Among the services ProxsysRx offers is a "meds-to-beds" program, through which inpatient prescriptions are filled and delivered to the patient's hospital room at discharge.

"With meds-to-beds delivery, you can go right home with your medications," says Felipe "Phil" Goncalves, HMC's interim Director of Pharmacy. "You don't have to go to an outside pharmacy and wait two hours for your prescription."

You can just go home and heal."

HMC Pharmacy staff will include a pharmacy technician and "runners" who will offer inpatients the optional meds-to-beds service.

IMPROVING PATIENT OUTCOMES

Cameron and Goncalves are optimistic that the meds-to-beds service will encourage patients to take their medications as prescribed after discharge and, ultimately, reduce their risk of having to be readmitted to the hospital. Findings published December 2019 in the *Journal of the American College of Clinical Pharmacy* suggest that meds-to-beds service increases medication adherence and decreases hospital readmission. It also spares patients the stress and discomfort of having to stop at a pharmacy on their way home after discharge.

"Some people don't get their prescriptions filled after they leave the hospital," says Goncalves, noting that not taking medications as directed is an all-too-common problem throughout healthcare.

In addition to serving inpatients, the HMC Pharmacy will fill prescriptions for the public, as well as for outpatients who receive ambulatory treatment at on-site primary care and specialty practices. HMC and Valley Health Systems employees can also utilize the pharmacy and will receive discounts on co-payments as a company benefit.

*** The HMC Pharmacy is expected to be open weekdays 8:30 a.m. to 5:30 p.m. starting in February 2023. Once open, the pharmacy can be reached at 413.319.8100.**



Carl Cameron



Felipe "Phil" Goncalves



HELP FOR WOUNDS THAT WON'T HEAL

For four years, Henry Klimczyk was treated unsuccessfully by other providers for a wound that wouldn't heal. He finally found the specialized care he needed at HMC's Wound Care Center.

AFTER FOUR YEARS OF UNSUCCESSFUL TREATMENT FOR AN OPEN WOUND, HENRY KLIMCZYK GOT THE HELP HE NEEDED AT THE HMC WOUND CARE CENTER.

CHRONIC WOUNDS, or wounds that are slow to heal, affect about 7 million people in the United States. The longer a wound is open, the more challenging healing becomes. If left untreated, wounds can cause long-term health problems, including extreme pain, loss of function and mobility, isolation and depression, and prolonged hospitalization.

"Often, people aren't aware that there's specialized care for nonhealing wounds and that timing is important," says Savitri Rambissoon, MD, CWSP, a general surgeon and Medical Director of the Wound Care Center at Holyoke Medical Center (HMC).

Henry Klimczyk never imagined the ordeal he'd face over the next six years when he noticed an irritated spot on his left ankle in 2016. "It was the size of a quarter," says Henry, who applied medicated cream. "I figured I'd been bit by a bug or scratched my ankle somehow." Several weeks later, the red rash had grown and appeared to be bubbling. "It seemed to be eating the skin around my ankle, and a new area popped up on my right leg," recalls Henry. Alarmed when he began feeling weak and lost his balance, the Hatfield resident called 911.

After a harrowing 11-day stay in isolation at a nearby hospital, where doctors ruled out a contagious infectious disease, dressed his wound and gave him IV antibiotics, Henry was transferred to a specialty critical

care hospital. He remained there for 30 days. Despite daily wound care, Henry's lesions didn't improve, and he found himself bedridden. "I had lost so much

weight and muscle mass; I was skin and bones," he says. "I needed to learn how to walk all over again." Henry was moved to a skilled nursing facility for rehabilitation and another extended stay before he could be discharged home with VNA Care home-health nursing services.

Henry would endure seven painful and ultimately unsuccessful skin grafts over the next several years. "Nobody could cure me," says Henry, a disabled veteran who lives alone and takes pride in maintaining his Hatfield home. He grew increasingly isolated and immobile, though he never gave up hope. "After my surgeon retired, I found a new doctor who took one look at my legs and said, 'You should have been sent to Holyoke Medical Center's wound center from day one.'"

HOPE AND HEALING AT HMC

Within days, Henry was evaluated by Dr. Rambissoon and her team at HMC's Wound Care Center, which has been recognized as a Center of Distinction by Healogics, the nation's largest provider of advanced wound care services. The Center has a track record of healing 82 percent of wounds treated and a 95.6 percent positive patient-experience rating. "I knew I was in the right place," says Henry. "Dr. Rambissoon is so knowledgeable, and her nurses are the best I've had."

Henry had venous insufficiency, or improper functioning of the vein valves, in the legs. He also had undiagnosed and, therefore, untreated high blood pressure. "High blood pressure is a silent killer, affecting every organ. It put Henry at risk for multiple organ injuries. In terms of his wounds, high blood pressure increased the risk of infection and amputation, slowed down his movement and caused Henry to experience a lot of wound drainage," says Dr. Rambissoon.

She and her team collaborated with Henry's primary care and vascular providers, and, when her nursing staff noticed Henry was not taking his cardiac medication, they made him aware it was impacting his health and the wound. "After much encouragement and support, Henry began taking his meds and it jump-started wound healing," says Dr. Rambissoon.

COLLABORATIVE WOUND CARE

Treatment at the Center involved regular debridements (removing dead tissue from the wound) and compression bandaging. "As Henry's condition became more controlled, we began using cellular skin tissue to promote the healing and closing of the wounds," says Dr. Rambissoon. "While it took two years to completely heal the original wound, Henry had lived with it for four years prior to our involvement," says Dr. Rambissoon.

"Through the encouragement of our staff," Dr. Rambissoon continues, "Henry remained engaged in our program, especially as he started to see the healing progression."

For Henry, the Center's collaborative approach made all the difference. "After so many years with open wounds, I've become knowledgeable about my care," he says. "I told the Holyoke folks, 'I'm part of your team. We're in this together.'"

Henry is gratified to see his stubborn wounds finally closed and the freedom that brings. Slip-on shoes in his normal size have replaced large medical boots once needed to cover bulky bandages, a change that means excursions are enjoyable again. Henry knows he still has a difficult road ahead. "In the Walmart lot, I park far enough away that walking to the entrance keeps blood flowing in my legs and helps strengthen my muscles," he says. "I do it for my own good."



Savitri Rambissoon, MD, CWSP

✳ **HMC's Wound Care Center is located at 18 Hospital Drive in Holyoke. To learn more or make an appointment, call 413.535.4740.**



"Drs. Mateen and Mazzucco saved my life," says Sheila Ann Dedeurwaerde.

MULTIPLE CANCERS: A SURVIVOR'S STORY

AFTER BEING DIAGNOSED WITH TWO TYPES OF BREAST CANCER AND CANCER IN HER SPINE, A PATIENT FINDS EXPERT TREATMENT CLOSE TO HOME.

WHEN SHEILA ANN DEDEURWAERDE noticed a thickened area under her breast in 2021, she wasn't particularly concerned. "Because it was beneath my breast, I thought it was probably just a cyst," says the Holyoke resident. "And it was during the worst of COVID, so I didn't want to run off to a doctor if I didn't have to."

Sheila forgot about it until one of her daughters saw the spot and grew alarmed. "She insisted we go to the ER right away." At the Emergency Department at Holyoke Medical Center (HMC), she was referred to Zubeena M. Mateen, MD, and the Women's Center at HMC.

Designated a Breast Imaging Center of Excellence by the American College of Radiology, the Women's Center provides compassionate, comprehensive care and a wide range of screening and diagnostic services, including 3D mammography, ultrasound and MRI.

Dr. Mateen has worked at HMC since 1999 and specializes in oncology, hematology and palliative care. After a mammogram and a biopsy, Sheila was diagnosed with inflammatory breast cancer (IBC) as well as a large malignant mass in her breast. A PET scan revealed that Sheila also had cancer in her cervical spine.

FIGHTING A RARE CANCER

IBC is a rare, aggressive, fast-spreading cancer that often causes redness, swelling and a sense of thickness or heaviness in the breast. With this condition, cancer cells block the lymph vessels in the skin of the breast. Unlike most breast cancers, IBC often doesn't cause a breast lump, making it difficult to detect on a mammogram. This makes it more difficult to diagnose and means that it may be more advanced by the time it's discovered.

Sheila was shocked by her diagnosis, but she vowed to approach her condition one day at a time, utilizing prayer and a positive attitude. "Dr. Mateen is so caring and knowledgeable," says Sheila. "She wanted me to begin extensive chemotherapy right away." Dr. Mateen also performed molecular testing and found that Sheila had a marker that could be specifically targeted by her chemo, which was good news.

Sheila let the doctors know that she eventually wanted a mastectomy. "I didn't want to worry about the cancer coming back," she says. However, because her mass was so large, she couldn't undergo surgery right away. Dr. Mateen suggested starting chemo

to shrink the tumor, then having a mastectomy later, which Sheila agreed to.

Once Sheila began chemo, she didn't suffer from the common side effects. "I slept a lot, but there was no vomiting. And because I was on steroids, I still had an appetite." She never missed a treatment and exhibited a strength that Dr. Mateen and others admired. "I was so impressed with Sheila. She was strong and upbeat," says Dr. Mateen.

"I asked my best friend since sixth grade to take me to chemo," Sheila recalls. "We entertained everyone with stories of our growing up. We had everyone laughing."

A TRUSTED TEAM

After a lengthy period of chemo, Sheila met with breast surgeon John J. Mazzucco, MD. "As soon as I entered his office," she says, "I felt at peace. He looked me in the eye and listened to everything I had to say."

Sheila's mastectomy was scheduled for January 2022. Because cancer was found outside her breast, it became an extensive surgery. Along with her breast, Dr. Mazzucco removed eight lymph nodes. Once Sheila came out of recovery, she found Dr. Mateen and several chemo nurses waiting to see her. "I was so touched by that," she recalls.

When her pathology report arrived, Sheila met again with Dr. Mazzucco, who seemed overwhelmed by her results. "He said he'd asked the pathologist to read them again, he was so surprised. There was no cancer left."

"You're a miracle, sitting here," Dr. Mazzucco told her. All the months of chemo had paid off. "In my mind, I was already at peace because I felt I was following the right route," Sheila says. "I'd been hoping and praying all along that it would work out." Still, the aftermath of the surgery was difficult. "The pain was worse than delivering a baby and lasted longer."

Sheila still had a period of chemotherapy to finish—she underwent 16 months in total—as well as receiving ongoing injections for cancer in her spine. She was at the Women's Center so frequently that she developed a bond with employees at every level. "From the receptionists at the front door to the nurses, I felt part of a close-knit group, like a family. I missed seeing them once the chemo stopped. And Drs. Mateen and Mazzucco saved my life."

Dr. Mateen remembers, "Sheila was one of those patients who changed my own perspective. When I saw how she took on her challenges so bravely, it made me realize how minor my own concerns and worries were. She inspired me."

*** The HMC Oncology Center is located on the first floor of the hospital. To learn more or make an appointment, call 413.534.2594.**



Zubeena M. Mateen, MD



John J. Mazzucco, MD

AN EASY WAY TO TELL WHO'S WHO

HMC'S NEW COLOR-CODED UNIFORMS
ENABLE PATIENTS AND HOSPITAL
STAFF ALIKE TO SEE AT A GLANCE
EACH TEAM MEMBER'S ROLE.

FOR HOSPITALIZED PATIENTS, uniformed caregivers provide a feeling of confidence and comfort—it's clear that the people around them are medical professionals. "But when everyone is dressed in randomly colored scrubs," says Lynn Garreffi, MS, RN, CNL, Director of Nursing ED, Overflow Unit and Nursing Supervisors at Holyoke Medical Center (HMC), "patients and family members oftentimes are unclear about who they should ask for information and what role we each play in their care."

That's one reason HMC leaders developed a better system: one that makes it easy to identify employees of the hospital, but also allows both patients and other providers to see at a glance what a person's role is.

"During emergency situations in the hospital, it's very helpful to know what role another staff member has so you can determine whether you have the right resources at the bedside for the needs of the patient," says Garreffi. "The caregiver ID program makes this possible."

Garreffi explains that, in addition to the new color-coded uniforms, the hospital uses a variety of tools to ensure that patients and staff can identify caregivers. "The new uniforms are just one way," she says. "We also use ID badges with badge buddies—color-coded cards showing a person's title."

The staff was closely involved in the development of the new uniforms, which are embroidered with the HMC logo. "In fact," says Garreffi, "each team had input on the color choice for their team or role."

Reactions have been positive from patients and staff alike. Says Garreffi: "Staff at HMC are proud to wear our brand and share with others that we work for one of the best hospitals in the Valley. The new uniforms have increased our sense of work pride."

To the right, you'll see a photographic guide to the new uniform colors. In the months to come, HMC will expand the program. For now, Garreffi is grateful to her coworkers. "Thank you to all the staff for making this initiative come to life," she says. "It took a great deal of commitment to get this done, and the benefits are already proving to be significant."



Light blue polos and gray cardigans/pullovers: unit secretaries, registration assistants, monitoring techs



Royal blue scrubs: physical therapists



Black scrubs: radiology team members



Purple jackets: patient experience team members



Navy blue scrubs: nurses



Burgundy scrubs: laboratory team members



Khaki scrubs: patient observers and patient companions




Olive green scrubs: patient transport team members



Pewter scrubs: certified nursing assistants, psychiatric counselors, and mental health techs and assistants



Caribbean blue scrubs: respiratory therapy team members

A photograph of Theresa Lanoue, a woman with long blonde hair, smiling and standing in front of the Holyoke Medical Center. She is wearing a blue denim jacket over a black shirt and colorful leggings. A small white device is clipped to her belt. The background shows the entrance of the medical center with a large green cross logo and the text 'Holyoke Medical Center' in blue.

Theresa Lanoue

A NEW WAY TO BATTLE CHRONIC PAIN

NOTHING RELIEVED THIS
PATIENT'S CHRONIC BACK PAIN
UNTIL A NERVE STIMULATING
SYSTEM PUT A STOP TO
IT ALTOGETHER.

LIKE MANY PEOPLE in their 60s and beyond, Theresa Lanoue has spondylosis, or osteoarthritis of the spine. In a healthy spine, disks act as cushions between the series of small bones that run down the back, known as vertebrae. In Theresa's case, these disks had begun to show signs of wear and tear—they were thinning out and some had begun to form spurs, tiny bits of bone that protrude from the vertebrae.

All that age-related damage makes it harder for disks to absorb the pressure that comes from everyday activities, such as bending, sitting, walking and cooking. And while some people can get around without much, if any, pain despite spondylosis, that wasn't the case for Theresa.

"My back hurt so much I stopped going on walks around the neighborhood," she recalls. She stayed indoors most of the time. But even cleaning and cooking were an ordeal. Nevertheless, Theresa says, she cleaned. "My mom calls me a germaphobe," she says. But she did housework with tears streaming down her cheeks. In fact, on a scale of 1 to 10, Theresa says her pain was 100.

IN SEARCH OF RELIEF

For years Theresa tried many ways to relieve the pain, including cortisone shots (steroids injected into the joints to reduce inflammation) and physical therapy.

"Nothing worked," says Theresa. And while she did take extra-strength acetaminophen twice a day, basically, she says, she just put up with the pain. Until, that is, she met Yuri Khibkin, MD, an interventional pain specialist at the Holyoke Medical Center (HMC) Pain Management and Musculoskeletal Spine Center. She'd been referred to him by a doctor at HMC's urgent care, whom she'd gone to see for her back pain.

At first, Dr. Khibkin treated her pain by injecting a nerve block combined with steroids. While the nerve blocks helped, she felt sedated after the procedure. Then, a friend who'd been treated with peripheral nerve stimulation (PNS) recommended it to Theresa. When she mentioned PNS to Dr. Khibkin, he immediately told her, "Sure, we can try that."

BREAKING THE PAIN CYCLE

In PNS, a small device sends tiny electrical signals to whatever nerve or muscle is being targeted, explains Syed M.



Yuri Khibkin, MD



Syed M. Khurram Owais, MD

Khurram Owais, MD, an interventional pain specialist with the HMC Pain Management and Musculoskeletal Spine Center who works



Peripheral nerve stimulation blocks pain signals sent from the nerves to the brain, helping to break the continuous cycle of pain sensation. Over time, the brain learns to ignore pain signals from the affected area.

closely with Dr. Khibkin. PNS is used to treat shoulder, knee, neck and back pain by blocking pain signals sent from nerves in the affected area to the brain. "This helps break the continuous cycle of pain sensation and, over time, helps the brain learn to ignore the affected area," explains Dr. Owais.

In the case of neck and back pain, the device also activates the small muscles that run along the length of the spine. When it hurts too much to do any type of exercise, as was the case for Theresa, these muscles become weak. PNS sends signals that strengthen the muscles and realign the joints in the spine, says Dr. Khibkin. The result: less pain and long-term relief, even after a patient stops using the PNS system.

In September 2022, Dr. Khibkin implanted two tiny hair-thin wires in Theresa's lower back, one on each side of her spine. "During this procedure, the patient is usually awake—it's not very hard to tolerate," says Dr. Khibkin. Afterward, Theresa was taught how to use the PNS system via a handheld remote. She's able to control the intensity of the electric pulses and where they go—for instance, to the left side of her back or the right side, depending on the current location of her pain.

The wires were left in for eight weeks, the standard length for back pain. During that time, Theresa turned off the device when she went to bed. After a while, she didn't even have to turn the device on every day. "The pain is gone," she says. Her back no longer hurts and neither does her neck, another source of discomfort.

Theresa still takes her Tylenol, but now she can go on walks with her 1-year-old dachshund. She can also bend over with no problem, making cleanup during those walks easier than it was last year. And whether she's making shepherd's pie or spaghetti, she does that pain-free as well.

Dr. Khibkin says that Theresa's pain relief will probably last six months or more. If her back starts hurting again, she can come back and get the PNS system implanted again. For now, though, Theresa is thrilled. "I would definitely recommend this to anybody with back pain," she says.

*** The HMC Pain Management and Musculoskeletal Spine Center is located at 10 Hospital Drive, Suite 205, in Holyoke. To learn more or make an appointment, call 413.535.4933.**



Corlis Archer-Goode, MD



Amie Matos, FNP

EXPERT CARE FOR UROLOGIC CONDITIONS

INCONTINENCE AND OTHER URINARY
SYSTEM PROBLEMS REQUIRE COMPASSION
AS WELL AS EXPERTISE. THESE NEW
HMC PROVIDERS OFFER BOTH.

MEDICAL PROVIDERS in the specialty of urology combine clinical know-how with empathy to help patients navigate distressing and often stigmatizing medical problems. Corlis Archer-Goode, MD, and Amie Matos, FNP—two experienced clinicians who recently joined the Holyoke Medical Center (HMC) Urology Center—have both qualities.

“I’ve always been told that I’m approachable and easy to talk to,” Matos says. “I don’t feel shy talking to a man or woman about potentially embarrassing topics.” She adds that although these clinical situations, including treating conditions such as urinary incontinence, overactive bladder, urinary tract infection and enlarged prostate, can make the urology practice challenging, “I feel lucky to have the opportunity to help patients in this way.”

Adds Dr. Archer-Goode, “In urology, we manage multiple conditions, including urinary tract cancers, kidney stones, inflammatory conditions and urinary incontinence. It’s very rewarding when I find a successful therapy that improves quality of life for my patients.”

EXPERIENCED SPECIALISTS

Dr. Archer-Goode and Matos both bring vast urology and patient-care experience to their new roles at the Urology Center. Dr. Archer-Goode previously practiced in New Britain, Conn., for 22 years with Grove Hill Medical Center, Urology Department and the Urology Division of Starling Physicians. She has participated in 40 clinical research projects that investigated treatment of urologic diseases and has written and lectured extensively on urologic treatment.

“I feel privileged to be a physician,” Dr. Archer-Goode says. “I’m able to help patients at their most vulnerable and work with them to achieve resolution or improvement in their medical condition.” She encourages patients who are grappling with urologic problems to

stay positive and motivates them to find and perform stress-relieving exercises, such as deep breathing and listening to music.

Matos offers 10 years of nursing experience, including six years at HMC as a staff nurse in the intensive care unit and lead nurse with the urology team. She also worked four years as a staff nurse at Baystate Health in Springfield, Mass., where she served in the electrophysiology lab and the surgical recovery unit. She has been trained in geriatric care, women’s health and pediatric primary care.

“As a nurse, you’re constantly learning,” says Matos, adding that she came back to HMC because “it’s a smaller hospital that offers a great teaching and learning environment.”

Adds Dr. Archer-Goode, “HMC is a community hospital that has a culture of compassionate healthcare for the community. I’m very happy to be here.”

✱ **The HMC Urology Center is located at 10 Hospital Drive, Suite 204, in Holyoke. To learn more or make an appointment, call 413.533.3912.**

Is Brown Rice Too Nice?

SURE, THIS UBIQUITOUS, VIRTUOUS WORLDWIDE STAPLE IS GOOD FOR YOU. BUT IT'S NUTTILY DELICIOUS, TOO!

LET'S FACE IT: Brown rice has an image problem. It's an unexciting, take-it-for-granted side dish, a health-food cliché, a typecast bowl of everyday earnestness. How long has it been, after all, since you drove across town because a Chinese restaurant was reputed to have good brown rice?

But take a fresh look at this world-feeder. Rice provides more than one-fifth of the calories consumed by the human race. It's a staple in many cultures, and it originated either in China or in India, depending on which archaeologists you ask. Though there are many types of this cereal grain—white, jasmine, purple and red, for example—none are quite as nutrient-packed as the brown variety. White and brown rice, aka whole-grain rice, are both made from the same grain, but brown has only the inedible outermost hull layer removed, leaving behind the nutritious bran layer and cereal germ, both of which the refined white rice lacks. It has just as much versatility, not to mention many more health benefits, vitamins and minerals. And it has an appealing, nuttier taste. Brown rice may not often be the star, but it's the kind of supporting player that carries the show.

POWER UP

Brown rice is gluten-free and high in folate, vitamin B2, potassium and calcium, and has only about 215 calories per one-cup serving. Its claim to fame, though, is that it's exceptionally high in manganese, a mineral integral to healthy bone development, muscle contraction, nerve function and wound healing. Whole grains in general also contain lots of fiber, which helps lower cholesterol, aids in digestion and keeps you feeling fuller longer. And if you or a loved one has diabetes, it's worth stocking up on the stuff because brown rice has a low glycemic index, which

means it's digested more slowly and doesn't cause a spike in blood sugar.

Though brown rice is technically a carb, it's nonetheless a good option if you're looking to reduce or maintain your weight. In part maybe that's simply because the fiber in it fills you up and thus prevents you from overeating. But a study published in *The American Journal of Clinical Nutrition* done by Harvard Medical School/Brigham and Women's Hospital found that women who consumed more whole grains such as brown rice consistently weighed less than those who ate less of these fiber-rich foods.

BUY/STORE/SERVE

Brown rice is generally harvested in the fall but available year-round at grocery stores. It's stocked on shelves loose and in large plastic bags, or you can buy it in a zippered bag or a cardboard box filled with individual serving-sized portions that require a fraction of the cooking time (but contain just as many nutrients). The bagged varieties can be heated up in the microwave or boiled on the stove, while loose rice needs to be cooked or steamed for about 30 minutes, generally at a 2:1 ratio of water to rice.

You can easily store brown rice in the box or bag it came in or in an airtight plastic container. It will last up to a week in the fridge after it's cooked and months in your pantry uncooked. (Yep, rice's shelf life is another major plus.)

The two most common types of brown rice are short grain and long grain. Short grain has plump kernels, a chewy texture and a nuttier flavor, whereas long grain is lighter, fluffier and not quite as sticky. Short kernels work best in a risotto or sushi, while long tastes great in a stir-fry or a pilaf.

Actually, the options for both types are endless:

Stir your brown rice into a salad or soup, bake it into a veggie burger with corn and beans or enjoy it as the base of a grain bowl with veggies and protein. Essentially, brown rice works for breakfast, lunch and dinner. How many other foods boast such versatility?





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