

THE HEALTH NETWORK OF THE CHESTER COUNTY HOSPITAL ■ SUMMER 2008

SYNAPSE

SETTING THE PACE

FOUR TOOLS TO MANAGE A-FIB

PROJECTING
CANCER SURVIVORS SHARE THEIR STRENGTH
POSITIVITY

GOING
TAKE YOUR TRAVEL MEDICATION
OVERSEAS?

COMMUNITY PROGRAMS & EVENTS

THROUGHOUT THE YEAR, THE CHESTER COUNTY HOSPITAL OFFERS MANY TYPES OF PROGRAMS, COURSES, SUPPORT GROUPS AND SOCIAL EVENTS. HERE ARE JUST A FEW OF THE MANY OPPORTUNITIES THAT WILL BE TAKING PLACE IN THE COMING MONTHS.

August



2ND CHILDCARE AND BABYSITTING SAFETY COURSE – *Learn the basics of taking care of children.*

6TH SUPERMARKET TOUR – *Get practical nutrition advice from a registered dietitian.*



25TH HEALTHY STEPS (first of a 16-week series) – *Develop healthy habits for lifetime weight maintenance.*

14TH SENIOR SUPPER CLUB – *Topic: Cardiovascular Fitness*



13TH CHILDCARE AND BABYSITTING SAFETY COURSE – *See above*

September

FALL HEALTH SCREENINGS

- STROKE
- HEART TRACKS – Cardiovascular Risk
- PROSTATE CANCER

Please call for upcoming dates, locations, fees and more information.

■ **BLOOD PRESSURE***
Free monthly screenings are available throughout the county. Pre-registration is not required.

To register or to learn more about the times, locations and fees (if applicable) for any these events, call 610-738-2300.

2ND HEALTHY STEPS – *See above*

6TH ENCORE SHOP GRAND REOPENING – *Kennett Square consignment shop benefits The Chester County Hospital*

10TH SUPERMARKET TOUR – *See above*

11TH SENIOR SUPPER CLUB – *Topic: Fall Risk Assessment*

23RD FORE HEALTH GOLF TOURNAMENT – *Benefits The Chester County Hospital*



October

National Breast Cancer Awareness Month

4TH CHESTER COUNTY DAY – *Benefits The Chester County Hospital*

8TH SUPERMARKET TOUR – *See above*

9TH SENIOR SUPPER CLUB – *Topic: Cholesterol and Cardiovascular Disease with Alain Efstratiou, MD, Cardiologist*

12TH

DILWORTHTOWN INN WINE FESTIVAL – *Benefits The Cancer Center of Chester County and Neighborhood Hospice*



14TH BABY? MAYBE?* – *Get to know the Hospital's services for maternal/infant care.*

16TH STOP SMOKING NOW – *(first of an 8-week series)*

18TH SHINE – *Benefits The Cancer Center of Chester County*



Women's Auxiliary Gift Shop

- UNIQUE JEWELRY
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Located within The Chester County Hospital – 610-431-5544.

* Free program; all others include a fee.

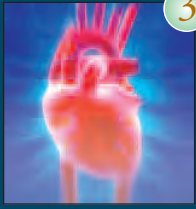
November

American Diabetes Month

8TH 14TH ANNUAL DIABETES DAY* – *Stay on TRACK for managing diabetes. Host Sponsor: Freedom Village Brandywine*

13TH CESSATION WITHOUT HESITATION – *Attend an expo and presentation on how to quit smoking.*

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In conjunction to the opening of a multidisciplinary center at The Chester County Hospital that will offer collaborative treatment of atrial fibrillation (AF), we are pleased to share a patient's guide for a complex yet common condition.



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Cancer support programs encourage women to share and to heal
The cohesive union between the Hospital's comprehensive cancer treatment options and its extensive support programs for cancer patients encourages survivors to summon their inner strength.



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FEEDBACK WELCOME: Let us know what you think about our magazine or future topics to consider by emailing synapse@cchosp.com.



Dear Neighbors,

For many hospitals today, the ultimate statistical prize is "market share." The science of becoming the healthcare provider of choice is calculated in percentages, tallied in segments, and charted by age. At The Chester County Hospital we realize that market share is a faceless calculation that masks something of much greater importance. It represents the personal choices that our parents, our neighbors, our friends and our children make when it comes to deciding who they will trust with their care and the care of the people they love.

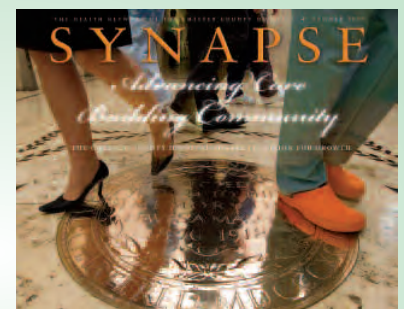
When we think of market share to be not just a number but recognize it to be our family and friends, our goal shifts. Our quest is not just to increase the number of people choosing to come to our door, but to provide the most comprehensive medical services and wellness programs to keep them well. It's the people in our community who are the reason we expand services to include atrial fibrillation (*page 3*), travel medicine (*page 12*) and hyperbaric therapy (*page 2*), and why we continually strive to enhance our programs, like cancer support (*page 10*), so we can provide you medical care, keep you healthy, and get you home to your families again. If we can do all this, then the prize of market share will take care of itself, because we have taken good care of you.

Stay well,

H.L. Perry Pepper
President

SYNAPSE RECEIVES NATIONAL RECOGNITION

This past spring, The Chester County Hospital received the good news that the fall 2007 edition of *Synapse* magazine was awarded two national honors. First, it received



merit honors from the Healthcare Marketing Report as an external publication in its category. And second, the photograph on the same issue received the "Gold" from the Aster Awards for photo/illustration among its peer hospitals.

SKIP THE H² JUST GIVE ME THE O

The healing power of 100% pure oxygen

If you've heard a lot of media buzz about hyperbaric chambers lately, it has probably been associated with obsessively conditioned athletes or slightly-off-kilter pop stars. The publicized use of this tool by people in the entertainment industry has overshadowed the true science and medical benefits of hyperbarics.

"It's not a spa treatment; it's a clinical therapy," says Andrew Fazio, Program Director of the Wound Care Center® at The Chester County Hospital. The Center provides advanced wound healing techniques and state-of-the-art wound assessment, testing and treatment for individuals suffering from acute and hard-to-heal wounds.

Oxygen is good and necessary for all living things. The pure concentration and variable pressurization of the hyperbaric treatment restores damaged tissue and controls infection. In essence, breathing 100% oxygen while pressurized in 100% oxygen, allows for the entire body to be completely saturated by this healing gas, thus allowing wounds to mend faster from the inside and out.

In March, the Center received certification to offer this type of outpatient therapy in its brand new state-of-the-art hyperbaric chamber. This medical service is available to current qualified Center patients, as well as new qualified referrals mainly prescribed by Radiation Oncologists, Urologists, Plastic Surgeons, and Podiatrists. It has been specifically approved for treatment of certain diabetic foot wounds, arterial limb ischemia, failed skin grafts, soft tissue/bone radiation injury, and recurrent bone infection.



Demonstrating the chamber are Denise Paoline, RN, BSN, CWS (seated), Michele Stala, RN (standing) and Amanda Tracy Miller, Medical Assistant.

Like any type of therapy though, the cumulative build up of the treatment is what provides the healing benefit.

"Patients need to be committed to the process," Fazio says honestly, sharing that it is a two-hour-a-day, five-day-a-week treatment that takes up to six weeks depending on a physician's prescription. "The time commitment for the patient is considerable, so we go to great lengths to ensure their comfort and satisfaction, in addition to their safety." A physician, certified in hyperbarics, is always on site during a session, and a nurse, also certified, never leaves the room and communicates with the patient the entire time. *Now that has a nice buzz to it.*

By Lisa M. Huffman



**FEELING THE PRESSURE TO QUALIFY?
CALL THE WOUND CARE CENTER® AT 610-738-2590.**

- Medication
- Cardioversion
- Pacemaker
- Catheter Ablation

FOUR TOOLS TO MANAGE ATRIAL FIBRILLATION

Setting the Pace

ATRIAL FIBRILLATION IS A HEART RHYTHM DISORDER, OR ARRHYTHMIA, THAT NOW AFFECTS MORE THAN TWO MILLION AMERICANS. THAT'S ROUGHLY THE SAME NUMBER OF AMERICAN WOMEN LIVING WITH BREAST CANCER AND OF MEN LIVING WITH PROSTATE CANCER. AS WITH CANCER, DOCTORS HAVE LEARNED THAT EARLY INTERVENTION IS THE KEY TO EITHER CURING ATRIAL FIBRILLATION (AF) OR MANAGING IT SUCCESSFULLY. ALTHOUGH AF ITSELF ISN'T LIFE-THREATENING, IT INCREASES THE RISK OF STROKE AND HEART FAILURE.

AF can happen at any age, but it becomes more common as people grow older. According to the American Heart Association, about one in every 25 Americans over age 65 have AF. By some estimates, that number jumps to as many as one in 20 after age 75, says Janice Baker, RN, BSN, clinical educator for cardiology at The Chester County Hospital.

"This is the number-one arrhythmia affecting the aging population," Baker adds.

In the past, AF was viewed as a relatively harmless condition that just needed to be managed. Although managing AF is often still a good option, primary care physicians and cardiologists are shifting their attention toward curing the condition when it's possible and right for the patient—a shift that is expected to continue over the next several years.

"Atrial fibrillation is becoming more prevalent, and as more people get it, we can really see the risks it poses over time," says Martin LeBoutillier, III, MD, a cardiovascular surgeon at Chester County CardioVascular Surgical Associates.

New treatments, many of which are still evolving, are giving people with AF more options than ever before. With choice comes the need for good guidance, Baker stresses.

"People need to have a very good relationship with a medical team of experts who can individualize the treatment plan to their needs," Baker says. "Every treatment has risks and benefits, so it really takes a customized approach."

AF's Symptoms, Causes, and Complications

The heart's atria (two upper chambers) and ventricles (lower chambers) pump in a coordinated rhythm to draw "used" blood into the heart, send it to the lungs to be replenished with oxygen, and then bring it back into the heart so it can be pumped out to the body again. This pumping action is controlled by electrical signals that start in a group of cells in the upper right atrium (called the sinus node) and travel throughout the heart muscles.

Atrial fibrillation, also known as A-Fib, occurs when other parts of the atria start giving off electrical signals. As these signals move through the heart in a disorganized way, it causes the atria to "quiver" and prevent it from working effectively with the ventricles. The heart rate can speed up to 100 to 175 beats per minute, much higher than the normal rate of 60 to 100 beats per minute. Most people can feel this when it happens, experiencing symptoms such as:

- A racing, uncomfortable heartbeat
- Chest pain or pressure
- Dizziness or sweating
- Difficulty catching one's breath or being physically active
- Feeling weaker or more tired than usual

In some cases, especially in younger people, AF has no apparent cause. In others, there may be a treatable underlying cause such as thyroid disease, sleep apnea, stress, or the use of alcohol, caffeine, nicotine, or certain medications. More typically, AF →

Open For AF Business

By Martin LeBoutillier, III, MD, Cardiovascular Surgeon,
and Hope Helfeld, DO, Cardiologist

Being aware of the rapidly changing science and technology behind the treatment of AF, and in keeping with the recommendations of the consensus statements, we have initiated a multidisciplinary center within The Chester County Hospital for the collaborative treatment of AF.



Dr. Martin LeBoutillier

The Center for Atrial Fibrillation will bring together nurses, advanced practice nurses, physician assistants, and physicians from Cardiology, Electrophysiology, and Cardiovascular Surgery in creating a center where patients may be evaluated, and recommendations made for treatment based on current

evidence based best practice guidelines. The staff involved in the Center will be expert, not only in their knowledge of the current guidelines, but also in their understanding of the underlying pathophysiology and prognosis of the different types of AF, the relevant medications with all associated risks and contraindications, and especially the risks and benefits of all available ablation techniques.

Importantly, as treatment strategies evolve, patients will always have access to up-to-date management protocols through the Center. These recommendations will be shared with the patient's primary care provider as well as their cardiologist so that a management plan may be implemented. In the majority of patients continuing on with medical therapy, that therapy would continue to be managed by the patient's referring physician. In the event the patient is a candidate for catheter or surgical ablation, that treatment could be provided at The Chester County Hospital, with the significant involvement of the referring physicians. In the end, the Center will be able to recommend and help provide the best current treatment, individualized for each patient, in collaboration with that patient's physicians.

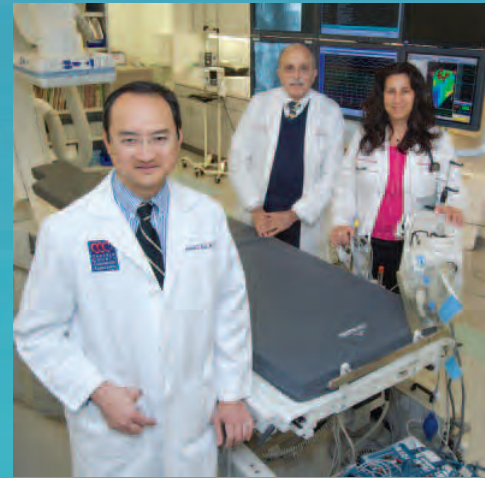
Call **1-866-218-6636** to learn more about The Chester County Hospital's Center for Atrial Fibrillation.

Setting the Pace *continued...*

happens in people over age 60 with other conditions affecting the heart and/or lungs, such as high blood pressure, heart disease, mitral valve disease, diabetes, or lung disease, or those who have recently had heart surgery.

Although the symptoms of AF can be uncomfortable, the real concern is the serious health problems it can cause over time. A heart in atrial fibrillation cannot pump out all of the blood completely, which allows it to pool and possibly clot. If a clot forms, it can leave the heart and become lodged in an artery in the brain, cutting off blood supply and causing a stroke. About 15 percent of all strokes occur in people with AF.

Another potential complication is congestive heart failure (CHF). The irregular, racing heartbeat that is characteristic of AF can cause the heart muscle to weaken and stretch out, and over time these changes can become permanent. The heart then fails to pump enough blood to meet the body's needs.



Drs. Hui, Platt and Helfeld (pictured left to right).

Diagnosing AF

The best defense against atrial fibrillation is "to understand what it is and keep it from happening in the first place," says Richard Hui, MD, Medical Director of Electrophysiology Services at The Chester County Hospital and a partner at Chester County Cardiology Associates. That means keeping any related medical conditions under tight control and adopting certain lifestyle changes, such as:

- Limiting or possibly eliminating caffeine and alcohol
- Increasing physical activity
- Reducing salt intake
- Eating heart-healthy foods, such as fruits, vegetables, and grains
- Maintaining a healthy weight
- Quitting smoking

If you experience an episode of AF, the best thing is to get help right away, says Dr. Hui.

“Some people ignore those early episodes, because they might last for an hour and then go away on their own,” he says. “Only when they last longer and happen more frequently do people pay more attention. But if we find AF early, we can prevent it from becoming a permanent condition.”

AF typically starts with short episodes of heart palpitations, called *paroxysmal* AF. Without intervention, it can progress to *persistent* AF, which causes longer, more severe episodes, and eventually *long-standing persistent* AF, in which the heart is in atrial fibrillation for more than a year.

“There is a saying that ‘A-Fib begets A-Fib,’” says Baker. “Once the heart gets into AF, it wants to go back there. The earlier we can intervene, the better. The patient will have a better quality of life, they will feel better and do better. If we don’t intervene, the heart will actually start to remodel itself—its structure begins to change.”

If you think you might have AF or be at high risk, you can ask your physician to refer you to a cardiologist or electrophysiologist, who is a cardiologist specializing in heart rhythm disorders. If the cardiologist suspects AF, he or she will order an electrocardiogram (ECG), during which patches with wires (electrodes) are attached to your body to measure electrical impulses given off by your heart. The impulses are recorded as waves on a monitor or printed on paper. If you’re experiencing occasional episodes of AF, your doctor may need to outfit you with a portable device – a Holter monitor – that records the electrical activity of your heart as you go about your normal activities for a few days or weeks. Your doctor also may order other tests to create images of the heart as it is pumping, such as an echocardiogram.

Four Treatment Options

“The first order of business in treating anyone with atrial fibrillation is anti-coagulation [preventing blood clots],” Dr. Hui stresses. “Stroke is the most important issue, since stroke risk is about four or five times higher for people with AF.”

This means taking a blood thinning **1** medication such as Coumadin® (warfarin) or a daily aspirin. Making the blood thinner, or less “sticky,” decreases the odds that a clot will form. People with AF often need to take one of these medications for long periods of time or even permanently. Patients on Coumadin®—typically those over 65 with other risk factors for stroke—need to be monitored closely by their doctors.

Once stroke risk has been addressed, the goal of treatment is either to control the heart rate or restore its normal rhythm.



Andrew Campadonico, Cardiovascular Technologist, monitors the procedure.

CONTROLLING THE HEART RATE

“Rate control” uses medications to slow the heart rate from 120-130 beats per minute to 70-80. Medications commonly used include Lanoxin® (digoxin), calcium channel blockers, or beta blockers. This strategy does not cure AF—the heart actually remains in atrial fibrillation—but it helps the person feel better and live a normal life. Dr. Hui notes that rate control can be a good option for older people in their 70s and 80s who have had AF for a long time and don’t engage in intense physical activity.

“This may be all that we need to do,” Dr. Hui says. “We cannot restore their normal heart rhythm, but they are not quite symptomatic and their only activities may be going out to the grocery store or taking a short walk.”

“Many patients stabilize on rate control medication and Coumadin® and do very well,” agrees Marc Platt, MD, a cardiologist at West Chester Cardiology. “The AFFIRM study found that people on rate control had the same quality of life and lifespan as those on rhythm control.”

AFFIRM, or Atrial Fibrillation Follow-up Investigation of Rhythm Management, was a landmark study that involved more than 4,000 patients with AF who were either over the age of 65 or had other cardiovascular problems that increased their risk for stroke.


In some cases, people with AF also need to have a **2** pacemaker implanted. A pacemaker is a small medical device placed under the skin to help regulate the heartbeat. As new treatments for AF have evolved, pacemakers have not been used as often as they were in the past. However, a pacemaker might be needed if the medications used to treat AF—whether for rate control or rhythm restoration, described in the next section—slow the heart rate too much. The pacemaker can detect a slow heart rate and send out electrical impulses to speed it up. *continued* →

Setting the Pace *continued...*

RESTORING NORMAL RHYTHM


For younger people—those in their 40s, 50s, or 60s—and even people in their 70s who want to be physically active, live symptom-free, and avoid the long-term health risks of remaining in AF, treatment usually focuses on restoring the heart's normal rhythm.

Possible strategies include:

- **Electrical cardioversion.**  The patient is put under anesthesia, and then an electrical shock is delivered to the heart through paddles or patches on the chest. This stops the activity of the heart for a brief second in the hope that normal rhythm will be restored when it resumes.
- **Anti-arrhythmic medications.** Several different medications can be used to restore the heart's normal rhythm. Examples include Cordarone® and Pacerone® (amiodarone), Rythmol® (propafenone), Procanbid® (procainamide), and Tikosyn® (dofetilide). Often these medications are first given under supervision in the Hospital.

Anti-arrhythmic medications are usually recommended as the first line of treatment and can help many people with AF. However, they have disadvantages: typically they don't offer a permanent cure, and in some people they can cause uncomfortable and even dangerous side effects.

“Of greatest concern is the fact that anti-arrhythmics can create an even more dangerous heart rhythm, especially in people who already have a weak heart or heart disease,” says Dr. Hui. “Still, for about half of people with AF, the medications work well to keep them in rhythm for a year or two.”

Because of the disadvantages of anti-arrhythmics, cardiologists and cardiovascular surgeons  are focusing more attention on a medical procedure called **ablation**, which can restore normal heart rhythm and often eliminates the need for medications. Ablation uses an energy source, such as radiofrequency waves or intense cold, to create small areas of scar tissue on the inside or outside of the heart. Because the abnormal electrical signals cannot pass through scar tissue, they are literally “stopped in their tracks”—and normal rhythm returns.

Cardiologists can perform ablation through a catheter, a small flexible tube threaded through a blood vessel in the leg or neck to access the heart. Cardiovascular surgeons can also perform

AF Definitions

- **Paroxysmal AF is recurrent AF, at least two episodes, that terminates spontaneously within seven days.**
- **Persistent AF is that which is sustained beyond seven days, or lasting less than seven days but necessitating medication or electrical cardioversion.**
- **Long-standing persistent AF is continuous AF of greater than one-year duration.**

ablation during heart surgery for another purpose, such as valve repair, or through a new minimally invasive approach.

Heart specialists with The Chester County Hospital believe that these ablation procedures represent the future of treatment for AF. They offer the best hope for cure when done in the earlier stages of AF, before it becomes permanent.

“Catheter ablation has only been around for five or six years, but I think in the next five or 10 years it will become standard therapy,” says Dr. Hui. “Although we always try medication first, for the right patient, catheter ablation is already a good first-line therapy. This is the way the field is going.”

“Ablation really does open up a whole new world of possibility,” says Dr. Platt. “We’re seeing that ablation can cure earlier stage AF 60 to 80 percent of the time. And that’s likely to improve as the procedure develops.”

Dr. Martin LeBoutillier III, who performs minimally invasive surgical ablation for AF, also sees ablations becoming more common as these newer techniques are refined. The minimally invasive approach can be done through two small incisions using a special instrument called a thoracoscope. The surgeon creates areas of scar tissue on the outside of the heart and removes a flap of tissue from the left atrium where blood clots tend to form.

“The surgery is evolving and still in its infancy,” Dr. LeBoutillier is quick to point out. “But what’s important is that AF is becoming less and less acceptable as just a managed condition. We’re looking to the day when patients will come in, have a procedure done, and not have to worry about being on medication for the rest of their lives.”

By Kristine Conner



AF ON YOUR MIND? CONTACT THE CARDIOVASCULAR CENTER AT 1-866-218-6636



HEALTHCARE TRANSPARENCY

SEEING CLEARLY THROUGH THE WINDOW

EVERY YEAR, THERE SEEM TO BE HOT TOPICS THAT PERMEATE OUR CULTURE AND INSTANTANEOUSLY BECOME HOUSEHOLD TERMS – “GOING GREEN,” “HIGH DEF,” “WIRELESS ACCESS.” THE WORLD OF HEALTHCARE IS NO EXCEPTION. NEW CONCEPTS GAIN FOOTING FOR BEING GOOD IDEAS AND IMMEDIATELY BECOME PART OF THE BEST-PRACTICE VOCABULARY.

Today in healthcare, “transparency” is the big buzzword. Transparency, in daily life, is the ability to see clearly through to what is happening on the other side – like looking through the front window of a house. For consumers, this metaphor translates into knowing and understanding the business of healthcare – how it is financed, experienced and evaluated. Transparency is that “window” to help determine the value of the service you receive. While the buzzword is new, the pursuit of transparency has always been an initiative inherent to our Hospital culture.

The ability to see, to understand and to measure outcomes determines the value of our performance. Quality divided by cost defines the value indicating the worth of the services we provide. Raising the quality and/or decreasing the cost increases the value.

Self initiated, The Chester County Hospital inaugurated an ongoing hospital-wide program two years ago to identify quality measures, assess them, and take action in areas where we felt we could improve. This is a proactive approach based on industry criteria monitored by the

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). These standards are now mandatory in healthcare.

The measures of the value we provide include the patient satisfaction scores we receive from Press Ganey Associates, and the outcomes we report through the collection and dissemination of clinical outcomes data.

In addition to traditional measures of quality, cost is a key determinant of value. The Pennsylvania Health Care Cost Containment Council (PHC4) now mandates the comparison of charges between hospitals in similar geographic areas. Recent PHC4 reports clearly demonstrate that our Hospital has proudly maintained the lowest hospital charges in Chester County.

Understanding transparency is paramount in the decisions you make as purchasers and users of healthcare services for yourself and your families. The figurative panes of the front window that let you see the value of the services offered by The Chester County Hospital are clear. We maintain our commitment to transparency for the welfare and wellbeing of all who come to us seeking value in healthcare – high quality services at reasonable prices.

By Colleen Leonard Leyden



VISIT WWW.CCHOSP.COM/QUALITY FOR ACCESS TO THE CHESTER COUNTY HOSPITAL'S TRANSPARENT DATA.

NEW *Welcome* PHYSICIANS



ATTENDING STAFF

Bahareh Assadi, M.D., Department of Radiology. Dr. Assadi graduated from Tehran University of Medical Sciences in Iran, and completed an internship and residency at Christiana Care Health Services and a fellowship at the Hospital of the University of Pennsylvania. Dr. Assadi is Board Certified in Radiology, and is part of the Penn Radiology service at The Chester County Hospital.



Justin Chura, M.D., Department of OB/GYN, Section of Gynecologic Oncology. Dr. Chura graduated from the University of Pennsylvania School

of Medicine and completed an internship and residency at Magee–Women’s Hospital in Pittsburgh and a fellowship at the University of Minnesota in Minneapolis. Dr. Chura has joined Dr. Joel Noumoff in the practice of gynecologic oncology.



Damian Cornacchia, D.O., Department of Medicine, Section of Internal Medicine. Dr. Cornacchia graduated from the

Philadelphia College of Osteopathic Medicine and completed an internship and residency at Metropolitan Hospital in Springfield. Dr. Cornacchia is Board Certified in Internal Medicine, and is currently the Medical Director at Lifecare Hospitals of Chester County.



Robert Goldman, M.D., Department of Medicine, Section of Physical Medicine and Rehabilitation. Dr. Gold-

man graduated from the University of Texas Medical Branch, and completed an internship at the Medical College of Pennsylvania and a residency at the Albert Einstein College of Medicine in New York. Dr. Goldman is Board Certified in Physical Medicine and Rehabilitation and has joined Dr. Martye Marshall in the Hospital’s Wound Care and Hyperbaric Medical Center.



Sagi Kuznits, M.D., Department of Surgery, Section of Neurosurgery. Dr. Kuznits graduated from Temple University

School of Medicine and completed an internship and residency at Northwestern University in Chicago. Dr. Kuznits is Board Certified in Neurological Surgery and his practice, Neurosurgical Care, LLC, has its office in Royersford.

Sandra Mancilla, M.D., Department of Family Practice. Dr. Mancilla graduated from the Autonomous University of Guadalajara in Mexico, and completed an internship and residency at St. Francis Hospital in Wilmington. Dr. Mancilla is Board Certified in Family Medicine and has joined Dr. Pedro Solanet in Kennett Primary Care.



Ricardo Perez, M.D., Department of Medicine, Section of Internal Medicine. Dr. Perez graduated from Universidad Central Del Caribe School of

Medicine in Puerto Rico and completed an internship and residency at the University of Virginia School of Medicine. Dr. Perez is Board Certified in Internal Medicine and has joined Hospital Care Specialists, LLC.



Todd Rice, D.P.M., Department of Surgery, Section of Podiatry. Dr. Rice graduated from Temple University School of Podiatric

Medicine, and completed an internship at Lebanon Veterans Affairs Medical Center and Main Line Health. Dr. Rice has joined Dr. Timothy Chen in the Center for Foot and Ankle Surgery.

COURTESY STAFF

Cynthia Dembofsky, M.D., Department of Pediatrics, Section of Neonatology. Dr. Dembofsky graduated from the University of Connecticut School of Medicine in Farmington and completed an internship, residency and fellowship at Thomas Jefferson University Hospital. Dr. Dembofsky is Board Certified in Pediatrics and Neonatal/Perinatal Medicine, and has joined the Neonatology practice in the Hospital's CHOP Connection.

Michael Mihalakis, M.D., Department of Emergency Medicine. Dr. Mihalakis graduated from the University of Pittsburgh School of Medicine and completed an internship and residency at Temple University Hospital. Dr. Mihalakis is Board Certified in Emergency Medicine and has joined Emergency Care Specialists, the Hospital's Emergency Medicine providers.

Robert Satriale, M.D., Department of Medicine, Section of Pulmonary Diseases. Dr. Satriale graduated from the University of Connecticut School of Medicine in the Dominican Republic, completed an internship and residency at Booth Medical Center in New York, and a fellowship at SUNY Downstate Medical Center in Brooklyn. Dr. Satriale is Board Certified in Critical Care Medicine and Pulmonary Disease and his practice, Chester County Pulmonary and Sleep Specialists, has its office in Coatesville.

Paul Traficanti, D.O., Department of Emergency Medicine. Dr. Traficanti graduated from the Philadelphia College of Osteopathic Medicine, completed an internship at Suburban General Hospital in Norristown and a residency at St. Barnabas Hospital in New York. Dr. Traficanti is Board Certified in Emergency Medicine, and has joined Emergency Care Specialists, the Hospital's Emergency Medicine providers.

DENTAL STAFF

Jaish Markos, D.M.D., Department of Surgery, Section of Pediatric Dentistry. Dr. Markos graduated from the University of Pennsylvania School of Dental Medicine and completed a residency at St. Christopher's Hospital. Dr. Markos has joined Dr. Eric Felix in Children's Dental Health Associates.

COURTESY STAFF

For coverage only

Jennifer Kwan-Morley, M.D., Department of Medicine, Section of Rheumatology. Dr. Kwan-Morley graduated from Northwestern University School of Medicine in Chicago and completed an internship and residency at Northwestern's McGaw Medical Center and a fellowship at the Hospital of the University of Pennsylvania. Dr. Kwan-Morley is Board Certified in Internal Medicine and Rheumatology, and providing coverage for Dr. Michael Rosen's Rheumatology practice in West Chester.

John Plastaras, M.D., Department of Radiology, Section of Radiation Oncology. Dr. Plastaras graduated from Vanderbilt University School of Medicine in Tennessee and completed an internship at Memorial Sloan Kettering Cancer Center in New York and a residency at the University of Pennsylvania. Dr. Plastaras is providing coverage as part of the Penn Radiation Oncology service at The Chester County Hospital.

Richard Whittington, M.D., Department of Radiology, Section of Radiation Oncology. Dr. Whittington graduated from Thomas Jefferson University and completed an internship and residency at Hahnemann Medical College. Dr. Whittington is Board Certified in Radiation Oncology, and providing coverage as part of the Penn Radiation Oncology service at The Chester County Hospital.

AFFILIATE STAFF

Dionne M. Chamoun, D.O., Department of Family Practice. Dr. Chamoun graduated from the University of Medicine and Dentistry of New Jersey, and completed an internship at Doctors Hospital in Texas and a residency at the University of Texas Medical Branch. Dr. Chamoun is Board Certified in Family Medicine and has recently opened the Dilworthtown Family Practice office in West Chester.

Michael Graveley, M.D., Department of Family Practice. Dr. Graveley graduated from Temple University School of Medicine. He completed an internship and residency in Family Medicine at Abington Memorial Hospital and a fellowship in Sports Medicine at Thomas Jefferson University Hospital. Dr. Graveley is Board Certified in Family Medicine and Sports Medicine, and has recently opened his Progressive Sports Medicine practice in Kennett Square.

James Knox, M.D., Department of Family Practice. Dr. Knox graduated from Jefferson Medical College and completed an internship and residency at The Bryn Mawr Hospital. Dr. Knox is Board Certified in Family Medicine and Sports Medicine, and is in practice with Drs. John Dagher and David Rooney in Southern Chester County Family Practice Associates.

Complimentary
MEDICAL DIRECTORY

Contact the Corporate Marketing
office at jbixler@cchosp.com.

Generations ago, only hushed voices spoke the word ‘cancer.’ It was a socially inappropriate topic and rarely discussed beyond a doctor’s closed door. It was as if *not* talking about it would make it miraculously disappear. Even today, as prevalent as cancer is and as aware as we all are, open conversations about cancer are still difficult to broach. Often, friends and family shy away from the subject because they do not want their loved one to be sad or because they simply are unsure what to say.

People who do not have cancer cannot truly understand what a person with cancer is feeling. A diagnosis of cancer can bring fear, uncertainty, stress, sadness and an abundance of other emotions. The cancer journey requires the marshaling of internal strength and a strong network of support.

Proud of its relationship with the University of Pennsylvania Cancer Network, The Cancer Program of The Chester County Hospital provides comprehensive services, including prevention, early detection, diagnosis, treatment, education and outreach, and palliative care. Equally important, it offers a host of supportive care services to provide the opportunity for people with cancer to talk, validate and encourage one another.

“We want to talk about it; we need to talk about it,” says Cathy King at a recent women’s retreat for cancer survivors. Organized by the Hospital, the half-day June retreat called “Renew, Refresh, Revitalize,” welcomed women to spend part of the day learning Tai Chi, expressing themselves through art, and simply sharing their thoughts.

Throughout the day, they found they have much in common. There were proud grandmothers and young mothers. There were 20-year survivors and recently diagnosed. Many were in remission; others were not.

Through the day, they found they have much in common. There were proud grandmothers and young mothers. There were 20-year survivors and recently diagnosed. Many were in remission; others were not.

I Am Here!



Cancer Support Programs Encourage Women to Share and to Heal

I Am A Survivor!

The women all have different stories and different ways of handling their cancer. Some said they never cried when their physician confirmed their diagnosis, in order to be ‘strong’ for their husbands or families. They have all found an inner strength they did not know existed prior to their diagnosis.

“My husband cried every time he looked at me,” says Mrs. King, whose eldest of six children was just 16 when she was first diagnosed. “I asked God to give me 10 more years.” Now a grandmother to more than a dozen, her faith remains a reliable source of strength for her. “Cancer has made me stronger and more determined to be who I am and to do what I want to do,” she says.

Other women found their strength by continuing to work or by setting life goals. Survivor Maria DiLabio, a grandmother of seven, dreams of becoming a cake decorator for a local grocery store because it brings her joy. Survivor Lois LeBresco, who is an alumna of the event, continues to work at a local

convenience store because being around people gives her energy.

“You can’t turn away from it; you just go through it,” says Mrs. King. All the survivors agree the support programs offered by the Hospital have been a blessing. With the guidance of the Hospital’s Oncology Social Worker, Marge Lang* and certified art therapist Sharon DeNault, a volunteer leader of the Art Therapy program, the survivors can talk openly with women who have first-hand experience.

“Our group has become such a support for each other,” DeNault says specifically about the Art Therapy participants. “In this group, there’s not a whole lot of dwelling on the bad things.” DeNault, a 28-year survivor herself, creates art to express her emotions. “There’s a connection with what is happening on the inside and how it projects itself onto the canvas in a safe way,” she says.



On the day of the Retreat, the women shared their emotions through artwork and released energy by learning Tai Chi from instructor Kate Weinberg (wearing black). On the opposite page, a mural created by the Art Therapy support group holds prominent placement at The Cancer Center of Chester County.



The Retreat and Art Therapy are just two programs among many the Hospital offers. In fact, more than 2,000 Chester County residents participated in the cancer-

focused programs offered by the Hospital in 2007, whether it was a physician lecture, a wellness program or a screening. While most of the 87 cancer screening participants had benign results, clinicians acknowledged that 26 screening tests were abnormal and referred those individuals for further work-up, thus increasing their chance of earlier detection and treatment.

According to the Cancer Program's annual statistics, "In 2007, there were 864 new cancer patients seen at The Chester County Hospital with 60% of those patients having a primary cancer site of bladder, breast, colon, lung or prostate." Of the 864 newly diagnosed cancer patients, 499 of them were women. Breast cancer was the diagnosis for 221 of the women. To address this need, the Hospital will be opening a women's imaging division within its Radiology services at the Fern Hill Medical Campus in late summer.

Lang says, "The Retreat and a number of other programs offered by the Hospital are unique. People need a safe place where they can find support from other people who truly understand. The environment offers camaraderie, validation and an opportunity to experience personal growth. Lang's own 23-year breast cancer survivorship drives her to help other people know about the many Hospital cancer programs available to them.

The spirit of the women at the Retreat was genuine and encouraging. Faced with life-altering conditions, they exude positive attitudes knowing that their outlook toward cancer can complement the treatments they receive.

No longer a whispered word, women are addressing cancer aloud. A few times during the day, the women expressed the gentle yet empowering thought, "I have cancer. I am here," proclaiming, "I'm alive."

By Lisa M. Huffman



TO LEARN MORE ABOUT THE HOSPITAL'S COMPREHENSIVE CANCER PROGRAM, CALL 610-431-5022.

* Marge Lang, LCSW, OSW-C, is a licensed clinical social worker and a certified oncology social worker.

PROJECTING POSITIVITY

PREVENTATIVE SCREENINGS

- Breast
- Oral
- Prostate
- Skin

PROGRAMS*

- **Look Good ... Feel Better**
(fashion and cosmetology advice)
- **Massage**
(for inpatients with physician approval)
- **Nutrition Counseling**
- **Renew, Refresh, Revitalize**
(retreat for women living with cancer)
- **Smoking Cessation**
- **Yoga** (for cancer survivors)

SUPPORT*

- **Art Therapy Open Studio Support Group**
- **Bereavement Services**
- **Breast Cancer Support Group**
- **Caregiver Series**
- **Home Health and Hospice**
- **Nutrition Counseling**
- **Prostate Support Network**
- **Social Worker and Care Coordinators**
- **Transportation Services**

CLINICAL TRIALS & RESEARCH STUDIES

- **Breast**
- **Gastrointestinal**
- **Kidney**
- **Lung**
- **Lymphoma**
- **Myeloma**
- **Ovarian**
- **Prostate**

EVENTS & FUNDRAISERS

- **Cancer Survivor's Day**
- **Chester County Challenge for Cancer**
- **Dilworthtown Inn Wine Festival**
(benefits our cancer program and hospice)
- **SHINE** (benefits our cancer services)
- **Various educational programs**
- **Various physician presentations**

Visit www.cchosp.com/wellness to learn more.

* Through the generosity of people in the community, donations completely fund the programmatic costs associated with the support services and programs, as well as the compensation of the yoga instructor and nutritionist. The Chester County Hospital thanks all those who have financially supported these services.

The Occupational Health Center Launches its Travel Medicine Program

*cleared for
take-off*

The excitement of international travel – the experience of new places, faces, languages and cultures – comes with the recognition that travel to other countries may require certain health precautions and preparations. The new Travel Medicine Program at the Hospital's Occupational Health Center (OHC) strives to prepare travelers by providing education and preventive measures to reduce risks associated with international journeys.

"The health and safety of our clients are of utmost concern to us," explains Susan Blydenburgh, MD, Director of the OHC Travel Medicine Program. "Our team closely examines each traveler's needs, prescribing and administering immunizations and medications only after a complete medical history is taken and the travel itinerary is reviewed." Travelers also receive a list of precautionary measures for dietary and recreational activities; recommendations for safer and more enjoyable travel; and contact information for resources available in each destination.

The Travel Medicine health provider might contact the patient's primary care physician to discuss the course of action, especially if the patient suffers from certain health concerns that travel or immunizations could affect.

Each Travel Medicine provider is a member of the International Society of Travel Medicine. This organization provides in-depth, up-to-date alerts on health and safety issues across the world. Additional sources, such as the Centers for Disease Control (CDC), and World Health Organization (WHO), keep doctors abreast of the most current developments in Travel Medicine issues.

Dr. Blydenburgh recommends travelers schedule their visit to the Travel Medicine Program two to three months prior to their trip to allow adequate time to fully administer vaccines and begin

preventative medications if required. Once an appointment is scheduled, the OHC will mail a questionnaire to the patient along with a list of documents to bring to the appointment; these include a full travel itinerary and a complete immunization record.

During the consultation, the Travel Medicine professional provides the traveler with a full informational packet about the destination. Together, they review this information, as well as the medical history of the patient and immunization options. The practitioner and patient decide on the course of immunizations together after a detailed conversation about indications and interactions.

"Some vaccinations can be administered on the day of the initial consultation," she says, "however, the patient may opt to have vaccinations administered during a follow-up appointment. Some are administered in a series of injections requiring multiple visits." Travelers leave the initial consultation equipped with an official immunization record to keep with travel documents, along with a customized health and travel information packet.

"The Occupational Health Center has provided Travel Medicine to clients on a smaller scale for quite some time," notes Dr. Blydenburgh. "With the increase in corporate travel in recent years, demand from the Center's clients began to grow. Since the Travel Medicine Program's inception, we have seen an increase in not only business travelers, but also those traveling for pleasure, school, and medical and religious missions. Millions of travelers cross borders each year – our goal is to prepare Chester County residents for their departure."

By Lauren A. Gentile and Sara Pevoto



FOR A DOSE OF TRAVEL MEDICINE, CALL 610-738-2450.

Wish you were here

Hi Dr. Blydenburgh,

Africa is magnificent! We are enjoying our nature safari through Kenya and Tanzania and have met many wonderful people. Thanks for thoroughly reviewing our medical history and itinerary to prepare us for this international adventure. It is comforting that you took the time to talk to us about the vaccinations and safety precautions. We are thankful to be equipped with the malaria pills and other medicine to allow us to enjoy this trip fully.

Thanks for the care!

Kwaheri ("Farewell" in Kenyan),

Wiggie and John Featherman



Wiggie and John Featherman are Founding Co-Chairs of the Friends of The CardioVascular Center, and the Co-Chairs of the Hospital's Capital Campaign. Wiggie serves on the Foundation Board, and John is Chairman of First National Bank of Chester County.

Travel Checklist

In case of a health emergency while traveling, here are a few suggested tips.

1. Update the emergency information page of your passport, in case someone needs to contact them on your behalf in an emergency. Leave copies of your itinerary, passport data page and visas with family or friends, so they can contact you.
2. Ask your medical insurance company if your policy applies overseas, and if it covers emergency expenses such as medical evacuation. If not, consider supplemental insurance.
3. Contact the U.S. Consulate in case of an emergency. Services are available 24 hours a day, 7 days a week, to provide emergency assistance to U.S. citizens.

For more travel tips, visit www.cchosp.com/ohc.

Source: U.S. Department of State,
Bureau of Consular Affairs





movers ■ shakers ■ newsmakers

Thank You

First National Bank of Chester County

First National Bank of Chester County has been a friend and supporter of the Hospital over many years. Once again, it was the lead sponsor of the Hospital's May Festival contributing \$12,000 toward the three-day event.



Pictured are Tony Poluch, Executive Vice President of First National Bank of Chester County, Christina Valocchi and Dallas Matthews (co-chairs of MayFest), H.L. Perry Pepper, President of the Hospital, and John Featherman, Chairman of First National Bank of Chester County.



Don't touch that Dial

Over the past few months, many physicians from The Chester County Hospital have taken to the airwaves to share their medical advice with listeners. Cardiologists Nicholas Vaganos, MD (above left) and W. Clay Warnick, MD (above right) joined host Robert Henson on 1420 WCOJ's "The Big Show." Verdi J. DiSesa, MD, Chief of Cardiac Surgery, (right) was on air on "The Doctor Show" on 1210 WPHT.



A GREAT NIGHT AT THE

Women's Health Expo

Women from across Chester County attended an evening of health education and pampering, including paraffin hand dips (pictured). More than 300 enjoyed the May 1st "girls' night out" at The Desmond Hotel & Conference Center hosted by the Hospital's Community Wellness and Marketing teams.



Well Done

Women's Auxiliary Gives \$1,000,000

The Women's Auxiliary to The Chester County Hospital completed its \$1,000,000 pledge to the Hospital's Capital Campaign a full year earlier than planned. And, to top that achievement, the group of 500+ dedicated volunteers, comprised of 11 branches across the County, pledged an additional \$1,000,000 over the next two years.

We ♥ Red!

The first Friday in February was National Wear Red Day, and the women and men of The Chester County Hospital definitely got into the spirit. This national event is organized to help bring awareness to heart health during Heart Month.



Celebration

Grand Rounds : Grand Celebration

The Chester County Hospital welcomes Cleveland Clinic physicians to the Hospital each year and hosts Grand Rounds to acknowledge the occasion. One evening during their stay, the Hospital hosted an event at the Brandywine River Museum and invited friends of the Hospital to join the celebration.



Pictured: H.L. Perry Pepper, President (center) with friends of the Hospital Marcy and Rob Fenza.

ANESTHESIOLOGISTS ARE NOT NUMB TO CHESTER COUNTY'S HEALTH NEEDS

vital signs

In 1974, when The Chester County Hospital admitted less than 12,000 people a year, a team of three anesthesiologists came together to provide care to the Hospital's surgical patients. At the time, their role was limited to the Operating Room (OR). Today, the Hospital has grown to more than 17,000 admissions per year. The Maternity Unit expanded; the Neonatal Intensive Care Unit was

born; and the Intensive Care Unit quadrupled in capacity.

"It has become a real medical center in this county, as opposed to a small town community hospital," says Marshall D. Strode, MD, who was one of the three founding physicians of West Chester Anesthesia Associates nearly 35 years ago. In that time, Dr. Strode has witnessed the expansion of medical services provided to the community. "I've taken care of people in the delivery room with whom I was present when they were born," he says. Between the grateful patients, his partners in anesthesiology and the surgical staff, which his team assists, it is like being part of a family.

Today, with 19 anesthesiologists, critical care doctors and hospitalists on their team as well as nearly 30 nurses and staff members in support, this private practice has become a full-service, 24-hour-a-day team that provides patient care beyond the OR.

Strode's long-time peer Kirby S. Tirk, MD, says, "This Hospital is in a completely unique situation because it is both independent and non-profit. It's a solid Hospital that puts a lot of resources into providing excellent care for its community."

So, to listen to Drs. Strode and Tirk share their thoughts about

the impact of the Hospital in the community and the family-like atmosphere within the Hospital, it is easy to understand why, when they were asked to support the Hospital's pending plan for the construction of the new West Pavilion, they made a significant financial contribution as a group.

Scott J. Garber, MD, President of West Chester Anesthesia Associates, says, "We all realized how important it was to support this effort 100% because we use this facility as doctors as well as community members." Together, West Chester Anesthesia Associates and Chester County Critical Care Medical Associates, which includes Medical Inpatient Care Associates, have pledged a lead gift of \$125,000 to the Medical Division of the Capital Campaign.

The West Pavilion will be a new four-story wing that will: consolidate and integrate all cardiovascular services within the Hospital; add 48 patient beds (with room to expand to 72) to provide more space in the existing Hospital facility; and include a procedural platform for surgical and interventional suites.



Standing, left to right: Julius Heyman, MD, PhD, Kevin Sowti, MD, L. Jill Krasner, MD, Marc Romisher, MD, Donald Emery, MD, Stephanie Ciccarelli, MD, Scott Garber, MD, Kirby Tirk, MD and Louis Boxer, MD. Sitting: Renee Giometti, MD, Marshall Strode, MD and John Wang, MD. Not pictured: Catherine DiGregorio, MD, Glenn Ereso, MD, Daphne Florence, MD, Russell Levin, MD, Edward Ma, MD, John Roberts, MD and Craig Steiner, MD.

Senior Vice President for Development, Kevin O'Brien says, "We are deeply grateful for the generosity of West Chester Anesthesia Associates and Chester County Critical Care Medical Associates, as well as the generosity of the many doctors from all specialties that have made individual or group gifts."

In total, our physicians have donated more than \$655,000." This level of giving speaks significantly to their belief in the

goal of this expansion plan, and in the Hospital's underlying mission to provide quality healthcare.

Similar to the varieties of anesthesia itself – local, regional and general – the Hospital, with its past expansions and future plans, is more than a local hospital becoming a regional provider of quality healthcare that appeals to a broader and wider demographic.

Strode adds, "The favorable position that this Hospital enjoys is due in large part to H.L. Perry Pepper (President) and the governing Boards of the Hospital. Their forward thinking has put us where we are today."

By Lisa M. Huffman



MAKE A GIFT! VISIT WWW.CCHOSP.COM/FOUNDATION.

Building update

AT THE CHESTER COUNTY HOSPITAL

WEST PAVILION EXPANSION, THE CHESTER COUNTY HOSPITAL

701 E. Marshall Street, West Chester

This four-story facility will: (a) consolidate and integrate all cardiovascular services; (b) increase capacity by adding up to 72 beds; and (c) add surgical and interventional suites. Designs are complete; fundraising is nearing its goal; and a firm price is at hand. The last condition before construction commences is finalizing the terms for the balance of financing the project. To learn more, visit www.cchosp.com/advancingcare.



EXTON MEDICAL AND DIAGNOSTIC CENTER

700 West Lincoln Highway (Business Rt. 30), Exton

Located at the Commons at Oaklands between Exton and Downingtown, this is now an additional satellite location for Physical Therapy and Sports Medicine (formerly in Downingtown Borough) and Radiology (formerly in West Whiteland Township). Both offices are open with expanded and updated amenities. The Hospital will continue to add services at this site.



DILWORTHTOWN MEDICAL OFFICE BUILDING

1396 Wilmington Pike, West Chester

This newly acquired building, situated along Route 202, is the location of Dr. Dionne Chamoun's Dilworthtown Family Practice, which began seeing patients in November 2007.



FERN HILL MEDICAL CAMPUS (BUILDING D)

915 Old Fern Hill Road, West Chester

The planned opening for medical offices in this new wing of the Fern Hill campus is August 2008. The Hospital's Outpatient Laboratory and Outpatient Radiology services will be moving to this location, as will the Radiology office currently at 440 East Marshall Street. Chester County OB/GYN Associates' West Chester office will be moving here as well.



YOU CAN REACH ANY OF THE PHYSICIANS OR MEDICAL SERVICES MENTIONED ABOVE BY CALLING OUR PHYSICIAN REFERRAL LINE AT 610-738-2300.

BEYOND GOOD CARE™

The Chester County Hospital congratulates our many doctors who were acknowledged by *Main Line Today* and *Philadelphia Magazine*, as being a Top Doctor or Dentist.

CARDIOLOGY

Timothy J. Boyek, MD
Antonio Chamoun, MD
Hope Helfeld, DO
Donna Marie Reed, DO
Michael Sabadish, MD
Nicholas Vaganos, MD

DENTISTRY*

Robert M. Krauss, DMD
Endodontics
Glenn A. Burkland, DMD
Orthodontic Dentistry
Eric I. Felix, DMD
Pediatric Dentistry
David Iglewicz, DMD
Pediatric Dentistry
Sadhu Ram Kataria, DDS
General Dentistry
Jeffrey Melini, DMD
Pediatric Dentistry
Richard Tanzilli, DMD
Orthodontics
Neil E. Weiss, DMD
Periodontics

FAMILY PRACTICE

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Steven J. Dickter, MD
Steven Ginsburg, DO
Leonard C. Giunta, DO
Mary Lisa Gunning, MD
Brandt S. Loev, DO
Valerie McAuley, DO
Boyd C. Myers, MD
Monica Norris, MD
Robert L. Parsons, DO
Gabriel Ruggiero, DO
L. Peter Soraruf, IV, MD

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Ronald J. Mattson, MD
Vascular Surgery
Philip Pearson, MD
Colon and Rectal Surgery
Pamela P. Scott, MD
George Trajtenberg, MD

INTERNAL MEDICINE

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Andrew Sitkoff, DO
Rashna K. Staid, MD
Jane Sunoo, MD

NEUROLOGY

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Heidar K. Jahromi, MD

OBSTETRICS & GYNECOLOGY

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William Brazzerol, MD
Melissa Delaney, DO
Helen Kuroki, MD
Lydia G. Slavish, MD

ONCOLOGY

Joel Noumoff, MD
Gynecologic Oncology

OPHTHALMOLOGY

Raymond R. Jones, MD
Gary J. Levin, MD
Bruce R. Saran, MD

ORAL & MAXILLOFACIAL SURGERY

Fredrick C Disque, DMD
James Gustainis, DMD
Amin Kazemi, DMD
Cynthia Trentacosti, DDS

ORTHOPEDICS

Cheston Simmons Jr., MD

RADIATION ONCOLOGY

Ann Marie Siegal, MD

RADIOLOGY

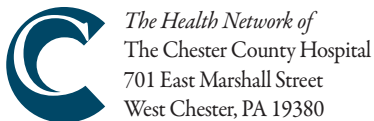
George Bocobo, MD
Harry Chen, MD
Lisa Klein, MD
Asha Kovalovich, MD
David Levy, MD
Fredric Squires, MD

THORACIC SURGERY**

Verdi J. DiSesa, MD
Cardiothoracic Surgery

For more information about our doctors, contact our **Physician Referral Line** at 610-738-2300.

Sources: *Main Line Today*, Top Doctors, December 2007 • **Main Line Today*, Top Dentists, June 2008 • ***Philadelphia Magazine*, Top Doctors, May 2008



The Health Network of
The Chester County Hospital
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