MEET OUR NEW PULMONOLOGISTS

Genesis Pulmonary & Critical Care Specialists have three new providers. Their office is in the Genesis Lung Center at 945 Bethesda Drive, Suite 260, Zanesville. A physician referral is required for any of the pulmonologists featured below.

Farooq Sattar, M.D., FACC
Pulmonary/Critical Care Medicine

Farooq Sattar, M.D., FACC, is helping those in our region with obesity-related breathing difficulties. “I am trained in pulmonary, critical care and sleep medicine, which helps me take care of patients across the whole spectrum from outpatient, inpatient and critical care settings,” said Dr. Sattar, who joined Genesis Pulmonary/Critical Care Specialists in July.

Dr. Sattar is one of several physicians hired to provide improved access to outpatient pulmonology care. He and his colleagues enable Genesis to continue providing 24/7 inpatient coverage in the Critical Care Unit.

Dr. Sattar researches obesity-hyperventilation syndrome, a breathing disorder affecting some people diagnosed with obesity. “It is a common issue affecting the whole nation, including Southeast Ohio,” he said. Since 1986, the prevalence of morbid obesity — a body mass index greater than 40 — has increased five times in the U.S.

Sometimes the challenge is convincing patients they have a sleep disorder. “I’ll ask patients if they snore, and they’ll insist they don’t,” Dr. Sattar said. “Then I’ll ask the patients’ wives or husbands if the patients snore, and the answers are yes.”

Dr. Sattar received his doctor of medicine degree at King Edward Medical College in Lahore, Pakistan. He completed his internal medicine residency at Michigan State University in East Lansing, Michigan, and a pulmonary and critical care medicine fellowship at the University of Texas Medical Branch, in Galveston, Texas.

“My family currently lives in Dallas but is planning to move this way this summer,” Dr. Sattar said. “Gardening is my favorite pastime along with traveling.”

Jason Chertoff, M.D., M.P.H.
Pulmonary/Critical Care Medicine

Jason Chertoff, M.D., M.P.H., is trained in both pulmonary and critical care medicine. He is skilled in bronchoscopy, endobronchial ultrasound bronchoscopy, and other invasive pulmonary procedures, along with diagnostic skills.

Dr. Chertoff received his doctor of medicine degree at Tufts University School of Medicine in Boston, Massachusetts. He went on to complete his internal medicine residency, and a pulmonary and critical care medicine fellowship at the University of Florida College of Medicine in Gainesville, Florida.

He loves spending time with his wife and 3-year-old twins, outdoor sports and watching fights. “I frequently watch old taped boxing fights, and typically watch the big fights live,” Dr. Chertoff said.

Van Le, M.D.
Pulmonary/Critical Care Medicine

Van Le, M.D., understands the need for education in Southeast Ohio to reduce tobacco use. Dr. Le, a former Boston resident who was born in Vietnam, finds similarities between Vietnam and Southeast Ohio cultures. The majority of Vietnamese males smoke and many started at a young age. Dr. Le finds half his patients in Southeast Ohio began using tobacco around age 13. “Patients sometimes think, ‘Everyone smokes, and there’s no harm, so why not?’” said Dr. Le who joined Genesis Pulmonary Critical Care Specialists in July. He believes providing education to area residents on the effects of smoking will help reduce tobacco use.

“Lung cancer is the No. 1 killer in the United States compared to all cancers,” Dr. Le said. “To help reduce lung cancer mortality and catch the disease early, Genesis has a robust lung cancer screening with a low dose CT scan.”

Dr. Le cares for outpatients and inpatients. His inpatient work is divided between working as an intensivist in the critical care unit and working as a consultant for pulmonary conditions.

Dr. Le received his doctor of medicine degree at the Boston University School of Medicine in Boston Massachusetts. He went on to complete his internal medicine residency at Lahey Clinic in Massachusetts, and a pulmonary and critical care medicine fellowship at The Ohio State University EHSU Wener Medical Center in Columbus. While at OSU Dr. Le was interested in sarcoidosis, which are lumps of tiny cells that form in the lungs. Dr. Le has published on the topic and has presented results of his research at national meetings.

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Megan Miller, D.O.
Family Medicine

Megan Miller, D.O., has joined the Genesis Medical Group, specializing in family medicine. Dr. Miller completed her doctor of medicine degree at Ohio University Heritage College of Osteopathic Medicine in Athens, Ohio. She then completed her family medicine residency at St. Vincent Mercy Medical Center in Toledo, Ohio.

Dr. Miller brings over 10 years of family medicine experience to our community. She is located at the Genesis Zanesville Family Practice, 751 Forest Ave, MAB 2, Suite 308, Zanesville. She is accepting new patients, call (740-560-6363) to make an appointment.
Don Brauning was on a treadmill at the Genesis Heart & Vascular Rehab Gym when he stepped off suddenly for a few seconds. “One of the nurses immediately noticed. She asked me what was wrong, and I told her ‘Nothing,’” he said.

Something was definitely wrong, and Don credits the nurses in Heart & Vascular Rehab with saving his life. “If I had been at home or at another exercise facility, I probably wouldn’t have noticed anything was wrong, and I could have ended up in the Emergency Department—or worse,” said Don, a retired dentist.

The specially trained nurses and exercise physiologists in Genesis Heart & Vascular Rehab monitor participants’ heart rates and patterns while exercising and measure their blood pressure before and after exercising. After seeing Don’s heart rate change on the monitor, Sharon Francis, R.N., requested a stress test for Don, and he was able to do the test the next day.

“If Don had been exercising and not supervised, his symptoms might have been ignored and he could have had a heart attack,” said Abdulhay Albirini, M.D., interventional cardiologist, Genesis Heart & Vascular Group. “The cardiac rehab staff was there, recognized the chest pain, and that’s why the problem was taken care of quickly.”

Don had a stress test and heart catheterization. “His heart catheterization showed he had a bad blockage in one of his arteries and as a result, a heart stent was inserted,” said Dr. Albirini.

Quality Care Close

With a family history of heart disease, Don and his wife Suzanne are glad that such a high caliber of heart care is nearby. “We wanted to have experts who could care for Don quickly,” Suzanne said. “We didn’t want to have to travel to a large city.”

The Nashport man enjoys going to Genesis Heart & Vascular Rehab and participating in the education programs. “This isn’t just an exercise program,” Dr. Albirini said. “It is a comprehensive, long-term medical education and risk factor modification program. The program’s goal is to help control risk factors and decrease the risk of future cardiovascular events.”

Exercising Pays

Don exercises at the Genesis Heart & Vascular Rehab Gym three times a week. He encourages others to exercise—even his heart doctor. “I’ll see Dr. Albirini in the hallway of the hospital and ask him if he’s playing soccer or exercising. And I’ll tell him, ‘You need to take care of yourself, I need you,’” Don said.

Dr. Albirini joined the Heart & Vascular team at Genesis in 2001. “I am really proud to be a part of the Heart & Vascular Institute at Genesis. Everybody involved in the programs is really making a difference in the lives of our patients in Southeastern Ohio,” he said.

And Don is proof the program is making a difference.
Jerry Nahanee helps at a barbershop and enjoys talking with the patrons.

Before having a cochlear implant by Max Pusz, M.D., otolaryngologist, Genesis ENT Group, Jerry wasn’t able to participate in conversations.

A NEW LIFE

START OF

A NEW LIFE

Able to Hear Again

Following the nearly two-hour surgery and monthlong healing process, Jerry had his cochlear implant activated. The change was immediate. He soon began to lower the volume of his voice on his own because for the first time in years he could hear himself.

“We are amazed at Jerry’s progress. It has made a huge difference,” Ellen said. “Six weeks after surgery, Mary and I were in the front seat of the car and Jerry was in the backseat. I was talking to Mary about the Oregon Ducks and Jerry joined the conversation. I can’t tell you how long it had been since he joined us in conversation. He wasn’t reading our lips or looking for visual cues. He actually heard us.”

Sound Decision

The decision to have an implant includes a commitment by the patient to work at hearing. Although sound enters through the ear, it is interpreted by the brain. “The longer someone goes without sound, the more difficult it is to understand speech,” explained Dr. Pusz. “With our ears, it’s like a ‘use it or lose it’ sense. The brain must be taught the sounds again. It’s not like putting on a pair of eyeglasses and being able to immediately see better.”

Jerry listened to audio books and followed along so he could relearn consonant blends, like “sh” and “zh” that had become slurred over time because they were not heard.

Dr. Pusz finds that the success rate of a cochlear implant is patient-dependent. Patients have a higher success rate if post-surgery therapy plans are followed. “Jerry is an extremely focused, compliant patient, which expedited his progress,” said Dr. Pusz.

Reading the Bible aloud as a family every evening and helping with children’s programs at his church are additional sounds of joy for Jerry. For someone who loves to be with people, hearing those he’s around is the start of a new life.

Jerry Nahanee, age 56, started to experience hearing loss in his late 30s. When he could no longer understand speech, he wore a hearing aid. As his hearing continued to diminish, he wore one on each ear. Over time, Jerry’s speech began to slur because he couldn’t hear. He compensated for his hearing loss by using closed-captioned TV, followed visual cues and was good at lip reading. However, conversation was difficult, if not impossible.

While living in Eugene, Oregon, Jerry’s sister Ellen Knight, and their mother, explored a cochlear implant for Jerry. The nearest otolaryngologist (ear, nose and throat specialist) who could perform the procedure was several hours away from Eugene. Logistically, it just wasn’t feasible.

In 2018 Jerry and his sister moved to Nashport to live with their aunt, Mary Norris. Jerry’s hearing loss was a source of frustration for him and his family. Mary and Ellen would write notes or yell to communicate with Jerry. Since he could not hear his own voice, Jerry also yelled.

Discouraged by their effort to converse, Mary made an appointment for Jerry to see a hearing instrument specialist and were told hearing aids were not his issue. Jerry was referred to Max Pusz, M.D., otolaryngologist, Genesis ENT Group. After a series of hearing tests at Genesis Audiology, Dr. Pusz determined Jerry was a candidate for a cochlear implant, and the procedure was scheduled.

The Joy Technology Brings

“It’s rare to have an ENT in a community the size of Zanesville be able to perform cochlear implants,” Dr. Pusz said. “I’m glad we offer local access. It’s so beneficial to our patients to have this surgery, and Jerry was an ideal candidate.”

Genesis Audiology conducts the hearing tests leading up to a cochlear implant as well as the follow-up appointments to adjust the external device, so all the care for the cochlear implant can be provided locally.

The Joy Technology Brings

Able to Hear Again

If you’d like more information about obtaining a cochlear implant, call the Genesis ENT Group at (740) 454-0158.

When to See an ENT

An ENT is a medical ear doctor who treats more than hearing loss. Conditions such as ear pain, balance issues, ringing in the ears, vertigo or persistent ear infections can all be assessed by an ENT. Medical conditions with the nose and throat are also referred to this type of specialist. The ENT specialists are trained to perform surgery on the ears, nose and throat.

When to See an Audiologist

Audiologists are trained professionals who test the type and amount of hearing loss. People of all ages—from infants to seniors—can get hearing tests at Genesis Audiology. They offer a wide range of services with licensed, certified staff to meet the needs of inpatients or outpatients having trouble hearing. Services include:

- Newborn and infant hearing testing
- Pediatric hearing evaluations
- Adolescent through adult hearing evaluations
- Adult hearing aid evaluations and fittings
- Balance testing

Hearing health services at Genesis Audiology require a referral from your primary care physician or a specialist. If you’d like more information about obtaining a cochlear implant, call the Genesis ENT Group at (740) 454-0158.
Does it seem like everyone eventually gets heart disease? Are most of your relatives suffering from heart disease? If so, you may feel doomed to get it yourself. But, with a little effort you can improve your chances of having a healthy heart.

Mohamed Ahmed, M.D., interventional cardiologist, Genesis Heart & Vascular Institute, explained, “Genetics unfortunately affects heart disease. If you have an immediate family member with premature coronary artery disease, a heart attack before the age of 55 in men and 65 in women, you are more likely to have a heart attack.” Here’s how to get started:

- **Eat healthy.** Dr. Ahmed recommends these four steps for keeping your heart healthy:
  1. Eat healthy.
  2. Stay active.
  3. Control your risk factors.
  4. Get a quick diagnosis and quality care from a cardiologist.

### A Healthy Diet

The American Heart Association recommends eating a variety of healthy foods and cutting back on high calorie foods that are low in nutrients. Base your eating on these recommendations:

- Eat a variety of fruits, vegetables and whole grains.
- Eat poultry and fish cooked in healthy ways (skinless or grilled).
- Choose monounsaturated and polyunsaturated fats and limit saturated and trans-fat.
- Reduce foods with added sugar.
- Pick low sodium foods, and prepare your foods using little salt.

### Exercise for a Healthy Heart

“Physical inactivity is an important risk factor for heart disease that you can change,” according to Abimbola Shofu, M.D., cardiologist, Genesis Heart & Vascular Institute. “Starting a program of physical activity can lead to a stronger heart and reduce your risk of a heart attack.” Here’s how to get started:

- Talk to your doctor before beginning to exercise.
- Doing some physical activity, even a small amount, is better than not doing any exercise.
- Try to do moderate activity on most or all days of the week, aiming for at least 2½ hours per week.
- Include aerobic exercise, strength training and stretching.

### Control Your Risk Factors

Risk factors can increase your chance of developing heart disease. "If you have high blood pressure, diabetes or other risk factors, blockages in your heart are silently developing, but you won’t know it until you have symptoms or a heart attack,” according to Dr. Ahmed.

Managing risk factors in the following ways can lower your risk of heart disease, even if you have other risk factors that cannot be changed:

- Stop smoking or vaping.
- Lower your “bad” LDL cholesterol and triglycerides, and raise your “good” HDL cholesterol.
- Reduce high blood pressure.
- Aim for a moderate amount of activity most days a week.
- Keep a healthy Body Mass Index (BMI).
- Maintain a healthy blood sugar.

### Advances in Quality Heart Care

Quality care can save lives that would have been lost several decades ago. By taking advantage of advances in heart care, you can help keep your heart healthy. Stents that open clogged arteries have been around for some time. But new generation stents work better and can even treat multiple blockages. Genesis cardiologists insert tiny high-tech heart pumps during high risk stenting procedures to assist the body in pumping blood.

Improvements have also led to easier stent procedures and improved recovery time. Doctors at Genesis now enter the blood vessels through the wrist instead of the groin. Because of this advancement, patients usually go home the same day.

Some procedures that used to require open-heart surgery can now be done without the risks and longer recovery time. For example, where possible, Genesis cardiologists use Transcatheter Aortic Valve Replacement (TAVR) instead of open-heart surgery to replace a diseased aortic valve. With the TAVR procedure, the heart is accessed through a blood vessel in the leg via a small incision. The patient can typically go home the next day, compared to five days or longer for open-heart surgery.

"About 10 years ago, many people with these conditions rejected treatment because open-heart surgery was too stressful at their age," explained Dr. Ahmed. "Now many people accept this easier procedure, and it’s saving lives.”

### Warning Signs of a Heart Attack

- **Uncomfortable pressure or pain in the chest that gets worse with exertion and gets better with resting**
- **Pain or discomfort in one or both arms, the back, neck, jaw or stomach**
- **Shortness of breath**
- **Cold sweats, nausea or lightheadedness**
- **Other warning signs of a heart attack can include:**
  - Indigestion or what may feel like heartburn
  - Dizziness
  - Extreme weakness
  - Rapid or irregular heartbeats

**Do not drive to the hospital if you have suspicious symptoms. Call 911 and be taken by ambulance.**

### Our Heart Offices

**Call to schedule an appointment, and get started on your way to a heart healthy life.**

- **Zanesville Office**
  - (740) 454-0804
  - 955 Bethesda Drive

- **Cambridge Office**
  - (740) 421-9234
  - 6153 Southgate Parkway

- **Coshocton Office**
  - (740) 623-4481
  - 420 Downtowner Plaza

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4 Facts About Women and Heart Disease

“People often think of heart disease as a man’s illness,” said Dr. Shofu. “But each year, one in three deaths of women are caused by heart disease.”

- **Heart disease kills more women than the other top three causes of death combined, including all forms of cancer.**
- **Women who smoke die of heart attacks at younger ages than men and are twice as likely to die suddenly of cardiac death.**
- **Taking birth control pills while smoking increases your risk for heart disease by 20%.**
- **Women having a heart attack are more likely than men to have shortness of breath, nausea/vomiting and back or jaw pain.**

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There is hope for women suffering from heart disease. By making healthy choices, you can lower your risk for heart disease. Dr. Ahmed recommends these four steps for keeping your heart healthy.

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**THE BEST TIME FOR HEALING IS NOW**

**Genesis Center of Surgical Excellence Offers Better Quality of Life**

For more than 30 years, Char Bucci lived with severe heartburn – so severe, she’d throw up the burning acid several times every month. Though painful, she fully intended to live with the fiery symptoms her entire life.

Being resourceful, Char tried lessening the harshness of her health issues. She avoided foods like onions, salads, sausages and anything spicy. She slept upright, propped by six pillows. Plus, she’d guzzle pop as an attempt to break down food and acid. Yet, the pain and problems continued.

“I just couldn’t live with the vomiting anymore,” Char said. “The acid was so bad at night, I really thought it was going to kill me.”

In addition to harsh acid reflux and heartburn, Char found herself choking on swallowed food, regardless of how long she’d chew each bite. “I had problems swallowing, and doctors looked down my throat with a scope about 30 years ago. That’s how we discovered I had a hiatal hernia. It just kept getting bigger, and the problems got worse,” Char said.

**Hiatal Hernia: The Great Mimic**

When an internal body part moves into an area it shouldn’t be, it’s considered a hernia. Several types of hernias exist. A hiatal hernia occurs when the stomach pushes through a hole in the large muscle that separates the abdomen and chest (the diaphragm). The hiatus, or esophagus opening, stretches out and becomes enlarged, making room for the stomach to slide up through that hole and into the chest area.

“Unlike other hernias, hiatal hernias don’t stick out visibly, so there’s no way of knowing it’s there without imaging, but Char’s trouble swallowing was a tell-tale sign,” said Adam Rothermel, M.D., medical director and general surgeon at the Genesis Center of Surgical Excellence.

Hiatal hernias can come with various symptoms, and individuals may experience all, some or none of them. In fact, hiatal hernias earned the nickname of “the great mimics” because their symptoms mimic other diagnoses.

**Robotic-assisted, Minimally Invasive Surgery**

As time went by, Char’s hiatal hernia grew in size and severity. She began losing weight, vomiting more and experiencing daily swallowing issues. Surgery was desperately needed, and Char finally felt ready to move forward.

Upon a referral from her primary care physician, Char met with Dr. Rothermel at the Genesis Center of Surgical Excellence.

“Right away, I fell in love with Dr. Rothermel,” Char said. “Once I met him, there was no doubt in my mind. He put me at ease, explained things so clearly and was fantastic!”

Dr. Rothermel recommended a robot-assisted, minimally invasive hiatal hernia repair surgery. The cutting-edge robotic equipment, named the da Vinci® Surgical System provides surgeons and patients major benefits, including smaller incisions, decreased risk of infection and faster recovery time.

“Before minimally invasive hiatal hernia repairs, people had an attitude of, ‘Live with it. Deal with it. Die with it.’ That attitude may still exist, but only in people who need to learn about the benefits of minimally invasive hiatal hernia repairs. It’s a completely different experience now,” Dr. Rothermel said.

With the innovative robot-assisted technology at Genesis, incision sites measure less than an inch, compared to the 12-inch long incision from the top to bottom of the abdomen before minimally invasive surgery. In comparison with large incisions of the past, complication rates previously soared between 20 and 30%; with today’s robot-assisted technology and tiny incision sites, complication rates are dramatically reduced.

**Success: Quality Surgery and Quality of Life**

Char’s surgery only took four hours, and it drastically improved the rest of her life.

“More than 50% of Char’s stomach was stuck up in her chest. It was a large hernia,” Dr. Rothermel reported. “In addition to repositioning her stomach and closing the hole in the diaphragm, we performed a fundoplication – a procedure to stop acid reflux from getting into the esophagus. A week later she came in for a follow-up, and I was thrilled to hear how her quality of life had improved.”

“I didn’t realize how bad I was before the surgery,” Char said. “I sleep better, feel better and have more energy. It’s like I’m a new person.”

Today, Char enjoys a variety of foods. Recently, she savored biscuits and gravy – a dish she never attempted with her hiatal hernia. Char said the vomiting has ceased, she can sleep lying down, she hasn’t sipped pop since her surgery, and she finds joy in having abundant energy to cheer for her grandchildren at athletic games. She’s living – and loving – life after her hiatal hernia repair.

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**Hernias: How to Know and When to Go to a Doctor**

The most common types of hernias are:

- inguinal and femoral hernias (groin)
- umbilical hernias (belly button)
- incisional hernias (post-surgery sites)
- hiatal hernias (diaphragm)

Symptoms of inguinal, femoral, umbilical and incisional hernias include:

- an extended bulge of tissue that can be pushed in toward the body, and when let go, the bulge sticks out again
- abdominal pain or heartburn

Hiatal hernia symptoms can include:

- trouble swallowing
- chest pain, heartburn or acid reflux
- abdominal pain
- shortness of breath
- vomiting food, liquid or blood

When to schedule an appointment with a physician:

“If you have a hernia, it won’t go away on its own, and it will likely grow larger over time,” said Adam Rothermel, M.D., general surgeon at the Genesis Center of Surgical Excellence. “As the hernia grows in size, the risk of intestines getting stuck inside the hernia grows as well. Do yourself a favor, and take care of it before it causes an emergency.” If you suspect a hernia, schedule an appointment with your primary care physician.

Adam Rothermel, M.D.
Medical Director and General Surgeon
Genesis Center of Surgical Excellence

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If you know you have a hernia and experience pain, nausea and/or are unable to have a bowel movement, seek medical care immediately. Call the Center of Surgical Excellence at (740) 455-6300 to learn more about the services available.
A Hidden Problem Fixed

HEALING THE WHOLE HEART

One story can change the trajectory of a life.

For Tom Quinn, it was a local television news story about a quick and simple heart-health test called a coronary calcium scan. The report about this potentially lifesaving, simple scan caught Tom’s eye, and being an inquisitive and proactive person, he inquired about the screening at his next appointment with his primary care physician.

A coronary calcium scan uses X-ray imaging to discover calcium-containing plaque in the heart’s arteries. Tom’s scan, performed at the Genesis Heart & Vascular Institute, suggested significant coronary artery disease.

“I've never had any typical, heart-patient symptoms – no chest pains or anything,” Tom said. “But they found blockages, and then I had a stress test.”

For the stress test, Tom walked on a treadmill while connected to an electrocardiogram, also called an EKG. Meanwhile, medical professionals watched to see if blood supply adequately reached his heart’s arteries.

“As soon as Tom got on the treadmill, the team immediately found his heart was in a condition called atrial flutter. In fact, they ended the test early because of this heart rhythm problem,” said Grant Chow, M.D., electrophysiologist, Genesis Heart & Vascular Group.

“The results of the screening and stress test showed that Tom had an electrical issue with his heart rhythm, as well as possible coronary heart disease, which is a heart plumbing issue.”

Steady Rhythm, Steady Care

The average person’s heart beats between 60 and 100 times per minute. In atrial flutter, the heart races between 140 and 160 beats per minute. With atrial flutter, most people generally feel shortness of breath, chest discomfort and/or pressure. Others, like Tom, live symptom-free and oblivious to the potentially threatening issue.

“For some people atrial flutter is extremely sneaky, with no symptoms whatsoever,” Dr. Chow said. “The scary thing is their heart may race for days, weeks or months without knowing it. If we don’t catch it, folks don’t show up in the hospital until the horse is out of the barn, and the heart-pumping function has taken a fair hit. Atrial flutter can lead to heart failure or decreased heart-pumping function because the heart races for so long, at such speeds, that it tires out.”

Thankfully, specially trained electrophysiologists can cure atrial flutter in 9 out of 10 patients by performing a minimally invasive procedure called catheter ablation. Completed with a fully equipped electrophysiology lab, doctors use a 3D mapping system of the body while advancing a soft catheter through a vein to the heart. Once positioned at the heart, an electrophysiologist delivers a burst of electrical energy to ablate (stop) the irregular electrical signals.

“Delivering a buzz of energy usually gets rid of the short circuit causing atrial flutter – so patients can return to a normal life. We generally see success right away,” Dr. Chow said.

Healthier Hearts and More Lively Lives

Tom’s atrial flutter halted immediately, thanks to catheter ablation, and he began experiencing improvements in areas he didn’t even know needed improvement.

“Our bodies are living electronic marvels – and I’m a new person because of the electrical work Dr. Chow did,” Tom said. “I have better stamina now. When I would cut the grass, I used to feel like taking it easy afterward. I don’t feel that way now. Plus, I feel mentally at ease because I know my heart is okay.”

As for Tom’s possible coronary heart disease, Mohamed Ahmed, M.D., interventional cardiologist, Genesis Heart & Vascular Group, performed a heart catheterization to further investigate the plumbing issues within Tom’s heart. Based on findings from that minimally invasive procedure, Dr. Ahmed prescribed medications to manage Tom’s coronary artery disease, and further surgery was not needed.

“My whole experience was less invasive than going to get my teeth cleaned at the dentist.”

— Tom Quinn

“My whole experience was less invasive than going to get my teeth cleaned at the dentist.”

— Tom Quinn

The Genesis Heart & Vascular Institute provides comprehensive heart care, meaning a team of specialized heart experts work side-by-side, treating all aspects of heart health.

“Our heart program has grown tremendously since we moved to the new hospital, and it’s completely changed the heart care in our area – it’s a great thing,” Dr. Chow said. “We work together, so if you have anything heart-related, we can walk down the ‘plumbing’ hallway, the ‘electrical’ hallway or the ‘imaging’ hallway to the heart specialist who is needed.”

Two Discoveries, One Purpose in Care

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To schedule a consultation with a board-certified specialist at the Genesis Heart & Vascular Institute, call (740) 454-0804.

Mohamed Ahmed, M.D.
Interventional Cardiologist
Genesis Heart & Vascular Institute

Grant Chow, M.D.
Electrophysiologist
Genesis Heart & Vascular Institute
Tami Swope woke with an odd tightness in her neck. The feeling wasn’t like anything she’d ever felt before. Describing it as “pressure,” she decided to wait for the sensation to dwindle … but it didn’t.

“For some reason I thought I should go to the Emergency Department (ED) and have them check out my throat,” Tami said. “My husband wasn’t home, so I called my neighbor and asked her to take me. We talked and chatted on the drive to the ED just like we were going to lunch.”

Since Tami, a native Zanesville resident, lives only one mile from Genesis Hospital, her ride was a short one—and that’s a good thing. The proximity to top-quality care saved her life.

“When we arrived, I handed my driver’s license and health insurance card to the person at the registration desk—and that’s the last thing I remember. I have no other memories of the next eight days,” Tami said.

Tami lost consciousness, and her heart stopped beating in the ED. I got a call from an ED physician alerting me of a female patient in cardiac arrest, and the ED team was doing chest compressions trying to restart her heart,” recalled Mohamed Ahmed, M.D., interventional cardiologist, Genesis Heart & Vascular Group. “I rushed downstairs to the ED, and it was clear Tami was having a heart attack. We worked quickly to get her to the Cardiac Catheterization Lab, locate the blockage and fix it.”

After the ED team stabilized Tami and restored her heart to a normal rhythm—a major feat that required shocks through a procedure called cardioversion, chest compressions for approximately 10 minutes, and a ventilator to breathe for her weak body—Tami was transported to the Cardiac Cath Lab. There, the heart specialists identified the underlying problem: Tami’s left anterior descending artery (LAD) was 100% blocked. The LAD, commonly referred to as the widowmaker, is recognized as the most important artery in the heart.

With the procedure successfully completed, Tami’s body needed to rest, regain strength and resume breathing and pumping blood on its own. She spent several days in the Genesis Critical Care Unit (CCU), surrounded by family, friends and nurses.

**Divine Intervention**

Genesis had a nurse in my room 24/7 until the heart pump was removed. My family said the team was so conscientious and compassionate. People repeatedly said this was a miracle. I think I had divine intervention, but the physicians were the miracle—they brought me back,” Tami said.

Interventional cardiologists collaborate to provide around-the-clock services at Genesis Hospital. “We take a team approach, and it’s very helpful,” Dr. Ahmed said. “We bring all our education from the prestigious institutions we attended and make it accessible in Zanesville. The people and community deserve the best care.”

Tami is grateful for the best care. After being discharged from the hospital, she continued her recovery by attending Genesis’ cardiac rehabilitation program. The education, exercise and encouragement during 36 sessions, three-days a week, proved essential to her healing.

“It’s proven that survival rates increase significantly if you attend the program and graduate,” Tami said. “I did, and I feel strong now. I exercise every day, and eat low sodium, high-fiber foods.”

Thanks to her life-saving medical care and diligent, healthy heart habits, Tami is alive and thriving. She finds joy in dedicating her time to serving others in the community.

“I feel blessed to be alive and appreciate being active and able to volunteer,” Tami said. “We’re fortunate that Genesis has such top-notch, state-of-the-art cardiac care right here for us.”

**The Worst Kind of Heart Attack**

“She was at death’s door,” Dr. Ahmed said. “She was having the worst kind of heart attack.” Thankfully, with top-quality care close to home, the widowmaker is making fewer widows.

“We have, on average, between 120 and 140 patients who present with acute heart attacks like Tami’s each year, and it makes a tremendous difference to have the care close to home. For example, if we didn’t have this level of cardiac care available in Zanesville, Tami would have transferred to Columbus, and it’s very likely she would not have made it,” explained Abdulhay Ablin, M.D., interventional cardiologist, Genesis Heart & Vascular Group, who also cared for Tami in the Cardiac Cath Lab and throughout her hospital stay.

The Genesis’ Cardiac Cath Lab team maneuvered a hair-thin wire through Tami’s clogged artery and inflated a balloon to bust the blockage. Then they carefully placed two stents, or small tube-shaped supports, within the artery to maintain blood flow. Due to the severity and acuteness of Tami’s heart attack, the physicians also inserted an intra-aortic balloon pump device to improve blood flow and aid the pumping function.

**Heart Attack Symptoms Can Differ for Women**

Unlike the dramatic, chest-clutching pain in a movie scene, women often experience subtler and sometimes different symptoms for three or four weeks before a heart attack. Symptoms for women can include, but are not limited to:

- Jaw pain in left side
- Shoulder pain
- Upper back pain
- Pain in the center of the chest that spreads to the back
- Pain that spreads to either arm (usually the left arm in men)
- Unusual or extreme fatigue during normal activities
- Pain that wakes you up at night
- Shortness of breath without exertion

If you experience any of the symptoms described above that lasts for more than five minutes, SEEK EMERGENCY TREATMENT, AND CALL 911 IMMEDIATELY.
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EVENTS 2020
SAVE THE DATE

The Heart of It All — Heart Program
Thursday, Feb. 20
5:30 to 8:30 p.m.
OUZ/Zane State College Campus Center

Good to the Bone — Orthopedics Program
Wednesday, March 25
5:30 to 8 p.m.
Genesis HealthPlex

Girls’ Night Out Event — Women’s Health Program
Thursday, April 23, 4 to 8:30 p.m.
EagleSticks Golf Club, Zanesville

Hangry? — Healthy Eating Program
Thursday, May 21
5:30 to 8:30 p.m.
Dodson’s Gathering Place
New Lexington

Registration for these events opens one month in advance.