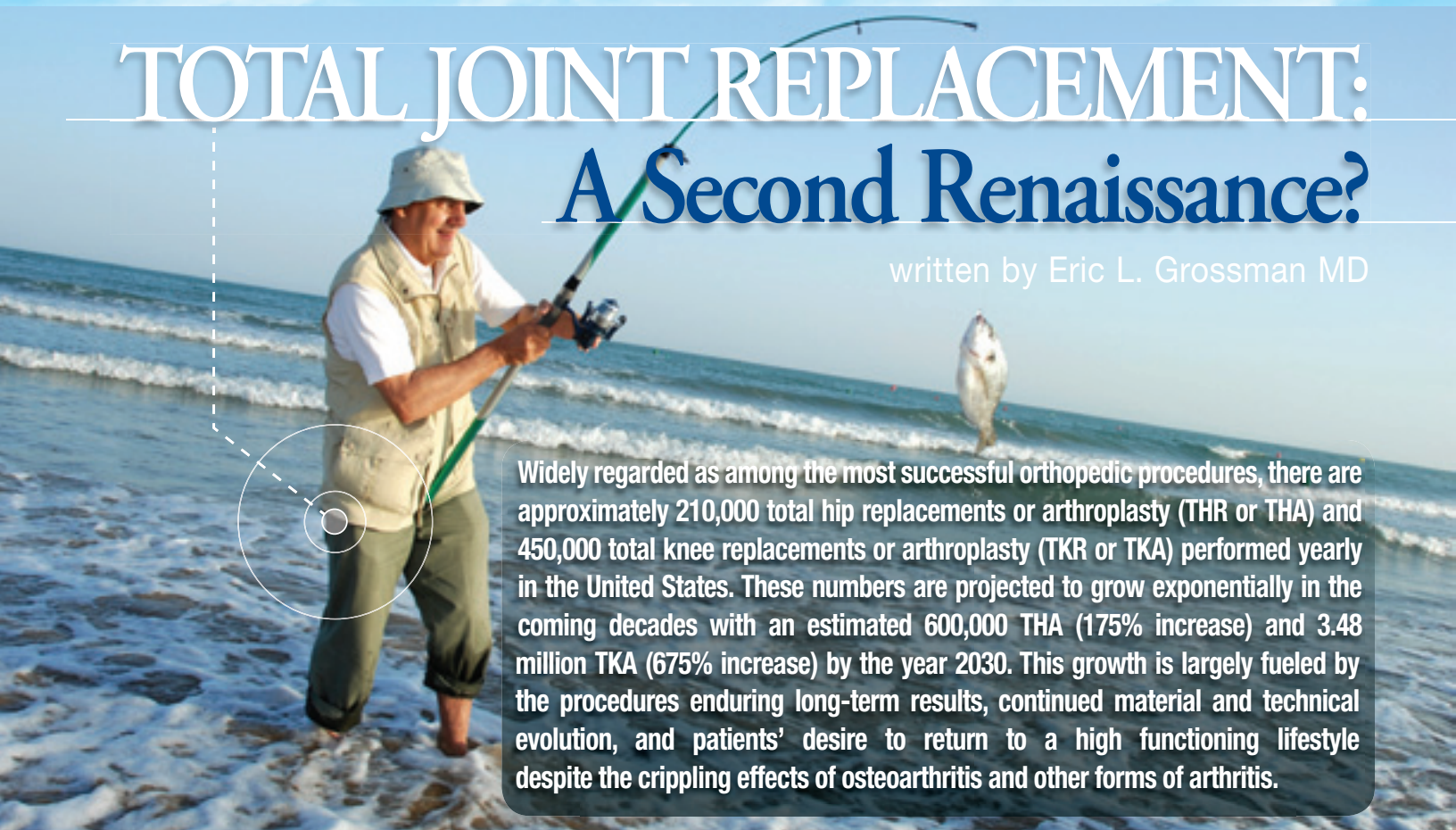


## TOTAL JOINT REPLACEMENT: A Second Renaissance?

written by Eric L. Grossman MD



Widely regarded as among the most successful orthopedic procedures, there are approximately 210,000 total hip replacements or arthroplasty (THR or THA) and 450,000 total knee replacements or arthroplasty (TKR or TKA) performed yearly in the United States. These numbers are projected to grow exponentially in the coming decades with an estimated 600,000 THA (175% increase) and 3.48 million TKA (675% increase) by the year 2030. This growth is largely fueled by the procedures enduring long-term results, continued material and technical evolution, and patients' desire to return to a high functioning lifestyle despite the crippling effects of osteoarthritis and other forms of arthritis.

By far the largest subset of the population receiving total joint replacement today are the "Baby Boomers." Today's patients desire a life free of the pain associated with arthritis and a return of high demand physical activity. Simply put, patients want their "Golden Years" to be golden.

Modern THA surgery had its origins in England and was first successfully performed by Sir John Charnley. Viewed as the father of modern low friction total hip arthroplasty, Charnley coupled the femur shaft, head (ball), and acetabulum and liner (socket) components; and modern total hip arthroplasty was born.

The decades following this revolutionary breakthrough have seen THA evolve in both the art and the science. Surgical techniques have developed allowing for a more rapid rehabilitation and return

to function. The Orthopedic Surgeon's technical knowledge has advanced and allowed for greater precision, which ultimately maximizes the THA longevity. Today's research indicates approximately 90-95% of THA patients continue to enjoy the benefits of this surgery 20 years later.

The coming decades will see even greater improvements in modern THA due to key advances in implant durability and surgical approaches. This will add up to a "second renaissance" in modern THA.

Surgeons today are able to choose from a wide range of implant materials that have much improved durability and survivability than past implants. The direct result of this is a reduction in patient restrictions and the gradual resumption of a near-normal activity level. Surgeons today can match a

given implant with a patient's desired lifestyle. Patients have successfully taken part in marathons and triathlons; and they are able to ski, play tennis, and lead vigorous lives after successfully undergoing THA.

An additional benefit to the improved longevity of implants is the change in the demographics of patients receiving THA. Younger patients with debilitating hip diseases are now able to entertain THA as a viable option in disease treatment, and thus eliminate a life filled with pain and dysfunction. In past decades these patients were told to "live with their condition" due to the lack of implant durability. This is no longer the case today.

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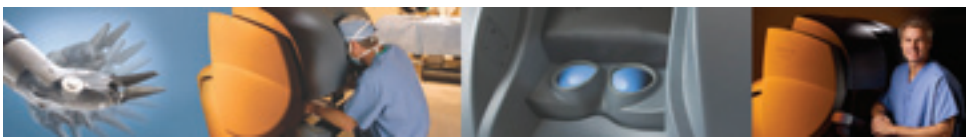
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When medication and noninvasive procedures are unable to relieve symptoms, surgery remains the accepted and most effective treatment for a range of gynecologic conditions. These include, but are not limited to, cervical and uterine cancer, uterine fibroids, endometriosis, uterine prolapse and menorrhagia or excessive bleeding.

Traditional open gynecologic surgery, using a large incision for access to the uterus and surrounding anatomy, has for many years been the standard approach to many gynecologic procedures. Yet with open surgery can come significant pain, trauma, a long recovery process and threat to surrounding organs and nerves. For women facing gynecologic surgery, the period of pain, discomfort and extended time away from normal daily activities that usually follows traditional surgery can understandably cause significant anxiety.

Fortunately, less invasive options are available. Some gynecologic procedures enable surgeons to access the target anatomy using a vaginal approach, which may not require an external incision. But for complex hysterectomies and other gynecologic procedures, robotic assisted surgery with the *da Vinci*™ Surgical System may be the most effective, least invasive treatment option. Through tiny, 1-2 cm incisions, surgeons using the *da Vinci*™ System can operate with greater precision and control, minimizing the pain and risk associated with large incisions while increasing the likelihood of a fast recovery and excellent clinical outcomes.



For more information or to schedule an appointment please call:

**Dr. Elisa Burns: 914-242-1380** (Mount Kisco)

**Dr. F. Michael Shaw: 914-232-3135** (Katonah) **914-242-1380** (Mount Kisco)

**Dr. C. Robert Verhoest: 845-471-2287** (Poughkeepsie) **845-896-9870** (Fishkill)

## MKMG Meets Highest Standards of Quality Care

The Mount Kisco Medical Group is proud to announce that it has been recognized as a Level 3 (the highest achievable level) Patient Centered Medical Home™ (effective 1/21/10 – 1/21/13) by the National Committee for Quality Assurance (NCQA) which means MKMG has met the highest standards of quality care.



Quality health care is defined by NCQA as providing patients timely access to their physician directed health care team, receiving treatment proven to be effective through medical evidence and receiving appropriate preventative care. The goal is to protect or restore the health of our patients.

In order to be recognized as a Patient Centered Medical Home™ MKMG had to meet NCQA's nine PPC-PCMH® standards, including 10 must pass elements.

The Mount Kisco Medical Group is proud to display the NCQA seal which provides patients the ability to make informed choices when searching for a high quality physician and affirms that existing patients have made the right choice in choosing MKMG to meet their health care needs.

For more information please call 914-241-1050

## TOTAL JOINT REPLACEMENT *continued from front cover*

One of the most exciting advances has been the expansion of surgical approaches currently being utilized to perform THA. Traditionally, THA has been performed through a posterior (back of the hip) or lateral approach, but more recently other methods are being used, most notably the direct anterior (front) approach. The popularity of the anterior approach for total hip replacement is increasing because of the perceived advantages; most notably a more rapid rehabilitation process, a reduction of the risk of postoperative dislocation, elimination of postoperative hip precautions, and the ability to better reproduce accurate leg lengths. The more rapid rehabilitation and increased stability result from the fact that the approach detaches no muscle from the hip or pelvis, particularly the gluteal musculature which are integral to normal gait function. These muscles are detached in both posterior and lateral approaches.

Lastly, surgeons today are more aggressively seeking pain management protocols that limit narcotic intake while still giving the patient excellent overall pain control. The major benefits of this strategy are that they limit the patients' potential for narcotic addiction and limit the patient's exposure to narcotic side effects; the most noted side effects being lethargy and nausea which can disrupt and slow postoperative rehabilitation. Surgical anesthesia today commonly employs a long-lasting spinal that has significant benefits over traditional general anesthesia.



THA has evolved tremendously from its early days only a few decades ago. Today patients and surgeons can better tailor their approach to optimize patient success and satisfaction measured by the THA longevity and the patients return to a highly functioning, pain free life.

For more information or to schedule an appointment please call



**Dr. Eric L. Grossman**  
(Mount Kisco / Katonah)



**Dr. Scott L. Russinoff**  
(Cortlandt Manor / Hopewell Junction / Jefferson Valley)

- |                                 |  |
|---------------------------------|--|
| <b>Dr. Evan Karas</b>           | Mount Kisco / Carmel                                   |
| <b>Dr. David J. Yasgur</b>      | Katonah / Mount Kisco                                  |
| <b>Dr. Arthur J. Pidioriano</b> | Cortlandt Manor / Jefferson Valley                     |
| <b>Dr. Steven R. Small</b>      | Cortlandt Manor / Jefferson Valley / Hopewell Junction |
| <b>Dr. Gabriel Brown</b>        | Carmel   |

- |                           |              |
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| <b>Carmel:</b>            | 845-278-4300 |
| <b>Cortlandt Manor:</b>   | 914-739-2121 |
| <b>Hopewell Junction:</b> | 845-223-1082 |
| <b>Jefferson Valley:</b>  | 914-245-1022 |
| <b>Katonah:</b>           | 914-232-3135 |



# Celiac Disease in Children: The Villi & The Vitamin

When a child who has celiac disease eats gluten, an immune reaction occurs in the small intestine. The reaction causes antibodies to attack the villi inside the small intestine. The villi are microscopic finger-like projections that line the small intestine. The villi absorb nutrients into the body. Without villi, the body has a difficult time absorbing vitamins and nutrients. This makes it difficult for a child's body to stay healthy and develop properly.

**SYMPTOMS CAN BEGIN AT ANY AGE AFTER GLUTEN IS INTRODUCED INTO THE DIET.**

**SYMPTOMS IN CHILDREN WITH CELIAC DISEASE MAY INCLUDE:**

**Gastrointestinal Symptoms:**

- Diarrhea
- Abdominal pain
- Constipation
- Vomiting
- Bloating and gas
- Irritability
- Poor weight gain or weight loss

**Non-Gastrointestinal Symptoms:**

- Growth and pubertal delay
- Iron deficiency (anemia)
- Fracture of thin bones
- Elevated liver function blood tests
- Damage to tooth enamel
- Skin rash
- Headaches

Celiac disease may also occur without any symptoms. If celiac disease is suspected, then screening antibody blood tests must be obtained.

If a child is diagnosed with celiac disease, s/he will need to be put on a gluten free diet. This can be difficult at first, as it eliminates many of the foods kids like (bread, pizza, pasta, and cookies). However, over time it becomes just a way of life for the child.

Once gluten is removed from the diet, the lining of the intestines will begin to heal. It will improve both gastrointestinal symptoms as well as non-gastrointestinal symptoms. However, celiac disease is chronic and a gluten-free diet must be maintained throughout life.

**FOR MORE INFORMATION OR TO SCHEDULE AN APPOINTMENT PLEASE CALL ONE OF MKMG'S PEDIATRIC GASTROENTEROLOGISTS:**



**Dr. Alkalay: 914-242-1580** (Mount Kisco)  
**914-962-8989** (Yorktown Heights)



**Dr. Birnbaum: 914-242-1580** (Mount Kisco)  
**845-278-6626** (Carmel)

# MKMG AND MASS GENERAL: CASE STUDY IN RELATIONSHIPS



In May 2005, the Mount Kisco Medical Group became affiliated with the Massachusetts General Hospital. Since that time, many of MKMG's patients, who required highly specialized care, have benefited from this relationship.

## CASE STUDY:

In 2009, a 52-year-old woman with acute myeloid leukemia came to MKMG Oncologist Dr. Thomas Lester.

She had been previously treated through two rounds of chemotherapy, and had been in hospice care. Dr. Lester assessed the patient's case and contacted Dr. Eyal Attar, an oncologist at the Massachusetts General Hospital Cancer Center. Dr. Attar specializes in acute myeloid leukemia as well as other hematologic malignancies.

The patient traveled to the Mass General to see Dr. Attar, who assessed her situation and performed a bone marrow biopsy. He recommended an allogeneic stem cell transplant, which can be a risky procedure to perform while the patient still has the disease. However, medical data supported this treatment option and the team of physicians and nurses at the Massachusetts General Hospital Stem Cell Transplant Unit performed the transplant. As expected, the patient had significant issues with the transplant: infections, graft versus host disease,

and other complications. Dr. Attar remarks, "The bravery and courage displayed by this patient, along with the dedication and outstanding care provided by the nursing staff, were the key ingredients in getting her through the transplant." He is also grateful to Dr. Yi-Bin Chen, who follows this patient together with Dr. Attar.

To help get through this process, the patient rented an apartment near the Mass General during the treatment and the months that followed. The patient was closely monitored throughout this time. To everyone's delight, a bone marrow biopsy taken three months after the transplant showed no sign of leukemia!

It has been about eight months since the transplant, and the patient's blood counts remain normal. Two months ago, she returned to her home in Connecticut but still visits the Mass General once every 1-2 weeks for checkups. Even though there is no evidence of leukemia at present, only time will tell if the disease will return. However, Dr. Attar mentions that the longer she remains in remission, the less chance her disease will return. He is focused on having her achieve her primary goal: seeing her son graduate from college in two years.

Dr. Attar thanks MKMG for referring this patient to him and is grateful for the care she receives from them. Both MKMG and the Mass General Cancer Center are very proud of their affiliation and the care that this patient received through their collaboration.



## ADHD: When to Treat?

Attention deficit/hyperactivity disorder (ADHD) is a disorder that manifests in early childhood with symptoms of hyperactivity, impulsivity, and/or inattention. The symptoms affect cognitive, behavioral, emotional and social functioning. ADHD is one of the most common disorders in school age children, affecting 8-10%. ADHD is more common in boys than girls.



# ADHD: When to Treat?

*continued from page 4*

The symptoms of ADHD include inattention and/or hyperactivity and impulsivity. The list of symptoms below can help diagnose a child with ADHD.

## Six or more of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

- Often fails to give close attention to details or makes careless mistakes in school or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often loses things necessary for tasks or activities (toys, school assignments, pencils, books or tools)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities.

## Six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

### HYPERACTIVITY

- Often fidgets with hands or feet and squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate.
- Often has difficulty playing or engaging in leisure activities quietly
- Is often "on the go" often acts as if "driven by a motor"
- Often talks excessively.

### IMPULSIVITY

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting his / her turn
- Often interrupts or intrudes on others (interrupts conversations or games).

Genetics may play a role in the cause of ADHD and is often seen in other family members. Also, certain differences have been noted in structural imaging particularly in the anterior brain regions (prefrontal cortex, anterior cingulate cortex, bilateral superior frontal regions). However, we do not routinely perform MRI or other imaging studies on children with ADHD.

Treatment for ADHD can include stimulant medications, atomoxetine, antidepressants (tricyclic anti-depressants or bupropion), Alpha-2-adrenergic agonists, behavior modification, dietary changes, and supplements.

If a child meets the criteria for ADHD, then treatment should be considered. The decision to treat should be made by the parents, child, and physician together.

When treating with medication, efficacy and side effects should be routinely monitored, as well as screening for co-incident conditions.

Medication should only be one part of the overall treatment plan. Parents, teachers, and child should be involved in behavior strategies.



### Tanya-Marie Sweeney MD *Pediatric Neurology*

For more information or to schedule an appointment, please call Dr. Sweeney at: **914-242-1580**

She has office hours in Mount Kisco, Carmel, and Yorktown Heights.

Reference: American Academy of Pediatrics <http://www.aap.org>

# Exercise and Nutrition

Amanda Mueller MD



The best way to achieve a healthy lifestyle is through eating right and regular physical activity. MKMG Internist, Dr. Amanda Mueller, suggests that patients not focus on "dieting" but on healthy eating and exercise habits that they can maintain throughout their lifetime.

Proper nutrition is a key element in leading a healthy lifestyle. It is important to eat foods that are rich in nutrients, have vitamins, minerals, and fiber. With all the information already available on what to eat and not to eat, it can be a bit confusing. However, a balanced diet should consist of eating lots of fruits and vegetables, whole grains, lean proteins, and a small amount of healthy fats.



## HEALTHY EATING TIPS:

- **Vegetables and Fruits** – Try to eat 5-6 servings a day of which 3 to 4 should be vegetables. Choose fruits and vegetables that vary in color (dark green, yellow, orange, and red).
- **Carbohydrates** – Eat whole grains with lots of fiber.
- **Lean Proteins** – Fish (especially ones high in Omega 3 Fatty Acids), poultry, nuts, and beans. Eat red meats sparingly, no more than twice a week.
- **Healthy Fats** – Choose healthy fats such as plant oils, nuts, and fish (such as salmon or sardines). Limit saturated fat and avoid trans fat.
- **Dairy** – Include calcium sources in your diet such low fat milk, yogurt, and cheese.
- **Daily Vitamin** – Take a daily multivitamin to ensure that you are getting all of your vitamins and minerals each day.

Try to limit your sugar and sodium intake, and monitor your overall calorie intake to maintain a healthy weight.

Regular exercise or physical activity is also extremely beneficial for the body. It can help you to lose weight or maintain a healthy weight, as well as prevent/control numerous chronic diseases.

Despite all of the good things exercise can do for the body, only a minority of Americans get regular exercise. Among Americans, 20 years and older, 145 million are overweight or obese (Body Mass Index (BMI) of 25 or higher).

**It is recommended that a person get at least 30 minutes of exercise five days a week. It may be difficult at first but if you build up to it, the benefits will be worth it.**



## DAILY EXERCISE CAN:

- Help protect against developing heart disease, stroke, high blood pressure, and high cholesterol
- Help prevent you from developing certain cancers
- Help prevent type 2 diabetes
- Help control blood sugar values in diabetics
- Help prevent osteoporosis
- Decrease the risk for Alzheimer's Disease
- Relieve symptoms of anxiety and depression
- Control weight
- Improve chances of living a longer and healthier life.

**Healthy eating & regular exercise are the best ways to achieve good health.**

For more information or to schedule an appointment please call Dr. Amanda Mueller at

**914-962-3180**

# The Most Recent Additions to MKMG

We are Proud to Have These Superb Physicians Join our Group



**Kristine Arbolino FNP**  
Internal Medicine  
Northern Westchester  
Hospital



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Neurosurgery  
Mount Kisco,  
Putnam Hospital Center



**Erich Braun MD**  
Ophthalmology  
Putnam Hospital Center



**Gabriel Brown MD**  
Orthopedic Surgery  
Carmel



**Howard Charles MD**  
Ophthalmology  
Mount Kisco, Rye,  
Putnam Hospital Center



**Richard Cho DO**  
Internal Medicine  
Yorktown - 225 Veterans Rd



**Salvatore J. DiGrandi MD**  
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Pawling



**Eric Fitz MD**  
Ophthalmology  
Mount Kisco, Rye,  
Putnam Hospital Center



**Jose Fontanez MD**  
Internal Medicine  
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**Andrew S. Gutterman MD**  
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Putnam Hospital Center



**Paul R. Kalkut MD**  
Ophthalmology  
Mount Kisco, Rye,  
Putnam Hospital Center



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Obstetrics & Gynecology  
Putnam Hospital Center



**John A. Kiselak II MD**  
Pulmonary Medicine  
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Orthopedic Surgery  
Cortlandt Manor,  
Jefferson Valley



**Barry I. Krosser MD**  
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Cortlandt Manor,  
Hopewell Junction,  
Jefferson Valley



**Amanda Mueller MD**  
Internal Medicine  
Jefferson Valley



**Arthur J. Pidorian MD**  
Orthopedic Surgery  
Cortlandt Manor,  
Jefferson Valley



**Christopher Ross DPM**  
Podiatry  
Pawling



**Yair Rubinstein MD**  
Orthopedic Surgery  
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Hopewell Junction,  
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Cortlandt Manor,  
Hopewell Junction,  
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