

CARE

2016 SPECIAL EDITION • RICHMOND UNIVERSITY MEDICAL CENTER • WWW.RUMCSI.ORG

HEALING HEARTS AND SAVING LIVES

New PCI Capabilities Make
the Vital Difference

ANGIOPLASTY SUCCESS STORIES

From the Patient's Perspective

MONITORING YOUR BLOOD PRESSURE

Dr. Richard Grodman, Director
of Cardiology, Explains What
the Numbers Mean

Cardiac Care Support and
Sponsorship by



**Mount Sinai
Hospital**

**Richmond University
Medical Center**

An Affiliate of The Mount Sinai Health Network
and Icahn School of Medicine at Mount Sinai

A Message From the President & CEO



Every now and then a health concern is so important that it demands special treatment. We decided to focus this issue of Care on the ways Richmond University Medical Center is helping our community combat heart disease, the number one cause of adult death in the United States.

We were very pleased to be able to introduce angioplasty capabilities to our cardiac catheterization lab, which, since January, has been operating with support and sponsorship by Mount Sinai Hospital. I am happy to report our expectations for this unit have been surpassed. The ability to perform this advanced procedure has already helped us save or improve the lives of dozens of residents,

even though our unit has been fully operational for less than a year.

Our cardiologists also emphasize the importance of paying attention to your blood pressure, one of the key indicators of heart disease. Your first step here is a regular physical and blood pressure monitoring. If your blood pressure is high, we are here to help you: diagnosis and proper treatment is imperative for your health. For more information about PCI (angioplasty), to schedule an appointment, or for general information about cardiac services, please call 718-818-2805.

When it's cold outside, it can be hard to exercise. Similarly, when calorie-laden warm comfort foods are put in front of you, it's hard to make good eating choices. Our website (rumcsi.org) offers you constructive ideas and recipes to help you with those winter challenges and is an overall resource for good health. I encourage you to visit our Facebook and other social media pages, which also give you information about us and how we can help.

Daniel J. Messina, PhD, FACHE, LNHA
President & Chief Executive Officer

OUR MISSION STATEMENT

The Medical Center is a not-for-profit healthcare provider serving the diverse community of Staten Island and its neighbors. We provide quality patient-centered care through a full spectrum of emergent, acute, primary, behavioral health and medical services. We do this in an environment that promotes the highest satisfaction among patients, families, physicians and staff.

EDITORIAL COMMITTEE

DANIEL J. MESSINA, PhD, FACHE, LNHA
President & Chief Executive Officer

PIETRO CARPENITO, MD
Executive Vice President

ROSEMARIE STAZZONE, RN, MSN, NEA-BC
Chief Operating Officer & Chief Nurse Officer

RICHARD SALHANY, MBA
Senior Vice President of Medical Operations

EDWARD ARSURA, MD
Chief Medical Officer

RONALD MUSSELWHITE, ESQ
Vice President of Human Resources

BRIAN MOODY, ESQ
Vice President of Legal Affairs

LAURA GAJDA, CFRE, FAHP
Vice President of Development

ELIZABETH WOLFF, MD, MPA
Senior Vice President of Care Transformation, Quality, and IT

ROBERT REN
Vice President of Revenue Cycle & Managed Care

NANCY TARANTO, RN, LNC
Vice President of Quality & Health Informatics

PETER STATHOPOULOS, MD
President of the Medical Staff

WILLIAM J. SMITH, MBA
Director of Public Relations

Table of Contents

PG 3 HEALING HEARTS AND SAVING LIVES
Why our PCI capabilities are important to the residents of Staten Island.

PG 4 ANGIOPLASTY SUCCESS STORIES
Making a difference with an advanced heart intervention.

PG 6 WORKING TOGETHER, WORKING SMART
The angioplasty unit believes in teamwork and education.

PG 8 MONITORING YOUR BLOOD PRESSURE
Richard Grodman, MD, director of cardiology, explains what the numbers mean.

PG 10 HOW MUCH DO YOU KNOW ABOUT STROKE?
A chart with life-saving potential.

PG 11 PEAR AND QUINOA SALAD
An easy, healthy, and delicious lunch or side dish.

HEALTHY LIVING Q&A
Dr. Otterbeck answers questions about the foods to choose for a healthy heart.

Cover Photo Credit: Anthony DePrimo



TO JOIN OUR MAILING LIST, EMAIL US AT INFO@RUMCSI.ORG

Get up-to-the-minute info that will help keep you and your family healthier.



Need a physician?
Call our referral line at
800.422.8798
or visit us online at
www.rumcsi.org

CONTRIBUTORS

AnnMarie Grieco, Amanda LoMonaco, and William Smith

Richmond University Medical Center is an academic and clinical affiliate of Mount Sinai Hospital and has an integrated surgical program with SUNY Downstate Medical Center.

WWW.RUMCSI.ORG
355 BARD AVENUE, STATEN ISLAND, NY 10310

The information contained within this magazine is not intended as a substitute for professional medical advice, for which your physician is your best choice.



Healing Hearts and Saving Lives

PCI CAPABILITIES AT RICHMOND UNIVERSITY MEDICAL CENTER MAKE THE VITAL DIFFERENCE

Photo Credit: Anthony DePrimo

It's Monday, June 22, 2015, and Dorothy Kihlstrom collapses in her house. Her husband is able to catch her and immediately calls 911. She isn't breathing; the emergency medical technicians start CPR, and need to shock and revive her three times.

They activate a call to the heart attack team and bring her to the cardiac catheterization lab at Richmond University Medical Center, where doctors perform an emergency angioplasty, saving her life.

To serve the needs of the community, the cardiac professionals at Richmond University Medical Center worked hard to secure approval from the state for the hospital's angioplasty program—a

The skilled cardiology team at Richmond University Medical Center; from left to right: Zahir Rahman, MD, Samala R. Swamy, MD, Bhavesh Gala, MD, Srinivas Duvvuri, MD, and Francesco Rotatori, MD.

program that, since its inception, has been a lifesaver for many borough residents.

Since its inauguration in November 2014, the fully PCI-capable cardiac catheterization lab — the newest facility of its kind on Staten Island — has seen over 135 patients through its doors for semi-urgent or elective procedures. At the end of May, once the team was firmly established and the equipment tested and ready, Samala Swamy, MD, director of the cardiac catheterization lab, opened the facility to emergency procedures as well. This enabled an additional 30 patients to be brought here over the last six months who presented as STEMI (ST-segment elevation myocardial infarction — a serious heart attack) to be emergently seen and treated.

Since January of this year, the hospital's PCI services have been operating with support from Mount Sinai. This enables Richmond University Medical Center to continue to deliver the highest quality PCI services and enhance the efficiency, effectiveness and quality of such services for the benefit of our patients.

“Becoming PCI-capable is one of the best things Richmond University Medical Center has done for the residents of Richmond County,” says Bhavesh Gala, MD, a board certified cardiologist who is the associate director of interventional

PCI IS ALSO KNOWN AS ANGIOPLASTY (PERCUTANEOUS CORONARY INTERVENTION)

cardiology and one of the key members of the angioplasty team. “Before we had this capability, those 30 patients would have been brought here — because ambulances bring heart attack patients to the closest hospital — and stabilized, and then every one of them would have had to be transferred to another hospital before their arteries could be opened. Time is muscle, and 90 minutes from the point of first medical contact is a key window. Now we are prepared to help all of these patients to the fullest extent, without lost time.”

Dr. Swamy says, “Since we started our angioplasty program, our success rate has been 100%, with no major complications. We all — the doctors, nurses, clerks — work very closely as a team.”

Dr. Gala agreed. “So far, thankfully, the worst of our cases have survived, giving us the epitome of success. This would not be possible without the selfless working spirit of everyone involved.”



Angioplasty Success Stories

FROM THE PATIENT'S PERSPECTIVE

DOROTHY KIHLMSTROM, 66

When Dorothy Kihlstrom collapsed in her house, medics were there within four minutes. She was unresponsive, needing both CPR and shocks to revive her; they intubated her to allow her to breathe. Her cardiogram showed that she was having a heart attack.

“My husband, Earl (pictured with Dorothy, above), told me that from the moment I arrived at the hospital to when the stent was inserted into the blocked coronary artery was 28 minutes. The EMS, the firemen, the workers who got me to the hospital so quickly — to have Dr. Gala there when I arrived — I was very, very lucky,” says Mrs. Kihlstrom.

In the cardiac catheterization lab, her angiogram showed that the large left circumflex coronary artery, the second most important artery in the human body, was 100 percent blocked. A stent was put in to reestablish blood flow. Her heart attack had weakened the muscle's ability to pump, so Mrs. Kihlstrom was brought into the cardiac care unit, where the doctors initiated what is called an “ICE” protocol. (The body is cooled down to 30 to 32 degrees Fahrenheit in order to decrease the speed of metabolism; this protects the organs, especially the brain, because it lowers the energy demand on the body.) Sedated, she remained in a medically induced coma for a full day. Slowly weaned

off the sedation as her temperature was brought up to normal, by the fourth day, she was fully responsive.

**“THEY EXPLAINED
WHAT HAPPENED,
WHAT THEY
WERE DOING,
WHAT ALL THE
TERMINOLOGY
MEANT.”**

— LORI KIHLMSTROM

“Dr. Gala and his team in the cardiac care unit were cautious in their milestones. I am immensely grateful for that,” says Mrs. Kihlstrom's daughter Lori. “It felt frustrating in the moment, but they really allowed her to come back at a pace that helped her. The doctors were very reassuring to my father. Dr. Michael Mangano, a Richmond University Medical Center cardiology fellow, even showed us an image of her heart attack, explaining what happened, what they were doing, what all the terminology meant.”

Now Mrs. Kihlstrom's cardiologist, Dr. Gala has seen her frequently in follow-up visits.

Earl and Dorothy Kihlstrom at Epcot, two months after Mrs. Kihlstrom's hospitalization.

She had stayed in the hospital for two weeks, because signs and symptoms of COPD and pneumonia had been revealed and needed to be treated. These conditions — and her lifelong smoking habit — were contributing factors to her heart attack. “He listens to me,” says Mrs. Kihlstrom. “That's the amazing thing. He wants me to try a certain medicine, I tell him it makes me feel sick, he finds a different one. He wants me to walk. So Earl and I go walking at least three times a week, around Willowbrook Park, where we can watch the geese on the pond.”

Mrs. Kihlstrom says, with conviction, “Since my heart attack, many people have told me how excellent Dr. Swamy and his group are. Dr. Gala proves it. I wouldn't be here today if not for them.”

To her daughter Lori and the rest of the family, the best news is that they have Mrs. Kihlstrom back, learning to be healthy. Her mother has quit smoking. Lori Kihlstrom kept a journal throughout her mother's whole experience at Richmond University Medical Center. “The reason I kept it? To show my mother what happened to her, to make sure that she never, ever, puts a cigarette in her mouth again. And now? She and I went on our annual two-day Christmas shopping trip together. All she needed was to rest a little more often than usual. She kept up with me the whole time.”

JOSEPH ZAPPULLA, 71



Joseph Zappulla, Sr. with his son Joseph M. Zappulla.

Joseph Zappulla was brought to Richmond University Medical Center by emergency responders on September 29. He had chest pains; within five minutes of being at the hospital, he went into cardiac arrest and needed to be resuscitated 17 times. Dr. Gala and Dr. Francesco Rotatori performed emergency angioplasty in the cardiac catheterization lab.

“I am amazed and grateful that they brought me back so many times,” says Mr. Zappulla. “What stood out to me was, when I was semi-conscious, I realized that someone was holding my hand. It was very comforting. I’ve been hospitalized a few times in my life, and I have never had better care. I can’t speak highly enough about the staffing.”

Mr. Zappulla had a full recovery, but as he was still experiencing chest pain, Dr. Gala knew that more work had to be done. He has since been back for further angioplasty — lucky, he knows, to be able to have it done as an elective, rather than an emergency, procedure.

“SMOKING PLAYS A HUGE PART IN HEART ATTACKS.”

— DR. GALA

In common with Dorothy Kihlstrom, says Dr. Gala, Mr. Zappulla had a smoking habit. Generally, the doctor says, traditional risk factors are heart disease in the family and age: females 55 and older, and males, 45 and older, are more at risk. “If there’s no heart disease in the family, the biggest factors in heart problems are smoking, high cholesterol, diabetes, and hypertension. Smoking plays a huge part in heart attacks.”

ANGEL QUILES, 41



Angel Quiles (on the left) with his brothers, three days after being released from the hospital.

Like the others, Angel Quiles was brought to the hospital by emergency responders and presented with chest pain. Although one might assume that a younger patient would have an easier time, the opposite is true. Younger heart patients are often sicker, because they do not have good collateral circulation to boost the main arteries. Smaller arteries, which tend to open up in older patients, are not yet open.

Mr. Quiles also went into cardiac arrest within a few minutes of being in the hospital, and also required emergency angioplasty. He had the additional factor of going into cardiogenic shock, where his blood pressure was dropping rapidly. This required a balloon pump to be inserted into the aorta, the body’s main artery, in order to support the circulation: the special balloon inflates and deflates to maintain the proper blood pressure. The cardiology team,

including Dr. Gala, was able to accurately and swiftly diagnose the problem and enact the solution; his PCI procedure was completed within 65 minutes — including nine minutes of CPR — of his arrival at the emergency room.

Two days after his procedure, on October 6, Mr. Quiles woke up in the intensive care unit, with family and friends close by. “I would recommend Richmond University Medical Center to someone having heart problems because — obviously — I’m here. I had 100 percent blockage — and I made it,” he says.

Mr. Quiles continues, “From the moment I woke up, the nurses were always here. They treated me great; they treated my family great. To this day I stop by that unit and bring the staff cookies. No matter what I do, I can’t be appreciative enough of what the doctors and the nurses did for me.”

ON THE ROAD TO RECOVERY

According to Dr. Gala, most patients have similar medical protocols after a heart attack: a regimen of aspirin, and anti-platelet medicine to prevent the sudden closing of a stent; cholesterol or other medications if indicated. “We typically see patients a week after recovery, a month after recovery, and then on a four- to six-month basis, depending on the condition. We work with them to quit smoking, eat a healthy diet, lose weight, get the proper exercise — all things that can act as prevention as well.”

With its PCI/angioplasty services, Richmond University Medical Center is proud to continue its tradition of being an excellent, innovative resource in cardiac care for the Staten Island community.



For more information about PCI/angioplasty services at Richmond University Medical Center, call 718-818-2805.



Richmond University Medical Center



Mary Lyons, RN, nurse manager of the cardiac catheterization lab



Samala Swamy, MD, director of the cardiac catheterization lab



The cardiology team at work.

Photo Credit: Anthony DePrimo

Working Together, Working Smart

TEAMWORK AND PATIENT EDUCATION ARE TOUCHSTONES

A TIGHTLY-KNIT TEAM YIELDS THE BEST RESULTS

The round-the-clock team in rotation at the cardiac catheterization lab consists of eight board certified physicians, two of whom remain on call each night, and twelve cardiac catheterization nurses, three of whom are on call at night. Clerks and technicians round out the group. Each member of the team, under the supervision of Richard Grodman, MD, director of cardiology, is experienced, efficient, and absolutely committed to every patient's quality of life.

Mary Lyons, RN, the nurse manager of the cardiac catheterization lab, is at the center of this tightly knit web. She says, "I have been blessed to work with incredible people. There is a camaraderie that is formed with others who are committed, professional, enthusiastic, compassionate and reliable about their work."

Over and over again, the professionals who make up this group point to teamwork

as the critical factor. Bhavesh Gala, MD, the associate director of interventional

"[THESE PEOPLE] ARE COMMITTED, PROFESSIONAL, ENTHUSIASTIC, COMPASSIONATE, AND RELIABLE ABOUT THEIR WORK."

— MARY LYONS, RN

cardiology, puts it this way. "Everyone is working towards one goal: saving the

life of the patient in front of them. All the team members — whether it be the EMTs, the security guard holding the elevator, the transporter, the nurse, the EKG technician, the ER physician, the cardiologist — are working as one team. It's like a gear box. Hence, there is no room for egos. It is a pleasure to work with everyone involved."

He goes on to describe the work ethic. "We've had countless drills and repeated practice to ensure that the process is streamlined and that each member knows his or her job. Everyone is responsible. But at the same time, they are prepared to take over should an unexpected situation occur. It is thanks to this sense of responsibility, and the non-egotistical attitude of the people working in the cardiac team at Richmond University Medical Center, that we have achieved such success in this short time."



Bhavesh Gala, MD, associate director of interventional cardiology

THE WAY IT WORKS

Depending on whether a procedure is elective or emergent, a patient may find different team members in place. Dr. Gala describes it this way: “When we have a patient having a heart attack in the emergency room, our main focus is to treat him or her appropriately, minimizing delay and improving the speed of diagnosis without compromising care. There may be a doctor or two trying to take the patient’s medical history...two nurses trying to get two IV lines...a nurse administering oral medications...a clerk taking personal information...a technologist doing an EKG....It may seem like a crowd, but since time is of the essence, there are a lot of hands. We take the utmost care to alleviate the patient’s anxiety, apart from the symptoms of chest pain. We interact with the patient calmly, and explain the procedure so that he or she knows what to expect, walking through the steps one by one.”

The professionals in the cardiac catheterization lab play slightly different roles. As a planned procedure, an angioplasty takes on a calmer aspect, though the team is always prepared for an emergency. “In the lab,” says Dr. Gala, “there are two physicians, a primary and a secondary operator who work on performing the angiogram and angioplasty/stent placement on the patient. There are three nurses. One is outside the room monitoring the patient’s EKG tracings, vital signs, oxygen saturation, and more, by connected leads and devices. There are two nurses inside the room, to administer

medications; to assist the doctors by giving them the devices, catheters, and other instruments; and to watch the patient for any arrhythmias, which can occur during an angioplasty. They can act swiftly in any emergency.”

“...WE INTERACT WITH THE PATIENT CALMLY, AND EXPLAIN THE PROCEDURE SO THAT HE OR SHE KNOWS WHAT TO EXPECT, WALKING THROUGH THE STEPS ONE BY ONE.”

— DR. GALA

Dr. Gala remarks, “We can’t control all the variables that come into play during a heart attack. The patient’s age, any underlying conditions, previous procedures...these things are out of our control. So outside of our skills and talents, the only thing this is under our control is really good teamwork. Our success rate and our teamwork are synonymous here.”

EDUCATING THE PATIENT IS SECOND NATURE

Samala Swamy, MD, the director of the cardiac catheterization lab, also emphasizes the importance of education, for both the doctors and the patients. This is a core value — as well as a vital function — of Richmond University Medical Center as a teaching hospital. “I work to promote cardiology services in the community; voluntary cardiology screening for athletes is an example of this. I train cardiology fellows in performing cardiology procedures, including cardiac catheterization, angioplasty, and stent placement.”

These feelings about teamwork and education are shared by Francesco Rotatori, MD, an interventional cardiologist who is the associate director of the cardiac catheterization lab and Srinivas Duvvuri, MD, who is the director of interventional cardiology. Dr. Swamy describes the team’s attitude towards each patient. “We make sure our patients and their families are very well informed. We know that being prepared — knowing the details about the procedures — puts them at ease, both before and after.”

Zahir Rahman, MD, the associate director of the coronary care unit, takes it one step further when he talks about continuing care. “I think the most important thing for long term success is to have a well-educated patient — one who is knowledgeable about their medications and the reasons for taking them. It’s not just care for today, but care for their whole life. It’s also important they understand what their symptoms were, in case they reappear. The more knowledge our patients gain, the more they understand how important it is to follow the steps laid out for them.”

Patients who come to Richmond University Medical Center, whether they are coming in for a planned or an emergency procedure, according to Dr. Gala, need to know they are in good hands — experienced and caring hands. “We always treat patients as we would our own family members.”



For more information about PCI/angioplasty services at Richmond University Medical Center, call **718-818-2805**.



Monitoring Your Blood Pressure

1 IN 3 AMERICANS HAS HIGH BLOOD PRESSURE, ACCORDING TO THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Heat disease is America's number one killer, affecting 73 million people. High blood pressure is one indication of this often devastating disease: take it seriously. If you have received a report of high blood pressure, your best key to managing it — and preventing heart disease and stroke — is to follow up with a cardiologist. Most primary physicians recommend this step, especially if you have a family history of heart disease.

Normal blood pressure is below 120/80; blood pressure between 120/80 and 139/89 is called “pre-hypertension,” and a blood pressure of 140/90 or above is considered high, doctors say. The top number is called systolic. It measures the pressure in the arteries as the heart pumps blood. The bottom number, or diastolic pressure, measures the pressure in the arteries as the heart relaxes after the contraction. The diastolic number represents the lowest pressure of blood flowing through the arteries.

You can get your blood pressure tested at most pharmacies, and your primary care physician will also test you during a routine physical. But if your numbers are higher than the recommended 140/90, it's time to be proactive to avoid heart damage.

“If either the systolic or diastolic blood pressure becomes elevated, it puts the individual at greater risk for developing heart disease,” said Richard Grodman, MD, director of cardiology at Richmond University Medical Center. “It is critically important to diagnose the high blood pressure and take steps to lower it.”

A cardiologist is likely to prescribe low-level tests for heart function, and treat you accordingly. Cardiologists have a working knowledge of new medications available and will work with you to find the right prescription.

“There are several types of medications to treat hypertension, including diuretics,

“IT IS CRITICALLY IMPORTANT TO DIAGNOSE THE HIGH BLOOD PRESSURE AND TAKE STEPS TO LOWER IT.”

— DR. GRODMAN

beta-blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers and alpha-blockers,” said Dr. Grodman. “Very often, patients will fail to respond to one medication and will require another before finding the one that works best.” It is also quite common for patients to need two or more medications in order to control their blood pressure properly.



Richard Grodman, MD, director of cardiology at Richmond University Medical Center, explains what the numbers mean.



What Do The Numbers Mean?

Systolic/Diastolic

TOP NUMBER BOTTOM NUMBER

Normal blood pressure

Below 120/80

Hypertension

Between 120/80 and 139/89

High blood pressure

140/90 and above

If the cardiologist's tests report any abnormalities, further testing may be needed. If not, you will probably continue to be monitored to keep track of the medication's effectiveness.

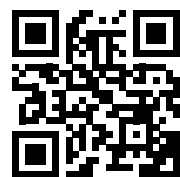
If you have any other symptoms, like chest pain or discomfort, palpitations or missed heartbeats or shortness of breath, a visit to a cardiologist is an absolute must, doctors say. Those symptoms indicate congestive heart failure or valve problems.

High blood pressure can affect anyone, though the risk of developing increases as you age. Up to age 45, it is more common in men. Women tend to develop high blood pressure after age 65, according to the Mayo Clinic. Though high blood pressure tends to run in families, people who are overweight or inactive are at a higher risk.

Factors to consider when trying to control blood pressure include diet.

A diet with too much salt will cause your body to retain water, which increases blood pressure. Potassium helps balance the amount of sodium in your blood; too little potassium leads to problems. Too little Vitamin D or too much alcohol can both affect blood pressure.

"A good cardiologist will monitor your progress on a regular basis," said Dr. Grodman. "He or she will help you make the necessary lifestyle changes and treat you with the appropriate therapy in order to prevent significant complications from developing."



For more information on cardiac services at Richmond University Medical Center, please call **718-818-2805**.

HOW MUCH DO YOU KNOW ABOUT STROKE?

Caused by interruption of blood flow in arteries supplying the brain or the bursting of a blood vessel in the brain



FACTS

Stroke is the **#3 CAUSE OF DEATH** and leading cause of disability in the United States.

Symptoms of Stroke:

- Sudden numbness of the face, arm or leg, especially on one side of the body
- Sudden confusion or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden severe headache with no known cause
- Sudden trouble with balance, coordination, or walking

Is it a stroke? Act **F.A.S.T.**

These simple steps take less than a minute and can help you diagnose a stroke.



F

FACE

Say to the victim, "Show me your teeth!" Check for one-sided facial weakness, a classic sign of stroke.



A

ARMS

Ask the victim to raise both arms. Stroke patients usually cannot raise both arms to the same height due to arm weakness.



S

SPEECH

Ask the victim to repeat a simple sentence such as, "Don't cry over spilled milk." Check for slurred speech or confusion.



T

TIME

If a person shows any of these symptoms, call 911 immediately!

It is important to recognize the signs of a stroke and to act immediately by

CALLING 911.



With Philip Otterbeck, MD,
Chief of the Endocrinology
Division

Healthy Living Q&A

INGREDIENTS FOR A HEALTHY HEART



Heat disease is the number one cause of death in the United States. It's an issue frequently discussed in the doctor's office, but less often addressed where the right words can provide direction: at the supermarket. Look for foods that help you curb LDL ("bad" cholesterol), lower blood pressure, lower blood sugar, and help with weight loss. Here are some suggestions.

Q. What's the easiest thing for me to do to make my heart healthier?

A. The best food-related thing to do for your overall heart health is to plan your trip to the supermarket carefully. Shop around the outside of the store for most of your ingredients: choose fresh fruit and vegetables, lean meats and fish.

Q. White bread and pasta are our staples. What tastes as good, and is healthier?

A. Start by swapping white bread and pasta with the whole-grain versions. Foods that add fiber and result in less prominent blood sugar spikes than their "white" counterparts are sweet potatoes, brown rice, oatmeal (instead of wheat or rice cereal) and quinoa (which cooks and absorbs flavor quickly).

Q. I often sauté foods in butter because I love the taste, but I'm told to avoid saturated fats. What can I use?

A. Oils that are high in monosaturated fat, like olive or peanut, or polyunsaturated fats like soybean, corn and sunflower oils, are good substitutes. Coconut oil (a melting semi-solid, found in a jar) is also a good choice.

Q. My favorite comfort food dinner is meatloaf, mashed potatoes, and green peas. Is that so terrible?

A. There are some very easy switches to make that basic meal just as tasty and much healthier. Instead of all chopped beef, mix your loaf with half chopped turkey, and substitute oatmeal for breadcrumbs as filler. Either eliminate the potatoes, or mash them with just a little butter and fluff them with skim milk instead of whole milk. Green peas are sweet as they are.

To submit your question to Dr. Otterbeck, Chief of the Endocrinology Division, email it to info@RUMCSI.org, subject: Q&A. Your question could appear in our next issue!



Pear and Quinoa Salad

Ingredients

2 cups cooked quinoa
2 cups chopped pear
¼ cup blueberries or dried cherries
¼ cup chopped pecans
¼ cup raspberry vinaigrette
2 cups baby spinach

Directions

Mix all ingredients

Makes Four Servings

Each serving contains about 258 calories, 7 g fat (no saturated fat, trans fat, or cholesterol), 161 mg sodium, 45 g carbohydrate, 7 g dietary fiber, 17 g sugars, and 6 g protein.

Richmond University Medical Center

An Affiliate of The Mount Sinai Health Network
and Icahn School of Medicine at Mount Sinai

www.RUMCSI.org
355 Bard Avenue
Staten Island, NY 10310



7 Reasons Why We Provide Exceptional *Cardiac Care*

Cardiac Care Support and
Sponsorship by
 **Mount Sinai
Hospital**

- **State-of-the-Art Cardiac Catheterization Lab**
Advanced cardiac care with elective and emergency angioplasty/PCI procedures.
- **Fully PCI/Angioplasty Capable**
For both emergency and precautionary procedures.
- **Comprehensive Electrophysiology Services**
Procedures such as radiofrequency ablation for termination of certain arrhythmias, implantable cardioverter defibrillator (ICD), and cardioversions.
- **Coronary Care and Telemetry Monitoring Units**
Staffed by an elite team of cardiac nurses, cardiologists, cardiac fellows and medical residents.
- **The American Heart Association/American Stroke Associations Gold Plus Quality Achievement Award**
Recipient for five years running, recognizing the hospital's commitment to and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines.
- **Emergency Cardiac Care**
Ready to help 24/7 in our Level I Trauma Center, which equips us to take on any cardiac emergency.

- **We Care**

The trusted, steady source of care for borough residents, combining clinical expertise with a compassionate caring treatment philosophy.

Our Focus Continues To Be On What Matters Most... You.

For more information on cardiac services
and the cardiac catheterization lab, call
800.422.8798
or visit www.rumcsi.org/heart



Richmond University Medical Center

An Affiliate of The Mount Sinai Health Network
and Icahn School of Medicine at Mount Sinai

