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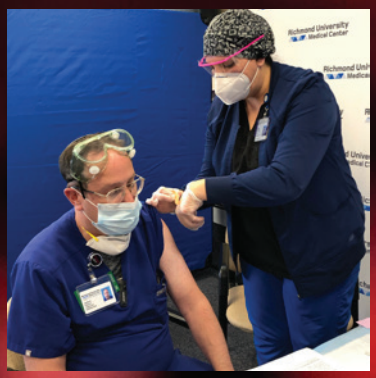



FIGHTING COVID-19





INSIDE

SAFE AND EFFECTIVE VACCINATIONS ADMINISTERED AT RUMC

Richmond University Medical Center

A message from the President & CEO

As we enter a full year into the COVID-19 pandemic, we all continue to ask ourselves the same question: when will it be over? The medical and scientific worlds have no definitive end date, but what they all agree on is that the end will be facilitated through one simple word: vaccination.

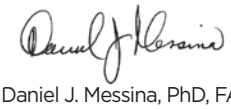
Placing aside all of the issues regarding vaccine availability for a quick moment, all the vaccine in the world will be of no use if there are no arms to inject the vaccine into. Thankfully at our hospital, and at vaccination sites around the country, there is no shortage of people rolling up their sleeves to do their part for the wellbeing of themselves, their loved ones, and their community. Over the first five weeks of vaccine distribution, RUMC was one of only a handful of hospitals across New York State to successfully administer all of its allocations from the New York State Department of Health. This was no small feat for our independent hospital and was an achievement that placed us alongside many larger academic healthcare systems. In fact, in those first few weeks, Richmond University Medical Center placed third in the state at 93 percent and eventually hit 100 percent of vaccine utilization.

A sense of hesitancy to get vaccinated is to be expected. Like a new car, we would prefer to go for a test drive before we agree to make a purchase. In the medical world, these vaccines have definitely been on a test drive: in fact, numerous ones. The demanding protocols these vaccines have come through have existed for years. It is very encouraging that these vaccines are coming through the rigorous safety trials with over 90 percent efficacy against COVID-19. This level of effectiveness is nothing short of a modern scientific and medical miracle.

Can the vaccines cause side effects? In some cases, yes, like many other vaccines we are familiar with – flu and shingles to name two – and while rare, re-infection with COVID-19 is possible. Physicians are also still uncertain how long natural antibodies will protect those who have recovered from the virus. In short, these vaccines, which do not contain the live virus – you absolutely cannot catch COVID-19 from them – are the weapons that will win the war for us. So as we all must continue to socially distance, wear masks, practice solid hand hygiene, and follow all additional guidelines, I urge everyone to also have faith in the science and the process. Please get vaccinated when the opportunity arises, for it will take all of us to get back to our new normal.

In this edition of Care Magazine, we provide the latest information on the COVID-19 vaccines and our successful vaccination program. We also celebrate February is Healthy Heart Month. Our team of cardiologists discuss the state-of-the-art services RUMC offers to address any cardiac-related issue before it causes serious setbacks to your health. You will also read about the advanced services we offer for stroke care, mammography, pediatric oncology, robotic surgery, and many more. I think you will agree that high quality, leading care does exist right here on Staten Island, and they are right here at Richmond University Medical Center!

Remember the Power of One – You Make a Difference!



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

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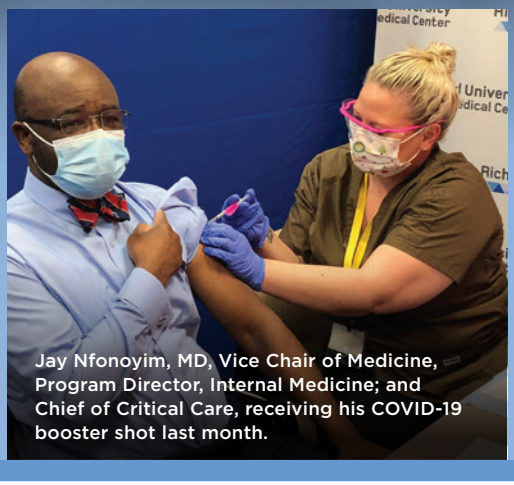


Jay Nfonoyim, MD, Vice Chair of Medicine, Program Director, Internal Medicine; and Chief of Critical Care, receiving his COVID-19 booster shot last month.

Emergency Department RN Carlee King completes her vaccination process.

The year 2020 began with uncertainty as the COVID-19 virus quickly spread across Staten Island. As the year ended and the year 2021 began, a wave of hope and optimism swept across the borough as Richmond University Medical Center (RUMC) began administering federally approved vaccines to thousands of medical personnel, essential workers, and older generations of the public, providing a new, effective weapon against COVID-19.

"We continue to come together as a community to navigate through this pandemic," President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. "Throughout this challenging time, our incredible RUMC team continues to do everything in our power to protect the health status of our community."

Following guidance from the New York State Department of Health, RUMC began the vaccination process in December for individuals in Group 1A. This first group included all high risk hospital workers – physicians, registered nurses, EMS, individuals administering vaccinations, and staff with direct patient contact, among others. In early January, these individuals began receiving their second dose, or booster shot, of either the Pfizer or Moderna approved vaccine. Both vaccines provide over 90 percent immunization from the COVID-19 virus after the second dose.

Among the first in Group 1A to complete the vaccination process was Jay Nfonoyim, MD, Vice Chair of Medicine, Program Director, Internal Medicine; and Chief of Critical Care. He has been directly treating numerous COVID-19 patients throughout the pandemic. "For me and for most people the decision to be vaccinated was easy because it was not about vaccine vs no vaccine. It was about contracting COVID-19 vs vaccine," he said.

As RUMC continued to vaccinate those in Group 1A, just a week into the new year, the hospital quickly ramped up operations as the state expanded vaccinations to include people age 65 and older, teachers, first responders, police and fire personnel, public safety and transit workers. Among the first to be vaccinated in this new "Group 1B" was 98-year-old Mary Cochran. "I want to be healthy. I want to see my grandchildren and great-grandchildren," she said.

The efficacy of RUMC's vaccination program has drawn praise from New York State governor Andrew Cuomo. The Governor praised RUMC for being one of only a handful of hospitals in all New York State to have successfully administered 100 percent of its vaccine allocations through the first four weeks of distribution. RUMC has since remained among the top performing hospitals, many of which are larger health care systems.

> *"We continue to come together as a community to navigate through this pandemic."*
>
> ***Daniel J. Messina, PhD, FACHE***
> *President & Chief Executive Officer*

Best shot at a return to normal

Vaccine is safe and effective, RUMC doctors reassure

PHILIP OTTERBECK, MD,
Chair, Department of Medicine and
Department of Endocrinology

After a year turned upside down by a pandemic that was once unimaginable, there is light at the end of the tunnel.

With the distribution of vaccines from Pfizer and Moderna under way, and three other vaccines in clinical trials, it's possible to envision a return to normal, or at least a new normal.

Health-care workers at Richmond University Medical Center were among the first to be immunized in New York City's phased distribution plan. They continue going above and beyond the call of duty to care for COVID-19 patients as hospitalizations surge through the winter months.

Two frontline physicians at the hospital are urging everyone else to take the vaccine as soon as they qualify and supplies allow.

Philip Otterbeck, MD, Chair of the Department of Medicine and the Department of Endocrinology, and Azza Elemam, MD, infectious disease specialist, emphasize that side effects from the new vaccines have been insignificant. Any adverse reactions simply indicate the treatment is working, the doctors explained.

"The vast majority of reactions are mild and minor," Dr. Otterbeck said.

"Your immune system is doing what it should – revving up and making antibodies," added Dr. Elemam.

Both specialists are quick to point out that both vaccines were thoroughly researched in laboratories and robust clinical trials. No corners were cut to speed up their availability, they reassured skeptics.

"I was thrilled to see a 95 percent efficacy rate," Dr. Elemam said, noting that some vaccines offer only 50 to 60 percent efficacy against a particular disease.

The challenges of the pandemic last spring are still fresh in their minds.

"We didn't have a whole lot to go on," back in March and April, Dr. Otterbeck recalled. "We knew very little about the disease, except we were seeing people die every day."

He praised employees from all departments of the medical center who worked together to handle waves of COVID-19 patients, offering uncompromised care in spite of long hours and fears about their own health and safety.

"We had help from every part of the institution. It was a team effort from top to bottom," Dr. Otterbeck said.

"At the beginning of the pandemic, we didn't have an evidence base" for guidance, he explained. "Now that we have more data, we know how to handle this disease appropriately."

Still, a successful vaccination program is key to controlling the pandemic, the experts stress.

Herd immunity, which reduces the ability of a virus to spread, is possible when 70 to 80 percent of the population is vaccinated. Only then can the virus become less virulent.

"This is a nightmare all of us want to be over," Dr. Otterbeck said.

Amid the pandemic, RUMC's Emergency Medical Services remain a vital lifeline for many

JOHNATHON LEBARON, DO, FACEP,
Chair for the Department of Emergency Medicine

According to the Centers for Disease Control and Prevention (CDC), Americans made more than 136 million visits to emergency rooms nationwide in 2019 for treatment of everything from bee stings and stomach pains, to strokes, trauma, and more.

"Our well-staffed and equipped Emergency Department acts as a safety net for society," confirmed Johnathon LeBaron, DO, FACEP, Chair for the Department of Emergency Medicine. Among other specialties, "we offer outstanding stroke care services and are a thrombectomy-capable facility (which involves a highly specialized surgical team). We provide patients access to our catheterization lab within 60 minutes to treat heart attacks, and are also an American College of Surgeons (ACS)-accredited Level 1 Adult Trauma Center, which requires team members to have precise specializations/certifications."

"On the pediatric side, we're an ACS-accredited Level 2 Pediatric Trauma Center with specialists trained in everything from pediatric orthopedics, cardiology, and general surgery. We also have a first-rate pediatric intensive care unit (PICU) capable of providing the highest level of care and specialty services," Dr. LeBaron said. "Our Emergency Department is additionally equipped to treat patients with substance/alcohol use disorder and/or psychiatric issues, and we operate a unique 'Peer Advocacy Program,' through which we pair up patients with those in recovery to provide peer counseling and beneficial one-on-one support."

As a key site for the treatment of COVID-19, Dr. LeBaron said that a number of measures undertaken in the Emergency Department, and throughout the hospital, have improved patient outcomes since the virus first bore down on New York City in spring of 2020.

"Through a growing body of medications and therapies to treat patients with COVID-19 – including our ability to administer monoclonal antibodies, which bind to COVID-19 particles and help prevent an overly-extreme immune response by the body – we're increasingly able to prevent COVID-19 from progressing to advanced stages, particularly within high-risk patients in early phases of the disease," Dr. LeBaron said.

A range of other safety measures have also been implemented to enhance the safety of patients and staff members alike. Among them, the elimination of the hospital's waiting room, immediate isolation of patients suspected of COVID-19, ample supply of PPE, and testing of everyone admitted to the hospital for COVID-19, flu, and other common rhinoviruses. In mid-December RUMC began vaccinating employees, with Emergency Department and ICU workers receiving the first doses based on their heightened risk.

"The professionals who work at RUMC and within our Emergency Department are incredible," Dr. LeBaron said. "This is their hospital, they want it to succeed and see their community do well."

Stroke care team driving excellent outcomes for patients

On Staten Island, where the incidence of smoking, obesity and heart disease is among the highest in New York City, stroke-related deaths have occurred at a rate that is higher than the national average. RUMC has partnered with Interventional Neuro Associates (INA), a multidisciplinary physician group that provides complete stroke services, from rapid diagnosis of a stroke to leading-edge treatment and rehabilitation. The partnership includes RUMC's experienced neurology team, led by Chief of Neurology Allan Perel, MD, and the hospital's Cardiology Department, Emergency Department and other key areas, "We work as a collaborative team to provide a seamless level of stroke care on Staten Island that's second to none," said Jeffrey Farkas, MD, Director of Neurologic Interventional Surgery.

JEFFREY FARKAS, MD,
Director of Neurologic Interventional Surgery

Some of the stroke care specialties at RUMC include:

• **Expertise in mechanical thrombectomy** – While tissue plasminogen activator (also known as 'tPA') is an FDA-approved clot-busting drug that can reverse the effects of a stroke for the 20% to 30% of stroke victims who are medically eligible to receive it and stands as an appropriate treatment for certain ischemic strokes (those involving a blockage of blood flow to the brain), "the bigger the clot or the longer the time frame since the onset of stroke symptoms, the less effective tPA is," Dr. Farkas said. "Our ability to perform a mechanical thrombectomy, a minimally invasive procedure, which removes the clot by going through a blood vessel in the arm or leg, represents an effective option for patients who are farther along in their stroke — as much as 24 hours or more — and can restore much of their functionality. We are able to diagnose a patient, administer tPA, perform imaging of their brain, and get a potentially life-saving and/or life-enhancing mechanical thrombectomy procedure underway within just 60 minutes."

• **Telemedicine and robotics technology** – For a condition where quick intervention is critical, the travel time incurred in bringing neurologists to patients (or vice versa) for a stroke evaluation and treatment previously built unfavorable delays into the process. Through RUMC's stroke care program, however, the use of telemedicine and robotics are enhancing efficiency and significantly reducing a patient's time to treatment. "When a patient with a suspected stroke comes into triage, our use of 'an iPad on wheels with a camera' can share images via a telemedicine connection to help a neurologist perform a thorough evaluation and get appropriate treatment started immediately," Dr. Farkas said.

• **Collaborative care services** – "We take a team approach to stroke care services, collaborating on the best intervention for each patient and working with robotic technology, imaging, and the catheterization lab to give patients the best possible outcome," said Dr. Farkas, who noted that INA also treats hemorrhagic strokes (which occur when a weakened vessel ruptures and bleeds into the brain tissue) as well as other conditions involving vessels and arteries to the brain. "Post-stroke, RUMC offers physical and speech therapy as well as stroke support groups; robotic physical therapy, currently being tested, may also hold promise for delivering rehab to stroke patients," he said.

Robotic surgery at RUMC:

Enabling greater precision and faster recovery

LOREN HARRIS, MD,
Chair, Department of Surgery,
Chief of Thoracic Surgery

ALEX BARKAN, MD,
Chief of Bariatric Surgery,
Vice Chair, Department of Surgery

It may sound like a new concept, or something out of a science fiction movie, but actually the use of robotic systems during surgery has been around for decades. In fact, robotically assisted surgery was first introduced in the 1980s and 1990s as a way to enhance the capabilities of surgeons and safely overcome some of the limitations of certain surgical procedures. The 2000s saw the first robotic systems approved by the FDA for general laparoscopic surgery. Since then, said Loren Harris, MD, chair of the Department of Surgery and Chief of Thoracic Surgery, "robotic surgery has become increasingly standard in many specialties."

At the beginning of his own career more than 30 years ago, "we trained in open surgery and patients had good outcomes, but they experienced longer hospital stays and more pain," Dr. Harris said. "The industry then moved to video-assisted technology, where we worked through small incisions with hand-held instruments, which was also effective but not as precise."

With the advent of robotically assisted surgery in the last 10 to 20 years, however, "we use a 3D camera and precise instruments, sit in the operating room at a console located a few feet away from the patient, and every small move of the surgeon's hand is mimicked by the instruments at the end of the robot's arm," Dr. Harris said. "While it's the instrument that touches the patient's tissue rather than the surgeon's hand, the surgeon can still feel everything and develops optic feedback, almost a 'sixth sense.'"

RUMC acquired Intuitive's da Vinci Si robotically assisted surgical system in 2010. More recently, the hospital acquired the more advanced da Vinci Xi. Surgeons still use the da Vinci Si model, but now also have the da Vinci Xi as an option. In addition to having more malleable arms that are easier to use, the Xi has a much smaller footprint in the operating room and its new instrumentation uses different wavelengths of light helping surgeons distinguish anatomy, which leads to an even greater degree of precision and safety. Over 80% of the surgeons at RUMC have robotic training. Among the specialties experiencing success using robotics is the field of bariatrics, or weight loss surgery. "I've been performing robotically assisted surgeries for the past five to six years and it results in fewer incisions, less damage to tissue, less pain, and better aesthetics," said Alex Barkan, MD, Chief of Bariatric Surgery and Vice Chair for the Department of Surgery.

To contact the Department of Surgery at RUMC, call 718-818-2420

Cardiology team gets to the heart of the problem with cutting-edge technology

FRANCESCO ROTATORI, MD, FACC, Chair, Department of Cardiology; FIONA SHEHAJ, MD; Chief, Women's Cardiovascular Health; and SEAN GALLIGAN, MD, FACC.

A 43-year-old Staten Island man is leading a full life after a massive heart attack, thanks to a state-of-the-art device in use at Richmond University Medical Center.

Doctors used the Impella heart pump to temporarily assist the man's heart during stent placement, ensuring blood flow was maintained to his critical organs.

"Another patient in the same situation, without the Impella, could have died in a matter of hours," said Francesco Rotatori, MD, an interventional cardiology specialist and Chair of the Department of Cardiology. "The Impella does the work of the heart in a case where the heart is failing."

The Impella is one of several new life-saving techniques available as part of the medical center's expanding cardiology services.

A partnership with the Mount Sinai Health System that began in June 2020 has enabled the hospital to introduce rotablation for coronary artery disease.

During the procedure, a special catheter with an acorn-shaped, diamond-coated tip is guided to the point of the narrowing in the artery. The tip spins at a high speed to grind away the plaque on the artery walls and the microscopic particles are washed away in the bloodstream.

"The results are remarkable," Dr. Rotatori said. At 160 rotations per minute, the device can resolve even a heavily calcified artery by creating a wide-open channel, he added.

A buildup of plaque can narrow coronary arteries, decreasing blood flow to the heart. Eventually, the reduced blood flow may cause chest pain, angina or shortness of breath, and a complete blockage can cause a heart attack.

"Time is muscle. If you don't intervene in time, the patient is left with congestive heart failure," the cardiologist explained. "Opening an artery in time guarantees a better quality of life."

Richmond University Medical Center will also soon add a new on-site cardiac catheterization lab that will offer biplane imaging for diagnostic angiography. The cutting-edge imaging offers a higher degree of efficiency, Dr. Rotatori said.

The hospital is also committed to treating heart issues unique to women. Under the direction of Fiona Shehaj, MD, the Women's Cardiovascular Health Center provides management for heart failure and advanced cardiac imaging.

Heart problems in women often go undiagnosed, Dr. Rotatori explained. Hormones offer some protection against cardiovascular disease, but that protection can diminish after menopause.

"Women tend to take care of others before themselves and minimize their own health problems," he added.

Richmond University Medical Center is well equipped for electrophysiology procedures that assess the heart's electrical system and diagnose abnormal heartbeats or arrhythmias. Sophisticated therapies include arrhythmia radiofrequency ablation and pacemaker and defibrillator implantation.

Early detection is key in cardiac care, stressed Dr. Rotatori, who completed training in Milan, Italy, and at SUNY Downstate College of Medicine, and is board certified in internal medicine, cardiovascular disease, interventional cardiology, echocardiography and nuclear cardiology.

"The biggest focus for cardiology these days is prevention," he emphasized. "It's critical to screen and detect the early signs of cardiac disease, the blockages around the heart."

Preventive screening includes blood tests that determine high risk and genetics, a nuclear stress test and an echocardiogram.

With his colleagues in cardiology, which include Sean Galligan, MD, Dr. Rotatori has been monitoring the impact of COVID-19 on the heart.

"Reports indicate the heart is affected, with residual problems," he said. "The virus can cause chronic damage to the heart muscle."

At the medical center's Post-COVID-19 Care Center, patients are thoroughly evaluated for cardiac issues. Even after recovery, many patients continue to experience shortness of breath, palpitations and fatigue, Dr. Rotatori said.

When his department saw that heart patients were reluctant to seek emergency medical care during the pandemic, outpatient services were strengthened at satellite sites across Staten Island.

By offering intervention at these sites, "we are saving more lives," the cardiologist said.

Still, he encourages patients to go directly to the hospital Emergency Department when the situation is dire, and assures them safety protocols are in place during the pandemic.

"There is no reason to believe it is not safe to go to the hospital," he said emphatically. "At RUMC, we know what we have to do to keep patients safe" from COVID-19.

To contact the Cardiology Department at RUMC, call 718-818-7425.

FEBRUARY IS HEART HEALTH MONTH

RICHMOND UNIVERSITY MEDICAL CENTER WANTS YOU TO KNOW ABOUT HEART DISEASE

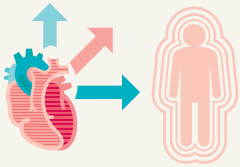
Facts about heart disease:

✓ Heart disease is the leading cause of death in the United States.

✓ Every 36 seconds someone dies from cardiovascular disease.

✓ Someone has a heart attack every 40 seconds.

Who is at risk:



- Smokers
- High Cholesterol
- High Blood Pressure
- Lack of Physical Activity
- Obesity
- Diabetes
- Bad Diet
- Stress
- Excessive Alcohol Use

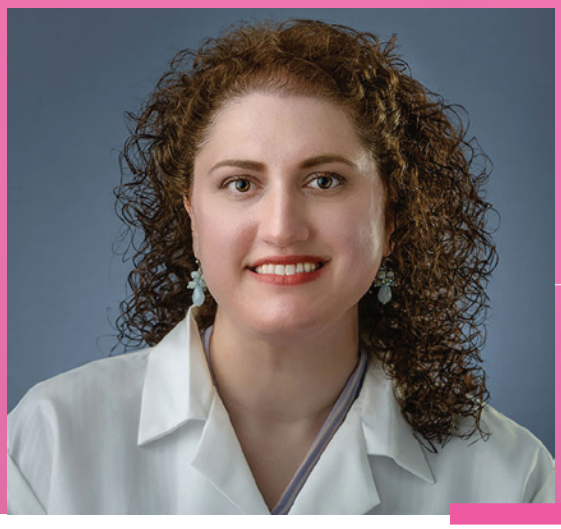
Warning signs of a heart attack:

	Men	Women
Chest pain or discomfort	✓	✓
Pain in the arm, back, neck, jaw or shoulder	✓	✓
Shortness of breath	✓	✓
Cold sweat	✓	✓
Nausea and/or vomiting	✓	✓
Lightheadedness, dizziness	✓	✓
Extreme fatigue		✓
Pain in the lower chest or abdomen		✓

RUMC is your guide to better heart health:

R	**Remember** to eat a diet with lots of fruits and vegetables
U	**Up** your physical activity to at least 30 minutes, 5 days a week
M	**Maintain** a healthy weight with a BMI of less than 25
C	**Check** your blood pressure, blood sugar, and cholesterol levels regularly

Four myths about mammograms



DARA FEDELE, MD, DABR,
Director of Imaging

Despite the fact that breast cancer is highly treatable, especially if detected early, "not all women are willing to go for their recommended annual screenings or are as compliant as we'd like," Director of Imaging, Dara Fedele, MD, DABR, said. She hopes to raise awareness about breast health and the importance of regular screenings by addressing some common misperceptions:

Myth #1: ***Breast lumps are always cancerous:*** According to Dr. Fedele, a breast lump is not necessarily cancerous. "While breast cancer can present as a palpable lump in the breast or underarm region, there are other non-cancerous causes of a breast mass, such as cystic changes of the breast, which are common entities, particularly in pre-menopausal women," said Dara Fedele, MD, DABR, Director of Imaging. "The key is to let a professional investigate the nature of a lump rather than making assessments or assumptions on your own."

Myth #2: ***A callback means you have cancer:*** While she acknowledges that being asked to return for additional imaging can be anxiety-inducing, "a callback means that the radiologist identified an area that requires additional mammographic views and/or ultrasound," Dr. Fedele said. "It could be as simple as overlapping breast tissue, which is especially applicable to the large population of women with dense breasts, but in some cases, the additional information helps us to determine if a biopsy is the appropriate next step in evaluation."

Myth #3: ***Mammograms emit harmful radiation:*** Dr. Fedele confirmed that the very small amount of radiation associated with a mammogram is highly regulated by the FDA through the Mammography Quality Standards Act and other regulatory bodies. "Dedicated research has shown that the benefits of undergoing a mammogram far outweigh any potential risks affiliated with this type of screening," she said. "The procedure is absolutely safe for women as long as it's performed by an accredited facility like our Breast and Women's Center."

Myth #4: ***Mammograms are painful:*** While Dr. Fedele acknowledged that mammograms can sometimes be uncomfortable because they require compression of the breast, the experience is only momentary. "The goal is to acquire the highest-quality images in order to see the most detail; the manner in which a patient is positioned is very important and our team is highly trained in that process," she said.

To make an appointment for your next mammogram at Richmond University Medical Center's Breast and Women's Center, located at 1161 Victory Blvd., call 718-818-1161.

New director of pediatric hematology and oncology helps keep Staten Island's children safe and healthy

MARIO PEICHEV, MD,
Director of Pediatric Hematology and Oncology

Blood disorders like leukemia, anemia, hemophilia, and sickle-cell anemia affect thousands of children nationwide each year and can range from mild to life-threatening. However, thanks to the expertise provided by Mario Peichev, MD, Director of Pediatric Hematology and Oncology, parents can rest assured their children will receive the most leading-edge treatment and care in the field of pediatric hematology.

"Over time, we've seen a steady percentage of hematological disorders in childhood," shared Dr. Peichev, a native of Bulgaria who completed his residency at the University of Medicine and Dentistry of New Jersey and a fellowship at Memorial Sloan Kettering Cancer Center in Manhattan. He joined the Richmond University Medical Center team this year. "These disorders can be either malignant or benign, though benign disorders are more common."

Typically passed down from parents to children, Dr. Peichev said certain blood disorders are often more common to specific ethnicities. "For example, in the case of 'thalassemia' — a group of diseases marked by abnormal hemoglobin structure — a version of the disease marked by damage to the hemoglobin's alpha chain is more common to those of Asian background, while another version of the disorder marked by damage to the hemoglobin's beta chain is more common to those of Italian, Greek, and North African descent."

According to Dr. Peichev, the field of pediatric hematology and oncology has experienced advancements over the past decade that enable quicker diagnoses, increasingly targeted treatments, and more successful outcomes.

> *"Fifty years ago, a child with leukemia had a 10% to 15% chance of survival; today, the survival rate is 85% to 90%."*

"The use of genetic markers in leukemia allow us to monitor a child's response to a treatment and determine next steps. For example, a genetic marker known as Minimal Residual Disease gives us visibility to the number of cancer cells left in the body within different time points after starting a therapy and thus has tremendous prognostic ability."

Dr. Peichev noted that the field has also seen an increase in the number of quality drugs and therapies available to help treat pediatric blood disorders. Among them, "children with hemophilia used to require infusions of treatment every 12 to 24 hours. Now, the availability of products with prolonged half-life reduces infusion demands to once every one to two weeks, which significantly enhances patient comfort and quality of life," he said. "Fifty years ago, a child with leukemia had a 10% to 15% chance of survival; today, the survival rate is 85% to 90% thanks to great leaps in cancer treatments and pediatric hematology."

To contact RUMC's Center for Cancer Care, call 718-818-3000.

Seeing is believing: David Mostafavi, MD, offers cutting-edge eye care

DAVID MOSTAFAVI, MD,
Chair of the Ophthalmology Department

When it comes to eye surgery, a steady hand and a steady case load is the perfect combination, David Mostafavi, MD, points out. He offers both as Chair of the Ophthalmology Department at Richmond University Medical Center.

With a staff of two anesthesiologists, two nurses and two technicians, Dr. Mostafavi performs about a dozen eye surgeries in a given week in one of two operating rooms at the hospital, making use of advanced ultrasound machines and two state-of-the-art microscopes.

Techniques for cataract surgery are steadily improving, Dr. Mostafavi says. Vision for both distance and reading can now be restored at the same time, thanks to newly developed lenses.

"Multifocal lenses can replace glasses," the surgeon says. "Every year, a new lens is introduced."

A successful cataract procedure is quick and efficient, taking about 12 minutes to complete.

Dr. Mostafavi is the only uveitis specialist on Staten Island trained to treat ocular inflammatory conditions. Warning signs including redness, swelling, pain and blurred vision which can occur suddenly or insidiously. Uveitis can affect one or both eyes and is often caused by auto-immune diseases such as lupus, rheumatoid arthritis, or sarcoidosis to name a few.

"It's a rewarding field because it ties ophthalmology to medicine," he explains. "Many systemic diseases can manifest only in the eye and it's amazing that the eye exam is how the diagnosis is made."

Uveitis treatment accounts for up to 20 percent of his practice. Dr. Mostafavi also treats dry eyes, macular degeneration, and diabetic retinopathy. He also performs pterygium surgery, a procedure that removes noncancerous conjunctiva growths (pterygia) from the eye. The conjunctiva is the clear tissue covering the white part of the eye and the inside of the eyelids.

As the hospital's ophthalmology chair, he plans to introduce Femto Laser Assisted Cataract Surgery, which uses a laser rather than a blade to make incisions.

He wants patients, especially seniors, to feel confident in the services offered by the Ophthalmology Clinic at Richmond University Medical Center.

Dr. Mostafavi completed his undergraduate training at Rutgers University and continued his medical training at UMDNJ-New Jersey Medical School. He completed his residency in ophthalmology at SUNY Downstate where he was chief resident and extended his training with a fellowship in ocular immunology and uveitis at New York Eye and Ear Infirmary.

He is board certified and a clinical assistant professor at SUNY Downstate Department of Ophthalmology, allocating one day a week to teach the latest techniques of cataract surgery to ophthalmology residents.

To contact the Department of Ophthamology at RUMC, call 718-818-4848

ENT chief brings state-of-the-art care to Staten Island

DANIELE J. KOUROUPOS, PA-C,
Senior Physician Assistant in ENT,
NCCPA Board Certified, and
CHRISTOPHER V. LISI, MD,
Chief, Division of ENT (Otolaryngology)
Head and Neck Surgery

Christopher V. Lisi, MD, knows that given the option, most patients would choose an in-office procedure over a hospital stay. As Chief of the Division of Ear, Nose and Throat (ENT), Head and Neck Surgery at Richmond University Medical Center, Dr. Lisi is offering state-of-the-art procedures in his office on Richmond Avenue that relieve chronic sinus and allergy symptons.

He has introduced the ClariFix procedure for patients suffering from post-nasal drip, a watery and runny nose, or morning congestion. The symptoms arise when out-of-balance nerves send too many signals to the nose, telling it to drip, run, and swell more than necessary.

"A small device is inserted into the nostril to freeze and stun the nerve in the back of the nose," Dr. Lisi explains, comparing it to the way a dermatologist removes a wart by freezing it.

ClariFix Cryotherapy is especially useful for patients who are not good candidates for general anesthesia, the surgeon points out. It requires minimal recovery time and post-treatment care with long-lasting symptom relief.

Balloon sinuplasty, another cutting-edge technique that addresses chronic sinus infections, was until recently available only under general anesthesia for patients who did not respond well to medication. Dr. Lisi inflates a small balloon catheter to drain the large nasal sinuses and reduce pressure. Performed in the office under local anesthesia, the procedure treats cases of severe rhinosinusitis or sinus inflammation and blockage in the nose.

For patients who have undergone surgery for a deviated septum – a shift of the bone and cartilage between the two nostrils – Dr. Lisi recommends an in-office procedure called turbinate reduction. Turbinates are small structures inside the nose that clense and humidify air that passes through the nostrils into the lungs. A needle-like device reduces the size of the turbinates by using a heat source or energy waves to form scar tissue. "Many minimally invasive approaches in ENT have improved dramatically" in the last 10 years through the use of endoscopic cameras, explains Dr. Lisi, who is board certified in otolaryngology and earned his medical degree from the Drexel University College of Medicine in Philadelphia.

With state-of-the art equipment in his office at 1855 Richmond Avenue and in the ENT Department at Richmond University Medical Center, including high-definition endoscopes, Dr. Lisi's patients have access to the most progressive treatments. Daniele J. Kouroupos, his senior physician assistant, is board certified and specially trained in ENT.

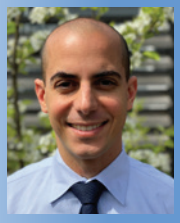
To make an appointment at the Center for Advanced ENT, Sinus, and Voice Care, call 718-818-1855.

New hires and appointments

Alex Barkan, MD, MBA, FACS, FASMBS, has been appointed Vice Chair for the Department of Surgery. He joined RUMC in August 2018 as Chief of Bariatric Surgery, and as Director of the hospital's comprehensive Bariatric and Metabolic Institute, which he created. Dr. Barkan received his medical degree from St. George's School of Medicine in Grenada, and did his surgical training at both Hahnemann University Hospital in Philadelphia, and Maimonides Medical Center in Brooklyn. He completed his bariatric and minimally invasive surgery fellowships in Princeton, NJ and at the University of Pittsburgh Medical Center.

Keith Diaz, MD, has been appointed Chief of the Division of Pulmonary Medicine. Since 2011, Dr. Diaz has worked as an intensivist and consulting pulmonologist at RUMC and also serves as director of the hospital's lung screening program. A graduate of Ross University School of Medicine, Dr. Diaz completed his residency in Internal Medicine on Staten Island at then-St. Vincent's Catholic Medical Center. He then completed additional training in Surgical Critical Care Medicine at Mount Sinai, followed by a Pulmonary/Critical Care fellowship at Stony Brook University Medical Center.

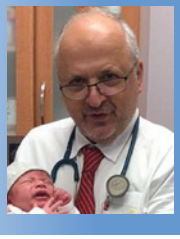
Johnathon LeBaron, DO, FACEP, was appointed Chair for the Department of Emergency Medicine. Dr. LeBaron was the Medical Director of the Adult Emergency Department at New York Presbyterian-Queens. He attended medical school at UMNJ School of Osteopathic Medicine and completed residency in Emergency Medicine at New York Presbyterian-Queens.



David Mostafavi, MD, has been appointed the new Chair of Ophthalmology. Dr. Mostafavi is a board certified member of the American Board of Ophthalmology, American Academy of Ophthalmology, and the American Society of Cataract and Refractive Surgery. Dr. Mostafavi received his medical degree from New Jersey Medical School (Rutgers) and completed his ophthalmology residency at SUNY Downstate.

David Murray, MBA, FHFMA, has been named Senior Vice President and Chief Financial Officer. Murray was Vice President of Finance for the Inspira Health Network in New Jersey. Murray holds a Bachelor's Degree in Accounting from Rider University and an MBA from Eastern University.

Tom Pagano has joined RUMC as Vice President of Information Technology and Support Services. Pagano was Vice President and Chief Information Officer of Johnson County Community College. He has a Master of Science degree in public administration/information systems from Carnegie Mellon University, and a Bachelor of Administration degree in economics/computer science from the University of Pittsburgh.



Mario Peichev, MD, was named Director of Pediatric Hematology and Oncology. Dr. Peichev completed his residency at the University of Medicine and Dentistry of New Jersey and a fellowship at Memorial Sloan Kettering Cancer Center. Dr. Peichev has over 20 years of experience treating pediatric blood disorders, cancers, leukemia, and hemophilia.

Construction has progressed on capital improvements at Richmond University Medical Center that will enhance delivery of healthcare services for Staten Island.

NEW EMERGENCY DEPARTMENT

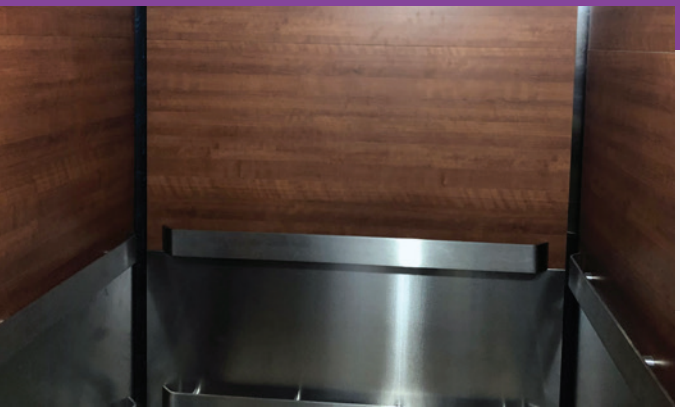
Underground utility work is in the final phase of construction and the concrete foundation that will support the massive steel structure of the new ED is also nearing completion. The new 35,000 sq. ft. two-story ED will feature private treatment rooms, and larger triage areas for trauma patients. There will also be comprehensive specialty areas for pediatrics and urgent care on the ground floor. The second floor will be home to a new upgraded, state-of-the-art surgical unit. The new ED will be completed in spring of 2022.

CO-GEN PLANT

On track for completion later this year, RUMC's new cogeneration plant — or Co-Gen — will make the hospital self-sufficient for electricity and able to continue operating during an area power failure. Underground duct work, conduits, and piping are completed. The new roof, cooling towers, and concrete base will be finished this spring. The new Co-Gen will be located at the rear of the RUMC campus.

WINDOW RESILIENCY UPGRADES

Survey work has commenced on the replacement of all windows throughout the hospital, making them all hurricane resistant thanks to over $40 million in federal funding. The new windows will withstand hurricane force winds. The project is scheduled to be completed in late 2022.



ELEVATOR MODERNIZATION

Work continues on the elevators throughout the hospital. All 13 elevators will be upgraded. The project includes new high-end finishes coupled with the latest elevator technology and security.

Richmond University Medical Center

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February is Heart Health Month

WHO WE ARE

Francesco Rotatori, MD, FACC
Chair, Department of Cardiology
Board certified in internal medicine, cardiovascular disease and interventional cardiology, echocardiography, and nuclear cardiology.

Sean Galligan, MD, FACC
Board certified in internal medicine, cardiovascular disease, and interventional cardiology. Registered in vascular interpretation.

Fiona Shehaj, MD
Board certified in internal medicine and completed her fellowship in cardiovascular disease. Specializing in women's heart health.

Richmond University Medical Center
Cardiology

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