

®

Nashoba Valley Medical Center

A STEWARD FAMILY HOSPITAL

Steward

Health Matters

A publication of Steward Health Care for Residents of Nashoba Valley

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Radiofrequency Ablation Procedure Offers Relief for Patient Suffering from Chronic Pain

Having experienced a ruptured disc in her spine and surgery to fix it at age 35, Corinne S. has been living with chronic pain for the past 25 years.

To help manage her back pain, and pain caused by osteoarthritis and osteopenia, Corinne sought treatment at Nashoba Valley Medical Center's (NVMC) sister hospital, Holy Family Hospital when she lived in Haverhill. After moving to Fitchburg, she heard about the Center for Pain Management at NVMC opening and booked an appointment for the first day the center opened.

She met with the center's pain management team, and they developed an individualized treatment for her. With her back pain being managed, Corinne, unfortunately, began having trouble with her left hip; making it difficult for her to walk.

"My hip was so swollen all of the time," she says. "After the third round of cortisone only worked a little bit to elevate the pain, my doctors asked me if I wanted to cut the nerve."

In May 2017, Corinne's NVMC pain management specialist, Frederic Gerges, MD, performed a radiofrequency ablation on her hip. This advanced therapy procedure used radio waves to create an

electrical current that delivered heat to targeted nerve tissues in Corinne's hip in an attempt to destroy the nerve fibers carrying pain signals to her brain.

"I was very frightened about the procedure as I thought it was going to hurt but I was so pleasantly surprised as it didn't hurt much at all," explains Corinne. "The procedure was a success, and I have had relief ever since and can walk and sit longer."

Radiofrequency ablation is a minimally invasive, non-surgical procedure carried out in an outpatient setting. The procedure takes approximately 15 to 30 minutes. It is most commonly used to treat chronic pain and conditions such as lumbar and neck spondylosis (arthritis of the spine). It is also used to treat other types of neck and back pain and is used less frequently for knee, pelvic and peripheral nerve pain.

"We are witnessing excellent outcomes for our Center for Pain Management patients who have had the radiofrequency ablation procedure," says Stephanie Gianoukos, MD, a pain management specialist at Nashoba Valley Medical Center.

"Some are experiencing a decrease in their pain levels that is sustained for six to 12 months after the procedure is performed."

In addition to sustained pain reduction, the overall benefits of radiofrequency ablation include immediate pain relief, reduced recovery time, decreased need for pain medication, the ability to repeat the procedure if necessary, and a quicker return to work and other activities.

"If you feel you're suffering from chronic pain, talk to your primary care physician to determine if you need to see a pain management specialist," explains Dr. Gianoukos. "He or she can develop a comprehensive approach, tailored to meet your individual needs, which incorporates the most advanced psychological, lifestyle, and medical technologies available such as radiofrequency ablation."



"We are witnessing excellent outcomes for our Center for Pain Management patients who have had the radiofrequency ablation procedure. Some are experiencing a decrease in their pain levels that is sustained for six to 12 months after the procedure is performed."

Stephanie Gianoukos, MD
Pain Management Specialist at
Nashoba Valley Medical Center

To make an appointment with a pain medicine specialist at Nashoba Valley Medical Center, call 1-888-657-5953.



Vision Changes that Should Not Be Ignored

Your eyes are an important part of your overall health and when you begin having troubling vision changes you may be experiencing a torn or detached retina.

“The retina may be torn or detached due to aging, an eye injury, or other problems,” says Gisela Velez, MD, a highly skilled retina surgeon at Nashoba Valley Medical Center. “Tears and detachments are painless. But they often cause vision changes in which you’ll want to contact your eye doctor immediately or go to the emergency room as a retinal detachment is a medical emergency.”

If you have a detachment, you may notice a shadow or “curtain” across your vision and signs of a tear include having floaters, flashes, and blurry vision.

Depending on your retinal damage, your eye doctor may use one or more procedures to treat the problem. Some treatments can happen in your eye doctor’s office while others require surgery.



“At Nashoba Valley Medical Center, we perform world class retina surgical procedures using a cutting-edge microscope and top-of-the-line vitrectomy system.”



Gisela Velez, MD

Retina Surgeon at Nashoba Valley Medical Center



Steven Brusie, MD

Ophthalmologist at Nashoba Valley Medical Center

Sealing a Tear

Tears are treated to prevent fluid from leaking beneath the retina and causing a detachment. Treatments include laser therapy and cryotherapy.

Fixing a Detachment

There are several methods for treating retinal detachments. These include:

- **Pneumatic Retinopexy.** The eye is filled with a gas bubble. As the gas expands, it pushes the retina back into place.
- **Scleral buckling.** A scleral buckle is a soft band that is surgically put around part or all of the eye. It is then tightened to press the eye wall against the retina. This allows the retina to settle back into its normal position.
- **Vitrectomy.** The vitreous may be surgically removed to keep it from pulling on the retina and replaced with a gas or oil bubble.

“At Nashoba Valley Medical Center, we perform world class retina surgical procedures using a cutting-edge microscope and top-of-the-line vitrectomy system,” says Dr. Velez.

In addition to treating torn or detached retinas, Dr. Velez along with Ophthalmologist Steven Brusie, MD, treat the following conditions: cataracts, glaucoma, macular degeneration, macular puckering, complications from diabetes, and retinal and ocular inflammatory diseases.

Call 1-888-724-4153 to schedule an appointment with Drs Velez or Brusie.

Treatment for Hand and Wrist Pain: Carpel Tunnel Syndrome

Each time you tie your shoes, shampoo your hair, cook a meal, tap out an email or a text message, or brush your teeth, you're using one of the most important parts of your body: your hands.

But that's not all. Networks of nerves, from your fingertips to the palm of your hand, to your wrist and forearm, make it possible to experience sensations that help you stay safe ("Ouch, that's hot!"), perform jobs (carve a turkey, grip a hammer), and provide a tender touch to loved ones.

Given the complexity of the hand, it's remarkable that injuries are not more frequent. When injuries or new conditions happen, though, a hand injury can be debilitating and require expert care.

Carpal tunnel syndrome

Carpal tunnel syndrome is one of the most common hand and wrist conditions. It occurs when tissues surrounding the tendons in the wrist swell and put pressure on the median nerve that runs down the middle of the hand and wrist through the carpal tunnel. Normally, surrounding tissue, called the synovium, lubricates the tendons and makes it easier to move the fingers. However, if the synovium swells, the space within the carpal tunnel becomes tighter. Over time, it compresses the nerve. This results in numbness of the fingers and, sometimes, pain.

"For carpal tunnel syndrome, a wrist brace worn during sleep, and taking vitamin B6 supplements or simple anti-inflammatory medications are some of the conservative measures that can help."

Elisabeth Gennis, MD
Orthopedic Hand And Upper Extremity
Surgeon at Nashoba Valley
Medical Center



**MAKE AN
APPOINTMENT TODAY!
CALL 1-888-599-0663**

Nashoba Valley Medical Center's (NVMC) new orthopedic hand and upper extremity services offers a wide range of treatment and hand surgery procedures, including carpal and cubital tunnel release; trigger finger release; all fractures and injuries of the hand and wrist, including tendon and nerve injuries; De Quervain's tenosynovitis; and Dupuytren's contracture.

While there is no single cause for carpal tunnel syndrome, there are several risk factors. Some of these include:

- **Genetics.** Carpal tunnels are smaller in some people, and this trait can run in families.
- **Hand use over time.** Use of tools that vibrate, such as saws or jackhammers, are known to intensify symptoms. Motorcycles can aggravate symptoms as well.
- **Hormonal changes related to pregnancy.**
- **Age.** As with many conditions, carpal tunnel problems occur more frequently with aging.
- **Other medical conditions.** Certain medical conditions, such as diabetes, rheumatoid arthritis or thyroid gland imbalance can be associated with carpal tunnel.
- **Smoking.** Smoking causes reduced blood flow – in this case, to the median nerve in the carpal tunnel.

Non-surgical and surgical treatment for hand, wrist and upper body conditions

Fortunately, there are both non-surgical and surgical solutions for carpal tunnel syndrome as well as other hand and upper extremity conditions.

"Specialized therapy can be very beneficial for injuries affecting the hands, wrists and the upper extremity," says Elisabeth Gennis, orthopedic hand and upper extremity surgeon at Nashoba Valley Medical Center. "For carpal tunnel syndrome, a wrist brace worn during sleep, and taking vitamin B6 supplements or simple anti-inflammatory medications are some of the conservative measures that can help."

If conservative measures are not effective and surgery is needed, a minimally invasive procedure called endoscopic carpal tunnel release can help.

"This procedure requires just a small incision and three stitches," explains Dr. Gennis. "Best of all, patients can move their fingers, dress themselves, and type or text the same day. Most people are able to return to work quickly."

*Source: American Academy of Orthopedic Surgeons, www.orthoinfo.aaos.org/topic.cfm?topic=A00005

Don't Suffer with Shoulder Pain

Total Shoulder Replacement is a Common Surgical Procedure

Whether throwing a ball, paddling a canoe, lifting boxes, or pushing a lawn mower, we rely heavily on our shoulders to perform a number of activities.

Normally, the shoulder has a wide range of motion, making it the most mobile joint in the body. Because of this flexibility, however, it is not very stable and is easily injured.

“Shoulder pain can be caused by many things, including small repetitive movements, heavy manual labor, playing sports and accidents,” explains Elisabeth Gennis, orthopedic hand and upper extremity surgeon at Nashoba Valley Medical Center. “To keep shoulders healthy and pain-free, it’s important to know how to spot and avoid common injuries.”

The Types of Shoulder Conditions

Indications that you may have a shoulder condition include:

- Pain that interferes with everyday activities – reaching into a cabinet, dressing, toileting and washing
- Moderate to severe pain while resting that prevents sleep
- Loss of motion or weakness in the shoulder

Conditions that can cause discomfort and pain serious enough for patients to consider shoulder joint replacement include shoulder instability, osteoarthritis, rheumatoid arthritis, post-traumatic arthritis from a serious shoulder injury, long-standing rotator cuff tears, and avascular necrosis, where the blood supply to the bone is disrupted causing destruction of the shoulder joint and arthritis.

“With the advanced technologies we have today, there is no need to suffer with pain,” says Dr. Gennis.



“Typically, we begin with non-surgical treatments such as medications, physical therapy or injections, reserving surgery for when it’s absolutely necessary.”

Options for Treatment

For patients with shoulder conditions who fail to improve with medications, injections, or physical therapy, a total shoulder replacement may be the next course of treatment. During total shoulder replacement surgery, now considered a common surgical procedure, the damaged parts of the shoulder are removed and replaced with artificial components.

In typical total shoulder replacement surgery, the arthritic joint is replaced with a highly polished metal ball attached to a stem that is inserted into the upper arm bone, and a plastic socket attached to the shoulder blade. Depending on the condition of the shoulder, the surgeon may replace only the ball and anchor

it to the arm bone with a stem, or just resurface the ball with a cap-like prosthesis without a stem, preserving natural bone.

A less common option is reverse total shoulder replacement surgery where the socket and metal ball are switched; the metal ball is attached to the shoulder blade and a plastic socket is attached to the upper arm bone, allowing the patient to use the deltoid muscle instead of rotator cuff muscles to lift the arm. This is sometimes used for patients with completely torn rotator cuffs with severe arm weakness, or severe arthritis with rotator cuff tearing.

If you are experiencing shoulder pain or discomfort, the orthopaedic specialists at Nashoba Valley Medical Center can help determine the cause of your pain and design a comprehensive treatment plan specific to your individual needs.

“Shoulder pain can be caused by many things, including small repetitive movements, heavy manual labor, playing sports and accidents. To keep shoulders healthy and pain-free, it’s important to know how to spot and avoid common injuries.”

Elisabeth Gennis, MD
Orthopedic Hand And Upper
Extremity Surgeon at Nashoba
Valley Medical Center



**To schedule an
appointment with
an orthopedic
specialist, call
1-888-599-0663.**

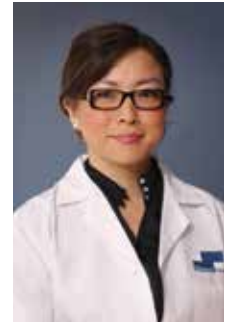


Could it be Your Thyroid?

“The symptoms of a thyroid problem aren’t always clear, you may feel tired or hyper. You may have weight gain or weight loss. You may feel hot or cold. These symptoms may be signs of thyroid dysfunction.”

Lori Wang, MD

Endocrinologist at Nashoba Valley Medical Center’s Diabetes and Endocrine Center



For such a small gland, the thyroid has a big job. It keeps your body working properly. It regulates your metabolism and energy. Do you need routine screening to make sure you don’t have a thyroid problem?

What the Research Says

More people are being treated for thyroid disease. It’s a common problem for an aging population.

Research suggests thyroid dysfunction can harm your health. It may raise your risk for heart problems, such as an irregular heartbeat and heart failure.

To schedule an appointment with NVMC’s Diabetes and Endocrine Center, call 1-888-323-5685.

When You Should be Tested

“The symptoms of a thyroid problem aren’t always clear,” says Lori Wang, MD, endocrinologist at Nashoba Valley Medical Center’s Diabetes and Endocrine Center. “For example, you may feel tired or hyper. You may have weight gain or weight loss. You may feel hot or cold. These symptoms may be signs of thyroid dysfunction.”

If your thyroid makes too much thyroid hormone, you have an overactive thyroid, and this condition is called hyperthyroidism.

The symptoms of hyperthyroidism may include:

- Being nervous or irritable
- Mood swings
- Fatigue or muscle weakness
- Heat intolerance
- Trouble sleeping
- Hand tremors
- Rapid and irregular heartbeat
- Frequent bowel movements or diarrhea
- Weight loss



If your thyroid makes too little thyroid hormone, you have an underactive thyroid, or hypothyroidism. The symptoms of hypothyroidism can vary from person to person and can include:

- Fatigue
- Weight gain
- A puffy face
- Cold intolerance
- Joint and muscle aches
- Constipation
- Dry skin
- Dry, thinning hair
- Heavy or irregular menstrual periods and fertility problems
- Slowed heart rate

If you have any unexplained symptoms that suggest an overactive or underactive thyroid, talk with your health care provider. People who are at high risk for a thyroid problem, such as those with a family history of thyroid disease, should also think about testing for thyroid dysfunction. Generally, an examination and blood tests can detect a thyroid problem. Treatment may include medicine.

The Diabetes and Endocrine Center at Nashoba Valley Medical Center (NVMC) provides expert diagnosis and treatment for patients with diabetes and other endocrine and metabolic disorders.

Are You at Risk for Breast Cancer?

In 2017, it's estimated that 252,720 new cases of invasive breast cancer will be diagnosed in women living in the United States.

"Because breast cancer is the second leading cause of cancer death in women, it is important for a woman to understand their risk factors for the disease," says Jennifer Stone, MD, Nashoba Valley Medical Center's medical director of the Center for Cancer Care. "The first step in understanding is to discuss the risk factors with your doctor and what steps you can take toward prevention."

The following are risk factors associated with breast cancer:

- **Sex.** Breast cancer occurs nearly 100 times more often in women than in men.
- **Race or ethnicity.** Caucasian women develop breast cancer slightly more often than African-American women. But African-American women tend to die of breast cancer more often. The risk for having breast cancer and dying from it is lower in women who are Hispanic, Native American, or Asian.
- **Older age.** Two out of three women with invasive cancer are diagnosed after age 55.
- **History of breast cancer.** If you've had cancer in one breast, you're at an increased risk of having it in the other breast or another part of the same breast.
- **Family history.** Having a parent, sibling, or child with breast cancer increases your risk.
- **Benign breast disease.** Women with certain benign breast conditions such as hyperplasia or atypical hyperplasia have an increased risk of breast cancer.
- **Early menstrual periods.** Women whose periods began before age 12 have a slightly higher risk of breast cancer.
- **Late menopause.** Women are at a slightly higher risk if they began menopause after age 55.
- **Not giving birth to a child, or giving birth to your first child after age 30.** These women have a slightly higher breast cancer risk.
- **Dense breast tissue.** Women whose breasts have larger areas of dense tissue on mammograms are at increased risk for breast cancer.
- **Recent use (within 10 years) of oral contraceptives.** Taking birth control pills slightly increases your breast cancer risk compared with women who have never used them. The risk may go back to normal over time after the pills are stopped.

"Because breast cancer is the second leading cause of cancer death in women, it is important for a woman to understand their risk factors for the disease."



Jennifer Stone, MD
Nashoba Valley Medical Center's Medical Director of the Center for Cancer Care

- **Drinking alcohol.** Breast cancer risk goes up if you drink just one glass of wine, beer, or mixed drink a day. The more you drink, the higher your risk.
- **Long-term use of estrogen and progestin medicines after menopause.** This is known as hormone replacement therapy (HRT). The hormones are most often used together. If you have had HRT for two or more years to relieve menopause symptoms, you may have a higher chance of breast cancer. If you decide to use HRT, use it at the lowest dose and for the shortest time possible.
- **Certain inherited changes in genes are another risk factor.** Hereditary breast cancer accounts for about 5 to 10 percent of all breast cancer cases. Genes linked to breast cancer include:
 - **BRCA1 and BRCA2 genes.** These are tumor suppressor genes that usually have the job of controlling cell growth and cell death. When they're changed, they don't do their job correctly, and cancer tumors may grow. Changes in these genes account for most cases of hereditary breast cancer.

"Some risk factors, such as family history, may not be in your control. But others may be things you can change," says Dr. Stone. "Knowing the risk factors can help you make choices that might lower your risk."

After you and your doctor review the risk factors – together – you can develop the best prevention and screening plan for you.

To schedule an appointment for a mammogram with Nashoba Valley Medical Center, please call 1-888-431-5871.

Schedule your Mammogram Now

The American Cancer Society recommends that women receive an annual mammogram beginning at age 40. If you are due for a mammogram, schedule your appointment now. Early detection is the key to breast health.

*Source, American Cancer Society, www.cancer.org

Nashoba Valley Medical Center Welcomes Fellowship-trained Breast Surgeon, Lerna Ozcan, MD.



NVMC'S WOMEN'S IMAGING CENTER'S ANNUAL BREAST HEALTH DAY October 12, 2017

On Thursday, October 12, from 8:30 a.m. to 3:30 p.m., the Women's Imaging Center at NVMC, 200 Groton Road in Ayer, will host its annual Breast Health Day for women living in the Nashoba Valley region. Walk-in digital mammograms appointments are available throughout the day, along with giveaways, breast health information, refreshments and a free raffle drawing for a picnic basket filled with goodies.

Who Should Have an Exercise Stress Test

Exercise stress tests are most frequently performed for evaluation of chest pain. They could also help to assess heart rate and blood pressure responses to stress, investigate symptoms such as shortness of breath and dizziness. Sometimes stress tests help to evaluate severity of valvular heart disease, certain arrhythmias (irregularity of the heart beat) or abnormal EKG.

“Stress tests are extremely valuable in the evaluation of a large variety of medical conditions if they are administered and interpreted appropriately,” explains Nashoba Valley Medical Center Cardiologist Peter Ofman.

When to Have an Exercise Stress Test

You may need an exercise stress test if you have:

- Chest pains, shortness of breath, dizziness or other symptoms, which could be caused by previously undiagnosed cardiac condition.
- Been diagnosed with coronary heart disease or recently had a heart attack. A stress test can show whether you can handle an exercise program
- Felt faint, a rapid heartbeat or a fluttering feeling in your chest, or have other symptoms of an arrhythmia (an irregular heartbeat) during exercise.

What Happens During an Exercise Stress Test

During an exercise stress test your heart's response to exercise will be tested by recording your ECG, cardiac image, or cardiac ultrasound (echo) while you walk on a treadmill or ride a stationary bike. In certain situations, if you are unable to walk on a treadmill, a medication could be administered to increase your heart rate and/or blood supply to the heart.

At the beginning of the test, electrodes (small pads) are placed on your upper body and a blood pressure cuff on your arm. These are used to monitor heartbeat and blood pressure during and after the test.

You will then be asked to exercise for several minutes on the treadmill or bike. Expect the exercise to be easy at first. It will slowly get harder, with an increase in speed and incline every few minutes. This happens to monitor your heart as it is forced to work harder. Exercise as long as you can, or until you are asked to stop.

In some situations, different stress test modalities such as a nuclear stress test or stress echo (instead of a regular stress test) may be needed. Nuclear stress test and stress echo could be administered by walking on a treadmill (similar to regular stress test) or by giving certain medications to temporarily increase the cardiac workload.

It is important to tell your health care provider if you feel any of the following during the test:

- Chest, arm, or jaw pain or discomfort
- Shortness of breath
- Fatigue
- Dizziness
- Leg cramps or soreness
- Faintness
- Palpitations

After an exercise stress test, you can resume your normal activity, unless otherwise instructed. The results will be sent to your health care provider to discuss with you what they mean.

*Source: National Heart, Lung and Blood Institute, www.nhlbi.nih.gov



“Stress tests are extremely valuable in the evaluation of a large variety of medical conditions if they are administered and interpreted appropriately.”

Peter Ofman, MD

Nashoba Valley Medical Center
Cardiologist



To make an appointment with Dr. Ofman or for more information about cardiology services offered at Nashoba Valley Medical Center, call 1-888-496-6898 or visit www.nashobamed.org/cardiac-vascular.

Men, Questions to Ask Your Doctor About Prostate Cancer Screening

September is Prostate Cancer Awareness Month, which means it is a good reminder to discuss how proper prevention, screening and, if necessary, treatment can address prostate cancer and other common disorders. Talking with your primary care physician will help you make an informed decision about prostate cancer screening.

“All men have a prostate and that means that all men are at risk for prostate problems,” says Kevin Tomera, MD, Nashoba Valley Medical Center urologist. “And for the most part, these risks increase with age.”

In addition to the aging process, experts believe diet, race and heredity may all lead to prostate trouble. The three most common problems associated with the prostate are:

- **Prostatitis.** This condition develops when the prostate swells or becomes inflamed, usually caused by bacterial infection.
- **Benign prostatic hyperplasia (BPH).** A normal prostate can also grow many times in size when hormonal changes occur after age 40, causing BPH.
- **Prostate cancer.** Even though prostate cancer is one of the most diagnosed cancers in America, on average men have only a three percent risk of actually dying from the disease. Tumors are often slow-growing and highly treatable. However, patients sometimes experience no symptoms until the cancer has spread. Thus, early detection by your doctor is important.

Symptoms of prostate disease include pain, burning and difficulty in urinating, blood in the urine or semen, painful ejaculation, and lower back pain.

To Be Screened or Not to Be Screened

The medical community previously agreed that after a certain age, all men should be screened for prostate problems. However, the latest medical research suggests that prostate cancer screenings are no longer considered necessary for all men.

For this reason, it is important to talk to your health care provider about prostate screening and ask the following five questions:

1. What is my personal risk for prostate cancer based on my age, race, and family history?
2. What screening test do you recommend?



3. What will the screening test results tell me?
4. If the test results show I might have prostate cancer, what are the next steps?
5. What are my choices for treating or not treating right away and if I receive treatment, what are the treatment choices?

For those who do decide to get screened, the most common exams include:

- **A digital rectal exam (DRE):** Although some men consider this test embarrassing, it is a quick, simple procedure that could save your life.
- **A PSA (prostate-specific antigen) blood test:** For men over 50 or earlier for men in high risk groups, such as African-Americans or those with a family history of prostate problems.
- **ExoDx.** A new simple urine test that reduces the need for biopsy by up to 40 percent.

“If diagnosed, a urologist can discuss and determine the best course of treatment for each individual patient,” says Dr. Tomera. “Treatments for prostatitis and BPH often include a low-fat diet and medications, while prostate cancer is typically treated with chemotherapy, surgery and/or radiation.”

“All men have a prostate and that means that all men are at risk for prostate problems, and for the most part, these risks increase with age.”

Kevin Tomera, MD
Nashoba Valley Medical Center
Urologist

NEED A DOCTOR?

To schedule an appointment with a Nashoba Valley Medical Center primary care physician, call 1-888-743-0823.

Need a Doctor? Primary Care Physicians Accepting New Patients



Prativa Basnet, MD

Location: Bolton Primary Care
126 Hudson Road, Bolton, MA

Education: Manipal College of
Medical Sciences

Other Languages Spoken:
Hindi, Nepali



Asha Naidu, MD

Location: Lotus Med, 190 Groton
Road, Suite 290, Ayer, MA

Education: Sri Ramachandra
Deemed University, Madras
(Chennai) Sri Ramachandra
Medical College

No longer accepts MassHealth



Vandana Sahay, MD

Location: Groton Internal
Medicine, Mill Run Plaza, 497
Main Street, Suite 4B, Groton, MA

Education: NTR University of
Health Sciences, Vijayawada
Osmania Medical College

Other Languages Spoken:
Hindi, Teluga



Alla Sarkisyan, MD

Location: Groton Internal
Medicine, Mill Run Plaza, 497
Main Street, Suite 4B, Groton, MA

Education: Azerbaijan Medical
Institute

Other Languages Spoken:
Russian



Tisha Dickey, DO

Location: Nashoba Family
Medicine, 1 Forge Village Road,
Groton, MA

Education: University of Medicine
and Dentistry of New Jersey,
School of Osteopathic Medicine



Sanjay Basu, MD

Location: Nashoba Family
Medicine, 1 Forge Village Road,
Groton, MA

Education: St George's University
School of Medicine



Montu Patel, DO

Location: Nashoba Family
Medicine, 1 Forge Village Road,
Groton, MA

Education: New York College
of Osteopathic Medicine of New
York Institute of Technology

Other Languages Spoken: Hindi,
Gujardi, Spanish, Panjabi

TO MAKE AN APPOINTMENT WITH A PRIMARY CARE PHYSICIAN, CALL 1-888-724-5841



Muhammad Mowla, MD

Location: Townsend Family Practice, Harbor Village, 18 Main Street, Townsend, MA

Education: Sindh Medical College Karachi

Other Languages Spoken: Bengali, Hindi, Urdu



Deepthi Pandraju, MD

Location: Lunenburg Family Practice, 324 Massachusetts Avenue, Lunenburg, MA

Education: NTR University of Health Sciences, Vijayawada
Osmania Medical College

Other Languages Spoken: Hindi, Telugu, Sinhala



Stephany Godfrey, DO

Location: Nashoba Family Medicine, 1 Forge Village Road, Groton, MA

Education: University of New England, College of Osteopathic Medicine



Archana Shah, MD

Location: Lunenburg Family Practice, 324 Massachusetts Avenue, Lunenburg, MA

Education: Berhampur University
Maharaja Krishna Chandra Gajapati Medical College

Other Languages Spoken: Gujarati, Hindi, Spanish



Craig Gustafson, MD

Location: Shaker Place, 233 Ayer Road, Harvard, MA

Education: Temple University School of Medicine

No longer accepts MassHealth



Carol Savage, MD

Location: Shaker Place, 233 Ayer Road, Harvard, MA

Education: Boston University School of Medicine



Laila Attar, MD

Location: Pepperell Family Practice, 76 Main Street, Pepperell, MA

Education: Dartmouth Medical School

STEWARDS

DOCTORFINDER™

All of the physicians are now accepting patients. Please call DoctorFinder™ at **1-888-724-5841** for more information and to schedule an appointment.

Calendar of Upcoming Events

NVMC'S WOMEN'S IMAGING CENTER'S ANNUAL BREAST HEALTH DAY

OCTOBER 12, 2017

On Thursday, October 12, from 8:30 a.m. to 3:30 p.m., the Women's Imaging Center at NVMC, 200 Groton Road in Ayer, will host its annual Breast Health Day for women living in the Nashoba Valley region. Walk-in digital mammograms appointments are available throughout the day, along with giveaways, breast health information, refreshments and a free raffle drawing for a picnic basket filled with goodies.

CENTER FOR WEIGHT CONTROL OPTIFAST® FREE INFO SESSION

The Center for Weight Control invites you to a FREE information session to learn about the benefits of OPTIFAST®, a medically monitored weight loss program where the typical patient loses over 50 pounds in just 18 to 24 weeks.

Wednesday, September 20, 4:30-5:30 p.m.

Wednesday, November 1, 10-11 a.m.

Wednesday, November 15, 4:30-5:30 p.m.

Wednesday, December 6, 10-11 a.m.

Wednesday, December 20, 4:30-5:30 p.m.

Sessions are held at Nashoba Valley Medical Center, Conference Room B, 200 Groton Road in Ayer. For more information or to RSVP, please contact NVMC.Optifast@steward.org or call 978-784-9313.

A.W.A.K.E- SLEEP SUPPORT GROUP

At each A.W.A.K.E (Alert, Well, Keeping Energetic) sleep support group meeting, we focus on a specific topic and touch on the basics of sleep. Meetings are typically held every other month on the first Thursday of the month. To RSVP, please call Ana Pierre Philippe at 978-784-9399 or email ana.pierrephilippe@steward.org. Class location is in the Founders Room at Nashoba Valley Medical Center, 200 Groton Road in Ayer.

Thursday, November 2, 6-7 p.m.

SURGICAL WEIGHT LOSS INFORMATION SEMINARS

An informational seminar to learn more about the Center for Weight Control services. The schedule is as follows:

Tuesday, October 3 at 6 p.m.

Tuesday, October 17 at 11 a.m.

Tuesday, November 7 at 6 p.m.

Tuesday, November 21 at 11 a.m.

Tuesday, December 5 at 6 p.m.

Tuesday, December 19 at 11 a.m.

All seminars are held at Nashoba Valley Medical Center's Conference Room B, 200 Groton Road, Ayer. Call 978-862-LOSE (5673) to register or visit www.nashobamed.org/events.

"TAKE CHARGE", LESSONS IN DIABETES MANAGEMENT

These meetings take place in the Diabetes and Endocrine Center, 190 Groton Road, Suite 150, Ayer.

For more information and to register, call 978-785-9548.

Session 2: Every Wednesday from 4-5:30 p.m. Begins November 1 and ends on December 6. NO class on November 22.

BLOOD DRIVE

Wednesday, October 4, 11 a.m. to 4 p.m., in Nashoba Valley Medical Center's Founders Room, 200 Groton Road in Ayer.

SAVE THE DATE

Nashoba Valley Medical Center's
2017 Hunger Run 5K
to Benefit Loaves & Fishes Food Pantry

SATURDAY, OCTOBER 14, 2017

11:00 A.M.

Nashoba Valley
Medical Center
200 Groton Road,
Ayer, MA
nashobamed.org/hunger-run-5k



A Message from the President



Dear Neighbor,

The world of health care continues to evolve and at Nashoba Valley Medical Center (NVMC), our commitment to high-quality care and safety continues to be stronger than ever. This past spring,

NVMC was honored again with a second consecutive "A" grade in the Spring 2017 update to the Hospital Safety Grade by The Leapfrog Group, an independent industry watchdog and the nation's leading experts on patient safety. This designation is a great honor to our health care team who carry out our safety and quality initiatives every day of the year.

A component of maintaining our high standards and safety and quality initiatives is our mission of introducing new health care services to meet the needs of our patients and the community, and hiring top notch specialists and health care team members.

In July, NVMC's senior leadership and health care teams welcomed Cheryl Bonasoro, MSN, RN, as the hospital's new vice president and chief nursing officer. Cheryl brings an extensive clinical background that includes more than 30 years of experience in nursing, home health, health care design, and leadership to her new role at NVMC. We are extremely fortunate to have her join the hospital and our community.

Within the last year, we expanded our orthopedic hand and upper extremity services as well as our nephrology services. Our Center for Pain Management began offering radiofrequency ablation, which is a minimally invasive, non-surgical procedure to treat chronic pain. NVMC's Center for Weight Control added gastric bypass and sleeve gastrectomy (gastric sleeve) surgical procedures to help patients achieve long-term weight loss. This October, we will host the 6th annual Hunger Run, to support the local food pantry, Loaves & Fishes.

As always, we look forward to fulfilling our mission to meet your evolving health care needs and goals and further entrust in you that NVMC is the right place to call "home" for your health care needs.

Sincerely,

Salvatore Perla
President

**Nashoba Valley
Medical Center**

A STEWARD FAMILY HOSPITAL

Steward