Florida Hospital Establishes Central Florida’s First Heart Transplant Program

SPECIAL FEATURE: Rosen Medical Center

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COVER STORY
With the addition of Barbara Czerska, MD, Transplant Cardiologist, and Lawrence McBride, MD, Cardiothoracic Surgeon, patients who are suffering from advanced heart failure will no longer need to travel outside Central Florida for treatment.

ON THE COVER
Barbara Czerska, MD and Lawrence McBride, MD

SPECIAL FEATURE
“A model for health care reform.” That’s how many are describing the Rosen Medical Center, established by Rosen Hotels and Resorts in Orlando, Florida. The self-insured, company-managed, on-site medical center was founded 19 years ago by Central Florida hotelier Harris Rosen.

SPECIAL FEATURE COVER
Harris Rosen, Rosen Hotels & Resorts
I am pleased to bring you another issue of Florida MD magazine. As we focus cardiology and women’s health this month, it is important to remember that heart disease is the number one killer of women in America, even more so than breast cancer. To help people improve their heart health, the American Heart Association has developed *My Life Check* (www.heart.org/MyLifeCheck). The short assessment easily identifies the seven goals and notes where a person is on the spectrum, while additional tools offer specific action steps to improve the measurements and track personal progress. Please share the information discussed below with your patients.

Best regards,

Donald B. Rauhofer  
Publisher

**AMERICAN HEART ASSOCIATION DEFINES ‘IDEAL’ CARDIOVASCULAR HEALTH, SETS NEW GOAL TO FOCUS ON IMPROVING HEALTH FACTORS AND LIFESTYLE BEHAVIORS**

For the first time, the American Heart Association has defined “ideal cardiovascular health,” identifying seven health factors and lifestyle behaviors that support heart health. The association created the definition as part of its effort to achieve its new national goal: By 2020, to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent.

In a recent survey of adult Americans, the association found 39 percent said they thought they had ideal heart health; however, 54 percent of those (and 70 percent of all respondents) said a health professional had told them they had a risk factor for heart disease and/or needed to make a lifestyle change to improve their heart health. These findings indicate most people don’t associate important risk factors, such as poor diet and physical inactivity, with heart disease.

For the 2020 impact goal, the association categorizes cardiovascular health as poor, intermediate or ideal — depending on where people are in each of the seven areas. While the metrics for children have vary based on pediatric recommendations and guidelines, ideal cardiovascular health for adults is defined by the presence of these seven health measures, known as *Life’s Simple 7*:

- Never smoked or quit more than one year ago
- Body mass index less than 25 kg/m2
- Physical activity of at least 150 minutes (moderate) or 75 minutes (vigorous) each week
- Four to five of the key components of a healthy diet consistent with current American Heart Association guideline recommendations
- Total cholesterol of less than 200 mg/dL
- Blood pressure below 120/80 mm Hg
- Fasting blood glucose less than 100 mg/dL

To help people improve their heart health, the American Heart Association has developed *My Life Check* (www.heart.org/MyLifeCheck). The short assessment easily identifies the seven goals and notes where a person is on the spectrum, while additional tools offer specific action steps to improve the measurements and track personal progress.
The Orlando Philharmonic Orchestra announces the 2010 season of its acclaimed Sounds of Summer Series. This popular chamber music series highlights the musicians of the Philharmonic in five diverse and highly entertaining programs. The Sounds of Summer Series takes place in the Margeson Theater in the Lowndes Shakespeare Center, 812 E. Rollins Street, Orlando. All Sounds of Summer Series concerts are presented on Mondays at 7:00 PM. Subscriptions to this five-concert series are available in three price levels: Level 1 seating is $160 for adults, $144 for seniors and $80 for students with valid ID. Level 2 seating is $105 for adults, $94.50 for seniors and $52.50 for students with valid ID. Level 3 seating is $70 for adults, seniors and students. Single tickets go on sale Monday, May 24, 2010. Single ticket prices are: Level 1 seating: $37 for adults, $33 for seniors and $18.50 for students with valid ID; Level 2 seating: $26 for adults, $23 for seniors and $13 for students with valid ID; Level 3 seating: $14 for adults, seniors and students. To purchase subscriptions or for more information, call the Orlando Philharmonic Orchestra Box Office at 407-770-0071, or visit the website at www.OrlandoPhil.org.

2010 Sounds of Summer Series

Vienna Roast
June 28
Christopher Wilkins, conductor
Sir Tamas Kocsis, violin
Music includes:
Schubert: Octet; Johann Strauss, Jr.: Roses from the South; Kreisler: Schön Rosmarin and Liebeslied; Strauss-Schoenberg: Emperor Waltz; and Franz Lehár: Hungarian Fantasy

Sovereign Brass: The Creature from the Brass Lagoon
July 12
Sovereign Brass is back with a program of fiendish fun!

The Strings of Passion
July 26
The Orlando Bolshoi Violin Ensemble presents a program of beautiful and elegant music to enchant your heart and soul.

Tamas and Family
August 9
Concertmaster Tamas Kocsis gathers his talented musical family for an evening of fabulous music.

Viva Viola!
August 23
Mauricio Cespedes and Melissa Swedberg, violas This concert will bring to the spotlight the viola section of the Philharmonic. Music includes:
Vivaldi: Quartet for Four Violas; Telemann: Concerto No. 1 in C for Four Violas; Schumann: Viola Quartets; Six Argentinian Tangos for Four Violas; and an original arrangement of Celtic fiddle music for viola quartet.

To find out more about the upcoming 2010-2011 Season of the Orlando Philharmonic Orchestra visit the website at www.OrlandoPhil.org. Highlights of the new season include Opening Night on September 25, “Resurrection Symphony,” featuring Mahler’s Symphony No. 2, the return of violinist Joshua Bell on May 14, the semi-staged version of Guys and Dolls with Faith Prince, who will be performing her Tony award-winning role as Miss Adelaide, along with Davis Gaines as Sky Masterson. In April, you’ll delight to Paul McCartney: A Symphonic Tribute. Remember, First Time Subscribers are eligible for a 50% discount (from individual ticket prices – Conductor’s Circle excluded). For more information on the season, see the website or call the Box Office and request a Season Brochure. Call (407) 770-0071.

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Florida Hospital Establishes Central Florida’s First Heart Transplant Program

Expanding the Scope of Services Offered by a National Leader in Transplant and Cardiac Care

By Rachel Akers, Medical Writer

Florida Hospital became the first organization in Central Florida to offer a comprehensive heart transplant program, with services including the treatment of patients with advanced heart failure through cardiac transplantation and mechanical circulatory assist devices. The expansion to include a heart transplant program stems from the key additions of Barbara Czerska, MD, and Lawrence McBride, MD, both who are renowned physicians with years of experience and expertise in treating patients with advanced heart failure. The addition of Dr. Czerska and Dr. McBride is a big announcement for Florida Hospital, but it is important to note that it would not have been possible without the legacy that Florida Hospital Transplant Center and Florida Hospital Cardiovascular Institute have established during the last 40 years, whose volumes, outcomes, and advanced technologies make them nationally recognized for patient care.

“This is a very exciting time for patients that have needed to travel more than 100 miles back and forth for ongoing treatment at the nearest facility,” says Dr. Czerska, transplant cardiologist. “Nearly 30 people each year travel outside Central Florida for a heart transplant, but now they will be able to come to our hospital and receive all the care they need without the physical strain of traveling and the high costs associated with it.”

Dr. Czerska comes to Florida Hospital from Henry Ford Hospital in Detroit, MI, where she served as the Head of Advanced Heart Failure Section and Medical Director of Cardiac Transplantation. She brings a level of experience and expertise not seen regularly throughout the nation, with a clinical interest that includes the multidisciplinary treatment of patients with heart failure that are non-responsive to standard medical therapies. In addition to her clinical work, Dr. Czerska is involved in many new therapies and clinical trial evaluations for heart failure and cardiac transplantation. During her time in Detroit, she also served as the Champion Physician in the Office of Quality and Safety of Henry Ford Health System and the Health Alliance Insurance Plan, which involved the development of the heart failure program with chronic disease management approach across the entire system in order to improve quality measures and cost effectiveness. The addition of Dr. Czerksa is vital to ensure that the patients needing heart transplantation will receive the pre- and post-operative care that is necessary for successful transplantation and excellent outcomes.

Lawrence R. McBride, MD, who is the other piece of the puzzle for the heart transplant program, is a renowned surgeon board certified in Surgery and Thoracic Surgery with a residency in Surgery and Fellowships in Cardiothoracic Research and Cardiothoracic Surgery at St. Louis University Hospital.

With the addition of Barbara Czerska, MD, Transplant Cardiologist, and Lawrence McBride, MD, Cardiothoracic Surgeon, patients who are suffering from advanced heart failure will no longer need to travel outside Central Florida for treatment.
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Hospital already has an excellent reputation for its services and outcomes for transplantation and cardiac care,” says McBride, heart and lung transplant surgeon. “This expansion will further distinguish us as a leader in cardiac and transplant care throughout the nation.”

Before coming to Florida Hospital, Dr. McBride was the Surgical Director of Lung Transplant at Newark Beth Israel Medical Center in Newark, NJ, and the Director of Heart/Lung Transplantation and Mechanical Circulatory Support Programs at Mayo Clinic in Jacksonville, FL, and St. Louis University School of Medicine in St. Louis, MO. In addition to Dr. McBride’s clinical leadership, he has been the principle investigator or co-investigator on many clinical research trials. He is the published author of nearly 100 articles and abstracts, has been a guest reviewer for the Annals of Thoracic Surgery and the American Society for Artificial Internal Organs Journal, and is a featured lecturer nationally and internationally. In addition to performing heart transplantation, Dr. McBride will also be performing lung transplantations at Florida Hospital in the near future.

THE EVOLUTION OF A LEGACY

Florida Hospital already provides kidney, pancreas, liver, and bone marrow transplant services, and with the addition of the heart transplant program, it will become the first comprehensive transplant center in Central Florida. “The addition of the heart transplant program made sense for us,” says Andrew Taussig, MD, Medical Director of Florida Hospital Cardiovascular Institute. “Florida Hospital is the nation’s highest volume cardiovascular provider and also has more than 35 years of transplant experience. This program is a natural extension of the services we offer and adds to the tremendous amount

Barbara Czerska, MD, helps expand Florida Hospital’s services to include comprehensive multidisciplinary treatment of patients with heart failure that are non-responsive to standard medical therapies.

Lawrence McBride, MD, is a renowned surgeon and is nationally and internationally recognized for published articles, abstracts and involvement in clinical research trials.
of resources we offer to patients in this community and outside Central Florida.”

The comprehensive cardiac care services coupled with the latest distinction of offering a heart transplant program elevate Florida Hospital to another level. Moreover, the heart transplant program will deliver other benefits. “This expansion of service will not only add to Florida Hospital’s stellar reputation, but it will allow the hospital to reach farther outside Central Florida, offering quality care for more patients,” explains Mark R. Milunski, MD, FACC, FACP, who serves as the Medical Director of the Inpatient Heart Failure Unit at Florida Hospital Cardiovascular Institute.

In the fall of 2008, the State of Florida approved Florida Hospital’s request for the heart transplant program. George Palmer, MD, Medical Director of Cardiovascular Surgery at Florida Hospital Cardiovascular Institute says, “This is one more step towards Florida Hospital becoming a quaternary center, providing advanced services to tertiary facilities.” Supporting Florida Hospital’s commitment to growth and excellence, the organization constructed a 15-story patient tower last year that houses the Florida Hospital Cardiovascular Institute and the infrastructure and technology to allow heart transplantations to be performed.

Florida Hospital treats more cardiovascular patients than any other hospital in the nation and has one of the busiest transplant centers in the nation. To learn more about the services offered at Florida Hospital, visit www.FloridaHospital.com.
Testosterone replacement therapy (TRT) has proven beneficial results in hypogonadism men.¹ I personally and professional agree entirely with the opening sentence, but as I rotated through my different health care sites I did not see much to any TRT prescribed. A perfect opportunity arose for me to address this important and often controversial topic when my current pharmacy preceptor, Terry Isler assigned me the task of writing this article.

During my ambulatory care rotation, a family practice physician and I were finishing up a follow up physical with a middle aged gentleman; who had one more comment as we were prepared to exit the room. “I’m having trouble….with performance in the bedroom,” he said. The physician reply quickly with “Do you want to try some Viagra®?”. The patient agreed. I walked down the hall with the physician to the nurse’s station, as we were walking I asked the physician if possible the decreased performance could be due to decreased levels of testosterone, the physician said “yes.” I thought more on that patient visit as I prepared to write this article. The questions I thought were: why did the physician go to Viagra® immediately as the go to medication for our patient’s troubles, why was there no investigation to possible causes for erectile dysfunction from the physician, and lastly is there no other pharmacotherapy treatment I could recommend to the physician?

Viagra® is one of the leading Phosphodiesterase Inhibitor (PDE 5) in sales in the United States. This medication also only has one black box warning contraindication, nitrate therapy in case you missed it in the television commercials making for a very safe medication². Speaking of medicine in advertising, that is how most of the population learns of new medications, including health care professionals: medical doctors and pharmacists advertising. A different approach to the television maybe a Pfizer representative will request a time, around lunch or dinner to present medication information and leave a few medication samples and be on their way. The seed is now planted, and very often that is the medication that will be prescribed before others even if the other medication is superior.

What are causes of decreased sexual performance in males? Sleep deprivation, increased stress, depression, and medications all maybe causes for decreased sexual performance in males. One other cause may be decreased testosterone, the primary hormone in the male body and the primary hormone responsible for erections. Testosterone levels in males decrease as age increases. Could millions of men, middle aged and elderly men be suffering from hypogonadism, possibly? To find the answer to this important question lab test of testosterone must be attained first. To prescribe Viagra® or any other PGE inhibitor the only major concern is to ask the question of current nitrate therapy.

Oprah has not yet touched upon TRT yet, but it exists and it beneficial to men with erectile dysfunction due to hypogonadism. Throughout my education at the University Of Florida College Of Pharmacy TRT was never mainstreamed in the curriculum, I would go on to say that most medical colleges do not teach much on the subject either. Decreased number of erections increases with increased age due to decreasing levels of testosterone. Replace the waning testosterone has been proven to improve sexual performance and overall quality of life³. Replacing the testosterone will treat the underlying cause of erectile dysfunction also, the previous few sentences are all strong evidence and background that pharmacists may use in the defense in their support of a recommendation for TRT. The next patient case involving “bedroom..trouble” for a male patient: listen, investigate, and then if warranted consider TRT.


Jared Le Fevre, PharmD Candidate University of Florida is currently on rotation at Pharmacy Specialists. Terry Isler, RPh, practices at Pharmacy Specialists, located at: 393 Maitland Avenue in Altamonte Springs, FL 32701. Please call (407)260-7002, FAX (407) 260-7044, Phone (800) 224-7711, FAX (800) 224-0665.
A Central Florida Resource for Breast Health

The Breast Care Center of Osceola Regional Medical Center distinguishes itself with walk-in appointments, comprehensive care and 3.0 Tesla MRI technology.

By Tejal Patel, MD

When dealing with breast health concerns, women need immediate access to specialists and superior diagnostics. Faced with uncertainty, there’s no time to search for resources. That’s why the Breast Care Center of Osceola Regional Medical Center exists. Located within Osceola Imaging Center on the hospital campus, the Center is a full-service breast health resource, housing specialists and unique technologies.

A COMPREHENSIVE APPROACH

Continuity of care is an important facet of the program, according to Women’s Imaging Specialist and board certified radiologist Tejal Patel, M.D. “If anything suspicious is detected in a screening mammogram or ultrasound, the patient can be immediately scheduled for a diagnostic biopsy at our Center.”

STREAMLINING THE PATIENT PROCESS

Timely treatment is essential if cancer is suspected. Therefore, the Center is devoted to streamlining processes. Breast Care Coordinator Elizabeth Thornton simplifies the transition from mammography to follow-ups, educating and supporting patients along the way. “Our coordinator improves work flow efficiency, allowing me to concentrate on patient reports and timely results,” Dr. Patel said.

TRENDSETTING TECHNOLOGY AND TIMELY TURNDAROUNDS

Technology is integral to the Center’s comprehensive services. While their digital mammography provides exceptional resolution and accuracy, their 3.0 Tesla MRI is the real star. “We’re the only Kissimmee-St. Cloud facility with 3.0 Tesla MRI technology. It has sharper images, shorter scan times and can perform MRI-guided biopsies,” said Dr. Patel. Ultrasound-guided biopsies and obstetrical ultrasounds are also available.

Technology makes the Center tick, but walk-in screening mammograms accommodate patients and keep them happy. After seeing their physician, patients can go directly for a mammogram. If further diagnosis is needed, a follow-up is scheduled before the patient leaves. Report turnarounds are same-day or within 24 hours.

With the potential to save lives, breast diagnostics must be fast and thorough. That belief is the driving force behind the Breast Care Center.

For more information, visit www.osceolaregional.com or call 407-518-4200. The Breast Care Center is located at 730 West Oak Street, Kissimmee, Florida 34741.
Advanced Minimally Invasive Surgery and Gynecology Specialists (AMISG)

New Program at Florida Hospital Orlando

Advanced Minimally Invasive Surgery and Gynecology Specialists (AMISG) is a new program at Florida Hospital Orlando that teaches advanced minimally invasive gynecologic surgery to gynecologic physicians. This new practice joins the existing Ob/Gyn programs at Florida Hospital’s Orlando campus that teach medical students, residents and fellows. Part of the Florida Hospital Center for Advanced Gynecologic Surgery, this new program focuses on the diagnosis and treatment of advanced benign gynecologic conditions. While the emphasis is on advanced laparoscopic and robotic gynecologic surgery techniques, the program also provides expertise and training in the diagnosis and treatment of chronic pelvic pain, vulvodynia, bladder dysfunction and pain, as well as the evaluation and treatment of menstrual disorders, endometriosis, fibroids, adnexal masses, cervical disorders, pelvic organ prolapse and menopausal symptoms. The program has specialized clinics dedicated to patients with chronic pelvic pain and vulvodynia because women with these conditions need multi-disciplinary care and additional long-term resources in the course of their treatment.

The teaching division of AMISG consists of teaching medical students, residents and a fellowship that is accredited by the American Association of Gynecologic Laparoscopists. It is a two year program accepting one board certified or board eligible physician each year. The fellows learn patient care, surgical techniques, and research methodology through extensive didactic coursework. The program is designed to develop physicians who are expert surgeons and clinical research specialists dedicated to the advancement of gynecology.

The program director and founder is Georgine Lamvu, M.D., a highly regarded practitioner, educator and researcher. Dr Lamvu received her medical degree from Duke University School of Medicine in Raleigh, North Carolina, and completed her Ob/Gyn residency and a fellowship in advanced laparoscopy and pelvic pain at the University of North Carolina in Chapel Hill. Board certified in Obstetrics and Gynecology, Dr Lamvu’s expertise is in advanced laparoscopic surgical techniques and chronic pelvic pain disorders. She is very active in research and treatment of female pelvic pain including vulvodynia, vaginismus, dyspareunia, painful bladder syndromes and pelvic pain from other causes. She in internationally recognized for her work in pelvic pain and was recently invited by the Agency for Healthcare Research and Quality to serve as one of their national pelvic pain experts to develop new national evidence based guidelines for the treatment of chronic pelvic pain.

Dr. Lamvu is assisted in the practice by Frederick Hoover, M.D. Dr Hoover is a lifelong resident of Florida and has practiced general gynecology since 1984. Board certified in Ob/Gyn, he received his medical degree from the University of South Florida in Tampa, and completed his residency at the University of South Alabama in Mobile. Originally trained before the advent of advanced laparoscopic techniques, Dr Hoover has continually worked to incorporate the changing techniques that allow minimally invasive approaches to gynecologic procedures. His interest in is advanced laparoscopy and other minimally invasive techniques to aid in the treatment of all benign gynecologic conditions, particularly advanced endometriosis and large pelvic tumors. He has also maintained an interest in the treatment of bleeding disorders, pelvic organ prolapse and menopausal symptoms.

The AMISG clinical practice focuses on providing advanced treatment options through very specialized and individualized care for women in Florida and the surrounding states. The goal is to improve health outcomes through compassionate care, advanced technology and education. The providers of AMISG are please to offer their services at their new location on 2501 N. Orange Avenue, suite 286, Orlando. For questions or referrals please contact us at 407-303-2780.

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Cryptogenic Abdominal Pain Due to Genitofemoral Neuralgia

By David S. Klein, MD, FACA, FACPM

Abdominal pain is a common complaint among women, and it is a common problem that will bring a patient to seek medical attention. Evaluation and treatment of peripheral neuropathic causes of abdominal pain, after evaluation for significant visceral & ovarian pathology. The three most common nerves involved in peripheral neuropathic abdominal pain in the general female population include (1) Iliohypogastric Nerve, (2) Ilioinguinal Nerve, and the (3) Genitofemoral Nerve.

After arising from the L2-4 spinal nerve roots, the Genitofemoral Nerve (GFN) courses through the pelvis and emerges through the abdominal fascia medial to the Anterior Iliac Crest. (Fig 1). The Genital Branch of the GFN passes into the perineum immediately lateral to the Pubic Tubercle, lateral to the Arcuate Ligament.

Symptoms of neuropathic pain arising from the GFN include vulvodynia, dyspareunia, flank pain, and abdominal cramping. The flank pain is commonly intermittent & dull, suggestive of muscle strain, and may follow physical activity, particularly if that activity involves twisting of the torso.

Associated Low Back Pain & Spasm

The pain due to GFN pathology is often worse during menstruation & ovulation, and it may worsen the day following a salt-laden meal. Dyspareunia occurs due to mechanical pressure placed on the GFN as it passes over the Pubic Tubercle (Fig 3), as well as due to irritation from stretch of the Adductors and Rectus Abdominus.

Causes of neuropathic pain originating with the GFN include surgical trauma, Pfannenstiel (Bikini) incision, scarring following inguinal or femoral hernia repair, Cesarean Section, abdominal hysterectomy bladder surgery, suprapubic prostatectomy, and...
plastic surgery (Abdominoplasty) as well as stretch and compression of the nerve due to traction & retraction. Pathology can result from blunt trauma, such as that which might result from athletic endeavors, including horse-back riding, motorcycle trauma, karate, yoga, and rarely due to ‘overly enthusiastic’ sexual performance.

Treatment includes oral anti-convulsants, oral anti-inflammatories, transdermal anti-inflammatory/anti-convulsant admixtures, and peripheral nerve block. Oral anti-inflammatories seem to be most effective in treating early post-operative trauma, pain following vaginal childbirth, and in treating pain following adductor muscle pull (pulled groin muscle). Oral anti-convulsants are useful both early and late in trauma, and thoughtful combinations addressing inhibition of GABA-A, GABA-B and BZP receptors results in pain relief, relief of muscle spasm, and facilitates restoration of sleep.

Transdermal medication should include a combination of anti-convulsant and anti-inflammatory medications, gabapentin & ketoprofen work well together, if compounded in an anhydrous base. The transdermal medication is somewhat inconvenient, when compared to a pill, but through this approach, these medications can be delivered in high concentration to the site of pathology, thereby minimizing, if not eliminating, systemic side-effects, and may be the most effective means of symptom management. The medication must be administered directly over the site of pathology, to ensure therapeutic effect.

Opiates are useful for short periods of time, and may be of some benefit for situational use, particularly with travel, change in life situation, but may be detrimental if used chronically.

Nerve block at the pubic tubercle will deliver high concentration of medications directly to the source and site of pathology. This results in rapid initiation of treatment, facilitates recovery, and shortens recovery time.

Prognosis is quite good. Nerve regeneration can occur, but this requires consistent use of medications for a period of time proportional to the length of time between injury and initiation of treatment.

Additionally, recovery usually requires satisfactory endocrine (hormonal) balance, and recovery is premised on avoidance of re-injury.

David S. Klein, MD has practiced pain medicine for the past 27 years and is the author of over 50 published articles and textbook chapters and has lectured extensively. He is a member of the American Board of Anesthesiology, American Board of Pain Medicine, American Academy of Pain Management, American Board of Minimally Invasive Medicine & Surgery, and has Sub-Specialty Certification in Pain by the American Board of Anesthesiologists. Dr. Klein is presently the Medical Director of the Pain Center of Orlando, located at 225 W. SR 434, Suite #205, Longwood, Florida 32750.
At the end of the day, when you’re driving home, what do you want to know? To feel?

As a doctor, a part of you will say, “I feel that I delivered the best quality care today as possible.” As a business owner, a part of you will say, “I want to know that I did everything I could to increase my profits and grow my practice today.” As a person, you’ll want to know, “What’s for dinner?” But, I digress.

The point is that, at the end of the day, you want to know that you have helped current patients, increased office profits, attracted new patients and positively impacted your reputation. The first step in achieving these goals starts with developing a clear, concise and, most importantly, measurable marketing plan.

Healthcare marketing is not a decision that should be taken lightly – after all, this is your business, and thus your reputation, on the line. And that is exactly why you should be putting serious effort and thought into a well-planned marketing strategy for the short and long-term. Jotting down some ideas or putting together a few advertisements simply isn’t enough.

Current market saturation and experience, as well as several other factors, will determine how much of your revenue should be spent on marketing efforts. Typically, established practices spend between 3-5 percent of revenue while new practices may spend around 10-20 percent for the first few years.

No matter what stage of business you’re in, here are a few components you’ll want to include in your marketing plan.

TARGET MARKET

This is exactly what it sounds like and it answers the one question that will guide all of your future activity: who are you trying to reach? Your answer – or answers – will shape your plan. Obviously, if you want to reach a broad patient base, you’re going to focus more on advertising your practice around town, public relations/community outreach efforts and a strong Web site. If you’re looking to reach referral partners, you will be looking for direct contact with other offices, industry specific publications and even trade shows and lunch-n-learns. All of your efforts from here will be determined by the next component.

BUDGET

Once you’ve identified exactly who you are trying to reach, determine how much you are willing to spend to reach them.

If you would like to avoid paying for services above the line (advertisements, art production costs, etc.), consider a public relations heavy plan focused on positioning you as the expert of your field, gaining credibility and increasing awareness by being featured throughout various news and information outlets.

GOAL

Think about this aspect of the plan for a good while. Of course, the overall goal is to increase revenue and grow your practice, but take some time and apply realistic gains here. Write down the numbers you’d like to achieve. If you’re really brave, include a deadline you’d like to see the increases by. This will help you evaluate your plan and keep you on track. Plus, with the numbers written down you won’t be able to forget, or run, from them.

BRAND IMAGE

This is a broad category, but an important one nonetheless. Your brand image includes (but is not limited to) your logo, slogan, color palette, Web site, marketing/handout material, nametags and even office art and design. Outline all aspects here, then identify how you and your staff will execute and maintain your image standards in everything they do. You want to set yourself apart from the competition; this is how you do it.

COMPETITOR ANALYSIS

Speaking of setting yourself apart from your competitors, now is a good time to really take a look at what they’re doing to gain, lose or maintain market share. Take a moment to see what they’re doing right, and more importantly, what they’re doing wrong. This way, you don’t have to make the mistakes they’ve already made but you can analyze what trends and strategies work. Be sure to check competitors that are in similar regions as well, don’t limit yourself to just the surrounding area.

MEASURING RESULTS

Once you have your plan outlined, you’re going to need a way to measure how well you’ve done and ensure you maximize return on investment. Consider instituting a system to categorize patient
count and how they found out about you. The easiest is to simply add a question on your initial new patient paperwork that asks how they found about your office and give them a few options to choose from. It’s effective and it will save you a lot of money, not to mention a headache or two, when reviewing your marketing plan.

CONCLUSION (SORT OF)

Now, it’s important to note that these are just a few tips on how to develop your marketing plan. Take time to be as detailed as possible, because you will have questions as you move forward. You should be able to look back and find the answers in this plan.

Next month, we’ll take a look at various strategies to consider using when reaching out to your target market. Until then, remember that your plan is not static. You should evaluate and update your plan on an annual basis, at least, to determine what is working and what areas could use improvement. Otherwise, you’ll have no idea what to feel on your way home, except confused.

Jennifer Thompson is a Central Florida small business owner and serves as President of Insight Marketing Group, focusing on medical office marketing, community and public relations. In this capacity she is responsible for developing and implementing the long-term strategic vision for the overall organization including publishing the company’s community-based monthly news magazine and hosting the company’s weekly small business networking group. She can be reached at 321-228-9686 or by email at jennifer@insightmg.com.

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Dr. Frederick Hoover received his medical degree from University of South Florida in Tampa, Florida. Board certified in Obstetrics/Gynecology, Dr. Hoover has more than 25 years of experience in the field of Gynecology and extensive minimally invasive surgery.

Dr. Georgine Lamvu received her medical degree from Duke University School of Medicine and she is the Medical Director of Gynecology and Minimally Invasive Surgery for Florida Hospital Orlando. She is internationally recognized for her work in pelvic pain and serves on the Board for the International Pelvic Pain Society.

Dr. Liza Colimon received her medical degree from the University of Illinois College of Medicine. She is board certified in Obstetrics and Gynecology and is currently pursuing advanced training in gynecologic disorders, minimally invasive and robotic surgery, and research methodology.

The office is located at Florida Hospital South campus, inside the Florida Hospital Cancer Institute building. To make an appointment, please call 407-303-2780.

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Congress has recently passed a sweeping overhaul of our health insurance; and, regardless of whether you are for or against the changes under Obama Care, one thing we all can agree upon is that health insurance coverage and programs are in for change and, in some cases, significant changes. Perhaps the area of greatest change will be retirees or those over the age of 65 covered by Medicare.

With so many baby boomers reaching Medicare eligibility at the same time, $500 billion is being cut from the Medicare budget, some things have to change. Compound all of this with the fact that the country will be adding 30 million more people to the insurance roles and not enough physicians and medical professionals to cope with the massive influx, it doesn’t take an economist to understand the outcome.

While it will take generations for the medical community to add enough personnel to cover the increased number of insureds, it also places a premium on the cost of health care.

Many experts anticipate increased deductibles and co-payments as well as increased premiums. While other experts claim that our premiums will come down as the impact of those 30 million new insureds adjust our premium costs by spreading the risk. Along with the new participants, there will be more premium dollars coming into the insurance company coffers to, hopefully, offset any anticipated increase in cost.

Taking a wait and see approach may be the only choice for most folks. But for those far sighted employers who recognize the potential severity these changes could make to our post retirement medical care, also have the opportunity to provide a significant buffer by funding a Post Retirement Medical Reimbursement Plan. These plans are tax deductible and tax deferred contributions that guarantee a private source of tax free dollars to cover any medical expense not covered by Medicare/Medicaid or other insurance. These funds can also be used to provide long term care, nursing home care, rehabilitation services and just about any other medical expense you can think of and it is reimbursed tax free.

The fund, itself, is creditor protected and is typically funded using insured products. The cost to set up and administer these plans is very reasonable including the actuarial certification.
Revolutionary Private Health Care Program Reduces Costs for Families and Businesses While Allowing Doctors to Focus on Care and Compassion

By Jennifer Roth Miller, Staff Writer

“A model for health care reform.” That’s how many are describing the Rosen Medical Center, established by Rosen Hotels and Resorts in Orlando, Florida. The self-insured, company-managed, on-site medical center was founded 19 years ago by Central Florida hotelier Harris Rosen. It provides excellent, affordable health care to 4,500 individuals and is a proven example of the private sector being proactive in executing a successful health care solution. The model addresses valid concerns about our current health care system including the need to reduce costs for families and employers, improve patient service, and encourage prevention and wellness. In addition, it allows doctors to focus on providing the best care possible with less time wasted on billing and collections. Most impressive, the model is replicable with the help of Rosen’s own consulting group, which has resources available to others who want similar results.

The Rosen Medical Center provides easily accessible, reasonably priced primary care to employees and dependents of the seven Rosen Hotels and Resorts properties, their dependents and students of the University of Central Florida Rosen College of Hospitality Management. It also offers on-site services including lab, ultrasound, x-ray, electrocardiograms, podiatry, nutrition counseling, Holter monitors, disease management, pregnancy case management, and occupational medicine. Any needs beyond these services are referred to outside specialists. This offers unique referral opportunities for Florida doctors.

Florida doctors and their offices are all too familiar with the day-to-day hassles of billing, working with insurance companies and collections. Doctors at the Rosen Medical Center are able to concentrate on what they do best, which is caring for patients with compassion. When a contract is secured with the Rosen Medical Center, fair prices are agreed upon and according to Harris Rosen, “Because of the 35-year reputation of the Rosen brand, doctors know the bills will be paid in full and on time.” There are no insurance companies involved. Specialists, hospitals and other facilities providing outsourced care are paid fairly and in a timely manner.

The select specialists may also experience fewer malpractice suits because patients are content and doctors are less distracted. Fewer mistakes are made when doctors focus on patient care, which can result in decreased litigation. Together these factors can most assuredly bring health care costs down.

Rosen Hotels and Resorts, which is an American Heart Association “Gold Level Start! Fit Friendly Company,” stresses preventative care by providing annual physicals, well-baby care, weight management and smoking cessation programs through the medical center. All insured employees receive dental, mental health and pharmacy benefits. The Center staff includes two full-time primary care physicians, two nurse practitioners, a full-time social worker, a part-time podiatrist and a part-time dietician. Additionally, a team of registered nurses is on-call 24 hours, 365 days a year to address urgent health care concerns.

Patients are motivated to take an active interest in maintaining their overall health to prevent future costly care. All employ-
On-site medication dispensing provides the patient with the medication that they need, at the point of care, which increases the probability of the patient taking the medication timely.

Patients receive their medications within minutes and avoid more time away from work by not having to go to a traditional pharmacy.

The center serves a very diverse population with over 40% of it being from Haiti, Central and South America. Because of this some of the 28 employees of the center are bilingual in Creole or Spanish along with English. Many of the patients served, face specific health challenges such as tuberculosis, obesity, diabetes, hypertension, even HIV management. Some have never seen a doctor before in their native countries. When they begin employment with Rosen Hotels and Resorts and qualify for health coverage, a complete physical assessment is done at the medical center. A physical exam and blood work are performed and areas of concern and improvement are identified. Patients are then given a personalized prescription for healing, management of existing conditions, and steps for prevention of possible future issues and overall wellness.

The self–insured center is able to keep health care costs affordable through the emphasis on prevention and wellness. Employees have a responsibility to do their part and stay healthy. Whether their wellness prescription is to lose weight, stop smoking or eat healthier, they are expected to take an active interest in becoming as healthy as possible. It is a big commitment, but Rosen makes it easier with an on-staff dietician, access to complimentary exercise programs and facilities, weight loss programs and other well-being aids. Rosen Hotels has implemented the W.O.W. Factor Program (Workout for Wellness), which includes: walking programs, Weight Watchers, and complimentary fitness classes such as Zumba Fitness, Tai Chi and Strength & Conditioning with Kickboxing.

Staying healthy is a mantra that infiltrates the entire Rosen organization. It goes beyond the employees. Foods served at the hotels are carefully chosen. Many of the hotels have their own gardens where they grow herbs to be used by the Chefs. Vendors and their inventory are carefully screened for the healthiest natural choices. Even the pizza at Rosen Hotels and Resorts is healthy. Rosen’s pizza creation called, the Perfect Pizza, is low-fat, low-sodium, has no trans-fats and features a whole grain crust. Vending machines offer juices rather than sodas and energy bars instead of chips and candy. Offering healthy choices makes it easier to stay healthy.

Another recurring theme of the organization is service. A high level of service is expected and demanded in the hospitality industry. Competitive hotels strive to be a cut above the rest in order to be successful. Rosen extends the values of impeccable service and hospitality to patients served at the center.

Patients receive a high level of service from the moment they seek care. Care is often provided in several languages to help patients understand doctor’s recommendations and to make certain medications and patients are often asked to complete paperwork regarding information they may have already given. At Rosen this does not occur, because Rosen applies hospital-
Rosen places high importance on providing affordable, high-quality health care to employees, but the employees aren’t the only ones benefiting. Rosen saves a significant amount of money by taking health care into his own hands. For the past five years, health care costs for Rosen have remained flat at around $2,500 per covered life annually, while for traditional insurance plans, costs have continued to skyrocket. For every dollar Rosen invests in his medical center, he receives an eight to nine dollar return on that investment. He is realizing benefits such as higher employee retention, less paid sick time off of work, lower costs in training and hiring new employees, stable health care costs, and reduced workers’ compensation costs. Rosen’s workers’ compensation costs are half the industry average. When added up Rosen says he saves $8 to $10 million annually.

For Rosen, it is not only about the money, it is also the “right thing to do.” He says that no matter the endeavor, “when you do the right thing, there is always a reward.” By doing the right thing, providing high-quality, affordable health care, he receives the reward of saving money and retaining employees. It is a positive situation for everyone involved.

Only a small number of private employers in the United States take a proactive part in providing employee health care in this manner. It is an intimidating, daunting task that employers feel they are unable to tackle due to lack of knowledge.

Many employers have shown interest in what Rosen is doing which has led him to establish an insurance agency and a consulting company, ProvInsure, which can help others interested in creating a similar health care program in their company. ProvInsure has consulted with several large employers in Florida in hopes that they too will initiate similar health care centers and save money. Organizations with 1,000 or more employees can realize significant savings in health care costs by following the Rosen model. ProvInsure can also help smaller businesses which are self-employed to join efforts in creating groups of 1,000 to better realize care at reduced costs. Along with ProvInsure, Rosen has established his own Information Technology department called Millennium Technology Group that works with the medical center to care for their computers and electronic medical records. Millennium Technology Group currently serves other clinics and medical centers, along with business in other industries.

Rosen is adamant about his philosophy and is certain that other companies and the nation could benefit from his model. He says, “It is in the realm of possibility to offer health care services to employees of other companies in the future. I want to encourage every employer to provide their employees with health care. Our plan can serve as an example of what is possible.”

Rosen was recently recognized by the Orlando Business Journal as one of only two “2009 Employer Health Care Heroes.” Rosen has also appeared on CNN, Fox News, CBS and several local television news stations to discuss his program and health care reform.

Members of the United States House of Representatives, Congressman Alan Grayson (FL-8) and Congressman Frank Pallone (NJ-6 and House Subcommittee Chair on Health) toured the Rosen Medical Center in October 2009. Congressman Grayson said, “This is the kind of innovation in health care that can be spread nationwide and save the nation as much as a trillion dollars. Yes, that’s a trillion with a ‘T’! We have a health care leader right here in Central Florida.”

The model has received much praise, but some do criticize it wondering whether it is appropriate for an employer to be so involved in the lives of its employees. Rosen Medical Center staff members ensure that Rosen is not involved at the patient level. The center strictly adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules set by the United States Department of Health and Human Services. The laws give patients rights over their health records and specifically states who can gain access to that information, including protecting their personal information from their employer. The center and patient information are separate from Rosen Hotels and Resorts and information does not leave the center. An employee’s boss or co-workers do not have access to any information from the center.

In 1991, Rosen created a revolutionary health care program. As a forward-thinking businessman, Rosen saw that self-insuring his employees would not only allow for superior service and care, but would also cut his company’s health care costs. Nineteen years later, as the condition of the country’s health care system suffers and we face the prospects of even more health care reform, the Rosen Medical Center is a proven example of how the health care crisis could be addressed by offering a more efficient, less costly and more compassionate program for families, businesses and yes, even doctors.
ORTHOPAEDIC UPDATE

Now Dupuytren’s Contracture Patients Can Achieve Same-Day Relief With Breakthrough Minimally Invasive Treatment

By Jennifer Roth Miller, Staff Writer

Patients suffering from Dupuytren’s Contracture, an uncomfortable disease affecting the palms of the hands and fingers, can attain relief with Needle Aponeurotomy, a leading-edge, life-changing, minimally invasive treatment offered at Orlando Orthopaedic Center’s Hand Center. Doctor Alan W. Christensen M.D. of the Hand Center is among the 16 board certified physicians within nine specialties at Orlando Orthopaedic Center that provide a full range of world-class, leading-edge orthopaedic services. Dr. Christensen is one of the few fellowship-trained specialists in the field offering the advanced Needle Aponeurotomy procedure.

Dupuytren’s Contracture is a benign condition that results primarily from inherited characteristics. Researchers agree it is a genetic disease but often times it skips generations or lies dormant. Researchers have also found that people suffering from the condition demonstrate evidence of genetic variations, immune system issues and cell abnormalities in the area. It seems as if the body is trying to heal a wound that is not really there. The disease affects about three percent of the United States population.

Normally, the skin on the palm is secured to the underlying fascia by small tissue strands. In people affected by Dupuytren’s, those threads shrink and pull the skin taught. This results in nodules, dimples and disfigured digits. The false healing and shrinking of the threads described above causes taught cords to form in the superficial fascia of the palm, which pull the digits to a disfigured position. Most affected are the ring and small finger; however it can occur in any digit. Normally, the fingers are bent permanently and the condition can be chronic and progressive if left untreated. Use of the fingers and hand is affected as well as aesthetics.

Often the contracture would be treated through invasive surgery that would require months of recovery time, but Dr. Christensen at the Hand Center at Orlando Orthopaedic Center offers the Needle Aponeurotomy procedure. Dr. Christensen says, “The beauty of this procedure is that it is minimally invasive. Patients receiving the Needle Aponeurotomy are able to return home and be with their families the same day.”

The procedure was developed in Paris, France by Dr. Lermusiaux at the Hospital Laribosière. The doctors start by numbing the hand with local anesthetic and then insert a needle into the affected palm and finger at specific targeted points. The palm and fingers are marked with a pen and the needle is inserted and manipulated to break up and cut the stiff cords. Once the cords are cut, the affected joints are manually straightened out. Then cortisone as well as additional anesthetic is sometimes
injected to aid in recovery and pain and swelling management.

Needle Aponeurotomy is an outpatient procedure. Patients are able to return home the same day and see a definitive improvement immediately after the procedure is completed. Patients go home with small bandages on the tiny sites where the needles were inserted. They are instructed to ice and elevate the hand for a couple days. There are no incisions, stitches or casts. Dr. Christensen notes, “The entire procedure is usually performed in less than one hour with little pain and most can play golf or tennis in one week. Barring complications, the fingers are significantly straighter immediately after the procedure.”

Dr. Christensen and his partner Dr. Lawrence S. Halperin, M.D., also treat other hand issues such as Carpal Tunnel Syndrome, Tendinitis, Arthritis, cysts, tumors, Trigger Finger, numbness, sprains, strains, hand and arm pain, as well as other types of contractures at the Hand Center. Anything that causes pain or difficulty in completion of normal daily tasks, they treat with the most current, up-to-date procedures available and because they are affiliated with Orlando Orthopaedic Center, the care they provide is comprehensive to include all facets of treatment including the rehabilitation and post-operative care.

Orlando Orthopaedic Center gives patients the best available options that allow them to heal as quickly as possible so they can get back to their lives, families and work. That is why Orlando Orthopaedic Center was named the “Best Orthopaedic Practice” in Central Florida by Florida Medical Business in 2004.
Magnetic resonance imaging (MRI) is ideal for evaluation of the female pelvis, offering superior contrast resolution, optimal tissue characterization, and multiplanar imaging capabilities. American College of Radiology guidelines for indications for MRI of the female pelvis include detection and staging of gynecologic malignancies; evaluation of pelvic pain or masses (such as adenomyosis, ovarian cysts, ovarian torsion, tubo-ovarian abscesses, solid masses, ovarian duct obstruction, endometriosis, and uterine leiomyomas, or fibroids); identification of congenital Mullarian duct anomalies; uterine leiomyoma embolization mapping; assessment of pelvic floor defects; tumor recurrence assessment; presurgical/laparoscopic evaluation; and cervical and endometrial carcinoma staging.

Standard MRI imaging protocols of the female pelvis typically include multiplanar fast spin-echo (FSE) T2-weighted images in the axial, sagittal, and coronal planes, in addition to axial and sagittal T1 spin-echo or T1 gradient-echo scans, pre-contrast, and also following intravenous administration of Gadolinium based MRI contrast media. Optional delayed fat-suppressed T1 images offer the best post contrast imaging. Imaging is typically performed in a high field MRI system (1.5T or 3T), in combination with a dedicated pelvic phased-array coil, providing the best special resolution.

Pelvic ultrasound is a widely accepted technique and the initial imaging modality of choice for imaging the female pelvis. High-resolution imaging using transvaginal endocavitary probes provides high diagnostic accuracy for pelvic pathology but is limited by small field-of-view, obscuration of pelvic organs caused by bowel gas, inherent limitations related to patient size or body habitus, and technical variability due to the skill and experience of the operator. In the premenopausal woman, the ovaries are typically well evaluated by ultrasound. When evaluating an adnexal mass on ultrasound, the diagnostic challenges that may arise include accurate localization of the mass, determining whether or not it is ovarian in origin, and, when complex, whether a lesion is benign or malignant. Many adnexal masses are benign and, when indicated, can be treated directly by laparoscopy. Its relatively large field-of-view also allows MRI to localize pelvic lesions and their origin more accurately. Examples of such lesions include peritoneal inclusion cysts, pedunculated or subserosal leiomyomas, ovarian versus para-ovarian cysts, and lymphadenopathy. Complex echogenic adnexal lesions on ultrasound may represent hemorrhagic cysts, endometrioma, dermoids, or ovarian neoplasms. If a cystic adnexal mass is >5 cm in a premenopausal woman or >3 cm in a postmenopausal woman and persists or increases in size on follow-up ultrasound, MRI should be considered so that malignancy can be excluded. MRI should also be considered when a solid or solid cystic adnexal lesion with internal color flow is detected by ultrasound. MRI is also superior to CT in the diagnosis of peritoneal implants and has superior accuracy in diagnosing ovarian malignancy compared with CT and Doppler sonography. Gadolinium-enhanced MRI has sensitivity of 93% for benign lesions and 95% for malignant lesions, with an overall diagnostic accuracy of 93% in the characterization of adnexal masses as benign or malignant. In some circumstances, MRI also can be cost-effective by reducing unnecessary laparoscopies.

Uterine anatomy is well delineated by MRI. There are three distinct zones (most clearly delineated on sagittal T2W images), which include the outer myometrium (intermediate-to-high signal), the inner myometrium or junctional zone (low signal),
and the endometrial complex (high fluid/near fluid signal). There is considerable variability with regard to endometrial thickness, depending on the phase of the menstrual cycle and the age of the patient. Endometrial thickness is generally <15 mm in premenopausal women and <8 mm in postmenopausal women, irrespective of cyclical or hormonal stimulation. The junctional zone appears as low signal intensity on T2W images and typically measures <12 mm. The intrinsic T2 contrast between the outer myometrium and the junctional zone becomes less marked in the postmenopausal uterus because of reduced fluid in the tissues. Studies have shown that MRI is superior to ultrasound for the diagnosis of adenomyosis. The characteristic appearance of adenomyosis on MRI is diffuse thickening (>12 mm) of the junctional zone. This is most evident on T2W sequences and corresponds to the smooth muscle hyperplasia associated with the ectopic tissue. A junctional zone ≤8 mm virtually excludes the disease, whereas a width of 9 to 11 mm is equivocal. Other findings that may suggest the diagnosis include poorly defined margins of the junctional zone and foci of high signal intensity on T1W or T2W sequences that indicate the presence of endometrial cysts, ectopic endometrium, cystically dilated endometrial glands, or hemorrhage.

MRI has a proven role in the staging of endometrial carcinoma, capable of differentiating superficial and deep-muscle tumor infiltration, an important issue in surgical management. The presence of cervical invasion alters preoperative and surgical management. MRI has been shown to be superior to both CT and ultrasound in assessing myometrial invasion, cervical extension, and nodal involvement. Like the uterus, the cervix has a zonal anatomy that is well delineated on T2W images and capable of staging cervical cancer in women who have had a histologic diagnosis established by a Pap smear or biopsy. T2W images obtained in the sagittal plane and in a plane along the short axis of the cervix are the most useful for local staging. On T2W images, cervical cancer appears as a mass of higher signal intensity than the adjacent fibrous cervical stroma, but the mass is of lower signal intensity than the endometrium. If the low signal intensity of the inner cervical stroma is preserved, stage IIB or higher disease is excluded, which indicates that the patient is likely a surgical candidate. Macroscopic extension of tumor into the parametrial fat establishes a diagnosis of stage IIB disease. MRI has a diagnostic accuracy of 75% to 95% in detecting parametrial invasion. MRI can accurately assess for more advanced disease such as pelvic sidewall invasion and obstruction of the distal ureter. Tumor localization and ureteral obstruction are important considerations for radiation therapy planning.

MRI also has become the gold standard in identifying congenital Mullerian duct anomalies, with an accuracy approaching 100%. Various studies have shown that MRI is superior to both sonography and hysterosalpingography. In patients with primary amenorrhea, MRI can determine the presence or absence of the vagina, cervix, and uterus. Bicornuate and septate uteri are the two most common types of Mullerian ductal anomalies. Differentiating between these two entities is important because of their potential complications and different treatments. The evaluation of the external fundal contour is the key to differentiating between bicornuate and septate uterus. This can be best evaluated on a plane that passes through the long axis of the uterus. The outer contour of the septated uterus is convex or flat, with <10-mm concavity. The outer fundal contour of a bicornuate uterus or uterus didelphys should have >10-mm concavity between the right and left uterine horns.

While ultrasound remains the first line of imaging for the female pelvis, with high diagnostic accuracy rates for both uterine and ovarian abnormalities, MRI should be considered in the evaluation of adnexal pathology when sonographic characteristics are not definitive, such as whether an adnexal mass is ovarian in origin, or to determine the likelihood of malignancy. MRI also has an established role in the pre- and postprocedural assessment for uterine artery embolization, diagnosis of adenomyosis, staging of known endometrial and cervical carcinoma, evaluation of suspected Mullerian ductal anomalies, and presurgical workup for pelvic floor prolapse. Other indications not discussed include assessment of the pregnant patient in the setting of acute pelvic emergencies (such as appendicitis) or to establish fetal anatomy not well evaluated by ultrasound.

Vincenzo Giuliano, M.D., D.A.B.R., the author of Radiologist’s Corner, also serves as Medical Director of VinCon Diagnostic Center, in Winter Springs and Adjunct Clinical Faculty for NOVA Southern University College of Medicine. Email any questions or commentary to giulianomd@att.net. Please contact him at (407) 699-7787 or giulianomd@att.net.
Focus on Women’s Health: STROKE

By Abraham Thomas, MD

So much focus has been placed on “Women’s Health”, especially in this 21st century and I am proud to be a part of a healthcare community that was vital in raising the issues. In looking back at some of the women’s healthcare issues raised in the past few years, some that may stand out in recent history include: breast cancer, cervical cancer, heart disease, HPV (Human Papilloma Virus), HIV/AIDS, smoking, etc. So, is “Stroke” really a modern day, women’s health issue? Here are some facts about stroke that might help tell the story:

- No. 1 cause of disability in the US
- No. 3 cause of mortality in the US
- 55,000 more women than men per year
- 795,000 is the rate of incidence
- Direct and indirect cost of stroke for 2009 is ~$68.9 billion
- On average, every 40 seconds someone in the United States has a stroke
- On average, every 4 minutes, some in the United States is dying of a stroke
- From 1995 to 2005, the stroke death-rate decreased by -30%
- From 1995 to 2005, absolute number of stroke deaths decreased by 14%

Despite all the advances in medicine, stroke has yet to meet its’ cure. Hippocrates, the father of medicine, first recognized stroke and called it “Apoplexy”, which means, “struck down by violence”, in Greek. In 1658, Johann Jacob Wepfer “advanced” the field of stroke by identifying bleeding in the brain or a blockage of a blood vessel as causes of “apoplexy”. In 1928, “apoplexy” was divided into categories based on the cause of the blood vessel problem, leading to the terms: stroke or “cerebral vascular accident (CVA)”. Today, stroke, otherwise known as “brain attack”, is one of the leading areas of research within the field of Neurology. Risk factors identified thus far, include:

- Age ≥ 55
- Gender (Male)
- Race
- Family history of stroke
- Previous Transient Ischemic Attack (TIA)/Stroke
- Hypertension
- Diabetes Mellitus
- Dyslipidemia
- Cardiac Arrhythmia
- Hypercoaguable Disorders/States
- Connective Tissue Disorders

If one was to read the list above carefully, one might wonder, how can more women be victims of stroke, if men are considered to be a higher risk category than women? The answer lies in

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the length of life data. Women are living longer than men relatively, and, therefore, the absolute number of strokes per year for women is much higher than the stroke rate for men. In fact, studies have also shown that women may at a higher risk for a stroke after cardiovascular surgery. There is also great amount of interest being generated within Neurology regarding migraines and their association with strokes and the question of treatment in such cases in terms of prophylaxis or for secondary stroke prevention. Other important studies to highlight within the field of stroke include the National Institute for Neurological Disorders and Stroke tPA (NINDS-tPA) study and the European Cooperative Acute Stroke Study 3 (ECASS 3) study. Tissue Plasminogen Activator or tPA is sometimes called “that wonder drug” by some of my patients.

The landmark NINDS study showed that Alteplase (recombinant tissue plasminogen activator; rt-PA) may be administered to a select group of patients within 3 hours of symptom onset, and provide long term benefit that equated to a better quality of life, in comparison to the control group that did not receive Alteplase. The American Heart Association (AHA)/American Stroke Association (ASA) released (in May 2009) guidelines recommending the use of intravenous rtPA (Alteplase) up to 4.5 hours from the “last known normal” for all patients presenting with an acute stroke (with exclusion criteria as set forth by the ECASS 3 trial).

At centers where Interventional Neurology is available, the acute stroke treatment window may be extended up to 6 hours or even 8 hours in some cases. During the 4.5 to 8 hour window, intra-arterial tPA (IA-tPA) may be administered along with a clot retriever device employed to help disintegrate the clot. In fact, some exciting news presented at the AAN meeting in 2009 revealed that this window may, in some exceptional cases, be extended all the way out to 16 hours from the “last known normal” timepoint for a patient.

However, despite the lengthening of the window for IV-tPA, and the extension of this window by IA-tPA +/- clot retrieval, one should not forget that the earlier one treats an acute stroke (within the 3-hour window), the better the patient outcome, for men or women. So, time is still of the essence. Time is brain.

Dr. Abraham Thomas is the Medical Director of the Stroke Program at Florida Hospital East Orlando. After graduating from Baylor Medical School in Houston, Texas, Dr. Thomas completed his Residency at Emory University in Atlanta, Georgia. Research Interests for Dr. Thomas include Critical Care and Stroke/Neurology.
May is Stroke Awareness Month, and Florida Hospital East Orlando (FHEO) is proud to celebrate this health observance with the new designation as a Primary Stroke Center. FHEO, located at 7727 Lake Underhill Road in Orlando, FL, is the third hospital in the Florida Hospital system to be honored with this designation, and the first in the Florida Hospital system to utilize Telemedicine technology.

In November 2009, FHEO became the first Florida Hospital campus to begin the trial for Telemedicine, which benefits patients with stroke symptoms. Telemedicine is a rapidly developing application of clinical medicine where medical information is transferred through digital networks for the purpose of consulting. “A Primary Stroke Center will help improve the quality of life for stroke patients.” says Abraham Thomas, MD, Stroke Program Medical Director at FHEO. “Essentially, it will allow us to reverse the effects of the stroke, in turn hopefully resulting in better outcomes.”

Telemedicine allows a Florida Hospital privileged physician to conduct a neurological exam over the airways. It provides alternative coverage when a Neurologist is not onsite, giving FHEO Neurological coverage 24 hours a day, seven days a week.

This protocol is a valuable tool that allows for a quicker diagnosis, which can lead to the proper course of action. Once the patient is properly diagnosed, the next course of treatment can be quickly identified and put into place immediately.

The Primary Stroke Center designation confirms that FHEO is utilizing the recommendations set forth by the Brain Attack Coalition and American Stroke Association, ensuring FHEO is in compliance with consensus based national standards.

According to American Stroke Association, a Primary Stroke Center is defined as “a hospital-based center that stabilizes and provides emergent care to acute stroke patients, transfers patients to a Comprehensive Stroke Center or admits patients and provides further care depending on the patient’s needs and the center’s capabilities.”

Florida Hospital East Orlando is a 225-bed full service community hospital that serves as one of Florida Hospital’s seven satellite facilities and operates the busiest Emergency Department in the Florida Hospital system. Florida Hospital, a 2,188-bed acute-care medical facility, is operated by the Seventh-day Adventist Church. It serves as a community hospital for Greater Orlando and as a major tertiary referral hospital for Central Florida and much of the Southeast, Caribbean and Latin America.

For additional information, Contact: Becky Niemann, Florida Hospital East Orlando Director of Marketing and Corporate Development at 407-303-6577 or becky.niemann@flhosp.org.
Florida Hospital Physician Recognized by Agency for Health Care Research and Quality as Pelvic Pain Expert

Dr. Georgine Lamvu selected as key informant to develop national pain guidelines

Florida Hospital physician and researcher, Dr. Georgine Lamvu, has been nationally recognized by the Agency for Health Care Research and Quality (AHRQ) to serve as a pelvic pain expert and key informant to develop new national guidelines for the treatment of chronic pelvic pain. Dr. Lamvu and her practice, Advanced Minimally Invasive Surgery and Gynecology Specialists, focus on providing long term care and treatment options to women with advanced gynecologic and pelvic disorders.

“This is a huge accomplishment and honor for me and my practice,” stated Dr. Lamvu. “National recognition for this condition will bring attention to both patients and physicians and allow for proper diagnosis and treatment for those suffering from chronic pelvic pain.”

The AHRQ has selected Dr. Lamvu based on her extensive expertise in advanced gynecologic disorders and her dedication to informing physicians and patients about methods for pelvic pain diagnosis and treatment. The AHRQ is a government agency within the Department of Health and Human Services that is dedicated to improve the quality, safety, efficiency and effectiveness of health care for all Americans.

In addition to her national recognition, Dr. Lamvu and her team have recently been awarded a $50,000 research grant from the National Vulvodynia Association to help women with vulvodynia and vestibulitis, the two most common types of chronic vaginal pain. With this grant, Dr. Lamvu and her team will conduct clinical trials to evaluate patients’ pain and the effectiveness of innovative treatment plans that may involve different elements such as physical therapy and dermatology. All efforts aim to provide the best comprehensive care to eliminate pain and improve the quality of life for women who are affected by this agonizing disorder.

Dr. Lamvu and her fellowship trained experts at Advanced Minimally Invasive Surgery and Gynecology Specialists are available to help patients at a new vulvar disorders clinic at Florida Hospital Orlando. The clinic focuses on providing long term care and treatment options to women with advanced gynecologic disorders such as chronic vaginal pain. Dr. Lamvu and her team perform comprehensive evaluations and provide treatment recommendations that are individualized to each patient.

For more information about Advanced Minimally Surgery and Gynecology Specialists, please call 407-303-2780 or visit www.gynspecialistsorlando.com.

The Florida Hospital Cancer Institute has opened a new center in Kissimmee

Join us for an Open House
May 27, 2010 | 5:30 – 7 pm

The Florida Hospital Cancer Institute serves more cancer patients than any other health system in Florida. We provide a comprehensive continuum of services ranging from disease prediction and prevention to state-of-the-art detection, treatment and research. The new cancer center will offer our community the latest in diagnostic imaging, medical and radiation oncology, patient support and education programs, as well as a dedicated team of highly qualified physicians, certified oncology nurses, and much more.

Refreshments will be served. Call (407) 303-1700 to RSVP.

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Dr. Nayana Vyas Named Woman Business Owner of the Year

Dr. Nayana Vyas, founder and director of clinical operations of Family Physicians Group has been named the Woman Business Owner of the Year by Orlando Business Journal.

Over 100 women from the Central Florida region were nominated for the three awards presented by Orlando Business Journal in its April 9, 2010 edition. The newspaper said it recognized Vyas “because of her success through extreme adversity.

An immigrant of Uganda, Vyas founded Family Physicians Group in 1987 and grew the company to one of Florida’s largest doctor groups and Central Florida’s largest primary care practice. She has continued to focus on unique and innovative treatment, including modeling the practice in a “medical-home” style. Family Physicians Group includes pharmaceutical care, hospitalists, transportation, home care, behavioral health care, disease management and more.

“It is an incredible honor to be recognized by Orlando Business Journal,” says Vyas. “For 20 years, I’ve worked to create a practice that puts the patient at the center of their care and in today’s healthcare climate; it is wonderful to see those efforts noted.”

ABOUT FAMILY PHYSICIANS GROUP

With over 120 physicians from Jacksonville to St. Petersburg, Orlando-based Family Physicians Group is a leader in managed care practices in Florida. The group, which was established in 1987, focuses on a patient-centered medical home model, which concentrates on the integration and coordination of care for illness prevention and management of diseases, such as diabetes, heart disease and others. For more information, please visit www.fpg-florida.com.

Orange County Medical Society Opposes Medicaid Reform Bill

The Orange County Medical Society Board of Directors has issued the following statement regarding Medicaid reform in Florida:

“The Orange County Medical Society joins the Florida Medical Association in opposing the Medicaid reform bill that expands Medicaid managed care. It is not in the best interest of the people of Florida. However, OCMS supports the medical home model.”

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