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letter

from the publisher

Did you know that UBMD Physicians' Group is the largest medical practice in Western New York? UBMD has 18 unique practices, some of which have sub-specialties. For example, just within the division of Internal Medicine, physicians focus on adult and pediatric primary care, allergy, immunology, metabolism, rheumatology, cardiology, endocrinology, diabetes and metabolism, gastroenterology and nutrition, geriatrics, infectious diseases, kidney care, pulmonary diseases, and sleep medicine.

What really sets UBMD physicians apart is their affiliation with UB School of Medicine and Biomedical Sciences, where they serve as professors and researchers. In addition to caring for patients, they are training the next generation of doctors.

Few people realize that UBMD physicians are involved in developing treatments, therapies and solutions to complex health issues. From a test to prevent mental disabilities, to a smart phone app that detects vision problems in young patients, genomic studies, and computer-assisted surgery, UBMD physicians and researchers are changing lives, in our own community and throughout the world.

UBMD Physicians' Group is headquartered at the UB Gateway Building at 77 Goodell Street on the Buffalo Niagara Medical Campus, and individual practices are conveniently located throughout the community. For a complete listing, see www.ubmd.com, and learn about ongoing research and clinical trials at <http://ubmd.com/research-clinical.html>

I hope you enjoy this special edition of Buffalo Healthy Living that focuses on the innovative medicine happening right here in Buffalo because of UBMD and the UB School of Medicine and Biomedical Sciences.

Sincerely,



Annette Pinder

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what do men, smoking, families and aneurysms have in common?

By Linda M. Harris, M.D.

Did you know that you are at risk for developing an aneurysm if you have smoked 100 cigarettes and you are a man, or you have a family history of aneurysms? The U.S. government realizes this, and offers a one time free screening upon Medicare enrollment for those at risk.

Unfortunately, most aneurysms don't have warning signs until they rupture, at which point it may be too late. Symptoms of rupture include severe pain in the chest, stomach or back, and may lead to fainting. This is life threatening. You might also have a cold/painful leg, blue toes or sudden stomach pain if the aneurysm tosses debris from its lining, blocking blood flow to the leg, guts, or kidneys.

So how do aneurysms occur? The aorta is the largest artery in the body, beginning at the heart, and ending in the abdomen. It is normally cylindrical, but can develop weak areas called aneurysms or balloons that can pop. Nobody knows why this happens. We do know that if a family member had an aneurysm, you are at higher risk. Your risk is also higher if you smoke, have high blood pressure, or are over the age of 60.

Most aneurysms are found accidentally during x-rays or by physical exam. Initial tests are ultrasound or computerized tomography (CT scan). If your aneurysm is small – less than 5 centimeters don't worry. The risk of rupture is low and you will not need surgery unless you have symptoms or the aneurysm grows. Controlling your blood pressure and quitting smoking can help decrease growth rate and the likelihood that you will need surgery. Your surgeon will order a CT scan with contrast (CTA), which involves using a dye to better view the area in question, if your aneurysm is large or causing problems.

We fix aneurysms in two ways, minimally invasively (endovascular) or open surgery. Endovascular repair isn't possible for everyone because of where the aneurysm is, or severe hardening or small arteries. Your surgeon will decide what will work best to treat your aneurysm. He or she will use a stent graft that is placed through small punctures or cuts in the groin up

to the abdomen/ chest, inside the artery. This is less painful than open surgery, and most patients can return home within one to three days. You will continue to follow with your surgeon, and have ultrasound or CT to evaluate

flow in the ballooned area to make sure there aren't any problems. You will have follow-up x-rays twice in the first year, and at least yearly thereafter if everything is stable. Further interventions or x-rays may be required if additional problems are found.

If you need open surgery, you will have a cut in your stomach area, and a graft is hand-sewn to the aorta. You will be in the hospital five to seven days, and in the intensive care unit (ICU) one to two days. Full recovery is usually six weeks. Once you recover, follow-up is less intense. You will see your doctor once a year, but only have x-rays every five years to monitor the development of further aneurysms.

The important things to remember are to be screened if you are at risk, and to see a qualified vascular surgeon for repair if you have an aneurysm.



About the Author: Linda M. Harris, M.D. is Chief of the Division of Vascular Surgery at UBMD Surgery and an Associate Professor of Surgery at the University at Buffalo's School of Medicine and Biomedical Sciences. To contact Dr. Harris, call 716-859-4225.

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is orthopaedic surgery right for you?

It's alarming how many patients tell us that they wish they had seen a doctor sooner

We've all had aches and pains that linger for longer than we'd like. But when is it time to actually see a doctor and do something about it? The answer is NOW! Whether it's a sore shoulder, a weak knee, an aching foot, lower back pain or carpal tunnel syndrome, UBMD Orthopaedics & Sports Medicine physicians will care for you and your loved ones.

It's alarming how many of our patients tell us that they wish they had seen a doctor sooner. "Why suffer any more than you already have?" says Dr. Joshua Jones, Orthopaedic Surgeon specializing in Hand & Upper Extremity Surgery. "This past year, I saw a 95 year-old great-grandmother who had terrible carpal tunnel syndrome in both hands. After surgery, she came in to get her final stitches out and gave me a big hug because she'd been sleeping better than she had in years. She told me that she wished she had this done years ago."

Surgery isn't always the answer. In some cases, our physicians will recommend over-the-counter medications, well-cushioned shoes, low impact exercises, splints, or physical therapy – depending on the area and severity of the injury. We offer alternative services such as physical therapy & rehabilitation, nutrition consultations and medical massage.

"Joint pain for years is not normal and should be evaluated by a health care professional," says Dr. Matthew Phillips, Orthopaedic Surgeon specializing in Lower Extremity Joint Replacement & Reconstruction. "People shouldn't suffer endlessly with painful joints. When it comes to hip and knee replacements, 90-95% of patients report having what they believe is a good to excellent result."

The average recovery time for a hip replacement varies depending on the complexity of the condition. Dr. Brian McGrath, Orthopaedic Surgeon specializing



in Hip Arthroscopy & Reconstruction and Orthopaedic Oncology, says, "Some patients are up walking the same day of the surgery, and leave the hospital within one to two days. Recovery of most normal activities is within two to three weeks." During a "rapid recovery hip replacement" many patients only use a cane for two weeks, and are 80-90% recovered within six weeks.

Dr. McGrath says, "Experience and technique vary greatly between orthopaedic surgeons. Be informed and ask questions to find the right doctor for you."

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Whether you take a spill riding your bike, slip and fall on the ice, or constantly feel knee pain when jogging on the treadmill – we can help!

UBMD Ortho has over 15 sports medicine-trained physicians ready to tackle any problem you have, including ACL and MCL injuries, concussions, rotator cuff injuries, Achilles tendon injuries, sprains, throwing injuries, overuse injuries, tennis elbow... and MORE.

One of the most common sports-related injuries involves the anterior cruciate ligament (ACL). The ACL's function is to stabilize the knee. “ACL injuries can occur in contact, or non-contact sports, such as basketball, soccer, football or skiing, and often occur when landing from a jump or pivoting while running,” says Dr. William Wind, a UBMD Ortho physician specializing in Sports Medicine. Dr. Wind explains that females are more likely than males to experience an ACL injury. Females tend to jump and land stiff-legged, while males land with a flexed knee. “Landing with a flexed knee doesn't put as much stress on the ligament,” adds Dr. Wind. Most patients with an ACL

injury will experience a twist of the knee and hear a popping sound, followed by swelling in the joint. Surgery is typically recommended so that patients can safely return to sports, following rehabilitation, in about six months.

In recent years, concussions are a major concern for athletes, parents and coaches. Professional athletes have spoken up about their experiences with concussions, and the long-term effects. Dr. John Leddy and his team at the UB Concussion Management Clinic have been studying whether concussion symptoms are a result of an actual concussion, or a neck injury.

“Some patients who have been told they've suffered a concussion may actually have suffered a neck injury, rather than a concussion, or in addition to a concussion,” states Dr. John Leddy. “The treatment for a neck injury is actually to be more active, to do physical and vestibular therapy, whereas after a concussion, exercise must begin slowly and incrementally after a period of rest,” Leddy adds.

Dr. Leddy suggests that presumed concussion patients be examined for a neck and vestibular injury if symptoms persist over several months. Symptoms include tenderness, neck spasms, and reduced motion.

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comprehensive heart care for adults

By Dr. Anne B. Curtis

The cardiovascular team at UBMD Internal Medicine (UBMDIM) is comprised of experts renowned in their field. They are cardiologists who diagnose, treat and prevent diseases of the heart and blood vessels. They treat heart attacks, heart failure, and serious heart rhythm disturbances. Most importantly, they conduct research to find new treatments for heart disease.

Before making an appointment with a cardiologist it is important to write down questions you have, and bring them with you. It is important that your concerns be addressed and that you are an active participant in your care.

What happens when my primary care provider sends me to a cardiologist? Your cardiologist will review your medical history. Your physical examination includes checking your blood pressure, weight, heart, lungs, and blood vessels. Sometimes the cardiologist will be able to make a diagnosis following your exam. However, you may need additional tests such as an ECG, x-ray, echocardiogram, or exercise stress test. The cardiologist may recommend lifestyle or medicine changes. Each person is unique, and UBMDIM physicians know that. UBMDIM cardiologists are Drs. John M. Canty, Jr., Michael Chaskes, Thomas Cimato, James A. Fallavollita, Robert Glover, Rohit Gokhale and Brian Page.

What if my heart is beating really fast or too slow? Your heart has an electrical system, and there are special physicians who take care of these issues. A doctor who is a heart rhythm specialist is an electrophysiologist (EP). The EP may treat you with medicines, recommend a procedure called catheter ablation to cure your rhythm problem, or recommend a pacemaker or defibrillator, depending on your unique situation. EPs are super-specialists who skillfully manage and monitor implanted devices to insure your ongoing quality of life. UBMDIM electrophysiologists are Drs. Hiroko Beck and Anne B. Curtis.

My doctor is sending me to an interventional cardiologist – what is that? Interventional cardiologists evaluate how your coronary arteries and heart valves are functioning by performing a diagnostic catheterization. If a blockage is found in one of the coronary arteries, the interventional

cardiologist may treat it by implanting a stent. Another procedure involves implanting an aortic valve, known as transcatheter aortic valve replacement or TAVR, without the need for open-heart surgery. Interventional cardiologists also fix blockages in peripheral arteries such as in the legs. UBMDIM interventional cardiologists are Drs. Vijay Iyer and David Zlotnick.

Advanced Imaging. Sometimes a better picture of the heart is needed to confirm a diagnosis. Here, the cardiologist will order a cardiac MRI or CT scan, which are interpreted by experts in advanced cardiovascular imaging. Drs. Umesh Sharma, Stanley Fernandez and Saurabh Malhotra are UBMDIM experts in this field.

How to make an appointment with a UBMDIM Cardiologist. Call 716-961-9900 in Amherst, 716-859-7280 at Buffalo General and 716-871-1571 at the Hertel Elmwood Internal Medicine Center.

About the Author: Anne B. Curtis, M.D., F.A.C.C., F.H.R.S., F.A.C.P., F.A.H.A., is a UB Distinguished Professor and Chair of the Department of Medicine, and CEO of UBMDIM Internal Medicine, a primary-specialty care practice with offices throughout Western New York.

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ubmd pediatrics welcomes the new division of pediatric cardiology

UBMD Pediatrics, in collaboration with Women & Children's Hospital of Buffalo (WCHOB), is pleased to announce the introduction of a new Division of Pediatric Cardiology. The division is currently led by three highly experienced physicians who share the same goal of providing compassionate care for patients suffering from cardiac conditions and congenital heart disease, beginning in utero and lasting into adulthood.

These physicians, all of whom are board certified in both pediatrics and pediatric cardiology, use their experience and expertise to take on a wide array of complex heart-related disorders, including congenital and structural heart disease, cardiomyopathies, both familial and acquired, and rhythm disorders. In addition, a strong focus is placed on preventative procedures and education, especially in relation to obesity, hypertension, and high cholesterol.

Rula Balluz, MD, MPH, has been appointed Division Chief and Clinical Associate Professor at the University at Buffalo. She comes to Western New York from St. Christopher's Hospital for Children in Philadelphia, PA, where she was Director of the ECHO Laboratory. Dr. Balluz completed her pediatric cardiology fellowship at Tulane University in New Orleans, LA. She is an accomplished physician and educator, and has been integral in developing courses for medical students in the State University of New York system.

Oleg Kovalenko, MD, has been appointed Director of Electrophysiology & Device Service and Clinical Assistant Professor at the University at Buffalo. Prior to coming to WCHOB, he was Director of Pediatric Electrophysiology & Device Service at Rainbow Babies & Children's Hospital in Cleveland, OH, where he also completed his pediatric cardiology fellowship. Dr. Kovalenko completed a second fellowship in pediatric electrophysiology at the University of Michigan. His clinical interests are varied, and include the treatment of arrhythmias in children (both invasive/interventional and non-invasive) and ICD/Pacemaker implantation.

Umang Gupta, MBBS, is an Attending Physician and Clinical Assistant Professor at the University at Buffalo. He was most recently an attending cardiologist at Driscoll Children's Hospital in Corpus Christi, TX. Dr. Gupta completed his pediatric cardiology fellowship at Rush University Medical Center in Chicago, IL and Cardiac

MRI training at Boston Children's Hospital. He also was an active member of the faculty of Bronx Lebanon Hospital Center/Albert Einstein College of Medicine, where he was named Best Teaching Resident in 2007.



Our Division of Pediatric Cardiology has diverse diagnostic capabilities, including performance and interpretation of pediatric transthoracic echocardiograms, fetal echocardiograms, and electrocardiograms; 24-48 hour Holter and event monitor interpretation; and many other services. As the division expands into the future, the aim will be to provide comprehensive cardiovascular services, including diagnostic cardiac catheterization, catheter-based interventions and surgical interventions, through WCHOB to patients who are seeking local care.

Our outpatient services are located at all three UBMD Pediatrics clinic locations: WCHOB, University Commons in Amherst, and Southwestern Office Park in Hamburg. To make an appointment or for more information, please call (716) 878-1315 or visit us at www.UBMD.com.

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world class neurosurgery and leadership at gates

"I think people rise to new levels of excellence when you believe in what they are capable of achieving," Elad Levy, M.D.

By Annette Pinder

Ever hear the expression "Get to Gates?" It refers to Gates Vascular Institute or GVI, Buffalo's futuristic building that is capturing the world's attention. Recently featured in Wired Magazine, GVI was dedicated to Dr. Nick Hopkins, GVI's Chief of Service and former Chair of UB Neurosurgery. GVI has been described as a highway that takes you anywhere you'd like to go in the human body. And if you haven't seen this amazing building yet, you should.

Elad Levy, M.D., M.B.A., F.A.C.S., F.A.H.A. was handpicked by Dr. Hopkins to succeed him as Chair of UB Neurosurgery and Medical Director of Neuroendovascular Services at GVI. When Dr. Levy asks, 'why me?' he recalls a conversation one morning while on a jog with his friend attorney Scott Friedman. He asked Scott, "What do you do to prioritize your life when you get busy? His friend's advice – "I use the same priorities in my social and professional life as I do in parenting."

What does that mean? Dr. Levy talks about his two sons and one daughter, and says there is nothing more important than parenting. "I believe in transparency, inspiration, being a role model, and holding people accountable. I think people rise to new levels of excellence when you believe in what they are capable of achieving. It's important to point out when people fall short, and inspire them to do better."

Last year Dr. Levy earned an M.B.A. degree from Northeastern University because, "As health care becomes increasingly more complex, I wanted to have a better understanding of how to continue to ensure the success of our department. I wanted to understand what you don't learn in medical school, like the interface between the payor the hospital system, and the department. As a neurosurgeon it is easy to become myopic – to understand a lot about a narrow focus. Today, it's important to speak a new language and understand health care economics. Managing a department with over

100 employees, non-profits and charities, requires solid management skills."

One of the most important aspects of management Dr. Levy embraces is marketing. He wants more people locally to know about the work being done at GVI, and says, "The farther we get from Buffalo the better we are known. More people know us in Bangkok than they do in Batavia! Patients and physicians visit GVI from other parts of the world to receive care and learn procedures we are perfecting."

So what is Dr. Levy's hope for the future? "Neuroscience continues to come to the forefront of medicine, and is continually expanding. My vision is to create world-class neurosurgery and neuroscience, research, psychiatry, brain imaging, neurology, and pharmacology." This makes community outreach and education important, which is why Dr. Levy founded the P.U.C.C.S. Foundation (Program for Understanding Childhood Concussion and Stroke.) "We try to be grass roots. We go to schools and educate children about anatomy. We study human brain dissection. We educate young, inner-city minds and inspire them to pursue careers in science and medicine."

And what is Dr. Levy's biggest challenge both at home and at work? "It's a fear of removing the safety net and letting people fall. Experience comes from good judgment and good judgment comes from experience. Nick Hopkins was an unbelievable mentor because he allowed me to make some management mistakes. But those mistakes helped me carve my own way. I need to let my partners and my children do that so they can grow. When I lose my way, I think back to that jog with Scott eight years ago."

"Being at UBNS has been an amazing experience," says Dr. Levy. "I have had the privilege of lecturing at many academic institutions in the country and, as yet, have not seen any program comprised of better human beings and neurosurgeons willing to give everything for their patients. Nick Hopkins allowed me to do that."

UB Neurosurgery office locations are in Amherst, Buffalo, Orchard Park, Fredonia, Dunkirk and Olean. To learn more and to make an appointment call 716-218-1000.





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Patient Care is Always Priority One.

For decades, our team at University at Buffalo Neurosurgery, Inc. (UBNS) has been dedicated to providing world-class neurosurgical care. As we continue to set the standards for the development of novel and efficacious solutions to many disease states in neurosurgery, we are embracing changes that will allow us to better serve the patients in our community. From new leadership positions our faculty members have attained to expanding our presence in Western New York, UBNS is committed to being on the forefront of innovation and excellence in all we do.

An exciting change for the Neurosurgery Department is the transition of chairmanship from Dr. L. Nelson Hopkins, MD to Dr. Elad Levy, MD, MBA, FACS, FAHA. Hopkins, who became chair in 1989, will continue his role as distinguished professor and fulfill his duties as the President of the Gates Vascular Institute and CEO of the Jacobs Institute. Levy, who has been with the department since 2004, says it is his priority is to, "carry on Hopkins' legacy of excellence and continue to provide premier neurosurgical care to the Western New York community and beyond." The recent additions of Dr. John Pollina, as director of spine surgery, and Dr. Renée Reynolds to the pediatric neurosurgery team addresses the increased demand for services in these specialties. In the coming weeks we will be joined by Dr. Vassilios Dimopolous as the newest member of the comprehensive spine surgery team.

UBNS is committed to listening to the needs of our patients and providing them not only care that is of the highest quality, but that is also convenient. UBNS has expanded its presence into Jamestown, Dunkirk, and Fredonia to make it more accessible for people with neurosurgical needs in outlying areas and our current Sterling Medical Park location will soon move to a more spacious facility in Orchard Park to better accommodate our patients in the southtowns.

As we embrace these changes, we want to remind you of our steadfast commitment to deliver premier neurosurgical care to our patients with compassion, quality, and uncompromising integrity. And although change is the constant at UBNS, providing excellent care will always be our priority.



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ubmd pediatrics partners with MASH

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UBMD Pediatrics is pleased to partner with MASH Urgent Care in the opening of Children's Xpress WNY, a pediatric and adolescent urgent care center located at MASH's Orchard Park facility. Children's Xpress is also affiliated with Women & Children's Hospital of Buffalo (WCHOB). It is the only pediatric urgent care center staffed by the current physicians from the Emergency Department at WCHOB. Because these doctors are both pediatricians and emergency physicians, they can provide the same level of physician expertise that your child would receive at the emergency room at WCHOB. Should your child require a higher level of care, there is a direct line of access/communication to both the emergency department and hospital pediatricians at WCHOB. Since all of these physicians are part of UBMD Pediatrics, they are the only urgent care site to have direct access to all pediatric medical specialists at WCHOB. This streamlines any necessary arrangements for immediate referral, transfer, or follow-up care children may require.

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Children's Xpress WNY is located at 3245 Southwestern Blvd., Orchard Park, NY 14127, (716) 362-8777. For more information on the center, please visit UBMD Pediatrics at www.UBMD.com or MASH Urgent Care at www.mashurgentcare.com.

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UBMD Internal Medicine's Endocrinology team offers proven treatment methods for diabetes and other endocrine conditions. They follow best practices procedures based on cutting-edge research, much of which takes place in Buffalo. In addition to conducting research and treating patients, they are teaching future endocrinologists.

What is diabetes? Some people call it sugar or sugar diabetes. Symptoms may include increased hunger, thirst and urination. Other symptoms are lack of energy, blurred vision, foot numbness, and delayed wound healing. Confusion and sleepiness may occur in severe cases. Type 1 Diabetes comes from the pancreas not producing enough insulin. Type 2 Diabetes results from lack of insulin and the body's response to the limited insulin it produces. Gestational Diabetes can occur during pregnancy. It can lead to diabetes and is associated with a family history of Type 2 Diabetes.

What should you know? Diabetes is often associated with obesity. Long-term complications include kidney and heart failure, high blood pressure, blindness, and amputation. In 2014, one in 10 adults in the U.S. were diagnosed with diabetes. Maintaining a normal body weight, a healthy diet and physical exercise helps with prevention and treatment.

Buffalo research is bringing new advances. Paresh Dandona, M.D., Ph.D. leads the UB Endocrinology Team and is a world-renowned expert in treatment, research and teaching. The team has prevented foot ulcers, gangrene, amputations, and end-stage kidney failure and dialysis in patients since 2001. They are successfully treating chronic non-healing ulcers in diabetics, and are treating patients with the most complex cases of diabetes in the region. Dr. Dandona's team is also pioneering care for pituitary disease, in collaboration with leading neurosurgeons and radiotherapists; obesity, in collaboration with bariatric surgeons; thyroid and parathyroid disease, in collaboration with leading endocrine surgeons; and menopausal and adrenal problems.

About the endocrinology experts: Dr. Paresh Dandona is Chief of Endocrinology, Diabetes and Metabolism at UBMD Internal Medicine. His team of endocrinology experts includes Drs. Ajay Chaudhuri, Antoine Makdissi, Nitesh Kuhadiya and Manav Batra. Together they perform diabetes, endocrine and metabolism research funded by the National Institutes of Health, American Diabetes Association and Juvenile Diabetes Research Foundation. They are identifying novel ways to treat diabetes, mechanisms that lead to diabetes and its complications, and ways to translate them into practical clinical management. Certified Diabetes Educators Mary Bierbrauer and Margaret Mersereau teach patients about pre-diabetes and diabetes.

Research studies. The team is studying diabetes, obesity, glucose, liraglutide, hypogonadism, and vascular reactivity. To participate in a research study, call 626-7998.

To make an appointment: Treatment locations are at 3980 Sheridan Drive, Amherst, 716-961-9900, 115 Flint Road., Williamsville, 716-626-7970, and Suite 1152 at Erie County Medical Center, Buffalo, 716-898-4803.



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how healthy you
are inside.



Skin Products. Many skin care products aren't FDA approved and don't work the way they claim. Talk to your dermatologist for recommendations on best products for your skin type. Use sunscreen, and consider using retinoid- or peptide-based products at night for their repair properties.

The C Word. You are the expert on your skin. If it doesn't look right, see a dermatologist. It may be skin cancer, so ask the experts. Make self-exams part of your healthy lifestyle, and get your loved ones get screened too!

Prevention. Just as your skin reacts positively to cleansing, moisturizer and sunscreen, it can also react to stress. Pre-existing conditions such as psoriasis may worsen with stress, acne may become more inflamed, and nails can become brittle. You may lose some hair and experience more perspiration than usual. Dermatologists can treat these symptoms while you work at developing stress-management techniques!

An oldie but a goodie. Did you mother ever use petroleum jelly as a home remedy? Well, it still works! Moisturize rough feet, elbows and hands. Apply to dry cuticles, lips and peeling nails. Use it to prevent chafing when running or biking, treat your child's scrapes and use as a diaper ointment.

Last word. Limit the number of skincare products in your cabinet. Products containing fragrances may lead to skin irritation or allergies. Choose anti-aging products with vitamin A and alpha hydroxyl acid. And when you need a dermatologist, contact UBMD Dermatology at 716-204-8730!

botox for chronic migraine headaches – and wrinkles

By Thomas Guttuso, Jr., M.D.

Migraines are a severe type of headache that occurs in about 12% of the population, and are three times more likely to occur in women. Migraines are different from common tension headaches, and are often accompanied by nausea and vomiting. Migraines can be preceded by an aura, alerting the patient that a headache is imminent, including seeing black spots, flashing lights, or jagged lines in a bulls-eye formation. Patients with migraines often have one or more close family members who suffer from them, although no genetic test is currently available. Once an accurate diagnosis is made, several treatments can significantly reduce the frequency and severity of a patient's headaches.

Treatments for migraines start with lifestyle modifications. Patients can often identify triggers that increase their chance for getting a migraine, such as poor sleep, stress or anxiety, bright lights, unusual smells like perfume or paint thinner, and intense physical exertion or sexual activity. Certain foods, like aged cheese, high nitrate meats, foods with monosodium glutamate, red wine, and drinks with artificial sweeteners can trigger migraines. Patients can often reduce their headache frequency by avoiding triggers that affect them.

Many patients still experience frequent headaches after modifying their lifestyle. Such patients usually require medications, which fall into two categories – abortive and prophylactic. Abortive therapies help stop the headache as early as possible when a patient feels it coming on. These include over-the-counter medications like ibuprofen, naproxen, acetaminophen and aspirin. For patients who do not get adequate benefit from these medications, migraine-specific prescription medications called "triptans" are highly effective for stopping migraines before they become more severe. Common side effects of triptans include flushing, dizziness and chest pain. For patients experiencing more than one migraine a week or five monthly, daily prophylactic medications often help prevent a migraine from even starting; however each medication has unique possible side effects.

Botox injections can be an effective treatment for patients experiencing more than 14 headaches a month

despite trials of oral medications. Botox is the trade name for a type of botulinum toxin approved by the Food & Drug Administration (FDA) for treating chronic migraines. It works by slightly weakening the muscles into which it's injected, interfering with the transmission of pain signals in the muscles. About 31 small injections are

spread across the forehead, temples and back of the neck in order to achieve a full response. Botox injections last about three to four months and are then repeated for the benefit to continue. A great benefit of Botox is that patients receiving injections don't experience systemic side effects that can occur with oral medications because Botox only works on the muscles into which it's injected. Rare side effects of Botox injections include a droopy eyelid or eyebrow, difficulty swallowing and neck weakness, which fully resolve within a few weeks.

Botox is also FDA-approved for reducing forehead wrinkles, crow's feet at the corners of the eyes and vertical frown lines between the eyebrows. Since the injection locations for patients with chronic migraine are very similar to those given to patients with facial wrinkles, a decrease in wrinkles is often an added benefit that patients with chronic migraine notice after receiving Botox injections. Doctors don't know if reduced facial wrinkles plays a role in reducing migraine headaches but both are benefits patients usually experience after receiving Botox injections for chronic migraine headaches.



About the Author: Dr. Guttuso is an Associate Professor of Neurology at the Department of Neurology, in the School of Medicine. He is board certified in neurology and an expert in administering Botox for many conditions including chronic migraine headaches, dystonia, torticollis, spasticity, blepharospasm and hemifacial spasm. Dr. Guttuso sees patients at UBMD Neurology, 300 Essjay Road, Suite 100, Williamsville, NY and can be reached at 716-932-6080.

my burning feet and toes: treatment for neuropathic pain

By Gil I. Wolfe, M.D., F.A.A.N.
and Nicholas J. Silvestri, M.D.

Neuropathic pain refers to uncomfortable sensory symptoms due to nerve damage. One-third of patients with diabetic neuropathy have neuropathic pain, as do three-quarters of patients with neuropathy of an unknown cause.

Neuropathic pain is also common in neuropathies associated with kidney failure, HIV infection, and alcohol abuse, and can also be seen in amputees and after stroke.

Pain from neuropathy is experienced as burning, stinging, needle-like stabbing, throbbing, or aching. Paresthesias are abnormal sensations felt as tingling or a body part that is "asleep." Dysesthesia refers to discomfort from contact with an object; allodynia to pain following contact by a normally non-painful stimulus such as bedsheets on toes when trying to fall asleep. Many types of neuropathic pain tend to start in the feet and later spread to other body areas in a stocking-glove pattern.

What creates neuropathic pain?

Patients often ask why aren't their feet just numb? Why do damaged nerves cause pain? Causes for neuropathic pain are complex and not fully understood, but several explanations have been proposed. Damaged peripheral nerves include nerve fibers that spontaneously discharge when injured. When they are transmitted to the brain, it interprets them as painful. Ongoing discharge of damaged peripheral nerves leads to changes in the brain and spinal cord which exacerbates the problem. Mechanisms in the nervous system that normally block some painful impulses from reaching the brain stop working, too. The good news is that there are medications to treat neuropathic pain and counter some abnormal activities in the peripheral nerves, spinal cord and possibly even the brain.

Evidence-based medications for neuropathic pain

Pregabalin and gabapentin, also used for seizures, are effective in treating neuropathic pain. The antidepressants duloxetine, amitriptyline, and venlafaxine have also been effective. Opioids and related drugs (morphine sulfate, oxycodone controlled-

release, tramadol) and capsaicin, a topical agent available over-the-counter, have also been shown to relieve neuropathic pain. However, it is always important to discuss side effects of these medications with your physician before starting them. Evidence-based guidelines have also found that electrical stimulation can be helpful.



Treatment approach

Neuropathic pain management should begin with identifying the cause of the neuropathy to more effectively control symptoms. For instance, diabetics should have their disease controlled if they expect their foot pain to improve. It is helpful for both patients and their physicians to recognize the following:

- Identify an effective therapy with tolerable side effects;
- Realize that response can vary between patients, and pain relief is rarely complete;
- Initiate medications at low doses, increasing them slowly until an adequate response is observed or intolerable side effects appear;
- Consider adding a second medication or another approach when partial relief is achieved but higher doses create side effects;
- A trial of at least 4 to 6 weeks is recommended before switching or adding another medication. Shorter trials can be considered with topicals (creams or patches).

About the Authors: Drs. Wolfe and Silvestri see patients at UBMD Neurology in the Buffalo General Medical Center 716-859-7540 and at 300 Essjay Road, Suite 100 716-932-6080. They are board certified in neurology, neuromuscular medicine, and neurophysiology (EMG).



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caring for women through all of life's phases

By Vanessa Barnabei, M.D., Ph.D.

UBMD Obstetrics-Gynecology is a practice committed to the care of women of all ages. Many women use their gynecologist as their primary source for preventive health care, especially during the reproductive years.

According to the American College of Obstetricians and Gynecologists, a young woman's first visit to a gynecologist should be between the ages of 13 and 15. This visit's primary purpose is to educate young women about reproductive health, development, and preventive health care. Prospective patients and their parents/guardians will be relieved to know that an internal pelvic exam is rarely necessary at a routine adolescent visit. Additionally, as adolescents are learning to exercise greater autonomy, it is important to assure the confidentiality of communications with their physician, with very few exceptions. Open communication between patients and their parents/guardians is encouraged.

As a woman transitions into adulthood, we provide the full-range of routine and special care including preventive care, diagnosis, and treatment for women with gynecologic illnesses and endocrine/urologic disorders. Our physicians provide obstetrical care for women who are healthy and low risk as well as women with high-risk conditions such as chronic hypertension, twin gestation and placenta previa. Pregnancy and childbirth are important events in the life of a family and we strive to provide compassionate, state of the art care to all women.

In addition, breast health is very important, as breast cancer is the most common cancer among women and the second leading cause of cancer death among American women. Media coverage about the risk of breast cancer leads to worry and anxiety. During a routine gynecologic exam, we perform a clinical examination and educate our patients about the importance of clinical breast exams and mammography screening for the prevention and detection of breast cancer

Midlife, or the time when a woman transitions into the menopausal phase of life, is a critical time to start putting emphasis on her own health. With the average life span of women close to 80 years, many women will live almost a third of their lives in menopause. Menopausal transition symptoms frequently bring a woman into her

health care provider's office to discuss hot flashes, abnormal vaginal bleeding, and other concerns associated with this normal, physiologic transition. Every woman's experience is unique and dedicated providers can help women negotiate this transition safely and compassionately. Midlife is a valuable opportunity to review health issues and outline a plan for the prevention of diseases of aging, such as cardiovascular disease, age-related bone loss, and cancer. Women should look on this as a time of rebirth and celebration into the next stage of life!



As women age into their senior years, some may develop one or more pelvic floor disorders including urinary incontinence, pelvic organ prolapse, some types of fecal incontinence, and bladder syndromes. At the Buffalo Niagara Center for Pelvic Health, we specialize in treating conditions associated with geriatric gynecology and menopause, focusing on incontinence, aging of the pelvic floor, and associated diseases.

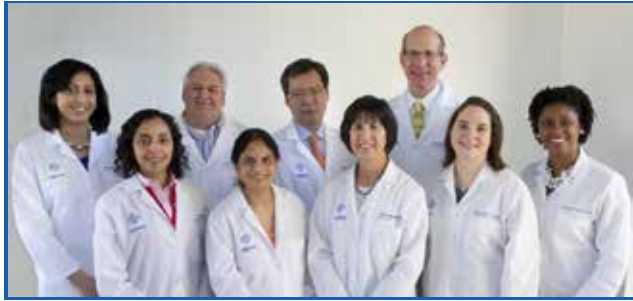
About the Author: Vanessa Barnabei, M.D., Ph.D. is Professor and Chair of the Department of Obstetrics and Gynecology and a clinician with UBMD Obstetrics. Her clinical interests include menopause, the risks and benefits of hormone therapy at midlife, women's health, gynecology and gynecologic surgery, and low risk obstetrics. She also has a special interest in disorders of the vulva. Visit ubmd.com for more information.

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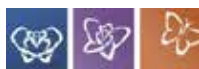


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overactive bladder – what can you do before taking pills?

By Teresa L. Danforth, M.D.

Overactive bladder (OAB) is a group of symptoms that include the frequent urge to urinate and nighttime urination that can lead to incontinence of urine. It affects as many as 16% of men and women. Despite its devastating effect on quality of life many do not seek treatment. Symptoms of OAB can stem from neurologic disorders, aging, dietary factors, obesity, and diabetes, among others. Often the cause of OAB is unknown.

If you are someone who doesn't like taking medications, treatments are available that include behavioral modifications, non-invasive therapies, and physical therapy.

Diagnosis. Often people do not seek treatment for OAB because they are embarrassed or anxious about talking about their symptoms with a doctor or are worried about the possible tests they might need. What you should first know is that overactive bladder can be diagnosed simply by taking a history, doing a physical examination and a urine test. Often patients are asked to do a voiding diary, where you record each time you urinate for three days at home so your physician can get an idea of your bladder behavior. You might be asked to complete questionnaires about your symptoms so they can be tracked more closely.

Sometimes when a patient comes to the office with multiple symptoms, or has already had treatment for OAB, procedures like cystoscopy or urodynamics might be recommended. A cystoscopy is a test where your urologist looks into the bladder with a tiny telescope; and urodynamics involves placing a tiny catheter in the bladder and filling the bladder with water to measure bladder pressures. These tests can be performed in the office with minimal discomfort and can provide important information about how to treat your symptoms.

Treatment. The simplest treatments for OAB are things you can do before you even see a doctor. Many foods cause bladder irritation, including excessive amounts of acidic and spicy foods, caffeine, alcohol, red meats, certain dairy products and even chocolate! The good news is that many patients can determine the foods that worsen their symptoms and simply decrease or eliminate them from their diet. If you are diabetic, controlling your

blood sugars very often will help improve your symptoms.

Many people do not realize that the bladder and bowels are closely related in location and functions. As a result, patients with OAB often have issues with constipation. Although it may seem contradictory to drink more fluids, the combination of increased fluids and fiber in the diet can make the bowels softer and alleviate your bladder symptoms.

Another option is pelvic floor exercises and there are physical therapists specially trained to work with patients who have difficulty controlling their bladder. Working with a therapist can help you control the muscles in your pelvic floor to control urges and prevent urinary leakage. Like all physical therapy, this takes work on your part, but in the end can be incredibly helpful and rewarding.

If these treatments do not alleviate your symptoms, there are other treatments such as oral medications, nerve stimulation, Botox® bladder therapy and surgery to make your bladder larger.

Remember, the first step in finding the right treatment is talking to your doctor about your symptoms!



About the Author: Teresa L. Danforth, M.D. is an Assistant Professor and Associate Program Director of the Urology Residency Program at the University at Buffalo and works for UBMD Urology. She is fellowship trained in Female Urology, Neurogenic Bladder and Male Voiding Dysfunction. She also collaborates with Dr. Tova Ablove, Urogynecologist, at the Buffalo Niagara Center for Pelvic Health. For more information: www.pelvichealthwny.com or call 716-242-8520.



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Ross ophthalmologist Deepa Yoganathan, MD has found this technology vital, particularly for the 30% of her patients who have diabetes and are at risk for occult—or hidden—peripheral disease, which is related to diabetes. "This technology offers a 200-degree wide-field image of the retina, which is the widest possible of any camera," said Dr. Yoganathan. "Use of this technology improves accuracy in diagnosis and increases treatment options."

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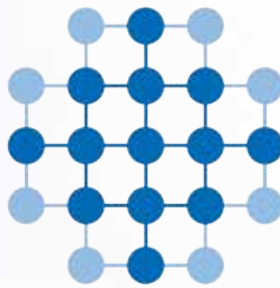


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