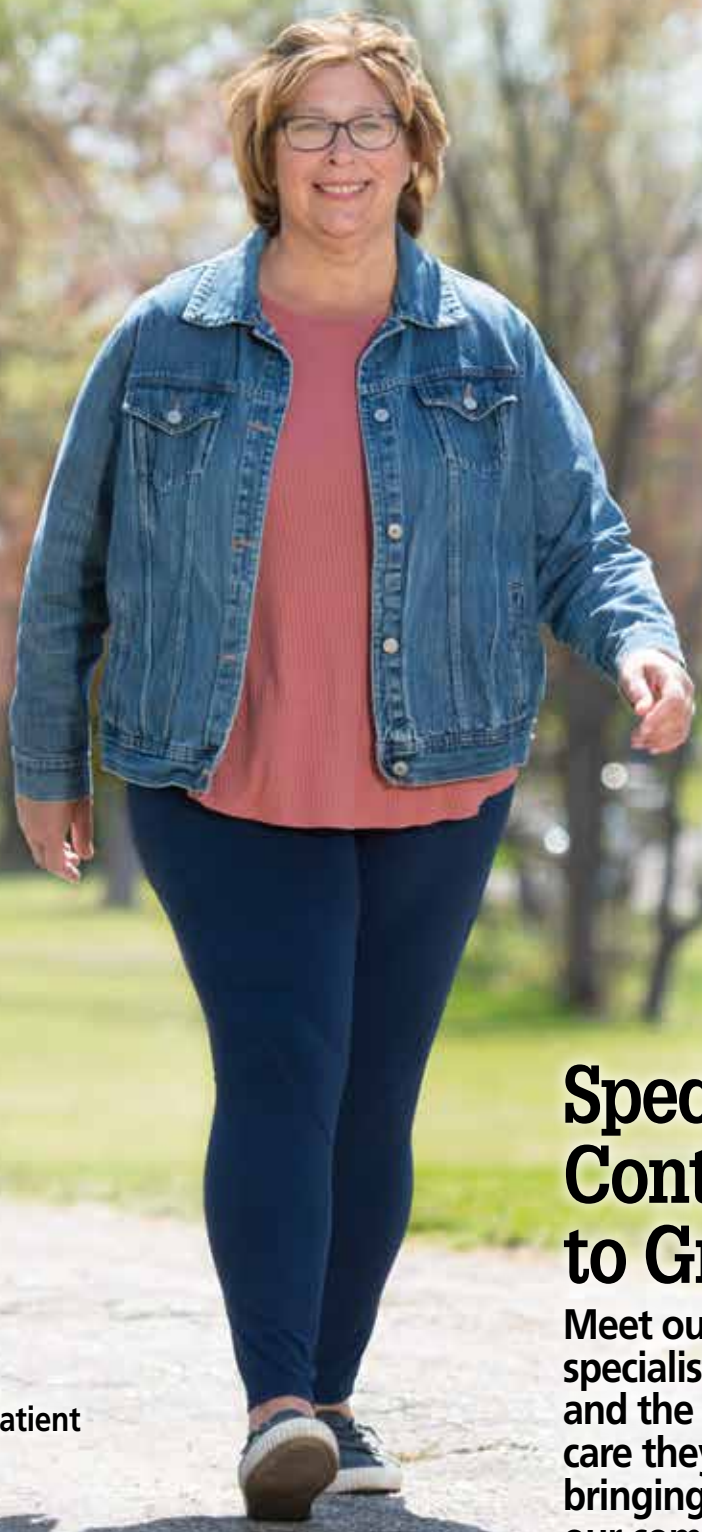
Milford Regional Medical Center Community Newsmagazine Fall 2021

Good Feelings



New Orthopedic Center
Learn more about Milford Regional's new center of excellence in orthopedic care
Page 2

Hip Replacement/ Revision Surgery
Read about a surgeon's successful surgery that relieved the pain a patient suffered from six hip dislocations
Page 3

Pelvic Organ Prolapse/ Female Urinary Incontinence
Discover how a patient found renewed life through a urogynecologist's expert diagnosis and care
Page 5

Welcome Our New Specialists
Get to know our new vascular surgeon and podiatrist
Pages 7-8

Recognition
Milford Regional awarded top patient safety grade six times in a row
Page 1

Specialty Care Continues to Grow!
Meet our new specialists and the expanded care they are bringing to our community

Check out our virtual wellness programs on page 10.

FROM THE PRESIDENT & CEO

The Right Combination

Since my last *Good Feelings* update in the spring of 2021, I am extremely pleased to say that Milford Regional continues to successfully expand and enhance our services and physician base to meet the growing needs of our patients. The diligence and focus of so many within our healthcare system has provided greater access to highly regarded specialists and the in-demand hospital services made more readily available through the addition of their medical expertise.

Edward J. Kelly, President & CEO

The complement between our extraordinary medical staff and the quality services we provide cannot be understated. In this edition of *Good Feelings*, orthopedics is front and center with, what I consider to be, a powerhouse of talent brought together to establish a new center of excellence in orthopedic care. Service expansion in urogynecology, which is welcome news to many women, is also on the docket, as well as introductions to our new vascular surgeon and podiatrist. Plus, our stellar physical and occupational therapists show how they coordinate care to meet the varying needs of their patients. I personally enjoy the Q&As because they not only provide the physicians' impressive biographies, but give you a better sense of who they are through their own words. On the other hand, I could read the patient stories more than once; after all, in my estimation, they are the final word.

Our commitment to excellence in care drives the healthcare team at Milford Regional on a daily basis. Being recognized nationally six times in a row by the Leapfrog Group with an "A" in health safety provides reassurance that we are on the right track. Our investment in a strong, vibrant Quality program ensures that our progress will not be derailed. As I said earlier, great care is a combination of outstanding physicians and quality services; I know you'll find both here at Milford Regional.

As always, your feedback and thoughts matter to us. Simply go to our website at milfordregional.org and click on *Contact Us*. We look forward to hearing from you.

Ed Kelly, President & CEO
Milford Regional Medical Center

Milford Regional Earns Sixth Consecutive "A" for Patient Safety

Milford Regional has been nationally recognized with an "A" in health safety by the Leapfrog Group for Spring 2021.

This distinction, which the hospital has earned six times in a row, recognizes Milford Regional's achievements in protecting patients from errors, injuries, accidents and infections. The Leapfrog Group is an independent national watchdog organization committed to health care quality and safety.

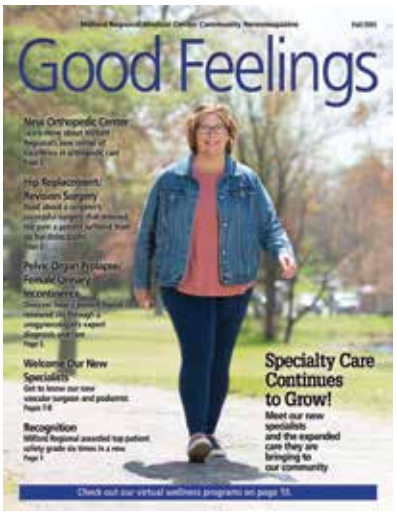
The Leapfrog Hospital Safety Grade assigns an "A," "B," "C," "D" or "F" grade to all general hospitals across the country and is updated every six months. It is the only hospital ratings program based exclusively on hospitals' prevention of medical errors and other harms to patients in their care.

"To be nationally recognized for our commitment to patient safety for the sixth consecutive time is an extraordinary honor," says Edward J. Kelly, president and CEO of Milford Regional. "Patient safety has remained our top priority, even as we navigate the challenges created by the pandemic. This continued achievement is due to the hard work and diligence of our entire staff who are dedicated to providing the highest quality care to our community."

"An 'A' safety grade is an elite designation that your community should be proud of," said Leah Binder, president and CEO of The Leapfrog Group. "The past year has been extraordinarily difficult for hospitals, but Milford Regional Medical Center shows us it is possible to keep a laser focus on patients and their safety, no matter what it takes."

Developed under the guidance of a national expert panel, the Leapfrog Hospital Safety Grade uses up to 27 measures of publicly available hospital safety data to assign grades to more than 2,700 U.S. acute-care hospitals twice per year. The Hospital Safety Grade's methodology is peer-reviewed and fully transparent, and the results are free to the public.

To see Milford Regional's full grade details and access patient tips for staying safe in the hospital, visit *hospitalsafetygrade.org*. ■



This issue's cover:
Following a total hip replacement in 2020, Shelly Leclaire endured six hip dislocations. A year after the initial procedure, Geoffrey Stoker, MD, performed hip revision surgery and now she's living a pain-free life.

Milford Regional
Medical Center

New Orthopedic Center

Uniting to Offer the Best in Orthopedic Care

Susan Barrett, MD

John Mulroy, MD

Geoffrey Stoker, MD

Michael Vazquez, MD

Four specially trained surgeons are combining their expertise to bring a premiere orthopedic center to the Milford area. Milford Regional Orthopedics brings together fellowship-trained joint replacement surgeons Susan Barrett, MD, and Geoffrey Stoker, MD, and fellowship-trained sports medicine surgeons John Mulroy, MD, and Michael Vazquez, MD, in one centralized location at 98 Prospect Street in Milford (the former Rite Aid location).

Drs. Mulroy, Barrett and Vazquez, formerly known as Mulroy Orthopedics, have a combined 50 years of service in the Milford community and at Milford Regional Medical Center. Dr. Stoker joined Milford Regional Physician Group last year, bringing with him a wealth of experience from his fellowship training at New England Baptist Hospital.

Dr. Barrett is a board-certified orthopedic surgeon who graduated from Tulane University School of Medicine and completed an orthopedic surgery residency at Barnes-Jewish Hospital/Washington University in St. Louis, Missouri. She furthered her training with a fellowship in hip and knee arthroplasty (joint replacement) at Massachusetts General Hospital/Harvard University.

Dr. Stoker is a graduate of Washington University and completed the orthopedic residency program at Tufts-Affiliated Hospitals in Boston. He enhanced his training with a fellowship in hip and knee replacement at New England Baptist Hospital.

Dr. Mulroy is a board-certified orthopedic surgeon who specializes in sports medicine. Dr. Mulroy is a graduate of Tufts University of Medicine, where he also completed an orthopedic surgery residency. He then advanced his training with a sports medicine fellowship at the University of Miami.

Dr. Vazquez is a board-certified orthopedic surgeon and a graduate of Columbia University College of Physicians and Surgeons. He completed the Harvard Combined Orthopedic Surgery Residency and gained further intensive training through a sports medicine fellowship at Lenox Hill Hospital in New York City.

In addition, the team will be joined by Helder Garcia, PA, who has been with Mulroy Orthopedics for the past two years. Helder has more than 20 years of experience managing orthopedic patients in a hospital setting and assisting in the operating room. He also supports the practice's two sports medicine primary care physicians, Kevin Jillson, MD, and John Andrea, DO. In this new facility, Milford Regional Orthopedics will treat patients suffering from most orthopedic problems including acute injuries, injuries caused by overuse, and chronic injuries. The 10,000-square-foot building will have 15 exam rooms and two X-ray rooms, and space for future program expansion.

"We are improving access for patients in the region for all types of injuries – whether they are sports related, occupation related, injuries suffered by weekend warriors, or repetitive use injuries," says Patrick McSweeney, MD, president of Milford Regional Physician Group. "My vision is that we are going to be THE place to go for any orthopedic or sports medicine need in the area."

While Milford Regional Orthopedics is built around the four surgeons, the practice also includes primary care sports medicine physicians who will see patients who do not require surgical treatment and complement the care being provided by the surgeons. The practice will also strengthen its relationship with Milford Regional Rehabilitation and Sports Medicine, where patients can receive their physical or occupational therapy at locations in Milford, Franklin and Northbridge.

> ***"What we are creating here is a center of excellence, where we will be able to follow patients with chronic orthopedic issues, as well as those patients with acute injuries. As we identify any other need in orthopedics, we will be able to recruit for that area as well."***
>
> *– Patrick McSweeney, MD*
> *President, Milford Regional Physician Group*

In addition to expanding sports medicine primary care, another avenue for growth is the school-based athletic training program, which would allow student athletes to receive their care locally.

Dr. McSweeney envisions Milford Regional Orthopedics as a one-stop shop for patients who need comprehensive care for the most common to complex orthopedic conditions – from arthritis, carpal tunnel and sprains, to joint replacement, rotator cuff repair and arthroscopic surgery.

"What we are creating here is a center of excellence, where we will be able to follow patients with chronic orthopedic issues, as well as those patients with acute injuries," says Dr. McSweeney. "As we identify any other need in orthopedics, we will be able to recruit for that area as well."

Milford Regional Orthopedics is scheduled to open in its new location in the fall. Appointments can be made by calling 508-478-7135. ■

Hip Replacement/Revision Surgery

A Change for the Better

The second time her hip dislocated, it took Shelly Leclaire two hours to navigate from the living room to the kitchen where she could call for help. The sixth time, her young grandchildren were sleeping over during Christmas vacation. Shelly, 60, who lives in Hopedale, had a hip replacement for painful osteoarthritis at a Boston hospital in February 2020.

Most people who undergo hip replacement have a dramatic reduction in pain and a significant improvement in their quality of life. However, there is a small risk of dislocation – when the ball of the new implant comes out of the socket. "You know there's a possibility it can happen, but you're never prepared for that level of pain when it dislocates," Shelly recalls. "There's no warning. It just happens and there's nothing you can do to stop it. You're basically stuck, so you can't move, and the pain is absolutely excruciating."

Over 10 months, Shelly suffered six dislocations. The doctors she consulted wanted to take a conservative approach and wait for the area to heal before doing another surgery. Geoffrey Stoker, MD, an orthopedic surgeon at Milford Regional Orthopedics, had another strategy for her to consider. Dr. Stoker's practice focuses on partial and total knee and hip replacement, including revision procedures – surgeries performed to replace or reconstruct a failed joint replacement.

Shelly Leclaire is grateful to be living her life pain-free following successful hip replacement/revision surgery.

On February 26, about a year after her total hip replacement, Shelly underwent revision hip surgery at Milford Regional. Dr. Stoker relates that when he met Shelly and reviewed her X-rays, he suspected that the cup position from the initial hip replacement was contributing to her problem.

"Your natural hip is a ball-and-socket-type joint," he explains. "A primary (first-time) hip replacement recreates that. The surgeon puts a metal cup into the pelvis, a metal stem in the femur, a liner that snaps into the cup, and a head that attaches to the stem and rolls around within the liner. For the vast majority of people with Shelly's cup position, it would have been fine, but for whatever reason, with her biomechanics, it just didn't work for her."

In a dislocation, the ball slides out of the socket and the joint no longer articulates properly. When a total hip dislocates, the head typically slides up the pelvis and the leg becomes shorter than the other, says Dr. Stoker. Dislocations can occur soon after surgery or years down the line.

"Depending on the research you read, upwards of 80 percent of people still have their hip replacement after 20 years," states Dr. Stoker. "For most people getting them in their 50s and 60s, you hope it lasts the rest of their lives. About one to four percent of patients have a dislocation following a hip replacement, and after it comes out once in the early postoperative period, there is a 25-35 percent chance of it dislocating again."

After a dislocation happens, patients typically go to an emergency department for treatment. Most times, they're given anesthesia and undergo a closed reduction, a procedure for treating a hip dislocation without surgery, says Dr. Stoker. It involves manipulation of the thigh bone (femur) to put the hip back in place. After the first or second dislocation, a brace is sometimes prescribed in hopes of preventing at-risk hip movement and promoting healing, but this option didn't help Shelly.

For situations in which the hip continues to dislocate, revision surgery may be an option. Other reasons for revision include loosening of the implant, infection, fracture or liner wear, adds Dr. Stoker.

"I looked at Shelly's X-ray and thought there was an opportunity to change her cup's position and head size," he recalls. "Considering how much her life was affected and how debilitated she was, I was willing to do a revision sooner rather than later."

Although Dr. Stoker was optimistic, he couldn't guarantee it would be successful.

"I left the stem in the femur and changed the other parts," explains Dr. Stoker. "I put in a new cup that was bigger and faces more forward and increased the head size from 32 to 49 millimeters."

Shelly remembers that before meeting Dr. Stoker, she grappled with anxiety about another dislocation. The first incident was seven weeks after her hip replacement, and although she was fitted for a brace, she suffered a second dislocation a week later. In total, she called the paramedics six times in 2020, she recalls. Each time, they needed to start an IV, monitor her vitals, and give her pain medicine before attempting to move her out of her home and into the ambulance.

After the two-hour ordeal when she couldn't call for help, Shelly made sure her phone was with her at all times in case of an emergency. Between episodes, she felt fine physically, but the threat of dislocation kept lurking in her mind.

"As soon as they pop it back in, I'm pain-free, and I hold my breath," she says. "It's like you're waiting and waiting, and then it happens, validating your fear. The quality of my life was zero. I wouldn't walk anywhere. I wouldn't sit on a beach chair because it was so low. A friend made me an 8-inch cushion to sit on so I was higher."

Several months passed between her fifth and sixth episode, and Shelly hoped she might be out of the woods – until it happened again. After her emergency room visit, the Milford Regional staff connected her with Dr. Stoker, a recent addition to the orthopedic team, for a follow-up appointment.

"On my discharge papers, they put down his phone number," Shelly says. "I called his office the next day and they already knew about me. I went in for an appointment at 4:30 that afternoon. Dr. Stoker felt he could help me, and he did. I put my trust in him.

Shelly stayed overnight for her revision surgery and was sent home with standard range of motion restrictions or "precautions." Dr. Stoker explains that Shelly had a posterior hip replacement and revision because her original surgery was posterior, which has an incision at the back of the hip. It has a slightly higher risk of dislocation than an anterior approach, which goes through the front of the hip. Due to this risk, posterior patients generally have more, albeit temporary, range of motion restrictions postoperatively, such as not crossing the legs.

> *"I can't say enough about the experience I had from beginning to end. Dr. Stoker called me the night before my surgery and asked me if I had any questions. He was there pre-op, post-op and the next day. He took the time to make me feel comfortable enough that I could trust him. Dr. Stoker does a fabulous job and really takes the time with his patients. He changed my life."*
>
> *– Shelly Leclaire*
> *Hip Revision Surgery Patient*

According to Dr. Stoker, he performs anterior replacements on about 90 percent of his primary hip replacement patients. This approach for hip replacement has become more prevalent in the last 10 years.

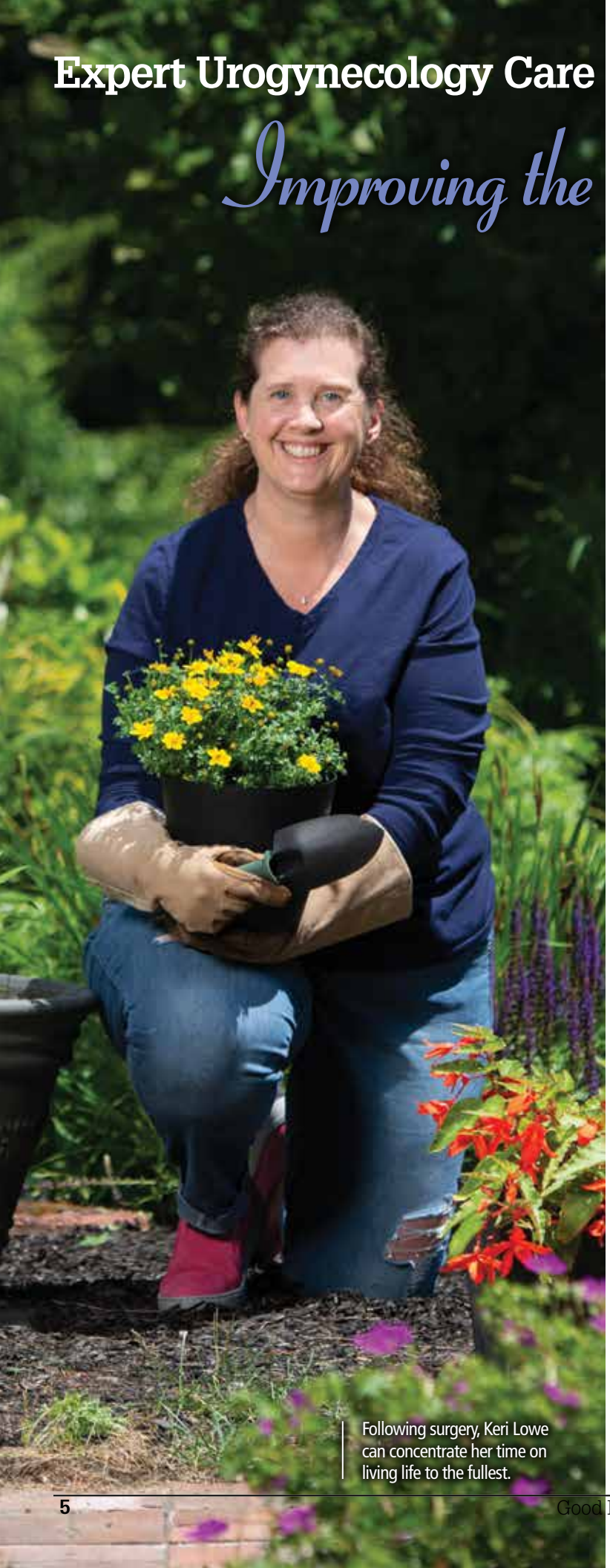
Dr. Stoker follows up with patients at two weeks, six weeks, three months, six months and yearly. Three weeks after her surgery, Shelly was going up and down the stairs, walking her dog and driving. Gradually, her anxiety about another dislocation grew less and less. Now she can look back on those memories with relief that the ordeal is over.

"The surgical care was phenomenal, and the nurses and doctor in the operating room were wonderful," says Shelly. "I can't say enough about the experience I had from beginning to end. Dr. Stoker called me the night before my surgery and asked me if I had any questions. He was there pre-op, post-op and the next day. He took the time to make me feel comfortable enough that I could trust him. Dr. Stoker does a fabulous job and really takes time with his patients. He changed my life."

Appointments can be made with Dr. Stoker by calling 774-462-3345. ■

Expert Urogynecology Care

Improving the Quality of Your Life



Following surgery, Keri Lowe can concentrate her time on living life to the fullest.

Keri Lowe, 46, a busy working mom, did what a lot of women do when they have annoying symptoms that aren't life-threatening — she tolerated the discomfort.

Her gynecologist had suggested seeing a urogynecologist for her stress incontinence and a feeling of pressure in the pelvic area, but Keri put it off. She was reluctant to take time out from her hectic life for a bladder sling surgery, the most likely solution, and thought coping with it would be easier.

Stress incontinence happens when movement – such as coughing, laughing, sneezing, running or heavy lifting – puts pressure on the bladder and causes urine leakage. Keri had experienced it off and on since delivering her first child 20 years earlier, and her symptoms increased as she got older. Keri needed to limit drinks and caffeine, scope out the bathrooms everywhere she went, and wear pads. Over the past few years, her symptoms also included heaviness and cramping in the pelvic area.

"Over time, I accepted it and learned to live with it," Keri recalls. "I knew about the bladder sling surgery because my grandmother had one years ago and said it was life-changing, but I guess I thought my symptoms weren't bad enough. Then in the course of a month, if I had back-to-back shifts, I would feel significant discomfort for a couple of days at a time, and it got almost unbearable."

Attributing it to pressure on her bladder, Keri realized she couldn't postpone the urogynecology consult any longer. She scheduled an appointment with Diego Illanes, MD, a urogynecologist with Milford Regional Physicians Group Urogynecology, who is board certified in Obstetrics and Gynecology, as well as Female Pelvic Medicine and Reconstructive Surgery. She knew Dr. Illanes from her job working as an OR surgical tech at Milford Regional.

On February 22, Keri became an OR patient herself when Dr. Illanes performed the bladder (mid-urethra) sling *and* a transvaginal hysterectomy. Thanks to his expertise, Keri had learned that a second pelvic floor condition, unrelated to the stress incontinence, was causing her pain. After a physical exam, Dr. Illanes told her that she had pelvic organ prolapse, a disorder that involves one of the pelvic floor organs – including the bladder, uterus or bowel – dropping or pressing into the vagina. In Keri's case, her uterus was drooping.

The diagnosis shocked Keri as she had just expected him to recommend a bladder sling and perhaps physical therapy. Although he advised those conservative treatments also, his suggestion that she undergo a hysterectomy to remove her uterus and cervix caught her off-guard. (Note that in some patients, the prolapse can be performed without a hysterectomy.)

"I did not anticipate that at all," says Keri, who lives with

her family in Holden. "I was definitely surprised when he said hysterectomy, but it did explain the level of discomfort. After the shock wore off, I was relieved there would be a solution. Since I see Dr. Illanes all the time in the OR, I know his abilities and reputation and thought highly of him, as everybody does."

Dr. Illanes explains that the pelvic floor muscles and surrounding tissues are supposed to keep the pelvic organs in place, but anything that puts increased pressure in the abdomen can lead to prolapse. It can be caused from pregnancy and childbearing – even years later – obesity, genetics, constipation, prior surgery in the pelvis, or an occupation that involves heavy lifting.

According to Dr. Illanes, it's estimated that more than 50 percent of women will suffer pelvic floor symptoms like Keri's, and the symptoms will depend somewhat on which organ is drooping.

"The most common symptom is a sensation of fullness in the vagina," says Dr. Illanes. "It can feel like they have something inside the vagina when they sit up or walk. There can be a sensation of incomplete emptying of the bladder and bowel, and some patients can have vaginal spotting and skin irritation. It's all about how impactful it is on the patient's quality of life. There are some people who it doesn't bother at all, and we tend to be more conservative for those who don't have an impact on their quality of life."

Conservative treatment includes doing pelvic floor exercises at home – which Keri had already been doing on her own – or getting referred to a pelvic floor physical therapist. Patients can also try a removable device called a pessary, says Dr. Illanes. While this treatment helps more than half of patients, for others it's less effective or they find it cumbersome.

Dr. Illanes notes that about one third of pelvic organ prolapse patients choose to have surgery. Since Keri's descending organ was the uterus, and due to the anatomy of it, he advised a hysterectomy. Although her menstrual cycle would cease after the procedure, her ovaries would remain intact, which would prevent early menopause.

"It's one of the oldest pelvic surgeries we still do as it works very well," explains Dr. Illanes. "It's essentially removing the uterus and cervix through a small vaginal opening and reconstructing the tissue to the way it was before any pelvic changes happened, like chronic constipation or childbirth. Dr. Illanes also performs laparoscopic and robotic-assisted surgery, but the natural orifice/transvaginal approach was best suited for Keri. With this type of natural orifice surgery, there are no cuts or scars on the outside. The procedure takes about 90 minutes under general anesthesia. "They get to go home the same day."

Dr. Illanes relates that at Milford Regional, he applies several key guidelines for recovery known as Enhanced Recovery After Surgery (ERAS) protocol for natural orifice surgery. It's a multidisciplinary approach involving anesthesiologists, recovery nurses, operating team members and other staff.

"We take pre- and post-operative measures to make sure patients are up on their feet and recovering fast and easily," Dr. Illanes says. "The whole idea is to prevent other problems like infection and to decrease the use of narcotics or opiates."

Dr. Illanes performed the bladder sling and the hysterectomy at the same time so that Keri would only need anesthesia once and could address both problems simultaneously. Although the bladder sling wouldn't have required general anesthesia on its own, she still would have needed sedation or local anesthesia. He describes the bladder sling as supporting the urethra (exit tube of the bladder) to the surrounding structures.

"We make a very small incision inside the vagina that deploys this little hammock-like shaped material next to the bladder and the urethra, the tiny tube where the urine comes from," explains Dr. Illanes. "It is a physical support to the excessive movement of the bladder. It takes about ten minutes."

Since she has had nausea after anesthesia in the past, Keri was apprehensive and went over her concerns with the anesthesia team. To her relief, she felt fine when she woke up. "They were incredible and did so much to ensure not only my comfort and safety, but to make sure I had absolutely no nausea post-operatively," states Keri.

> ***"It's a drastic improvement. For anyone going through these symptoms, you don't have to just adapt and live with it and revolve your day around it. It's hard to accept that you're going to have surgery and will need time to recover, but it's just in the short term. For the long term, it's going to be so much better. In hindsight, why I put myself through all that, I don't know. It's such a huge weight off and it's truly life changing."***
>
> *– Keri Lowe*
> *Pelvic Organ Prolapse/Urinary Incontinence Surgery Patient*

When Keri got home, she alternated Tylenol and Advil for a couple of days, and then reduced it to as-needed. According to Dr. Illanes, after a sling surgery, patients are usually back at work the next day and exercising in two to three weeks. After a hysterectomy, they should refrain from exercise for four to six weeks. Those with a desk job can return to work in a couple of days, but he recommends taking off four to six weeks for a more physically demanding job.

After her surgeries, the incontinence went away immediately, and so did her pain. Keri did physical therapy to retrain her pelvic muscles so she could go for longer intervals without urinating.

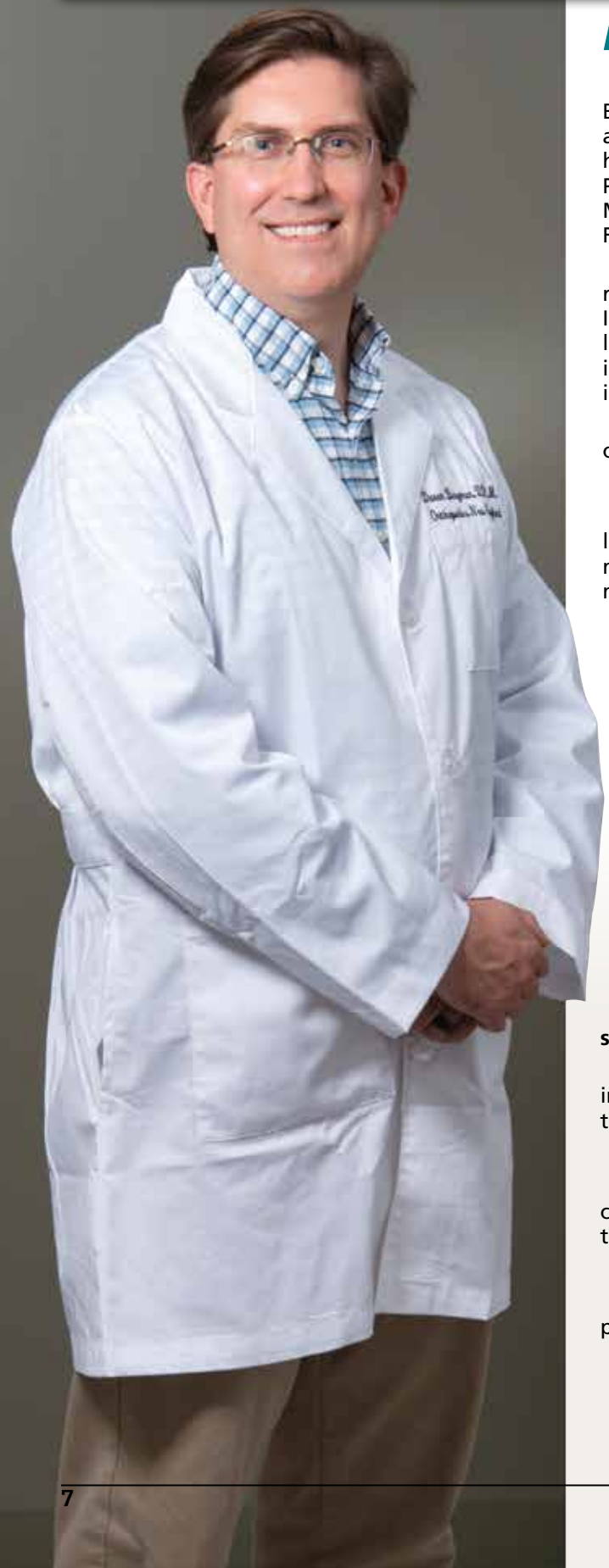
"It's a drastic improvement," she says. "I don't have that pain and pressure at all, which is huge when I'm on my feet 12 hours a day. It's a relief to just focus on what I'm doing. For anyone going through these symptoms, you don't have to just adapt and live with it and revolve your day around it. It's hard to accept that you're going to have surgery and will need time to recover, but it's just in the short term. For the long term, it's going to be so much better. In hindsight, why I put myself through all that, I don't know. It's such a huge weight off and it's truly life changing."

Appointments can be made with Dr. Illanes by calling 508-902-9753. ■

The Facts About Female Urinary Incontinence
Diego Illanes, MD
For information on this online video presentation, go to our back page.

Podiatrist: A specialist who provides medical care for feet and ankles, including the diagnosis, treatment and prevention of foot and ankle conditions.

Welcome Our New



Daren Bergman, DPM, FACFAS

Milford Regional is very pleased to welcome Podiatrist Daren Bergman, DPM, FACFAS, an experienced and highly regarded foot and ankle surgeon, to our active medical staff. Dr. Bergman received his Doctor of Podiatric Medicine degree in 2004 from Ohio College of Podiatric Medicine in Cleveland, Ohio. He then completed a Podiatric Medicine and Surgery residency at MetroWest Medical Center in Framingham, Massachusetts.

Following his residency, Dr. Bergman completed a fellowship in reconstructive foot and ankle surgery at the Weil Foot and Ankle Institute in Chicago, Illinois. During this time, he presented numerous lectures and was co-investigator in several research projects. His clinical interests include fractures of the foot, sports medicine, foot and ankle injuries, bunions, neuromas, flat feet and ingrown toenails.

Dr. Bergman is part of Orthopedics New England whose Hopkinton office is conveniently located in our service area.

Q: What made you decide to specialize in podiatry?

A: Playing sports during my youth left me with multiple injuries leading to care by podiatrists and orthopedists. These encounters led me to pursue a career in medicine that allowed direct care of sports medicine injuries similar to those I encountered.

I also have a sibling with flat feet, and without the knowledge of a podiatrist and his custom orthotics, he would not have been able to participate in activities pain free.

Q: What types of surgeries are you bringing to Milford Regional that our patients can benefit from?

A: I routinely perform reconstructive surgeries of the foot including fractures, bunions, hammertoes, neuromas, soft tissue masses, flat feet and tendon/ligament injuries.

Q: What advances are there in foot and ankle surgery that you are excited about?

A: I have been performing a newer technique in regards to bunion deformity surgery that has excellent outcomes and reduces the likelihood of recurrence. The procedure fixes the bunion at the apex of the deformity and is known as the Lapiplasty®.

Q: What do you consider to be your strength as a foot and ankle surgeon?

A: I work with my patients to form a treatment plan that effectively improves their condition and allows them to return to the activities they love.

Q: How would your patients describe you?

A: I believe they would say that I listen to them and fully explain their condition in a way that they can understand. This allows us to work together to formulate a treatment plan of care.

Q: What is the most rewarding part of your job?

A: I think that the most rewarding part of my job is having my patients return to their favorite activities free from pain.

Appointments with Dr. Bergman can be made by calling 508-458-6050. ■

Specialists

Vascular Surgeon: A surgeon who diagnoses, treats and manages conditions in your arteries and veins, also called your blood vessels.

Douglas Jones, MD

Milford Regional is pleased to welcome Vascular Surgeon Douglas Jones, MD, to the active medical staff. He has joined Dejah Judelson, MD, at UMass Memorial Surgery at Milford located at 91 Water Street.

Dr. Jones graduated with honors from Dartmouth Medical School in Hanover, New Hampshire, in 2008 with a degree in medicine. He performed a general surgery residency at New York Presbyterian Hospital/Weill-Cornell Medical Center in New York, New York, where he was chief resident. He continued his training with a fellowship in vascular surgery at Beth Israel Deaconess Medical Center in Boston, Massachusetts. Dr. Jones is board certified in general surgery and vascular surgery. His clinical interests include aortic aneurysm disease, carotid artery surgery and stenting, and endovascular and surgical lower extremity ischemia.

Q: Why did you choose vascular surgery as your specialty?

A: I was drawn to vascular surgery because it offers a unique combination of complex surgery and long-term patient relationships. Every operation is different, each drawing on a range of very challenging techniques. Similarly, every patient I see is different and I enjoy getting to know them as we try to solve their vascular problems together.

Q: What types of surgeries are you bringing to Milford Regional that our patients can benefit from?

A: I do a variety of procedures at Milford Regional. For patients with leg circulation problems, I perform vein surgery and arterial procedures to restore blood flow. These can be particularly useful for patients with leg pain or wounds. For hemodialysis patients, I create fistulas, place dialysis catheters and perform minimally invasive procedures to keep fistulas working well. I perform more complex procedures at UMass Medical Center in Worcester, when necessary, but most of the pre- and post-operative care is still at Milford Regional.

Q: Is there anything new in vascular surgery that you are excited about?

A: Vascular surgery has been at the forefront of developing minimally invasive technologies. Many procedures can now be done through small punctures rather than long incisions. These are very exciting techniques that are improving rapidly and can be applied to a growing number of patients. I'm also excited about the increased emphasis on collaboration across specialties. I think patients benefit enormously when their providers communicate directly and draw on each other's strengths to develop care plans centered around each patient's goals.

Q: What do you consider to be your strength as a vascular surgeon?

A: Sometimes an open surgical procedure is required to address a vascular problem; sometimes the same problem can be addressed with a minimally invasive technique; and sometimes a vascular problem can be fixed without surgery. I am comfortable with performing whatever type of treatment is needed and, as a result, one of my strengths is tailoring a unique treatment plan to each patient. I enjoy discussing the rationale for different treatments with my patients and formulating a plan together.

Q: How would your patients describe you?

A: I think my patients would describe me as friendly and thorough. I always spend extra time to make sure I understand all the details of how someone ends up in my clinic or in the hospital. I also spend extra time trying to make sure that my patient understands what I think the problem is and what the next steps are.

Q: What is the most rewarding part of your job?

A: Without a doubt, the most rewarding part of my job is seeing patients improve. When I can't perform a procedure to help my patients, I find it rewarding to help them understand their disease and how to manage it.

Appointments can be made with Dr. Jones by calling 508-458-4250. ■

Getting Better Every Day

One year ago, stroke survivor Bob Langlais of Millbury had to rely on his wife, Tara, for daily tasks like getting food and putting on his shoes. His right arm was limp, and he wore a sling to support his shoulder from dislocating, due to muscle weakness. He could walk a short distance with a quad cane – which has a large base and four feet – but the neural connections between his brain and the muscles on his right side were affected by the stroke, so Bob's activities were limited.

Since he started at Milford Regional Rehabilitation & Sports Medicine in Northbridge in August 2020, Bob, 52, has progressed a great deal. He attributes his successes to the collaborative efforts of occupational therapist Erin Culross, OTR/L, CHT, and physical therapist Lindsay Schmitt, PT, DPT, who worked concurrently on different aspects of his rehabilitation. He can now mow the lawn, take out the trash, and use his leaf blower while wearing a leg brace. He also hopes to regain his driver's license soon.

"I can do a lot of things around the house that I couldn't do before," notes Bob, a carpenter who suffered a stroke in December 2019. "I can lift my arm now and I'm walking further and more often. It's all very slow, but steady."

During his occupational therapy sessions, Erin has concentrated on strengthening Bob's upper extremities. For example, he has learned to use his non-dominant left hand for cutting meat and has strengthened his right hand enough to hold the fork. Her techniques involve passive range of motion, active exercises, and the re-linking of the brain and muscles through mirror therapy and at-home electrical stimulation.

"It's rewarding to see someone feel better about themselves by doing daily tasks," says Erin. "Those tasks might seem simple to other people, but if you're not able to do them, you really lose a big sense of independence and self-worth."

On physical therapy days, Lindsay has focused on improving motor control of his right leg and helping Bob to walk safely, manage stairs and do different types of "transfers," such as climbing into his truck and getting up from the floor. Initially, she used a gait belt secured around Bob's waist, which provided a place for Lindsay to help stabilize him if he lost his balance. Now, she only uses it as extra support for a few balancing exercises. He has also advanced to using a less cumbersome, single-point cane and doing some exercises without his brace.

> ***"Lindsay and Erin push me to do my best, and I push myself too. All these little accomplishments they helped me with mean the world to me. Without their help, who knows where I'd be. I feel like I'm getting better every day."***
>
> *– Bob Langlais*
> *Stroke Survivor and Rehab Patient*

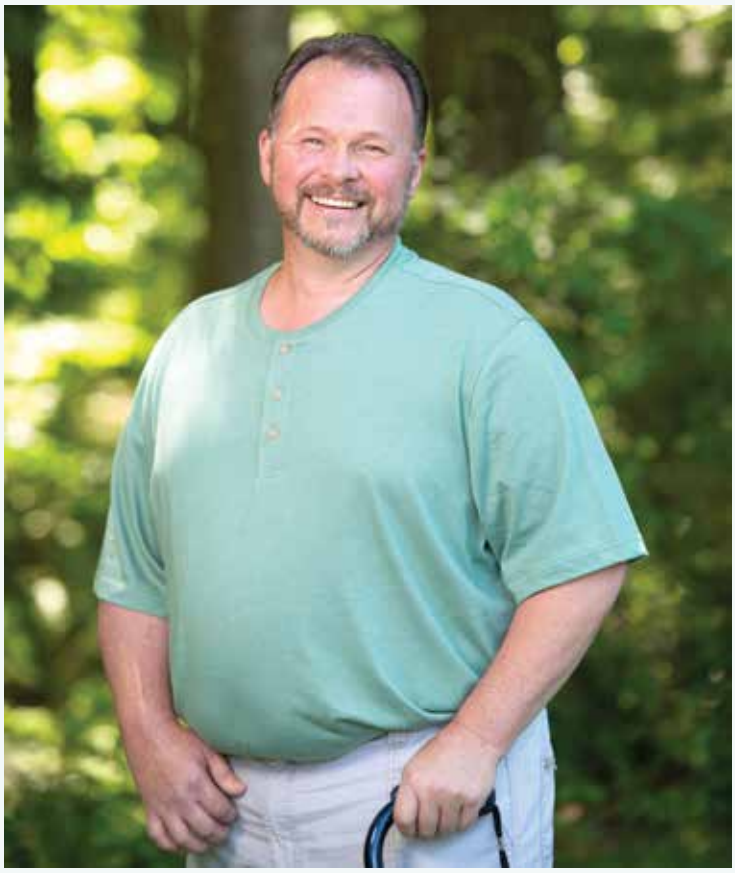
Lindsay and Erin explain that they maintain an open dialogue about Bob's progress.

"It's great when clinicians can work together, and having that face-time is beneficial," Lindsay says. "It's nice that he can come to one place. Bob has been incredibly motivated to do a lot for himself at home and has been positive through his treatment, which makes a huge difference."

At home, Bob does exercises for both physical and occupational therapy and uses an electrical stimulation machine on his wrist extensors, finger extensors and ankle. One goal he's building toward is releasing an object with his right hand. Bob also hopes that in 2022 he can return to work in a modified role by supervising as a general contractor.

"Lindsay and Erin push me to do my best and I push myself, too," Bob says. "All these little accomplishments they helped me with mean the world to me. Without their help, who knows where I'd be? I feel like I'm getting better every day."

Rehabilitation & Sports Medicine in Northbridge can be reached by calling 508-234-8792. ■



Physical and occupational therapy has made all the difference in Bob Langlais' recovery from a stroke.

Wellness Programs

Wishing You Well

Milford Regional is offering virtual, live-streamed wellness classes. The programs start in October and the registration fee is $50 per class. To register, go to the *Classes and Events* page at *milfordregional.org*.

MONDAYS

Therapeutic Qi Gong

Therapeutic Qi Gong focuses on practices for health purposes to slow aging, improve balance and prevent illnesses by using a combination of breath control, body postures, muscle relaxation and mental imagery to guide qi back into proper circulation. This course will demonstrate exercises for the neck/shoulders, back/spine, hip/lower back/legs, arms/legs, hands/wrists/elbows and internal organs for better health, harmony and happiness.

Zumba Toning®

This popular Latin-inspired dance fitness program will give you a fun cardio workout, raising your heart rate as well as your spirits! No dance skills are required – but you will be unable to resist moving to the beat with this class!

TUESDAYS

Ease Into Fitness

This class is designed for those starting new, coming off an injury or just getting back to exercise. Get heart healthy, gain strength and core stability, and feel confident during this fun and motivating beginners' course! Have light, hand-held weights (1-3 lbs. recommended) or, if you don't have any weights, canned goods and full water bottles are good substitutes.

Barre Sculpt

A low impact, invigorating workout that blends elements from different exercise styles including ballet, Pilates and yoga. The class will focus on smaller, controlled movements that will strengthen, tone and lengthen your entire body with an emphasis on building a strong core and great posture! All you need is a chair and some small hand weights (1-3 lbs. recommended). Modifications will be shown so that you can safely participate in class.

WEDNESDAYS

Pilates 101

Learn the basics of Pilates to strengthen your core, improve balance and condition your upper and lower body. To make the most of this class at home, you will need some flex bands and light hand-held weights. No equipment? No problem! Our instructor can modify the moves for you to ensure you are getting the same benefits without the exercise props.

Kundalini Yoga

Center yourself with this meditative and gentle form of yoga. A combination of stretching, chanting and breathwork promotes relaxation and works the entire mind-body system. The exercises are designed to tune up the physical body, balance emotions and break negative thought patterns.

THURSDAYS

Cardio, Core & Conditioning

This core, cardio and strength training class is for any fitness level and will challenge your stamina, build muscle and bone, and strengthen your core. It's an all-in-one workout for everyone!

Mindfully Mixed Yoga

Grab a mat or chair for this beginner's yoga class. You will learn the fundamentals of yoga, with special focus on breathing for well-being; yoga postures for strengthening and flexibility; and meditation to help improve focus. Come and experience the benefits of yoga for both your mind and body.

Register online at *milfordregional.org*

Good Feelings *is published as a community service*

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Milford Regional Medical Center

14 Prospect St.
Milford, MA 01757

VIDEO PRESENTATIONS

The Facts About Female Urinary Incontinence

Urinary incontinence affects many women – for some it is an annoyance triggered by laughing, sneezing or exercising; for others, it is a debilitating condition that has a significant impact on daily life. Obstetrician/Gynecologist Diego S. Illanes, MD, and a team of specially trained physical therapists will discuss the evaluation and management of female urinary incontinence, including ways to strengthen your pelvic floor muscles, medications and surgical options.
Visit *milfordregional.org/incontinencevideo* to watch this presentation.

Gaining Strength: An Introduction to Pelvic Floor Therapy

Milford Regional offers a women's health physical therapy program focusing on dysfunctions in the pelvis/groin that contribute to bladder, bowel, sexual health and pain. Two of our specially trained therapists, Amanda Lehman, DPT, CSCS, and Erin Mannion, DPT, CLT, discuss some of the issues this program can address, including pelvic floor weakness, postpartum incontinence and prolapse. Our therapists create a custom therapy plan to help patients reach a better quality of life.
Visit *milfordregional.org/womensptvideo* to watch this presentation.

Tools to Quit Smoking: Treatments and Proven Results

The health benefits for quitting smoking are numerous, but 95 percent of self-initiated efforts to quit end in failure. For those ready to leave smoking behind, Christopher LeSiege, PA-C, dives into a quick history on the rise of smoking in the country and details multiple options for smoking cessation.
Visit *milfordregional.org/smokingvideo* to watch this presentation.

Milford Regional Achieves 5-Star Rating for Quality and Safety

Milford Regional received an overall hospital quality star rating of 5 Stars from the Centers for Medicare and Medicaid Services (CMS). Milford Regional was one of 455 hospitals out of 4,586 across the United States to achieve a 5-star rating, and one of 12 hospitals to receive 5-stars in Massachusetts.

"This is a testament to the extraordinarily high quality, safe care provided by the team of providers and caregivers at MRMC," states Bert Thurlo-Walsh, MM, RN, CPHQ, Vice President & Chief Quality Officer.

The CMS hospital quality star rating program uses measures from the following categories to determine an overall star rating: mortality, safety of care, readmission, patient experience, timely & effective care, and efficient use of medical imaging. CMS developed the star rating program to help consumers choose highly rated hospitals based on comparing data on the CMS hospital compare website.

"We are proud to be among a select number of hospitals nationwide to be recognized for quality and safety," says Ed Kelly, President and CEO of Milford Regional. "This achievement is a reflection of the commitment our employees have to providing unparalleled care to our community." ■

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
5-Star Quality Rating System