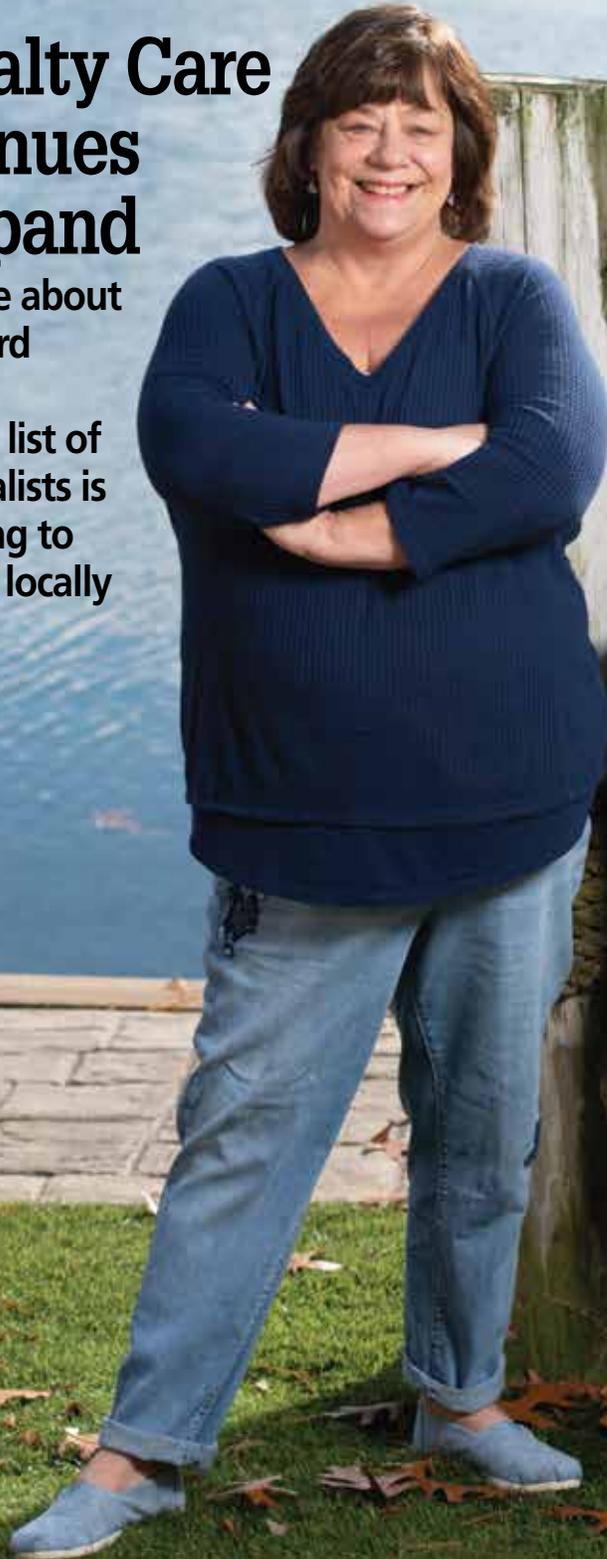


Good Feelings

Specialty Care Continues to Expand

Learn more about how Milford Regional's impressive list of new specialists is contributing to healthcare locally



Neurosurgery

Discover how a patient was freed from severe pain and the surgeon who made it possible
Page 5

Maternity's New Level 1B Nursery

Find out more about the specialized care we now have for premature babies and newborns
Page 2

Meet Our New Specialists

Get to know our new neurosurgeons, neurologists and orthopedic surgeon
Pages 3-4 & 7-9

Lung Cancer Screening Program

Learn more about our comprehensive, world-class lung cancer care
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Check out our virtual wellness programs on the back page.

Moving Forward

After a very challenging year in 2020, I wanted to offer reassurance that positive things are taking place at Milford Regional Medical Center in the care and treatment we provide. Even in the face of adversity this past year, we continued forward with plans to improve patient care and expand our physician base. Several of these programs and services can be seen in this edition of *Good Feelings*, including the construction of a Level 1B nursery to provide a broader range of services to newborns who require additional specialized care; the development of a comprehensive lung cancer screening program; and the addition of a pain management program in collaboration with Brigham and Women's Hospital. Greater detail concerning these enhancements and much more can be found online in our FY2020 Annual Report at 2020annualreport-milfordregional.org.



Edward J. Kelly, President & CEO

Along with these exciting advances, we have bolstered our physician base in the areas of neurosurgery, neurology and orthopedics. These highly regarded specialists from UMass Memorial Healthcare and Brigham and Women's Hospital are already building strong reputations in our service area. Through our solid partnerships with outstanding academic medical centers in both Boston and Worcester, Milford Regional is proud to offer the skills of these truly exceptional specialists right here on our campus. You will be introduced to each of them in this newsmagazine.

It is my hope that this issue of *Good Feelings* can bring some encouragement to the communities we serve. I can assure you that, despite the challenges presented in 2020, we at Milford Regional have never stopped moving forward on delivering programs and services that improve the quality of your care. Our physicians, nurses and staff are to be highly commended for their dedication in providing excellence in care during the most difficult of times.

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

Ed Kelly, President and CEO
Milford Regional Medical Center

The Center for Pain Medicine Opens at Milford Regional

A new clinic has opened at Milford Regional Medical Center offering a comprehensive approach to pain management focused on alleviating symptoms, restoring function and encouraging emotional health.

Brigham and Women's Center for Pain Medicine at Milford is located in the Hill Health Center and is led by Medical Director Victor Wang, MD, PhD.

Dr. Wang is a neurologist who specializes in pain medicine – including chronic issues such as low back, neck and joint pain – with a “whole person approach” to treating his patients. Under his direction, the Center for Pain Medicine offers a multi-disciplinary team approach that works with primary care physicians, spine surgeons and other specialists to provide a thorough and individually tailored program for patients to manage their pain.

Dr. Wang has recently been joined by Edward Michna, MD, who performed a residency in anesthesia and a fellowship in pain medicine at Brigham and Women's Hospital in Boston. Dr. Michna is an assistant professor in anesthesia at Harvard Medical School and is the Director of the Pain Trials Center at Brigham and Women's Hospital. He is board certified in anesthesia, pain medicine and palliative care.

At the Center for Pain Medicine, the team offers services that include anesthesiology, psychiatry, psychology, nursing, neurology and physical therapy to treat a variety of conditions including back pain, abdominal pain, vascular pain, headaches, neuropathic pain, neck pain, pancreatitis, pelvic pain, cancer pain, peripheral neuropathy and chronic post-surgical pain.

While pain is personal and varies from patient to patient, the goal remains the same – to help each patient improve.

“I try to look at the whole patient, and I bring a different approach to pain – not only how the patient defines the pain, but how I interpret the symptoms. It's about the physician's experience and the patient's experience in their life,” says Dr. Wang. “You always have to discuss with the patient their expectations, but my goal is to see improvement, however you may define that for yourself, so you can ultimately have a better quality of life.”

Appointments can be made at the Center for Pain Medicine by calling 857-307-7246. ■



Victor Wang, MD, PhD



Edward Michna, MD

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Level 1B Continuing Care Nursery

Specialized Care for Newborns

Milford Regional has been licensed and approved by the Department of Public Health to operate a Level 1B Continuing Care Nursery within The Maternity Center. The new designation allows Milford Regional to provide a broader range of services to newborns who require additional specialized care and support.

Milford Regional's Level 1B nursery is designed to accommodate the extra care, comfort and needs of late preterm babies at 35 weeks and beyond, as well as those with health issues. It is equipped with the latest technologies, including:

- Cardiopulmonary monitors
- LED phototherapy lights for elevated bilirubin levels
- Radiant warming units
- Resuscitation and stabilization care centers
- IV infusion pumps
- Isolettes
- Donor milk
- Oxygen therapy

"Those who lead and work within The Maternity Center at Milford Regional have been diligent and focused in their effort to achieve a Level 1B designation which provides greater specialized care for our newborns," says Edward J. Kelly, President & CEO of Milford Regional. "Our Maternity team is to be congratulated for their dedication to serving our newest members of the community by providing the very best care."

For more information on The Maternity Center at Milford Regional, go to milfordregional.org; click on "Medical Services," and then "Maternity." ■



Ziev Moses, MD

Milford Regional is very pleased to announce the addition of Ziev Moses, MD, to our medical staff. Our community is already benefitting from the expertise of this high-caliber neurosurgeon from UMass Memorial who is now seeing patients at their Milford location at 91 Water Street. (Note patient story on page 5). Dr. Moses' stellar background includes a neurosurgery training program at Brigham and Women's Hospital and Boston Children's Hospital through Harvard Medical School. He continued his training with a fellowship in neurophysiology at Massachusetts General Hospital/Harvard Medical School and a second fellowship in neurosurgery-spine at Rush University Medical Center in Chicago. Dr. Moses' clinical interests include degenerative spine disorders, minimally invasive spine surgery and spinal reconstruction.

Q: Why did you choose neurosurgery as your specialty?

A: Neurosurgery is an incredibly challenging and rewarding specialty. I have the chance to use my hands to directly heal patients who are suffering with pain and disability. I also get the opportunity to form strong and lasting bonds with my patients. It is hard to imagine another vocation that allows one to make such a positive impact. It is truly a privilege to be a neurosurgeon.

Q: What conditions do you treat? What are the most common?

A: While neurosurgery is a very specialized field, it remains far reaching in the conditions we treat. Common conditions include brain and spine trauma, tumors and degenerative spine disorders, such as herniated discs and spinal stenosis. I have a particular interest in using the latest advances in spine surgery to make surgery safer and less invasive so patients can get back to their lives more quickly.

Q: Do you see any new or promising advances coming in neurosurgery for the spine?

A: Spine surgery is one of the most exciting areas to work in right now – there have been a number of significant innovations over the last several years including spinal navigation and, more recently, spinal robotics. These technologies help improve the accuracy of surgery and allow for surgery to be performed in a less invasive manner.

Q: A patient of yours said she loved that you were 100% focused on her and her concerns. What do you consider to be your greatest strength as a surgeon?

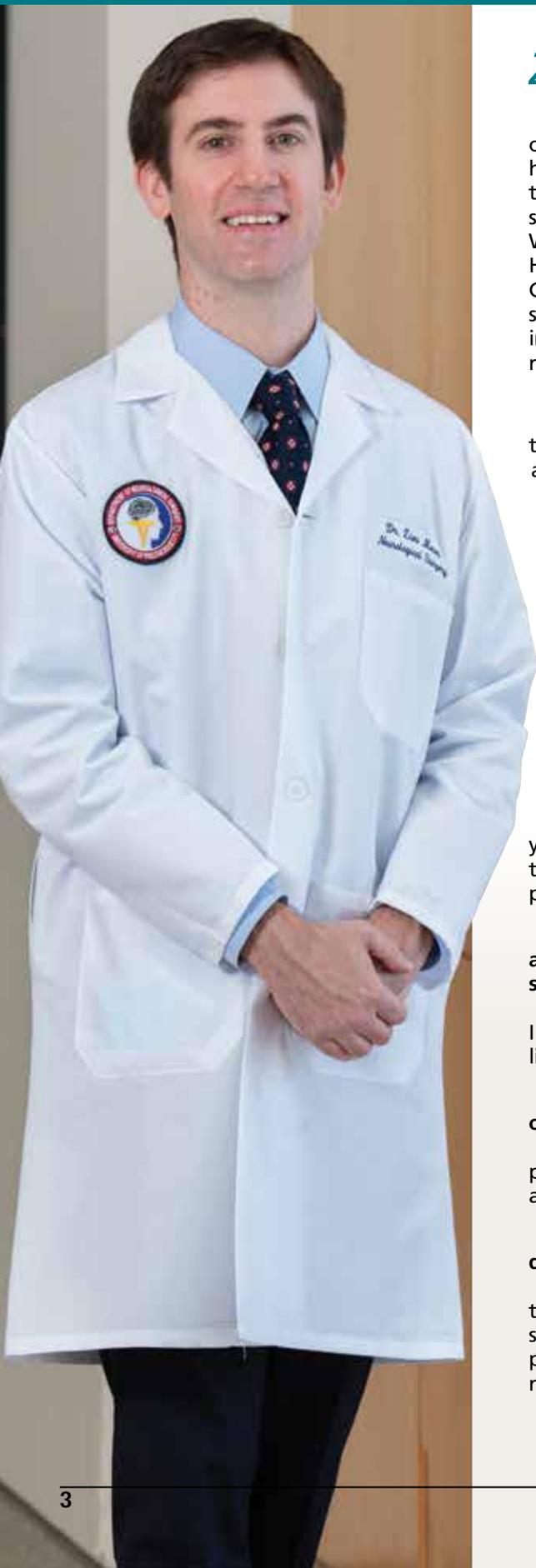
A: I strive to be present for my patients and give them my undivided attention. I recognize they are seeing me at a vulnerable and often difficult time in their lives. I always aim to treat my patients as I would my own family.

Q: What is the one thing you learned in your medical training that turned out to be much more valuable in practice than you anticipated?

A: Spending time with my mentors and seeing how they interacted with their patients was invaluable. While having the technical know-how is a given, it is the art of medicine that can really make a big difference in patient outcomes.

Q: You are on the medical staff at UMass Memorial Medical Center. Why did you decide to bring your surgical expertise to Milford Regional?

A: There are many patients in need of spine care in the Milford region who travel long distances. With advancements in surgical techniques, a majority of spine surgery can be done in the community setting in a safe manner. Allowing patients to stay in their local area improves patient convenience and their recovery. ■



Neurosurgeons

Neurosurgeon: A surgeon that specializes in surgery on the nervous system, especially the brain and spinal cord.

Justin Slavin, MD

Milford Regional also welcomes Justin Slavin, MD, to our medical staff. This highly regarded UMass Memorial neurosurgeon joins Dr. Moses at their Water Street location in Milford. Together, this strong neurosurgery team ensures our community has convenient access to true excellence in neurosurgery. Dr. Slavin earned his medical degree from the University of Maryland School of Medicine in Baltimore, Maryland, where he also completed a neurosurgery residency. His training continued with a fellowship in spinal neurosurgery at Brigham and Women's Hospital in Boston. Dr. Slavin is an assistant professor at the University of Massachusetts Medical School. His clinical interests include degenerative spine disorders, minimally invasive spine surgery and spinal microsurgery.

Q: Why did you choose neurosurgery as your specialty?

A: I have been fascinated with the brain since my mother brought home her brain slides from her neuroanatomy courses while training to be a physical therapist. I love the puzzle that represents the symptoms of each patient and how it correlates to the pathology we see on imaging and findings from the physical examination. Most importantly, it is so satisfying to identify a problem that is negatively impacting a patient's life and being able to solve it and return that patient to normal function.

Q: What types of surgery are you performing at Milford Regional?

A: Primarily spine procedures, including minimally invasive spine surgery.

Q: What are you most excited about when it comes to advances in spine surgery?

A: My favorite surgeries are those that can be performed with less invasive techniques. There are constantly evolving tools and strategies for performing complex spine procedures with less disruption to a patient's normal anatomy.

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

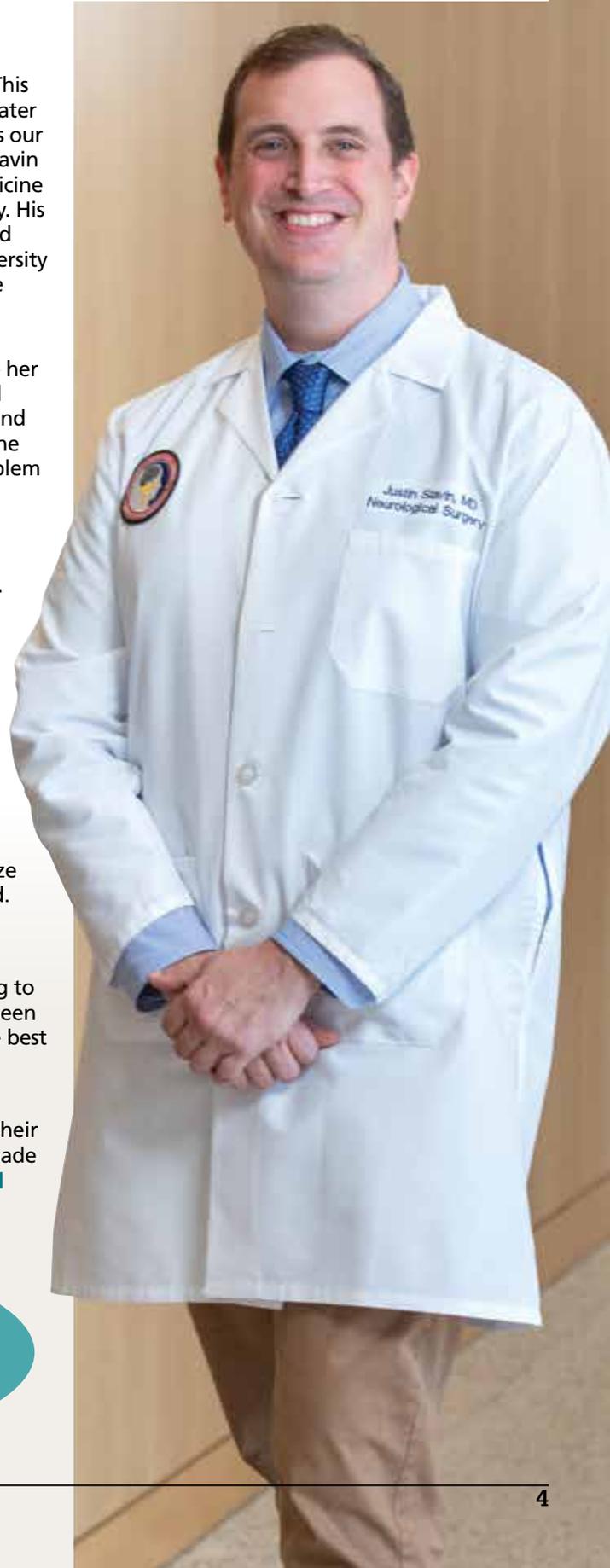
A: My greatest strength is a broad exposure to and facility with various surgical techniques. I feel I can offer a patient the best possible surgery for their specific pathology and a variety of anatomical considerations. One size does not fit all and I can customize an approach with an individual in mind.

Q: Why did you decide to bring your surgical expertise to Milford Regional?

A: Our department at UMass in Worcester is growing and we are looking to increase our presence in neighboring communities. Milford Regional has been an excellent partner so far, and we look forward to providing the absolute best care.

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

A: Seeing my patients through what is often some of the worst days of their life to the other side of their recovery is truly rewarding. Knowing that I made an important difference in their lives keeps me coming back every day. ■



Drs. Ziev Moses and Justin Slavin
UMass Memorial General Surgery at Milford
91 Water Street, Milford, MA 01757
*To schedule an appointment,
call 508-458-4250.*

Neurosurgery

Getting the Sparkle Back in Her Eyes



Thanks to microdissectomy surgery, Loriann Thayer can walk her dog again.

Loriann Thayer, 58, of Webster will never forget the agonizing pain that took over her life last summer. Thanks to a herniated disc pressing on her sciatic nerve, the intense aching extended from her right buttock down to her foot, affecting her 24/7.

“I couldn’t stand straight in the same spot long enough to rinse a cup,” she says. “It was strangulating numbness and then pain. It felt like someone was strangling my leg. I’d try to make myself go out and do something, but it was so excruciating. I couldn’t sit or put weight on the opposite leg. For the most part, I would lean against the counter or lay on my left side. I slept maybe an hour or hour-and-a-half per night. This pain was the worst thing I’ve ever been through.”

Loriann was out of work for eight weeks while she tried different options and followed the steps outlined by her insurance provider. Finally, last October, Dr. Ziev Moses, a neurosurgeon at UMass Memorial Surgery at Milford, performed a minimally invasive tubular microdissectomy that solved her problem and finally ended the ordeal. “I felt fantastic after the surgery,” Loriann recalls. “The terrible pain was gone.”

According to Dr. Moses, Loriann had a disc herniation in her lower spine (one of the most common areas), and it was impinging on the sciatic nerve. Spinal discs are essentially elastic rings with soft material inside that serve as cushions between the vertebral bones. If the elastic ring becomes weakened, the soft tissue inside can herniate outside of the ring and potentially compress the passing nerves.

Although he occasionally sees cases where a patient lifted something heavy and heard a snap or pop, Dr. Moses says that most disc herniations – including Loriann’s – occur due to normal wear and tear from aging. “The spine is made up of bones and soft tissue, and the discs are the shock absorbers between the bones,” notes Dr. Moses. “Just as we get grey hair and wrinkles, we develop disc degeneration over time. The vast majority of people in their forties and older who undergo an MRI will see some kind of disc degeneration including protrusions. Not all herniations need to be treated with surgery. It’s just when it is significant enough to impinge on the nerve that you develop symptoms like numbness, tingling, buttock pain, muscle tightness and weakness.”

Usually a disc herniation will cause leg symptoms. Loriann had S1 impingement, which goes all the way down to the bottom of the foot. Since other treatments to ease her pain had failed, she was a candidate for the tubular microdiscectomy surgery. Dr. Moses explains that the operation consists of removing the herniated or protruding portion compressing the nerve.

Because the spinal nerves, vertebrae and discs are located deep inside the body, any approach to gain access to the spinal area requires moving the muscle tissue out of the way, Dr. Moses continues. This technique involves progressive dilation of the soft tissues, as opposed to cutting directly through the muscles. By using tubes to keep the muscles out of the way, he works through a 2-centimeter incision without having to widely expose the area.

"You have to have some kind of space, so you need a series of dilations to go through the muscle and make way onto the bone," Dr. Moses says. "The muscle gets pushed out around the bone, creating a window in that area. This technology avoids the need to dissect the muscle off the bone. Once we have a window, we drill a small part of the bone, remove the ligament over the nerve, gently move over the nerve, and remove the disc herniation."

A microscope focused down a tube is used for magnification and illumination. After the procedure is complete, the dilated tissues will come back together. Dr. Moses says the surgery takes about an hour, and in Loriann's case, she had a 7-millimeter herniation. "Overall it's a very safe technique," notes

Dr. Moses, who trained with one of the leaders in this technology in Chicago. "In the past, it's something that required a bigger surgery, but with the new advances and these minimally invasive technologies, it's become just a day surgery."

Loriann's problems started in April and she assumed it was sciatica, which she had experienced in the past on the opposite side. Gradually, the pain worsened and she would have to stretch and take baby steps after car rides to get more comfortable. Then in mid-August, it grew disabling to the point that she had to stop working.

She had two appointments with her primary care doctor who prescribed a muscle relaxer and physical therapy. When nothing helped and an MRI revealed three herniated discs, the next step was seeing a neurosurgeon.

According to Dr. Moses, most cases of back pain resolve without operative measures. He suggests giving it about four to six weeks of exploring different treatments – such as medications to help with inflammation, or physical therapy to improve core muscle strength and to offload the pressure on the spine. "You could also get a steroid injection where a pain specialist places a needle in the spine and injects a steroid near the nerve," he says. "My philosophy is to be conservative. I like to get to know the patient, know what their preferences are, get a good handle on what the symptoms are, and make sure anything I offer will help. It's really important to understand where the pain symptoms are. If a patient has a disc protrusion but it's not corresponding with symptoms, then we'll keep looking

further. Hopefully, the symptoms will start improving and not developing. Weakness, bowel or bladder problems, and worsening pain can be signs a herniation is getting worse."

Loriann met Dr. Moses at the end of September and could barely walk into the office. To her relief, she found him proactive about moving the process forward. He got her in to a pain management doctor very quickly to see if injections would work and told her if they didn't help, he would schedule her for surgery since she had explored so many other avenues. They gave it a week for the injections to kick in; however, the pain was still unbearable. "From the minute I met Dr. Moses, I felt completely confident," she says. "He was entirely focused on me 100%. He listened and went over the MRI in lots of detail. He asked if I had any questions, and I didn't feel rushed. When my husband went to the second meeting, Dr. Moses went over the MRI all over again with him."

Loriann underwent day surgery at Milford Regional a couple of weeks after her initial appointment. Because only one of her three herniated discs was impinging on a nerve, the other two did not need surgery. According to Dr. Moses, patients can expect to be up and walking the same day, but should avoid strenuous activity for at least two weeks. "They're given a supply of pain medication for soreness, but most find they don't need it after the first day or two," he says. "We tell them no bending, twisting or lifting to avoid reherniation. Some people go to work the same week, while for others who have a more active job, it can be two to four weeks."

Loriann took pain relievers for a few days and then an occasional ibuprofen when her back would tighten. She started work three weeks after the surgery, but before that, she dropped in for a short visit. "I brought my co-workers some Halloween snacks and they said I was walking like a normal person,"

"Overall it's [tubular microdiscectomy surgery of the spine] a very safe technique. In the past, it's something that required a bigger surgery, but with the new advances and these minimally invasive technologies, it's become just a day surgery."

*– Ziev Moses, MD
Neurosurgeon*

Trained with one of the leaders in this technology

Loriann says. "The surgery was a great experience – the surgical team was very kind and supportive. The next day, I could walk with no pain. I drove a mile to the store to see if I could walk in as it was something I hadn't been able to do. I picked up two things. I felt so good that I could have done a full load of groceries, but I didn't want to overdo it."

Patients schedule follow-up appointments for two weeks and six weeks post-surgery, and then can space them out further. Dr. Moses sometimes recommends physical therapy around the six-week mark as it could benefit patients who became deconditioned during a long bout of back pain. Loriann says she feels grateful that she no longer has to cope with the debilitating pain.

"Dr. Moses is attentive, extremely intelligent, thorough and compassionate, and his knowledge base and ability to let the patient know exactly what's happening and what will be done is a perfect marriage to the fact that he is very proactive," Loriann notes. "I couldn't be happier with the care I received, and so is my husband. The day after the surgery, he said my eyes were sparkling and I was smiling, and that he finally had his wife back."

Appointments can be made with Dr. Moses at UMass Memorial Surgery at Milford by calling 508-458-4250. ■



Eliezer Sternberg, MD

Milford Regional is very pleased to welcome Eliezer Sternberg, MD, to our medical staff. This highly regarded neurologist graduated with honors from Tufts University School of Medicine and served as chief resident at Yale-New Haven Hospital where he was awarded Resident of the Year. Dr. Sternberg went on to complete two fellowships at Massachusetts General Hospital in clinical neurophysiology and epilepsy. He is widely published in medical journals and several prestigious publications targeted for the general public. Dr. Sternberg is also a published author of three books about the brain. His clinical interests include seizures, epilepsy, headache, movement disorders, stroke and neurovascular disease, cognitive decline and disorders of consciousness.

Q: Why did you choose neurology as your specialty?

A: I have always been fascinated by the brain; how it gives rise to consciousness, emotion and decision-making. Neurology is a field at the forefront of connecting the behavior of tiny cells, nerves or brain regions to vast, meaningful changes in how we think, feel and act.

Q: Though you have the expertise to treat any area of neurology, are there certain conditions that you specialize in?

A: Yes. While I see patients with any and all neurological conditions, I specialize in seizures and epilepsy.

Q: Do you see any new or promising advances coming in neurology?

A: There are too many to name! Whether it is surgically implanted devices for epilepsy, new remedies for migraine and multiple sclerosis, or emerging research on cognitive disorders, the nervous system is at the frontier of scientific advancement.

Q: What do you consider your greatest strength as a neurologist?

A: My greatest strength is my ability to listen and communicate. Neurological conditions can often have vague symptoms that are difficult to express or pinpoint. Rather than rush to treatment, I've always found that listening to the patient provides the greatest clues to the diagnosis. You'll often see me go to a whiteboard in the clinic room to illustrate and demystify perplexing neurological symptoms and conditions. From there, I see myself as partnering with my patients to create a plan with clear goals, selective testing and targeted treatment.

Q: Why did you choose Milford Regional's healthcare system to establish your practice?

A: There is a misconception that elite neurological care is only available at large centers in big cities. I believe, however, that excellence in neurology is essential to patients and their families, and should be available here in our community. I've lived in the New England area for over 10 years and, despite doing my medical training in Boston, I have fallen in love with the great Milford community – both patients and colleagues. Serving them with the absolute best in neurological care is my passion.

Q: You have partnered with Neurologist Aditi Ahlawat, MD. How do you complement each other?

A: Dr. Ahlawat and I make a fantastic team and often discuss complex cases with one another. We also trained in complementary fields. I focus on the central nervous system (namely the brain and spinal cord) and she is an expert on the peripheral nervous system (the nerves that spread from the spinal cord to the rest of the body). Between the two of us, we can bring expertise to neurological conditions affecting any corner of the body.

Dr. Sternberg's practice, Milford Regional Neurology, is located on the third floor of Milford Regional. To schedule an appointment, call 508-381-5016. ■

Welcome Our New Neurology Team

Aditi Ahlawat, MD

Milford Regional also welcomes Aditi Ahlawat, MD, who joined Dr. Eliezer Sternberg at Milford Regional Neurology this past fall. As a team, both neurologists bring expertise that provides a full complement of neurological care to the communities we serve. Dr. Ahlawat comes from Beth Israel Deaconess Medical Center [BIDMC]/Harvard Neurology, where she completed her residency and developed a passion for treating neuromuscular disorders, such as Myasthenia Gravis, ALS, muscular dystrophies and various neuropathies. She went on to complete a fellowship at BIDMC in clinical neurophysiology/EMG where she trained extensively to perform electromyography and nerve conduction studies. Dr. Ahlawat has received several prestigious awards on research for traumatic brain injuries and POEMS syndrome – a rare disease affecting multiple organ systems.

Q: Why did you choose neurology as your specialty?

A: Falling in love with neurology was truly a surprise. I had always pictured myself entering other specialties because I had an interest in surgery and internal medicine while I was in medical school. Neurology, however, sparked an interest in me that was very different – I was fascinated that one could diagnose and identify which part of the nervous system is affected simply by listening to the patient carefully and by picking up findings on a thorough physical exam. The complexity of the anatomy and diverse range of pathology/diseases that neurology encompasses continue to keep me mentally stimulated – years after I have graduated. Most importantly, I am grateful for the privilege to care for patients with neurologic conditions; their resilience, spirit and longitudinal relationships we build together is remarkable.

Q: Though you have the expertise to treat any area of neurology, are there certain conditions that you specialize in?

A: I treat all aspects of neurologic conditions from migraines to strokes to Parkinson's disease, however I also subspecialize in conditions affecting nerves and muscles (i.e. neuromuscular medicine).

Q: What are you most excited about when it comes to advances in neurology?

A: I most look forward to advances in neuromuscular medicine when it comes to ALS research, the medications we now have to treat conditions such as myasthenia gravis, and all the advances in stroke neurology and treatment of migraines.

Q: What do you consider to be your greatest strength as a neurologist?

A: Neurology is complex and sometimes we cannot always diagnose a condition right away, but I promise to always take your story in context of the larger clinical picture; think methodically and critically; and, most importantly, support you and your family every step of the way as we navigate a journey of diagnosis and treatment. I also like to approach care from a lifestyle perspective focusing on a healthy lifestyle.

Q: Why did you decide to bring your expertise to Milford Regional?

A: I am originally from Central Massachusetts as I grew up in Shrewsbury. I have always wanted to return to this area and bring Big City-Boston Level care and expertise to this wonderful community.

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

A: Interacting with patients on a daily basis! I love getting to know my patients and their loved ones very well in the context of their lives in order to keep them healthy and as functional as possible.

Dr. Ahlawat joins Dr. Sternberg at Milford Regional Neurology, located on the third floor of Milford Regional. To schedule an appointment, call 508.381.5016. ■



Watch Dr. Ahlawat's video presentation, "On Pins and Needles: Living with Neuropathy."

Details on back page.

Welcome Our New Orthopedic Surgeon



Dr. Geoffrey Stoker

Milford Regional is very fortunate to welcome Geoffrey Stoker, MD, to our medical staff. This highly skilled orthopedic surgeon comes to us from world renowned New England Baptist Hospital, where he completed a fellowship in hip and knee replacement. During his orthopedic residency at Tufts Medical Center, Dr. Stoker's star was already rising when he received the Henry Banks Outstanding Orthopedic Resident Award. Offering innovative surgical options customized for each patient, his practice focuses on partial and total knee and hip replacement, including revision procedures. Dr. Stoker evaluates and treats patients with a variety of hip and knee problems. He has a special interest in enhanced recovery after surgery, including same-day, outpatient joint replacement. Dr. Stoker sees patients in Franklin at 1280 West Central Street, Suite 102, and in Milford at 129 South Main Street.

Q: You completed a fellowship in hip and knee replacement surgery at New England Baptist Hospital. What advantages do you feel this fellowship gave you?

A: Baptist is the second highest volume hip and knee replacement hospital in the country. As fellows there, we were exposed not only to a high number of cases, but a broad spectrum as well. Four different approaches to hip replacement were utilized regularly. We learned partial knee replacement, complex revision procedures, and computer- and robot-assisted surgery, among other techniques. The primary advantage, however, was the numerous, highly experienced and renowned surgeons who served as our teachers and mentors there.

Q: Do you see any new or promising advances being made in hip and knee replacement surgery?

A: The field of hip and knee replacement is constantly evolving for the better. From a technological standpoint, for example, recent years have seen an increase in the use of "press-fit" knee replacements that don't rely on bone cement. Although long-term data is pending, we hope this technology will allow knee replacements to last longer than ever. There has also been a recent increase in same-day discharge, outpatient joint replacements. This shift has been facilitated by improved preoperative patient preparation, more efficient surgery, and better pain and nausea control after surgery. This allows patients to recovery safely and comfortably at home without needing admission to a hospital or rehabilitation facility.

Q: You also provide revision hip and knee surgery. Can you explain when this is recommended and the relief you've seen this provide to patients?

A: Hip and knee replacements can require a revision or "re-do" for many reasons. To name a few, these include bearing wear, implant loosening, dislocation, infection, metallosis and fracture. In many cases of bearing wear, the problem is simply that an old version of the plastic (polyethylene) liner has worn out over the years. These liners can often be exchanged with a simple surgery that allows quick recovery. In certain other types of revision, however, there can be extensive damage to the surrounding bone and soft tissue, making surgery much more complicated. Although these surgeries typically entail a longer recovery process, the initial problem is often severe (such as fracture or infection), and our goal is to reliably return patients to their daily activities with improved pain.

Q: Why did you decide to bring your surgical expertise to Milford Regional?

A: I was born and raised in Massachusetts and love living in New England. My entire family and the vast majority of my friends still live here. After training in Boston for six years, I always planned on staying in the area to practice. I couldn't be happier with the decision.

To make an appointment with Dr. Stoker, call 774-462-3345. ■

Comprehensive Lung Cancer Screening

A Real Game Changer

Milford Regional has partnered with Brigham and Women's Hospital to provide world class thoracic surgery on our campus since 2002 and has performed lung cancer screenings since 2012.

However, with the introduction of Brigham and Women's thoracic surgeon Brian Whang, MD, to Milford Regional's medical staff and his position as Chair of Thoracic Surgery, the hospital made an investment to develop a comprehensive lung cancer screening program (done with low-dose computed tomography) that includes leading edge surgical technology, a coordinator to track patients and the creation of a pulmonary lung nodule review board. All of the pieces necessary to ensure lung cancer is discovered at its earliest stage with the best possible outcome are now found in this all-inclusive program.

Tracking: Lung Cancer Screening Coordinator Kristine Lacourse holds a vital role in the efficacy of the program as she tracks every patient – from their first CT scan to the review board's assessment to the primary care physician's plans, which may include specialist appointments with a pulmonologist or thoracic surgeon. State-of-the-art tracking software allows her to maintain meticulous records on each and every patient.

SPiN Thoracic Navigation System™: Patients now benefit from a revolutionary thoracic navigation system that allows our thoracic surgeons to accurately navigate to lung nodules, and then biopsy those nodules that were previously unreachable due to their size or location. In the past, diagnosing and staging lung cancer typically involved multiple diagnostic procedures by multiple specialists. With our new navigation system, data from the chest CT scans helps to build a 3D map using the natural airways of the lungs as a guide. Special instruments then track the exact location of the nodule for biopsy. This leading-edge technology is able to pinpoint the precise location of the lung nodule, which can spare the patient from a larger resection of the lung at the time of surgery.

Pulmonary Lung Nodule Review Board: Patients have the added assurance that an expert group of specialists – including thoracic, pulmonary, radiology, oncology, primary care, chief medical officer and diagnostic imaging – meet twice monthly to review and assess lung cancer screenings. The review board addresses screening results with the ordering physician and provides their recommendations.

"Low Dose CT screening has been a game changer in the treatment of lung cancer," says Chair of Thoracic Surgery Brian Whang, MD. "Now, we have taken that already effective tool and built in robust enhancements that really make this a comprehensive, world-class program. With our coordinator,

Kristin Lacourse, and the array of resources at her disposal, she can provide something pretty close to concierge-style care for our patients and excellent service to our providers. The commitment of our multidisciplinary review board to quality assurance and clinical guidance is another hallmark of our program. In addition, this program has evolved through the help and feedback of our local physicians, so our philosophy of collaboration extends to everything we do."

Along with Dr. Whang's experienced team that includes

Brigham's Thoracic Surgeon Matthew Rochefort, MD, Director of Robotic Thoracic Surgery, and Physician Assistant Chris LeSiege, PA, patients can be confident that their care will be comprehensive, thorough and timely.

To schedule an appointment with

Brigham and Women's Thoracic Surgery at Milford Regional, call 857-307-5576. For more information on our comprehensive lung cancer screening program, contact us at LDCT@milreg.org, call 508-422-2520 or visit milfordregional.org/lungscreening. ■

"Low Dose CT screening has been a game changer in the treatment of lung cancer. Now, we have taken that already effective tool and built in robust enhancements that really make this a comprehensive, world-class program."

*– Brian Whang, MD
Chair of Thoracic Surgery*



Milford Regional's thoracic team (left to right): Matthew Rochefort, MD; Brian Whang, MD; and Chris LeSiege, PA.

Five Times In A Row!



Medical Center

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Wishing You Well WELLNESS PROGRAMS

Milford Regional is now offering virtual, livestreamed classes through a video platform called Zoom. Classes start in April and the registration fee is \$50 per class. For a complete schedule and to register, go to milfordregional.org and click on the Classes and Events page.

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®

This popular Latin-inspired dance fitness program will give you a fun cardio workout and raise 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 beginner's course! You'll need light, hand-held weights (1, 2 or 3 lbs.). If you don't have any weights, canned goods and full water bottles are good substitutes.

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!

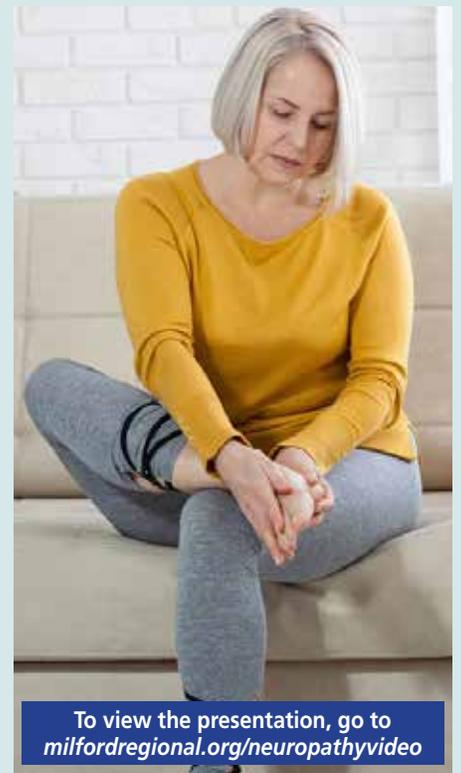
Mindfully Mixed Yoga

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.

VIDEO PRESENTATION

On Pins and Needles: Living with Neuropathy

Neuropathy is a painful nerve condition that often causes numbness or muscle weakness in the extremities. While common, many people don't realize they suffer from neuropathy, which can be treated and, at times, the progression of disease can be slowed. Neurologist Aditi Ahlawat, MD, discusses the causes, symptoms and treatments available to manage neuropathy to help you live more comfortably and without injury.



To view the presentation, go to milfordregional.org/neuropathyvideo

Register online at
milfordregional.org