

Newton-Wellesley Hospital's HealthSource

Autumn 2016

Hiking with a New Hip
Weight Loss Q&A
Newton-Wellesley Auxiliary
Aneurysm Repair
Programs & Classes



NEWTON-WELLESLEY
HOSPITAL

PARTNERS
HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Hiking with a new hip

One Patient's Success Story



Eighteen months ago, 63-year-old Ann Loos finally decided to have hip replacement surgery to relieve the chronic pain she was experiencing. She could no longer take part in her favorite activities such as gardening, taking long walks and hiking with her husband. Even rolling over in bed had become difficult.

“I have always had an active lifestyle... walking, biking, fitness center workouts and classes, gardening and lifting young grandchildren,” says Ann. “Several years ago I started to experience occasional hip pain, which was diagnosed as bursitis/osteoarthritis. I started physical therapy and had cortisone shots, which helped in the short term, but over time the pain became worse.”

After researching hospitals and interviewing several doctors, Ann decided to make an appointment with Hany S. Bedair, MD, Medical Director of the Kaplan Joint Center and Chief of the Division of Arthroplasty, Newton-Wellesley Hospital to learn more about her pain relief options.

“I decided on Dr. Bedair and the Joint Center at Newton-Wellesley Hospital because it was a more intimate venue with a great reputation,” explains Ann. “I felt I would get more personal attention before and after my operation.”

The Kaplan Joint Center, a collaboration of Newton-Wellesley Hospital and Massachusetts General Hospital, offers nationally renowned surgeons who perform a wide variety of surgical procedures for the hip, knee and shoulder, including joint replacement, minimally invasive arthroscopy and revision joint replacement. Patients come to the Center from all over the Northeast for surgical treatment of such orthopaedic disorders. Dr. Bedair’s expertise revolves around improving the practice of orthopaedic adult reconstruction. He is actively involved in clinical work, providing treatment for patients afflicted with arthritis of the hip and knee. In addition to providing clinical care and teaching, he has been conducting research on outcomes after hip and knee replacement surgery. Through his lectures (at the local, regional and national level), written works (peer-reviewed original research, topical reviews of the literature and book chapters in well-regarded texts), clinical research and involvement with professional societies, he has sought to improve the care for patients with arthritis of the hip and knee.

Dr. Bedair met with Ann and conducted a thorough evaluation.

“Ann and I discussed the pain that was limiting her activities,” says Dr. Bedair. “Her hip was stiff and her X-ray showed advanced osteoarthritis. The hip joint is a ball-and-socket joint, which is designed to allow a wide range of motion and withstand considerable wear and tear. The joint has a cushion of cartilage that helps prevent friction as the hip bone moves in its socket. With age and injury, the cartilage can wear down or become damaged.”

To relieve Ann’s pain, Dr. Bedair recommended a hip replacement.

“Arthritis leads to inflammation of the hip joint and breakdown of cartilage,” explains Dr. Bedair. “Hip pain gradually gets worse as arthritis progresses and patients may report stiffness and reduced range of motion. Diagnosing the cause of hip pain begins with talking to the patient to understand his or her pain and listening to the medical history. Based on Ann’s history, physical exam and X-ray, I recommended a hip replacement operation.”

Ann decided without hesitation to schedule her surgery.

“The pain was really limiting my normal activities, even walking and sleeping were painful,” says Ann. “I decided to be proactive about getting my hip replaced. My mother has had two hip replacements so I felt it was inevitable that I would have it done eventually.”

“It is important to see a medical professional if hip pain causes discomfort or gets in the way of taking part in everyday activities. We can help you get back to a pain-free life!”

—Dr. Hany Bedair

Ann’s surgery went well and her recovery even better! “I spent three nights in the Hospital and felt that my recovery went smoothly and quickly. I definitely received the personal attention I was hoping for,” says Ann. “Once I was home Dr. Bedair and his nurse practitioner, Judy, responded quickly to the few concerns and questions I had.”

The team at the Joint Center uses various minimally invasive surgical techniques, which leads to decreased recovery time.

“We offer various conservative muscle and bone-sparing techniques and new, improved pain management methods that result in easier, faster recovery from joint repair and replacement and faster return to regular activities,” says Dr. Bedair.



Ann was diligent about her physical therapy. Ten days after her procedure she was walking more than a mile with her crutches and three weeks later she was doing stairs without assistance.

“Ann was an ideal patient. She listened to our suggestions and her recovery went very well!” says Dr. Bedair. “It is important to see a medical professional if hip pain causes discomfort or gets in the way of taking part in everyday activities. We can help you get back to a pain-free life!”

Having her hip replaced gave Ann her life back and within six months she was back to all of her most loved pastimes. In fact, this spring Ann and her family completed a challenging 4,000 foot hike to the top of Mt. Jackson in the Presidential Range in NH.

“It was the most difficult hike I have ever done. The next day the only part of my body that wasn’t sore was my new hip!”

—Ann Loos, patient

“I come from a family of experienced hikers and they told me it would be a fun challenge,” says Ann. “The trail conditions that day were less than ideal, basically a river of ice and rocks. The hike took five hours and included a spectacular view at the top! It was the most difficult hike I have ever done. The next day the only part of my body that wasn’t sore was my new hip!”

Ann would encourage anyone living in pain to be proactive about seeking treatment.

“I tell anyone facing this surgery to seriously consider the Joint Center at Newton-Wellesley as his or her choice. After several years of chronic hip pain, I now rarely think about my hip. My husband and I felt cared for and cared about throughout the process. Kudos to Kaplan Joint Center!”

For more information about the Kaplan Joint Center at Newton-Wellesley Hospital, please call 1-855-KNEE-HIP (855-563-3447) or visit www.nwh.org/jointcenter.



Hany S. Bedair, MD

Medical Director of the Joint Center and Chief of the Division of Arthroplasty, Newton-Wellesley Hospital

Dr. Bedair is board certified by the American Board of Orthopaedic Surgery and received his medical degree from Yale University School of Medicine. He completed his general surgical internship and residency in orthopaedic surgery at the University of Pittsburgh Medical Center. Dr. Bedair completed an orthopaedic adult reconstruction fellowship at Rush University Medical Center in Chicago. He is a faculty member of the Harvard Medical School.

Weight Loss

The Center for Weight Loss Surgery at Newton-Wellesley Hospital has been a leader in the field of bariatric surgery for more than a decade. The Center is fully accredited by the American College of Surgeons and offers patients access to various specialists and departments throughout the Hospital. Medical professionals at the Center are committed to providing life-long support to patients who undergo weight loss surgery. Patients from throughout New England have access to a comprehensive plan for treating obesity including:

- Bariatric surgery including; gastric bypass surgery, sleeve gastrectomy and the modified duodenal switch procedure
- Laparoscopic Removal of Adjustable Gastric Band
- Laparoscopic Conversion of Adjustable Gastric Band to Sleeve Gastrectomy or to Gastric Bypass
- Nutrition education and counseling
- Psychological counseling and referrals
- Peer support groups
- Long-term medical follow up and advanced, state-of-the-art services

What surgical weight loss options are offered at NWH?

We do primary and revisional surgery for laparoscopic sleeve gastrectomy and gastric bypass operations, laparoscopic gastric band removal and conversions and we also perform laparoscopic modified duodenal switch procedure when indicated.

Can laparoscopic gastric bands (lap bands) be removed?

Certainly. We do not put in any bands but are often asked to see patients in the Emergency Department at NWH or the GI Unit with band complications. Most commonly we see people who come to the Center for Weight Loss Surgery as new patients with gastric bands in place. These are patients who are seeking more definitive metabolic procedures. After appropriate evaluation and preparation, we remove the band laparoscopically and convert to a sleeve or a Roux-en Y gastric bypass.

What complications have you seen from gastric bands?

The band is made of plastic with an inflatable cuff placed around the stomach. Plastic tubing connects the band to a port, which is a plastic disc reservoir (like a mediport) buried in the abdominal wall. All parts of this apparatus can malfunction and cause problems in many ways. The band can slip and cause obstruction of the stomach, it can pinch the stomach muscle and cause serious injury to the tissue and it can also erode into the stomach and cause nausea, vomiting, bleeding and pain. Rarely a band can erode all the way into the stomach and be able to be removed through the mouth. The tubing can get trapped around the intestine and cause a small bowel obstruction. Often when the band erodes the first sign may be a port site infection at the skin. The port can also flip and be unable to be accessed with the special needle required to drain the fluid from the band.

Are there other weight loss surgery options after band removal?

The typical patient seeking band removal has had long-term problems with the device and/or inadequate weight loss from this restrictive procedure and desires to have a lap gastric bypass or sleeve gastrectomy as a one stage operation combined with removal of the band. Occasionally the band needs to be removed as a separate operation due to scar tissue and likelihood of poor tissue healing at the time of band removal. The more definitive surgery of laparoscopic sleeve gastrectomy or gastric bypass is then safely performed several weeks later when the injury from the band has healed.

When is gastric band removal appropriate?

If a patient is having complications related to the band (poor nutrition, pain, malfunction of the device or injury to the stomach, intestine, esophagus) or has not been able to achieve and maintain a significant weight loss with the device in place, he/she may be a good candidate for a metabolic and restrictive procedure like a lap sleeve gastrectomy or a lap Roux-en Y gastric bypass.

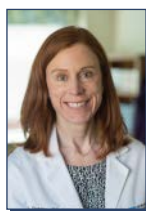
Why should patients choose the Center for Weight Loss Surgery?

The Center for Weight Loss Surgery has a high functioning team that can help you achieve your health goals. We work together and support patients throughout their entire weight loss journey. We understand that the work of achieving and maintaining health is never complete and lifelong support and guidance is needed for patients to succeed.

Tell us more about the Center for Weight Loss Surgery team?

As Medical Director and a surgeon in the Center for Weight Loss Surgery, I am proud to work with an outstanding team of caring and dedicated professionals. The group includes surgeons, nurses, nurse practitioners, social workers, medical assistants and administrative staff. Each member of this group has background and training in bariatrics and is committed to the common goal of helping patients improve their health. Many of us have been with the Center for more than 10 years and each person brings a unique perspective and expertise to the team. Patients often tell us that coming to our Center is like joining a family. In addition to the caregivers and support staff, fellow patients and community meeting are vital to the ongoing support for patients in our weight loss surgery program.

For more information about the Center for Weight Loss Surgery at Newton-Wellesley Hospital please visit www.nwh.org/weightloss or call CareFinder at 866-NWH-DOCS (694-3627).



Sheila Partridge, MD
Medical Director, Center for Weight Loss Surgery,
Newton-Wellesley Hospital

Dr. Partridge graduated from Cornell University Medical College. She completed her residency in general surgery at Beth Israel Deaconess Medical Center and was a Harvard Medical School clinical fellow in surgery. She is board certified in general surgery. Dr. Partridge has expertise in minimally invasive bariatric and gastrointestinal surgery.

Newton-Wellesley Hospital AUXILIARY 1885–2016



A 130+ Year History of Commitment and Service!

The first meeting of the Newton-Wellesley Hospital Auxiliary, as it has been known since 1998, was held July 3, 1885. At the request of the Mayor thirty-three women from the prominent families of Newton assembled in the parlors of the Elliot Church, founding the Newton Hospital Aid Association. From its beginning the primary goal of the organization has been to support the Hospital and its patients through fundraising, volunteer work and other charitable actions.

The first act of the women was to appoint a committee of seven directors, each representing one the seven wards of the City of Newton. These leaders prepared by-laws, in the form of a constitution. On September 24, 1885 its first officers, including president, Mrs. Alvah Hovey were elected and on November 14, 1885 by-laws were adopted

The initial by-laws set the annual dues for membership as \$2, or more if the member wished. The by-laws also instructed each of the seven Directors to select representatives from their districts to act as solicitors for the organization. It was imperative that these early fund raising initiatives be successful as the Hospital was scheduled

to open its doors in just seven short months and all of the buildings furnishings were expected to be supplied by the Auxiliary!

The Auxiliary activities have taken the form of fundraising through socialization, to earn the monies necessary to continue its mission of supporting the Hospital's needs and providing unpaid labor for many Hospital services. For the first twenty-five years, especially, the Hospital relied on the Auxiliary almost entirely for its furnishings and supplies. The Auxiliary was expected to provide everything from furniture to medicinal alcohol, free care and foodstuffs. While the levels and types of support provided have changed over the years, the organization's primary missions of helpfulness and support have not. The Auxiliary developed a number of creative methods to fundraise including occasional dances, fashion shows, recitals, Christmas Bazaars, musical reviews, rummage sales, May Day giving and bridge parties.

The Auxiliary began its single largest fundraising activity in 1954, when it instituted Party Day. This annual event began as a series of parties held in the homes of dozens of hostesses throughout Newton

and Wellesley. For a small admission fee, the charitable hostess opened her home and provided bridge and other table games, along with coffee and dessert. Eventually, Party Day became a centralized event hosted at a single location, often the Hospital itself, featuring food, friends, and fun, in conjunction with an educational lecture or program.

The Auxiliary spearheaded the implementation of a number of Hospital-based services that served as pilot projects to assist with patient comfort, convenience and satisfaction. As well, these projects provided additional, though modest, sources of revenue for the Auxiliary, and volunteer service options for members. These special projects included the Visiting Committee (1902), a Social Services Committee (1912), Newborn Photo Service (1951), the Television Rental Service (1957), the Newspaper Delivery Service (first started by the Junior Aid Association in 1964) and the Mobile Beauty Cart. Many of these programs have been absorbed into the Hospital's operations, signifying the important impact the Auxiliary has had in shaping the Hospital's services and legacy.

Some of the most significant work has come from the activities and proceeds gained from launching, staffing and managing the Hospital's retail shops; the Coffee, Gift and Thrift Shops.

- Both the Coffee and Gift shops were started in 1943 to serve Hospital staff, patients and visitors. The shops have undergone a number of renovations, expansions and reorganizations since their inception, in order to best serve the Hospital, and to provide a consistent source of revenue for the Hospital and Auxiliary.
- The Auxiliary continues to maintain control over the Gift Shop, with the help of an employed manager and staff in addition to Auxiliary member volunteers. This arrangement has allowed the Gift Shop to expand its offerings, hours and locations. The Gift Shop's operations now include a Flower Shop.
- The Thrift Shop opened in 1979 reselling gently used clothing and domestic items. It was first housed at Union Church in Waban before it moved on-site to the Ellison Building in 1983. In 1995 the Thrift Shop relocated to Allen-Riddle Hall, where it represents a friendly, staffed resource for the Hospital community. Managed and staffed by the Auxiliary and volunteers, the Thrift Shop remains a significant source of revenue for Auxiliary.



The coffee shop run by the Auxiliary



The coffee and gift shop run by the Auxiliary

Not all Auxiliary activities were undertaken with the expectation of profit. Programs were steadfast, annual commitments by the Auxiliary to the Hospital's community. Auxiliary leaders were careful to budget both dollars and voluntary labor hours to sustain these programs.

- In 1956, the Aid Association adopted the Pinky Puppet program, which involved the creation of small handmade puppets by volunteers to be given to hospitalized pediatric patients.
- In 1922, the Aid began its continuing commitment to nursing education. This allowed for financial support in the form of competitive scholarships of \$126 for one third-year student, \$75 for one second year student and \$50 for one first-year student in the Hospital's Training School. In addition they began a \$500 loan fund for nurses. Requirements and scholarship awards evolved through the years, but this financial support remained in place until the closure of the School of Nursing in June 1986. After the closure of the Nursing School, the Aid began offering scholarships to children of Hospital employees, a program that continues to this day.
- Since its opening in 1978, the Newton-Wellesley Hospital Children's Corner has enjoyed much support, upon request, from the Aid and Auxiliary.

In its more than 130 year history, thousands of Auxiliary members have worked tirelessly to forward the organization's mission to support the needs of the Newton Cottage Hospital, the Newton Hospital and Newton-Wellesley Hospital. Through their efforts and incalculable hours of voluntary work and fundraising, the Auxiliary members have raised more than six million dollars. These dollars are worth more than fifteen million dollars, in 2016 purchasing power! To date, thirty-two women have been President of the Hospital Auxiliary. Under their leadership, the Auxiliary has helped to build and furnish much of the physical plant of the Hospital; has allowed for nursing students and, later, the children of Hospital staff to receive educational scholarships; has brought cheer to many patients and has served a variety of patrons in a number of different shops and settings.



Aneurysm Repair

One Patient's Success Story

Seventy-seven year old, Ron Mongeon says he's always enjoyed good health. When he woke up with severe stomach cramps, he knew something wasn't right. "As the day went on I was feeling worse and worse," explains Ron. "My wife told me that it was time to go to the emergency room. When you've been married as long as I have you listen to your wife!"

When Ron arrived at an emergency room in western Massachusetts, they discovered that his gallbladder was leaking fluid and he needed emergency surgery. They were able to take care of the gallbladder issue, but during his procedure the surgeon discovered that Ron had an abdominal aortic aneurysm.

As the largest artery, the aorta carries oxygen-rich blood throughout the body from the heart. When it reaches the abdomen, this artery is known as the abdominal aorta, which supplies blood to the lower areas of the body. In the abdomen, the aorta splits into two branches (the iliac arteries) carrying blood into each leg. When an area of the abdominal aorta becomes weak and expands or bulges, it is called an abdominal aortic aneurysm (AAA). Because the aorta is the body's main supplier of blood, a ruptured abdominal aortic aneurysm can cause life-threatening bleeding. Depending on the size and the growth rate treatment may vary from watchful waiting to emergency surgery.

In Ron's case it was determined that surgery would be necessary. "I was so surprised to hear about the aneurysm," says Ron. "I knew it was something I needed to get taken care of and wanted to find the best person for the job."

With the help of his daughter, Ron found Christopher Kwolek, MD, Chair of the Department of Surgery and Chief of Vascular Surgery at Newton-Wellesley Hospital. A leader in the fields of vascular and endovascular surgery, Dr. Kwolek's career has focused on improving the minimally invasive treatment of vascular disease. He has been the principal investigator of several pivotal clinical trials and is considered an innovator of new techniques in endovascular surgery.

"We have access to the newest devices available to treat abdominal aortic aneurysms," says Dr. Kwolek. "We are constantly evaluating the latest options and working to make these advanced tools available to patients here at Newton-Wellesley. Patients have access to an outstanding anesthesia team, specialized nursing care and advanced operating room facilities."

Dr. Kwolek performs numerous high-level interventional vascular procedures at the Elfers Cardiovascular Center at Newton-Wellesley. The Elfers Cardiovascular Center is a robust, multidisciplinary disease center dedicated to the prevention, early diagnosis, treatment and rehabilitation of patients with cardiovascular disease. It expands the interventional and diagnostic procedures offered at Newton-Wellesley Hospital and provides patients and referring clinicians unparalleled access and customer service. The Center is a clinical collaboration between the Cardiology and Vascular Surgery divisions at Newton-Wellesley and Massachusetts General Hospital and Newton-Wellesley's Radiology Department.

"We are pleased to be able to provide these new services at Newton-Wellesley," says George Philippides, MD, Chief of Cardiology at Newton-Wellesley. "Through our collaboration with Mass General, we provide a well-coordinated approach to ongoing care in the community that will require fewer trips downtown to the major academic medical centers, even for emergency care."

Patients have access to expert medical teams, including cardiologists, vascular surgeons, electrophysiologists and interventional radiologists from both Newton-Wellesley Hospital and Mass General—all in one convenient location, close to home.

When Ron met Dr. Kwolek he knew that he was in good hands. "Dr. Kwolek was so knowledgeable and explained the operation and my condition in a way I could understand," says Ron. "He is really easy to get along with and I never felt nervous around him, which is saying something when you are talking about having surgery."

Ron's surgery was scheduled for May 2 and a quick recovery was very important! "I've been a Shriner for more than 10 years with the Melha Temple in Springfield and I'm very active within the

organization," explains Ron. "I lead a percussion ensemble and had a drum presentation scheduled that I didn't want to miss."

Ron's son and grandson were both treated at Shriner's Hospitals and he has made it his life's work to give back to the organization. "My percussion ensemble plays many different venues including exhibitions, parades and we've even done a USO show at a nightclub! We are a brotherhood and it's been great to be a part of this group. I knew my surgery couldn't hold me back from participating in our scheduled events. I chose Newton-Wellesley because they offered a minimally invasive approach with a shorter recovery time."

Ron's surgery went very well. Dr. Kwolek was able to repair the aneurysm using a less invasive procedure. Endovascular aneurysm repair (EVAR) is a relatively new procedure that was developed as a

"I've been a Shriner for more than 10 years. I knew my surgery couldn't hold me back from participating in our scheduled events. I chose Newton-Wellesley because they offered a minimally invasive approach with a shorter recovery time".



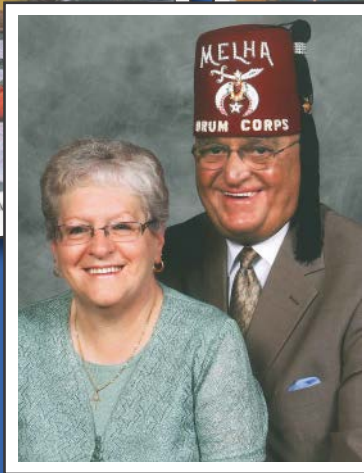
less-invasive alternative to open surgery for patients with abdominal aortic aneurysms. Surgeons insert a catheter (a thin, flexible tube) through small incisions in the groin and into the blood vessel to navigate to the weakened area. A man-made fabric tube called a stent graft is then inserted into the artery and positioned inside the aorta.

"This graft seals off the aneurysm, relines the blood vessel and creates a new path for the blood to follow," says Dr. Kwolek. "Because we use smaller incisions, patients typically have a shorter recovery time, remaining in the Hospital for one day instead of a week to 10 days. They are also able to return to their everyday activities more quickly, usually within two to four weeks instead of three to six months. We are currently able to perform minimally invasive surgery in about seven out of every 10 patients. During the procedure, we use live X-ray images to guide the tube to the aneurysm to strengthen the artery. Both surgical methods are effective in preventing a life-threatening ruptured aneurysm."

Melha Shriners Take "Love To The Rescue" Seriously



Photo by Bert Kravner. Lft to Rt. III. James Marceau, Richard Baldyga, Pres. Ron Mongean, Back Avi Kushner all M



After surgery, patients return for frequent follow-up visits to ensure that their graft is functioning properly. With the proper diagnosis and treatment, patients with abdominal aortic aneurysms can return to active and healthy lifestyles.

The risk of developing an AAA increases with age and is more common in men than women. Some risk factors that can increase the chance of an abdominal aneurysm include:

- Being a male older than 60 years
- Having an immediate relative with an AAA
- High blood pressure
- Smoking
- High-fat diet
- Presence of other aneurysms (behind the knee, in the chest)
- Obesity
- Heart disease
- Hyperlipidemia (high levels of certain fats in the blood)
- Pulmonary disease

"It important that we create awareness about abdominal aneurysms since many patients do not present with symptoms," says Dr. Kwolek. "At Newton-Wellesley, we have an outstanding vascular team and the technology available to diagnose and treat this condition and allow patients to quickly return to an active lifestyle."

Ron spent one night in the Hospital and within a couple weeks was back to his every day activities.

"It wasn't long at all before I was mowing my lawn, washing cars and most importantly, marching in the Shrine parade and leading my drum ensemble," says Ron. "I had a great experience at Newton-

Wellesley and with Dr. Kwolek. I would go back to Newton-Wellesley in a second and I share that with everyone I know!"

For more information about the Elfers Cardiovascular Center at Newton-Wellesley Hospital or to schedule an appointment with a physician, please call CareFinder at 866-NWH-DOCS (694-3627) or visit www.nwh.org.



Christopher Kwolek, MD Chair of the Department of Surgery, Newton-Wellesley Hospital

Dr. Kwolek received his medical degree at the University of California, San Francisco Medical School and completed an internship and residency in general surgery at the New England Deaconess Hospital/Harvard Medical School. He completed a clinical fellowship in angioscopy and a research fellowship within the Division of Vascular Surgery at New England Deaconess Hospital/Harvard Medical School followed by a clinical and research fellowship in vascular surgery at MGH. He received additional training in endovascular surgery at the Arizona Heart Institute.



George Philippides, MD Chief of Cardiology, Newton-Wellesley Hospital

Dr. Philippides received his medical degree from Albert Einstein College of Medicine. He completed his residency at Boston City Hospital followed by a cardiology fellowship and a cardiac catheterization fellowship at Boston Medical Center. He has served as the Director of the Coronary Care Unit at Boston Medical Center and, since 2008, has been the Associate Chair of Clinical Affairs and Chief Quality Officer of the Cardiology Section at Boston Medical Center. Since 2010 he has also been the Medical Director of their Cardiovascular Outpatient Unit.

Wellness Center Programs

American Heart Association Courses: Heartsaver CPR, AED, First Aid

Tobacco Cessation Information Session

Reiki 1, 2 and 3 Master Workshops

Babysitter Training

For program details and registration information, please visit www.nwh.org/classes or call the Wellness Center at 617-243-6221.

Childbirth Education

Newton-Wellesley Hospital offers programs and classes during pregnancy and throughout the early parenting period. Topics include prepared childbirth, natural childbirth, Cesarean birth, hypnobirthing, mind/body, breastfeeding, Infant/Child CPR and infant care. We also offer tours of our maternity unit, refresher classes and sibling preparation classes.

For a complete listing or registration information, please contact Childbirth Education at 617-243-6649 or visit www.nwh.org/classes.

Group Fitness Classes

Newton-Wellesley Hospital offers exercise and fitness classes designed to accommodate various levels and abilities. Our instructors are always happy to suggest ways of adapting any class or workout to meet your individual needs. All weekday exercise and yoga classes are held at Temple Reyim, 1860 Washington Street, Newton. Saturday classes are held at the Shipley Fitness Center, on the Newton-Wellesley Hospital campus. Classes include:

Zumba

Fit & Fabulous

Low Impact Aerobics

20/20/20 Cardio Combo

Pilates

Strength Training

Strength Training for Women

Exercise Program for Breast Cancer Survivors

For exercise class details and registration information, please visit www.nwh.org/classes or call the Wellness Center at 617-243-6221.

Stretch & Strengthen

Tai Chi

Yoga for Everyone

Gentle Yoga

Kundalini Yoga

Support Groups

Breastfeeding Support Group

Provides breastfeeding support and assistance to new mothers who have been discharged from the hospital setting. Groups are held Tuesdays and Thursdays from 2:00 - 3:00 pm at Newton-Wellesley Ambulatory Care Center - Newton, 159 Wells Avenue.

Cancer Support Groups

For a complete listing, please visit nwh.org/cancersupport or call the Vernon Cancer Center at 617-219-1230 for information.

Cardiac Rehabilitation Program

Medically-supervised healthy lifestyle and cardiac risk reduction program. Appropriate for individuals who have recently had a heart attack, angioplasty, heart surgery or have been diagnosed with angina. For more information, call 617-243-6378.

Childbirth Loss Support Groups

For families who have suffered the death of a child before birth, at birth or shortly after birth. The groups, led by a licensed social worker, offer comfort and reassurance for both individuals and couples. Sponsored by Newton-Wellesley Hospital's HEAL Committee (Helping Educate After Loss). For more information, call 617-243-6221.

Diabetes Management Program

For patients and their families. Individual instruction and education in all aspects of day-to-day management of diabetes. For information, call 617-243-6144.

Heart Failure Prevention & Monitoring Program

Medically-supervised program for people with decreased heart function. Includes education, support, enhanced monitoring and physical reconditioning. For information, call 617-243-6378.

Tobacco Cessation Information Session

A quit smoking workshop providing support, information and resources as you begin taking those important steps toward a goal of tobacco-free living. Call the Wellness Center at 617-243-6221, for information.

Weight Loss Surgery Support Groups

- New Patient Instructional Group
- Community Support Groups
- 0-6 Month Post-Surgery Group

For information, call the Center for Weight Loss Surgery at 617-243-3724 or visit nwh.org/weightloss.

Young Widow/Widower Support Group 55 and younger

A supportive atmosphere, grief education, and coping strategies to manage the loss of a spouse or partner. For ages 55 and younger. For information, call 617-243-6221.

For support group details and contact information, please visit www.nwh.org/support.



NEWTON-WELLESLEY
HOSPITAL

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Welcome

Michael R. Jaff, D.O.

President, Newton-Wellesley Hospital



Michael R. Jaff, D.O. has been named the new President of Newton-Wellesley Hospital. Dr. Jaff will join Newton-Wellesley from Massachusetts General Hospital, where he has led the Vascular Center since arriving in 2004.

Board certified in internal medicine and vascular medicine, Dr. Jaff is the Medical Director of the Fireman Vascular Center at MGH. In addition, he has been active in the leadership of clinical process improvement across all clinical areas of MGH and has helped to organize the MGH Center for Specialized Services, which is integrating international and executive health programs.

Dr. Jaff is a professor of medicine at Harvard Medical School and an alumnus of the Harvard Business School's general management program. Following his training in internal medicine and vascular medicine at the Cleveland Clinic, he began his career in private practice in community hospitals, including Lenox Hill Hospital in New York City. Dr. Jaff also sits on the Board of Directors at Martha's Vineyard Hospital.

Before coming to MGH, Dr. Jaff led a number of vascular medicine programs while also establishing VasCore, which has become the world's largest clinical trials core lab for non-invasive vascular imaging. He is an active practicing vascular medicine specialist, evaluating and managing complex patients with peripheral vascular disorders.

Dr. Jaff recently received the Jess R. Young, MD Lifetime Educator Award in Vascular Medicine from the Society for Vascular Medicine, recognition for his ground-breaking work in the field of vascular medicine, preeminence as an educator and a vision for multispecialty programs. Welcome Dr. Jaff!