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The Right Care, Right Now

GENERAL, COSMETIC & EMERGENCY DENTISTRY

Emergency dentistry addresses the problem as well as the pain

Norman Jewett recommends services and facilities to people temporarily living in and around Sarasota. His work is part of a concierge service he owns and operates that caters to out-of-towners in the area for the season or on vacation.



ALEXANDER GAUKHMAN, DMD

Norman's service finds hotels and restaurants for clients, locates area health care providers and makes arrangements for activities, including procuring tee times for golfers and boat rentals for those wishing to spend a day on the water.

Recently, Norman found himself in need of his own service after waking up with pain raging throughout his mouth and into his jaw. His first thought was to contact Alexander Gaukhman, DMD, of Venetian Dental.

"When I woke up that morning, the upper right side of my mouth was hurting so bad I really couldn't get out of bed," Norman describes. "The pain was to the point where I couldn't eat, drink or do anything."

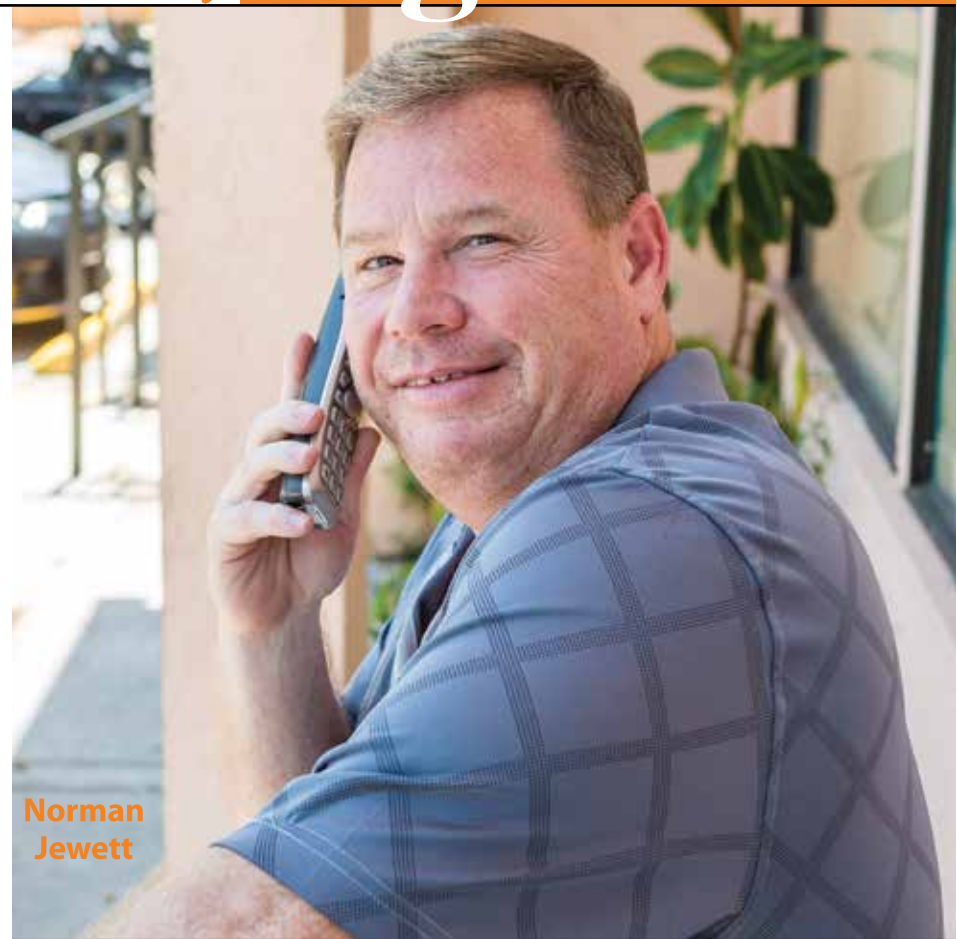
Norman was not a patient of Dr. Gaukhman at the time, but over the years he had referred several clients to Venetian Dental and in return received rave reviews about the care they received.

"Being a concierge, I went over and talked to the folks at Venetian Dental when they first came into the neighborhood," Norman remembers. "So I knew they had emergency services and that you could pretty much call them anytime. So I called Venetian Dental, and they got me in that same day."

That was impressive enough, but Norman was more amazed with how the dentist and staff treated him. He says that despite being a newcomer to the practice, he was made to feel like family.

"I've had a lot of people tell me how good and how polite they are, and I experienced that right away," he relates. "They didn't know me, but they said, *Come on in*, and they took care of me like they knew me, like I was their best friend."

Dr. Gaukhman determined that the cause of Norman's pain was an *abscess*,



Norman Jewett

a bacterial infection of the tooth that can begin in the root or the space between the gums and tooth. Though it is generally accompanied by pain and swelling, an abscess often requires extraction of the affected tooth, which is what Norman required.

"Dr. Gaukhman did a really nice job of pulling the tooth," Norman says. "He also cut out some of the soft tissue underlying the tooth. That was to keep the infection from spreading down into my heart or into my blood, where it could get down into the new hips I recently had replaced and infect those. They took good care of me."

Pain Tells a Story

Not all dental emergencies crop up on weekdays between 9 a.m. and 5 p.m. the way Norman's did. When they don't, patients need a dental practice that offers emergency services to diagnose and treat their condition appropriately and effectively. Venetian Dental is committed to treating those patients as well.

"The most common emergencies we see are extreme tooth pain caused by abscesses, broken teeth and mouth trauma from accidents," Dr. Gaukhman observes. "These are situations that need to be treated immediately. We also see lost fillings and broken dentures, bridges and crowns. These also require care as soon as possible."

"It is important that these patients are seen quickly so we can relieve their pain and get their dental issue resolved. I or

one of my associates at Venetian Dental is available 24 hours a day whenever a patient calls with an emergency. We can schedule an appointment for them the same day or first thing the next day. We also see patients after hours and on weekends in one of our three locations, Venice, Sarasota or Osprey."

Not all dental emergencies involve pain, but tooth or mouth pain is often a good indicator that something needs attention. When tooth pain is sudden and excruciating, it can be related to a serious infection that can damage the tooth to the point that it fails and requires extraction.

"Some people will get an infection but let it go until it becomes an abscess, and then the damage is done," Dr. Gaukhman explains. "Often, the tooth cannot be saved and has to be removed. In these situations, we give the patients all the information about what to do and what not to do after the extraction so that they heal without complications."

"This post-extraction information includes how to take care of the extraction site and their mouth as a whole to keep them healthy. We take very good care of our patients who come in with emergency needs. Many of them, like Norman, refer others to us because of the excellent treatment they received here."

Dr. Gaukhman points out that if emergency dental services aren't available, patients are basically left with one option.

(see **The Right Care, Right Now**, page 2)

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The Right Care, Right Now

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“Patients with tooth pain and no access to an emergency dentist generally have to suffer,” he says. “They could go to the emergency room, where they will likely be prescribed antibiotics and pain medication, but they will not have their real dental problem addressed until they can make an appointment with their dentist during regular business hours.”

A 10 Out Of 10

Luckily for Norman, there was an emergency dentist available when he needed one, and he was extremely pleased with the services he received. The dentist's efforts relieved Norman's pain and allowed him to put his life back in order.

“Dr. Gaukhman numbed the area a little and then was very careful with the extraction,” Norman remarks. “When he was

done, he stitched it up. The day after, it was sore, but since then it's been absolutely perfect. I've had no problem at all.”

Being a concierge, it's important for Norman to make sure the services he recommends are top-notch. After being treated by

Dr. Gaukhman, Norman knows that when he suggests Venetian Dental, he's referring clients to one of the area's top dental providers.

“Going to Venetian Dental was a very good experience, an absolute 10 out of 10.”



With his abscess healed, Norman can eat again without pain.

an absolute 10 out of 10,” he states. “They made me feel comfortable in every way, shape and form. The staff was smiling and upbeat, and they were all laughing and joking.”


“And when Dr. Gaukhman came in, even he was laughing

and smiling. They really treated me well. I would highly, highly recommend Venetian Dental.”

Coming from someone who makes recommendations for a living, that says a mouthful.

FHCN article by Patti DiPanfilo. Photos by Jordan Pysz. mkb

Alexander Gaukhman, DMD, earned his dental degree at Nova Southeastern University College of Dentistry in Fort Lauderdale. He completed his undergraduate studies at Florida Atlantic University in Boca Raton. Dr. Gaukhman is a diplomate of the International Congress of Oral Implantologists and a member of the American Academy of Implant Dentistry, Academy of General Dentistry, Florida Dental Association, Sarasota Dental Association and American Dental Association.



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Dr. Gaukhman is accepting new patients and welcomes the opportunity to help you improve your smile and bite function. He invites the readers of

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to visit or call Venetian Dental.

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MINIMALLY INVASIVE GENERAL SURGERY



Minimally invasive technique resolves acid reflux disease

The misery often starts with a burning sensation behind the breastbone that radiates to the neck and throat. In addition to this pain, known as *heartburn*, there may be nausea, regurgitation, bad breath and, eventually, tooth decay. These are some of the telltale signs of a common condition known as *gastroesophageal reflux disease*, or *GERD*.

The term *gastroesophageal* refers to the *stomach* (gastro) and the *esophagus*, or food pipe. The esophagus empties into the stomach through a circular band of muscle called the *lower esophageal sphincter* (LES). If the LES doesn't open and close properly, digestive acids from the stomach can flow back into the esophagus and cause symptoms.

“When this backflow of stomach acids happens persistently, the condition is diagnosed as GERD,” explains David A. NapolIELLO, MD, who is board-certified by the American Board of Surgery and is a fellow of the American College of Surgeons. “Over time, GERD can damage the esophagus and lead to serious complications.”

Among these complications are esophagitis, or inflammation of the esophagus; and stricture, a narrowing of the esophagus due to scar tissue from acid erosion. Other complications include the formation of ulcers in the esophagus and the development of precancerous changes in the tissue, a condition called *Barrett's esophagus*.

Being obese or pregnant, smoking, overeating, eating late at night, eating certain foods, such as fried or fatty foods, drinking alcohol or coffee, and taking certain medications, including aspirin, can contribute to the weakening of the LES and the development of GERD. Another factor associated with GERD is hiatal hernia. “There is a natural space in the diaphragm, the thin muscle wall that separates the chest cavity from the abdomen, that allows the esophagus to pass through to the stomach. It's called the *hiatus*,” Dr. NapolIELLO educates. “The hiatus can become abnormally large from actions

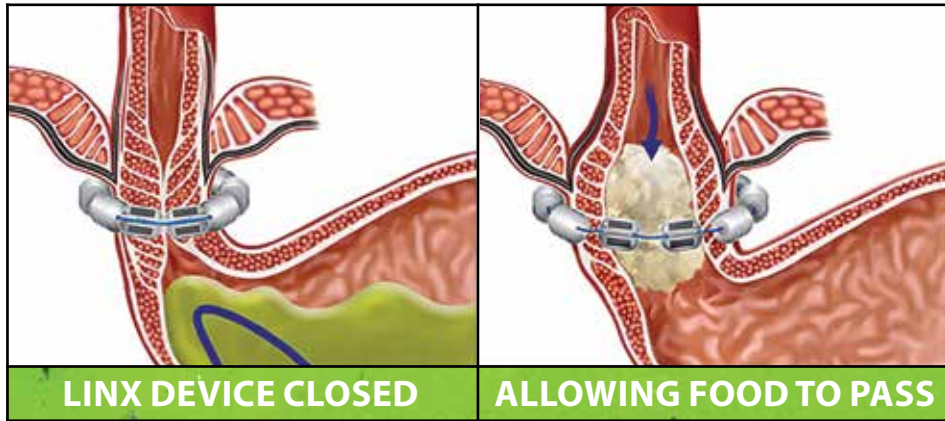
such as years of coughing or straining. The stomach can inappropriately slip upward into the chest cavity though that enlarged hiatus. That is a *hiatal hernia*.

“The normal position of the stomach is a major force in reflux management. When the stomach and its connection to the esophagus are in the wrong anatomical position, the proper food depositing mechanism is broken. This contributes significantly to the heartburn and regurgitation associated with GERD.”

With GERD and hiatal hernia, people can experience all of the usual symptoms of GERD and also suffer additional symptoms attributed to hiatal hernia. These can include difficulty swallowing and respiratory issues such as chronic coughing and asthma-like symptoms.



DAVID A. NAPOLIELLO, MD, FACS



Anti-Reflux Avenues

People can have GERD without having a hiatal hernia and a hiatal hernia without having GERD, but in most instances, people with hiatal hernia also have GERD. They generally co-exist. In some cases of simple hiatal hernia, there may be no symptoms, but symptomatic patients are treated with medication or surgery, Dr. NapolIELLO notes.

“There is a type of hiatal hernia called a *paraesophageal hiatal hernia* that is dangerous because with it the stomach can get constricted and its blood supply can get cut off,” he informs. “With that type of hiatal hernia, surgery is indicated upon diagnosis.”

When surgery for GERD with hiatal hernia is warranted, Dr. NapolIELLO can typically treat both conditions during one surgical session. He performs most of these combined procedures as laparoscopic surgeries with the patients under general anesthesia. Laparoscopic surgery is a minimally invasive technique that uses thin instruments and a camera inserted into the abdomen through tiny incisions. The surgeons view the esophagus, hiatal hernia and surrounding tissue on a video screen.

Fortunately, Dr. NapolIELLO has expertise in surgically treating GERD with hiatal



hernia. He is a specially trained reflux surgeon who completed a fellowship in minimally invasive and advanced laparoscopic surgery at the world-famous Mayo Clinic.

“During the combined GERD/hiatal hernia surgery, we begin by repairing the hiatal hernia,” Dr. NapolIELLO states. “That involves first putting the stomach back into its appropriate position. Then we sew the defect in the diaphragm closed with or without the use of a biologic mesh patch. After that, we pursue the anti-reflux procedure.”

“There has been classically one type of anti-reflux surgery, called *Nissen fundoplication*, during which the surgeon wraps the upper portion of the stomach around

lower part of the esophagus breaks that bond and allows food to pass from the esophagus into the stomach. After that, the magnetic bond quickly reforms, which resists gastric pressures and prevents acids from flowing backward.”

Surgery to install a LINX Reflux Management System can be done as an outpatient procedure or with an overnight stay in the hospital. A standalone LINX procedure takes about one hour to perform. When done as a GERD/hiatal hernia repair, surgery time is slightly longer, about an hour and a half. The LINX device can be removed or replaced if necessary.

“The LINX device was developed by pioneers in reflux surgery and studied for more than 10 years,” Dr. NapolIELLO reports. “The LINX Reflux Management System is a safer choice for people whose GERD has not responded to medications, and surgery is the next step in treatment.”

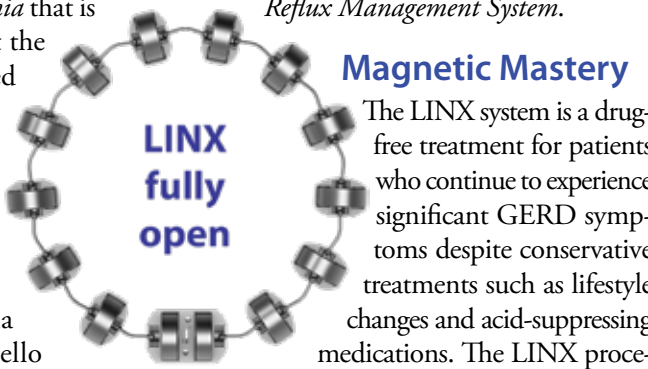
The LINX technique is also a good option for those who are concerned about the risks and side effects of long-term medication use to manage their GERD symptoms, adds the doctor.

“There have been reports recently questioning the standard medical management of GERD, especially the use of proton pump inhibitors,” Dr. NapolIELLO observes. Proton pump inhibitors are a group of medications that stop production of a protein in the stomach that is necessary for acid secretion.

“These medications have been linked to decreased calcium and magnesium, stomach tumors, blood clots and even the development of dementia. Patients who have concerns about these risks now have an answer for treatment of their GERD. It is the less invasive surgery using the LINX device.”

“The LINX Reflux Management System is a simpler, more readily reversible option that can provide significant GERD relief. The LINX procedure is excellent for GERD, especially for GERD in combination with hiatal hernia.”

FHCN article by Patti DiPanfilo. LINX graphics courtesy of Tinnoc. mkb



Magnetic Mastery

The LINX system is a drug-free treatment for patients who continue to experience significant GERD symptoms despite conservative treatments such as lifestyle changes and acid-suppressing medications. The LINX procedure is considerably less invasive than fundoplication because it doesn't require any surgical changes to the anatomy.

“The LINX device is a small, flexible, circular band of interlinked magnetic beads made of titanium,” Dr. NapolIELLO describes. “The device is placed around the base of the esophagus, and it essentially acts as a new, artificial lower esophageal sphincter.”

“The beads in the device form a strong magnetic bond, which holds this artificial LES tightly closed. When patients swallow, the movement of food passing through the

LEARN MORE

Dr. NapolIELLO and his staff look forward to answering your questions. For more information or to schedule an appointment, call the number below or visit them at one of their two office locations:

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Medical Office Building 1
8340 Lakewood Ranch Blvd.
Suite 101

Venice
411 Commercial Ct.

(941) 388-9525

For more information, please visit www.DavidNapolIELLOMD.com

Debra's happy to be playing with her grandchildren again



For an energetic woman such as Debra Sites, working two jobs requires little or no effort. Debra's been styling hair for 32 years, since she graduated from a vo-tech cosmetology program through her high school. For the past 15 years, she has also owned her own housecleaning business, which currently services 35 accounts.

"I really enjoy doing hair," Debra, 58, admits. "I've been working at an assisted living facility for seven years and I love my customers. They're wonderful. I really like working with older people. I've always had an older clientele, including the ladies who come every Friday for a shampoo and set. They're like family to me.

"I got into the cleaning business through the hair salon where I was working at the time. One of my customers was cleaning houses and asked if I was interested in helping her and making some extra money. I helped her through her busy season, but then she didn't need me anymore.

"All the ladies at the salon knew I had been helping the woman clean, and one lady asked me if I would take on her and her three neighbors as clients. My business

just snowballed from there. I never advertised. When my oldest son wanted to go to medical school, I started cleaning a lot more houses to help him through college."

Up until a year ago, Debra was extremely active outside of work as well, regularly biking, running marathons and participating in boot camps at the YMCA. That all came to a halt in a single moment one morning.



JEFFREY P. JOHNSON, DC

"I reached for a glass in the cupboard but must have turned the wrong way," she recounts. "I heard a *snap*, then felt an incredible pain in my back. It was so bad that I became sick to my stomach and started throwing up. I ended up in the emergency room. They said my back was degenerating and full of arthritis, and gave me pills.

"Later, I went to an orthopedic doctor who said, *You've got arthritis and are probably going to need a new hip in a few years. Here's some medicine. Call me when you're ready for surgery.* He offered no real relief for me. The medicine helped some, but I couldn't do things with my two little grandchildren, such as walk around Walt Disney World because I was hurting so much.

"The pain was constant and very sharp, and it felt like I couldn't put weight on my left leg. With my hip the way it was, bone on

bone, it felt like my leg was going to give out on me. Everything I tried to do was an effort, but I continued to work. While cleaning, I leaned on people's counters and vacuum cleaners. But to walk, I had to use a cane."

At that point, Debra couldn't run or go to the gym to work out. And she couldn't ride her bicycle because she couldn't lift her leg up and over the bike to mount it. But Debra wasn't interested in surgery. She wanted to find an alternative. Several of her customers recommended Jeffrey P. Johnson, DC, of Johnson Medical Center in Venice.

Dr. Johnson specializes in a protocol for back and neck pain called *Sedative Stretching*, which is an expanded and comprehensive form of *Manipulation Under Anesthesia*, or MUA.

"Debra's chief complaint was lower back pain that radiates into her left pelvic region down the front of her thigh into her left knee and shin," Dr. Johnson relates. "Her pain, which she describes as *shooting*, was moderate to severe, ranging from three to 10 on a scale of zero to 10.

"Debra's pain was aggravated when going from a sitting to a standing position, and by standing, walking and performing typical activities of daily living. It was alleviated by using a cane, walker or shopping cart when walking. Debra wished to avoid surgery, so I recommended Sedative Stretching."

Flexibility Lost

Many people with painful muscle and joint conditions can benefit from Sedative Stretching. Ideal candidates are those with conditions such as unresolved neck and back pain, herniated discs, *spinal stenosis*,

Flex Appeal

Nontraditional stretching protocol works wonders on spine and joint pain

sciatica, *frozen shoulder*, acute and chronic muscle spasm, headaches and *failed back surgery syndrome*. The procedure, he says, can also benefit people who want to regain lost flexibility or those "sick and tired of being stiff and sore."

"It's best for people to address the cause of their condition as early as they possibly can," Dr. Johnson stresses. "The chronic stiffness, tightness and pain cause excessive wear and tear on the joints of the spine and extremities, resulting in permanent degeneration and *arthritis*.

"People start losing flexibility after minor injuries incurred during their typical daily activities result in chronic, low-grade inflammation. Many times, this occurs in early childhood and is a long-forgotten event. But over time, these injuries develop into severe and sometimes debilitating conditions."

Inflammation is part of the body's natural healing process during which a mesh of connective tissue, commonly known as *scar tissue*, is laid down. Over time, layer upon layer of scar tissue can form in the muscles, tendons and ligaments around the joints, restricting the joints' ability to move properly. These layers of scar tissue are called *adhesions*.

The symptoms and warning signs generally associated with adhesions include the slow and insidious loss of flexibility, as well as an increasing achiness and soreness. Most people will attribute this to normal aging. While it's very common to become stiff and sore with age, it's not normal.

"Although they don't always realize it, people will compensate how they move their bodies when this occurs," Dr. Johnson observes. "This is evident everywhere while watching the way people walk, bend, twist and turn.

"Regrettably, many people wait until significant damage from excessive wear and tear has occurred before seeking appropriate care. Often, people will utilize over-the-counter and prescriptive medications, which help alleviate their symptoms. Unfortunately, this gives the patient a false sense of being cured while the underlying scar tissue continues to cause excessive damage."

Freeing Adhesions

During Sedative Stretching, the patient is put under light sedation, often called *twilight* sedation. With the patient relaxed, the affected joints are brought through their normal full range of motion, freeing adhesions that have developed between the joints and trigger pain.

"While the patient is sedated, we use light, comprehensive stretching techniques," Dr. Johnson informs. "Since we don't have to contend with tense, guarded muscles, we are able to free up the scar tissue and mobilize the joints without causing the patient any discomfort. This would be impossible to do without the use of sedation."

Coordinating the Sedative Stretching procedure is a highly trained team of medical professionals. Generally, there are multiple

health care providers present, including an anesthetist and several nurses. Patients usually require one procedure; it is rare that patients require a second procedure to fully address their condition.

"By following the recommended exercises, patients regain the flexibility they had decades before, and they generally return to activities they haven't done in years," Dr. Johnson points out. "This is truly correcting the original cause of their conditions."

By explaining the benefits of Sedative Stretching and the process he follows in administering it, Dr. Johnson immediately earned Debra's trust.

"Dr. Johnson is the kindest, gentlest soul, and so genuine," she describes. "He did x-rays and took his time trying to understand what was going on with my back. Where the orthopedic doctor said, *You're degenerating. Here are some pills*, Dr. Johnson really tried to figure out what was happening inside.



Debra Sites

"I really believe that if Dr. Johnson couldn't help me he would've been honest and told me he couldn't do anything for me. I wanted to be able to do things with my grandchildren, such as get down on the floor with them and take them to the park, so I agreed to try Sedative Stretching."

Grassroots Campaign

For part of the workweek, Ryan Bohley gets to be his own boss. Most days, Ryan works for the family landscaping business, Bohley's Lawn and Maintenance, alongside his father.

Ryan, who has known Debra since he was a child, is well-versed in the business. He has been involved with it in one capacity or another since he was young.

"My dad and grandparents ran the business when I was young, and I've been around it doing whatever I could since I was 10 years old," says Ryan, 30. "It's an easy job for me. I like being outdoors.

"The job primarily involves cutting grass, but at some homes I also trim bushes. For certain monthly customers, I do everything, including spraying the weeds. It all depends on what the customer wants.

"When my grandparents retired a few years ago, I took over the yards that they still

served. They only had about 10 left. Now, I have 50 accounts to myself, and between my dad and me, we do 125 to 130 yards a week. I work by myself a couple of days a week."

The successful landscaping business keeps Ryan hopping, but last summer, he experienced a painful episode with his feet that nearly stopped him in his tracks. The pain decreased his mobility, which interfered with his job and favorite pastimes.

"There was pain in my right heel that was so bad that I could hardly walk," Ryan describes. "The pain felt like a knife or needle going into my heel. Sometimes, the pain went up my leg, so we thought the problem was sciatica.

"The pain started out in one heel, then it affected both heels. When I first started having the pain, it didn't occur very often. My heel would hurt for a day, then the pain would go away. Then, all of a sudden, I started feeling the pain every single day.

"In addition, I had soreness and stiffness in my lower back. It would get really tight and sore, and I had trouble with flexibility, but my back wasn't as painful as my heels and leg.

"For fun, I like to play golf and slow-pitch softball, but I had to give up those activities. I probably went a couple of months when I didn't play any sports or do anything due to the pain."

Because Ryan had pain in his back and leg, he was convinced he had sciatica. He thought a chiropractor could help him, so on a friend's recommendation he visited Dr. Johnson, who took x-rays and evaluated Ryan's condition.

"Ryan reported persistent lower back and pelvic pain that radiated into his right knee and heel," Dr. Johnson comments. "He described the pain as sharp, shooting and sore, and he rated it an eight on a zero to 10 scale. Ryan's pain was aggravated by sitting, running, walking, coughing, sneezing, lifting, bending and twisting. It was worse in the morning, with activity and after work."

Initially, Dr. Johnson tried to correct Ryan's condition using more traditional therapies. When those failed, Dr. Johnson recommended Sedative Stretching.

"Dr. Johnson pinpointed the problem and tried to relieve my pain as quickly as possible," Ryan relates. "For probably the first three or four months, Dr. Johnson performed laser treatments and chiropractic adjustments on me. Those treatments helped, but the relief didn't last long, maybe a day or day and a half. By the next day, the pain was back pretty strong. Eventually, we talked about Sedative Stretching. I underwent the procedure on February 13."

Instant Results

Debra and Ryan had different experiences immediately following their Sedative Stretching procedures. But they responded similarly to the follow-up rehabilitation process.

"I felt good after my Sedative Stretching procedure," Ryan states. "I could tell the difference right away. I was able to get up and move. Now, I can bend and touch the



Sedative Stretching allows Ryan to enjoy the golf course more.

floor almost flat with my hands, which I couldn't do before. I obtained a lot more flexibility and have almost no pain, just a tiny bit if I move a certain way. And I have no pain in my heels.

"The rehabilitation went well. I went for the scheduled appointments throughout the week following my procedure, and I performed the stretching as they instructed. It made me feel pretty good."

Debra underwent Sedative Stretching on March 12, but her reaction immediately following the procedure was much different.

"At first, I had a hard time moving around," she says. "But then Dr. Johnson had me lift my feet and walk in place to get my hips moving. He told me I was fine and to go home and rest. He would see me in his office that afternoon. By that time, I felt 90 percent better.

"I can't tell you how much the weekly visits for physical therapy have helped me. The physical therapist understands the process and keeps me stretched out. At first, I had a hard time walking, but the therapist realized that if I carry something heavy in my hands I walk better. He gave me weights to hold while walking, and that helped unbelievably.

"A week ago, I returned to the orthopedic doctor for a follow-up visit. He said, *Whatever you're doing, keep it up. You're doing great.* It's unbelievable how much they've helped me at Johnson Medical Center."

Ryan says his treatment at Johnson Medical Center was "definitely a success."

"I feel pretty good now," he admits. "If I do something that irritates my condition, I get a little bit of pain, like a one or maybe a two on the worst days. But for the most part, I don't have any pain. "A couple of weeks after my Sedative Stretching procedure, I started golfing and playing softball again."

Ryan is so pleased with his outcome that he recommended Dr. Johnson and Sedative Stretching to others.

"When Debra was having issues with her back, I was one of the people who told her to visit Dr. Johnson," Ryan notes.

"When she saw how much of a difference his treatment made for me, she said, *I think I'm going to do that.* I've told two other people about him as well."

Like Ryan, Debra has also returned to activity. She gave up running because the pounding and jarring isn't good for her back. But she's doing yoga three days a week and is back to regularly riding her bike.



Ryan Bohley

"I'm still going to physical therapy at Johnson Medical Center twice a week, and that's continuing to help," she says.

"All this started because I had to do something. I didn't want to keep living in pain. I thank God that I found Dr. Johnson because I really don't want surgery."

FHCN article by Patti DiPangilo. Ryan's photos courtesy of Ryan Bohley. Debra's photos by Jordan Pysz. mkb

Stop the Pain

For a consultation appointment, please contact Johnson Medical Center, located in Venice at:

401 Johnson Ln., Suite 101

(941)

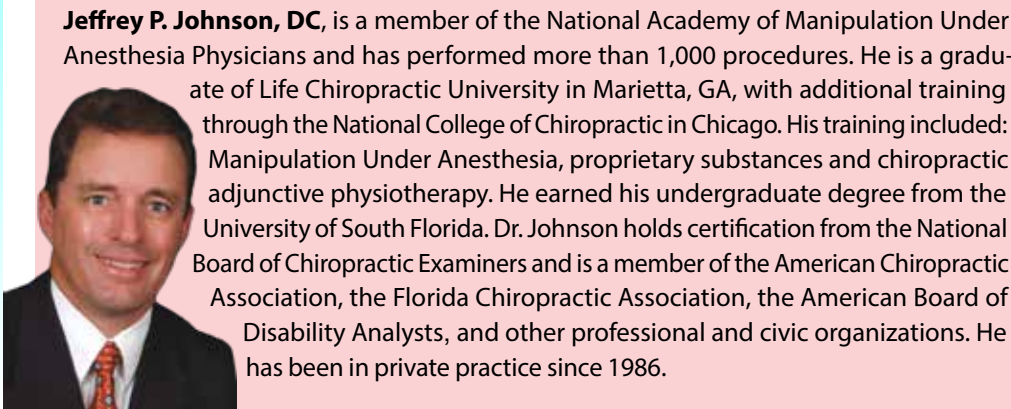
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Jeffrey P. Johnson, DC, is a member of the National Academy of Manipulation Under Anesthesia Physicians and has performed more than 1,000 procedures. He is a graduate of Life Chiropractic University in Marietta, GA, with additional training through the National College of Chiropractic in Chicago. His training included: Manipulation Under Anesthesia, proprietary substances and chiropractic adjunctive physiotherapy. He earned his undergraduate degree from the University of South Florida. Dr. Johnson holds certification from the National Board of Chiropractic Examiners and is a member of the American Chiropractic Association, the Florida Chiropractic Association, the American Board of Disability Analysts, and other professional and civic organizations. He has been in private practice since 1986.

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No Better Place

Highly accredited care center eases fight against breast cancer

What's odd about the painting of a rustic canoe docked at a beach that hangs on the wall in Lisa Montanye's office is that it's one of the few that Lisa has painted and not given away to friends or admirers.



"I have a couple of others on the wall in my office, too, but if someone comes in and really likes a painting of mine, I'll just turn around and give it to them," Lisa says. "If it gives them a little bit of peace and happiness, I'm happy to do that."

A native of Albany, New York, who works for the Manatee County School District, Lisa did just that a couple years ago for a fellow employee who was fighting breast cancer. Not long thereafter, Lisa was forced to stage her own battle with the disease.

That battle began in January 2019, after two breast cancer screenings revealed abnormalities that required Lisa to undergo a needle biopsy, which confirmed the presence of cancer cells.

"Once I learned the bad news, I wanted to get this done quickly, so I did research on some of these names the doctor gave me," Lisa says. "The more I talked to people, the more I heard that Dr. Erbella was the go-to guy, that he was the best."

Standard Of Excellence

Jose Erbella, MD, FACS, is a board-certified fellow of the American College of Surgeons who specializes in state-of-the-art, minimally invasive general surgery with an emphasis on cancer, laparoscopic and weight-loss surgery.

He is the medical director of breast surgery at the Manatee Memorial Hospital Breast Care Center, which recently earned a three-year accreditation from the National Accreditation Program for Breast Centers for its outstanding

compliance with NAPBC standards.

"The accreditation means we've been recognized as a Breast Cancer Center of Excellence," Dr. Erbella states. "There are only a few hundred such centers in the world, and Manatee Memorial is the first hospital in Manatee and Sarasota counties to earn it."

As Lisa soon learned, the Manatee Memorial Hospital Breast Care Center delivers that care through a team of medical professionals that includes Jenny Brown, RN, BSN, an oncology nurse navigator at the hospital and Manatee Diagnostic Center who helps guide patients and their families through their health care decisions.

"My role is to follow patients from diagnosis into survivorship – or end of life, if that's the case – and be an extra resource for them because this is a very difficult time for both the patients and their families," Jenny explains.

Lisa met Jenny shortly before her first visit with Dr. Erbella on January 14, 2019. By the end of that meeting, Lisa discovered just how valuable a resource Jenny is.

"When I first went to see Dr. Erbella, I was adamant about getting a *double mastectomy* and just being done with it," Lisa states. "But I thank God that Jenny was there because after I stated that, Dr. Erbella explained the kind of cancer I had and started talking about doing a *lumpectomy* instead."

"Jenny asked a lot of questions about lumpectomy versus mastectomy. She was asking far more detailed questions about things that I hadn't even thought of. Afterward, I really had to thank her for being there to help me, because between her and Dr. Erbella, they really allowed me to better understand what my options were."

A Better Option

What Lisa came to understand was that, while she did have breast cancer, her situation was not as dire as she initially feared. As Dr. Erbella explained, she most likely had *stage 1 breast cancer*, meaning her cancer was small and had likely not spread beyond the breast.



Painting
seascapes, sea life
and wildlife
is Lisa's hobby.

"When someone has that profile, we can save the breast by doing a lumpectomy, where we only remove a small portion of breast tissue, and the outcome is just as good as it would be if we had done a more radical surgery or a mastectomy," Dr. Erbella explains.

"That's why I recommended the lumpectomy. But I understood Lisa's desire to do the double mastectomy. A lot of women come in requesting that. But once we present the details and explain all the pros and cons, they realize they have other choices."

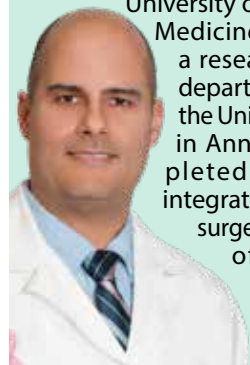
Lisa eventually accepted Dr. Erbella's recommendation to have the lumpectomy, which was scheduled for January 24, 2019. During that surgery, Dr. Erbella discovered that cancer cells were also present in one of Lisa's lymph nodes.

That prompted Dr. Erbella to remove not only the tumor in Lisa's right breast and the diseased lymph node, but also a cluster of lymph nodes behind the diseased lymph node to ensure he got all the cancer that might have spread.

"Prior to surgery, I knew I would need to undergo *radiation therapy*," Lisa says. "But because the cancer cells showed up in the lymph node, Dr. Erbella said I might need *chemotherapy*, too. To be sure, he told me to look into getting a *MammaPrint*."

A MammaPrint is a predictive diagnostic test given to patients with stage 1 or stage 2 breast cancer. Based on the

Jose Erbella, MD, FACS, is board-certified by the American Board of Surgery and a fellow of the American College of Surgeons. He earned a Bachelor of Science degree in biochemistry and molecular biology from the University of Miami and a medical degree with research distinction from the University of Miami School of Medicine. Dr. Erbella was a research fellow in the department of surgery at the University of Michigan in Ann Arbor, and completed residencies in integrated general-plastic surgery at the University of Michigan and general surgery at the University of Florida.



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Hearing Loss Is Reversible

One-of-a-kind Lumomed™ laser restores damaged ear cells

After working for 42 years as a florist in their small, family-owned shop in Albany, New York, Sandy* and her husband retired at the ages of 67 and 68, respectively, moved to Florida and began living what Sandy calls "the good life."



As the years rolled on, however, the good life became increasingly difficult, particularly for Sandy, who realized not long before her 80th birthday that she was experiencing the kind of hearing difficulties all too common among people her age.

"I'd be talking to someone, and I'd only catch half of what they were saying," Sandy recalls. "I'd have to ask them over and over again, *What did you say?* Or if I answered them wrong, they'd give me a funny look, and I'd have to explain, *I didn't totally hear you.*"

Sandy's inability to carry on a conversation without constantly asking people

to repeat themselves was especially frustrating for her husband, who encouraged her to have her hearing tested. Those tests revealed a hearing loss significant enough to warrant Sandy being fit for hearing aids. But Sandy soon found her hearing aids to be a nuisance.

"I was constantly turning them up higher and down lower," Sandy complains. "It was a pain in the neck, but I had no choice because some people talk loud and some people talk soft, so I was always having to adjust them."

By the time she began her eighth decade of life, Sandy was resigned to the idea she'd need to wear the annoying hearing devices for the rest of her life. Then one day, Sandy's husband picked up a copy of *Florida Health Care News* while waiting for an appointment in a doctor's office.

The publication included an article about an innovative inner ear treatment designed to reverse hearing loss that is performed by John Lieurance, DC, at Advanced Rejuvenation, a regenerative medical practice in Sarasota.

"My husband showed me the article, and when I read it, I thought, *This sounds pretty good*," Sandy shares. "I said to my husband, *This is something that can really help people*, so we made an appointment and went and checked it out."

Dr. Lieurance is a chiropractic neurologist and naturopath, as well as a certified provider of *Lumomed™ sound laser therapy*, which is designed to rejuvenate damaged ear cells. Treatments have been clinically shown to improve hearing loss and reduce the effects of many balance disorders and *tinnitus*, or ringing in the ears.

Sandy says that upon first meeting with Dr. Lieurance, she found him to be "very, very thorough" during her initial examination and consultation, which included a comprehensive hearing test.

"He explained everything – how the laser therapy worked and what I could expect as far as getting my hearing back," adds Sandy, who accepted Dr. Lieurance's recommendation to undergo the therapy, a full course of which consists of 15 half-hour laser treatments on each ear.

Exclusive Technology

Advanced Rejuvenation is the only center in the United States approved to use



John Lieurance, DC, RMA, DACNB (board eligible), received his Doctor of Chiropractic degree from Parker College of Chiropractic and his Doctor of Naturopathic degree through St. Luke's Medical School. He is a board-eligible chiropractic neurologist through the Carrick Institute of Neurology and a registered medical assistant. Dr. Lieurance is trained in advanced ultrasound techniques through the Gulf Coast Ultrasound Institute. He has practiced alternative and regenerative medicine in Sarasota for the past 25 years.

Lumomed's protocols. Dr. Lieurance had been treating hearing loss, balance disorders and tinnitus for many years through his functional chiropractic neurology practice when he heard about Lumomed from one of his patients. While in Germany, the patient received the treatment from Dr. Amon Kaiser, who has worked with lasers for more than 30 years.

"My patient got in touch and told me, *Hey, this doctor is doing wonderful work in Germany for inner ear regeneration. It would be such a great adjunct to what you're doing in Florida*," Dr. Lieurance relates.



Dr. Lieurance contacted Dr. Kaiser and traveled to Germany to study the science and the methods for the treatment protocols.

"I was so impressed that I brought this back to Sarasota," Dr. Lieurance states. "It's phenomenal. I'm constantly looking for the best and most effective technologies to help people with conditions that are considered untreatable. When someone tells me, *You can't do it*, it makes me want to do it even more."

Dr. Lieurance explains the science behind Lumomed this way: Special nerve cells in the inner ear, called *hair cells*, allow for the perception of sound and are essential for balance. If those cells are damaged, an individual may suffer hearing loss, tinnitus or a debilitating balance disorder such as *vertigo*.

"We have a great deal of technology today, such as cellphones, tablets and computers," he expounds. "That technology, along with sirens and various machines in our environment, make different, high-pitched sounds that are very loud. As a result, the hair cells are highly stressed. When these cells are constantly overwhelmed by noise and stress, they cannot process energy correctly," Dr. Lieurance continues. "With low

or depleted energy, the auditory and vestibular cells in the ear lose their ability to do their jobs, and disease results, whether it's a hearing loss, dizziness or tinnitus."

The hair cells have their own energy source, which is *adenosine triphosphate*, or *ATP*. It is produced by structures inside the cells that act as power plants, called *mitochondria*. Maintaining the ears when they're stressed requires vast amounts of energy. Without it, the cells begin to break down.

"Studies have shown that hair cell regeneration is possible," Dr. Lieurance asserts. "Inner ear laser therapy is performed with specialized laser equipment set at very specific settings. The Lumomed laser showers energy into the ear in the form of photons. This energy is then used by the hair cells to repair themselves."

Better with Each Treatment

The therapy is most effective for younger patients, who are "developing their language based on what they hear," Dr. Lieurance points out. "If we can fix their hearing at a young age, they don't develop a lot of speech impediments."

The laser, which is applied while patients wear goggles and lie on a treatment table, emits very little heat. Some people feel the sensation of sunshine, while others feel nothing.

Some patients notice an improvement in their hearing within the first few sessions, Dr. Lieurance informs. For others, it takes longer.

"After the first two treatments, I was told not to wear my hearing aids anymore," Sandy remembers. "I should just trust that my hearing was slowly getting better, and it did get better with each treatment."

Today, Sandy can hear as well as she did years ago. She's living proof that it is possible to turn back time, and that hearing loss is reversible.

"If I hadn't met up with Dr. Lieurance, I would still be wearing hearing aids," Sandy shares.

"People are telling me, *Your hearing is back! Your hearing is back!* I am very, very happy."

FHCN staff article, mkb

*Patient's name withheld at her request.

"If I hadn't met up with Dr. Lieurance, I would still be wearing hearing aids."

-Sandy

Learn More
Want to learn more about Lumomed?
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Call the office at (941) 330-8553 to register.

For Health and Comfort

The staff of Advanced Rejuvenation looks forward to meeting the readers of *Florida Health Care News*. To learn more about laser therapy or other rejuvenation options, contact the holistic health and chiropractic center. Mention this article and receive a free audiometric evaluation. Their office is located in Sarasota at:

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20,000 Documented Eye Floater Laser Sessions

South Florida Eye Clinic staff are the experts with a worldwide patient base

Patients often ask Scott L. Geller, MD, “Why can’t my local doctor laser *eye floaters*?”

“Because this is a niche area of interest and most ophthalmologists will not take the time to really get into it,” Dr. Geller states. “It’s a bit like plastic surgery. Any intern can make an incision and stitch skin, but it takes years of experience to size up a patient, know exactly how to modify a technique and get the absolute best result possible.”

Dr. Geller has that experience. He has performed more than 20,000 *eye floater laser procedures*. He also has given an impressive number of lectures around the world on his research and technique.



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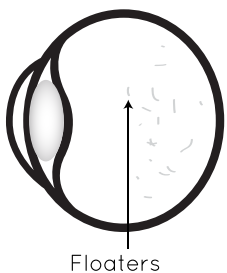
“Florida has some great ophthalmic centers, including the schools in Tampa, Gainesville and the Bascom-Palmer Eye Institute in Miami,” says Dr. Geller, “But their interests lie elsewhere. So, all the advances have been done here, outside academia, by private clinics.”

Understanding the Patient

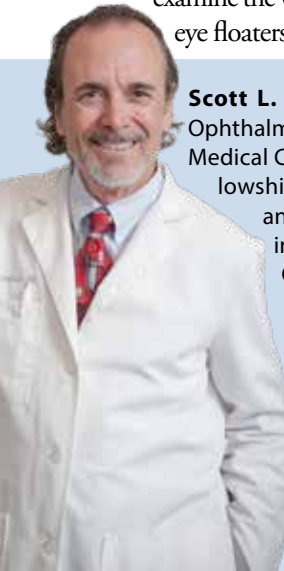
Many ophthalmologists don’t understand what a patient with eye floaters is experiencing, Dr. Geller says. As a matter of routine, he adds, they measure the patient’s best vision, which is typically normal, check for a retinal tear or detachment and, barring anything unusual, tell the patient he or she will be fine, because the retina looks fine and the floater will either fade or the patient will get used to it.

To which the patient responds, “But doctor, I can’t see.”

Eye Floaters



“It is true that, for the majority of patients, floaters do seem to fade, or the patient does get used to them,” Dr. Geller notes. “But that’s not always the case. That’s why ophthalmologists need to listen to the patient’s problem and thoroughly examine the vitreous gel, where eye floaters are formed.”



Scott L. Geller, MD, is board-certified by the American Board of Ophthalmology. He is a graduate of Ohio Wesleyan University and Rush Medical College. While in medical school, he was awarded a student fellowship to study tropical medicine at a missionary hospital in India, and pursued additional studies at the famous Brompton Hospital in London. He interned at Presbyterian Hospital, Pacific Medical Center, San Francisco, and completed his residency in ophthalmology at Sinai Hospital of Detroit, which was affiliated with Wayne State Medical School and Kresge Eye Institute. Dr. Geller was fellowship-trained in anterior segment and refractive surgery with Dr. William Myers of the Michigan Eye Institute. Dr. Geller is a fellow of the American Academy of Ophthalmology and has presented papers on eye floater laser treatment at the International Congress of Ophthalmology, European Congress of Cataract and Refractive Surgery, European Congress of Ophthalmology and the Florida Society of Ophthalmology.

“If the ophthalmologist measures only the patient’s best vision on an eye chart, they may not correctly diagnose the problem and might dismiss the patient out of hand, telling them that nothing needs to be done, which may leave the patient bewildered and frustrated.”

“This is one of the areas of ophthalmology that is routinely ignored by many ophthalmologists, and the reason for this is simple: They don’t take the patient’s visual acuity with the floater in the visual axis.”

“We have seen patients reporting improvement of overall vision even with *macular degeneration* and *lazy eye [amblyopia]*, where the floater causes interfering noise with the good eye.”



Japan, the People’s Republic of China, Russia and almost every European country,” the doctor notes.

Recently, Dr. Geller was a featured lecturer for the fourth year in a row at an International Ophthalmology Meeting in Taormina, Sicily, Italy. Other experts from the Netherlands

and Italy presented papers on their experiences treating eye floaters with the laser as well as traditional surgery. Patients from other areas of Italy came to Sicily to be examined and treated by Dr. Geller.

“I have quite a reputation in Europe and have treated patients in Italy with the *Ellex Laser*, but in the US I find the Swiss made *LASAG laser* to be the best,” states



Scott L. Geller, MD

“At South Florida Eye Clinic, we always measure the patient’s worst vision on the eye chart to see exactly how bad the vision gets with the floater obstructing it.”

Laser Treatment

Dr. Geller has performed more than 20,000 documented eye floater laser procedures across more than 30 years of service to patients from all over the world.

“We have a worldwide patient following and have helped people from

Dr. Geller. “And we are the only facility using it in the US.”

“My first scientific presentation was at the 1989 International Congress of Ophthalmology in Singapore,” he adds. “It was followed by lectures at several conferences in China, including the prestigious Shanghai Eye and Ear Institute.”

“Other major meetings included the 1997 European Congress of Cataract and Refractive Surgery in Prague; the 1999 Florida Society of Ophthalmology; the 2001 European Congress of Ophthalmology in Istanbul; the 2010 World Congress of Ophthalmology in Berlin; and the 2010 American Society of Cataract and Refractive Surgery in Boston. There was also a peer-reviewed presentation at the American Academy of Ophthalmology in Chicago in 2012.”

Dr. Geller’s latest presentations were at the prestigious Florida Society of Ophthalmology and the Orione Ophthalmic Congress in Italy, where he performed eye floater laser sessions on selected patients.

“Many doctors tell their patients, *Live with it, nothing can be done*, or they

tell them they need *vitrectomy surgery*,” Dr. Geller notes. “But the problem with vitrectomy surgery, which is the surgical removal of the entire vitreous gel, where floaters begin, is that it is not without its own problems.”

“Most patients over the age of 40 will develop an early *cataract* and will need another operation as early as six months to a year later. This is due to the physiology of the eye, not the skill of the surgeon.”

“In my hands, with my years of experience, complications are rare,” assures Dr. Geller, who presented his results at the American Academy of Ophthalmology in 2012, and other meetings worldwide.

Finding Dr. Geller

Dr. Geller confides that patients often find him in a roundabout way.

“Recently, a man in West Palm Beach went to the satellite clinic of a world-famous Miami eye institute,” the doctor reports. “They told him they couldn’t do anything for him except vitrectomy, but they also told him there’s an ophthalmologist on the west coast of Florida who can treat your eye with a laser.”



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www.vimeo.com/eyefloaters

“It wasn’t a direct referral, but the patient managed to find me and was ecstatic with his results. Subsequently, I uploaded a video of his procedure to YouTube.com and Vimeo.com, which can be found among dozens of videos I’ve posted.”

Dr. Geller cautions that not all patients can be helped with his laser procedure, though he is pleased to report that, partially due to his meticulous patient selection process, his patient results are excellent.

Laser Selection

Dr. Geller also welcomes colleagues to observe or just call if they need to refine their own technique.

“Laser treatment of eye floaters is fascinating,” Dr. Geller says. “I look forward to doing this every day.”

Dr. Geller says that while his greatest satisfaction comes from helping patients who have been told by their own ophthalmologists that nothing can be done, he actually welcomes the opportunity to share his technique with others in his field.

“Other ophthalmologists need only call me or ask one of my patients about their results,” he says. “I’m proud of our track record and of the patients we’ve helped.”

Article submitted by Scott L. Geller, MD. FHCF file photo. mkb

For Eye Floater Solutions

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4755 Summerlin Rd.

Call Dr. Geller at:
(239) 275-8222

or toll-free at:
(877) 371-3937

www.vitreousfloaters.com

See what patients say about the Eye Floater Laser at www.vimeo.com/eyefloaters and on the Scott Geller MD YouTube channel