Non-recovery from tonsil cancer. Counseling and support provided by the Seacoast Cancer Center were key to Jeff’s recent recovery from tonsil cancer.

Jeff Hird and his daughter Julia enjoy smoothies at their home in York, Maine. Nutrition counseling and support provided by the Seacoast Cancer Center were key to Jeff’s recent recovery from tonsil cancer.

To cancer, but some speculate that the crevices of the tonsils make it more difficult to clear an infection. “I had a lump in my neck that I noticed while shaving. I had a CT scan that showed what was thought to be a benign cyst, but it turned out to be myopharyngeal squamous cell carcinoma (OSCC). HPV is a group of more than 150 related viruses, so common that nearly all men and women are exposed to it at some point in their lives. In most cases, HPV goes away on its own, but when it does not, it can cause many health problems including cancer. Recent advances including vaccines have reduced the risk of infection although the U.S. Centers for Disease Control and Prevention reports that about 12,000 people a year are diagnosed with HPV-related cancer of the head and neck. Tonsil cancer related to HPV is the fastest growing related cancer of the head and neck.

Tobacco use is a leading cause of tonsil cancer, but Jeff was never a smoker. Human Papilloma Virus (HPV) is another major cause of one form of tonsil cancer called oropharyngeal squamous cell carcinoma (OSCC). HPV is a group of more than 150 related viruses, so common that nearly all men and women are exposed to it at some point in their lives. In most cases, HPV goes away on its own, but when it does not, it can cause many health problems including cancer. Recent advances including vaccines have reduced the risk of infection although the U.S. Centers for Disease Control and Prevention reports that about 12,000 people a year are diagnosed with HPV-related cancer of the head and neck. Tonsil cancer related to HPV is the fastest growing throat cancer, affecting mostly men ages 45-65, according to the National Cancer Institute. Experts are not sure why a virus in the tonsils is more likely to lead to cancer, but some speculate that the crevices of the tonsils make it more difficult to clear an infection. “I had a lump in my neck that I noticed while shaving. I had a CT scan that showed what was thought to be a benign cyst, but since it was so close to my carotid artery, surgery was recommended to remove it before it grew any larger,” Jeff says. “It turned out that it was not a cyst, but a lymph node, and the post-surgery biopsy showed that I had cancer.”

Jeff and his family carefully weighed their options for his medical care. Wentworth-Douglass Hospital got rave reviews from friends, especially a close friend who had been treated for breast cancer at the Seacoast Cancer Center. “I met with Dr. Barbara Civiello and immediately felt so comfortable and knew right away that she had my best interests at heart,” he says. “She actually encouraged me to get a second opinion at a Boston hospital where I confirmed that I would get the exact same course of treatment locally at Wentworth-Douglass.”

I feel awesome!” says Jeff Hird of York, Maine. Jeff was a patient at the Seacoast Cancer Center at Wentworth-Douglass Hospital, where he was treated for tonsil cancer last year.

Tobacco use is a leading cause of tonsil cancer, but Jeff was never a smoker. Human Papilloma Virus (HPV) is another major cause of one form of tonsil cancer called oropharyngeal squamous cell carcinoma (OSCC). HPV is a group of more than 150 related viruses, so common that nearly all men and women are exposed to it at some point in their lives. In most cases, HPV goes away on its own, but when it does not, it can cause many health problems including cancer. Recent advances including vaccines have reduced the risk of infection although the U.S. Centers for Disease Control and Prevention reports that about 12,000 people a year are diagnosed with HPV-related cancer of the head and neck. Tonsil cancer related to HPV is the fastest growing throat cancer, affecting mostly men ages 45-65, according to the National Cancer Institute. Experts are not sure why a virus in the tonsils is more likely to lead to cancer, but some speculate that the crevices of the tonsils make it more difficult to clear an infection. “I had a lump in my neck that I noticed while shaving. I had a CT scan that showed what was thought to be a benign cyst, but since it was so close to my carotid artery, surgery was recommended to remove it before it grew any larger,” Jeff says. “It turned out that it was not a cyst, but a lymph node, and the post-surgery biopsy showed that I had cancer.”

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Eating Well – Nutrition Support at the Seacoast Cancer Center

“I lost my taste buds, my ability to produce saliva, and my appetite,” says Jeff Hird, who was treated for tonsil cancer at Wentworth-Douglass Hospital. “When people say a bad pizza tastes like eating cardboard, I can totally relate. Any pizza would taste like eating cardboard to me during my cancer treatment. I had trouble producing saliva because of the radiation treatment and my taste buds were shot. So keeping me well-nourished was critical to my overall health, sense of well-being, and recovery.”

Andrea Jackson, Registered Dietitian and Certified Specialist in Oncology Nutrition at Wentworth-Douglass Hospital, was a big part of Jeff’s journey. She helped him keep his calorie count up and stay hydrated, while coordinating his care with other providers and services throughout the hospital.

Andrea met with Jeff at least once a week, usually when he was at the Seacoast Cancer Center for chemotherapy treatments. She monitored his weight, assessed his latest lab work, and addressed any side effects that he was experiencing. “I am a trouble-shooter,” says Andrea. “Patients being treated for cancers that affect the larynx are at higher risk for malnutrition. The throat is often inflamed and swallowing can be painful. So, we work together to establish goals that help maintain a healthy weight with appropriate portion sizes and nutritious food choices. It gets very personal with every patient; I take favorite foods, such as casseroles, and come up with ways to modify them in order to concentrate the highest food value in a small volume.”

Andrea understood that the texture of certain foods was critical for Jeff. Strawberries, for example, tasted like eating sandpaper to him, because of their tiny seeds. Yogurt, on the other hand, tasted good. Jeff and Andrea worked together to devise a healthy, appealing and varied diet that would encourage him to swallow and keep eating well.
Get Moving in Three Easy Steps

By Carrie Carville, Wellness Manager, The Works Family Health & Fitness Center

Is it time for you to get moving? When you are ready to start exercising, the most important thing is to do it safely. You don’t have to join a gym to start an exercise program, you can use the resources you have in your own home and in the environment around you – get creative! Many household items can be used as weights – gallons of water, cans, water bottles, etc. Find something that you enjoy doing and works within your lifestyle.

Here are some elements you should try to incorporate into your exercise routine and advice to get you started:

**STRENGTH EXERCISE:** When training all major muscle groups, adults should train 2-3 times per week on nonconsecutive days. Start with body weight exercises that can be done anywhere and progress to light weights. Body weight exercises include (but are not limited to): squats, lunges, pushups, triceps dips, plank, calf raises and burpees.

**CARDIOVASCULAR EXERCISE:** The recommendation is to get your heart rate pumping for a minimum of 150 minutes of moderate-intensity exercise per week. Anything that will elevate your heart rate above resting will do the trick. Go for a walk, hike, bike ride, climb stairs, jump rope - get creative with your surroundings! Start slow and once you start building up your cardiovascular endurance, try adding small intervals to maximize your workout and burn more calories.

**FLEXIBILITY:** Stretching should be done at least 2-3 days a week to improve range of motion. When starting a stretching routine, make sure that you’re performing stretches correctly to prevent injury. Hold each stretch for 10-30 seconds to the point of tightness and repeat each position 2-4 times. Listen to your body. Don’t force yourself into a difficult position, and if the stretch is painful, stop immediately.

If you would like more guidance on how to start an exercise program that meets your needs and goals, please visit www.TheWorksHealthclub.com or email Carrie at Carrie.Carville@wdhospital.com.

Resource: http://www.acsm.org

Thank you to everyone who participated in the 4th annual Seacoast Cancer 5K on September 24! Every runner, walker, volunteer and donor played an important part in improving care for those affected by cancer on the Seacoast. Over the past four years, this event has raised more than $728,000 to benefit the Seacoast Cancer Center. Special thanks to our title sponsors Federal Savings Bank and D.F. Richard Energy and all our corporate and community sponsors.

Good things happen, thanks to you.
What once seemed like science fiction is now a common occurrence in the Wentworth-Douglass Hospital Operating Rooms. In 2016, our highly-experienced, multidisciplinary team of surgeons performed nearly 600 surgeries assisted by a state-of-the-art robot – the Intuitive Surgical da Vinci® Surgical System. Wentworth-Douglass is a leader in the Seacoast for robotic-assisted minimally invasive surgery, which surgeons describe as a safer, more precise option for patients.

The da Vinci Surgical System combines advanced robotics that allow surgeons unparalleled control of its tiny instrumentation with high-definition, 3D cameras, which provide a highly magnified view of the surgical site. “Robotics gives you all the 3D view and wrist articulation back that you lose in laparoscopic techniques – for the surgeon it’s like doing an open surgery,” says Dr. David Coppola, general surgeon with Seacoast General Surgery.

For patients, robotic minimally invasive surgeries mean small to no scars, a quicker recovery, decreased pain, fewer complications, less chance for infection and a shorter time in the hospital. “Robotic surgery is here to stay. Better instrumentation and better platforms are coming, which will allow for even more precision, smaller, thinner instruments and fewer incisions,” says Dr. Rodriguez. “Wentworth-Douglass wants to remain at the forefront of this technology.”

To learn more about robotic and minimally invasive surgery at Wentworth-Douglass Hospital, visit wdhospital.com/surgery or call (603) 609-6213.

**MIND YOUR MEDS - How to Safely Keep and Dispose of Medications in Your Home**

For our out of five people who become addicted to heroin or fentanyl begin by taking leftover prescription pills, which are often available right in their own homes. New Hampshire’s Zero Left Campaign, supported by Granite Health and its six partner health systems, including Wentworth-Douglass, is focused on educating the public on the potential hazards of opioids and the need to remove excess opioids from the community.

**START WITH SAFE STORAGE**

All medications that are in current use should be stored in a dry, secure area of the home. An ideal spot is often the upper kitchen cabinets, so that the medications are out of reach of children and out of sight of any houseguests, advises Richard Meinking, Director of Pharmacy at Wentworth-Douglass Hospital.

If there are children at home, it’s good practice to always use the child-lock caps and have the phone number for Poison Control on hand – 1-800-222-1222.

**SAFELY DISPOSE – DON’T SAVE!**

When prescription medications are no longer needed, there’s no good reason to let them sit in your cabinets. Many police stations have drug take back programs, and now Wentworth-Douglass Hospital has its own MedSafe Disposal Box. Community members can access this secure destruction bin 365 days per year to dispose of their unused medications.

If you are unable to access a convenient disposal site, the U.S. Food and Drug Administration still suggests you throw unwanted drugs into the trash by following these guidelines:

- Remove the drugs from their containers and mix them with kitty litter or used coffee grounds.
- Place the mixture in a sealable plastic bag or other container to prevent it from leaking.
- Scratch out any personal information on prescription bottle labels to protect your privacy.

“If the medications are no longer needed, destroy them so they don’t end up on the streets or in the wrong hands. This simple step can help to prevent others from becoming addicted,” says Meinking.

**ZERO LEFT CAMPAIGN**

Wentworth-Douglass recently installed a MedSafe Disposal Box to help get unused prescription drugs out of homes. The effort is part of Granite Health’s Zero Left Campaign, funded through grants from Tufts Health Freedom Plan and Northeast Delta Dental, to implement efforts aimed at preventing addiction from opioids. Pictured: Richard Meinking; Granite Health CMO Dr. Travis Harker; Wentworth-Douglass President & CEO Greg Walker; New Hampshire Governor Chris Sununu; Tufts Health Freedom Plan President Brian Wells; and Northeast Delta Dental President & CEO Tom Raffio helped unveil the new MedSafe Box to the community in July.
Cardiology Expands at Wentworth-Douglass

Your heart care matters. That's why Wentworth-Douglass is making the investment in offering more access to specialized cardiac care in the Seacoast.

Cardiology at Pease opens with Dr. Mark Jacobs and Dr. Whitney Coppolino

Cardiologists Mark Jacobs, MD, and Whitney Coppolino, MD, have joined the staff at Wentworth-Douglass Hospital and will be providing services at Wentworth-Douglass at Pease, on Corporate Drive in Portsmouth. Both physicians remain on the medical staff at Portsmouth Regional Hospital as well. Dr. Mark Jacobs is a board-certified cardiologist with more than 30 years of experience in invasive, noninvasive and clinical cardiology. He earned his medical degree from the University of Connecticut School of Medicine and completed residency and a fellowship at St. Elizabeth’s Hospital in Boston, Mass. He is also board certified in echocardiography and nuclear cardiology and is a fellow of the American Society of Echocardiography and the American College of Cardiology. He is on the Board of Trustees for the Foundation for Seacoast Health. Dr. Whitney Coppolino is board certified in cardiology and internal medicine. She earned her medical degree from Keck School of Medicine at the University of Southern California and completed residency at Thomas Jefferson University Hospital in Philadelphia. She is fellowship trained in both cardiovascular disease (at Hofstra North Shore – Long Island Jewish Health System) and women’s heart health (at Massachusetts General Hospital). She specializes in noninvasive cardiology, echocardiography and women’s heart health.

For more information, visit www.PeaseCardiology.com or call (603) 610-8070.

Massachusetts General Hospital Electrophysiology Studies now available at Wentworth-Douglass

Considered the “electricians” of the heart, electrophysiologists (EPs) diagnose and treat heart rhythm disorders caused by abnormalities in your heart’s electrical activity. Our comprehensive Clinical Cardiac Electrophysiology program was recently evaluated by renowned Massachusetts General Hospital Electrophysiologist Conor Barrett, MD, and now offers enhanced services provided by Mass General physicians. Chee Yuan Ng, MD, and Stephan Danik, MD. These experienced physicians offer extensive non-invasive and invasive treatments right here at Wentworth-Douglass for cardiac arrhythmias (irregular heartbeats) related to cardiomyopathy, congenital heart disease, heart failure or hereditary conditions.

For more information, call The Cardiovascular Group, located in Dover, at (603) 516-4265.

Dr. Ahmet Oktay joins The Cardiovascular Group in Dover

The Cardiovascular Group, offering expertise in clinical, non-invasive, invasive and specialized cardiac care welcomes new physician, Ahmet Oktay, MD. Dr. Oktay earned his medical degree from Hacettepe University, Faculty of Medicine in Ankara, Turkey. He completed an internship and residency at St. Francis Hospital, University of Illinois at Chicago, in Evanston, IL. He most recently completed a fellowship in cardiology at Ochsner Medical Center in New Orleans, LA. Dr. Oktay joins Drs. William Danford, Lazaro Diaz, Greg Imbrrie, and Christopher Lawson, along with physician assistant Allison Allen and nurse practitioner Julie Leader and is accepting new patients.

For more information, call The Cardiovascular Group at (603) 516-4465 or visit WHPCardiovascularGroup.com.
Sweet Dreams and Safe Sleep, Baby

Every year in the United States, there are approximately 3,500 infant sleep-related deaths, according to Cribs for Kids®. All too often, they result from a baby being placed in an unsafe sleep environment – like an adult bed.

As a Bronze Certified Safe Sleep Hospital, the Wentworth-Douglass Hospital Women & Children’s Center wants to ensure that new families know the guidelines for infant safe sleep and have a safe place for all babies to lay their heads.

Here are some top safe sleep tips for baby from Cribs for Kids®:

#1 – Always place your baby alone, on his or her back, in a crib for every sleep time.
#2 – Always use a firm, flat sleep surface. Crib mattresses and other seating devices, swings, wedges, and devices that position baby on an incline are not safe for routine sleep.
#3 – Use a firm sleep surface with a firm crib mattress, covered by a fitted sheet. Try a crib, bassinet, or portable crib/play yard that conforms to the safety standards of the Consumer Product Safety Commission.
#4 – Room share, but do not bed share. Various U.S. medical groups warn parents not to place their infants to sleep in adult beds. Bed-sharing puts babies at risk of suffocation, strangulation, and sudden infant death syndrome (SIDS). Studies have found that bed-sharing is the most common cause of deaths in babies, especially those 3 months and younger.
#5 – Crib bumper pads or similar products that attach to crib slats are not recommended. There is no evidence that they prevent injury in young infants, but they do pose a risk.
#6 – Don’t overheat or overdress your baby. Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for an adult (between 68-72 degrees F).

The Wentworth-Douglass Hospital Women & Children’s Center was recently recognized by the National Safe Sleep Hospital Certification Program as a “Bronze Certified Safe Sleep Hospital,” for its commitment to best practices and education on infant safe sleep.

“This certification recognizes the efforts in education and support to families regarding the health and well-being of newborns,” says Alison Zirpolo, CCLS, CTRS, Child Life Specialist at Wentworth-Douglass Hospital.

For more information about Wentworth-Douglass Hospital’s Women & Children’s Center, visit seacoastbabies.com.

Helping parents and caregivers understand how to support the social, emotional, physical and intellectual growth of their children positively impacts their lives and helps us all build stronger, healthier communities.

The Wentworth-Douglass Hospital Women & Children’s Center has developed a Family Wellness Series running this fall through winter aimed at answering some of the parenting questions we are asked most often. Sessions will cover everything from managing anxiety to promoting healthy eating to safe social media use.

Please join us at any or all of these workshops. Childcare is available for children ages 2-14 with pre-registration.

To register and read full descriptions of each session, visit wdhospital.com/events.

The Family Wellness Series is generously supported by donations to the Wentworth-Douglass Foundation.
Wentworth-Douglass Hospital’s Seacoast Cancer Center offers the most comprehensive and personalized cancer care available on the Seacoast.

**Prevention**
- LIFE Program Classes
- Community Needs Assessment & Community Education
- Genetic Cancer Risk Assessments

**Screening**
- Lung
- Colon
- Breast
- Skin
- Prostate
- GYN

**Treatment**
- Medical Oncology (chemotherapy, immunotherapy, biological therapy)
- Radiation Oncology (external beam, brachytherapy, stereotactic radiosurgery)
- Surgical Oncology
- Research & Clinical Trials
- Gynecological Oncology
- Chest Clinic
- Tumor Boards
- Board-Certified Oncology Pharmacist

**Support Services**
- Nurse Navigators
- Social Work
- Caregiver Support
- Behavioral Health
- Nutrition
- Financial Counseling

**Wellness**
- Cancer Rehabilitation Program
- Integrative Therapies
- Exercise Works for Cancer Recovery
- Community Events
- Support Groups

**Survivorship**
- Survivorship Care Plans
- Research & Clinical Trials
- Cancer Registry

**Palliative Care**
- Symptom Management
- Emotional Support
- Advanced Care Planning
- End of Life Planning
- Hospice

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Jeff’s Cancer Care (from page 1)

For Jeff, this meant two separate surgeries to remove the lymph node and tonsils, followed by chemotherapy and seven weeks of radiation treatments. “The radiation therapists were so upbeat and such good listeners,” Jeff says. “For example, I was not fully prepared for how loud the machine is, so they offered me different options to help drown out the sound. I chose to listen to upbeat music.”

Radiation treatment had additional side effects for Jeff. “I had a hard time producing saliva, so every other day or so, I would get ‘topped off’ and get an IV infusion of saline in order to stay hydrated. I felt so fortunate that the infusion center is part of the Seacoast Cancer Center.”

Jeff, along with his family members, appreciated the convenience and coordination of his care. “The Seacoast Cancer Center is located right at Wentworth-Douglass Hospital, so you can get all your tests and other services at one place. You get to know the people, and they get to know you,” he says. “That was huge for me, knowing that all the services I would need were just down the hallway.”

“People think you have to go to Boston for high quality cancer care. When I was diagnosed with tonsil cancer, I learned that I could receive the exact same course of treatment here locally at Wentworth-Douglass Hospital – without the angst, inconvenience and travel costs.”

He cites several examples of this seamless care, including access to the hospital’s endoscopy team who managed his temporary feeding tube, and the practitioner who employed integrative therapy techniques to help boost production of saliva. “I tapped into all those extras that can have such a big impact, including the friendly pet visits that really helped break up my 6-hour treatment days.”

The Seacoast Cancer Center is, according to Jeff, not only convenient but also well-coordinated: “I found it to be a comfort knowing that the Center was there for me as a cancer patient. They treat each patient and their families with such a caring and welcoming attitude. My dad is 90 years old and went to a radiation treatment with me. They were so kind to him, making sure throughout the entire day that he was okay. I can honestly say I miss the nurses now that I don’t see them every day.”

“I’ve offered to mentor other patients. I’ve been a coach for youth through college club hockey for 17 years, so if I can help someone, if I have something to offer, I am happy to do that. I am so grateful for the standard of care at Wentworth-Douglass Hospital. And it can only get even better with the new Massachusetts General Hospital partnership.”

Jeff was also among the cancer survivors who participated in the Seacoast Cancer Center 5K race on Sunday, September 24, to support cancer care services at Wentworth-Douglass Hospital. “I am all-over healthier now than I was before the cancer diagnosis,” Jeff says. “I’ve lost some weight and I’m running again for the first time in years. That, to me, says it all – I have a renewed lease on life.”

Nutrition (from page 1)

Jeff’s nutritional care was carefully coordinated with other providers and medical services. For example, Andrea made sure that in addition to staying well nourished, Jeff stayed well hydrated with the help of the Seacoast Cancer Center’s infusion team.

Jeff appreciates the fact that Andrea did not work in isolation. “She worked hand-in-hand with the entire staff, like the endoscopy department when I had an issue with my feeding tube. This level of teamwork was so important to me. Everyone, and I mean everyone, was totally on board.”

Andrea agree: “This is my ideal job. I get to do direct patient care and work one-on-one with people like Jeff, while being part of the terrific team here at the Seacoast Cancer Center.”

To learn more about the Seacoast Cancer Center, call (603) 742-8787 or visit wdhospital.com/cancer.
FRENCH LENTIL SALAD WITH FETA

Serves 8

Recipe from Second Act Kitchen (www.secondactkitchen.com)

INGREDIENTS:
• 3 cups water
• 1 cup dry green French lentils
• 1 red onion, slice 1/4” thick, chopped
• 1 red bell pepper, chopped
• 2 Tbsp. olive oil
• 3 Tbsp. red wine vinegar
• 1/2 tsp. salt
• 1/2 tsp. black pepper
• 4 oz. fat free feta cheese, chopped
• 2 Tbsp. parsley, chopped (optional)

DIRECTIONS:
Wash and clean lentils and place in a pot on top of stove with the water. Cook on medium-high for 20-30 minutes until they are soft and cooked. Set aside to cool. When the lentils are room temperature, place in a large bowl with the red onion, red pepper, olive oil, vinegar and salt and pepper and gently toss. Add feta cheese cubes last to help retain their shape and color. Add chopped parsley, if desired.

NUTRITION FACTS: per serving

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“We often think of lentils only for soups, but they are an inexpensive legume and can be used in many ways, including in salads. Lentils are, by far, the best plant source of protein, and they also provide us with B vitamins, potassium, zinc, magnesium and calcium. They come in a variety of colors, such as red, green and brown, so you can mix them up and they will provide nice color to any dish. This lentil salad is very easy and quick, especially if you cook your lentils the day before.”

– Andrea Jackson, RD, CED, LD, Registered Dietitian, Certified Specialist in Oncology Nutrition, Wentworth-Douglass Hospital Seacoast Cancer Center

 Thoughts on Breast Reconstruction

By C. Wesley Bean, MD, Wentworth Health Partners Plastic Surgery Specialists

Twenty-five years ago, breast reconstruction was somewhat of a rarity. However, with more women being diagnosed with breast cancer and being diagnosed at much younger ages, it has now become the rule and not the exception. As such, most women will now seek out information about their breast reconstruction options before a mastectomy.

There are two broad categories of breast reconstruction, but the most common procedure starts with a tissue expander that is placed beneath the muscle at the time of the mastectomy. Over a period of four to six weeks, the skin and muscle are stretched to allow for the placement of a permanent breast implant. During the period of tissue expansion, most patients carry on their normal activities, and the placement of the permanent implants is usually done as a day surgery.

If a woman’s breast cancer treatment requires radiation therapy, reconstruction is usually delayed until at least three months after the treatment is complete. Unfortunately, breast tissue that has been treated this way does not respond well to tissue expansion. Instead, a technique is employed that uses skin and muscle from other areas of the body to reconstruct the breast (usually from the back or the abdomen). This may also require a breast implant to achieve adequate breast size.

These are obviously much larger procedures with a commensurately longer recovery period, but they do work well after radiation therapy. If desired, nipple reconstructions are also a possibility for both reconstruction methods and are usually done in the office under local anesthesia.

Of course, many women choose to not have reconstruction. They may choose to go breast free or wear a breast form. Having reconstruction later on is also possible for women who are not ready to make the decision during their cancer treatments.

Deciding to have breast reconstruction is a very personal decision with a variety of deciding factors. Talking with other women who have had reconstruction can be helpful. Also, talk to all of your cancer doctors and your plastic surgeon about the best options for your unique situation. A plastic surgeon who’s experienced in the options you’re considering may offer you the most complete review of all your choices.

For more information about breast reconstruction and the comprehensive services available at Wentworth Health Partners Plastic Surgery Specialists, call (603) 516-1268 or visit wentworthplasticsurgery.com.
**UPCOMING CLASSES, PROGRAMS & EVENTS**

**Wednesday Oct. 11**
3:00 – 5:00pm

**Breast Cancer Awareness Month Tea**
Join us for the Seasonic Cancer Center’s 2nd annual afternoon tea in honor of Breast Cancer Awareness Month in October. We will also enjoy some beading.

**REGISTER:** (603) 609-6120 or wdhospital.com/events

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Tuesday Oct. 24 to Nov. 1**
8:00am – 3:30pm

**Spiritual Care Conference**
This year’s conference will focus on storytelling in caregiving. Join us for a viewing of the documentary “Genius of Marian,” workshops on therapeutic storytelling, a luncheon, and the presentation of the 2017 Rob Ervin Spiritual Care Award.

**Registration is $15.**

**REGISTER:** wdhospital.com/events

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Monday Nov. 6**
1:00 – 2:00pm

**Veterans Day Event**
Wentworth-Douglass Hospital and Wentworth Hospice (an Amedisys partner) are co-sponsoring a community gathering to honor veterans and their families. Veterans of the community and their families are encouraged to attend this free event. Please join us for refreshments, companionship, inspiration and support.

**FOR MORE INFORMATION:** wdhospital.com/events

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Thursday Nov. 9**
6:30 – 8:00pm

**Explain Pain**
Attend this informative, free education seminar and get a better understanding of acute and chronic pain and how to manage it. Catherine Barry, MS, PT, OCS, of Newton-Wellesley Hospital and faculty member of the Neuro Orthopaedic Institute in Adelaide, Australia, will lead an informative discussion. She will be joined by Joanna Gerety, DPT; Holly Roche, MS, LMT, and Kathleen Blinn, PTA, of Wentworth-Douglass Hospital’s Musculoskeletal Health program.

**REGISTER:** wdhospital.com/events or call (603) 740-9226

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Monday Nov. 13**
5:30 – 7:00pm

**Great American Smokeout & Early Lung Cancer Detection Information Session**
Challenge yourself to make a plan to quit smoking on the American Cancer Society’s annual Great American Smokeout. Wentworth-Douglass will be hosting a panel discussion with Dr. Matthew Goldberg, primary care provider, and Dr. Arul Mahadevan, radiation oncologist, who will present on lung cancer statistics and discuss eligibility requirements for WDH’s yearly Low Dose CT Scan Program for the early detection of lung cancer. There will also be information on smoking cessation programs. A light meal will be provided.

**REGISTER:** Registration required. Please visit wdhospital.com/events or call (603) 740-2202.

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Saturday Nov. 18**
8:00am – 4:30pm

**Concussion Symposium (for Clinicians)**
This one day symposium for clinicians will cover the most current evidence-supported assessment and management of concussions. Speakers will include an award-winning concussion activist and former professional boxer, medical providers in the field of concussion diagnosis and treatment; regional concussion therapists; and an IMPACT testing specialist. Registration fee is $165. (Up to 7.0 AMA PRA Category 1 credits™/7.0 Contact Hours)

**REGISTER:** wdhospital.com/events

**LOCATION:** Wentworth-Douglass Garrison Auditoriums

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**Tuesday Nov. 28**

**Giving Tuesday**
Giving Tuesday is a global movement to bring people and organizations together to give back. On this day, every gift made in support of the Wentworth-Douglass Foundation will be matched by Optima Bank & Trust (up to $5000).

**DONATE:** wdhospital.com/foundation

**Nov. 1, 2017 – Jan. 31, 2018**

**Marketplace Open Enrollment Assistance**
During the open enrollment period, certified application counselors will be available to help answer your questions, access information online and enroll in insurance plans.

**FOR MORE INFORMATION:** (603) 769-3234 or wdhospital.com/insurancemarketplace

**LOCATIONS:** Wentworth-Douglass Hospital and Wentworth-Douglass Financial Assistance Office, 121 Broadway, Dover, NH.