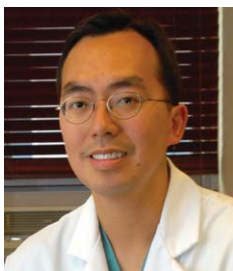


# check up

Winter 2008 | NewYork-Presbyterian Hospital/Weill Cornell Medical Center



## Giving Back, One Patient at a Time



Dr. Paul Lee

When Dr. Paul Lee finished his extensive training as a thoracic surgeon, he immediately began thinking about how to give back to

the Asian-American immigrant community that had nurtured his dream of becoming a doctor.

The perfect opportunity arose in 2003, when he was recruited to head the Thoracic Surgery Division at New York Hospital Medical Center of Queens, which serves a large immigrant population. It's widely known that Chinese-Americans have a higher rate of lung cancer due to the prevalence of smoking and exposure to industrial pollutants in their native country. A robust thoracic division was designed to treat patients in the early stages of their cancers with advanced, minimally invasive techniques. In guiding the thoracic surgery program, Dr. Lee faced many challenges despite his strong commitment to help the immigrant population.

"There are many barriers to these patients getting the health care that could save their lives," says Dr. Lee. "The language barrier is a big problem—many of my patients speak no English—and there are some cultural myths that

prevent them from seeking care. Some believe old wives' tales about how any type of surgery saps the patient's life force and actually leaves them in poorer health. Also, some patients believe that any attempts to operate on a tumor will actually make the cancer spread to the rest of the body. It's a lot to overcome."

To combat this misinformation, Dr. Lee turned to local media outlets, appearing on Chinese radio programs and in newspaper articles to get the word out about safe and effective treatments for

lung cancer. The fact that the hospital was located in the borough was a strong selling point. Dr. Lee talked about prevention as well, encouraging people to quit smoking and stressing the importance of early treatment. The outreach has paid off: Dr. Lee's Queens practice is thriving, and plans are

in the works to open a satellite office in Chinatown. The physician has been especially successful with older patients, whose lives are being extended by the latest in medical technology. *(See patient profile on page 2.)* ■



*"Location is key for us," Dr. Lee says. "By having satellite facilities in the communities with the highest concentration of people with lung cancer, you bring world-class health care to those who would not usually have access. We're making quite a difference here, and it means everything to me."*



Weill Cornell Art and Photo

## Gilbert Lewis, Senior Clerk, ICU

*Gilbert Lewis has been a Ward Clerk in the Cardiothoracic ICU since 1988.*

**I'm** originally from Guyana. My family emigrated here in 1968. I served in the Merchant Marines for seven years, touring the world, and when I came back to New York, I got a job as a unit aide at New York Presbyterian Hospital. I got to know Drs. Isom and Krieger when they first arrived at the hospital. They noticed that I was always very efficient with the hospital stock, always having on hand just what they needed, so they recommended me for the Ward Clerk job in 1988. I've been in the ICU ever since.

You can never be too organized in the ICU. The moment a patient hits the floor, you have to start the recovery process. First of all, you make sure they are properly isolated to prevent infection. This is crucial. Patient areas need to be ready to receive people at all times. That keeps us on our toes.

For the best recovery, we have to be ready for any post-op complications. For example, some patients come out of the OR needing blood, so we have blood or blood products like clotting factor available to patients immediately upon their arrival. Medications need to be lined up too, so patients can start getting better right away.

I've been at the hospital for 30 years and my job is still very fulfilling. It's a wonderful thing to watch people recover, get out of the ICU and get on with their lives. ■



**THE  
READINESS  
IS ALL**



### Patient Profile: Rui Chen

**Surgery:** Right thoracoscopic lobectomy • **Date of Surgery:** May 20, 2005

When a case of pneumonia put Rui Chen in the hospital in 2004, her doctors

discovered a cancerous nodule on her right lung. After consulting with her family, the active grandmother of 10, who had spent a decade as a thread cutter in the garment industry in Chinatown, sought help from

Weill Cornell thoracic surgeon Dr. Paul Lee. It turned out to be an inspired choice. In addition to speaking her native language, Dr. Lee had developed expertise in minimally invasive procedures for treating lung cancer that were ideal for her condition.

At the first consultation, Mrs. Chen appeared in Dr. Lee's office using a cane favoring her right side. Dr. Lee realized immediately that a minimally invasive technique would be especially beneficial for Mrs. Chen. "Due to the location of the tumor, tradi-

tional surgery would have meant large and painful incisions on the right side," he says. "It would have prevented her from using the cane, and most likely put her in a wheelchair for the course of a lengthy recuperation. The small incisions made recovery faster and easier. She was home from the hospital in three days, and has had no complications."

Mrs. Chen is back living with her youngest daughter, has returned to her Tai Chi practice in a local park, and has resumed her life cancer-free. ■

# STAYING WITH THE PROGRAM: NUTRITION MATTERS

Proper nutrition remains one of our most powerful weapons in the fight against heart disease, and it also hastens the recovery of patients who have recently had surgery. While fad diets come and go, practicing dietitians have identified practical new ways to keep you healthy for the long term.

To find out what's new in diet and nutrition, we sat down with Michele Murphy, MS, RD, a clinical dietitian at New York Presbyterian Hospital.



## 1 Revised Guidelines from the American Heart Association (AHA)

Michele reminds us that that AHA has revised its diet and lifestyle recommendations for good heart health. New advice includes eating fish at least twice a week. Specifically, the AHA recommends that fish containing the all-important omega-3 fatty acids--such as salmon, trout and herring--should be consumed to help lower the risk of death from coronary heart disease. Fruits and vegetables remain the favorites of nutrition experts everywhere, but now the experts recommend eating a broad variety of these life-saving foods to ensure that you get enough nutrients in your diet. As an added bonus, fiber-rich fruits

and vegetables can help control your weight by making you feel full, which means you eat less at meals.

## 2 Keep the Fat Down

Reducing fat intake is also part of the new AHA recommendations. Michele uses this example to show how tricky it can be to keep fat out of your diet. "Let's say you are a sedentary woman weighting 150 pounds. You require 1,800 calories a day to maintain that weight, so you would therefore need to limit your saturated fat intake to about 7 percent of your total calories per day—about 14 grams. That's the amount found in a blueberry muffin and a 20-ounce latte at Starbucks, or a Quarter-Pounder with cheese and small fries at McDonald's, or a

7-ounce bag of potato chips. Our advice is to stay away from fast foods as much as possible. With these fat contents, fast foods really undermine your efforts to keep weight off."

## 3 Lower Cholesterol Naturally

New research shows that phyosterols—naturally occurring compounds found in plant cells—can dramatically lower LDL, the so-called bad cholesterol in the blood, thereby reducing the risk of heart disease. "It's easy to add these compounds to your diet now that phyosterol-rich foods have hit the market," Michelle says. "You can find them in granola bars, oatmeal, cheese and orange juice—just check the label at the grocery store. You should aim for 800 milligrams to 2 grams a day." ■

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The Department of Cardiothoracic Surgery at New York Presbyterian's Weill Cornell Medical Center depends on many sources of revenue to maintain its status as a leading research center, care provider, and educator of future generations of health care professionals. A major source of support is the philanthropic vision of people who have come to know our work.



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# Cardiac Care Moves Up in National Ranking

**F**or the seventh consecutive year, the Cardiac Service Line at New York-Presbyterian Hospital has made the top ten in U.S. News and World Report's annual survey of hospitals and this year moving up to sixth place in the national ranking.

"This is the result of the hard work of everyone on the cardiac floors to put patients first," says Dr. Karl Krieger, vice chairman of the department of Cardiothoracic Surgery. "We should all be proud of our accomplishments."

The annual survey is widely considered one of the nation's most thorough and reliable meas-



ures of medical quality. The report, "America's Best Hospitals," was published in July 2007.

In addition to improvement in the national ranking, Bernadette Miesner, director of the Cardiovascular Service Line, notes other advances in patient care this

year including achieving the lowest mortality rates in the country for acute myocardial infarction and congestive heart failure. These positive developments are the result of a department-wide effort to improve patient outcomes.

"We are all focused on being the best in the nation for cardiac care. This gives our work an intense focus that drives a lot of the advances we made in 2007. We truly believe there is no better place for patients and their families to come to for an outstanding patient experience. Dr. Krieger's leadership has really made all this possible." ■

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