

# HealthMatters

A Journal of Wellness and Good Health Care



Comprehensive  
**Care** in the  
Kennebec  
**Valley**



# HealthMatters

HealthMatters is published as a service for the people of the Kennebec Valley region. Information is written by MaineGeneral's Marketing and Communications staff.

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## Message from the CEO

MaineGeneral employees strive to give the highest-quality services you need for a lifetime.

In this issue of *HealthMatters*, we're excited to tell you about some new ways we're doing that.

Adding to our highly skilled, compassionate staff, we have new medical staff bringing expertise in key areas.

Where many hospitals across the state are reducing labor and delivery services, MaineGeneral has expanded access to quality maternity and gynecology services.

MaineGeneral also has successfully recruited in areas of ENT (ear, nose & throat), bariatrics, urology and others. You'll read about some of these wonderful doctors in this issue.

We're expanding services and collaboration among departments, and excelling in delivering expert care across specialty services.

The expansion of the Harold Alfond Center for Cancer Care is on target to meet the needs of our community now and into the future.

And we want to help you stay healthy! It's so important to get the right screenings at the right time. We're making this easier in our primary care settings, specifically offering annual wellness visits for patients with Medicare coverage.

Learn more about all these services and more on our website: [www.maine-general.org](http://www.maine-general.org).



Nathan Howell  
President & CEO  
MaineGeneral Health



# Offering **Expert,** **Comprehensive** **OB-GYN** Services



## with an **Expanded Staff**

Members of the MaineGeneral OB/GYN medical staff at the Alford Center for Health in Augusta

MaineGeneral Obstetrics & Gynecology's team of clinicians and staff grew significantly on June 1, but the names and faces of the practice's newest team members were easily recognizable to many living in the Central Maine area.

That's because the new medical staff, led by physicians Karen Bossie, DO, FACOOG, William George, MD, FACOG and Aimee Glidden, DO, FACOG, have provided expert, comprehensive women's health care services for many years as the Augusta & Waterville Women's Care practice.

The trio of doctors joins a clinical staff consisting of physicians Morgan Abbey, MD, Michelle Montgomery, DO and practice Medical Director Monica Jenette Tschirhart, MD; and advanced practice providers Virginia Chapin, PA-C and Leah Michaud, DNP, FNP-C.

They also join certified nurse-midwives Hannah Bryant, CNM, Susan Lufkin-Curtis, CNM, FNP-C, Danielle Pelletier, CNM, Rebecca Sucey, CNM, CLC and Michelle Tocher, CNM, who partner and work closely with the practice as the

MaineGeneral Midwifery Services practice.

"Growing MaineGeneral OB/GYN with this expert, compassionate staff strengthens access to high-quality, patient-centered obstetrics and gynecology care and services for years to come for the women and families of the Kennebec Valley," says MaineGeneral Health President & CEO Nathan Howell.

"They've worked with us and have had a strong presence in the Waterville and Augusta areas for more than 20 years," Dr. Tschirhart



adds. "Now that they're part of and really integrated in the MaineGeneral system, that's good for patients and leads to better coordination of care."

"The addition of these skilled, experienced physicians, along with most of the medical assistants who were part of their practice, enhances our capacity to care for patients from throughout the Kennebec Valley region, which is fantastic," she says, adding that Drs. Bossie and George perform pelvic floor surgeries, which is an additional service the practice now provides.

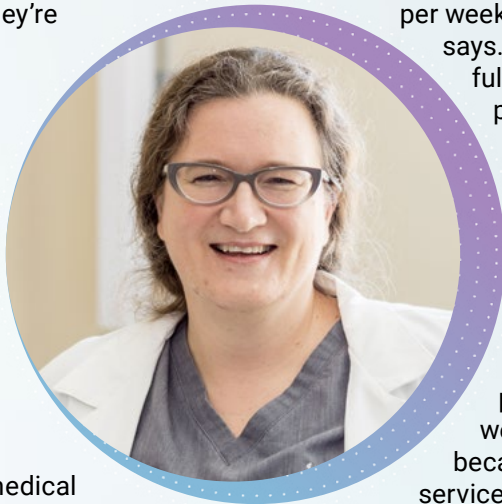
### A full range of services for women

Dr. Tschirhart and her colleagues are proud to offer comprehensive obstetrical and gynecological services for women from teen years through end-of-life geriatric care, with a primary focus on reproductive-age women.

"We have a large OB practice and we see patients for every type of gynecologic issue or concern," she says. "While there are subspecialties in obstetrics and gynecology for which we may refer patients as needed, we also do initial evaluations for things like cancer, prolapse, reproductive endocrinology, infertility, abnormalities of the menstrual cycle, urogynecology and many other issues."

Medical staff see and treat patients at both the Alford Center for Health in Augusta and the Thayer Center for Health in Waterville.

"Our staff rotates between locations, but nurse practitioner Leah Michaud is a dedicated staff member at Thayer who sees patients four days



per week," Dr. Tschirhart says. "We see the full spectrum of patients and provide the same services in Waterville as we do in Augusta, although we do limit seeing our obstetrical patients up to 36 weeks at Thayer because our delivery services are in Augusta so we can accommodate patients after an office visit there if needed."

Five of the seven physicians perform robot-assisted surgical procedures at the Alford Center for Health while three of the five perform them at both locations. It is one of many types of minimally invasive surgery the practice offers.



We want potential patients to know we provide a full range of high-level, quality care for women with obstetrical or gynecological issues in Central Maine.

*Monica Jenette Tschirhart, MD*

Another key component of the practice is its close partnership with MaineGeneral's certified nurse-midwives, which gives women choices in their care.

"Our midwives see their own patients and closely coordinate care with the physicians. It's a very collaborative, cooperative model," Dr. Tschirhart says. "We're in the same office and the physicians are always available as backup if needed, but for patients with low-risk pregnancies or gynecologic issues, they can see our midwifery team or our advanced practice providers (APPs) –

a nurse practitioner and a physician assistant – who are part of our team."

To learn more about the practice or its services, please call 207-621-9100. For information about women's health care services at MaineGeneral Health, visit [www.mainegeneral.org/women](http://www.mainegeneral.org/women).

## Recognizing Great Patient Care

The compassionate care that MaineGeneral OB/GYN's Dr. Morgan Abbey provides to her patients is one of the qualities they love about her.

This aspect was especially appreciated by a patient who had a partial miscarriage of her twin-girl pregnancy at 19 weeks and then lost her second twin eight hours after her birth. She was comforted, supported and well cared for by Dr. Abbey as she processed and grieved her unexpected and devastating loss.

In thankfulness for the care she received, the patient nominated Dr. Abbey for MaineGeneral's Award-Winning Exemplary Scholar of Medical Excellence (AWESOME) Award, which recognizes medical staff for providing excellent care.





# Eliminating **Pain** and Restoring Function

## Through **Shoulder Surgery**

Michael Daughtry wasn't about to let shoulder pain slow him down.

The 62-year-old Skowhegan man worked 33 years in the construction field for the City of Los Angeles, starting as a laborer and retiring as a senior project manager.

Seen by multiple doctors out of state for left shoulder pain and decreased range of motion, Daughtry held off on having surgery to address the issue until his condition worsened.

"I'm the kind of guy that, if it's not crippling me, I just push through. But about a year ago, I slipped on some ice and reinjured it," he says. "It hurt for a while before the pain went away. Then a few months later, I was helping my son-in-law and daughter build their shop, went to lift a beam and realized I couldn't lift it over my head with my left arm; I had to do it all with my right arm. That's when I decided I needed to do something about my shoulder."

His primary care physician referred him to MaineGeneral Orthopaedics, where he met with orthopaedic surgeon Dr. Daniel Shubert. Daughtry initially thought he may be looking at rotator cuff repair surgery. Preliminary tests to determine arm strength, along with an MRI, determined that the situation was much worse.

"The MRI showed a large chronic rotator cuff tear that wasn't repairable," Dr. Shubert says. "He also had a lot of arthritis, which created a difficult problem for an active, relatively young guy. We talked about his various treatment options and ultimately decided on a reverse total shoulder replacement."

### What is reverse total shoulder replacement?

Before the reverse procedure was available, there weren't many treatment options available for a younger person with a rotator cuff tear that couldn't be repaired.

"This surgery changes the center of rotation of the shoulder and also changes the tension on the deltoid muscle," Dr. Shubert says. "The deltoid muscle is intact and functional in almost everybody, regardless of what their underlying shoulder pathology is, so the reverse procedure typically is a viable option for people."

"Changing the tension on the deltoid muscle allows it to act like a substitute rotator cuff, which gives people more function than they would have had without an intact rotator cuff," he adds. "It also eliminates the pain associated with their torn rotator cuff."

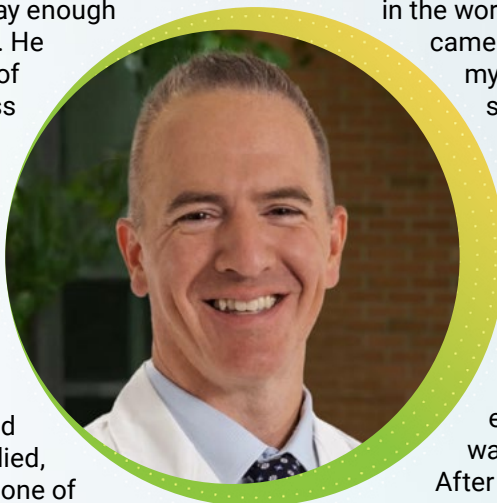
### A positive patient experience

Daughtry offers high praise for the attentiveness and care he received from Dr. Shubert and his team.

"I spent my career in southern California, so I've had doctors from Cedars Sinai, St. Joseph's, Holy



Cross and UCLA, and this was the most outstanding, competent group of individuals I've ever worked with," he says. "I can't say enough about Dr. Shubert. He told me that a lot of a patient's success with surgery has to do with their mentality and their ability to push themselves in their recovery and therapy after surgery. I thanked him for what he did for me and he replied, 'Thanks for being one of those patients.'"



Daniel Shubert, MD

Daughtry also appreciated Shubert's efforts to keep his wife informed both before and after his surgery.

"When I was living in California, I had my ankle replaced by a doctor who was one of the leading surgeons in the world, but he never came out to speak with my wife after my surgery and she had no idea how it had gone," he says.

"My wife came with me to every appointment I had with Dr. Shubert and he explained what was going to happen.

After surgery, when I was in recovery, he let her know that everything went well," Daughtry adds. "He called me the next day to check on my pain level and said to call him 24/7 if I needed him, or to call his



I think we do a really good job with those surgeries and our results speak to that. Hearing positive responses from patients is great and makes everything worthwhile.

Daniel Shubert, MD

office and his answering service would contact him. I've never had anything like that."

Dr. Shubert, in response, says Daughtry's high compliments for him and his surgical team are greatly appreciated. 🙌

Michael Daughtry shows the pain-free range of motion he now has after surgery.



# World-Class ENT Expertise



## Close to Home

Zvoru Makura, MD, FRCS, MBChB, is a fellowship-trained physician who specializes in head and neck surgery, including cancer surgery, and general ear, nose and throat (ENT) surgery. He joined Dr. William Chasse at MaineGeneral Ear, Nose & Throat in June 2024 as both a clinician and medical director. But ENT was not what he set out to specialize in.

“As a medical student, I wanted to be a general or thoracic surgeon but, when drawing internship slots, I got ear, nose and throat (ENT) surgery. No one wanted to swap with me, which turned out to be the best thing that could have happened to me.”

Dr. Makura was headed for a general surgery residency and needed a good reference from his internship. “I was not interested in ENT, but I needed that reference so I read up on it and learned that, from a surgical point of view, ENT is so varied and involves many disciplines. Head and neck cancer surgery is like the traditional general surgery we learn as med students. Ear surgery is interesting because it uses microscopes like ophthalmology. Sinus surgery uses telescopes like urology. ENT issues affect people of all ages, so I care for babies all the way up to octogenarians. And we

can make an immediate difference in people’s quality of life.”

Dr. Makura most recently practiced at Northern Light Ear, Nose and Throat Care in Bangor. When the opportunity to become medical director of MaineGeneral Ear, Nose & Throat opened up, he leapt at it.

“MaineGeneral has always had a reputation as a wonderful hospital and, over the years, colleagues in different specialties who moved from Bangor to MaineGeneral were always happy, so I am thrilled to be here,” he says. During his career, half of his work has involved working



with patients with head and neck cancers. A big plus for coming to MaineGeneral was the Harold Alfond Center for Cancer Care and the opportunity to work with the multidisciplinary team there.

In recent years, many head and neck cancer patients have had to



We're very lucky to have such a well-equipped and well-designed center in the middle of Maine. What sets MaineGeneral apart is that it doesn't compromise on expertise. Patients can get world-class expertise in their community. It's absolutely encouraging for both patients and clinicians that the center is expanding and renovating, and that cancer care is a priority for MaineGeneral. It's wonderful.

*Zvoru Makura, MD*

travel outside the area because of a significant lack of access to ENT care in central Maine, and many of those cancer patients saw Dr. Makura in Bangor. He was already working with the care team at the cancer center, so they were excited when he decided to join MaineGeneral and help expand access to ENT care in this area.

"Dr. Makura is a tremendous asset to our community and organization," says Lindsay Lapierre Swan, RN, point-of-entry nurse navigator for head and neck cancer patients. Lindsay serves as the primary contact for newly diagnosed patients and families. She advocates for timely and appropriate testing and referrals based on diagnosis prior to meeting with the oncology team. "Since his arrival, I have witnessed the positive impact Dr. Makura's

presence has made in bringing ENT care closer to home for our patients. His knowledge and dedication to cancer care allows our teams to collaborate and he's a great support and resource to me as a navigator and to our oncologists. I look forward to continued growth and collaboration in support of our patients' cancer journey."

Neilayan Sen, MD, is a radiation oncologist at the cancer center and a member of the care team head and neck cancer patients. He collaborated with Dr. Makura when he was in Bangor and is thrilled to work alongside him now. "Dr. Makura's arrival has allowed our cancer center to provide a comprehensive treatment program to patients in our community. We now have the resources to provide cutting-edge treatment to our patients, as well as the expertise to navigate complex diagnostic processes and the aftereffects of treatment to provide the best outcomes to our head and neck cancer patients."

Dr. Makura loves being part of a team providing excellent care in a community environment. "So many important people support these patients – ENT staff, dietitian, oncologists, speech language pathologists, social workers, financial counselors and more. A multidisciplinary approach like this leads to more holistic care and better communication and support,

which patients and families really need during what can be a scary and challenging time."

While Dr. Makura devotes half of his time to caring for patients with head and neck cancers, he spends the other half caring for patients with common ENT conditions like allergies, rhinitis (runny nose), sore throat, earache and tinnitus. As medical director of MaineGeneral Ear, Nose & Throat, he envisions a time when world-class ENT services are available close to home and patients are only referred to bigger centers for the most complicated issues.

"Sinus infections, balance issues, allergies – they can make you miserable and affect your quality of life. We need to provide a comprehensive ENT service for everyday conditions where we can see patients within a reasonable time. Most patients are worried when they come in, so we need to be able to reassure them and say 'you've come to the right place and we'll take care of you.' We're lucky because we have the technology we need to treat most ENT issues. When we are fully staffed, I can see us having four physicians, all generalists but each with different areas of interest like allergy, dizziness and balance, sinuses, etc., so we can offer a range of expertise. We are not there yet, but we are working on it." 🌿

Members of the head and neck cancer care team include, from left, Zvoru Makura, MD; Lindsay Lapierre Swan, RN, BSN; Neilayan Sen, MD; and G. Richard Polkinghorn, MD.







# Providing Expert Care for Patients with Diabetes

Dr. Hamzavi, shown with a patient's retina scan, at MaineGeneral Eye Center

It is estimated that nearly 10 million people with diabetes in the U.S. have diabetic retinopathy and, for 2 million of those, the condition threatens their vision.

In Maine, according to MaineGeneral Eye Center's Dr. Sirus Hamzavi, pre-COVID statistics estimated that 12 percent of the population has diabetes and 3 to 5 percent don't know they have it. If they don't know they have the disease, these individuals are at higher risk for developing diabetic retinopathy, a



Michael Nolan, MD

vision-threatening condition for which symptoms may not appear until it has advanced.

Dr. Hamzavi and colleagues Dr. Michael Nolan and Dr. Patrick Rapuano strongly encourage people with diabetes to have an annual dilated eye screening examination, as part of their overall health maintenance, to discover and treat the condition as early as possible.

And the trio – all experienced in diagnosing and treating diabetic

retinopathy – is ready to provide expert care to help patients protect and preserve their vision.

## What is diabetic retinopathy?

According to the American Academy of Ophthalmology, diabetic retinopathy occurs when high blood sugar levels cause damage to blood vessels in the retina. The vessels then can swell and leak, or close and stop blood from passing through. The condition also can cause abnormal new blood vessels to grow on the retina, known as proliferative diabetic retinopathy. All of these



changes can cause permanent vision loss.

“Treating patients with diabetes is a significant part of what our practice does because diabetes is such a big problem in our country,” Dr. Hamzavi says. “The problem with diabetes in the eye is that people can have diabetic retinopathy, not have any symptoms and still have good vision. And by the time they have symptoms, the disease is already very advanced.”

## Treating the condition

For mild cases, the patient may only need monitoring and not immediate treatment.

With more advanced cases, Dr. Hamzavi and his colleagues are most concerned with diabetic macular edema, or swelling around the center of the retina, which is the number-one cause of vision loss related to diabetes.

Patients with this condition are treated in the practice’s Fairfield location in one of two ways – with medicine injections in the eye or with laser treatment.



We’ve been doing eye injections for quite some time and, while it may sound daunting, we have a very good technique to make patients comfortable

*Sirus Hamzavi, MD*

“It’s very effective and has become the most common treatment in ophthalmology because we can do injections to treat several conditions including diabetic retinopathy, age-related macular degeneration and retinal vein occlusion.”

Patients treated with injections receive them over a period of time, sometimes as frequently as once

per month to start and then once or twice per year once their condition stabilizes. Laser treatment also can be an option for patients with diabetic retinopathy, macular edema or proliferative diabetic retinopathy.

“The choice of treatment depends on what their main problem is. Laser treatment is very effective for macular edema but it does leave some scarring, so if the edema is in the center of the patient’s vision, we can’t laser it,” Dr. Hamzavi says. “In that case, we’d use injections.”

## What patients can do

Dr. Hamzavi says one of the most effective actions patients can take to help avoid issues from diabetic retinopathy is to partner with their primary care clinicians to keep their blood sugar and blood pressure under control.

The second is to receive regular diabetic eye care from the experts at MaineGeneral Eye Center.



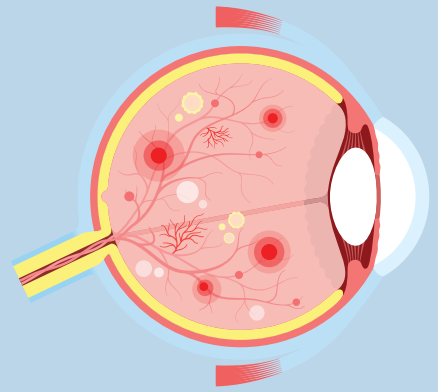
Patrick Rapuano, MD

“Adults with type 2 diabetes who come to us may have had it for some time before they were diagnosed, so they could already have the start of diabetic retinopathy,” Dr. Hamzavi says. “We recommend they get a proper dilated eye exam in short order, to really examine the retina for retinopathy.”

“For younger patients with type 1 diabetes, while the general recommendation is for them to have a dilated eye exam within five years of diagnosis, we want to see them sooner to establish a baseline,” he adds.

“And if you start seeing floaters or flashes, don’t wait to receive care, thinking they will just ‘go away,’ as we sometimes hear from patients. Any new changes in vision should be evaluated immediately.”

To learn more about MaineGeneral Eye Center’s services, go to [www.mainegeneral.org/eye-care](http://www.mainegeneral.org/eye-care). ↘



## What are the symptoms of diabetic retinopathy?

Individuals can have the condition and not know it because diabetic retinopathy often does not have symptoms in its early stages. The following symptoms appear as the condition worsens:

- An increasing number of “floaters” – tiny clumps of cells that look like small specks, strings or clouds moving in your field of vision
- Blurry vision
- Vision that sometimes changes from blurry to clear
- Blank or dark areas in your field of vision
- Poor night vision
- Colors appear faded or washed out
- Lost vision

Diabetic retinopathy symptoms usually affect both eyes.

*\* Information provided by the American Academy of Ophthalmology*





# Collaborating for Top-Notch Care

Lawrence Swanson has a history of wounds that heal with great difficulty or, sometimes, only with a concerted medical intervention.

The problem, the 86-year-old Unity man says, starts with his veins.

“I had this problem before. There was a vein feeding this wound. Once the vein was removed, the wound began to heal.”

Such an intervention was needed in late June, following treatment of his wound by Dr. Rocco Ciocca and staff at MaineGeneral Wound Healing & Hyperbaric Medicine, who then referred Swanson to MaineGeneral Surgery vascular surgeon Dr. Michael Neilson to address the source of his wound – a problematic vein.

“My procedure was very quick. Dr. Neilson worked on a vein on the back of my leg,” Swanson says. “They had me face down, so I didn’t see him when he did it, but he talked to me throughout the procedure. He was very good and thorough, and kept asking me if I was feeling okay.”

Dr. Neilson says the work that occurred across practices to

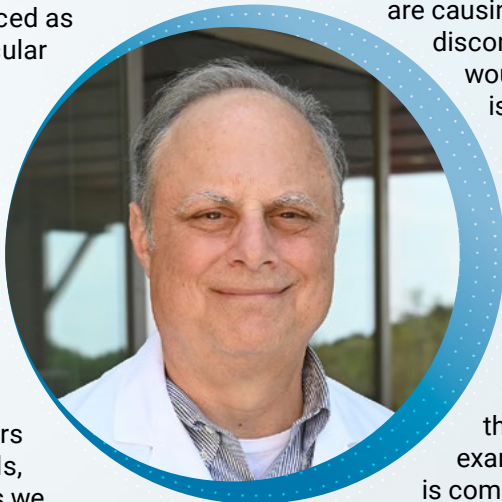


address Swanson's issue is but one example of a partnership that exists to support patients.

"It's a collaboration between our practice, the vascular lab, the wound team and a patient's primary care clinician who makes the initial referral to the wound team," he says. "Our ablation work should help the wound heal and greatly decrease a patient's chance getting another one, but they still need to receive wound care."

Dr. Ciocca, a vascular surgeon, wound specialist and medical director for MaineGeneral Wound Healing & Hyperbaric Medicine, emphasizes the importance of this partnership in best supporting patients. "For the bulk of my more-than-30-year career as a physician, I practiced as an academic vascular surgeon and recognized the close connection between vascular conditions and chronic wounds," he says. "Many risk factors for vascular diseases also are risk factors for chronic wounds, and many wounds we treat in our clinic are related to either chronic venous insufficiency or peripheral vascular disease."

"That's why it's essential for us to work collaboratively with Dr. Neilson and his fellow vascular surgeons," he adds. "In addition to treating the wounds, we work with them to help identify the underlying vascular issue that may be corrected and so we can help improve our patients' wound healing and overall health."



Rocco Ciocca, MD

## Identifying the problem

Dr. Neilson says most procedures that MaineGeneral's vascular surgeons perform in the operating room involve a patient's arteries, including such things as arterial bypasses and stent placements. By contrast, procedures done in the practice setting are mostly vein-related.

"When people come to the office with vein issues, they may have swollen legs, have big varicose veins that are causing pain or discomfort or have a leg wound that we think is caused by a vein issue," he says. "For venous issues, it's really important that patients have an ultrasound done before they see us because you can't tell through a physical exam where the reflux is coming from and what needs to be ablated."

## Treating varicose veins

Veins have valves to help circulate blood through the body – from the toes to the heart, specifically, for veins in the legs. Those one-way valves should close instantly. With vein incompetence, the veins take several seconds to close, so the pressure in them can be distributed to the legs, which causes swelling. In extreme situations, swelling can lead to tissue breakdown and wounds that don't heal without intervention.

That venous pressure also can be distributed into side branches – varicosities, or varicose veins –



Michael Neilson, MD

which can cause pain for the patient, especially with prolonged standing because they fill up with blood. This condition is treated by ablating the vein, intentionally causing it to clot off to prevent blood flow through it and eliminate pressure into the varicosities.

Vein ablations are done in the office with no anesthesia. Patients can drive themselves home afterward and have very few post-procedure restrictions. Patients then have an ultrasound three days after the procedure and a one-month follow-up appointment with MaineGeneral Surgery.

"I equate it to turning off a faucet," Dr. Neilson says. "It won't make the varicose veins disappear, but it will make them much smaller, depressurize them and make them more comfortable for the patient. Patients who come in with painful varicosities overwhelmingly have a great response to the procedure."

Some patients, like Mr. Swanson, may not have painful varicose veins, but have a wound in a chronically swollen leg which doesn't provide a good environment for wound healing.

"If we close the vein feeding that area, it allows that wound to heal, so a patient with an active wound or a history of wounds should be evaluated and then treated through our multidisciplinary approach," Dr. Neilson notes. "For these patients, an ablation alone isn't going to heal their wound. They'll still need wound care – we just provide one piece of the puzzle."

If you think vein ablation could help you, talk to your PCP. 🦋

# Want a Healthier Lifestyle?



Joan Kheder, MD, MPH

MaineGeneral Gastroenterology now offers non-surgical weight loss options.

- No incisions
- No weekly injections
- Go home the same day as your procedure
- Comprehensive program, including nutrition consultation
- No need for a referral - just call our office at [207-621-4600](tel:207-621-4600)

MaineGeneral is the first hospital in Maine to offer these procedures with FDA-authorized medical devices.

## Endoscopic Sleeve Gastroplasty (ESG)

- Your stomach is made smaller by suturing it from the inside with a tool inserted in your mouth, through your esophagus, and into your stomach
- Decreases the size of your stomach, causing you to feel full sooner and longer
- Unlike traditional weight-loss surgery, this procedure doesn't include incisions and does not involve removing part of your stomach
- Most patients go home the same day and can return to work after two to three days

## Weight Loss Balloon

- A reversible procedure in which a balloon is inserted in your stomach through a small tool inserted through your mouth
- The balloon is removed after six months
- You have personalized support from experts to help you with diet and exercise plans along the way for six months after the balloon is removed

## Endoscopic Revision of Gastric Bypass

- Also known as transoral outlet reduction (TORe), a non-surgical procedure for patients who originally underwent Roux-en-Y gastric bypass, but now are experiencing weight regain
- Procedure is similar to the ESG procedure above
- A small suturing device and camera are lowered into your stomach from your mouth to suture your stomach from the inside
- As with the ESG procedure, most patients go home the same day and can return to work after two to three days

Procedures are done by Joan Kheder, MD, MPH, board-certified in gastroenterology, advanced endoscopy and obesity medicine. Dr. Kheder established his practice locally in 2019 after completing an advanced therapeutic endoscopy fellowship at the University of Massachusetts Medical School in Worcester, MA.

Learn more by calling MaineGeneral Gastroenterology today: [207-621-4600](tel:207-621-4600). 📞

## Introducing MaineGeneral's New Bariatric Surgeon



If you are looking for weight-loss surgery, we have a great team at MaineGeneral Surgery dedicated to bariatric surgery. Our newest member is Caitlin Russell, DO, MS.

Dr. Russell is fellowship-trained in minimally invasive surgery and bariatric surgery and treats patients as part of the expert team of surgeons at MaineGeneral Surgery, which she joined in late September 2024. Dr. Russell is certified by the American Board of Surgery.





## Welcomes **New Doctor** and **Location**

From left: Heather Smith, AGACNP-BC, Derrick Tooth, MD, Cheryl Smith, AGACNP, Margo Taylor, FNP and Gabriel Belanger, MD

From left: Ali Jardaneh, MD, Joseph Lopes, MD and Shawn McGlew, PA-C

The urology group at MaineGeneral Medical Center is a dedicated team of experienced doctors and advanced practice providers led by Medical Director Joseph Lopes. Specializing in general urology, they deliver comprehensive care to patients throughout the Kennebec Valley.

Their expertise covers a broad range of urologic conditions, from routine procedures to complex treatments. Committed to patient-centered care, the team focuses on individualized treatment plans and advanced techniques to ensure the best possible outcomes. With a reputation for excellence and a compassionate approach, they are a trusted resource for urological health in the region.

### A new addition

In September, MaineGeneral Urology was excited to welcome Dr. Ali Jardaneh, a dedicated and well-trained surgeon who completed his urology residency at Vanderbilt University Medical Center in Nashville, TN, in June 2024. He earned his medical degree with research honors from Loyola University Chicago in 2019 and a master's degree in biomedical engineering from Columbia University in New York, NY.

His addition allows the department to increase the services it can offer to our community at a time when they are especially needed.

"I am thrilled to be joining MaineGeneral Urology and to be a part of all of the exciting changes," Dr. Jardaneh says. "Not only am I excited to work with our personable team of experienced clinicians, I also look forward to helping our community with comprehensive and cutting-edge care."

Dr. Jardaneh joins an experienced team which includes Gabriel Belanger, MD, Joseph Lopes, MD, Shawn McGlew, PA-C, Cheryl Smith, AGACNP, Heather Smith, AGACNP-BC, Margo Taylor, FNP, and Derrick Tooth, MD.

### A new location and service

Coming soon, MaineGeneral Urology's Oakland office will move to the Thayer Center for Health in Waterville. Their new office places them in the surgery suite near many other great services. This continues the progress of the Thayer Center for Health as an essential outpatient resource for our community.

"The new space at the Thayer Center for Health will allow Urology to grow, expand and offer new services," says MaineGeneral Urology Practice

Administrator Michelle Hardy "We are excited to bring urodynamic study testing back to the area and offer it locally. The tests focus on bladder storage and emptying, measure bladder pressure, urine flow and muscle movement to diagnose problems with urination and urinary incontinence."

MaineGeneral Urology also has an office on Civic Center Drive in Augusta. Learn more at [www.mainegeneral.org/urology](http://www.mainegeneral.org/urology).

### MaineGeneral Urology services include:

- Bladder BOTOX®
- Cystoscopy, stress urinary incontinence treatment
- GreenLight-laser prostate surgery
- In-office vasectomies
- Lithotripsy to break up stones
- Ureteroscopy, laser surgery, PCNL
- Overactive bladder treatments
- Treatment for urinary tract conditions
- Treatment of cancers of the prostate, kidney, bladder, ureter, penis and testicles
- Treatment of erectile dysfunction and male infertility
- Urodynamic study testing

# Registered Nurse

Annual Wellness

# Visits

Getting the

# Most

Out of Your

# Primary Care



Jane Beardsley, RN and Abigail Hoke, MD, discuss a patient's record.

Patients with Medicare coverage have a great tool to help manage their health: the Registered Nurse (RN) Annual Wellness Visit (AWV).

## What is an RN Annual Wellness Visit?

Typically, during a 45-60 minute appointment, an RN reviews with the patient their list of medications, vital signs, mobility, changes in health status, and even access to support at home. AWVs are not full physicals, but if any health concerns arise during it, tests and/or follow-up appointments with a medical staff member can be ordered.

Robin Farrell, RN at Thayer Internal Medicine in Waterville, has been doing AWVs for five years.

"During our visits, we review any physical changes or concerns," Farrell says. "Have there been any changes in family history or personal medical history? Are you having any problems? What's going on in your life? Most of the visit is a

conversation. Any concerns that are brought up are relayed back to the medical staff."

While a follow-up visit – if needed – with medical staff is scheduled within 30 days, any referrals such as labs or other tests can be managed easily, such as with audiology if a patient has noticed hearing loss.

And, importantly, Farrell connects patients with others in the practice and in other MaineGeneral areas who can help with social issues that arise. She notes that she does a warm hand-off to the practice social worker and also can connect a patient to a community health worker, or recommend classes offered through MaineGeneral's Peter Alfond Prevention & Healthy Living Center.

"Most patients enjoy the visits," Farrell says. "We give a lot of time for talking and educating. Medical issues are brought up, such as the importance of timely screenings to prevent cancer and other diseases that may be more common as we

age. But social issues and even loneliness can be brought up and addressed. We can provide resources for things to help at home."

## Next Step RN AWVs – Back-to-Back Appointments

Gardiner Family Medicine is piloting an even more convenient way for Medicare-covered patients to get appointment access.

For five years, Jane Beardsley, RN, has been seeing patients for AWVs. Since this past September, Beardsley has partnered with Abigail Hoke, MD, at the practice to do back-to-back appointments.

Beardsley begins each appointment as an AWV. If any concerns arise that need a doctor's input, the connection is immediate, with Dr. Hoke providing hands-on services for the patient at the same appointment.





“We have a real discussion. I am going to ask about mobility and even any changes in memory. But I really want to know how can I help you. If you’re sad or feeling isolated, we have resources to help.”

*Jane Beardsley, RN*

“This process is well-received by patients,” Dr. Hoke says. “They appreciate the thorough care they’re receiving.”

“The two-part visit helps with shared decision making and the patient gets the benefit of having two medical professionals spending time with them on their health care. They can discuss any questions that arise with me after their initial visit with Jane.”

Beardsley says the first time her patients see her, they are usually not sure what to expect.

“At first they may be nervous, but they see we’re here to help and they come to look forward to the annual visits,” says Beardsley.

### Why it’s Important to Schedule Your AWW

Medicare covers 100 percent of the AWW visit, meaning it’s free to

Medicare beneficiaries. Costs are only incurred if lab work or other services are given.

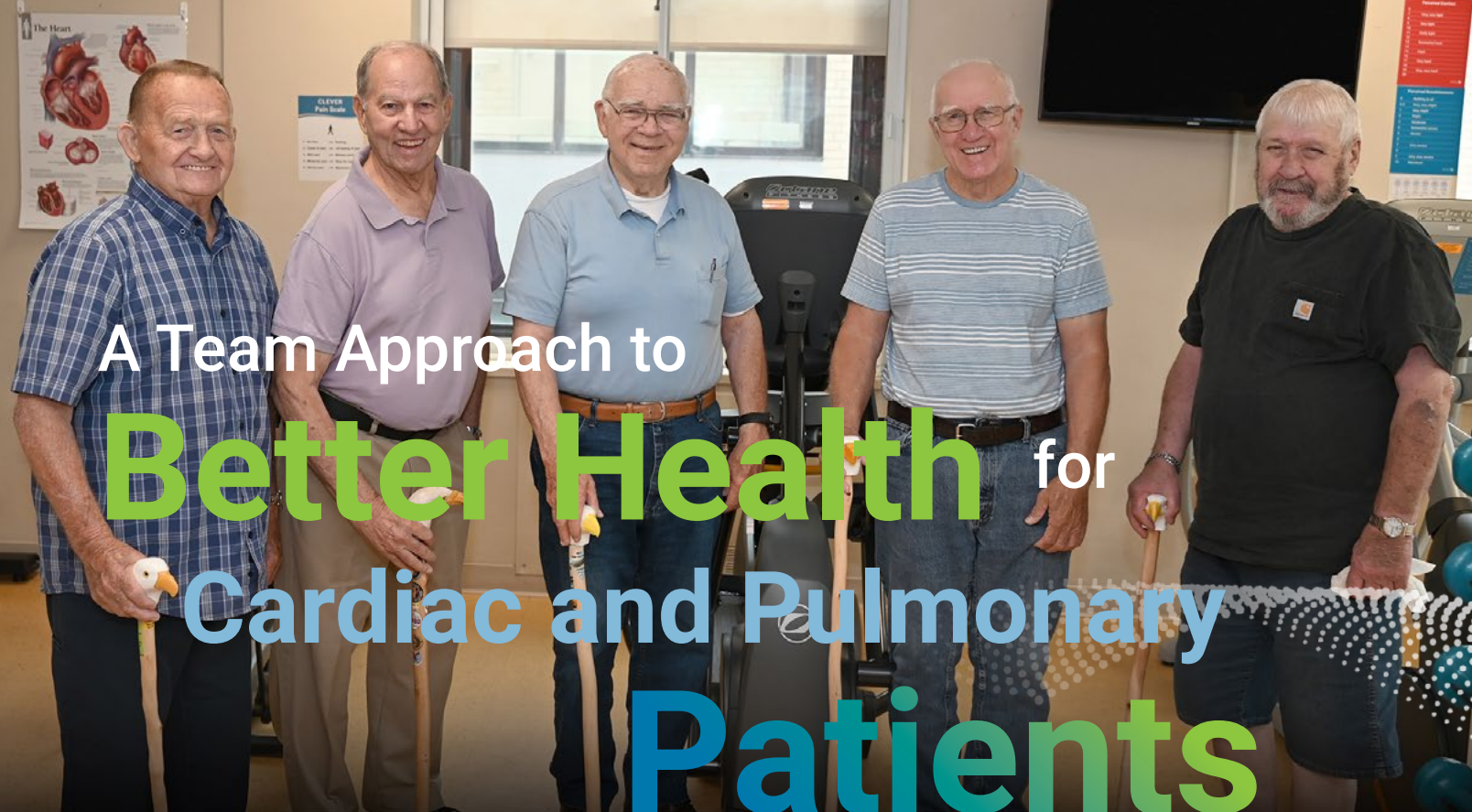
Dr. Hoke notes that AWWs also give you access to more of your primary care team.

Most importantly, she says, the AWW gives personalized, holistic care. “The RN giving your AWW is an extension of your health care team. The AWW is about your relationship with your primary care group.”

“Preventive care is the foundation of health,” she says. “Knowing changes you’re going through year to year is essential for your health and wellbeing.”

Robin Farrell, RN, enters information into the electronic medical record.





# A Team Approach to Better Health for Cardiac and Pulmonary Patients

Members of the Phase III team at MaineGeneral's Cardiac Rehabilitation Program in Waterville

Dave Brown appreciates the importance of being on a team with a shared focus. The 87-year-old former military man served 25 years in the U.S. Air Force and later worked for the Federal Emergency Management Agency and the State of Maine.

For the past several years, however, Brown has been part of a very different group known as the Phase III Team. Consisting of retirees who have had cardiac issues, the group meets at the Thayer Center for Health in Waterville each Tuesday and Thursday to exercise as part of MaineGeneral's Cardiac Rehabilitation Program.

It's a team Brown is happy to be part of.

"I'm very pleased with the program and think MaineGeneral does a great job providing this service at a very reasonable cost," he says. "Socialization for people my age is very important for healthy survival – mental and physical. I enjoy doing it and we all keep going because we know it will help us live longer."

## A phased approach to better health

Melissa Worth, RN, one of the program's nurses who monitors participants while they exercise and provides helpful medical, fitness and nutrition education, says patients need a referral from a clinician – cardiologist, primary care or pulmonologist – to participate in the program, which consists of three phases.

The first phase involves a cardiac event for which the patient has been hospitalized, such as a heart attack, stent placement, bypass surgery, a valve replacement or even a heart transplant. Phase II is an outpatient phase, a one-hour, three-day-per-week monitored exercise program.

Once patients graduate from Phase II, they can transition to Phase III at a cost of \$25 per month and continue exercising two days per week in unmonitored open gym sessions."

Worth noted that Phase II participants exercise while wearing a cardiac monitor or pulse oximeter. The program's nurses monitor them

and provide clinical support and patient education throughout the program.

"We have two nurses in the gym at all times – one watching the cardiac monitor and the second who takes blood pressures, provides instruction to patients on how to use the machines and education while they're using them," she says. "On Phase III days, we have one nurse working."

## Serving two patient populations

Despite its name, the program actually serves two patient populations. Worth says there are some differences based on the needs of each group.

"Our cardiac patients want to improve their heart function, so they're here to increase the muscle's pump factor. We want to prevent them from having heart failure – a condition where the heart is weak and can't keep up with the demand of the body's circulation – and end up having another cardiac event," she says.





Dave Brown is all smiles during an early-morning workout at the Thayer Center for Health.

“Our pulmonary patients are different. They come to maximize what they have for lung capacity. We can’t increase their lung capacity so our focus is to maximize what they have,” she adds. “They often have a lower tolerance for exercise, so we start them at a much lower level and progress more slowly.”

“Many of our pulmonary patients are referred to the program by MaineGeneral’s pulmonologists or their primary care clinicians,” adds Worth’s peer Jane Landry, RN, who has worked in the program full time for the past four years and as per-diem staff for two years before that. “It’s essentially patients with chronic obstructive pulmonary disease (COPD) or interstitial lung disease.”

### Helping patients regain strength, endurance and confidence

While the program’s primary goal is supporting patients who have had

a cardiac issue, or are living with a pulmonary condition, its exercise and healthy living components help combat or improve many health-related issues.

“The benefits of exercise are exponential,” Worth says. “It helps to decrease blood pressure, lower cholesterol and blood sugar and increase circulation and oxygenation. It also decreases stress and improves sleep and mental health, as well as increasing muscle mass and balance. As we age, falling is another increased risk of being admitted to the hospital.”

Worth says she and her peers find great satisfaction in seeing the progress patients make.

“Once they see the benefits of exercise, they generally want to keep exercising. Our goal in educating our patients is so they will continue exercising after graduating from the program,” she says. “For me, the team feel of it is really enjoyable.

I like working with these patients and seeing the gains they make. It’s wonderful.”

Landry agrees.

“It’s a great program, patients love it and we love them,” she says. “We see a lot of change and growth in our patients as they participate in the program.”

And patients like Dave Brown are grateful for the program and its staff.

“They enjoy what they do, they’re helpful and they do a good job monitoring us and overseeing our general well-being,” he says. “We all appreciate what they do for us.”

To learn more about MaineGeneral’s Cardiac Rehabilitation Program, please visit [www.mainegeneral.org/cardiac-rehab](http://www.mainegeneral.org/cardiac-rehab). ↘



# Catching Lung Cancer

## Early with Low-Dose CT Scan

Most insurance covers an LDCT. However, the details of exactly who qualifies can vary.

### Easy access to screening, saving lives

MaineGeneral has worked to remove barriers to screening. According to Jeff Trask, director of Cardiology & Radiology, this includes appointments for screenings on Saturday.

“We have offered Saturday slots for LDCT at the Alford Center for Health for some time,” Trask says.

Efforts are paying off. In 2023, 2,546 low-dose scans were provided at MaineGeneral. Of that number, 49 cases of lung cancer were found.

“Caught at Stage I, the chance of five-year survival is 80 percent,” says Seth Blank, MD, thoracic surgeon at MaineGeneral Surgery. “That rate drops to a less than 10 percent chance of survival when lung cancer is caught in Stage III or Stage IV.”

If you meet the criteria above, talk to your doctor about getting screening.

To learn more about the benefits of lung cancer screening, including patient stories, go to [www.mainegeneral.org/lung-cancer](http://www.mainegeneral.org/lung-cancer).

Lung cancer remains the leading cause of cancer death among men and women in the U.S. An estimated 1,600 Mainers will be diagnosed with lung cancer this year (American Cancer Society).

But there’s a painless, quick tool to detect lung cancer early, when it’s most treatable: Low-Dose CT scan (LDCT).

MaineGeneral Health has joined with MaineHealth and Northern Light Health, as well as the Maine Center for Disease Control & Prevention and the American Cancer Society, to raise awareness of lung cancer screening.

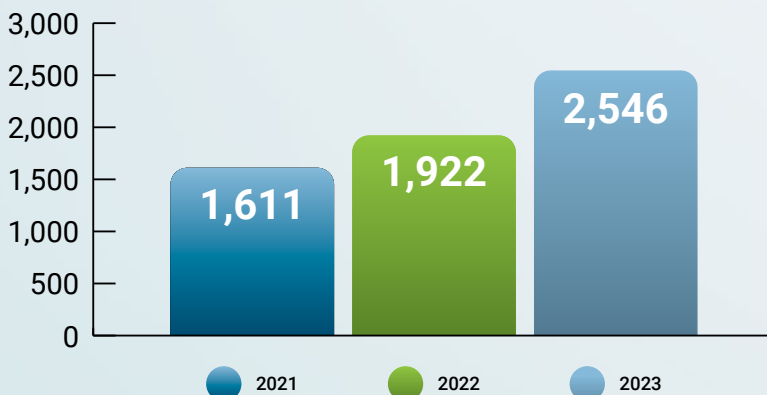
While Nov. 9 is National Lung Cancer Screening Day, Maine’s largest hospitals are committed to increasing screening for all those eligible – all year-long.

### What is the screening?

An LDCT is a kind of X-ray that is quick and painless. Talk to your doctor if you:

- Are 50 - 80 years old;
- Are a current or former smoker;
- Have quit smoking within the last 15 years; and
- Have smoked one pack a day for 20 years or two packs a day for 10 years.

Number of Low-Dose Lung Screenings



# Honoring a Legacy, Shaping the Future

The \$36 million expansion of the Harold Alfond Center for Cancer Care is well under way! This expansion will significantly enhance our capacity to provide advanced cancer care, ensuring we can meet the growing needs of our community. In 2007, we had 450 new patient consults; in 2023, we had 2,000 new patient consults.

The new 28,000-square-foot addition to the center, which will provide additional exam rooms, infusion bays and a dedicated first floor wing of supportive services, is on track and scheduled for completion in April 2025.

Following its completion, Phase II of the project will commence. This phase involves renovating the existing space to accommodate our growth.

As part of this renovation, we will be expanding several key areas within the center to support patient treatment, including the pharmacy and lab. Additionally, we will increase our research and genetic footprint to advance cancer treatment and care.

We look forward to sharing more updates prior to the project's completion in Spring 2026.

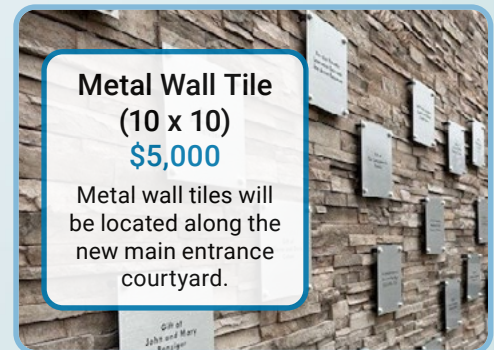
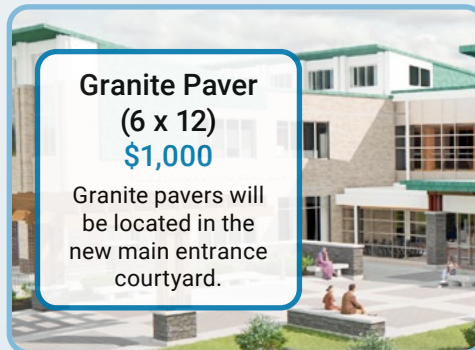
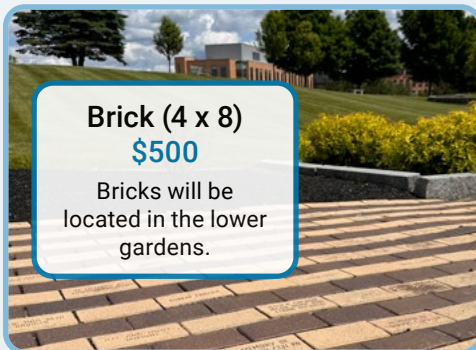


“This expansion will create a space of sanctuary and hope for our patients and their families. The new first-floor wing will give our team increased ability to address the psychosocial aspects of cancer care in a safe, healing and beautiful environment. We are so excited and so looking forward to our team having a dedicated space to provide support to those navigating through all the non-medical aspects of their cancer journey.”

*Oncology Social Work Team*

## Leave your legacy

Join our campaign with a gift that puts your name or the name of a loved one at the heart of the Harold Alfond Center for Cancer Care. Naming opportunities begin at \$500.



Additional exterior opportunities are available, such as granite wall tiles, rocking chairs and small garden posts. Interior naming opportunities are available starting at \$15,000. A personal conversation with the Office of Philanthropy will help us match your generosity with an opportunity. Call [207-626-1809](tel:207-626-1809) to speak with Sarah Kalagher or Nicole McSweeney.





Saturday, Oct. 5 brought more than 1,200 members of our cancer community to the Augusta Civic Center to celebrate the Day of Hope!

At the Harold Alfond Center for Cancer Care, Hope Starts Here – and this was demonstrated during an inspirational opening ceremony where two MaineGeneral employees, Arlene McLean and Heather Moore, shared their own experiences facing cancer.

Despite the rainy weather, the Walk for Hope still took place - there was laughter, tears and celebration as many gathered to walk in honor of loved ones.

Our Education Pavilion invited MaineGeneral and community resource partners to interact and educate attendees. Attendees signed up for preventive screenings, including skin checks and hearing and/or oral screenings. Our Integrative Therapy area also offered a space to sample reiki, massage and Aromatouch therapy.

The Food Pavilion offered a place to sample healthy recipes, and attendees enjoyed a live cooking demonstration provided by the Peter Alfond Prevention & Healthy Living Center's culinary dietitians.

The Day of Hope is a day of celebration, education and inspiration – all while supporting the Harold Alfond Center for Cancer Care. We are excited to share that that the Day of Hope exceeded its goal of raising \$190,000 – raising more than \$211,000 to support the expansion of the center. We are incredibly grateful to our fundraisers and sponsors for making this impact possible!



It's not too late to support the Day of Hope – visit [give.mainegeneral.org/hope](https://give.mainegeneral.org/hope).







# Thank You

*Honoring a Legacy, Shaping the Future*

to the many Honoring a Legacy, Shaping the Future Capital Campaign donors who have helped us shape the future of local cancer care so far! This list honors those who have made a capital gift or pledge as of Oct. 10, 2024.

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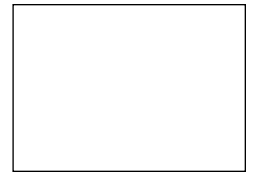
# A look at the numbers.

## Financial Summary

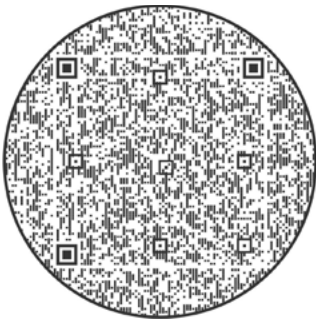
(amounts in 000s)

## Fiscal Year

	2023	2024
<b>Income</b>		
Net Patient Revenue	600,634	635,339
Other Revenue	88,701	84,038
<b>Total</b>	<b>689,335</b>	<b>719,377</b>
<b>Costs</b>		
Salaries & Benefits	377,631	415,589
Suppliers & Vendors	298,417	285,385
Interest	8,240	8,217
Depreciation	24,516	24,478
<b>Total</b>	<b>708,804</b>	<b>733,669</b>
<b>Operating Margin</b>	<b>(19,469)</b>	<b>(14,292)</b>
<b>Statistical Data</b>		
Discharges	10,143	10,064
Surgeries		
Inpatient	2,023	1,816
Outpatient	7,431	6,882
Births	1,012	1,063
Emergency Department Visits	50,489	51,286
Outpatient Lab Tests	1,276,137	1,326,574
Outpatient Imaging Procedures	116,542	119,806
Oncology Procedures	60,448	57,841
<b>Physician Office Visits</b>		
Primary Care	232,625	252,802
Specialty Care	143,047	152,191
<b>HomeCare and Hospice Visits</b>		
HomeCare	34,369	32,226
Hospice	25,366	25,556
<b>Days of Skilled Patient Care</b>		
Skilled Nursing	39,270	41,973
Skilled Nursing (dementia)	10,805	10,858
Skilled Rehab	35,962	36,773



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