

## Is It Just a Cold... Or Should You See Your Doctor?

The winter months often mean the onset of colds and illnesses, afflicting adults and children alike. We spend more time in enclosed areas where germs can spread, which compromises the body's immune system. We also expose ourselves to extreme temperature changes, making winter time *prime time* for cold season.

Most people would rather not rush to the doctor's office at the first sign of symptoms. So, when should you see your physician? There are a variety of guidelines that can help you determine whether your stuffy nose, cough or sore throat is simply a common cold, or something potentially worse.

"In healthy individuals, a common cold should improve within about five to seven days," said Dr. Jenny So, Internist at MKMG's Yorktown office. "If you are still feeling sick after a week, it's a good idea to see your doctor. Elderly patients and individuals with underlying conditions, such as diabetes, asthma, emphysema, or immunosuppression, are at higher risk for developing complications, and should come in sooner if symptoms do not improve."

More serious symptoms, such as high fever, coughing up dark sputum, wheezing, shortness of breath, or pain with deep breathing often indicate a more serious infection and definitely warrant a doctor's visit.

### The Flu

Is your cold just a cold, or is it the flu? According to Dr. So, many individuals with the flu often feel severe symptoms from the onset.

"Patients with the flu acutely develop high fevers, generalized achiness, and fatigue, and they find it hard to get out of bed," she explained.

Because influenza is a virus, it is immune to most antibiotics, which only treat bacterial infections. Usually, treatment for the flu concentrates on alleviating symptoms with over-the-counter and prescription medications. Doctors also recommend getting plenty of rest and fluids to help the body fight the virus. Most patients will recover after a week or two.

Two new medications, Relenza™ and Tamiflu™, have recently come on the market for treatment of influenza, and may be effective in shortening its duration and alleviating symptoms. These medications must be taken within the first 24-48 hours of onset, and are used twice a day for five days. The problem is that many flu sufferers cannot get out of bed to see their doctor in time to start the drugs effectively.

The most effective treatment for influenza is to be vaccinated annually. Flu shots are recommended for all adults age 65 and older. They are also recommended for younger adults with existing medical conditions, such as diabetes, asthma, emphysema and immunosuppression.

### Respiratory Infections: Bronchitis & Pneumonia

Those who have a persistent, high fever; are coughing up dark sputum; or experience pain breathing or shortness of breath may have a respiratory infection, such as bronchitis or pneumonia. While bronchitis is more generalized, pneumonia usually involves one area of the lung and carries more severe consequences. To determine the illness, doctors need to listen to the chest with a stethoscope to identify any changes in breath sounds in the various parts of the lungs. A chest x-ray may also be ordered. Both conditions typically respond to antibiotics.

### Other Infections

Strep throat is another common winter illness. It is characterized by sore throat and fever, sometimes combined with swollen glands and white spots on the back of the throat, without many other upper respiratory symptoms. A simple throat culture is used to test for the presence of the strep bacterium, and antibiotics are prescribed to eliminate the infection.

Sinusitis, or a sinus infection, is more severe than simple head congestion. It is usually characterized by pain and pressure over the sinuses. It can be accompanied by a fever, aching of the upper teeth, dark nasal discharge, and a post-nasal drip. Treatment generally includes antibiotics, in combination with a decongestant.

*For more information on these illnesses, or to find out whether your cold is a signal of something worse, contact your personal MKMG physician.*

## Alyssa Dweck, M.D., F.A.C.O.G.



A board-certified Obstetrician & Gynecologist, Dr. Alyssa Dweck joined MKMG in November 1999. A native of Scarsdale, NY, she earned a Master's degree in Nutrition from Columbia University in 1986, then went on to earn her medical degree at Pennsylvania's Hahnemann University School of Medicine in 1990.

For the next four years, she served her residency at Lankenau Hospital, where they delivered approximately 2,200 babies each year. As a resident, she worked busy rotations and assisted physicians in areas such as deliveries, infertility, and gynecologic oncology.

"My residency was extremely valuable, because it gave me a high volume of hands-on training," she said. "I enjoyed the breadth of experiences I had."

Giving birth for the first time during her residency also gave her a new perspective on her profession.

"First-hand experience gave me a new respect for the fears and challenges childbirth brings," she said. "I've been a different obstetrician ever since."

In 1994, Dr. Dweck joined a busy practice in New Jersey, while her husband completed medical training in the area. A year later, they returned to New York, and Dr. Dweck joined Women's Medical Associates of Westchester in Mount Kisco. She practiced there for over four years before coming to MKMG.

Since she joined MKMG, Dr. Dweck said she feels as if she has "never practiced anywhere else," and she appreciates the broad spectrum of services that support her practice.

"At MKMG, I can perform procedures like D&C's and ultrasound right in the office, which makes it easier and more convenient for my patients."

*Dr. Dweck sees patients in both the Mount Kisco and Brewster (Milltown Road) offices. She can be reached in Mount Kisco at 242-1380 and in Brewster at 278-4300.*

Liposuction (or fat suctioning) has become the number one cosmetic surgical procedure performed by plastic surgeons today. It was first used in the U.S. in 1980. Patients who elect to have liposuction are both male and female, and range in age from 20 to 60.

### Who Is a Good Candidate?

Liposuction is not a weight reduction procedure -- rather, it is a body contouring procedure meant to treat specific areas of the body with stubborn, excess fatty deposits. One of the goals is for patients to look and feel better in clothing and swimwear. Therefore, patients who are more than 20% over their ideal body weight are not good candidates for liposuction.

### Gender Differences

Both men and women request liposuction, but the areas they want treated are usually different. Women most often request treatment for their abdomen, hips, thighs, knees, chin, and neck. Men typically want to treat their neck, chest, abdomen, and flanks, or "love handles."

### Complexity of Procedures

It is helpful to characterize a planned liposuction procedure as either small, medium, or large. Small-volume cases, such as procedures performed on the neck, can be done safely in an office with local anesthesia and intravenous sedation. Medium cases, such as treatments for the abdomen or thighs, are best performed in a hospital's ambula-

## FACTS About Liposuction

by Douglas Roth, M.D., Plastic & Reconstructive Surgeon



tory surgery center under general anesthesia. Patients can usually go home the same day.

Large procedures, in which multiple areas of the body are treated and large volumes of fat are removed, should be performed in a hospital setting with plans for the patient to stay overnight. Large procedures make it necessary to monitor a patient's fluids and vital signs after surgery.

In most procedures, the presence of an anesthesiologist is recommended to ensure optimum safety, and to allow the surgeon to concentrate fully on the procedure at hand.

### Recovery

The recovery period for liposuction varies according to the extent of the procedure. Generally, patients should

plan not to return to work for three to ten days; a more specific recommendation would be given by the plastic surgeon during an initial consultation. Patients should refrain from exercising for at least two weeks.

### Results

As a group, liposuction patients are very satisfied with their results after surgery. Significant improvement is seen in the treated areas within the first two weeks. Maximum results are visible two to three months after surgery.

### Safety Concerns

If the planned liposuction surgery is conservative, and is performed by a trained plastic surgeon in a safe setting with an anesthesiologist, the chances of complications are very low. These odds are similar to those of other elective procedures, such as hernia repair.

The American Society of Plastic Surgeons has published guidelines to its membership for safe liposuction surgery, to which MKMG adheres strictly. It also publishes information to help individuals learn more about procedures and select qualified surgeons.

For more information on liposuction or other plastic surgery procedures, visit our website at [www.mkmg.com](http://www.mkmg.com), or stop by the Aesthetic Surgery Center at MKMG for literature.

*If you think you are a good candidate for liposuction and want to arrange a consultation, contact Dr. Douglas Roth at 242-5609.*

## MEN'S HEALTH MAINTENANCE TIMELINE

It's unfortunate but true: in general, men tend to be less vigilant about their medical care than women. They see their doctors less often, are typically less verbal about their health, and tend to ignore symptoms. Men may not realize that a simple schedule of routine medical exams can bring enormous benefits to their health.

"We urge men to see their doctors regularly," said Dr. Maxwell Plesset, an Internist at MKMG's Yorktown office. "Through early detection and prevention, we can really save lives."

Most healthy men under age 50 can have preventive checkups every two to three years instead of annually. Refer to the timeline below for some general guidelines. *These recommendations may not apply to all men. If you have questions, please discuss your particular health maintenance schedule with your MKMG internist.*

### Ages 18-40

#### GENERALLY HEALTHY

**Recommended Exams:** every 3 years

**Major Risks:** HIV/AIDS, auto accidents

**What's Involved:** screening for testicular cancer & training for self-examination; blood pressure & cholesterol screening; counseling on safe sexual practices, drug & alcohol usage, smoking cessation, driving & diet

### Ages 40-50

#### EARLY DETECTION PHASE

**Recommended Exams:** every 2 years

**Major Risks:** heart disease, high blood pressure & cholesterol problems

**What's Involved:** focus on blood pressure & cholesterol maintenance, smoking cessation and control of alcohol intake; screening for colon & prostate cancer for men with a family history of these diseases

### Age 50 and up

#### HEALTH MANAGEMENT PHASE

**Recommended Exams:** annually

**Major Risks:** heart disease, cancer, high blood pressure & cholesterol problems

**What's Involved:** screening for prostate & colon cancer, diabetes; stress testing in high risk men; blood pressure and cholesterol management; smoking cessation counseling

**Immunizations:** Flu shots are recommended annually, and pneumonia vaccine is recommended every ten years, especially for men with chronic problems, such as diabetes, kidney disease, heart failure, and emphysema, and all men over 65 years old. Tetanus boosters are given every ten years at all ages.

As millions of American women can attest, giving birth later in life -- even in the mid-40's -- is becoming a common occurrence.

"Overall, many women are discovering that having babies later in life can be a wonderful gift," said Dr. Adina Keller, Obstetrician and Gynecologist at MKMG's Mount Kisco office.

"Though relatively uncommon, there are some increased risks for pregnant women over the age of 35 that they should know about."

### Risk of Miscarriage

Women 35 and older generally have a higher incidence of miscarriage in the first trimester than younger women do. While the percentage of miscarriages in older women is still very low, Dr. Keller points out that women should be aware of the possibility.

"Miscarriages are very difficult to deal with," she said. "However, if they are willing to try again, most women can overcome the experience and go on to deliver healthy babies."

### Genetic Risks

Women over age 35 run an increased risk of delivering babies with chromosomal abnormalities, such as Down's Syndrome. Two procedures can detect these conditions early in the pregnancy. Amniocentesis is most widely used, while Chorionic Villus Sampling (CVS) is used more sparingly.

During amniocentesis, a fine needle is used to extract amniotic fluid for testing. Since the genetic makeup of a child can be found in the the cells which are shed into the fluid that surrounds it, this test provides conclusive evidence of any abnormalities.

Amniocentesis is typically performed 15-20 weeks into pregnancy, under the guidance of ultrasound. It is performed by an obstetrician with or without a radiologist present, and it takes approximately 5-10 minutes.



## Pregnancy After 35

Patients may feel minimal discomfort during the procedure, and should rest for the next 24 hours.

CVS can be performed earlier than amniocentesis (10-12 week of pregnancy), either by an obstetrician, such as MKMG's Dr. Kevin Reilly, or a perinatologist. CVS uses a fine needle to extract a sample of placental tissue for genetic testing.

"Both amniocentesis and CVS pose certain risks to the fetus," Dr. Keller explained. "However, for older women, the risk of having an abnormal pregnancy outweighs the risk of the procedure itself."

Because CVS is slightly riskier than amniocenteses, this option is usually reserved for women with a known family history of abnormalities, or those who have already had a child with a similar diagnosis.

### Counseling

All pregnant MKMG patients visit with a genetic counselor prior to having amniocentesis or CVS. During the consultation, women and their partners are interviewed about their history and educated about risks and consequences. The couple can also ask in-depth questions of an expert in the field.

"Genetic counseling is a great way to prepare for testing," Dr. Keller said. "And, it prompts couples to think seri-

ously about what they will do with the information when they receive it."

### Risk of Disease

While still uncommon, preeclampsia (elevation of blood pressure) and gestational diabetes occur more frequently in older women.

During every office visit, patients are screened for signs of preeclampsia, which include swelling of the feet, hands and face, and protein in the urine. Preeclampsia typically occurs during the third trimester, and can be dangerous to both the mother and child. While there are several ways to manage it, the ultimate cure is to deliver the baby.

Screening for gestational diabetes is performed 28 weeks into the pregnancy via a 1-hour glucose challenge test. Patients are given a drink called Glucola™, and then have their blood tested for abnormal glucose levels. If abnormal levels are detected, patients undergo additional testing to determine whether or not they have gestational diabetes.

Gestational diabetes increases the likelihood of developing diabetes later in life. The baby may also grow too large within the uterus, increasing the risk of problems during the pregnancy.

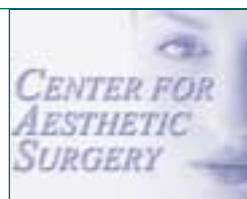
Women with gestational diabetes meet with a dietitian, who counsels them on maintaining a diabetic diet and monitoring their own blood sugar levels. Other treatments may also be given, depending on the severity of the condition.

"While the risks to pregnant women do increase with age, the odds are still small that complications will occur," said Dr. Keller. "For the opportunity to deliver and raise a child of their own, most women find they are more than willing to take the chance."

*For more information about pregnancy and childbirth, contact your MKMG Obstetrician.*

## New MKMG Website Goes LIVE

Have you surfed the MKMG website lately? If so, you'll notice a link to MKMG's Center for Aesthetic Surgery. There, you can access profiles of our aesthetic surgeons, as well as information on the procedures available. Our site is constantly evolving, so be sure to visit it regularly for updates and additional information at [www.mkmg.com](http://www.mkmg.com). Or, for more information on MKMG's Center for Aesthetic Surgery, call 242-5609.



## INSURANCE UPDATE

Effective January 1, 2000, MKMG now participates with **MULTIPLAN employer groups (with the exception of POMCO).**

This plan is accepted at all MKMG office locations.

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**Internist Joins MKMG's New Carmel Practice**

Jane C. Kim, M.D. joined the three internists at MKMG's new Carmel location on February 7, 2000. Dr. Kim is a board certified internist who was graduated from Columbia University's College of Physicians and Surgeons in 1996. She completed her residency at The New York Presbyterian Hospital in 1999. An associate member of the American College of Physicians, Dr. Kim is fluent in Spanish and can also understand French and Korean. She has admitting privileges at Putnam Hospital Center. *To schedule an appointment with Dr. Kim, call MKMG's new Carmel office at 278-7000.*

**Upcoming Seminar:**

**FACELIFT & EYELID SURGERY**

Wednesday May 3: 7:00-8:00 pm

Douglas Roth, MD  
Plastic & Reconstructive Surgeon

R.S.V.P. to 242-5609

**Three Internists Join MKMG in New Carmel Office**

**Merging of Practices Brings More Choices, Added Convenience to MKMG Patients and Area Residents**

As of December 15, 1999, internists Paul Mangiafico, M.D., Matthew Mannini, D.O., and Arbie Baccay, M.D. have joined forces with Mount Kisco Medical Group. Their practice, located at Southeast Executive Park, 185 Route 312 in Carmel, is now an MKMG satellite office.

"We are extremely pleased to have formed an alliance with these excellent physicians in Putnam County," said Dr. Scott Hayworth, president and chief executive officer of MKMG. "The addition of an office in Carmel represents an important step in the Group's plans to increase its services to Putnam county residents."

"We are proud to be a part of such a comprehensive group," said Dr. Mannini. "And we look forward to continuing to provide our patients with the highest quality care, utilizing the vast variety of services MKMG has to offer."

"We look forward to expanding the breadth of our services, while maintaining a foundation of caring compassion for each of our patients," Dr. Mangiafico said.

"Our joining MKMG brings tremendous opportunities to our patients, such as increased access to highly qualified consultants," added Dr. Baccay.



**Paul G. Mangiafico, M.D.**  
Internal Medicine



**Matthew R. Mannini, D.O.,**  
Internal Medicine



**Arbie B. Baccay, M.D.**  
Internal Medicine

**Another Choice for Hospital Care**

This merger means that all MKMG internal medicine patients, including existing patients of Drs. Mangiafico, Mannini and Baccay, may now choose whether they want to be admitted to Northern Westchester Hospital Center or Putnam Hospital Center.

"In the world of health care today, choices are often taken out of our hands," Dr. Hayworth said. "This is a significant new option, because it gives patients complete flexibility. The patient is the winner with these new alternatives."

Dr. Warren Bromberg, MKMG Urologist, also has privileges at both Putnam Hospital and Northern Westchester Hospital. Additional MKMG physicians are also applying for privileges at Putnam Hospital.

**Increased Options for Putnam County Residents**

MKMG patients in the Brewster/Carmel area can now choose from two locations for their primary care. The Carmel office offers internal medicine, and, in the near future, endocrinology. MKMG's Brewster office is located at Route 22 and Milltown Road, and offers internal medicine, endocrinology, pediatrics, obstetrics/gynecology, and urology.

*For more information about these new physicians and the services they provide, call 278-7000.*