



FLORIDA  
HOSPITAL

# best *in* care

SUMMER 2015 | The skill to heal. The spirit to care.®

*Women and Children*

## Passion for Life

A new embolism  
treatment saved Elyse  
Mundelein **PAGE 5**

### ALSO IN THIS ISSUE:

- ▲ A common back-to-school health question **PAGE 3**
- ▲ Even a spine tumor couldn't stop this golf pro **PAGE 4**
- ▲ Endometriosis affects young woman's life plans **PAGE 7**



*Get Cooking!*  
Chef Edwin shares his healthy, easy recipe ideas. See back cover.



The skill to heal. The spirit to care.®

**Welcome** to *Best in Care*, a publication designed with you in mind. With a focus on women's and children's health, you'll find inspiring stories of your neighbors and the professionals who strive to heal them.

After you've perused our features on local families and their success stories, don't forget to check out page 8 for our free webinars. There's a lot going on at Florida Hospital and we don't want you to miss a thing! **If you have feedback on *Best in Care*, tell us at [VICeditor@FLHosp.org](mailto:VICeditor@FLHosp.org).**



## No Script? No Problem

Get your mammogram without a prescription.

Florida Hospital and Florida Radiology Imaging (FRI) have made it easier to get a screening mammogram. While we strongly encourage you to see your primary care physician, screening mammograms — annual routine mammograms for women not experiencing symptoms such as a lump, breast pain or nipple discharge — are available without a physician's prescription. You will receive the results within 30 days, and are responsible for following up with a physician if needed.

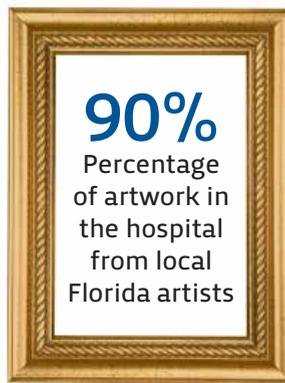
To make a priority appointment at one of our 11 Central Florida locations, call **(407) 303-BEST (2378)** or visit **[FHBestinCare.com](http://FHBestinCare.com)**.

### BY THE NUMBERS

An inside look at the new Florida Hospital Kissimmee tower

80

All private rooms, each with an area for family to work, sit and sleep



90%

Percentage of artwork in the hospital from local Florida artists

100,000 square feet

The size of the new Florida Hospital Kissimmee building

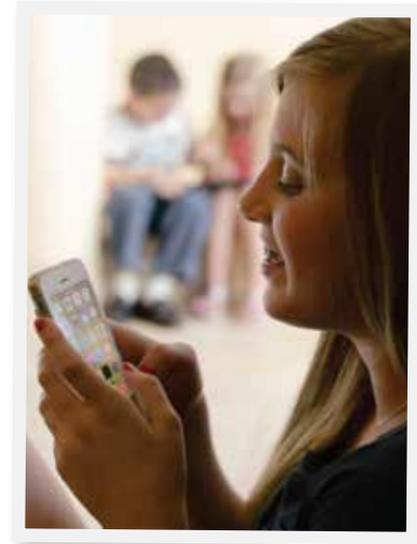


Number of concrete trucks needed, each carrying 10 cubic yards of concrete



451

Days to complete



## HOW TO SET LIMITS ON SCREEN TIME



Indira Abraham-Pratt, PhD, Psychology

In today's world, we're inundated with media, from TV to cellphones, tablets and social media. And while it has positively impacted our lives and how we learn, most of us are too sedentary — physically inactive while sitting down — during screen time.

In 2013, the American Academy of Pediatrics revealed that average 8- to 10-year-olds were in front of a screen up to eight hours a day, and 11 hours a day for some teens.

How much time is too much? That depends on your family, says Indira Abraham-Pratt, PhD, psychologist with *Florida Hospital for Children*. However, as a rule, she advises following the American Academy of Pediatrics' guidelines of no more than one to two hours per day.

If you're looking to cut back and spend more quality time together, Dr. Abraham-Pratt suggests hosting a family meeting to have all members track their screen time.

After a few weeks, meet again and work together to set a plan everyone can follow. Add goals, guidelines and fun activities for the entire family. Discuss consequences if the rules are violated. Then monitor the log and set a good example.

The more supportive and excited you are, the easier it is for everyone to stay on board.

Yearly physicals can uncover health concerns, including blood in the urine.

# Back-to-School Physicals

Parents: we answer your questions about a common test result.



Deogracias Peña, MD, Pediatric Nephrology

No matter what grade your child is about to enter, annual physicals are probably on top of your back-to-school list. But what happens if your child tests positive for blood in his or her urine?

Most of the time it's not a problem, but occasionally it is. Deogracias Peña, MD, medical director of pediatric nephrology with *Florida Hospital for Children*,

explains when an appointment with a specialist may be needed.

## WHY DOES BLOOD SOMETIMES APPEAR?

Urine is one way our bodies get rid of waste products. The process starts in our kidneys, where excess fluids and waste are removed from our blood and turned into urine. The urine then flows through tubes (ureters) into the bladder, where it's stored until we need to relieve ourselves. If blood cells leak into the urine at any part of the process, it causes hematuria (the medical term for blood in urine).

According to the National Kidney Foundation, hematuria is a relatively common finding in kids and usually not a cause for concern. In some cases, it may not be blood at all; you could see a reddish hue from something your child has eaten or swallowed. Foods and medications — such as beets, blackberries, red food coloring and even some laxatives — can cause urine to turn red to orange.

Most of the time, blood in the urine causes no pain and if it's visible to the naked eye, it's not much.

But usually, it's only detected under a laboratory microscope or by using a special urine dipstick, a plastic stick with small squares covered with different chemical signals that measure blood, protein, sugar, ketones and products from bacterial infection.



## WHY PERFORM URINE TESTS?

Checking the urine for blood can give early indicators of renal disease, or other more serious diseases affecting major organs in the body, says Dr. Peña. Also, the test can reveal potentially harmful combinations of proteins and blood in the urine or elevated glucose levels, an early indicator of diabetes.

“Early intervention is key to preserving kidney function and possibly staving off future complications,” he explains.

Dr. Peña says children involved in school athletics get more routine physicals than other children, but in general, parents should have urine tests performed every one to two years as part of regular physical examinations.

Should a potentially serious problem arise, Dr. Peña and his team are fully prepared to diagnose and treat kidney abnormalities.

## CONFUSED ABOUT NECESSARY SCREENINGS?

Visit [FHBESTINCARE.COM](http://FHBESTINCARE.COM) and check out the checklist our pediatric specialists have put together for your back-to-school preparations.

HEALTH tips

### TEACH KIDS ABOUT HEALTHY MEALS

Include them at the grocery store by letting them select produce. At home, give them a food preparation assignment, such as washing carrots or lettuce.



# A New Swing

Removal of spine tumor gives Chris the chance to pursue his golf dreams.

Florida Hospital is recognized as **HIGH PERFORMING** in Orthopedics by *U.S. News & World Report*.



John Jenkins, MD,  
Neurosurgery

Four years ago, golf pro Chris DeRosier started having back pain. He thought perhaps it was a bad disk or just normal wear and tear.

“I thought years of playing basketball and golf had begun to catch up with me,” says the 44-year-old resident of Casselberry.

By last summer, however, things went from bad to worse. So he took a month off from golf to let his back heal. But when he got back on the course, the pain was still there.

“I remember swinging the club and ending up on the ground, the pain was so bad,” Chris says. “That’s when I knew I needed to do something.”

#### A SHOCKING DISCOVERY

Little did Chris know, a 2-centimeter tumor in his lower spine was pushing on his nerves. He saw John Jenkins, MD, a neurosurgeon who practices at Florida Hospital Orlando and Winter Park Memorial Hospital, a Florida Hospital, and had surgery soon after.

Dr. Jenkins says these types of tumors are slow-growing, so they often go unnoticed until the pain becomes intense, as it did in Chris’ case. Dr. Jenkins performed a laminectomy with tumor removal at Florida Hospital Orlando. The surgery is designed to remove a small portion of bone over the nerve root



Chris DeRosier's game is now back on course.

and/or disk material. In turn, the nerve root has more space and is able to heal.

“It never crossed my mind that it was anything bad,” Chris says. “I was in shock when he told me.”

A tumor on his spine was devastating news. Although Dr. Jenkins says it wasn’t immediately life-threatening, Chris knew it could crush his dream of playing on the PGA Tour. And with the complexity of the tumor’s location — inside the spinal column — it was a troubling situation for Chris. This type of tumor can cause paralysis in some cases, according to Dr. Jenkins.

“It was a scary time for both my girlfriend and me,” recalls Chris.

#### BACK ON COURSE

Once Dr. Jenkins successfully removed the tumor, it was only a few weeks before Chris could tell a major difference. Fast-forward six months, and he says he’s back on track when it comes to golfing.

“The daily pains are gone,” Chris says. “I’m a little stiff in the mornings, but I’m feeling a lot better. I’m confident my game will be better than ever. And I’m anxious to get back to preparing for the PGA Tour.”

## CALL FOR YOUR PRIORITY APPOINTMENT

Florida Hospital’s priority scheduling helps reduce wait times and quickly matches you to the physician you need. Call **(407) 303-BEST (2378)** today.

HEALTH  
tips

#### PLAN “MEDIA-FREE” EVENINGS

Spend time after dinner talking, playing games or taking a walk. During one-on-one time, children often open up about their day. By listening you can learn a lot about what’s going on in their lives.

# Story of Survival

One young woman thrives after experiencing pulmonary embolisms.



Rohit Bhatheja, MD, Interventional Cardiology



Daniel Haim, MD, Pulmonary Disease/Critical Care Medicine

Last summer Elyse Mundelein, 26, of Oviedo, was having the time of her life. Hanging out with friends, teaching a fitness class and taking a vacation to the Bahamas filled her days. By fall, however, everything had changed dramatically.

In early September, Elyse started feeling constant pain in her left side. When her primary care doctor couldn't find anything wrong, she and her mother, Tina, went to several specialists, one of whom determined she had pneumonia. Elyse began taking antibiotics, but within a few days she could only walk about 10 feet on her own. By September 16, the situation wasn't any brighter. Now Elyse was short of breath. Her mom decided to call 9-1-1.

"You have that inner feeling something isn't right," says Tina.

"You have to go with that."

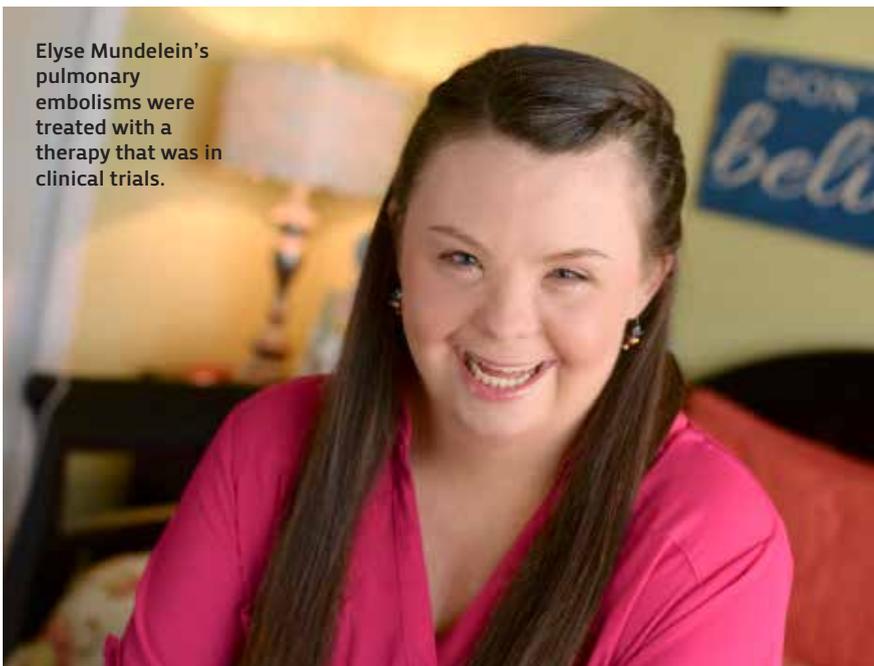
## FINDING A DIAGNOSIS

EMS took Elyse to the emergency department of Florida Hospital Orlando, where Daniel Haim, MD, pulmonary disease/critical care medicine specialist, diagnosed her with pulmonary embolisms, which can be fatal. The condition results from blood clots that form in the deep veins of the body (most often the legs) and then break off and travel to the lungs. The embolisms were causing severe blockages in Elyse's pulmonary arteries.

Until then, no one had detected blood clots or blockages in her lungs.

Dr. Haim said Elyse would need to stay in the hospital for several days. Rohit Bhatheja, MD, interventional cardiologist and medical director of the cardiac care unit at Florida Hospital Orlando, explained their options.

Elyse Mundelein's pulmonary embolisms were treated with a therapy that was in clinical trials.



## HOW DO YOU KNOW IF IT'S A PULMONARY EMBOLISM?

Most people don't have symptoms until they are rushed to an emergency room. Watch a brief video at [FHBestinCare.com](https://www.FHBestinCare.com) to learn how embolisms form, the signs and symptoms to know, and what treatments are available.

Because Elyse was so sick, an ultrasound-accelerated, catheter-directed thrombolytic therapy — under clinical trials at the time — was offered as a potential solution.

## A POSITIVE OUTCOME

During the procedure, Dr. Bhatheja guided a catheter (a long, thin tube) through Elyse's blood vessels to her pulmonary arteries, where he delivered medication to break up and dissolve the clots. After two hours of surgery, Dr. Bhatheja came and told Elyse's family that it had gone well.

Elyse has a special memory of what happened next: "When my mom and dad came into my room in ICU, there was a double rainbow over the lake outside my window," she says. "I think that was a sign from God that everything was going to be OK."

Since Elyse's scare, she has worked tirelessly with Dr. Bhatheja and the Florida Hospital Cardiovascular Institute to promote awareness of pulmonary embolisms and available treatments. She has also resumed her roles as a spokesperson for the Down Syndrome Foundation of Florida and an International Best Buddies Ambassador, and was recently appointed to its Board of Directors.

Between 300,000 and 600,000 Americans are affected annually by pulmonary embolisms, according to the National Heart, Lung and Blood Institute.

HEALTH tips

## BE BOLD AND COURAGEOUS

To have the best outlook on life, choose to embrace life. Let go and embrace the moment.

Kristen Medina  
and her son, Kash



“I was sitting in the chair across from my husband and felt like I was having a contraction. I couldn’t speak and I was in severe pain,” Kristen says. “When it didn’t go away and I was unable to talk, I knew it was more than a contraction.”

Dr. Al-Malt feared it was uterine rupture, a rare complication that causes separation through the thickness of the uterine wall at the site of a prior cesarean incision. He told Kristen and her husband, Kelvin, to hurry to the labor and delivery (L&D) unit of Florida Hospital Orlando, across the street from his office, and he’d meet them straight away.

In the rush to get Kristen to the hospital, Kelvin took a wrong turn and ended up at the emergency department (ED) instead. That turned out to be a blessing, as Kristen’s condition was deteriorating fast.

Meanwhile, Dr. Al-Malt was on his cellphone with both the L&D and ED teams as he bolted 300 yards from his office to the ED. “I ran across the street to where she was, and immediately started the emergency C-section. There were three liters of blood in her abdomen,” recalls Dr. Al-Malt. “My emotion when I left here was ‘I’m not going to let this mother or baby die.’”

He didn’t, even though Kristen’s situation was critical. The window of time between life and death was “a few minutes,” explains Dr. Al-Malt. With help from obstetrician Shiela Bahn, MD, and the ED medical team, he delivered Kash Medina and repaired Kristen’s uterus. Another blessing: Only days earlier, the ED and L&D teams had worked together to complete emergency pregnancy delivery training for just such a scenario.

“Everyone on the team was working so hard to save that mother and baby’s life,” Dr. Al-Malt says. “You do your best in the moment and you ask for blessing.”

“I believe Kash is my gift from God,” Kristen says. “I know God exists and he is still performing miracles.”

# Divine Intervention

An unexpected turn of events brought Kristen Medina’s son safely into the world.

Florida Hospital is ranked **No. 9** in the nation by *U.S. News & World Report* in Gynecology.



Ahmed Al-Malt, MD,  
Maternal and Fetal  
Medicine

Medical science helps us explain almost every aspect of what happens to the human body in crisis. But sometimes, despite centuries of progress and limitless technology, only one word will suffice: miracle.

Kristen Medina, a 28-year-old mother from Apopka, and her baby boy, Kash, are the kind of success stories that defy logic in medicine. After tragically losing her baby girl Kennedy, who was born at 28 weeks with a genetic disorder called polycystic kidney disease, Kristen entered her next pregnancy as a high-risk patient.

However, all signs pointed to a stress-free, full-term delivery — until her week 36 checkup with maternal-fetal specialist Ahmed Al-Malt, MD.



Shiela Bahn, MD,  
Obstetrics

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**23**

## MANAGING A HIGH-RISK PREGNANCY

Join Rachel Humphrey, MD, at noon, Thursday, July 23, to learn about factors that contribute to a high-risk pregnancy and how complications can be managed with a maternal-fetal specialist. Register at [FHBestinCare.com/webinar](http://FHBestinCare.com/webinar).

HEALTH  
tips

### HOLD STRONG TO YOUR FAITH

Attitude and outlook have an impact on your physical and mental health. You can’t always change your circumstances, but you can change your attitude toward them. Sometimes that makes all the difference.

# Choosing Her Path

A young woman weighs how best to preserve her fertility.



D. Ashley Hill, MD,  
Gynecology

Last April, Amanda Portoghese, 25, of Winter Park, woke at 2 am with severe abdominal pain. Three hours later it happened again, and this time she was finding it difficult to breathe. Her fiancé took her to Florida Hospital Orlando's emergency department at the insistence of her father, who is a general surgeon there.

A CT scan revealed Amanda was bleeding from a cyst that had ruptured a blood vessel on her right ovary — a result of her ongoing battle with endometriosis. D. Ashley Hill, MD, a gynecologist who practices at Florida Hospital Orlando, performed emergency laparoscopic surgery to save Amanda's ovary and stop the bleeding.

"I've had painful, irregular cycles since I was a teenager and have been on and off birth control to manage it," Amanda explains. "Before, I joked about not wanting kids, but when I thought I might lose my ovary and my chance of having kids, I realized I want a family."

## WHAT CAUSES ENDOMETRIOSIS?

Endometriosis occurs when tissue that lines the uterus — typically shed during a menstrual cycle — grows outside the uterus. It commonly involves the ovaries, bowel or tissue lining the pelvis. Symptoms include severe pelvic pain, painful intercourse, extreme fatigue and disabling cramps. It's also the most prominent cause of infertility.

"It can be a difficult condition to treat," says Dr. Hill. "Depending on where a patient is in life and if she's had children, treatment includes birth control pills or other hormones, surgery, and in extreme cases, hysterectomy."

## AMANDA'S TREATMENT SUCCESS

Because of her age and overall health, Amanda required only a two-night hospital stay, but it took nearly three months to recover fully because of the blood she'd lost.

Ovarian cysts are found in nearly all pre-menopausal women. Amanda Portoghese experienced a cyst that required surgery.



JULY

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## COMMON GYN CONDITIONS EXPLAINED

Join Michael Cacciatore, MD, as he discusses these and other common GYN conditions, at noon, Tuesday, July 21, during a FREE 20-minute webinar. Register at [FHBestinCare.com/webinar](https://FHBestinCare.com/webinar).

After surgery, Dr. Hill prescribed birth control pills to give her ovaries time to heal. But after gaining weight, Amanda stopped taking the pills. A month later, she developed another cyst. Dr. Hill gave her three options to help control her endometriosis: remove her ovaries; freeze her eggs and remove her ovaries; or continue with birth control until she's ready to have kids.

Engaged to be married in November, Amanda opted for option three until she and her fiancé are ready to start a family.

"I'm thankful to Dr. Hill and Florida Hospital for the level of care they gave me," Amanda says. "My symptoms are under control. I've recently lost weight and begun an exercise regimen, and I'm excited about my future."

Florida Hospital is ranked **No. 9** in the nation by *U.S. News & World Report* in Gynecology.

HEALTH  
tips

## DON'T FORGET TO REST

Rest revitalizes and re-energizes the mind, body and soul. Take mini breaks throughout the day by sitting still for a few minutes to focus your attention, slow your breathing and relax your muscles.

# Health Events

for you at Florida Hospital

Join us ONLINE for FREE 20-minute health discussions. All take place at **noon**. Register in advance at **FHBestinCare.com/webinar** and then watch on your computer. Can't make it that day? Watch anytime on demand after the initial airing! Looking for in-person lectures at one of our campuses? Check out our events at **FHBestinCare.com/events**.

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21**

## Common GYN Conditions Explained

Join Michael Cacciatore, MD, on Tuesday, July 21, as he discusses common conditions, including fibroids, cysts and endometriosis, in pre- and post-menopausal women, and when treatment may be necessary. **See page 7 for Amanda Portoghese's story.**

**JULY  
23**

## Managing a High-Risk Pregnancy

Join Rachel Humphrey, MD, on Thursday, July 23, to learn about conditions that contribute to a high-risk pregnancy and how complications can be managed with help from a maternal-fetal medicine specialist. **See page 6 for Kristen Medina's story.**

## Chef Edwin's Table

Each issue, we provide delicious dining ideas from the kitchen of Edwin Cabrera, Florida Hospital's executive chef. Let's get cooking!



### English Cucumber Salad

Prep time and assembly time: 20 minutes

#### INGREDIENTS

- 1 teaspoon olive oil
- 1 tablespoon balsamic vinegar
- 1 tablespoon red wine vinegar
- 1/8 teaspoon kosher salt
- 2 garlic cloves, minced
- 4 tablespoons fresh basil, chopped
- 1/2 to 1 tablespoon fresh oregano, minced
- 1/4 cup red onions, small dice
- 1 3/4 cups plum tomatoes, medium dice
- 1 3/4 cups English cucumber, medium dice

#### DIRECTIONS

1. In small bowl, make vinaigrette with the first five ingredients.
2. In medium bowl, combine the rest of the ingredients and fold in the vinaigrette.
3. Keep refrigerated until use.



**Nutrition facts per serving (yields 8 4-ounce servings):**

Calories: 33; total fat 1.2 g; sat fat 0.1 g; cholesterol 0.0; sodium 69.6 mg; carbohydrates 22.5 g; fiber 1.1 g; sugar 0.4 g; protein 0.9 g