

## Pap Smears and a New Vaccine

Continued from Page 3

least 50 percent will acquire genital HPV infection at some point in their lives. By age 50 at least 80% will have acquired the HPV infection. HPV lives

in the skin or mucous membranes and usually causes no symptoms. Visual inspection can diagnose genital warts. Currently there is no HPV test for men. HPV vaccines for the prevention of HPV infection and subsequent cervical cancer

are currently being developed and evaluated. Speak to your healthcare provider regarding this immunization.

If you have not had your annual pap smear with your healthcare provider, make an appointment today.

## Wrinkle Treatment Without Surgery

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and Facial Plastic Surgery

The recent abundance of programs on television has brought cosmetic surgery into the mainstream. Patients that once hid the fact they had surgery now openly discuss their procedures.

One major drawback is that it cannot be used for the nasolabial folds (lines from the nose to the corners of the mouth) or vertical lines by the mouth. Now there is an answer.

New technological advances in the treatment of the face have allowed patients to undergo procedures that are minimally invasive – no incisions, no hospital stay, and no long recovery period. Plastic surgery used to only be available to the rich, but these advances have made treatments more affordable, opening the door to everyone considering aesthetic surgery.

Injectable fillers are substances that are used under the skin to elevate a deep furrow thus adding volume and eliminating the crease. They can also augment the lips for a fuller appearance. Bovine collagen was once the treatment of choice. Unfortunately every patient required a skin test to ensure that they would not have an allergic reaction. Today, however, there are several products that do not have the risk of allergy and last a good deal longer.

Most people know that Botox® relaxes certain facial muscles to smooth out wrinkles. It works very well for the upper face but is not effective for the lower face.

The treatments are done in the office and take approximately fifteen minutes.

Anesthetic is often injected prior to treatment. A small needle is used to infuse the filler beneath the skin. Over-correction is not necessary and results are immediate. The best thing about these fillers is they last longer than traditional collagen, possibly up to two years.

After the procedure there is minor swelling and redness which usually resolves in 24-36 hours. There may be slight bruising at the injection site that can be covered with makeup. Touch-up injections are sometimes necessary one to two weeks after the initial procedure. Results may vary with each patient.

Minimally invasive cosmetic procedures are quickly gaining popularity. Injectable fillers are safe, effective, and affordable. With a simple injection, you can regain a long lasting youthful look – scalpel not required.

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## IRC: A New Way TO TREAT Hemorrhoids

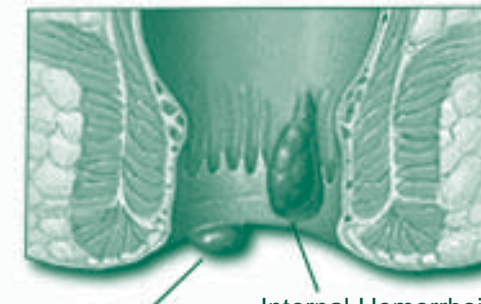
David Gabbazadeh, MD  
and Jay Steinberg, MD  
Department of Gastroenterology

Do you have hemorrhoids? It's not an easy thing to talk about, so most people don't. Often hemorrhoids left untreated progress to the point where the only option is surgery. Hemorrhoid surgery is often extremely painful and can require prolonged time off from work. Yet every year many thousands of people must undergo surgery for hemorrhoids.

veins. Blood flowing from these veins keeps the hemorrhoid full of blood and swollen. This often leads to symptoms of bleeding and painful swelling. Since the hemorrhoids are located in an area that is full of sensitive nerve endings, it is too painful to coagulate the hemorrhoids directly.

### What is a hemorrhoid?

Hemorrhoids are simply enlarged veins - much like varicose veins of the lower leg - that may protrude through the anus on straining. Hemorrhoids can cause troublesome symptoms such as bleeding, pain, itching, swelling, and obstruction.



External Hemorrhoid Internal Hemorrhoid

### What is Infrared Coagulation?

Infrared Coagulation (IRC) has quickly become the most widely used office treatment for hemorrhoids and is preferred over other methods because it is fast, well-tolerated, and virtually problem-free. A small probe contacts the area above the hemorrhoid, exposing the tissue to a burst of infrared light for about one second. This coagulates the veins above the hemorrhoid causing it to shrink and recede.

You can think of a hemorrhoid like a venous lake that is fed by many small streams, or

these small veins. In this way, the pain sensitive area is avoided. Destroying these small veins stops the flow of blood to the hemorrhoids just like blocking a river will dry up a lake.

### How is IRC done?

There is no laxative preparation or need for fasting before this procedure. You will be asked to lie on your left side on the exam table. The doctor will insert a short plastic scope called an anoscope. This is not painful but will cause a feeling of fullness in the anal area. The doctor can now view

## Table of Contents

**IRC: A New Way To Treat Hemorrhoids**  
David Gabbazadeh, MD and Jay Steinberg, MD  
Department of Gastroenterology  
..... 1 & 2

**The Illusive Eustachian Tube**  
Michael Slippen, MD, FACS  
Department of Otolaryngology  
..... 2

**Fungal Eye Infection Invades Northeast U.S.**  
Jill Marcus, OD  
Department of Ophthalmology  
..... 2

**Pap Smears and a New Vaccine**  
Patricia McGlinchey, RNC, MS, NP  
Department of Obstetrics and Gynecology  
..... 3

**Wrinkle Treatment Without Surgery**  
Anthony J. Cornetta, MD, FACS  
Department of Otolaryngology  
..... 4

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## IRC: A New Way TO TREAT Hemorrhoids

Continued from Cover Page

the hemorrhoids. Once the "target" is identified, he will pass a small infrared probe above the hemorrhoids and apply 4-5 short bursts of infrared light. Much like a laser, this generates heat which destroys these "feeder" veins. The patient may feel a sensation of heat very briefly, but since the treatment is done in an area which lacks pain fibers, it is generally not painful.

**Are There Any After Effects?**  
Generally not. Most patients return to a normal lifestyle immediately. There may be slight spot bleeding a few days later.

### How Many Treatments Are Required?

Each treatment takes a few minutes and most patients require a few trips about several weeks apart to destroy all of the "feeder" veins. Over time, this causes the hemorrhoids to shrink and disappear. Even if the hemorrhoid is not totally eliminated, the shrinkage usually stops troublesome symptoms such as bleeding, pain, and protrusion.

For further information contact Drs. Gabbazadeh and Steinberg at (631) 425-2160.

## The Illusive Eustachian Tube

Michael Slippen, MD, FACS  
Department of Otolaryngology  
(Ear, Nose, and Throat)

Most people who have had ear problems have heard their doctor say, "It's your Eustachian tube." And you reply, "OK thank you for the diagnosis, but what is wrong with me?"

A very long time ago an Italian anatomist named this structure after himself and he will be in our vocabulary forever. Simply it is a very narrow tube, lined with the same tissue as our noses, which actually originates in the very back of the nose and ends up in the ear. To be more exact it is on the side of the back of the nose and is responsible for making sure there is air in our ears. Why is having air in our ears important? Think of your ear as a drum; more specifically as a tympani drum, a hard box with one side a soft skin or membrane. As long as the air pressure on the inside of the soft side is the same as the pressure on the outside of the box, you can bang on it and make a sound. If there is no air on

the inside of the box, for example a vacuum, or filled with fluid, you can hit the drum but no sound will be made. So a healthy ear is one with a healthy Eustachian tube.

The Eustachian tube for part of its length is inanimate. The part in the back of the nose, or the opening, is controlled by muscles which are in the back of the throat. You can actually feel it when you swallow hard. These muscles open and close the tube opening in the nose. When the tube opening does not open or close appropriately, problems begin. The problem is lack of ventilation of the ear. If this happens, the air in the ear is removed by the surrounding tissue.

How does the ear get blocked? You have a bad cold, allergies, or exposure to toxic fumes and the tube opening swells. If you happen to be in an airplane that is landing, you may not be able to equalize the pressure on each

## Fungal Eye Infection Invades Northeast U.S.

Jill Marcus, OD  
Department of Ophthalmology

Recently, there has been an increase in the incidence of reported cases of fusarium keratitis, a fungal eye infection that affects the cornea. This serious strain may cause scarring, vision loss, and ultimately the need for a corneal transplant. Normally this infection is seen in patients who reside in warmer climates, such as Florida. However, since this outbreak nearly a month ago, there have been cases reported in New York, New Jersey, and Connecticut.

There has been an association between the recent outbreak of fusarium keratitis in contact lens wearers and consumers of the contact lens solution RENU with

side of the membrane. This will cause a vacuum and retraction of the ear drum which will then press against the tiny bones in the ear. These bones are responsible for transmitting the vibration from your eardrum to your inner ear. They have great names - the anvil, the stirrup, and the hammer. The names don't sound too bad but the hammer has a very sharp point which is directly next to the membrane and when that membrane is pushed against it, it really hurts.

If this sounds like you, there are easy ways to check your ears and test your hearing. The fullness, pressure, and pain that can ensue when your Eustachian tube is not working properly will often resolve with simple treatment.

MoistureLoc®. We are therefore advising all contact lens wearers to stop using this product.

Symptoms of a fungal eye infection include redness of the eye, pain, and an increased sensitivity to light. Vision may be affected. Any contact lens wearer who experiences these symptoms should stop wearing their contact lenses and be evaluated by an eye care professional. We are uniquely qualified to diagnose and treat these corneal infections. We have both a contact lens and corneal specialist on staff.

If you had used RENU with MoistureLoc® we welcome you to stop by the ophthalmology department for a complimentary sample of other contact lens care products. Also, we now offer new breathable contact lenses such as CIBA Vision's O2 Optix™ and Night and Day®. This revolutionary silicone hydrogel material provides increased levels of oxygen through the lens, which helps to promote healthy lens wear.

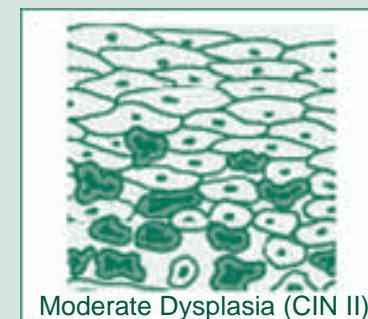


for a period of two days. This is to prevent the risk of hiding any abnormal cells. There are currently two FDA-approved pap smear tests today.

In addition to the pap smear, HPV testing can be used for screening in women thirty years of age and older and for all women regardless of age for an abnormal pap smear result. HPV testing is done along with the cells obtained for the pap test. No additional testing is required by your health care provider.

HPV is the most common sexually transmitted viral infection in the United States. Currently the estimate is 75 percent of the adult population has been exposed and there is evidence the rate is increasing. There are approximately 5.5 million new cases every year reported. Currently, there are 20 million Americans infected according to the American Social Health Association.

The significance of HPV and cervical cancer was first recognized in 1975. Those women with persistent HPV infection, especially women over 30 years of age, are at a higher risk for cervical cancer. The immune system tends to eliminate the virus on its own. There are currently over 100 different types of HPV identified with approximately 30 types



Moderate Dysplasia (CIN II)

transmitted through sexual contact. HPV types are divided into high risk and low risk. Low risk HPV may cause abnormal pap results or genital warts. High risk HPV can cause abnormal pap smear results and can lead to cancer of the cervix, vulva, va-gina, anus, or penis.

Genital warts can present in the genital area within weeks or months after a woman is exposed. They will appear soft, moist or flesh colored. Sometimes they present in clusters, like cauliflower-like bumps, or can be raised, flat, small or large. Genital HPV infections often do not have any signs or symptoms. There are treatments for genital warts yet they can disappear without treatment. If you suspect you have genital warts you should see your healthcare provider. Of the sexually active men and women at

## Pap Smears and a New Vaccine

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Department of Obstetrics and Gynecology

The third most common cancer in the United States among women is cervical cancer. Dr. George Papanikolaou developed the pap smear. Women began having pap smears done in the early 1940's. The pap smear has been responsible for a decrease of over 60% of cervical cancer deaths from the 1950 to 1980. Every year there remains approximately 14,000 women diagnosed with cervical cancer. Almost half of these women have not had proper screening - either never having had a pap smear done or being tested infrequently. Human papillomavirus (HPV) has been found to be the chief risk factor for cervical cancer. HPV DNA is found in over 93% of cervical cancers.

The pap smear test requires the collection of cells from the cervix with a swab by your health care provider. The cells from the pap smear are reviewed by a cytologist (a specialist trained to look at the cells and interpret them). Laboratories in the United States use the Bethesda System, a standardized method to report the test results. This was developed in 1988 and then updated in 1991 and 2001.

The pap smear procedure is risk-free. Prior to having a pap smear done, women should avoid intercourse, douching, vaginal medication (unless directed by your provider), and vaginal contraceptives (birth control foams, creams, or jellies)