



The

INSTITUTE

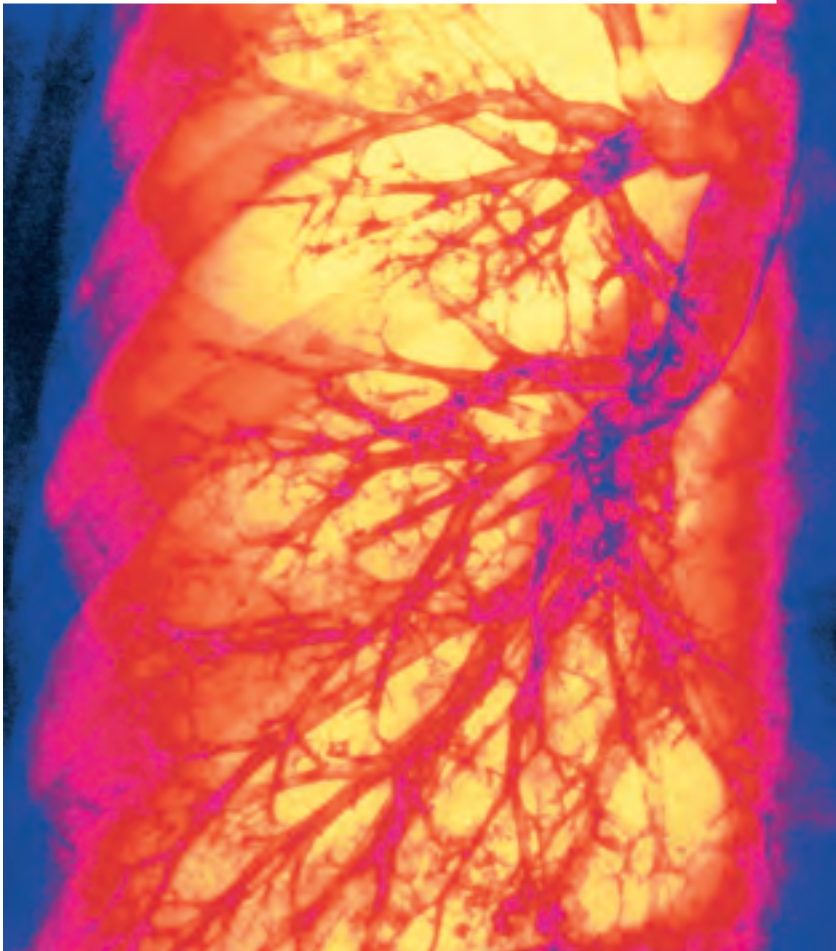
for

ASTHMA

and

LUNG

DISEASES



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NEW YORK METHODIST HOSPITAL

The

INSTITUTE

for

ASTHMA *and*

LUNG DISEASES

at

NEW YORK

METHODIST

HOSPITAL

The Institute for Asthma and Lung Diseases at New York Methodist Hospital brings together a unique team of specialists and medical services to provide community education and coordinated, comprehensive diagnosis and treatment of a broad range of lung conditions.

The Institute's panel of physician specialists includes both pediatric and adult pulmonologists and allergists. A larger constellation of physicians — medical oncologists, radiologists, radiation oncologists and surgeons — collaborate on an as-needed basis. State-of-the-art specialty laboratories — including the Interventional Pulmonology Suite, the Pulmonary Function Laboratory, and the Sleep Disorders Center — are conveniently located on the Hospital campus.

Referrals to the specialists and programs available at New York Methodist Hospital can be made through an individual's primary care

physician or can be requested directly through the Institute's referral service. All diagnostic and therapeutic procedures are performed at New York Methodist Hospital or in the offices of the referred physician.

Physicians and other health professionals affiliated with the Institute are available to speak to community groups on a variety of topics related to the prevention and treatment of asthma and other lung disorders. Other community outreach activities of the Institute



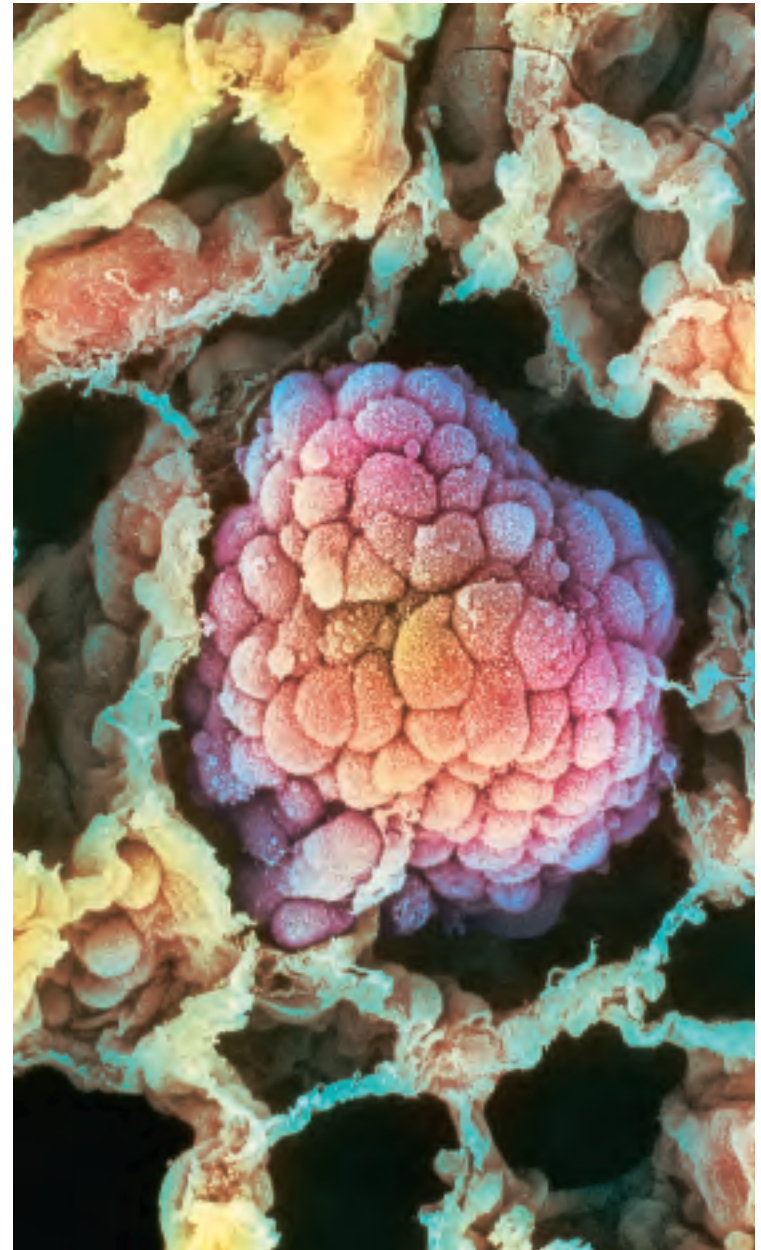
include the distribution of informational materials, support groups and screening programs.

PROGRAMS AND SERVICES

The programs and services offered by the Institute include:

- The Pediatric Asthma Program
- The Adult Asthma Program
- The Chronic Obstructive Pulmonary Diseases (COPD) Program
- The Interstitial Lung Disease Program
- Infectious Lung Disease Program
- The Occupational Lung Disease Program
- The Lung Cancer Program
- The Interventional Pulmonology Program
- Thoracic Surgery
- Critical Care Medicine
- Sleep Disorders Center
- Diagnostic and Treatment Facilities

Cough, shortness of breath, abnormal breathing patterns, chest pain, and chest tightness are the most common clinical signs of lung disease. When one or more of these symptoms are present, it may mean that some important function of the lung has been compromised.



PEDIATRIC ASTHMA PROGRAM

Asthma, a chronic disease of the lungs, occurs when inflammation of the bronchial tubes (the airways to the lungs) causes excess mucus production and a narrowing of the tubes. Symptoms can be mild or severe — ranging from minor wheezing and coughing to extreme difficulty breathing.

Nearly five million children in the United States have asthma, making it the most common chronic illness of childhood. These numbers appear to be increasing, especially in urban settings. Symptoms in children may include cough, rapid or noisy breathing, chest congestion and/or tightness, shortness of breath and wheezing.

Diagnosing asthma in children requires a physician who can recognize the unique characteristics of childhood asthma. In addition to a physical examination, the doctor will consider the family history of asthma (there may be a genetic predisposition to the disease), allergens and irritants to which the child is exposed, severity of symptoms, and results from breathing tests.

Working with parents, the pediatricians, pediatric pulmonologists and pediatric allergists create an effective plan to manage the condition. As with adults who have asthma, children must learn to avoid environmental triggers. The physician may prescribe certain medications and devices which can include a peak flow meter to measure breathing, metered dose inhalers, spacers that attach to inhalers, nebulizers that deliver medication in a mist, and medication in tablet form.



ADULT ASTHMA PROGRAM

Physicians at the Institute diagnose asthma based on physical examination, a medical history and the results of lung function tests which can be performed in the Hospital's Pulmonary Function Laboratory or in some physician's offices.

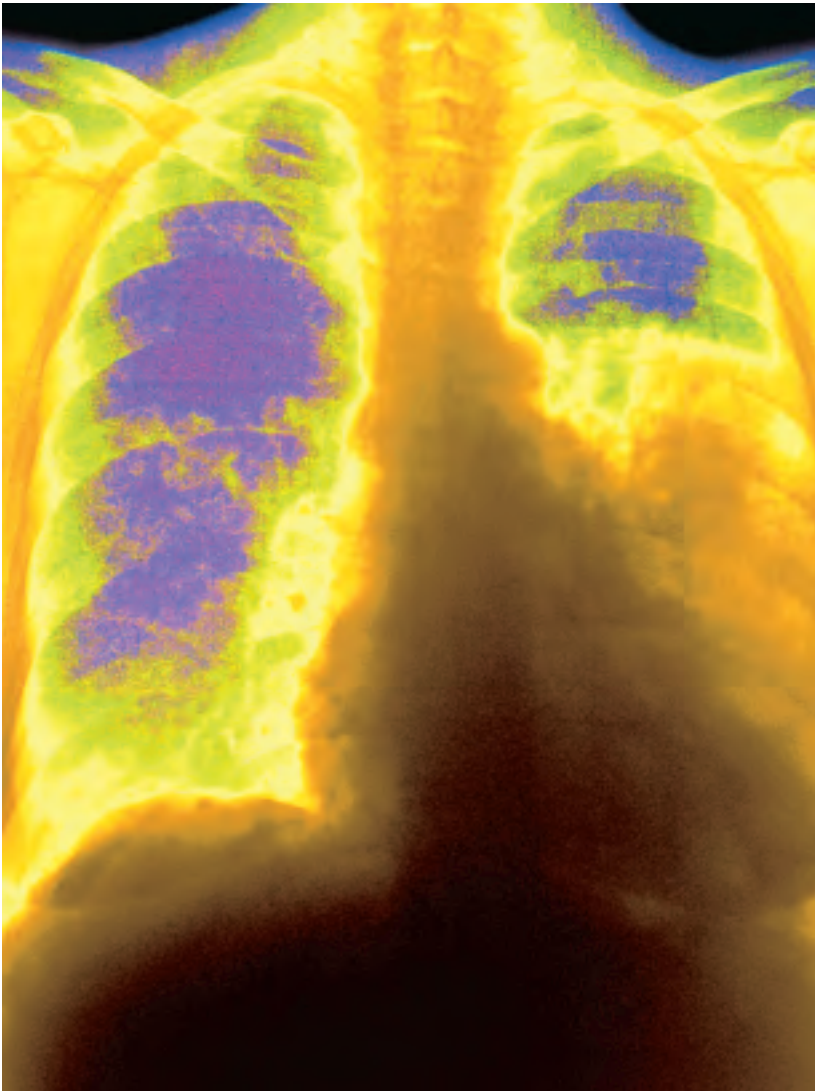
Once a diagnosis has been made, a variety of options are available to manage the condition. Most often, symptoms are triggered by something specific — a virus, allergies, exercise, particles in the air, etc. Identifying and eliminating these triggers is essential.

New medications to control asthma are very effective. One type is used for long term control and another for quick relief during an asthma attack. Many patients use both. Immunotherapy (allergy desensitization shots) may help and will be recommended when appropriate.

The Department of Emergency Medicine and the Pediatric Emergency Service are open at all times to treat patients with asthma. All the technology and equipment needed to treat asthma attacks are located in specially designated areas, making treatment efficient and comfortable for patients.



CHRONIC OBSTRUCTIVE PULMONARY DISEASE PROGRAM



Chronic Obstructive Pulmonary Disease (COPD) is not a single disease, but rather an umbrella term to describe a constellation of lung conditions which include chronic bronchitis, emphysema and asthmatic bronchitis. The characteristic these diseases share is obstruction to the airway. The common symptom is shortness of breath.

Approximately 15 million Americans suffer from COPD. In the United States, 90 percent of COPD is attributed to smoking. If detected early, effective treatment is available.

Chronic bronchitis and emphysema can progress, resulting in significant shortness of breath and inability to perform day-to-day activities. With early diagnosis, smoking cessation, recommended yearly vaccinations and vigilant and defensive medical care, many of the symptoms can be mitigated.

The diagnosis of COPD is made based on various lung function tests, physical examination and medical history. The results of several different tests — all available at New York Methodist Hospital — must be compared before the diagnosis can be made.

Pulmonologists affiliated with the Institute can prescribe various treatments, depending on the severity of the illness. Among the alternatives are bronchodilators, which open the airways, supplemental oxygen and antibiotics. Patients are encouraged to exercise and to avoid smoke and pulmonary irritants.

The Interventional Pulmonology Program offers exciting new research trials for treating some patients with emphysema. These innovative techniques deploy stents to create passages for better air flow in the lungs.

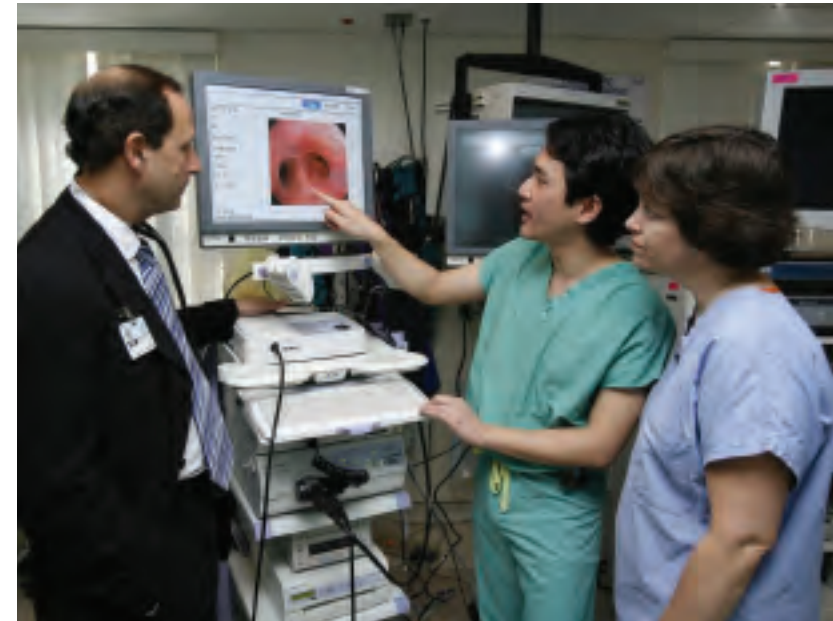
INTERSTITIAL LUNG DISEASE PROGRAM

Commonly called pulmonary fibrosis, Interstitial Lung Disease (ILD) accounts for 15 percent of cases seen by pulmonologists. ILD is a group which includes more than 130 lung disorders — all of which are characterized by scarring of the lungs. Among the most common interstitial lung disorders are pulmonary fibrosis, hypersensitivity pneumonitis, sarcoidosis, and vascular granulomatosis.

Shortness of breath with exercise and a nonproductive cough are the most common symptoms. Other symptoms may include weight loss, fever, fatigue and muscle and joint pain. ILD can be caused by occupational and environmental exposure to organic and inorganic dust, gases and fumes; infections; connective tissue disease such as lupus and rheumatoid arthritis; and chemotherapy and radiation.

The diagnosis of ILD is made after physicians at the Institute take a medical history, conduct a physical exam, and order tests which may include chest x-ray, blood tests, pulmonary function tests, exercise tests, a special type of bronchoscopy to check inflammatory cells in the lung, and surgical lung biopsy. All of these investigations are available at New York Methodist Hospital.

Treatment can include medication and, if known, eliminating the source of the problem.



INFECTIOUS LUNG DISEASE PROGRAM

Infectious lung diseases include pneumonia, tuberculosis, influenza, bronchitis and AIDS-related lung infections. Pneumonia, which may be caused by bacteria, viruses or other agents, can follow an upper respiratory infection. Influenza, which often attacks the lungs, is a contagious disease caused by a virus. Both pneumonia and influenza pose special risks for those with other lung conditions, the very young and the very old, and those who have certain other medical disorders.

Fortunately, tuberculosis (TB) — a serious infection caused by bacteria — is on the decline in the United States, thanks to improved TB control programs. While most people with TB can be cured, often the treatment regimen lasts six months to one year. New medications are now making treating TB easier.



OCCUPATIONAL LUNG DISEASE PROGRAM

Occupational lung disease is the most common workrelated illness in the United States. Occupational lung cancer is caused by the inhalation of carcinogens in the workplace. Asbestosis, a progressive disease marked by lung tissue scarring, is caused by exposure to microscopic asbestos fibers. Byssinosis, or brown lung disease, is caused by dust from hemp, flax and cotton processing. This chronic condition severely affects lung function. Other occupational lung diseases include occupational asthma (which occurs when an individual is exposed to dust, vapors, gases or fumes which trigger an asthma attack), black lung disease (limited to coal workers), hypersensitivity pneumonitis (caused by the inhalation of fungus spores from organic sources) and silicosis (resulting from exposure to silica in mines, foundries, stone, clay and glass manufacturing. New York Methodists' pulmonologists have also evaluated hundreds of World Trade Center rescue workers.

Physicians affiliated with the Institute can evaluate and treat patients with occupational lung disease.



LUNG CANCER PROGRAM



Lung cancer rates have been steadily increasing, especially among women. Over 210,000 new cases of lung cancer are expected to be diagnosed annually and more than 90 percent of patients are current or former cigarette smokers. Early diagnosis and treatment of lung cancer is important. Symptoms include chronic cough, hoarseness, coughing up blood or rusty-colored sputum, weight loss and loss of appetite, shortness of breath, unexplained fever, wheezing, recurring lung infections, like bronchitis and pneumonia, and chest pain. These symptoms could signal other lung problems as well.

Lung cancer is diagnosed through tests like chest x-ray, CT scan, spirometry to assess lung function, an analysis of sputum, and bronchoscopy, a visual examination of the lungs. A new procedure called early detection lung screening uses sophisticated technology to detect lung cancer at an early stage.

If a diagnosis of lung cancer is confirmed, the physicians affiliated with the Institute will determine the best treatment plan for the individual based on the type of lung cancer and other factors. Treatment may involve surgery, chemotherapy and radiation therapy — all of which can be easily accessed at the Hospital. The Hospital has a dedicated inpatient oncology unit, an ambulatory chemotherapy center and is a regional radiation oncology center, serving six Brooklyn hospitals. Where indicated, patients may also participate in clinical trials.

INTERVENTIONAL PULMONOLGY PROGRAM

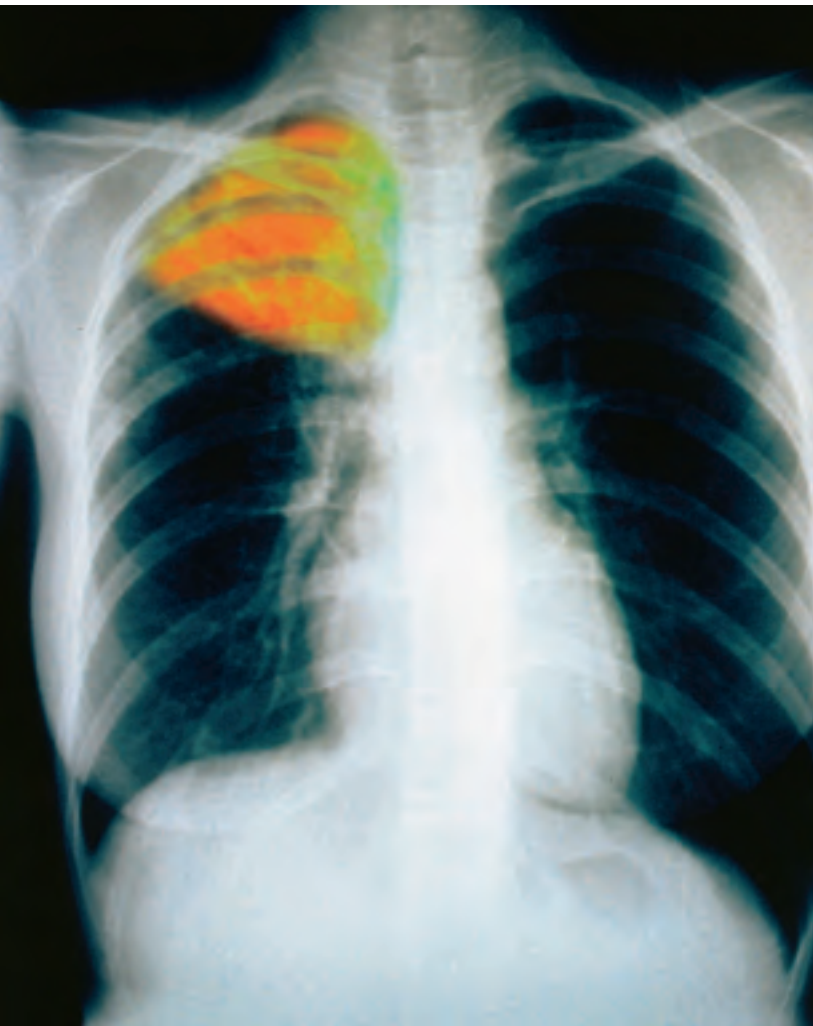
The Interventional Pulmonology Program utilizes a comprehensive multi-disciplinary approach to airway and lung disorders. Airway disorders, which can be caused by many diseases, are common reasons for shortness of breath. A fully equipped bronchoscopy suite, staffed with highly trained clinicians, is available for the diagnosis and treatment of these common disorders.

Minimally invasive (non-surgical) techniques are employed to attain the best possible results. Examples include flexible bronchoscopy (in which a tiny camera is inserted through the nose or mouth and used to visualize the airways), airway stents (wire mesh tubes that keep narrow airway passages open), laser therapies to treat airway tumors and medical thoracoscopy (to treat fluid accumulations around the lungs).

In addition, the interventional pulmonology program has full access to the cardiothoracic operating room, where more complex procedures can be performed, on an inpatient or outpatient basis. The interventional pulmonologists work closely with the Hospital's cardiothoracic surgeons, enabling a streamlined approach to the treatment of many lung diseases.

Some patients may qualify for clinical trials that are available for the study of new approaches and treatment of asthma and emphysema.





THORACIC SURGERY

Patients whose conditions necessitate surgery of lung, esophagus, chest wall, diaphragm or other structures within the chest, will receive care from a surgeon board-certified in thoracic surgery in one of the Hospital's state-of-the-art operating suites.

CRITICAL CARE MEDICINE

A state-of-the-art medical intensive care unit, with a wide array of the latest equipment is available for the treatment of critically ill patients. The Hospital adheres to nationally accepted guidelines for the management of such patients and for infection control.



A thirty-bed respiratory care unit allows patients who need to be aided in their breathing with mechanical ventilators to be cared for by doctors, nurses and respiratory therapists who specialize in this area and, when possible, to be gradually weaned from these machines.

SLEEP DISORDER CENTER

A surprising number of sleep disorders are linked to lung disorders. Among them are sleep apnea (a potentially life-threatening condition which causes breathing to stop several times throughout the night), severe snoring which can be a symptom of a serious upper airway disorder), upper airway resistance syndrome (which causes patients to struggle for breath throughout the night) and disordered breathing (related to heart and neurologic diseases). In fact, many lung conditions experienced during the day worsen at night while an individual sleeps. Diagnosing a sleep disorder can reveal a hidden lung disorder; conversely, diagnosing a lung disorder can uncover a sleep condition.

Patients — both children and adults — who are potential candidates for sleep studies will be referred to the Hospital's state-of-the-art Sleep Disorders Center. During the sleep study, patients spend one or two nights in a hotel-like bedroom, located within the Hospital. Normal daytime activities can be maintained. The study — which is painless — monitors brain patterns, heart activity, breathing, and muscle movements during the night.

If a sleep disorder is diagnosed, appropriate treatment — ranging from medication to nighttime breathing masks — may reduce or eliminate symptoms of not only the sleep disorder, but also the lung condition associated with it.

The Sleep Disorders Center at New York Methodist is the only sleep center in Brooklyn to receive accreditation from the American Sleep Disorders Association.



DIAGNOSTIC AND TREATMENT FACILITIES



The Pulmonary Function Laboratory at NYM — staffed by registered respiratory therapists board certified and registered in pulmonary function technology — features state of the art diagnostic equipment. Physicians refer patients (both pediatric and adult) for pulmonary function testing to evaluate lung disease, to determine the effectiveness of new and current treatments and to measure how severely the lungs are damaged.

Most tests are non-invasive. Among these are several lung tests, including spirometry which measures the air flow in different parts of the lungs. Many physicians recommend that smokers and those exposed to certain irritants or who have symptoms like cough and shortness of breath, should be checked frequently with a spirometer. NYM offers its patients plethysmography, the most accurate test available to measure total lung volume. Another service offered is bronchial provocation testing which provides physicians with valuable treatment information for the management of asthma. Pulmonary stress tests are also given at the laboratory to evaluate lung and cardiac limitations at full exertion. High altitude testing allows an accurate assessment of the patient's need for oxygen while travelling on an airplane. In addition, arterial blood gas studies are available at the Pulmonary Function Laboratory.

FAMILY HEALTH CENTERS

Asthma, and other lung conditions can be diagnosed and, in many cases, treated at one of New York Methodist Hospital's conveniently located Family Health Centers. These centers are located in the Mapleton, Downtown Brooklyn, Canarsie and Flatbush neighborhoods. For more sophisticated tests and studies, patients can be referred to the Hospital's main campus, where specialists will consult with the patient's primary care physicians.

SMOKING CESSATION

Smoking is a major contributor to many lung diseases and physicians at the Institute encourage everyone to stop smoking. By calling the Institute, individuals can receive referrals to smoking cessation programs.

REFERRAL

For a referral to a physician affiliated with the Institute for Asthma and Pulmonary Disease or to schedule an appointment for a test procedure, please call (toll-free) 866-ASK-LUNG or 866-275-5864. For community support services (printed materials, community lectures, support group information), call 718-780-5367.



The Institute for Advanced and Minimally Invasive Surgery
866. DOCS.14U

The Institute for Asthma and Lung Diseases
866.ASK.LUNG (866.275.5864)

The Institute for Cancer Care
866.411.ONCO (866.844.3278)

The Institute for Cardiology and Cardiac Surgery
866.84.HEART (866.844.3278)

The Institute for Diabetes and Other Endocrine Disorders
866.4.GLAND.2 (866.445.2632)

The Institute for Digestive and Liver Disorders
866.DIGEST1 (866.344.3781)

The Institute for Family Care
866.432.CARE (866.432.2273)

The Institute for Orthopedic Medicine and Surgery
866.ORTHO.11 (866.678.4611)

The Institute for Neurosciences
866.DO.NEURO (866.366.3876)

The Institute for Vascular Medicine and Surgery
866.438.VEIN (866.366.8346)

The Institute for Women's Health
877.41.WOMAN (877.419.6626)

OUR LOCATION

Directions: By Bus: #67 runs along Seventh Avenue. **By Subway:** Take the "F" to the Seventh Avenue station. Walk two blocks to the Hospital. You can transfer to the "F" from the "R" at the Fourth Avenue/Ninth Street station. Transfer from the "A" at the Jay Street Boro Hall station. **For Cars:** The parking garage entrance is on Sixth Street opposite the Hospital, between Seventh and Eighth Avenues.



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