

Mario Serafini, DO

How do you define success? As Mario Serafini, DO, has learned, the answer is both complicated and as simple as listening to what matters most to his patients.

A specialist in interventional pain management, Dr. Serafini practices out of the Pen Bay Physical Medicine & Interventional Pain Management at Pen Bay Medical Center (PBMC). He helps patients manage pain so they can get back to the activities that matter most to their lives, from gardening to picking up their grandchildren. Specialists in interventional pain management strive for opioid-free pain treatment that includes such procedures as joint injections, nerve blocks, spinal cord stimulation and peripheral nerve stimulation, among others.

Dr. Serafini is married to Sarah Serafini, MD, an emergency department doctor at PBMC. Dr. Mario Serafini's office can be reached at 207-301-3600.

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In college, you interned as a bond trader on Wall Street and seemed destined for a career in financial services. What changed your mind?

I have always believed in doing good. At the time, I thought you could have this in the financial industries. It was in the 1980s and a very exciting time. But as I became entrenched in the financial services community, it seemed much less like I was doing good. I became disenchanted. So I applied to medical school. It fit my idealistic view of trying to help people.

Is there a moment that confirms your choice?

I met with a retired lobsterman from one of the islands. He's 90 and has many medical conditions and he takes care of his wife, who suffers from dementia. So what I had offered him was a very simple, straightforward, non-exciting injection that I thought would bring him some relief to meet his goal of being able to continue caring for his wife at home. So one day he comes in for a follow-up appointment, and I ask him his percentage of pain relief and he says 30 percent, which normally is considered a therapeutic failure.



And yet he is so happy because he is able to take care of his wife and some of the pain is gone, and for him that's awesome! And it really helped to reset my understanding of how I help people. An outcome study would call a 30 percent reduction in pain a failure, and yet from this patient's point of view, it was an absolute success. It was just this meaningful kind of experience because he made this ferry ride over to thank me for how much better he was doing.

You've expressed appreciation for the outdoors. How active are you?

Dramatically less these days with a 4-year-old and an 18-month old at home. We want to take our kayaks out but we're wondering if a canoe might be better so we can take the children. When I first took up skiing, I wanted to be one of those people who straps the skis to their back, walks up the mountain and skis back down through the trees. That's incredibly hard thing to do. I'll tell you that it pales in comparison to taking a 4-year-old

to the Snow Bowl, with all of his gear, and trying to get on the lift.

How does this inform how you work with patients?

It's relatively easy to measure pain. A patient gives us a number on a scale of 1 to 10 and we write it down. Easy. But when you talk to the patient more, you come to realize that it's not really about the pain as much as it's about loss – the loss of things and passions that they can no longer do. Because of the pain, they're not able to garden, they're not able to pick up their grandchildren. In that regard, my outdoor activities and my children give me important context; I know how much loss I would feel if I could no longer take my kids up Mount Battie. It fuels empathy. I can stand in a patient's shoes and imagine their sense of loss. I think that makes me a better doctor.

What will a patient experience when they visit you for the first time?

We'll sit and talk for a while as we get to know one another. I certainly want to hear about their pain, but I also want to hear about what they value most in their lives and what they want from me as a doctor. As we discuss treatment options, we ask, 'This pain prevents me from doing this. Will the proposed intervention allow me to do it again?' It's a balancing act. We want to help people return to those activities that are most important to them. But we also want to protect them from unnecessary procedures that don't have a reasonable risk-benefit profile.

How did you come to practice medicine in Maine?

We were living in Appalachia. When my wife finished her medical training, we moved to Burlington, Vermont. After we had our second child, we moved to South Carolina to be near family. But the commute was long which meant we were seeing our children even less. Then my wife tells me, 'Oh, I've applied for a position in Rockport, Maine, and they may have a position for you, too.' My response was, Where are the boxes? Let's start packing.