

WINTER 2010

Health Connection

BROUGHT TO YOU BY MAT-SU REGIONAL MEDICAL CENTER

**A gentler
approach to
surgery**

**Better joint
replacement**
Closer to home

**Get this test
today!**
Don't skip your
colonoscopy

**Is a stroke
in your future?**



MAT-SU REGIONAL
MEDICAL CENTER

www.matsuregional.com

Ease your arthritis pain

More than 40 million Americans suffer from arthritis, a condition that can make every move painful. Osteoarthritis is the most common form. It occurs when cartilage, which cushions bones in your joints, breaks down and causes irritation.

Luckily, the following lifestyle changes and remedies can help you manage the pain:

• **LOSE WEIGHT.** It's pretty basic: The more excess weight you carry, the more stress on your joints. But a healthy diet of fruits, vegetables and whole grains, paired with regular exercise—at least 30 minutes a day—can help tip the scales in your favor. Cut back on saturated fats, which may increase your body's inflammatory response, adding to joint and tissue inflammation.



• **GET OFF THE COUCH.** Inactivity is a joint's worst enemy. Exercise can strengthen and protect the muscles around the joints, preventing them from stiffening and causing more pain. Walking, swimming, some yoga poses and tai chi are easy on the joints. Also beneficial are range-of-motion exercises, such as raising your arms above your head; strengthening exercises, such as weight training; and low-impact aerobic exercises, such as bike riding. Before starting an exercise program, check with your physician. If needed, ask him or her for a referral to a physical therapist who has a program for people with arthritis.

• **TAKE A PILL, IF NEEDED.** Sometimes you need medication for the pain. Over-the-counter options include non-steroidal anti-inflammatory drugs, or NSAIDs (such as ibuprofen and naproxen), and acetaminophen (such as Tylenol). Topical creams may provide hot or cool sensations to ease pain or contain pain medication that's absorbed into the skin. Your physician may prescribe pills or cortisone injections. Any drug you take can have side effects, so discuss them with your physician before starting a regimen.



• **REST UP.** Your body needs time to heal, so aim for eight to 10 hours of sleep every night, and avoid sitting or standing in one position for too long. Skip high-impact activities such as running. You may also want to look into stress-relievers such as meditation or yoga.

• **ASK ABOUT ALTERNATIVES.** Massage, acupuncture, heating pads, ice packs and supplements such as glucosamine and chondroitin may help reduce symptoms, though studies on the supplements have been mixed. Speak with your physician before trying any home remedies. Sometimes, there simply isn't a remedy that can effectively treat the pain. In that case, surgery to replace the joint may be an option to discuss with your physician.



Life after the ER

Following your physician's orders keeps you healthy

When you're not feeling well and you're surrounded by the hustle and bustle of an emergency room (ER), it's easy to be confused by what a physician is telling you. All you can think about is going home. That's why many people are unclear about how to handle their care when they leave the hospital.

Case in point: A small University of Michigan study found that more than 75 percent of patients didn't understand their discharge instructions or what ER physicians had just told them—although 80 percent thought they did. Some of the patients weren't even sure of their diagnosis.

Unfortunately, these misunderstandings may increase the likelihood of complications once you leave the ER. In reality, the care you receive at the hospital is just one important part of the puzzle. Knowing what to do next—and following those discharge instructions closely—is critical to getting better. Here's what you need to do for the best health care results:

➔ **SPEAK UP.** Don't be afraid to ask questions if you're unsure of your condition, what treatments you were given, your test results or something in the discharge instructions—for example, whether a medication that's been prescribed may interact with one you're already taking. It's best to ask the ER physician caring for you,

rather than having to contact the ER later, when the physician you saw may no longer be on duty.

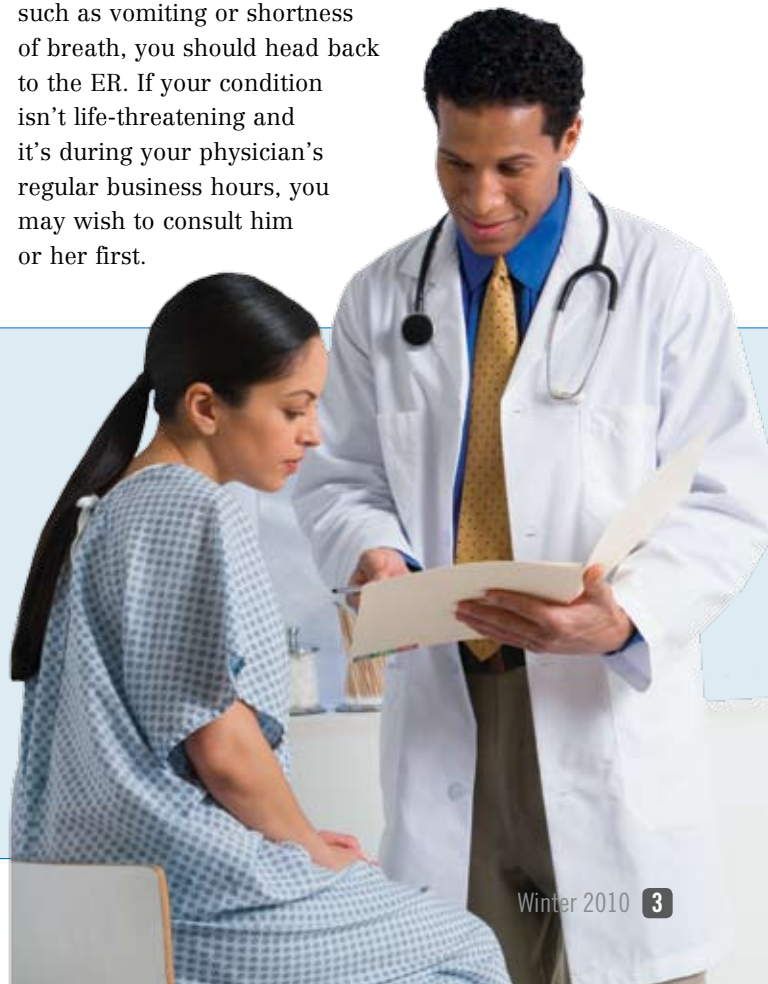
➔ **FOLLOW ALL MEDICATION DOSAGES.** Thoroughly read your discharge instructions. They should spell out what medications have been prescribed, what they treat and how often—and when—to take them.

➔ **FOLLOW UP WITH YOUR FAMILY PHYSICIAN OR A SPECIALIST.** You'll especially need to do this if you've received stitches or a cast. Your discharge instructions will tell you when to go. Double-check with your physician to make sure information about your ER visit, including test results, has been sent to his or her office before your appointment.

➔ **KNOW WHEN YOU SHOULD RETURN TO THE ER.** If your condition worsens or you're noticing new symptoms, such as vomiting or shortness of breath, you should head back to the ER. If your condition isn't life-threatening and it's during your physician's regular business hours, you may wish to consult him or her first.

How did we do?

When you check in to the ER, admitting personnel will ask you if it's OK to follow up with you once you're back home. If you agree to it, we'll try to call you within 24 hours of your discharge, asking you six questions about your visit. At that time, if you don't understand your discharge instructions or have any questions about your treatment, a nurse will call you back. This process, called Discharge Callback Administrator, or DCA, helps us improve the way we care for our patients and ensure that you're on the road to recovery.



A new approach to joint replacement

Special equipment makes the difference

Joint surgery or replacement can offer many benefits for people who have arthritis, including pain relief and enhanced movement and joint use. Despite these advantages, the decision to have joint surgery can be a tough one. Certain symptoms and other factors can help people decide when the time is right to seriously consider surgery. Prime candidates for surgery are arthritis sufferers who are unable to sleep at night, participate in regular outings, get relief from medication or perform daily activities such as getting out of a chair. If you or a loved one experiences any of these symptoms, it's important to visit an orthopedic surgeon to discuss the possibility of joint surgery or replacement.

OUR SPECIALLY DESIGNED TABLE

Orthopedic surgeons at Mat-Su Regional Medical Center have a distinct advantage over traditional hip-replacement surgeries by using the *hana*® table. This special table was first used for anterior approach total hip arthroplasty (THA) and is described by board-certified orthopedic surgeon Gary Benedetti, M.D., as helping to provide a "muscle-sparing technique and lower-impact surgery." The *hana* table allows specific positioning of the patient so a single incision is made from the front of the hip, where the joint can be replaced without detaching the muscle or tendon from the pelvis or femur.

In addition, an attachment enables easier access to the femur and fluoroscopy (X-ray) during the procedure, and

Joint surgery or replacement can offer many benefits for people who have arthritis, including pain relief and enhanced movement and joint use. But the decision to have joint surgery can be a tough one.

ensures more accurate placement of the patient. THA surgery patients can expect less blood loss and pain immediately after the procedure. Long-term benefits include lower dislocation rates, fewer hip precautions, decreased recovery time and improved function. Anterior approach total hip replacement patients have the potential to recover in two to eight weeks compared to two to four months for conventional hip replacement surgery.

BEFORE YOUR SURGERY

Before recommending surgery, your physician will review other health factors to ensure that you're in good general health. People with heart or lung disease have a higher risk of complications during surgery, which may factor into your surgeon's decision. People who are overweight or obese may not be prime candidates; physicians may ask patients to lose weight before surgery so recovery is smoother. Good nutrition before surgery is also important, especially for older candidates.



! Find relief!

For many, joint surgery greatly improves quality of life. To learn more about joint replacement and other exciting advances in the surgery program at Mat-Su Regional Medical Center, visit www.matsuregional.com or call (907) 861-6790.



Options for those with arthritis

Depending on the joint's condition, a variety of surgical options are available to those suffering from arthritis, including:

- **Arthrodesis.** Typically performed on ankles, wrists, fingers and thumbs, this procedure fuses bones to help relieve pain.
- **Arthroscopy.** A minor outpatient surgery, arthroscopy is the most common procedure for diagnosing knee and shoulder problems. The physician uses a tool with a small camera on the end to assess joint damage.
- **Osteotomy.** When joints are misaligned, osteotomy can reposition the bone.
- **Total joint replacement.** This procedure replaces a problematic joint with an artificial joint. A widely used surgery, total joint replacement is most common for knees and hips.

Dear neighbors,

We hope you enjoy reading about what Mat-Su Regional Medical

Center has to offer our patients as much as we like sharing this information with you. I'm pleased to tell you about two of our hospital's technological advances: In December, our surgical team

was the first in Alaska to perform a da Vinci® Nissen fundoplication procedure to treat gastroesophageal reflux. We were also the first to perform a sigmoid resection, a surgical procedure used to repair part of the colon.



Kerry Aguirre
Director of Marketing
and Public Relations

MORE THAN A LOCAL HOSPITAL

Although your confidence in us as your health care partner continues to increase, we recognize the many choices you have for your care. Mat-Su Regional is more than a local hospital—it's a network of caring and hard-working professionals who strive alongside you to protect the economy and promote the future of our hometown.

Each day, our medical staff and volunteers continue our journey toward service excellence with a commitment to quality, service, people, growth and finance. We look forward to continuing to meet the demands and challenges of our growing community as we strive for excellence in health care services.

Thank you for your confidence and for allowing us the opportunity to care for you.

Sincerely,

KERRY AGUIRRE
Director of Marketing and Public Relations
Mat-Su Regional Medical Center

HEALTHWISE QUIZ

How much do you know about **obesity**?

Take this quiz to find out.

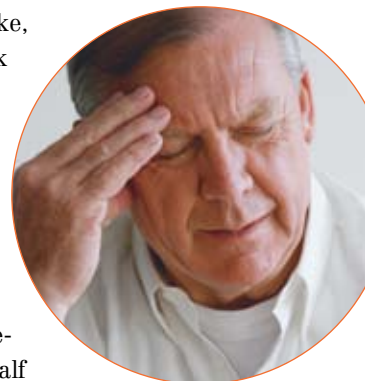
- 1** What percentage of American adults are overweight or obese?
 - a. 25
 - b. 33
 - c. 50
 - d. 66
- 2** Which of the following has not been linked to obesity?
 - a. hyperthyroidism
 - b. cancer
 - c. gallbladder disease
 - d. infertility
- 3** Obese children have a higher risk of:
 - a. asthma
 - b. early puberty
 - c. skin infections
 - d. all of the above
- 4** One problem with body mass index (BMI)—a calculation that assesses obesity—is that:
 - a. It doesn't take height into account.
 - b. It doesn't measure muscle, so a muscular person can have a high BMI.
 - c. It doesn't factor in age.
 - d. none of the above
- 5** How much excess weight do you usually have to be carrying to be considered for weight-loss surgery?
 - a. 30 pounds for women, 50 for men
 - b. 50 pounds for women, 70 for men
 - c. 80 pounds for women, 100 for men
 - d. There's no minimum weight requirement for weight-loss surgery.

ANSWERS: 1. (d), 2. (a), 3. (d), 4. (b), 5. (c)

{ MINI-STROKES }

Heed the warning

It may not be a full-blown stroke, but a transient ischemic attack (TIA)—also called a mini-stroke—is your warning that one could be just around the corner. TIAs produce symptoms similar to strokes, but they usually only last a few minutes and don't cause damage. About a third of people who have TIAs will subsequently have a stroke, and about half of them will have it within a year.



INSIDE A TIA

A TIA occurs when a blood clot briefly blocks an artery, cutting off part of the brain's blood supply. Like a stroke, symptoms arise without warning. They include:

- sudden numbness or weakness in the face, arm or leg—usually on one side of the body
- sudden confusion, speech problems or trouble comprehending
- sudden problems walking, dizziness and loss of balance or coordination
- sudden severe headaches
- sudden vision problems such as loss of sight in one eye

If you suffer any of these symptoms, call an ambulance or have a friend take you to the ER right away. Physicians usually have to make a diagnosis based on your medical history.

IS A TIA IN YOUR FUTURE?

You're at higher risk for a TIA if you:

- have a family history of TIA or stroke
- are 55 years or older
- are a man
- are African-American

Those are things you can't control, but you can help change other risk factors:

- blood pressure 140/85 mm Hg or higher
- high cholesterol
- heart disease, carotid artery disease and peripheral artery disease
- obesity
- cigarette smoking
- heavy drinking
- physical inactivity
- diabetes
- a high-fat, high-sodium diet

This simple test could save your life!

It's estimated that about 149,000 new cases of colorectal cancer were diagnosed last year in the United States, according to the American Cancer Society. It's also currently the second leading cause of cancer death in the United States. The good news: You can take precautions to reduce this cancer risk. One of the most important steps is to schedule a colonoscopy.

WHEN TO GET A COLONOSCOPY

Colonoscopies are one of the best tools health care professionals have to detect colon cancer and diagnose other gastrointestinal issues. It's a common outpatient procedure used to find and remove polyps before they become cancerous or to determine whether a person has colon or rectal cancer. Your physician examines the entire colon and rectum for abnormalities, such as inflamed tissue, irregular growths and ulcers.

A colonoscopy is generally recommended when at least one of the following happens: your bowel habits change, you have blood in your stool or you have persistent abdominal pain.

It's also recommended that men and women older than age 50 have a screening colonoscopy every 10 years. People with a higher risk of colon cancer may have more frequent colonoscopies depending on their health care professional's advice.

HOW TO PREPARE

Because the colon must be clear of stool and fluids that may obscure the view, your physician will likely ask you to do the following at least 24 hours before the procedure:

- Avoid eating solid foods.
- Drink only clear non-alcoholic liquids, such as black coffee, tea, water or clear broth.
- Stop taking iron pills or medications containing iron, as they can change the color of the colon lining.
- Take laxatives or use enemas to clear out the bowel, as prescribed.



WHAT TO EXPECT

A colonoscopy causes minimal pain but often makes people anxious. Most patients can be sedated to minimize discomfort. During the exam, the physician inserts a colonoscope (a long, flexible tube with a tiny video camera and light on the tip) into your rectum. The camera transmits images onto a screen so the physician can examine the colon lining. If a small polyp is found, the physician will likely remove it. If a large polyp or any abnormal tissue is found, the physician may decide to remove it immediately or perform a biopsy for testing. Recovery time after the procedure is only about an hour. You should make preparations in advance to get a ride home.

! Get screened today!

Don't put off a colorectal screening—see your physician about this lifesaving test. Find a physician to perform your colonoscopy by visiting www.matsuregional.com or by calling (907) 861-6849.

Health Connection is published as a community service of Mat-Su Regional Medical Center. There is no fee to subscribe.

The information contained in this publication is not intended as a substitute for professional medical advice. If you have medical concerns, please consult your health care provider.

Copyright © 2010 Mat-Su Regional Medical Center

WINTER 2010



Surgery: A less invasive approach

Today, complex conditions, including cancer, uterine prolapse, fibroids and even heart disease, can be treated with minimally invasive da Vinci® surgery.

This approach uses an advanced robotic surgical system that provides your surgeon with better vision and more precision and control. It requires only a few small incisions, so you can get back to your life faster without the usual longer recovery following major surgery.

FACING A HYSTERECTOMY?

If your physician recommends a hysterectomy (removal of the uterus) to treat your condition, the procedure may be performed through the vagina. However, when the uterus is large or if you have internal scarring from a prior surgery or other conditions, an abdominal hysterectomy is usually performed.

Traditionally, an abdominal hysterectomy is an open surgery requiring a wide incision below the navel. This procedure can be painful, involving strong pain medications, risk of infection and significant blood loss. After surgery, a long recovery (often six weeks) is necessary. In

! Need surgery? Call us!

For more information about gynecologic, general and urologic da Vinci procedures and a list of Mat-Su Regional Medical Center surgeons who perform them, visit www.matsuregional.com or call (907) 861-6790.

addition, many patients aren't happy about the incision scar.

If your physician recommends a hysterectomy, you may be a candidate for a less invasive surgical procedure using the da Vinci system. For most women, da Vinci hysterectomy offers numerous potential benefits over traditional surgical approaches, including significantly less pain and risk of infection, shorter hospital stay, quicker recovery and return to normal activities and smaller incisions for minimal scarring. As with any surgery, these benefits can't be guaranteed, as surgery is patient- and procedure-specific. Always ask your physician about all treatment options and their risks and benefits.



HEALTHY WOMAN
A MAT-SU REGIONAL MEDICAL CENTER RESOURCE

Women: Join us!

On Saturday, February 13, join Mat-Su Regional Medical Center from 8 a.m. to 1 p.m. for our free Healthy Woman Fair. Take advantage of free health screenings, important education and interactive exhibits, all designed to support a healthy body, mind and spirit at every stage of a woman's life. Open to the public, the fair will be held at Mat-Su Regional at 2500 S. Woodworth Loop. Call (907) 861-6849 or visit www.matsuregional.com for details.