



HEALTH SCIENCE®

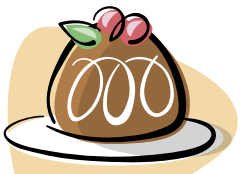
JOURNAL OF WELLNESS AND GOOD HEALTH CARE ● FALL 2011

Health Link

SPREAD THE WORD

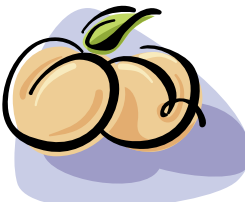
Two secrets of people who've lost 30 or more pounds and kept them off for at least a year: 90 percent exercise for about an hour every day, and 62 percent watch less than 10 hours of TV per week.

National Weight Control Registry



SWEET TAMER To help decrease a desire for sweets, eat them as dessert 15 to 30 minutes after a meal—not as a snack. This worked for chocolate-lovers in one study.

American Institute for Cancer Research



COLORS OF NUTRITION

Orange and deep yellow produce may lower risk of some cancers and promote healthy eyesight and immune systems. Examples include apricots, grapefruits, pineapples, carrots, sweet potatoes and yellow peppers.

American Dietetic Association

HAVE A HEALTHY HOSPITAL STAY

The hospital is a place dedicated to wellness. But like any location where people gather, it's also a place where illness can spread and accidents can happen. ♦ With

stringent safeguards in place, staff members at Grant Regional Health Center are very careful to protect the people in their care. But keeping you safe also requires your help. Here are several key things you can do to help ensure a healthy hospital visit.

Be prepared. Keep information about your health on hand so that you can pass it on quickly if you're hospitalized. Include details about your medical conditions, medications you take and any allergies, as well as the reactions those allergies cause.

Get involved. Take an active role in your care and don't hesitate to ask questions. For instance, if you're having surgery, you should know the surgery site and what will be done, and you should make sure the correct site is clearly marked on your body. Likewise, you should feel free to confirm whether health care workers have washed their hands or to inquire if you think you might be receiving a dose of medicine too soon.

Take care to prevent the preventable. For instance, washing your hands frequently may help prevent the spread of germs from surfaces such as bed rails and your TV remote control. Asking for assistance before getting out of bed may help you avoid a serious fall.



Ask staff members about the steps we take at Grant Regional to prevent infections.

Stay connected. Ask staff members coming into your room to introduce themselves and to explain what they will be doing for you. And make sure they know who you are too. Wear your identification bracelet at all times, and be certain they check it before treating you.

Sources: Agency for Healthcare Research and Quality; Association for Professionals in Infection Control and Epidemiology, Inc.; Centers for Disease Control and Prevention

Infections: Take steps to protect yourself

Here's a fact you might find surprising: Your skin is covered with bacteria.

If that concerns you, it shouldn't. Usually, bacteria are harmless.

However, bacteria will be a concern for your doctor if you're having surgery. That's because these germs can enter your bloodstream during your operation. And inside your body, they may cause life-threatening infections.

Your surgeon and other members of your health care team will take precautions to keep you safe. But you have an important role in lowering the risk for surgery-related infections too. Here are some things you can do:

- Tell your surgeon about all medical conditions you have.
- Don't shave the area where you'll be having surgery.
- Before your operation, clean your skin as instructed.
- After surgery, remind hospital staff members to wash their hands before touching you.
- Clean your hands before caring for your wound.

Sources: Association for Professionals in Infection Control and Epidemiology, Inc.; Centers for Disease Control and Prevention

What our patients say.
www.grantregional.com

Find out why you can trust Grant Regional Health Center for safe, expert care during your hospital stay. Visit www.grantregional.com/stories.html to read our patients' stories.

DOCTORS WHO DOES WHAT?

A guide to common medical specialists

Let's say that you feel sharp pains in your back. So you call your doctor for an appointment.

Once you're there, he or she asks about your symptoms, gives you a brief physical exam and maybe orders a test. Then your doctor says to you, "I think you should see a nephrologist."

And you say, "A who?"

That's a very good question.

Your doctor is referring you to a specialist—in this case, a kidney specialist. Nephrology is just one of the many areas of expertise that, while recognized by the American Board of Medical Specialties (ABMS), are still a mystery to most of us.

Who are these specialists, and what do they do?

This chart may help explain. It's not a complete list of every specialty and subspecialty for which a doctor can be certified. (There are more than 145.) But it includes some of the most common ones.

For a more comprehensive guide to medical specialties, visit the ABMS website at [www](http://www.certificationmatters.org)

[.certificationmatters.org](http://www.certificationmatters.org).

TYPE OF SPECIALIST	TYPE OF CARE
Cardiologist	Focuses on diagnosing, treating and preventing diseases of the heart and blood vessels. Cardiologists often treat heart attacks, heart failure and heart rhythm disorders.
Dermatologist	Treats a variety of skin conditions like acne, dermatitis, scars, moles and skin cancer.
Endocrinologist	Often an internist who specializes in disorders involving hormones and the glands and organs that secrete them. Examples include diabetes, metabolic disorders and thyroid disease.
ENT doctor	Also called an otolaryngologist. Treats disorders of the ears, nose and throat (ENT), as well as related areas of the head and neck.
Family physician	Delivers a wide range of acute, chronic and preventive medical care. Offers routine checkups, immunizations and health management for people of all ages.
Gastroenterologist	An internist who specializes in diseases of the digestive system. May also perform procedures like colonoscopy and endoscopy.
General surgeon	Performs many types of surgery, including those related to critical illness or injury. Frequently treats conditions like appendicitis, hernias and gallstones.
Geriatrician	Often a family doctor or internist who specializes in the care of older adults and health conditions related to aging.
Hospitalist	Manages care of patients in a hospital. May have residency training in internal medicine, pediatrics or family medicine.
Internist	Provides long-term, comprehensive care for both common and complex illnesses for adults.
Nephrologist	An internist who focuses on disorders of the kidney and urinary tract.
Neurologist	Evaluates and treats health issues of the brain, spinal cord and peripheral nerves. Examples include stroke, brain tumors, Parkinson's disease and multiple sclerosis.
Obstetrician/gynecologist	An OB/GYN focuses on women's health—particularly their reproductive systems—before, during and after childbearing years.
Oncologist	An internist who specializes in diagnosing and treating cancer. Subspecialties include surgical and radiation oncology.
Orthopedic surgeon	Performs surgery on the musculoskeletal system, mostly the extremities and spine. Can fix broken bones or replace worn-out joints, such as hips or knees.
Pediatrician	A primary care doctor who specializes in the health and development of children.
Psychiatrist	Evaluates and treats mental and emotional disorders, such as schizophrenia, depression, and addiction or substance abuse.
Pulmonologist	An internist concerned with diseases of the lungs and bronchial tubes, such as pneumonia, emphysema and tuberculosis.
Radiologist	Uses imaging tools like x-rays, CT and ultrasound to diagnose and sometimes treat disease.
Rheumatologist	An internist who focuses on diseases of the joints, muscles, bones and tendons. Examples include arthritis, back pain, gout and lupus.
Urologist	Also called a genitourinary surgeon. Diagnoses and treats disorders of the female and male urinary tract, as well as the male reproductive system.

Additional sources: American Academy of Otolaryngology; American College of Cardiology; American College of Physicians; Society of Hospital Medicine

A doctor just for you

You could choose a doctor by throwing a dart at the phone book listings.

Or you could pick a name—any name—from your insurance company's roster of preferred providers.

But medical experts suggest a more methodical approach. After all, a doctor is someone you'll be entrusting with your health. You want to find a doctor who's competent, for sure—but also someone you feel comfortable talking with.

Here are some tips for finding the right doctor for you:

Seek recommendations. Ask friends, co-workers and, if appropriate, your current doctor for referrals.

Do a little digging. You have a list of names. Call the offices to make sure the doctor takes your insurance. Ask about office hours and after-hours care.

Set up an interview. Visit the office and talk with the doctor face-to-face. Bring a list of topics that are important to you for discussion. (You may need to pay for this meeting.)

Some good questions to ask: What hospitals does he or she use? Can someone on staff answer common questions over the phone?

You might also want to find out if you can communicate with the office online to make appointments, schedule tests or refill prescriptions.

Sources: Agency for Healthcare Research and Quality; American Academy of Family Physicians; American Board of Medical Specialties

Need a doctor? See the list on the back page.



UROLOGIC CONDITIONS AND TREATMENTS

HELP IS HERE

TALKING ABOUT YOUR body's plumbing problems may not always be easy, but it's better to speak up than to suffer in silence. There is help!

Sanjeev Gupta, MD, urologist, specializes in comprehensive urological care for men and women. He sees patients twice a month at Grant Regional Health Center and welcomes new patients.



Sanjeev Gupta, MD

COMMON CONDITIONS Some of the conditions Dr. Gupta routinely deals with are: ● Benign prostatic hyperplasia (BPH)—enlargement of the prostate. ● Prostate cancer. ● Kidney stones. ● Kidney obstruction. ● Blood in the urine. ● Kidney and bladder cancer. ● Female urinary incontinence. ● Bladder problems. ● Urethral strictures.

- Erection problems. ● Varicoceles and infertility.
- Vasectomy and vasectomy reversal.

Kidney, bladder and prostate cancer. Prostate cancer is the most common cancer in men. One out of six men will have prostate cancer in their lifetime. Since the advent of prostate-specific antigen (PSA) screening, 90 percent of prostate cancers are detected in the early, localized stage. Early detection is the key to successful treatment and cure.

Dr. Gupta offers modern diagnostic and therapeutic procedures for prostate cancer as well as for kidney and bladder cancer.

Kidney stone disease. Kidney stones can appear suddenly and cause severe pain from obstruction. You should call your doctor if you experience: ● Extreme pain in your back or side that will not go away. ● Blood in your urine. ● Fever and chills. ● Vomiting. ● Urine that smells bad or looks cloudy. ● A burning feeling when you urinate.

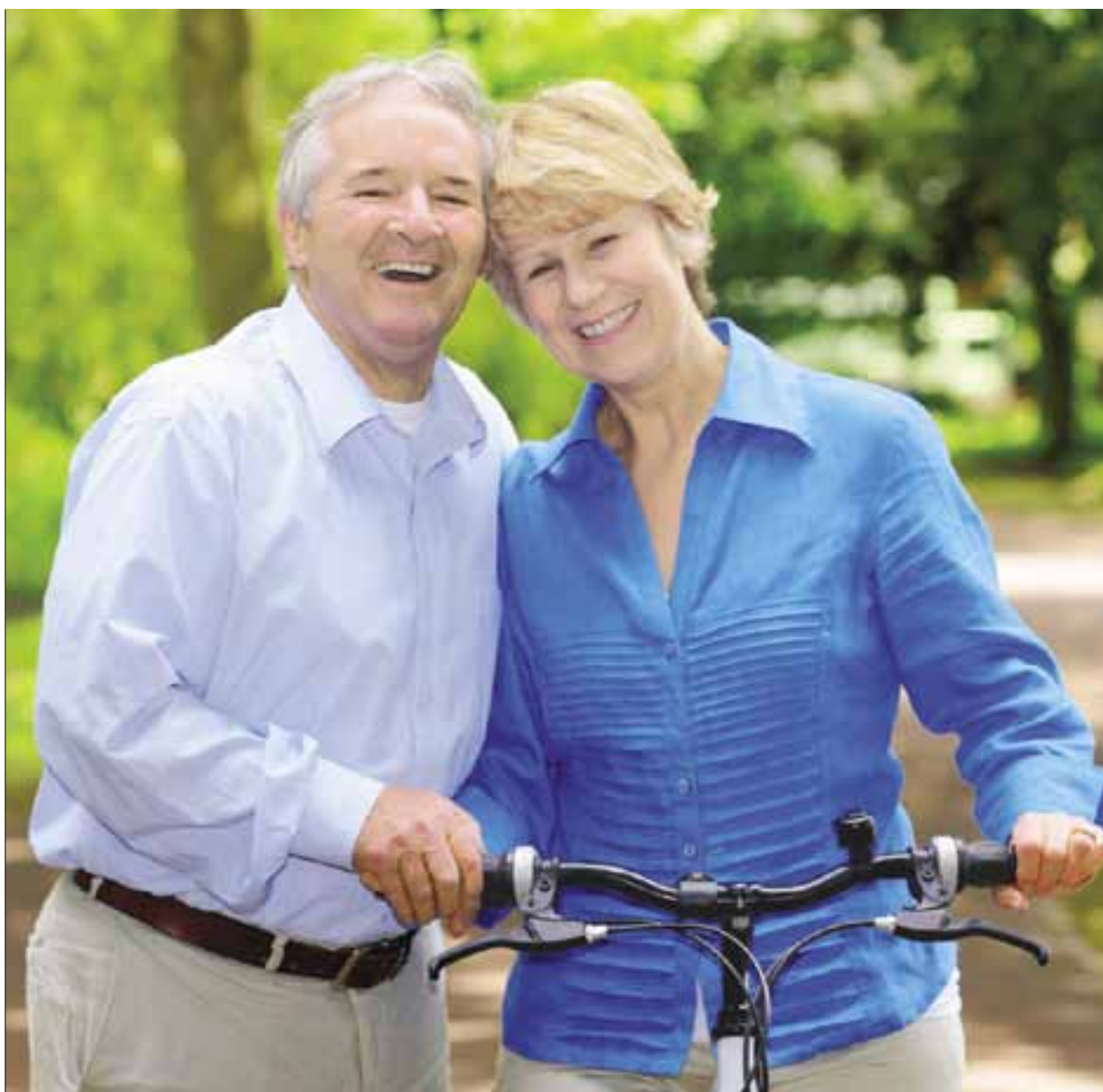
Dr. Gupta has received specialized training in the latest technologies for the removal of kidney stones, including the use of laser and lithotripsy.

Urinary incontinence. Urinary incontinence is an accidental leakage of urine. Incontinence can have several different causes, and Dr. Gupta is well-trained in easily and painlessly diagnosing the causes. In the privacy of a clinic room, he uses urodynamic testing to accurately diagnose different types of urinary incontinence.

Most people with incontinence can be successfully treated or cured. Dr. Gupta is trained in the latest minimally invasive outpatient surgeries for the treatment of female stress incontinence. Treatments include various types of sling placement and repair of fallen bladder (bladder prolapse, or cystocele). For fallen bladder repair, adding a graft to the tissue (graft augmentation) results in a 70 percent reduction in recurrence compared to repair without a graft (colporrhaphy).

Services provided include: ● Urodynamic testing. ● Monarc sling (TOT and TVT) placement. ● MiniArc sling placement. ● Prefyx prepubic sling placement. ● Transurethral injection of bulking agent. ● Cystocele repair. ● Artificial urinary sphincter placement. ● Urolume stent placement.

Prostate enlargement. This common problem affects



older men and can appear gradually, causing frequency of and difficulty in urination. Dr. Gupta has performed many of the traditional procedures for reducing the size of the prostate. He has received specialized training in the latest minimally invasive technologies for treatment of the enlarged prostate, such as: ● PVP green-light laser ablation of prostate (laser prostatectomy). ● TURP (transurethral resection of the prostate).

Impotence. Impotence is quite common, yet men are often too embarrassed to discuss it. Some 30 million men suffer from ED, but less than 15 percent of them seek treatment for it. Prevalence of ED increases with age. Of men between 40 and 70 years of age, 52 percent have ED. It can be successfully treated in most cases.

Dr. Gupta is trained in all aspects of diagnosis and treatment of impotence, and he has the office equipment to properly diagnose it. He is trained in penile implant surgery and has done many successful procedures.

Services provided include: ● Penile duplex scanning. ● Penile implant surgery.

Vasectomy. About 500,000 men in the U.S. choose vasectomy every year, often because they have completed their families or do not want children. These men want permanent birth control. They prefer vasectomy because

most reversible birth control methods are less reliable, are sometimes inconvenient and may have unpleasant side effects for the women in their lives. Vasectomy is 98 percent effective. It is intended to be permanent. It is safe. It doesn't limit sexual pleasure.

Dr. Gupta offers no-scalpel vasectomy in the clinic. With the no-incision, no-scalpel method, the skin of the scrotum is not cut. One tiny puncture is made to reach both tubes. The tubes are then tied off, cauterized or blocked. The tiny puncture heals quickly. No stitches are needed, and no scarring takes place. The no-scalpel method reduces bleeding and decreases the possibility of infection, bruising and other complications. The procedure takes less than 30 minutes.

Vasectomy reversal. Successful vasectomy reversals are possible in most cases. Dr. Gupta uses microsurgical techniques to do the procedures in an outpatient setting. From 38 to 82 percent of men with reversed vasectomies are able to cause pregnancy. The factors affecting this wide range include:

- The length of time since the vasectomy was performed.
- Whether or not antibodies to sperm have developed.
- Age of the woman partner.
- The method used for vasectomy.
- The length and location of the segments of vas deferens that were removed or blocked.

Check with your health plan—no referral may be required. Insurances accepted are Blue Cross Blue Shield, Cigna, Dean Health, John Deere, Medicare, United Healthcare, Unity and more.

For more information or to schedule an appointment, call Grant Regional Health Center at 608-723-3249.

Take charge today

You don't need to suffer from conditions that make you uncomfortable—there are solutions! You can feel confident and get back to an active lifestyle. Call 608-723-3249 to learn more.

8 things to know about breast cancer

Sir Francis Bacon said it best: Knowledge is power. ♦ That holds true for numerous things in life, including breast cancer—a disease many women fear more than any other. ♦ If you worry about breast cancer, learning more about the disease may help ease some of those concerns. And if you or someone you love is ever diagnosed with breast cancer, knowledge can help you make informed decisions about treatment. ♦ What follows is an overview of some of the important things to know about breast cancer. You can find out more by talking to your

doctor or visiting the website of the American Cancer Society, www.cancer.org.

1 THE NUMBERS

Breast cancer is one of the most common cancers among women in this country.

Approximately 200,000 women are diagnosed with breast cancer every year. More than 40,000 die from it.

But there has been good progress over the last several decades in both detecting and treating breast cancer, says Debbie Saslow, PhD, director of Breast and Gynecologic Cancer for the American Cancer Society (ACS).

“When it’s found in its earliest stages, the five-year survival rate for breast cancer is now 97 percent,” says Dr. Saslow. “For breast cancer overall, the survival rate is at 90 percent.”

2 DIFFERENT TYPES OF BREAST CANCER

Cancer begins in cells. Cells normally follow a regular pattern of growth, Dr. Saslow says. They grow, divide and form new cells. And when cells become old or damaged, they die.

But sometimes the process goes wrong. Cells multiply too quickly, and old or damaged cells don’t die. The excess cells form an abnormal mass that becomes cancer.

In the case of breast cancer, that abnormal mass can be considered either noninvasive or invasive.

Noninvasive breast cancer means the disease is confined to the area where it began, such as in a duct or a milk-producing lobule.

Invasive breast cancer occurs when the cancer cells break away from the original tumor. These cells can enter blood or lymph vessels and travel to other parts of the body. They can attach to tissue elsewhere and form new tumors.

3 THE ROLE OF RECEPTORS

The hormone estrogen fuels the growth of about two-thirds of breast cancers, Dr. Saslow says. This type of cancer is called estrogen receptor-positive, or ER-positive.

“Receptors are on cells, sort of like antibodies,” she explains. “Estrogen binds to the receptor and sets off the abnormal growth pattern.”

Not all receptors bind to estrogen. Some may bind to the hormone progesterone and are progesterone receptor-positive.

About 25 percent of breast cancers are HER2-positive, which means they have too much HER2/neu protein or too many copies of its gene. These cancers tend to grow and spread faster than other types of breast cancer. “It’s an aggressive type of breast cancer,” Dr. Saslow says.

4 SIGNS AND SYMPTOMS

In its earliest stages, breast cancer may not have any signs or symptoms.

As it grows, however, it can cause changes that are both visible and palpable, such as:

- A new lump or thickening in or near the breast or underarm area.
- A dimpling or puckering of the skin.
- Pain in the breast or nipple.
- Flaky, red or swollen skin anywhere on the breast.
- A nipple that suddenly turns inward.
- Blood or other discharge from the nipple (not related to nursing).

Any of the above could be caused by something other than cancer, but it’s best to let your doctor check it out.

5 WHEN BREAST CANCER IS FOUND

How breast cancer is treated can depend on a number of things like

We can take care of your breast health needs. To learn more about screenings, visit www.grantregional.com. Schedule your mammogram today!

its size and whether it has invaded nearby tissues or spread to other parts of the body. This evaluation process is called staging.

Your doctor may take a sample of cells to find out if the cancer is positive for estrogen receptors, progesterone receptors or HER2.

Treatment can include surgery, radiation, chemotherapy or a targeted medication. Sometimes one type of treatment is followed by another.

For example, HER2-positive breast cancer can be treated with a drug called Herceptin. Herceptin blocks the receptors from binding to the protein needed for growth.

The medication tamoxifen does the same for ER-positive breast cancer.

6 OPTIONS FOR SURGERY

Forty years ago, breast cancer meant removal of one or both breasts—a radical mastectomy.



Can you lower your risk for breast cancer?

Cancer is cell growth gone out of control. But that doesn't mean you have no control over whether or not you get cancer.

According to the American College of Obstetricians and Gynecologists, close to half of all cancer deaths could be prevented if everyone adopted healthy behaviors, such as eating a nutritious diet, getting regular exercise and not smoking.

When the topic narrows to breast cancer, Debbie Saslow, PhD, an expert on the disease, prefers not to use the word *prevention*.

There aren't specific actions you can take that will prevent you from getting breast cancer, she explains.

However, you can take steps to reduce your risk for developing the disease, says Dr. Saslow, who is the director of Breast and Gynecologic Cancer for the American Cancer Society.

What increases your risk?

Some things raise your likelihood of developing breast cancer.

Older age is one. The federal Office on Women's Health (OWH)

calls this the strongest risk factor and notes that most women who develop the disease are older than 50.

Other factors that increase your risk for breast cancer include:

- Having certain mutations of the genes BRCA1 or BRCA2.

- Having a family history of breast cancer, especially in close relatives like a mom, sister or daughter.

- Being overweight or obese.

- Not having children or having your first child after age 30.

- Beginning puberty before age 12.

- Going through menopause after age 55.

If you see yourself somewhere on that list, don't be alarmed.

Having a risk factor doesn't mean that you'll get breast cancer. In fact, many women with one or more risk factors never develop the disease, notes the OWH.

How can you lower your risk?

Dr. Saslow, the American Institute for Cancer Research and other experts say you can reduce your risk for breast cancer if you:

- **Exercise.** Regular physical activity can

lower your risk for getting breast cancer. In women who have had breast cancer, exercise reduces the risk for a recurrence, Dr. Saslow says. "We know that exercise during adolescent and teen years also is important," she adds. One reason: It influences how breasts develop over the years.

- **Avoid weight gain.** Increased levels of estrogen are linked to breast cancer. Excess fat during menopause can keep hormone levels higher longer, adding to risk.

- **Breastfeed your baby.** Women who breastfeed have a lower incidence of breast cancer compared to women who don't.

Women who are at particularly high risk for breast cancer may want to talk with their doctor about additional steps they can take to lower their risk. For example, tamoxifen is a drug used to treat breast cancer. But it also can be prescribed to help women at high risk avoid the disease.

- Women who suspect or know they carry a BRCA gene mutation may want to discuss their options with a genetic counselor.

Today, thanks to better screening and earlier detection, women frequently have the option of removing the tumor with a lumpectomy. "In these cases, life expectancy is identical, whether you choose mastectomy or lumpectomy," Dr. Saslow says. "The survival rates are the same."

Yet the number of mastectomies is on the rise.

According to Dr. Saslow, there may be several forces at work, including:

- Access to radiation treatment. "A lumpectomy is almost always followed by radiation," she says. Not one treatment, but a series of treatments. That can make lumpectomy a difficult, and expensive, option when the nearest treatment facility is far away.

- Fear of recurrence. "If you choose to save the breast with a lumpectomy, there is a slightly higher risk of getting a second tumor," Dr. Saslow says. It's almost never fatal, she adds, but instead is found quickly on follow-up mammograms and successfully treated. Still,

"it's understandable that some women want to avoid that possibility," she says. "It isn't always a lack of knowledge that is causing more mastectomies. Instead, it's women making personal choices for their own lives."

7 THE IMPORTANCE OF SCREENING According to the Centers for Disease Control and Prevention, mammograms remain the best way for breast cancer to be found early, when it's most easily treated.

Today's technology can find a tumor up to three years before it can be felt—which usually doesn't happen until it's about the size of a pea.

The ACS recommends that women keep the following schedules for mammograms and clinical breast exams:

- At age 20, begin having your breasts examined by a medical professional at least every three years.
- At age 40, begin having a screening mammogram and a clinical breast exam every year.

Depending on your personal risk factors, your doctor might suggest earlier or more frequent screenings.

8 A POSITIVE PROGNOSIS There's been a lot of progress made in diagnosing and treating breast cancer over the years, Dr. Saslow says.

Therapies like Herceptin and tamoxifen represent big steps forward. Research continues to find that women can survive with less radical surgery. A recent study found that many women could avoid the sometimes-debilitating effects of mass lymph node removal without affecting their survival.

"We only look at five-year survival rates for breast cancer because treatment keeps improving," Dr. Saslow says. "Since the 1990s, mortality has improved about 2 percent every year.

"The prognosis for breast cancer just keeps getting better."



IT'S ALL IN THE DETAILS

Today's imaging techniques help doctors help you

SOMETIMES DOCTORS NEED to see inside the body to help diagnose or treat diseases. Often they can accomplish this without surgery—thanks to modern medical imaging. The following brief descriptions cover some of the most commonly used techniques.

X-ray. This is the oldest and most often used imaging test. The preferred way to diagnose broken bones, x-rays also have many other uses, such as imaging the chest or assessing damage from arthritis.

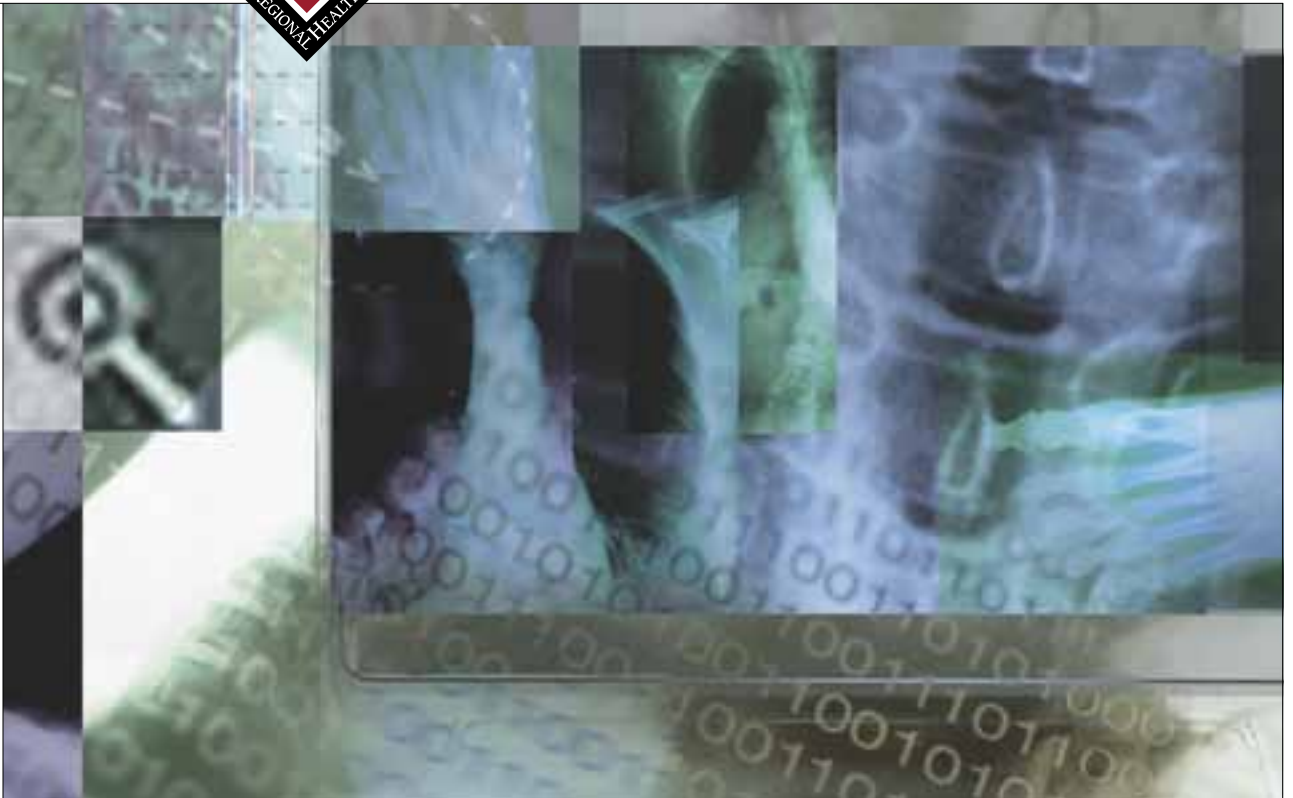
X-rays are a form of radiation that can pass through the body, allowing an image to be recorded on the other side. Bones and other dense tissues absorb the most x-rays and look white; soft tissues appear in shades of grey because more rays pass through them.

Mammogram. A mammogram is a special type of x-ray exam used to image the breasts, often to screen for breast cancer. Mammograms can detect breast tumors early, when treatment has the best chance of success.

Ultrasound. An ultrasound doesn't rely on radiation. Instead, the technique uses sound waves and their echoes to create pictures that can provide, among other things, a breathtaking first look at a growing fetus.

Ultrasound is also used to view internal organs, since it is very good at imaging soft tissues, and to guide biopsy tests. Doppler ultrasound can track blood flowing through vessels and is used to detect narrowing in leg or neck arteries.

CT. Computed tomography scanning uses x-rays and a computer to create cross-sectional images of organs,



To learn more about the imaging techniques offered at Grant Regional, go to www.grantregional.com.

blood vessels and other types of tissue in great detail. For example, CT can show fibrous tissue in organs and other details that aren't visible with regular x-ray exams.

Multiple x-ray beams are sent through the body at different angles, producing thin images, or slices, that are assembled by a computer and viewed on a monitor.

CT is often used to get views of the head, abdominal organs or the pelvis. It can help detect cancer, spinal injuries and other conditions.

MRI. Magnetic resonance imaging also captures detailed cross-sectional images, but with a strong magnetic field and radio waves instead of x-rays.

While MRI can be used to view almost any part of

the internal structures of the body, some of the more common uses are to view the brain and the spinal cord to evaluate back pain.

PET. Positron emission tomography scans can reveal details about the chemical activity of organs, so doctors can see how well they are functioning. These images are taken by detecting the energy from particles released by a short-lasting radioactive substance put inside the body.

PET scans can help doctors detect cancer, monitor its treatment, or study the heart or the brain.

ADVANCING AND EXPANDING Keep in mind that these imaging techniques have many more uses.

As technology advances, the ways in which imaging is used to diagnose and help treat conditions are expanding all the time.

Sources: American College of Physicians; American College of Radiology; Radiological Society of North America

LYMPHEDEMA

WHY IT HAPPENS AND WHAT YOU CAN DO

YOUR BODY RELIES on its lymph system to carry fluid away from soft tissues.

Sometimes breast cancer treatment can damage this system and cause lymphedema—a buildup of fluid in the fatty tissues just under the skin in the chest, breast or arm.

There may not be a way to prevent lymphedema, but early treatment may help reduce swelling and keep it from getting worse.

THE CANCER CONNECTION After it flows through tissues, the fluid drains back into your bloodstream through a one-way system of lymph vessels.

This fluid (called lymph) is filtered by nodes located throughout the body and clustered in the neck, underarm, abdomen, pelvis and groin.

Radiation treatment for breast cancer can damage nodes, and nodes are also removed during surgery. In either case, remaining healthy nodes may not be able to drain all of the lymph away, raising your risk of lymphedema.

The fluid usually builds up slowly over time. It can start soon after surgery or radiation, or it can start many

months or even years after treatment. The more nodes that are affected, the higher your risk. Your chance of developing lymphedema is highest if you have multiple nodes removed and also undergo radiation therapy.

Doctors don't know why some women get lymphedema and others don't. But you are at higher risk of developing it if you:

- Are overweight or obese.
- Are slow to heal or you develop an infection after surgery.
- Have scar tissue in your lymph ducts.
- Have a tumor that affects your lymph nodes.

FIND RELIEF Talk with your doctor right away if you have signs or symptoms of lymphedema. They include:

- Swelling in the breast, chest, shoulder, arm or hand.
- An achy or full feeling in the affected area.
- Skin that feels tight or hard.
- Clothing or jewelry that feels tight although you haven't gained any weight.

Treatment may involve complex decongestive therapy (CDT). CDT involves working with a physical therapist to

learn special exercises and develop a skin care regimen. It also includes manual lymphatic drainage, a light massage that can help move lymph out of swollen tissues. Being fitted for a special type of sleeve that compresses the arm is another option.

Sources: American Cancer Society; National Cancer Institute

The causes of lymphedema

Lymphedema happens in one of two ways. It can be acquired. This is called secondary lymphedema. It results from damage to the lymph system caused by:

- Surgery or radiation for cancer.
- Blood vessel surgery.
- Other surgical procedures, such as liposuction.
- Cancer that causes a blockage of the lymph system.
- Injury or infection of lymph nodes.

Lymphedema can also be inherited. Abnormal development of the lymph system can cause primary lymphedema. It may cause swelling at birth or later in life.

Sources: American Cancer Society; Society for Vascular Surgery



ALL ABOUT BRAIN WAVE TESTING

*Grant Regional Health Center
now offers electroencephalograms*

WE ARE PLEASED to begin offering electroencephalogram (EEG) testing at our facility in Lancaster. This important test is performed by Holli Folmer, sleep lab technologist at Grant Regional Health Center.

WHAT IS IT? An EEG is a painless procedure that uses small, flat metal disks (electrodes) attached to your scalp to detect electrical activity in your brain. Your brain cells communicate via electrical impulses and are active all the time, even when you're asleep. This activity shows up as wavy lines on an EEG recording.

An EEG can determine changes in brain activity that may be useful in diagnosing brain disorders, especially epilepsy. An EEG may be helpful to confirm, rule out or provide information that helps with management of the following disorders: ● Epilepsy or other seizure disorder. ● Brain tumor. ● Head injury. ● Encephalopathy—diffuse brain dysfunction. ● Encephalitis—inflammation of the brain. ● Stroke. ● Sleep disorders. ● Memory impairment.

An EEG cannot measure intelligence or detect mental illness. However, it may be used to confirm brain death in someone in a persistent coma.

Is it safe? EEGs are safe and painless. Sometimes people with epilepsy have a seizure intentionally triggered during the test, but appropriate medical care is provided if needed.

HOW TO PREPARE To get ready for an EEG, you will be asked to:

- Wash your hair the night before, but not to use any conditioners, hair creams, sprays or styling gels.
 - Avoid anything with caffeine at least six hours before the test.
 - Take your usual medications unless instructed otherwise.
- If you are supposed to sleep during your EEG test,



CATCHING THE WAVES: During an EEG test, the technician may ask you to open and close your eyes, read, perform a few simple calculations, breathe deeply, or look at a picture or flashing light.

your doctor may ask you to sleep less or even avoid sleep entirely the night before your EEG.

DURING THE TEST You'll feel little or no discomfort during an EEG. The electrodes don't transmit any sensations. They just record your brain waves.

A technician measures your head and marks your scalp with a special pencil to indicate where to attach the electrodes. Those spots on your scalp may be scrubbed with a gritty cream to improve the quality of the recording.

Using a special adhesive, a technician affixes the electrodes to your scalp. The electrodes are connected with wires to an instrument that enlarges, or amplifies, the brain waves and records them on computer equipment.

A small amount of gel is placed between each electrode and your scalp, and the technician might use an instrument to rub the skin beneath each electrode to ensure a good connection. Once the electrodes are in place, an EEG typically takes 30 to 60 minutes.

During most of the test, you relax in a comfortable position with your eyes closed. At various times during the test, the technician may ask you to open and close your eyes, perform a few simple calculations, read a paragraph, look at a picture, breathe deeply (hyperventilate) for a few minutes, or look at a flashing light.

AFTER THE TEST After the test, the technician removes the electrodes or cap. You should feel no side effects

after the procedure, and you can return to your normal routine.

RESULTS Technicians conduct the test, but you can talk to your primary physician at a clinic visit if you feel this test may benefit you. Doctors trained to analyze EEGs interpret the recording, and the results are sent to the doctor who ordered the EEG.

Your doctor may schedule an office appointment to discuss the results of the test. If possible, bring along a family member or friend. It can be difficult to absorb all the information provided to you during an appointment. The person who accompanies you may remember something that you forgot or missed.

Write down questions that you want to ask your doctor. Don't be afraid to ask questions or to speak up when you don't understand something your doctor says. Questions you may want to ask include:

- Based on the results, what are my next steps?
- What kind of follow-up, if any, should I expect?
- Are there any factors that might have affected the results of this test and therefore may have altered the results?
- Will I need to repeat the test at some point?

For more information about EEG testing or to schedule an appointment, call Grant Regional Health Center at 608-723-3321.



Highly trained, expert staff

To be qualified to administer electroencephalogram (EEG) testing, medical professionals complete rigorous training to achieve advanced certification.



Holli Folmer, CRT, RPSGT, sleep technologist

Holli Folmer, a registered polysomnography technologist at Grant Regional Health Center, completed her education at the Institute of Health Sciences and is in the process of completing the board exam to be a registered EEG technologist.

The board exam includes a timed, written test and an oral test consisting of demonstrating to a board of examiners cases that the technologist has performed.

Folmer completed her clinical training at the UW Hospital, the VA Hospital and St. Mary's Hospital, all in Madison.

NURSE EARNS ADVANCED HEART CERTIFICATION

GRANT REGIONAL HEALTH CENTER is pleased to announce that Judy Adrian, RN, has recently completed advanced training and achieved certification as a cardiac vascular nurse through the American Nurses Credentialing Center (ANCC). Certification validates Adrian's nursing skills, knowledge and abilities.

Adrian has worked for 22 years at Grant Regional Health Center and for the last 11 years has been an integral member of Grant Regional's cardiac rehab program. She is proud to make a difference each day for patients experiencing a serious heart event.

Board certification of nurses is increasingly important in assuring high standards of care for patients and their loved ones. The nursing profession demands extensive education and a strong personal commitment.

Certification in a nursing specialty ensures that a nurse possesses the knowledge and skills to meet and exceed the standards of care established by the specialty.

Most certification programs require the candidate to work the equivalent of two full-time years as a registered nurse and a minimum of one year within the specialty. Candidates must also meet rigorous requirements for continuing education. Nurses who achieve ANCC board certification are able to contribute more to better patient outcomes.

Before taking a certification examination, nurses must hold an active RN license, have the appropriate education

and have experience in the specialty field.



To learn more about Grant Regional's cardiac rehab program, visit www.grantregional.com.

CERTIFIED SKILLS: Patients and families appreciate the expert care given by Judy Adrian, RN, cardiac vascular nurse at Grant Regional.





Our nurses are caregivers, educators, communicators, problem-solvers, coaches—and lifesavers too.

NURSES

ON THE FRONT LINE OF CARE

HOSPITAL STAYS VARY TREMENDOUSLY, but most have one experience in common: They usually involve nurses. These professionals work in surgery and recovery rooms, in cancer centers, in cardiac labs, on pediatric floors, in emergency departments, and in rooms where moms are in labor and wailing babies arrive into the world.

Nurses may be the first people you see when you need care. They may be the last you see before heading home to recover. And they help you at every point in between.

DISTINCT PROFESSIONALS Today, the vast majority of registered nurses are college graduates who have an associate or bachelor's degree. Some have master's degrees or doctoral degrees too.

All must pass a rigorous national licensing exam.

During years in the classroom and clinical setting, nurses study various disciplines, such as anatomy, physiology, biology and nutrition. They develop an in-depth knowledge of diseases and treatments. Critical thinking skills are essential.

But nursing involves art as well as science. Families and other health care professionals rely on nurses to communicate with and help people who are scared, stressed, vulnerable or in pain.

In the course of their work, nurses are routinely asked to:

- Accurately assess a patient's condition, symptoms and

needs and develop strategies for care.

- Coordinate all aspects of care.
- Perform a wide range of high-level skills.
- Provide nonjudgmental care to people of varied cultural backgrounds.
- Be committed to practicing in a safe and ethical manner.
- Keep family members and others informed about a patient's progress.
- Educate patients and families about medical conditions, treatment and care.
- Be advocates for patients.

According to the American Nurses Association, nurses at all levels share a common point of pride and skill: their focus on the whole person, not just an illness or injury.

THE ULTIMATE ADVOCATE Nurses are found wherever health care services are needed. You'll meet them in doctor's offices, clinics and nursing homes.

They serve in homeless shelters, children's camps and community health programs.

Nurses help people in all stages of life, from birth to death.

With 3.1 million registered nurses nationwide, nursing is the nation's largest health care profession. Nurses are independent thinkers who are vital to our health care system, and they save lives every day.

The ABCs of RNs

Abbreviations that follow nurses' names are symbols of hard work. Becoming an RN (registered nurse) requires extensive education and training. Some RNs go on to earn a master's degree or doctoral degree too. They may add these advance-practice titles to their name:

Nurse practitioner (NP).

NPs can prescribe medicine and diagnose and treat minor illnesses and injuries. Some partner with doctors. Others work on their own. They often work in primary care fields, such as family medicine, internal medicine, women's health, pediatrics and geriatrics.

Certified nurse-midwife (CNM). Nurse-midwives take

care of women with low-risk pregnancies. They attend almost 8 percent of births in the U.S.—almost always in hospitals. They also may offer other women's health services, such as breast exams, Pap smears, family planning and menopause care.

Clinical nurse specialist (CNS). These men and women handle a wide range of physical and mental health problems.

They may work:

- With special populations, such as children, older adults and people with mental health illnesses.
- In special settings, such as emergency departments and critical care units.
- In specialized medical fields, such as diabetes management, cancer treatment, wound care and pain management.

Certified registered nurse anesthetist (CRNA). Becoming a CRNA takes at least seven years of education and training. CRNAs give anesthesia and anesthesia-related care in many settings, including hospitals, outpatient surgery centers and dental offices.

Sources: American Association of Nurse Anesthetists; American College of Nurse-Midwives; American Nursing Association; National Association of Clinical Nurse Specialists

PROVIDER LISTING



Family Medical Center

9177 Old Potosi Road
Lancaster, WI 53813
608-723-4300
■ Liz Hinkley, APNP
■ Mike Metz, PA-C
■ Brian Quick, PA-C
■ Robert Stader, MD

High Point

Family Medicine
507 S. Monroe St.
Lancaster, WI 53813
608-723-3100
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

High Point Family Medicine—Fennimore

1255 11th St.
Fennimore, WI 53809
608-822-3363
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

Grant Community Clinic

500 S. Madison St.
Lancaster, WI 53813
608-723-2131
■ Jeanne Griesel, DO
■ Erin Huebschman, MD
■ Sheirlie LaMantia, MD
■ Laurie Meighan, APNP
■ Kelly Muench, PA-C
■ Ronald Reschly, MD
■ James Yurcek, MD

Grant Regional ER Department

507 S. Monroe St.
Lancaster, WI 53813
608-723-2143
■ Eulogio Aguilar, MD
■ Jerry Fushianes, PA-C
■ Les Newhouse, PA-C
■ Robert J. Smith, MD
■ Jolene Ziebart, APNP

FIND OUT MORE ABOUT OUR DOCTORS AT WWW.GRANTREGIONAL.COM.
➤ **CLICK ON "FIND A PHYSICIAN."**

Save lives by donating blood



Mississippi Valley Regional Blood Center is the exclusive provider of blood to Grant Regional Health Center. Donating blood is a safe and simple procedure that only takes about an hour. Blood donation saves lives. It's simple, yet important. For more information or to schedule a donation time, call Janis Waddell at **608-723-2143, ext. 216.**

Blood drives at Grant Regional Health Center, Monroe Conference Room

■ **Wednesday, Sept. 21**
9 a.m. to 1 p.m.
■ **Monday, Oct. 31**
2:30 to 6:30 p.m.

■ **Wednesday, Nov. 23**
9 a.m. to 1 p.m.
■ **Tuesday, Dec. 27**
2:30 to 6:30 p.m.

HEALTH SCENE is published as a community service for the friends and patrons of GRANT REGIONAL HEALTH CENTER, 507 S. Monroe St., Lancaster, WI 53813, telephone 608-723-2143, www.grantregional.com.

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HEALTH SCENE

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