



Grant Regional Health Center

You're the Center of Everything We Do.

507 S. Monroe St. • Lancaster, WI 53813 • 608-723-2143



ENJOY EATING AGAIN.

Eating can be enjoyable, even with the limitations that sometimes come with age or injury.

SEE PAGE 6 ►

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE ● FALL 2014

EMERGENCY?



WE'RE HERE WHEN YOU NEED US

There is no good time for a medical emergency. But if you suddenly become ill or are injured, our emergency department will take care of you.

◆ We provide care 24 hours a day, 7 days a week, 365 days a year. Doctors, nurses and other professionals with emergency training are always on hand to treat patients.

If you have a life-threatening event—such as a heart attack or stroke—call 911 to be taken to the emergency department.

WHAT TO EXPECT When you first arrive at the hospital, a nurse will most likely see you to help determine how quickly you need care.

Why do you sometimes have to wait? Our emergency staff is trained to treat those most in need first.

This process is called triage. The nurse may check your vital signs, such as temperature, heart rate and blood pressure.

Depending on your condition, you may have to wait to receive care. If the emergency room is busy, the staff has to prioritize cases and see the most serious ones first. If you need immediate attention, a doctor will see you right away.

If your condition is considered less serious than another person's, you may be asked to wait. While waiting, if you start to feel worse, you

should let the nurse know right away.

Once the doctor has seen you, you may be admitted to the hospital. Otherwise, he or she can discuss your treatment plan with you before you go home. You may receive instructions about medicines, restrictions and symptoms that may require a follow-up visit with your regular doctor.

Keep in mind that emergency care is not a substitute for having your own doctor.

QUALITY CARE Our emergency doctors and nurses are trained to help if you are injured or become suddenly sick. These specialists may go from stitching up a head wound to setting a broken leg to treating a heart attack—all in a short period of time. You can count on our emergency department staff to provide high-quality care whenever you need it.

Know the signs of an emergency

Being able to recognize the signs of a medical emergency—and acting

quickly—could help save someone's life.

According to the American College of Emergency Physicians, signs and symptoms of a medical emergency include:

■ Difficulty breathing.

■ Chest or upper abdominal pain or pressure.

■ Fainting, weakness or sudden dizziness.

■ Changes in vision.

■ Confusion or other changes in mental state.

■ Sudden or severe pain.

■ Uncontrolled bleeding.

■ Severe or persistent vomiting or diarrhea.

■ Coughing up or vomiting blood.

■ Difficulty speaking.

■ Suicidal thoughts.

If you detect any of

these signs or symptoms, you need to come to the hospital right away.

If you think the condition could be life-threatening or could get worse on the way to the hospital, call 911 immediately.

HEALTH BITS



SLEEP TIGHT Continuous positive airway pressure (CPAP) machines were first introduced for treating sleep apnea in 1981. Here's an interesting fact: Early models were made from vacuum cleaners.

American Academy of Sleep Medicine

SOUNDS FISHY To eat about 8 ounces of fish a week—the amount most adults should eat—keep these weights in mind: A small trout is about 3 ounces, a drained can of tuna about 3 to 4 ounces and a salmon steak about 4 to 6 ounces.

U.S. Department of Agriculture



MIGHTY MIXUP To boost nutrition in whole-grain muffins or quick breads, replace up to half the soft margarine or oil in the recipe with shredded carrots, zucchini, squash or other veggies. Stir in some frozen no-sugar-added blueberries as a bonus.

American Heart Association



GET HIP TO A NEW HIP

Surgery may be your best option for chronic pain

WHEN YOU'RE LIVING with a painful hip, there's a good chance you're not really living. It may be hard to stand, walk or even bend over to tie your shoes. The more challenging these simple tasks become, the harder it may be to do activities you enjoy.

If this describes your life, then it may be time to learn about hip replacement surgery.

WHY DOES IT HURT? Most painful hips are caused by arthritis, which damages the bone and cartilage in the hip. But other conditions, such as a fracture or a tumor or poor blood supply to the bone, may also be to blame.

To help hurting hips, doctors typically first recommend things like medications, exercise or physical therapy. But if those treatments don't ease the pain, then surgery is a safe and effective option.

Most people who have had a hip replaced report that the surgery made them feel better and improved their quality of life.

We can make your new hip happen. Schedule an appointment with Brad Binsfeld, DO. Call 608-723-2131.

HOW DOES SURGERY HELP? Hip replacement surgery is performed with either regional or general anesthesia. It may involve a traditional open procedure or minimally invasive techniques.

The open procedure usually involves a 6- to 8-inch incision on the side of the hip. Minimally invasive procedures use smaller incisions and specialized tools.

Even though there are some advantages to minimally invasive hip replacements—smaller incisions typically translate into a shorter recovery time, for example—these surgeries tend to work best in young, healthy people who aren't overweight.

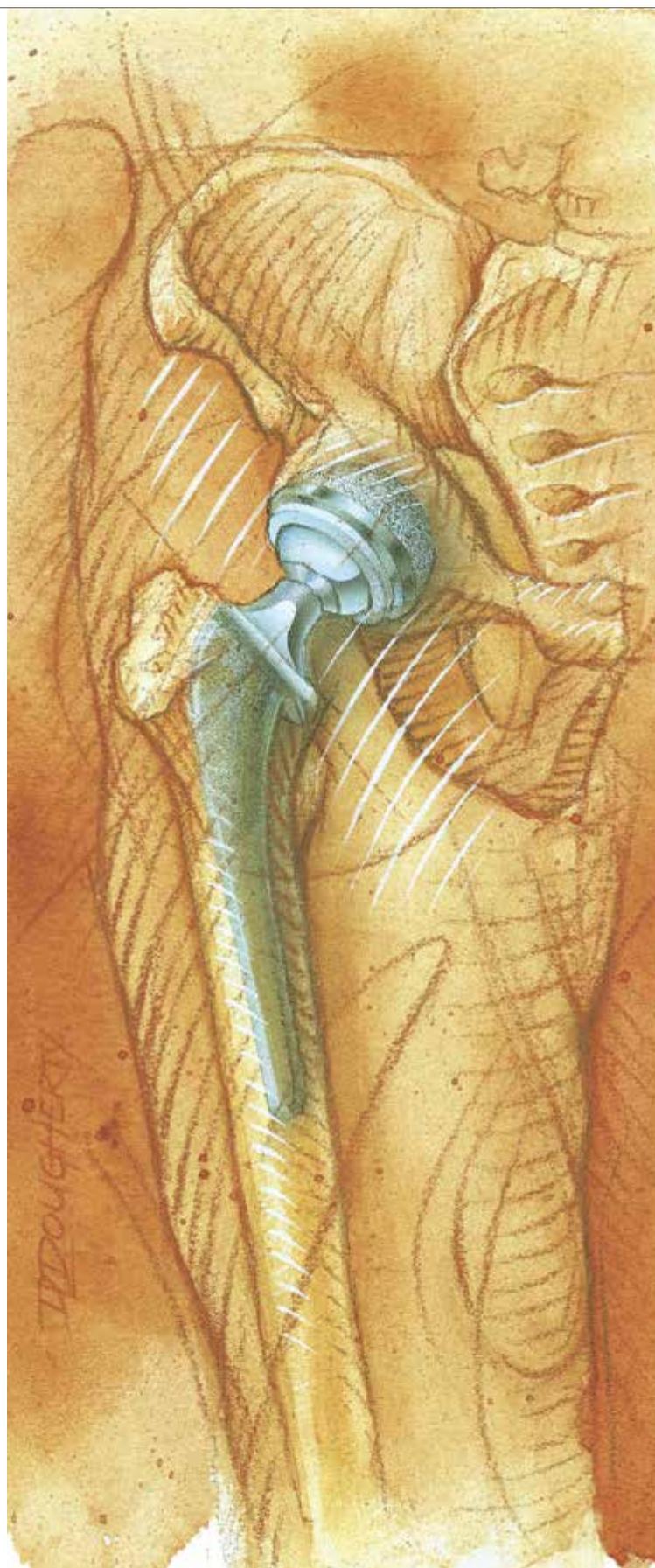
In both an open and minimally invasive procedure, the surgeon removes the damaged bone tissue and cartilage from the hip joint. He or she then replaces the head of the femur (the thigh bone) and the acetabulum—the socket in the pelvis where the femur sits—with metal, plastic or ceramic parts.

The surgeon decides which material is best to use and whether the parts will be cemented in or left so that bone can grow in around them.

Hip replacement surgery typically lasts an hour or two. And most people remain in the hospital for several days. Medication can help with the pain right after surgery and during recovery, which may take about six months. Physical therapy to help regain strength is often recommended.

IS IT RIGHT FOR YOU? If you've been dealing with hip pain that's interfering with your life and isn't getting better with other treatments, ask your doctor if hip replacement surgery is a good choice for you.

Sources: American Academy of Orthopaedic Surgeons; National Institutes of Health



Too young for a new hip?

If you're younger than 60 and have chronic hip pain, you don't have to wait years for relief.

Surgeons used to be reluctant to offer hip replacement to people under 60. They were concerned that younger people, who tend to be more active than older ones, would put more stress on the prosthetic joint and cause it to wear out faster.

But you don't have to put up with the pain. When it comes to hip replacement surgery, your overall health and activity level are more important considerations than your age, according to the National Institutes of Health (NIH).

And advances in medical technology have led to replacements that are better and more durable than older versions, the NIH reports.

WE'VE GOT YOUR BACK

Tests can help reveal the source of your back pain

A LOT CAN GO WRONG with a complex structure such as your spine.

And when your lower back hurts, it may be bones, muscles, tendons, ligaments or nerves that are involved. It may take some examination and investigation by your doctor to find out just what's wrong.

Lower back pain can be triggered by something as simple as bending or reaching or by lifting something heavy. It may also be related to being overweight, smoking, sleeping in the wrong position or having too much stress.

Kids may get back pain from an overloaded backpack. Older folks may hurt from changes in the disks between bones in the spinal column. A bulging disk can put pressure on nerves in the spinal cord. A dried-out disk may be an ineffective shock absorber leading to pain.

Sometimes the spinal canal narrows, putting pressure on nerve roots inside the canal. And sometimes spinal pain is brought on by arthritis, abnormal curving of the spine or a fracture caused by osteoporosis.

PINPOINTING THE PROBLEM A physical examination can help pinpoint affected areas of the spine. Your doctor will check for sensation, strength and reflexes in various parts of your body.

Tell your doctor which motions or positions hurt and what seems to help relieve your back pain.

If the pain source is not obvious, your doctor may recommend one or more of the following:

- X-rays to check bones for wear, breaks or disease. A myelogram requires injection of a special dye before the x-ray is taken.
- A CT (computed tomography) scan to check for a disk rupture, spinal narrowing or damage to vertebrae.
- An MRI (magnetic resonance imaging) to look for damage to soft tissue, disks and nerves. MRI is also very good at showing infection, tumors and fractures.
- An electromyogram and nerve conduction studies to find out if the nerve roots and muscles are working properly.
- Discography to identify damaged disks.
- A bone scan to check for infection, fracture or other bone disorders.
- An ultrasound to look for tears in ligaments, muscles and tendons.

ON THE MEND Depending on your case, your doctor may prescribe bed rest for one or two days.

You may also be advised to:

- Apply hot and cold compresses.
- Exercise to strengthen muscles.
- Take medicines to reduce pain.

In some cases, surgery may be recommended.

Sources: American Academy of Orthopaedic Surgeons; National Institutes of Health



InTone

A solution for female urinary incontinence

Millions of women face the daily challenge of urinary incontinence. But there is a solution! InTone is effective, noninvasive and guaranteed to work. InTone is the only incontinence solution that combines muscle stimulation with voice-guided pelvic floor exercises and visual biofeedback into a home-use device. The device allows women access to a comprehensive pelvic floor program at their convenience.



To make an appointment with Dr. Buckley at Grant Regional Health Center, call 608-723-3249.



bladder leakage. Until now, these treatments generally took place in a clinic setting, forcing patients to make office visits two to three times per week. InTone is the only product available that combines muscle stimulation and biofeedback into one device that can be used in the privacy of your home. InTone is programmed by your clinician, and you will need a follow-up visit with your physician.

InTone is made from phthalate-free, latex-free, medical-grade silicone to ensure patient comfort. Using a revolutionary patented design, InTone softly inflates for a perfect fit.

InTone guides the user through her home program through use of an audible program to ensure success. An InTone session includes baseline readings followed by five minutes of muscle stimulation and concludes with five minutes of muscle conditioning with biofeedback.

For more information about this revolutionary device and solution to urinary incontinence, call the office of



Dr. Buckley at Grant Regional Health Center at 608-723-3249.

“We know that 1 out of 3 women experience bladder leakage, and most are using pads that do nothing to treat the problem while spending hundreds of dollars out-of-pocket,” explains Krynn Buckley, MD, gynecology/women’s health, Grant Regional Health Center. It has been estimated that a woman with moderate urinary incontinence spends \$500 to \$700 per year on pads and laundry.

InTone’s patented technology combines the benefits

of gentle muscle stimulation that is similar to a TENS (transcutaneous electrical nerve stimulation) unit with voice-guided instruction and visual biofeedback that tells you exactly how strong your muscles are—so you can see proof of your progress as your muscles get stronger.

Muscle stimulation and biofeedback are common treatments used in urology and gynecology clinics to strengthen the pelvic floor muscles and treat unwanted

Krynn Buckley, MD, gynecology/women’s health

Dr. Buckley specializes in gynecological surgeries and women’s wellness, including infertility and urinary and menstruation concerns. Her practice focuses on gynecology and pelvic surgery; comprehensive examinations for menopause and prolapse problems; management of excessive and abnormal bleeding; treatment of endometriosis, fibroids, pelvic pain and contraception concerns; hysterectomy; and alternatives to hysterectomy, including medications, myomectomy and endometrial ablation.

Dr. Buckley received her medical degree from the University of Nebraska Medical School and completed her internship and residency at the University of Nebraska–Lincoln. She is a fellow of the American College of Obstetricians & Gynecologists and has over 20 years’ experience. Dr. Buckley listens to your concerns, goals and opinions and asks for your input in creating your treatment plan. She strongly believes in preventing disease by encouraging proper nutrition, regular exercise and early screening tests to maximize your quality of life.

To schedule an appointment with Dr. Buckley, please call the Grant Regional Health Center Specialty Clinic at 608-723-3249.



Dr. Buckley gets to know her patients so she can recommend the care that’s best for them.

OB-GYN treatments and procedures

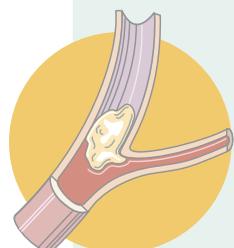
Women’s wellness care:

- Annuals.
- Gynecology problems.
- Infertility.
- Birth control.
- Sterilization.
- Urinary incontinence.

Gynecological surgery:

- Colposcopy and LEEP (cervical loop electrode excision procedure).
- Cystometrics for incontinence.
- IUD (intrauterine devices), including Mirena and Paragard.
- Nexplanon (implant birth control).
- Suction D & C for miscarriages.
- Laparoscopy: diagnostic and operative.
- Hysteroscopy: diagnostic and operative.
- ESSURE sterilization.
- Endometrial ablation.
- Hysterectomy: vaginal, laparoscopic and abdominal.

STROKE



Ischemic



Hemorrhagic

TREATING STROKE— START TO FINISH

A stroke is somewhat like a high-speed car crash. It happens fast and often without warning, and it can cause lasting damage. ♦ But while serious highway accidents are typically loud and unmistakable, a stroke can be a quiet calamity—unless someone is paying close attention, it can go unnoticed for a very long time. ♦ The damage, though, can be devastating. ♦ During a stroke, blood flow to the brain is disrupted by either a blocked or burst blood vessel. Even a few minutes without oxygen-rich blood causes brain cells to die. ♦ “Time is brain,” says Mark J. Alberts, MD, a professor of neurology at Northwestern University and spokesman for the American Stroke Association. “Every minute that someone waits to get stroke treatment, he or she loses about 2 million neurons [nerve cells].” ♦ As neurons are damaged or die, the parts of the body controlled by those brain cells are affected. Without fast action, brain damage, long-term disability or even death can occur. ♦ In fact, stroke is the leading cause of significant disability and the fourth leading cause of death in the U.S., according to the American Heart Association. ♦ What follows is a guide to the key points you need to know about recognizing and treating a stroke and recovering from one.



1 WARNING SIGNS With stroke, speed is vital. If you or someone near you is having a stroke, call 911 right away for emergency medical help. It’s typically the fastest, safest way to get to the hospital.

“We need to treat these patients as rapidly as possible,” Dr. Alberts says. “The sooner they call 911 and the sooner they get into the medical system, the better the chances will be that they’ll have a good recovery.”

Unfortunately, that doesn’t always happen. In fact, many strokes go undiagnosed for hours, even days.

But by knowing, recognizing and acting on the signs and symptoms of a stroke, you can significantly reduce the damage one can cause. According to the National Heart, Lung, and Blood Institute, those signs and symptoms often include:

- Weakness.
- Numbness or an inability to move arms, legs or facial muscles, especially on one side of the body.
- Confusion.
- Trouble speaking or understanding speech.
- Vision problems in one or both eyes. This can include double vision, blurred vision or partial blindness.
- Trouble breathing.
- Trouble walking. This may include dizziness, loss of balance or coordination, or unexplained falls.
- Loss of consciousness.
- Severe headache with no known cause.

While some stroke signs are the same as those for other illnesses, stroke symptoms are often distinct in that they typically come on suddenly. Not everyone will have each symptom. But even a single one can



point to a serious problem.

Sometimes, stroke symptoms last for only a few minutes and then go away on their own. But that doesn't mean the danger is over.

Instead, these transient ischemic attacks (TIAs)—also called warning strokes—are often a sign that a more serious stroke may occur in the future. In fact, about 35 percent of people who have an untreated TIA will have a subsequent stroke, according to the Society of Interventional Radiology.

Like a full-blown stroke, TIAs should be considered serious medical emergencies. Get treatment fast.



2 ON-SCENE ASSISTANCE Once you've called 911 and help is on the way, there are a few things you should do, if you can, Dr. Alberts says.

First, the person having the stroke should lie down or sit down to avoid a fall. He or she shouldn't eat, drink or take any medication—including aspirin—until emergency medical service (EMS) technicians and other personnel arrive and the person is taken to the hospital.

Also, try to pinpoint when symptoms began. That will help doctors later decide which treatment is best.

Finally, gather all of the person's medications so you can show them to health care providers. They'll need to know everything the person is taking so harmful drug interactions can be avoided.

Once the ambulance arrives, the person is in good hands. EMS workers have lots of experience with stroke. In fact, EMS staffers are the first medical contact for more than half of all people who have a stroke, according to the National Stroke Association.

Expect EMS workers to ask about symptoms and to take the person's vital signs, such as blood pressure, pulse and temperature, Dr. Alberts says. Emergency responders will likely also do a quick assessment of neurological function. That might include checking the person's ability to move, talk and understand what's going on, for example.

And, while they're getting the person ready to move, the EMS team will be in contact with the hospital so people at the emergency department are prepared for the arrival of a stroke patient.

3 EMERGENCY EXPERTS Once someone who is having a stroke gets to the emergency department, a lot of things will happen very quickly.

For example, hospital personnel will do a number of assessments. Among other things, they're likely to draw blood for tests, do a neurological exam and perform a brain scan on the patient. A computed tomography (CT) scan is most likely, but sometimes a magnetic resonance imaging (MRI) exam is done.

These assessments will help doctors answer two main questions:

- Is the patient actually having a stroke? Other problems like seizures, migraines or heart trouble can have some of the same symptoms as a stroke.
- If it is a stroke, is it ischemic or hemorrhagic?

An ischemic stroke involves a blocked blood vessel in the brain. About 87 percent of all strokes are ischemic.

A hemorrhagic stroke involves a ruptured blood vessel and bleeding in or around the brain. "Hemorrhagic strokes are much less common, but they are much more severe in terms of death and disability," Dr. Alberts says.

"Depending on how that first round of assessments goes, doctors should have some idea about the type of stroke that you have, they should have an idea about how severe the stroke is and then they should be able to share with you some ideas about treatment going forward," he says.



4 TREATMENT OPTIONS The two types of strokes are treated differently.

When possible, ischemic strokes are treated with a special drug designed to break up the blood clot and allow blood flow to resume in the brain.

The medication—called tissue plasminogen activator (TPA)—must be given within three to four-and-a-half hours of the first symptoms of stroke to be safe and effective, Dr. Alberts says. This is one reason why getting to the hospital as soon as possible after stroke symptoms start is so important.

If it's too late to give TPA or if there are other reasons why the patient shouldn't get it, endovascular therapy may be possible.

For that procedure, a tiny catheter is threaded into the clogged artery and the clot is dissolved with medicine or removed with a special mechanical device.

To treat hemorrhagic strokes, doctors may use medicines to control high blood pressure or to reduce swelling in the brain. Sometimes surgery is the best option, depending on the cause of the hemorrhage.

"The goals of these therapies are to reverse the effects of the stroke and to reduce whatever deficit the patient is having in terms of speech, motor function, walking, talking, vision—any of those things," Dr. Alberts says.

After treatment, the patient is then admitted to the hospital—often to a special stroke unit—and monitored for several days.

With stroke, speed is vital. If you or someone close to you is having a stroke, call 911 right away for emergency medical help. The sooner you get help, the better.



5 REHAB AND RECOVERY Finally, once a stroke survivor is medically stable and recovering in the hospital, he or she will be assessed for rehabilitation.

Rehab is tailored to each patient's needs, but the overall goal is the same: reverse as

much of the stroke-caused damage as possible.

Rehab may include work with:

- A speech therapist to improve communication skills and memory.
- A physical therapist to overcome muscle weakness or paralysis and improve mobility.
- An occupational therapist to help make everyday tasks, such as eating, bathing and dressing, easier.

A stroke can also affect a person's mental and emotional well-being. Changes in behavior and judgment are possible. So are mood swings and feelings of anxiety, fear and frustration.

Depression is also possible, and it can pose a special challenge.

"If you are very depressed, it's likely your participation and motivation in rehab will be limited," Dr. Alberts says.

Joining a stroke survivors support group or meeting with a counselor can help. Some patients also need to take medication for depression.

No matter what type of stroke rehab is recommended, it's a good idea to start as soon as possible. Even so, stroke recovery can take weeks or even years. Some people must cope with lifelong disabilities.

Recovery may also include lifestyle changes, such as: ● Avoiding tobacco. ● Eating better. ● Managing weight. ● Exercising according to doctor recommendations.

Some stroke survivors also need medications to manage risk factors.





YOU CAN RETURN TO PLEASURABLE EATING

Try these tips for common eating problems that can bother older adults

LEAN PROTEINS, JUICY

fruits, colorful vegetables—a healthy diet never grows old. But growing older can sometimes make eating these and other foods difficult.

Does it matter?

Yes. Healthy meals and snacks are key for nourishing a sharp mind and strong body and for having good energy and a satisfying social life—no matter your age.

In the chart that follows are four eating problems that many older people encounter, along with some tips for finding relief.

For healthy recipes to tempt your taste buds, go to www.grantregional.com and click on “Health Library” and “Recipes.”

The problem	Possible solutions
“I’m tired of cooking and eating alone.”	<p>Make a date. Share meals with friends or relatives. Or host a potluck—everyone can split leftovers and take home a second meal.</p> <p>Go for a group. Getting out even once a week for a low-cost meal at a senior meal program offers a break from cooking and a chance to meet new people.</p> <p>Stretch yourself. Buy or borrow a new cookbook, fix a new recipe, take a cooking class, try a new fruit or fish, or swap recipes with a friend.</p>
“I’m not very hungry.”	<p>Be as active as possible. Exercise stimulates hunger.</p> <p>Monitor snacks. You may be eating more than you think.</p>
“I don’t taste or smell things like I used to.”	<p>Tell your doctor. Loss of taste or smell could be tied to medicines or an illness. You may need to see a specialist to help figure out what’s wrong.</p> <p>Try flavor boosters. Those might include:</p> <ul style="list-style-type: none"> ■ Spices, herbs and peppers. ■ Lemon or lime zest and juice. ■ Vinegar. ■ Salsa or mustard. ■ A sprinkle of Parmesan cheese. ■ Some salt, if your doctor says it’s OK.
“It’s hard for me to chew or swallow.”	<p>See your dentist or doctor. You may have trouble with your teeth, gums or dentures. And medicines and illnesses can lead to dry mouth and problems with swallowing, but there may be solutions.</p> <p>Have your H₂O. Drinking plenty of water with meals can help keep your mouth moist.</p> <p>Be a softie. Enjoy smoothies, yogurt, rice, steamed vegetables, soups and other no-chew or easy-to-chew foods that are full of vitamins and minerals.</p> <p>Go small. Chop or grate colorful fruits and veggies into small pieces. Use for cooking, salads, side dishes and desserts.</p>

Sources: American Geriatrics Society; National Institute on Aging



SMART, SAFE MEDICINE

Sensible steps for taking medicines

MEDICINES OFTEN PLAY A ROLE in keeping us well. But when misused, they can also be dangerous.

Taking too much or too little of a medicine can harm your health. And mixing some medicines with other medicines is unsafe.

Such problems are a big risk for older adults, who tend to use more medicines than younger people. In fact, experts say people 65 and older are twice as likely as younger people to end up in hospital emergency rooms because of problems with medicine.

TAKE WITH CARE You can do a lot to help protect yourself from problems with medications. Follow these tips:

- Know the names of all your medicines and why you use them.

- Write a list of all the medicines you use, and take this list to doctor appointments. This will help your doctor check if any of the items are dangerous in combination or inappropriate for you. Include prescription drugs and all your over-the-counter medicines, such as cold and pain medicines.

Also include any vitamins or herbal products you take. Having all your prescriptions filled at one pharmacy can also help; the pharmacist can keep an eye out for possible problems.

- Follow the directions. Don’t take more or less of a medicine than advised.

- Call your doctor if a medicine doesn’t seem to help. You may need a different medicine or dose.

- Don’t stop using a medicine without consulting your doctor.

- Call your doctor if you develop any problems after using a medicine. This may include rashes, stomach problems or any other side effects. Your doctor can adjust the dose or give you another medicine that works better for you.

- Don’t break up tablets or capsules unless directed. This can affect how well medicines work.

- Never use anyone else’s prescription medicine.

- Turn on the light when it’s dark so you can make sure you’re taking the correct medicine.

- Throw away outdated medicine. Your pharmacist can tell you how to do so safely.

- Always store medications where children can’t get to them.

- Use a calendar or a pillbox to help you remember to take your medicines daily. Sticky notes on the refrigerator can help too.

BEFORE USING A NEW MEDICINE If your doctor prescribes a new medicine, ask:

- How will it help me?

- Are there any side effects I should know about?

- When should I use it, and how much should I take?

- Should I take it with food or before or after meals?

- Should I avoid certain foods when using it?

- What should I do if I forget to take it?

- Where is the best place to store it? Does it need to be kept cold?

SPEAK UP Be sure to talk to your doctor if you have any concerns about medicines you use.

Sources: National Institute on Aging; Centers for Disease Control and Prevention



Happily
AND HEALTHY
EVER AFTER!

With her wedding only weeks away, Shawn Sokolik was busy preparing and looking forward to their big day. As a mom of two working full-time, she definitely didn't have time to be sick, especially now. But unfortunately, Sokolik had been experiencing severe pain in her abdomen, back and right side, off and on for about three weeks.

Sokolik was seen several times at various clinics and hospitals outside of Lancaster to no avail. She tried to continue to work and manage her household as best she could, but the pain was relentless. Sokolik was unable to get a diagnosis or relief from pain—until she decided to seek care at Grant Regional Health Center's emergency department.

"I just couldn't tolerate the pain anymore," Sokolik says. "I had been to several different clinics and hospitals outside Lancaster, and no one could seem to figure out what was wrong. I decided to go to Grant Regional's

emergency department with the hope that someone could help my condition."

After being seen by the ER physician, Sokolik was immediately referred to Carl Sunby, MD, Grant Regional's general surgeon by her primary care provider, Sheirлие LaMantia, MD. It was determined that she had a severe infection in her lower abdomen due to a ruptured appendix from appendicitis, with multiple abscesses in her abdomen.

"In my opinion, she was very ill from the infection, and I felt she was extremely fortunate that her condition wasn't worse, considering what she had been through," explains Dr. Sunby. Sokolik was taken to surgery, with the intention of laparoscopically removing the infected appendix and draining the abscesses.

"However, due to the severity of the infection, I determined the safest approach to address her problems was to open her abdomen to address the infection," Dr. Sunby says. "Her surgery then required removing a portion of her intestine, which contained the ruptured appendix, and draining the abscesses. She remained in the hospital for several days on antibiotics and was discharged home a week following her surgery in good condition."

SHAWN SOKOLIK'S STORY

I was very grateful to Dr. Sunby and the staff at Grant Regional. My family and my job are very important to me. I can't do a good job with my animals at work or be a good wife or mother—when I'm not feeling 100 percent. They helped me get back to my old self when no one else could!

I knew it was serious, but I didn't know the extent of how serious until after surgery. I was very nervous since I had never had surgery before. Dr. Sunby must have noticed how nervous I was. He was great about explaining what would be done during surgery and after. I just knew it had to be more than a UTI (urinary tract infection). I received exceptional care from the doctors and nurses. All the staff was very caring and friendly. They kept me informed of what they were doing throughout my hospital stay.

I was in the hospital for a week after surgery. Everyone was willing to help me out and told me everything that was going on with shift changes of staff and medications. They made sure I wasn't in pain and was comfortable. I knew recovery was going to take a while after surgery. I was off work for maybe five days total before surgery. After surgery it was about four weeks before I went back. When I did go back, I was on weight and activity restrictions for about a month. But the best part was I got to enjoy my honeymoon without any complications or worries. That was an amazing gift!

I really owe my life to Dr. Sunby and Grant Regional Health Center. He admitted that I was one lucky gal to have gotten the proper treatment when I did. If I had waited much longer (I don't even want to think about the "what if")...let's just say I'm extremely grateful and happy to have my health back. It's something I know I will never take for granted.

—Shawn Sokolik Schute

Highly skilled, trusted expertise

Carl Sunby, MD, joined Grant Regional Health Center earlier this year and now provides our region with local access to exceptional surgical care. He works closely with our clinical staff to ensure that procedures are handled with the utmost skill and expertise and a focus on personal comfort, safety and rapid recovery.

Dr. Sunby has become a member of Grant Regional Health Center's Department of General Surgery following a 20-year practice in general surgery at Dean Medical Center in Madison, Wisconsin. He is a graduate of the University of Wisconsin School Of Medicine. He completed his general surgical residency and fellowship in surgical infectious diseases at the State University of New York–Buffalo School of Medicine. Dr. Sunby also served in the United States Navy as a fleet surgeon for the United States Marine Corps. His active duty tours include Desert Shield/Desert Storm and operations in Central America. Dr. Sunby's area of special interest in general surgery includes laparoscopic surgery as well as breast, endocrine and colorectal surgery. He is board-certified through the American Board of Surgery and a Fellow of the American College of Surgeons.

For more information or to schedule an appointment with Dr. Sunby, call Grant Regional Community Clinic at 608-723-2131 or visit www.grantregional.com and click on "Find a Physician."



Carl R. Sunby, MD,
general surgeon



TAKE



QUESTIONS FOR THE EXPERTS

We asked members of our medical staff to answer questions about some common health concerns.



Katherine McQuillan, APNP
Grant Regional Community Clinic

Q What's the difference between a food allergy and a food intolerance?

A A food intolerance affects the digestive system. It can make you feel bad. A food allergy involves the immune system. In some cases, it can be fatal.

Food intolerances occur when digestive organs are unable to break down a certain type of food or drink.

For instance, people with lactose intolerance can't digest the natural sugar in milk. For them, drinking milk can mean cramps, bloating and diarrhea.

But when people allergic to milk drink even a sip, their body mistakenly identifies a protein in the milk as a harmful invader. Defense chemicals kick in, setting off a cascade of events that can end with

an allergic reaction. Symptoms may include:

- Hives, itchy skin or a rash.
- Vomiting or diarrhea.
- Itchy eyes or a runny nose.
- Swelling of the tongue or throat.
- Wheezing, sneezing or trouble breathing.

Anaphylaxis—the most serious reaction—affects several parts of the body at once. Without immediate treatment, it can be fatal.

The only way to avoid a reaction is to completely avoid the foods that trigger them. Besides milk, common allergy-causing foods include eggs, peanuts, soy, wheat, tree nuts and fish.



Brad Binsfeld, DO
Grant Regional Community Clinic

Q I've heard that exercise is good for arthritis. But I'm afraid that I'm

going to hurt my already achy joints. Can I safely exercise?

A You're certainly not alone in your concerns. Many people cite arthritis as the main reason why they don't exercise.

But exercise is good for people with arthritis. Regular exercise can make your joints less achy, boost your energy and help you get through day-to-day tasks more easily.

Some exercises may help with sleep too, when done several hours before bedtime.

But before you begin an exercise program, talk to your doctor. Ask what activities are best for you and which to avoid. Then, start out slow with each exercise. Add time, weight or speed in small increments.

And listen to your body. If you feel pain, stop—and seek your doctor's advice.

Here are some other suggestions:

Make some muscle. Strong muscles help support joints. You can use handheld or machine weights to build up your muscles. Or work out with an elastic band.

Be flexible. Limber up with shoulder circles,

leg swings and knee-to-chest pulls (done lying down). Stretching also can help reduce stiffness, but be sure to hold each stretch for about 30 seconds. (Stretches are a good end-of-day relaxer.)

Get moving. Aerobic exercise is good for your heart, lungs and mood, and it can help you control your weight.

So take a walk—on a trail or treadmill. Hop on a bike or into a swimming pool. Water takes a load off your joints during aquatic exercises, and many people with arthritis say it offers significant pain relief.



Jessica Varnum, MD
High Point Family Medicine

Q My doctor wants me to have an electrocardiogram (EKG). What is that?

A An EKG is a painless test that records the heart's electrical activity.

Many heart problems change the heart's electrical activity in distinct ways. Consequently, doctors can use an EKG to diagnose many different heart problems.

For example, an EKG can detect heart attacks that are in progress or that happened in the past. Other things it can reveal include:

- A lack of blood flow to the heart muscle (heart disease).
- A heart that doesn't pump forcefully enough (heart failure).
- A heartbeat that is too fast, too slow or irregular (an arrhythmia).

When you have your EKG, a nurse or technician will tape soft, sticky patches called electrodes on your skin.

There are special types of EKGs, so ask your doctor what kind you need. The standard one is done while you're resting and completely still.

But some problems come and go or only happen during exercise. So you may need an EKG that uses a small device to record your heart's electrical activity for up to 48 hours or one that's done while you exercise.

PROVIDER LISTING



Grant Regional Health Center Specialty Clinic
507 S. Monroe St.
Lancaster, WI 53813
608-723-3249
■ Krynn Buckley, MD, Gynecologic surgeon

Grant Regional Community Clinic
507 S. Monroe St.
Lancaster, WI 53813
608-723-2131
■ Brad Binsfeld, DO
■ Erin Huebschman, MD
■ Sheirlie LaMantia, MD
■ Katherine McQuillan, APNP
■ Laurie Meighan, APNP
■ Kelly Muench, PA-C
■ Adam Schope, MD
■ Carl R. Sunby, MD

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

Grant Regional Emergency Department
507 S. Monroe St.
Lancaster, WI 53813
608-723-2143
■ Jerry Fushianes, PA-C
■ Liz Hinkley, APNP
■ Les Newhouse, PA-C
■ Robert J. Smith, MD
■ Jolene Ziebart, APNP

Family Medical Center
9177 Old Potosi Road
Lancaster, WI 53813
608-723-4300
■ Liz Hinkley, APNP
■ Brian Quick, PA-C
■ Kate Reuter, APNP
■ Robert Stader, MD

High Point Family Medicine—Fennimore
1255 11th St.
Fennimore, WI 53809
608-822-3363
■ Misty Nemitz, APNP
■ Terri Payne, CNM, FNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

FIND OUT MORE ABOUT OUR DOCTORS AT
WWW.GRANTREGIONAL.COM/PROVIDERS

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**.

Donate at a blood drive at Grant Regional Health Center, Monroe Conference Room

- **Wednesday, Sept. 24:** 9 a.m. to 1 p.m.
- **Thursday, Oct. 23:** 2:30 to 6:30 p.m.
- **Tuesday, Nov. 25:** 9 a.m. to 1 p.m.
- **Tuesday, Dec. 23:** 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.

- Nicole Clapp**
President/CEO
- Dawn Bandy**
Chief Financial Officer
- Jennifer Rutkowski**
Vice President of Professional Services
- Rochelle Williams**
Marketing Coordinator
- Stacy Martin**
Human Resources

Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.