

Health Connection

A PUBLICATION OF WOODWARD REGIONAL HOSPITAL

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new medical
staff members**

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heartburn**
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Woodward
Regional Hospital

www.woodwardhospital.com

CHRONIC PELVIC PAIN

Causes and cures

Women who suffer from chronic pelvic pain may feel that the discomfort is something they just have to live with—a “side effect” of being female. But they don’t have to suffer. Chronic pelvic pain, or CPP, is a real medical condition. And that means it can be treated.

WHAT CAUSES PELVIC PAIN?

You may be suffering from CPP if you’ve had recurring pain in your lower abdomen and pelvic area for at least six months. The symptoms can vary. You may feel pain all the time or it may come and go. You may have a mild, dull ache or sharp, stabbing pain. In addition, you may have abnormally painful menstrual periods (*dysmenorrhea*), low backache, pain during intercourse, pain when going to the bathroom or rectal itching and burning.

The most common causes are gynecological:

- **Endometriosis.** In this condition, tissue from the uterine lining grows on other pelvic organs. When you have your period, this tissue swells and bleeds, causing pain and scarring.
- **Pelvic inflammatory disease.** This is an infection in the uterus, fallopian tubes and ovaries.
- **Fibroids.** These are benign (noncancerous) growths in the uterine wall.

TESTING AND TREATMENT

Your physician will evaluate your pain by taking a detailed health history and performing a physical exam. He or she may also order some diagnostic tests, such as blood tests, urologic tests, X-rays or laparoscopy (a minimally invasive procedure in which the surgeon inserts a thin lighted tube through an incision in the abdomen to view your pelvic organs).

Treatment depends on the cause of your pain and includes the following options:

- stopping ovulation with birth control pills or injections
- using pain relievers such as ibuprofen or naproxen
- performing relaxation exercises, biofeedback and physical therapy
- taking antibiotics
- getting psychological counseling
- having surgery

Stress incontinence: Help is available

It may be embarrassing, but stress urinary incontinence is a common problem among women. It’s also highly treatable. In fact, eight in 10 women who seek treatment see an improvement or are cured.

Stress incontinence occurs when any kind of pressure is put on the bladder, such as when you sneeze, laugh, lift, cough, exercise or even rise from a chair. Childbirth and weight gain are two common causes of incontinence because these conditions stretch the pelvic floor muscles. Hormone changes during menopause, some medications and other factors can also cause incontinence.

Your physician has many treatment options, including medication, strength exercises, biofeedback and, in extreme cases, surgery. So don’t let embarrassment keep you from asking for help.



Put out the fire

Heartburn can raise your risk for cancer

Nearly everyone has had an occasional bout of heartburn, or acid indigestion, after a spicy meal. But if you have chronic heartburn that occurs more than twice a week, you may be suffering from a more serious condition called gastroesophageal reflux disease (GERD). If you think you may be suffering from GERD, don't ignore it—without treatment it may eventually lead to more serious health problems, including cancer.

WHAT IS GERD?

Though it's commonly called heartburn, GERD is a digestive condition that has nothing to do with your heart. Food is carried from your mouth to your stomach through your esophagus tube, which is connected to the stomach by the sphincter muscle. The sphincter usually closes once food passes into the stomach, but if it doesn't close properly, digestive juices rise back up into your chest and throat. They cause the burning feeling near your heart—hence the name heartburn.

GERD can also cause a dry cough and swallowing difficulties, make asthma worse and disrupt sleep. Left untreated, it can damage the esophagus' lining and cause bleeding or ulcers.

A MORE SERIOUS DEVELOPMENT

GERD can also result in a condition called Barrett's esophagus, in which stomach acids actually cause changes to cells in the esophagus. These damaged cells can lead to esophageal cancer.

Barrett's esophagus is diagnosed with an upper gastrointestinal endoscopy. In this outpatient procedure, the physician passes an endoscope—a small, lighted tube with a tiny camera at the end—into the throat. This lets the physician look for tissue abnormalities and take a tissue sample through the endoscope if needed.

GETTING RELIEF

If you suffer from heartburn more than twice a week, see your physician. He or she may recommend lifestyle changes (*see "Don't go for the burn," below*) as well as over-the-counter or prescription drugs such as:

- antacids (brand names include Mylanta, Maalox, Alka-Seltzer, Rolaids)
- H2 blockers (Tagamet, Pepcid, Zantac)
- proton pump inhibitors (Nexium, Prilosec, Prevacid)

Some of these drugs can also help improve Barrett's esophagus. In rare circumstances, your physician may recommend surgery to repair the sphincter.

Don't go for the burn

One key to soothing heartburn is to avoid the triggers that can lead to discomfort.

In general, the following lifestyle changes can help most people put out the fire:

- If you smoke, stop.
- Avoid foods and beverages that worsen symptoms, such as citrus fruits, chocolate, fried foods, tomato-based foods, spicy foods and drinks with caffeine or alcohol.
- Lose excess weight.
- Eat small, frequent meals.
- Wear loose-fitting clothes.
- Avoid lying down for three hours after a meal.



A LETTER FROM OUR CEO



Lavah Lowe
Chief Executive Officer

Dear neighbors,

We believe in making Woodward Regional Hospital a great place for patients to receive care.

To stay in touch with how we're doing, we collect and monitor clinical quality information. We recognize that hospital data and statistics tell only part of the story; the other part

is told by patients' experiences. Often, patients make decisions about healthcare providers based on personal impressions: attention to special needs, the caring attitude of the nursing staff, the confidence felt in the physicians and staff or the positive experience related by a friend or family member. While this information is difficult to measure, it's compelling and important, which is why we focus on continuous improvement in quality and service.

YOUR TRUSTED HEALTHCARE PARTNER

Our goal is to be the trusted hospital of choice for you and your family and for you to recommend our hospital to others because your experience has been excellent. Please take advantage of opportunities to share your feedback with us about our performance. We're focused on growing and improving to meet your needs.

I hope you enjoy reading about our new physician assistants, finding out more about our advanced imaging technology and signing up today if you're not yet a Healthy Woman member!

Best wishes for a happy and healthy holiday season.

Sincerely,

LAVAH LOWE
Chief Executive Officer
Woodward Regional Hospital

Healthy Woman: Hot topics and cool company

HEALTHY WOMAN
A WOODWARD REGIONAL HOSPITAL RESOURCE

Healthy Woman is a new, free community resource that Woodward Regional Hospital and its Healthy Woman advisory council launched with a gala event on September 30. It's designed to provide women with the information needed to maintain a healthy body, mind and spirit for themselves and loved ones. Monthly events feature physicians, hospital staff and community partners sharing information about health, life balance, communication and relationship issues.



MEET OUR ADVISORY COUNCIL

The advisory council's amazing group of leaders helped us organize the kickoff, and with their leadership and guidance, we're planning monthly events that are educational, fun and support women's unique roles as family healthcare managers. The council comprises:

- Shandy Baggs
- Sue Mitchell
- Melinda Brock
- Sue Poulson
- Helen Chioum, M.D.
- Alma Santiago
- Paula Hughes
- Laura Sittler
- Patsy Lucas
- Roz Wagner

! Become a Healthy Woman!

We hope you'll join our inspiring evenings of life lessons, education and fun. For information about event topics and speakers, or to join Healthy Woman, visit www.woodwardhospital.com. Membership is free, and the benefits last a lifetime!

Primary care providers join WRH

Dorian Shevitz and Julie Huela, a husband and wife physician assistant (PA) team, were recently recruited to join Woodward Regional Hospital (WRH). Both Shevitz and Huela earned their bachelor's degrees in PA studies from the University of Maryland Eastern Shore in Princess Anne, Md.

"We're pleased to have recruited Shevitz and Huela and are happy that WRH and the medical community have warmed to them so quickly," says Chief Executive Officer Lavah Lowe. "In a few short months, they've become an integrated part of our local healthcare system. WRH continues aggressive physician and midlevel recruiting to enhance accessibility to primary care."

KEY MEMBERS OF THE MEDICAL STAFF

PAs help ensure the delivery of quality care. They complete rigorous educational and clinical training—similar to a physician's training—that includes classroom and laboratory instruction in the basic medical and behavioral sciences, followed by clinical rotations. PAs routinely complete 100 hours of continuing education every two years and sit for a recertification exam every six years.

PAs are supervised by a physician; Shevitz and Huela work under Kathryn Ray, M.D. In many clinical settings, PAs are the primary caregivers and are able to interview and take medical histories, examine and diagnose patients and order and interpret lab tests. They can also help with surgery, prescribe medications and coordinate the responsibilities of other healthcare team members.



Dorian Shevitz, P.A., and Julie Huela, P.A., have joined WRH's team.

! Make an appointment!

Physician assistants Dorian Shevitz and Julie Huela practice with Woodward Physician Group in the hospital's health center and are accepting new patients. Call (580) 571-8050 to make an appointment today.

New hospitalist focuses on inpatients



Daniel Stanhiser, M.D.
Hospitalist

Daniel Stanhiser, M.D., recently joined Woodward Regional Hospital's medical staff as a hospitalist—a specialist who takes care of hospital inpatients only. Dr. Stanhiser earned his medical degree from Loma Linda University in Loma Linda, Calif., and completed a family medicine residency in Yakima, Wash. After completing his residency, he was a family physician and medical director for Ompqua Community Health

Center in Roseburg, Ore. Dr. Stanhiser became a hospitalist in 2007.

Dr. Stanhiser and his wife, Karen, enjoy traveling and the outdoors and are excited to be part of the Woodward community. Dr. Stanhiser is hoping to harness the Oklahoma winds by learning how to kiteboard.

! Visit us online!

To find the right physicians to care for you and your family, visit www.woodwardhospital.com.

HEALTHWISE QUIZ

How much do you know about stroke?

Take this quiz to find out.

1 A stroke occurs when blood flow is interrupted to your:

- a. heart
- b. lungs
- c. brain
- d. kidneys

2 Someone in the United States has a stroke:

- a. every 45 seconds
- b. every 4 minutes
- c. every 45 minutes
- d. every 4 hours

3 Which of the following are major risk factors for stroke?

- a. smoking
- b. high blood pressure
- c. high cholesterol
- d. all of the above

4 Which of the following is usually not a symptom of stroke?

- a. sudden numbness, weakness or paralysis of your face, arm or leg—usually on one side of your body
- b. sudden difficulty speaking or understanding speech
- c. sudden blurred, double or decreased vision
- d. sudden shortness of breath

5 How quickly must clot-busting drugs be given after the onset of a stroke to be effective?

- a. within 1 hour
- b. within 2 hours
- c. within 3 hours
- d. within 4 hours

ANSWERS: 1. C; 2. A; 3. D; 4. D; 5. C



Holiday health alert PROTECT YOUR HEART

The holidays are supposed to be a happy time of year. But for many people, they can end up being a particularly *unhealthy* time of year. Heavy meals, excessive alcohol, smoking, stress—they all can take a toll. Your heart is especially vulnerable. But knowing which dangers lurk can help you take control of your heart health this season.

STRESS INDUCERS

Three main triggers tend to cause holiday stress, says the Mayo Clinic:

- 1. Relationships.** Family tensions often increase during the holidays. What's more, those facing the holidays away from loved ones may feel lonely or sad.
- 2. Finances.** Spending too much on gifts, travel, food and entertainment can increase stress.
- 3. Physical health.** All that shopping, socializing, cooking, eating and drinking can be exhausting, especially for those already suffering from an illness.

STRESS REDUCERS

To avoid holiday stress and health problems:

- Exercise and get enough sleep. Both fight off stress and fatigue.
- Watch what you eat. Go ahead and have your favorite holiday treats, but do so in moderation.
- Find time for yourself—do things *you* like to do.
- Seek help. If the holidays overwhelm you with sadness, anxiety or physical problems, talk with your physician. You may be suffering from depression, which needs to be treated.

Healthy eating

7 winning ways to weight-loss success

The upcoming holidays present considerable challenges to eating healthfully. But with some careful planning and these helpful tips, you can stick with your weight-loss plan and enjoy a healthier lifestyle all year long.

- 1 Work with your physician.** He or she can help you plan for and meet your goals.
- 2 Set reasonable expectations.** Don't try to lose weight during the holidays. Simply maintaining your current weight will be a real accomplishment.
- 3 Eat a variety of foods.** If you know you'll be having high-fat foods at dinner, focus on lots of fruits and vegetables for breakfast and lunch.
- 4 Stay active.** Find 30 minutes a day to walk. If you're too busy—and who isn't?—break it up into three 10-minute walks.
- 5 Eat breakfast every day.** Studies show that people who eat breakfast are less likely to overeat the rest of the day.



- 6 Ask for a doggy bag.** When eating at a restaurant, eat half of your meal and bring the rest home for later.
- 7 Reduce stress.** Stressful times can cause many to overeat. Find healthier ways to cut stress. Exercise, get plenty of sleep and spend time with people whose company you enjoy.

When the ER should be your only option

How do you know when to treat a medical problem yourself, go to the emergency room (ER) or wait it out? For the following three situations, knowing how to react can mean the difference between life and death.

Chest pain. Chest pain that often comes with certain activities and then goes away easily is called stable angina. More than likely, if you've had this kind of angina for some time, you know how to treat it yourself.

Angina that comes on unpredictably or changes over time is called unstable angina. It may be the first sign of a heart attack. Get emergency treatment.

Asthma attack. Your asthma action plan tells you how to react to an asthma attack. But sometimes, even when you follow your plan, the attack may become severe. Go to the ER if:

- Your asthma medicine doesn't help.



- You feel a little better after taking your medicine, but serious symptoms come back quickly.
 - Your lips and fingernails are bluish or grayish.
 - You have trouble talking or walking.
- Insect bite.** Bug bites usually cause mild reactions—some swelling, minor pain, itching—that go away in a day or two. You can treat them with an icepack for the pain and an antihistamine to reduce swelling.

A severe reaction, however, can be life threatening. If you notice difficulty breathing, swelling of the lips or throat, dizziness, con-

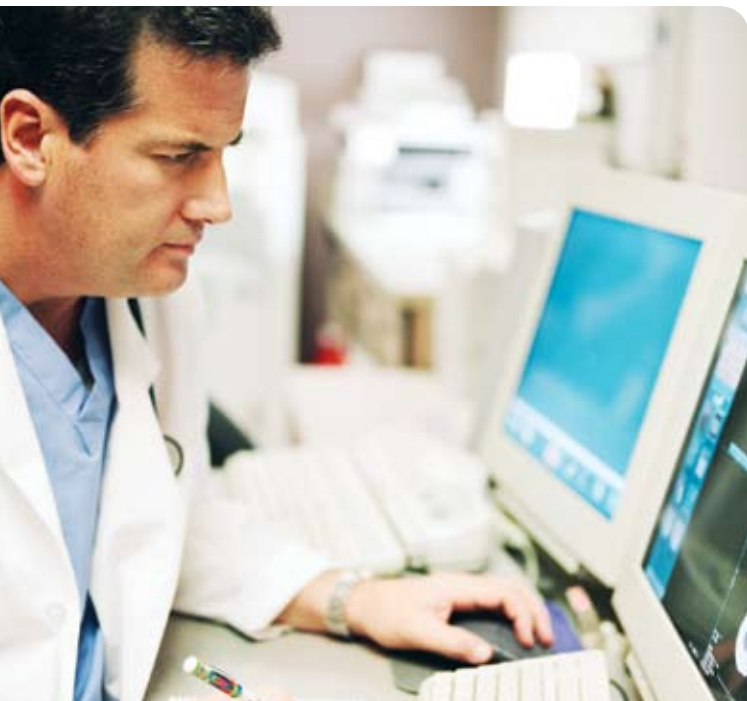
fusion, a rapid heartbeat or nausea, cramps and vomiting, get to the ER.

In an emergency, don't drive yourself to the ER. Have someone drive you or, better yet, call for emergency medical assistance. The equipment and expertise on an ambulance can give you lifesaving first aid on the spot.

A clearer picture of your health at WRH

You're probably familiar with conventional X-rays, typically used to diagnose sprains, fractures and other common conditions. However, if you need more sophisticated imaging technology, the test is likely also available at Woodward Regional Hospital (WRH), says Sue Poulson, director of radiology at WRH. A number of imaging tests are available at WRH.

- **Ultrasound** uses high-frequency sound waves to produce detailed images useful for visualizing organ, blood vessel and tissue movement. Ultrasound is commonly used to examine fetal development.



- **Digital mammography and bone density screenings** are important tests for women, especially as they age. Bone mineral density screening is an accurate way to assess early osteoporosis (a bone thinning disease). For convenience, this service was recently relocated within the hospital.

- **Nuclear medicine imaging** involves the injection of radioisotopes and imaging with a gamma camera. Cardiac stress tests are performed using this method.

- **Magnetic resonance imaging (MRI)** is helpful in diagnosing cardiovascular disease, tumors, injuries, abnormal tissue, and joint, muscle and bone ailments. MRIs are particularly useful in examining the brain, neck and spinal cord.

- **Computed tomography (CT) scanning** uses radiation to create cross-sectional images, or slices, to help locate tumors, detect heart disease and identify internal injuries or bleeding.

WRH was one of the first hospitals in Oklahoma to install a picture archival and communication system, which allows images from diagnostic imaging exams to be stored digitally and accessed by your physician via computer or stored on a CD. WRH also permanently archives patients' examinations in case they're needed in the future.

! Do you have questions?

For more information about WRH's imaging services or to start a career in radiology, call Sue Poulson, director of radiology, at (580) 254-8402.

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