

WINTER 2010

Health Connection

A COMMUNITY SERVICE OF BYRD REGIONAL HOSPITAL



**Dedicated to
your heart**
New services help
you stay healthy

**After an ER visit—
now what?**

**Take charge of
your arthritis**

**Is a stroke
in your future?**

 **Byrd** REGIONAL
HOSPITAL

www.byrdregional.com

Ease your arthritis pain

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

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

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



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

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



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

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



Life after the ER

Following your physician's orders keeps you healthy

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

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

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

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

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

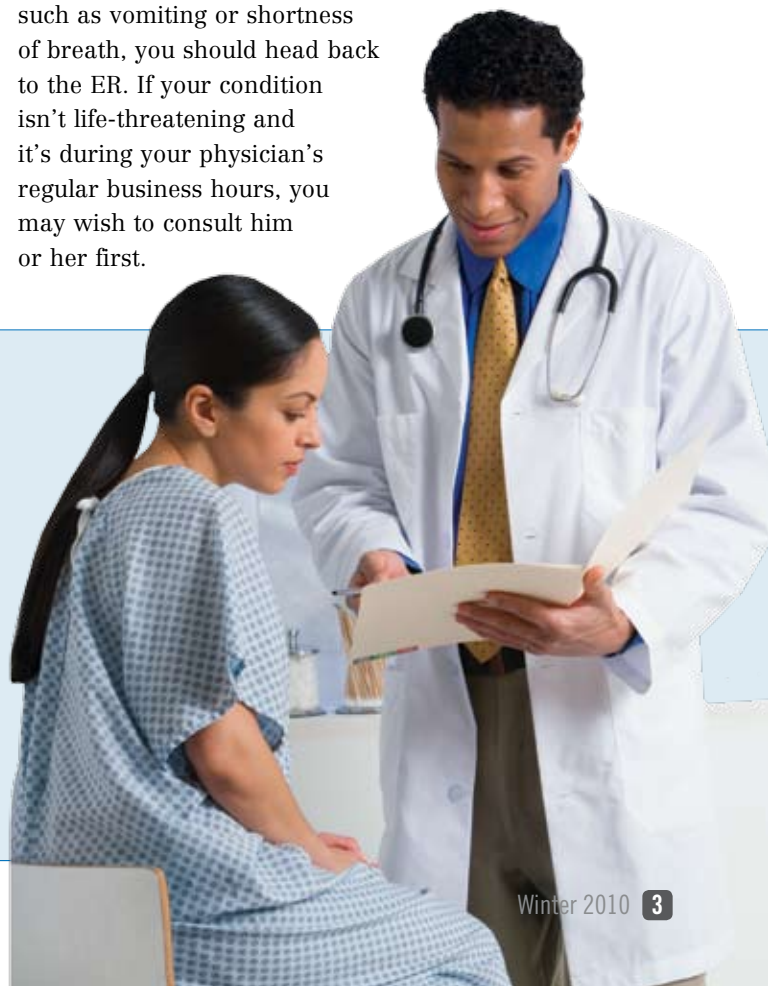
➔ **FOLLOW ALL MEDICATION DOSAGES.** Thoroughly read your discharge instructions. They should spell out what medications have been prescribed, what they treat and how often—and when—to take them.

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

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

How did we do?

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



A better kind of heart care

Our new cath lab can help

With one in five Americans suffering from one or more forms of cardiovascular disease, advancements in the medical technology used to diagnose and treat these conditions is critical. In an effort to provide faster and more accurate vascular care to area parish residents, Byrd Regional Hospital (BRH) has added a new cardiovascular catheterization lab.

BRH is now able to conduct minimally invasive procedures on a new X-ray system to treat a wide range of clinical problems, including coronary artery disease, stroke, carotid artery disease, abdominal aortic aneurysms and peripheral vascular disorders. The multifunctional and flexible system can aid in

The Philips Allura X-ray system offers patients effective alternatives to surgery.

the diagnosis and treatment of a range of conditions and can be used for procedures such as diagnostic catheterizations, peripheral stenting, balloon angioplasty and embolizations. These catheter-based procedures are designed to reduce some of the risks and recovery time of traditional surgical approaches. Among the many potential benefits of catheter-based interventions are shorter hospital stays, reduced recovery time without the pain of a large incision and less visible surgical scarring.

FASTER AND MORE ACCURATE

Both BRH's patients and clinicians will benefit from the speed and image accuracy of this new X-ray system. It'll allow physicians to complete a variety of diagnostic and therapeutic procedures faster, and that means patients are on their way to recovery and discharge much sooner.

It also may reduce radiation exposure.

Interventional X-ray technology is a vital component in the future of medicine. This technology brings a new level of quality and detail to images, allowing physicians to offer patients effective alternatives to surgery.

BRH has been providing comprehensive health care to the community and surrounding areas, and we're excited to be able to offer this important improvement in health care to our patients.



! Keep your heart healthy!

For more information about cardiac catheterization, at BRH, visit www.byrdregional.com.

Look inside your heart

What to expect from cardiac catheterization

Today, cardiac catheterization is an effective procedure that can help physicians pinpoint the location of a blocked artery. It tells them how extensive a blockage is and how narrow the heart valves have become.

STEP BY STEP

Unless your catheterization is being performed on an emergency basis, you'll likely spend the night before the procedure at home, where you'll be asked not to eat or drink anything after midnight. In the morning, technicians will clip the areas where the catheter will be inserted (usually either side of the groin). You'll be awake but lightly sedated throughout the procedure, which takes place on a special X-ray table that moves back and forth.

Your cardiologist will use a local anesthetic to numb the spot where the puncture will be made. He or she will then thread a catheter (usually about the diameter of thin spaghetti) through the blood vessel and into the heart.

A TV screen shows X-ray images of the catheter as it's

threaded through the artery and into the heart's chambers. The images help the cardiologist guide the catheter into position. With the catheter properly placed, your cardiologist can then carry out necessary tests, such as measuring blood pressure.

If you're undergoing coronary angiography, a variation of the catheterization technique, your physician will inject a contrast dye through the catheter into the blood vessels and heart chambers. Coronary angiography produces sharp X-ray images that point physicians to the site, shape and extent of blockages—information that can't be found by any other method.

A cardiac catheterization usually takes about 30 minutes and can be performed on an outpatient basis. You shouldn't feel any pain, and discomfort will be minimal. A feeling of pressure is common when the catheter is being threaded through the artery or vein. Sometimes a burning sensation occurs when the contrast dye is injected, but this feeling disappears quickly, as do other, less common reactions such as nausea and vomiting.



Be heart smart!

Jose Mathew, M.D., and Reymond Meadaa, M.D., cardiologists at Byrd Regional Hospital (BRH), offer adult cardiovascular evaluation and treatment, diagnostic cardiac catheterizations, electrocardiograms, echocardiograms, stress testing and more. To learn more about cardiology services at BRH, visit

www.byrdregional.com, or to find a physician who's right for you, call (337) 239-5113.



Jose Mathew, M.D.
Cardiologist



Reymond Meadaa, M.D.
Cardiologist

HEALTHWISE QUIZ

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

Take this quiz to find out.

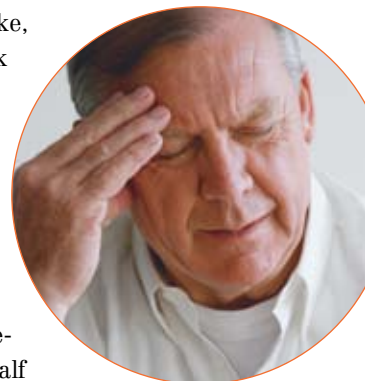
- 1** What percentage of American adults are overweight or obese?
 - a. 25
 - b. 33
 - c. 50
 - d. 66
- 2** Which of the following has not been linked to obesity?
 - a. hyperthyroidism
 - b. cancer
 - c. gallbladder disease
 - d. infertility
- 3** Obese children have a higher risk of:
 - a. asthma
 -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

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

{ MINI-STROKES }

Heed the warning

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



INSIDE A TIA

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

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

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

IS A TIA IN YOUR FUTURE?

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

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

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

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

Sending out an SOS:

Texting can be bad for your health

It's not uncommon to see people crossing busy streets or even driving with their cell phone or BlackBerry® in hand, dashing off a quick message. Texting shifts your focus away from the task at hand and can be downright dangerous.

While no hard numbers exist, the American College of Emergency Physicians has reported an anecdotal rise in serious and fatal injuries involving texting—especially among teens and young adults. That includes face, chin, mouth and eye injuries for those who trip and fall while texting, and fatal trauma stemming from car accidents. Texting has also been linked to medical phenomena like “BlackBerry thumb” and “teen texting tendonitis”—catchphrases for conditions that result from the repetitive thumb motions of texting. These conditions can cause pain and numbness in the thumbs and joints of the hand.

BE TEXT SAVVY

Steer clear of texting troubles by following a few guidelines:

- Avoid texting while doing things like walking and driving. Turn your phone off to avoid temptation.
- On the road, pull over if you need to text immediately.
- Set a good example behind the wheel: Don't engage in distracting behavior in front of your kids.

- Contact your cell-phone provider if you're worried about your child's texting habits. Some companies now offer services that ban texting at certain times of the day.



A healthy lunch is in the bag!

Every day at noon, workers around the country run to the corner deli for a sandwich, hit a local eatery with co-workers or order in. But if you're watching your waistline—or your wallet—packing your own lunch is a smarter solution. A homemade lunch is more nutritious and economical, as long as you pack it correctly. The recipe for a healthy lunch includes:

- **PROTEIN** Try lean turkey, ham, roast beef, tuna or a bean-based entree, such as hummus or a black bean burrito.
- **GOOD GRAINS** Pack whole-wheat pasta salad and sandwiches made on multigrain bread.
- **FRUITS AND VEGGIES** The deeper the color of the vegetable or fruit, the more vitamins and minerals it contains. Slice up baby carrots, peppers, broccoli, apples, blueberries and oranges.



- **CALCIUM** Slip fat-free yogurt, cottage cheese or string cheese into your bag.
- **H₂O** Water has no calories, so it's a perfect choice, but if you need a little more flavor, try adding a squeeze of lemon, lime or orange. Watch out for fruit juices, energy drinks and sodas, which are loaded with sugar.
- **FLAVOR APPEAL** Switch it up a bit by adding interesting items, like walnuts in a salad or horseradish spread on a roast beef sandwich.
- **MINIMAL SODIUM** Thinking of one of those “healthy” frozen meals? Watch out for sodium. Total daily intake for a healthy individual shouldn't exceed 2,300 milligrams (mg), and some frozen meals can contain a big portion of your day's allotment. Follow the FDA's recommendation for a healthy frozen meal by choosing one that has 480 mg of sodium or less per serving.

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A MESSAGE FROM OUR CEO

Keeping hearts healthy



Roger LeDoux
Chief Executive Officer

It takes a lot of talented and skilled people to run any hospital properly. But Byrd Regional Hospital (BRH) is even more special because of the incredible team of people who provide care for our friends and neighbors. As a community, we should be very thankful for the physicians and employees providing health care services at BRH.

HIGHLIGHTING HEART CARE

One of the services we want to recognize is cardiology. Jose Mathew, M.D., and Reymond Meadaa, M.D., are skilled invasive cardiologists and supported by experienced nurses and technicians. They perform tests and procedures using our new equipment for diagnostic X-ray, nuclear medicine, echocardiogram ultrasound, pulmonary function testing and 64-slice computed tomography (CT) scanning for quick confirmation of stroke and internal bleeding.

National agencies have recognized BRH and our quality services. The American Association for Respiratory Care recently honored BRH with the



Quality Respiratory Care Award and the American Heart Association designated BRH as a Get With The Guidelines—Coronary Artery Disease Hospital.

We are proud to provide quality service close to home, and cardiology care is no exception.

To your good health,

ROGER LEDOUX
Chief Executive Officer
Byrd Regional Hospital