

Health Connection

A COMMUNITY SERVICE OF
BYRD REGIONAL HOSPITAL

**Urology care,
close to home**

**A daily dose
of safety**

Take care with
your prescriptions

**Are you
exercise savvy?**

Find out inside!

**The kidney-heart
connection**

Mind your medicine

Smart strategies to stay well



Adults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

• **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



Snap, crackle, pop!

What are your joints telling you?

Your body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

Knuckle cracking: Bad to the bone?

Some people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



Don't suffer in silence

Urologists provide the care you need

Although urologists are surgeons, surgery isn't what they do most. In fact, surgery is a last resort, which is good news for the 2 million men, women and children who will seek medical treatment from urologists this year for bladder infections, urinary problems, kidney stones, erectile dysfunction (ED) and prostate cancer.

Urologists may be doing fewer surgeries these days because people are seeking help for problems sooner, allowing physicians to catch conditions at earlier stages. In addition, many urologic disorders can be treated with a relatively simple office procedure.

COMMON CONDITIONS

Surprisingly, many problems in younger males are often associated with childhood injuries or defects undiagnosed as yet.

Half of males over age 60 have urinary tract disorders, many resulting from an enlarged prostate. Treatment for an enlarged prostate may be as simple as medical therapy or a minimally invasive office procedure such as microwave thermotherapy (a process that uses microwave heat to shrink excess prostate tissue), which takes about an hour and provides lasting results.

ED is a problem affecting millions of men. Studies show that ED can be a marker for other diseases, so

men should be evaluated for heart disease before asking their family physicians for a drug to treat the disorder. ED may also be associated with conditions like prostate enlargement or diabetes.

BLADDER CONTROL

More than 6 million people in this country, mostly women, have problems with urine leakage. According to experts, at least half of the estimated 13 million people with incontinence—the involuntary loss of urine—suffer in silence because they're too embarrassed to get help. Many consider it a sign of aging they simply have to live with. Yet most of the time, incontinence can be greatly



improved, if not cured, with proper treatment.

Incontinence can range in severity from mild leaking to uncontrollable wetting. Types of bladder control problems include:

Stress incontinence, leaking urine during coughing, sneezing, laughing, lifting heavy objects, exercising or other movements that put pressure on the bladder.

Urge incontinence, losing urine or the inability to control your bladder almost as soon as you feel a strong need to go to the bathroom. You may also leak urine when you drink a small amount of liquid or when you hear or touch running water.

Overflow incontinence, leaking from a bladder that's always full. You may spend a long time on the toilet and produce only a dribbling stream of urine or have the sensation of your bladder not being empty despite having urinated. Some people don't leak, but retain too much urine, which may cause infections.

Bladder urgency/frequency, needing to go to the bathroom more often than normal (more than seven or eight times a day). You may have frequent, uncontrollable urges to urinate or feel that your bladder is never completely empty.

TREATING INCONTINENCE

Yes, urinary incontinence is treatable: No one has to live with the problem.

Dietary changes may help. Limit your intake of caffeine and liquids; schedule your voiding (say, every two or three hours); and perform Kegel exercises—pelvic muscle exercises—to help strengthen the muscles supporting the bladder and the sphincter, or valve, that holds in urine. For some types of incontinence, highly effective medicines are available.

In more serious cases, your urologist may recommend treatments that include electrical stimulation, biofeedback, manual therapy, exercises and timed urination and bladder retraining.

! Visit our Web site!

For more information about incontinence or for other health resources, visit www.byrdregional.com.

Urology: A special specialty

A urologist is a physician who addresses the scientific, clinical and surgical aspects of the genitourinary tract—including the kidneys, urinary bladder and genital structures—in males and females and the prostate and testicles in men. This specialist also can evaluate how these systems function as well as their conditions and diseases. In addition, a urologist has expertise in internal medicine, gynecology, pediatrics and other specialties.



Francis Fraser, M.D.
Board-certified Urologist

WHEN TO SEE A UROLOGIST

Call for an appointment with a urologist if you have any of these symptoms:

- blood in the urine
- pain or discomfort while urinating
- never feeling “empty”
- slow stream
- urine leakage or a loss of urinary control
- problems with sexual function
- infertility, or difficulty conceiving a child

Your urologist will likely do a physical exam as well as a urinalysis—a microscopic and chemical check to examine cells and substances in the urine—and a blood test to help detect an infection and other conditions. Imaging studies, such as ultrasound, computed tomography scanning, magnetic resonance imaging and ultrasound, may be necessary to check for a physical abnormality.

! Make an appointment today!

Don't let shyness prevent you from seeing a urologist. Francis Fraser, M.D., board certified by the American Board of Urology, has his office at 1201 Fertitta Blvd., in Leesville. To schedule an appointment with him, call (337) 238-0620.

HEALTHWISE QUIZ

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

Take this quiz to find out.

1 To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

2 A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

3 Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

4 The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

5 Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

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

The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



'Brake' for breakfast



You wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

Ready, aim, vaccinate!

Vaccines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

Happy New Year and welcome to 2009!



Roger C. LeDoux
Chief Executive
Officer

Byrdd Regional Hospital (BRH) had a very successful 2008. We opened a new ambulatory surgery center, the Leesville Surgery Center, where we can perform outpatient surgeries in a comfortable, convenient setting outside of the hospital.

We are the area's first and only hospital to offer a 64-slice computed tomography (CT) scanner for diagnostic imaging. The new Brilliance CT scanner from Philips Medical Systems produces split second, more detailed images, allowing for earlier detection of diseases.

RECOGNIZED FOR QUALITY

During 2008, BRH was re-accredited by The Joint Commission and received several quality awards. The American Heart Association has recognized BRH for the third year in a row as a Get With The Guidelines—Coronary Artery Disease Hospital, and few hospitals in Louisiana have received this recognition. The American Association for Respiratory Care presented BRH with the Quality Respiratory Care Award for providing quality respiratory care to our patients and community. Out of 5,000 hospitals in the United States, only 500 hospitals receive this distinction. BRH was also awarded the Platinum Award for improvement in quality by the Louisiana Healthcare Review Authority.

PHYSICIAN RECRUITMENT

We welcomed Asher Qarni, M.D., pulmonologist; Francis Fraser, M.D., urologist; Ben Cohen, D.P.M., podiatrist; Oghale Eleyae, D.P.M., podiatrist; Khaled Ghorab, M.D., general surgeon; and Pat Adams, M.D., family medicine.

We're actively recruiting an orthopedic surgeon, an otolaryngologist (ear, nose and throat) and two internal medicine physicians.



Ben Cohen, D.P.M.



Oghale Eleyae, D.P.M.



Francis Fraser, M.D.



Khaled Ghorab, M.D.



Asher Qarni, M.D.



Pat Adams, M.D.

NEW SERVICES

In the coming months, we're adding lithotripsy services to treat kidney stones and a capsule endoscopy system, in which a patient swallows a pill with a tiny camera to take pictures inside the body.

As we begin 2009, our primary goal remains the same: to provide quality, compassionate care with an emphasis on customer service. Thank you for your support over the years, and we look forward to serving you in the future.

Best Wishes in 2009,

ROGER C. LEDOUX
Chief Executive Officer
Byrd Regional Hospital

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