

Health Connection



A PUBLICATION OF LV STABLER MEMORIAL HOSPITAL

Focused on your health!

Dear friends,

I hope you're enjoying the fall weather and taking long walks for cardiovascular fitness while enjoying the great outdoors! Here at LV Stabler Memorial Hospital, we're focused on taking care of your health-care needs. You'll read about many of these efforts in this issue of *Health Connection*.

The medical staff is central to our overall success and we thank them for all they do for the hospital and the community. We are continually striving to recruit the best physicians for our community. In August, Shashank (Shawn) Patel, M.D., internist/pulmonologist, joined our medical staff. Dr. Patel has lived in Alabama since 1982, so he is accustomed to small-town charm. Read more about him and his practice on page 8 and help us give him a warm welcome to our "Camellia City."

Also, learn more about our inpatient psychiatric unit for seniors, which has been in operation since 1994, on page 5. Program Director Melvia Carter, R.N.C., and Fortunate Ovbiagele, M.D., have had much success in rehabilitating our geriatric population.

On page 4, we introduce Andrew Atkins, C.R.N.P., a nurse practitioner trained at the University of Alabama in Birmingham who is associated with Norman F. McGowin III, M.D. Andrew is board certified in wound care.

I hope you enjoy this issue of *Health Connection*.



For health information, please visit our Web site, www.lvstabler.com, and click on Discovery Hospital. And when you need immediate care, our emergency department staff is here for you. Thanks for choosing our hospital for your healthcare needs.

Best wishes,

CONNIE NICHOLAS
Interim Chief Executive Officer
LV Stabler Memorial Hospital

SURGERY 101:

A manual for peace of mind

Did you take your Girl Scout or Boy Scout oath seriously as a child? If so, to this day you're probably sure to pack what you need before a hike: a map, compass, first-aid kit, water and healthy snacks. You ask what the terrain is and where the trail ends so you can get home on schedule.

When it comes to surgery, studies have shown that this same "be prepared" principle can ease pre-op anxiety, reduce your hospital stay and speed recovery.

If you're about to undergo surgery, ask your doctor to describe the procedure completely. Knowing what to expect can defuse stress and help you approach surgery day with a calm head.

Here are some other ways you can make the time before, during and after surgery run more smoothly:

BEFORE YOUR PROCEDURE

- Follow your physician's instructions about refraining from smoking, eating and drinking before the procedure.
- Ask your physician about taking aspirin or other anti-inflammatory drugs before surgery. Because they're blood thinners, these medications may cause excessive blood loss.
- Tell your doctor which prescription and over-the-counter drugs you take. This goes for vitamins and herbs, too, as certain herbal remedies, such as St. John's wort and kava, may extend the effects of anesthesia or create other complications.
- You won't be allowed to drive after the procedure, so make reliable transportation arrangements.
- Organize your home. Make sure you have groceries or frozen meals on hand. If climbing stairs will be a problem, make sleeping arrangements downstairs.

- Practice relaxation techniques such as meditation or yoga. These will help calm you and speed post-op healing.

DURING YOUR HOSPITAL STAY

Your cozy robe or a favorite photo will warm your surroundings and soothe you. Having family and friends visit will bolster you, but don't be afraid to set limits: You'll need some time to rest and recuperate without interruptions.

HOME AGAIN

A little help from friends can be useful. If worries about housework or bills are nagging at you, ask someone to take care of these chores. In the meantime, the relaxation methods you used before surgery can help you feel better now, too. Imagine yourself in the near future doing something you enjoy, such as taking an invigorating hike.



PROTECTING AGAINST FEMALE CANCERS

What every woman should know

Gynecologic cancer is the fourth most common type of cancer in women. Here's a rundown of the gynecologic cancers and facts that can help reduce your risk:

UTERINE CANCER

Uterine cancer—also known as endometrial cancer—is the most common type of reproductive cancer that strikes American women and occurs most often after menopause. Symptoms include unusual vaginal discharge, pelvic pain, pain during intercourse, unexplained weight change and difficult or painful urination.

Obesity, high blood pressure, diabetes and tamoxifen or hormone replacement therapy use may increase risk.

OVARIAN CANCER

Ovarian cancer is the deadliest cancer and often shows no obvious signs until late in its development. But when caught early, most cases can be successfully treated.

Symptoms include abdominal discomfort or pain, nausea, diarrhea, constipation, frequent urination, appetite loss, feelings of fullness, weight change with no known reason and abnormal vaginal bleeding.

An important risk factor is a family history of ovarian cancer. Fertility drugs, hormone replacement therapy, increasing age, infertility, having had no children and a family history of breast cancer may also increase risk.

CERVICAL CANCER

Thanks to Pap tests, deaths from cervical cancer are decreasing. Common symptoms are abnormal bleeding and bloody or discolored vaginal discharge.

The sexually transmitted human papillomavirus (HPV) causes most cervical cancers. The U.S. Food and Drug Administration recently approved a vaccine that protects against HPV. A federal panel recommends females ages 11 to 26 receive the vaccine.

Other risk factors linked to cervical cancer can be avoided, such as smoking and poor diet.

CANCERS OF THE VAGINA, VULVA AND FALLOPIAN TUBES

These cancers tend to be rare. Women should alert their

doctors to symptoms that include unusual bleeding or discharge, persistent itching of the vulva, pain in the pelvic region, difficult or painful urination, unusual pain or pressure in the abdomen, pain during intercourse and a lump or sore on the vulva that won't heal.

Women may be at risk for vaginal and vulvar cancers if they've had genital warts, chronic vulvar irritations, abnormal Pap tests or intercourse at an early age or with many partners. Women who smoke or whose mothers took DES (diethylstilbestrol) when they were pregnant may also be at risk. Risk factors for tubal cancer are unknown, but it tends to strike women after menopause.

WHAT YOU CAN DO

Regular screenings and an annual pelvic exam can detect and even prevent some gynecologic cancers. Keep your doctor informed of any risk factors, especially family history, that you may have.



When sores won't heal

Care for chronic wounds offered at McGowin and Hood



Andrew Atkins, C.R.N.P., of McGowin and Hood, M.D., P.C., recently became board certified in wound care.

Sores on your body can be frightening—especially when they don't go away. Wounds that haven't healed in 10 to 14 days are considered chronic and non-healing. This is usually due to a chronic condition, such as hypertension, diabetes or peripheral vascular disease, or because the wound is contaminated or infected.

Left untreated, a chronic, non-healing wound can lead to blood infections, loss of limb or even death. But treated

in a timely manner, it can usually be managed on an outpatient basis.

Fortunately, care for chronic wounds can be found close to home. Andrew Atkins, C.R.N.P., board certified in wound care, has opened a wound-care practice at McGowin and Hood, M.D., P.C., and sees patients at LV Stabler Memorial Hospital (LVSMH). He uses LVSMH physical therapy and home health departments for daily wound-care needs.

Atkins graduated from the University of Alabama at Birmingham (UAB) with both his bachelor's and master's degrees in nursing. Before coming to Greenville, he worked as a registered nurse at UAB hospital's gastrointestinal surgery unit and Baptist Medical Center's emergency department and open-heart unit. He also was a supervisor for Correctional Medical Services. He's an active member of the Alabama State Nurses Association,

Nurse Practitioner Council of Alabama, National Alliance of Wound Care, and UAB Alumni Association. Among other accomplishments, he was a volunteer for Hugh O'Brien Youth Leadership and was published in *The Journal of the Alabama Academy of Science*, 1997.

Atkins and his wife, Shelly, have been married for seven years and have one daughter, Sydney. The family lives in Montgomery, but hopes to move closer to Greenville in the near future. His hobbies include taking family weekend trips to the mountains or beach, fishing, bicycling, watching football and baseball, and home projects.

Call for an appointment!

Mcgowin and Hood, M.D., P.C., is located at 45 Medical Arts Court, Suite 4, Greenville. To schedule an appointment, call (334) 382-6864.

Returning seniors to emotional wellness

Program treats elderly mental health issues



Activities Director Heidi Smith and Program Director Melvia Carter, R.N.C., discuss weekly programs for the department.

Older adults have unique physical and emotional needs.

LV Stabler Memorial Hospital is addressing these issues with Senior Care, a 13-bed inpatient geriatric-psychiatric program. Started in 1994, the program has an interdisciplinary

team of psychiatrists, physicians, nurses, aides, social workers and recreation therapists with experience in treating geriatric patients.

As the Baby Boomer generation continues to age, the elderly population will steadily increase. Senior Care is a resource families can turn to when the aging process causes difficult problems such as depression, dementia or other serious emotional issues. Many people don't realize psychiatric intervention can help elderly patients regain their independence. At Senior Care, patients are given individualized treatment coordinated by a consulting primary care physician and psychiatrist. Patients and their families are encouraged to participate in nursing education groups, social work groups, activity therapies and treatment team meetings.

Patients may be referred to Senior Care from nursing homes, assisted living facilities, primary care physicians, hospitals or family members. Our highly skilled outreach staff provides free individualized screenings to determine if our program is an appropriate fit.

To be admitted to Senior Care, patients must be age 55 or older, medically stable and meet at least one of the following:

- suicidal/assaultive behaviors
- delirium, disorientation or delusional thinking
- inability to perform regular activities with at least two of the following: insomnia, psychomotor retardation or anorexia
- hallucinations and/or delusions
- toxic effects from therapeutic psychotropic medications

HELP FOR LATE-LIFE DEPRESSION

An estimated 7 million American seniors suffer from depression, a medical illness that requires professional treatment. Doctors think depression is the result of an imbalance in brain chemicals called neurotransmitters. The condition can be triggered by:

- illnesses such as heart disease, cancer and hypothyroidism
- drugs such as muscle relaxants, beta-blockers to control blood pressure and medications for ulcers and Parkinson's disease
- emotional stress, including grief
- functional difficulties such as vision loss or a decline in mobility

If an older adult in your life seems depressed, talks about welcoming death or ending life and hoards pills or owns a gun, seek immediate help and remove any dangers from the home. With the right treatment, seniors can put depression behind them and live a healthy and active life.

Learn more!

For more information about Senior Care, call (334) 383-2247 or visit www.lvstabler.com.

HEALTHWISE QUIZ

How much do you know about arthritis?

Test your knowledge and learn more about arthritis.

1

What does the word arthritis mean?

- a. Sore joint
- b. Joint irritation
- c. Joint inflammation
- d. Rigid joint

2

Which of the following statements about arthritis is true?

- a. Using artificial sweeteners like Equal and Nutrasweet that contain aspartame increases your risk of developing arthritis.
- b. Arthritis is the leading cause of disability in Americans over age 15.
- c. Arthritis is more prevalent in women than in men.
- d. Most people with arthritis will need minor surgery to lessen the pain.

3

Osteoarthritis is caused by the breakdown/loss of _____ in the joints.

- a. bursa
- b. cartilage
- c. air
- d. synovial fluid

4

How is rheumatoid arthritis different from other forms of arthritis?

- a. It occurs in joints on both sides of the body.
- b. Doctors recommend people with it sleep on a waterbed to alleviate pressure on joints.
- c. Pain is felt only early in the morning or late at night.
- d. It occurs when crystals build up in the joints.

5

Older adults aren't the only ones affected by arthritis; it can affect any age group. How many children are estimated to have arthritis?

- a. 35,000
- b. 150,000
- c. 300,000
- d. 500,000

ANSWERS: 1. C, 2. B, 3. B, 4. A, 5. C

8

easy ways to get more exercise

Fitting exercise into your schedule doesn't have

to involve a large bank account or even a lot of time.

The following list of ways to make

physical activity a habit was created for even the busiest people.

- 1 **Take the stairs instead of the elevator.** This alternative burns calories and tones muscles.
- 2 **Avoid the phone.** At work, walk down the hallway instead of using the telephone or e-mail to communicate with a co-worker.
- 3 **Walk instead of drive.** It may not be the speediest mode of transportation, but it's effective when you want to visit a neighbor down the street, take your child to a nearby park or pick up a few items at the corner market.
- 4 **Walk during lunch.** Take a friend for company or listen to a book on tape to make your walk mentally as well as physically productive.
- 5 **Clean the house.** You'll have to do more than load the dishwasher to get your heart pumping, but a vigorous cleaning that takes two to three hours may be just what the doctor ordered.
- 6 **Ride your bike.** It's quicker than walking, cheaper than driving and it burns calories.
- 7 **Break activity down into small time increments.** If you don't have the time or energy for 30 minutes of continuous exercise, spread it out. Start with 10 minutes of activity, then do it again and again—for a total of 30 minutes.
- 8 **Vary your activities.** Boredom is one of the biggest commitment killers, so find several activities you enjoy and pick and choose depending on the weather and your mood.



Banish caregiver burnout



If you're caring for someone who depends on you, you need to be healthy and energetic. Yet the sheer amount of time and thought involved in providing care may mean you've put yourself at the bottom of your priority list—making you ripe for stress and burnout. Try these steps to protect your health:

1 Get regular medical checkups. Tell your doctor about your caregiving commitment—he or she may suggest resources to make your life easier.

2 Get plenty of rest. Sleep deprivation contributes to depression. Have a family member pinch-hit (or hire a respite worker) so you can get to bed at a reasonable hour or sneak in a nap.

3 Eat a nutritious diet. A poor diet can lead to malnutrition and fatigue. Regular, well-balanced meals boost energy. Ask family members to help with shopping and meal preparation.

4 Get regular exercise. Moderate exercise combats stress, increases energy and provides a mental-health break.

5 Manage stress. Meditate or learn relaxation techniques. Share your feelings with friends and family members. Ask your doctor for advice or referral to a counselor.

6 Ask for help. Don't try to be a superhero! Ask family

members to help pick up prescriptions, do laundry or drive to doctors' appointments. Ask your doctor about local resources like transportation to medical checkups, home-delivered meals, respite care or adult day-care services.

7 Schedule time for yourself. Schedule time to enjoy your hobbies. Spend time with friends. Try a change of scenery—take a short drive or see a play or concert.

8 Be realistic and flexible. Accept that your loved one's illness may change from week to week. Be flexible as you plan for the future. Acknowledge the many good things you've done and don't be hard on yourself for not being able to do everything on your own.

Real-world strategies to control your weight



Visit the diet and nutrition section of any bookstore and you'll be amazed by the number of books offering the latest miracle diet. Low carb, no carb, high protein, low calorie—but do any work?

Fad diets tend to be tough to stick with. Even worse, people often feel deprived and pile unwanted pounds back on once they're off the diets.

The best way to take off fat is slowly and steadily. That means a weight loss of no more than one to two

pounds a week. Many fad diets drastically reduce your food intake and put your body into "starvation" mode, slowing your metabolism to conserve calories. That's the

exact opposite of what you want. Similarly, restricting certain foods—such as carbohydrates—can lead to cravings that will derail your efforts.

THE TRIED AND TRUE

The following are real-life tips to help you look and feel your best:

- **Rebalance your diet.** If your diet is heavy on foods like crackers, bagels, white rice, low-fiber cereal and pasta, substitute them with whole grains like brown rice, multi-grain breads and pasta enriched with soy. To feel satisfied longer, combine carbs with protein.

- **Count calories.** Simply put, to lose weight you have to ingest fewer calories than you expend.

- **Spread out meals.** Eating small amounts throughout the day boosts your metabolism. Aim for three equal-sized meals, plus nutritious snacks in between.

- **Ditch self-denial.** Instead of avoiding any one food group, make wise choices. Whole-wheat crackers with peanut butter are a smarter snack than a bag of chips.

- **Emphasize weight training.** Add strength training to your exercise program. Resistance exercises build muscle, which burns more calories by increasing your metabolism.

WHO'S WHO AT LV STABLER



SHAWN PATEL, M.D.

**Internal Medicine/
Pulmonology**

Dr. Patel is the latest addition to LV Stabler Memorial Hospital. Dr. Patel is board certified in internal and pulmonary medicine. He completed his pulmonary medicine fellowship at Downstate Medical Center, in Brooklyn, N.Y., and served his residency in internal medicine at Catholic Medical Center in Brooklyn and Queens, N.Y.

Dr. Patel, a resident of Alabama since 1982, comes to us from Grove Hill, where he was beloved by patients and staff alike. He chose Greenville because he wanted to work in a dynamic environment where he could practice and serve in a full-time emergency department. He also wanted to be closer to Auburn, where one of his four children is currently attending college.

In addition to his extensive qualifications and experience, Dr. Patel is a veteran of the U.S. Air Force, having served as a flight surgeon for five years. During his tour, he volunteered for duty in theatre during Desert Storm, but the Command determined his services were more critically needed at Maxwell Air Force Base. Dr. Patel's patriotism was apparent even before serving on active duty, as he was the Chief of Pulmonary and Critical Care for the VA Medical Center in Tuskegee and Montgomery for seven years.

Upon meeting Dr. Patel, you'll easily understand why his prior staff and patients were sad to see him leave. He's an outstanding physician, family man, veteran and patriot who's proud to be a part of our community. Please join us in welcoming him to Greenville. For an appointment, call his office at **(334) 382-0885**.

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FALL 2006

Health Connection

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