

HealthScope

BROUGHT TO YOU BY GATEWAY MEDICAL CENTER



**Break free
from chronic
pelvic pain**

**Get ready
for baby!**

**Protect your
heart this
holiday season**

**New hysterectomy
procedure provides
faster recovery**

**Gateway recognized
for high-quality care
in Weight-Loss Surgery**



GATEWAY
MEDICAL CENTER

www.todaysgateway.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.





Gateway recognized for high-quality care in Weight-Loss Surgery



Gateway Medical Center was recently named a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery (ASMBS). This designation recognizes surgical programs that have a proven record of favorable bariatric (weight-loss) surgery outcomes.

To earn a Center of Excellence designation, Gateway underwent

a series of site inspections during which all aspects of the program's surgical processes were closely examined. All bariatric surgery centers that receive this designation agree to share clinical information and data.

DEMANDING STANDARDS

"Due to the increase in the number of patients who are morbidly obese and the risks of this condition, we need to take a systematic approach to improving the quality of our patients' health," says William Steely, M.D., a general and bariatric surgeon at Gateway. "We believe that the ASMBS Center of Excellence designation will drive the strong Gateway programs to become even better."

According to a report released in 2007 by the Agency for Healthcare Research and Quality, the number of bariatric surgeries performed has grown from 16,000 in 1992

to 170,000 in 2005. The ASMBS program was created to recognize bariatric surgery centers that perform exceptionally well and to help surgeons and hospitals continue to improve the quality and safety of care.

The Surgical Review Corporation (SRC), an organization dedicated to surgical excellence, sets the ASMBS standards. SRC evaluates each candidate and recommends approval for those physicians and facilities whose practices and outcomes meet the required demands.

A SERIOUS HEALTH ISSUE

Obesity has become a national health issue. The Centers for Disease Control and Prevention reports that 66 percent of all U.S. adults are overweight or obese. Morbid (clinically severe) obesity is closely related to many other serious health conditions, including heart disease, high blood pressure and diabetes. Bariatric surgery can help obese patients manage these conditions.

! Is Weight-Loss Surgery right for you?

If you have questions about bariatric surgery, call Gateway's bariatric nurse coordinator at (931) 502-1465 or learn about the procedure at www.todaysgateway.com.

PHYSICIAN SPOTLIGHTS

We'd like to introduce you to the newest members of Gateway Medical Center's medical staff.



DUNCAN MCKELLAR, M.D.
Board Certified in Orthopedic Surgery



GINA WYATT, M.D.
Board Certified in Diagnostic Radiology



JENNIFER ELLIS, M.D., M.P.H.
Board Certified in Hospice and Palliative Care

To learn more about our physicians, visit our Web site at www.todaysgateway.com.

Recover faster with new hysterectomy procedure

In the United States, 600,000 hysterectomies are performed each year, making it the most common non-pregnancy related surgery performed on women. Research predicts that more than one-fourth of U.S. women will have this surgery by the time they reach age 60. Fortunately, advanced technology called laparoscopic supracervical hysterectomy (LSH) brings a more convenient abdominal method, ensuring a speedy recovery, minimal scarring and reduced pain.

WHAT IS A HYSTERECTOMY?

A hysterectomy is the surgical removal of the uterus, which may or may not include the ovaries and fallopian tubes. A traditional hysterectomy requires anesthesia, a hospital stay of several days and up to six weeks of recovery. Hysterectomies are generally performed to treat fibroid tumors, endometriosis and uterine prolapse (a dropped uterus). For some conditions, a hysterectomy is the only treatment option.

A BETTER ALTERNATIVE

LSH is an alternative to traditional surgery that offers reduced pain, scarring, stress to the body and recovery time. LSH uses a laparoscope—a thin, lighted, telescope-like video camera—and other small surgical instruments inserted through three or four tiny incisions in the navel and abdomen, allowing the surgeon to remove the uterus while leaving the cervix intact.



1 Tiny incisions are made in the navel and abdomen during the laparoscopic supracervical hysterectomy procedure.



2 The laparoscope allows the surgeon to see the uterus, ovaries and fallopian tubes, without resorting to highly-invasive abdominal surgery.



3 The surgeon makes an incision at the bottom of the uterus, allowing for removal with minimal surgery.



4 The uterus is removed while the cervix, ovaries and fallopian tubes remain intact.

IMAGES PROVIDED BY ETHICON WOMEN'S HEALTH AND UROLOGY

GET BACK TO YOUR LIFE

In today's world, time is precious. Now, you don't have to spend six weeks in recovery when LSH offers a drastically reduced healing period. LSH helps women return to the comfort of their own home typically the same day of surgery, resuming their normal routines in as little as one to two weeks. "My patients have said they were honestly surprised by how little pain they felt," says William McIntosh, M.D., Gateway Medical Center obstetrician and gynecologist. "They were pleased that having LSH didn't mean they had to put their lives on hold." Scarring is minimized by replacing the traditional 6-inch to 12-inch incision with several half-inch incisions, which also leads to better cosmetic results and a quicker recovery.

All surgical procedures, including LSH, involve risks. Patients should discuss their treatment options with their physician before making any decisions.

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.

Get ready for baby!

Gateway's classes can help



▲ Labor, Delivery and Recovery rooms at Gateway Medical Center's Family Birth Center are spacious and comforting.

Childbirth is one of the most cherished events in a family's life. At Gateway Medical Center, expectant parents can prepare themselves and their family for the birth experience by taking prenatal, sibling and breastfeeding classes and participating in the birth and newborn care. Our Family Birth Center offers large, private Labor, Delivery and Recovery rooms and spacious postpartum suites. Pediatricians, neonatologists and neonatal nurse practitioners care for babies in the well-baby and intensive care nurseries.

PRENATAL CLASSES

Mom and her support person will learn what to expect during pregnancy and labor, relaxation techniques and newborn care and take a tour of the birth center. Prenatal classes are held on five consecutive Wednesdays or Thursdays from 7 p.m. to 9 p.m., for a fee of \$50. Moms should attend classes between the 26th and 34th week of their pregnancy.

SIBLING CLASS

Bring your older children to this one-day class for a tour of the Nursery and an introduction to sibling interaction. They'll also have fun with children from other expectant families. The class is offered the last Saturday of each month from 10 a.m. to 11 a.m. The fee is \$15 per child, and each sibling will receive

a Big Brother or Big Sister T-shirt, button and sticker.

BREASTFEEDING CLASS

Taught by a lactation consultant, this class covers the initial steps to successful breastfeeding and breast pump use and reviews a list of other supplies. Moms also receive *The Nursing Mother's Companion*.

Classes are taught on the first Tuesday of every month from 7 p.m. to 9 p.m. for a fee of \$25.



! Be prepared for baby!

One of the best things a mom-to-be can do is be ready when baby comes. To register for any of Gateway's Family Birth Center classes, call (931) 502-1180.

www.todaysgateway.com

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