

Health Connection

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**Meet our new
medical staff
members**

**A special delivery
at DRMC!**

**Protect your
heart this
holiday season**

The road to recovery
New equipment helps
smooth the path

**7 ways to
weight-loss success**

DEKALB REGIONAL
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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.



Dear friends,



J. Peter Selman
Chief Executive
Officer

As you can see from this edition of *Health Connection*, there are some new faces at DeKalb Regional Medical Center (DRMC).

William Bruce Harris, M.D., general surgeon and oncologist, joins the practice of what is now known as Walker, Isbell and Harris and the DRMC medical staff. Having a general surgeon and surgical oncologist of Dr. Harris'

caliber will be a great resource for the hospital and for residents of DeKalb County.

We're also pleased to welcome Tony White, M.D., as the interim medical director of our emergency room (ER). Another new face in the ER is George McBride, R.N., who recently became the new director of nursing emergency services.

These additions are another example of how DRMC continues to bring area residents the most comprehensive healthcare, close to home.

Sincerely,

J. PETER SELMAN
Chief Executive Officer
DeKalb Regional Medical Center

On your feet again

Receive rehab care, right here



Kim Simpson, LPTA, uses some of the new equipment at DRMC's Rehabilitation Department to treat patient Phyllis Anderson.

The rehabilitation department at DeKalb Regional Medical Center (DRMC) recently added new equipment designed to better treat patients who suffer from chronic pain and other ailments.

Diane Crisman, director of rehabilitation and occupational therapy at DRMC, says the department recently added a Triton Traction unit, which is designed to aid in the treatment of chronic back problems such as herniated discs, bulging discs, back and neck pain, pinched nerves and even arthritis.

Crisman says the department also added a modular therapy system that consolidates several different types of physical therapy treatment. The Vectra Genisis System is an update to equipment already on hand in the department and offers electrotherapy, ultrasound, combination and laser treatment options. This equipment is designed to treat chronic pain, muscle spasms, stiff joints and other complaints.

These additions represent improvements in services and the care patients receive through the DRMC Rehabilitation Department.

! Be active again!

For more information about how the rehabilitation department at DRMC can help you, call (256) 997-2518.



Fast fact

Each day, more than 300,000 Americans are treated in an emergency room (ER), says the American College of Emergency Physicians. In an emergency, a visit to DRMC's ER can be a lifesaving decision.

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.



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.

Meet our new nursing emergency services director



George McBride, R.N.
Director of Nursing
Emergency Services

DeKalb Regional Medical Center (DRMC) is pleased to welcome George McBride, R.N., as the new director of nursing emergency services.

McBride has worn different hats during his life, including soldier, police officer, firefighter, clergyman and nurse, which have prepared him for his current role as director of nursing emergency services.

His medical experience goes back to his Navy days. He joined in 1981 and became a hospital corpsman, serving active duty for almost five years. After being honorably discharged from the Navy, he earned a bachelor's degree in ministry.

In the 1980s, McBride became certified as a police officer and firefighter. He served as a policeman in his hometown of Vicksburg, Miss., up until the early 1990s, at which time he moved to a full-time position as a firefighter. McBride continued his military career as a naval reservist.

Around the same time McBride shifted into his full-time firefighter role, he decided to further his medical training. He became certified as a paramedic and went on to earn a nursing degree from Excelsior College. He is currently working toward obtaining both bachelor's and master's degrees in nursing.

McBride then went to work with River Region Health System in Vicksburg, starting out as a healthcare technician and working his way up to supervisory positions. He also joined the nursing corps of the Army Reserve and remains active.

SOLID FOUNDATION

McBride succeeds former Director Pam Williams, who decided to return full-time to her first love of nursing. She will continue to work in the emergency room (ER) at DRMC as a staff nurse. McBride credits Williams for helping to guide a series of recent improvements to the ER, including renovations designed to enhance patient comfort and privacy.

"I inherited an ER in really good shape, thanks to Pam's efforts, and my goal is to take what she started and build on the positive foundation we have here," McBride says.

One planned change is the addition of nurse practitioners to serve as physician extenders, who will help deal with minor complaints and injuries in an effort to further improve patient wait times.

"I don't look at this as a position or a title really, but rather as an opportunity to serve the staff, the patients and the community. Healthcare, to me, is a ministry," says McBride.



! Visit us online!

To learn more about DRMC, visit
www.dekalbregional.com.

DRMC has a new ER medical director



Tony White, M.D.
Emergency Room
Interim Medical Director

Tony White, M.D., was recently named the new interim medical director of the emergency room (ER) at DeKalb Regional Medical Center (DRMC). He has worked at DRMC's ER since 2000 and was named interim medical director in May. Dr. White says his personal goal is to make DRMC's ER the best it can possibly be. "I want to

make this a successful ER where everyone in the area will want to have their healthcare based," says Dr. White. "I don't want them to have any reason to go out of this area unless they require very specialized care."

ABOUT DR. WHITE

A native of Holly Pond, Dr. White received his pre-med degree at the University of Montevallo in 1988. He earned his medical degree from the University of South Alabama in 1992 and chose to complete his three-year residency at a family hospital in Huntsville. "Family medicine training gives you experience with people of all ages," says Dr. White. "You see almost any level of care. There are people who do strictly ER



training, but I think they're more limited." Dr. White stayed in Huntsville until moving to Marshall County—and closer to home—in 1998. He ended up in Fort Payne two years later and hasn't looked back since. "It's like home to me," Dr. White says. "This is exactly the kind of rural area I grew up in."

Since taking the position as interim medical director, Dr. White and his family have moved to Rainsville.

LESS WAITING, MORE CARING

Dr. White wants to improve patient satisfaction in the ER, specifically in the areas of wait time and service. The ER currently has an average patient wait time of around two hours, which is half the national average of four hours. However, Dr. White and the ER staff are trying to reduce their own average even further to improve service.

Dr. White says an ER staff expansion is planned, including the addition of nurse practitioners to serve as physician extenders—a move designed to decrease wait times and improve overall ER service.

! Find a physician!

Visit our Web site at www.dekalbregional.com to find the right physician for you.

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.

Lower your risk for hip injury

Many older adults are understandably concerned about falling and suffering a broken hip. After all, about 95 percent of hip fractures happen to people ages 65 and older, according to the U.S. Centers for Disease Control and Prevention. Falls cause nearly all of these fractures.

Hip fractures can be devastating. About 20 percent of hip fracture patients die within a year of their injury. Up to one in four adults who lived independently before their hip fracture have to stay in a nursing home for at least a year after their injury.

WHO'S AT RISK?

- **Older adults.** Hip fracture rates increase exponentially with age. People 85 and older are 10 to 15 times more likely to break a hip than are people ages 60 to 65.
- **Women.** Women suffer about 80 percent of all hip fractures.
- **People who have osteoporosis.** People with this bone-thinning disease are more likely to sustain a hip fracture than those without the condition.

KNOW THE SYMPTOMS

You could have a hip fracture and not know it right away. If you injure your hip, look for these telltale signs of a fracture:

A test worth taking

Your physician can measure your bone density with a bone mineral density test. This special, low-radiation X-ray can reveal how strong your bones are. Because women are at much higher risk of low bone density than men are, most health experts recommend that postmenopausal women over age 65 have regular bone density tests.

Women under age 65 may also need to be screened if they have additional risk factors such as early menopause, a smoking habit, rheumatoid arthritis or a history of taking corticosteroid drugs. Ask your physician whether a bone density test is a good idea for you.

- severe pain in your hip or groin
- an inability to place weight on your leg
- stiffness, bruising and swelling in and around your hip
- a leg that's shorter than the other or turned outward

STAY ON YOUR FEET

The best way to prevent a hip fracture is to avoid falls by:

- Getting regular activity. With your physician's consent, doing activities like tai chi can increase your strength and balance.
- Reviewing your medicines. Ask your physician or pharmacist to look over all your medicines—both prescription and over the counter—to reduce side effects and interactions that could cause a fall.
- Getting yearly eye exams.
- Making your home safer by removing fall hazards such as loose throw rugs and stairway clutter and installing grab bars in bathtubs and showers.



Special beginnings at DRMC



A unique event occurred earlier this year at DeKalb Regional Medical Center's Kelly Owen Women and Children's Pavilion when two sisters—themselves part of a set of triplets—delivered their first children. Sisters Stephanie Reed and Ashley Burgess gave birth to their sons within a few hours of each other.

Like their newborn sons, mothers Stephanie and Ashley also share a birthday with their sister, Savannah. And the babies came close to sharing a birthday with their maternal grandfather whose birthday was just four days later. Proud grandpa says he couldn't ask for a better birthday.

ONE BIG CELEBRATION

"It's neat how everything worked out," Reed says. "Now, we can have one big birthday celebration." Reed gave birth at 7:25 a.m. to Luke Parker, who weighed in at 7 pounds,

12 ounces. About two hours later, Burgess gave birth to Charles Jackson, who weighed 8 pounds, 5 ounces.

While Burgess and her husband, Tyler, had been trying to have a baby, Reed says she and her husband, Brock, were surprised to find out they were expecting.

"I found out I

was pregnant, and two weeks later she found out she was expecting," Reed says. "So, everything just sort of happened unexpectedly. And the fact that our due dates were just so close together was also very neat."

"When it started getting closer to the due date, we couldn't help but get excited when we thought there was a chance we could give birth on the same day," Burgess says.

One other thing the sisters say they will share when they return to work is a babysitter—their mother.

"She's really excited that she's going to watch them, and she's going to do a wonderful job," Reed says. "She took care of triplets, so I know she can handle them."

Blake Isbell, M.D., who delivered the boys, says it's not unheard of for two sisters to give birth on the same day, but it's unusual. "It's just a matter of chance sisters are pregnant at the same time and due at about the same time," he says. However, the fact the mothers also share a birthday is a first for him. "I've never had that happen," Dr. Isbell says.



Pictured are adult triplets (from left) Savannah Marona, Ashley Burgess and Stephanie Reed. Ashley is holding her baby, Charles Jackson, and Stephanie is holding her baby, Luke Parker.

! Give your baby a healthy start!

For more information about maternity services at DRMC, call (256) 997-2425.



Preparing your child for surgery

Surgery can be scary, especially for a child. As a parent, you can help your little one prepare for what's in store. That can make a big difference in lowering your child's stress and anxiety. It may even help him or her recover faster.

PREPARE YOURSELF FIRST

If you're anxious, your child will likely sense your apprehension. So be sure to understand all aspects of the procedure. This will help you stay calm and in control of your emotions.

Ask the physicians, nurses or staff to explain everything in simple, understandable terms. Talk with the surgeon without your child present to get the information you need.

8 TIPS FOR ANXIETY RELIEF

The American Association of Nurse Anesthetists suggests these tips to help you help your child before surgery:

1 Let your child express fears and concerns. Tell him or her it's OK to be afraid. Don't interrupt, minimize or belittle any fears.

2 Answer questions honestly and in an age-appropriate manner. Don't be too graphic or detailed. If you

don't know the answer to a question, find out.

3 Be honest. Don't say "it won't hurt" or pretend that you're taking him or her somewhere other than the hospital.

4 Discuss the separation procedure with your physician or nurse before the surgery. How will your child be transferred from you to the operating room?

5 Tell your child to expect some pain after the surgery by saying something such as, "When they wake you up, it will probably hurt a bit."

6 If the surgeon says it's OK, be present when anesthesia is given and when he or she wakes up immediately after the operation.

7 Be there as long as you're allowed. Sit at the bedside and comfort your child. If it's appropriate for his or her age and medical condition, make sure to snuggle, cuddle, hold and touch for comfort.

8 If he or she needs to stay overnight, ask if you can stay, too.

Remember, your emotions and behavior can play a big role in your child's surgical experience. If you become overwhelmed, take some time alone to work through your emotions. Try to remain calm, upbeat and positive whenever he or she sees you.

New surgical oncologist at DRMC

William Bruce Harris, M.D., left DeKalb County to pursue his education in medicine. Now, he's coming home to Fort Payne.

Dr. Harris recently joined the practice of Alex Walker, M.D., and Steven Isbell, M.D., and will be an active member of the staff at DeKalb Regional Medical Center (DRMC). Dr. Harris will practice both general surgery and surgical oncology.

"One thing I want people to know is that I'll be able to offer general surgery, and I'm fellowship-trained as a cancer surgeon," says Dr. Harris.

A PERSONAL CONNECTION

Dr. Harris originally intended to pursue a career path only in general surgery, but toward the end of his training, his mother, Tommiele Harris, died from colon cancer. He says this tragedy prompted him to pick up additional training in cancer surgery.

Before joining Drs. Walker and Isbell, Dr. Harris had served as president of Surgical Oncology and General Surgery in Mobile since 1989. He earned his medical degree from the University of South Alabama College of Medicine in Mobile in 1978 and graduated magna cum laude from Georgia Institute of Technology in Atlanta, Ga., in 1976, with a bachelor's



degree in applied biology.

Dr. Harris served as a resident in general surgery at Medical University of South Carolina in Charleston, S.C., from 1978 until 1980, and as a resident in general surgery at University of South Alabama Medical Center hospital and clinics in Mobile from 1980 until 1983. He's certified by the American Board of Surgery and completed two fellowships in surgical oncology at the M.D. Anderson Hospital and Tumor Institute in Houston, Texas.

In addition to his private practice in Mobile since 1985, Dr. Harris served on the surgical faculty of the University of South Alabama. He recently finished his term as president of the Alabama Chapter of the American College of Surgeons. He continues to serve on the Commission on Cancer of the American College of Surgeons, which sets national standards of cancer patient care for hospitals and physicians.

J. Peter Selman, chief executive officer at DRMC, says having a general surgeon and surgical oncologist of Dr. Harris' caliber will also be a great thing for residents of DeKalb County.

Just as Dr. Harris introduced sentinel node techniques in the treatment of melanoma and breast cancer patients to Mobile, he'll now introduce those techniques and others to DeKalb County.



William Bruce Harris, M.D.
Surgical Oncologist

! Need an appointment?

If you or a family member needs surgical oncology services, call Dr. Harris at (256) 845-4131.

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DeKalb Regional Medical Center
200 Medical Center Drive
P.O. Box 680778
Fort Payne, AL 35968

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