

HealthMatters

A PUBLICATION OF NORTHWEST HEALTH SYSTEM

New innovations in orthopedic surgery

➤ **Oh, those aching joints! More than 20 million Americans suffer from osteoarthritis, with 193,000 hip replacements and 581,000 knee replacement surgeries performed in the United States each year.**

Minimally invasive surgery has made joint replacement a less intimidating option for many patients. Used for both hips and knees, minimally invasive joint replacement uses a smaller incision than traditional surgery: 4 to 5 inches instead of 10 to 12 inches, which means less cutting of soft tissue, less postoperative pain and a shorter hospital stay.

“Anterior approach hip replacement surgery offers many benefits, including

smaller incisions, a shorter recovery time, reduced blood loss and tissue damage, reduced risk of dislocation and better leg control,” says Michael Maline, D.O., orthopedic surgeon. Approaching hip surgery from the anterior means that the surgeon accesses the hip from the front as opposed to the lateral (side) or posterior (back) approach. “This allows the hip joint to be replaced without detaching muscles from the pelvis or thigh bone,” continues Dr. Maline. “The gluteal muscles (your back-side), the most important for hip function, are left undisturbed, enhancing the healing process.” The anterior surgical approach allows patients to immediately bend at their hip and bear full weight on it. ●



Talk with your physician

For more information or to schedule an appointment, visit www.NorthwestHealth.com/Orthopedics or call (800) 734-2024.



Visit our online issue!

Like what you see in this issue? There's even more at www.NorthwestHealth.com, where you can read full articles, connect to health websites and search for a physician.

By signing up on our website, you'll automatically receive an e-mail notifying you when the next issue is available to read online.

A message to OUR COMMUNITY



DEAR NEIGHBORS,

If you believe that initially seeing a physician within 30 minutes of getting to an emergency room (ER) isn't realistic, Northwest Health System (NHS) just made the impossible possible! For years now, we've been ensuring that our ER patients are initially seen and assessed by a nurse within 15 minutes of arrival. This was our 15-minutes-or-less-to-triage time pledge. As of July 2011, we've taken that time pledge to the next level. Now our pledge is to have our ER patients at Northwest Medical Center (NMC)-Springdale and NMC-Bentonville not only triaged by a nurse within 15 minutes but initially seen by a physician within 30 minutes of arrival. We're very proud of the staff and physicians in our ERs for their commitment to serving our patients in a timely manner. To check our wait times, visit www.NorthwestHealth.com.

Another program that launched is the Northwest Robotic Surgery Institute, based at NMC-Springdale. The surgeons trained in robotics use the latest surgical technology to perform delicate procedures with less

cutting, less scarring and minimal recovery times. The Northwest Robotic Surgery Institute is under the medical directorship of Anthony Woodruff, M.D., a urologic oncologist who is fellowship trained in robotic-assisted surgery. Additional members of the robotics physician panel include Joseph Ivy, M.D., a gynecologic oncologist also fellowship trained in robotic-assisted surgery, urologists Chad Brekelbaum, M.D., Nirmal Kilambi, M.D., and Robert Zimmerman, M.D., Ph.D. NHS is the first and only health system to offer our community the benefits of this modern technology.

**DAN
McKAY**
Chief Executive
Officer

Sincerely,

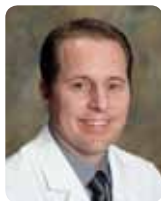
Dan McKay

*Chief Executive Officer
Northwest Health System*

MEET THE NEW MEDICAL STAFF!



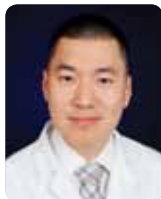
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HealthWise QUIZ

How much do you know about colon cancer?

> TAKE THIS QUIZ TO FIND OUT.

1 Which of the following is known to raise your risk of colon cancer?

- a. exercising too much
- b. being under the age of 50
- c. being obese
- d. being of Asian descent

2 How often should healthy individuals ages 50 or older at average risk of colon cancer get a colonoscopy?

- a. once every three years
- b. once every five years
- c. once every seven years
- d. once every 10 years

3 A possible symptom of colon cancer is:

- a. narrower stools
- b. fatigue
- c. rectal bleeding
- d. all of the above

4 Although more research is needed, which of the following supplements may possibly help reduce the risk of colon cancer?

- a. folic acid
- b. green tea
- c. vitamin A
- d. vitamin C

5 A true statement about colon cancer is:

- a. It's the leading cause of cancer deaths in the United States.
- b. It usually arises from growths called polyps.
- c. Blood tests can be used to detect colon cancer.
- d. all of the above

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

Can heart attacks be 'silent'?

> You're undergoing a routine heart test when your physician

drops a bombshell:

"You've had a heart attack."

These are words you didn't expect to hear, because you didn't know you'd ever had one. But that's the trouble with what experts call "silent heart attacks."

While they don't produce the telltale warning signs of heart trouble, they still damage your heart and the rest of your body.

Silence isn't golden

A heart attack occurs when an artery that supplies oxygen-rich blood to the heart becomes blocked. Besides chest pain and shortness of breath, some people experience nausea, extreme fatigue, discomfort in their extremities and sweating.

People who experience a silent heart attack—studies put the number of Americans who do at almost 200,000 a year—either have no symptoms or symptoms so mild that they're not recognized as a heart attack. These people are more likely to be women and those who have conditions such as heart failure and diabetes. Silent heart attacks also tend to accompany a condition called silent ischemia—or a painless chronic shortage of blood and oxygen to the heart because of artery plaque.

The longer you don't receive treatment, the more likely it is that serious, irreversible damage is being done to heart muscle, which reduces its ability to pump and can greatly increase your risk

of death down the road.

Some silent heart attacks may be picked up on an electrocardiogram (ECG) during a routine physician visit because the damage done to heart muscle produces a different "wave."

Breaking through the silence

Risk factors such as smoking, high cholesterol, high blood pressure, obesity and a sedentary lifestyle increase your risk for trouble. Your best bet to prevent a heart attack is to follow a heart-healthy lifestyle:

- > Eat a diet rich in fruits, vegetables, whole grains, lean meats, fish and fat-free or low-fat dairy products; limit saturated fats, cholesterol and sodium.
- > Work out regularly.
- > Quit smoking.
- > Manage your diabetes.
- > Take any medications used to treat high cholesterol or blood pressure as prescribed. ●



A surgical solution for heartburn without incisions



Take charge of your health!

For more information about TIF, visit www.NorthwestHealth.com or call (800) 734-2024 for a physician referral.

➤ What may have seemed like science fiction is now a reality.

Surgery without an incision is making lives better for patients suffering from chronic acid reflux, also known as gastroesophageal reflux disease (GERD). James Irwin, D.O., at Northwest Medical Center-Springdale, performs the transoral incisionless fundoplication (TIF) procedure for the treatment of GERD.

Improving quality of life

"The TIF procedure with the EsophyX device can significantly improve the quality of life of our patients," says Dr. Irwin. "Many patients take reflux medications such as proton pump inhibitors (PPIs), which suppress acid

production, to help relieve their heartburn symptoms and are still unable to eat the foods they want or have to sleep sitting up to reduce nighttime reflux." In recent studies, long-term use of PPIs has been shown to lead to inadequate absorption of minerals such as calcium, leading to bone fractures. Studies have also shown that PPIs can interact with other prescription medications, reducing their effectiveness. "At two years after the TIF procedure, nearly 80 percent of patients are off their daily reflux medications and can eat and drink foods and beverages they avoided. Reflux no longer impacts their life like it previously did," adds Dr. Irwin.

In a healthy patient, there's a natural valve between the esophagus and the stomach that forms a physical barrier preventing stomach fluids from back-washing, or "refluxing," up into the esophagus. "In a patient with chronic GERD, this valve becomes dysfunctional," explains Dr. Irwin. "The TIF procedure reconstructs the valve between the esophagus and the stomach to prevent reflux. It's based on the same well-proven principles of the conventional, more invasive laparoscopic GERD surgery. TIF's advantage is that it's 'surgery from within' performed through the mouth. Because there's no incision during the procedure, there's reduced pain, no visible scar and most patients can get back to their normal activities within a few days."

With millions of Americans diagnosed with GERD and not satisfied with their treatment options, this procedure offers an alternative. "We're very excited to be able to offer our patients the same benefits as more invasive procedures, with only minimal risk," Dr. Irwin says. ●





FROM LEFT TO RIGHT: CHAD BREKELBAUM, M.D., UROLOGIST; NIRMAL KILAMBI, M.D., UROLOGIST; ANTHONY WOODRUFF, M.D., UROLOGIC ONCOLOGIST; JOSEPH IVY, M.D., GYNECOLOGIC ONCOLOGIST; AND ROBERT ZIMMERMAN, M.D., PH.D., UROLOGIST

Introducing a Northwest Arkansas first!

Northwest Robotic Surgery Institute

➤ **Northwest Health System (NHS) is the first and only to offer robotic-**

assisted surgery in this region. Our advanced technology offers many benefits, including less pain, minimal scarring and shorter recovery times. The specially trained surgeons at the Northwest Robotic Surgery Institute are experienced in a variety of robotic-assisted procedures, ranging from hysterectomies and prostatectomies to other urologic and gynecologic surgeries.

If you or a loved one has been diagnosed with a condition that may require surgery, you owe it to yourself to learn about all of your medical

options, including the most effective, least invasive surgical treatments available.

Northwest Robotic Surgery Institute is a dedicated service of NHS,

based at Northwest Medical Center-Springdale. Using robotics technology, the institute provides surgeons an alternative to both traditional open surgery, putting a surgeon's hands at the controls of an advanced robotic platform. Through the

Northwest Robotic Surgery Institute, trained surgeons are able to perform even the most complex and delicate procedures through very small incisions with unmatched precision. ●

Our advanced technology offers many benefits, including less pain, minimal scarring and shorter recovery times.



Discover the benefits today

For information about the surgeons associated with Northwest Robotic Surgery Institute, call **(800) 734-2024.**



Dangerous dishes

Keep your child safe from culinary choking hazards

➤ **Each year, more than 10,000 children younger than age 14 end up in the emergency room after choking on food.** That's because children lack the larger molars, stronger chewing ability and wider airways of older children and adults.

The American Academy of Pediatrics in 2010 recommended that hot dogs—one of the most common food choking hazards in children—carry a choking hazard warning on packaging, and that the hot dogs

themselves be redesigned to make them less likely to get stuck in young throats.

But hot dogs aren't the only concern. Other choking hazards include peanuts, sausages, whole grapes, chewing gum, hard candy, whole cherry tomatoes, popcorn, tough meat, large pieces of raw fruits and vegetables and chips. You can reduce the threat of injury or death by following these tips:

- Keep an eye on your child as he or she eats.
- Make sure your child is sitting up straight.
- Cut food into no more than ½-inch pieces.
- Teach children to chew and swallow properly.
- Cook vegetables until they're soft or grate them.
- Be on the lookout for stuffed cheeks—a sign your child is storing large quantities of food in his or her mouth and not swallowing. ●

In case of emergency

It's always a good idea to be prepared in case of a choking emergency. Visit www.redcross.org/www-files/Documents/pdf/Preparedness/ConsciousChokingPoster_EN.pdf to print out a chart that shows you what to do if an adult, child or infant is choking.

The truth about cereal

Is your breakfast bowl a dietary disaster?

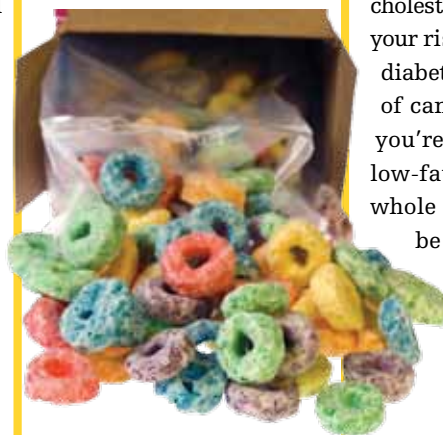
➤ **Just how healthy are the cereals you and your child eat?** Sure, the box promises plenty of whole grains and fiber, but that might not be the reality.

Cereal can be a tasty and fast way to get your day started healthfully. But you need to look carefully at the nutrition label when making your purchase. First, carefully note the serving size; otherwise, you may be eating double the calories shown. Then, look for other key information:

➤ **Sugar.** Excess sugar is a major source of extra calories in the American diet. It also promotes tooth decay and may raise triglyceride levels—a type of blood fat—which can boost heart disease risk. Opt for cereal with 5 grams or less of sugar per serving. Skip cereals that list sugar at the top of the ingredients list or that contain many types of added sugar, such as high-fructose corn syrup.

➤ **Calories.** To avoid calorie overload, choose cereals with 120 calories or less per serving. Just remember, some cereals can be slightly higher in calories and still be healthy.

➤ **Fiber.** Ideally, you should purchase cereal that has at least 5 grams of fiber per serving, but be sure there are no less than 3 grams per serving. Why? This important nutrient may help lower your cholesterol and reduce your risk of heart disease, diabetes and some types of cancer. Make sure you're using fat-free or low-fat milk instead of whole milk or you could be canceling out those healthy benefits!



Getting a grip on cancer's side effects

➤ **Being diagnosed with cancer can trigger intense feelings, especially** when it comes to treatment—fears that it will be unsuccessful or worries over the possible side effects that you'll have to endure.

But the good news is that much of the discomfort you may encounter on your cancer-care journey can be managed. Here's how.

The side effects of treatment

What you experience depends on your cancer and what your treatment regimen entails. Following are some of the most common side effects:

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FATIGUE. Cancer can cause changes in your body that leave you feeling exhausted. Chemotherapy, radiation, surgery and other treatments may damage healthy cells, along with the cancerous ones, which can lead to fatigue.

➤ **What you can do:** Rest up. Set aside time for naps (no more than an hour) during the day. Conserve your energy for the most important tasks, and let loved ones help you with the others. Skip the alcohol and caffeine.

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NAUSEA. Chemotherapy, radiation that's targeted at certain areas (liver, brain, digestive tract) and advanced cancers can trigger nausea and vomiting.

➤ **What you can do:** Depending on the cause of your nausea, you may benefit from techniques such as guided imagery, hypnosis and relaxation, or from anti-nausea drugs. Also, try consuming several small meals throughout the day before your treatment, sipping fluids and avoiding foods that can trigger nausea, such as spicy foods or those with strong odors.

PAIN. You may experience pain as the cancer damages surrounding tissue. Or you'll be in pain due to treatments' side effects. For example, surgery can be painful, radiation can cause painful scars, and chemotherapy can lead to mouth sores, diarrhea or nerve damage.

➤ **What you can do:** Discuss your pain management options with your physician, who may refer you to a pain management specialist. Pain relief may come from over-the-counter and prescription pain medications, nerve blocks, acupuncture, acupressure, massage, physical therapy, relaxation and meditation.

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HAIR LOSS. Chemotherapy can damage cells in the roots of your hair—including the hair on your head, eyelashes and eyebrows—causing hair to come out either in clumps or gradually during the weeks after treatment begins.

➤ **What you can do:** Air-dry your hair as often as possible and skip salon treatments like perms, dyes, braiding and hair relaxers. If your loss is upsetting, ask your oncologist to write a prescription for an "extracranial prosthesis" (code for wig). Many insurance companies will cover at least part of this cost.

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EMOTIONAL ISSUES. Feelings of fear, anger and sadness can occur—even guilt over not recognizing symptoms earlier.

➤ **What you can do:** Lean on family members, friends, clergy, social workers or support groups. Consider journaling as an outlet to express your feelings. ●



tip

Join a support group

Other people with cancer can share their knowledge about what to expect.



Five asthma pearls from the pediatrician

Mark Lovell, M.D., shares his thoughts about children and asthma



Concerned about your child?

Mark Lovell, M.D., a board-certified pediatrician, is with the Children's Clinic at Har-Ber Meadows, located at 6636 W. Sunset Ave., in Springdale. For more information about asthma or to make an appointment, call **(479) 306-4242**.

Asthma pearl one:

Your child might have asthma if he or she ...

- > coughs more than two nights a month
- > coughs when the weather changes
- > coughs or is short of breath with exercise
- > has had multiple bouts of bronchitis or pneumonia
- > has problems with wheezing and has required inhalers given by a health professional on several occasions

Asthma pearl two:

Your child wheezes from asthma when he or she breathes out, sounding like quiet wheezy Pop-Rocks candy or Alka-Seltzer.

Asthma pearl three:

Asthma is caused by inflammation of the small airways, which causes mucus plugging (excess mucus production that obstructs airways) and bronchiole tube spasms. This is important because it means the best treatment for chronic asthma symptoms or seasonal asthma symptoms is controller medicines, such as inhaled corticosteroids or a leukotriene blocker. Treatment for intermittent symptoms or rapid onset severe symptoms is a bronchodilator.

Asthma pearl four:

Your child shouldn't use his or her inhaler without the correct age-appropriate spacer device. Without a spacer device, almost all of the medicine ends up in your child's mouth, even in those children who are able to effectively use a metered-dose inhaler.

Asthma pearl five:

Chronic conditions with chronic symptoms need continued therapy. Too often, children are treated only when they have worsening symptoms. If your son or daughter's symptoms are chronic, they need to be treated daily to prevent scarring of the lungs, early chronic obstructive pulmonary disease and hospitalizations.

I discuss asthma pearl one with patients and if they agree with the first three statements, I suggest the child take medicine for chronic asthma until he or she has no more symptoms for two to three months.

Always remember, it's not normal to have a chronic cough! ●

“ Too often, children are treated only when they have worsening symptoms. ”

—MARK LOVELL, M.D.



Inside joint surgery

➤ **You used to enjoy gardening, but those days are long gone, thanks** to unbearable knee or hip pain. But you don't have to live with it.

If you find that you're unable to enjoy the activities you once did, it might be time to talk with your physician about joint replacement. Almost 775,000 Americans undergo hip or knee replacement—two of the most common types of joint replacement surgery—each year. Surgery is also an option for shoulders, fingers, ankles, feet and elbows.

Is surgery for you?

Joints are formed by the ends of two or more bones and are coated with cartilage, which allows the joints to move freely and without friction. When cartilage damage is caused by issues such as wear and tear, arthritis or an injury, it can lead to pain and stiffness.

Your physician will perform a physical exam and possibly use imaging such as X-rays, an arthroscope (a lighted tube that can look for damage in joints) and lab tests to determine the extent of the damage and whether surgery is the best option. Your physician may decide that more conservative approaches, such as walking aids (canes, walkers), medication or physical therapy, might better suit you.

Joint surgery primer

During joint replacement surgery, the surgeon removes the damaged joint and replaces it with an artificial one that may be made out of metal, plastic or ceramic or a combination of these materials. During a hip replacement, for example, a ball attached to a stem is placed into the femur bone and an insert is placed into the pelvis to simulate the ball-and-socket joint of the hip.

Depending on the extent of damage, the surgeon may replace the whole joint

or just parts of it. In either case, the goal is to restore as much normal function to the joint as possible. Recovery depends on the individual and the type of surgical procedure, but it can take weeks to months or longer, and usually involves physical therapy. Outcomes also vary by procedure, but total knee replacement, for example, has a patient satisfaction rate of 85 percent, according to the National Institutes of Health.

An alternative to hip replacement?

There's been a lot of talk over the past several years about hip resurfacing, a procedure that keeps more bone intact than does hip replacement. Instead of removing the head of the femur bone, the head is trimmed and topped with smooth metal.

While preserving more bone is a big bonus, the procedure is best suited to specific types of patients. In general, they should be younger than age 60, have a larger frame and have stronger bones. These patients have a lower risk of complications. ●



Did you know?

The most common reason for having a hip or knee replaced is osteoarthritis, a degenerative joint disease.



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Get healthy with **NHS's Resource Line!**

➤ **At Northwest Health System (NHS), we're committed to**

connecting you to the important things in life! Need to make a reservation for an upcoming event or learn more about one of our exclusive programs? Looking for a physician? Well, you've found the source you need. The number to call is NHS's Resource Line at **(800) 734-2024**.

Looking for a physician?

Whether it's a simple stomachache or something more serious, you can trust the physicians affiliated with NHS for your family's well-being. Many physicians offer same- or next-day appointments and are conveniently located throughout the community. Backed by NHS, a trusted partner in health, the Resource Line offers access to physicians you can trust.



Are you 50+?

Senior Circle is committed to enriching the lives of adults ages 50 and better. When you join for just \$15 a year, you get a generous selection of valuable discounts, activities and events, exercise and wellness classes, a chapter newsletter and national publication subscription, in-hospital privileges, reciprocal privileges and more.



Women: Do you want to stay healthy?

NHS is here to help the women of our community live healthier and happier lives. Our Healthy Woman program is a free community resource designed to empower women with the knowledge and confidence to make informed health care and well-being decisions for themselves and their loved ones.



Are you expecting?

Your baby will be here before you know it! Make sure you get things started on the right foot by enrolling in Tiny Toes. Tiny Toes was developed to help make your childbirth experience an even more cherished lifetime event. When you become a Tiny Toes member, we'll provide you with exceptional member benefits.

NHS believes in our community and continues to improve access to quality health care. We're proud of the care, advanced technology and medical expertise offered at NHS. When patients need care, we strive to make the experience more than just ordinary. The Resource Line staff is here to help and welcome you to the community's medical center of choice. ●



Get resources

For more information, call NHS's Resource Line at **(800) 734-2024** or visit www.NorthwestHealth.com.

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