

Health Matters

NORTHWEST HEALTH SYSTEM

www.NorthwestHealth.com

A PUBLICATION OF NORTHWEST HEALTH SYSTEM

Early detection saves lives!

Breast cancer is the second most common cancer among women in the United States, and one of the leading causes of female cancer death. One in eight women will be diagnosed with breast cancer during their lifetime.

Northwest Breast Imaging Center at Willow Creek, equipped with digital mammography and stereotactic and sonographic breast biopsy capabilities, is committed to early detection as the best and most effective tool in the battle against breast cancer.

Our recent relocation to the Willow Creek Medical Office Building offers the women of Northwest Arkansas new advancements and amenities, including:

- a relaxing and spacious spa-like environment
- digital mammography with soft touch MammoPads
- advanced ultrasound equipment
- needle biopsy procedures
- an on-site radiologist interpreting studies and consulting with patients during their appointments
- more convenient location just off I-540 (exit 69)

BENEFITS OF IMAGE-GUIDED BREAST BIOPSY

Image-guided technology offers a simpler, quicker and more comfortable breast biopsy option for patients than traditional open surgical biopsies. Our core breast biopsies



Visit our
online issue!

SEE PAGE 10

are minimally invasive procedures that are performed in an outpatient setting using ultrasound or mammographic guidance to examine breast tissue.

The center's image-guided biopsy technology offers minimal scarring, less down time and no need for anesthesia.



Christie Phelan, M.D.
Radiologist

Our medical director

Christie Phelan, M.D., radiologist, serves as medical director. Dr. Phelan is fellowship-trained in women's imaging and is a member of the American College of Radiology, the Radiological Society of North America and the Society of Breast Imaging.

! Get your mammogram!

The American Cancer Society recommends that all women age 40 and older receive annual screening mammograms. Your physician may recommend more frequent exams if you have one or more factors that might increase your risk.

To make an appointment or learn more about the breast imaging services at Northwest Breast Imaging Center at Willow Creek located at 5501 Willow Creek Drive, Suite 103, call (479) 750-6660.

NORTHWEST
Breast Imaging Center
at Willow Creek

Weigh your options

Which surgical weight-loss treatment is right for you?

What do you think of when you hear the term “weight-loss surgery”? Most people associate it with gastric bypass, the most common type of weight-loss surgery (also called bariatric surgery). But it’s not the only choice. Today, several options are available when it comes to surgery to take off the weight—some less invasive than others.

YOUR OPTIONS

As with any procedure, weight-loss surgery isn’t for everyone. In general, physicians recommend surgery for women who are at least 80 pounds over their ideal weight, or 100 pounds for men. That means they have a body mass index (BMI) of 40 or higher, which is considered extreme obesity. Or, they have a BMI of 35 to 39.9 as well as a serious weight-related health problem, such as diabetes, high blood pressure or sleep apnea. Those who are a little less overweight but are suffering from serious weight-related health complications may also be candidates.

Most patients undergo one of three types of surgery:

1 Gastric banding: An adjustable band is placed around the stomach’s opening, which reduces the amount of food you can handle in one sitting. The surgery is done laparoscopically, or through small incisions, and the band can be adjusted after surgery. The procedure is fairly simple—the band can be removed if needed and the risk of complications is low. However, you need to be diligent in your weight-loss efforts because the band won’t make you feel full after consuming liquid calories. The average weight loss is about one-third to half of the extra weight that you’re carrying. You should keep losing weight for up to three years.

2 Gastric bypass: Also called Roux-en-Y gastric bypass, this surgery divides the stomach, creating a small pouch and attaching it to the small intestine so food bypasses the



rest of the stomach. This reduces the amount of food you can eat and the amount of calories and nutrients you can absorb. Gastric bypass can be done through a large incision or laparoscopically. On average, patients lose up to 68 percent of their excess weight in the first year, and may lose half or more of their extra thereafter.

3 Gastric sleeve: This surgery reduces the stomach’s size, reshaping it into a narrow tube. Doing so helps the stomach produce less of the hunger hormone called ghrelin. Some evidence suggests it may control hunger better than gastric banding; it may have fewer complications because no foreign materials are used and there’s less risk of malnutrition—a risk with gastric bypass. On average, patients lose 33 percent of excess weight in the first year.

Which surgery will work for you depends on your needs and weight-loss goals, as well as the surgical risks you’re willing to accept. Discuss any concerns with an experienced bariatric surgeon. Most surgeons require patients to undergo three to six months of formal and rigorous preparation that includes nutritional counseling and psychological assessment. Patients are also encouraged to get into optimal health before surgery in order to reduce surgical risks.

It’s also important to note that patients who undergo gastric bypass surgery have a significantly increased risk of vitamin deficiency. Therefore, these patients will need a lifetime of follow-up to monitor their nutritional status.

Typical results depend on many factors. Consult your physician about the benefits and risks.

Dear neighbors,

Hospitals are a 24/7 operation, no matter the weather. January and early February brought two ice and snow storms the likes of which many Northwest Arkansas residents hadn't seen before. The medical staff and employees of Northwest Health System (NHS) hospitals pulled together in the most remarkable way to make sure it was business as usual for our patients.

As part of our standard emergency preparation for the coming storms, we took an inventory of necessary supplies and equipment and assessed staffing and physician coverage. Relying on our processes served us in providing seamless care through the impending rough weather.

EMERGENCY RESPONSE

In response to the code green calls (which notifies staff and physicians that the hospital is on emergency response status), each facility's command center was activated. Administrative leaders and directors used 4-wheel drive vehicles to pick up staff and take them home. Staff members even recruited spouses to help with transportation.

Willow Creek Women's Hospital's team operated nearly uninterrupted as everyone worked to assure the provision of safe patient care. Most staff was able to make it to work, and only a few elective surgeries were cancelled.

Northwest Medical Center (NMC)–Springdale and NMC–Bentonville saw an influx of emergency room patients as arrangements were made for staff to sleep at the hospitals over the course of several days.

The dietary departments at each campus worked tirelessly to make sure patients, family members, physicians and staff were fed.

The individual acts of sacrifice, heroics and teamwork may never be completely chronicled, but for those who experienced it, those who slept at the hospital for days and those who supported one another in caring for patients, the episodes served to further bond us as a team. Rising to these types of challenges serves as a tribute to the dedicated and passionate individuals who comprise NHS.

Our patients were safe and cared for because we all cared enough to brave the storms and get to work. I salute and thank each of our 2,000 employees who care for one another, the medical staff and our patients.

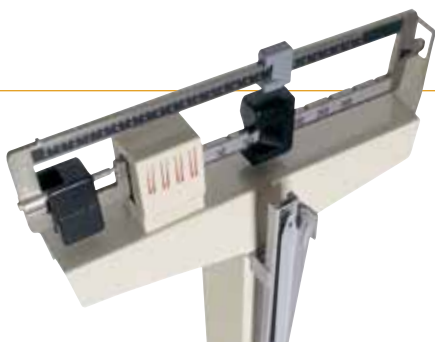
Sincerely,

Dan McKay

Chief Executive Officer
Northwest Health System



Dan McKay
Chief Executive Officer



Be inspired to lose weight!

If you or a loved one struggles with obesity, call **1-800-724-2024** today to register for an upcoming free weight-loss seminar. You can learn about the options that are right for you and about recent FDA approvals for use of LAP-BAND surgery.

Depression and diabetes

What to do about this unhealthy combination

The rigors of managing diabetes can understandably get you down. But what if your blues are something more?

Diabetes and depression can go hand in hand, experts say. Those with diabetes are twice as likely to develop depression as those who don't have diabetes, and those who are depressed have a 37 percent increased risk of developing diabetes. According to research, people who have both diabetes and depression tend to have more severe symptoms of both diseases. While it's unclear in what order these conditions may occur or why these relationships happen, some theories exist. Some experts believe depression could stem from the stress of controlling diabetes or related health complications, such as diabetic neuropathy (nerve damage); or that unhealthy habits associated with depression—such as overeating, not exercising and smoking—increase your risk for diabetes.

However, both diabetes and depression are treatable. And the sooner you seek help, the better. Depression can make it difficult for you to stay on top of your diabetes, and uncontrolled blood sugar can increase your risk for diabetes complications. Here are some tips to help combat the two conditions:

➔ **WATCH FOR SIGNS OF DEPRESSION.** In addition to feeling sad or hopeless, you may experience fatigue, a loss of interest in normal daily activities, sleep and concentration problems, weight gain or loss, thoughts of harming yourself and unexplained physical ailments, such as headaches.

➔ **TALK WITH YOUR PHYSICIAN.** A treatable physical problem may be causing your

depression. For example, poor diabetes control—blood sugar that's too high or too low—can sometimes trigger depression symptoms. Substance abuse, thyroid problems and side effects from medication are possible culprits as well.

➔ **GET TREATMENT.** If you don't find a physical cause for your depression, your physician may recommend seeing a psychiatrist or other mental-health expert. Treatment could entail antidepressants and counseling, which will help you deal with stressors and problems in your life.

➔ **SPEND TIME WITH FAMILY AND FRIENDS.** A strong support base and plenty of people willing to lend an ear can be extremely helpful.

➔ **EXERCISE REGULARLY.** Not only is activity a mood booster, but it can help you stay healthy by strengthening your heart and keeping your weight in check. Even a short walk can do wonders.



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Both diabetes and depression are treatable. And the sooner you seek help, the better.

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HEALTHWISE QUIZ

How much do you know about **Alzheimer's disease?**

Take this quiz to find out.

- 1** The greatest risk factor for developing Alzheimer's is:
 - a. stroke
 - b. a family history of Alzheimer's
 - c. a head injury
 - d. aging
- 2** To stop the progression of Alzheimer's, physicians recommend:
 - a. taking medications such as Aricept and Exelon
 - b. eating plenty of fruits and vegetables
 - c. taking vitamin E supplements
 - d. The progression of Alzheimer's can't be stopped.
- 3** You have a greater risk of developing Alzheimer's if you're:
 - a. Asian
 - b. African-American
 - c. Caucasian
 - d. All ethnicities have an equal chance of developing Alzheimer's.
- 4** Which of the following can cause symptoms that mimic Alzheimer's?
 - a. vitamin B12 deficiency
 - b. certain medications
 - c. depression
 - d. all of the above
- 5** How many people in the United States have Alzheimer's?
 - a. 1.3 million
 - b. 3.1 million
 - c. 5.3 million
 - d. 10.2 million

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

What's your beef?

The truth about red meat and your health



That big, fat, juicy steak that most of us crave now and then is a great source of protein, but it's not the healthiest way to get this much-needed nutrient.

If you treated yourself to a 16-ounce broiled porterhouse steak at your favorite restaurant, for instance, you'd take in not only an astounding 109 grams of protein, but also more than 1,200 calories and more than 32 grams of saturated fat. And research suggests that if you did this regularly, or you're a carnivore who downs more than 18 ounces of red meat per week, you might be increasing your risk for colon cancer. Fans of processed meats such as bacon, deli meats and hot dogs can expect increased cancer risks, as well.

A diet high in saturated fat is known to be a risk factor for heart disease, but the cancer-red meat link is a little less clear. According to the American Institute for Cancer Research, red meat contains the compound heme iron, which can damage the colon's lining. People who eat more meat may also be less likely to eat plant-based foods, so they miss out on vegetables' cancer-protective offerings.

Experts recommend getting 50 to 65 grams of protein a day, which can also be found in foods such as dairy items, beans and eggs. Most Americans have no problem getting enough protein, but it's tricky getting it in a healthy way.

HEALTHY SUBSTITUTIONS

So what should you put on your plate instead of red meat? Think nuts, fish, poultry and low- or nonfat dairy, Harvard researchers say. Here are some other healthy ideas.

- Substitute pinto or black beans for meat in chili, tacos and soups.
- Try tofu instead of beef in stir-fries and casseroles. Freeze, thaw and crumble tofu to mimic ground beef.
- Slice tempeh, which is cooked and slightly fermented soy-bean paste in cake form, to use in sandwiches or cut it into chunks for kebabs.
- Replace meats in sandwiches with nut butters.
- Choose leaner cuts of beef—round, sirloin and loin—to satiate an occasional red-meat craving.

Happy birthday, Willow Creek Women's Hospital ... and many more!

This year, Northwest Medical Center (NMC)–Willow Creek Women's Hospital (WCWH) celebrates its 10th birthday! Since 2001, WCWH has celebrated many "birth" days. During the past 10 years, the dedicated medical staff and employees have welcomed more than 20,000 new friends and neighbors to Northwest Arkansas (NWA).

"We're thrilled to celebrate 10 years of providing a wide array of services dedicated to women under one roof," says Dan McKay, chief executive officer of Northwest Health System. "Thanks to the specialists at Parkhill Clinic for Women, Creekside Women's Clinic and select surgeons, WCWH has become the place for women's health care, including infertility, urology, gynecology, menopause management and cosmetic and reconstructive surgery."

WCWH is also home to the area's only Level III neonatal intensive care unit (NICU). In 2008, the NICU was relocated from NMC–Springdale to WCWH to allow for much needed expansion.

SPECIAL CARE

According to a March of Dimes' 2010 Premature Birth Report Card, Arkansas gets a grade of "F" due to the fact that 13.5 percent of our babies are born prematurely. Since preterm birth is the leading cause of newborn deaths in the United States, the national objective is to go no higher than 7.6 percent. That's why our NICU is specifically designed and staffed to protect and nurture babies who aren't quite ready for the outside world.

"Board-certified neonatologists, advanced nurse practitioners and a full complement of specially trained therapists are available close to home to help families face the challenges presented by premature birth or serious medical conditions," explains WCWH Administrator Debbie Crandall. "In addition to providing lifesaving medical care, our staff continually raises the standard of care by providing education to the region's medical professionals, caring for patients with the latest developmental treatments and providing a strong support network for our families."

WCWH is proud to be one of the busiest birthing centers in the state. We're well positioned to meet the growing demand for medical care of both the women and newborns of NWA so we can all celebrate many more healthy "birth" days together.



WCWH is well positioned to meet the health care needs of our growing community:



WCWH has 20 spacious private Labor and Delivery suites.

! We deliver!

tiny toes
A TIP-TOP OB CLUB

If you're an expectant mom, you may schedule a tour of the hospital by calling (479) 684-3054.

Our free Tiny Toes program offers a wide variety of resources and education. Call (479) 757-4635 to learn more. To register for our education classes, call (479) 757-3382.

Just leg pain or PAD?



Thomas M. Reinsvold, M.D., FACC
General and Interventional Cardiologist



Ahmad A. Elesber, M.D.
General and Interventional Cardiologist

PAD—short for peripheral artery disease, a potentially dangerous condition—affects as many as 8 million Americans, many who don't even know it. PAD plaque builds up in the arteries and decreases blood flow. This condition is characterized by leg pain, numbness and fatigue. However, in many people, PAD has no symptoms at all.

“Unfortunately, PAD is very common, especially among older patients,” says Thomas M. Reinsvold, M.D., FACC, a fellowship-trained interventional cardiologist with Northwest Cardiology in Bentonville. “PAD can particularly affect seniors and individuals with diabetes. Up to 20 percent of people older than age 65 suffer from PAD, and it’s estimated that fewer than 70,000 are treated annually. The good news is that PAD is treatable.”



PAD TREATMENTS

Depending on the disease’s severity, PAD can be treated through several options. In cases of mild PAD, regular exercise and quitting smoking can help. Even walking for 30 minutes a day can positively impact your vascular health.

“Since complications from PAD include tissue death, reduced ability to fight infection and increased risks for coronary artery disease, heart attack and stroke, it’s important to address the condition,” says interventional cardiologist Ahmad Elesber, M.D., a fellowship-trained cardiologist with Northwest Cardiology in Springdale.

At The Heart Hospital Network hospitals in Bentonville and Springdale, severe cases of PAD can be treated with balloon angioplasty, where a thin tube is inserted into the artery and expanded with a tiny balloon. Blood vessels can also be opened with a stent and advanced minimally invasive procedures can actually remove plaque from the artery.

PAD warning signs include

- » numbness, tingling or pain in the leg, foot or toes at rest that often disturbs sleep
- » weakness in the legs or arms
- » changes in skin temperature or color
- » slow-healing sores on the feet or lower legs
- » bluish or black discoloration of the toes

Get a leg up on pain!



PAD is one of the conditions the physicians and staff treat at Northwest Health System’s Heart Hospital Network. Also, you’re invited to attend our upcoming, free cardiac screenings for a PAD assessment. Call **1-800-734-2024** or visit www.NorthwestHealth.com to learn more.

Heart to heart

True stories from our patients



NANCY ALISON

As a 49-year-old nonsmoker with a minimal family history of heart issues, I never imagined I would have a heart attack.

The first incident I ignored happened on a cruise ship during spring break in March 2010. It was the last night on board and I had just eaten a fabulous dinner. As I got up, I felt an intense pressure and sharp pain in the middle of my chest. I was sure it was something I ate, so I went back to the cabin to lie down. When I got up later, everything was fine.

Two months later, my husband and I went out for dinner and I had a juicy ribeye steak floating in melted butter. After dinner, the pains started again. They came and went, lasting a minute or two. Eventually, the pain subsided and I went to work the next morning. My employees (I manage a medical practice) could tell something was wrong, but I just teased them by saying I was probably having a

heart attack! The physicians I work for told me to go see my family physician. By then, the pain was still coming and going but had reached my back. When I saw a physician that afternoon, he did an EKG and chest X-ray. I had no pain while I was in his office. The office tests showed very little, so the plan was to do a stress test.

Later that evening, the pains became more intense, closer together and moved to my lower jaw. I finally gave in and had my husband take me to the Northwest Medical Center (NMC)–Bentonville emergency room (ER). I was immediately taken to a bed and blood was drawn for tests. Every medical professional asked why I had waited 24 hours to come to the ER, but I didn't have a good answer. By noon on Saturday, I had a heart cath and a stent was placed in my left descending artery. It was 100 percent blocked.

I had had a heart attack. My cardiologist reminds me at every visit that I'm lucky to be alive. I attended cardiac rehabilitation, removed some stress, changed my diet and lost 40 pounds. I have more weight to lose but am on the road to a much healthier life. I thank God every day that I live in a community where skilled physicians and well-equipped hospitals are here when we need them. ♥



BROOKE MASSEY

My husband and I wanted to start a family. Our journey ultimately took us to in vitro fertilization and we eventually became pregnant with identical twins. At the

20th week, a level II ultrasound revealed that something was wrong with twin A's heart. The physicians sent us to

Texas Children's Hospital in Houston, but their team was unable to determine the heart problem. One positive was the blood flow through the heart was normal. They felt we could deliver in Northwest Arkansas and not Houston.

I was placed on strict bedrest until I went into pre-term labor. The girls were born the next afternoon. We learned that Brooke's heart problems were more severe than we thought. She had a large VSD (a defect in the wall between the two ventricles) and had developed tetralogy of fallot symptoms and congestive heart failure. Her twin, Brennan, was doing great and had no health

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I thank God every day that I live in a community where skilled physicians and well-equipped hospitals are here when we need them.

NANCY ALISON

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complications. We spent hours every day visiting the girls at NMC–Willow Creek. The staff was fabulous.

We took Brennan home at 5 weeks. I was torn having to leave Brooke alone in the hospital. Brooke was unable to take to a bottle and wasn't strong enough to breastfeed, so all her feedings were through a nasogastric tube. We realized she wasn't progressing as desired, so we decided to go to Arkansas Children's Hospital.

On August 23, 2010, Brooke was transferred to Little Rock with plans for open-heart surgery. She came through the surgery great. The physicians repaired her heart and

felt she wouldn't have any further complications. When they attempted to extubate her off the ventilator, Brooke decided she wasn't ready and we almost lost her. We were emotionally drained to see her lying there with fluid overloaded, an irregular heart rate and electrolytes out of control. She was in severe pain but was unable to cry out. Finally, the following Tuesday, they felt she was stable enough to be extubated again, but then Brooke was unable to eat as she needed to. We asked to come back to NMC–Willow Creek. Finally, Brooke came home. She's doing great and trying to catch up with her twin. ♥



MAURIE TURNER

On October 5, 2010, I went to the ER with severe pain in both arms. I had no chest pain, so I was surprised to learn that I was having a heart attack.

Michael Green, M.D., FACC, cardiologist at Northwest Health System (NHS), performed a heart catheterization and determined there was a tear in the

septum between the two chambers of my heart. I also had a whole in the back of my heart. Open-heart surgery was my only hope and the chance of survival was slim—about 40 percent.

On October 7, James S. Counce, M.D., cardiovascular surgeon at NHS, performed the surgery and repaired the damage.

I was released from the hospital seven days later and continue to do well. I'm grateful to the physicians and nurses at NHS for the excellent care I received. The American Heart Association has also been a wonderful resource of information for my recovery. ♥



Visit us online!



For information about our cardiac services, visit www.NorthwestHealth.com/hearthospital.

Your heart. Our life's work.

Thousands of patients have entrusted their hearts to these skilled physicians—and for good reason. Together, these fellowship-trained cardiologists have devoted more than 75 years to caring for hearts and improving the quality of life for their patients. They offer all the advantages of minimally invasive techniques that can mean less pain and faster recovery. And they're backed by a network that's committed to advancing cardiac care.

For an appointment, or to learn more about our cardiac care and services, call **1-800-734-2024** or visit www.NorthwestHealth.com/heart.

Some of the medical staff represented are independent physicians and are neither employees nor agents of Northwest Health System.

Left to right: William Michael Allen, M.D., FACC; Ahmad A. Elesber, M.D.; Thomas M. Reinsvold, M.D., FACC; Jose G. Loyo, M.D., FACC, FSCAI; and Michael Green, M.D., FACC



A one-stop shop for orthopedic care



Northwest Health System (NHS) offers a wide range of orthopedic services at Northwest Medical Center (NMC)–Springdale and NMC–Bentonville. Orthopedic focus is on disorders of the musculo-skeletal system—bones, joints, ligaments, tendons and muscles—that allow you to work, move and be active.

IT'S ALL HERE

Diagnostic X-ray, magnetic resonance imaging and computed tomography scans are available on-site for prompt and improved information for a diagnosis. The combined years of experience of the operating room staff, anesthesia department members and our surgical teams help ensure the best outcome possible.

We have advanced equipment available, including a dedicated post-operative care unit at NMC–Bentonville and an inpatient acute rehabilitation unit at NMC–Springdale. We offer a coordinated, patient-centered approach called Joint Camp to support and engage patients in their recovery, including pre-operative classes, pain management services, physical therapy, exercise programs and a closely monitored after-hospital recovery program.

The team of orthopedic surgeons provides a depth of talent and experience to keep you at the top of your game. They perform procedures that are among the most progressive in the region, including hip resurfacing, minimally

invasive joint replacements, custom-tailored and computer-navigated knee replacements, advanced arthroscopic procedures and synthetic cartilage repair.

For young athletes, we offer our SMART Sports program, which is designed to support high school athletic teams and programs throughout Northwest Arkansas. Led by former Razorback and NFL Pittsburgh Steelers player Steve Conley, the program integrates the use of certified athletic trainers and sports medicine and rehabilitation services to provide individualized programs to help athletes maximize their performance.

During football season, a Black & Blue Clinic is held each Friday night in the emergency room of NMC–Bentonville. High school athletes, coaches, cheerleaders and others injured at a high school football event can be evaluated for conditions that need immediate attention and treatment.

! Get back on track!

Our comprehensive care can help address the troublesome pain or limited physical abilities you're facing. If orthopedic conditions or injuries are affecting your quality of life, call 1-800-734-2024 for a physician referral.

Northwest Health System's orthopedic surgeons

» Mark Allard, M.D.

» R. Bryan Benafield, M.D.

» Matt Coker, M.D.

» Tom Pat Coker, M.D.

» Scott Cooper, M.D.

» Rodger Dickinson Jr., M.D.

» Chris Dougherty, D.O.

» Michael Griffey, M.D.

» C. Kris Hanby, M.D.

» Marcus Heim, D.O.

» Andrew Heinzelmann, M.D.

» C. Noel Henley, M.D.

» Jeff Johnson, M.D.

» R. Kaler, M.D.

» James McKenzie, M.D.

» John Mertz, M.D.

» Jason Pleiman, M.D.

» Mark Powell, M.D.

» Rick Walker, D.O.

Work out like a kid



Tired of the same old boring gym routine? Want something that's actually fun and can get you in shape? Look no further than childhood games.

When you were a child, you weren't focused on building healthy bones or boosting your heart health, so you probably didn't realize that playground activities—whether it was a game of tag or hopscotch—were actually giving you a good workout.

And though you're a grown-up now, that doesn't mean you're too old to get fit like a kid. Try these activities:

➤ **HULA HOOP.** Twirl your hips for more than 10 minutes for a great aerobic workout. Smaller, lighter hoops are more challenging to keep spinning, so they use more energy; heavier hoops are easier to keep spinning, letting you hula longer.

➤ **DANCING.** Tone muscles, improve your flexibility, strengthen your heart and boost your lung capacity—all hallmarks of a good aerobic workout—by signing up for a

dance class in your community. If you want something more low-key, go out dancing with friends or, if you're a little shy, incorporate some moves into your household chores.

➤ **JUMP ROPE.** Get a great cardiovascular workout while improving hand and foot coordination and, like with any weight-bearing activity, building stronger bones. Purchase a rope with good grips, and sneakers such as an aerobic shoe or cross-trainers.

➤ **TAG!** Hike your heart rate with an old-fashioned game of tag. It will get both you and your kids moving. Up the ante with a game of freeze tag, where the last person who's "it" has to take out the garbage.

If you have arthritis and find it hard to do any of these activities, try swimming or cycling on a stationary bike.

SNACK ON THIS!

Snacks have earned a bad reputation. It's said that they spoil meals, add on pounds and rot your teeth. Sure, that's true for junk foods, but *healthy* snacks offer essential vitamins, minerals and an energy boost. Plus, they help prevent high-calorie between-meal

munchies and midnight fridge raids. To maximize snack time, choose fruits, vegetables, whole grains, nuts and low- or nonfat dairy products. Also be mindful of portion size, and munch only when you're hungry. Try these tasty snack suggestions.



▲ **CALCI-YUM!** Use mini cookie cutters to cut low-fat or nonfat cheddar or American cheese slices into fun shapes for you and your kids. Or dip fruit slices into fat-free vanilla yogurt.



▲ **VITAMIN C, PLEASE.** Mix together ½ cup sliced kiwifruit and ½ cup strawberries. Or serve tomato slices tossed with olive oil and a sprinkle of oregano or basil.



▲ **FIBER FILL.** Take a whole-grain English muffin, top with tomato sauce and a sprinkle of low-fat mozzarella or Parmesan for a mini pizza. Or air pop some popcorn for a fun, hands-on snack.



▲ **PROTEIN POWER.** Spread 2 tablespoons of peanut butter on whole-wheat crackers. Or try one slice of low-sodium deli turkey wrapped around a 1-ounce slice of Swiss cheese.



▲ **IRON CLAD.** Make a trail mix of dried fruit and iron-enriched cereal. When possible, consume vitamin C (found in fruits and vegetables) at the same time as iron-rich foods to aid iron absorption.

Is that pain serious?



Most aches and pains are harmless. But sharp pains, sudden discomfort or any other unusual symptoms should never be ignored or self-diagnosed. Here's what could be behind the pain:

* **Stomach pain: From blockages to ulcers**

Some stomach pain is caused by certain conditions, such as a stomach virus, acid reflux or gas. But severe pain could signal an intestinal blockage. Pain confined to one area of the abdomen may mean appendicitis, a gallbladder attack, stomach ulcers or reproductive issues, such as endometriosis.

* **Blood clot: Is it causing your leg pain?**

Deep vein thrombosis (DVT) is a blood clot in one of your deep-lying veins. It can cause sudden leg pain, swelling, redness and a feeling of warmth, and it usually involves only one leg. The pain may worsen when you stand or walk. A serious complication called pulmonary embolism can result from DVT, in which a blood clot breaks free from the veins and travels to the lungs.

* **Chest pains: Could you have a heart problem?**

Pain, pressure, fullness, tightness or squeezing for more than a few minutes—even with the pain or discomfort coming and going—could mean you're having a heart attack. Both men and women experience symptoms that may not be pain in the chest. It may be pain involving the neck, jaw, shoulders or arms. Trouble breathing, nausea,

vomiting, heartburn, sweating, lightheadedness and fatigue instead of chest pain can also be manifestations of a heart attack. Panic attacks, gastrointestinal reflux disease (GERD) and lung diseases such as pneumonia or a blood clot in the lungs can all mimic heart attack symptoms. Not all chest pains signal a heart attack and not all heart attacks are characterized by chest pain. If in doubt, seek medical advice quickly.

* **Ruptured aneurysms: Severe headache triggers**

A brain aneurysm occurs when the weakened wall of a blood vessel widens or balloons out. Symptoms—many times a sudden, severe headache described as “the worst headache of your life”—often don't occur until the aneurysm ruptures and causes bleeding in the brain. Other signs that an aneurysm has ruptured include confusion, eyelid drooping and vision changes. Stroke can also cause a sudden headache.

* **Foot or leg discomfort: Could it be diabetes?**

One complication of diabetes is diabetic neuropathy. Shooting pains, burning, tingling or numbness in your extremities may be a sign that you have nerve damage caused by your uncontrolled blood sugar. Diabetic neuropathy can also cause nausea, vomiting, constipation, diarrhea, urinary problems and dizziness.

If you have any doubts about your condition, seek help. Waiting or trying to treat a condition yourself may only worsen matters.

Opportunities to get involved and stay informed



Tiny Toes, a tip-top OB Club, offered exclusively by Northwest Health System, is designed to help make the entire childbirth experience an even more cherished lifetime event. Tiny Toes members receive the following benefits: skilled and experienced staff, a tour of our OB unit, information via our website through our health resources link, birthing classes, a special collection of keepsakes to help celebrate the birth of your child, and discounts from local merchants.



The Healthy Woman Mission & Vision is to empower women with the knowledge and confidence to make informed healthcare and well-being decisions for themselves and their loved ones by providing monthly events to help educate women on the need for a healthy mind, body and spirit.

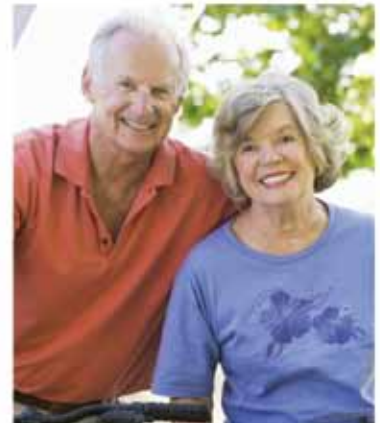
Membership is FREE. Join the 6,300 Healthy Woman members in Northwest Arkansas to take part in a rapidly growing healthcare education and social program.

To sign-up visit
www.northwesthealth.com/healthywoman



Senior Circle is a national, non-profit organization that makes life even better for adults 50 and better. Membership in Northwest Health System's chapter will allow you to enjoy health talks, in-hospital benefits, local business bargains, and a wide range of discounts! For just \$15 a year, you can become part of the circle.

To sign up, or for more information, call (479) 553-4301 in Benton County or (479) 757-4640 in Washington County.



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 that the next issue is available to read online—at the same time the issue arrives in homes. Join today!

CPR for everyone

Lifesaving procedure gets a makeover

Fact: Performing effective CPR (cardiopulmonary resuscitation) immediately after a heart event such as sudden cardiac arrest can double or triple a victim's chance of survival. And you don't necessarily have to be formally trained in the procedure to save a life.

Recent changes in CPR guidelines from the American Heart Association (AHA) are now focusing on a simplified version of CPR for bystanders—rapid (100 per minute) chest compressions first, rather than mouth-to-mouth plus compressions. Chest compressions can help keep oxygenated blood flowing to the heart and brain of people whose hearts have stopped or who have stopped breathing.

Currently, less than one-third of sudden cardiac arrest victims receive the potentially lifesaving procedure from a bystander outside of the hospital setting, and less than 8 percent of people who experience cardiac arrest outside of a hospital will survive.

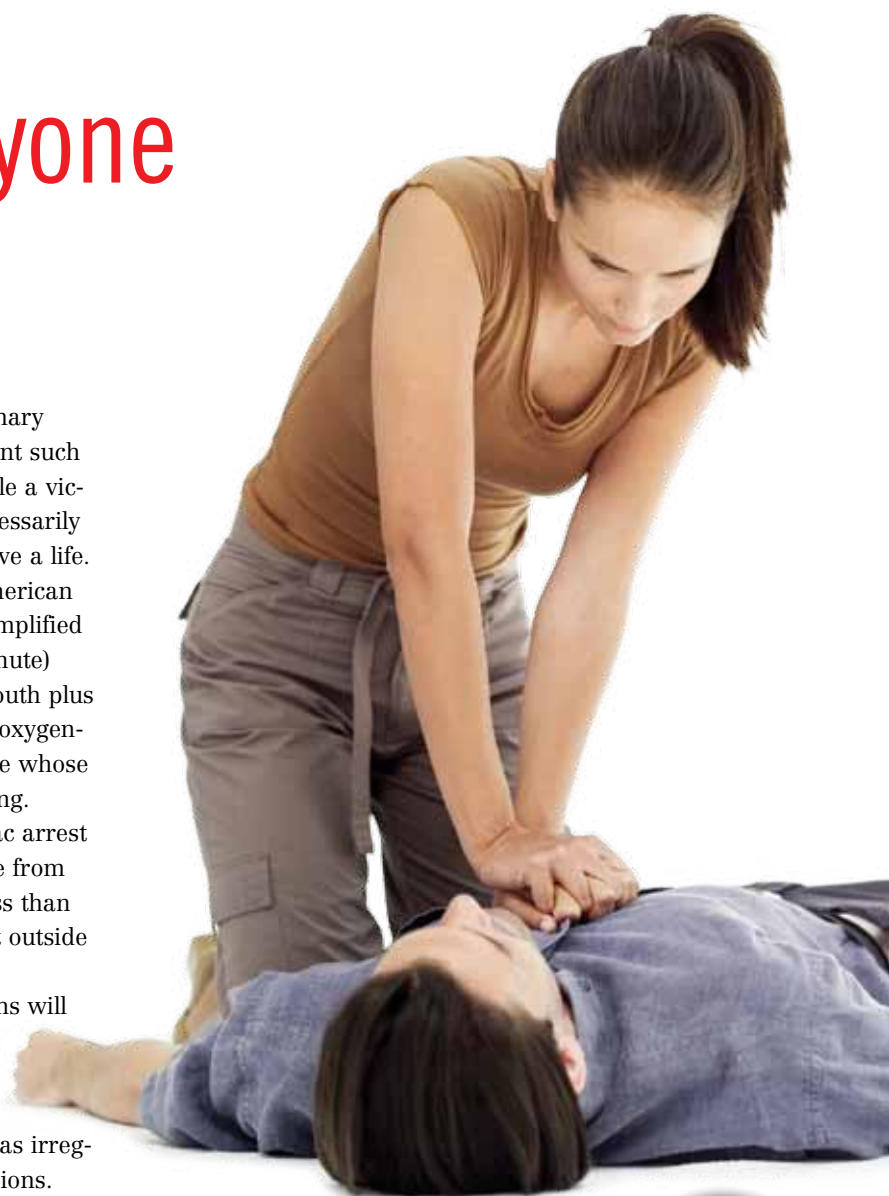
Experts hope that focusing on just compressions will increase bystanders' willingness to perform CPR.

YOUR ROLE IN CPR

If an adult is unresponsive and not breathing or has irregular breathing, call 911 and begin chest compressions. If possible, send another person to look for an automatic external defibrillator (AED), which shocks the heart's rhythm back to normal. Follow the directions on the AED to give treatment.

While some may worry about pushing too hard on the victim's chest, experts say don't worry. Pushing on a person's chest should be tiring, and needs to be done hard and fast until help arrives. Place the heel of one hand on the middle of the breastbone, and the other hand on top. Push about 2 inches deep at a rate of about 100 times per minute—the same rhythm as the beat of the Bee Gees' song, "Stayin' Alive," according to the AHA. Don't lean on the chest between compressions, which is when the heart fills with blood.

Want to know more about CPR and the new guidelines? Visit the AHA's site at www.heart.org and search "2010 CPR guidelines."



Signs of a heart attack

- **Chest discomfort.** Pain in the center of the chest—which can feel like pressure, squeezing, fullness or pain—may last for awhile, or go away and come back.
- **Discomfort in one or both arms, the back, neck, jaw or stomach**
- **Shortness of breath that may be accompanied by chest discomfort or occur before chest discomfort**
- **Cold sweats, nausea or lightheadedness**
Common for women are clammy skin; abdominal pain or heartburn; lightheadedness or dizziness; and unusual or unexplained fatigue.



Health Matters is published as a community service of Northwest Health System. There is no fee to subscribe.

The information contained in this publication is not intended as a substitute for professional medical advice. If you have medical concerns, please consult your health care provider.

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SPRING 2011



FIND A PHYSICIAN AT NORTHWEST HEALTH SYSTEM

Visit www.NorthwestHealth.com and click on the “Find a Physician” tool or call **1-800-734-2024** to select a physician to meet your family’s health

care needs. In this issue, we’d like to introduce the newest members of the Northwest Health System medical staff.



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Tom Pat Coker, M.D.
C. Kris Hanby, M.D.
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C. Noel Henley, M.D.
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