

HealthWise

Spring 2009

We'll get you moving again

Having physical therapy can be a fun, enjoyable experience. Wayne County Hospital (WCH) has an excellent Physical Therapy department staffed with hands-on specialists.

The department is led by Alyssa Wilson, M.P.T., a 1998 graduate of the University of Iowa with her master's degree in physical therapy. Alyssa has experience working in rural Iowa hospitals in outpatient, inpatient, nursing home and home health settings.



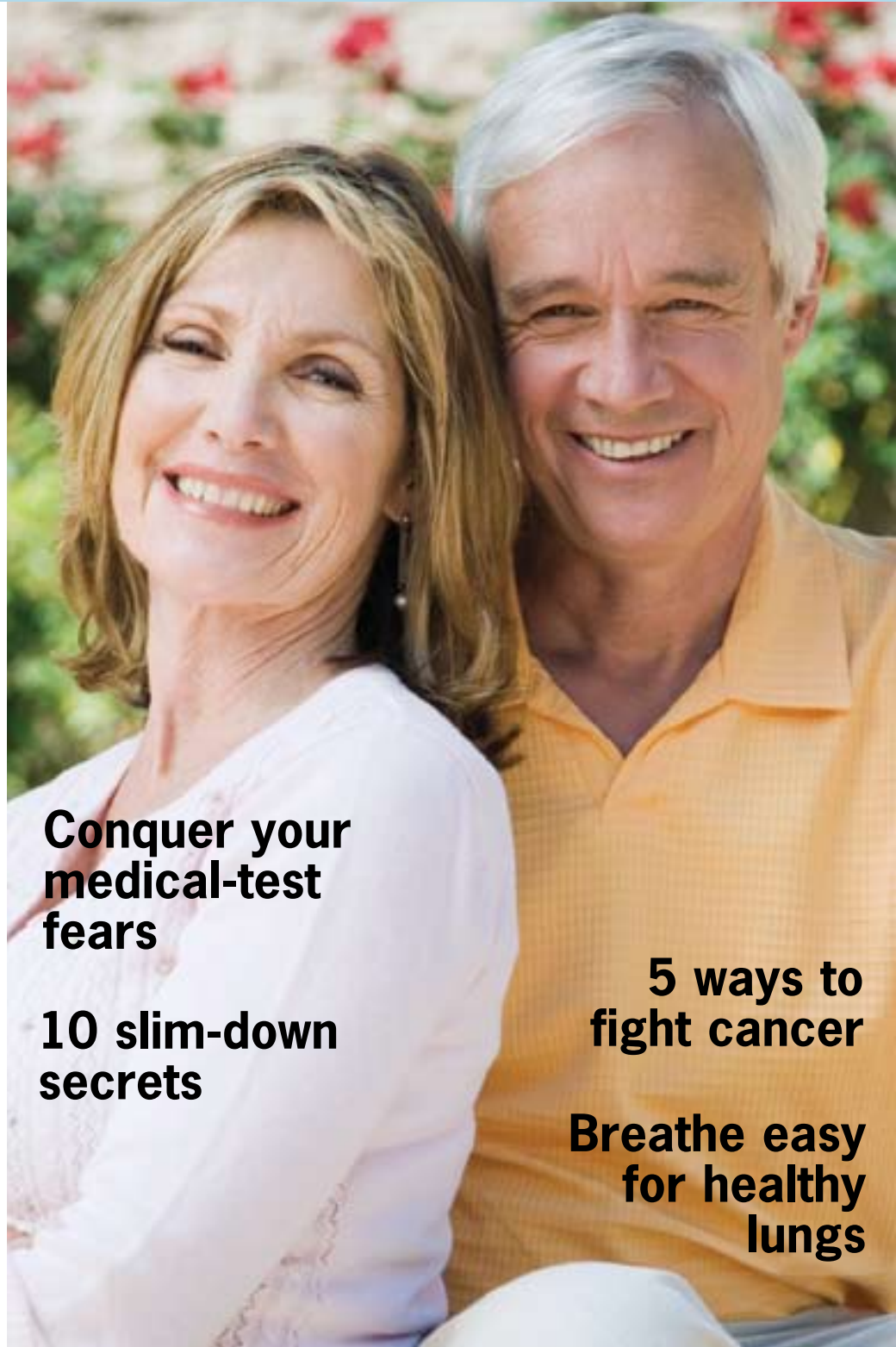
Alyssa Wilson,
M.P.T.

"Our new space and equipment have been extremely beneficial in providing high-quality rehab services to our patients," says Wilson. "The staff is dedicated to helping patients feel and move better, while enhancing their ability to function independently."

Upon receiving a physician referral, patients receive a thorough evaluation to identify their specific needs. WCH physical therapy services include balance training, gait training, range-of-motion exercises, pain management, neuromuscular re-education, wound care, therapeutic exercise to improve strength and endurance, orthotic/prosthetic training, functional mobility skills, ergonomics, an incontinence clinic and patient education on prevention of injury, sports medicine and sports-related injuries. For more information, call **641-872-2260, ext. 246.** ●

Buy a brick for the
WCH Patio of Progress.

Proceeds go toward the
WCH renovation project. If interested,
call **641-872-2260, ext. 327,**
by **May 1.**



**Conquer your
medical-test
fears**

**10 slim-down
secrets**

**5 ways to
fight cancer**

**Breathe easy
for healthy
lungs**



Scared sick?

Ease medical-test anxieties

You're in a cold exam room, wearing a flimsy gown, staring at the strange-looking equipment. No wonder you get nervous about medical tests. Some people fear these exams because they're not sure what to expect. Some may be embarrassed about the procedure because it involves a sensitive or private part of the body, while others fear pain that may be associated with the test.

These are all legitimate worries. If you're feeling nervous, tell your healthcare provider. Other helpful strategies:

- **Take other people's experiences with a grain of salt.** There's always that friend of a friend who had a bad experience with the procedure. Remember, everyone responds differently. And with technology constantly changing, your test could involve less invasive techniques, require a less harrowing preparation and offer gentler anesthesia than just a few years ago.

- **Understand why you're having the test.** Did a prior screening reveal something unusual? Is this a routine screening for someone your age? What might the results show? Knowing exactly why you're having a test can help you feel well prepared, more relaxed and in control.

- **Know what to expect.** Ask your healthcare provider about how he or she performs the procedure, how uncomfortable it might be and how long it will take.

- **Follow orders.** Some tests have pretty specific preparation instructions. For example, colonoscopies require that you fast for several hours and take a laxative preparation to clean out your bowels. Not following your healthcare provider's instructions precisely can mean the procedure has to be rescheduled, causing you more stress.

- **Just relax.** Take your mind off your worries in the waiting room by reading or listening to your favorite music on your iPod or portable CD player. Pretend to be somewhere else—picture yourself on a desert island. Or try breathing techniques: Take slow, deep breaths, concentrating on the sound of your breathing.

- **Ask about comfort measures.** If a procedure is becoming unbearable, let the healthcare professional performing it know. Ask whether the procedure can be modified or whether another technique may be less painful for you. For example, if you just can't stand the compression of a mammogram, the technician may be able to ease up a little or use a special pad that cushions the breast. Are you a woman who's uncomfortable having a male perform the procedure? Inquire about having a female perform or observe your test. ●

> A gentler mammogram

Mammograms require compression of the breast.

The discomfort can be a deterrent for women who should be getting this screening. Here are some ways you can make it a little easier on your breasts:

- Avoid scheduling your mammogram the week before your period when breasts are usually more tender.
- Avoid caffeine for a week or so before your test, since it can increase breast tenderness.
- Take a pain reliever like ibuprofen or acetaminophen an hour before your mammogram.
- Ask about thin foam pads that can be placed between your breast and the machine to lessen pain.



Ready, set, succeed!

Turn your slim-down resolution into a reality

You vow to finally drop those extra pounds you've been lugging around, but a month later you give up, going back to your old ways. Don't despair: It happens to millions of us. Make this attempt successful with these stick-to-it tips:

- ▶ **Tip! 1 Make sure you're ready.** Before you begin overhauling your lifestyle, resolve any issues that could be contributing to your weight gain, such as depression, work stress or money worries. If you've got too much on your plate, maybe now isn't the best time to start a weight-loss program. Instead, seek professional help to deal with the stress and any emotional issues holding you back. Then you can concentrate on slimming down.
- Tip! 2 Set realistic—and specific—goals.** Don't just say, "I want to lose 20 pounds." Instead, focus on how you're going to slim down. A better goal? "I'm going to start jogging and work my way up to three miles a day, four days a week."

Tip! 3 Have a support system. Getting a little guidance, whether from a dietitian, personal trainer, workout partner or all three, makes dieting easier and can help you be more successful at dropping excess pounds.

Tip! 4 Make like the tortoise. Frustrating as it may be, slow and steady is the way to go when it comes to weight loss. Aim to drop one to two pounds a week. Losing more means you're probably losing water weight and lean muscle mass—not excess fat. This can leave you fatigued and more apt to gain back the weight.

Tip! 5 Grab a pen. Write down when you ate, what you had, how you felt at the time and how you could eat more healthfully. You may begin to notice a pattern to your bad habits (do you gravitate toward salty foods when you're bored?) that you can work on changing. Chart your progress when you exercise by jotting down what you did and for how long.

Tip! 6 Plan to goof. Don't beat yourself up for that weekend chocolate binge and don't give up on your goal after one slip-up. Instead, vow to get back on track at your next meal. And take time to figure out what went wrong and how to prevent it from happening again.

Tip! 7 Have fun. Yes, experts recommend you get at least an hour of activity a day to lose weight, but if you hate walking on a treadmill, don't do it. You'll likely quit if you feel obligated to stick to a workout you don't enjoy. Instead, try finding activities you do like: Tennis, dancing, ice skating and biking are all excellent options.

Tip! 8 Get creative. Eating bland, boring food day after day can put you on the fast track to failure. Instead, experiment with herbs and spices to liven up that grilled chicken and vow to buy one new fruit or vegetable a week.

Tip! 9 Reward yourself. For each milestone you reach, big (losing 30 pounds) or small (completing a two-mile walk), treat yourself to a new outfit, massage or other nonfood reward. Such incentives can keep you moving forward.

Tip! 10 Lengthen your meals. Change the way you approach meals. For example, make an effort to eat more slowly. You'll enjoy the food, and you may even find that you eat less, since it takes about 15 minutes for your brain to signal that you've had enough. ●

HealthExtra

{ WELLNESS NEWS FROM THE WORLD OVER }

> Sleep: How much do you need?

Getting too little sleep may increase your likelihood of developing metabolic syndrome—a combination of conditions such as abdominal obesity, elevated blood pressure and insulin resistance—which boosts your risk for coronary heart disease. But so does getting too much shut-eye, say researchers in the journal *Sleep*. They examined more than 1,200 adults, ages 30 to 54, and found that getting fewer than six hours of sleep a night or more than eight hours hiked risk for metabolic syndrome by 45 percent compared with those who snoozed an average of seven to eight hours a night. Eight percent of participants got more than eight hours' sleep, while those who were short on slumber accounted for 20 percent. During sleep, important hormones are secreted, blood pressure lowers, kidney functions change and memory is consolidated, says the National Sleep Foundation.



> Workplace weight loss

People who need to drop a few pounds may find the incentive they need at the office. Researchers at the University of Cincinnati looked at 11 studies completed since 1994 and found that employees who participate in workplace-sponsored weight-loss programs achieve modest success. Losses were greater in programs that were considered higher intensity, such as those offering one-on-one counseling more than once a month. In those programs, participants lost between 2.2 and 14 pounds. What's yet to be determined is whether employees who lose weight at work actually manage to keep it off.

> Fishing for a safe meal?

Experts recommend eating fish as part of a healthy diet. But some swimmers contain harmful levels of mercury. Women who are nursing, pregnant or planning to become pregnant should follow these U.S. Environmental Protection Agency recommendations:

- When it comes to freshwater fish, don't eat more than one serving (six ounces) a week.
- Just say "no" to shark, swordfish, king mackerel and tilefish.
- Each week, you can eat 12 ounces (cooked) of shellfish, canned fish, smaller ocean fish and farm-raised fish.
- Eat seafood purchased in stores and restaurants—it has less mercury than freshwater fish caught by family and friends.



> Ouch! Canker sore!

Canker sores, mouth ulcers with a white or gray base and a red border, seem to appear out of nowhere. Women get them more frequently than men, and though the cause is unknown, some experts believe the culprit may be a problem with the body's immune system. Fatigue, stress or allergies increase your risk, says the National Women's Health Information Center, as does a cut inside your cheek or on your tongue. Treat a sore with a mild mouthwash or salt water or swab the blemish with milk of magnesia or a mixture of hydrogen peroxide and water. You can't prevent canker sores, but if you get them often, talk with your dentist or dental hygienist.

> Outgoing types have more online friends than loners

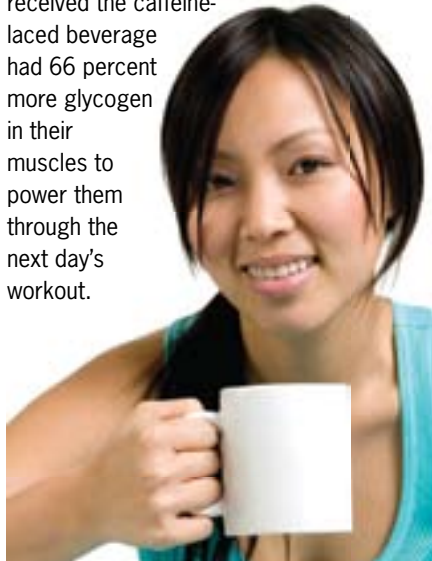
Contrary to the image of the loner who finds satisfaction in a rich on-screen life, a Louisiana State University study found that people who are anxious about interpersonal



encounters have fewer online connections and those with lively online networks tend to be social butterflies. Researchers asked more than 170 students about their activities on the networking site Facebook and their real-life relationships. Turns out that socially inhibited people spent more time on Facebook to combat loneliness, but the extroverts actually forged more online connections than shy students.

> Caffeine aids in post-exercise recovery

After an intensive workout, it might be a good idea to hit your local coffee bar. That's according to a study that found that taking in caffeine along with carbohydrates after a grueling sweat session helps you recover faster by upping the levels of glycogen, your muscles' primary fuel source. A team at the Royal Melbourne Institute of Technology in Australia had endurance cyclists bike to exhaustion and then gave them either a plain carbohydrate drink or one spiked with caffeine. Immediately after exercising, all the cyclists had the same glycogen levels in their muscles. But four hours later, the cyclists who received the caffeine-laced beverage had 66 percent more glycogen in their muscles to power them through the next day's workout.



> PTSD stresses your heart, too

Post-traumatic stress disorder (PTSD) doubles your risk of dying from heart disease, say Pennsylvania researchers. Their study of more than 4,000 Vietnam veterans also determined that the more severe the PTSD, the greater the likelihood of death from heart disease. An anxiety disorder that occurs after a person experiences a traumatic event, PTSD causes the body to release stress hormones, which leads to inflammation and damage to the arteries and cardiovascular system. Study authors say PTSD's impact on the body is similar to smoking two to three packs of cigarettes a day for more than 20 years.

Renovation news

Progress continues at Wayne County Hospital (WCH) as the renovation and modernization project moves toward completion. There is no question that we have entered into the more difficult phase of the project, which includes the demolition of the original concrete walls in the patient wing. Our primary focus is to continue our day-to-day operations with minimum disruption to ongoing patient care.

MAKING PROGRESS

The Imaging Department remodel is complete and now provides a suite-like setting with designated rooms specifically designed for ultrasound and mammography testing. A new waiting room adjacent to the department provides patients with a comfortable area to wait for their tests.

We now provide superior image detail and clarity with several new high-caliber equipment enhancements, including a new X-ray machine, complete with a computed radiography system that creates computer-generated digital images and a new 16-slice CT scanner.

The new H. Dale & Lois Bright patient wing is nearing completion with an opening date anticipated for late May or early June. The plumbing, mechanical and sheetrock work is completed. Walls are being finished, and the interior finishes are being installed.

The connector between the ancillary/clinic building and the main hospital has been completed in conjunction with the back hallway receiving a complete face-lift. New carpet has been laid and the hallway has been repainted in the matching renovation color scheme. This hallway is now the main thoroughfare for patient, visitor and employee passage to and from the clinic, ancillary departments and the cafeteria.

As our project continues, we are excited by the vast improvements taking place and what this means for our patients' well-being. ●

Don't let COPD take your breath away



It's the fourth leading cause of death in the United States, killing more women than men, yet many people haven't even heard of chronic obstructive pulmonary disease (COPD).

COPD is a term used to describe a group of lung diseases, usually chronic bronchitis and emphysema, that make it hard to breathe. In 90 percent of COPD cases, cigarette smoking is the cause. Experts think the increase in female smokers since the 1940s may be to blame for the rise in COPD deaths among women. Other causes of COPD include on-the-job exposure to dust and chemicals and a rare genetic disorder called alpha-1-antitrypsin deficiency.

But COPD doesn't just affect your breathing. It can also cause high blood pressure and heart problems and put you at greater risk for lung cancer and depression.

LOOKING FOR SIGNS

COPD can be difficult to catch early. It develops slowly, so symptoms may not appear until middle age, when the lungs have usually already suffered significant damage. Over time, the following symptoms of COPD get worse:

- cough that won't go away
- cough accompanied by mucus
- shortness of breath or wheezing
- chest tightness
- recurring respiratory infections

If you have any of these symptoms, see your health-care provider immediately. He or she can perform

breathing tests to rule out other conditions, such as asthma, and confirm COPD.

PREVENTION IS KEY

Prevention is essential, as there's no cure for COPD, though medications and other therapies can help you live more fully with the condition. To reduce your risk:

• **Kick butt.** Better your odds of quit-smoking success by being prepared:

→ Set a quit date and mark it on your calendar.

→ Start to cut back before your quit date.

→ Ask your healthcare provider for help; this may include advice on over-the-counter quit-smoking aids or prescriptions for nicotine inhalers, sprays or drug therapy.

→ Consider joining a smoking cessation program or support group.

→ Throw out all smoking paraphernalia, such as ashtrays and lighters, and avoid hanging out where people smoke.

→ Be prepared for withdrawal symptoms—they will eventually subside.

→ Eat healthfully and exercise to avoid weight gain. Many people are tempted to go back to cigarettes when the scale starts to creep up.

• **Stay away from smoke.** If you're a nonsmoker, avoid secondhand smoke to reduce your risk of developing COPD.

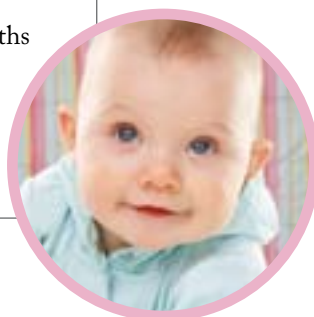
• **Protect yourself at work.** If your job exposes you to chemical fumes or dust, talk with your manager about measures to reduce your exposure, such as wearing a mask. •

Cancer-fighting checklist

5 ways to reduce your risk

Many factors come into play when determining your odds of getting cancer. You may have a strong family history of a particular type of cancer or your lifestyle habits may put you at greater risk. And sometimes people with no known risk factors get cancer. But the best way to ward off the disease is by sticking to healthy habits. Here are five moves you can make to lower your risk:

- 1 Quit smoking.** Whether you puff on cigarettes, cigars or pipes, tobacco products significantly increase your risk of developing lung cancer, the leading cause of cancer deaths in men and women. Tobacco also raises your risk for throat, mouth, bladder, kidney, pancreas, stomach and cervical cancers, among others. Ask your healthcare provider about medications and other methods to help you kick the habit. Not a smoker? Try to avoid secondhand smoke.
- 2 Eat a healthful diet.** Stick to a plant-based diet loaded with fruits and vegetables and limit red meat (less than 18 ounces a week) and alcohol (no more than two drinks a day for men; one a day for women). Avoid processed meats such as bacon, sausage and luncheon meat, which a recent American Institute for Cancer Research (AICR) report links to colorectal cancer when eaten regularly.
- 3 Exercise.** Be active for at least 30 minutes a day, working your way up to an hour or more. Exercising and eating a healthy diet can keep you from gaining weight. Obesity is a major risk factor for breast, colon and reproductive cancers.
- 4 Wear sunscreen.** Sun exposure is the most common cause of skin cancer. In addition to wearing a sunscreen with an SPF of 15 or higher, try to avoid the sun's rays when they're strongest (from 10 a.m. to 4 p.m.), cover exposed parts of your body with clothing made from tightly woven fabrics and avoid tanning salons.
- 5 Breastfeed.** The AICR report recommends that women breastfeed exclusively for the first six months of a baby's life. It lowers baby's risk of adult obesity—and obesity-related cancers. For mom, breastfeeding delays menstruation, and fewer menstrual cycles tend to lower breast cancer risks. ●



HealthWise is a
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4WCH

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Is it a hernia?

by Bill Stanley, D.O., Wayne County Hospital

“I think I have a hernia.” As a surgeon in rural Iowa, this is a statement I often hear. A simplified explanation of a hernia is that something inside the abdominal cavity (belly) is trying to escape to the outside. The tissue trying to escape can be intestine, stomach, colon or simply fatty tissue. It can escape through a weak area a person is born with (congenital defect) or it can escape through an acquired defect such as a tear (rupture) or worn area, much like your knee comes out of a worn area on your blue jeans. Causes of acquired hernias include lifting, straining, prior surgery and weight gain.

TYPES OF HERNIAS

- A hernia in the diaphragm, in which the stomach bulges into the chest, is called a hiatal hernia. Most of these do not need to be repaired. If, however, they cause severe acid reflux into the esophagus, they sometimes are repaired with surgery called a Nissen fundoplication.

- A hernia through the belly button is called an umbilical hernia.
- A hernia at a prior surgery site is an incisional hernia.
- A hernia on the front of the belly is a ventral hernia.
- A hernia in the groin is an inguinal hernia. These are much more common in men and often can descend into the scrotum where they can be confused with a hydrocele (water-filled sac) or a varicocele (varicose vein).

- A hernia into the upper thigh alongside the femoral artery is a femoral hernia.

SURGERY OFFERS RELIEF

Other than hiatal hernias, most hernias tend to get bigger and eventually need to be repaired. Surgical repair can be done laparoscopically or by open incision, depending on the surgeon's choice. Hernia can often be repaired by simply stitching the defect closed. A mesh or a patch is frequently used to reinforce the repair. Choices for patches include products such as Gore-Tex®, Prolene and other synthetic patches. For infected areas, a biological mesh can be used.

Hernia surgery is usually an elective operation. A hernia can become incarcerated. This means that tissue, possibly bowel, has become trapped in the hernia sac and will not reduce. A hernia can also become strangulated. This refers to a hernia that is not only trapped, but the circulation is cut off, or strangulated. This can cause gangrene; therefore a strangulated hernia is a true surgical emergency.

Most hernias can be diagnosed by physical exam alone. Occasionally we use other tests such as CAT scan to confirm our findings. If you suspect you have a hernia, see your healthcare provider. ●



Bill Stanley, D.O.