

HealthWise

Fall 2012

Welcome Dr. Ikezuagu



**Ojiaku
Ikezuagu, M.D.**

Ojiaku Ikezuagu, M.D., joined the South Central Iowa Medical Clinic staff in August. He received his medical training at St. George's University

School of Medicine in Grenada, West Indies, in 2005 and completed his residency and training in family medicine at Montgomery Hospital, Norristown, Pa., in 2012. In 1996, he received his Bachelor of Science degree in Biology from the University of the District of Columbia, Washington, D.C. Dr. Ikezuagu is board certified in family practice.

Dr. Ikezuagu also completed a general surgery internship at Howard University Hospital in Washington, D.C. He is a member of the American Academy of Family Physicians and the Pennsylvania Academy of Family Physicians.

He enjoys community involvement and served as a member of the local health fair medical staff and has been a guest lecturer presenting, "Good Health Practices." Dr. Ikezuagu is passionate about giving back to those less fortunate and has made several medical missionary trips to provide surgical and medical care in Nigeria, West Africa.

Appointments with Dr. Ikezuagu can be made at the South Central Iowa Medical Clinic by calling **641-872-2063**. ●

**i am physically
active 30-60
minutes most days.**



**Men, get your
annual checkup**

**What is a
hospitalist?**

**How to treat
back pain**

Checkups every guy should get

Let's face it—you'd rather be doing many things other than going to the doctor for a checkup. But taking time to assess your overall health with a doctor each year is important. It could even save your life so you can keep doing all the activities you enjoy. Men, be aware of these recommended checkups, screenings and immunizations, and check with your doctor for a schedule that's right for you.

→ **Physical exam.** A once-a-year exam by a primary care doctor may include an assessment of height, weight, blood pressure, skin cancer risk, eating and exercise habits and emotional well-being. The doctor will ask about your family health history and answer any questions you have about sleep/snoring, sexual health or other health concerns.

→ **Immunizations.** Men should get a flu shot every year and a tetanus-diphtheria and pertussis (Tdap) or tetanus-diphtheria (Td) booster every 10 years. Your doctor may recommend other vaccines depending on your age and health history.

→ **Eye exam.** If you have problems with vision, schedule an eye exam every two years.

→ **Dental exam.** Don't forget to visit the dentist every year for an exam and cleaning.

→ **Cholesterol screening.** Most men should be checked every five years. You may need to be monitored more closely if you have high cholesterol or risk factors for heart disease or diabetes.

→ **Diabetes screening.** If you are age 45 or older and overweight, or if you have other risk factors, your doctor may recommend that you be tested for diabetes.

→ **Colon cancer screening.** Starting at age 50, your doctor may recommend a colonoscopy or other screening test for colon cancer.

→ **Prostate cancer screening.** Men age 50 and older may benefit from prostate cancer screening. African-American men and those with a family history of prostate cancer may begin screening earlier, at age 45.

→ **Abdominal aortic aneurysm screening.** If you are age 65 to 75, an ultrasound screening for abdominal aortic aneurysm could save your life. This test is especially important for men who have ever smoked cigarettes.

→ **Hearing test.** Your doctor may screen for hearing loss and suggest ways to protect the hearing you have, as well as recommend hearing-aid devices if needed. ●



> Time to man up for screening tests?

Talk to your doctor about screening tests that may be right for you, and if it's time for you to have one of the following:

	Age				
	20s	30s	40s	50s	60+
Blood pressure screening	X	X	X	X	X
Cholesterol test	X	X	X	X	X
Diabetes screening (if overweight)			X	X	X
Colon cancer screening				X	X
Prostate cancer screening				X	X
Abdominal aortic aneurysm screening					X



Coordinated healthcare

Hospitalists and primary care physicians offer a continuum of care

Hospitalist may be an unfamiliar term, but chances are if you or a loved one has had a recent stay in the hospital, treatment has been provided by a specially trained doctor called a hospitalist. Hospitalists are employed by hospitals to take charge of patients' care from their admission until their discharge. But hospitalists are not intended to replace primary care physicians. Rather, the coordinated medical care from both hospitalists and regular primary care physicians can mean access to quality healthcare across the spectrum of patients' needs.

CARE WHEN YOU NEED IT

Originating in the 1990s, hospitalists are the fastest-growing specialty in medicine, with more than 34,000 hospitalists practicing in 80 percent of hospitals with more than 200 beds. Hospitalists offer an ideal solution to the difficulties presented by the traditional model of care in which primary care physicians must divide their time between overseeing the care of their hospitalized patients and being available for routine office visits.

Under a hospitalist's care, patients get the benefit of having a doctor available throughout their stay to answer

questions, address any changes in their condition and coordinate treatment among multiple medical specialists. In addition, patients under a hospitalist's care tend to have shorter hospital stays and hospital costs are typically lower. Once discharged, the patient's care is back in the hands of his or her primary care physician.

COMMUNICATION IS KEY

In addition to making sure your primary care physician has been informed of your condition, follow these tips for making a smooth transition from your hospitalist's care:

- Ask questions about any information that seems confusing.
- Have the doctor or discharge planner make an appointment with your primary care physician, so there's no interruption in your care.
- Look over your discharge plan to ensure that you understand it and that it contains a precise diagnosis, a list of future appointments and phone numbers to call if new health issues arise.
- Get an updated medication list and make sure you know how and when to take your medications. ●

HealthExtra

{ WELLNESS NEWS FROM THE WORLD OVER }



> FYI about DVT

Deep vein thrombosis (DVT) is a blood clot (thrombus) in a deep vein that can block blood flow and cause pain, swelling, discoloration and sores on the skin. It typically occurs in the lower leg or thigh, but a clot can also form in arm or pelvic veins. In the most serious cases, the blood clot can break free and travel to the lungs to block a lung artery (a pulmonary embolism), causing damage to the lungs or other organs from lack of oxygen. A DVT or pulmonary embolism may also increase risk of a heart attack or stroke. An estimated 350,000 to 600,000 Americans develop DVT annually, making it the third most common vascular disease, after heart attack and stroke.

DVT is typically caused by:

- **Injury to a vein.** A vein can be harmed from an injury, during surgery or by a blood clot.
- **Increased blood-clotting tendency.** Some people are born with a tendency for their blood to clot too much (hypercoagulability). Certain factors can also increase this risk such as smoking, surgery, pregnancy and some types of cancer. It can also be caused by some prescription medicines, such as birth control pills or hormone replacement medication.
- **Slowing of blood flow.** Sometimes, prolonged bed rest or sitting for too long can slow blood flow because leg muscles aren't contracting and helping to send blood back toward the heart.

Symptoms of DVT may include swelling, tightness, excessive warmth or redness in the affected leg, which may feel tender or painful to the touch. DVT is typically diagnosed using either an ultrasound test to measure venous blood flow or a venogram—an X-ray test that takes pictures of venous blood flow. DVT treatment may involve taking a prescription blood thinner, called an anticoagulant, to prevent the clot from getting bigger and new clots from forming. Patients may also be advised to elevate their legs when reclining, take frequent walks (to improve blood flow) or wear compression stockings.

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> Oh, my aching iPad!

Technology is a beautiful thing, but it can be trying on your body. For example, you may find that using a tablet computer, such as an iPad, leaves you with nagging shoulder or neck pain from looking down at your lap. But a new study says you can avoid these discomforts with a little tweaking to your positioning. In a study appearing in *Work: A Journal of Prevention, Assessment, and Rehabilitation*, researchers from Harvard School of Public Health, Microsoft Corp. and Brigham and Women's Hospital concluded that skipping the lap and putting your tablet computer on a table, as well as using cases that offer higher viewing angles, can reposition the body in a more neutral pose and nix the aches and pains. More research is needed to figure out how the new tablets will affect your arms and wrists.

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> What's the deal with stress tests?

If you have chest pain or other symptoms of heart disease, or you're at risk for the disease, your healthcare provider may order what's called a stress test, or exercise tolerance test. This test can show him or her just how well



your heart is working when it's working its hardest. The test can also be used to determine if your heart treatments are effective or to gauge how much exercise is appropriate for you. Unlike other tests, little preparation is needed. You'll just need to wear comfortable clothing and sneakers, and you may want to avoid a large meal beforehand. EKGs are taken before the test, and special wires are attached to your body to monitor your blood pressure and heart rate during exercise. Then you'll be asked to walk on a treadmill for several minutes, and the incline and speed of the machine will vary during that time. Experiencing any chest discomfort or pain, shortness of breath or dizziness, along with an EKG that indicates potential blood flow problems, is a sign that heart disease may be present. (Not experiencing symptoms and not having an irregular EKG is considered "passing.") If you experience symptoms during the test, but your EKG is normal, your provider may recommend more testing. It may take several days to receive the complete results of your test.

Meet Nicole Ruble, P.A.-C.

Nicole Ruble, P.A.-C. joined the South Central Iowa Medical Clinic in August. She is a 2005 graduate of Cornell College in Mount Vernon, Iowa, with a Bachelor of Arts in Politics and Sociology. She completed her training at the University of Kentucky, College of Health Sciences in Lexington, earning her Master of Science in Physician Assistant Studies in June 2012.



Nicole Ruble, P.A.-C.

Prior to graduating, Nicole completed her last two clinical rotations working with Dr. Joel Wells at the South Central Iowa Medical Clinic. That experience led to an offer for a full-time practice opportunity at the clinic. Since coming on board, she has been working with Dr. Douglas Hoch and seeing patients of all ages with a wide variety of conditions.

Nicole has been involved in community activities wherever she has lived, including participation in her church, working as a peer advocate at Cornell College, serving a term as the Delta Phi Delta president, working for Habitat for Humanity and volunteering with the University of Kentucky physician assistant class.

A native of Iowa, Nicole is originally from Cedar Rapids. Together with her husband, Jeremie (grandson of the late Darl and Georgia Ruble of Corydon), she plans to live on a farm and raise cattle. During her spare time, she enjoys watching TV crime dramas and loves to read, travel, hike and walk her dog.

Appointments with Nicole can be made at the South Central Iowa Medical Clinic by calling **641-872-2063**.

**i will quit smoking—
tobacco use increases
diabetes foot, eye, gum
and kidney disease.**

4WCH

You want what?!

Pregnancy and food cravings

In the movies, we see pregnant women becoming slaves to their cravings, getting up in the middle of the night to eat or sending their partners out at all hours to get whatever it is they're craving at the moment. While some pregnant women may experience dramatic cravings, some women may not have food cravings during pregnancy at all.

During pregnancy, certain foods and beverages that you once enjoyed, like fried foods or coffee, may suddenly make your stomach turn. Likewise, you may find yourself constantly hungry or craving certain foods, from common favorites like ice cream and cookies to more bizarre combinations like a peanut butter, cheese and pickle sandwich.

Occasionally, pregnant women experience cravings for odd substances that have no nutritional value, such as paper, dirt or even laundry detergent. The craving and subsequent chewing of these unusual substances is called pica. This behavior is typically associated with iron deficiency

> Healthy eating tips

Are you expecting? Learn more about nutrition during pregnancy as well as the recommended daily intake of a variety of foods at the American Pregnancy Association's website, www.americanpregnancy.org.

anemia, but other nutritional issues can also be to blame. It's important to note that pica isn't limited to pregnant women; anyone can exhibit this behavior, and it's sometimes associated with emotional problems like obsessive-compulsive disorder or stress.

WHY CRAVINGS OCCUR

Not surprisingly, food cravings and aversions during pregnancy are due to hormonal changes in the body. Cravings are especially common during the first trimester, when these changes are the most sudden and severe. Potentially occurring in the first few weeks after conception, food cravings or aversions are often considered one of the earlier signs of pregnancy.

Giving in to your food cravings isn't necessarily a bad idea: The average woman gains between 25 and 35 pounds during her pregnancy, so it's OK to indulge your cravings once in a while. However, experts at the Cleveland Clinic say that indulgences shouldn't be a daily occurrence and should fit into an overall healthy diet. If you're experiencing pica, consult with your doctor to rule out underlying nutritional problems. ●



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Solving the back pain mystery

The facts about herniated disk

The spinal column consists of vertebrae separated by softer, cushiony disks. When that softer material slips outside the vertebral column it can press against nerves and cause pain. Disk pain is often the result of a gradual, aging-related wear and tear called disk degeneration. In many cases, the lumbar region, or lower back, is involved, but disks in the neck can also slip or herniate.

Symptoms of a herniated disk include:

- arm or leg pain that radiates from the buttock to the foot or through the shoulder and arm
- numbness or tingling in the limb served by the nerve the disk is pressing against
- weakness in the muscles served by the affected nerve, causing you to stumble or have difficulty lifting or holding items

CONSERVATIVE TREATMENT

Treatment varies based on your overall health, age, activity level and severity of the symptoms. Initially a short period of rest and pain medications, such as anti-inflammatory drugs or painkillers, may be followed by physical therapy. Generally most people's symptoms improve within a month of conservative treatment.

Physical therapists may combine exercise with:

- heat or ice
- traction
- ultrasound
- electrical stimulation
- short-term bracing for neck or back

If physical therapy doesn't relieve the pain, steroid injections may help control the pain. These injections, done in the doctor's office, reduce swelling around the disk to



> Common neck injuries

Does your neck hurt? You may have one of the following issues.

Whiplash: This type of neck injury occurs when muscles and ligaments in your neck are overextended, causing mild discomfort to severe pain.

Neck strain: This type of neck injury is typically caused by overuse, such as sitting at a computer for a long time without a break. Exercise and sleeping in an awkward position are also potential causes of neck strain.

Neck sprain: Not to be confused with neck strain, this common neck injury occurs when the ligaments in your neck stretch or tear, possibly during a car accident or sports injury. As a result, your neck becomes stiff and painful.

relieve symptoms. Your doctor may use X-ray or fluoroscopy to locate where the injection is needed.

SURGERY

For the few patients whose symptoms don't improve with other treatments, surgery may be necessary. Your doctor may recommend surgery if:

- your symptoms haven't improved after six weeks of conservative therapy
- a disk fragment lodges in your spinal canal and presses on a nerve, causing progressive weakness
- you have difficulty performing basic activities such as standing or walking •

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William Stanley, DO

- General surgeon, cardiovascular surgeon and thoracic surgeon
- Cleveland Clinic surgical fellowship



For more information,
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