

Health Matters

FROM YOUR FRIENDS AT
LAKE WALES MEDICAL CENTER

Dedicated orthopedic
care at LWMC

Mark your
calendar!
Health events
in your
community

A one-stop
shop for
surgical
services

Cancer and
heartburn
What's the link?

7 ways to
weight-loss
success

Lake  Wales
MEDICAL CENTER
Quality Care...Right Here

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CHRONIC PELVIC PAIN

Causes and cures

Women who suffer from chronic pelvic pain may feel that the discomfort is something they just have to live with—a “side effect” of being female. But they don’t have to suffer. Chronic pelvic pain, or CPP, is a real medical condition. And that means it can be treated.

WHAT CAUSES PELVIC PAIN?

You may be suffering from CPP if you’ve had recurring pain in your lower abdomen and pelvic area for at least six months. The symptoms can vary. You may feel pain all the time or it may come and go. You may have a mild, dull ache or sharp, stabbing pain. In addition, you may have abnormally painful menstrual periods (*dysmenorrhea*), low backache, pain during intercourse, pain when going to the bathroom or rectal itching and burning.

The most common causes are gynecological:

- **Endometriosis.** In this condition, tissue from the uterine lining grows on other pelvic organs. When you have your period, this tissue swells and bleeds, causing pain and scarring.
- **Pelvic inflammatory disease.** This is an infection in the uterus, fallopian tubes and ovaries.
- **Fibroids.** These are benign (noncancerous) growths in the uterine wall.

TESTING AND TREATMENT

Your physician will evaluate your pain by taking a detailed health history and performing a physical exam. He or she may also order some diagnostic tests, such as blood tests, urologic tests, X-rays or laparoscopy (a minimally invasive procedure in which the surgeon inserts a thin lighted tube through an incision in the abdomen to view your pelvic organs).

Treatment depends on the cause of your pain and includes the following options:

- stopping ovulation with birth control pills or injections
- using pain relievers such as ibuprofen or naproxen
- performing relaxation exercises, biofeedback and physical therapy
- taking antibiotics
- getting psychological counseling
- having surgery

Stress incontinence: Help is available

It may be embarrassing, but stress urinary incontinence is a common problem among women. It’s also highly treatable. In fact, eight in 10 women who seek treatment see an improvement or are cured.

Stress incontinence occurs when any kind of pressure is put on the bladder, such as when you sneeze, laugh, lift, cough, exercise or even rise from a chair. Childbirth and weight gain are two common causes of incontinence because these conditions stretch the pelvic floor muscles. Hormone changes during menopause, some medications and other factors can also cause incontinence.

Your physician has many treatment options, including medication, strength exercises, biofeedback and, in extreme cases, surgery. So don’t let embarrassment keep you from asking for help.



Put out the fire

Heartburn can raise your risk for cancer

Nearly everyone has had an occasional bout of heartburn, or acid indigestion, after a spicy meal. But if you have chronic heartburn that occurs more than twice a week, you may be suffering from a more serious condition called gastroesophageal reflux disease (GERD). If you think you may be suffering from GERD, don't ignore it—without treatment it may eventually lead to more serious health problems, including cancer.

WHAT IS GERD?

Though it's commonly called heartburn, GERD is a digestive condition that has nothing to do with your heart. Food is carried from your mouth to your stomach through your esophagus tube, which is connected to the stomach by the sphincter muscle. The sphincter usually closes once food passes into the stomach, but if it doesn't close properly, digestive juices rise back up into your chest and throat. They cause the burning feeling near your heart—hence the name heartburn.

GERD can also cause a dry cough and swallowing difficulties, make asthma worse and disrupt sleep. Left untreated, it can damage the esophagus' lining and cause bleeding or ulcers.

A MORE SERIOUS DEVELOPMENT

GERD can also result in a condition called Barrett's esophagus, in which stomach acids actually cause changes to cells in the esophagus. These damaged cells can lead to esophageal cancer.

Barrett's esophagus is diagnosed with an upper gastrointestinal endoscopy. In this outpatient procedure, the physician passes an endoscope—a small, lighted tube with a tiny camera at the end—into the throat. This lets the physician look for tissue abnormalities and take a tissue sample through the endoscope if needed.

GETTING RELIEF

If you suffer from heartburn more than twice a week, see your physician. He or she may recommend lifestyle changes (*see "Don't go for the burn," below*) as well as over-the-counter or prescription drugs such as:

- antacids (brand names include Mylanta, Maalox, Alka-Seltzer, Rolaids)
- H2 blockers (Tagamet, Pepcid, Zantac)
- proton pump inhibitors (Nexium, Prilosec, Prevacid)

Some of these drugs can also help improve Barrett's esophagus. In rare circumstances, your physician may recommend surgery to repair the sphincter.

Don't go for the burn

One key to soothing heartburn is to avoid the triggers that can lead to discomfort.

In general, the following lifestyle changes can help most people put out the fire:

- If you smoke, stop.
- Avoid foods and beverages that worsen symptoms, such as citrus fruits, chocolate, fried foods, tomato-based foods, spicy foods and drinks with caffeine or alcohol.
- Lose excess weight.
- Eat small, frequent meals.
- Wear loose-fitting clothes.
- Avoid lying down for three hours after a meal.



Get back in the game!

Our orthopedic team can help



Whether your elbow is sore from last week's tennis match, your knee's giving you trouble on the golf course or your hip can't foxtrot like it once did, joint pain is a common complaint among today's active adults.

As the cartilage in joints wears down, inflammation and pain can occur. When that happens, you can count on the team of orthopedic surgeons at Lake Wales Medical Center (LWMC) to help.

Our orthopedic services are designed to address a wide range of orthopedic conditions, offering patients and their families enhanced medical care, close to home. Our orthopedic surgeons provide diagnosis and treatment of musculoskeletal injuries and disorders.

OUR COMMITTED TEAM

Ponnavolu D. Reddy, M.D.; Stuart Patterson, M.D.; and David U. Arango, M.D., are our orthopedic surgeons. These dedicated orthopedic surgeons work together with our medical and allied health professionals, combining advanced technology with medical skill and expertise to deliver orthopedic care.

We offer the community a wide range of orthopedic surgical subspecialties. Major procedures performed by our orthopedic team include:

- knee and hip total joint replacement
- sports medicine and arthroscopic surgery
- shoulder surgery
- hand and wrist surgery
- foot and ankle surgery
- surgery for trauma and multiple fractures

From surgery to therapy and throughout recovery, we'll be with you every step of the way. We're committed to providing comprehensive patient care so you can get back in the game!



Fast fact

Each day, more than 300,000 Americans are treated in an emergency department (ED), says the American College of Emergency Physicians. In an emergency, a visit to Lake Wales Medical Center's ED can be a lifesaving decision.

! Call today!

For more information about orthopedic services, call our Physician Referral Line at 1-877-DRS-LWMC (1-877-377-5962).

Dear friends,

As the final months of 2008 draw to a close, we at Lake Wales Medical Center (LWMC) are excited to be putting the finishing touches on our latest project designed to bring ever-improving healthcare services to Lake Wales and the surrounding communities. If you've been around the hospital much over the past several months, you may have heard lots of "construction music" emanating from the third floor of the Deeley A. Hunt Building.

The Deeley A. Hunt Building was originally added onto the hospital in the mid-1980s to be used as a nursing home. As our community and its need for comprehensive inpatient and outpatient services has grown over the years, the Hunt Building has become a vital asset that allows us to continue to grow to meet your healthcare needs.

The newest project presently underway is the addition of 32 new private acute care patient rooms, which will be located on the third floor of the Hunt Building. One consistent comment expressed by our patients is that there is a great need in Polk County for private patient rooms, particularly in the busy winter months when private rooms are nearly impossible to obtain. These new rooms will allow

us to offer this sought-after amenity to more of our patients who ask for it.

We anticipate the new private rooms will open in early 2009, and we're looking forward to offering this new service to our patients!

Warmest regards,

MICHAEL J. YUNGMANN, CHE
Chief Executive Officer
Lake Wales Medical Center



Community Education

LAKE WALES MEDICAL CENTER

All classes are located in the Hunt Building, second floor meeting room, unless otherwise noted. Call (863) 679-6823 for more information.

GENERAL COMMUNITY EDUCATION

25 Things You Should Know About Stress and What You Can Do to Lower It

When: Tues., Nov. 4, 10 a.m.

Healthy Holiday Cooking

Instructor: Jamie Moore, R.D., M.P.H.

When: Wed., Nov. 5, 2 p.m.

25 Healthy Resolutions for Every Day of the Year

When: Tues., Dec. 2, 10 a.m.

25 Healthy Ways to Lose Weight and Keep It Off

When: Tues., Jan. 6, 2009, 10 a.m.

Understanding Dementia

Instructor: Larry Powell, program specialist, Alzheimer's Association

When: Wed., Jan. 14, 2009, 2 p.m.

Everything You Need to Know About Cholesterol and Your Heart

When: Tues., Feb. 3, 2009, 10 a.m.

SWEET TALK—LWMC'S DIABETES SUPPORT PROGRAM

Making the Most of Insulin Therapy Using Lantus and Apidra

Instructors: Carolyn Pass, M.D., and Debbie

Kimble, MSPH, C.D.E.

When: Wed., Dec. 3, 1 p.m.

DIABETES SELF MANAGEMENT EDUCATION CLASSES

Instructors: Judy Casingal, M.S.N., C.D.E., and Jamie Moore, R.D., M.P.H.

When: Wed., Nov. 12, Dec. 10, Jan. 28, 2009, Feb. 25, 2009, and March 25, 2009, 9 a.m.—3 p.m.

Cost: \$25 per participant, which includes all course materials and lunch. Participants are invited to bring a guest at no charge.



CAREGIVER SUPPORT GROUP

This group offers support for those taking care of a loved one at home or overseeing a loved one's care in a long-term care facility.

When: Tues., Nov. 4, Dec. 2, Jan. 6, 2009, Feb. 3, 2009 and March 3, 2009, 1:30–3 p.m.

BLOOD PRESSURE PROGRAM

Free blood pressure checks are held in the Hunt Building, room 201. No appointments necessary.

When: Second and fourth Tuesday of every month, 9–11 a.m.

HEALTHWISE QUIZ

How much do you know about stroke?

Take this quiz to find out.

1 A stroke occurs when blood flow is interrupted to your:

- a. heart
- b. lungs
- c. brain
- d. kidneys

2 Someone in the United States has a stroke:

- a. every 45 seconds
- b. every 4 minutes
- c. every 45 minutes
- d. every 4 hours

3 Which of the following are major risk factors for stroke?

- a. smoking
- b. high blood pressure
- c. high cholesterol
- d. all of the above

4 Which of the following is usually not a symptom of stroke?

- a. sudden numbness, weakness or paralysis of your face, arm or leg—usually on one side of your body
- b. sudden difficulty speaking or understanding speech
- c. sudden blurred, double or decreased vision
- d. sudden shortness of breath

5 How quickly must clot-busting drugs be given after the onset of a stroke to be effective?

- a. within 1 hour
- b. within 2 hours
- c. within 3 hours
- d. within 4 hours

ANSWERS: 1. C; 2. A; 3. D; 4. D; 5. C



Holiday health alert PROTECT YOUR HEART

The holidays are supposed to be a happy time of year. But for many people, they can end up being a particularly *unhealthy* time of year. Heavy meals, excessive alcohol, smoking, stress—they all can take a toll. Your heart is especially vulnerable. But knowing which dangers lurk can help you take control of your heart health this season.

STRESS INDUCERS

Three main triggers tend to cause holiday stress, says the Mayo Clinic:

- 1. Relationships.** Family tensions often increase during the holidays. What's more, those facing the holidays away from loved ones may feel lonely or sad.
- 2. Finances.** Spending too much on gifts, travel, food and entertainment can increase stress.
- 3. Physical health.** All that shopping, socializing, cooking, eating and drinking can be exhausting, especially for those already suffering from an illness.

STRESS REDUCERS

To avoid holiday stress and health problems:

- Exercise and get enough sleep. Both fight off stress and fatigue.
- Watch what you eat. Go ahead and have your favorite holiday treats, but do so in moderation.
- Find time for yourself—do things *you* like to do.
- Seek help. If the holidays overwhelm you with sadness, anxiety or physical problems, talk with your physician. You may be suffering from depression, which needs to be treated.

Healthy eating

7 winning ways to weight-loss success

The upcoming holidays present considerable challenges to eating healthfully. But with some careful planning and these helpful tips, you can stick with your weight-loss plan and enjoy a healthier lifestyle all year long.

- 1 **Work with your physician.** He or she can help you plan for and meet your goals.
- 2 **Set reasonable expectations.** Don't try to lose weight during the holidays. Simply maintaining your current weight will be a real accomplishment.
- 3 **Eat a variety of foods.** If you know you'll be having high-fat foods at dinner, focus on lots of fruits and vegetables for breakfast and lunch.
- 4 **Stay active.** Find 30 minutes a day to walk. If you're too busy—and who isn't?—break it up into three 10-minute walks.
- 5 **Eat breakfast every day.** Studies show that people who eat breakfast are less likely to overeat the rest of the day.



- 6 **Ask for a doggy bag.** When eating at a restaurant, eat half of your meal and bring the rest home for later.
- 7 **Reduce stress.** Stressful times can cause many to overeat. Find healthier ways to cut stress. Exercise, get plenty of sleep and spend time with people whose company you enjoy.

When the ER should be your only option

How do you know when to treat a medical problem yourself, go to the emergency room (ER) or wait it out? For the following three situations, knowing how to react can mean the difference between life and death.

Chest pain. Chest pain that often comes with certain activities and then goes away easily is called stable angina. More than likely, if you've had this kind of angina for some time, you know how to treat it yourself.

Angina that comes on unpredictably or changes over time is called unstable angina. It may be the first sign of a heart attack. Get emergency treatment.

Asthma attack. Your asthma action plan tells you how to react to an asthma attack. But sometimes, even when you follow your plan, the attack may become severe. Go to the ER if:

- Your asthma medicine doesn't help.



- You feel a little better after taking your medicine, but serious symptoms come back quickly.
 - Your lips and fingernails are bluish or grayish.
 - You have trouble talking or walking.
- Insect bite.** Bug bites usually cause mild reactions—some swelling, minor pain, itching—that go away in a day or two. You can treat them with an icepack for the pain and an antihistamine to reduce swelling.

A severe reaction, however, can be life threatening. If you notice difficulty breathing, swelling of the lips or throat, dizziness, con-

fusion, a rapid heartbeat or nausea, cramps and vomiting, get to the ER.

In an emergency, don't drive yourself to the ER. Have someone drive you or, better yet, call for emergency medical assistance. The equipment and expertise on an ambulance can give you lifesaving first aid on the spot.

A better kind of surgery

Same-day care is available close to home

Outpatient surgery has revolutionized the health-care industry in recent years. Lake Wales Medical Center's (LWMC) \$6.9 million Outpatient Surgery Center has kept pace. With an easily accessible separate entrance with its own parking lot, you can see the difference the moment you walk in the door.

The Outpatient Surgery Center includes two new operating rooms, two endoscopy suites, preoperative testing rooms, a dedicated registration area and pre-surgical counseling area. Decorated in modern, bright patterns and colors, the Outpatient Surgery Center waiting area is banked with floor-to-ceiling windows and offers a variety of amenities to ensure a comfortable wait for family members. You and your family will be greeted by caring staff members who will ensure you're treated professionally and with great care throughout your time here.

INCREASED PATIENT COMFORT

Our Surgery Center provides advanced equipment and a coordinated team approach to recovery. The center offers 12 private areas for surgical prep and postsurgical recovery, where you're cared for by our staff of caring and highly trained nurses. These areas also offer a place for a family member to be with you before your surgery, and



Lake Wales Medical Center's Outpatient Surgery Center opened in August 2007.

our waiting area provides families a place to comfortably wait while they watch the flat-screen TV or enjoy a magazine and a cup of complimentary Starbucks coffee.

For patients admitted to the hospital after surgery, our staff ensures family members are kept informed of when patients will be transferred upstairs and what room they'll be in.

At LWMC's Outpatient Surgery Center, you can be comfortable knowing that you're being cared for by people who are dedicated to providing comprehensive patient care, in a facility that enables them to do just that!

! We're here for you!

To learn more about the services available at LWMC, visit us online at www.lakewalesmedicalcenter.com.

www.lakewalesmedicalcenter.com

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Health
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