

Health Connection

THE MAGAZINE OF VALLEY HOSPITAL AND MEDICAL CENTER

**Valley Hospital
is becoming
smoke free!**

In good Grace
How Valley Hospital
helped one young patient

**Why a new mom
switched to
Valley Hospital**



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.

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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Dennis Barts
Chief Executive Officer

Dear neighbors,

I hope this issue of *Health Connection* finds you healthy and ready for a summer full of fun and recreation. At Valley Hospital and Medical Center, we've spent the first five months of the year focusing on ways we can continue to better serve our

patients and enhance the health care offerings in Spokane Valley.

One of those areas of focus is our orthopedic program. In conjunction with a team of talented physicians, we're working to create the premier joint restoration program in the area. We've been looking at best practices and implementing protocols that support the best possible outcomes for patients. We're expecting to receive a national certification for our efforts soon—hopefully by the time the next issue of *Health Connection* hits your mailbox, I'll be able to tell you about it.

Speaking of orthopedics, our active summer lifestyle here in the Northwest often results in joint injuries. As a Level III trauma center with orthopedic specialists on call around the clock, Valley Hospital frequently treats these injuries. Along with the physicians on the medical staff, our focus is getting you back to your active lifestyle as quickly as possible.

I'm off to ride my bike and enjoy some of this sun. I hope you'll do the same.

Sincerely,

Dennis Barts

Chief Executive Officer
Valley Hospital and Medical Center



Dedicated to your health

Starting July 1, Valley Hospital and Medical Center will be a completely smoke- and tobacco-free campus—meaning no form of tobacco can be used anywhere on the hospital premises, including parking lots. As a health care provider, it's our duty to promote good habits. By eliminating tobacco use at Valley, we'll be promoting the healthiest environment possible for our patients and visitors.

DID YOU KNOW?

If you've had more than five sunburns, your risk for melanoma—an aggressive form of skin cancer—doubles, regardless of your age. To keep your skin healthy, visit www.SpokaneValleyHospital.com, click on "Health Resources" and search for "skin cancer."



In good Grace

By Sasha Jackowich

It all started with a passing comment about a sore ankle and a fever. After a visit to urgent care, followed by a trip to the pediatrician for more testing and X-rays, Liberty Lake residents Jacquelin and Rob Hartman found themselves at Valley Hospital and Medical Center, nervously awaiting more test results for their 5-year-old daughter, Grace. Ann M. Roberts, M.D., of Valley Young People's Clinic, suspected osteomyelitis, a bone infection. Dr. Roberts ordered a magnetic resonance imaging (MRI) scan and had Grace admitted immediately to Valley Hospital.

GETTING THE STAR TREATMENT

Grace was admitted to Valley Hospital's Family Care Unit where the nurses treated her like a star. "They explained everything to her before they did it and answered any questions that Grace, Jacquelin or I had," says dad Rob Hartman.

Fortunately, a team of physicians at Valley Hospital—including several orthopedists, an infectious diseases specialist, pediatricians and radiologists—ruled out conditions such as cancer and the need for surgery. Unfortunately, Grace needed continuous blood draws, clinical checks and intravenous antibiotics—which meant a four-day hospital stay. Grace didn't seem to mind too much. "I liked the hospital and the doctors," she says. "I just didn't like the pokey part (the intravenous medications)."

"Our experience at Valley Hospital was first class. The entire team treated us like family. They went over and above simply treating Grace's infection," says Hartman. "They cared for Grace's spirits too, which made our job as parents easier."

On Grace's final day in the hospital, she had a peripherally inserted central catheter (PICC) put in her arm to deliver the six weeks of antibiotics needed to fight the infection. Travis W. Stratford, M.D., an interventional radiologist on the medical staff at Valley Hospital, performed the procedure—the first done at Valley Hospital on a patient under 18 years old.

In 2010, the hospital expanded its team of radiologists significantly with the addition of many specially trained



After a stay in Valley Hospital's Family Care Unit, Grace Hartman is back to playing at her favorite park in Liberty Lake. Her father, Rob, holds 2-year-old brother Griffin in the background.

experts such as Dr. Stratford to the active medical staff. These additions mean more complex interventional radiology procedures, such as pediatric PICC placements, can be performed at Valley Hospital than before.

Grace is now home and her therapy is complete. "Grace's ankle is doing great and her blood work is normal," says Hartman. "She's well on the road to recovery and is going to be as healthy as she was before her ankle started hurting."

! Advanced pediatric care, right here

Valley Hospital now has pediatricians in-house around the clock! The pediatric hospitalist program ensures that specially trained physicians are available to care for our youngest patients 24 hours a day. To find out more, visit www.SpokaneValleyHospital.com.

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.

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.

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70VHM

Mom on the move

By **Sasha Jackowich**

Hilary Shaffer was having a near-perfect pregnancy. The personal trainer and owner of Threshold Fitness in downtown Spokane felt great, had few pregnancy-related discomforts and continued to exercise regularly. Around the 32-week mark, though, something didn't feel right—and it wasn't related to her or the baby's health.

Shaffer's longtime Ob/Gyn had retired prior to her becoming pregnant, but she remained a patient of the practice. She saw several physicians, which made her uncomfortable. "After one particularly unpleasant physician's visit, I realized I didn't have to stay with this practice just because I was an established patient," says Shaffer. "I asked friends and clients for recommendations for a new physician and again and again, people would mention Valley Obstetrics and Gynecology. Even my nurse practitioner at my former practice spoke highly of them, so I decided to call."

Shaffer was connected with Nathan Meltzer, M.D., the newest member of the five-physician team at Valley Ob/Gyn. "Dr. Meltzer and his assistant were amazing," says Shaffer. "They took the time to talk to me and learn about my situation and preferences."

Switching to Dr. Meltzer, who's on the active medical staff at Valley Hospital, also meant Shaffer could deliver her baby closer to home. "My husband, Seth, and I live in



Seth and Hilary Shaffer decided to deliver Trent at Valley Hospital after hearing positive testimonials from former patients.

the Valley, so it was nice to not have to go downtown to have our baby," she says.

A GOOD DECISION

When Shaffer started telling friends and family about the change in her birth plans, she sensed she made the right decision. "I never heard a negative comment from people who had delivered at Valley Hospital," Shaffer says. "Everyone said how much they loved it there."

The comments Shaffer heard were consistent with her experience at Valley Hospital. "The staff was fabulous and attentive. From the nurses to the lactation consultants, there wasn't a single staff member that I didn't feel good about," says Shaffer. "You can tell they like their jobs and I had the birthing experience you dream about."

Her son, Trent, arrived earlier this spring easily and without complications, something Shaffer attributes to her continued focus on her fitness and health during her pregnancy. "I'm a distributor of MonaVie nutritional supplement products and I drank the juices throughout my pregnancy, as well as continuing a safe pregnancy exercise routine," she says. "The juice was a lifesaver for morning sickness, my energy levels and my nutritional needs." She encourages other women to feel confident enough to change physicians as she did. "Personal referrals are best—ask around," she says.

! Need a physician?

To be connected with a variety of specialists on Valley Hospital's medical staff, call **(509) 473-5785** or visit www.SpokaneValleyHospital.com/Physicians.