

grow

Nurturing the health of you and your family

Parker
Adventist
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Winter 2012 | Volume 4, Issue 1

Bariatric
Surgery Center
of Excellence

BRIGHT FUTURE

Parker Hospital delivers
high-risk pregnancy care

FREE
cholesterol
test

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Henry Galan, MD
Perinatologist at The BirthPlace
at Parker Adventist Hospital

PLUS...

Time's toll on
your heart

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for kids

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to hip pain

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The aging heart

What happens to your ticker as time goes by?

GRAY HAIR. CROW'S FEET. A little bit of sagging here and there. Those are the visible signs of getting older.

But did you know there are more dangerous changes happening inside your body – specifically to your heart?

“As you age, your heart adjusts to the needs of the older body and slows down,” says Joan Eldridge, MD, a cardiologist at Parker Adventist Hospital. “The trade-off is that the slowdown makes it more vulnerable to disease and plaque buildup.”



That plaque or cholesterol buildup, also called atherosclerosis, lines the inside of your arteries, making it harder for the blood to get through the narrowed opening. The result: high blood pressure. Your arteries are also becoming less flexible, and your heart valves open and close slower to allow the upper chamber of your heart to pump longer into a stiffer lower chamber.

For women, it's been a long-held belief that the hormonal impact of menopause is one of the triggers for an increase in heart disease risk. A recent study in the *British Medical Journal* contends that instead, it's simply aging that causes women's risk to rise as they hit their 50s and beyond. Whether or not hormones have a protective effect, you are going to get older. **So what can you do to protect your heart?** “Continue to exercise forever, forever, forever,” Eldridge says. “Don't ever stop!”

Her other healthy-heart mandates include:

- ✓ Maintain a healthy weight
- ✓ Control your blood pressure and cholesterol
- ✓ Manage diabetes
- ✓ Stop smoking
- ✓ Eat a healthy Mediterranean diet with whole grains and plenty of fresh fruits and vegetables
- ✓ Keep your salt intake under control by avoiding processed and fast foods
- ✓ Talk to your doctor about whether cholesterol-lowering drugs like statins could help you



And don't wait until your 50s or 60s to worry about heart disease. “The earlier you can start living heart-healthy, the better shape your heart is going to be in when you are older,” Eldridge says. 📌

By the numbers

Lower your heart disease risk by staying below these numbers:

RISK FACTOR	NUMBER	IF YOU'RE HIGHER
Body mass index (BMI)	25	You're overweight or obese (a BMI over 30)
Waist inches (women/men)	35/40	Heart disease risk goes up
Blood glucose level	100	It could signal diabetes
Blood pressure	120/80	Hypertension
Total cholesterol	200	Hyperlipidemia

Source: American Heart Association

Award-winning heart care at Parker Hospital

Parker Hospital recently received the American Heart Association's "Get With The Guidelines" Coronary Artery Disease Gold Performance Achievement Award. The



award recognizes that cardiac care at Parker Hospital is proven to effectively improve treatment of patients hospitalized with coronary artery disease and reduce the number of recurrent events and deaths in cardiovascular disease patients.

Find out more at parkerhospital.org/cardiology.

FREE cholesterol test

Get a complete cholesterol profile, including HDL, LDL, and triglyceride levels at Parker Hospital on **Feb. 17 from 7-10 a.m.** Screenings are limited to the first 500, and a reservation is required. Call **303-777-6877, option 1**, to schedule your **FREE** test. *Fasting is required.*

\$99 heart scan

If you have one or more risk factors for heart disease, you may want to consider a coronary artery calcium screening. This noninvasive CT scan measures the level of calcified plaque buildup in your arteries. **Normally \$333, Parker Hospital is offering this scan for \$99 from Feb. 20-March 16.** A physician's referral is not required, but results must be sent to a doctor. To schedule a scan, call **303-269-4500**.

ILLUSTRATION: HEART ©ISTOCKPHOTO.COM/FRANZIS
COVER PHOTO: MICHAEL RICHMOND

STOMP OUT sniffles

Balloon procedure clears up sinus infections

CAN'T REMEMBER THE LAST TIME YOUR CHILD WASN'T SNIFFLING? It might be time to see the doctor.

"Although most colds don't turn into sinus infections, if your child has had nasal congestion, thick nasal discharge, and a cough for more than two weeks, it could be an infection," says James Jaskunas, MD, a pediatric ear, nose, and throat specialist at Parker Adventist Hospital.



Most sinus infections can be cleared up with a quick course of antibiotics. But in a small percentage of children, the infection may become chronic and require more extensive treatment. One of the newest minimally invasive treatments for chronic sinus infections is called balloon sinuplasty. During this procedure, the physician uses a balloon to permanently stretch the sinus opening.

First used with adults in 2005, this procedure has since been found to be safe and effective in children. A recent study published in the *American Journal of Rhinology & Allergy* found that 87 percent of the 32 children treated experienced improvements in their symptoms a year after the procedure.

It's essential that a diagnosis of sinus infection is confirmed by either an evaluation of the child's sinuses or through X-rays or a CT scan, Jaskunas says. The child's adenoids, a small lump of tissue located at the back of the nose that is similar to the tonsil, also should be evaluated, as these are often infected as well and require treatment. 9

Did you know the **most effective relief** for a stuffy nose is a saline rinse?

PHOTO: GRL ©ISTOCKPHOTO.COM/SLODKE

Q&A by Susan Sunmee Lee, MD, OB/GYN Parker Adventist Hospital

What is the "secret" symptom of menopause?

Between 20 and 40 percent of women in menopause experience vaginal dryness and atrophy, but it's a sensitive issue they don't usually discuss. So they often suffer secretly.

When a woman goes through menopause, the vaginal mucosal lining thins out and is not as pliable. As a result, a woman may experience irritation, discomfort, and painful intercourse.

While hot flashes and night sweats eventually improve, vaginal atrophy and dryness does not improve and may even increase in severity without treatment.

What treatments offer relief?

The best relief comes from estrogen replacement. It doesn't have to be systemic therapy that treats the whole body. Local estrogen therapy, such as cream or tablets applied vaginally, can work very well. Typically, a woman would use it two to three times a week.

If you are considering systemic hormone therapy, work closely with your doctor, as it should be customized for your specific symptoms and monitored closely. 9



Dr. Susan Sunmee Lee

FEBRUARY FREE health seminars



Join Parker Adventist Hospital for a series of **FREE health seminars** throughout the winter. All seminars are held in the Inspiration Room of the Parker Hospital Conference Center, located on the hospital's garden level at the west entrance. A light lunch is served during daytime programs, and light snacks are served during evening programs.

Registration is required for all seminars by calling 303-777-6877, option 1. Guests are encouraged to park on the west side of the hospital for direct access to the conference center.

Weight Loss

Wed, Feb 8 | 6:30-8 p.m.

Join Matthew Metz, MD, bariatric medical director, to get answers about weight loss surgery. Learn about the lap-band, gastric bypass, and sleeve surgical procedures; hear patient stories; and learn if you are a candidate.

The Aging Heart

Tue, Feb 14 | noon-1:30 p.m.

Growing older not only affects the outside of your body, it also affects the inside. Join Joan Eldridge, MD, cardiologist, to find out how the heart changes as you age and steps to protect your heart.

New Year, New You

Tue, Feb 21 | 6:30-8 p.m.

A new year presents the opportunity to get the latest health tips and up-to-date information. Join Linda Tetor, MD, family practice doctor, as she discusses the latest tips on diet, recommended screenings, supplements, and more.

Back Pain

Thu, Feb 23 | 6:30-8 p.m.

Learn about minimally invasive spine surgery and other types of procedures to treat back pain with orthopaedic spine surgeon Zaki Ibrahim, MD.

Parker Adventist Hospital

 Centura Health.

9395 Crown Crest Blvd., Parker, CO 80138

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Executive Editor: Rachel Robinson



Division of labor

A team of specialists ensures safe deliveries at **The BirthPlace** at Parker Adventist Hospital

When Brooke Fulham became pregnant with her second child, the Aurora mom knew her special delivery would need special care. During her first pregnancy with her son Jack, a routine screening at Andrews AFB in Washington, D.C., where she was living at the time, revealed an unexpected complication: Both she and her husband, Jim, had the Delta F508 mutation, which is linked to cystic fibrosis.

Throughout that high-risk pregnancy, she had numerous ultrasounds and constant monitoring. Although Jack tested negative for cystic fibrosis, Fulham – since relocated to Colorado – knew that finding a **perinatologist** with whom she felt comfortable was essential.

A maternal-fetal medicine specialist, or perinatologist, is an OB/GYN who deals with the care of high-risk pregnancies. He or she works with women to develop an individualized treatment plan to protect both mother and baby. Through routine monitoring and tests, plus medical procedures, such as ultrasound and medication, they manage high-risk pregnancies for the most successful outcomes.

Perinatologists treat high-risk pregnancies, which can be caused by:

- > Pregnancy-related conditions such as premature labor, placenta previa, gestational diabetes, or preeclampsia
- > Preexisting or emerging medical conditions such as heart problems, diabetes, asthma, epilepsy, or kidney disease
- > Genetic or chromosomal abnormalities that put the baby at risk, which are more common in women over age 35
- > Twin pregnancies or other multiples

Fulham turned to Henry Galan, MD, a perinatologist at The BirthPlace at Parker Adventist Hospital and chief of maternal and fetal medicine at the University of Colorado Health Sciences Center.

“Dr. Galan was the reason I chose Parker Adventist,” she says.

Close to home

Turns out Fulham made the right choice to put the power of Parker Hospital’s team on her side.

“At Parker Hospital, we make every effort to keep moms and babies together in their own hospital, their own community, and with their own doctor,” Galan explains.

When you’re choosing your team, he recommends asking about the experience of your doctor and the OB/GYN practice as a whole, since you may end up seeing various providers during your pregnancy. “Also make sure the hospital you choose has a neonatal intensive care unit and the various pediatric subspecialists who can take care of your baby’s special needs so you can feel confident and focus on a healthy pregnancy,” he says.

Coordinated care

Galan and Fulham’s obstetrician, Chia-Hui Lee, MD, worked closely to provide reassurance throughout Fulham’s pregnancy.

Behind the scenes, they were in continual communication with each other, taking care of details and allowing her to relax.

“I would go to each appointment with a list of 10 or 20 questions, and both of them would spend tons of time with me answering all of them,” she says. “When I left, they’d tell me to start writing down a new list.”

Brooke Fulham found expert care for her high-risk pregnancy with son Weston at Parker Adventist Hospital.





The **Parker Hospital Perinatal Center** has moved to a new, larger clinic with expanded hours. The Center, which specializes in high-risk pregnancies, is located in the Alpine Medical Building, 9397 Crown Crest Blvd, Suite 401. Call **303-407-7920** for more information.

Start early

“Prenatal care for high-risk pregnancies can be more complex,” Galan explains. “If possible, it should start with preconception counseling to optimize the mother’s health and any underlying medical condition prior to becoming pregnant.”

The first 10 weeks of pregnancy also are crucial. “That’s when the fetal organs are forming primarily,” he says. “So optimizing any maternal conditions and adjusting or changing medications becomes very important to the development of the baby.”

But most high-risk pregnancies require monitoring well beyond that first 10 weeks. As Fulham’s due date neared, she required reassurance from another specialist. At their final ultrasound, doctors couldn’t find the gallbladder. Because infants with cystic fibrosis often don’t have gallbladders, the Fulhams were referred to a neonatologist.



Photo by Michael Richmond

Dr. Henry Galan with 18-month-old Weston.

A neonatologist is a pediatrician with specialized training in caring for premature, low-birth-weight, and ill newborns, often in a NICU. Premature newborns often need help breathing or eating or have other needs that require medication or monitoring. A neonatal surgeon may also be part of the care team if the infant has a birth defect that requires surgery.

Newborn TLC

Meeting with Danielle Smith, MD, a **neonatologist** and medical director of the Parker Hospital NICU, set the Fulhams at ease. “This time I didn’t have to even ask any questions. She had all the answers and was prepared with options for every scenario,” Fulham says. “And she’d already talked with my other doctors. I never had to tell anyone anything.”

Weston James Fulham was born in February 2011 and immediately admitted to the **NICU**. At just 5

days old, he tested positive for cystic fibrosis. Once again, the team went into action. Fulham received a call from Scott Sagel, MD, a pulmonologist at Children’s Hospital. “He already knew everything about our case because Dr. Galan had filled him in,” she says. “We hit the ground running.”

Now nearing his first birthday, Weston’s health has had its ups and downs, but his spirit definitely tends to the upside. “I think God blessed him with such a wonderful personality so that he could touch as many lives as possible,” Fulham says. ☺

NICU is an acronym for neonatal intensive care unit, a specialized nursery for babies who are born early or with health conditions. In the Level IIIA NICU at The BirthPlace at Parker Hospital, high-risk infants receive round-the-clock care from neonatal experts from Children’s Hospital Colorado and the University of Colorado Health Sciences Center, plus specially trained NICU nurses, a neonatal nurse practitioner, and pediatric hospitalists. With state-of-the-art equipment and the high level of care, fewer than 1 percent of babies born at Parker Hospital require a transfer to a higher-level NICU.

An ounce of prevention

Although more than 80 percent of deliveries go off without a hitch, it never hurts to prepare for the unexpected, especially if your pregnancy is considered high-risk. Jillian Tyler, MD, an obstetrician at The BirthPlace at Parker Hospital, offers a few tips to help ensure smooth sailing:

Make sure your hospital has a perinatologist, neonatologist, and anesthesiologist available 24/7.

Compile a list of emails and numbers of friends and family.

Talk with your obstetrician and perinatologist about your expectations for labor and delivery and be willing to be flexible if your delivery doesn’t go exactly as you planned.

Line up an emergency contact to pick up your other children and keep them overnight.

Take childbirth and child care classes. Find one at parkerhospital.org/find-a-birthing-class.



Arrange for an on-call pet sitter/ house sitter.

Ensure your hospital has a dedicated maternal operating room on the delivery floor in case of complications.

Freeze a week’s worth of meals, or arrange for friends and family to bring you meals.

Don’t wait until the last minute to fix the nursery and pack your bag for the hospital.



If you plan to travel during your pregnancy, be sure to make note of the hospital closest to you at your destination and keep a copy of your prenatal records with you.

Find a Pediatrician in your last trimester. For tips on how to find the perfect pediatrician for your family, scan this code on your smartphone or go to parkerhospital.org/pediatrician.



Multiple choices




You've got lots of options for colon cancer screening

Should you consider genetic testing?

About 5 percent of colon cancers are hereditary. If you have a family history of colon cancer, you may want to learn more about your risk.

"We do a thorough family history review, which includes a cancer and genetic risk assessment," says Melissa Gilstrap, MS, CGC, a genetic counselor at Parker Adventist Hospital. "Based on the family history review, we can determine if genetic testing or more frequent screening would be indicated."

The genetic test itself is a simple blood test or mouth rinse.

"If we do find that someone has a hereditary risk of cancer, they usually qualify for different screenings – like colonoscopies every year instead of every 10 years," she says. 

If you have a family history of colon cancer, call Gilstrap for a FREE phone screening at 303-765-3923.

AMONG AMERICANS, COLON CANCER is the third most common cancer – as well as the third leading cause of cancer death. But that doesn't have to be the case, doctors say.

With a number of screening options available, you can catch cancer early – and even prevent it.

A look at the screening options

COLONOSCOPY // "A colonoscopy can prevent you from ever having the disease in the first place," says Lisa Perryman, MD, a colorectal surgeon at Parker Adventist Hospital. That's because a colonoscopy, which is regarded as the gold standard for colorectal cancer detection, provides the opportunity to remove a precancerous polyp during the procedure.

Colonoscopy's other main benefit, adds Miranda Ku, MD, MPH, a gastroenterologist at Parker Hospital, is that the procedure provides a view of the entire colon.

The test can be done by a colorectal surgeon or gastroenterologist. It is performed under sedation after a day of at-home bowel prep (cleansing of the bowel), and involves the insertion of a long, flexible tube. It takes 15 to 30 minutes on average, Ku says, and patients go home shortly after.

For people with advanced heart or lung disease, however, the sedation may pose too high of a risk.

VIRTUAL COLONOSCOPY // This is a CT scan. Like a traditional colonoscopy, it requires bowel prep.

"The benefit is that it's less invasive, and you don't need to be sedated," Perryman says. "The downside is that it tends to be expensive, so most insurance companies don't cover it."

Plus, Ku adds, it doesn't report polyps smaller than 6 millimeters, some of which may be cancerous.

SIGMOIDOSCOPY // Done without sedation, this procedure involves the insertion of a flexible tube. However, it only inspects the lower colon. And Ku notes, about 20 to 30 percent of colon cancers occur in the area that's not being screened.

FECAL BLOOD TEST // This stool test can be done at home, which some patients find comforting. However, false positives are not uncommon.


BARIUM ENEMA // A type of X-ray, a barium enema uses barium sulfate and air to view the colon. No sedation is needed, and a full bowel prep is required.

Choosing your screening

Both Ku and Perryman remind patients that if anything suspicious is found during any other test, a colonoscopy will need to be performed.

"The colonoscopy is the most effective screening tool we have," Ku says. "If people are uncomfortable with the idea of a colonoscopy and might not do it at all, then we might recommend another screening test first."

Only about 30 percent of adults are currently screened for colon cancer via colonoscopy, Ku says, and that's a number she'd like to see go up.

Perryman agrees: "Don't be too afraid or embarrassed to do something that could save your life." 



Dr. Lisa Perryman



Dr. Miranda Ku

Colon cancer screening prevented 16,000 deaths from colorectal cancer between 2003 and 2007. Yet **one-third of Americans are not being screened who should be**, according to the Centers for Disease Control and Prevention.

JOIN US for a FREE talk | March 6

Join gastroenterologist Miranda Ku, MD, MPH, to learn more about colon cancer and screening options. Plus, take advantage of the opportunity to ask questions. See details on Page 8.

A hipper surgery

New approach to hip surgery brings big benefits

AFTER STEVE LENNON WATCHED his father-in-law go through five hip replacements due to a degenerative bone disease, the last thing he wanted to face was hip surgery.

But after nearly eight years of limping, the pain in his right hip had become severe enough to send him to the orthopedic surgeon. Much to his surprise, Lennon was back at work with no restrictions and little pain just 16 days after his surgery, thanks to a new technique offered at Parker Adventist Hospital.



Dr. Scott Resig

“I spent three days in the hospital. Then they sent me home, and I walked up the stairs,” says Lennon, 60, of Parker. “And I’ll be darned if I wasn’t back at my desk two weeks later.”

Lennon’s amazing recovery was due to a new method of hip replacement in which the surgeon performs the surgery through the front of the hip rather than the side or through the buttocks, the most common approach. An anterior approach, as it is called, cuts the hospital stay in half and allows patients to resume full activities with no restrictions immediately, says Scott Resig, MD, the orthopaedic surgeon who performed Lennon’s surgery.

“The anterior approach allows us to go between muscles and tendons rather than having to cut through them or detach them from the pelvis or femur,” Resig says. “This means that there is less pain and no restrictions for patients.”

Traditional hip replacement through the side or back requires surgeons to disrupt muscles and tendons. When these muscles are cut or detached, particularly the gluteal muscles, there is a higher likelihood of the new hip becoming dislocated. Because of that risk – and also just due to soreness of the incision being on the seat area – patients are given restrictions for up to three months. These include not being able to cross their legs, tie their shoes, or flex their hip more than 90 degrees.

“The difference is dramatic,” Resig says. “With this approach, patients have generally resumed all their normal activities by six weeks. And by three months (after surgery), their aches and pains are gone and they’re very happy.”

Lennon describes his surgery and recovery as “quite amazing” and says he no longer gives any thought to his hip. “I would have been using a cane by now if I hadn’t gotten this done.”



Photo by Tibby Fike

Steve Lennon finds no limits to what he can do after having his hip replaced.

Anterior hip replacement

Replacing a patient’s hip joint through the front rather than the side or back is a new approach that offers big benefits, including:

- + Shorter hospital stay (2-3 days vs. 5 days for traditional surgery)
- + Smaller incision
- + No disruption or detachment of muscles or tendons
- + Quicker recovery with no restrictions on activities
- + Reduced risk of hip dislocation
- + More accurate leg length following surgery

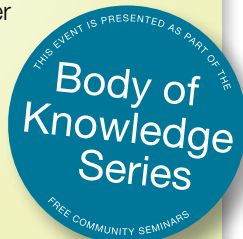


Join Dr. Scott Resig at a **FREE community talk on March 8** to learn more about hip replacement surgery. See Page 8 for details.

Arthritis, often caused by a prior injury or just simple overuse, is the most common culprit of hip pain, which often feels like groin pain.

MARCH Health Seminars

Become more body-wise with the experts at Parker Adventist Hospital. **All seminars are FREE but require registration by calling 303-777-6877, option 1.** Seminars are held in the Parker Hospital Conference Center at the west entrance. A light lunch is served during noon seminars, and light snacks are served during evening programs.



Colon Cancer

Tue, Mar 6 | noon-1:30 p.m.

Colon cancer screenings save lives, but which one is right for you? Join Miranda Ku, MD, gastroenterologist, as she discusses the different options and when screenings should begin.

Hip Replacement

Thu, Mar 8 | noon-1:30 p.m.

Orthopaedic surgeon Scott Resig, MD, discusses a new anterior approach to hip replacement that is less painful and provides quicker recovery.

Weight Loss

Wed, Mar 14 | 6:30-8 p.m.

Join Matthew Metz, MD, bariatric medical director, to get answers about weight loss surgery. Learn about lap-band, gastric bypass, and sleeve surgical procedures; hear patient stories; and learn if you are a candidate.

Aching Knees

Tue, Mar 20 | 6:30-8 p.m.

Learn the latest treatments for hip and knee arthritis including computer-assisted and custom joint replacement with Parker Hospital's medical director of joint replacement, Derek Johnson, MD.



Skin Cancer

Thu, Mar 22 | 6:30-8 p.m.

Get a **FREE** skin check and learn how to recognize the early symptoms of skin cancer with Leslie Capin, MD, dermatologist. [📍](#)

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Good timing

Back pain patients shouldn't delay treatment



Dr. Zaki Ibrahim

IT PAYS FOR PATIENTS with lower back pain to be seen by a doctor sooner rather than later. A study published in October in *The Journal of Bone & Joint Surgery* followed 1,244 patients and found that patients with herniated discs fared best when treated within six months of the onset of symptoms.

"This study clearly demonstrated that patients who have symptoms from a herniated disc for less than six months do much better than patients who have symptoms for more than six months, regardless of the type of treatment rendered," says Zaki Ibrahim, MD, an orthopaedic spine surgeon at Parker Adventist Hospital.

Ibrahim provides this guidance, based on the research findings:

- > Remember that most cases of back and leg pain typically improve with rest and limited activities.
- > If the pain persists after two weeks, see a fellowship-trained spine specialist for nonsurgical treatment, such as injections and physical therapy.
- > If pain doesn't improve after six to 12 weeks of nonsurgical treatment, consider surgery.

"This study is the strongest evidence we have that it is probably not in the patient's best interest to wait too long, especially given the noninvasive nature of the surgical technology in current practice," Ibrahim says. [📍](#)

LEARN MORE about the right timing for back surgery and new minimally invasive back surgery with Dr. Zaki Ibrahim on Feb. 23. [See Page 3 for details.](#)