

# Health Quarterly

WINTER 2008

PREMIERE ISSUE!

THE MAGAZINE OF CLAREMORE REGIONAL HOSPITAL

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new ER+ program

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# Minimally invasive surgery

## Less pain, faster recovery

**M**inimally invasive surgery (MIS) is the buzzword in healthcare right now. And with good reason.

With advancing technology and surgical techniques, patients now have the benefit of undergoing procedures that require just a few small incisions. In years past, those same procedures would have required large cuts and left equally large scars.

### HOW IT WORKS

MIS—sometimes referred to as laparoscopic surgery—mirrors the techniques of traditional surgery but decreases the patient's surgical trauma. Because surgeons using MIS lose some visibility with smaller incisions, they have to create a larger workspace. They do this by making a small cut in the skin, then gently expanding the body cavity with a gas (such as carbon dioxide). A small camera (laparoscope) is then inserted through the incision and into the newly expanded space to help surgeons see where to operate.

While MIS isn't suited for all types of surgery, it has been used for such procedures as appendectomies, hernia repair, gallbladder surgery, hysterectomies, brain tumors, herniated spinal discs, knee and hip replacements, sinus surgery and certain types of heart procedures.

### MINIMAL TRAUMA, MAXIMUM BENEFITS

The goal of MIS is to treat patients with the least amount of trauma. In addition to minimized scarring, this type of surgery also:

- **Minimizes bleeding.** Decreased blood loss means a decreased chance of blood transfusion.



- **Lessens pain.** Small incisions reduce trauma to the skin and underlying muscles, meaning less postoperative pain.
- **Reduces infections.** Unlike a traditional operation, where the body is wide open, tissue isn't exposed to the air for extended periods during MIS.
- **Shortens hospital stays.** Reducing bleeding, pain and the chance for infection means you'll get to walk out of the hospital sooner.
- **Hastens recovery.** MIS can dramatically reduce recuperation time—in some cases, by half.

## Other minimally invasive procedures

**E**ndoscopic surgery is similar to laparoscopic surgery because it also requires a small camera. However, the equipment (endoscope) passes through an existing opening such as the mouth, anus or urethra.

Robotic laparoscopic surgery uses techniques identical to laparoscopic surgery but allows surgeons to use robotic arms to perform the procedure.

Ablation targets and destroys diseases, such as kidney and prostate cancer, with high-frequency energy, leaving normal tissue nearby intact. It's also been used to correct benign heart arrhythmias.

## WAITING TO INHALE

# Breathing problems you shouldn't ignore

**T**ake a deep breath." The command sounds easy, but for some people it's not so simple.

Being unable to breathe deeply or feeling short of breath may be a sign of a serious condition.

If you have any of the following symptoms, get them checked out by a physician:

- inability to take a deep breath
- shortness of breath without exertion
- shortness of breath after mild exertion, such as climbing a short flight of stairs
- wheezing
- tightness in the chest
- pain or discomfort when inhaling and exhaling
- a chronic cough or clearing of the throat
- difficulty breathing when you lie down
- a lack of energy
- coughing up blood or mucus

Difficulty breathing shouldn't be taken lightly. Lung disease is the number three killer in the United States.

It takes on many forms, including:

- Asthma, a chronic disease in which the passages that

carry air in and out of your lungs become sore and swollen. Asthma is characterized by wheezing, coughing, chest tightness and trouble speaking.

- Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. In COPD, your airways and air sacs lose their shape and become floppy, like a stretched-out rubber band. Coughing up mucus is often a first sign of this disease. COPD is typically caused by cigarette smoking.
- Pneumonia, an inflammation of the lungs, usually caused by an infection. It's normally accompanied by shortness of breath and a cough or a fever.
- Lung cancer, which can take years to develop. If it's diagnosed early, before it spreads, the survival rate is almost 50 percent.

Breathing difficulties can also be a sign of heart disease or a heart disorder, such as congestive heart failure, heart arrhythmia or pulmonary hypertension.

In these or any other case of breathing distress, your physician can help you find the source of the problem with a thorough physical exam.



If you're having trouble catching your breath, it's time to see your doctor.

### When cough drops don't do the trick

**A** chronic cough—one that lasts more than three weeks—may be your body's way of telling you a problem exists. Your cough could be the result of:

- allergies, particularly postnasal drip, which often triggers coughing
- asthma
- heartburn, where acid from your stomach backs up into your throat
- medicines, including beta-blockers for high blood pressure, migraines and glaucoma and ACE inhibitors

# Claremore Regional Hospital's ER+

## For life's emergencies



### What is a medical emergency?

Some conditions generally considered to be medical emergencies include:

- severe injuries
- signs of a heart attack, such as chest pressure or pain
- signs of a stroke, such as sudden numbness or vision loss
- bleeding or vomiting that won't stop
- severe shortness of breath
- severe disorientation
- a medical condition in a child younger than 6 months old.

In an emergency, call 9-1-1 immediately.

It's not often that you plan to visit the emergency room—it happens when you least expect it. At Claremore Regional Hospital (CRH), we practice a philosophy of emergency care called ER+, which helps further our goal of providing quality medical care as quickly and professionally as possible.

The staff at CRH is ready to handle the region's medical emergencies. "Our emergency room is in direct contact with ambulance providers and emergency services and is a vital link in our community's first-response network," says Dava Baldrige, R.N., CRH chief nursing officer.

Our ER staff is ready to work for you 24 hours a day and 365 days a year, treating injuries from minor cuts and bruises to life-threatening conditions. "CRH's ER uses a triage system to care for patients with the most urgent conditions first instead of treating patients on a first-come, first-served basis," says Jennie Bible, R.N., CRH nurse manager.

### WHAT CAN YOU EXPECT?

A nurse checks your vital signs when you arrive at the ER and inquires about your symptoms, medical history, medications and drug allergies. He or she will perform an initial evaluation to determine the severity of your illness.

Patients with potentially life-threatening conditions such as chest pain, shortness of breath or sudden or unexplained loss of consciousness are treated immediately; someone with a minor cut or sore throat may have to wait longer.

At CRH, ER+ represents a commitment to providing quality service by meeting the needs of our patients and their families with courtesy and respect. Your experience should be one of care, concern and attention to your emotional and physical needs. It's our goal to exceed patients' needs.

# Conquering the superbug

## Tips to prevent MRSA

**M**RSA stands for methicillin-resistant *Staphylococcus aureus*. Methicillin is a form of penicillin (an antibiotic) used to treat infections. *Staphylococcus aureus* is bacteria that's commonly found in the nose and on the skin. It can be easily transferred to other parts of the body and from person to person. Sometimes these bacteria become strong enough to resist being killed by antibiotics such as methicillin and penicillin. Other antibiotics, such as rifampin, Bactrim, vancomycin, clindamycin or linezolid, can be used for treatment, though.

### HOW IS MRSA TRANSMITTED?

MRSA is spread by contact with other humans or animals. You can have MRSA on the skin without

developing an infection; however, if the skin breaks, an infection can occur. Any injury or poor health can cause MRSA to spread. Since it's spread by direct physical contact, touching sheets, clothes, towels, dirty dressings, workout areas and sports equipment can also cause it to spread to other people.

### AVOIDING MRSA

You can stop the spread of MRSA infection by practicing the five Cs of prevention:

- prevent Crowding
- prevent frequent skin-to-skin Contact
- prevent Compromised skin (such as cuts or abrasions)
- prevent Contaminated items and surfaces
- prevent unCleanliness

These tips can also help you stay healthy:

- Practice good hygiene.
- Keep your hands clean by washing with soap and water often.
- Keep cuts and scrapes clean and covered with a dressing or bandage.
- Avoid touching the wounds of other people.
- Don't share your towels, razors or other personal items with others.
- Use an alcohol-based hand gel when soap and water aren't available.
- Clean and disinfect household items regularly.

Because of the close contact that occurs during athletics at schools, coaches should make sure students cover all wounds and encourage good hygiene, including showering and washing with soap after practices and competitions. They should also discourage the sharing of towels and personal items like clothing and establish rou-

tine cleaning schedules for shared equipment and uniforms. Athletes should be trained in first aid for wounds and recognition of wounds that are potentially infected.

### ! Stay healthy!

To learn more about MRSA, log on to [www.claremorehospital.com](http://www.claremorehospital.com).



## HEALTHWISE QUIZ

How much do you know about **sleep disorders**?

Take this quiz to find out.

1

**Lack of sleep may put you at a higher risk for:**

- a. type 2 diabetes
- b. low blood pressure
- c. asthma
- d. gastric ulcers

2

**Which of the following changes in your sleep routine may be a result of an underlying heart problem?**

- a. waking up during the night to urinate
- b. waking up during the night due to shortness of breath
- c. not being able to fall asleep
- d. both a and b

3

**Restoring your body with sleep has been shown to:**

- a. improve skin tone
- b. improve red blood-cell count
- c. reduce eye strain
- d. improve reaction time and attention span

4

**Women diagnosed with obstructive sleep apnea often experience these symptoms:**

- a. snoring loudly with periods of gasping or snorting
- b. waking up with a sore throat
- c. waking up with a headache
- d. all of the above

5

**The most common treatment for sleep apnea is:**

- a. antihistamine medication
- b. surgery
- c. a continuous positive airway pressure (CPAP) mask worn at night
- d. analgesic medication

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



## WOMEN: Is a heart attack in your future?

**A** heart attack may seem to come out of the blue. Yet your personal risk factors and lifestyle habits may hold clues to your heart's health and what your odds are of suffering from a heart attack.

### LOOK FOR THE SIGNS

High blood pressure (140/90 mm Hg and above) and high blood cholesterol (240 mg/dL and above) are significant clues that you may be developing heart blockages in the form of plaque. Being postmenopausal and having diabetes or rheumatoid arthritis can also increase heart attack risk.

Talk with your healthcare provider about what risk factors are significant for you. He or she can help you control your blood pressure and cholesterol levels and may also recommend testing for metabolic syndrome. Recent research shows this condition may be useful for detecting signs of heart disease in women who might appear healthy. The signs of metabolic syndrome include a waist size greater than 35 inches, higher-than-normal levels of triglycerides and glucose, and insufficient levels of HDL, or good cholesterol.

Also, be aware of what a heart attack might feel like for a woman, as some symptoms can differ from those of men. Chest pain or pressure; nausea; vomiting; indigestion; cold sweat; shortness of breath; light-headedness; fatigue; or discomfort in the arms, back, neck, jaw or stomach are all possible signs.

### GO HEART SMART

- Aim for a normal weight.
- Exercise for 30 minutes every day.
- Quit smoking and avoid secondhand smoke.
- Avoid foods high in saturated or trans fat and curb refined carbohydrates—cookies, white bread, sweet drinks—sometimes referred to as “high-glycemic-index” foods.



# Wintertime blues or something more serious?



Jeff McIlroy, M.D.

**T**he onset of winter means colder weather and shorter days. For many people, this causes a significant change in their mood, and occasionally, there are those whose symptoms have debilitating results. People who experience severe moodiness may be suffering from seasonal affective disorder (SAD).

SAD is a type of depression that corresponds to seasonal changes in light, commonly occurring in late fall through the winter and into spring. The difference between people who feel a little down and out of sorts and those suffering from SAD is that SAD sufferers aren't able to function normally during these months.

## WHAT TO LOOK FOR

"People with SAD have seasonal symptoms that come and go each year," says Jeff McIlroy, M.D., psychiatrist and Claremore Regional Hospital senior care medical director. "Symptoms usually peak during the winter and disappear during the spring and summer."

Signs of SAD can include:

## ! Find out more

**F**or more information about SAD or other clinical depression symptoms, contact Dr. McIlroy at Strength of Mind at (918) 342-2622.



- depressed mood and feelings of sadness
- cravings for sweet or starchy foods
- overeating
- significant weight gain or loss
- lack of energy
- oversleeping or insomnia
- fatigue
- irritability
- social withdrawal
- difficulty concentrating
- decreased sexual desire

"The good news for patients suffering from SAD is that just like with any other diagnosis of clinical depression, it's completely treatable," says Dr. McIlroy.

Treatment may include light therapy, in which patients are exposed to fluorescent lighting for a certain amount of time each day, usually in the morning for 15 to 20 minutes. Gradually, the time is increased to 30 to 45 minutes a day. If a patient doesn't respond to light therapy, antidepressants may be prescribed. Therapists can also help patients learn ways to manage the stress and symptoms related to SAD.

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CLAREMORE REGIONAL  
HOSPITAL

Claremore Regional Hospital  
1202 N. Muskogee Place  
Claremore, OK 74017

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