

SPRING 2011

Community Focus

FROM YOUR FRIENDS AT
CHESTERFIELD GENERAL HOSPITAL



Hospitalists:
Specialized
care for you

Sports injury?
Our orthopedists
can help

**Meet our new
cardiologist**

 **Chesterfield
General Hospital**

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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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What's a hospitalist?

How this specialist can help you



Hospitalist physicians are the fastest-growing group of physician specialists in medicine today. Approximately 30,000 hospitalists are at work today, compared to just 2,000 in 1996. Experts say that within the next few years, the number of active hospitalists will swell to more than 40,000, even more than the number of board-certified cardiologists.

The term hospitalist was first used in 1996 to refer to physicians who work exclusively in hospitals. They differ from physicians who practice in an office setting because they only treat patients in the hospital. After completing medical school, hospitalists usually specialize in internal medicine, family practice or pediatrics.

Hospitalists are improving hospital care nationwide. They increase the amount of contact patients have with physicians while in the hospital and make patient care more efficient. Despite the considerable benefits hospitalists offer patients, many people don't know what they do.

HOW HOSPITALISTS WORK

Once a patient is admitted, the hospitalist and the patient's regular physician operate as a team. Hospitalists communicate frequently with the patient's regular physician to ensure proper care based on the patient's pre-existing conditions and unique needs. Patients return to the care of their regular physicians once they're discharged.

For example, if a patient is admitted to the hospital for hip surgery, an orthopedic surgeon—an expert in the human bone structure—performs the operation. Following surgery, a hospitalist partners with the surgeon in caring for the patient during the remainder of his or her stay. The hospitalist communicates regularly with the patient's

physician during this time and can be available if the patient needs immediate care.

HOSPITALIST BENEFITS

The rapid growth of hospitalists in America is due in part to the many ways they benefit hospital patients. Hospitalists can increase the efficiency of hospital treatment. They can request, receive and analyze test results immediately and provide care if necessary, curbing wait time. Studies show that hospitalists can reduce the length of a patient's stay, sometimes by as many as two days, meaning that families make fewer trips to the hospital and their loved ones get home sooner.

Hospitalists are regularly available to assist nurses in making timely treatment decisions, and they take pressure off private practice physicians, who can't always be at the hospital. In the end, the goal is efficient, high-quality care.

Chesterfield General Hospital will implement a hospitalist program later this summer to continue offering our community quality care right here at home.

! 24/7 care for you!

To learn more about the services offered at Chesterfield General Hospital, visit www.ChesterfieldGeneral.com.

Stay active!

But get proper medical care

We all know that regular exercise is essential to a healthy lifestyle. Exercise makes you look and feel good—promoting greater muscle strength, endurance and flexibility, weight control and cardiovascular fitness.

Yet too much of a good thing can lead to an injury that can sideline you from the activities you enjoy. You don't have to be a competitive athlete to get a sports injury. A sports injury can happen to anyone at any age, although they're more common as we grow older.

Sports injuries are either *acute*, which involves an active event that causes trauma, like a fall or a collision, or *chronic*, which happens gradually through repetitive motions and cumulative strain on the musculoskeletal system. Prompt treatment of both acute and chronic injuries is important in avoiding further injury.

GET TREATMENT FAST

It's important to distinguish muscle soreness from injury in deciding whether to seek medical help. The traditional credo of rest, ice, compression and elevation (RICE) is effective for home care. However, if you've tried these steps immediately after injury and regularly for 48 hours and your pain and swelling don't improve, call your primary care provider. He or she may consult with a sports medicine specialist to help with diagnosis and treatment. Depending on your injury, you may receive care from an orthopedic

physician or a rehabilitative therapist. An orthopedic physician specializes in the diagnosis and treatment of the musculoskeletal system; a physical therapist works with a sports medicine physician to rehabilitate your injury—designing a specialized treatment plan to make the injured area stronger, more flexible and less susceptible to future injuries.

REHABILITATION

Sports injuries are treated gradually. Rehabilitation is based on a progression of activities to help build flexibility, endurance and strength as well as proper balance and body mechanics. Benefits of rehabilitative therapy include restoration of function; less pain; improved range of motion; a quicker return to sports and recreation; better health, strength, movement and safety; muscle strengthening; and coordination.

ARTHROSCOPY

For more serious injuries unresponsive to rehabilitation, arthroscopic surgery may be recommended. This type of operation uses small incisions to diagnose and fix joint problems and has greatly enhanced physicians' abilities to repair athletic injuries without invasive surgery, with less trauma and recovery time for the patient.

! Feel better soon!

If you have a sports injury that needs attention, call Jerry Schexnayder, M.D., or Farooq Qureshi, M.D., orthopedic physicians at Palmetto Orthopaedics, at (843) 537-1111 to make an appointment.



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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GET HEALTHY with these two programs



1 Life can be healthy, balanced and fun. Find out how with Healthy Woman, a free program from **Chesterfield General Hospital** that empowers women ages 25 to 65 with the knowledge and confidence to make informed health care and well-being decisions. Become a member and enjoy free monthly health and lifestyle presentations, health resources and an e-mail newsletter. To join, sign up at www.ChesterfieldGeneral.com. Membership is free. The benefits are priceless.



2 Get active and stay healthy! Join **Chesterfield General Hospital's** Senior Circle program for just \$15 a year, and get more out of life with health talks; hospital benefits; local business bargains; prescription, vision care and home health security discounts; and more. Members also enjoy a full calendar of social events, exercise programs and travel opportunities. If you're age 50 or better, live life to the fullest. Visit www.ChesterfieldGeneral.com to join today.

PHYSICIAN SPOTLIGHT



JANA HOFFMEISTER, M.D.
Internal Medicine Physician,
Cardiologist



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(843) 921-2080**

Chesterfield General Hospital (CGH) is pleased to welcome Jana Hoffmeister, M.D., to our community. Dr. Hoffmeister is board certified by the American Board of Internal Medicine in internal medicine and cardiology, and brings more than 30 years of cardiology experience to CGH. She earned her medical degree from Upstate Medical University in Syracuse, N.Y., and performed her residency at Albany Medical Center in New York. Her practice, Palmetto Cardiology, is located in Cheraw. She's accepting new patients; call the office for an appointment today.

To find a physician, visit
www.ChesterfieldGeneral.com.

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.ChesterfieldGeneral.com, click on "Health Resources" and search for "skin cancer."

