

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE



Blue Ridge HealthCare gets new president/CEO

Kenneth W. Wood is the new president and chief executive officer of the Blue Ridge HealthCare System. Wood joined Blue Ridge HealthCare in April and is working closely with the management, physicians, staff and board of directors.

"I'm delighted for the opportunity to join such a quality organization," says Wood. "My wife and I are excited about being a part of the community and contributing to it in many ways."

Wood was formerly an executive vice president for Resurrection HealthCare and chief executive officer of St. Francis Hospital in Chicago, Ill. He previously served as president and chief executive officer of Candler Health System, Inc., in Savannah, Ga. Wood also served as chief executive officer for three other hospitals.

Wood received his bachelor's degree from Mars Hill College and a master's degree in business from George Washington University. In Illinois, he served on the Evantson Chamber of Commerce board of directors, and he is a former board member for the American Cancer Society, United Way and the Ronald McDonald House. Wood is a native of Virginia; his wife, Elaine, is originally from Hickory. They have three grown children, all now living in the South.

Emergency

WHEN YOU VISIT THE ER

What could an impulsive toddler, an overworked accountant and a grandmother of three possibly have in common?

Each recently showed up for treatment at a hospital emergency department—the toddler because she swallowed a penny, the accountant because of severe chest pain and the grandmother because of stroke symptoms.

Every year in the United States nearly 100 million people—just like these three—arrive at the nation's emergency departments seeking care.

Emergency departments are open to everyone all day, every day, to provide treatment for potentially life-threatening conditions, says William S. Ferrucci Jr., M.D., a Blue Ridge HealthCare System emergency medicine specialist.

Should you—or a loved one—suddenly find yourself heading for the emergency department, here's a quick look at what to expect.

Fully professional care. It used to be the person supervising your treatment might have had limited training in emergency care. That's not the case now, says Dr. Ferrucci.

Today, hospitals are staffed by doctors with highly specialized training in emergency medical care—training that runs the gamut from pediatric life support and trauma management, to cardiac and stroke care.

A system of lifesaving priorities. If you arrive by ambulance or are unconscious, you'll be im-

mediately assigned a bed and treated. In most other cases, you'll remain in the waiting area where your condition will be assessed.

FOR A FREE, UPDATED PHYSICIAN DIRECTORY, CALL 879-7583.

Quite probably, a nurse will determine how urgently you need care by checking your vital signs—including your heart rate, temperature and blood pressure—and taking into account your symptoms and medical history.

This process is called triage, from a French word meaning "to sort." Those with the most severe illnesses or injuries are treated first. Thus, even if you find yourself waiting longer than you'd hoped, you haven't been forgotten.

Appropriate care. As soon as possible, an emergency physician will examine you and order any necessary tests—such as an x-ray or electrocardiogram—to diagnose your condition.

If your condition requires it, you may be admitted to the hospital. If not, your doctor will discuss your diagnosis and outline any follow-up care you need after you leave the emergency department.

Finally, for the best experience possible, remember these emergency department dos and don'ts: ▶ If possible, ask a trusted friend or relative to accompany



IF YOU NEED US: The staff of the emergency department is ready to care for you 24 hours a day, seven days a week.

Don't ignore symptoms—call for help

Can you recognize the warning signs of a medical emergency?

The following list from the American College of Emergency Physicians spells out potentially life-threatening symptoms. Immediately call 911 or your local emergency number whenever these symptoms are present:

- Chest pain lasting for more than two minutes.
- Uncontrollable bleeding.
- Coughing or vomiting blood.
- Difficulty breathing or shortness of breath.
- Sudden dizziness, weakness or change in vision.
- Severe or persistent vomiting or diarrhea.
- A change in mental status, such as confusion or extreme lethargy.

you for extra support.

▶ Time permitting, bring pertinent medical records, including a list of your allergies and any medications you take.

▶ Don't hesitate to question your doctor about any aspect of your diagnosis or follow-up treatment that you don't understand.

INSIDE

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HEALTH TALK

WORLD OF MEDICINE



'Lifeline™ is a lifesaver'

"I was going to get my hair done when I fell down the steps leading from the house to the garage. I pushed my Lifeline button and my responder was there in minutes," says Lifeline user Frances Parker. "I had broken a bone in my knee and had to go to College Pines Nursing Center for rehab. The day I came home, I could not find my button. I did not want to stay at home one day without it. The Lifeline coordinator brought me a new one right away."

Parker got her Lifeline in 1998, after a similar fall in her garage. "That time I broke my hip. It was 8 a.m. when I fell and it took me until 4:30 p.m. to crawl from the garage into the house to get to a phone to call for help. If I had had a Lifeline, then I would have had help in minutes instead of suffering and struggling for eight hours."

Lifeline is for anyone who is alone for several hours during the day, as well as for those who live alone. It brings comfort to the users and their loved ones.

Lifeline is a telephone based personal emergency response system that brings personal help anytime day or night to homebound patients and the elderly.

To have a Lifeline installed or for more information, call the Grace Lifeline service at **580-5753** or Valdese General Lifeline service at **879-7770**.

Bacteria therapy shows promise for treating intestinal disorder

BOLOGNA, Italy—Bacteria that normally live in humans may be used to help prevent pouchitis, an inflammation of the small intestine that can occur after surgery for ulcerative colitis.

In a study, researchers gave 20 people the bacteria, known as probiotics. They gave 20 others a placebo. All 40 had chronic relapsing pouchitis but were in remission when the study began.

The researchers found that 17 of the 20 people who received probiotics remained in remission during the nine-month study

period. But all 20 of those receiving the placebo relapsed.

Additionally, the researchers discovered that everyone who had been in remission during the study relapsed within four months of stopping probiotic treatment.

Currently, antibiotics are the standard treatment for pouchitis. Researchers think this discovery may lead to new, more effective ways to treat the disorder, however. And that may reduce the potential for antibiotic resistance.

altMed

Zinc for the common cold

Alternative medicine therapy: Zinc lozenges for treating symptoms of the common cold.

How does it work? Zinc may work by keeping the cold virus from producing pro-inflammatory cytokines, proteins that help cause many cold symptoms.

What are researchers finding? In a study in the *Annals of Internal Medicine*, researchers treated 50 people with either 12.8 milligrams of a lozenge containing zinc acetate or a placebo. Zinc therapy started within 24 hours of cold symptoms. People received a lozenge every two to three hours while they were awake for as long as they had cold symptoms. They did not use any other cold remedies. Each person kept a daily log of cold symptoms, rating their severity on a scale of zero to three. Symptoms were gone in an average of 4½ days in people taking the zinc, compared to just over eight days in those taking the placebo.

Are there side effects? In this study, side effects of zinc were mild and included dry mouth and constipation. However, taking large doses of zinc for an extended time could cause a copper deficiency, reduced levels of good cholesterol and trouble processing iron. This shouldn't be a problem for people taking zinc for four or five days to treat a cold, says study co-author Ananda S. Prasad, M.D.

What about traditional therapy? Traditional cold therapies include rest, fluids, gargling with warm salt water and over-the-counter drugs to relieve symptoms.

What else should I know? Some studies have looked at different formulations of zinc and found that it didn't help ease cold symptoms. This may be because they didn't use enough zinc, used the wrong formulation or didn't give zinc within 24 hours of the start of cold symptoms, says Dr. Prasad.

Sources: American Academy of Family Physicians; *Annals of Internal Medicine*, Vol. 133, No. 4; National Institutes of Health

AltMed provides information about alternative medicine therapies. It is not a promotion or advertisement. Other treatments or medications may be more appropriate for you. Discuss options with your doctor.



School backpack dos and don'ts

ALEXANDRIA, Va.—Every day millions of children head off to school sporting brightly colored backpacks filled with supplies.

Backpacks are a great way to carry stuff around. But with improper use, the packs can strain young, still-growing joints and muscles, according to physical therapist Jan K. Richardson, Ph.D., past president of the American Physical Therapy Association.

For better backpacking:

Pick the pack carefully. For safety and comfort, backpacks

should have wide straps. Narrow straps can dig painfully into the shoulders, causing numbness or tingling in the arms. Eventually this could lead to weakness in the hands.

Wear both straps. It may be quicker to sling a backpack over one shoulder, but it can cause a child to lean to one side. Over time, this might strain the shoulders and neck, and lead to back pain—or even an abnormal curvature of the spine.

Lighten up. A loaded back-

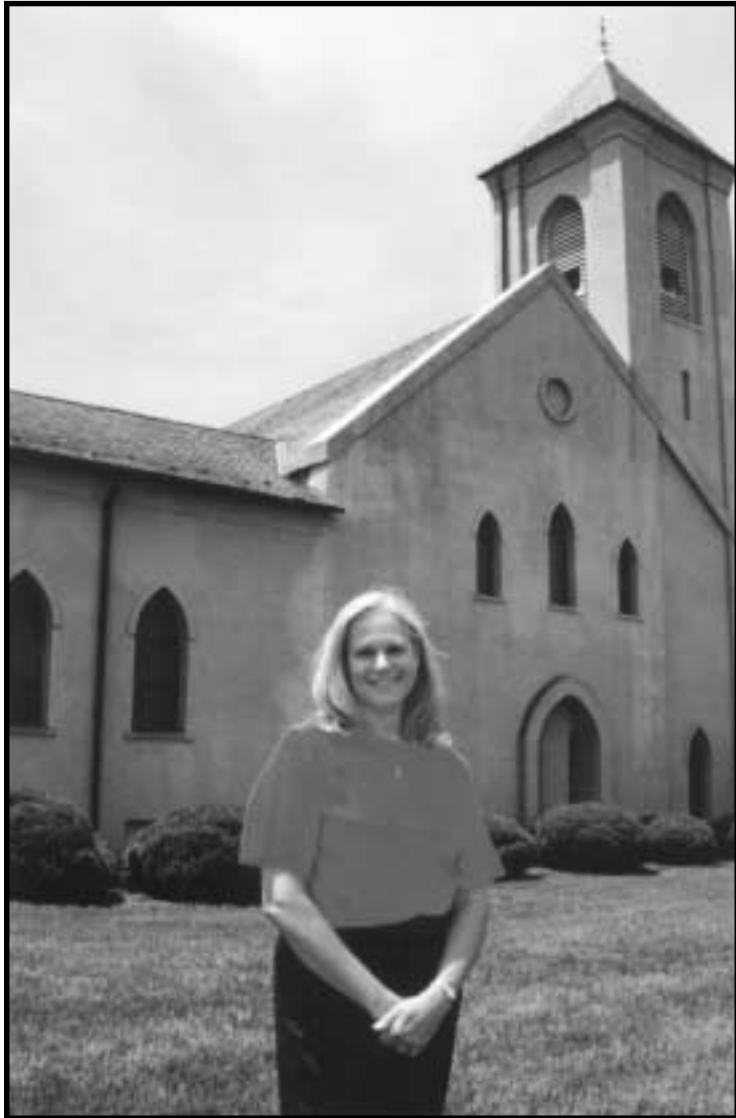
pack can weigh anywhere from 20 to 50 pounds. This may be too much for children. Keep unnecessary items at home.

"A good rule to follow is to carry no more than 15 percent to 20 percent of one's body weight," Dr. Richardson says.

Children with access to school lockers can store items in them during the day.

"Urge your children to tell you if they are in pain or have discomfort before a problem becomes serious," Dr. Richardson says.

PASTORAL CARE



Blue Ridge HealthCare helps place parish nurse in local church

Waldensian Presbyterian Church in Valdese, in partnership with the Blue Ridge HealthCare System and The Duke Endowment, recently announced the placement of Beth Davis, R.N., as full-time parish nurse for the church congregation and community.

Before accepting the position, Davis worked in the operating room at Grace Hospital. Davis is a member of East Valdese Baptist Church, a board member of the Pregnancy Care Center, and is a former board member and volunteer of the Good Samaritan Clinic. She and her husband, Rick, live in Connelly Springs.

The Parish Nurse Program places a registered nurse in area churches to provide the congregation and surrounding community with health advocacy and education. The parish nurse promotes holistic health and well-being by enhancing the sense of harmony with mind, body and spirit within the faith community. By integrating faith and health, Davis will provide the Valdese church and community with health education, work with the church in setting up volunteers to assist in caring for church members and make health care referrals when necessary.

Already helping with hospital and nursing home visitation, Davis says, "I know God put me here for a reason and I'm excited to see how it will unfold."

"Parish nursing provides an avenue to not only meet the physical and spiritual needs of a particular congregation," she says, "but to demonstrate real love to a love-starved

world." That is her vision for the parish nurse ministry at the Valdese Church.

In addition to the full-time placement at the Valdese church, the Blue Ridge HealthCare System Parish Nurse Program fills a part-time position at Christ United Methodist Church in Drexel. Jennifer Boggs, R.N., coordinator of the Parish Nurse Program, fills that position.

The System's first parish nurse placement was in 1999 at Morganton First Baptist Church and shared with New Hope in Christ Baptist Church and the community at large. Mark Silvey, R.N., serves as the full-time parish nurse for that first assignment.

Another part-time position is currently available for a Burke County church interested in having a parish nurse on its staff. For information on the Blue Ridge HealthCare System Parish Nurse Program, call Boggs at **580-5411**.

BRHS offers free mammograms and breast health class

FREE MAMMOGRAMS FOR 80 ELIGIBLE WOMEN

Eighty women who do not have insurance to cover mammogram procedures may be eligible for a free mammogram. The Blue Ridge HealthCare System, in conjunction with the Susan B. Komen Foundation, is offering free mammograms for the first 80 eligible women who call for an appointment. Eligible women interested in receiving a free mammogram should call Jennifer Boggs, R.N., at **580-5411** to schedule an appointment. The American Cancer Society recommends that women 40 and older have an annual mammogram.

BREAST HEALTH CLASSES

Thanks in part to a grant from the N.C. Foothills Affiliate of the Susan B. Komen Foundation, the Blue Ridge HealthCare System Parish Nurse Program is making breast health education available to churches and other community groups in Burke County. This class is free to participants as well as the sponsoring church or group. Those interested in having the class should call Boggs at **580-5411**.



Many seniors ease stress with prayer

GAINESVILLE, Fla.— When stress builds, older adults often turn to prayer.

In fact, most seniors use prayer more than any other natural remedy to manage the stress in their daily lives, according to a joint study from the University of Florida and Wayne State University.

The study also suggests that seniors rely on prayer more than any other alternative health treatment to both lift their spirits and maintain their overall health.

"There's been recent research showing that most Americans pray and that prayer has a positive effect on mental and physical health," says Ann Horgas, R.N., Ph.D., associate professor of nursing at the University of Florida.

The researchers, who published their results in the *Journal of Holistic Nursing*, surveyed 50 seniors at six community centers and one church in Detroit. The average age of the seniors was 74. Nearly 50 percent were Catholics and 46 percent Protestants.

Among the study's findings:

- All told, 96 percent of the seniors prayed specifically to ease stress.
- Women and African Americans prayed more frequently to relieve stress than did men and Caucasians.
- Nearly 85 percent of the older adults used prayer more than any other alternative health treatment to maintain their general health.
- Prayer was used more frequently than exercise, heat, relaxation techniques, humor, herbal remedies or any other alternative treatment to safeguard health.

While prayer was by far the most popular alternative treatment, one-third of the older adults reported using other spiritual strategies to stay healthy as well, including religious counseling and mental imagery.

"All of us have events in our lives that can cause stress, so it's important that people have more than one way to manage stress when it occurs," says Dr. Horgas. "Prayer seems to be one important way for many older adults."

Type of treatment	Percentage of seniors who used it
Prayer	84%
Exercise	70%
Juices	48%
Heat	46%
Relaxation techniques	46%
Humor	42%
Herbs	38%
Music therapy	36%
Meditation	32%
Imagery	16%
Religious counsel	14%

FAMILY HEALTH

SPELL THEM OUT

Advance directives make your health care wishes known

Anna McDonald was 88 before she finally took action. Though in good health, McDonald thought it made perfect sense.

Carol Quigley was 53 and facing hip replacement surgery. The operation was expected to be routine, but it made her think.

Troy Nichols, just 32, put his plans into place soon after a friend had a brain aneurysm. He watched as his friend's wife struggled with decisions about her husband's medical care. And he hated the thought that one day his own wife might be in a similar situation.

Although their stories are different, McDonald, Quigley and Nichols share a common bond. They all decided to complete advance directives—documents that spell out your wishes regarding medical care in case you can't communicate them yourself.

EVERYONE SHOULD DO IT

Older adults and people who are seriously ill are the ones who complete most advance directives. Each of us eventually faces life's end, says the Rev. Dr. Diana Spangler-Crawford, a Blue Ridge HealthCare System chaplain.

We don't know when or under what circumstances our deaths will occur. That's why it's best to plan ahead and make our wishes known regarding end-of-life care

before the time comes.

Having an advance directive gives everyone the chance to talk about it before a stressful situation, Spangler-Crawford says.

When advance directives aren't in place, family members may not know your feelings about medical issues such as extended life support, and therefore may not be able to abide by those feelings.

**CALL THE
CHAPLAIN
AT
874-2251
FOR MORE
INFORMATION.**

We tend to think those close to us will know what we want, but that isn't always true.

And it's not uncommon for relatives to argue among themselves about what should be done. There are many different opinions about these issues, Spangler-Crawford says.

By completing an advance directive, you're making your feelings known, as well as making things easier for your family.

TWO MAIN CHOICES

There are two main types of advance directives.

A **living will** tells which treat-

ments you would or wouldn't want if you were near death or in a vegetative state, Spangler-Crawford says.

A **power of attorney for health care** appoints someone as your representative to make health care decisions for you when you can't speak or make decisions on your own. The representative bases decisions on what's important to you and what you've stated in your living will.

Spangler-Crawford recommends having both documents because it's impossible to know everything that may happen at life's end.

MAKE IT OFFICIAL

Every state has laws pertaining to advance directives. But specifics of the laws vary. To learn how to make your wishes official, talk with your doctor or hospital representative. They may have forms for you to fill out at their offices.

Once the forms are complete, give copies to your doctor, your representative, close relatives and anyone who may be involved in your care.

Don't hesitate to discuss questions or concerns with your physician. Also keep in mind that you can change the documents at any time.

We may not like thinking about our final days, but doing so is important.

Being able to talk about such issues can make it easier for everyone because your wishes will be known and will have been discussed, Spangler-Crawford says.



A tough topic to talk about

Talking about advance directives can be hard because it forces us to think about death, says Richard Roberts, M.D., 2000–2001 president of the American Academy of Family Physicians.

But there is an easy way to broach the subject with the people you care about.

"Be a good example," Dr. Roberts says.

Complete your own advance directives and use them as a springboard for your conversations.

By discussing your feelings and how your values influenced your decisions about end-of-life care, you may help family and friends appreciate these important documents.

Where and how to find the best health information

Among the Internet, magazines, newspapers and television, it's easy to find information about various diseases. However, it's not always easy to find *reliable* information.

If you want to search for information about a medical condition—such as cancer or heart disease—here are several suggestions on how to locate resources you can trust.

Contact a group that focuses on your condition. The American Cancer Society, the American Heart Association and other national advocacy groups can be valuable sources of information and support. Check your phone book for a local chapter in your community.

If you can't find an advocacy group in your area, most libraries have directories that list the

phone numbers and Internet addresses for the national headquarters of such organizations.

Also, the National Health Information Center (NHIC) offers a toll-free telephone referral service (1-800-336-4797) to help people get in touch with organizations and resources that can provide information about specific conditions and illnesses.

Search the Internet. If you don't own a computer, many public libraries provide access to the Internet.

The Internet is full of both good and not-so-good health advice. For trustworthy infor-



mation, start your search with a gateway site (www.healthfinder.gov) sponsored by the U.S. Department of Health and Human

Services. It offers links to hundreds of sites that contain reliable health care information.

Besides government-sponsored sites, many medical schools and medical organizations have consumer health sites. The information on these sites is typically science-based and reputable.

The National Library of Medicine is the sponsor of the Web site MEDLINEplus (www.nlm.nih.gov/medlineplus), a free online catalog of medical journal articles and article abstracts that provide current information on specific diseases and conditions.

Be skeptical. If you're not

sure about any treatment discussed on the Internet, share your concerns with your doctor or other health care provider.

**ADVOCACY GROUPS
CAN BE VALUABLE
SOURCES OF
INFORMATION.**

You may also want to visit the Web site of the Federal Trade Commission and read *Virtual "Treatments" Can Be Real-World Deceptions* (www.ftc.gov/bcp/conline/pubs/alerts/mrclalrt.htm). To get more information about Blue Ridge HealthCare, logon to www.BlueRidgeHealth.org.

Source: Agency for Healthcare Research and Quality

WELLNESS

Ease the discomfort of everyday arthritis

Arthritis pain: The words are invariably linked.

But if you have arthritis, you can weaken that link, enhancing your quality of life and sense of well-being. The key is to take an active role in managing your pain, working with your doctor and other health professionals to discover what helps.

Techniques depend on your type of arthritis and your type of pain. But the following ones can be effective, according to the Arthritis Foundation.

Over-the-counter (OTC) and prescription medications. When taken properly, these drugs can help control pain and inflammation.

Pain relievers include the OTC drugs acetaminophen, aspirin and ibuprofen, and the prescription medicine Ultram.

Aspirin and ibuprofen also help reduce swelling or inflammation. So do prescription drugs such as Celebrex, Vioxx, Rexametrex, Plaquenil, Arava and Prednisone. Newer drugs such as Enbrel and Remicade block the action of a protein that can trigger excessive inflammation.

Exercise. Physical activity reduces joint pain and stiffness, increases flexibility, muscle strength and endurance, and helps control weight. Try to make sure your workout includes range-of-motion and stretching exercises, strength training, aerobic exercise such as

walking or swimming, and any recreational activities you may enjoy such as gardening.

Heat and cold. Both of these may reduce pain and stiffness. Moist heat, such as a bath, and dry heat, such as a heating pad, relax muscles and stimulate circulation. Cold packs wrapped in a towel reduce inflammation and swelling, and numb a painful area. However, don't use either heat or cold for longer than 15 minutes.

Joint protection. Devices such as walkers or braces help ease stress on joints.

Massage. A soothing touch can bring warmth and relaxation to a sore area. Do your own massage or use a therapist who is familiar with the special needs of someone with arthritis.

Acupuncture. Thin needles inserted at specific points on the body are believed to release natural pain-relieving chemicals. Be sure to seek a licensed therapist.

Joint surgery. Various options include synovectomy (removal of the tissue that lines the joints), osteotomy (realignment of the joint) and total joint replacement, most commonly of the hip and knee, although joints in the elbows, shoulders, hands and feet can also be replaced.

In addition, try to maintain a positive attitude, relax, eat a balanced diet and get enough sleep.

Additional sources: American College of Sports Medicine; National Institute of Arthritis and Musculoskeletal and Skin Diseases



SITTING PRETTY: An attractive table can make dining much more pleasurable.

EATING WELL DURING CANCER TREATMENTS

Your diet may play a key role in your recovery

Of all the emotional and physical challenges you face with cancer, one of the most important is eating properly.

Whether your treatment includes surgery, radiation therapy or chemotherapy, you may find that side effects—in addition to normal worry or fear—may affect your ability to eat.

But it's crucial to stay well-nourished when fighting disease.

The American Cancer Society notes that eating well during treatment can help you feel better, keep up your energy, maintain your weight, better handle side effects, lower your chance of infection and recover as quickly as possible.

Experts urge you to view a good diet as part of your treatment plan. However, nutritional guidelines during this time may vary from standard advice.

For instance, you may require more protein and high-calorie foods and less of some high-fiber foods. Nutritional supplements may be recommended.

Even so, the key is to eat a

variety of food. You need protein, carbohydrates, fat, water, vitamins and minerals. Your doctor, nurse or a registered dietitian can help you plan a diet that is right for you.

In nearly all cases, sipping clear liquids and eating several small meals or snacks throughout the day is a good start. Big meals may make you feel too full.

Here are some more food tips from the National Cancer Institute for coping with specific treatment side effects.

Nausea, vomiting and diarrhea. Stay away from fatty, greasy, fried or highly spiced foods.

Instead, try these foods at room temperature or cooler: oatmeal, toast, yogurt, crackers, pretzels, baked or broiled skin-

less chicken, rice or noodles, soft or bland vegetables and fruits, sherbet and angel food cake.

Also, don't eat near your treatment time, and avoid your favorite foods when nauseated so you don't end up disliking them.

Sore mouth or throat. Eat soft foods that are pureed or cut into small pieces, mixed with butter, thin gravies or sauces, at room temperature or cooler.

Some good choices include bananas, scrambled eggs, applesauce, cottage cheese, mashed potatoes, macaroni and cheese or puddings.

If your mouth is dry, you may want to suck on hard candy, eat popsicles or chew gum.

Changes in sense of taste or smell. Use foods that look and smell good. Marinate or season food, and serve it at room temperature. Try tart foods unless your mouth is sore.

Loss of appetite. Eat whenever you're hungry, don't hurry, and try changing the setting of your meals. Candlelight, music, a pretty table, watching television or eating with friends may boost your appetite.

FOR MORE INFORMATION ON NUTRITION, CALL 580-5312.

Exercise reduces risk of hip fractures

Middle-aged men who want to avoid hip fractures later in life should start exercising now.

According to researchers in Finland, men who exercise during their 40s and 50s have a much lower risk of experiencing hip fractures later on.

The researchers followed 3,262 men for two decades to see who developed hip fractures. They found that the more exercise a man got, the less his chances of fracturing a hip. Even moderate amounts of exercise helped.

According to the National Osteoporosis Foundation (NOF), more than 2 million American men have osteoporosis, a disease that weakens bones and can cause fractures, including those of the hip.

Because hip fractures sometimes lead to other health problems—even death—you should consider exercising to help keep osteoporosis at bay.

Weight-bearing activities—including walking, jogging, team sports and weightlifting—are all activities that allow bones and muscles to work against gravity, the NOF says. This helps maintain bone density and prevent fractures.

If you're already exercising, then keep it up. If you have health problems or have been inactive, talk to your doctor before starting an exercise program.

In addition to exercise, the NOF offers these tips for preventing osteoporosis and hip fractures: ► Identify and treat any medical problems that might affect bone health.

These include chronic diseases affecting the kidneys, lungs and intestines, and any disease that alters hormone levels.

► Take a daily calcium supplement. Men 50 years and younger should take 1,000 milligrams per day; those 51 and over, 1,200 milligrams per day.

Leslie Larson broke her foot while running in her sixth-grade gym class. Kay Wilson was trying to balance herself on a box when she fell and fractured her elbow. And Bob Craddock broke both his pelvis and shoulder when he fell in the bathroom.

Accidents happen to all of us. And unfortunately, the result many times is a broken bone.

The American Academy of Orthopaedic Surgeons (AAOS) estimates that about 6.8 million bones are broken every year in the United States.

The law of averages says everyone in this country can expect two fractures over the course of a lifetime. Those breaks can be as simple as a broken toe, or as complicated as a hip fracture.

This means it's likely that some day you or someone in your family will have to deal with a broken bone.

Do you know how to judge whether a bone is truly broken? Do you know when to get immediate help, or when it's probably OK to see a doctor later? And maybe most important, do you know how to lower your risk of a fracture?

THE BARE BONES

Bones are living tissue that grow with the rest of your body. Despite their hard appearance, they are somewhat flexible to outside force and have a little "give." Push them too far or too hard, however, and they will break.

Some people are more prone to fractures than others. Children, for example, often break bones as a result of rambunctious play. Older people may have osteoporosis, the brittle bone disease that can quickly turn a fall into a fracture.

There are also different kinds of fractures, and some people are more likely to experience one type of break than another.

IS IT BROKEN?

You can break a bone in many ways, but the most common reason for fractures is traumatic injury—a fall, a shove, an accident of some sort.

But that's also how many people sprain a ligament or strain a muscle, injuries that often don't

THE BIG BREAK

What you need to know about broken bones

require immediate medical aid. So how do you know if you need to see a doctor right away?

You can use the following checklist as your guide. It was compiled with the help of the AAOS and Letha Griffin, M.D., an orthopedic surgeon and past board member of that organization.

You should see a doctor at once if:

- ▶ You have an obvious deformity, such as a crooked bone or bone puncturing the skin.
- ▶ You heard a snapping sound at the time of injury.
- ▶ The injured area feels cold.
- ▶ You can't move the injured limb.
- ▶ The area is numb, tingling or is causing severe pain.

CALL

879-7583

FOR A NEW

PHYSICIAN

DIRECTORY.

If you can move the injured body part, it doesn't look very misaligned and the color and your sense of feeling are good, ask yourself how much it hurts, advises Christopher T. Daley, M.D., a Blue Ridge HealthCare System orthopedic specialist. If it doesn't hurt much, you

Walk this way

HOW TO NAVIGATE ON CRUTCHES

If you break a bone or tear a ligament or muscle in your leg or foot, you might need to use crutches for a while. They not only help you get around; crutches also help you keep weight off the injured limb as it continues to heal.

Unfortunately, using crutches often requires some adjustment—walking on sticks stuffed under your armpits doesn't come naturally.

Learning how to properly use the crutches, however, might prevent you from falling and suffering further injury.

IF THE CRUTCH FITS

Crutches are not a one-size-fits-all item.

When you stand straight up, the armpit pad at the top of each crutch should come to about 1 inch or so below your underarm. The handgrips should be parallel to the top of your hip. You should be bending your elbows when you walk.

Put your weight on the handgrips, not the armpit pads. You risk damaging a nerve if you rest on your underarms. And don't hold the crutches at an angle, but keep them pressed against your sides.

STEP ONE, THEN ANOTHER

To walk, lean forward slightly with your weight on your good leg and move the crutches forward about 1 foot. Shift your weight from your leg to the handgrips, and swing your body forward, landing on your good leg.

Repeat for each step forward.

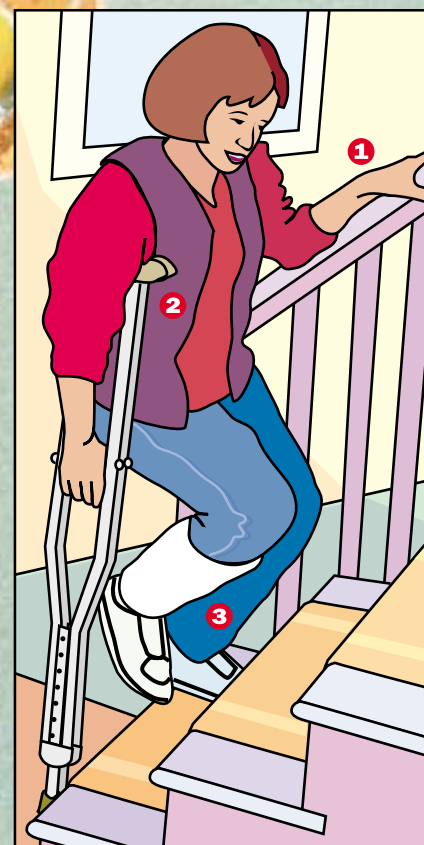
Speaking of steps, you might want to avoid stairs when possible and use ramps instead. If you absolutely must use stairs, handrails will help you maneuver up and down.

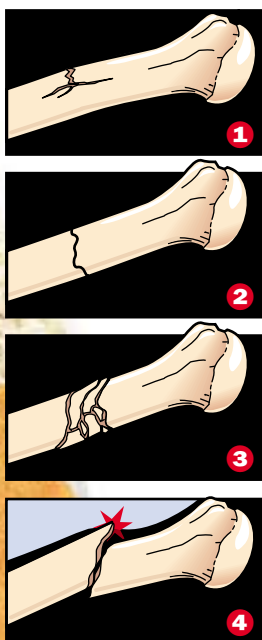
To navigate stairs:

- 1 Hold the railing with one hand, and tuck the crutches under your other arm.
- 2 Put your weight on the crutches and handrail.
- 3 Raise your good leg up the next step, followed by the injured leg and crutches.

■ To go down stairs, lead by swinging the injured leg forward first. Hop down on your good limb.

You probably will want someone to "spot" you the first few times you use crutches on stairs.





may not need to see a physician immediately.

It's likely your injury will require medical attention, however, so call your doctor for an appointment as soon as possible. Your doctor can also help you decide if you need to be seen immediately.

THESE ARE THE BREAKS

Before you seek medical help for a broken bone, you should first try to immobilize the area with either a splint or an ACE-type bandage wrap. If there is an open wound, cover it with a clean cloth or bandage.

A splint or wrap will support the injured spot, keeping the bone from moving much, says Dr. Daley. Avoid wrapping the area tight enough to cut off circulation.

Expect your doctor to order x-rays or other diagnostic tests to determine the severity and type of fracture. Broken bones often fall into one of the following categories:

- 1 **Greenstick fracture**, when only one side of a bone breaks. This type of fracture is common in children.
- 2 **Transverse fracture**, where the break is across the width of a long bone.
- 3 **Comminuted fracture**, when the bone shatters into several pieces.
- 4 **Compound fracture**, also called an open fracture, where bone may poke through skin.

Fractures can also be identified by location, type of trauma or even disease, such as:

- **Blowout fracture** of the bones behind the eye, often the result of being hit in the eye by a fist or an object such as a ball.
- **Boxer's fracture** of the hand bones.
- **Stress fracture**, which is due to repetitive motion and is often seen in athletes.
- **Colles fracture** of the lower forearm, the most common fracture in adults under age 75.
- **Compression fracture of the vertebra**, which may occur when osteoporosis so weakens a bone in the spinal column that it crushes or "pancakes" easily from a minor injury.

FIXING FRACTURES

The type of fracture dictates the type of treatment, but the first step is to put the bone,

or bones, back into place. This is called reduction.

"Closed reduction" can be used on some fractures, says Dr. Daley. That is when bones can be repositioned without surgery. Other, more seriously displaced fractures might require open, or surgical, reduction.

Pins, casts or splints might be used to hold the bones in position while they repair themselves. The healing process can be as short as a few weeks or as long as several months.

But the fact that bones do renew in a consistent fashion may give fractures a small advantage over sprains or strains.

The healing of sprains and strains isn't as predictable. Sometimes the joint never seems stable after a sprain, Dr. Daley says.

PREVENTING FRACTURES

The AAOS points out that although healthy bones can and do break, weak bones are more prone to fracture.

You can help keep your bones strong, however, by exercising regularly and consuming adequate amounts of calcium.

According to the National Academy of Sciences, children need the following amounts of calcium each day to build strong bones:

- ▶ 500 milligrams between the ages of 1 and 3.
- ▶ 800 milligrams between 4 and 8.
- ▶ 1,300 milligrams between 9 and 18.

Adults, 19 through 50, should get 1,000 milligrams of calcium daily, and those 51 and older need 1,200 milligrams.

Exercise can help prevent broken bones by improving strength and balance which, in turn, reduces the risk of falls. Physical activity—especially weight-bearing or resistance exercise—also appears to lower the risk of osteoporosis by increasing bone density, or at least delaying the loss of bone associated with aging.

MORE DETAILS

For more information about fractures, go to the AAOS Web site at <http://orthoinfo.aaos.org>. A guide to symptoms of fractures in children is available through the American Academy of Pediatrics at www.aap.org/pubserv/fracture.htm.

THE PAINS OF SPRAINS AND STRAINS

Sticks and stones may break your bones, but sprains and strains can hurt you too.

Sprains are stretching or tearing injuries to your ligaments—the elastic bands of tissue that connect the bones at a joint. Fall on your wrist, or land on your ankle, and you may get a sprain.

A strain is essentially a sprain of a muscle or tendon.

A sprain or strain may sound less serious than a broken bone,

but it's nothing to sneer at: The pain, bruising and swelling of a severely sprained ankle can be an impressive display. And if the ligament, tendon or muscle is torn, surgery might be needed.

Most sprains and strains can be treated at home, however, with the RICE method: Rest, Ice, Compression and Elevation. Rest the injured area, use an ice pack to reduce swelling, wrap the area with an ACE bandage (not too tightly) and elevate it above the level of your heart.

Sometimes an injury isn't clearly "just a sprain," and you may need x-rays to be sure. Also call your doctor right away if you experience any of the following:

- You can't move the joint, or

the muscle is weak or disabled.

- The injured area can't bear weight.
- The pain is severe.
- You have numbness anywhere around the injury.
- You see red streaks spreading out from the area.
- The injury looks crooked, or lumps or bumps have appeared.
- You can't walk more than a few steps without experiencing significant pain.

It's OK to take ibuprofen or other pain relievers, but aspirin could cause bleeding. Depending on the injury, you might need crutches, slings or other aids until the area is sufficiently healed. Physical therapy might be required in severe cases.

Sources: American Academy of Orthopaedics; National Institute of Arthritis and Musculoskeletal and Skin Diseases

9 TIPS FOR ACTIVELY AGING



For most of us, getting older means slowing down a bit, taking life a little easier.

But even though we might not have quite the same energy level that we once had, it's still important that we remain as active as possible. The reason: Our good health—both mental and physical—depends on it.

Developing an exercise routine is one sure way to stay active. Even if you didn't exercise much when you were younger, you can still do so now. Age doesn't need to be a barrier.

Here are nine tips to get you started:

■ **Talk to your doctor.** A routine physical identifies potential health risks and helps your doctor ease you into an exercise routine that will gradually increase your strength and endurance.

■ **Start slowly.** Start exercise slowly and gradually test the limits of your flexibility and strength. Once you know your limits, you'll recognize when you've exceeded them.

■ **Challenge yourself.** Don't accept a slow pace just because it's comfortable. Once you've reached a certain comfort level, push your body to go slightly faster or to exercise just a little longer.

Alternating the intensity and duration of your workout ensures that your body builds muscle strength and cardiovascular endurance.

■ **Consult a professional trainer.** If you feel your workout no longer challenges you, change activities or consult a professional

trainer. A trainer can advise you on how to safely take your routine to the next level.

■ **Use the buddy system.** It can be difficult to stick with an exercise routine. Try working out with a friend or at the gym. Companionship can help speed the time and provide valuable motivation.

■ **Add variety.** As you age, you need a more varied exercise routine. Don't try to perform the same routine from your youth. Variety will keep you from putting repetitive strain on any one area of the body.

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DIRECTORY,
CALL 879-7583.**

Exercise variety can preserve joints and prevent bone-related injuries, says Charles J. McGraw, M.D., a Blue Ridge HealthCare System family medicine specialist.

■ **Don't let fear of injury hold you back.** Many people confuse discomfort and pain. Always stop if you feel pain.

But if it's been awhile since you've exercised, learn to distinguish reasonable aches and strain from actual pain.

■ **Buy two different kinds of walking or jogging shoes.** Different shoes fit and work differently, which can affect which muscles you use, Dr. McGraw says.

■ **Drink plenty of water.** Remember to drink water before



No matter what your age, exercise is good for you.

and after each workout. You need to replenish fluids after exercise.

■ **One last pointer:** Try to maintain your regimen for at least 21

days. It takes three weeks to form a habit. If you stick with it, you'll get used to exercising regularly, Dr. McGraw says.

The aging body

What exactly happens to our bodies as we grow older?

Researchers from the Baltimore Longitudinal Study on Aging have discovered some fascinating facts about normal aging.

■ **Heart.** It grows slightly larger over time.

■ **Brain.** With age, the brain loses some cells (neurons) and others become damaged. However, it adapts by increasing the number of connections between cells—synapses—and by regrowing the branchlike extensions—dendrites and axons—that carry messages in the brain.

■ **Kidneys.** They gradually become less efficient at extracting wastes from the blood. Bladder capacity declines, but urinary incontinence can often be managed through exercise and behavioral techniques.

■ **Muscles.** Without exercise, estimated muscle mass declines 22 percent for women and 23 percent for men between the ages of 30 and 70. Regular exercise can prevent this loss.

■ **Sight.** Difficulty focusing close up may begin in the 40s; the ability to distinguish fine details may gradually decline in the 70s. From 50 on, there is increased sensitivity to glare, greater difficulty seeing at low levels of illumination and more difficulty in detecting moving objects.

How to keep your grandchildren safe when they visit

Indulging grandchildren is a grandparent's right.

And that's why when your grandchildren visit, you probably don't think twice about preparing a favorite dessert or reading a favorite story out loud again and again.

But along with keeping your grandchildren entertained, are you keeping them safe?

That's a crucial question. Injuries—not disease or drugs—are the leading killer of American children 14 or younger. Every year, nearly 6,300 children die and another 120,000 are permanently disabled because of unintentional injuries.

Tragically, the vast majority

of these injuries could be prevented with some simple safeguards. Here's what you can do:

■ **Lock up your medicines.** Of all the oral prescription drugs accidentally ingested by children 4 and younger, 17 percent belong to either a grandparent or great-grandparent.

Store your medicines (as well as all detergents, household products, vitamins and other potential poisons) in their original containers, locked up and out of your grandchildren's sight and reach.

When filling a prescription for medication, ask your pharmacist for containers that you can easily open but are still child-resistant.

And always keep ipecac syrup

on hand. This syrup can be used to induce vomiting in case of poisoning. However, you should never use it without first calling a doctor or poison control center.

■ **Be aware of choking hazards.** Never let a child under 5 eat round or hard foods, including peanuts and other nuts, raw carrots, popcorn, seeds and hard candy. A child can choke on these foods. Hot dogs and grapes are also off-limits unless they're chopped into small pieces.

Also, always keep coins, buttons, safety pins and other small items that can choke children out of their reach.

■ **Hide your purse.** Young children love to peek inside purses.

But they may contain potentially harmful items, such as medicines or scissors.

**CALL 580-5800
FOR A
PHYSICIAN
REFERRAL.**

■ **Always put a baby to sleep on his or her back.** This precaution significantly reduces the risk of SIDS (crib death).

■ **Don't underestimate the danger of water.** Never leave young children alone near water, espe-

cially in the bathroom. It only takes a few seconds for a young child to drown.

■ **Make sure your grandchild is in the right car seat.** Until they are at least 1 year old and weigh 20 pounds, infants should always ride in rear-facing safety seats.

Children over age 1 and who weigh between 20 and 40 pounds should travel in forward-facing car seats. Youngsters aged 4 to 8 (weighing 40 to 80 pounds) need the protection of booster seats for every ride.

Only after they've outgrown booster seats are children ready to graduate to safety belts.

Source: The National SAFE KIDS Campaign

GRACE RIDGE

You've earned it. The time to enjoy life, to do what you want, when you want. It's all about control, and finally you have it.

Grace Ridge, a life-care retirement community in Morganton, is about just that—taking charge of your life, planning for the future while making the most of every day. And now that opportunity is being extended to even more residents as Grace Ridge opens 30 new independent apartments. It is the latest expansion in this established and vibrant community for retirees.

Nestled in the foothills of the Blue Ridge Mountains, Grace Ridge is more than a housing complex for seniors. It's a lifestyle. It's independence. It's living well and enjoying the fruits of your labors without burdening those you love most.

In operation since 1987, Grace Ridge offers a rare continuity of security and care with its independent apartments and cottages to a newly renovated assisted living unit to modern nursing care facility. There is even a special care unit, uniquely designed and staffed to care for those residents with Alzheimer's and other dementia-related illnesses. As your needs increase, so does the care available to you—all on the same 52-acre campus in the shadow of Table Rock Mountain.

GRACE RIDGE TAKES THE WORRY OUT OF RETIREMENT LIVING AND REPLACES IT WITH FREEDOM AND SECURITY.

With its accommodations for every level of need, Grace Ridge is one of the best values in life care retirement living in North Carolina and beyond—a fact not



The Simpsons enjoying an evening in.

GRACE RIDGE TAKES THE WORRY AWAY

You've earned it. Now enjoy it.

lost on the residents who have chosen this as their home.

After having visited Grace Ridge, one couple recalls other communities didn't compare. "We visited this other place, and after my wife wouldn't get out of the car, we came back to Grace Ridge and signed up," the husband jokes.

Joan Cannon, who along with her husband Roger moved to Grace Ridge in 1997, says the difference here is evident immediately. "We first came here on a December day and took one look, and just from what you could see from the parking lot, we couldn't believe it," she says.

With 138 independent apartments and 26 cottages, Grace

Ridge offers both privacy and the opportunity to socialize. Both one- and two-bedroom apartments are available, depending on the floor plan you select. All apartments are equipped with a complete kitchen with a full-size stove and refrigerator. Some customizing of the space is also available, depending on which contract option the resident selects. Residents furnish and decorate their own living quarters as they like.

Extra security is built into each apartment through a "Life-line" system, so if a problem arises help is only a pull of a cord away. In addition, residents simply press a button in their apartment each morning that

lets the reception staff know they are OK. If they have not been heard from by 10 a.m., someone is sent to check on them.

"There's such a sense of peace and comfort to know that if you need anything, there's someone here to take care of it," says Grace Ridge Executive Director Alan Austin.

Resident Laura Consley agrees. "Everyone feels safe here," she says, explaining that it gives peace of mind both to the residents and those who love them to know that there is help available "just in case." And, she adds, having neighbors and friends nearby also helps. "It feels like an extended family," she says.

Residents recall lightning recently struck one of the cottages, causing a fire. Grace Ridge took care of everything, including arranging for the affected resident to stay in an apartment on campus and calling the insurance company. And, of course, most of all, help was immediately available.

In addition to the residences, Grace Ridge has an abundance of spacious common areas located on each floor. There's a formal dining area, a private guest dining room, special gathering areas such as an arts and crafts room, a lounge and a game room and a chapel. There's even a beauty shop.

And then there are all those amenities and services: Meals; around-the-clock security; weekly housekeeping services; laundry services and facilities; transportation to doctor's visits and such; an on-campus health care center; routine clinic services provided by nursing staff; planned activities and excursions.

Later this year, Grace Ridge will open a large auditorium/community room to accommodate up to 300 people—making it one of the most spacious gathering places in area. The auditorium will be available for rent by people in the community for wedding receptions, anniversary celebrations and special presentations such as plays, etc.

Then there are those advantages you can measure only in worry terms. No more yard to mow. No more maintenance to take care of. No trying to figure out what to do if a snowstorm knocks out the power. No more skipping meals because you just don't feel like cooking for one. No more agonizing over what ifs and just in case. Grace Ridge takes the worry out of retirement living and replaces it with freedom and security.

Grace Ridge is a nonprofit community affiliated with Blue Ridge HealthCare System. For more information or to schedule a visit, call 580-7300 Ext. 230.

No flu for you: Why you need a yearly flu vaccine

You'll reduce risk of serious illness

You can't get the flu from an influenza vaccine.

That's one of the most common reasons people decline an annual influenza vaccine—the mistaken belief that getting a flu shot can give you the flu. But it can't, because the virus contained in the vaccine is dead.

Still, some people insist they became ill after getting a flu shot, and they may be right—there is nothing in the vaccine to prevent a cold, bronchitis or other sickness. But there's nothing

in the vaccine to cause the flu, either.

THE MOST COMMON SIDE EFFECT FOR MANY PEOPLE IS A SORE ARM.

The fact is, it's much easier to come up with reasons why you *should* get a flu shot every year than reasons why you shouldn't.

For instance, the Centers for Disease Control and Prevention,

which keeps track of infectious diseases like influenza, says the flu vaccine is 70 percent to 90 percent effective in preventing the illness in healthy adults.

That's one reason to get a vaccine—*so you won't get sick.*

OTHER REASONS TO GET A FLU SHOT YEARLY INCLUDE:

► The flu can be a serious illness. Influenza attacks the respiratory system. Although most people recover in one or two weeks, some develop serious and potentially life-threatening medical complications, such as

pneumonia. In an average year, the flu is linked to more than 20,000 deaths and 100,000 hospitalizations nationwide.

Furthermore, some flu viruses are more deadly than others: In 1968–1969, the so-called Hong Kong flu killed about 34,000 people in the United States alone.

► The virus mutates regularly. Different strains of influenza exist simultaneously and undergo genetic change regularly. That means the vaccine also must be altered regularly.

But even if that weren't the case, the vaccine loses effectiveness over time. If this year's

virus were identical to the last, you'd still need another flu shot.

► Side effects are minimal and rare. The most common side effect of a flu vaccine for many people is a slightly sore arm.

► Flu shots generally are inexpensive and easy to get. The cost of the shot is covered by Medicare. Temporary shortages of the vaccine are unusual.

► The vaccine might reduce risk of second heart attack. One study of 218 people who had experienced a heart attack suggested that the flu vaccine may help prevent a second heart attack.

DIGESTION

THE LOWDOWN ON GALLSTONES

They can be as small as a grain of sand—or as large as a golf ball. Some cause no problems whatsoever and are better off left alone. Others bring on excruciating pain and need treatment.

Women get them more often than men and older adults more frequently than younger ones.

They're crystallized clumps of cholesterol and other solid materials more commonly known as gallstones. And this year, over a million people in the United States will discover they have them.

SOME BASICS

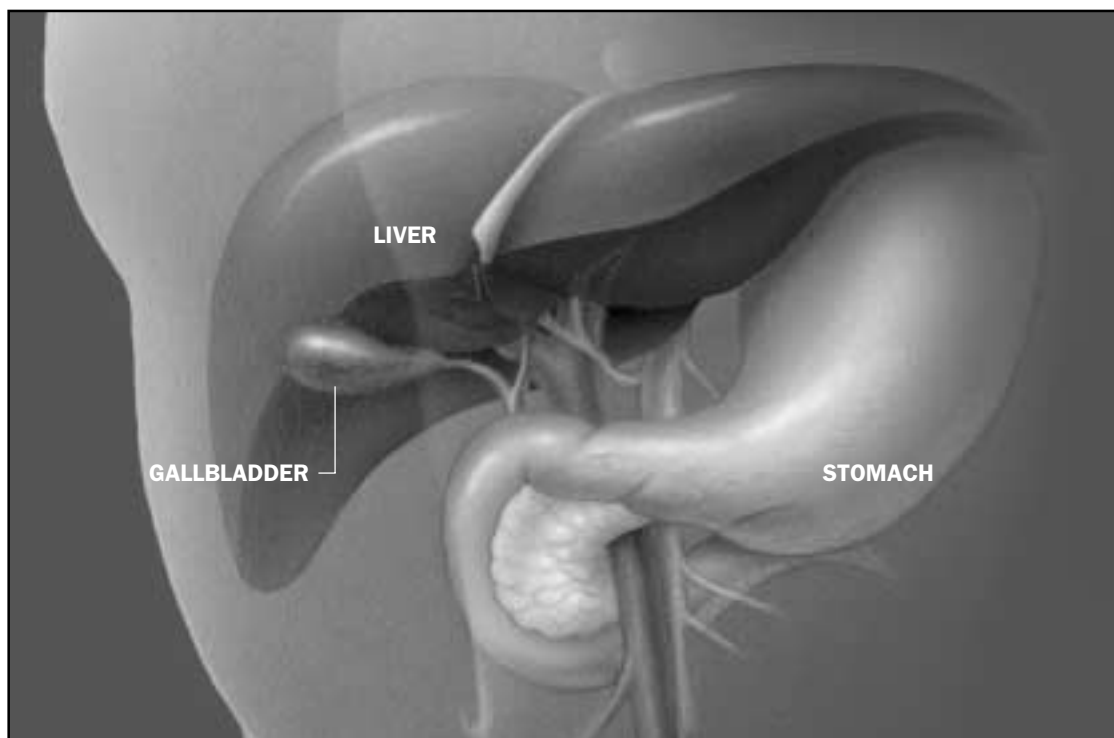
Tucked under the liver, the gallbladder closely resembles a pear-shaped sac. Its chief job is to store bile, a greenish-brown fluid secreted by the liver.

As you eat, the gallbladder squeezes bile out into the intestine, where it helps digest fat in foods.

Occasionally, too much cholesterol or other substances build up in bile and form tiny crystals. Eventually, these crystals can fuse into gallstones.

Though anyone is a potential candidate for gallstones, certain people are especially vulnerable. Among them:

- ▶ Pregnant women, or women who take the pill or use hormone replacement therapy after menopause.
- ▶ Anyone over 60. By this age, roughly 10 percent of all men and 20 percent of women have gallstones.
- ▶ Anyone who is overweight or who has lost weight quickly.
- ▶ Anyone with diabetes. People



with diabetes are prone to high levels of fatty acids called triglycerides. And these fatty acids raise the risk of gallstones.

▶ American Indians and Mexican Americans.

SILENT OR SYMPTOMATIC?

About 80 percent of all gallstones are what doctors call "silent"; they cause no symptoms and consequently need no treatment.

By irritating the gallbladder, some stones can cause a sudden onset of pain, says Suneel Mohammed, M.D., a Blue Ridge HealthCare System gastroenterology specialist.

The pain of a typical gallstone attack is severe and steady, and can persist from 15 minutes to several hours. Often it is accom-

Crash dieters at risk for stones

Taking off unwanted pounds too quickly can leave you with something else that's unwanted: gallstones.

According to the National Institute of Diabetes and Digestive and Kidney Diseases, rapid weight loss increases the risk of developing these hardened globs of cholesterol.

Specifically, research suggests that up to 25 percent of people who are obese develop gallstones on very low-calorie diets—typically defined as containing only 800 calories a day or less.

The moral here is not that you should refrain from dieting if you're overweight; obesity itself can raise your risk of developing gallstones.

So do try to shed pounds if you weigh more than you should. But take off those pounds slowly and sensibly. Most experts recommend losing no more than about 1 pound per week.

panied by nausea and vomiting. The pain begins on the upper right side of the abdomen and can spread to the chest, should-

ers or back, sometimes mimicking a heart attack.

More serious complications can result if a gallstone travels out-

side of the gallbladder and lodges in the common bile duct, an important digestive passageway.

Among the warning signs of this potentially serious situation:

- ▶ Pain in the right upper abdomen that persists and does not go away on its own.
- ▶ Fever and chills.
- ▶ Severe nausea and vomiting.
- ▶ A yellowish tinge in the whites of the eyes or skin.

Whenever you suspect that a gallstone is producing symptoms, call your doctor right away.

SURGERY IS A SOLUTION

By far the most common treatment for symptomatic gallstones is to surgically remove the gallbladder. Fortunately, the body can run quite smoothly without this organ.

Once, removing a gallbladder always required major abdominal surgery.

But today the standard procedure is a laparoscopic cholecystectomy—or more simply, "belly-button" surgery.

In this surgery, doctors remove the gallbladder through a small incision in the abdominal wall.

Because abdominal muscles are not cut, patients have less pain and heal more quickly than they would with more invasive surgery.

Laparoscopic cholecystectomy is a safe and effective surgery for most people with gallstones.

And in those rare instances when surgery of any kind is too risky, doctors can often offer other treatments, including dissolving bothersome stones with medication or shattering them with shock waves.

Frequent heartburn: Don't ignore this condition

Some diseases don't get the respect they deserve.

Consider heartburn—that all-too-familiar burning sensation inside your chest.

Many of us shrug off our indigestion and swig down some antacid. And that's fine if the heartburn you experience is only an occasional annoyance.

If you have heartburn two or more times per week, be sure to see a doctor, says Mushtaq A. Bukhari, M.D., a Blue Ridge HealthCare System gastroenterology specialist.

It's also essential to consult with a doctor if you are self-medicating for heartburn two or more times weekly, or if you are

still experiencing symptoms while taking a medication.

Left untreated, frequent heartburn can trigger a dangerous change in the lining of the esophagus that can lead to cancer.

**FOR A
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REFERRAL,
CALL 580-5800.**

According to researchers, chronic heartburn increases the risk of esophageal cancer—a rare, but especially aggressive type of malignancy—almost eight times.

AWASH IN ACID

Some 15 million Americans cope with heartburn daily. Often, frequent heartburn results from a weakness in the lower esophageal sphincter. When this muscular valve relaxes too easily, it allows stomach acid to bubble up into the esophagus.

This steady stream of acid can damage the esophagus and lead to a potentially serious disorder called gastroesophageal reflux disease, or GERD. Along with heartburn, symptoms include sore throat, hoarseness, coughing, wheezing, unexplained chest pain and difficulty swallowing.

Untreated GERD can also trigger Barrett's esophagus, a precancerous change in the lining of the esophagus. Roughly 5 percent of individuals with GERD develop this condition. And individuals with Barrett's esophagus face a 30-fold increased risk of developing esophageal cancer.

The good news: Regular monitoring with endoscopy can usually detect precancerous changes in time for effective treatment. In this test, a doctor passes a small, lighted tube through the mouth and into the esophagus and stomach to check for abnormalities.

A RANGE OF TREATMENTS

For mild heartburn, treatment typically starts with lifestyle changes, such as avoiding certain foods (namely, fatty, fried, acidic or spicy foods) and not lying down for two hours after eating.

Numerous heartburn medications are also available, from over-the-counter antacids to prescription-strength acid suppressants.

Finally, surgery to strengthen the esophageal sphincter is also an option. Surgeons wrap part of the stomach around the esophagus to keep the esophagus closed. Increasingly, this surgery is performed laparoscopically—which only requires several small abdominal incisions.

SURGERY

BREAKING THE SILENCE ON COLOSTOMY

Life goes on (and how!)

Barbara Barrie wrote a whole book about a topic many people are reluctant to even mention.

Don't Die of Embarrassment describes Barrie's life after colostomy. By sharing her story, she hopes to prevent other people from feeling frightened or ashamed about the procedure.

It helps that Barrie, 68, is a person who doesn't shy away from things.

An actress, she's made hundreds of film and TV appearances. She played *Barney Miller's* wife and *Suddenly Susan's* grandmother. And she received an Oscar nomination for her performance in the movie *Breaking Away*.

Like most people in her situation, Barrie was afraid when she underwent colostomy in 1994 as part of her treatment for colorectal cancer. She worried that she was losing control of her body, that she would be abnormal.

But she now realizes colostomy is no different from other procedures that preserve or improve a person's life. "You might have an artificial knee or an artificial hip. It's just that the area [affected] has changed to your belly."

I view it as something that saved my life," she adds.

ABOUT OSTOMIES

An ostomy is a surgery that creates a new opening, called a "stoma," for waste to leave the body. People may need an ostomy because of cancer or digestive diseases such as colitis and Crohn's disease.

Ostomies are also performed to treat blockages and chronic swelling of the bladder or intestines. In some cases, people injured in car crashes and other



Actress Barbara Barrie proves that you can lead an active and full life even after a colostomy.

accidents need permanent or temporary ostomies.

For a colostomy—one of the most common types of ostomies performed—a portion of the large intestine is joined to a stoma on the abdomen so feces can exit the body.

This colostomy may be permanent in cases of colorectal cancer where the rectum must be removed, or it is temporary when

a damaged part of the colon is taken out and the rest of the colon needs time to heal.

Surgical techniques have advanced to the point where only 5 percent of people with colorectal cancer now need colostomies, according to the American Society of Colon and Rectal Surgeons.

PUTTING FEAR TO REST

While people may fear the prospect of a colostomy, it can save your life, says Alan F. Jacks, M.D., a Blue Ridge HealthCare System surgeon.

Dr. Jacks notes that most people adapt well to an ostomy.

Before having surgery, it can be helpful to talk to an ostomy nurse and to ostomy patients, Dr. Jacks advises.

Children and teens who need ostomies especially can benefit from talking with peers who have had the procedure. And a doctor or nurse can provide information about ostomy support groups.

ADAPTING TO CHANGE

After surgery, a nurse who cares for people with ostomies will review how waste is emptied from the stoma.

CALL 874-7583

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Waste can be collected in a flexible bag or pouch (called an appliance) that fits over the stoma. A pouch won't leak or emit odor. It is emptied into the toilet when it's full.

People won't notice an appliance worn under the clothes. You may have close friends who have colostomies, and you'd never know it.

Some people with colostomies elect to "irrigate" rather than use an appliance. Irrigation is a gentle enema of the stoma done every day or two to clear the bowels. People who irrigate wear a soft pad or sometimes a small appliance over their stoma.

LIVING WITH A COLOSTOMY

The United Ostomy Association offers this advice to people undergoing colostomy:

Food. You'll be able to eat nearly everything you did before, but will want to avoid foods that cause diarrhea or constipation. Take small bites, and drink about eight glasses of water a day to help with digestion.

Exercise. There are professional athletes with ostomies—the procedure shouldn't slow you down, either. You should be able to swim, run, walk and more.

Sexuality. Many people worry about what their partners will think and are self-conscious about their bodies after colostomy.

However, there's no reason you can't enjoy the same intimate relationship. You just may need to work on it together.

Surgery for colorectal cancer—not colostomy itself—can lead to sexual dysfunction in some men. You should discuss any concerns you may have about sexuality with your doctor.

Childbirth. Generally, women with colostomies can become pregnant and have children.

Other ostomies

Along with colostomy, there are two other types of ostomies.

The type performed depends on what part and how much of a person's intestines must be removed.

Ileostomy is when the colon and rectum are removed and the bottom of the small intestine (ileum) is attached to the stoma.

Ileonal reservoir surgery is an alternative to ileostomy.

First, the colon and rectum are removed, and a temporary ileostomy is done. In a second surgery, the ileostomy is closed and part of the small intestine is used to create an internal pouch to hold stool in the anus.

The muscle of the rectum is left in place so the stool in the pouch doesn't leak out. People with this surgery maintain control over their bowel movements.

Source: National Institute of Diabetes and Digestive and Kidney Diseases

What to say. It's up to you whether you tell others about your colostomy. If you have children, they may be curious. Being open with them may help put concerns to rest and teach them that there is no reason for shame or embarrassment. The same is true of telling friends.

BETTER THAN EVER

Barbara Barrie urges people with colostomies to make the most of their new leases on life. And she sets a great example.

"It's an easy thing to manage once you learn how," she says. "I take a really hard exercise class four days a week.... I swim in the ocean. I run in the park. I dance, make love. I do all those things that people do. It absolutely doesn't stop you from doing anything."

For more information and inspiration, try these sources:

► *Don't Die of Embarrassment: Life After Colostomy and Other Adventures*, Barbara Barrie (Fire-side, 1999).

► *The Ostomy Book: Living Comfortably With Colostomies, Ileostomies and Urostomies*, Barbara Dorr Mullen and Kerry Anne McGinn (Bull, 1992).

Screening for colorectal cancer

Barbara Barrie is but one of the more than 130,000 Americans who are diagnosed with colorectal cancer each year. Fortunately, as many as 80 percent to 90 percent of people can be cured if the disease is caught early.

Doctors screen for colorectal cancer by:

- Ordering lab tests to detect blood in stool samples.
- Using medical instruments to see inside the rectum and colon.
- Feeling inside the rectum with a lubricated, gloved finger.
- Ordering x-rays.

One or more of these screenings is typically advised at regular intervals beginning at age 50. Your doctor can recommend a screening routine that is right for you.

Source: American Cancer Society

IT'S TIME FOR SCHOOL

You've bought the backpacks and the binders, and stocked up on everything from staples to pencil sharpeners. You've even warned your kids (in your most serious, I-mean-business voice) that this year's homework *must* be finished before soccer practice.

Congratulations. You're *almost* prepared for the start of the new school year.

To be really ready, however, you need to read these back-to-school tips from the American Academy of Pediatrics (AAP):

**NEED A
PEDIATRICIAN?
CALL 580-5800.**

- ▶ Make sure all your child's immunizations are up-to-date, including booster shots. Most schools insist on written proof that youngsters have their shots.
- ▶ Promptly fill out all school health forms and emergency-contact forms. And be sure to update phone numbers when necessary.
- ▶ If your child plays sports—particularly at the high school level—the school will probably require a physical. So unless you want your child to watch games from the sidelines, don't overlook this detail. Also, urge your child to wear all appropriate protective sports gear.
- ▶ If you haven't done so already, talk to your child about not smok-

ing. Every day more than 6,000 young people try their first cigarette and nearly 3,000 become regular smokers. Early adolescence (between the ages of 11 and 15, or sixth through 10th grade) is the time when young people are most likely to first try smoking.

▶ Does your youngster have a chronic disease, such as asthma or diabetes? Give the staff written guidelines detailing how to keep the condition under control at school.

Be certain the school nurse and your child's teacher have enough information to know what to do should symptoms develop.

And if your child takes medication, make sure all arrangements are in place—before school starts—for him or her to receive the medication during the school day.

▶ Remind your child to stick to sidewalks and main roads when walking to school. Alleys, woods and deserted areas should be strictly off-limits.



READY, SET, GO: Start the year off right by preparing your child physically and emotionally for school.

▶ Give your child strategies for coping with bullies. Rather than giving in to an aggressive child's demands, your youngster should simply walk away or tell the bully to stop. Encourage your child to report persistent bullies to teachers.

▶ If your child is enrolling at a new school, try to tour the school in advance and/or arrange a play date with a future classmate. Seeing a friendly face on the first day

can really ease jitters.

▶ Finally, monitor your child's emotional progress throughout the school year.

Your child may not always tell you whether he's having difficulty adjusting, says John F. Whalley, M.D., a Blue Ridge HealthCare pediatric medicine specialist. When attending parent/teacher conferences, be sure to ask about your child's emotional state, Dr. Whalley advises. For example, ask

Bus basics

Like first steps or first words, your child's first school bus ride is one of those rites of passage you'll always remember.

To make this ride—and all the ones that follow—as safe as possible:

- Teach your child to watch carefully for oncoming traffic and to wait for the bus to stop completely before approaching the curb and boarding.
- Make sure your child isn't late for the bus. A rushed child is more likely to dart into traffic.
- Insist that your child always stay seated while riding the bus. This will minimize the risk of injury should the driver suddenly stop.
- Your child should wait to exit until the bus is fully stopped, the red lights are flashing and the driver has signaled that it is safe.
- Your child should cross at least 10 feet in front of the bus when exiting. This precaution allows your child to avoid the driver's "blind spot"—where bus-related accidents are apt to occur.

Sources: American Academy of Pediatrics; National SAFE KIDS Campaign

whether your child seems confident and happy, and whether he gets along with other students.

Remember, school is a time to grow socially and intellectually.

HEALTH SCENE®

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Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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