Why Not Make the Call?

In this age of instant communication, we are very comfortable with making a phone call. Most of us carry a phone and use it all day—while shopping or exercising. Our phones help us feel connected—safer, perhaps. And one of the first calls most of us learned about was calling 9-1-1 in an emergency.

- Have a fire on the stove? Call 9-1-1.
- See an accident on the freeway? Call 9-1-1.
- Experiencing a heart attack? Call 9-1-1.

In those situations, we don’t hesitate to call 9-1-1. Last year in the Kansas City metro area, more than 1.5 million 9-1-1 calls were made. But generally, we don’t call 9-1-1 when we suspect someone may be having a stroke. Research published in a recent issue of *Stroke: Journal of the American Heart Association* found that only a fraction of people surveyed would call 9-1-1 if they saw a friend or loved one with stroke symptoms.

There is a campaign to change that. Kansas City is one of three cities selected for a pilot study by the American Stroke Association to increase the knowledge of the warning signs of stroke and the importance of calling 9-1-1, thus decreasing the time of delay from symptom recognition to hospital arrival. Kansas City was selected through a series of formulas and research that will serve to represent America at large. Additionally, our area has a high number of stroke victims.

My mother had a stroke this past May. While it took her an hour-and-a-half to crawl to a phone that was in the next room, she was able to dial 9-1-1 (with her arm that worked) and summon the emergency medical services. Fortunately, with a quick response from the paramedics and an emergency department that recognized her symptoms immediately, she is on her way to a full recovery.

You will be hearing a lot about stroke in the next three months. The campaign includes paid advertising and education from Kansas City area hospitals. So, let’s get the campaign going. Do you know the signs of stroke?

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause.

If you suspect a loved one is having a stroke, don’t drive to a hospital—call 9-1-1. Minutes matter.

Wishing you good health,

Fleury Yelvington
President and Chief Executive Officer
Heart disease remains the number-one killer of men and women in the U.S. What you don’t know can hurt you. It’s important to keep up on your heart health year round and take steps to improve it. (There’s always room for improvement, right?) Health Wise asked Daniel Dunker, MD, with the Carondelet Heart Institute, a few questions.

Can heart disease be prevented?
People don’t realize how much control they have over heart disease. Yes, there are factors you can’t control but there are many things you can do for a healthy heart.

Such as?
Earlier this year, the American Heart Association (AHA) released the seven secrets to a long life. They are:

- Don’t smoke
- Keep a leaner physique
- Exercise
- Eat a healthy diet
- Keep cholesterol in check
- Keep blood pressure in check
- Keep blood sugar in check.

How much impact can that have?
The AHA estimates most 50-year-olds who do those things can live another 40 years free of stroke and heart disease.

That’s a lot to take in; where do you suggest people start?
Start with number one on the list—smoking. Smoking is the leading preventable cause of disease and deaths. It’s estimated that smokers die 13 to 14 years earlier than nonsmokers.

What’s next?
Not surprising, most of the rest of the list can be addressed with diet and exercise. Just saying the words “diet” and “exercise” in the same sentence can panic some people, but relax. A lot of little things can add up to big benefits in heart health. Start with setting simple goals—eat fruits and vegetables at every meal; read food labels and pay attention to the amount of sodium, cholesterol and fat items contain; walk during the lunch hour. Little things can add up.

For a personalized heart risk assessment, call the Carondelet Heart Institute at 816-943-2584.

1. Breast Cancer is the leading cause of death in women between the ages of 40 and 59.
   True or false?
2. How many women die of breast cancer each year in the U.S?
   A. 5,000
   B. 20,000
   C. 40,000
   D. 100,000
   E. 500,000
3. The America Cancer Society recommends normal risk woman should have yearly screening mammograms at age 40.
   True or false?
4. About 80 percent of lumps found in breast tissue are benign (not cancer).
   True or false?
5. Most women who get breast cancer have no risk factors except for getting older.
   True or false?
6. What is the five-year survival rate for all women diagnosed with breast cancer?
   A. 10 percent
   B. 27 percent
   C. 89 percent
   D. 97 percent
   E. 100 percent
7. Men can get breast cancer. Out of ___ cases, how many are men?
   A. One in 10
   B. One in 25
   C. One in 50
   D. One in 100
   E. One in 1,000
8. The American Cancer Society estimates there are how many breast cancer survivors alive today in the U.S.?
   A. 300
   B. 100,000
   C. 500,000
   D. 1 million
   E. 2.5 million

Answers—1 True; 2 C; 3 True; 4 True; 5 True; 6 C; 7 D; 8 E.
Dangers of High Blood Pressure

What if you were told you will face a condition in your life that will increase your chances of heart failure, stroke, kidney disease and blindness? Consider yourself told. That condition is hypertension, or high blood pressure. The good news is it can almost always be avoided.

A blood pressure of 140/90 (140 over 90) or higher is considered high. Almost two-thirds of people over age 65 have high blood pressure. If your blood pressure is between 120/80 and 139/89 then you have prehypertension. Even people who do not have high blood pressure at age 55 face a 90 percent chance of developing it later in life.

If high blood pressure runs in your family, you are likely to develop hypertension as well. To avoid and minimize the effects of this rampant problem, you should:

- Maintain a healthy weight
- Be physically active
- Follow a healthy eating plan
- Eat foods with less sodium (salt)
- Drink alcohol only in moderation
- Take prescribed drugs as directed.

Check your blood pressure every two years after the age of 21, then get annual checks after age 50 and more frequently if you have risk factors. Good news is, it’s painless.

KIDS’ STUFF

Teen Hearing Loss

Parents believe most teenagers have selective hearing, but new studies show one in five teens may actually not be hearing you well. Loud music and the way teens listen to it are to blame. Since the 1960s, generations of teenagers have found new technologies to listen to amplified music – from early, bulky headphones to today’s ear buds and MP3 players.

A recent study by the American Medical Association linked use of personal listening devices with a dramatic increased risk of hearing loss in children. Another study involving 200 New York college students found more than half listened to music at 85 decibels or louder. That’s like putting your ear next to a hair dryer or a vacuum cleaner. Prolonged listening at those levels can turn microscopic hair cells in the inner ear into scar tissue and the hearing loss can be permanent.

Whatever you listen to, and whatever the device, the advice is to listen at reasonable levels. The American Speech Language Hearing Association advises setting a safe listening level by turning the sound all the way up (without wearing the ear buds) then back it to halfway. It also advises taking “listening breaks” from loud music or other loud noises to give ears a chance to recover.

HOW TO

Prevent Colds and Flu

It’s the cold and flu season and while they’re not the same illness, they are often treated similarly. You can avoid these seasonal illnesses or minimize their impact with some precautions.

Get a Flu Shot
Okay, it won’t help fight a cold but it will protect against the flu—that’s half the battle.

Do the Basics
Eat right (lots of fruits and vegetables), sleep right and exercise to keep your immune system in top form.

Enjoy the Freshness
A regular dose of fresh air is important. Central heating dries you out and makes your body more vulnerable to cold and flu viruses. Avoid crowded places where you’re more likely to encounter people with viruses.

Listen to Mom
She was right. Science has shown chicken soup really can help relieve cold and flu symptoms. It works as an anti-inflammatory, helping to relieve congestion and limiting the amount of time viruses are in contact with the nose lining.

Use Saline Nasal Drops and Sprays
Over-the-counter saline nasal drops and sprays combat stuffiness and congestion. Unlike nasal decongestants, saline drops and sprays don’t lead to a rebound effect — a worsening of symptoms when the medication is discontinued.

And the Single Best Cold and Flu Protection…

Wash Your Hands
Hands are germ factories. A quick pass through running water is not going to do it. Use warm water and soap. Rub your hands together for about 15 seconds and rinse thoroughly. Throw the paper towel away after using it to open the door.
**MOVE**

**Let’s Face It**

Overeating without proper exercise is one of the main reasons behind a double chin. A sedentary lifestyle, improper posture—even your sleeping style can contribute to an increase in facial fat. Facial fat does increase with age and...sorry, gals, is more common in women than in men. So, get your diet in order and try these exercises to minimize that sagging skin.

**Chin Up**

A simple exercise is to maintain a good posture throughout the day. Let your head be high above your shoulders with a jutting jaw.

**Make a Face**

In the morning, open your mouth with jaws wide open. Feel the tension on your chin and neck. Leave the jaw open for few seconds and then close. Repeat 10 times daily.

**Posture Counts**

- Sit on a chair and tilt your head back as much as possible. Keep your shoulders erect. The chin will be stretched with a jutting jaw. Repeat as you can.
- Keeping your upper body and shoulders still, push your chin forward and hold it in this position for 15 seconds. Repeat it 10 times.
- While standing or sitting, roll your head all the way around, forming a full circle. Your neck will act as a pivot for the movement.

**Get Down With It**

Lie on your bed or a floor mat and keep your hands by your side. Keep your legs straight and try to bring your chin closer to your neck. Let the chin touch the chest and hold the position for at least 15 seconds. Try this five times a day and increase "holding time" as much as you can.

As with any exercise, these can be effective only if followed judiciously—and with proper nutrition.

---

**EAT WELL**

**Apples Get an A+**

We’ve all heard the saying about “an apple a day” and there may be more to that old adage “keeping the doctor away” than you might think. Apples can help lower your cholesterol and help with weight loss.

Because of the flavonoids and phloridzin found in apples, researchers have found that those who eat apples every day lower their chances of developing:

- Breast cancer
- Lung cancer
- Colon cancer
- Liver cancer.

French researchers are finding apples may protect post-menopausal women from osteoporosis by increasing bone density.

But wait, there’s more. A recent study indicates women who ate apples had fewer children with asthma, and those asthmatic children who drank apple juice daily wheezed less than children who drank apple juice only once a month.

---

**LEARN**

**We’re Gaining on Them: Area Moves Up Obesity Scale**

Have you put on a few pounds lately? If you live in Missouri or Kansas, chances are you have. According to the Centers for Disease Control and Prevention, the Show-Me-State showed up one spot higher on the heaviest states list from 13th to 12th this year. Kansas moved into the 16th position up from 18th a year ago. Nearly 30 percent of people on either side of the state line are considered obese, and we apparently have a lot of company. The obesity rates went up in more than half of the U.S. states.

Mississippi has taken “top” honors for five straight years, with Colorado again taking the honors for the lowest obesity rate—even though its obesity rate climbed slightly. Obesity is responsible for numerous health conditions, including Type 2 diabetes, heart disease, some cancers, depression and osteoarthritis.

To keep weight in check, a combination of diet and exercise are considered better than either one alone. Learn healthy ways of eating and make them a part of your everyday routine. Set realistic, safe daily goals that provide both weight loss and good nutrition. Pounds dropped slowly and steadily are more likely to stay off and remember, even modest weight loss can improve your health.
Gene testing for breast cancer mutations may have saved Julie Markey’s life.
Julie Markey never gave much thought about her risk of breast cancer and like many women, put off having her annual screening mammogram. In fact, Markey, who is 50, hadn’t had one in three years. She was busy with her life: working, taking care of her family and taking care of herself. She’s very active and has done three half marathons. Even after her mother’s breast cancer diagnosis last fall she didn’t schedule a mammogram. But finally, after much prompting from her assistant, Markey had a little time off, and made an appointment for a mammogram in the Breast Center at St. Joseph Medical Center. It was a decision that may have saved her life.

Through an agreement with the Kansas City Cancer Center and with funding from the St. Joseph Medical Center Foundation, every woman having mammography at St. Joseph is offered a free computerized risk assessment calculating whether she has an average, slightly higher than average or higher than average risk of developing breast or ovarian cancer. “The assessment is very thorough,” says Kathy Frierson, lead mammography technologist in the Breast Center. “It’s more extensive than a paper risk assessment. It looks not only at family history, but a woman’s personal health history as well. If the assessment shows a higher risk, the report is sent to her physician, but we also call her directly and talk about what it means.”

Because of her mother’s recent diagnosis, Markey learned more about her family’s medical history and therefore had very accurate information for the assessment. She had learned that her mother’s two sisters and their mother also had breast cancer. Needless to say, her assessment came back and showed Markey had a higher risk. She was referred to Larry Geier, MD, an oncologist with the Kansas City Cancer Center. She was reluctant, but decided she would at least meet with him. At about the same time, she learned her mammogram showed suspicious areas needing biopsy.

“The next step, if it’s warranted, is genetic testing for a genetic mutation in the BRCA-1 or BRCA-2 gene. People with the mutation are at a much higher lifetime risk for developing cancer. With the mutation, a woman has an 80 percent chance of developing breast cancer and a 20-40 percent risk of developing ovarian cancer in her lifetime.

Markey decided to do the testing and she wasn’t surprised when she learned that she had the gene mutation. At the same time, she learned that the biopsies were negative. She did not have breast cancer—yet. “Knowing this risk before the cancer actually develops gives a woman options and she can take steps to avoid cancer completely,” says Dr. Geier. “Knowledge is power.”

“When you find out you have the defect, you basically have three options,” says Markey. “You can ignore it; you can be very diligent in your screening and hope you find it in time; or you can take preventive steps. I chose the third and had preventive surgery—twice.”

Markey had a complete hysterectomy in June. She worked hard to recover and six weeks later had a double mastectomy with reconstruction. “I wasn’t going to sit there and wait for the train to come,” says Markey. “I knew I didn’t want to deal with the constant monitoring; the constant worrying. I’m the kind of person who, when I have a problem—I take care of it.”

A month after the double mastectomy, Markey is back in the gym. She is working with Ryan Stevens, DC, MS, on regaining the strength she lost in the surgery. She appreciates that her health team works together in coordinating her care and Dr. Stevens says with time, she’ll regain her strength and range of motion.

It’s hard work and sometimes painful, but Markey says she has no regrets, even after she learned that pathology showed no cancer in her breasts and that her ovaries were also cancer-free. “Some people look at me like I’m out of my mind. They’ll say, ’They took everything out—yet you didn’t have cancer?’ But for me, it was the right decision. I’m relieved that I won’t have to deal with breast or ovarian cancer.”

She calls herself a “previvor.” Markey does have a 21-year-old daughter who will eventually be tested. She has a 50 percent chance of
You’re invited
to a free seminar:

A New Look at Breast Health
How MRIs are used in Breast Cancer Detection

Richard Kuckelman, MD
Radiologist with the Breast Center
Tuesday, October 5
6:30-8 p.m.

St. Mary’s Medical Center
Education Center
201 NW R.D. Mize Road
Blue Springs, MO 64014

Seating is limited for this FREE event. Call 816-228-3335 to reserve your seat.

The BRCA mutation is genetic. Julie and her mother know they have it; her sisters and daughter have yet to be tested.

Dr. Geier believes assessing the risk before someone is a cancer patient is the start of a transformation in oncology. Men with defects in the BRCA genes are at a higher risk of breast and prostate cancer, and oncologists can test for defects in other genes that indicate a higher risk of other cancer. “For 25 years I’ve been chasing cancer. Most of the people having genetic testing came to us after diagnosis—they were already cancer patients. But this risk assessment that the Breast Center offers allows us to identify those at highest risk and opens doors to everyone in that family. How many chances do we get to prevent these cancers and possibly fix things before they’re broken?”

Dr. Kuckelman, MD, radiologist with the Breast Centers at St. Joseph and St. Mary’s, says, “Breast MRI can sometimes see cancer that is not detected with mammography or ultrasound.”

The Breast Centers at St. Joseph and St. Mary’s Medical Centers provide expert care in breast health with the care and compassion Carondelet Health is known for. Both centers provide ACR-accredited digital mammography with extended hours and walk-in appointments for your convenience. Both also provide breast MRI services. That’s important because recently, the American Cancer Society developed new guidelines for women with unusually high risk of developing breast cancer, advising them to have breast MRIs annually. Studies have shown that MRI scans are the best method for finding very small cancers and finding multiple sites of breast cancer in the same breast.

“When Breast MRI can sometimes see cancer that is not detected with mammography or ultrasound,” says Richard Kuckelman, MD, radiologist with the Breast Centers at St. Joseph and St. Mary’s. “It’s also very important for women just diagnosed with breast cancer to have a breast MRI so we can see more clearly if the cancer has spread to other areas. That information can impact the course of treatment.”

The advantage is clear when women need further treatment. Both Breast Centers have navigators to help guide and support patients every step of the way—through diagnosis, treatment, recovery and beyond. The navigators have vast experience in caring for women and are passionate about the work they do.

For more information, call the Breast Center at St. Joseph at 816-943-3173; or the Breast Center at St. Mary’s at 816-655-5767.
Early Arrival Requires Specialized Care

by Mary Ann Luther

When Jamie Sherrow entered the Birthing Center at St. Mary’s Medical Center in mid-June, she felt comforted by the familiar faces of the nurses around her.

“I think we’re going to have a baby this time,” Sherrow told them.

It wasn’t the first time she’d been there. Actively in labor, Jamie was making a return trip for the same pregnancy. Just a few weeks earlier, she’d spent eight days in the Birthing Center at St. Mary’s with signs of pre-term labor. But when labor didn’t progress, medical specialists finally sent her home with a device that monitored her contractions.

Now, the contractions were strong and regular. And Jamie was ready for a successful encore. Although she was only 35 weeks into her pregnancy, “we expected the baby to be just fine,” she says.

But that wasn’t the way things turned out – at first – for the little boy she named Dayton.

Saved by skilled intervention

“The umbilical cord was around Dayton’s neck and he came out not breathing,” remembers Jamie. “He was pale and floppy and not moving. But everyone was so calm.”

Dayton was underdeveloped and had apnea, so doctors immediately placed a breathing device over his face to help him get oxygen and inflate his lungs. Then they whisked him to the neonatal intensive care unit (NICU) just down the hall.

There, doctors stabilized Dayton, who also had a heart murmur, and gave him medical tests and treatment. Then, they kept a close eye on the four-pound, 11-ounce preemie for the next several days. Before Dayton was discharged from the hospital, he left the NICU and spent a day with Jamie in one of the Birthing Center’s free boarding rooms—an amenity offered in eastern Jackson County only at St. Mary’s.

High-tech, but ‘down home’

While difficult births like Dayton’s can be alarming, they’re something the Birthing Center staff is prepared for.

“We train regularly for every obstetric crisis you can think of,” says Dianne Schaefer, RN, BSN, coordinator of Simulation Training for the Birthing Center.

“Most of our nurses have worked together for years, but we never stop learning or practicing drills,” says Schaefer. “That way, when a crisis happens, our care is smooth and seamless—everybody knows what to do.”

And that’s exactly what kept Sherrow at ease and at home.

“After touring other hospitals, I chose St. Mary’s because it’s very quiet and homey,” says Sherrow. “And they have all the resources that the big hospitals do. And they genuinely care.”

To schedule a tour at the Birthing Center at St. Mary’s, call 816-655-5126. To schedule a tour of the Birthing Center at St. Joseph, call 816-943-4645.
What’s New

St. Mary’s Expansion

St. Mary’s Medical Center is renovating and expanding its surgery area. Virtually untouched since the hospital was built in 1981, the Surgery Department had outgrown its space. New technologies, equipment and treatment techniques used today require more space than years ago.

The St. Mary’s Medical Center Foundation has committed to raising $1 million of the $3.7 million cost of the project from the community served by St. Mary’s. To date, through grants, events, corporate support and individual gifts, the foundation has raised about 85 percent of its goal.

If you would like to tour the surgical area and learn about how you can participate in the expansion project, contact Suzanne Dell-St. Clair, manager, St. Mary’s Medical Center Foundation, at 816-655-5366 or at sdellstclair@carondelet.com.

Stroke Center at St. Joseph Earns Joint Commission Certification

The Stroke Center at St. Joseph Medical Center has earned the Gold Seal of Approval from the Joint Commission as an Advanced Primary Stroke Center. The certification follows an on-site visit from the Joint Commission.

St. Joseph opened the Stroke Center three years ago and recently invited the Joint Commission to do the assessment. “The certification is voluntary, yet a stroke center has to be operation for a period of time before requesting a certification survey,” says Kathleen Henderson, RN, Stroke Program Coordinator. “Since we opened, we have consistently met Stroke Performance Measures which helps us achieve positive patient outcomes.”

Stroke programs must meet core measures shown to significantly improve outcomes to earn the certification. “Stroke is a time-critical diagnosis—the sooner a patient receives appropriate treatment, the better the outcome,” says Henderson. “This certification validates the excellence of our program and recognizes our commitment to providing outstanding care to stroke patients.”

St. Mary’s Selected for Study

The Carondelet Heart Institute at St. Mary’s Medical Center is among the sites participating in a nationwide clinical study investigating the appropriate medical therapy for patients after receive a drug-eluding stent (DES).

The four-year study is comparing the benefits of 12 versus 30 months of dual antiplatelet therapy (aspirin and a second anti-clotting medication). Currently, the American College of Cardiology and American Heart Association recommend 12 months of dual antiplatelet therapy after the placement of a DES to help protect against heart attack, stroke, bleeding, blood clots and the need to have another intervention. But in rare instances, clots have formed in the stents more than a year after they are implanted, leading some physicians to extend the therapy longer. This study will help bring clarity regarding how long after DES patients should be treated with dual antiplatelet therapy.

The Kansas City Heart Foundation was instrumental in bringing the study to St. Mary’s and also coordinates studies at the Carondelet Heart Institute at St. Joseph. “People find they enjoy participating,” says Eric Hockstad, MD, president of the Heart Foundation and cardiologist with the Heart Institutes. “They receive even more attention because in addition to their usual appointments, they are monitored with the study and they are helping future cardiac patients as well.”

All study participants will receive the current recommended drug therapy. After the 12-month therapy, patients will continue with the medications or take a placebo.

Visit Our New Web site

We can’t wait until Monday, October 4. That’s when we unveil our new Web site. You can find a physician, do health risk assessments, search our health library and learn about upcoming events, classes and support groups at St. Mary’s and St. Joseph Medical Centers.

We’re so excited about our new site, we’ll give you a free first aid kit just for taking a look at it. Visit CarondeletHealth.org then in the address bar type in http://www.carondelethealth.org/First-Aid-Form.aspx.

Fill out the form and we’ll mail your first aid kit.
What is Compassion?
By Kim Scraggs
Carondelet Health Chaplain

Compassion is a precious gift. We want our families to be compassionate, our teachers, our friends and certainly our health care providers. Compassion is a word we use a lot within Carondelet Health—providing compassionate, quality care is important to us. It is identified specifically as one of the values (Integrity, Compassion, Unity) of our organization. The major religious traditions consider compassion among the greatest of virtues.

But what does it mean to be compassionate? The Merriam-Webster dictionary defines compassionate as “sympathetic consciousness of others’ distress together with a desire to alleviate it.” As the definition indicates, the first step in offering compassionate care is consciousness. We can be compassionate when we are aware of our needs and the needs of others. Some of our most basic needs are physiological (water, food, air, shelter and sleep). We also need a safe and non-threatening environment, where we are respected and where we have a sense of belonging and acceptance.

I believe compassion is demonstrated through loving kindness. It comes not only with the sharing of pain, but also from sharing joy. It is demonstrated in people really listening to each other and making a connection; not only with people we know, but with strangers as well. It is a smile, a touch, an acceptance—any act that gives another a lift. Consider compassion for yourself also. Sometimes, we need to give ourselves a break and instead of lamenting about things we don’t do well, we need to celebrate our accomplishments and gifts.

If you want others to be happy, practice compassion.
If you want to be happy, practice compassion.

—Dalai Lama

In Defense of Daydreaming

Once upon a time, they called it “reverie.” We know it as daydreaming and though studies indicate we daydream far more than any other pleasurable activity, it has always gotten a bad rap. But researchers now say daydreaming is anything but laziness, and may help your mind solve problems and answer important questions in your life.

In the journal Proceedings of the National Academy of Sciences, brain scans of moment to moment activity lit up when the mind wandered. And the less subjects were aware their minds had wandered, the more active portions of the brain involved in routine and high-level problem solving became.

So, the next time someone calls you out for daydreaming, just tell them you’re “problem solving.”
Because Breast Cancer Doesn’t Affect Just You

The Breast Centers at St. Joseph and St. Mary’s Medical Centers understand your health is important not only to you, but to those you love, too. Because mammography is the single most important tool in detecting breast cancer, we offer walk-in appointments and extended hours.

To learn more, call 816-943-3173 for the Breast Center at St. Joseph, 816-655-5767 for the Breast Center at St. Mary’s or visit us at carondelethealth.org.