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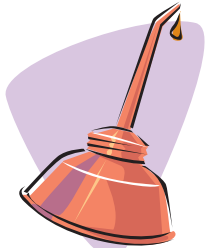
Craig County  
Healthcare Foundation  
735 N. Foreman St.  
Vinita, OK 74301

# HEALTH SCENES<sup>®</sup>

To meet  
our new CEO,  
see page 2.

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## Health Link



**CREAKY KNEES?** If your joints aren't working the way they used to, lack of use—rather than age—is probably to blame. Stretching is a great way to keep your joints in good shape.

American Academy of Orthopaedic Surgeons

**THE BATH TIME BLUES** Annually, more than 43,000 American kids are injured in baths and showers, mostly from slips and falls. Using a nonslip mat is an easy way to help keep kids injury-free.

American Academy of Pediatrics



### TIME TO STOCK UP

Are you getting ready for cancer treatment? If so, it's important to eat well beforehand and afterward. Plan ahead, and fill up your pantry and freezer with favorite foods so that you won't need to shop often while you recuperate.

National Cancer Institute



## DIABETES TREAT YOUR HEART TO A LITTLE TLC

“Am I doing everything possible to protect my heart?”

◆ If you have diabetes, this is a question you need to ask yourself repeatedly. Diabetes increases the chances that

the arteries that feed your heart will become dangerously clogged with fatty deposits, which raises your risk of a heart attack.

Obviously, you can't change the fact that you have diabetes. Even so, there's much you can do to reduce your risk of developing heart disease—or to protect your heart from further damage if it's already been harmed. Start with these suggestions from the American Diabetes Association and the American College of Cardiology:

**Take control of the ABCs of diabetes.** **A** is for the A1C test, which gives you your average blood sugar for the past two to three months. Most people with diabetes should aim for an A1C below 7 percent.

**B** is for blood pressure, which—if it's too high—can make your heart work too hard. Keep your blood pressure in a healthy range, ideally below 120/80 mm Hg.

**C** is for cholesterol. LDL cholesterol (the bad kind) clogs arteries, so keep it low—specifically, below 100 mg/dL of blood.

**Follow through.** Take any medicines your doctor prescribes to help you reach your target ABCs.

**Eat a heart-friendly diet and be active.** Your heart will thank you if you eat less fat (especially saturated fat and trans fat), go easy on salt and—with a doctor's OK—get at least 30 minutes of aerobic exercise (such as brisk walking) on most days of the week.

**Drop a few pounds if you're overweight.** Losing only 10 percent of your total weight can help protect your heart.

**Finally, if you smoke, try hard to quit.** Lighting up adds to your already elevated risk for heart disease. Ask your doctor for help in quitting.

**There's much you can do to reduce your risk of developing heart disease.**

### Am I having a heart attack?

Prompt medical treatment can save your life if you're having a heart attack, which is why it pays to be familiar with a heart attack's warning signs. This knowledge is key if you have diabetes, since this chronic illness raises your heart attack risk.

Call 911 right away if these signs occur:

- Chest pain or discomfort that doesn't go away after resting a few minutes.
- Pain or discomfort in your arms, back, jaw, neck or stomach.
- Shortness of breath, which often occurs with chest discomfort.
- Breaking out in a cold sweat or feeling nauseous, tired or light-headed.

You might not experience all these signs, and they may be mild. Diabetes can affect your nerves, making physical symptoms hard to feel. So don't shrug off subtle warning signs of a heart attack.

Sources: American Diabetes Association; National Institutes of Health

InSide

4 BREATHING PROBLEMS GET CHECKED OUT  
7 HEART HEALTH STAY ON TOP OF YOURS

6 SALT SMARTS CUTTING DOWN ON SODIUM

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## Family Physicians



**Rollin Bland, MD**  
CGH medical staff since 2009  
Grand Lake Medical Park  
Langley, just north of  
Langley on Highway 82  
918-782-1881



**Shirley Chesnut, DO**  
CGH medical staff since 2009  
NEO Medical Center  
10 S. Treaty Road  
Miami  
918-542-6644



**Martin Cooper, MD**  
CGH medical staff since 1994  
Warren Clinic  
715 N. Foreman  
Vinita  
918-256-8731



**Michael David, DO**  
CGH medical staff since 2008  
Grand Lake Medical  
Park Monkey Island,  
intersection of highways  
85-A and 125, near  
Bernice  
918-257-8585



**Martin Grotheer, MD**  
CGH medical staff since 2007  
NEO Medical Center  
10 S. Treaty Road  
Miami  
918-542-6644



**Terry Horton, MD**  
CGH medical staff since 1989  
Warren Clinic  
715 N. Foreman  
Vinita  
918-256-8731



**Russell Kohl, MD**  
CGH medical staff since 2006  
CGH Physician Building  
803 N. Foreman  
Vinita  
918-256-2257



**Curtis Phillips, DO**  
CGH medical staff since 1996  
Vinita Surgery and  
Family Medical Clinic  
428 S. Wilson  
Vinita  
918-256-5021



**Mickey Tyrrell, MD**  
CGH medical staff since 2005  
CGH Physician Building  
803 N. Foreman  
Vinita  
918-256-2257

## Craig General Hospital announces new CEO

Rex Walk has been named the new chief executive officer (CEO) of Craig General Hospital in a collaborative decision between Community Partners Healthcare, LLC, and the Craig General Hospital board. Walk will replace B. Joe Gunn, who has held that position since 1992. Gunn will continue to serve as CEO emeritus for the next several months.

Walk, who comes to Vinita from McPherson, Kan., has substantial experience leading rural hospitals. Walk was raised in western Kansas, and the majority of his professional experience has been as a CEO in rural communities. He has been active in the American College of Healthcare Executives, serving most recently as its regent for the state of Kansas. In addition, he has been an adjunct college instructor.

"It is indeed an honor to join the Craig General Hospital team, and I am most definitely looking forward to working with its excellent staff of physicians and professionals to further advance its mission of 'creating an environment where healing can occur and wellness is promoted,'" Walk says.

"I have the highest admiration and praise for the leadership of Mr. Gunn, and I am humbled and honored to have been selected to succeed him," he says.

"I am looking forward to working and learning from him as well. His legacy will forever be engrained on Craig General Hospital, and his talents, vision and leadership will never be forgotten. My goal as



CEO Rex Walk, FACHE, has joined Craig General as the new CEO.

Craig General Hospital's new CEO will be to continue the exceptional work of everyone associated with Craig General to make it the friendliest, most patient-focused and responsive place to receive the very best health care services possible.

"These are challenging times in health care," Walk adds. "However, there are inherent opportunities for those organizations that control their costs, offer exceptional services, treat people right and are also able to bring new, high-quality health care services for their communities, all of which we intend to do."

Walk and his wife, Kay, have three children: Jen, a senior at the University of Colorado, who will graduate and be commissioned in the U. S. Air Force in May; Kolin, a sophomore at the U. S. Military Academy in West Point, N.Y.; and Shea, a third grader.

"As I begin retirement," Gunn says, "it is reassuring to turn the CEO position over to such a capable leader as Rex Walk. I have spent several hours with Rex before lengthy interviews with each board member, and we are all convinced beyond doubt that Rex is the right person for the position."

Cecil Egnor, chairman of the Craig General Hospital Board, expressed appreciation

to Gunn for his years of service and added well wishes on behalf of the board for his retirement. Egnor further states that Walk is well-equipped to lead Craig General in the years to come.

## Orthopedic surgeon joins CGH



Jeremy Thomas, DO

Craig General Hospital (CGH) welcomes orthopedic surgeon Jeremy Thomas, DO, to the medical staff. Dr. Thomas is now seeing patients at CGH each Thursday, providing surgical and

nonsurgical treatment for patients with general orthopedic and sports-related injuries.

Dr. Thomas is a Oklahoma native who graduated with honors from Oklahoma State University Medical School. He completed his general orthopedic residency at Des Peres Hospital and Saint Louis University. He is currently practicing in Claremore with the Orthopaedic Center.

The Orthopaedic Center, based in Tulsa, has nine orthopedic surgeons encompassing all subspecialties along with two pain-management physicians.

"We are dedicated to patient-centric care and open communication with our referring physicians and patients," Dr. Thomas says. "We appreciate the support of the community and are excited to be of service in Vinita, offering area residents the opportunity to stay close to home for all of their orthopedic treatment."

For questions or to schedule an appointment, call 800-359-4113.

## Ed Allensworth, MD, joins NEO Medical Center—Welch



Ed Allensworth, MD, and Bill Evans, PA

Residents of Welch and the surrounding area now have convenient access to medical care. The NEO Medical Center—Welch, staffed by physician assistant Bill Evans, welcomes longtime area physician Ed Allensworth, MD, who will see patients on Wednesdays. NEO Medical Center—Welch is now open Monday through Thursday, from 8 a.m. to noon and Wednesday afternoons by appointment only at 343 S. Commercial St.

To make an appointment, call 918-788-3918.

## TETANUS SHOT

### A must-do for gardeners

Gardeners, how do you protect yourself when you're outside? Sunscreen helps prevent sunburn, and gloves minimize blisters and calluses. But what about tetanus?

You need a regular tetanus shot to be protected from this serious, even life-threatening, disease.

**Rigid muscles** Tetanus is a disease caused by bacteria that live in soil and manure, which is why gardeners are at particular risk. The bacteria produce a toxin so powerful that just a tiny amount can be lethal.

Tetanus is sometimes called lockjaw because it causes painful tightening of muscles, often starting in the jaw and neck. It can lead to spasms, difficulty swallowing and bone fractures. The infec-

tion is often fatal, according to the Centers for Disease Control and Prevention.

Tetanus usually comes from a deep cut or puncture, such as from stepping on a nail. Other common causes include:

- Getting deeply cut by barbed wire.
- Getting a splinter.
- Being stung or bitten by an insect or animal.
- Self-piercing and self-tattooing.

**Take a shot** A tetanus shot can prevent the disease. One shot does not give you lifelong immunity, however, so a booster shot every 10 years is important.

Check with your doctor to find out if you're currently protected. Everyone—gardener or not—should stay up-to-date on tetanus vaccination.



## Journal Digest

### PESTICIDE LEVELS IN BLOOD LINKED TO PARKINSON'S DISEASE

Scientists have long believed that environmental factors—particularly exposure to pesticides—play a role in the development of Parkinson's disease (PD). But they haven't been able to link a specific pesticide to PD until now.

In a study of 113 people who either had PD or Alzheimer's disease or were healthy, researchers found significantly higher blood levels of a type of pesticide called beta-HCH in those with PD than in the other groups.

The study subjects were between 50 and 89 years old, which meant they were probably exposed to beta-HCH from the 1950s to the 1970s—a time when there were much higher levels of the pesticide in the air, water and food chain than there are now because of tighter regulations.

Screening for beta-HCH in the blood may help detect PD early, when treatments can be more effective, the researchers report.

*Archives of Neurology*, Vol. 66, No. 7



### KIDS RISK HEAD AND NECK BITES FROM DOGS

Dogs and kids are often a good mix. But that relationship can turn dangerous rather quickly when a dog bites a child.

Researchers studied the medical charts of 84 children—with an average age of 6 years old—who were treated for dog bites at a hospital. They found that most of the children were bitten on either the cheeks, lips, nose or ears.

Sixty-four percent of the kids had more than one wound, and 42 percent of the injuries had to be surgically repaired under general anesthesia.

Twenty-seven percent of the bites came from a family pet. The bites happened more often in warmer weather, when children may unwittingly motivate the attacks by running around.

*Otolaryngology-Head and Neck Surgery*, Vol. 140, No. 3



## NURSES

### Why we think ours are special

Whether you're seeing your doctor for a checkup or being treated in our emergency department, the first person you are likely to see is a nurse.

In fact, you'll probably see lots of nurses in any medical setting. According to the U.S. Bureau of Labor Statistics, registered nurses, or RNs, make up the largest health care occupation, with about 2.5 million jobs.

**Highly trained professionals** While nurses everywhere are dedicated to good patient care, we think our nurses are exceptional at what they do. They are highly trained professionals, and many have a four-year degree in nursing. Others have trained to be advance-practice

specialists, such as nurse practitioners, nurse anesthetists or nurse-midwives.

**The personal touch** Whatever their training or specialty, our nurses deliver a special kind of care. While they follow precise standards for evaluating and treating patients, they also take a broader view of what nursing means.

For instance, along with your physical condition, our nurses consider your lifestyle, family situation, state of mind, and spiritual and economic needs when planning and implementing your care.

When you or your loved ones go home feeling good about your hospital experience, our nurses are likely to be a big reason why.

## COPD

### Pay attention to symptoms

Like many chronic diseases, COPD—chronic obstructive pulmonary disease—is serious. But getting the right treatment can make a big difference, both today and in the future.

COPD is an umbrella term for a lung condition that includes chronic bronchitis and emphysema.

About half of those who have COPD haven't yet been diagnosed. But they may have some of the common symptoms of the disease, including:

- Having a constant cough—often dubbed a smoker's cough.
- Feeling short of breath or feeling as if you can't breathe or take a deep breath.
- Bringing up lots of sputum.
- Wheezing.

It's easy to dismiss these signs by saying, "I'm out of shape" or "I'm getting older." But if you notice symptoms, mention them to your doctor. COPD can be treated. You and your doctor can work together to slow the damage to the airways and lungs, relieve symptoms, decrease flare-ups, build your overall fitness level, and improve your quality of life.

One very important lifestyle change to make is to quit smoking. Smoking accounts for up to 90 percent of COPD-related deaths in the U.S.

If you or someone you know has COPD, getting the proper treatment quickly and staying with the regimen are two lifesavers worth grabbing.

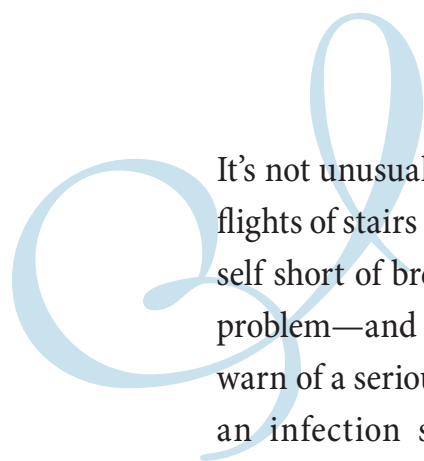
Sources: American Medical Association; National Heart, Lung, and Blood Institute



# WHAT'S TAKING YOUR BREATH

## WHY YOU SHOULD GET HELP IF YOU'RE

Shortness of breath can warn of a serious medical condition, from a heart or lung disease to an infection such as pneumonia.



It's not unusual to get a little winded when you scramble up several flights of stairs or sprint across a parking lot. ♦ But if you find yourself short of breath on a fairly frequent basis, then you may have a problem—and one you shouldn't ignore. ♦ Shortness of breath can warn of a serious medical condition, from a heart or lung disease to an infection such as pneumonia. And having this troubling sign looked into can help you feel better or perhaps help keep your problem from getting worse.

"Shortness of breath is sort of like a 'check engine' light on your car," explains Sandra Adams, MD, MS, a fellow of the American College of Chest Physicians (ACCP). "It's possible that it's something minor that just needs to be kind of reset or fixed. But unless you get it checked out, you won't know if it's something more serious."

**DON'T IGNORE THESE SIGNS** The medical term for shortness of breath is dyspnea—feeling like you can't get enough air or catch your breath.

A little breathlessness during significant physical exertion is often normal, especially in people who are out of shape, Dr. Adams says.

However, there are many situations when shortness of breath might be due to a medical problem and should be investigated.

If shortness of breath is having even a minor impact on your daily life—for

instance, if it's limiting your activities or you tend to get short of breath from doing activities that didn't bother you before—you should see your health care provider, says Dr. Adams.

"Sometimes you don't even really recognize that you're too short of breath—you just realize that you can't do as much as you used to do," she says.

According to the ACCP, American Heart Association (AHA) and other experts, you should also tell your health care provider if you have persistent breathlessness or symptoms like these:

- You get short of breath when you do mild exercise, such as walking, or when you sit or lie down.
- Breathlessness wakes you up at night or makes it hard to sleep.
- It's hard to breathe when you're around certain things, such as outdoor pollen or strong perfume.
- In addition to shortness of breath, you cough, wheeze or have swollen ankles.

Trouble breathing also can suggest an outright emergency, such as a heart attack or a blood clot in the lungs.

You should seek medical help right away if you experience sudden, severe shortness of breath along with chest pain, dizziness, sweating, or sharp pain when you cough or breathe deeply, says Dr. Adams.

**POSSIBLE PROBLEMS** What follows are some potential causes of shortness of breath.

Of course, being short of breath doesn't mean you have one of these conditions, and there are many more not mentioned here.

What's important is that you pay attention to your symptoms and discuss them with your health care provider.

**Lung conditions.** A number of diseases and conditions of the lungs can trigger shortness of breath, including diseases that obstruct airflow, such as asthma and chronic obstructive pulmonary disease (COPD).

● **Asthma.** Although asthma is usually a childhood disease, it can be diagnosed in adults too—including seniors. More than 22 million Americans have this condition, which involves swelling and narrowing of the airways that bring oxygen to the lungs. Common symptoms include episodes of feeling short of breath or tight in the chest, wheezing, and coughing at night.

● **COPD.** This disease is a frequent cause of shortness of breath in people who have a long history of smoking or exposure to lung irritants, such as air pollution or fibers or fumes at work, according to Dr. Adams. Genetics can also play a role

# AWAY? SHORT OF BREATH

in developing the disease.

COPD, which includes emphysema and chronic bronchitis, is a progressive disease that makes it hard to breathe. Other symptoms include chest tightness, frequent colds or flu, or a lingering cough with mucus.

Often people with undiagnosed COPD think their symptoms mean that they're unusually tired or that they're simply getting old, since the disease is most common in people 40 and older. But shortness of breath is not a normal part of aging, Dr. Adams says.

● **Infections.** Both chronic and acute infections—including pneumonia—can restrict airflow in the lungs. Signs include fever or coughing up mucus.

● **Heart conditions.** According to Dr. Adams, shortness of breath can sometimes be the first sign of a heart problem, such as:

● **Ischemic heart disease.** When narrowed arteries prevent enough oxygen-rich blood from reaching the heart, shortness of breath can occur. Another classic sign is chest pain (angina) triggered by exercise or stress.

● **Heart failure.** Nearly 6 million Americans are living with a heart that has trouble pumping enough oxygen-rich blood, according to the AHA. Causes include conditions that damage or overwork the heart, such as a heart attack or high blood pressure. In addition to shortness of breath, people with heart failure may get tired easily, and their ankles may swell.

## Yes, you can—and should—exercise

If you're short of breath, exercise isn't out of the question. In fact, your health care provider might even recommend it.

Most conditions that make it hard to breathe can be helped by physical activity, as long as you do it cautiously, says Sandra Adams, MD, MS, of the American College of Chest Physicians.

For example, exercising regularly can make daily activities easier for those with chronic obstructive pulmonary disease (COPD). It also plays a role in treating heart disease, boosting fitness and managing heart failure.

### Safety check

Before you attempt any sort of exercise, find out from your health care provider what activities are safe and will help your condition. He or she might suggest a supervised exercise program if you have heart disease or a lung condition.

If you're given advice to exercise at home, follow your health care provider's directions. For example, some people must use their inhalers or supplemental oxygen when they exercise.

The key to safe exercise is to start slowly. For instance, if you have COPD, some experts suggest walking just five minutes a few times a week until you can do that without stopping. Then you can try walking a minute or two longer each week.

An exercise plan for many people with chronic health problems may include 30 minutes of moderate aerobic exercise a week. Learn what's best for you.

Sources: American College of Sports Medicine; American Heart Association; American Thoracic Society



● **Other conditions.** Other possible causes of breathlessness include:

● **Anemia.** A shortage of oxygen-carrying red blood cells can trigger shortness of breath and fatigue. Blood loss, sometimes due to heavy menstrual periods or stomach ulcers, may be to blame.

● **Gastroesophageal reflux disease, or GERD.** Stomach acids back up into the esophagus, triggering heartburn, and the acids can sometimes enter the lungs and cause shortness of breath.

● **Anxiety.** Emotional stress and panic disorder can trigger breathlessness and rapid breathing, called hyperventilation.

● **Poor physical fitness.** Breathlessness can also be a sign that you need to exercise regularly and possibly lose some weight.

**FEEL BETTER** Remember, shortness of breath should never be ignored.

Many treatments, including medica-

tions and lifestyle changes, can help people with shortness of breath feel better and manage their condition.

Of course, the right treatment depends on the cause. And finding a cause sooner rather than later can make a difference, Dr. Adams says.

For example, although a condition such as COPD can't be cured, quitting smoking—with your health care provider's help, if you need it—can preserve lung function and slow the progress of the disease. Inhaled medicines can ease symptoms and decrease the need for hospitalizations.

“The key with all of this is that everything that causes shortness of breath can get better—the breathing and the symptoms can get better,” Dr. Adams says. “We can't fix everything. But it's always important to get it checked out because there are things we can do to make it better.”

Additional source: American Geriatrics Society

## Tests you may need

Uncovering a cause for shortness of breath can take some detective work on the part of your health care provider. For that reason, he or she will ask about your symptoms and your medical history and will do a physical exam.

In addition, you may need some initial tests, such as an x-ray to see inside your chest or a test to measure oxygen in your blood.

To gather more information, your health care provider might also suggest:

■ **A lung function test.** These breathing tests can show how well your lungs are working and help detect conditions such as asthma, COPD (chronic obstructive pulmonary disease) and scarring of the lungs.

The test most often used is spirometry, which can be done in a health care provider's office.

You breathe into a tube attached to a machine that measures how much air you can breathe in and out of your lungs and how quickly you can blow it out. The results are compared to a standard based on healthy people of your age, height and sex.

Other breathing tests may be done in a clinic or lab.

For example, a lung diffusion test gauges how well oxygen moves from your lungs to your blood. Lung volume testing measures how much air stays in your lungs after you exhale.

■ **Tests for heart problems and other conditions.** Other tests may be needed to evaluate your heart or to check your blood for anemia (since some heart problems or a low red blood cell count can cause breathlessness).

The heart tests can include a stress test, to see how well your heart works while you exercise on a treadmill, or an electrocardiogram (EKG), which measures the heart's electrical activity.

Sources: American College of Chest Physicians; American Thoracic Society; National Heart, Lung, and Blood Institute



## SALT SAVVY SHAKE THE SODIUM HABIT

**SOME ADVICE** you can take with a grain of salt. But this should be taken seriously: For the sake of your heart, consider cutting back on the amount of sodium you eat.

Most Americans consume more than double their daily recommended amount of sodium, according to a study by the Centers for Disease Control and Prevention (CDC).

And that's a big concern, because a diet high in sodium increases the risk of high blood pressure, a major cause of heart disease and stroke.

"Reducing sodium intake can prevent or delay increases in blood pressure for everyone," says Darwin R. Labarthe, MD, PhD, director of the CDC's Division for Heart Disease and Stroke Prevention.

**HIDDEN SOURCES** You can readily see the salt in a shaker—the snow-colored grains you sprinkle onto this and measure into that. But it's the salt you can't see that may pose an even greater threat to your health.

Most Americans get up to 75 percent of their sodium from processed foods, such as soups, canned goods, condiments and prepared mixes, according to the American Heart Association (AHA).

To find out how much sodium is in a packaged or canned product, carefully check the label for sodium compounds. Look for the words *soda* and *sodium* and the symbol *Na*.

You can also download a list of the sodium content of common foods from the U.S. Department of Agriculture at [www.morehealth.org/sodium](http://www.morehealth.org/sodium).

### Sage advice: Put herbs to work

**Laying off the salt?**

Try employing a few herbs. Fresh from the garden or dried from the spice rack, herbs can bring new life to your favorite foods.

The American Dietetic Association offers these suggestions for getting the most from your herbs:

■ Wash fresh herbs before you use them. Pat them dry with paper towels.

■ Prepare herbs to maximize their flavor. Be sure to chop fresh herbs finely. Crumble dry, leafy herbs—such as oregano, tarragon and savory—between your fingers to release more aroma. You can crush the leaves even more with a mortar and pestle or coffee grinder.

■ Wait until near the end of cooking time to add fresh herbs to hot foods, like soups. Add fresh herbs to chilled foods several hours before serving to give flavors plenty of time to blend.

■ Keep it simple. You don't have to add a lot of herbs to boost flavor. A few simple ones can enhance the natural flavors in food without confusing your taste buds.

**SCALING BACK** In general, people should aim to eat less than 2,300 milligrams of sodium a day, the AHA says. That's the equivalent of 1 teaspoon of salt.

Some people—including African Americans and middle-aged and older people of all races—need less than 1,500 milligrams a day.

**Most Americans get up to 75 percent of their sodium from processed foods, such as soups and canned goods.**

Keep in mind that even in their natural state, most foods contain some sodium.

Still, you can reduce the amount of sodium you consume by limiting your intake of:

- Salted snacks.
- Corned beef and luncheon meats.
- Canned foods and juices containing salt.
- Cheeses and buttermilk.
- Seasoned salts, meat tenderizers and MSG (monosodium glutamate).
- Ketchup, mayonnaise, sauces and salad dressings.
- Commercially made entrees, such as frozen dinners or meat pies, with more than 700 milligrams of sodium per serving.
- Fish that's canned in oil or brine, such as tuna and sardines.

Finally, at mealtime, leave the saltshaker where it is. After all, something needs to keep the pepper company.

### Fiesta slaw

To keep the sodium level low in this colorful and flavorful dish, either don't add any salt or go easy on the amount that you do add.

#### Ingredients

- 5 tablespoons fresh lime juice
  - 3 tablespoons reduced-fat mayonnaise
  - 5 cloves garlic, finely minced
  - 2 teaspoons minced canned chipotle chilies (or to taste)
  - 1 tablespoon honey
  - 1 large red bell pepper, cut into thin strips
  - 1 large green bell pepper, cut into thin strips
  - 1 large yellow bell pepper, cut into thin strips
  - 12 ounces jicama, peeled, cut into thin strips
  - 1/3 cup minced fresh cilantro leaves
- Salt and freshly ground pepper to taste

#### Instructions

- Puree first 5 ingredients in a blender or food processor until dressing is smooth.
  - Place peppers, jicama and cilantro in a large bowl. Add dressing and toss to coat. Season with salt and pepper to taste.
  - Cover and refrigerate until the vegetables soften a little but remain crunchy (about 4 hours).
  - Serve at room temperature.
- Makes 10 servings.

#### Nutrition information

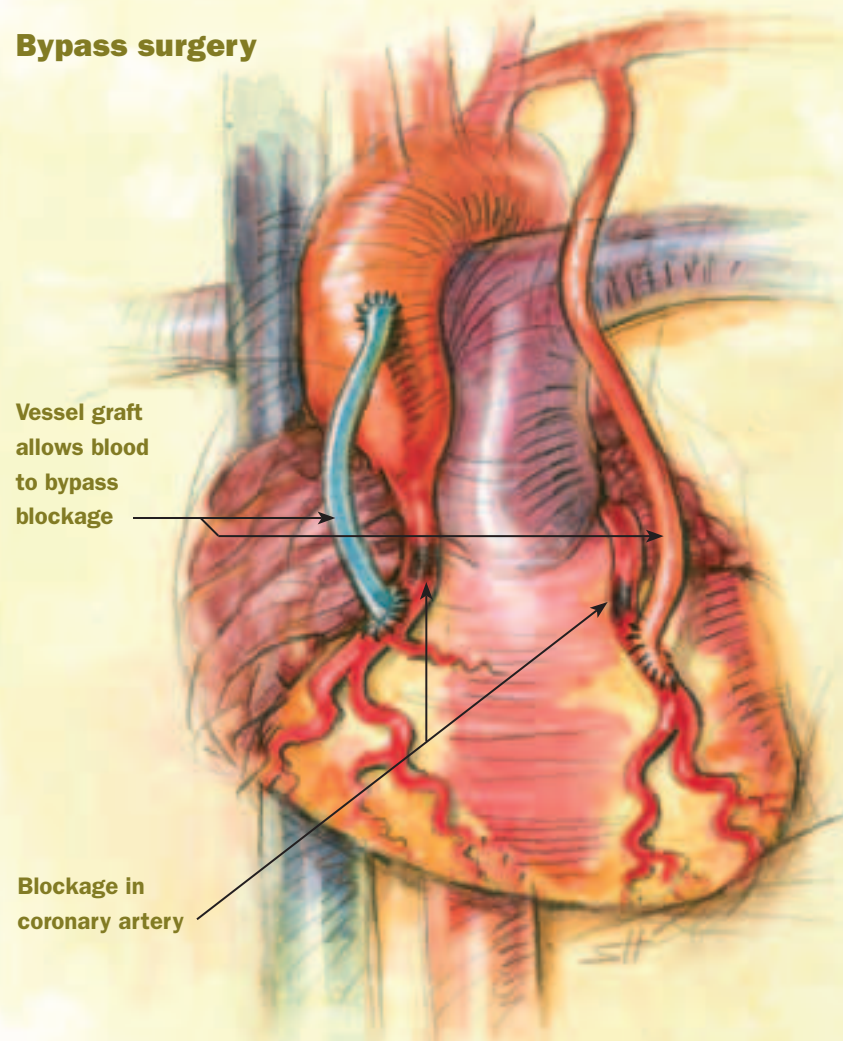
Per serving: 49 calories, 2g total fat (less than 1g saturated fat), 8g carbohydrates, less than 1g protein, 2g dietary fiber, 39mg sodium

Source: American Institute for Cancer Research



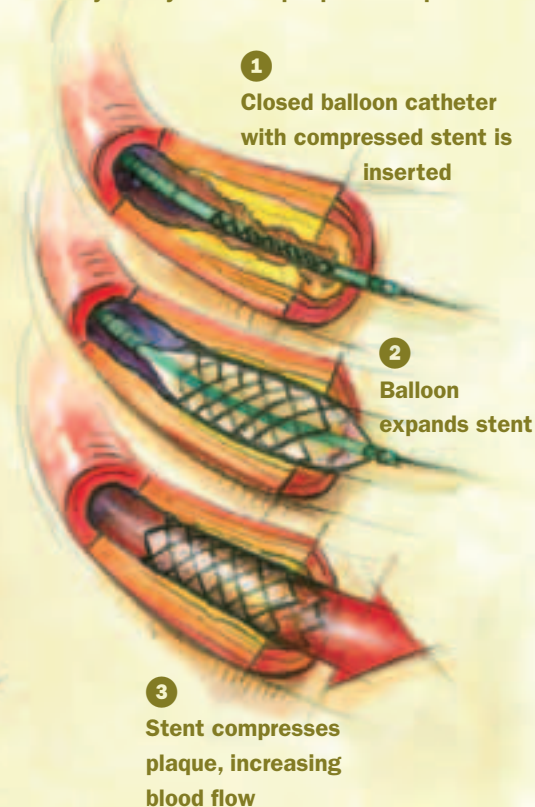
## Two common procedures used to repair blocked arteries

### Bypass surgery



### Angioplasty

This illustration shows a stent being placed in a coronary artery that has plaque buildup.



Coffey infographic with information from the National Institutes of Health

## What you can do for your heart

Medical treatment for coronary artery disease (CAD) is a good thing, no doubt. But your heart problems don't end with successful angioplasty or bypass surgery. You need to do your part to protect your heart.

It's possible that lifestyle choices you made before treatment contributed to your CAD. Now you should set your sights on making choices that will help keep your arteries clear.

Some of the following recommendations by the National Heart, Lung, and Blood Institute could be right for you.

- Learn to eat a healthy, low-fat diet.
- Make an effort to be physically active, preferably for 30 minutes a day on most days of the week.
- Quit smoking if you smoke.
- Lose weight if you're overweight.
- Look for ways to reduce stress.
- Take medicines as your doctor directs. Medications help control conditions—such as high blood cholesterol—that may have caused you to develop CAD in the first place.

You may find it easier to make changes if you participate in a cardiac rehabilitation program recommended by your doctor.

Rehab includes doctor-supervised exercise, education on heart-healthy living, and counseling to cut down on stress and help you return to an active life.

# KEEP YOUR HEART RUNNING WELL

*Treatments for blocked arteries can restore blood flow and save your life*

**IF YOU WERE** a car, your heart would be the engine that keeps you running. But your car can't run if it doesn't have gas. And your heart can't beat without a steady flow of oxygen-rich blood.

Fortunately, mechanics can fix cars and doctors can help keep our hearts from stalling.

**BLOCKED ARTERIES** A common reason for reduced blood flow to the heart is atherosclerosis—the buildup of fatty deposits called plaque inside artery walls. Over time, hardened plaque can narrow the arteries, reducing or even stopping blood flow.

If atherosclerosis develops in arteries on the surface of the heart, it's called coronary artery disease (CAD)—the leading cause of death for men and women in the U.S.

If you have CAD, your doctor may recommend angioplasty or coronary artery bypass surgery to keep the blood flowing in your heart.

The right treatment for you depends on how severe your blockages are, where they're located and what other medical conditions you may have.

Angioplasty often is used when the artery is narrowed but not completely blocked and the blockage can be reached using a long, thin plastic tube called a catheter. The procedure can also be used during a heart attack to quickly open a blocked artery.

Bypass surgery could be recommended if you have severe heart disease or multiple arteries that are blocked or if you have diabetes or heart failure. In an emergency, it can be performed during a heart attack.

**ABOUT ANGIOPLASTY** During angioplasty, a cardiologist makes a small cut in your arm or upper thigh to insert a catheter with a deflated balloon at the tip.

The catheter is threaded through a blood vessel and into the artery in the heart until it reaches the blockage. The balloon is then inflated to push the plaque back against the artery wall.

Once the plaque is compressed, the balloon is removed. A small wire mesh tube called a stent may be placed in the artery to help hold it open and to reduce the chance that the artery will become blocked again.

**Physicians from the Oklahoma Heart Institute see patients each week at Craig General Hospital.**

Angioplasty reduces angina (chest pain) and shortness of breath associated with CAD.

It can also minimize damage to the heart muscle from a heart attack and reduce the risk of death from heart disease in some patients.

A hospital stay of a day or two is normal, and recovery can take less than a week.

Though angioplasty is generally considered safe, side effects can include blood vessel bleeding, an irregular heartbeat, heart attack or kidney damage.

**ABOUT BYPASS SURGERY** Traditional bypass surgery requires cutting your breastbone open and stopping your

heart while a heart-lung machine circulates your blood. After surgery is completed, mild electrical shocks restart the heart.

Sometimes a surgeon operates while the heart is still beating. This off-pump technique—so named because the technique doesn't require the use of the heart-lung machine—may reduce complications for people who have had a stroke, are 70 or older, or have diabetes or lung or kidney disease.

During either type of bypass surgery, a healthy artery or vein is removed from another part of the body and then connected—or grafted—to the blocked artery. This allows blood to flow through the bypass to the heart.

As many as four blocked major heart arteries can be bypassed during one surgery, according to the National Heart, Lung, and Blood Institute (NHLBI).

Traditional bypass surgery takes three to five hours to perform. You may need to recover in the hospital for up to a week and at home for up to 12 weeks or more. Risks include bleeding during or after the surgery, reactions to anesthesia, fever, pain, stroke, or a heart attack.

Off-pump surgery may require less recovery time and may have fewer complications than traditional bypass surgery.

**LEARN MORE** You can learn more about both angioplasty and bypass surgery at these websites:

- American Heart Association, [www.americanheart.org](http://www.americanheart.org)
- NHLBI, [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)



**OSTEOPOROSIS**

# MEN'S BONES BREAK TOO

**HOW ARE YOUR** bones doing?

If you're a man, your skeleton is most likely larger and stronger than a woman's.

But that doesn't mean you're off the hook for bone disease. As men age, their bones gradually lose density, just as women's bones do. In some cases, men's bones become so porous that they easily break.

In other words, men can—and do—get osteoporosis.

**BONE BASICS** Bone is living tissue and is constantly changing. New bone replaces old, and bone mass peaks by age 30. After that, bone density slowly starts to decline. For women, the decline in bone speeds up with menopause—usually around age 50. That's when women's risk for osteoporosis increases.

Bone loss in men is more gradual. But by about age 70, men lose bone at the same rate as women. According to the American Academy of Family Physicians (AAFP), of the 10 million people in the U.S. with osteoporosis, roughly 2 million are men.

Osteoporosis is more likely in people with a family history of the disease and those who take certain medicines, such as anticonvulsants, corticosteroids and chemotherapy drugs. Smoking, drinking alcohol and being inactive can also raise the risk for osteoporosis, reports the AAFP.

**BAD BREAKS FOR MEN** Though men usually get osteoporosis later in life than women do, their outcomes are often worse. The problem hinges on one important factor: Most men don't get screened for the disease and, therefore, may miss out on treatments that can help prevent fractures.

In fact, men usually learn they have osteoporosis only when they suffer a potentially disabling or dangerous fracture—often of a hip. Men are twice as likely as women to die from hip fractures, reports the American Academy of Orthopaedic Surgeons.

**KEEP BONES STRONG** Osteoporosis can often be prevented, and the sooner you start, the better. According to the National Institutes of Health, these strategies can help:

- Avoid smoking, and know the risks of drinking alcohol. Both can harm your bones.

**Though men usually get osteoporosis later in life than women do, their outcomes are often worse.**

- Get plenty of calcium in your diet—1,200 milligrams a day is recommended for men over age 50. Ask your doctor if you need to take a calcium supplement.
- Get adequate vitamin D. The body makes vitamin D when skin is exposed to the sun. About 10 minutes a day in the sun is enough, and most multivitamins also provide vitamin D.
- Be active. Weight-bearing exercises, such as walking and lifting weights, are best. If you haven't been active in a while, check with your doctor before starting an exercise program.

The Men's Health Network recommends that men 60 or older be screened for osteoporosis. The disease can be treated with medicines and healthy lifestyle choices.

## Boning up on osteoporosis

Consider these facts:

- One in four men over age 50 will have an osteoporosis-related fracture in his lifetime.

- One-third of men who break a hip will die within a year.
- Bone loss occurs without symptoms, and people may not know that they have osteoporosis until they break a bone.
- Calcium-rich foods include

low-fat and nonfat dairy products; dark green, leafy vegetables, such as broccoli and spinach; tofu; and sardines. Orange juice and cereals are sometimes fortified with calcium.

- Vitamin D helps the body absorb calcium.
- Sudden, severe back pain can signal a collapsed vertebra.
- The best way to determine bone health is with a bone mineral density test.

- Exercise not only strengthens bones, it also can improve balance and help people avoid falls.
- Medicines for osteoporosis can slow or prevent bone loss and even increase bone density.

Source: National Institutes of Health

Craig General Hospital may not bring doctors to your doorstep, but the medical specialty clinics do bring a variety of specialists to your neighborhood.



## House calls? Almost.

For a complete listing of our physicians, visit our Doctor Directory at [www.craiggeneralhospital.com](http://www.craiggeneralhospital.com).



**Audiology**

Greg Lamp, MS, CCCA  
Every Friday

**Cardiology**

Oklahoma Heart Institute  
Every Monday, Tuesday and Friday

**Ear, Nose and Throat**

Courtland Smith, MD  
Every Wednesday

**Electrophysiology**

Oklahoma Heart Institute  
One Thursday per month

**Gastroenterology**

Eric Cottrill, MD\*  
Every Wednesday

**General Surgery**

Curtis Phillips, DO  
Call 918-256-5021 for a schedule.

**Gynecology**

Faye Whiting, MD  
Call 918-256-9200 for appointments.

**Internal Medicine**

Douglas Banning, DO  
Call 918-257-8585 for appointments.

**Neurological Surgery**

Daniel Boedecker, MD  
First and third Fridays

**Neurology**

David Ewing, MD  
Call 918-801-5464 for appointments.

**Ophthalmology**

Kevin Toller, MD  
Every other Monday

**Orthopedics**

Randall Hendricks, MD  
Second Friday afternoons

**Jeremy Thomas, DO**

Call 918-582-6800 for appointments.

**Podiatry**

Matthew Roberts, DPM  
Every Thursday

**Psychiatry**

Liliana Schechter, MD  
Call 918-256-4118 for appointments.

**Pulmonology**

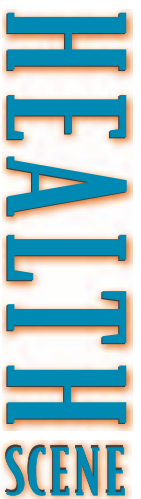
E. J. Shelbar, MD\*  
Every other Tuesday

**Urology**

Charles Pritchard, MD  
Every fourth Wednesday

\*By physician referral only.

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**Rex Walk, FACHE**  
CEO/Administrator

**Misty Bingham**  
Marketing Director

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For appointments and more information, call Craig General Hospital at 800-844-7292 or 918-256-7551.



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