

An up-front approach to hip replacement



Jeffrey N. Spaw, M.D.
Orthopedic Surgeon

For the many people who suffer with arthritis, hip pain, stiffness and limited hip movement, a new less-intrusive approach for hip replacement is available at College Station Medical Center (CSMC).

“With anterior [frontal access] hip replacement, you can get back to your normal day much quicker, instead of being on a walker

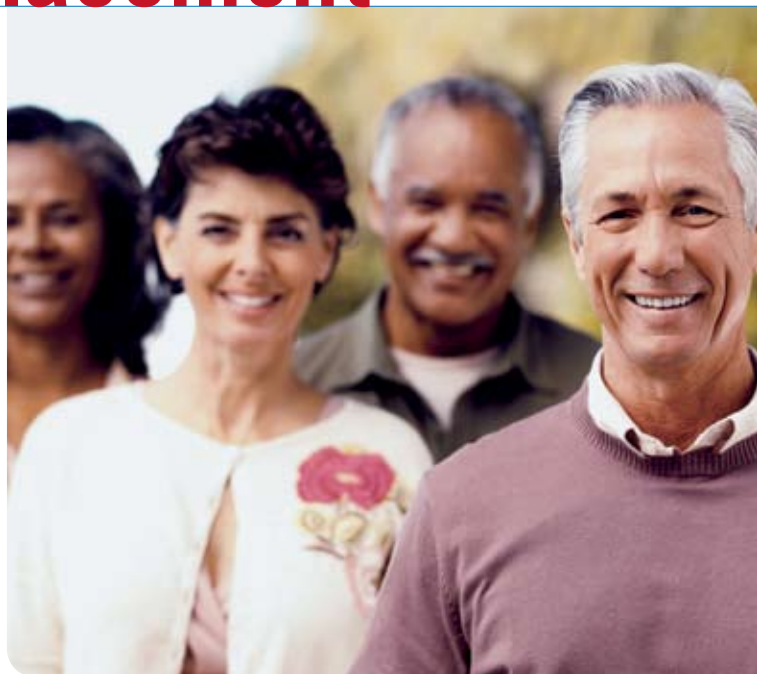
for weeks,” says Jeffrey N. Spaw, M.D., orthopedic surgeon at CSMC.

SMALLER INCISION, QUICKER RECOVERY

The anterior approach operates through a smaller incision, limiting exposure to infection. CSMC is the only hospital with this particular table and is excited to bring this service to the community.

Dr. Spaw tells of a patient he had recently: “This gentleman had one of the first procedures here. He was young and it was his second hip replacement; the first was 10 years earlier. It was night and day, according to the patient. He was off his walker at his first postoperative appointment!

“Since we’re not cutting into muscle but going around it, there’s a huge difference in pain, weakness and speed of recovery,” says Dr. Spaw. “The table makes this possible. The benefit of supine [lying, face up] as opposed to lateral [side] is that we can get X-rays while they’re on the table instead of waiting until after surgery.” Dr. Spaw believes supine is extremely important in making sure the leg lengths are equal.



Changes can be made in leg length during surgery. The surgery is more difficult to perform, but the table makes it possible.

Dr. Spaw says that the frontal approach isn’t for everyone, as it may not be ideal for patients with an extreme deformity such as congenital hip dysplasia (dislocation).

Bounce back!

To find out more about this minimally invasive procedure, call (979) 696-3344.

Ease your arthritis pain

More than 40 million Americans suffer from arthritis, a condition that can make every move painful. Osteoarthritis is the most common form. It occurs when cartilage, which cushions bones in your joints, breaks down and causes irritation.

Luckily, the following lifestyle changes and remedies can help you manage the pain:

• **LOSE WEIGHT.** It's pretty basic: The more excess weight you carry, the more stress on your joints. But a healthy diet of fruits, vegetables and whole grains, paired with regular exercise—at least 30 minutes a day—can help tip the scales in your favor. Cut back on saturated fats, which may increase your body's inflammatory response, adding to joint and tissue inflammation.



• **GET OFF THE COUCH.** Inactivity is a joint's worst enemy. Exercise can strengthen and protect the muscles around the joints, preventing them from stiffening and causing more pain. Walking, swimming, some yoga poses and tai chi are easy on the joints. Also beneficial are range-of-motion exercises, such as raising your arms above your head; strengthening exercises, such as weight training; and low-impact aerobic exercises, such as bike riding. Before starting an exercise program, check with your physician. If needed, ask him or her for a referral to a physical therapist who has a program for people with arthritis.

• **TAKE A PILL, IF NEEDED.** Sometimes you need medication for the pain. Over-the-counter options include non-steroidal anti-inflammatory drugs, or NSAIDs (such as ibuprofen and naproxen), and acetaminophen (such as Tylenol). Topical creams may provide hot or cool sensations to ease pain or contain pain medication that's absorbed into the skin. Your physician may prescribe pills or cortisone injections. Any drug you take can have side effects, so discuss them with your physician before starting a regimen.



• **REST UP.** Your body needs time to heal, so aim for eight to 10 hours of sleep every night, and avoid sitting or standing in one position for too long. Skip high-impact activities such as running. You may also want to look into stress-relievers such as meditation or yoga.

• **ASK ABOUT ALTERNATIVES.** Massage, acupuncture, heating pads, ice packs and supplements such as glucosamine and chondroitin may help reduce symptoms, though studies on the supplements have been mixed. Speak with your physician before trying any home remedies. Sometimes, there simply isn't a remedy that can effectively treat the pain. In that case, surgery to replace the joint may be an option to discuss with your physician.



Life after the ER

Following your physician's orders keeps you healthy

When you're not feeling well and you're surrounded by the hustle and bustle of an emergency room (ER), it's easy to be confused by what a physician is telling you. All you can think about is going home. That's why many people are unclear about how to handle their care when they leave the hospital.

Case in point: A small University of Michigan study found that more than 75 percent of patients didn't understand their discharge instructions or what ER physicians had just told them—although 80 percent thought they did. Some of the patients weren't even sure of their diagnosis.

Unfortunately, these misunderstandings may increase the likelihood of complications once you leave the ER. In reality, the care you receive at the hospital is just one important part of the puzzle. Knowing what to do next—and following those discharge instructions closely—is critical to getting better. Here's what you need to do for the best health care results:

➔ SPEAK UP. Don't be afraid to ask questions if you're unsure of your condition, what treatments you were given, your test results or something in the discharge instructions—for example, whether a medication that's been prescribed may interact with one you're already taking. It's best to ask the ER physician caring for you,

rather than having to contact the ER later, when the physician you saw may no longer be on duty.

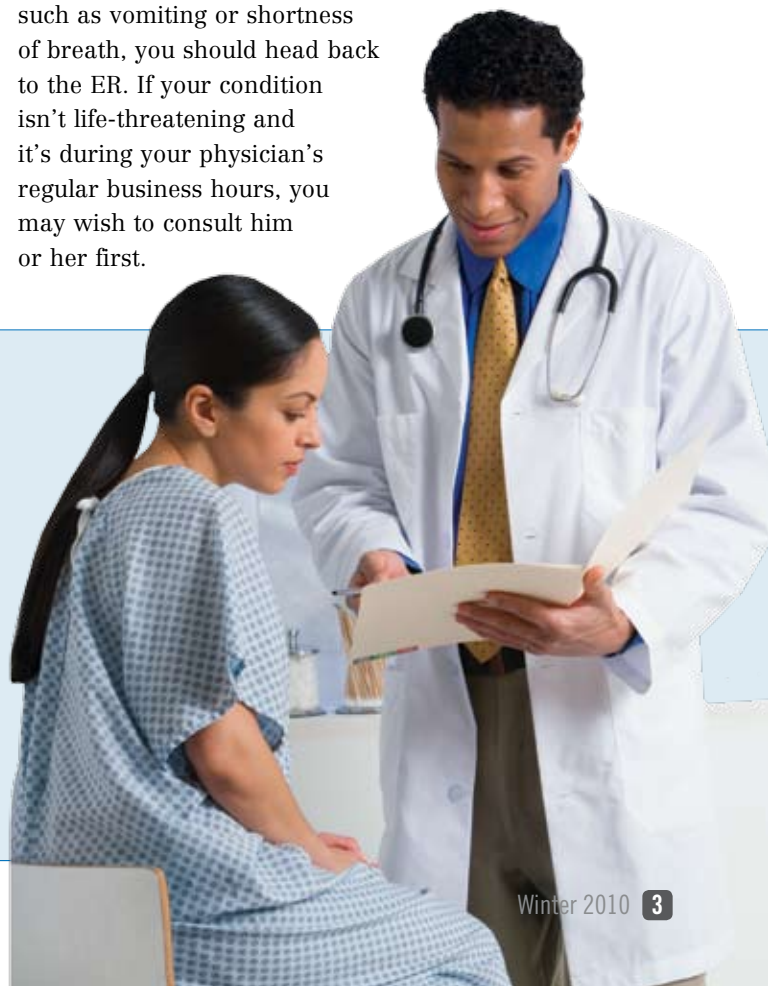
➔ FOLLOW ALL MEDICATION DOSAGES. Thoroughly read your discharge instructions. They should spell out what medications have been prescribed, what they treat and how often—and when—to take them.

➔ FOLLOW UP WITH YOUR FAMILY PHYSICIAN OR A SPECIALIST. You'll especially need to do this if you've received stitches or a cast. Your discharge instructions will tell you when to go. Double-check with your physician to make sure information about your ER visit, including test results, has been sent to his or her office before your appointment.

➔ KNOW WHEN YOU SHOULD RETURN TO THE ER. If your condition worsens or you're noticing new symptoms, such as vomiting or shortness of breath, you should head back to the ER. If your condition isn't life-threatening and it's during your physician's regular business hours, you may wish to consult him or her first.

How did we do?

When you check in to the ER, admitting personnel will ask you if it's OK to follow up with you once you're back home. If you agree to it, we'll try to call you within 24 hours of your discharge, asking you six questions about your visit. At that time, if you don't understand your discharge instructions or have any questions about your treatment, a nurse will call you back. This process, called Discharge Callback Administrator, or DCA, helps us improve the way we care for our patients and ensure that you're on the road to recovery.



Time is on your side

A new approach to the ER

For nearly a year, College Station Medical Center (CSMC) has implemented a hospital-wide effort to promote our pledge that you'll be seen by an emergency physician in the emergency room (ER) within 30 minutes. While most hospitals have a minimum wait time of two hours, or make claims about seeing you quickly, CSMC has steadily been seeing patients much faster under the 30-Minute ER Physician Commitment. Below, we answer some common questions.

WHAT EXACTLY IS THE 30-MINUTE ER PHYSICIAN COMMITMENT?

When patients enter the ER at CSMC, the time of their arrival will be noted. Our pledge is that a physician will see them within 30 minutes of their arrival. This is not to be confused with other places who claim you'll be seen by a provider.

DOES THIS MEAN PATIENTS WILL BE ON THEIR WAY HOME IN 30 MINUTES OR LESS?

Our commitment is that we'll do everything possible to have a physician see our patients and begin evaluation and treatment within 30 minutes. Depending on the nature of the illness or injury, the duration of each visit will vary.

HOW IS THE TIME FRAME OF PATIENT VISITS DOCUMENTED FOR THIS COMMITMENT?

When a patient arrives and checks in at the ER desk, the time of arrival will be noted.

When the physician sees the patient, the time will be documented by the ER staff.

IS A 30-MINUTE ER PHYSICIAN COMMITMENT REALLY NECESSARY FOR AN ER?

In many ERs across the country, wait times have increased. We assure our patients that we're dedicated to not only offering enhanced quality care but also providing that care as efficiently as possible.

ARE ANY OTHER HOSPITALS IN THE AREA OFFERING THE 30-MINUTE ER PHYSICIAN COMMITMENT?

The 30-Minute ER Physician Commitment is being offered only at CSMC.

DOES THE 30-MINUTE ER PHYSICIAN COMMITMENT AFFECT HOW PATIENTS ARE PRIORITIZED?

While the goal is to see every patient within 30 minutes, the most severe cases will always receive immediate attention.

WHAT WAS THE AVERAGE TIME A PATIENT WAITED BEFORE?

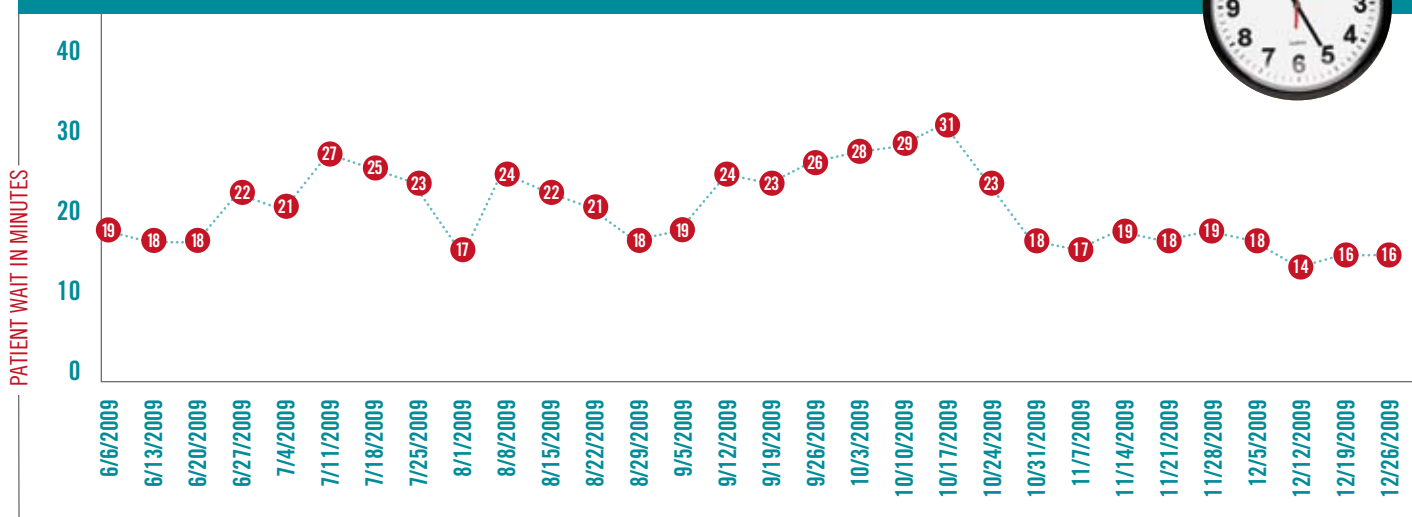
We've tracked patient wait times over the last several months in preparation for the 30-Minute ER Physician Commitment, and most patients are being seen within 30 minutes.

HOW CAN THE ER MAINTAIN THE HIGHEST QUALITY OF CARE IF SPEED IS THE PRIORITY?

It's not our objective now—nor will it ever be—to rush patients through the

30-MINUTE ER COMMITMENT RESULTS

**Weekly average reported in the *Bryan/College Station Eagle*



ER. Our process improvements have focused on getting patients into a room as quickly as possible and enabling our physicians to see a patient and begin their diagnosis and treatment in a timely manner.

IS THE 30-MINUTE ER PHYSICIAN COMMITMENT IN EFFECT AT ALL TIMES, AND DOES IT APPLY TO ALL AGES FROM INFANTS TO SENIOR CITIZENS? Yes.

DO I HAVE TO WAIT UP TO 30 MINUTES FOR SOMEONE TO SAY, "MAY I HELP YOU?" Absolutely not. A member of our ER staff will greet you as soon as you come in, and a nurse will assess your condition. We pledge that we'll do everything possible to have a physician then see you within 30 minutes.

DOES THIS COST MORE? No.

IS THIS COVERED BY MY INSURANCE? Yes. In fact in emergency situations, we welcome all insurance plans.



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! We're here for you!

The 30-Minute ER Physician Commitment is offered only at CSMC. For more information about CSMC's ER, visit www.csmedcenter.com.

Dear neighbor,

The recent health care debate has reminded us that changing expectations are hard and often met with significant resistance. College Station Medical Center (CSMC) is also changing expectations of health care, and we're offering our emergency room (ER) and our operating room (OR) as two of our best examples.



Tom Jackson
Chief Executive Officer

30-MINUTE ER PHYSICIAN COMMITMENT

Our commitment to have an emergency medicine physician evaluate a patient within 30 minutes of arrival is definitely changing perceptions of an ER. Not many ERs have the courage to make a 30-minute pledge and then to publish last week's average wait time in the local newspaper. CSMC is doing just that, which certainly puts our ER in a class of its own.

A NEW KIND OF SURGERY

Most patients consider a visible neck scar one of the normal occurrences following thyroid surgery. That may no longer be the case at CSMC, where our ENT surgeons recently introduced our community to robotic thyroidectomy performed by the da Vinci Surgical System, available at only a few other hospitals in the United States.

Changing our nation's health care delivery system isn't an easy task. Decreasing the time it takes to be seen in an ER and offering thyroid surgery without a neck scar are changes we're proud to offer our local community.

Our ultimate goal is for CSMC to be a great place for employees to work, physicians to practice medicine and patients to receive care.

Warm regards,

TOM JACKSON
Chief Executive Officer
College Station Medical Center

HEALTHWISE QUIZ

How much do you know about **obesity**?

Take this quiz to find out.

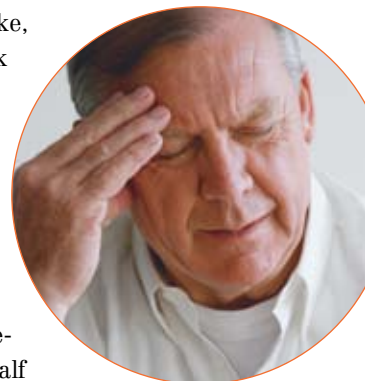
- 1** What percentage of American adults are overweight or obese?
 - a. 25
 - b. 33
 - c. 50
 - d. 66
- 2** Which of the following has not been linked to obesity?
 - a. hyperthyroidism
 - b. cancer
 - c. gallbladder disease
 - d. infertility
- 3** Obese children have a higher risk of:
 - a. asthma
 - b. early puberty
 - c. skin infections
 - d. all of the above
- 4** One problem with body mass index (BMI)—a calculation that assesses obesity—is that:
 - a. It doesn't take height into account.
 - b. It doesn't measure muscle, so a muscular person can have a high BMI.
 - c. It doesn't factor in age.
 - d. none of the above
- 5** How much excess weight do you usually have to be carrying to be considered for weight-loss surgery?
 - a. 30 pounds for women, 50 for men
 - b. 50 pounds for women, 70 for men
 - c. 80 pounds for women, 100 for men
 - d. There's no minimum weight requirement for weight-loss surgery.

ANSWERS: 1. (d), 2. (a), 3. (d), 4. (b), 5. (c)

{ MINI-STROKES }

Heed the warning

It may not be a full-blown stroke, but a transient ischemic attack (TIA)—also called a mini-stroke—is your warning that one could be just around the corner. TIAs produce symptoms similar to strokes, but they usually only last a few minutes and don't cause damage. About a third of people who have TIAs will subsequently have a stroke, and about half of them will have it within a year.



INSIDE A TIA

A TIA occurs when a blood clot briefly blocks an artery, cutting off part of the brain's blood supply. Like a stroke, symptoms arise without warning. They include:

- sudden numbness or weakness in the face, arm or leg—usually on one side of the body
- sudden confusion, speech problems or trouble comprehending
- sudden problems walking, dizziness and loss of balance or coordination
- sudden severe headaches
- sudden vision problems such as loss of sight in one eye

If you suffer any of these symptoms, call an ambulance or have a friend take you to the ER right away. Physicians usually have to make a diagnosis based on your medical history.

IS A TIA IN YOUR FUTURE?

You're at higher risk for a TIA if you:

- have a family history of TIA or stroke
- are 55 years or older
- are a man
- are African-American

Those are things you can't control, but you can help change other risk factors:

- blood pressure 140/85 mm Hg or higher
- high cholesterol
- heart disease, carotid artery disease and peripheral artery disease
- obesity
- cigarette smoking
- heavy drinking
- physical inactivity
- diabetes
- a high-fat, high-sodium diet

Sending out an SOS: Texting can be bad for your health

It's not uncommon to see people crossing busy streets or even driving with their cell phone or BlackBerry® in hand, dashing off a quick message. Texting shifts your focus away from the task at hand and can be downright dangerous.

While no hard numbers exist, the American College of Emergency Physicians has reported an anecdotal rise in serious and fatal injuries involving texting—especially among teens and young adults. That includes face, chin, mouth and eye injuries for those who trip and fall while texting, and fatal trauma stemming from car accidents. Texting has also been linked to medical phenomena like “BlackBerry thumb” and “teen texting tendonitis”—catchphrases for conditions that result from the repetitive thumb motions of texting. These conditions can cause pain and numbness in the thumbs and joints of the hand.

BE TEXT SAVVY

Steer clear of texting troubles by following a few guidelines:

- Avoid texting while doing things like walking and driving. Turn your phone off to avoid temptation.
- On the road, pull over if you need to text immediately.
- Set a good example behind the wheel: Don't engage in distracting behavior in front of your kids.

- Contact your cell-phone provider if you're worried about your child's texting habits. Some companies now offer services that ban texting at certain times of the day.



A healthy lunch is in the bag!

Every day at noon, workers around the country run to the corner deli for a sandwich, hit a local eatery with co-workers or order in. But if you're watching your waistline—or your wallet—packing your own lunch is a smarter solution. A homemade lunch is more nutritious and economical, as long as you pack it correctly. The recipe for a healthy lunch includes:

- **PROTEIN** Try lean turkey, ham, roast beef, tuna or a bean-based entree, such as hummus or a black bean burrito.
- **GOOD GRAINS** Pack whole-wheat pasta salad and sandwiches made on multigrain bread.
- **FRUITS AND VEGGIES** The deeper the color of the vegetable or fruit, the more vitamins and minerals it contains. Slice up baby carrots, peppers, broccoli, apples, blueberries and oranges.



- **CALCIUM** Slip fat-free yogurt, cottage cheese or string cheese into your bag.
- **H₂O** Water has no calories, so it's a perfect choice, but if you need a little more flavor, try adding a squeeze of lemon, lime or orange. Watch out for fruit juices, energy drinks and sodas, which are loaded with sugar.
- **FLAVOR APPEAL** Switch it up a bit by adding interesting items, like walnuts in a salad or horseradish spread on a roast beef sandwich.
- **MINIMAL SODIUM** Thinking of one of those “healthy” frozen meals? Watch out for sodium. Total daily intake for a healthy individual shouldn't exceed 2,300 milligrams (mg), and some frozen meals can contain a big portion of your day's allotment. Follow the FDA's recommendation for a healthy frozen meal by choosing one that has 480 mg of sodium or less per serving.

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What you need to know about H1N1 flu

By **Rajesh I. Harrykissoon, M.D.**
Critical Care and Pulmonary Medicine



Novel H1N1 flu has been in the news, and everyone is worried. H1N1 flu is a type of influenza A virus that's spread worldwide. Typical symptoms include a cough or sore throat plus a fever (100.4° F and higher). While most cases are mild and individuals never seek medical attention, a few severe cases involving infection of the lungs (pneumonia) have required hospitalization and deaths have resulted. In general, those individuals at high risk for a more severe case include babies younger than age 2, pregnant women, seniors and young- to middle-aged persons with a coexisting disease such as diabetes or a heart, lung, rheumatologic or immune system condition.

Because most cases are mild, not everyone needs to go to the hospital. If you're not at high risk but have a cough or sore throat and fever, stay home until you feel completely well for a day to minimize possible transmission of the virus. If you're at high risk and have a cough or sore throat and fever, call your physician to discuss whether you need medications for the flu. Anyone with severe illness, like difficulty breathing with a cough or sore throat and fever, needs to get to the hospital right away for an evaluation.

HOW TO MINIMIZE YOUR RISK

As with any flu infection, common practices will aid in prevention:

- Avoid contact with those who are ill.
- Stay at home when you're sick.
- Cover your mouth and nose when you cough or sneeze.
- Wash your hands frequently.
- Avoid touching your eyes, nose or mouth after coughing, sneezing or touching a contaminated surface.

In addition, get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious foods.

! Avoid the flu bug

For more health tips about reducing your chances of getting the flu, visit www.csmedcenter.com.