

Discover Health

WEST CHESTER CAMPUS

November 2016 Issue 3

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A Sincere Thank You To Our Community

Since opening in April 2015, West Chester Hospital's Maternity Services department has delivered nearly 1,000 babies.

Accommodations in the new maternity unit include spacious LDRP (Labor/Delivery/Recovery/ Postpartum) suites, two state-of-the-art operating rooms and multiple triage rooms. The unit also features a well-baby nursery with 15 bassinets, and newborn care is provided through a special partnership with Cincinnati Children's Hospital Medical Center.

Numerous community partners contributed to the project, providing generous donations which helped fund the construction and unit development. One such donor was DEI, Inc. founder Richard Grow and his partner Joyce Wood, whose contribution was honored with the creation of a lovely mural (photo) and newborn announcement button. Every time that a baby is born on the unit, a parent or loved one is invited to press the button, which plays a lullaby throughout the hospital.

DEI, a design and building firm, also donated the design and installation of the mural, which was completed just prior to the one-year anniversary of the maternity unit.

West Chester Hospital is greatly appreciative of all of our donors, as well as our staff and physicians who have made this new program successful.



West Chester Hospital Interim Chief Administrative Officer Tom Daskalakis (left) reveals the newborn announcement button and mural donated by DEI, Inc. founder Richard Grow and his partner Joyce Wood (right).

Dear Breastfeeding Moms: It's Okay to Ask for Help

Many mothers are committed to breastfeeding their babies; but occasionally, problems may arise. Thankfully, education and a strong support system can help moms and babies thrive.

After she took part in a breastfeeding support group in Boston called Baby Café, Jennifer Dardzinski was inspired to launch a chapter of the international organization in West Chester. Together with leaders and staff at West Chester Hospital, Jennifer introduced Ohio's first chapter of Baby Café in April 2016.

Baby Café allows mothers to express their concerns, talk openly with other moms in the group, and receive professional advice from experts.

"Baby Café helped me to exceed my breastfeeding goals with my daughter," says Dardzinski. "The program has a profound impact on our community because more nursing moms equals more healthy babies."

Studies by the National Center for Chronic Disease Prevention and Health Promotion reveal high breastfeeding initiation rates in the U.S., but those rates plummet when infants reach six and 12 months old. This suggests that mothers need more help from their employers, health care providers, family members and community to continue breastfeeding for longer durations.

"About 75 percent of new moms plan to breastfeed, but very few moms are able to meet their goals," says Heather Evans, BSN, RN, IBCLC, a board certified lactation consultant for West Chester Hospital. She says it can be particularly stressful for mothers and babies when there is difficulty breastfeeding.

Breastfeeding provides babies and their mothers with overwhelming physical and emotional benefits. The American Academy of Pediatrics recommends infants be exclusively breastfed for at least their first six months of life.

New mom Jen Beck and daughter Riley found the help they needed through West Chester Hospital's Baby Café and the guidance of nurse Heather Evans.



Baby Café is held at West Chester Hospital from 10 – 11:30 a.m. every Wednesday. No appointment is needed. Refreshments, comfortable seating and open-forum discussion are offered at each session. Learn more by visiting UCHealth.com/BabyCafe.

First Mammogram?

Experts Discuss Commonly Asked Questions

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Early detection is crucial for breast cancer survivorship. One in eight women in the United States will be diagnosed with breast cancer in their lifetime, according to the National Breast Cancer Foundation.

Brita Brown, a registered technologist of radiology and mammography at West Chester Hospital, and Rifat Wahab, DO, a UC Health radiology and breast imaging specialist at West Chester Hospital, answer commonly asked questions concerning mammograms.

Q: Is it painful to get a mammogram?

Brown: Compression is like a camera - when you take a photo up close you capture great detail; if you take the same photo from a distance it loses the finer details. With mammography we're very concerned about every detail, so that's why compression of the breast is necessary. Be open with your technologist if you experience discomfort, because she can make adjustments to your positioning and make the experience more comfortable.

Q: What is the difference between a screening mammogram and a diagnostic mammogram?

Brown: A screening mammogram is for women who have never had any breast problems; it's a routine check-up. A diagnostic mammogram is for those who have had a lump, nipple discharge, pain or new findings on a screening mammogram. Those women may need additional imaging or an ultrasound. After the tests are interpreted, our radiologist sits down with the patient and explains the results.

Q: What exactly are you looking for in a mammogram?

Wahab: As a radiologist, I look for signs of breast cancer, which can have various appearances on mammograms, including but not limited to: asymmetric breast tissue, calcifications, masses, and distorted breast tissue. Radiologists also compare every prior mammogram to the current mammogram to assess for any subtle changes.

Q: What happens if my mammogram is abnormal?

Wahab: If you have an abnormal screening mammogram, you'll be asked to return to West Chester Hospital for additional imaging tests. If the finding is suspicious, a breast biopsy (removal of a small piece of breast tissue) will be recommended. The biopsy will be analyzed to determine if it's normal or abnormal. Our radiologists personally call each patient to discuss the results.

Q: I have heard of 3-D Mammograms – what are they?

Brown: 3-D mammography (also known as tomosynthesis) is fairly new; UC Health has upgraded all of its machines in the entire system with this 3-D technology. A 3-D mammogram takes multiple images through the breast and reconstructs the images for a complete scan. I've personally seen things on a 3-D scan that weren't visible on a 2-D image. Tomosynthesis provides the best chance of identifying cancer during its early stages.

Q: How will I be cared for at my appointment?

Brown: We escort the woman to a private dressing room, ask them to remove their deodorant and to put on a gown with the closure in the front. The technologist conducts a thorough health history, which is very important for the radiologist who reads the mammogram. The imaging includes four films – two in the front and two side-view images of the auxiliary muscle and lymph nodes. We go slowly, gently leading our patients through the process, and make any adjustments that may be needed for comfort or accuracy. We can't detect breast cancer without mammograms, so we want the screening to be a positive experience for our patients.

**Schedule your screening mammogram today
by calling (513) 584-PINK (7465).**



Lead mammography tech Brita Brown gently guides a patient into position.

3 No Limits

Surviving and Thriving After Cancer Diagnosis

For Beth Underhill, 47, fitness is life. Not only does she run her own exercise studio, Bella Forza Fitness, but fitness kept her motivated throughout her treatment for endometrial cancer.

Beth was diagnosed with cancer in May 2015, after experiencing unusual vaginal bleeding and cramping. Endometrial cancer starts when cells in the inner lining of the uterus (endometrium) grow out of control.

Signs and Symptoms

"I have a family history of cancer—my grandmother had a brain tumor, my dad had kidney cancer and my mom had breast cancer. My sister just experienced endometrial cancer, so there was an obvious genetic tie," she says.

"I was training for a body building competition, so at first I thought I may have just lifted too hard. Then I began getting sharp pains in my pelvic area, which I thought could be appendicitis," Beth says.

A trip to her gynecologist led to blood work, ultrasounds, a Pap test and other tests that showed nothing abnormal.



Fitness enthusiast Beth Underhill maintained her training regimen throughout her cancer treatment, a choice that may have helped in her recovery.

However, when Beth met with Dana Lovell, MD, department director of obstetrics and gynecology at West Chester Hospital, and an assistant professor in the Department of Obstetrics and Gynecology at the University of Cincinnati College of Medicine, a lesion was discovered. Dr. Lovell biopsied the tumor and a few days later Beth was notified that it was malignant.



Heather Pulaski, MD
*UC Health Gynecologic
Oncologist*

Weighing the Options

Beth was referred to Heather Pulaski, MD, a UC Health gynecologic oncologist with West Chester Hospital and the UC Cancer Institute (UCCI), and assistant professor in the Department of Obstetrics and Gynecology at UC College of Medicine. Dr. Pulaski helped Beth weigh her options, including surgery.

"I just wanted to begin the process and to get through it," Beth says. "I didn't shed a tear initially. I was thinking, 'I have a husband (David), a daughter (Gia) and a business to worry about, so I just need to get through this.'"

She opted for a radical (total) hysterectomy in June 2015.

"I remember Dr. Pulaski holding my hand when they wheeled me into surgery and saying, 'I will do everything in my power to help you to be OK.' That was the first time I cried. She showed me that I wasn't just a number—I wasn't just another patient. She truly cared."

Not Done Yet

During surgery, another unpleasant surprise was discovered: the cancer had spread to Beth's lymph nodes, and chemotherapy would be required.

"It was the one thing I didn't want to endure," she says. "I thought they could remove the tumor and I'd be done, but now, I'd have to have chemotherapy, too, and lose my hair. While I was upset, I was so glad I hadn't waited any longer to see my physician. It could have been much worse."

Much of Beth's treatment and testing was performed in the new West Chester Hospital Gynecologic Oncology Clinic. "The nurses at the infusion therapy clinic who administered the chemotherapy treatment were fantastic," she says.

What is a Pre-vivor?

“They would tease David because he would always nap during my treatments. They even reserved the same chair for me in the infusion suite so I’d know where I’d be sitting each time. The care they provided to me is a true testament to the level of care that is provided throughout UC Health.”

No Excuses

Beth underwent five weeks of radiation therapy. Jordan Kharofa, MD, a UC Health radiation oncologist at West Chester Hospital and assistant professor in the Department of Radiation Oncology at the UC College of Medicine, oversaw her treatment.

“Dr. Kharofa told me that I may not feel like lifting heavy weights like I had done in the past,” says Beth. “But I decided early on to have a sense of normalcy and beat this as quickly as I could. I didn’t place any limitations on myself.”

Throughout her treatment, Beth continued to work out four days a week, fitting in exercise on days she knew she would feel best, and resting on the tougher days after a radiation session. By the time she had finished radiation, she was actually lifting heavier weights than when she began.

On December 28, 2015, Beth found out that she was in remission.

“I was almost in disbelief,” she says. “My care team called me ‘Wonder Woman’ – I remained positive and made it to where I am today.”

Now, Beth is focusing on spending time with her family and on her business. She is once again training for a fitness competition and she hopes to inspire others by sharing her story as often as possible.

“There needs to be more awareness of gynecologic cancers,” she says. “I’m so glad I had the support from my team at UC Health. Everyone was so compassionate and empathetic. The comfort they provided helped me continue to stay strong and live the life I’m supposed to live.”

Beth succeeded in defeating cancer, but genetic testing showed that she has Lynch Syndrome, which places her at risk for other cancers; so while she’s a survivor, she’s also a “pre-vivor,” says Dr. Pulaski.

“Cancer pre-vivors are individuals who may not yet have had a cancer but are at high risk for developing the disease,” she says. “While this knowledge can be overwhelming, genetic testing keeps patients informed. Coupled with knowledge of family health history, it provides patients with the option to have more aggressive screening so cancer can be detected and treated at the earliest stages.”

If you are concerned about your risk for cancer, speak with your doctor to determine if genetic testing is right for you.

*Now in remission,
Beth is training for
a fitness competition.*



To receive the name of a gynecologic cancer specialist at West Chester Hospital, call (513) 298-DOCS (3627).

5 Spine Surgery Banishes Debilitating Back Pain

After 16 years of chronic back pain, Scott Sloan had sought out every therapy and medication that might ease his symptoms, but the spasms and throbbing were persistent.

“Standing for 10-15 minutes became difficult; I had to shift my weight or lean on something to alleviate the pain – but I couldn’t get rid of it,” says the radio personality and host of “The Scott Sloan Show” on 700 WLW (9 a.m. – noon weekdays). “The ongoing pain was diminishing my quality of life.”

Choosing a Better Path

During a trip to Italy, long walks on cobblestone roads kept Scott from immersing himself in the beauty of the surroundings. “I wanted to look at the sights, but was more worried about watching where I was walking,” he says. “When I realized I was staring at the ground instead of enjoying the trip – that cemented my decision.”

Scott’s spine was fractured from a mixture of genetic predisposition and repetitive high impact activity.

“It’s a common condition in which bones slide apart, and it can lead to arthritis, degenerative disc disease and back pain,” says Ian P. Rodway, MD, a spine surgeon at West Chester Hospital. “Despite undergoing therapy, weight loss, medications and injections, Scott’s pain continued, so we turned to surgery.”

Dr. Rodway performed Scott’s anterior and posterior L5-S1 spinal fusion in January 2016. With the help of a vascular surgeon, an incision is made on the front (anterior) of the body; a disc is taken out of the spine and is replaced with a plastic spacer disc. The new disc maintains the space between bones and allows the bones to fuse together into one solid bone.



Ian Rodway, MD
Spine Surgeon

The patient is then turned over and an incision is made on the back (posterior) of the body. Screws and rods are placed on each side of the spine to allow for the bone fusion to occur.

A Noticeable Difference

Six months after surgery, Scott played a round of golf and realized something was noticeably absent – his back pain.

“Dr. Rodway told me: ‘I can say with great certainty that you’ll be able to function at 100 percent following the surgery,’” says Scott. “I thought, even if I was functioning at 50 percent that would be better than where I was.”

Preventing Pain

While genetics play a part in some spine disorders, common back pain can be avoided with some simple everyday precautions.

Dr. Rodway recommends maintaining an active lifestyle without high-impact exercises like running and jumping, which cause stress on the low back and joints.

“Cycling, swimming and the elliptical machine are lower impact activities,” says Dr. Rodway. “Maintaining a healthy weight, a strong core, proper posture and avoiding smoking are all ways to take better care of your back.”

Scott is thankful for the relief. “Dr. Rodway and the entire team at West Chester Hospital were fantastic,” he says. “I chose West Chester Hospital because it’s part of an academic health system, and it’s one of the best hospitals in the country – the standard of care is unmatched.”

Talk radio host Scott Sloan suffered from back pain for years before deciding on surgery.

To receive the name of an orthopaedic specialist at West Chester Hospital, call (513) 298-DOCS (3627).



R&R: Rehabilitation and Recovery

Rehabilitation helps many people recover more quickly and more completely after a surgical procedure.

“Physical therapy is an essential part of a surgical patient’s recovery process,” says Trent West, a senior physical therapist at the Daniel Drake Outpatient Rehabilitation Center at West Chester Hospital. “With our individualized approach, we teach patients the correct way to stretch, how to strengthen the core, and we review proper posture and body mechanics.”

The Outpatient Rehabilitation Center at West Chester Hospital offers physical therapy, occupational therapy, and pelvic floor disorder therapies.



Learn more by visiting UCHealth.com/DanielDrakeCenter, clicking **Locations** and then **Outpatient Rehabilitation in West Chester**.

Be Prepared

West Chester Hospital offers an Medical Information Kit to help you prepare for an emergency. The kit includes documents to fill out with your emergency contact information, insurance information, medications, allergies and more.

“The packet is an essential resource for responding crews,” says Captain Troy Bonfield of the West Chester Fire Department. “If a patient is unresponsive, the emergency crew will be able to gather important information from the packet.” He recommends posting the information packet somewhere obvious – like a refrigerator door – so that EMS crews can easily find it.

Download your copy of the EMS Kit by visiting UCHealth.com/WestChesterHospital and clicking **Services** and then **Emergency Services**.

When Should You Call an Ambulance?



During an emergency, the choice between calling an ambulance and driving to the hospital could save more than just minutes – it might save a life. When is it appropriate to call 911?

“If you’re experiencing chest pain, shortness of breath, dizziness, or signs of a stroke – any symptoms that would prevent 100 percent attention to driving – don’t get behind the wheel,” says Danny Marcum, RN, director of the West Chester Hospital Emergency Department.

Marcum personally faced this decision 10 years ago. Sudden waves of nausea and chest pressure overwhelmed him as he prepared to leave for work one morning.

“My wife insisted we call an ambulance,” Marcum says. “At the hospital, they discovered a 100 percent blockage of my right coronary artery.” If Marcum had driven himself to the hospital, he could have lost consciousness behind the wheel.

When patients arrive at West Chester Hospital by ambulance, they are immediately placed in a private room and provided with expert medical attention. Marcum says, “The paramedics in the field and our team in the emergency department all coordinate to deliver the highest level of care to every patient.”

Troy Bonfield, captain of emergency medical services at the West Chester Fire Department, offers the following guidelines to help you decide if calling an ambulance is appropriate:

- Is the condition life-threatening?
- Could the condition worsen and become life-threatening on the way to the hospital?
- Could moving the patient cause further injury?
- Does the patient require the skills and equipment of paramedics or EMTs?
- Could distance, traffic, or weather conditions cause a delay in getting to the hospital?

If the answer to any of these questions is “yes,” or if you are unsure, Captain Bonfield says, call an ambulance.



Learn more about emergency services at West Chester Hospital by visiting UCHealth.com/WestChesterHospital and clicking **Services** and then **Emergency Services**.



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Health Events Calendar

Events and activities listed are held within West Chester Hospital,
7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

FREE COMMUNITY SEMINARS

- **Diabetes Seminar**
Thurs., Dec. 1 (7-8:30 p.m.) and
Sat., Dec. 3 (9-10:30 a.m.)
- **Headache Seminar**
Wed., Jan. 25 (7-8:30 p.m.) and
Sat., Jan. 28 (9-10:30 a.m.)
- **Cardiovascular Health Seminar**
Thurs., Feb. 23 (7-8:30 p.m.) and
Sat., Feb. 25 (9-10:30 a.m.)
- **Digestive Health Seminar**
Sat., March 11 (9-10:30 a.m.) and
Wed., March 16 (7-8:30 p.m.)

Reserve your seat for a free community seminar by registering online at UCHealth.com/wchevents or by calling (513) 298-3000. Seminars are held in the plaza conference room located on level A of the hospital.

FREE DIABETES EDUCATION & SUPPORT

- **Own Your Diabetes Seminar**
Sat., Jan. 21, 2017 (9 a.m. - Noon)
This free seminar features a team of diabetes professionals

who provide an overview of diabetes and share information about how to manage the condition. To register, visit UCHealth.com/wchevents or call (513) 298-7847.

- **Type 2 Diabetes Support Group**
This support group meets the first Tuesday of each month at 6:30 p.m. in the West Chester Hospital cafeteria, located on level A. Registration is not necessary.

CHILDBIRTH EDUCATION CLASSES

- **Preparing for Labor & Delivery**
- **Infant CPR and Safety**
- **Baby Care Basics**
- **Post-Partum Self Care**
- **Successful Breastfeeding**
- **Maternity Unit Guided Tours**
- **Financial Planning for your Family's Future**

A fee is required to attend some childbirth education classes. To register, visit UCHealth.com/wchevents or email WCHchildbirthed@UCHealth.com.

FREE CANCER SUPPORT GROUP

Meets Third Wednesday of Each Month – 6:30 p.m. in the WCH Cancer Resource Room (1st Floor). Open to patients, family members, caregivers and survivors. For information, call (513) 791-4060.

Healthgrades® 2016 Outstanding Patient Experience Award



West Chester Hospital ranks among the top 5% of hospitals nationwide for patient experiences for the fifth consecutive year.

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