

Discover

WEST CHESTER HOSPITAL

HEALTH

2014-Issue 1 | World Class Medicine. Locally Delivered.

Avoiding the Highs and Lows of Diabetes p. 4

Emergency! Time for a Quick Decision p. 2

Sleep Your Way Out of SADness p. 7

The Missing LINX® p. 3



West Chester
Hospital

 Health™

Go with the Flow p. 6

Four Diabetes Myths p. 5

Emergency! Time for a Quick Decision

Imagine that a family member sustains a serious injury. A critical decision presents itself. Do you rush to an urgent care center or to a hospital emergency room?

In the heat of the moment these options might seem like equivalent choices, and you might decide between them without much thought because the imperative is getting care now.

Important distinctions exist between the two that are wise to consider. When a decision must be made, one should know exactly the services each one offers.

Urgent-care centers were created as an inexpensive alternative to hospital emergency departments for people suffering from urgent, but not life-threatening, injuries and illnesses. Urgent care centers are equipped to handle minor illnesses or non-urgent injuries.

"If you have a minor illness such as a sore throat or an ankle sprain, going to an urgent care center is appropriate," says Tracey Szewczyk, RN, nursing director of the West Chester Hospital emergency department. "If you require a higher level of care, for example, if someone has experienced an acute stroke, a heart attack, or severe abdominal pain, West Chester Hospital emergency department is the place to come."

To learn more about emergency care at West Chester Hospital, visit UCHealth.com/WestChesterHospital and choose "Emergency Services" under the "Services" menu.

Elizabeth Leenellett, MD, medical director of the West Chester Hospital emergency department, performs a diagnostic ultrasound.



"When you find yourself in a serious situation, always call 911 to receive safe transportation by emergency medical technicians to the hospital." - Tracey Szewczyk, RN, Nursing Director, West Chester Hospital Emergency Department

Emergency department physicians are specially trained to offer an advanced level of care and are therefore more knowledgeable in treating emergent illnesses and injuries. "All physicians who staff the West Chester Hospital emergency department, for example, are board certified in emergency medicine," notes Elizabeth Leenellett, MD, medical director of the West Chester Hospital emergency department and assistant professor of emergency medicine for the University of Cincinnati College of Medicine. "Many urgent care centers have staffing models that often don't include emergency physicians."

"It is common for urgent care centers to refer patients to area hospital emergency departments because they can lack the equipment or knowledge to treat a particular patient in need of prompt medical service. Unfortunately, this ultimately delays treatment as the patient is now tasked with leaving the urgent care center and proceeding to a local hospital emergency department. This delay in treatment can become life threatening in some cases based on the severity of the illness or injury," states Szewczyk. "When unsure of the severity of the injury or illness, I would encourage any person to err on the side of caution and choose to go to the nearest hospital emergency room."

While urgent care centers have fewer on-site resources, hospital emergency departments offer full lab capabilities, high-resolution CT and MRI scanning equipment, and diagnostic EKGs—capabilities urgent care centers don't typically possess. Emergency departments are therefore able to offer more comprehensive care with all the resources of a full-service hospital, including access to specialty physicians.

At West Chester Hospital, customer service and patient satisfaction are top priority. Once a patient arrives, the average time to be taken to an examination room is less than seven minutes and to be seen by an ER physician is less than 12 minutes. This fast service provided by the hospital outperforms most urgent care centers where wait times can be much longer.

Considering the quality of care West Chester Hospital provides, together with these abbreviated wait times, Dr. Leenellett says "we provide the best emergency care in the region."

Indeed, her statement is vindicated in the West Chester Hospital emergency department's rise to national prominence. The hospital is designated as an Emergency Center of Excellence by the benchmarking organization, Emergency Excellence, and is recognized for patient safety, quality of care and customer satisfaction.

The Missing LINX® to Heartburn Relief

If you have ever devoured a tantalizing bowl of creamy macaroni and cheese and later felt a fuming sea of stomach acid terrorize your chest, you know what it's like to have acid reflux. But the condition itself—gastroesophageal reflux disease or GERD—is far more threatening than a single, acute experience. More than 30 million Americans suffer from it every day.

GERD is caused by a weakening of the barrier between the esophagus and the stomach called the lower-esophageal sphincter. The sphincter's primary function is to keep acid out of the esophagus, but when it is weakened or shortened, GERD results.

Typical symptoms of GERD include heartburn, regurgitation, coughing and chest pain. Some have difficulty sleeping because they wake up coughing from the reflux. Most medical practices offer acid-reducing medications and advise lifestyle changes as treatment for GERD, but about 30 percent of patients are still symptomatic because these remedies do not address the underlying problem.

"Acid medication can alter the acidity of the fluid that comes up," explains Valerie Williams, MD, a thoracic surgeon at West Chester Hospital, "but it doesn't change the fact that reflux is occurring, so patients will still have a regurgitation of fluid when they bend over or lie down."

GERD is especially dangerous because it can lead to "Barrett's esophagus," a pre-cancerous condition which occurs in around 10 percent of patients who have chronic reflux. "Barrett's is a change in the lining of the lower end of the esophagus to a different cell type that has the potential to progress to esophageal cancer," explains Jonathan Kushner, MD, a gastroenterologist at West Chester Hospital.

Barrett's esophagus is identified through an upper endoscopic exam and a biopsy of the suspected tissue. Once identified, Dr. Kushner intermittently monitors the tissue. "If there is evidence of progression in the appearance or in the biopsies of the Barrett's tissue," he says, "there are new endoscopic treatment techniques that can be discussed and applied." These include ablation, or a controlled burn of the dysplastic lining of the esophagus. Once healed, the ablated tissue generally turns into regular tissue which decreases the cancer risk.

"The benefit of the LINX device is that it is dynamic and functional. It moves with the patient."

– Valerie Williams, MD, Thoracic Surgeon

Still, the underlying reflux can persist. Now, a new procedure offered at West Chester Hospital improves the function of the lower-esophageal sphincter. The LINX device, a ring of magnets tethered together by titanium wires, artificially approximates the functioning of the sphincter. It is placed around the bottom of the esophagus. "The benefit of the LINX device is that it is dynamic and functional. It moves with the patient," says Dr. Williams.

The procedure takes less than an hour and is performed with minimal invasion through small incisions in the abdomen. Patients can resume a regular diet immediately after the LINX device is implanted. Compared to standard surgical procedures designed to eliminate chronic GERD where tissue at the top of the stomach is wrapped around the bottom of the esophagus, the LINX implantation has fewer side effects, no gas-bloat syndrome, and it retains the patient's ability to burp and vomit. It is reversible, and it doesn't alter the patient's anatomy.

The LINX device can transform how GERD is treated so the millions who suffer from it can enjoy their lives without prohibitions on what they can eat.

To learn more about the LINX device, visit UCHealth.com and click on "Endoscopy" under "Services." To receive the name of a gastroenterologist or a surgeon who performs the LINX procedure at West Chester Hospital, please call (513) 298-DOCS (3627).

The LINX device packs a punch! It's small enough to fit in the palm of your hand, and is effective in the treatment of chronic reflux disease.



Avoiding the HIGHS & lows of Diabetes

Diabetes requires constant attention to one's body; diabetics cannot afford to let their guard down. Yet many who have diabetes struggle with managing it properly. This can be problematic, for those living with diabetes and also for those who are at risk of the disease.

There are two variants of diabetes. In type 1 diabetes, the pancreas produces no insulin, a hormone that removes glucose from the blood. Type 1 diabetics must supplement their diet with insulin injections in order to maintain normal chemical balances. Conversely, with type 2 diabetes, which accounts for the vast majority of diabetes cases, one produces insulin but the body is resistant to it. Therefore, while they may not need to take insulin with meals, they do need to monitor what they eat to keep their blood-glucose levels within an appropriate range.

Type 2 Diabetes

Jack Scheuer was diagnosed with type 2 diabetes 15 years ago. He has learned that managing the disease is not about absolute exclusions, but making the right choices on a daily basis.

At first Jack felt challenged because he had little education about the disease. Perhaps because it is difficult to fully control, the myths about diabetes have suffused well-intentioned advice with superstition. But West Chester Hospital's diabetes education program helped Jack divide truth from falsehood, and he learned how to listen to what his body was telling him.

"You have to learn about yourself, find out how your own body metabolizes things differently so you can make better choices," says Amy Hayes, RN, certified diabetes educator at West Chester Hospital who has type 2 diabetes herself.

Hayes stresses that each individual of the 25 million Americans with type 2 diabetes—8% of the population—is different. Every bit of knowledge gained about oneself through eating carefully and exercising regularly must be incorporated into one's lifestyle. Hayes for example knows that she can't have cereal in the morning; yet Jack has no such problem, but he must eat many small meals each day rather than a few large ones.

From this understanding comes empowerment and control. "I am pleased because I know what I can consume and what happens when I consume it," says Jack.

Type 1 Diabetes

If the difficulty in managing type 2 diabetes is that every case is unique, the difficulty in managing type 1 diabetes can be the inscrutability of blood-sugar fluctuations.

Amy Hess Westerkamp is a type 1 diabetic working at West Chester Hospital. Diagnosed in 1986 at the age of 24, her experience with diabetes has been challenging. "I have no warning signs when my blood sugar fluctuates," she explains. "Typically diabetics experience shakiness, sweating, double vision or confusion. I don't have symptoms."

Right: Enzo has been an invaluable companion to Amy Westerkamp—attentive, diligent and constantly on the alert. Enzo came from Heads Up Hounds, an organization that specializes in diabetic alert dog training.



Jack Scheuer learned in West Chester Hospital's diabetes management program that caring for his type 2 diabetes meant gaining a better understanding of his own body's unique traits.

This is called hypoglycemic unawareness. “In Amy’s case, the autonomic nervous system, which controls the body’s involuntary actions, is unable to sense dropping blood sugar,” explains Abid Yaqub, MD, medical director of the UC Health endocrinology practice on the West Chester Hospital campus and associate professor of medicine in the endocrinology, diabetes and metabolism division at the University of Cincinnati College of Medicine. Such patients are unaware of fluctuations in their blood sugar until they have a seizure or lose consciousness. This highlights a difficult truth: insulin is not a cure and its effectiveness is predicated on the ability to reliably monitor blood sugar.

Amy had used a continuous glucose sensing device in the past but there is usually a lag time between the sensor reading and the patient’s actual blood-sugar value. “I needed to be able to anticipate the highs and lows at a more rapid rate. The only way I knew was through a diabetic alert dog.”

Enter Enzo, a two-year-old black Labrador. “I’m amazed at how much easier it has become. I have a sense of peace knowing that somebody is watching my back,” she says.

“Diabetic alert dogs are trained to detect the scent of a hypoglycemic patient and alert the owner,” says Dr. Yaqub. He stresses that the alert dogs are not scientifically proven to work in all cases, and that type 1 diabetics should consult with their physicians regarding appropriate remedies. In Amy’s case, Dr. Yaqub agrees that Enzo has worked well.

When Amy’s blood sugar is dangerously high or low, Enzo forcefully knocks his snout against her hand. “He will stay alert until he sees me take out my blood glucose meter. Once I put the meter away, he knows he’s done his job and I’ve done mine.”

Amy is incredibly happy with Enzo. “He has been a dream come true,” she says. “It is probably the best decision I have ever made.”

To register for the Diabetes Management Education Program, call (513) 298-SUGR (7847) or sign up online at UCHealth.com/WestChesterHospital. To receive the name of an endocrinologist, call (513) 298-DOCS (3627).



Dispelling Four Diabetes Myths

Myth: If you are overweight or obese, you will eventually develop Type 2 diabetes.

Fact: Being overweight is a risk factor for developing diabetes, but other risk factors play a role, including family history, ethnicity and age.

Myth: Eating too much sugar causes diabetes.

Fact: Type 1 diabetes is caused by genetics and unknown factors that trigger the onset of the disease; type 2 diabetes is caused by genetics and lifestyle factors. Being overweight does increase your risk for developing type 2 diabetes, and a diet high in calories from any source contributes to weight gain.

Myth: People with diabetes should only eat special diabetic foods.

Fact: A healthy meal plan for people with diabetes is generally the same as a healthy diet for anyone—low in fat (especially saturated and trans-fat), moderate in salt and sugar, with meals based on whole grain foods, vegetables and fruit.

Myth: If you have diabetes, you can’t have starchy foods, such as bread, potatoes and pasta.

Fact: Starchy foods can be part of a healthy meal plan, but portion size is key. Whole grain breads, cereals, pasta, rice, and starchy vegetables like potatoes, yams, peas and corn can be included in your meals and snacks.

Source: American Diabetes Association (www.diabetes.org)

Diabetes & Your Heart

Did you know that if you have diabetes, you are at least twice as likely as someone who does not have diabetes to have heart disease or a stroke? Choosing foods wisely, quitting smoking and taking medications (if needed) can all help lower your risk of heart disease and stroke.

Free Healthy Cooking Demonstration

Join West Chester Hospital registered dietitians for a free heart-healthy cooking demonstration on Wed., May 14, from 6:30 to 7:30 p.m. in the hospital cafeteria, located on level A. To register, call (513) 298-7833.

Go With the Flow: Don't Be Pressured By Incontinence

Incontinence, one of the most common lower urinary tract disorders for which women seek medical attention, is an involuntary loss of urine.

The two most common types of incontinence in women are stress urinary incontinence (SUI) and urgency urinary incontinence (UUI). SUI involves urine loss with sneezing, coughing or any other type of pressure on the bladder. UUI is an involuntary loss of urine immediately pursuant to a sudden urge to use the restroom; sometimes only a small amount is lost, other times, the entire volume of the bladder is emptied. Whereas SUI is more commonly associated with pregnancy, UUI typically becomes increasingly prevalent with age.

Both conditions can cause distress, impaired body image and reduced quality of life. Each can be embarrassing for women, causing them to avoid seeking medical treatment.

Ayman Mahdy, MD, PhD, a urologist at West Chester Hospital, assures women with incontinence that there is no reason for embarrassment, and that help is available. "People with incontinence don't necessarily know that doctors who specialize in incontinence treatment exist, and that there is actually a medical specialty with physicians specifically trained to treat these conditions in women," says Dr. Mahdy.

He adds that urologists, as well as urogynecologists, are specially trained to offer every treatment available, whether that might be medication to relax the bladder and to better store urine, diet adjustments, physical therapy, Botox injections into the bladder, or a urethral sling (which involves surgically placing a sling around the urethra to lift it back into a normal position while exerting pressure to aid urine control).

Just as important is the peace of mind these physician specialists provide to women coming to seek their assistance. "Some women feel extremely upset; however they need to know that effective treatment solutions are available," he says.

Doug Feeney, MD, urologist at West Chester Hospital, is also an expert at treating urinary incontinence in men and women.

Dr. Feeney notes that male incontinence is less frequent than female incontinence. However, male incontinence is still prevalent—especially with increasing age. Stress urinary incontinence (SUI), which involves urine loss with sneezing, coughing or any other type of pressure on the bladder, is very rare in men unless they have had prior prostate surgery. Urgency urinary incontinence (UUI), however, is diagnosed regularly.

Treatment for UUI in men often begins with pharmacological remedies similar to those offered to women. These relax the bladder and allow it to better retain urine. From there, the treatments are similarly diverse, from catheters to Botox injections in the bladder.

Just as women often feel embarrassed about incontinence, men can also be hesitant to seek treatment. "There is a problem coming forward because many men don't like going to the doctor in the first place, and it is often a spouse or a family member who actually encourages them to seek medical attention," notes Dr. Feeney. "Some patients put up with the discomfort and embarrassment for a long time, and choose to ignore what is wrong. They may also fear that no treatment is available, when most of the time there actually is a relatively simple solution."

Dr. Feeney encourages men who think they might have incontinence to overcome their apprehension and visit a urologist. "West Chester Hospital offers all the tools and advanced equipment to provide first class diagnostics and treatment for men," says Dr. Feeney. "The nurses and support staff are excellent, and they offer the latest technology and state-of-the-art equipment in a comfortable setting."

"Some patients put up with the discomfort and embarrassment for a long time, and choose to ignore what is wrong. They may also fear that no treatment is available, when most of the time there actually is a relatively simple solution."

- Doug Feeney, MD, Urologist

To receive the name of a urologist or urogynecologist at West Chester Hospital, please call (513) 298-DOCS (3627).

Incontinence doesn't have to stop anyone from enjoying an active lifestyle.



Sleep Your Way Out of SADness

In winter, as the snow mounts, the temperature drops, the wind howls, and the long shroud of night impinges upon the day, many people experience mild mood changes.

But not everyone is so emotionally maimed by these changes that they become melancholic, listless, and unable to lead a normal life. Those individuals affected by this phenomenon are likely beset by seasonal affective disorder or SAD, a mood disorder that affects millions of Americans.

Symptoms of SAD include difficulty waking, nausea, weight gain, lack of energy, difficulty concentrating, decreased sex drive, social withdrawal, and anhedonia, or the inability to feel pleasure. It is hypothesized that SAD is related to a decrease in bright-light exposure, which happens during winter months as the days shorten. This decrease in bright-light exposure destabilizes the production of the hormone, melatonin, and upsets the body's circadian rhythm. Thus, those suffering from SAD typically complain of the inability to fall asleep, stay asleep or wake up in the morning.

To Victoria Surdulescu, MD, sleep medicine specialist at the West Chester Hospital Sleep Medicine Center, it is unsurprising that disruption of the circadian rhythm should negatively affect mental health: "When you alter your sleep, it will likely have an impact on every organ system in the body."

In what direction the causal arrow flows—whether upsetting the circadian rhythm causes SAD, or vice versa—is a question for researchers. To the sleep experts at the Sleep Medicine Center, and for the many sufferers of SAD who seek a solution every year, treating the disorder is a more pressing task. Common treatments include anti-depressants, regular exercise and even light therapy, which can return our sleep cycles to their natural state.

In the modern world however, where everyone has a light bulb in the form of a cell phone and most stay up past midnight, that natural state is increasingly rare. "SAD is becoming more prominent because we are so active after sunset," says Shawn Bailey, manager of the Sleep Medicine Center, "and that can significantly impact one's mood."

Yet the message from the West Chester Hospital Sleep Medicine Center team remains consistent and clear: don't mess with nature. "We are diurnal animals—up with the sun and down with the sun," explains Dr. Surdulescu. "We are supposed to be sleeping at night."



While seasonal affective disorder can make everything seem dark, the skilled physicians in the Sleep Medicine Center at West Chester Hospital can help bring the light back into life.

To learn more about sleep medicine services at West Chester Hospital, call (513) 475-7500 or visit UCHealth.com and choose "Sleep Medicine" under the Healthcare Services™ menu.

Top Honors for Quality Care

West Chester Hospital has been recognized in several clinical areas by Healthgrades®, a leading provider of information to help consumers make informed decisions about physicians and hospitals. This national recognition reflects the exceptional quality and highly specialized care provided by our skilled and compassionate clinicians and staff members.



• **2013 Patient Safety Excellence Award™** ranking the hospital among the top 5% of hospitals in the nation for patient safety.

• **One of America's 100 Best Hospitals for Spine Surgery™** for the second year in a row (2013-2014), ranking the hospital among the top 5% of hospitals in the nation for spine surgery.





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Discover Health is a quarterly magazine published by West Chester Hospital to provide accurate and timely health information. It is offered as a health education tool featuring news and stories centered around academic-based, discovery-driven health care - it is not a substitute for consultation with a personal physician. West Chester Hospital is located at 7700 University Drive, West Chester, Ohio 45069. For information, call (513) 298-3000 or visit www.UCHealth.com/WestChesterHospital. If you do not wish to receive future issues of this publication, please email WCH@UCHealth.com.

Health CALENDAR

West Chester Hospital is a health information resource for people in West Chester and surrounding communities. Events and activities listed in this calendar are held within West Chester Hospital, 7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

March/April/May

Community Seminar Series

Reserve your seat for community seminars by calling (513) 298-3000 or by visiting UCHealth.com/WestChesterHospital. All seminars are held in the plaza conference room on level A of the hospital.

Heartburn Seminar

Sat., March 22 (9-10:30 a.m.) and Wed., March 26 (7-8:30 p.m.)

Join the region's leading physician specialists who will discuss prevention and control of acid reflux, chronic heartburn and the serious health risks these common conditions can bring.

Joint Pain Seminar

Sat., April 26 (9-10:30 a.m.) and Wed., April 30 (7-8:30 p.m.)

Orthopaedic physicians will provide the information you need about prevention, causes and treatment options for debilitating joint pain.

Free Heart Healthy Cooking Demonstration

Wed., May 14 (6:30-7:30 p.m.), Cafeteria, Level A

Join registered dietitians for a free cooking demonstration and receive tips for this summer's cook-out events. To register, call West Chester Hospital Food & Nutrition Services at (513) 298-7833.

Back Pain Seminar

Sat., May 17 (9-10:30 a.m.) and Wed., May 21 (7-8:30 p.m.)

Learn about effective solutions to chronic back pain from respected orthopaedic physicians who specialize in spine disorders.

Diabetes Education & Support

Diabetes Management Program

- Tuesday, April 22 & 29 (5 to 9 p.m.)
- Tuesday, May 13 & 27 (5 to 9 p.m.)

A two-part series of classes provides education and tools to help people manage their diabetes. The program is presented by a certified diabetes nurse educator, a dietitian and a pharmacist. A \$20 registration fee is returned to participants upon completion of the program. **Register by calling (513) 298-SUGR (7847) or by visiting UCHealth.com/WestChesterHospital.**

Diabetes Support Group

- Tuesday, April 1 (6:30 to 7:30 p.m.)
Cafeteria, Level A
- Tuesday, May 6 (6:30 to 7:30 p.m.)
Cafeteria, Level A

The diabetes support group is offered free to the community on the first Tuesday of each month. The meetings are led by a certified diabetes educator and serve as a forum for sharing and discussion, with guest speakers regularly featured. **To learn more, call (513) 298-SUGR (7847). No registration is required.**

West Chester Hospital



Proudly ranking among the top 5% of hospitals nationwide for patient safety, West Chester Hospital provides the safest possible environment for its patients.

UCHealth.com/WestChesterHospital



Share Your Health Tip on Facebook

March is National Nutrition Month. Are you eating well? Catch a quick nutritional tip on the UC Health West Chester Hospital Facebook page for a chance to win a special prize valued at \$25! Share our healthy tip with your friends or add a tip of your own. Join in the conversation!

