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ST. MARY MEDICAL CENTER

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Immediate Care: 219-286-3707

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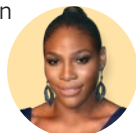
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A new surgical robot is the latest in medical advances at the hospital.

# THE BEST VASCULAR CARE, CLOSE TO HOME

*Community Healthcare System offers advanced technology, caring human touch*



Serena Williams' story in this issue shines a spotlight on the treatment of vascular disease and experiencing health challenges at any age. At the hospitals of **Community Healthcare System**, we recognize that the combination of advances in technology and an expert staff with a caring human touch go hand in hand.

Beginning on page 6, you can read about new technology and the processes in place to treat patients with heart and lung conditions. Robot-assisted surgeries and minimally invasive techniques performed by our highly skilled physicians are helping patients recover sooner with fewer complications.

Stroke is the second leading cause of death due to vascular disease, right behind heart attack. Patients, including Patricia Fointno, are benefiting from advanced neuroendovascular care available close to home at **Community Hospital** (page 50). The availability of such sophisticated technology and expertise in Northwest Indiana is a game changer when timely treatment is essential to recovery.

Maria Rivera has counted on **St. Catherine Hospital** for quality care through the years (page 52). Three tiny incisions and her doctor's expertise using the da Vinci® Surgical System got her back on her feet and back to work in just three short weeks after a major procedure.

Miller resident Kenneth Edgington is a steelworker, husband and father of two who beat the odds and survived two life-threatening infections, pneumonia and sepsis (page 54). He tells about the expert timely care he received at **St. Mary Medical Center**.

We want you to know we are working harder than ever to expand and bring the best possible care to residents in our Northwest Indiana communities.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**



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**MANIFEST**



Staff members from Community Hospital, St. Catherine Hospital and St. Mary Medical Center gather with the certificate awarded to Community Healthcare System's Family Birthing Centers for designation as Safe Sleep Champions.

## NURSERY SAFE SLEEP PRACTICES ARE GOLD

*Hospitals recognized for new parent education efforts*



The hospitals of Community Healthcare System are making a difference in the way parents prepare their babies for sleep. Community Hospital, St. Catherine Hospital and St. Mary Medical Center have been recognized as Gold Safe Sleep Champions by the National Safe Sleep Hospital Certification program.

The National Safe Sleep Hospital Certification program was created by Cribs for Kids®, a Pittsburgh-based organization dedicated to preventing infant sleep-related deaths due to accidental suffocation.

“Unless instructed otherwise, infants should sleep on their backs by themselves in a safety-approved crib,” says Community Hospital clinician and neonatal nurse educator Mary Puntillo. “The crib should be empty, the mattress flat and baby should be dressed in a blanket sleeper. This is a lot to remember, but it is as simple as ABC.”

**A**-All by myself  
**B**-Positioned on the back  
**C**-In a safety-approved crib

Working through the Northwest Indiana Patient Safety Coalition (NWIPSC), the hospitals of Community Healthcare System, along with other local healthcare systems, continue to impart the importance of safe sleep methods to parents while babies are still at their birthing centers. Some of the best practices and education implemented in the nurseries include parent education and modeling safe sleep through a wearable blanket program.

“We include information on preventing sudden unexpected infant deaths in our discharge teachings, through printed materials and use of onesie sleep sacks,” says Tracy Sharp, RN, St. Catherine Hospital nurse manager.

The need for ongoing education is great. Indiana’s infant mortality rate continues to be one of the highest in the nation, according to the Indiana State

Department of Health. Indiana ranks 43rd in the nation in infant mortality. Of the 623 sudden unexplained infant deaths in Indiana in 2016



(the majority of which were determined to be from sudden infant death syndrome or accidental suffocation in bed), 57 occurred in the northwest region. There is a sizable racial disparity, with black infants in Indiana 2.3 times more likely to die before their first birthday than white infants, 2.2 times more likely in the northwestern region and 3.1 times more likely in the northern region.

“This is one of our most vulnerable populations that counts on our support,” says Lisa Leckrone, chairman of the NWIPSC and Quality Assurance director, St. Mary Medical Center. “We are united in safe sleep practices and work together to provide the same education and message to improve the overall maternal and infant health in Northwest Indiana.” ■

WEBSITE



### Caring for Moms and Babies

For more information about the Family Birthing Centers at the hospitals of Community Healthcare System, visit [comhs.org/baby](http://comhs.org/baby).

# At Home at Hartsfield



## Quality care for seniors is right around the corner BY ELISE SIMS

**F**red and Guelda Klooster knew they made the right decision about moving to Hartsfield Village in Munster well before Fred needed rehabilitation care that was convenient and close to home.

“We lived in Highland for 65 years,” says Guelda. “Fred built the house; he’s a retired engineer. After a couple of health challenges, he just couldn’t keep up with the maintenance anymore. We came to an open house at Hartsfield

Village during the holidays. It was so warm and welcoming.”

“We knew the time had come,” Fred says.

The couple soon found that timing was everything. Three years after moving in, Guelda took a tumble in the couple’s independent living quarters and, in trying to pick her up, Fred fell and fractured his back. He spent two weeks in the hospital before going to Nursing Care and the Rehabilitation

Center at Hartsfield to learn how to walk again.

As part of Community Healthcare System, Hartsfield Village is a continuing care retirement community. Hartsfield offers several levels of living—including independent living, assisted living, rehabilitation, nursing care and memory care—so residents can conveniently and comfortably transition along with their evolving needs.

“In addition to the beautiful surroundings at Hartsfield Village, we have a dedicated, highly qualified team who delivers quality care and peace of mind not only for residents, but for their loved ones as well,” says Leslie Darrow,

LEFT PHOTO BY GETTY IMAGES

**Nursing Care and the Rehabilitation Center at Hartsfield Village, with therapists (left to right) Chrys Lopez, Aubrey DeBoer and Katherine Knight, helped Fred Klooster learn to walk again after a fall that fractured his back.**



vice president Post-Acute Services, Community Healthcare System and executive director, Hartsfield Village.

When Klooster was finished with his inpatient rehabilitation at Community Hospital, he was transferred to Hartsfield Village's Rehabilitation Center for more intensive therapy. Hartsfield's rehabilitation program brings exercise and education together with counseling and constant monitoring to help individuals improve and maintain a healthier, more productive quality of life. Rehabilitative care at Hartsfield has received the gold seal from the Joint Commission with post-acute care certification. The Centers for Medicare and Medicaid also have given the Rehabilitation Center a five-star deficiency-free rating.

"Because Fred was just across the way, I could see him every day and see how he was progressing," Guelda says.

The Rehabilitation Center has private and semi-private rooms with flat-screen TVs; 24-hour nursing care; individualized care planning; physical, occupational and speech therapies; medication management; pain management; meals to meet specific dietary and therapeutic needs including oral supplemental diets; regular nutritional assessments from a registered dietitian; spacious dining room and a bistro for alternative dining options. There are also meeting rooms for residents and guests; daily house-keeping and laundry; daily recreational activities and weekly live entertainment, salon services and much more.

"Our main focus was to get Fred up and walking again as soon as possible," explains physical therapist Aubrey DeBoer. "He is a very active man and

we made sure he was retaining a neutral spine while exercising so he wouldn't reinjure his back. We worked on posture and balance."

Care at Hartsfield Village Rehabilitation focuses on serving the differing clinical needs of residents and patients.

Occupational therapist Katherine Knight says, "Fred could not bend, twist or lift more than 10 pounds. So as part of occupational therapy, we taught him how to get dressed, use the bathroom and get out of bed: tasks of everyday living. Every 10 days we wrote a progress note. We reevaluated all of his short- and long-term goals and upgraded them appropriately as we saw him making progress. Once his short-term goal met his long-term goal, he was ready to go home."

"It is so nice to see our patients who have gone home come back to visit looking and feeling great!" says occupational therapist Chrys Lopez, who also worked to get Fred moving again.

"They were very insistent, ordering me around, but I couldn't have done it without the team of professionals at Hartsfield Village," says Fred. "It's been wonderful here and we recommend this place to everyone we know. We expect to see them all here at Hartsfield... it is just a matter of time." ■



**Fred and Guelda Klooster knew they made the right decision about moving to Hartsfield Village well before Fred needed rehabilitative care.**

WEBSITE



## Continuing Care

Hartsfield Village offers rehabilitative care on an inpatient basis. Find out how Hartsfield's continuing care community can enhance health and well being for your loved one. Visit [hartsfieldvillage.com](http://hartsfieldvillage.com) or call 219-934-0750.

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# NEW HORIZONS IN CARE

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*Expert teams and technology create better outcomes for cardiothoracic patients*

BY **MARY FETSCH**



**T**eaming up to deliver oxygen throughout the body, your heart and lungs share space inside your chest, working closely on their fundamental life-giving task. When heart or lung disorders compromise this function, the result can be serious symptoms, such as difficulty breathing, fatigue or diminished quality of life. Individuals with lung or heart conditions often have trouble exercising, walking distances and climbing stairs.

Having the best experts available to help diagnose, manage and effectively treat heart and lung disorders is vital. When complex procedures such as surgery are necessary, having those teams work in tandem with the most advanced

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**Advanced fellowship-trained in cardiothoracic surgery, Michael Eng, MD, uses the da Vinci XI to perform robot-assisted heart and lung surgeries.**



**Clinical Team Leader Justin Earl signals success after the first transcatheter valve replacement.**

technologies available can significantly improve patient outcomes. That is why for patients suffering from heart or lung disorders, Community Healthcare System's cardiothoracic team is helping to usher in the next generation of surgical techniques and technologies for patients across Northwest Indiana.

The latest addition to a team that is offering leading-edge approaches to heart and lung surgery is Michael Eng, MD, FACC, who is fellowship-trained in cardiothoracic surgery from Yale University.

"Hospitals can always make a significant investment in technology and facilities and Community Healthcare System has done this at Community Hospital, St. Catherine Hospital and St. Mary Medical Center," says Eng. "But having a team with the skill set and experience to produce the best outcomes is key to establishing a program that will have a positive effect on the quality of life for patients into the future."

In a region where lung cancer is highly prevalent, the availability of appropriate screening programs, early diagnosis and effective treatments is indispensable. For patients requiring lung surgery as part of their treatment, the traditional surgical approach usually means months of recovery time.

Recently, Eng began performing robot-assisted lung surgery at Community Healthcare System. Robotic thoracic surgery is gaining ground as the preferred method of care for these and other surgical procedures.

"The biggest advantage of using the minimally invasive robotic approach is that recovery time has been reduced from months to only a few weeks or days," adds Eng. "This has a significant impact on the quality of our patients' lives. Faster recovery times mean less



***"Our hospitals are leading the way in providing the most progressive and effective treatment options for our patients." -Samer Abbas, MD***

stress on the patient and their caregivers, and a return to normal living conditions at home or at work."

There are other advantages to robot-assisted surgery as well, says Eng. Visualization is better. Instead of looking through an incision in the chest, surgeons can actually insert a camera and look throughout the entire chest cavity. Along with the wrist-like dexterity of the multiple robotic arms, they can see and access locations that would not be possible with traditional surgical methods.

While the use of robotics for lung surgery is quickly becoming more standardized, adoption of robotic cardiac surgery has been slower.

"Outcomes for newer techniques or technologies have to be as good or better than traditional procedures in order for them to grow," says Eng. "Initially for cardiac surgery, that was where the industry was heading. Since that initial push, the trend has leveled off

because outcomes just weren't as good. However, I still believe there is a future for it since our industry continues to cultivate programs where surgeons can gain the requisite amount of experience to grow and improve."

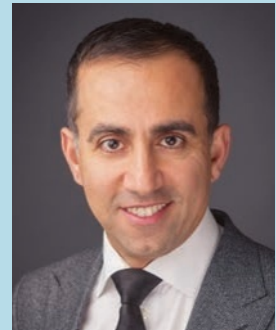
### ***Deep Bench of Experts***

When it comes to heart and lung surgery, having facilities with the latest tools and technologies is certainly optimal, but they are only as effective as the people who use them.

Eng and his surgical colleagues work closely with the strong team of interventional cardiologists throughout Community Healthcare System's network of physicians. Collaboration is key to ensuring patients receive the best options of care for a wide variety of heart and vascular conditions.

"Our hospitals are leading the way in providing the most progressive and effective treatment options for our patients," says Samer Abbas, MD,

# HEART EXPERTS



Samer Abbas, MD



Michael Eng, MD



P. Ramon Llobet, MD



Kais Yehyawi, MD

medical director of cardiology services at Community Hospital in Munster. “We have grown into an organization that is providing the level of care that was previously only available at top-notch academic institutions. This not only includes cardiac and vascular surgeries such as heart bypass, but also advanced cardiovascular imaging, minimally invasive heart and vascular interventions, as well as aggressive peripheral vascular approaches designed to save limbs, just to name a few. We truly offer a deep bench of talented physicians and capabilities across the system.”

“The routine for cardiologists at many community hospitals is to take care of common ailments and transfer the more complex conditions to academic medical centers,” adds Kais Yehyawi, MD, medical director of cardiology services at St. Mary Medical Center in Hobart. “Since we are fortunate to have the most advanced technologies in cardiac care within our own hospitals and can collaborate fully with a dedicated cardiothoracic surgery team, we can choose the best available techniques to treat each individual patient and improve their quality of life. That is when I know we have done our jobs providing our patients with the finest care possible.”

## A History of ‘Firsts’ in Cardiac Care

Groundbreaking excellence in cardiac surgery is a deeply rooted tradition among the cardiac teams of Community Healthcare System.

St. Catherine Hospital in East Chicago was among the first in the region to perform an open-heart surgery. More than 50 years later, the hospital continues to be a partner in bringing the most advanced services to patients in their neighborhoods, close to home.

“I have been lucky to witness many advances in medicine over the years,” says P. Ramon Llobet, MD, medical director of cardiology services at St. Catherine Hospital. “Many of them include the ongoing advancement of treatments for coronary artery disease, including the use of drug-coated balloons for angioplasties.”

Llobet says cardiology and cardiac surgery have changed dramatically since he first started in the field. Today’s minimally invasive techniques offer patients shorter hospital stays, smaller surgical incisions, less scar tissue, less trauma to the body, less pain, reduced risk of infection and a quicker return to daily activities.

“As a cardiologist, I work closely with all members of our surgical team to ensure we are offering our patients the best approach for successfully treating their disease,” he says. “I feel that we have a camaraderie among our surgeons that actually benefits the patient. We make the collective decision whether treatment for their condition should be surgery or stents or a minimally invasive procedure. The end result is providing the best outcome for our patients.” ■

WEBSITE



## Complete Cardiovascular Care

For more information about cardiothoracic surgeries at the hospitals of Community Healthcare System, visit [comhs.org/heart](http://comhs.org/heart).

# The Health Surprises Issue

You didn't see it coming, but you're getting through it together.

## UNEXPECTED CHALLENGES

▶ *If life teaches us anything, it's this: Wellness and illness are anything but predictable*

**About 2 million**

people in the U.S. have had a limb amputated.



**1 in 5 Americans** has a disability.

**Just 5 to 10 percent** of cancers are hereditary, so most people can't rely on family history to predict cancer risk.

**141.4 million**

emergency department visits happen each year.

About **45 percent** of pregnancies in the U.S. are unplanned.



As many as 10 percent of heart attacks afflict people **younger than 45**.

**Read on** and know that you can handle whatever comes your way. ➔

Sources: Amputee Coalition, Centers for Disease Control and Prevention, Harvard Men's Health Watch, National Cancer Institute, National Institutes of Health



*Bouncing*

BRACK



*Tennis superstar **Serena Williams** was treated for a potentially life-threatening blood clot in 2011 after hurting her foot, and again last year after giving birth to a baby girl. But she has her eyes set on the court once more*

BY **JEANNIE NUSS**

**S**erena Williams is an astonishing athlete and one of the greatest tennis players of all time.

So it came as a shock to many when she was hospitalized in 2011 for pulmonary embolisms, clots that block blood flow to the lungs.

Williams was 29 at the time and recovering from a foot injury she sustained in 2010. The embolisms further delayed her return to the court for almost a year.

Pulmonary embolisms can be fatal; in fact, sudden death is the first symptom in about a quarter of cases, according to the Centers for Disease Control and Prevention.

Williams told NBC's *Today* in 2011 that the embolism was the "scariest moment in my life."

"I had a lot of swelling in my leg, which really is a telltale sign of an embolism, and I could not breathe."

After doctors couldn't find anything in her leg, they ordered a scan of her lungs.

# 7 THINGS You (Probably) Didn't Know About SERENA WILLIAMS

- 1 She beat her sister Venus to win the 2017 Australian Open shortly after she found out she was pregnant.
- 2 She's married to Reddit co-founder Alexis Ohanian, and their daughter, Alexis Olympia Ohanian Jr., has more than 260,000 followers on Instagram.
- 3 Her middle name is Jameka.
- 4 She's 15 months younger than her sister Venus.
- 5 She sometimes rocks out to David Bowie's *Fame* during challenging workouts.
- 6 Other than tennis, her favorite sport to watch is gymnastics.
- 7 She has made guest appearances on a number of TV shows, including *Law & Order: Special Victims Unit*, *ER* and *Drop Dead Diva*.

Sources: CNN, ESPN, IMDb, Instagram, USA Today, Vogue

Clockwise from right: A pregnant Serena Williams with husband, Alexis Ohanian; triumphant on the court; with daughter Alexis Olympia.



"That's when they found several blood clots," Williams said. "They told me that they had to check me in immediately or else ... it wasn't going to be a good result."

Williams fully recovered and returned to the court in time to win two gold medals in the 2012 London Olympics—in addition to the two she had won previously, in 2000 in Sydney and 2008 in Beijing. (Beyond the Olympics, Williams has won 39 Grand Slam titles: 23 singles titles, 14 doubles titles and two mixed doubles titles.)

In 2017, happy news was followed by another health scare when Williams gave birth to a baby girl. Immediately after, doctors had to fight more blood clots in her lungs, followed by about a week of complications including a ruptured C-section wound due to coughing.

Fortunately, Williams recovered again, and now both she and her daughter, Alexis Olympia Ohanian Jr., are doing well.

## A Surprisingly COMMON THREAT

Between her 2011 and 2017 cases, Williams has helped to shine a light on pulmonary embolisms. The condition usually develops from blood clots in the legs known as deep vein thrombosis, which break off and travel through the bloodstream to the lungs.

Although those kinds of blood clots may not be well-known to the general public, they're actually pretty common.

Each year, blood clots affect up to 900,000 people in the U.S., and about 100,000 people die from them, according to the National Blood Clot Alliance. That's greater than the number of people who die from AIDS, breast cancer and motor vehicle crashes combined, according to the group.

"This is the third-leading vascular disease," says Mary Cushman, MD, who previously served on the board of directors of the American Heart Association. "You have heart attack, stroke and then deep vein thrombosis."

## Causes, Symptoms AND TREATMENT

So, how do you know whether you have deep vein thrombosis or pulmonary embolism?

For deep vein thrombosis, symptoms can include swelling (usually of one leg or one arm), pain, warmth or redness.

For pulmonary embolism, symptoms can include shortness of breath, chest pain that gets worse with deep breathing, coughing or coughing up blood, and feeling lightheaded.

"The problem is that you don't always have all the symptoms, and a pulmonary embolism can occur without any symptoms," Cushman says.

If you do experience any of these symptoms, act fast.

"If you look down and one leg is bigger than the other, don't just let it go," Cushman says. "You need to get it checked out, and you don't want to wait too long, because the clot could break free and go to your lungs and kill you."

Fortunately, there are effective treatment options for blood clots.

Among the most common are anticoagulants or blood thinners, which "interfere with the blood's ability to clot," says Jack Ansell, MD, past chair and now emeritus member of the National Blood Clot Alliance's Medical & Scientific Advisory Board. "Anticoagulants don't break down the blood clot. They simply prevent more clots from forming. And the body's own system then over time breaks down the clot."

Severe cases may call for an additional drug called a thrombolytic agent (commonly known as a clot buster) to help break down the clot. In rare cases, Ansell says, surgery may be performed to remove the clot.

## Know Your RISK FACTORS

There are a number of risk factors for blood clots in the legs and lungs. They include:

### ► Hospitalization.

Hospitalization—especially when it's associated with surgery, physical trauma or prolonged immobility—can be a major risk factor for blood clots. In fact, about 1 out of 10 hospital deaths are related to blood clots in the lungs, according to the National Blood Clot Alliance. So, if you end up in the hospital, ask your doctor to conduct a blood clot risk assessment. If your healthcare provider determines that you're at high risk for a clot, he or she can prescribe blood thinners to prevent clots from forming in the first place.

► **Family History.** "If you have a first-degree relative—a sibling, a parent, a child—who's had a blood clot, your risk is two times greater than other people," Cushman says.

Unfortunately, because pulmonary embolisms and deep vein thrombosis aren't well-known, many people don't think to ask their relatives about their health history, Cushman says. It's important to talk to your family to learn more.

### ► Injury and other risk factors.

Injury is another risk factor for blood clots in the legs and lungs. For Williams, a foot injury caused by a piece of broken glass led to her 2011 pulmonary embolisms.

Other risk factors for clots in the legs and lungs include cancer, surgery, trauma (like from a car accident), birth control methods that contain estrogen, hormone therapy (which contains estrogen), obesity, and

immobility (including being confined to bed and sitting too long, like when you're traveling on a long flight).

► **Pregnancy.** Women who are pregnant or who have just given birth are at higher risk for clots, too.

That's why Williams told *Vogue* she had been scared of getting pregnant since her initial pulmonary embolism diagnosis in 2011.

To prevent clots from forming during her pregnancy, Williams injected herself with anticoagulants. But she was off the anticoagulant regimen to deliver her baby, whom she calls Olympia. The next day, she suddenly felt short of breath. She alerted a nurse, and a CT scan soon showed several small blood clots in her lungs.

## Preventing BLOOD CLOTS

Fortunately, blood clots can be prevented.

It's important to know your family health history and let your healthcare provider know if it includes blood clots, Cushman says. Other things that can help are to exercise regularly, avoid prolonged sitting, maintain a healthy weight and eat a healthy diet.

The National Blood Clot Alliance also emphasizes the importance of knowing your risk factors and recognizing signs and symptoms.

That's important even if you're generally healthy, says Karon Abe, PhD, health scientist with the CDC.

After all, blood clots "can happen to anybody," Abe says—even an elite athlete like Williams.

But she isn't letting her health issues stop her. She told *Vogue* that her desire to win more titles hasn't changed.

"I absolutely want more Grand Slams," Williams said. "And actually, I think having a baby might help. ... When I'm too anxious, I lose matches, and I feel like a lot of that anxiety disappeared when Olympia was born." ■

# PREVENTING BLOOD CLOTS DURING TRIPS

**Do you have a long flight coming up? Sitting for long periods of time in confined spaces can lead to clots in the legs.**

**These blood clots in the leg veins may block blood flow and result in deep vein thrombosis. In addition, a portion of a clot could break off and travel to the lungs, causing a pulmonary embolism.**

**A blood clot in the brain however, caused by atrial fibrillation (A-fib) or an irregular heartbeat, can cause an equally debilitating condition: an ischemic stroke. Community Healthcare System physicians are using advanced treatment options to reduce the risk of blood clots that can cause a stroke.**

**WATCHMAN™, a self-expanding device shaped like a parachute, is implanted in the heart through a minimally invasive procedure to help reduce risk of blood clots in some patients.**

**"The WATCHMAN implant closes off an area of the heart called the left atrial appendage to keep harmful blood clots that may form from entering the bloodstream and potentially causing a stroke," says interventional cardiologist Hussam Suradi, MD, medical director of Community Healthcare System's Structural Heart and Valve Center.**

WEBSITE



## Lower Your Risk

WATCHMAN™ offers an alternative to long-term blood-thinning warfarin therapy to reduce stroke risk in patients with atrial fibrillation (A-fib) not caused by a heart valve issue. Visit [comhs.org/heart](http://comhs.org/heart) for more information.

THE BIG STORY

# Ready for Any

PHOTO BY GETTY IMAGES





# thing

➔ Health problems are often unexpected.  
But rest assured, you can deal with  
whatever comes your way BY SHELLEY FLANNERY

## CHEST PAIN

**She think it's just indigestion, but what if she's wrong?**



# IS IT OR ISN'T IT?

➔ *Nine reasons for chest pain that aren't a heart attack*

We've all been conditioned to associate chest pain with heart attacks and know exactly what to do (call 911!). And rightfully so. Chest discomfort, whether described as crushing or tightness, is the most common symptom of heart attack in both men and women, according to the American Heart Association.

"Chest pain can be a warning symptom that tells us your heart is straining because your arteries are blocked," says Vincent Bufalino, MD, a cardiologist and American Heart Association spokesman. Any new chest pain should be checked out. But not every twinge in the chest is a heart attack—or even heart-related.

"Chest pain is a very generic term," Bufalino says. It could signal any number of issues in the cardiac, digestive, respiratory or musculoskeletal systems.

PHOTO BY GETTY IMAGES

## Cardiac Problems

**1. Myocarditis.** This condition is often mistaken for a heart attack because it shares multiple symptoms, including fatigue and shortness of breath, and it's also serious. Myocarditis and an associated condition called idiopathic dilated cardiomyopathy are the reasons behind 45 percent of heart transplants. But myocarditis does not signal a blockage. Instead, the cause is inflammation of the heart muscle caused by a virus. Additional symptoms include fever and a fast heartbeat. Myocarditis is treated with medication and rest.

**2. Pericarditis.** Another condition marked by inflammation, pericarditis affects the sac that surrounds the heart. Certain viruses can cause the sac to become inflamed. Other symptoms of pericarditis include sharp pain along the neck or shoulder that worsens when swallowing food or lying down. Most cases of pericarditis are mild and resolve on their own with rest and anti-inflammatory pain medication.

## Digestive Problems

**3. Heartburn.** Acid reflux occurs when digestive acids from the stomach back up into the esophagus, and the hallmark symptom is a burning sensation in the lower chest/upper abdomen known as heartburn. Antacids should provide relief. If not, and you're not sure whether it's just heartburn, call 911.

**4. Peptic ulcers.** These painful sores in the lining of the stomach are more common in people who smoke, drink heavily, or frequently use aspirin or NSAID (nonsteroidal anti-inflammatory drug) pain relievers. Treatment may include medications and surgery; not smoking and avoiding alcohol can help.

## Respiratory Problems

**5. Pneumonia.** This infection of the lungs causes chest tightness but will also be accompanied by flu-like symptoms, such as fever, chills and a cough that may or may not produce phlegm.

Treatment may include antibiotics and cough medicine.

**6. Pulmonary embolism.** When a blood clot gets lodged in an artery in the lungs, it's called a pulmonary embolism and, like a heart attack, it is life-threatening. In addition to chest pain, symptoms include shortness of breath, cough and arrhythmia (irregular heartbeat). Medications are usually the first line of treatment.

**7. Pneumothorax.** Also known as a collapsed lung, pneumothorax is when air leaks from the lung into the space surrounding it, and it's often the result of an injury to the chest. Pain is typically described as sharp and is accompanied by shortness of breath. Doctors relieve pressure on the lung by inserting a needle or chest tube; surgery is sometimes required.

## Musculoskeletal Problems

**8. Rib fracture.** Broken ribs cause pain in the chest that is worse with deep breathing, coughing and sneezing. Pain is usually localized, and the injury is sore to the touch. Most people recover with rest, ice and over-the-counter pain medication.

**9. Muscle strain.** Weightlifting, intense physical labor and even forceful coughing can strain the chest muscles, causing pain that worsens with activity and is relieved with rest, ice and over-the-counter pain medication. ■

# WHEN CHEST PAIN IS A HEART ATTACK

Chest pain is not always something to fear, but it should never be ignored. If you are not sure if your chest pain is a heart attack, it is best to get to the hospital.

CommunityHealthcare System's hospitals work seamlessly with area emergency medical services and internal hospital departments to ensure that patients complaining of chest pain or discomfort are provided with immediate treatment that can help to limit potential heart damage.

For this effort, Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, have become recognized as Accredited Chest Pain Centers. This distinction was earned through rigorous evaluation of the hospitals' cardiac care services, practices, guidelines and treatment protocols during the first critical stages of a heart attack.

Accredited Chest Pain Centers stabilize and treat heart attack patients immediately, when the chances of recovery are greatest.

"Our hospitals follow evidence-based guidelines and national established standards of practice that have proven to provide the best outcomes for our patients," says Alan Kumar, MD, chief medical officer, CommunityHealthcare System. "Becoming accredited demonstrates strength as a healthcare system in the field of cardiology."

WEBSITE



## Here for Your Heart

For more information about the accredited Chest Pain Centers at Community Hospital, Munster, St. Catherine Hospital, East Chicago and St. Mary Medical Center, Hobart, visit [comhs.org/heart](http://comhs.org/heart).

## LUNG CANCER

It's not news she ever expected to hear.



# IT HAPPENS TO NONSMOKERS, TOO



*As many as 1 in 5 people with lung cancer don't smoke*

Lung cancer is brutal. It accounts for about 13 percent of all cancers diagnosed each year, but it's responsible for more than a quarter of all cancer-related deaths.

"Lung cancer is the deadliest of all cancers," says Guneet Walia, PhD, senior director for research and medical affairs at the Bonnie J. Addario Lung Cancer Foundation. "It kills more men and women than the next three cancers—breast, colorectal and prostate cancers—combined."

And while smoking is the leading risk factor for lung cancer, nonsmokers develop the disease, too. In fact, nearly 30,000 nonsmokers died of lung cancer in 2017, according to the American Cancer Society. Nonsmokers make up as many as 20 percent of lung cancer patients.

PHOTO BY GETTY IMAGES

## Other Causes of Lung Cancer

The second-leading cause of lung cancer is secondhand smoke. Living with a smoker or being exposed to secondhand smoke at work raises an individual's risk of developing lung cancer between 20 and 30 percent, according to the Centers for Disease Control and Prevention. But even brief exposure can increase risk, albeit by a small amount.

Another risk factor for lung cancer is harder to detect: Radon gas is invisible, odorless and naturally occurring. It forms as uranium and radium decay in the ground and exists in low levels in air everywhere. But about 1 in 15 homes in the U.S. has unsafe levels of radon gas, and radon is responsible for an estimated 15,000 to 22,000 lung cancer deaths per year.

Other exposure-based risks include working around asbestos, airborne chemicals and diesel fuel; air pollution; and previous radiation therapy to the lungs.

Genetics also play a role.

"A small percentage of families have a genetic mutation called T790M," Walia says. "If you have this mutation, there is a very high likelihood that you will develop lung cancer in your lifetime."

## Limited Screening Guidelines

What makes lung cancer so deadly is it's often diagnosed at later stages, when the cancer has already metastasized—that is, spread to other parts of the body.

Only in the last five years has the U.S. Preventive Services Task Force recommended annual lung cancer screening for high-risk patients using low-dose CT scans. The task force defines high-risk patients as smokers or former smokers with a smoking history of 30 pack years. Thirty pack years means smoking a pack a day

for 30 years or two packs per day for 15 years.

There are currently no screening guidelines for nonsmokers. It's best to talk to your doctor about your individual risk. People with strong family histories of lung cancer may want to meet with a genetic counselor about being tested for T790M.

## Know the Signs

Because lung cancer screening is still in its infancy, it's important to familiarize yourself with the early symptoms of the disease.

- Cough that doesn't go away
- Coughing up blood
- Chest pain that's worse with coughing or laughing
- Hoarseness
- Shortness of breath
- Persistent bronchitis or pneumonia
- New wheezing

Walia recommends mentioning lung cancer when talking to your healthcare team about your symptoms.

"Tell your doctor about any symptoms, like persistent cough, shortness of breath and fever that's not going away," she says. "And bring up the possibility of lung cancer, because it's certainly possible your doctor isn't thinking lung cancer if you don't have obvious risk factors."

The sooner you can get a diagnosis, the better off you'll be. ■

# SCREEN BEFORE SYMPTOMS

The hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—offer a low-dose CT scan to screen for lung cancer. Adults with a past history of heavy smoking may benefit from a low-dose CT scan of the lungs for early detection of lung cancer.

"Patients who are between the ages of 50 and 80, have quit within the past 15 years and have a smoking history of at least a pack a day for 30 years should be screened," says Roxanne Karnes, manager of Cancer Care Services at St. Mary Medical Center. "Candidates should also have no signs or symptoms of lung cancer and have not had a chest CT in the last 12 months."

People who receive a low-dose CT scan have a 20 percent lower chance of dying from lung cancer, according to screening recommendations from the National Lung Screening Trial.

"Our goal is to detect lung cancer at an earlier stage, when the chance of achieving a cure is greater," says Karnes.

Lung screenings are available in East Chicago, Hobart, Munster, Portage, Schererville, St. John and Valparaiso. A physician order is required for screening.

## APPOINTMENTS



### Schedule Your Screening

Talk to your healthcare team about a lung cancer screening if you are a current or former smoker and meet the established high-risk criteria. Call **800-809-9828** to schedule an appointment.

He feels terrible, and she's trying to figure out who can best help.



# DECISIONS, **DECISIONS**

➔ *When to head to the ER, urgent care or your doctor*

Quick: Your husband woke up in the middle of the night with a nasty sore throat and a fever. Where do you take him for care? What about when your daughter twists her ankle during Saturday's soccer game? Or when you cut your hand slicing a bagel?

With emergency care, urgent care and primary care options for treatment, "it's easy to understand why there's confusion," considering the overlap in care, says Sean M. McNeeley, MD, president-elect of the Urgent Care Association of America. Use this guide to help you decide where to go.

### **Primary Care**

Your primary care provider is the person who oversees your healthcare, knows your health history, and can recommend maintenance measures such as screenings and immunizations. Primary care providers assess and treat a wide variety of nonurgent conditions and provide referrals to specialists.

**Head to primary care for:** Checkups, sports physicals, immunizations, chronic disease management, colds, flu, muscle strains,

mild to moderate pain, acute illnesses such as shingles, well-woman visits, headaches, skin rashes and infections, fever, ear pain, mild to moderate respiratory disorders and persistent cough.

**Wait times:** Typically days or weeks, depending on appointment availability; sometimes same-day.

**When you can go:** Typical business hours, Monday through Friday.

**Cost:** Going to primary care is the best option for your wallet, but don't try to save money by going there with an emergency—they'll send you to the hospital and you'll lose treatment time.

## The Emergency Department

Often called emergency rooms or ERs, emergency departments are for just that—emergencies. The problem is knowing what qualifies. Some situations are obvious: heart attacks, burst appendixes and major injuries sustained in car crashes. But what about when the signs are subtle?

"If you think you're having an emergency, call 911 or go to the nearest ER," says John Rogers, MD, president-elect of the American College of Emergency Physicians. "We shouldn't expect people to determine if they're having an emergency or not. We can't always tell based solely on the chief complaint, so why would you expect to be able to?"

**Head to the ER for:** Trouble breathing, fainting, signs of heart attack or stroke, sudden severe headache, prolonged dizziness, sudden confusion, bleeding that won't stop, broken bones, cuts that expose bone or tissue, serious burns, coughing up blood, severe pain, severe allergic reactions, high fever (above 103 F for adults, 104 F in children older than 3 months and 100.4 F for infants up to 3 months), persistent vomiting or diarrhea, seizures and suicidal thoughts.

**Wait times:** Vary, depending on severity of condition, from immediate to several hours.

**When you can go:** Always; open 24 hours a day, seven days a week.

**Cost:** Emergency departments are the most expensive type of care, but they're also the most well-equipped to deal with every ailment—and quickly. Don't let cost stop you from getting lifesaving care.

## Urgent Care

Urgent care centers fill a gap between primary and emergency care. They typically have basic lab and imaging equipment such as X-ray machines as well as the ability to treat minor illnesses and injuries.

"If it's not an emergency and your family doctor is unable to see you, then you've got urgent care," McNeeley says. "Most urgent care clinics are open every day of the year, and you don't need an appointment."

**Head to urgent care for:** Ear infections, sore throat, small lacerations, minor burns, mild allergic reactions, mild to moderate asthma, fever, flu, back pain, skin rashes, sprains and strains, simple fractures, urinary tract infections, eye irritation, vomiting, diarrhea and mild dehydration.

**Wait times:** Vary, depending on number of patients ahead of you (first come, first served).

**When you can go:** Urgent care clinics are usually open 10 or more hours a day, seven days a week.

**Cost:** Your cost will most likely be more than a visit to your primary care doctor but still well below your cost at the emergency department. Here, you're paying for convenience. ■

# GET EXPERT CARE ON THE GO

Do you need medical attention for illnesses or injuries that are not life-threatening and want to get in and out in a hurry? Prompt quality healthcare is available through the immediate care services of Community Healthcare System.

Our state-of-the-art outpatient facilities offer a variety of diagnostics: laboratory, general cardiology testing, X-ray and other imaging technology. With fully equipped, spacious exam rooms and experienced Care Network physicians specializing in family and internal medicine under one roof, you often can get the answers you need in just one visit. Many of our Care Network physicians offer same-day appointments.

For immediate care services, we accept patients on a walk-in basis at convenient locations throughout Northwest Indiana: Community Hospital Outpatient Center in St. John, Community Hospital Outpatient Center in Schererville, St. Mary Medical Center Valparaiso Health Center in Valparaiso and the South Valparaiso Health Center. No appointments are necessary. Our outpatient centers have close parking and helpful staff to get you in and out and on with your day.

CALL



## Care When You Need It


Getting sick is never convenient, but there is a solution when the doctor's office is closed. Call **219-365-1177** (St. John), **219-322-5723** (Schererville), **219-286-3707** (Valparaiso) or **219-286-3880** (South Valparaiso).

# You Have Cancer.

## Now What?

*It's OK not to know what to do.  
Start with our step-by-step guide*

BY ALISSA EDWARDS

 There are few things in life more overwhelming than a cancer diagnosis.

If you have been diagnosed, these seven practical steps will help you get your bearings—so you can focus on getting better.



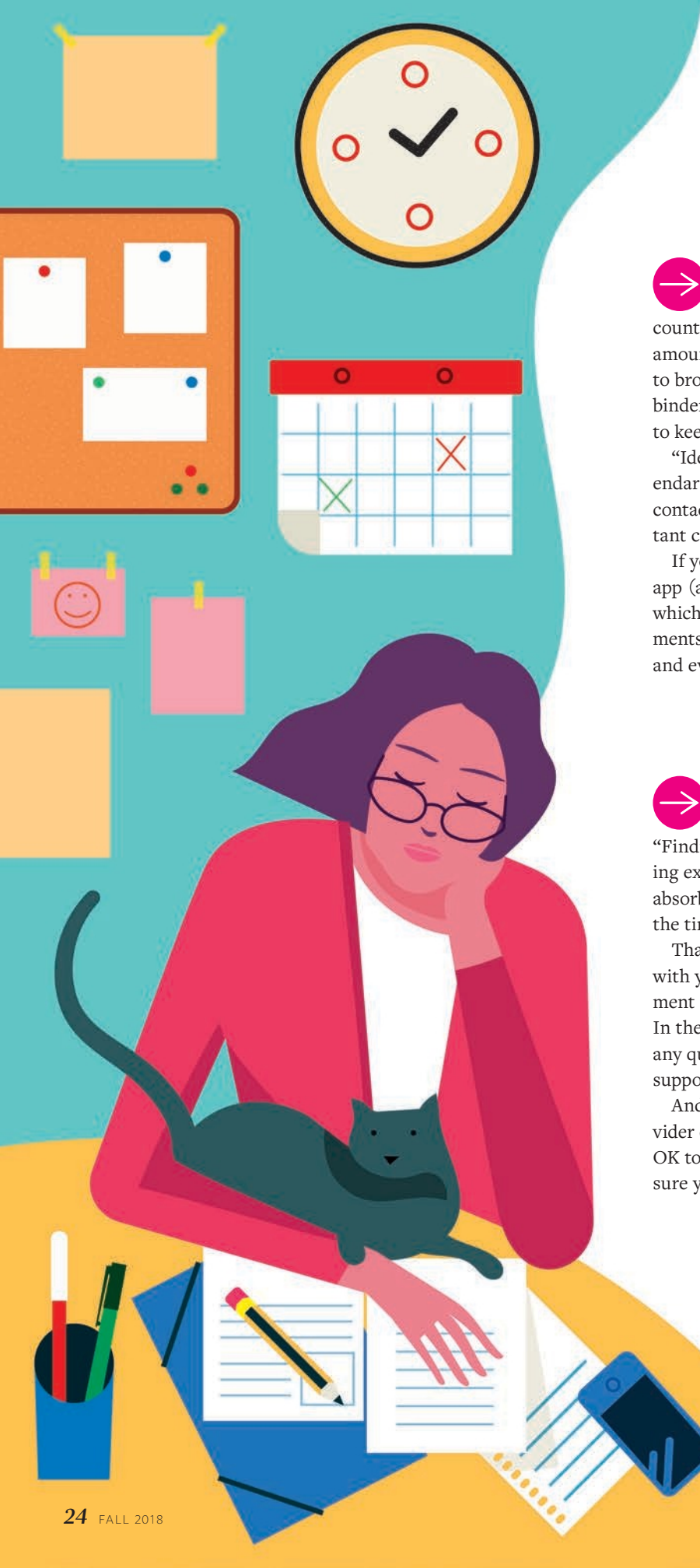


## **First, Take a Moment**

It may seem as if there's a lot to do—and there is—but it's OK to allow yourself time to process your diagnosis and experience emotions like fear, sadness and anger before jumping into scheduling appointments and tests.

“A cancer diagnosis is a shocking, life-changing event,” says Jenny Marais, RN, oncology nurse navigator and author of *Navigating Your Cancer Journey: A Handbook for Cancer Patients and Caregivers by an Oncology Nurse Navigator*. “Give yourself a chance to grieve and breathe before you worry about taking any next steps.”

Remember that it's common for individuals with cancer to experience some form of depression after a diagnosis or during treatment, adds Dawn Wiatrek, PhD, a psychologist and a spokeswoman for the American Cancer Society. “If you're struggling,” she says, “meeting with a mental health professional or attending a cancer support group can provide the support you need to get through your cancer journey.”



## ➔ Get Organized

In the weeks and months to come, you'll attend countless appointments and be inundated with massive amounts of information, from paperwork and test results to brochures and business cards. Consider purchasing a binder that you can bring with you to your appointments to keep track of it all.

"Ideally, this would include a place to take notes, a calendar to keep track of appointments and a place to keep contact information for your providers and other important contacts," Marais says.

If you prefer to go paperless, check out the LivingWith app (available in the Apple App Store and Google Play), which allows you to keep track of your doctor appointments, store your test results and insurance documents, and even audio-record your appointments.

## ➔ Get a Grasp on Your Diagnosis and Treatment Plan

"Finding out you have cancer is an incredibly overwhelming experience," Wiatrek says. "Most people simply can't absorb all of the information that's provided to them at the time of their diagnosis."

That's why it's wise to schedule a second appointment with your oncologist to review your diagnosis and treatment plan *after* you've had a chance to process the news. In the days leading up to this appointment, write down any questions you think of to ask your doctor. Bring a support person as an extra set of ears.

And remember, if you aren't comfortable with your provider or what he or she is telling you for any reason, it's OK to ask for a second opinion, Marais says. Just make sure your insurance will cover it.

## ➔ Connect with Resources

Ask if your hospital or treatment facility offers cancer support groups, workshops or trained support staff, such as oncology social workers and oncology nurse navigators, to help you during your cancer journey.

“A nurse navigator is a registered nurse who has been specially trained in cancer care and can be an invaluable resource,” Marais says. “We can help you schedule appointments, coordinate care between your providers, remove barriers to care and provide education and emotional support to you and your family.”

In addition, check with local organizations such as the American Cancer Society, which may offer free or low-cost programs and services in your area to support you before, during and after your treatment. “These may include free rides to treatment, free and reduced lodging for patients who travel for treatment, free or discounted wigs or breast prostheses, and peer support from other cancer survivors,” Wiatrek says.



## 9 QUESTIONS TO ASK YOUR DOCTOR

You’ve just received a cancer diagnosis. While it might be tempting to spend hours on the internet researching, resist the urge—at least for now, says Dawn Wiatrek, PhD, a psychologist and a spokeswoman for the American Cancer Society. “The best source of information about your cancer and individual situation is your doctor,” she says. “Instead, schedule your next appointment and focus your energy on writing down questions to ask during your visit.”

Here are a few to get you started:

1. What stage is my cancer, and what exactly does that mean?
2. What are my treatment options, and what do you recommend?
3. What is the goal of my treatment?
4. What are the side effects of this treatment, and what should I report right away?

5. Do I need to get any immunizations or dental treatment before I begin?
  6. What do you think are my chances of survival?
  7. Are there any clinical trials available that could benefit me?
  8. How much experience do you personally have treating my type of cancer?
  9. How should I go about seeking a second opinion?
- Bring these questions—and any others you think of—to your next visit, then write down your provider’s answers, so you can review or research them later.

“Don’t be afraid to ask your doctor to explain something if you don’t understand,” Wiatrek says. “That’s what they’re there for.”



## → Meet with a Financial Counselor

Cancer care can be costly, but money is the last thing you want to worry about when you're trying to get better. Reduce some of that financial stress by meeting with a financial counselor (or nurse navigator or social worker who can fill the role) at your hospital before beginning your treatment.

"We can help you work with your doctor's office to review your insurance coverage and go over likely costs, which can give you an idea of what you can expect to pay over the course of your treatment," Marais says. "We can also help you find ways to minimize out-of-pocket costs, such as using generic drugs or participating in clinical trials, and provide information about financial assistance that may be able to help you pay for treatment."



## → Identify Your Support System

In the weeks and months to come, it may be difficult to keep up with your current responsibilities. Determining people you can count on now can help you avoid stress later on.

"This is the time to tell your close friends, neighbors and family members about your diagnosis and see how they'd like to help," Wiatrek says. This may include light housekeeping, meal preparation or grocery shopping. If you have young children, you might need a babysitter or someone to transport kids to and from school, sports practices or extracurricular activities.

If you work, it's likely that you will require time off to attend doctor appointments and recover from surgery or treatments. "Start by researching the Family Medical Leave Act laws in your state and then communicate with your employer about your diagnosis and treatment plans as you feel comfortable," Marais says. "Most people are pleasantly surprised by the care and support they receive from their bosses and co-workers."



## Focus on Getting Better

You're now ready to begin your treatment—and that's when the real work begins.

"This is the time to prioritize your mental, physical and emotional well-being," Marais says. "That means surrounding yourself with loved ones, nourishing yourself with a healthy diet, staying hydrated, exercising [as recommended by your provider] and completing your treatment plan."

Try to minimize obligations in your life that increase your stress level or drain your energy reserves by accepting the help that others offer. "It may be difficult to let go of your normal responsibilities," Wiatrek says. "But your No. 1 job right now is to focus on getting better." ■



## DON'T GO IT ALONE

Cancer affects the entire family—those with a diagnosis and their loved ones. The Cancer Resource Centre, a support program of the Community Cancer Research Foundation, offers resources and support to help patients with cancer and their families back on the path to healing.

These cancer programs partner with the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—to meet the needs of cancer patients and their family members with support groups, mind-body spirit classes and education.

Since opening in 2003, the Cancer Resource Centre has offered its services free of charge to all who enter, including patients under the care of medical treatment facilities other than the hospitals of Community Healthcare System.

Individuals may check out books, view videos and other educational materials in the library or conduct internet searches to obtain research about diagnosis, treatment and general information. Groups gather to share experiences in social and professionally led sessions for support. Classes and programs, such as expressive art therapy, yoga and drumming, are offered to help individuals connect through their experiences and to promote emotional well-being.

This successful multidisciplinary team approach to cancer care provides the right combination of resources and expertise to treat the whole person, mind, body and spirit.

Cancer Resource Centre director Anthony Andello says the goal is to provide classes that can be beneficial both spiritually and psychosocially for cancer patients, survivors and their family members.

"We offer patients and their families a safe environment, a tranquil nonmedical place where they can come to help manage their stress and regain control of their inner self," he says.

The Cancer Resource Centre is located at 926 Ridge Road in Munster. Those interested in participating in a support group or other programs are required to attend a brief orientation session.

CLASS



### Get Support for the Fight

For more information about the program or for a complete listing of upcoming classes and events, visit [cancerresourcecentre.com](http://cancerresourcecentre.com) or call 219-836-3349.

**Solving**

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# Back Pain

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**5 questions** to ask yourself  
to get to the root of this  
common but vexing problem

BY ALLISON THOMAS



**D**oes your back hurt? If it makes you feel any better, you're not alone.

Back pain is one of the top reasons people go to the doctor, and 80 percent of us will experience it at some point in our lives. It can have many causes—from a simple muscle strain to a herniated disk or spinal stenosis to (more rarely) a serious underlying condition, such as an infection, an abdominal aortic aneurysm or cancer.

Most episodes of back pain, fortunately, will resolve on their own within a few weeks. In the meantime, though, you need *relief*. Here are a few key questions to ask yourself about your back pain to help you deduce what might be causing it—and to know when it's time to seek care.

### **1** What Brings It On?

Figuring out what exacerbates your back pain is the logical place to start, says Jacob M. Buchowski, MD, an orthopedic surgeon and spokesman for the American Academy of Orthopaedic Surgeons.

“Is the pain there with activity? Is it constant? Is it worse during the day or night? Was it the result of some kind of trauma? These kinds of questions can help determine if it's a mechanical or degenerative problem, or if it may be something more serious,” Buchowski says.

On the flip side, pain that appears seemingly out of nowhere can be a concern.



“If you’re 50 to 60 years old and you’ve never had back pain before and you develop it suddenly with no obvious reason, it’s probably worth getting checked out,” says David J. Kennedy, MD a physiatrist and spokesman for the Association of Academic Physiatrists. Because degenerative changes in the spine and back pain can begin as early as the 20s and 30s, a sudden, unexplained bout later on is less likely to indicate a degenerative or mechanical problem and thus could potentially be more concerning.

## 2 **Where Is the Pain?**

Yes, the simple answer is, “In my back.” But what part of it? And does the pain travel? Does it radiate into your shoulder, arm, buttocks, thigh or groin, for example?

“About once a month, I’ll see a patient with back pain that radiates into the buttock and groin,” Buchowski says. “They think they have a spine problem, but it turns out it’s actually hip arthritis.”

Pain that occurs in your back between your lowest rib and buttock could also indicate an issue such as a kidney stone, he says.

## 3 **Are There Associated Symptoms?**

Pain that comes with other symptoms is likely to make your doctor look for causes beyond your back, Buchowski says.

“For example, if someone says they’ve had back pain and have also been experiencing weight loss, or they have pain accompanied by fevers, chills and night sweats, that’s going to take

you in another direction beyond just mechanical back pain,” he says. It could indicate problems such as an infection that’s causing destruction of the intervertebral disks (the shock absorbers between the vertebrae) or of the adjacent bone.

Other associated symptoms that could be cause for concern include bowel or bladder issues, or a new onset of weakness. “If you can’t hold a coffee cup or you find you’re dropping things, that’s something that probably needs to be checked out,” Kennedy says.





NAME Confidential No.



#### 4 **Could It Be Related to Something Else?**

Other health conditions—or even a history of them—can sometimes contribute to back pain. For example, because osteoporosis causes your bones to weaken or thin, trouble with your back could be a result.

“If you have osteoporosis with back pain, it could lead to an osteoporotic fracture in the spine, so that’s something we look for,” Buchowski says.

Although rare, cancer can be a cause of back pain. “A history of cancer could indicate there’s been a metastasis [spreading] in the spine that’s weakened the bone and led to a fracture,” he says.



#### 5 **Is It Getting Better?**

This can be a tricky issue, because for most people, back pain comes and goes, Kennedy says.

“The severe, crushing pain usually doesn’t last for long while the low-level nagging pain feels like it lasts forever. At some point, it’s worth getting checked out just to make sure you’re not missing something,” he says.

If your pain seems to be related to activity and improves with rest, it’s more likely to be mechanical pain, Buchowski says, and he recommends self-treatment options including ibuprofen or acetaminophen, or core-strengthening exercises and low-impact aerobic activities, like walking or swimming, to see if that helps.

“If it’s not better in a couple of weeks, it may be time to see a primary care doctor or specialist and start physical therapy,” he says. ■

## PAIN CENTERS OFFER RELIEF

Chronic pain can have a debilitating effect on quality of life. Pain management physicians can help alleviate patients’ pain and often identify the underlying cause. The hospitals of Community Healthcare System offer pain clinics where patients can receive evaluations and a variety of treatments.

“Not everything can be treated by a pain specialist,” says physical medicine and rehabilitation specialist Nikhil Shetty, MD, who treats patients in the Pain Center of St. Mary Medical Center in Hobart. “But we are able to triage a pain patient and decide whether or not we can treat that condition or if the patient may require surgery.”

More conservative approaches to pain management often prove successful, Shetty says. These may include physical therapy, stretching or even over-the-counter medications or ointments. Common outpatient procedures may include epidural injections, nerve blocks or radiofrequency ablations.

“We have a big tool kit to treat someone with pain,” Shetty says. “It’s important to be evaluated by a pain physician to look at each of the possibilities and develop an individualized treatment plan for that person.”

CALL



### Help for Your Pain

To learn more about pain management services at the hospitals of Community Healthcare System—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—visit [comhs.org/services/pain-management](http://comhs.org/services/pain-management). For a physician referral, call 219-836-3477 or toll-free 866-836-3477.

# 10 WAYS TO PREPARE FOR HEALTH CHALLENGES

**1** If you have a symptom that alarms you—such as a swollen leg, which could indicate a blood clot—don't wait to get it checked out.



Know what conditions run in your family and tell your doctor.



**3** Whether you're dealing with cancer or another serious illness, know the people you can count on and ask them for help. Be specific about what you need.

**4** Does your chest hurt? Stay calm, but seek emergency care if you think there's a chance it's a heart attack.

Think about how you'll respond to a crisis in advance, such as your child breaking a bone during a sports game.



**6** If you're a smoker or a former smoker, talk to your doctor about lung cancer screening.

**7** Don't think that being a nonsmoker means you can't get lung cancer. Be aware of your risk factors.

**9** If you might be in the midst of a health emergency but don't want to go to the emergency department because of the cost, go anyway. Your life is more important than money.



If you're receiving treatment for a health condition, don't be afraid to ask your doctor a lot of questions. And ask for a second opinion if you want one.



**10** Don't live with chronic pain—such as in your back—without seeing if a physician can help you. It's better for your quality of life, and it might uncover a treatable health problem.



➔ **WANT MORE HEALTHY IDEAS?** Check out our winter issue, all about exceeding expectations.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



PHOTO BY GETTY IMAGES

## **HOME IS WHERE THE ALLERGENS ARE**

More than 90 percent of U.S. homes have at least three detectable allergens, and about a quarter of homes have at least one allergen at elevated levels, according to a report from the National Institutes of Health.

Having pets is a big risk factor, and the type of housing also matters, with mobile homes, older homes and rental homes showing higher levels of allergens.

The good news is that you can reduce exposure to allergens by following these tips:

- ▶ Every week, vacuum carpet and wash sheets in hot water.
- ▶ Limit pets' access to bedrooms.
- ▶ Use allergen-impermeable covers on mattresses, pillows and box springs.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## Pollution Risk for Moms-to-Be

As if pregnant women don't have enough to worry about: New research says air pollution could play a role in miscarriages. A study from the National Institutes of Health showed that exposure to common pollutants such as ozone—a main component of smog—may increase the risk of losing a pregnancy in the first 18 weeks of pregnancy.

The reason air pollutants could have this effect is not clear, and more research is needed. In the meantime, pregnant women should consider avoiding outdoor activity when air quality alerts are issued.

TOOL



### Check Your Air Quality

Find out how healthy the air is where you live by visiting [airnow.gov](http://airnow.gov).

## ONION RINGS **VS.** FRENCH FRIES

### • Which fried treat is healthier?

Real talk: Any food that's been doused in oil and fried is not going to help you reach your healthy eating goals. That said, onion rings have a slight edge over french fries, with 157 calories and 9 grams of fat in eight medium-sized rings, compared with 295 calories and 16 grams of fat in about 20 fries.

But if you love these crunchy, salty side items, don't despair: It's easy to make healthier versions.

Cooking onion rings or french fries at home, versus eating them at a restaurant, allows you to control the type of oil. Restaurants often use oils high in trans fats, which are particularly unhealthy. If you use liquid oils such as olive, soybean or canola, they are higher in healthy fats.

Another option: Instead of frying, try roasting or baking in the oven. Those methods use far less oil but preserve the satisfying crunch.

**The verdict?** Onion rings are somewhat healthier than french fries, but your best bet is to cook these foods at home and forgo frying.



## ▶ TRUE OR FALSE

Tick bites can lead to a red meat allergy.

**TRUE.** Researchers have linked an allergy to alpha-gal, a molecule found naturally in red meat, to bites from a particular species of tick called Lone Star. The tick is commonly found in the Southeast, as well as some parts of New York, New Jersey and New England. Those who develop an alpha-gal allergy from these tick bites can experience anaphylaxis—an allergic reaction that constricts airways and causes blood pressure to plummet—three to six hours after eating red meat.



## CANCER DEATHS DECLINING

Need to hear some good news?

Deaths from cancer decreased by 26 percent between 1991 and 2015. That translates to nearly 2.4 million fewer deaths.

The statistics, published in *CA: A Cancer Journal for Clinicians*, showed that lung cancer is the most common cause of cancer death for both men and women. Other common causes of cancer deaths include breast for women, prostate for men and colorectal for both sexes.

Researchers believe that death rates have reduced because of improved treatments and early detection. The death rate could be further reduced if fewer people smoked, as smoking is the cause of nearly a third of cancer deaths.

## STATS: ALZHEIMER'S DISEASE



**1 in 10**

people age 65 and older has Alzheimer's.

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It is the  
**No. 6**  
leading cause of death  
in the U.S.

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Almost  
**2/3**  
of Americans with  
Alzheimer's are women.

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In 2016, nearly  
**16**  
**MILLION**  
friends and family  
members provided  
unpaid help valued at  
**\$230**  
**BILLION**  
to people with Alzheimer's  
and other dementias.

Source: Alzheimer's Association

## SET YOUR SIGHTS ON LONGEVITY

Older women who undergo surgery to remove cataracts lower their risk of death by 60 percent. That finding comes from a 20-year study of nearly 75,000 women that was published in the journal *JAMA Ophthalmology*.

Cataracts, a clouding of the eye lens that typically forms with age, causes problems such as loss of focus and impaired night vision. Researchers believe that cataract surgery helps extend lives because once vision is improved, people get more exercise, stay compliant with medication and decrease their risk of falling or having accidents while driving.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## Among America's best for patient SAFETY

How do you choose the best hospital for the care you need? One important way is to look into its track record on quality and safety.

Community Hospital, St. Catherine Hospital and St. Mary Medical Center use best practices and continually work to improve safety, prevent adverse events, monitor and improve performance and meet or exceed patient expectations.

The hospitals of Community Healthcare System have been named among America's Best Hospitals for Patient Safety by the Women's Choice Award®. The award signifies that for patient safety, these hospitals are in the top 16 percent of 3,179 hospitals in the country.

WEBSITE



### Safe, Quality Care

For information about quality and safety at the hospitals of Community Healthcare System—Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart—visit [comhs.org](http://comhs.org). For more about America's Best Hospitals and the Women's Choice Awards, visit [womenschoiceaward.com](http://womenschoiceaward.com).

This is no leisurely game of catch.



## WORKOUTS THAT WORK: FRISBEE

Who knew that tossing a flying saucer during an afternoon at the park was a workout? It is. In fact, a 150-pound person burns 100 calories in 30 minutes.

If you want to up the ante, try your hand at the sport called Ultimate Frisbee, which combines elements of soccer and football and burns nearly 500 calories per match. Since players alternate between jogging and sprints over 40 minutes, Ultimate Frisbee is comparable to an interval workout.

PHOTOS AND ICONS BY GETTY IMAGES



## WHAT ARE THE ODDS

of Having an Anxiety Disorder?

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About  
**1 in 5**

Each year, about 18 percent of U.S. adults are affected by anxiety disorders, according to the Anxiety and Depression Association of America. That makes it the most common mental illness in America. Unfortunately, only **36.9 percent** of people with anxiety disorders receive treatment.

## A WORKOUT FOR YOUR FACE?

Worried about the visual signs of aging? Research shows that facial exercises might help you look a little younger.

A study published in *JAMA Dermatology* showed that women older than 40 who practiced a specific series of exercises every day for eight weeks then every other day for four weeks looked about three years younger when evaluated by dermatologists. The idea is that strengthening facial muscles—like any muscles—makes them stronger and larger, for a face that appears rounder and less hollow and wrinkly.

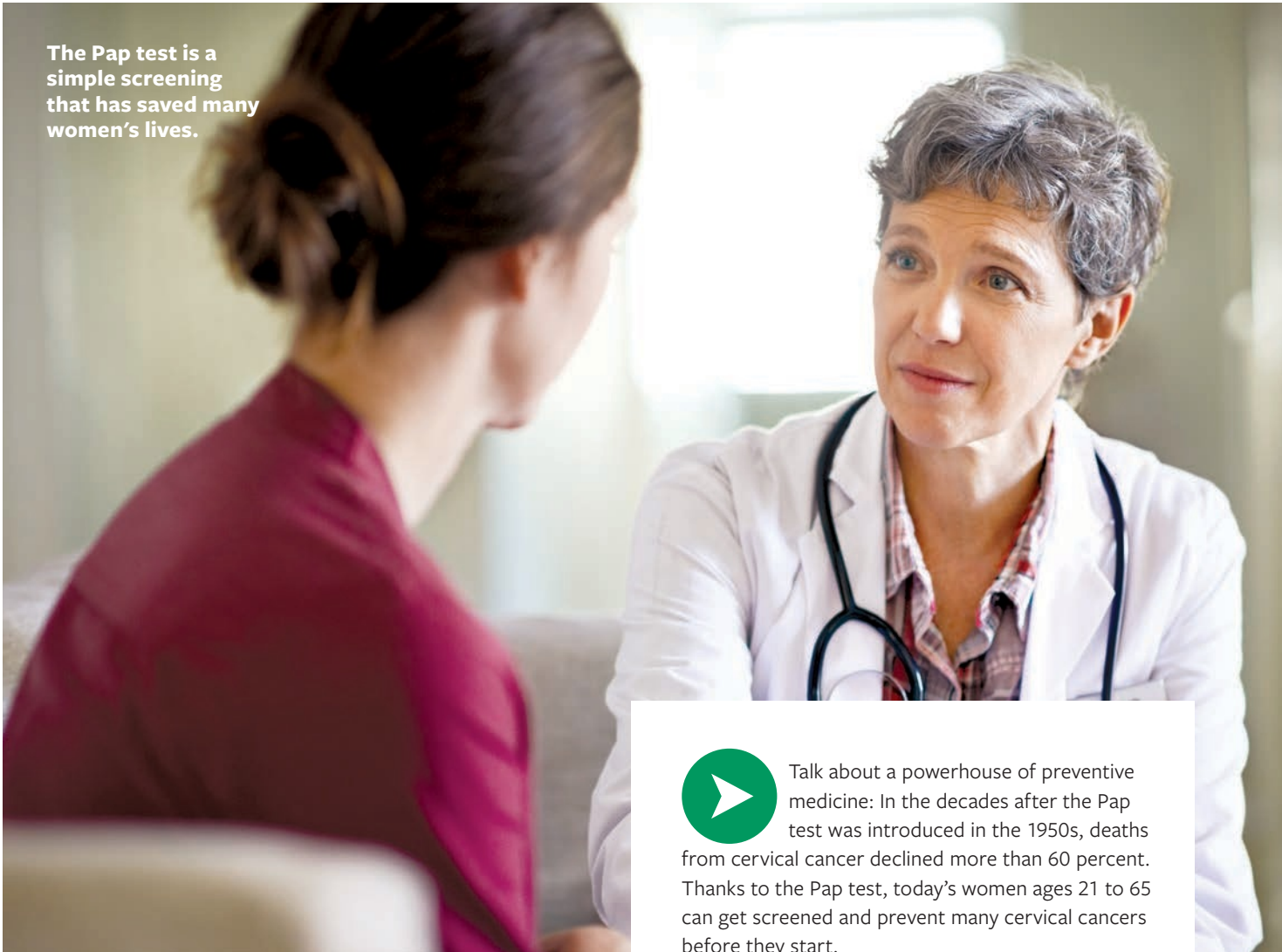
The study was small, and more research is needed, but feel free to pucker, smirk and stick your tongue out—all in the name of exercise.



## JARGON WATCH

**BRCA1 AND BRCA2:** When women have inherited mutations in one of these two genes, their risk of breast and ovarian cancer is increased. Women with a family history of breast or ovarian cancer can receive genetic testing for these mutations, which can help them understand their risk and take preventive measures.

The Pap test is a simple screening that has saved many women's lives.



Talk about a powerhouse of preventive medicine: In the decades after the Pap test was introduced in the 1950s, deaths from cervical cancer declined more than 60 percent. Thanks to the Pap test, today's women ages 21 to 65 can get screened and prevent many cervical cancers before they start.

"This is a really, really good screening test because it can prevent cancer ... before it actually becomes cancer, and it [the Pap test] does it very accurately," says Chemen M. Neal, MD, mentorship chairwoman for the American Medical Women's Association and a fellow of the American College of Obstetricians and Gynecologists.

Credit the staying power of the Pap to George Papanicolaou, the Greek doctor who was able to discern healthy cervical cells from malignant ones under a microscope starting in the 1920s. In the early 1900s, cervical cancer was the No. 1 cancer killer of women. Today, cervical cancer still kills about 4,000 women a year in the U.S., but virtually all of those deaths are preventable.

## THE TRUTH ABOUT **PAP TESTS**

*The screening exam is still a lifesaving diagnostic tool after more than 60 years*

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## TRUE OR FALSE:

### The Pap test screens for HPV.

→ **FALSE.** The Pap test examines cells brushed from the cervix, at the bottom of the uterus, to detect abnormal changes (dysplasia) that could be precancerous. The Pap can also find cancer cells. HPV microscopic testing can be done at the same time and use the same specimen to look for human papillomavirus (HPV), which causes cervical cancer. When the tests are done at the same screening, the effort is called Pap and HPV co-testing.

## TRUE OR FALSE:

### A Pap test with an abnormal result means cancer.

→ **FALSE.** Usually, an abnormal Pap test means that abnormal cells that can precede cancer have been identified, or that an infection is present. Doctor and patient will discuss the specific abnormality and how to proceed, ranging from repeat Pap testing in six months or a year to more advanced tests such as colposcopy.

## TRUE OR FALSE:

### Women who have had the HPV vaccine still need to have Pap tests.

→ **TRUE.** The HPV vaccine offers protection from some types of the virus, including HPV 16 and 18, which cause cervical cancer. The vaccine is not fail-safe and does not protect against all HPV infections that cause cancer. Dysplasia can still be found with the Pap screening.

## TRUE OR FALSE:

### Every woman should have a Pap test every year.

→ **FALSE.** Screening guidelines issued in 2012 call for healthy women to have their first Pap test at age 21 and every three years until age 29; from 30 to 65, women can be screened every five years with Pap and HPV co-testing or every three years with the Pap test alone. Generally, most women older than 65 no longer need the Pap test because the incidence of cervical cancer after that age is low. Testing does continue past age 65 when certain risk factors, such as HIV, are present.

## TRUE OR FALSE:

### Women alone are responsible for remembering when to schedule a Pap test.

→ **FALSE.** Ideally, this is a shared responsibility between a woman and her doctor. Physicians generally will have a record of the appropriate timing for the screening based on the recommended guidelines. Talk to your doctor about what's right for you; some women continue to have annual tests because of risk factors. ■

## GET YOUR CERVICAL CANCER SCREENING

A Pap test looks for cell changes in the cervix that can lead to cervical cancer, the fifth-most common cancer for women ages 20 to 44.

Community Care Network gynecologist Kimberly Arthur, MD, on staff at Community Hospital in Munster and St. Catherine Hospital in East Chicago, says regular screening can help to detect cervical cancer in its earliest stages, which greatly improves chances of successful treatment.

“Screenings should begin at age 21 and be repeated every three years through age 65,” Arthur says. “At age 30, you may get tested every five years if the human papillomavirus or HPV test is also given and results are normal. Get a Pap test, even if you have had HPV vaccinations. Women over the age of 65 with a history of normal results no longer need a Pap test.”

### APPOINTMENTS



## Find a Provider to Fit Your Needs

Community Healthcare System's physicians and nurse practitioners can help you take charge of your gynecological health. Call **219-836-3477** or toll-free **866-836-3477** for a free referral.

## HOW TO SPOT A CONCUSSION

*A bump on the head can be just that, but it can also be serious. Learn what to watch for—including subtle signs and symptoms that could easily be missed*



Concussions—especially in children—are nothing new. Kids have been falling off bikes, crashing into each other on the field and catapulting themselves off swing sets forever. But as awareness of the potential damage from this type of traumatic brain injury, or TBI, has increased, we're now more likely to seek medical care than simply shrug it off.

In fact, from 2007 to 2013, rates of TBI-related visits to the emergency department increased by 47 percent for all populations, and in 2012 alone, more than 329,000 children were treated for concussion or TBI, according to the Centers for Disease Control and Prevention.

The hardest part is knowing when to seek medical care.

“Not all symptoms are obvious, and it can be tricky because some symptoms are not readily apparent for up to 24 hours,” says Neha Raukar, MD, a fellowship-trained primary care sports medicine physician and spokeswoman for the American College of Emergency Physicians.

Raukar explains six categories medical professionals like her use to assess the signs and symptoms of a concussion, so you'll know how to spot one.



# MAKING AN IMPACT IN CONCUSSION TESTING

Every concussion is different, but one thing remains the same—taking time to heal is vital to recovery. Community Healthcare System’s specially trained physicians and athletic trainers are experienced in evaluating concussions and providing individualized care.

The Concussion Clinics at Community Hospital in Munster, St. Mary Medical Center in Hobart and the Valparaiso Health Center offer an important tool in the management and treatment of concussions: ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing).

“This neurocognitive assessment takes about 30 minutes and can be particularly valuable when a baseline test is given before an injury occurs,” says Mary Spina, concussion clinic supervisor and head athletic trainer at Munster High School. “It gives us objective measures, including those of verbal and visual memory, processing speed, reaction time and impulse control.”

In the event an athlete later has a suspected concussion, ImPACT provides a point of reference to track a patient’s recovery.

The clinics offer free baseline ImPACT testing to anyone ages 12 to 65 as a complement to existing concussion management and treatment guidelines.

## APPOINTMENTS



### Contact the Concussion Clinic

The Concussion Clinic, located in Munster, Hobart and Valparaiso, offers individualized treatment and care for concussion. Call **219-836-4461** for information or to schedule an appointment.



#### Look for Vision Problems

Issues with sight, such as blurry or double vision, can be challenging to detect—both by the parent and the child—especially if they are minor. But ask your child about any vision problems and see a doctor if you have concerns or notice changes.



#### Watch for Physical Symptoms

There are obvious physical signs that warrant a trip to the emergency department: loss of consciousness, seizures or not being able to move an arm or leg. But more subtle signs including headaches, dizziness, sensitivity to light, or nausea and vomiting can also indicate a problem and should be brought to the attention of a doctor.



#### Beware Cognitive Problems

You may not notice problems with memory or concentration until your child needs to use those skills, Raukar says. Once at school, he or she might have difficulties. “They may just feel *foggy*,” she says. “It’s like they’re looking at the world through a TV with rabbit ears rather than high-def.”



#### Assess Their Balance

Balance problems aren’t always as noticeable as one might think, Raukar says. And they can develop a while after the incident. Look for signs in the child’s gait when walking or if he or she seems to be leaning to one side when standing.

If you’re still not sure how to proceed—whether that means pulling your child from play at school or taking him or her to the doctor, Raukar recommends following the mantra, “When in doubt, sit them out.”

“You want to give them time to rest and observe them, and definitely take them to the doctor if you see any of these symptoms,” she says. ■



#### Don’t Ignore Emotional Changes

“If your child is acting anxious, or more emotional, sad or irritable than usual, it’s something you’ll want to pay attention to,” Raukar says.



#### Monitor Sleep

Concussions tend to cause sleep disturbances in one of two ways: The individual might feel tired and want to sleep all the time, or he or she may have difficulty falling asleep. “Lethargy is more common, but it’s usually one or the other,” Raukar says.



**If only parenting came with a manual...**



Sometimes, it seems like childhood is just a long stretch of concerns for parents. From kindergarten readiness to internet access to tattoos—eek!—what’s a normal part of growing up? And when should parents consult an expert?

Wendy Sue Swanson, MD, a pediatrician and spokeswoman for the American Academy of Pediatrics, helps us sort out how to handle some typical parenting concerns.

## FREAK OUT OR CHILL OUT?

*From first words to bed-wetting to teenage rebellion, parents fret about what’s normal—and when to call an expert*

**Q** Your oldest child said “dada” at 12 months, but your youngest is 18 months old and doesn’t say any recognizable words.

**Is it:** Typical childhood development or a sign of a problem?

**IT DEPENDS.** Language is complicated. There’s receptive language, which is what your child understands, and expressive language, which is how your child communicates. Does your child understand some things you

say and mimic sounds that aren't yet words? Babies need to hear language to express it, so that could be a source of the problem—children who don't say at least a word or two by 18 months should have a hearing check and some cognitive testing, even if they passed their newborn hearing screening, Swanson says.

If tests don't find any reason for concern, ask your doctor if you should wait a few months or if speech therapy might help. Some children are just late bloomers, but getting some expert help might give you peace of mind.

**Q** Your 5-year-old is about to start kindergarten, but she doesn't know her colors.


**Is it: Developmentally appropriate or a sign of a delay?**

**AGAIN, IT DEPENDS.** Lots of things have to happen for children to identify colors, and children develop in their own ways. If your child knows some numbers and letters and can name at least six body parts, it's probably not something to worry about, Swanson says. If you think your child has been taught in multiple ways—through sight, hearing and touch—and you still have concerns, you might want to see a developmental therapist.

**Q** Your second-grader still wets the bed, and she's embarrassed to have friends sleep over or to spend the night at her grandparents' house.

**Is it: Something she'll outgrow or a worrisome condition?**

**PROBABLY SOMETHING SHE'LL OUTGROW.** Bed-wetting typically stems from an immature connection

TOOL 

## Screening the Screens

With phones, tablets and TVs vying for your child's attention, it's important to have a media use plan in place. Visit [healthychildren.org/mediateuseplan](http://healthychildren.org/mediateuseplan) to build one that works for your family.

between the brain and the bladder—in deep sleep, kids relax the sphincter that keeps the bladder closed and they wet the bed. About 10 percent of 7-year-olds and 5 percent of 10-year-olds still wet the bed and should eventually outgrow it, Swanson says. Limiting liquids after dinner and emptying the bladder before bedtime can help, and medications can block urine production for special occasions such as camp and sleepovers.

One caveat: If a child has had dry nights for a long time and then starts wetting the bed, that could signal a medical problem or psychological stress. In this case, consult your pediatrician.

**Q** You checked the browser on your 9-year-old's laptop and discovered that he has been looking at pornography online.

**Is it: Typical childhood curiosity or inappropriate behavior?**

**CHILDHOOD CURIOSITY.** That said, it still warrants a discussion about what pornography is and why it's not appropriate for children. "It's a hard conversation, but you just need a minute of courage," Swanson says. You can explain that curiosity is understandable

and he shouldn't be ashamed, but that you don't think it is good for him to be watching adults act in this way.

Kids this age should be accessing the internet only in public and in supervised parts of the home, not on devices in their bedrooms. And if you don't have one, put a family media plan in place. It should include clear ways to know what your child is doing online and repercussions if he violates your trust.

**Q** Your teenager wants your permission to get a tattoo, and she insists it will be small, tasteful and in a spot she can easily cover.

**Is it: Something you should allow or something you should discourage?**

**PROBABLY SOMETHING YOU SHOULD DISCOURAGE.** Tattoos are permanent, and teenagers aren't generally mature enough to decide that they want something on their body forever, Swanson says. That's why it's illegal in most states for minors to get tattoos without parental permission. Most people choose tattoos as a sign of self-expression, so encourage her to express herself with other, less-permanent options such as hair color, makeup, jewelry or henna tattoos. ■

# SERVING UP SAFETY

*How to protect yourself from seven places that danger lurks in your kitchen*



The kitchen may be the heart of your home, but it's also an epicenter for injury and illness. The good news is that it doesn't have to be that way.

"With minimal knowledge of cross-contamination and kitchen safety, you can have confidence in the kitchen," says J. Stan Bailey, PhD, retired chief scientist for the Department of Agriculture's Agricultural Research Service.

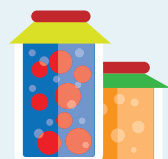
Here are the biggest hazards in your kitchen and how to keep yourself and your family safe and happily fed.

## Refrigerator

► **Check the temperature.** Set your refrigerator to 40 F and your freezer to 0 F. Use a thermometer if you think your fridge isn't cooling properly.

► **Move meat to the bottom.** To avoid meat juices dripping onto other foods, store raw meat in plastic bags on the bottom shelf.

► **Don't let leftovers linger.** Toss uneaten leftovers after three or four days, and regularly check the dates on packaged products, too.



## Dishwasher

► **Turn up the temp.** Dishwashers should reach a final rinse temperature of 150 F to properly kill bacteria. But make sure you let your dishes cool before removing them to avoid burns.

► **Load knives blade-side down.** The same goes for meat thermometers and other sharp objects.

## Countertop

► **Put it away.** Perishable food should never be left out on the counter for more than an hour. Thaw frozen foods in the fridge, and always refrigerate marinating meats.

► **Get on board.** Use separate cutting boards for meat, produce and cheese to avoid cross-contamination.





## Sink

- ▶ **Scrub in.** Wash your hands before preparing food and after handling raw meat. Use soap and warm water, and lather for at least 20 seconds.
- ▶ **Sanitize your sponge.** Toss it in the dishwasher weekly or opt for dishcloths and use a clean one each day.
- ▶ **Rethink rinsing meat.** It's unnecessary and only ends up spreading germs through water splatter.

## Knife Block

- ▶ **Stay sharp.** Have your knives sharpened regularly. Sharp knives are safer than dull ones because they don't require as much force to use. Keep all knives out of reach of young children, and supervise knife use in older kids.
- ▶ **Beware bagels.** More than 3,000 people cut their hands each year slicing bagels, according to AARP. Get a bagel slicer. Better yet, buy your bagels sliced.

## Tap for Food Temps

Download the **Is My Food Safe?** app from the Academy of Nutrition and Dietetics for a searchable database of internal cooking temperatures, information on expiration dates and a direct line to ask questions. Available for iPhones and Androids.

## Oven and Stovetop

- ▶ **Put potholders away.** Potholders and kitchen towels can catch fire if left too close to the burners.
- ▶ **Use a meat thermometer.** Don't rely on color or texture when determining whether meat is cooked thoroughly.

## Microwave

- ▶ **Handle with care.** Microwaves are responsible for more burns than any other kitchen appliance. Always use potholders. ■



## THREE WAYS TO COOK **CAULIFLOWER**

*This mild-tasting cruciferous vegetable can stand in for carbs or shine on its own*



A quick scan of Pinterest and popular cooking websites will prove that cauliflower is having a major moment. Home cooks on low-carb diets love to use it in no-potato hash browns, gluten-free pizza crust and no-grain risotto.

“Whether people have prediabetes, are on an elimination diet or are just trying to increase fiber, cauliflower allows them to have tastes and flavors that they’re used to while minimizing certain ingredients,” says registered dietitian nutritionist Isabel Maples, a spokeswoman for the Academy of Nutrition and Dietetics.

But cauliflower, a cabbage variety that’s actually a flower that stops growing as a bud, is a worthy ingredient even if your goal is simply to eat more vegetables. Not only is it rich in vitamin C, but it also contains glucosinolates, which are plant components that researchers believe might help reduce inflammation in cells and protect against chronic diseases, such as cancer.

Maples also notes that cauliflower is rich in fiber, which “isn’t just about good digestion anymore.” Researchers have found that eating more fiber contributes to better gut health. “It’s this idea that fiber-rich foods help feed the healthier bacteria and allow them to flourish, so that when the bad bacteria comes around, they can’t take over,” she says.

Here are three ways to include cauliflower in your weekly menu.

### **1 ROAST IT**

Preheat oven to 375 degrees. Slice out the stem and cut cauliflower into bite-size florets; place them in a bowl and drizzle with olive oil. Add salt, pepper and spices (if desired). Toss with tongs to combine. Arrange florets on a foil-covered pan and cook for 30 minutes, turning once.

### **2 PROCESS INTO COUSCOUS**

After cutting cauliflower into florets, pulse in a food processor until it reaches a couscous-like consistency. (Take care not to fill the bowl more than three quarters of the way; you might need to process multiple batches.) The cauliflower can be added raw to salads or be sautéed over medium heat in olive oil or butter for 6 to 8 minutes.


### **3 MAKE STEAKS**

To make cutting easier, use the largest cauliflower you can find. Trim the stem so the cauliflower can sit securely on its base, and place it on a cutting board. Slice it in half first, vertically and down through the stem. Divide each half again so you have four slabs total (extra florets can be reserved for other recipes). Heat olive oil in a skillet set to medium-high and sear for about 3 to 4 minutes each side, until cauliflower is golden.



PHOTO BY GETTY IMAGES



A close-up photograph of a bowl filled with cauliflower rice. The rice is white and finely textured, mixed with small pieces of green herbs and several slices of bright red tomatoes. The bowl has a white base with a red floral pattern. The background is blurred, showing more green herbs.

Grain-free  
and hearty.

## FRESH FACTS: CAULIFLOWER

**Choose wisely** Look for heads that are firm and feel heavy; they should be free of any browning or speckled discoloration. The stem should have a smooth, creamy appearance, and the leaves should look perky.

**Store smartly** When wrapped in plastic, cauliflower should last in the refrigerator for up to five days (don't wash it until you're ready to use it). It generally does not freeze well unless it has been blanched or puréed into soup first.

**Meet the (colorful) cousins** Broccoflower is a mild-tasting, chartreuse-hued hybrid of broccoli and cauliflower. Romanesco (sometimes called Roman cauliflower) is an Italian heirloom variety. It is similar in color to broccoflower but has conical florets and a nuttier flavor. Other cauliflowers include purple, which contains the antioxidant anthocyanin, and orange, which has beta carotene (and therefore more vitamin A).

**Use the proper skillet** Because cauliflower contains sulfur compounds, cooking it in an aluminum or iron pan can cause a chemical reaction that will make the vegetable discolor. Use a stainless steel or nonstick variety.

APP



### Picture Your Perfect Foods

Ever find yourself flummoxed by labels in the supermarket aisles? Fooducate, which is available in both the Apple App Store and Google Play, uses your phone's camera to scan the item's bar code. Then it grades your choices (from A to F) and suggests healthier alternatives. Visit [fooducate.com](http://fooducate.com).

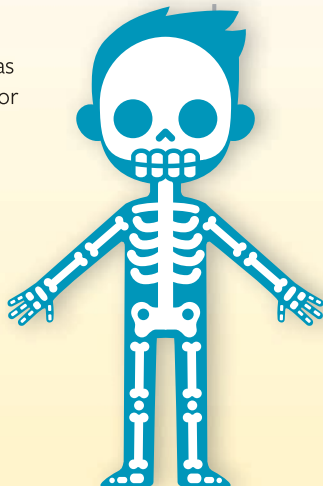
# BROKEN BONES

## 30 MINUTES, 4+ DAYS A WEEK

How much weight-bearing exercise, such as walking, jogging or aerobics, adults need for good bone health.

## 1,300 MILLIGRAMS

The calcium that's needed daily in adolescence. For example, you can get this by eating all of the following: 1 cup of calcium-fortified orange juice, 2 cups of milk (nonfat, reduced-fat or whole) and 6 ounces of regular yogurt (Greek has less calcium).



## 10 to 20 years old

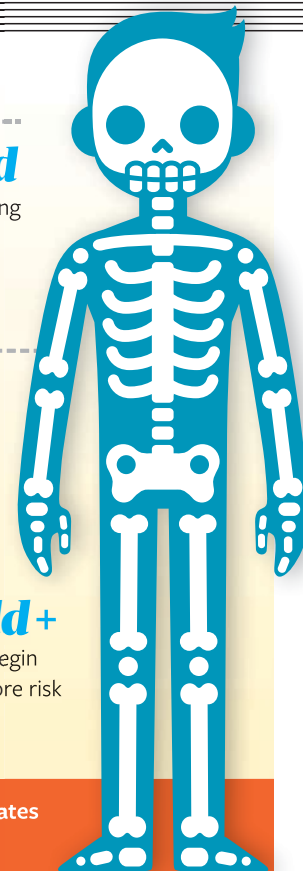
The stage of life that's key for developing bone. More bone made in these years means less chance of fractures later.

## 20 to 30 years old

Approximate age when your bones are the thickest and strongest.

## 40 years old+

Age when you gradually begin to lose bone, meaning more risk of breaks.



# 1.5 MILLION

Number of fractures annually in the United States due to osteoporosis, which causes frail bones.

Sources: American Academy of Orthopaedic Surgeons, National Institutes of Health

## Quality Care for Joints

If you find that it is painful to do daily tasks you used to do easily, such as climbing stairs or opening a jar, it may be time to explore treatment options to relieve those aching joints.

Orthopedic specialists at the hospitals of Community Healthcare System are committed to delivering the very best patient experiences at every level of care, from pre- to post-surgery and throughout the rehabilitation process.

At the Joint Academies of Community Hospital, St. Catherine Hospital and St. Mary Medical Center and the Hand Center of St. Catherine Hospital, patients will find a total approach to orthopedic care and orthopedic therapy.

“Our ultimate goal is to help you maintain your health before, during and after treatment

so you can get moving again and improve your quality of life,” says hand surgeon Ralph Richter Jr., MD, St. Catherine Hospital.

Board-certified and fellowship-trained physicians offer minimally invasive surgical options for patients, such as arthroscopic surgery, as well as joint replacements and finger replantation. Each hospital's specially trained orthopedic nursing staff and surgical technicians support patients through the entire surgery process.

“We educate patients on their procedure before surgery and stand by them every step of the way through supportive care, physical and occupational therapy and readiness recovery techniques to use at home,” Richter says.

CALL



### Find the Right Specialist

Choose outstanding orthopedic care you can trust at the Joint Academies of Community Hospital, St. Catherine Hospital and St. Mary Medical Center and the Hand Center of St. Catherine Hospital. Call **219-836-3477** or toll-free **866-836-3477** or visit **comhs.org**.

# The Sounds of HEALING

Cancer Resource Centre offers classes to soothe the mind, body and spirit

BY ELISE SIMS

Shirley Krenkel of St. John sat in a chair in the drum circle, eyes closed, keeping rhythm to the beat at the Cancer Resource Centre in Munster. As she patted the drum in front of her with her left hand, she gently shook a ribbon of bells in her right hand.

“It was relaxing even though we were picking up the pace,” says Krenkel. “I was tired when I came in here... kinda dragging, but I feel rejuvenated now. I feel the energy flowing through me.”

“Studies show that using music interventions such as the kind we use in a Music Wellness class can help to increase social and communications skills, increase self control/self expression and feelings of self-worth and help

to achieve feelings of general wellness/normalcy,” explains class facilitator Kristen Bouwman, a board-certified music therapist. “We look at music therapy as a powerful tool in the healing process.”

The Cancer Resource Centre is a support program of the Community Cancer Research Foundation and is open to everyone who needs help in coping with a cancer diagnosis.

The therapeutic environment of the center promotes healing of the body, mind and spirit with complementary therapies, education and support services.

The hospitals of Community Healthcare System, supported by their team of specialized, experienced medical



Music Wellness classes at the Cancer Resource Centre in Munster have helped Shirley Krenkel of St. John feel rejuvenated and have given her strength to move forward in the healing process.

professionals, continue to work together to advance their knowledge of cancer and its treatment. Both medicinal and holistic cancer programs at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart are uniquely designed around the needs of patients and their families.

Krenkel says that she has been to many classes over the course of six years since her lung cancer diagnosis.

“This place has been a blessing for me,” she says. “If it wasn’t for the Cancer Resource Centre, I don’t think that I would be where I am today. I’m thrilled with the progress I’ve made. I brag about this place everywhere I go.” ■

WEBSITE



## Help on Your Journey

Find the help you need for your cancer journey at the Cancer Resource Centre in Munster. Visit [cancerresourcecentre.com](http://cancerresourcecentre.com) or call 219-836-3349 for more information about programs and services.

# Neuroendovascular Excellence

*Breakthrough stroke care arrives at Community Hospital*



It was a mystery.

Patricia Fointno of Merrillville couldn't understand why she suddenly fainted in front of her class of first graders. The elementary school music teacher only remembers turning to go sit down. But when she opened her eyes, she was on the classroom floor surrounded by a few co-workers, the school nurse and the principal.

"My students were little angels," she says. "They knew just what to do when they saw me fall."

Fointno was quickly rushed to Community Hospital in Munster, where she spent the next few days undergoing tests. "I was so frightened, expecting the worst," she says. "I thought I'd had a stroke."

## **A new view**

Answers didn't come easily for Fointno. Routine CTs and MRIs didn't reveal a clear-cut cause for her condition. A neuroendovascular angiogram to view the blood vessels in her brain would be necessary. Fortunately, Community Hospital had both the doctor and the technologies to help find those answers.

Neurosurgeon Demetrius Lopes, MD, medical director of the new neuroendovascular program at Community Hospital, scheduled Fointno



Patricia Fointno meets with Demetrius Lopes, MD, during a follow-up visit.

for the hospital's first diagnostic cerebral angiogram in the hybrid operating room. If a clot or blockage was found, they could remove it then and there. Fortunately, that wasn't necessary.

"We were able to get a clear picture of what was happening with the vessels in Patricia's brain," says Lopes. "We were

able to rule out a stroke, but could see she had stenosis in several areas on the left side. For now, we determined we could treat it with medication and lifestyle changes."

The availability of such sophisticated technology and expertise in Northwest Indiana is a game-changer for the



**The neuroendovascular surgical team at Community Hospital includes (left to right) Adrian Scott, Demetrius Lopes, MD, Joey Luka, Justin Earl, Jennifer Ewing and Wesley Knight.**

community. While Fointno's condition was not stroke-related, each year there are thousands of individuals in Lake County alone who experience stroke and rely on their neighborhood hospitals as their first line of care.

### **A perfect storm**

According to Lopes, part of the reason Northwest Indiana has such a high incidence of stroke is that the area's residents have the "perfect storm" of prevalent medical conditions.

"There is a high incidence of atrial fibrillation, diabetes, heart disease and obesity, which all contribute to stroke," explains Lopes. "Add to that the number of smokers in the area and you have what we consider a high-stroke region."

Of the more than two thousand strokes that occur in Northwest Indiana, about 80 percent of them are the type where blockages occur in the blood vessels, says Lopes. "The other 20 percent are bleeding or hemorrhaging vessels in the brain. As they say, 'time is brain.' The

sooner we can implement the correct treatment for the type of stroke, the better the outcome."

Many hospitals in Northwest Indiana have done a good job developing teams trained and equipped to diagnose and treat stroke symptoms quickly. Called Primary Stroke Centers, these hospitals have undergone certification by The Joint Commission to verify that performance and outcomes meet accreditation standards. All three hospitals of Community Healthcare System are certified as Primary Stroke Centers.

"These programs do a great job at delivering the first line of treatment for ischemic stroke called tPA (tissue plasminogen activators, which work to break down blood clots)," says Lopes. "But when clots don't respond to medication, a higher level of intervention is required. Until recently, Northwest Indiana patients would need to be transferred to a medical center in Chicago to access the teams and equipment for emergent neuroendovascular intervention. Today, we have the teams

and technology to provide that same high level care at Community Hospital."

### **A commitment to care**

"Several years ago, we made a commitment of time and resources as far as our neuroendovascular capabilities at Community Hospital," says Lou Molina, CEO. "Our partnership with Rush University Medical Center and Dr. Lopes has ensured that we could expand this program with the right foundation and direction to deliver top-of-the-line care for our patients and the community."

Acquisition of a powerful 3T MRI, capable of providing precise imaging of even the smallest blood vessels, as well as the construction of a state-of-the-art hybrid operating room, included in a \$20 million surgery department renovation, have provided the necessary tools and technology.

"Today, we have all the pieces in place to change the way stroke is treated in Northwest Indiana," says Jill Conner, RN, administrative director of Neuroscience, Cerebrovascular and Structural Heart Services at Community Hospital. "Working with our EMS providers and our healthcare colleagues across the region, we are able to significantly improve the outcomes of patients who have had an acute hemorrhagic stroke." ■

WEBSITE



## **Advanced Stroke Care**

For more information about stroke care at the hospitals of Community Healthcare System, visit [comhs.org/stroke](http://comhs.org/stroke).



# Counting on ADVANCED CARE

*The addition of new robotic surgery equipment is the latest in a long line of advances in care at St. Catherine Hospital*

BY **DEBRA GRUSZECKI**



When Maria Rivera was in labor with her babies, she counted on her doctor and the staff at St. Catherine Hospital to deliver a safe and superior quality care experience. That was some 20 years ago. Now 45, the St. John resident was counting once again on St. Catherine Hospital, this time to remove a grapefruit-sized tumor.

The benign fibroid was lodged in a hard-to-reach area of the uterus, says Kimberly Arthur, MD, the gynecologist who performed Rivera's procedure using advanced robotic technology.

"I had never had surgery before and I was petrified," says Rivera. "But I've always had a good relationship with

Dr. Arthur and our children were delivered at St. Catherine, so I trusted in their care. I knew a partial hysterectomy was something I had to have done and it had to be done at St. Catherine Hospital.”

St. Catherine Hospital first opened its doors on April 22, 1928, in East Chicago. In the nine decades since, the hospital, built by business leaders, industrialists and the Poor Handmaids of Jesus Christ, has been building a steady list of accomplishments in patient safety and outstanding care. As part of the hospital’s ongoing commitment to excellence, the da Vinci® Surgical System was made available to patients in fall 2017.

***“Surgeries assisted by robots aren’t only less invasive, they are statistically proven to have fewer complications.”***

“We’re proud to be introducing new efficiencies that enable our healthcare team to offer a first-class, minimally-invasive surgical experience to a broad base of patients,” says St. Catherine CEO Leo Correa.

“Surgeries assisted by robots aren’t only less invasive, they are statistically proven to have fewer complications,” Arthur says. “From the console, physicians can perform the operation effectively and precisely, translating to superior quality.”

Before Rivera’s surgery, she read her recovery time could be as long as 12 weeks. “What a difference three little incisions can make,” she says.

“The nurses were amazing from the time I went into the surgery room through recovery,” she recalls. “I felt 100 percent better right away, needed no pain medication and I was ready to go back to work in just three weeks.”

Enhanced robot-assisted surgical procedures now available at St. Catherine Hospital include soft tissue procedures and general surgery for prostate cancer, urologic applications, total or partial kidney removal, gallbladder removal, hernia repair, colon resection, colitis and gynecologic laparoscopic procedures.

Physicians who were first to use the da Vinci robotic technology at St. Catherine Hospital in addition to Arthur



**Gynecologist Kimberly Arthur, MD, uses the da Vinci Surgical System for less invasive procedures at St. Catherine Hospital.**

WEBSITE



## New Surgical Options

For more information about advances in surgical procedures and quality care at the hospitals of Community Healthcare System, visit [comhs.org](http://comhs.org).

include Teoman Demir, MD, Terrence Dempsey, MD, and Russell Pellar, MD, all general surgeons.

“Now patients can achieve their best health following surgery, with fewer complications and the convenience of healing close to home,” says Lori McBride, RN, director of Surgical Services.

“This long history of quality care goes along with the greatness of St. Catherine Hospital and how we treat our patients, our staff and our doctors,” Correa says. “It reflects our part in a bigger health system with strong commitment to excellence, now and into the future.” ■



Kenneth Edgington  
and B. Chhabra, MD  
(below)

# Surviving Sepsis

*Care helped Miller resident recover from life-threatening illness*



Miller resident Kenneth Edgington beat the odds. He survived after being treated last February for both pneumonia and sepsis at St. Mary Medical Center in Hobart. Sepsis is a dangerous condition related to infection and can be fatal.

Edgington, 52, a steelworker and husband and father of two, says he had heard of sepsis, but was unaware of its seriousness.

“I’ve never had pneumonia before,” he says. “I didn’t have any idea that pneumonia could lead to sepsis. I never had any idea you could die from sepsis.”

Edgington had suffered for several days from mild flu-like symptoms, but then developed severe muscle aches and shortness of breath.

“At work, every five or 10 steps I would take felt like I’d run a thousand miles,” he recalls. “I had to stop and catch my breath, because my muscles, all of them, were hurting worse than you can imagine. I went down a flight of about 50 stairs and I could not get back up the stairs.”

Shortness of breath and extreme muscle pain are two symptoms of sepsis. Others include shivering, fever or feeling cold, pale or discolored skin and sleepiness, confusion or difficulty waking up.

Edgington first visited a local urgent care center and was told that tests for pneumonia were negative. He was prescribed a course of antibiotics and advised to follow up with his family physician. The next day Edgington’s muscle pain intensified.

“What got my attention besides shortness of breath was the severe muscle pain,” he says. “Usually I can get through a sore throat or runny nose, but the




muscle pain was so bad I could barely walk. If it weren't for the muscle pain, I never would have come in."

He visited the Emergency department at St. Mary Medical Center, where doctors ran multiple tests to check for pneumonia and septic shock. Sepsis can occur when infections produce an immune response in the bloodstream that triggers dangerous inflammation throughout the organs and tissues.

Testing revealed Edgington had both conditions.

"He was a pretty sick man," says Edgington's physician, B. Chhabra, MD, family care practitioner on staff at St. Mary Medical Center. "We admitted him and he got IV fluids. We monitored his blood sugars very carefully. We treated him very aggressively with two IV antibiotics and he responded very well and subsequently was sent home three days later. Three days is a pretty good response time."

Edgington also has diabetes and high blood pressure, factors that Chhabra says can heighten the condition's risks.

WEBSITE 

## Help Close to Home

If you are experiencing symptoms of pneumonia or sepsis, visit one of Community Healthcare System's Immediate Care locations for an examination. Or visit the Emergency department at Community Hospital in Munster, St. Catherine Hospital in East Chicago or St. Mary Medical Center in Hobart. For a complete list of locations, visit us online at [comhs.org/locations](http://comhs.org/locations).

"Early detection is the key," Chhabra says. "Early detection and aggressive treatment can make a substantive difference. The complication and mortality rates are pretty high if you do not come up with a diagnosis as soon as possible."

Lisa Leckrone, Quality Assurance director with St. Mary Medical Center, says the hospital's ED physicians and caregivers are rigorously trained to identify and treat sepsis. The hospital's compliance rate with current sepsis protocols far exceeds the state average of

39 percent and the national average of 44 percent, she says.

"We've had months where we've been at 100 percent," Leckrone says. "The sepsis protocols consist of specific interactions and interventions that we do to save someone's life. And we are saving lives."

Edgington spent more than a week recovering at home.

"I had a lot of medication to take, along with breathing treatments to help my lungs get back in shape again," he says. "It took eight or nine days from the time I left the hospital for me to be able to walk up and down a set of stairs without having to stop and catch my breath."

Edgington says that looking back to when he was first given antibiotics at the urgent care, he realizes he might not be here today if he didn't go to St. Mary Medical Center the very next day.

"I'm grateful to the staff for their diligence in diagnosing and treating what was wrong with me," he says. ■



**St. Mary Medical Center physicians and other members of the care team gather for a photo on National Sepsis Awareness Day last year.**



**Infectious Disease Specialist Dafer Al-Haddadin, MD**

APPOINTMENTS



**Working to Keep You Healthy**

Dr. Dafer Al-Haddadin is a Community Care Network infectious disease physician affiliated with St. Catherine Hospital and St. Mary Medical Center. Dr. Al-Haddadin sees patients in Hobart and Portage. Call **219-947-6638** or **219-947-6448**.

# PREVENTING THE SPREAD OF INFECTIOUS DISEASES

*Dafer Al-Haddadin, MD, FACP, discusses infectious disease, the importance of hand washing and avoiding the overuse of antibiotics.*

**Q What is an infectious disease specialist?**  
An infectious disease specialist is an internal medicine practitioner who is an expert in the diagnosis and treatment of infectious diseases. Infectious diseases specialists have extensive training in the treatment of all types of infections, including those caused by viruses, bacteria, fungi and parasites. A patient with a difficult or serious infection is usually referred to an infectious disease specialist by his or her primary care physician.

**Q Is there a cure for every infectious disease?**  
There is almost always a cure. If we can pinpoint the type of bacteria causing the infection we can better target the treatment. Certain viral infections, like HIV, Hepatitis B and Hepatitis C, need to be managed on an ongoing basis much in the same way we would manage a chronic disease such as diabetes. There are sometimes issues with superbugs that present some challenges in controlling an infection; however, these situations are rare.

**Q What can we do, individually or as a community, to slow the spread of disease?**  
Infection control begins by educating parents at home and children at school. The most important practice in infection control is proper hand washing. When combined with proper covering of a cough, we can better control the spread of most infections, including common infections like influenza. Influenza and the similar common cold are viral infections and antibiotics do not work for them, yet many patients want their physicians to prescribe antibiotics. This is one area where we have a common misuse of antibiotics. Another common area where antibiotics are misused is urinary tract infection. We need to decrease emergence of resistance by practicing prevention and using antibiotics when only necessary. ■



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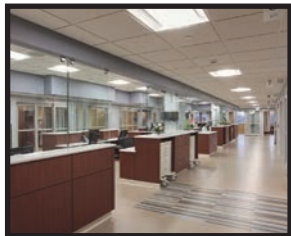
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