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CARE TO IMPROVE YOUR HEALTH, CHANGE YOUR LIFE

The hospitals of Community Healthcare System help patients pursue health goals



In this issue of *Vim & Vigor*, we take a look at the many ways you can change your habits and improve your health. This certainly has been the case for actor John Goodman, featured on our cover, who proves that you can keep striving to make healthy changes at any age, even later in life.

Using a team approach, our Healthy 4 Life bariatric program is changing lives and giving obese Northwest Indiana and south suburban Chicago, Illinois, residents new hope for a healthier future. On page 6, you can read about three of the program's success stories—Don Campbell, David Durham and Katie Oberman—who have transformed their lives and now serve to inspire.

After attending the Lung Cancer Support Group at the Cancer Resource Centre in Munster, Sylvia Huerta found that talking to people going through the same experience helps her cope better and maintain a positive attitude (page 49). The therapeutic environment of the center promotes healing of the body, mind and spirit with complementary therapies, education and support services.

Community Hospital, a leader in cardiovascular care, is offering TAVR, a minimally invasive method of heart valve repair that is restoring quality of life for our older adult patients (page 50).

When it comes to cancer and its devastating side effects, **St. Catherine Hospital** is ramping up its arsenal with leading-edge technology, highly skilled cancer specialists and access to clinical trials (page 52). The advanced cancer care team is ready to guide you through every step of your journey.

Thanks to the Limb Ischemia Vascular Excellence program at **St. Mary Medical Center**, patients like Karin McKenna are walking again and living a healthier life after deep vein thrombosis.

If you are looking to make a change for better health, be sure to look to the hospitals of Community Healthcare System to help you achieve your goals.

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



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Heart transplant recipient Tom Michna, with his wife, Jody, pictured at left, and cornea transplant recipient Kathleen Sojka are both grateful to their donors and their donors' families.

HONORING ORGAN, EYE AND TISSUE DONORS



Hammond resident Tom Michna was first diagnosed with heart failure in 1997.

After bypass surgery, his heart held steady for the next 19 years until October 2016.

“It was a shock to hear that your heart is failing and you are not going to live with the one you have,” he says. “There is no medical treatment that will keep your heart functioning. It was bad.”

He got a second chance because of a generous donor.

“The real heroes in this are the family members who supported me—as well as the donor and the family who signed the papers to donate their loved one’s organ,” Michna says.

Kathleen Sojka, a retired nurse from the emergency department at St. Catherine Hospital and a cornea transplant recipient, agrees that those

who decide to donate give the ultimate selfless gift of life.

In 2004, Sojka was diagnosed with advanced keratoconus, a progressive eye disease where the normally round cornea thins and begins to bulge into a cone-like shape. This cone shape deflects light and causes vision distortion.

At the time of her diagnosis, Sojka says she was having trouble driving at night.

“I couldn’t see the lights very well and my commute became miserable,” the Valparaiso resident explains. She was traveling 60 miles to and from work. “If I wouldn’t have had the transplant, I would not be able to see the beautiful details of life such as my grandchildren’s faces, the leaves on the trees and all of the beauty that life has to offer.”

“I tell my story to express my gratitude in the hopes that it moves someone else to make that choice to donate

their loved ones’ organs and make a difference in someone’s life,” Sojka says.

Throughout the year, the hospitals of Community Healthcare System partner with Gift of Hope and VisionFirst eye bank to raise awareness regarding organ, eye and tissue donations. Each hospital flies the Donate Life flag for 48 hours following every organ donation as a silent salute to those who have provided the greatest gift.

One person can save up to eight lives through the donation of lifesaving organs—including their heart, kidney, liver, lungs, pancreas and small intestine—and enhance the lives of more than 50 people who need corneas to see, skin to heal burns, and bones and connective tissue for common knee, back and dental surgeries. ■

WEBSITE



Are You a Donor?

Indiana residents can register their intent to be organ and tissue donors while obtaining or renewing a driver’s license. Registration also is accepted at donatelifeindiana.org.



The *Power* of *Positivity*

With support from a Community Healthcare team of experts, a Munster resident finds the good in her breast cancer journey BY **ELISE SIMS**



Munster resident Leslie Darrow had a lot to celebrate in 2018. She was married in September, her daughter graduated from high school and she was diagnosed with cancer. Yes, she celebrated her diagnosis of invasive HER2 stage 2 breast cancer with a pink party held for her Hartsfield Village work family.

“When it comes to a breast cancer diagnosis, the power of positivity is huge,” says Darrow, who serves as vice president of Post-Acute Services for Community Healthcare System. “There is a lot to celebrate because we caught this early and I have a lot of support.”

A multidisciplinary approach

At the hospitals of Community Healthcare System, diagnosing and treating cancer involves an entire team of health professionals working together with patients and their families to plan the best course of therapy. This multidisciplinary approach to cancer care at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart is the driving force behind successful outcomes and advances in the detection, treatment and prevention of cancer.

“The level of care from Community Healthcare System has been exceptional. From my radiologist, Mary Nicholson, MD, my oncologist, Mohamad Kassar, MD, general surgeon Nabil Shabeeb, MD, and plastic surgeon David Robinson, MD, to the nurse practitioners, nurses, clinicians and radiology technologists, they’ve been at my side every step of the way,” she says.

The diagnosis

Darrow's journey began in May 2018 when she had an inexplicable nagging feeling to perform a breast self-exam.

"I had actually never done one on myself before, but one morning while I was getting dressed for work, I decided I had to do it," she says. "I had my routine breast mammogram that past December and it was negative, but I went ahead and did the breast self-exam and felt something."

She thought what she was feeling was probably nothing but went to see her OB-GYN, Howard Marcus, MD. He told her it was something that needed to be checked out.

A mammogram led to an ultrasound, then a biopsy. The biopsy was completed the same day as the mammogram and the results came within 24 hours. On June 30, at the Women's Diagnostic Center in Munster, Darrow received her diagnosis: invasive stage 2 breast cancer.

"Regardless of how we do a biopsy at the Women's Diagnostic Center, we get the majority of the results the next day," says Mary Nicholson, MD, medical director of breast imaging services for Community Healthcare System, who performs breast MRI, ultrasound and stereotactic core biopsies. "The sooner we get the results, the sooner our patients get to treatment."

"Pinpointing breast cancer swiftly and sooner is part of our commitment to early detection and accurate



Left: Leslie Darrow celebrates a healthy start to 2019 with family members.

Below: Darrow tells participants at the Lights of Life tree-lighting ceremony that her treatment was available because of a clinical trial offered through the Community Cancer Research Foundation.

diagnosis," Nicholson says. "Everything we do is designed to decrease waiting and decrease anxiety."

The treatment

By Monday morning, July 2, Darrow's nurse navigator was already setting up appointments.

Darrow has a family history of cancer—an aunt and great aunt died of breast cancer on her mother's side—so she opted for genetic testing at the High Risk Breast Clinic in Munster with geneticist Janice Zunich, MD.

"I chose to have genetic testing because I have three daughters (18, 14 and 5 years of age) and that was important to me," she says. "I found that there was absolutely no genetic mutation to my kind of cancer. I was relieved that my girls were not going to be at an increased genetic risk."

Before treatment, Darrow's case was reviewed by the Tumor Board, a multidisciplinary team of Community Healthcare System medical professionals. At these meetings, surgeons, oncologists, radiation oncologists, pathologists, radiologists, pulmonologists, nurses, respiratory therapists and other specialists come together to ensure the best care plan possible for each patient.

Just three weeks after diagnosis, Darrow's treatment began with a bilateral mastectomy. Chemotherapy followed shortly after. She says her treatment came full circle when she realized that it was rooted in local cancer research.



Clinical trial access

Darrow's chemotherapy regimen included drugs that weren't available some 15 years ago.

The Community Cancer Research Foundation in Munster offered access to one of those drugs as part of a national clinical trial. The trial was stopped early due to positive results, leading to FDA approval of those drugs that are now routine targeted therapy for HER2 positive breast cancer.

"The fact that my local healthcare system was a part of this study that made this drug available to me 10 to 12 years later is amazing," Darrow says.

Through the Community Cancer Research Foundation's efforts, patients have access to clinical research trials sponsored by the National Cancer Institute and major research cooperatives worldwide. The three hospitals of Community Healthcare System offer patient access to research for prevention and/or treatment of not only breast cancer, but also lung, ovarian, and colon cancers, lymphoma, adult leukemia, and multiple myeloma as well. ■

WEBSITE



Comprehensive Cancer Care

For more about oncology care and services offered at the hospitals of Community Healthcare System, visit [COMHS.org/cancer](https://www.comhs.org/cancer).



Winning the War on Weight

*Healthy 4 Life offers choices
that change lives* BY ELISE SIMS

Collectively, Don Campbell, David Durham and Katie Oberman have lost a whopping 310 pounds in the year since they started the Healthy 4 Life program. Today, they are still losing weight.

Deciding to embark on a successful weight loss journey is a life-changing decision. The support and guidance of an experienced weight loss team is crucial to each patient's success.

Community Healthcare System's Healthy 4 Life individualized care program of medical weight loss, bariatric surgery, lifetime wellness, fitness, dietary and psychosocial counseling helps to ensure that patients stay healthy, lose weight and keep it off. With locations at St. Mary Medical Center in Hobart and Community Hospital in Munster, the Healthy 4 Life program offers convenient access to comprehensive

services necessary for long-term weight loss success.

"At Healthy 4 Life, our patients are treated like members of the family," says Debi Pillarella, director of Bariatric Services. "Everyone on our staff is passionate about helping patients improve their health and empowering them to adapt a healthier lifestyle."

PHOTO BY GETTY IMAGES

Don Campbell

At 61 years of age, Crown Point resident Don Campbell was living an unhealthy lifestyle. He started putting on weight when he was in his mid-40s, but after a pacemaker implant in his mid-50s, he gained even more weight.

“My weight was affecting every aspect of my life,” he says. “I had high blood pressure, high cholesterol and high triglycerides. I was on a CPAP machine for sleep apnea. I wasn’t sleeping at night. I was tired all the time. One night, driving home from work, I fell asleep at the wheel. I didn’t have an accident, but that was my wake-up call.”

Campbell met with his primary care physician and told her that he knew he needed to make some changes, but he didn’t know where to begin.

“She asked where I wanted to be 10 years from now,” Campbell recalls. “I told her I wanted to watch my granddaughters grow up and see what they would become in life. She said if you want to live to see that, then you need to make some permanent changes. That resonated with me.”

Crown Point resident Don Campbell enjoys outdoor activities with granddaughters—(left to right) Genevieve Stanichuk, Charlotte Pack, Lila Pack and Fiona Stanichuk—after losing more than 95 pounds with the Healthy 4 Life program.

“I went to the seminar with Dr. Paul Stanish in Munster,” he says. “The gastric sleeve surgery seemed like the right choice for me.”

Gastric sleeve weight loss surgery removes a large portion of the stomach to restrict eating and control hunger while keeping both ends of the stomach intact. During the procedure, the stomach is stapled off along the greater curvature to create a smaller, tube-shaped stomach, which has less room for food.

Since the fall of 2017, Campbell has lost 95 pounds and counting. He no longer takes medication for triglycerides; his numbers are normal.

“The biggest thing I’ve noticed is walking up and down steps without being out of breath. I have more energy. I can work out for longer periods of time at the gym. Best of all, I enjoy playing with my grandkids.”



David Durham

David Durham of Schneider weighed around 300 pounds before a workplace fall in 2004 caused a rotator cuff injury that left him on disability all summer, unable to move around much.

“That is when I started to really pack on the pounds,” says the now 62-year-old. “Around here, there isn’t much to do, so I sat in the house and watched TV and ate. I was 420 pounds at my heaviest.”

He was on oxygen, several blood pressure, cholesterol and diabetes medications, and needed an electric chair to get around.

Schneider resident David Durham, right, is congratulated by obesity medicine physician Michael Simpson, MD, after losing more than 100 pounds with the Healthy 4 Life program.

His pulmonologist told him that if he could lose 100 pounds, he wouldn't need oxygen anymore.

"That clicked in my mind, and I agreed to go and get the surgery done," Durham says. "I took the seminar at St. Mary Medical Center through Healthy 4 Life. Dr. Michael Simpson and my dietitian put me on a strict 2,700-calorie-a-day diet. I began to lose about 20 pounds a month. I knew then that I wouldn't need weight loss surgery."

Since he started keeping a food journal of what he has eaten, exercising at the gym at least three times per week and staying within his recommended calorie counts, Durham has lost more than 120 pounds. The results: No more oxygen, no more electric cart, and half the blood pressure medications.

"With all the weight that I have lost, I can honestly say that the program has helped me," Durham says. "My monthly meetings have reinforced what I have learned I need to do to keep the weight off."

"I am looking forward to going fishing this summer," he says. "The Kankakee River is practically in my backyard."

CLASS



Become a Healthier You

Attend a free Healthy 4 Life seminar, "Weight Loss Surgery: Is It Right for Me?" to learn more about individualized options for losing weight. Classes are held monthly at St. Mary Medical Center in Hobart, Community Hospital in Munster and St. Catherine Hospital in East Chicago. Call **219-703-2019** or go to **COMHS.org/overit** to learn more.



Katie Oberman

Now 24, Lansing, Illinois, resident Katie Oberman had been overweight since childhood.

"Diabetes runs in my family," she says. "I didn't want to develop the disease. After college, I gained a lot of weight. My dad passed away and I began stress eating and put on even more weight. I had plantar fasciitis and it was painful to walk. My mom suggested I have weight loss surgery. I said I didn't need it and I could lose weight on my own."

Three months later, at 260 pounds, Oberman changed her mind. She thought surgery could be the stepping-stone that she needed to change her life for the better. Her mom saw an ad online and suggested she attend a Healthy 4 Life seminar.

"I was ready to commit," she says. "The bypass surgery had proven results and I decided it may be the most effective surgery for me and my lifestyle."

Using six small incisions, the surgeon fashions a small stomach and "reroutes" a portion of the intestines. The result is that the patient eats a smaller amount of food before feeling full.

Teacher Katie Oberman, right, learned to view food as fuel with help from the Healthy 4 Life team, including bariatric care coordinator Lisa Almaraz. Here at the monthly check-in appointment, they discuss total weight loss since surgery and review current medications.

Since weight loss surgery on February 13, 2018, Oberman has lost 95 pounds and continues to lose weight.

"I teach preschool," Oberman says. "Weight loss surgery has made my life so much easier. I am constantly getting up and getting down, rolling around on the floor doing yoga with my kids."

"With Healthy 4 Life, it is not like you have the surgery and you are done," she explains. "The team goes the extra mile to make sure you are comfortable and informed. The program makes sure you stay on track. It sounds cliché, but you really are changing your life. You can't eat the way you did. You have to change your mindset to think of food as a fuel as opposed to a comfort item."

"I recommend the program to anyone wanting a happier, healthier life," she says. ■

The Aging Issue

Ready to enjoy the adventures ahead.

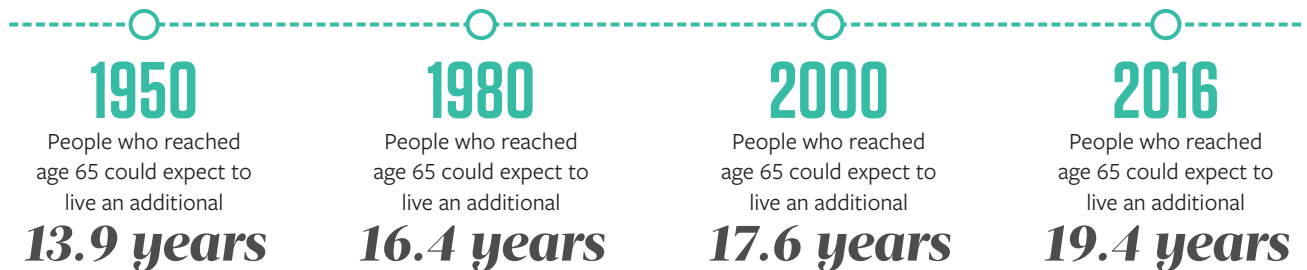


NOW IS THE TIME

▶ *Our later years can be an opportunity for good health*

The unofficial age for being labeled a “senior citizen” has long been 65. But today, many people who reach that number are defying the stereotypes so often associated with old age. In some cases, they’re feeling better than ever.

Why not be one of them? No matter your age, there’s still time to get healthy.



Ready to learn more about getting and staying well? [Read on](#) ➔

Source: Centers for Disease Control and Prevention

You Can't Keep a Goodman Down

Weight loss can be a roller coaster, as this legendary actor can attest. But it's never too late in life to change your habits and improve your health **BY ALLISON THOMAS**

PHOTO BY MATTHIAS CAMERGETTY



In his 35-year career in film and television, John Goodman has played just about every type of role imaginable. He's been a congressman (*The West Wing*), a cartoon monster (*Monsters, Inc.*), a tantrum-throwing bowler (*The Big Lebowski*) and Fred Flintstone. But most of us know him best as Dan Conner, lovable dad for 10 seasons on *Roseanne* and currently reprising the role in its latest incarnation, *The Conners*.

Even after all of his success, in many ways Goodman, 66, is an everyman. And perhaps nowhere is this more evident than in his struggles with weight. While the number on his scale fluctuated over the years, when he hit 400 pounds, Goodman embarked on a journey that would enable him to lose more than 100 pounds.

Goodman's struggle with weight is one many Americans can relate to. In 1986, 1 in 200 American adults was morbidly obese (defined as a body mass index of 40 or higher). By 2004, the number had skyrocketed to 1 in 50. Today it's 1 in 5.

Although his weight has fluctuated for decades—and even in recent years—Goodman is proof that you can keep striving to make healthy changes later in life. As he works to steadily take off the weight and get healthy, we'll share lessons he has learned on his weight-loss journey that you can apply to yours.

Don't Go to Extremes

If you've ever watched *The Biggest Loser*, you already know extreme dieting can yield extreme weight loss. But this generally isn't the best strategy for sustained success. Rahaf Al Bochi, RDN, dietitian and media spokeswoman for the Academy of Nutrition and Dietetics, recommends flipping the script on traditional ideas about dieting.

"A lot of times when we try to lose weight, we automatically think about what we can eliminate from our diet right away. But what about changing

the focus to what you can add to your diet—vegetables, fruit, whole grains, lean protein? It's a more positive approach," she says. "And restricting foods and food groups can lead to feelings of deprivation and possibly bingeing on those foods later, and emotional eating."

Goodman knows this well from experience.

"I used to go on these diets, take three months and lose about 60 to 70 pounds, feel great and reward myself with crapola: Twinkies look good," he told Howard Stern in 2016. But this time, it was different. "I took it slow. I just wanted to change my lifestyle."

To do that, he gave up alcohol and restricted his sugar intake. He now follows a Mediterranean-style eating plan that makes room for healthy foods like fruits and vegetables, fish and other seafood, nuts, legumes and whole grains.

Get Real About Portions

Eating healthy foods is only part of the weight-loss equation. Knowing when to say when is a skill in and of itself, and it's one that Goodman focused on.

"I decided to stop stuffing food into my mouth every five minutes," he told Stern. "Turns out I was just eating all the time. Anytime I had my hands open or free, I shoved something in my mouth."

To help keep portions in check, Al Bochi recommends dividing your plate into quarters.

"Half of your plate is for veggies, one-quarter is for starchy vegetables and grains, and one-quarter is for protein," she says. "And plate your food, then store leftovers right away; don't bring the pot to the table."

She encourages her clients to do the same at restaurants. "Since meals eaten out are typically very large, ask for a takeout container and store leftovers for lunch the next day," she says.

7 Things you probably didn't know about John Goodman



- 1 He's originally from St. Louis and is a huge fan of Cardinals baseball.
- 2 He's an avid fisherman and golfer.
- 3 He studied drama at Missouri State University with actresses Kathleen Turner and Tess Harper, and he was friends with Bruce Willis back when they were both struggling actors.
- 4 He hasn't been nominated for an Oscar, but he's appeared in three films nominated for best picture: *Extremely Loud & Incredibly Close*, *The Artist* and *Argo*.
- 5 Playing Babe Ruth in 1992's *The Babe* required him to lose weight.
- 6 He says *The Big Lebowski* is his favorite project that he's worked on.
- 7 Dan Conner was No. 13 on *TV Guide*'s list of the "50 Greatest TV Dads of All Time."

Source: IMDb

Find Fitness That Fits

Having a consistent exercise routine is critical to sustained weight loss. Goodman worked with fitness expert and author Mackie Shilstone, whom he met in his adopted home city of New Orleans, to create his program. Shilstone, who also trains tennis legend Serena Williams, helped Goodman set up a routine he could stick with, working out at a boxing gym when he was in town and exercising at home on his elliptical machine and recumbent bike. The goal was to gradually increase his heart rate to maximize weight loss.

But you don't need a celebrity salary to get fit. Goodman also used low-cost resistance bands for strength training.

"It's important to have the right workout structure, something that fits your lifestyle," Shilstone says. "Resistance bands are great because they're convenient and easy to use at home or travel with." They're also relatively inexpensive: You can pick up a set for \$20 or less online.

And Goodman's workouts have brought benefits beyond weight loss.

"I'm getting to the age where I can't afford to sit still anymore, and it gives me the energy to work, because work is very draining," he told film critic Peter Travers in 2016.

Stay Strong

Like losing your keys and forgetting where you parked, muscle loss seems to be a natural part of aging. In fact, you can lose up to 5 percent per decade after age 30, and most men lose about 30 percent of their muscle mass throughout their lives.

"It's called sarcopenia, this aging loss of muscle, and dynapenia is the aging loss of strength," Shilstone says. "In order to grow stronger, you're breaking down muscle tissue, repairing

and rebuilding it, and the rebuilding process becomes more difficult as you age. It's something we all face—women, too, especially after menopause, due in part to a loss of estrogen."

To help preserve lean muscle and burn fat as you age, Shilstone recommends regular circuit training, in which you complete a series of strengthening exercises using dumbbells, weight machines, resistance bands or your body weight.

Set a Goal

Having a goal to improve your health gives you something to focus on, like dropping a pants size or getting your blood pressure, cholesterol or glucose numbers in check. For Goodman, his primary goal was to lose weight so he could have knee surgery.

Goodman says he didn't target a number for his weight loss when he started, and he doesn't know exactly how much he's lost. But that doesn't mean he's not paying attention to progress—or signs of a slip-up.

"I don't want to know [my weight]; I just go by belt sizes and pants getting smaller," he told Travers. He reached his goal and has had two knee replacement surgeries.

Al Bochi recommends starting with small changes—one or two things that will have a better impact on your overall health. It could be as simple as walking 30 minutes three times a week or having one more serving of vegetables each day. Once they're accomplished, you can add more. And focus on progress, not perfection.

"Don't wait until everything is perfect in your life to get started," she says. "You'll always have things going on, so just focus on your goals and take it one step at a time." ■

Find a WEIGHT LOSS TEAM

Embarking on a successful weight loss journey is a life-changing decision. Community Healthcare System's wellness and weight loss program, Healthy 4 Life, offers solutions for lifelong health and obesity issues.

Healthy 4 Life consists of accredited surgical and medical weight loss services designed to help patients stay healthy, lose weight and keep it off. Our staff of certified bariatric surgeons and weight loss physicians work collaboratively with our team of health professionals to create unique care plans tailored to each of our patients.

The Healthy 4 Life team includes board-certified weight loss bariatricians, bariatric surgeons, certified bariatric nurses, registered dietitian nutritionists, mental health professionals, exercise physiologists and health coaches. Patients learn about nutrition, portion control, physical activity, healthy shopping and other topics. At Healthy 4 Life, we believe that an educated patient will not only lose more weight, but is more likely to keep the weight off.

Our offices at Community Hospital in Munster and St. Mary Medical Center in Hobart offer convenient access to the comprehensive medical and surgical weight loss programs designed for long-term success.

CLASS



Healthy 4 Life

Our Healthy 4 Life team of weight loss experts addresses the needs of the patient as a whole person. To attend one of our introductory free seminars in East Chicago, Hobart, Munster or Valparaiso, visit COMHS.org/overit or call **219-703-2019**.

*Never Too
Late to*

*FEEL
BETTER*



*Even if you've
been diagnosed
with a health condition,
you can make simple
changes to improve
your life* BY LEXI DWYER



ER

The tension between heart disease and diabetes risk factors is undeniable.

PROBABLE CAUSE

➔ *Heart disease and diabetes are tightly linked, since having one puts you at risk for the other. Here's what you can do about it*

No one wants to get a diagnosis of diabetes. What can discourage a person even more is knowing that the condition increases the risk of cardiac problems such as hypertension (high blood pressure) and high cholesterol.

The reverse is also true, unfortunately: Having a heart issue makes you more likely to be diagnosed with type 2 diabetes. That said, there's hope, and whatever side of the equation you're on, it's within your control to do something about it.

"It's overwhelmingly important to understand that things like diabetes and hypertension are what we call modifiable diseases, meaning they mostly occur because of lifestyle, and if patients make changes, they can change how these diseases are expressed," says Clyde W. Yancy, MD, a cardiologist and deputy editor of *JAMA Cardiology*.

Here's a look at the science behind the connection and what you can do to get healthier.

The Heart-Diabetes Connection

Diabetes is an example of a metabolic health issue, one that involves a chemical reaction in the body, such as turning food into energy. Once a person has diabetes, it can spark other changes.

“The response to vacillations in blood sugar and insulin levels means that other regulatory systems become active, causing consequences like high blood pressure,” Yancy says. And once you develop a second issue such as hypertension, physicians are especially concerned.

“Now you are really at risk for having things that we worry about as cardiologists, such as heart attacks, heart failure, stroke and kidney failure,” Yancy says.

The connections between cardiovascular problems and type 2 diabetes are, as Yancy says, “so strong and so profound” that doctors even have a name for what it means to have a combination of risk factors: cardiometabolic syndrome. The *Journal of Diabetes & Metabolism* has called it a “global epidemic.”

If people are having annual physicals, doctors can help them spot what Yancy calls “cardiometabolic risk factors,” such as weight gain or increased blood pressure or cholesterol. Even if the numbers don’t officially fall in the high ranges yet, these kinds of increases can often precede diabetes.

What You Can Do

According to Yancy, whether you have type 2 diabetes or a diagnosis like hypertension or high cholesterol, the solution is the same: Start practicing smart daily habits.

“It begins and ends with a conversation about lifestyle, both to prevent diabetes and cardiac conditions and to treat these issues,” Yancy says.

► **Don’t smoke.** Smokers are 30 to 40 percent more likely to develop diabetes, and the surgeon general reports that 1 in 4 deaths from cardiovascular disease are caused by smoking. People with diabetes who smoke also have more trouble controlling blood sugar.

► **Lose weight (or don’t gain it).** Obesity is a risk factor for all the diseases mentioned above, and Yancy warns that someone’s BMI (or body mass index, a measure of weight relative

to height) may creep up slowly over several years. It doesn’t take a drastic weight gain to be classified as medically overweight.

For example, a woman who is 5 feet, 4 inches tall would have a healthy BMI at 145 pounds, but she’d be considered overweight at 150. “Most of us need to be at lower weights for medical reasons, not cosmetic ones,” Yancy says.

► **Eat less and smarter.** Yancy recommends people follow a heart-healthy eating plan. This means limiting sodium and saturated fats, increasing foods rich in fiber and potassium, and including olive oil, fruit, vegetables, beans, nuts, seeds, whole grains and lean protein. “This can lower systolic blood pressure as much as 11 points, and it can also help someone who is prediabetic or diabetic,” he says. Finally, limit or avoid alcohol.

► **Prioritize exercise.** Yancy recommends that all adults aim for 150 minutes of movement each week, which could mean 20 minutes of daily brisk walking on weekdays and a longer workout on Saturday or Sunday.

As a cardiologist, Yancy tries to persuade people to change their habits before taking medication. “The same logic applies to everyone, and what I tell my patients is: Stick to the basics—do more, eat less and know your numbers.”

Doing so will not only help you prevent or manage chronic conditions like diabetes and heart disease, but it will also ensure you stay healthy and active enough to fully enjoy life. ■

Heart Health: The Diabetes Connection

Heart health and diabetes are tightly linked since having one puts you at risk for the other. A diagnosis of diabetes doubles the risk for cardiac conditions such as high blood pressure and high cholesterol. Having uncontrolled high blood pressure and abnormal or low HDL cholesterol and/or high triglycerides can increase your risk of developing type 2 diabetes.

The connection between cardiovascular health and type 2 diabetes is strong and profound, says P. Ramon Llobet, MD, a Community Care Network cardiologist on staff at Community Hospital, Munster, and St. Catherine Hospital, East Chicago.

“This combination of risk factors called ‘cardiometabolic syndrome’ can be monitored through the cardiovascular screenings and risk assessments offered through the hospitals and outpatient centers affiliated with the Community Healthcare System. Even if the numbers don’t fall in the high ranges yet, these increases often precede diabetes,” he explains.

Fortunately, it is within your control to avoid both of these diseases with lifestyle changes.

Whether you have type 2 diabetes or a diagnosis like hypertension or high cholesterol, the remedy is the same: to start practicing smart lifestyle habits.

The benefits can be compared to winning a doubleheader, says Llobet.

“It begins and ends with a conversation about lifestyle, both to prevent diabetes and cardiac conditions and to treat issues,” he says.

CALL



Find Your Baseline

Screenings can help keep you healthy. Options include the Community Coronary Scan (Fee: \$200. Call **219-836-4599**); cardiovascular disease risk assessments (Free. Call **219-392-7827**); and LIVE comprehensive vascular screenings (Fee: \$90. Register: **219-836-3477**).

A good strategy for avoiding food marketing? Vegetables.



FOOD BUZZWORDS, **DECODED**



Marketers try to woo us with all kinds of language. Here's how to separate truth from fiction

Supermarket shoppers are bombarded by claims and promises on packaging. But with a mix of skepticism and investigation, you can use the label's information to make savvy buying choices—rather than being taken in by buzzwords.

When it comes to evaluating a product, Torey Armul, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics, suggests that consumers do their own research using reputable sources, not necessarily those with a specific agenda.

Nutrition-focused sites like choosemyplate.gov, nutrition.gov and eatright.org are good places to start. Individual food company websites may answer questions about ingredients or farming practices, though their marketing should be viewed with a critical

eye. Here's a guide to some of the more popular food terms you might spot on packaging.

▶ **USDA ORGANIC** The U.S. Department of Agriculture allows the use of the word "organic" based on guidelines regarding issues like soil quality, animal care practices and pest control. Genetically modified organisms (GMOs) are never permitted in organic products, and farmers cannot use most fertilizers or pesticides. Livestock must receive 100 percent organic feed that is free of chemicals, hormones and antibiotics. While animal welfare and the environment are important to many shoppers, Armul notes that "organic foods are not necessarily healthier." For mom-and-pop farmers, she adds, creating certified organic foods is "a huge endeavor. It's very expensive, and the certification process can take years. A farm might be working toward it but still not considered organic."

▶ **GMO-FREE** This label is regulated by a nonprofit called The Non-GMO Project and means the food hasn't been genetically altered in a laboratory. With GMO foods, some consumers worry about altering the nutrition profile or introducing potential allergens, although organizations like the American Medical Association and the World Health Organization have supported the view that GMOs are safe. Armul notes that such modification "has been used for quite a lot of good, too, say by reducing the need for pesticides." She suggests that consumers try to think more about the big nutritional picture. "Personally, I read the ingredients, and if there are a lot of simple carbs, corn, corn oil or less nutritious foods that, yes, also tend to have those GMOs, then I might reach for something else," she says.

▶ **WHOLE FOOD** "This is really just a trendy, unregulated term," Armul says. But the spirit of the phrase is something she supports: Choose unprocessed, unpackaged foods. "I like the idea, because it's a good goal to aim for,"

she says. "It promotes eating foods in their natural, intact form, like fruits and vegetables, which tend to be better for you."

▶ **SUPERFOOD** Armul calls this one a "wishy-washy word that's kind of taken off in the media." It's not a regulated term, and although it usually denotes that a food is packed with nutrients, shoppers should always read labels. "It kind of conjures up this image of a perfect food or magic pill, and I want to caution against that—you can even eat too much of a superfood, and the goal for someone should always be a well-balanced diet," Armul says.

▶ **GRASS-FED** As the name suggests, this refers to animals, usually cattle, that eat grass rather than grain. Armul says grass-fed beef can be healthier because the extra fiber gives it more omega-3 fats, which some researchers have found to protect against heart disease. It can also be leaner because of the lower-calorie diet. "But that doesn't turn a burger into broccoli," she says. "There are a lot of choices with a meal, and grass-fed might be one of them, but if you're eating a burger, pay as much attention to your toppings, sides and portion sizes, since it's not usually the beef itself that causes a burger to be unhealthy."

▶ **ALL-NATURAL** This nebulous phrase is pretty much just mumbo-jumbo, Armul says. "That one is completely unregulated," she says, "so I would tell someone not to pay too much attention to it." ■

Formula for Healthier Eating

Summer is fast approaching and with it comes graduation parties and holiday picnics. While fun, these festivities also can be full of calories and unhealthy choices.

Registered dietitian/nutritionist and certified diabetes educator Terri Sakelaris, with Community Hospital's Diabetes Center, offers some tips to help you stay on track with healthy eating while still enjoying the season's celebrations.

"Planning ahead will help you be more successful in your eating strategy," Sakelaris says. "Call ahead and ask what you can bring to the outing. Bring a dish you feel will fit into your eating plan, such as a veggie tray with hummus or even a fruit salad or a low-calorie dessert. The host will be thrilled and you may make better choices if you have some foods there that fit into your plan."

Strategic shopping is also key to healthy eating. It's important to have a well-planned list of items to incorporate into your meal plan for the week, Sakelaris says.

"Avoid the aisles of temptation and never go shopping hungry," she says. "A blood sugar on the low side can cause you to make bad food selections."

CALL



Reach Your Weight Loss and Health Goals

Community Healthcare System offers nutritional counseling: Community Hospital, 219-703-1560; St. Catherine Hospital, 219-392-7060; St. Mary Medical Center, 219-947-6063. For diabetes self-management education, visit COMHS.org and search "Diabetes Management" for classes in East Chicago, Hobart and Munster.

Never downplay
stroke symptoms,
dramatic or not.



MINISTROKE, **BIG PROBLEM?**

➔ *These precursors to stroke may seem mild, but you must take crucial steps to protect your health*

Just the word “stroke” is ominous, and with good reason: Strokes are the fifth-leading cause of death in the United States. But up to 80 percent of strokes are preventable. That’s why it’s critical to seek immediate treatment for a transient ischemic attack, or TIA, sometimes called a ministroke.

What Is a TIA?

A TIA is a series of strokelike symptoms caused by the temporary loss of blood flow to the brain. The term “transient” refers to the fleeting nature of the episode and the fact that it doesn’t cause permanent brain damage.

“When the blood vessels supplying the brain become blocked temporarily, the affected area of the brain stops working for a period of time,” says Larry B. Goldstein, MD, a member of the American Board of Psychiatry and Neurology. Although a TIA is technically defined as lasting

up to 24 hours, Goldstein says symptoms typically resolve within minutes.

What Are the Symptoms?

Depending on what part of the brain is affected, a person experiencing TIA might have balance problems, weakness or numbness in the legs or arms, blurred vision, facial drooping or difficulty speaking. "It may be one symptom or a combination, but you should still seek treatment immediately," Goldstein says.

If It's Temporary, Why Go to the Hospital?

Even if symptoms seem to pass quickly, don't skip the emergency department trip. According to the National Stroke Association, 40 percent of TIA sufferers go on to have a stroke, and nearly half of all strokes occur within the first few days after a TIA.

"At first, you don't know if it's going to become a full-fledged stroke, and the longer brain cells go without blood and oxygen, the higher the chance of permanent damage," Goldstein says. Certain medications, such as clot dissolvers, need to be given right away, ideally within three hours of symptoms appearing. "We can intervene with medications or even mechanically, to pull the clot out, but this has to be done relatively quickly," Goldstein adds.

"The warning sign can be a really good thing," he says, "because it gives us the opportunity to prevent a full stroke from occurring." The bottom line? If you're having signs of a TIA or stroke, go to an emergency department right away.

What Can Doctors Do?

After you're admitted, you'll probably have bloodwork and a blood pressure screening. A TIA can be an indicator of heart disease, diabetes, high cholesterol and high blood pressure, so you'll be checked for these risk factors. In

some cases, fast-acting medicines called thrombolytic agents are given right away to help dissolve possible blood clots.

One cardiac condition, atrial fibrillation, refers to an irregular heartbeat that puts people at an especially high risk of having a stroke; AFib can be treated with prescription blood thinners to help reduce the chance of future attacks.

Diagnostic tests such as computerized tomography (CT) and magnetic resonance imaging (MRI) of the brain can help discover permanent brain damage. Some physicians may also order imaging of the carotid arteries, found on the sides of the neck; the narrowing of these and the subsequent plaque buildup inside them can lead to TIAs. If issues with a carotid artery are found, they can be corrected with a surgical procedure.

Can I Prevent a TIA?

You can. If you have high blood pressure, high cholesterol, poorly controlled blood sugar or other chronic health issues, seek treatment. Simple lifestyle changes also make a big difference.

► **Stop smoking.** "Smoking doubles your risk for stroke, and secondhand smoke exposure poses almost as much risk," Goldstein says.

► **Eat smartly.** Goldstein suggests an eating plan that's rich in fruits and vegetables, high in potassium and low in sodium and saturated fats. Both the DASH (Dietary Approaches to Stop Hypertension) diet and Mediterranean-style eating plans have been associated with lower stroke risk.

► **Exercise and lose weight.** "Even just 30 minutes of brisk walking most days of the week can reduce your stroke risk," says Goldstein, who also recommends maintaining a BMI of 25 or less.

► **Limit or avoid alcohol.** The journal *Stroke* found that in middle age, having more than two daily drinks may raise stroke risk as much as high blood pressure and diabetes do. ■

TeleStroke Saves Lives

Working to improve stroke care, the hospitals of CommunityHealthcare System offer a video robotic system that brings board-certified vascular neurologists from Rush University Medical Center to the patient's bedside. "TeleStroke" technology is being used 24/7, 365 days per year to expand treatment options for ischemic stroke patients in the emergency departments of Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

During a TeleStroke assessment, a Rush neurologist can review CT scans, vital signs and view a patient's pupils through a high-definition camera located on the robot. The physician also has access to the patient's medical information through an electronic medical record.

The assessment helps the hospitals' emergency teams quickly determine if the patient is an appropriate candidate for tissue plasminogen activator (tPA). When administered in a timely manner, tPA can save lives or reduce the effects of stroke.

WEBSITE



Recognized Stroke Care

Community Healthcare System hospitals have earned national recognition for outstanding stroke care. Patients benefit from individualized care that optimizes recovery and independence while focusing on prevention of future strokes. Visit COMHS.org/stroke.

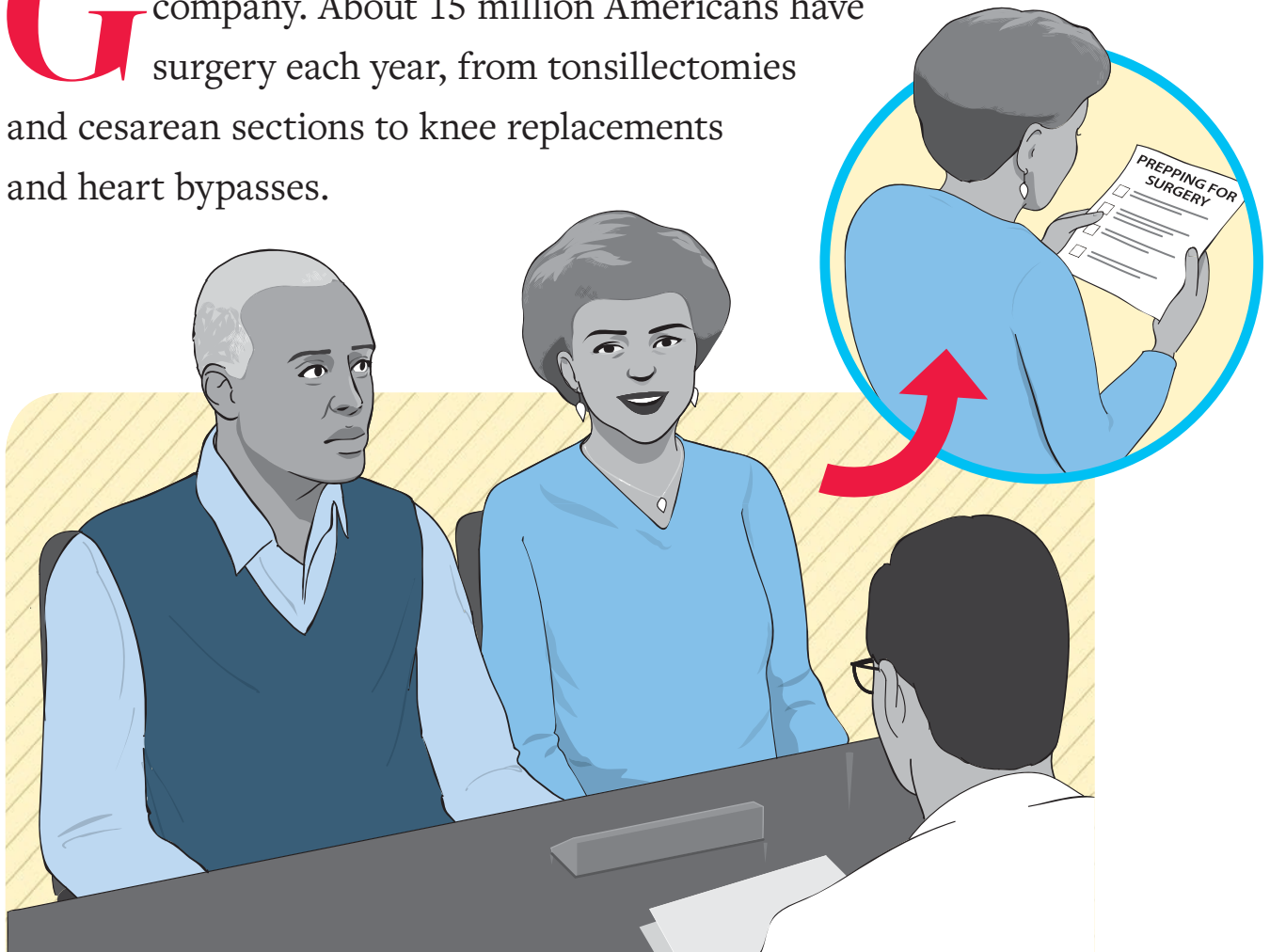
PREPPING for **Surgery**

Make your trip to the operating room
as successful as possible

BY LAURA ARENSCHIELD



Going in for a procedure soon? You're in good company. About 15 million Americans have surgery each year, from tonsillectomies and cesarean sections to knee replacements and heart bypasses.



Today, most people having surgery expect to head home the same day without being admitted to the hospital; this is called outpatient or ambulatory surgery. With more recovery and care happening at home, patients are playing an increasing role in the overall success of their surgery.

“Making the patient a partner in their own procedure is exceedingly important,” says John Daly, MD, a surgeon and co-chair of the American College of Surgeons’ patient education committee. “A patient should not just be the recipient of the operation but should be partnering with their doctors to get themselves better.”

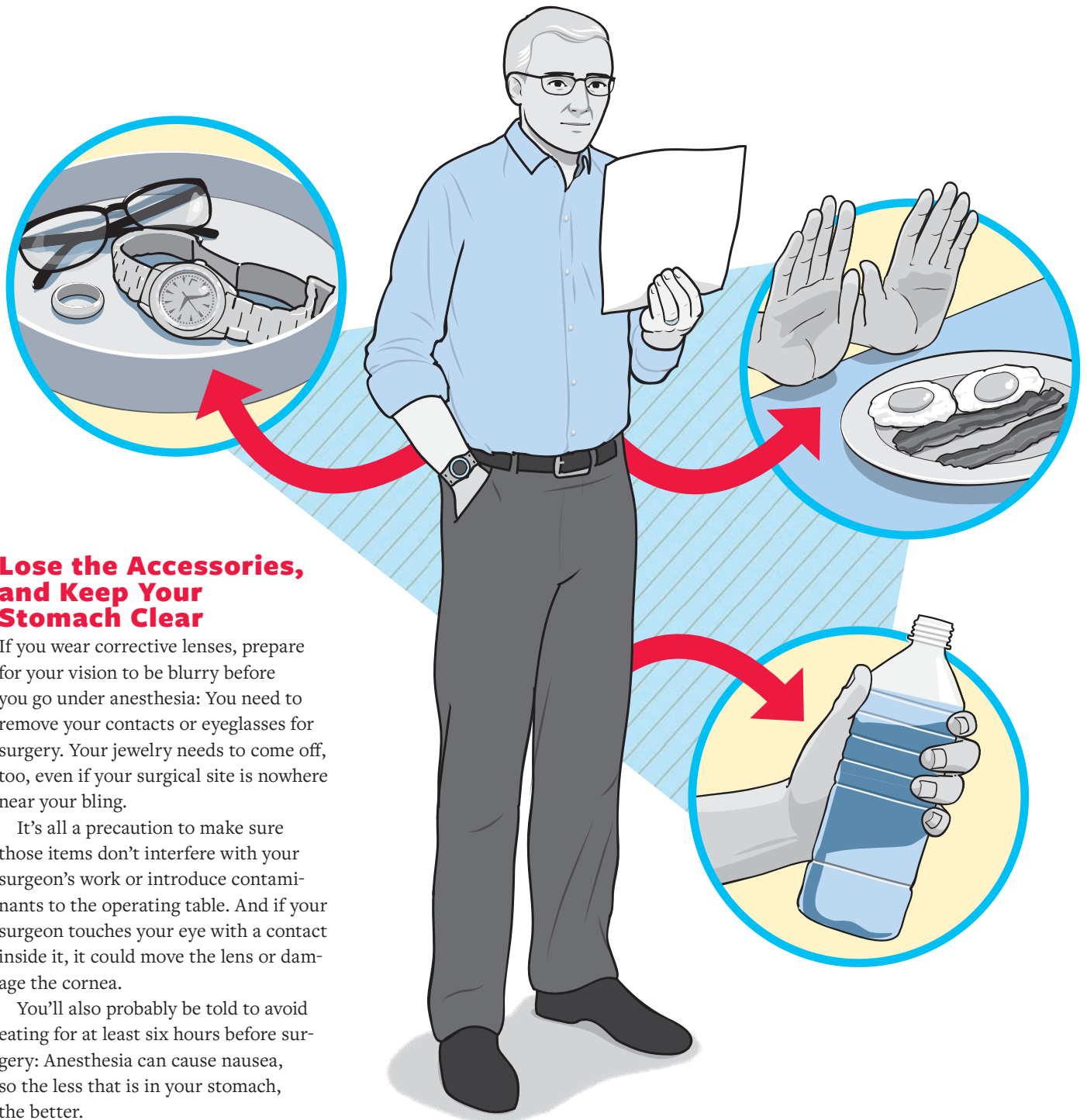
That means asking frank and fearless questions of your doctor and surgeon in the weeks and days

leading up to surgery, involving the people who will help care for you after surgery, and getting your body in better shape to give it the best chance for a speedy recovery.

People can sometimes be overwhelmed by the prospect of surgery—and preoccupied with worries about how to manage their jobs, children and lives during recovery—and forget to ask important questions, Daly says.

The questions he hopes patients ask? “What do I do to prepare best for surgery? What do I do afterward? How long will I be in the hospital? Is it an outpatient procedure or an inpatient one?”

Here are some other things to know before your procedure, no matter the type.



Lose the Accessories, and Keep Your Stomach Clear

If you wear corrective lenses, prepare for your vision to be blurry before you go under anesthesia: You need to remove your contacts or eyeglasses for surgery. Your jewelry needs to come off, too, even if your surgical site is nowhere near your bling.

It's all a precaution to make sure those items don't interfere with your surgeon's work or introduce contaminants to the operating table. And if your surgeon touches your eye with a contact inside it, it could move the lens or damage the cornea.

You'll also probably be told to avoid eating for at least six hours before surgery: Anesthesia can cause nausea, so the less that is in your stomach, the better.

This rule applies for general anesthesia—the kind that makes you unconscious—as well as for monitored sedation (twilight sleep) and regional anesthesia. Monitored sedation can have a range of effects, from mild drowsiness to a deep sleep; regional anesthesia typically numbs a part of your body, but you remain conscious. All of these types can cause nausea. In

some cases, even local anesthetics—the kind your dentist uses when filling a cavity—can bring on an upset stomach.

“The danger of that is when someone is put asleep, or if they are having an epidural [regional anesthesia], they might vomit and inhale some of the stomach contents into their lungs,” Daly says. “It would set up a likely

pneumonia and a very severe problem.”

You might have heard that you shouldn't drink water before surgery either, but new recommendations indicate it may be safe to drink clear liquids up to two hours before. The bottom line? Listen to your surgeon's orders on when to stop eating and drinking before the procedure.

Learn from Past Surgeries

Maybe you've had surgery before. Odds are, you learned something then that might make the next time easier.

For example, if previous experience has shown you that anesthesia makes you sick, let your doctors know ahead of time. Just because you vomited after your last surgery doesn't mean you have to endure it this time.

"Now, there are medications that the anesthesiologist gives prior to putting the patient asleep that can decrease nausea and vomiting," Daly says. "It's critical to talk about any prior surgeries that have been conducted to see how the patient did through the operation and whether there were any complications or issues that arose."



WHEN LESS IS MORE

It is almost a sure bet that if you have a choice between having a major operation or a minimally invasive procedure, you will opt for the less invasive surgery. Minimally invasive procedures come with a shorter healing time and, thanks to advancements in medical technology, patients requiring minor surgical procedures no longer need overnight care in a hospital.

Community Healthcare System offers outpatient surgical procedures at the three hospitals and affiliated locations. All facilities are accredited by The Joint Commission, confirming they meet the highest quality standards of patient care.

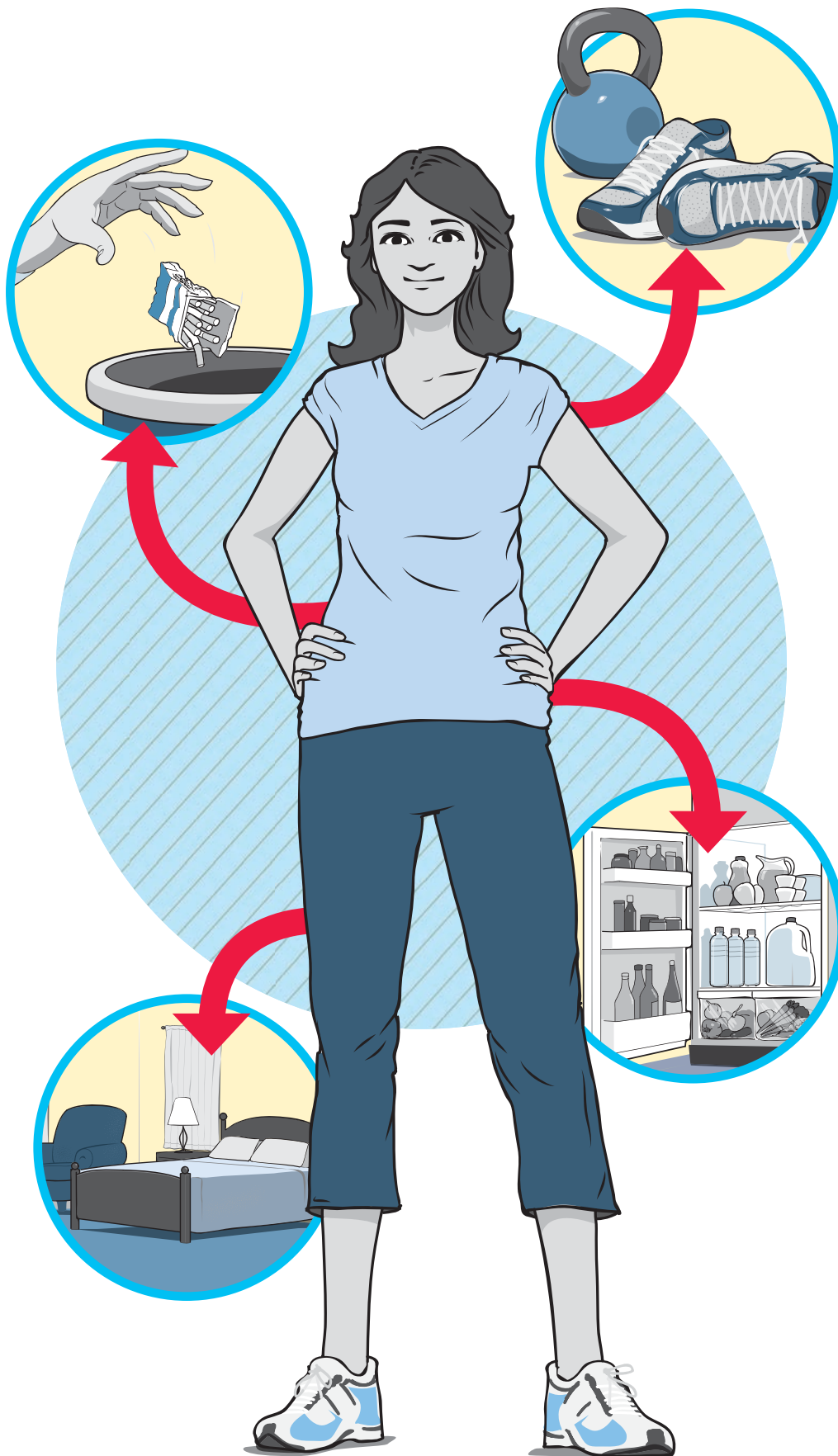
Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, offer the latest advances in robotic surgeries, ranging from single incision gallbladder removal to carpal tunnel hand and wrist repair and minimally invasive knee replacement.

WEBSITE



Big Surgeries, Tiny Holes

Visit COMHS.org and search outpatient surgery centers for more information on the Community Surgery Center in Munster or Outpatient Surgery at Lake Park in Hobart.



Prep Your Body and Your Home

The biggest recommendation—and perhaps the most difficult to follow—from surgeons and researchers who study surgical outcomes is to focus on what they call “prehabilitation.” That means getting as healthy as possible before the procedure.

“Think of it like, I’m going to be training for this, walking every day and making sure my heart and lungs are in the best shape they can be in,” says Giana Davidson, MD, MPH, a surgeon and researcher funded by the Patient-Centered Outcomes Research Institute, whose work has focused on improving people’s healing rates after surgery.

That means quitting smoking if you smoke, losing weight if you carry extra pounds and getting blood sugar levels in check if they are out of control.

“Losing weight and stopping smoking are the hardest things we ask patients to do, and they probably help patient outcomes the most,” Davidson says. “It helps with everything from not coughing as much after surgery to not getting pneumonia.”

Also important is getting your home ready for the time you’ll need to recover after surgery.

“Having somewhere to stay and having the fridge stocked and having a support system in place to help them—those things are all critical to their recovery, and to recovering as quickly as possible,” Davidson says. “Before surgery is the time we should be talking to people about what they’ll need after they leave the hospital.”



Don't Be Intimidated by the Lingo

Remember the bit about asking lots of questions? If your surgeon or any other member of the healthcare team is talking in lingo or jargon, don't be afraid to ask for definitions.

Here are some terms you might hear:

Minimally invasive surgery means smaller incisions, less pain during recovery and likely faster healing time than **open surgeries**, which are more involved and invasive surgeries that require larger incisions and, generally, longer hospital stays. **Laparoscopic surgery** is another phrase for minimally invasive surgery—consider the two interchangeable.

“For example, someone who has a gallbladder removed with an open procedure may be in the hospital three to four days, whereas someone who has it removed laparoscopically may only be in the hospital that day and go home later in the day or the next morning,” Daly says.

If you're having a **robot-assisted surgery**, know that robots aren't in charge; doctors and surgeons are still in control, Daly says. The machines just make difficult surgeries a little easier by allowing for greater precision and smaller cuts to the body.

“Robots allow for better magnification and ease of use,” Daly says. ■

INPATIENT VS. OUTPATIENT: PROS AND CONS

As technology improves, more and more surgeries can be conducted on an outpatient basis, which means that patients have the procedure and head home the same day. One study found that outpatient surgery rates grew by 32 percent from 1994 to 2014. During the same period, inpatient surgeries dropped by about 8 percent.

This can be good for patients, says John Daly, MD, a surgeon and co-chair of the American College of Surgeons' patient education committee. People typically recover much better at home, with family and other caregivers to support them.

Outpatient surgeries also typically have smaller incisions, lead to less pain and require fewer pain-managing narcotics than inpatient surgeries, Daly says.

Still, it is important that you understand the logistics of your surgery, such as how long it might take and when you can reasonably expect to head home.

And whether your surgery is inpatient or outpatient, it's crucial that you and your caregivers understand the parameters your doctors set for healing. After all, when you're not in the hospital, you take on more responsibility for your recovery.

“Patients should know before they go home: What can I eat? When can I eat? What sorts of things are good for me to eat? When can I begin to exercise? When should I walk, and how long should I walk? When can I bathe or take a shower? What do I do about the bandage that's on me? Can I take it off and remove it? When?” Daly says.

“These are all questions that have at their heart: What can I do, and what are the limitations in what I can do?” he says. “Patients should know the answers.”



The Next Generation of

CANCER

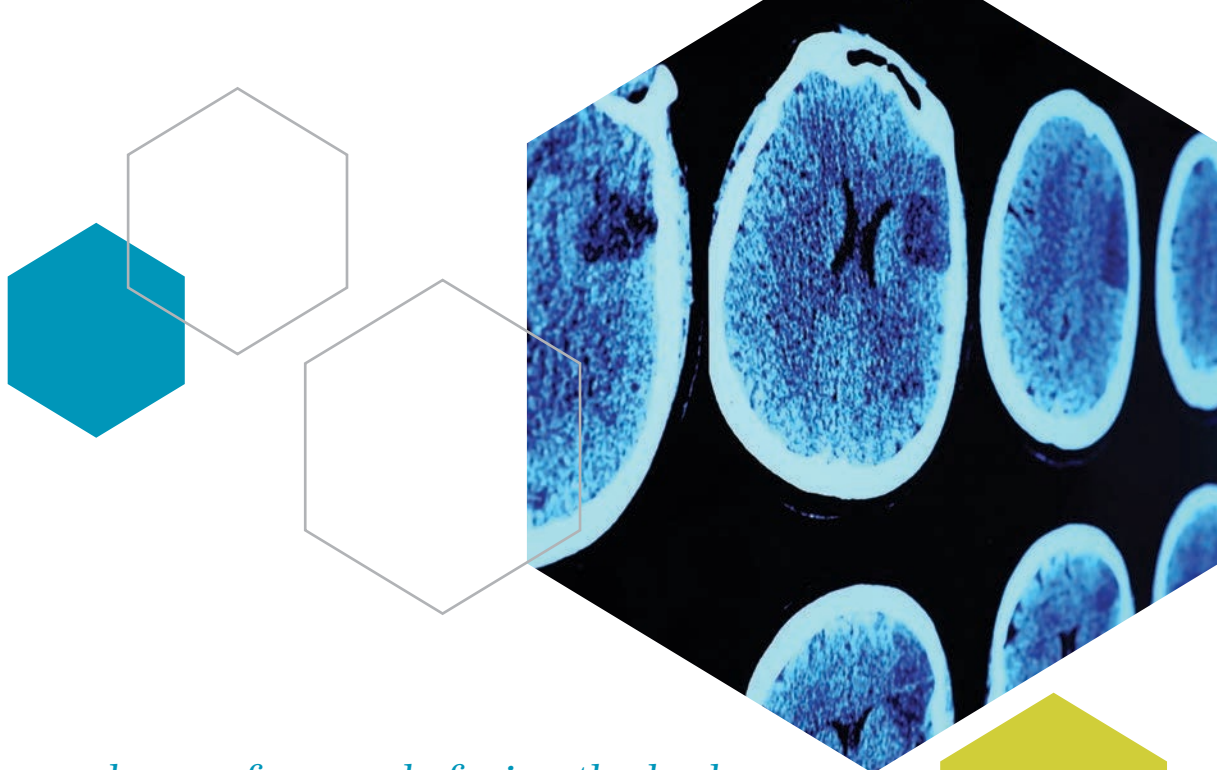
TREATMENT

Doctors' approaches are changing as surgery, radiation and chemo advance and newer therapies emerge

BY ROSE SHILLING



PHOTOS BY GETTY IMAGES



It's good news for people facing the bad news of a cancer diagnosis: The standard cancer treatments that might make up a personalized care plan—surgery, radiation and chemotherapy—are more tailored and precise than before.

Those front-line therapies have evolved to spare more healthy tissue, with video guidance helping surgeries and radiation targeting smaller areas to damage or kill cancer cells.

With chemotherapy, which uses drugs to kill cancer cells throughout the body, doctors and scientists understand better than ever when it helps most and how to apply it more methodically.

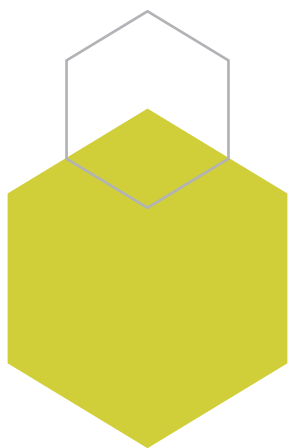
And the tools oncologists (cancer specialists) use are always expanding, as the Food and Drug Administration has rapidly approved treatments in recent years. People now have more therapy options, including immunotherapies that prompt the immune system to fight tumors and hormonal therapies that block or lower the level of hormones in the body that some cancer cells need to grow.

Other treatments, though not used as widely as surgery, radiation and chemotherapy, have become standard care for some cancers, and

newer methods are explored every day in research trials.

While the best care plan is often clear and straightforward, such as removing a small tumor that doesn't appear to have spread, choosing among treatments is "part of the normal landscape for people who live with cancer," says Lidia Schapira, MD, a cancer researcher and editor of cancer.net, a site of the American Society of Clinical Oncology.

When people weigh therapy combinations or decide whether to try chemotherapy, doctors explain possible outcomes and offer advice backed by current research and their own experience. Some people choose aggressive treatment, while others opt to put it off in hopes of feeling well enough to continue working or driving their kids to school, for example, Schapira says.





A Change in Approach

In the field's greatest recent advance, medical professionals are thinking differently about cancer, looking more broadly at what drives a tumor's spread and developing custom treatment sequences, an idea known as precision medicine, Schapira says.

With this method, a person's cancer is tested to determine whether it would be susceptible to a targeted therapy, which uses drugs to interfere with molecules involved in the cancer's growth. For example, one type of treatment called signal transduction inhibitors blocks signals inside a cell that can affect its functions, including cell division and cell death, possibly killing cancer cells.

Lung cancer researcher Roy Herbst, MD, PhD, describes the approach as targeting a cancer's vulnerabilities.

That new thinking and the therapies it is producing are vital, because surgery, radiation and chemotherapy sometimes don't succeed, especially in advanced cases, says Herbst, a member of the American Association for Cancer Research who contributes to the group's annual Cancer Progress Report.

Devising a Treatment Blueprint

Every person's cancer is unique, and treatment approaches and goals may vary. For example:

- A person with a solid tumor in the breast, colon or stomach might need surgery to get rid of the original, primary tumor and high-energy radiation waves to kill cancerous cells that have spread.
- Someone with cancer that affects the whole body, such as leukemia, will need an all-over treatment, such as chemotherapy. Other systemic options might include hormonal therapy or targeted therapy to stop growth.
- A person with melanoma or a certain type of lung cancer could expect to have immunotherapy in the care plan.

Whole-body treatments like chemotherapy, which requires several sessions of IV drug infusions, can sometimes be replaced by treatments used over years to

maintain good health, such as hormonal therapy via oral medication, Schapira says.

"We've made tremendous progress in both de-escalating or limiting toxic treatments, because we now know that sometimes they don't work very well," she says.

For example, a 2018 study found that chemotherapy does not help many people in early stages of the most common type of breast cancer. Doctors now feel comfortable advising some breast cancer patients to wait on chemotherapy, taking the burden off people who felt they had to try it to survive, says Schapira, who treats breast cancer.

"Showing that you can accomplish what you want using a hormonal therapy, that is an absolute change in the narrative," she says.



Help from **Growing Therapies**

Herbst says he witnessed revolutions since he started treating lung cancer exclusively about 23 years ago, when the job “really was very grim.”

“Treatment was as far from personalized as it could be,” he says.

Now, doctors regularly use immunotherapy and targeted therapy, which rely on test results from an individual’s cancer to identify and block cell changes that cause the cancer to grow. Even with the improvements, lung cancer tumors often grow back with targeted therapy.

“Cancers are deadly opponents. You have to treat them with your most modern and innovative things at all times,” Herbst says.

And if treatment isn’t working, patients with cancer can try to get accepted to a research trial for an experimental method.

People who work with cancer hope some treatments become unnecessary as whole-body therapies improve, Schapira says.

“We can imagine a future where surgery becomes minimal—less disfiguring and less expansive—and where we also have better ways of delivering radiation and making it more targeted and less toxic,” she says. “And most of that is going to happen as systemic therapies get better.” ■



CANCER FIGHTERS

Oncology patients have a powerful ally in the cancer centers of Community Healthcare System, where a highly specialized medical team armed with the latest technology and radiation treatment options deliver hope and healing close to home.

Community Healthcare System offers the latest radiation therapies for treatment of brain, head/neck, prostate, breast, lungs, genitourinary and gastrointestinal cancers.

“The cancer care centers of Community Healthcare System are recognized for their multidisciplinary approach, advanced radiologic technologies and individualized therapy plans that balance treatment goals with the patient’s quality of life objectives,” says Andrej Zajac, MD, radiation oncologist.

“Our goal is to help get you back to living your life.”

To that end, the cancer treatment centers were first in Northwest Indiana to bring the high-precision TrueBeam™ radiation therapy—now available at both Community Hospital, Munster, and St. Mary Medical Center, Hobart—to the radiation oncology suite.

CyberKnife® at St. Catherine Hospital, East Chicago, is a proven pioneer in targeting robotic radiation to hard-to-reach tumor sites with minimal risk to healthy tissues and organs.

Clinical navigators are also on hand to assist patients through their course of care, from diagnosis through treatment and survivorship.

WEBSITE



Beam of Hope for Cancer Care

Community Healthcare System’s radiation oncology team delivers quality cancer care close to home using the high-precision TrueBeam system. Visit **COMHS.org** for more information.

10 WAYS TO GET HEALTHY AT ANY TIME IN LIFE

Focus on good food you can add to your diet, such as vegetables, fruit and whole grains.



2 We've said it before, and we'll say it again: Don't smoke.

3 Add strength training to your routine.



Think of your weight as a health issue, not a cosmetic one.

4

5 Take any symptoms of stroke seriously and get to the emergency department right away.

6

Limit your alcohol intake.



Be wary of health food marketing—always check the label!

8 Don't be afraid to ask your doctors a lot of questions before any procedure.

9 Get your support system in place before surgery.

10

Facing cancer? Try to stay optimistic; there are so many treatments available today.

➔ **WANT MORE HEALTHY IDEAS?** Check out our fall issue, all about women's health.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



MORE BAD PRESS FOR PROCESSED MEAT

Here's another good reason to make bacon, ham and hot dogs an occasional indulgence and not diet staples: Eating processed meat is associated with higher breast cancer risk, research shows.

The women in the study who ate the most of these foods, such as deli meat and sausages, had a 9 percent higher chance of breast cancer than women who ate the least of that kind of meat, according to a research analysis in the *International Journal of Cancer*.

Health scientists have labeled processed meat a likely carcinogen previously, but most research involved colorectal, pancreatic and prostate cancers.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

GYM CLASS MIGHT INFLUENCE YOU STILL

Do you have good memories of getting picked first for a team in gym? Did you enjoy playing sports with friends during class?

Those types of positive experiences in PE could influence better exercise habits later in life, according to a study in the *Translational Journal of the American College of Sports Medicine*.

On the flip side, some survey participants said when they were younger they disliked activities such as fitness tests, felt embarrassed by their performance or had anxiety about their bodies. People with bad recollections reported more negative attitudes today about physical activity.

TOOL



Find a Walking Club Near You

If you dread exercise, try walking with other people, as the social aspect may add enjoyment. The American Heart Association offers a guide on finding or starting a walking club. Search “walking club” on heart.org.

GUACAMOLE VS. QUESO

Is one dip better for you?

You know that avocado and cheese both carry a lot of fat, so deciding whether queso or guacamole is a better health choice might not seem straightforward.

But the types of fat in the main ingredients make a big difference.

An ounce of avocado has 4 grams of fat, but mostly the heart-healthy, unsaturated kind.

Cheese has more fat: 9 grams per ounce of cheddar, including about 5 grams of saturated fat, which raises cholesterol in your blood. High levels of that kind of cholesterol increase heart disease and stroke risk.

And while cheese has some protein your body needs, it gets another ding for being full of salt. Avocados contain only a trace of sodium—but watch out for high salt levels in packaged versions of either dip.

The verdict: Guacamole wins, because it's made with a nutrition powerhouse, providing various vitamins and some fiber. Make it or buy it fresh, though.



PHOTOS BY GETTY IMAGES

Smell Something THAT'S NOT THERE?

Scientists have a clearer picture of how many people are bothered by phantom odors, usually unpleasant ones like garbage or something burning.

About 1 in 15 people older than 40 have the condition called phantosmia that can hurt quality of life, according to a study in *JAMA Otolaryngology-Head & Neck Surgery*.

The condition sometimes affects how food tastes and causes loss of appetite, or it could interfere with detecting danger from smells of gas leaks, fire or rotten food. Some possible causes include chronic sinus inflammation, damage from a respiratory infection or a head injury.



▶ TRUE OR FALSE

Older people need less sleep.

FALSE: Your body requires the same amount of sleep throughout adulthood, according to the National Sleep Foundation.

But many seniors say they can't sleep as much as they once did and they feel more tired during the day. Why is that a common complaint?

Several factors could be to blame:

1. Older people are light sleepers. As you age, your body spends less time in deep sleep.
2. Seniors take longer to fall asleep and wake more at night.
3. Health problems and medications contribute to sleeplessness.
4. Poor-quality sleep drives people to go to bed earlier, meaning they wake earlier. Over time, this throws off the sleep-wake rhythm.

CHILDHOOD MENTAL HEALTH



11%

of children ages 4–17 have been diagnosed with attention deficit hyperactivity disorder (ADHD).

1 in 4

youths ages 13–18 have experienced severe impairment from a mental disorder, such as anxiety or conditions affecting mood or behavior.

80%

of kids with an anxiety disorder and

60%

of kids with depression are not receiving treatment.

2nd

leading cause of death for adolescents ages 10–19, after accidents.

Sources: National Institute of Mental Health, Anxiety and Depression Association of America, Centers for Disease Control and Prevention

Pregnancy Inflammation Linked to Baby Brain Function

Babies whose moms had inflammation while pregnant had troubling signs in their brain development after birth, a collection of research shows.

High levels are linked to poorer brain function, impulse control and working memory in babies' first years, according to research backed by the National Institute of Mental Health.

Inflammation is the redness and swelling that happens after an injury, or signs could be unnoticeable when the body reacts to infection, stress or obesity. Smoking and depression also can elevate inflammation.

Researchers hope for more help for moms-to-be with those possible triggers.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

WARM WEATHER, HEALTHY FEET

Summer awakens amateur athletes who are ready to get back on their feet with warmer weather. Oftentimes this new surge of activity comes with an increase in foot and ankle injuries such as sprains, strains and foot pain, according to Robert Clemency III, DPM, certified foot and ankle surgeon at Community Hospital, Munster.

“Remember to practice appropriate warm-up exercises and pay special attention to any calluses or blisters,” says Clemency. “Those not only signal ill-fitting footwear, but may also indicate a structural problem in the foot.”

CALL



Keep Moving

A few preventive measures can go a long way to keeping your ankles free of sprains. If icing and elevation don't reduce swelling, see a podiatrist or orthopedic specialist on staff at the hospitals of Community Healthcare System. Call **219-836-3477** for a free referral.



In the pool, you won't even notice you worked up a sweat.

WORKOUTS THAT WORK: SWIMMING

Swimming does something great for your body that's different from many types of exercise: It works all of your major muscles at once. From head to toe, your whole body moves against the water's resistance.

A key advantage is that swimming keeps your heart rate up but stresses your joints less than activities with harder impact, such as running.

Seniors and others with joint pain or people who need low-impact injury recovery can hit the pool. And swimming has benefits for everyone:

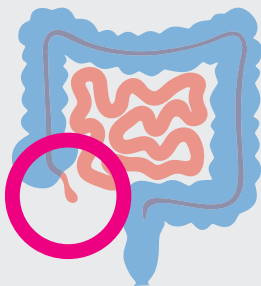
- ▶ Strengthens your heart and builds muscle power
- ▶ Burns calories in the relaxing environment underwater, helping relieve stress
- ▶ Allows you to work out anywhere you can find a body of water without needing extra equipment (except maybe goggles)

PHOTOS AND ILLUSTRATION BY GETTY IMAGES



WHAT ARE THE ODDS

of Having Appendicitis?



**1 in
1,000**

Did you know?

- Many people with inflamed appendixes don't get the telltale sharp pain at the bellybutton and right side of the body.
- The inflammation of the finger-shaped pouch off the large intestine happens most often in children and young adults.
- Recent research has shown success using antibiotics in some cases, instead of surgical removal, to stop soreness from infection.
- Long thought to be useless to the body, the appendix could be a warehouse for good gut bacteria, new studies suggest.

Alzheimer's, Dementia to Nearly Triple by 2060

By 2060, the number of people with Alzheimer's disease and related dementia in the U.S. will reach 14 million people, or about 3 percent of the population, a study estimates.

That's a leap from 5 million people diagnosed in 2014, or 1.6 percent of the population, according to research in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*.

The reasons? The population is growing, and fewer people are dying from chronic conditions, increasing the number of older people who have greater risk of Alzheimer's.



JARGON WATCH

EMBOLISM: An embolism happens when something—a blood clot, a piece of fat or an air bubble—lodges in a blood vessel. The blockage can cut off blood supply to organs, possibly causing a stroke or harming the lungs.

You don't have to deal with COPD on your own.



THE TRUTH ABOUT COPD

Check your knowledge about this challenging but manageable lung condition



Breathing is effortless for most people. Oxygen in, carbon dioxide out. But for people with chronic obstructive pulmonary disease, or COPD, breathing is hard work.

An umbrella term that includes emphysema and chronic bronchitis, COPD is a condition in which the airways in the lungs thicken. Airflow decreases, and the body gets less and less oxygen while struggling to expel carbon dioxide. Shortness of breath settles in. A person might also have mucus or phlegm, have a chronic cough, get a lot of respiratory infections or experience fatigue.

But not all COPD looks the same, says Stephanie Williams, a registered respiratory therapist and director of community programs with the COPD Foundation.

"If I have 10 people in a room, they're all going to report something unique to them," she says. "Not everyone has the chronic cough. Not everyone has oxygen levels that drop to unhealthy points. It's all just a little bit different."

The more you understand about COPD, the better equipped you'll be to get help.

TRUE OR FALSE:

COPD is rare.

→ **FALSE.** COPD is far more common than a lot of people realize, says Jamie Sullivan, vice president of public policy and outcomes at the COPD Foundation. COPD is the fourth leading cause of death in the country, according to 2016 figures from the U.S. Centers for Disease Control and Prevention. About 6.4 percent of Americans say they've been told they have COPD, and experts note that a significant number of people who have the disease have not been diagnosed.

TRUE OR FALSE:

Only smokers get COPD.

→ **FALSE.** About 90 percent of people with COPD have smoked. But environmental pollutants, including secondhand smoke, air pollution and chemicals, can contribute to a person's risk, and some people inherit a genetic risk.

"Many people associate COPD only with smoking," Sullivan says. That stigma, she says, can affect whether people with the disease feel empowered versus ashamed, how doctors talk about COPD, and even policies and funding.

TRUE OR FALSE:

Both men and women get COPD.

→ **TRUE.** COPD was once thought of as a man's disease. But a 2013 report from the American Lung Association noted that women are 37 percent more likely than men to have COPD. Women are also more likely to die of the disease. The report points out that women are

underdiagnosed and undertreated, so it's important that they advocate for themselves and talk to their doctors about their risks and any symptoms they notice.

TRUE OR FALSE:

You can't exercise with COPD.

→ **FALSE.** Although it seems like breathing challenges would prevent a person from exercising, it's important to keep moving. Pulmonary rehabilitation programs are designed to help people exercise safely, gain education and build their lung function.

"I cannot emphasize this enough," Williams says. "If you have pulmonary rehab in your area, have your doctor refer you. It is life-changing. It is the single best tool that people with COPD can have in their toolbox."

TRUE OR FALSE:

There is no cure for COPD.

→ **TRUE.** COPD has no known cure, but treatments can help people breathe easier and improve their quality of life. In addition to pulmonary rehab, medications or supplemental oxygen may help. And some people are candidates for lung surgery to improve their breathing. ■

LUNG SCREENING SAVES LIVES

Lung cancer is the deadliest cancer for men and women in the United States, according to the Centers for Disease Control and Prevention. An estimated 200,000 people are diagnosed with lung cancer each year and some 150,000 die.

"Many patients are symptomatic when diagnosed," says cardiothoracic surgeon Jason Frazier, MD, on staff at the hospitals of CommunityHealthcare System. "They have pain in their arm, pain in their chest, or they have a bloody cough. Many times, when a patient presents with symptoms of lung cancer, the disease is advanced."

People who receive a low-dose CT scan have a 20 percent lower chance of dying from lung cancer, according to National Lung Screening Trial recommendations. Lung cancer screenings are recommended for heavy smokers or those who have the following risk factors: between 55 and 77 years of age; current or former smokers who have quit within the past 15 years; have at least a 30 pack-year smoking history (one pack a day for 30 years or two packs a day for 15 years, etc.).

"Screening substantially reduces the risk of death from lung cancer," Frazier says. "We are able to identify people with early stage lung cancer and bring them to the operating room or whatever type of treatment we need to give them and potentially cure them of disease."

A physician order is required for lung screening. Patients should discuss screening with their primary care physician.

CALL

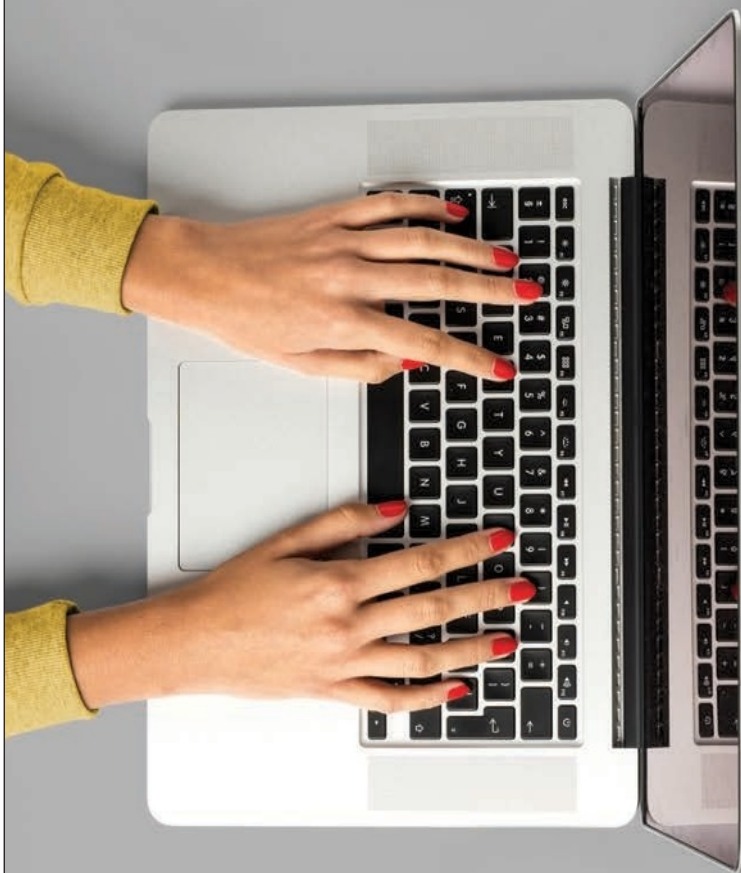


Schedule a Screening

The hospitals of CommunityHealthcare System—Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart—offer lung screenings at various locations. Call **800-809-9828** to schedule.

HOW TO FIND A NEW DOCTOR

*Do the research, weigh your options
and make a choice*



The best doctors are wise wellness guides, reliable confidants and dependable guardians of our health. They are the people we go to for everything from a cold that just won't go away to a new lump that's keeping us up at night.

We trust them to care for the people we love. We trust them with our very lives.

Also, we visit them a lot. In 2016, nearly 85 percent of U.S. adults—and nearly 93 percent of U.S. children—interacted with a doctor at some point, according to the Centers for Disease Control and Prevention. In 2015, U.S. physicians received more than 990 million office visits, more than three per person, based on the 2015 population of the United States. More than half of those visits were to primary care physicians.

But picking a doctor can be difficult.

“Years ago, you would choose a doctor based on a recommendation from one person,” says Gwen Darien, executive vice president for patient advocacy at the National Patient Advocate Foundation. “And now, there are lots of places you can look for advice in finding that doctor. It can be overwhelming.”

Try these five tips for choosing a new doctor. These apply whether it's a primary care provider or a specialist, for you or for someone you love. Ideally, you'll choose a new doctor before you're in an urgent situation, to give yourself time to do due diligence. But in a pinch, you can do as many of these steps as possible.



Step One: **Use the Internet**

You can start your search by visiting the website of a trusted hospital system or medical network to look for providers near you. Then plug those names into sites like Zocdoc and Yelp, which contain multitudes of doctor reviews.

Darien is a proponent of reviews but cautions that patients should read them carefully.

“Compare the feedback on all of these sites,” Darien says, “because if in one place a doctor is all five stars and another place that doctor is two stars, there’s something off.” That disparity in ratings would prompt Darien to either find a different doctor or do additional digging online to get a more complete story.



Step Two: **Tap Your Circle**

Ask your friends, family members and co-workers for recommendations. Find a community-oriented social media group and ask for input there. If you need a specialist for a specific diagnosis, find an online advocacy group or patient group focused on that injury, illness or disease and start asking questions. “Your community is a powerful resource,” Darien says. “Use it.”



Step Three: **Ask Good Questions**

When you ask for recommendations, ask about the things that matter to you most. Does the doctor take time to answer questions during an office visit, or is she pushing her patients out the door? How long might you wait for an appointment if you need one?

Darien likes to ask this question when she is looking for a new doctor: “What is my access to that physician, and how quickly will they call me back if I call with a medical issue?”



Step Four: **Call the Office**

Once you’ve settled on a few possible doctors, call their offices. Make sure that they accept your insurance and that they can get you an appointment when you want one. Ask if they have a nurse practitioner on staff to field patient phone calls or see patients who need same-day appointments.

“Look at how they treat you when you call on the telephone,” Darien says. “Are they listening to you? Are they making sure you go in prepared for the visit? The front desk is a really important contact that should give you a sense of what the culture of the practice is.”



Step Five: **Make a Choice**

Don’t be afraid to ask tough questions of your doctor once you’ve chosen her: Why is she recommending one treatment plan instead of another? Might there be another medication that would work better? Are nonpharmacological options available?

You should leave your appointment feeling confident in your care and comfortable with the answers you received, Darien says. If you didn’t, or if the doctor-patient relationship simply isn’t working for you, don’t be afraid to start searching for a new doctor again or to ask to see a different doctor in that practice. ■

ONE-STOP REFERRAL SHOP

Need a physician recommendation fast? Community Healthcare System offers a free physician referral line, available 8:30 a.m. to 5 p.m., Monday through Friday. Our engagement center representatives can help you find the right family medicine provider or specialist within the Community Care Network of physicians affiliated with Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

Seeing a Community Care Network provider gives you a convenient online avenue to view your medical record. MyChart® is a secure portal that allows 24/7 access to information in your record, along with the ability to communicate with your healthcare team. You can view your medical history, test results, renew prescriptions, request an appointment and more. MyChart can also be accessed through an app on your smartphone. Simply visit mychart.comhs.org for a direct link to download the app.

CALL



Providers Are Just a Call Away

The Community Care Network of providers have offices located throughout Northwest Indiana. To find a physician near you, call **219-836-3477** or toll-free **866-836-3477**.

Is it a normal pain
or something that
needs a doctor?



FREAK OUT OR CHILL OUT?

Having female anatomy isn't always easy. When gynecological symptoms strike, women often have to make a call about whether to get help or tough it out



Maybe your monthly period makes you feel miserable. Maybe you always keep a panty liner in your purse in case of spotting. Or maybe you deal with urine leakage. When you're facing health concerns "down there," it's difficult to know when to seek medical help or just realize it's part of being a woman.

Leah Millheiser, MD, a past member of the board of directors of the International Society for the Study of Women's Sexual Health, shares her advice on when to wait for relief and when to call for an appointment.

PHOTO BY GETTY IMAGES

Q You're in your 30s, and your period comes every 28 days like clockwork. But sometimes you get a little spotting midcycle.

Is this spotting normal, or is it a sign of something more serious?

PROBABLY NORMAL. "For most premenopausal women, midcycle spotting for a day or two can be a sign of ovulation," Millheiser says. "And it may not happen every month." If you're spotting at other times, you should discuss it with your doctor, as it could be a hormonal imbalance, a side effect of birth control or a sign of a less-common condition.

Q Ever since you reached your 40s, you've noticed that you leak a little urine during sex.

Is this a sign that you're getting older, or is it something you should discuss with your doctor?

MOST LIKELY BOTH. "If you're approaching menopause, leaking a little urine is not uncommon during sex or orgasm," Millheiser says. It's more likely to occur in women who have given birth vaginally. But talk to your doctor—this is treatable with Kegel exercises, pelvic floor physical therapy or surgery, so you don't have to live with it.

Q Your college-age niece appears to be in good health, but she told you that every month she deals with bloating, nausea, diarrhea, severe cramping and sharp pain. She's taking ibuprofen but still missing classes because of her symptoms. She thinks it's bad PMS, but you wonder whether it might be endometriosis.

Who's right?

IT COULD BE ENDOMETRIOSIS. Some women with endometriosis have no symptoms, some have symptoms only during their periods, and some have symptoms throughout the month. With pain that's severe enough to keep her out of school, your niece should see her doctor. Often women find relief with a more structured ibuprofen therapy plan. If that doesn't work, a doctor might recommend hormonal treatments. And surgery is an option for the toughest-to-treat cases.

Q You never thought it would happen to you, but you're feeling the symptoms of menopause—hot flashes, night sweats, insomnia and, of course, irritability.

You're miserable.

Should you consider hormone replacement therapy, even though you've heard it can increase your risk of heart disease and breast cancer, or tough it out?

CONSIDER HORMONE REPLACEMENT THERAPY. "It's the most effective way of addressing perimenopausal or menopausal symptoms," Millheiser says. "It's not as scary as people made it out to be in the past." Treatment can be as simple as low-dose birth control pills, and your doctor can increase the dosage if you need more symptom control. Hormone therapy might not be the right choice if you have risk factors, such as a history of stroke, blood clotting or certain cancers. Your doctor can help you decide whether it's appropriate for you.

Q Your daughter is 14, and her period hasn't started. She's quite thin and dances four nights a week.

Should you give it time or talk to her doctor?

PROBABLY GIVE IT TIME. "At 14, it's not uncommon not to have periods yet," Millheiser says. If her period doesn't start by age 15, she should be checked. And don't wait to talk to her doctor if you're concerned she might have an eating disorder or might be underweight from exercising too much. ■

QUIZ



The 411 on Cervical Cancer

Check your knowledge about preventing and treating cervical cancer with a 10-question quiz at [cdc.gov/cancer/knowledge/quiz/cervical.htm](https://www.cdc.gov/cancer/knowledge/quiz/cervical.htm).

BEAT THE BUGS

Here's how to steer clear of insect bites—and the dangerous diseases they can spread



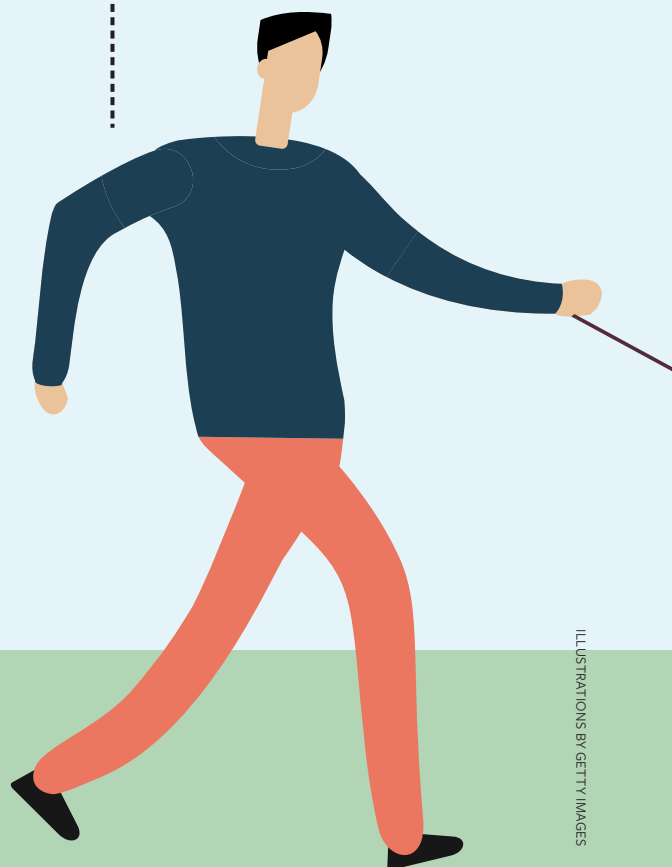
Bites from mosquitoes, ticks and fleas aren't just annoying. They're potentially harmful, and they're on the rise.

The Centers for Disease Control and Prevention reports that diseases caused by the bites of these bugs tripled from 2004 to 2016. Over that time, 640,000 people reported illnesses linked to bug bites—they were infected with 16 diseases including the West Nile virus, Lyme disease, chikungunya virus, dengue, plague and Zika virus. And many people don't report their illnesses, so the actual number is probably much higher.

These diseases are difficult to control, since the bugs that cause them are spreading around the world and into areas of the U.S. where they hadn't previously been found. Here's what you can do to reduce your risk:

1 Use an insect repellent that has an Environmental Protection Agency registration number on the label. For registered products, the manufacturer must provide the EPA with information about the repellent's safety and effectiveness. Follow the directions on the label to maximize your protection while minimizing overexposure.

2 Cover up with long sleeves and pants, and use boots, pants, socks and tents that are treated with the insecticide permethrin. (Do not use permethrin on your skin.) Tuck your shirt into your pants and your pants into your socks to close gaps where bugs could get in.



ILLUSTRATIONS BY GETTY IMAGES



Find the Right Repellent

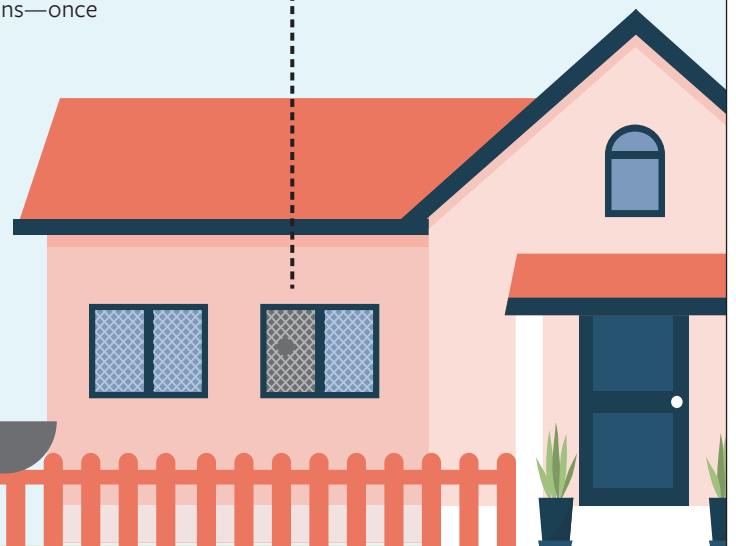
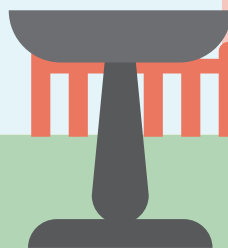
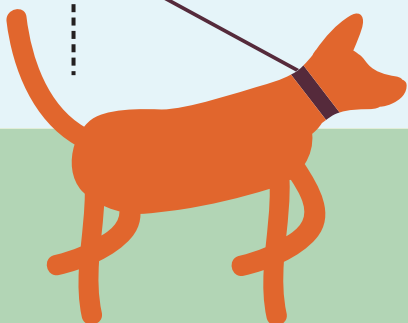
At [epa.gov/insect-repellents/find-repellent-right-you](https://www.epa.gov/insect-repellents/find-repellent-right-you), you can input the length of time you'll be outside, the types of insects you expect to encounter and other factors to find the best insect repellent for your situation.

3 Control fleas and ticks on your pets. Talk to your veterinarian about the best products to use.

4 If you find a tick on yourself or your pet, use tweezers to gently pull it out. If parts break off, do your best to remove them with tweezers. If you can't remove them all, leave them alone. In either case, clean the area with rubbing alcohol or soap and water. Don't try to smother or burn a tick to make it back out of the skin—it's better to remove it as quickly as possible.

5 Outdoors, get rid of any water sources where mosquitoes can breed. Empty anything that can collect water—like tires, buckets, planters, toys, baby pools, birdbaths, flowerpots or trash bins—once a week.

6 Keep mosquitoes out of your home. Make sure your doors and windows have screens, and patch any holes. ■



THREE WAYS WITH **SWISS CHARD**

These curly, elegant leaves are a great swap for spinach and will liven up basic recipes

▶ In the world of leafy greens, kale gets all the buzz, while spinach and lettuce are the comfortable choices you've been eating your entire life. So where does that leave Swiss chard? The answer should be: inside your shopping cart next time you visit the produce aisle.

"Chard is a superfood in the sense that it's well-rounded, contains antioxidants and is an excellent source of vitamins K, A and C, as well as a good source of magnesium, potassium, iron and fiber," says Kristen Gradney, RDN, a spokeswoman for the Academy of Nutrition and Dietetics.

As with other leafy greens, Swiss chard offers lots of benefits, including boosting blood health (vitamin K), supporting good vision (vitamin A), regulating blood pressure (potassium) and improving digestive issues (fiber).

When it comes to cooking, chard is flexible: Although it has a distinctive flavor, it's also adaptable enough to accommodate pine nuts and raisins, popular in Spain, or onion and coriander, common in Morocco.

"Any place you'd use spinach, whether it's salad, a sauté or a dip, you can swap in chard," Gradney says. "Leafy greens are so important, but we tend to just eat the same ones. Especially for kids, the more often you change up what you're eating, the more your taste buds will be open to new flavors." Here are three ways to expand your palate using Swiss chard:

1 SAUTÉ IT

Wash leaves, trim the stems and remove center ribs (they can be saved for pickling, see below). Create ribbons by stacking three or four leaves, rolling them together lengthwise and slicing crosswise (think sushi-roll style) into half-inch pieces. Sauté the ribbons in olive oil over medium heat until just wilted, about 5 minutes. The key is not to overcook (watch for browning), which can lead to bitterness.

2 MAKE DIP

Remove stems and ribs from four large chard leaves. Blanch leaves by plunging them into boiling water for 2 minutes, then transferring them to a bowl of ice water. Dry well with paper towels and chop finely. Add chopped chard to Greek yogurt (1 to 1½ cups, depending on your preferences) and season to taste with lemon juice, mint, dill or grated Parmesan cheese.

3 PICKLE THE STEMS

Toss 1 cup of chopped chard ribs and stems with salt and set aside. Bring ½ cup of white vinegar and 3 tablespoons of sugar to a boil in a small saucepan. Stir until sugar dissolves and allow mixture to cool. Combine stems and brine in a canning jar, cover and refrigerate for two days. To vary the flavor, try rice vinegar, white wine vinegar or a combination of the two. The final product is even prettier when you've got stalk pieces in a few colors—search Pinterest for inspiration.



PHOTO BY GETTY IMAGES



Why not give super-nutritious chard a spot on your grocery list?

JUST THE (CHARD) FACTS

- ▶ **Swiss chard is fairly hardy.** When the leaves are separated from the ribs and wrapped in plastic, they should stay fresh in the refrigerator for about a week.
- ▶ **Gardeners should embrace it.** If you're new to sowing your own vegetables, chard is relatively easy to grow (plants can end up more than 1 foot tall!) and rarely affected by pests and disease.
- ▶ **It's a close relative of the beet.** We think of it as a leafy green, but chard has the same species name as a sugar beet (*Beta vulgaris*). Instead of a bulb-shaped root, the chard plant produces large stalks, which may be white, pale green, bright red or yellow.
- ▶ **It isn't actually Swiss.** Chard's subspecies name is *cicla*, because chard was first grown in Sicily. At some point during the 19th century, "Swiss" was added before "chard," and some historians think it might be because a Swiss botanist gave it its scientific name.

APP



Swap It Out

The **Substitutions** app, free in the Apple App Store, suggests alternatives for nearly 1,500 ingredients. It's handy if you're tweaking recipes to make them healthier or cooking around a food allergy, and also for those times you're halfway through dinner prep and realize you don't have a certain ingredient on hand. Visit gormaya.com.

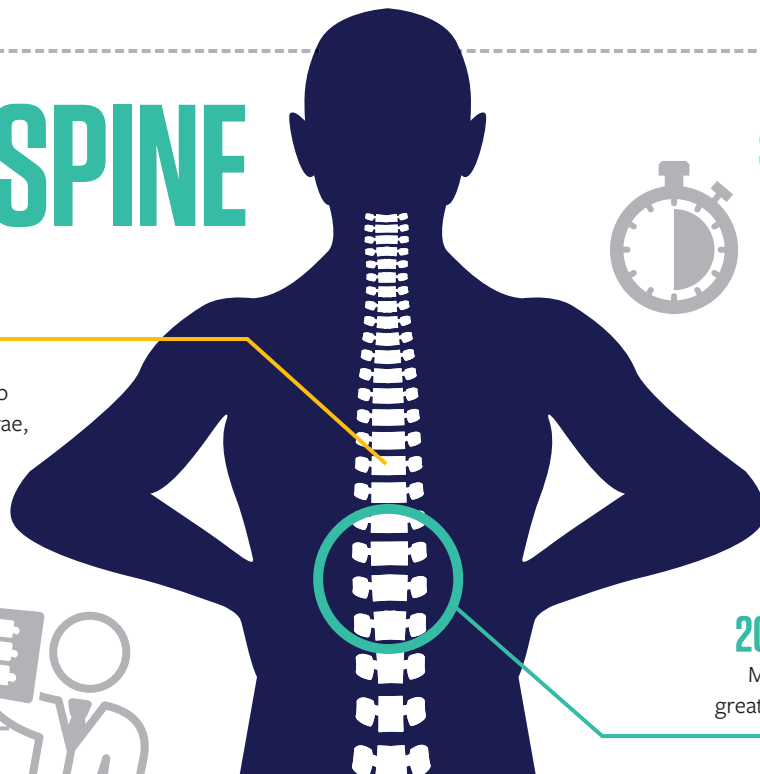
THE SPINE

24

Your spine is made up of two dozen vertebrae, or bones.

80%

Most adults will experience low back pain in their lives.



30 MINUTES A DAY

This much low-impact exercise—like swimming, riding a stationary bike or brisk walking—can help keep your spine strong.

288K

This many people in the U.S. are living with a spinal cord injury.

20 TO 50 YEARS OLD

Men in this age range are at greater risk of a herniated disk.

264 MILLION

Back pain accounts for at least this many lost workdays each year—that's more than two days for every full-time worker in the United States.

Sources: American Academy of Orthopaedic Surgeons, National Institute of Neurological Disorders and Stroke, National Spinal Cord Injury Statistical Center, United States Bone and Joint Initiative

Back to Diet and Exercise

A holistic approach is the key to a healthy spine, says orthopedic spine surgeon Nitin Khanna, MD, on staff at Community Hospital in Munster and St. Catherine Hospital in East Chicago.

“Diet and exercise are key components of this approach,” he says. “Eating small meals throughout the day avoids blood sugar fluctuations that can be associated with overeating. Keeping your weight under control decreases the load on the spinal segments. Exercise in the form of stretching and core strengthening also helps ‘share the load’ when it comes to the spine. Active therapeutic exercises help to distribute nutrients into the disc space, joints and soft tissues in the back. Aerobic exercise, which can be as little

as 10-15 minutes per day for four to five days per week, is key to general cardiovascular health, but can also improve generalized aches and pains by producing endorphins that can elevate mood and decrease pain. This has been called a ‘runner’s high,’ as athletes who walk or run are most likely to experience this effect.

“The opposite approach, of a sedentary life and minimal exercise, can put a person at an increased risk for injury, especially if they work in a heavy-duty industrial job,” Khanna says. “Learning and observing good body mechanics is key to longevity when it comes to the spine. I always emphasize that sitting is the new smoking and encourage my patients to get up and move.”

WEBSITE



Quality Care for Your Spine

For more information about innovations in spine care at the hospitals of Community Healthcare System—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—visit COMHS.org/services/orthopedics/spine-surgery.

Group Supports GRAY MATTERS

Cancer Resource Centre program heals the soul

BY ELISE SIMS

➔ Cedar Lake resident Sylvia Huerta is still dancing despite being in the fight of her life against stage 3 lung cancer.

“I’ve had a long journey,” she says about her five-year battle. “And I pray to God that I still have another five years. I’m still trying to enjoy life. Last year, I started going to church dances—Greek, Episcopal, Catholic—doesn’t matter which denomination. I am dancing the night away finding something new to help make me happy.”

After attending a couple of sessions at the Lung Cancer Support Group at the Cancer Resource Centre in Munster, Huerta found that “talking to people going through the same experience helps a lot, too. I’m here to talk with others to see how they are coping.”

Keeping active and having a positive attitude goes a long way, says Helen



Sylvia Huerta, right, shares her story with Lung Cancer Support Group facilitator Helen Kolodziej, center, and group member Helen Powers at the Cancer Resource Centre.

Kolodziej, MSW, LCSW, facilitator of the Lung Cancer Support Group.

“Making the choice to attend a support group is a proactive step to take in the cancer journey,” she says. “Receiving a diagnosis can be overwhelming and frightening. Our lung cancer support group provides a comfortable environment where one can discuss how lung

cancer has affected them. Meaningful interactions with others are both empowering and uplifting and also good for the soul.”

“I have a T-shirt that reads, ‘Cancer doesn’t just come in pink...GRAY matters,’” Huerta says, noting gray is the color of lung cancer awareness. “I think sometimes people forget lung cancer is the No. 1 cancer killer in women.”

It is so important to have support for all kinds of cancers, Kolodziej says.

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. ■

CALL



Complementary Care

The Lung Cancer Support Group meets from 10-11:30 a.m. the second Wednesday of each month at the Cancer Resource Centre at 926 Ridge Road in Munster. For more information, visit cancerresourcecentre.com or call 219-836-3349.



Leading the Way

Community Hospital grows into premier center for minimally invasive heart valve replacements



In January 2017, a team of specialists at the Structural Heart & Valve Center at Community Hospital performed Northwest Indiana's first transcatheter aortic valve replacement (TAVR), ushering in new hope for patients suffering from severe aortic valve disease. Two years later, the program has grown into one of the leading TAVR centers in the Chicago and Northwest Indiana area, surpassing even academic medical centers in both volume and quality outcomes.

"Community Hospital has a well-established history of providing excellence in cardiac care, from routine

screenings to complex treatments and procedures," says Samer Abbas, MD, medical director of Cardiovascular Services at Community Hospital. "That is why we are uniquely positioned to spearhead programs such as TAVR that benefit our patients and our entire Northwest Indiana community."

Living a Good Life

At the hospital's "100 TAVR" celebration last spring, patients had the opportunity to share their thoughts on the life-changing experience of the procedure.

"Before TAVR, I was in very bad shape," says Raymond Knight of East

Chicago. "My aortic valve was disintegrating. I was dizzy. I couldn't walk very far or breathe very well. It didn't look good for me. Today, I'm over 80, I play golf and I walk three times a week. I would rate my experience with TAVR a '10' or maybe even a '20.' I feel great!"

Modeane Collins, 81, of Hebron, agrees with Knight on life after TAVR. "I feel fantastic. I'm glad I had it done even though I was scared," she says. "After it was over, I asked my doctor, 'What can I do to make sure this works and not have anything bad happen?' He just looked at me and said, 'Live a good life.'"

CALL



Cutting-Edge Care

For more information on the Structural Heart & Valve Center, call **219-703-5301** or visit **COMHS.org/heart**.

TAVR is a less invasive approach to open-heart surgery that does not require the patient to be placed on a bypass machine to breathe. Instead, during TAVR, a catheter is inserted either into the chest or the groin area through a small incision and threaded through an artery to the heart to deliver the replacement valve. Once the new valve is set in position and expanded, it pushes the original valve leaflets out of the way and the tissue in the replacement valve takes over the job of regulating blood flow.

Minimally Invasive Approach

“Traditional valve replacement requires a complex open-heart procedure with a ‘sternotomy’ that surgically opens the chest during the procedure,” says Michael Eng, MD, director of Cardiothoracic Surgery at Community Healthcare System. “TAVR, in contrast, is a minimally invasive approach that leaves the chest intact. This procedure offers an additional option for patients requiring valve replacement surgery.”

The TAVR team at Community Hospital is making a difference in the quality of life for older adults in need of heart valve repairs like Patricia Rotas, 79, of Schererville. Visiting with Rotas after her TAVR procedure are (left to right) Jamie Markulin, RN, Stephanie Bandstra, RN, and Jill Conner, RN, director of Neuroscience, Cerebrovascular and Structural Heart Services.

In its first two years, the TAVR team has performed nearly 170 procedures at Community Hospital with more than 60 percent of patients returning home the following day. The team, performing an average of nearly two cases a week, is growing and developing into one of the most experienced TAVR teams in the Chicago and Northwest Indiana area.

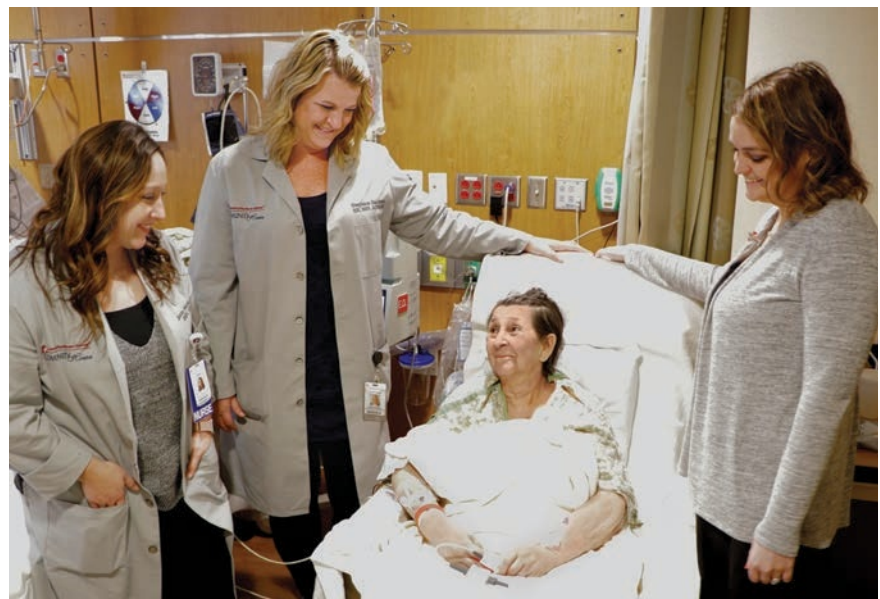
“Our team reviews TAVR candidates during a weekly multidisciplinary conference to carefully consider each patient’s disease state and potential risks,” adds Abbas. “With input from each of the team members—surgeons, cardiologists, anesthesiologists, nursing and surgical staff—we determine if TAVR is right for best possible outcomes of our patients.”

The TAVR team also includes cardiothoracic and vascular surgeons Cris Carlos, MD, Jason Frazier, MD, and Vsevolod Tikhomirov, MD, as well as interventional cardiologist David Stewart, MD.

Trials Drive Innovation

“Patients can find not only expertise and quality care at Community Hospital, but a better overall experience, without having to travel away from home,” says Lou Molina, chief executive officer at Community Hospital. “Our continuing commitment to providing the most advanced medical facilities and highly talented medical staff have led the way toward offering better medicine to the residents of Northwest Indiana.”

TAVR is considered an effective option to improve quality of life for many patients who are unable to tolerate a lengthy open-heart surgery and recovery. The procedure is currently approved for those with severe aortic stenosis who are considered intermediate- or high-risk patients with other medical conditions. However, trials are underway that may allow it to become more available to moderate-risk patients who are in earlier stages of their disease process. ■



Reshaping the **CANCER** **JOURNEY**

New cancer center will expand services and support



Hearing the words “You have cancer” can make anyone feel like the walls are closing in on

them. Patients may feel alone. They may wonder about their treatment options, or where they can find the best, most advanced treatment close to home.

At St. Catherine Hospital, a multidisciplinary team of health professionals understands how important it is to listen and respond to patients’ concerns and help them find equilibrium in their journey to wellness.

“We know the most stressful thing about cancer can be the unknown, so we focus on the whole environment, not just the treatment of cancer,” says Leo Correa, chief executive officer at St. Catherine Hospital.

New Cancer Center

At the heart of St. Catherine Hospital’s commitment to supportive oncology care is the new cancer center taking shape on the medical campus.

“Cancer patients are often faced with challenges that go far beyond coping with treatment, from physical side effects and work-related challenges to the logistics of



Members of the oncology, pharmacy and infusion teams include (left to right): Amer Sidani, MD, oncology; Roberta Bach, RN; Bernice Morris, PCT; Chris Dimoff, pharmacist; Koula Tsahas, pharmacy director; and Aurora Tirado and Maegan Dotson, medical assistants.

WEBSITE



Top-Notch Cancer Care

St. Catherine Hospital's new cancer center is taking shape in the east wing of the hospital, 4321 Fir St., East Chicago. To learn more, call **219-392-7319** or visit **COMHS.org**.

getting to and from the hospital," Correa explains. "As more procedures become possible without a hospital stay, the merits of offering world-class care in aesthetically pleasing, easy-to-reach destination centers like the one that's taking shape at St. Catherine Hospital are more important now than ever before."

"Our new center will make care more convenient, comfortable, efficient and accessible," Correa explains. "It will offer supportive oncology to reduce challenges and break down barriers for best possible outcomes in care and patient experience."

Construction to expand the cancer center housing oncology services, CyberKnife® and the infusion clinic has been occurring in phases since January 2019.

The nearly \$1 million expansion project includes major enhancements to the waiting room and reception area. Private consultation rooms will be added, along with spacious examination rooms for hematology and cancer patients. The infusion clinic will double in size. Each of the chemotherapy and immunotherapy infusion bays is being designed in a way that allows natural light to fill the room. Some chemotherapy infusion treatment rooms will be converted to private procedure areas. Others will feature expansive picture windows that look out onto the outdoor healing garden.

Nourishment nooks, media consoles, an open-concept nursing station, pharmaceutical counter and access to the Cancer Resource Centre library of educational materials are some of the many new features of the expansion. Patients will also have access to hospital services outside the suites, including psychiatric services, nutritional services, physical and occupational therapy, smoking cessation programs and psychosocial support.

Growing Level of Care

When the cancer center debuts this summer, St. Catherine Hospital will have increased its space and ambulatory care capacity by more than 50 percent.

Known for an aggressive stance on battling cancer, St. Catherine Hospital was the first site in Indiana and the entire Chicago region to offer CyberKnife to patients with tumors that could not be removed surgically or otherwise treated effectively. The robotic radiosurgery system remains a proven technology for precision treatment of cancers of the brain, spine, liver, lungs, pancreas and prostate.

Radiation is one of the many procedures that are now possible without a hospital stay. That makes the merits of offering radiation therapy and integrative medicine during an

outpatient visit in a comfortable, convenient location integral to a positive care experience.

Being close to their care team, friends, co-workers and loved ones is also important, Correa adds. Cancer treatment can be lengthy, so patients need not fret over long drives for treatment or extended leaves from work.

"A lot can be said of receiving care in a world-class facility where you're treated like family," he says.

Community Care Network hematologist/oncologist Amer Sidani, MD, a specialist in cancer care who sees patients at St. Catherine Hospital, says the expansion will allow for a better facility with more privacy, comfort zones, patient amenities and personalized treatment as cancer patients go through their healing journeys.

"We also are developing a team of staff trained and experienced in oncology," Sidani says. "It is important that patients trust in the process and care team, and we want to make sure we earn that trust." ■



Oncologist Amer Sidani, MD, is part of the cancer care team at St. Catherine Hospital.

DISSOLVING THE THREAT OF DVT

LIVE program offers advanced options for patients with deep vein thrombosis



Karin McKenna developed a DVT blood clot in her leg. She is back on her feet and back home again thanks to the expert care provided by St. Mary Medical Center staff and a technology called EKOS.



Deep vein thrombosis, or DVT, is a serious disease that involves the formation of a blood clot deep in the veins of the leg. The condition can cause severe pain and swelling and may be fatal if the clot breaks up and travels to the person's lung. DVT affects as many as 900,000 Americans every year, according to Centers for Disease Control and Prevention estimates.

Chesterton resident Karin McKenna, who developed DVT, says the condition left her unable to walk or move around. McKenna needed answers.

She got them through Anas Safadi, MD, medical director of the Limb Ischemia and Vascular Excellence (LIVE) program at St. Mary Medical Center in Hobart, where physicians specialize in treating DVT.

Safadi conducted a two-part interventional procedure to address McKenna's DVT. She believes that Safadi saved her leg and possibly her life.

“My recovery was great,” says McKenna, 68. “I have no residual symptoms. I am doing fine. Dr. Safadi was right on top of it and did some amazing things,” she says.

A Dangerous Condition

“Deep vein thrombosis is basically an extensive clot in the deep venous system, the main veins that drain the leg,” Safadi explains. “It’s a very common, but dangerous, condition. Mrs. McKenna had an ultrasound in the Emergency Department that showed severe, extensive thrombosis involving her whole leg.”

If a portion of the clot broke off and traveled to McKenna’s lungs, it could cause a pulmonary embolism, which could be fatal within a few hours. Removing the clot as quickly and as safely as possible became a life-or-death priority.

“If that clot had broken off and floated to the lungs, it could have killed her,” Safadi says.

To clear the clot, Safadi conducted a catheterization procedure that involves inserting technology called EKOS, a tiny device that uses sound waves to push clot-busting medication deep into the clot itself. In this case, the medication used was low-dose tissue plasminogen



Cardiologist Anas Safadi, MD, is able to restore blood flow to the leg and eliminate DVT blood clots using technology called EKOS at St. Mary Medical Center.

activator or tPA, the same drug administered to stroke patients. This procedure causes the clot to dissolve rapidly.

The next day, Safadi performed a balloon angioplasty with a stent to open a narrow section of the main vein in McKenna’s left leg. When the iliac vein is compressed, it is called May-Thurner syndrome, which increases the risk for DVT.

Early Treatment Best

McKenna admitted to feeling some trepidation before and during her

procedures, but she credits Safadi and his fellow physicians and cath lab team for putting her at ease.

“It’s not like they put you under general anesthesia and you’re knocked out,” she explains. “You’re aware of most of what goes on, and he made me feel comfortable. He got me through it. It was scary and didn’t feel really good, but it was worth it!”

“Nearly 30 to 40 percent or more of patients with extensive DVT go on to develop chronic lower extremity pain and swelling known as post-thrombotic syndrome,” Safadi says. “These patients experience significant pain that greatly diminishes their quality of life. Using EKOS to treat extensive DVT greatly reduces the chance post-thrombotic syndrome will develop.”

“These patients are best treated early on,” Safadi continues. “That is where you get the best results. Although we can do chronic DVT intervention with patients who have had DVT more than six months ago, it is easiest and best done within two to six weeks of the diagnosis.” ■

CALL



Get the Blood Flowing

For symptoms of DVT or other circulatory issues in the legs, call the LIVE program at St. Mary Medical Center in Hobart at **219-703-LIVE (5483)** to make an appointment or learn about upcoming peripheral vascular disease (PVD) screenings. Cardiologist Anas Safadi, MD, is affiliated with St. Mary Medical Center and Community Hospital in Munster, with offices in Hobart, Merrillville and Winfield.



**Orthopedic surgeon
Kenneth J. Ham, MD**

ROBOT HELPS SURGEONS MEND ACHING KNEES

Orthopedic surgeon Kenneth J. Ham, MD, discusses the benefits of using the Mako Robotic-Arm Assisted Surgery knee replacement platform

Q What is Mako and how does it work?

Mako is a computerized robotic arm that assists the surgeon in performing knee replacement surgery. The robot's computer performs virtual mapping of the patient's leg and knee and allows me to make safe and precise cuts so that the total knee implant fits comfortably in an appropriate and balanced position.

Q What are the primary benefits for patients of having Mako versus traditional knee replacement surgery?

Mako is a very precise instrument. The modifications to the knee are made with accuracy that can be measured in millimeters and safely within pre-established

boundaries. Because Mako is so precise, the procedure is less damaging to the patient's surrounding soft tissue.

Q What is the surgeon's role in Mako surgery? Does the robot perform the procedure?

The surgeon performs the surgery. The robotic arm assists with the precision fit, but the surgeon guides the robotic arm's movement.

Q Will I still need to participate in rehabilitation activities if my surgery is performed using Mako?

This is still considered major surgery. There will still be pain. You still have to go through therapy and rehab, which

are the same as for traditional surgery. Based on the outcomes we have had with Mako, patients who undergo the robotic surgery have, in general, required less therapy and their functionality often improves more quickly.

Q If I need both knees replaced, can they both be performed with Mako at the same time?

We can perform bilateral knee replacement with Mako, but I strongly recommend doing one at a time, replacing the more painful knee first. The risk of complications may be higher with bilateral knee replacement. ■

CALL



Painful Knees?

Orthopedic specialists Kenneth J. Ham, MD, and Michael Knesek, MD, are among the surgeons performing partial and total knee replacements using the Mako robotic system at St. Mary Medical Center in Hobart. For a physician referral, call **219-836-3477** or toll-free **866-836-3477**.



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Visit COMHS.org for more information.