Healthy COMMUNITY

Spring 2022

Grammy and Dove Award Winner

Amy Grant

Talks openly about open heart surgery

THIS ISSUE: FOCUS ON HEART HEALTH

COMMUNITY HEALTHCARE SYSTEM®

COMHS.org

A HEART *in Motion*

Since her open-heart surgery, Amy Grant has been singing the praises of heart-healthy living

IN 1991, singer Amy Grant released her album *Heart in Motion* which sold more than five million copies and included five Billboard Top 10 singles. In 2021 the six-time Grammy winner released a double-disc 30th anniversary edition of that iconic album featuring never before released tracks and updated remixes of the hit singles. This time, however, the album title had a new and special significance. In June 2020, Amy successfully underwent open-heart surgery for a rare heart defect. She recently spoke to *Healthy Community* about that experience, what it has taught her and why she is encouraging everyone to take their heart health seriously.

How did you find out you had a heart condition?

I had gone with my husband Vince (Gill) to find out the results of his stress test. When the cardiologist finished talking to Vince he turned to me and said, "Let's check you out." That was in December 2019, right in the middle of our Christmas shows, so I agreed I would be tested the first week of January. The day after the tests, I got a text saying everything was great. The next morning, however, I got another text from my doctor telling me to call him as soon as possible. That's when I learned I needed heart surgery.

What was the specific diagnosis?

The medical term is Partial Anomalous Pulmonary Venous Return (PAPVR). It's a condition that causes the blood that has received oxygen to flow back to the lungs instead of to the rest of the body. Apparently, I had been living with PAPVR my whole life. After my diagnosis, my sister, who's almost two years older than me, reminded me that our pediatrician growing up had noticed I had a heart murmur.

Looking back, I can see where there were some strange things going on with my heart, but I never gave them a second thought at the time. When I did something strenuous, like a lot of singing or riding my bike up a hill, I would have real trouble breathing. It was like I was sucking for air. Now after the surgery, I'm just amazed at how effective my breathing is.

How did you approach the surgery and how are you doing today?

Biking taught me that every hill is climbable. All it takes is time, one pedal stroke at a time. That's the way I approached my surgery. You don't freak out. You just take it one day, one moment, at a time. The first few weeks after the surgery were hard, but I'm feeling fantastic today. I'm definitely new and improved from what I was before the surgery. Everything is back in running order.

What lessons have you taken from this experience?

It has made me so aware of how precious our health is, especially as we age. I find myself today asking my friends when was the last time they saw their doctor. Within six months of my surgery I had several friends call me who were concerned about their health and I would give them names and references. I'm always encouraging everyone to take their heart health seriously and have regular checkups with their physician.

Any final thoughts?

First of all, I want to thank everyone for their prayers and support during the surgery. I felt those prayers like I never have before. That's the reason I posted the picture of my surgical scar.

Second, because of my heart surgery I feel such a deep debt of

gratitude to the community of doctors, nurses and caregivers, especially with what they’ve had to face during COVID. These are people who have dedicated their lives to caring for other people. In the early days of the pandemic, someone suggested that I set an alarm on my phone at 8 p.m. to remember the caregivers at that time each evening. I don’t think I’ll ever take that alarm off my phone.

Sources: American Heart Association, CDC

HEARTS OF *Hope*

Many hearts across Northwest Indiana have been given new hope thanks to access to treatment options available only through cardiovascular research. Various clinical trials and studies have made it possible for the hospitals of Community Healthcare System to participate in national research that is directed at improved detection, advanced procedures and the prevention of heart disease.

Once a year, physicians, staff and patients from Community Hospital, Munster, St. Catherine Hospital, East Chicago, St. Mary Medical Center, Hobart, and Community Stroke & Rehabilitation Center, Crown Point, come together to honor the hearts that have been saved through cardiovascular research that is being done to improve the heart health of our community. The annual *Hearts of Hope* event gives individuals an opportunity to support and celebrate the advancement of cardiac care in Northwest Indiana. You, too, can make a difference and show your support with a lifesaving gift that will help fund vitally needed trials and studies for heart disease close to home.

Cardiovascular Research

For more information on cardiovascular research and to help support Hearts of Hope, visit COMHS.org/donate/cardiovascular-research.

FOCUS on HEART HEALTH

HEART DISEASE impacts men and women in different ways

It is a common misperception that heart disease mainly affects men. The truth, however, is that heart disease is the leading cause of death for women in the U.S. Even though women have fewer heart attacks than men, women are 60 percent more likely to die in the first year after an attack. Given these facts, here is some basic health information about heart disease that everyone should take to heart.

Risk Factors

The most common risk factors for heart disease, such as obesity, high blood pressure and high cholesterol, affect both women and men. For women, however, other risk factors often play a bigger role in developing heart disease, including diabetes, stress, depression, smoking, lack of physical activity or a family history of early heart disease.

In addition, post-menopausal women with low levels of estrogen have a greater risk of developing heart disease in smaller blood vessels. In addition, women are much more likely to suffer from inflammatory diseases such as lupus and rheumatoid arthritis which increase the risk of heart disease.

Risk Prevention

Up to 80 percent of heart disease is preventable. The following recommendations for heart healthy living work for both women and men.

- **Quit smoking.** If you don't smoke don't start.
- **Exercise regularly.** Try to get 150 minutes a week of aerobic exercise such as walking.
- **Maintain a healthy weight.** Losing just a few pounds can lower your blood pressure.
- **Eat a healthy diet.** Avoid saturated fats and trans fats, sugar and high amounts of salt.
- **Manage your stress.** Being under stress can cause your arteries to tighten.
- **Drink alcohol moderately.** Try to limit yourself to one drink a day.

Heart Attack Symptoms

For both men and women, the most common symptom of a heart attack is chest pain, pressure or discomfort. However, this chest pain is usually not as severe in women, who are also more likely to experience other symptoms such as:

- **Shortness of breath**
- **Pain in one or both arms**
- **Nausea or vomiting**
- **Lightheadedness or dizziness**
- **Unusual fatigue**
- **Indigestion**
- **Discomfort in the neck, jaw and upper back**

Did you know?
Heart disease is the leading cause of death for women

In women, these symptoms can often be vague and not as noticeable. As a result, women are less likely to recognize the symptoms of a heart attack and suffer more heart damage before seeking help. If you ever think you may be having a heart attack, don't take chances. Call 911 immediately. ■

Sources: Mayo Clinic, CDC, New York Times, livewell.com, American Heart Association, The Heart Center of Northeast Georgia

6 Numbers We Should All Know By Heart

A healthy life starts with a healthy heart, and the key to a healthy heart is to lower your risk for heart disease by tracking these six key numbers.

1 Blood Pressure

Key Number: 120/80 or below

Blood pressure (BP), also called hypertension, is the force of your blood against the walls of your arteries. If your blood pressure is more than 120/80, but less than 140/90 most of the time, you have prehypertension. If your blood pressure is usually 140/90 or higher, you have hypertension or high blood pressure.

High blood pressure is a major risk factor for heart disease because it puts a strain on your heart. It can also be a sign that you are at risk for other serious medical conditions such as stroke, kidney disease and peripheral artery disease.

2 Cholesterol Level

Key Number: Less than 200

Cholesterol is a soft, waxy substance found in the blood and the body's cells. Too much cholesterol can lead to heart disease. A simple blood test can measure your cholesterol levels.

Desirable Cholesterol Levels
Total Cholesterol: Less than 200 mg/dl
LDL ("Bad") Cholesterol: Less than 100 mg/dl
HDL ("Good") Cholesterol: 60 mg/dl or greater

3 Triglycerides

Key Number: 150 or below

Triglycerides are another type of fat found in the blood. Levels of triglycerides above 150 milligrams can increase your risk for developing heart disease, diabetes and other serious medical conditions. If you eat more calories than you burn on a regular basis, especially high-carbohydrate foods, you may develop high triglycerides.

4 Waist Circumference

Key Number for Women: 35 inches or less
Key Number for Men: 40 inches or less

People who carry too much weight around their abdomen have a higher risk for heart disease, type 2 diabetes and premature death.

5 Body Mass Index (BMI)

Key Number: 24.9 or less

Your Body Mass Index (BMI) compares your body fat to your weight and height. High levels of body fat, indicated by a BMI of 25 and above, increase your risk of heart disease.

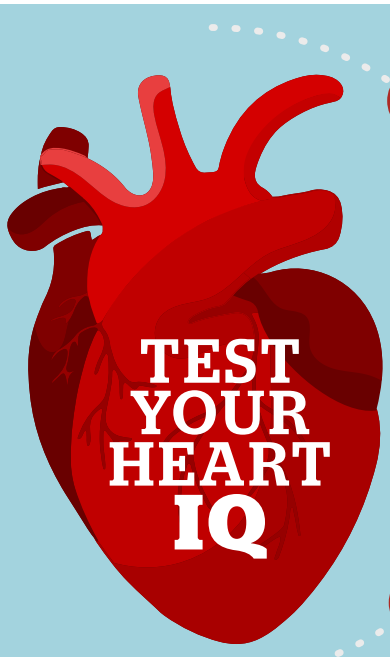
Less than 18.5 = Underweight
18.5 to 24.9 = Normal Weight
25 to 29.9 = Overweight
30 or greater = Obese

6 Blood Sugar Level

Key Number: Less than 100 (after fasting)

When being tested for your blood sugar level, also called your blood glucose level, you'll be asked not to eat for several hours before the test. A high blood sugar level may indicate you have diabetes, which can damage your heart and blood vessels.

Less than 100 mg/dl = Normal
From 100 to 125 mg/dl = Prediabetes
More than 125 mg/dl = Diabetes



TRUE OR FALSE?

1. Women under 50 are more likely than men of the same age to die of a heart attack.
2. Most heart attacks occur at night.
3. A yearly flu shot may benefit your heart.
4. Living alone has no impact on your heart health.
5. One in three American adults have high blood pressure.

Answers:

1. TRUE. In fact, a woman under 50 is twice as likely to die of a heart attack compared to a man her same age.

2. FALSE. Most heart attacks occur in the morning, with Monday being the most common day.

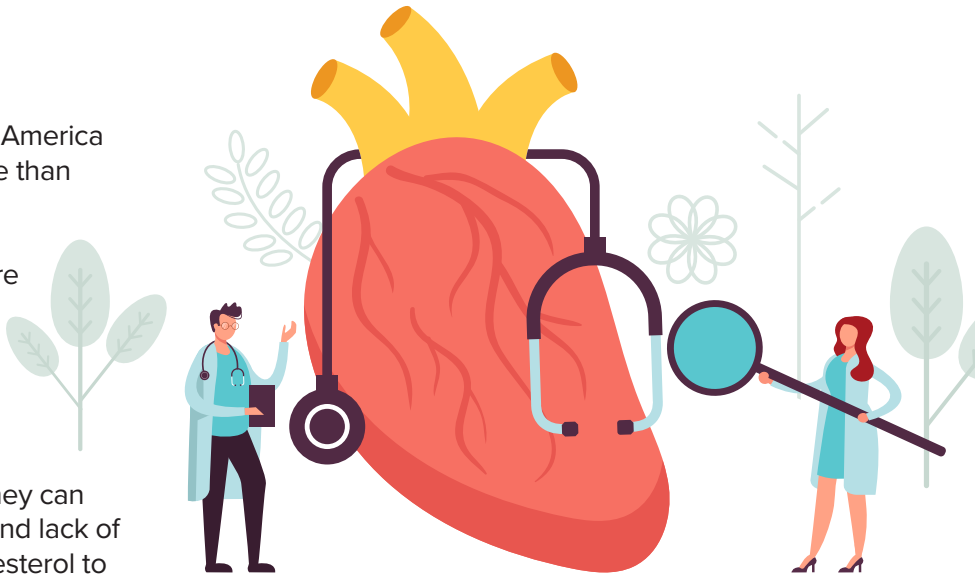
3. TRUE. Studies suggest that the flu vaccine lowers your risk of heart attack and stroke.

4. FALSE. Being around friends and family is good for your heart.

5. TRUE. 78 million Americans have high blood pressure and 20 percent don't even know they have it.

FOCUS on HEART HEALTH

TIMELINE OF A HEART ATTACK



In the next 40 seconds, someone in America will have a heart attack. That is more than 800,000 heart attacks each year. Community Healthcare System is ready 24/7 to provide life-saving care if you or a loved one thinks you are having a heart attack. Here is a timeline of what happens during a typical heart attack.

Years in the Making

Heart attacks do not happen overnight. They can take years to develop. An unhealthy diet and lack of exercise can cause too much fat and cholesterol to build up in your bloodstream. Over the years these bad habits, combined with genetic factors, can cause plaque to form inside the blood vessels. Plaque is a harmful substance that narrows the blood vessels, reducing the blood flow to all parts of your body, including your heart.

Symptoms Begin

When a person's coronary arteries become fully or nearly constricted a heart attack occurs. Chest pain is the most common symptom, sometimes accompanied by pain that radiates to an arm, neck, jaw or back as well as nausea, vomiting, sweating and heart palpitations. People describe the sensation as an uncomfortable pressure, squeezing or fullness in the chest. The discomfort lasts more than a few minutes or goes away and comes back. However, one in three people who have a heart attack do not experience chest pain.

The Damage Starts

During a heart attack, damage to the heart can occur fairly quickly. Without oxygen the heart starts to die, which can cause permanent scarring. The amount of damage depends on the size of the blockage, where the blockage occurs in the heart, and how quickly medical help arrives. Any damage to the heart releases proteins called troponin T and troponin I into the bloodstream. At the nearest Emergency Department, a blood test can be performed that checks for elevated levels of troponin to confirm if your chest pain is indeed a heart attack.

When your heart is not functioning normally your vital organs—brain, lungs, kidneys and liver—will be damaged and eventually start to shut down. The more severe the heart attack the faster this occurs. Blood pressure drops. Brain cells start to die, resulting in vision loss, impaired movement, slurred speech, unconsciousness and even cardiac arrest, a quickly fatal condition when the heart stops beating altogether. Heart attacks in which an artery is completely blocked are particularly dangerous. Two out of five heart attacks fall into this category.

> The survival rate for people hospitalized with a heart attack is higher than 90 percent

Your Most Critical Decision

The survival rate for people hospitalized with a heart attack is higher than 90 percent. If you or a loved one is experiencing the signs of a heart attack call 911. Even if you are not sure, it is better to be safe than sorry. ■

Our LIFE-SAVING SKILLS, TECHNOLOGY AND EXPERTISE are standing by

When a potential heart attack victim arrives at one of the acute care hospitals of Community Healthcare System, our Chest Pain Center teams take immediate action. Their first treatments focus on opening the blockage that triggered the attack. Beta-blockers decrease chest pain and improve blood flow. ACE Inhibitors block the production of an enzyme that causes blood vessels to narrow. Oxygen therapy helps the lungs to breathe and reduces the workload of the heart. In addition, a full range of medical technology is available to help with specific diagnosis and treatment.

- **ECG/EKG (Electrocardiogram):** Uses electrodes to monitor the heart rate and rhythm and check for possible damage to the heart muscle as a result of a heart attack
- **Echocardiogram:** Uses sound waves to create a video image of the heart and checks the structure of the heart for damage
- **Blood Test:** Checks the levels of cardiac enzymes and other indicators of a heart attack
- **Chest X-ray:** Checks for an enlarged heart or fluid build-up in the lungs
- **Cardiac CT Scan:** An advanced X-ray machine that moves around the body to produce 3D images
- **Cardiac MRI:** Uses a magnetic field and radio waves to create a detailed image of the heart
- **Angiogram:** A procedure that takes a movie of the heart in action by injecting a special fluid, called a contrast, which is visible to X-rays
- **Cardiac Catheterization:** Technology that allows doctors to see and open up a blocked artery
- **Coronary Angioplasty:** A procedure that can help widen the artery and restore the blood flow when coronary arteries become narrow or blocked

A full range of medical technology is available to help with specific diagnosis and treatment

Other cardiovascular services available at the hospitals of Community Healthcare System include:

- **Stress Test:** Patients walk on a treadmill or pedal a stationary bike to check the heart's performance under exertion
- **Holter Monitoring:** This lightweight, portable device can record a patient's heart rhythms outside the hospital
- **Cardiac Rehab:** After a heart attack, people who participate in a cardiac rehab program have more than a 50 percent greater survival rate compared to those who do not

In addition, our team of cardiologists, nurses, dietitians and physical therapists can provide ongoing support, education, counseling and services after your heart attack to promote a faster recovery and a healthier lifestyle. ■

Source: CDC, American Heart Association, verywellhealth.com

Chest Pain Centers

When a heart attack strikes, every second counts. Our accredited Chest Pain Centers are designed to treat and stabilize heart attack patients immediately, when chances of recovery are greatest. Visit COMHS.org/heart for more information.

Northwest Indiana woman Energized after Less-Invasive heart valve replacement

FOCUS on HEART HEALTH

TAVR procedure gives heart patients new hope for healthier future

by Vanessa Negrete

For four years, Nancy Price walked around with a worry lingering in the back of her mind. One day, she would need heart surgery. When that day finally arrived, the procedure was over in less than 45 minutes.

"The worst part was the waiting and anticipation," she says. "I did not want to have it done, but I had to have it done."

On August 18, 2021, Community Hospital heart specialists in Munster performed a transcatheter aortic valve replacement (TAVR) on Price. More than 500 TAVR procedures have taken place at the hospital, including the first in Northwest Indiana in January 2017.

TAVR is less invasive than open-heart surgery and does not require patients to rely on a bypass machine to breathe. While the patient is sedated, a catheter is inserted in the groin area or chest and passed through an artery to the heart, delivering a new valve. The damaged valve remains in place and the new valve is positioned to take over the job of regulating blood flow.

Price, a 73-year-old retired nurse, is grateful for the less-invasive TAVR option. Hours after the procedure, she walked laps around the nurses' station. She never needed a pain pill.

"I went to the hospital on a Wednesday morning," Price says. "They did the TAVR and I went home Thursday morning at 11 a.m. When I was back home, I said, 'I want to take a walk.' With TAVR, I had no problems."

Friends and family noticed an immediate difference.

"Everyone said my color looked better," the Schererville resident recalls, but she was noticing a difference, too.

"Before, I would have to sit down halfway through making breakfast," she says. "Now, I am not short of breath."

She built strength and stamina through cardiac rehabilitation three times a week and continues to gain energy. Active at church, Price also enjoys reading, walking and traveling. Married 55 years to husband Tom Price, the couple has three children, seven grandchildren and six great-grandchildren, across the country.

Price's path to TAVR started in 2017 when her general practitioner detected a heart murmur during a routine exam. It was surprising, as Price had no symptoms of cardiac distress. A follow-up echocardiogram revealed mild

From Top: Community Healthcare System Structural Heart & Valve Center coordinator Jessica Kiszka sits with Nancy Price, a 73-year-old Schererville resident who underwent a TAVR procedure in August of 2021.

Community Healthcare System's TAVR team has expertise that has led to outcomes far exceeding national benchmarks. More than 92 percent of TAVR patients return home the following day.

Community Care Network Cardiologist A. Arif Khalil, MD, FACC, FSCAI

stenosis, which is narrowing of the heart's aortic valve. The damage was not severe enough to warrant surgery, but doctors told Price she would need to fix the issue at some point.

Price continued with check-ups and echocardiograms, which allowed doctors to monitor the health of her valve over time. When Price's feet and ankles began to swell (a sign doctors had told her to watch for), she went for another echocardiogram. Her Community Care Network cardiologist, A. Arif Khalil, MD, said it was time to replace her damaged heart valve.

When patients need this type of cardiac attention, members of the heart team at Community Hospital meet with the patient, discuss the options and determine the best care plan, case by case.

"Our primary goal is to give patients with valve disease an improved quality of life," says Jessica Kiszka, nurse practitioner and valve coordinator, Community Healthcare System Structural Heart & Valve Center.

> "Our primary goal is to give patients with valve disease an improved quality of life."

Community Hospital is the only hospital in Lake County that offers patients the advanced TAVR technique. The procedure, performed in a state-of-the-art hybrid operating room, is led by fellowship-trained interventional cardiologists and cardiothoracic surgeons who are part of the team at Community Healthcare System Structural Heart & Valve.

"We have built a reputation for prioritizing patient care and performing intricate, advanced procedures," says Samer Abbas, MD, medical director of Cardiovascular Services and the Structural Heart & Valve Center of Community Healthcare System. "Our expertise with this groundbreaking procedure has led to outcomes far exceeding national benchmarks. More than 92 percent of our TAVR patients return home the following day."

Kiszka says Lake County is her home, and she is proud Community Healthcare System offers great treatment. Aside from convenience, location helps with continuity of care.

"It is not just about the procedure day," she says. "It is about the pre-procedure testing and the follow-ups. If you come to the hospital for a different reason, we can offer that continuity of care and collaboration with your primary providers." ■

Cardiovascular Services

Visit COMHS.org/heart for more information about Cardiovascular Services at Community Healthcare System.

Miracle Man

Advanced Heart team combines medical technology with expert touch to save lives

by Elise Sims

MARK WILKINS' HEART STOPPED three times at St. Mary Medical Center on February 5, 2017. He is alive today thanks to the heroic efforts of his cardiologists and the hospital's Chest Center team.

"Somebody's watching over me," Wilkins says about his remarkable recovery. "I had pain in my arm that wouldn't go away. After my wife drove me to the closest Emergency Department (ED), I don't remember much, but I know they saved my life."

Wilkins was experiencing a STEMI (ST-Segment Elevation Myocardial Infarction), the most severe type of heart attack. A heart attack or myocardial infarction happens when an artery supplying blood to the heart suddenly becomes partially or completely blocked by a blood clot or plaque.

Community Healthcare System acute care hospitals: Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, are recognized as accredited Chest Pain Centers. The hospitals earned the distinction based on a rigorous evaluation of their cardiac care services and, for practices, guidelines and treatment during the critical first stages of heart attack when the chances of recovering are the greatest.

Physicians in the ED determined that Wilkins needed the blockage in his heart cleared and he was in heart failure. Cardiologist Zlatan Stepanovic, MD, performed a percutaneous coronary intervention (PCI) procedure for more than six hours to clear the blockage, only to find another blockage behind the first one. The PCI procedure allows surgeons to penetrate calcified blockages like Wilkins' and use advanced balloons and other tools to open the arteries and restore blood flow.

For this complex procedure Stepanovic explained that it took a combination of the right technology and teamwork to open the occluded arteries and restore blood flow to Wilkins' failing heart.

Wilkins' wife Constance, a healthcare employee herself, understood what was happening and knew it would take a miracle to save her husband's life.

"We worked together very closely for a number of hours," Stepanovic says. "This called for a team approach with Dr. Kawamleh, the whole cath lab team: nurses, technologists, pre-op nurses, post-op care; as they say, 'it takes a village,' to work together as a team to provide our patients with the best care."

Wilkins' fragile heart needed help to continue to pump blood and Community Care Network cardiologist Abdul Kawamleh, MD, FACC, had stepped in to intervene by implanting an Impella® pump. The Impella heart pump

helps maintain a stable heart function by pumping blood for the heart. This gives a weak heart muscle an opportunity to rest and reduces the heart's workload, preventing the heart from being overstressed as coronary artery blockages are repaired during the Protected PCI procedure.

"While Dr. Stepanovic was working on opening the artery, Mark's heart function was severely compromised," Kawamleh says. "His heart needed help to keep blood flowing to vital organs like his brain, kidneys, and the heart itself. Inserting the Impella pump enabled Dr. Stepanovic to perform the procedure and open Mark's arteries. I was proud to be a part of this great team to save Mark's life."

The pump is inserted through a catheter in the groin to reach the heart. Once in place, the Impella acts as a bypass machine, pulling blood from the left ventricle through the rest of the heart.

The Impella heart pump is designed to provide minimally invasive temporary support to assist the pumping function of the heart, allowing it to rest and potentially recover. It is the only therapy approved by the Food and Drug Administration (FDA) as safe and effective for heart recovery in patients with advanced heart failure requiring Protected PCI or patients in cardiogenic shock due to a heart attack.

Wilkins' wife Constance, a healthcare employee herself, understood what was happening and knew it would take a miracle to save her husband's life. She saw that the acute care team would not give up.

"It was amazing the way the whole team worked together," Constance Wilkins says. "Dr. Stepanovic called Dr. Kawamleh, the ED doctors came over to help, the whole cath lab team was ready and they worked on Mark to bring him back from the brink. They stood on their feet for more than six hours without leaving his side. Afterward, Mark was in a coma, vented and going to the ICU and they didn't know if he would make it through the night. But, Dr. Stepanovic stayed with Mark. It seemed like Dr. Kawamleh came in every 10 minutes. They were wonderful."

The Advanced Heart and Vascular Institute at the hospitals of Community Healthcare System offers complex cardiovascular technologies and techniques previously only found at leading academic medical centers.

Cardiovascular surgeons, specially trained cardiologists and electrophysiologists are on the front line of heart care. This highly skilled team works together to offer cardiac and vascular surgeries, cardiovascular imaging, minimally invasive heart and vascular interventions, heart failure treatment, electrophysiology, peripheral vascular approaches designed to save limbs, atrial fibrillation and arrhythmia treatment, rehabilitation, prevention strategies and access to cardiovascular research trials.

Offices of the Advanced Heart and Vascular Institute are located at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. ■

Top: After Mark Wilkins suffered a severe heart attack in 2017, cardiologists Zlatan Stepanovic, MD, and Abdul Kawamleh, MD, worked with the St. Mary Medical Center acute heart team to perform a percutaneous coronary intervention (PCI) procedure to clear the blockage and implant an Impella pump to keep Wilkins alive.

Above from Left: Cardiologist Zlatan Stepanovic, MD; Community Care Network cardiologist Abdul Kawamleh, MD

Help for Hearts

For more information on the Advanced Heart and Vascular Institute at the hospitals of Community Healthcare System, visit COMHS.org/heart.

Leg pain AND Heart Health CONNECTION

Deep venous disease sends early warning signal of stroke, heart attack risk

by Elise Sims

MARLENE GIKAS is a retired Merrillville elementary school teacher. When she was teaching, she would sit or stand in the same position for long periods of time, but not anymore. Although usually busy and active, after retirement she was forced to slow down because of chronic bothersome symptoms in her legs that were affecting her quality of life.

"I had pain and discomfort in my legs," Gikas recalls. "I couldn't sleep at night. I was restless. During the day, I couldn't sit or stand for any length of time. I just wanted a normal life again."

Previously, she had undergone numerous procedures outside of Indiana for swelling and pain in her legs. After a bit of research on her condition and a recommendation from a friend, she made an appointment with interventional cardiologist Anas Safadi, MD, on staff at Community Hospital, St. Mary Medical Center and Community Stroke & Rehabilitation Center. That appointment changed everything.

"Dr. Safadi had researched my entire medical history," Gikas says. "That impressed me. He had a plan and a solution. I had so much discomfort before that, and I didn't know how to pinpoint it. Once the pieces of the puzzle were put together, it changed my life."

Gikas' diagnosis was an under diagnosed, under treated, yet very common condition known as venous compression syndrome. This syndrome occurs when there is a narrowing or more commonly external compression of one of the large veins (usually iliac veins) that drain the legs or pelvic organs leading to very common symptoms such as leg swelling, heaviness, discoloration, leg ulceration and/or pelvic pain. This condition, when left untreated, can even lead to clots forming in the legs known as deep vein thrombosis or DVT which sometimes can be deadly if they spread to the lungs.

The hospitals of Community Healthcare System offer forward thinking technology and the latest treatment advances for longer lasting relief from this painful debilitating condition. Venous compression syndromes (an example of one known as May-Thurner syndrome) has been brought to the forefront of deep venous disease in the last several years with more accurate tools in the cardiac catheterization lab (cath lab) available to aid in assisting both diagnosis and treatment.

A venogram, a test that provides a detailed look at the veins in the pelvic area and legs after a special dye is injected that can be seen on an X-ray, revealed a narrowing of the iliac veins on both Gikas' right and left side.

Right: Retired school teacher Marlene Gikas is feeling much better and able to be more active after treatment by cardiologist Anas Safadi, MD, for a common, but often misdiagnosed condition called venous compression syndrome.

Using a minimally invasive procedure in the cath lab (venogram and intravascular ultrasound), Safadi was able to implant stents or small wire mesh tubes in the iliac veins to open the narrowed passages and assist with blood flow. The outcome led to improved blood flow to Gikas' lower extremities and rapid, significant relief of her leg symptoms.

"I had immediate relief," Gikas says. "I have had overall improved health and mobility. I can continue to socialize and enjoy friends and family. It has meant everything to me. Dr. Safadi is a doctor who is willing to take the time to truly get to know each patient's individual needs which allows for better communication, yielding more positive results."

"Amazing, life changing moments for patients like Marlene happen here day-by-day."

Current research has shown that venous compression syndromes are not only common, but extremely under diagnosed and under treated. The Food and Drug Administration (FDA) recently approved several stents specifically designed for veins that have led to safe, effective and accurate treatment of venous blockages.

"Marlene underwent treatment using technology in an area of interventional cardiology that is both new and the result of innovative cardiovascular research," Safadi explains.

This technology and treatment is among many cardiovascular and endovascular procedures available through the hospitals of Community Healthcare System as a result of important cardiovascular clinical trials and research for advanced treatment in Northwest Indiana, close to patients' homes, Safadi says.

"Amazing, life changing moments for patients like Marlene happen here day-by-day," Safadi said. "This is due to the proactive work of Community Healthcare System cardiologists, interventional cardiologists and the Cardiovascular Research team."

"We offer a model of care to help save lives, improve quality of life and provide multi-disciplinary care to our patients close to home," he says.

Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, offer many procedures and treatment options to restore blood flow to the leg veins and arteries. Patients do not need to suffer with this or similar conditions as many procedures are available to open the arteries in the lower extremities by removing the plaque that is clogging them and causing pain.

One or more of these techniques can be used, depending on the individual's condition.

If deep venous disease is a concern, look for the following symptoms:

- Cramps when you walk
- Calf or leg pain that occurs when walking, stops when you rest, then reoccurs when you walk again
- Changes to the skin that include non-healing wounds or ulcers, black spots or blisters on the feet. ■

Help for Leg Pain (PVD)

For more information about upcoming peripheral vascular disease (PVD) screenings, call 219-703-2022.

Early detection, timely care key to Cancer Treatment

Third time was a 'charm' to help survivor beat cancer odds

by Debra Gruszecki

Carole Selund spent decades inspiring Lake Central High School students to soak up contemporary novels with meaningful plots and themes. Teaching English kept her busy; so busy that Selund had not made time for an appointment to see her doctor in years.

"I do not know why I decided to get a mammogram, but I did," she recalls, after relying on regular breast self-exams to check for any lumps.

Selund says a twist of fate brought her to the Women's Diagnostic Center in 2005 where a mammogram read by dedicated fellowship trained breast radiologist Mary Nicholson, MD, Community Healthcare System's director of Breast Imaging Services, revealed breast cancer.

On her physician's advice and the help of the cancer care team at Community Healthcare System, Selund opted to have surgeon Richard Browne, MD, perform a lumpectomy. A sentinel node biopsy confirmed ductal carcinoma in situ. That is the most common form of breast cancer, and when caught early, the most treatable.

Radiation therapy and hormone treatment followed, along with routine mammograms.

Lesson learned, Selund continued to keep up with routine wellness checks and found strength and inspiration

Opposite: Carole Selund knits squares for comfort blankets with members of Friends of the Cancer Resource Centre.

Left: Carole Selund checks out library resources at the Cancer Resource Centre.

through her newfound association with staff and fellow cancer patients at the Cancer Resource Centre (CRC). The Munster-based center offers mind-body-spirit programs, clinical trial information and reprieve for cancer patients, caregivers and survivors who reside in Northwest Indiana.

"I was lucky the first time, and I did everything in my power to stay healthy," Selund says.

She took yoga, joined the tai chi class and joined a knitting group that makes afghan throws for chemotherapy patients.

Selund put her trust in the cancer care team, and says she is glad that she did.

Twelve years later, Selund experienced dysfunctional uterine bleeding and learned she had endometrial cancer. Gynecologic oncologist Sameer Sharma, MD, scheduled Selund for robotic-assisted surgery at Community Hospital in Munster for a complete hysterectomy. Her preoperative scans also revealed cancer in her thyroid.

For most people, Selund says getting double barreled news like this is terrifying. However, she says the positive experience she had with her first bout to put cancer in check carried her through these setbacks with poise and confidence.

"I mean, I even had a robot take care of me," she says. "There are only a few people, except maybe the bionic woman who can say that."

Selund's surgery left her with four tiny robotic footprints for scars and no more cancer in her colon or uterus. She says her recovery time from the minimally invasive surgery was fast and complication free, enabling her to prepare for the second scheduled surgery.

Three months later, Selund's thyroid was surgically removed by surgeon M. Nabil Shabeeb, MD. Shabeeb is especially sensitive to the needs of cancer patients as a board member of the Community Cancer Research Foundation and was instrumental in establishing the task force that put the initial programming in place for the CRC. He has dedicated his work to "walk with cancer patients and help them live each day the best they can."

Cancer-free now for four years, Selund says it is hard to describe how frightened one feels the first time they hear they have cancer.

"I powered through it and decided I was going to do the best I could to stay positive," she says. "I prepared for the worst and hoped for the best."

Selund put her trust in the cancer care team, and says she is glad that she did.

"Everyone has been very caring, from the doctors and their support staff, to my friends at the CRC."

As Selund has been three times around the block with cancer she has often been asked by others for advice.

"I tell them, 'Don't let your busy day get in the way of cancer screenings. If a cancer diagnosis comes your way, think about the first good thing that comes from it: you are getting treatment'."

She still picks up the knitting needles to knit squares with Friends of the CRC.

"It is a great group and a good excuse to get together on a regular basis to give back to a health organization that's done so much for me," Selund says. ■

Compassionate Cancer Care

For more information about cancer care at the hospitals of Community Healthcare System, visit COMHS.org/cancer. To learn more about CRC, visit myccrf.com.

COMMUNITY HEALTHCARE SYSTEM®
COMHS.org

Healthy COMMUNITY

Healthy Community is published as a community service by Community Healthcare System. It in no way seeks to diagnose or treat illness or to serve as a substitute for professional medical care. For individual guidance, consult your physician. For more information about Community Healthcare System or anything in this publication, please call 219-703-2032.

901 MacArthur Blvd., Munster, IN 46321 • 219-703-2032 • COMHS.org • Spring 2022

INSIDE THIS ISSUE


Amy Grant


Heart Disease


Heart Attack Timeline


Colorectal Screening

45 IS THE NEW 50

New Guidelines for Colorectal Screening

For decades, the American Cancer Society has recommended that adults who are at average risk for colorectal cancer start having regular colonoscopies at age 50. Recently, however, that recommendation has changed. The newest guideline is that colorectal cancer screenings should begin at age 45.

The newest guideline is that colorectal cancer screenings should begin at age 45

Why the change? Cases of colorectal cancer are on the rise among young and middle-age people. From 2008 to 2017 deaths of people under age 55 have increased one percent each year even though the number of colorectal cancer cases has declined steadily during that same time period.

Average-risk adults in good health should continue colorectal cancer screening through age 75. Colonoscopies should be performed every 10 years unless your medical provider recommends more frequent testing. People with a higher risk of colorectal cancer, such as a family history, should consult their medical provider to determine the best age to start screening. ■

Find a Specialist

Colorectal cancer is the third most common cancer diagnosed in both men and women in the U.S. When colorectal cancer is found early, it can often be cured. For a Community Healthcare System gastroenterologist who performs screening colonoscopies, visit COMHS.org/physicians.