

Healthy

Summer 2022

COMMUNITY

**THIS ISSUE:
WOMEN'S
HEALTH &
WELLNESS**



Inside Edition's

*Deborah
Norville*

*shares her
insight
on wellness*



The Power of Preventive Care

Deborah Norville gives us the *Inside Edition* about her thyroid cancer

SINCE 1995, Deborah Norville has hosted the nation's number one daily television news magazine, *Inside Edition*. The two-time Emmy award winner is also the author of a New York Times best seller, *Thank You Power, Making the SCIENCE of Gratitude Work for YOU*, which makes the case that gratitude is the key to unlocking one's full life potential. Published in 2008, the wisdom contained in that book would serve Deborah well when she was diagnosed with thyroid cancer 11 years later. *Healthy Community* recently talked with Deborah, who shared her story and the lessons she learned from her cancer experience.

When did you first realize there was a health issue?

It's hard to believe, but it started about 20 years ago. An *Inside Edition* viewer got in touch with my staff because she had seen a lump on my neck and was concerned. To this day, I don't know

who that viewer is, but I am so grateful for her because she possibly saved my life. I had not noticed any kind of lump, but to be on the safe side, I still had it checked out. Turned out it was a thyroid nodule. They are very common—about half of Americans will have one by the time they are 60 years old—but, they can become cancerous. My doctor told me we would monitor the nodule on a regular basis. Well, in 2019, the nodule tested positive for cancer.

How advanced was the cancer?

Fortunately, it was very localized. We caught it early. No chemotherapy or radiation was needed, only surgery. However, I was still concerned. After all, I talk for a living, and the surgery required manipulating the nerves that power the vocal cords in order to remove most of my thyroid.

How did the surgery go?

Well, it was easy for me since I was out cold during the entire procedure. It was hard for my family, though, especially my husband, Karl. The surgery was scheduled to last about three hours,

but it actually lasted more than four and a half hours. Finally, Karl got the text message saying that I was out of surgery and everything was OK.

How did you feel after the surgery?

I was so thankful that everything went well and that my voice was the same. I was also very grateful for the viewer who reached out 20 years ago and all of the people who expressed their love and kindness to me.

What do you want people to know?

Thyroid cancer is three times more likely to occur in women. There is no screening available like there is for breast cancer, for example. Women need to be aware of the symptoms. If you have difficulty swallowing or breathing, if you are hoarse, if your voice changes or if you are experiencing neck pain, you need to see your primary care provider. Unfortunately, some cases, like mine, are completely asymptomatic. In fact, the night before the surgery, I looked in the mirror and still couldn't see the lump on my neck.



Any final thoughts?

I would really encourage women to be more proactive about their health, especially when it comes to preventive screenings like mammograms and colonoscopies. For 20 years, I was fairly diligent about having my thyroid checked on a regular basis. But when I went for the checkup that discovered my cancer, I had slipped up and was six months late with my appointment.

If I had kept postponing that regular medical appointment, my outcome might have been tragically different. So I know personally how important it is for each woman to check with her medical providers and make sure she is up to date on all of her medical screenings and exams. If you have an appointment, be sure to put it on your schedule and make it a priority. Don't let the busyness of life interfere with seeing your doctor. When it comes to your health, be your own best advocate.



EASING THE CANCER *Journey*

Being diagnosed with cancer is challenging, but the quality care navigators at the hospitals of Community Healthcare System can help to make the experience a little easier for patients and their families.

Oncology nurse navigators help to support patients with lung cancer and cancers of the gastrointestinal (GI) system including the pancreas, gallbladder, colon, rectum, stomach and esophagus. Lung health navigators help guide and support patients and loved ones throughout the cancer care process, providing essential information to ensure well informed decision making and timely coordination of care. Breast health navigators offer support at the Women's Diagnostic Centers and the Community Cancer Research Foundation and serve as patient advocates to provide ongoing education, guidance and emotional support throughout the cancer care continuum.

These navigators are often the first contact for patients upon learning about their diagnosis. They answer questions, provide support and assist with setting up appointments. Once treatment is complete, patients are invited to participate in a comprehensive treatment summary and review the care plan from their physician. In addition to supporting patients through the process, the navigator helps educate patients on how to maintain a good quality of health following treatment.

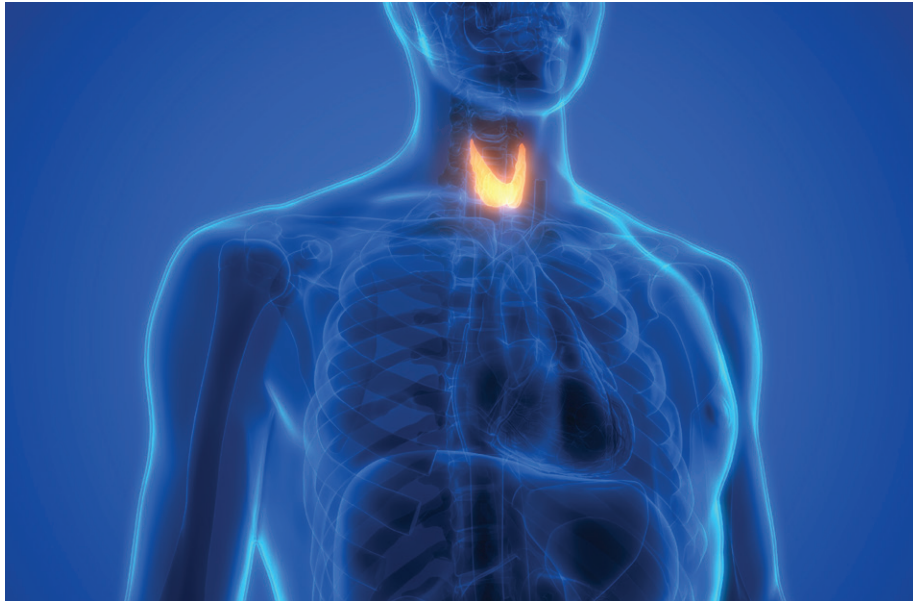
Cancer Resources



To find out more about patient resources available from the hospitals of Community Healthcare System, visit [COMHS.org](https://www.comhs.org).

YOUR THYROID 101:

What You Need to Know



AS DEBORAH NORVILLE DISCOVERED, your thyroid is an important, but often overlooked part of your body. Located on the front of your neck, this butterfly-shaped gland regulates your blood pressure, body temperature, heart rate and weight. When you have a health issue with your thyroid, your whole body can start to feel out of whack. An estimated 20 million Americans have some form of thyroid disease, and as many as 60 percent are unaware that they have this condition. Women are up to eight times more likely than men to have thyroid disorders.

Here are four of the most common thyroid health issues. Talk to your healthcare provider if you are experiencing any of the symptoms described here.

1 Hypothyroidism
This condition occurs when the thyroid is overactive and produces too much of the hormone thyroxine, which accelerates your body's metabolism. This can cause unintentional weight loss, rapid or irregular heartbeat,

An estimated 20 million Americans have some form of thyroid disease, and as many as 60 percent are unaware that they have this condition.

anxiety, fatigue and trouble sleeping. An immune system disorder called Graves' disease is the most common cause of hyperthyroidism. Fortunately, multiple effective treatments are available, including medication, beta-blockers and surgery.

2 Hypothyroidism
With hypothyroidism, the thyroid is underactive, causing your body's metabolism to slow down. As a result, you may experience weight gain, muscle weakness, joint pain, fatigue and depression. The most common cause of an underactive thyroid is Hashimoto's

disease, an autoimmune disorder. Treatment is an oral medication called synthetic thyroid hormone levothyroxine.

3 Thyroid Cancer
The most rapidly increasing cancer in the U.S. is thyroid cancer. This may be because today's imaging techniques are able to detect smaller lesions at an earlier stage. Women account for about 75 percent of thyroid cancer patients. Symptoms of thyroid cancer can include a lump on your neck, difficulty swallowing, swollen lymph nodes and changes in your voice. Treatment for thyroid cancer depends on the size, type and stage of the tumor.

4 Thyroid Nodules
Thyroid nodules are solid or fluid-filled lumps that form within your thyroid. These nodules are very common. In fact, it is estimated that half of all Americans will have one by the time they are 60 years old. Most thyroid nodules do not produce any symptoms, but they can become large enough for you to see or feel. Fortunately, only about five to 10 percent of thyroid nodules are cancerous. Most patients take a wait and see approach by carefully monitoring the nodule's growth. Surgery may be an option for larger nodules, especially if they are pressing on the windpipe or esophagus and causing shortness of breath or difficulty swallowing.

Thyroid Health



To learn more or to schedule an appointment, visit COMHS.org

Sources: Mayo Clinic, Johns Hopkins University

Stand Up FOR Yourself

Education is critical for women searching for the correct medical diagnosis

It is a situation women experience all too often. They feel like something is wrong with their body, but they struggle to get the right diagnosis and treatment. Women who educate themselves about frequently misdiagnosed medical disorders are more likely to receive the right diagnosis. Here are four of the most common.

Multiple Sclerosis

Women are three times more likely than men to be diagnosed with Multiple Sclerosis (MS), an autoimmune disease that attacks the protective covering of the nerves. MS usually appears between the ages of 20 and 40. Early symptoms include numbness or weakness in one or more limbs, tingling or dull pain, fatigue and vision issues. MS can have few or no symptoms or it can be completely disabling, and there is no way to predict how the disease will progress.

Treatment for MS: Some people with mild symptoms can be treated with corticosteroids. But most cases require a drug therapy. Rest is important and mild exercise can improve a person's coordination, balance, strength and muscle tone. Staying out of the heat can reduce the likelihood of a relapse.

Rheumatoid Arthritis (RA)

Like MS, rheumatoid arthritis is an autoimmune disease, but it attacks the linings of the joints in the hands, wrists, hips, knees and feet. About 75 percent of the RA cases in the U.S. are women. Symptoms, which can occur at any age, include stiffness (especially after waking up), joints that are tender to the touch, fatigue, fever, swelling, aching and potential deformity of the joints. Patient with RA can have trouble climbing stairs, putting on clothes, even opening a jar. RA is usually symmetrical: if a joint on one side of the body has it, the joint on the other side is often involved as well.

Treatment for RA: The past 20 years have seen many advances. Today, three categories of powerful prescription drugs are available to help stop the disease from causing major damage. These include non-steroidal anti-inflammatory drugs and the newest drugs, called biologics. Steroids can help reduce inflammation, but they do not stop the disease from progressing.

Polycystic Ovary Syndrome (PCOS)

PCOS is the most common hormonal disorder among women of childbearing age. Caused by high levels of androgens (male hormones), PCOS is the leading cause of infertility. As many as one in every 10 women of childbearing age will develop PCOS. Half of those will be diagnosed with prediabetes or diabetes due to the high level of androgen caused by an imbalance of insulin, the hormone that controls blood sugar.

Symptoms include irregular periods (or none at all), hair growth on your face, chest, back and limbs, acne, baldness or rapid, substantial weight gain (10 pounds or more a year).

Treatment for PCOS: Unfortunately, there is no cure for PCOS. As a result, treatment is designed to manage the symptoms and prevent infertility, diabetes and heart disease.

Fibromyalgia

Up to six million women in the United States suffer from the widespread pain caused by fibromyalgia. Doctors are not sure what causes fibromyalgia. The symptoms, which include pain, numbness and exhaustion, usually begin to develop in early and middle adulthood.

If you have experienced widespread pain in your body that has lasted more than three months, you should ask your doctor to perform a tender-point exam. This test identifies places on your body that are painful to touch, but show no signs of redness or swelling.

Treatment for Fibromyalgia: Over-the-counter medication, such as ibuprofen and acetaminophen, can be effective as well as antidepressants and the prescription drug Lyrica. Massage, stretching and any kind of stress reduction also can be helpful.

Need a Doctor?



Free physician referral is available online at [COMHS.org](https://www.comhs.org) or by phone, 219-703-2032, 8:30 a.m.-4:30 p.m. Monday-Friday.

Sources: CNN Health, Women's Health Research Institute

Don't Wait on **These 8**

Get up-to-date on these lifesaving health screenings for women

ARE YOU BEHIND ON YOUR REGULAR HEALTH SCREENINGS?

Chances that you are may be pretty good. Before COVID, about 40 percent of Americans were skipping their recommended medical tests or treatments. Then, in 2020, an additional 32 percent of Americans canceled their annual wellness checkups and screenings, mainly because of COVID.

Research has proven that health screenings increase life expectancy. So think of preventive exams and tests as an investment in your future health. An annual physical will get you caught up on many of your health screenings. A yearly well woman's visit will provide the gynecological and breast exams that can detect cancer and many other conditions in their early stages.

For every woman, now is the best time to make an appointment with your primary care provider and put these eight life-saving health screenings on your to-do list.

1 **Get your blood pressure checked**

You may be surprised to know that heart disease is still the number one health concern for women. Nearly half of adults in the U.S. (47 percent) have high blood pressure, also known as hypertension, which can lead to heart disease and many other health issues. Anyone over the age of 40 should have their blood pressure checked at least once a year and more often if they already have hypertension, a blood pressure reading of 130/80 or higher.

2 **Know your cholesterol levels**

While we are talking about heart health, it is also important to have your cholesterol levels checked. All it takes is a simple blood test that measures your total cholesterol, "bad" cholesterol (LDL), "good" cholesterol (HDL) and triglycerides (blood fat). Talk to your primary care provider about when to start and how often to check your cholesterol levels.

3 **Schedule that mammogram**

A mammogram is an X-ray picture of the breast. It is the best way to detect early signs of breast cancer. The entire procedure takes less than 30 minutes, and that half hour could save your life. Since 1989, mammograms have prevented more than half a millions deaths in the U.S. Starting at age 45, every woman should have an annual mammogram until age 54. Women 55 and older can switch to a mammogram every other year or continue with an annual exam. Women between the age of 40 and 44 have the option to start screening once a year and even sooner if they have a greater risk for breast cancer. Talk to your primary care provider about your risks.

4 Get checked for osteoporosis
Osteoporosis is a disease that thins and weakens the bones. About 68 percent of the 44 million Americans at risk for osteoporosis are women. A bone density test is the only way to diagnose osteoporosis. This safe, painless, non-invasive procedure uses a special X-ray machine to determine the strength and thickness of your bones and only takes about 10 minutes to perform. Women should have this test starting at age 65 or during menopause if they are at high risk. Talk with your medical provider to discuss your risk factors.

5 Remember your Pap/HPV test
A Pap test is the best way to check for cervical cancer. The test detects precancerous or cancerous cells in the cervix and can be performed during a routine gynecological exam. The Pap test may be combined with a test for the human papillomavirus (HPV), which can cause cervical cancer. In general, you should start having a Pap test at age 21. You and your primary care provider should decide when it is time to begin Pap testing and how often you should have the test.

6 Make that colonoscopy appointment
Colorectal cancer is the third most commonly diagnosed cancer in women. The best way to check for colorectal cancer is to have a colonoscopy, which detects changes in the large intestine and rectum. During the screening, polyps and other abnormal tissues can be removed before they develop into cancers. Adults age 45 to 75 with an average risk of colorectal cancer should have a colonoscopy at least every 10 years or more often if they have a higher risk. Most insurance plans as well as Medicare help pay for colorectal cancer screenings, with some not requiring a deductible or co-pay.

7 Remember your blood glucose test
This test measures the amount of sugar or glucose in your blood to check for diabetes. Diabetes occurs when the body loses its ability to break down sugar, which can lead to many health issues for both women and men. For example, diabetes increases the risk of heart disease by about four times in women, but only two times in men.

The test requires that you fast for eight hours before a small sample of blood is taken. The American Diabetes Association recommends screening for everyone age 45 or older and for anyone with a high risk for diabetes. Risk factors include high blood pressure, high cholesterol levels, being overweight or obese, a history of diabetes or if you developed diabetes when pregnant.

8 Get screened for skin cancer
Skin cancer is the most common type of cancer, but it is also the most treatable. If you have fair skin or have spent lots of time in the sun, a regular skin cancer screening is the best way to find the early signs of skin cancer. You can also perform a self-exam. Watch for any changes in the color, shape or size of your skin markings, such as moles and freckles. Also look for any new spots on your skin or any itching or bleeding. If you see anything unusual, make an appointment immediately with a dermatologist.

Sources: Mayo Clinic, American Diabetes Association, WebMD



Take Care!



For upcoming screenings, health fairs and educational programs available through the hospitals of Community Healthcare System, visit COMHS.org or call 219-703-2032.



Special Deliveries

Family Birthing Centers rank high in maternal, infant care

by Vanessa Negrete



In most contexts, the word “uneventful” is often used to describe something boring or disappointing. However, when it is used by Family Birthing Center staff at the hospitals of Community Healthcare System to describe a pregnancy, “uneventful” is the ultimate goal, according to administrators.

“We always hope that every pregnancy is going to be uneventful,” says Carla Meyer, administrative director of nursing, Community Hospital. “That is everyone’s goal from the very beginning. When it comes to pregnancy, we have to be prepared for the unexpected.”

That level of preparedness along with a host of educational offerings and initiatives, have earned patient care accolades for Community Healthcare System hospitals.

For a second consecutive year, Community Hospital, St. Catherine Hospital and St. Mary Medical Center have been recognized for their commitment to infant and maternal health by the Indiana Hospital Association (IHA), in partnership with Governor Eric J. Holcomb and State Health Commissioner Kris Box, MD, FACOG. The INspire award is based on implementation of best practices in key areas including infant safe sleep; breastfeeding; tobacco prevention and cessation; perinatal substance abuse and AIM Patient Safety Bundles of obstetric hemorrhage and maternal hypertension.

In addition, St. Mary Medical Center is one of only three hospitals in Indiana recently recognized as High Performing in Maternity Care (Uncomplicated Pregnancy) by *U.S. News & World Report*. This distinction is a result of excelling in

“It really is a blessing that we have these resources here 24-hours a day.”

multiple quality metrics including complication rates and successfully supporting breastfeeding.

Implementing initiatives to improve maternal and infant wellness, which help to reduce infant mortality numbers, is a priority of the State of Indiana and Community Healthcare System.

To help support these quality initiatives, the hospitals of Community Healthcare System provide an Obstetric Emergency Department (OB-ED) in Munster that treats women with obstetric-related medical conditions, from as early as 16 weeks of pregnancy up to six weeks postpartum, says Lauren Hovan, RN, nurse manager of Labor and Delivery and Mother-Baby, Community Hospital.

A certified obstetrician is available around the clock to assess patients. If the patient does not have a provider, then the laborist team sees her through delivery.

“It really is a blessing that we have these resources here 24-hours a day, to have a doctor at the bedside,” Hovan says.

Top: Community Hospital, Munster, received the INspire Hospital of Distinction award from the Indiana Hospital Association for the Family Birthing Center's staff commitment to infant and maternal health.



Center: St. Catherine Hospital, East Chicago, Family Birthing Center staff earned the Category of Excellence award. The INspire award is based on implementation of best practices in key areas including infant safe sleep; breastfeeding; tobacco prevention and cessation; perinatal substance abuse and AIM Patient Safety Bundles.

Below: When it comes to best practices, St. Mary Medical Center, Hobart, is one of only three hospitals in Indiana recently recognized as High Performing in Maternity Care (Uncomplicated Pregnancy) by *U.S. News & World Report*.



Community Healthcare System hospitals also offer programs for pregnant women and new moms who are struggling with substance abuse. Education is key to healthy pregnancies.

Nurses work one-on-one to connect with patients and educate them, says LaTina Ashana, RN, Family Birthing Center nurse manager, St. Catherine Hospital.

“We are big on educating patients especially with infant safe sleep,” she says. “We talk about that even before they deliver.”

Information about safe sleep is especially helpful to new mothers and to mothers who have a large amount of time between children because staff share the most up-to-date practices, Ashana explains.

The healthcare system also offers classes for expectant moms, grandparents and siblings.

“Our Grandparents Class is one of the most popular classes,” Meyer says. “Care guidelines have changed over the years and so we offer this refresher course.”

The Family Birthing Centers also offer breastfeeding classes to guide women on various techniques.

Fundamental to delivering excellent patient care across the system are providers who are highly skilled and compassionate.

“As part of our effort to achieve quality metrics, we run monthly drills and host lunch and learn with our physicians for continuing staff education,” says Brittany Pankiewicz, RN, Family Birthing Center nurse manager, St. Mary Medical Center. “When an emergency arises, our team is prepared. Afterward, we review how we handled the case and discuss ways to improve. We are always



refining. By doing that, we have substantially increased our quality outcomes.”

Community Healthcare System has dedicated providers throughout the community so moms and babies can receive excellent care that also happens to be conveniently located, Meyer says.

Healthy Beginnings



For more about healthy beginnings at the Family Birthing Centers of Community Healthcare System, visit COMHS.org/baby.



by Karin Saltanovitz

Peace of Mind

Women's Diagnostic Centers offer advanced imaging technology to detect breast cancer

EVERY SIX MONTHS, Jeannie Hobbins has either 3D screening mammograms or contrast-enhanced magnetic resonance imaging (MRI).

"I've been very lucky," says the mother of two. "I've had a lot of scares."

At 39, she has already been diagnosed with dense breast tissue and atypical cells in her right breast, underwent breast surgery and has a family history of breast cancer.

"It's a stressful thing when I go in for testing," she says. "The burden is so heavy, and I'm a patient with questionable things and concerns."

To provide the best care possible, the Women's Diagnostic Centers of Community Healthcare System offer 3D mammography with same-day appointments and, in most cases, same-day results. The centers have earned national accreditations for breast imaging: mammography, stereotactic breast biopsy, breast ultrasound and ultrasound guided breast biopsy.

The centers also offer abbreviated or fast breast MRI and Invenia™ ABUS 2.0 (Automated Breast Ultrasound System). These advanced imaging technologies aim to better detect cancer through dense breast tissue.

"Our strongest weapon against breast cancer is early detection," says Mary Nicholson, MD, medical director of Community Hospital Women's Diagnostic Center in Munster and regional director of Breast Imaging Services for Community Healthcare System. "By offering fast breast MRI and ABUS in addition to mammography for patients

with dense breast tissue, we anticipate improving detection for small cancers that may not be seen on a mammogram alone in these women."

Fast breast MRI

Fast breast MRI is a low-cost, self-pay supplemental service for women with dense breast tissue. Dense breast tissue reduces the ability of a mammogram to detect some breast cancers. The procedure has a higher cancer detection rate than 3D mammogram screening alone and may find cancer at an earlier stage.

Like conventional MRI, fast breast MRI is a contrast enhanced breast MRI that uses the same equipment. Unlike conventional MRI, which takes 45 minutes, fast breast is a 10-minute procedure.

"Everyone at the Women's Diagnostic Center helped ease the worry with my journey."

Over the summer, Hobbins had some symptoms that caused additional concern. It was suggested she undergo fast breast MRI because of her elevated risk factors.

"I was really worried and wanted something cost effective because I was paying out of pocket," she said. "Sometimes staying still for that long during an MRI makes me even more anxious. It can be nerve-wracking. With the



fast breast MRI it was just as effective, but done quickly. I feel confident the radiologists got the images they needed. Everyone at the

Women’s Diagnostic Center helped ease the worry with my journey and that provided such peace of mind.”

ABUS

ABUS is clinically proven to increase cancer detection in dense breast tissue by 35.7 percent. Dense breast tissue not only increases the risk of breast cancer by four to six times, it also makes cancer more difficult to detect when using mammography alone.

“Community Healthcare System’s Women’s Diagnostic Centers are always aiming in terms of new technologies, to be ahead of the curve,” says Janushi Dalal, MD, fellowship-trained breast radiologist. “ABUS complements our comprehensive breast screening program and demonstrates a commitment to investing in patient care.”

An ABUS screening exam, in addition to a traditional mammogram, helps create a more complete evaluation of dense breast tissue. The exam is non-invasive and provides 3D ultrasound images.

Some women are more likely to have dense breasts such as those who:

- are premenopausal
- use postmenopausal hormone replacement therapy (HRT)
- have a lower body mass index (BMI)

Women less likely to have dense breasts are those who:

- have gone through menopause
- have had children
- use hormonal therapy like tamoxifen, either to lower breast cancer risk or to treat breast cancer or aromatase inhibitors, another type of hormonal therapy, which also may decrease breast density, but the impact does not seem to be as much

Only a mammogram can show whether a patient has dense breasts. The American Cancer Society recommends women receive yearly mammograms between the ages of 40 to 54. Women who have been informed they have dense breast tissue should talk with



Above: To provide the best care possible, the Women’s Diagnostic Centers of Community Healthcare System offer 3D mammography with same-day appointments and, in most cases, same-day results. The centers also offer fast breast MRI and Invenia™ ABUS 2.0, as demonstrated here, to better detect cancer through dense breast tissue.

Fast breast MRI and ABUS in addition to mammography is helping patients like Jeannie Hobbins get better care and detection of small cancers that may not be seen on a mammogram alone.

their primary care provider about their risk and consider additional screening.

“Community Healthcare System has always generously supported the advancement of excellent breast care for its patients,” Nicholson says. “The addition of these two new technologies within the healthcare system’s Women’s Diagnostic Centers is another one of its many ways to help as many women as possible to optimize their breast health.”

Learn more



For more information about the Women’s Diagnostic Centers of Community Healthcare System, visit COMHS.org/WDC or to make an appointment, call 219-703-2032.

The Case for Pelvic Floor Therapy

Customized treatment
enhances recoveries

by Karin Kellogg

WHEN MARIAH MARINE ended up in Community Healthcare System's Obstetrical Emergency Department in Munster with intense back pain during her second pregnancy, she knew based on past experience that her options for treatment would be limited.

"I ended up on bed rest, barely able to walk a few feet without unrelenting pain," states Marine. "With a toddler at home and working a physically demanding full-time job, I could not afford to be out of commission. Traditional treatments were out of the question due to the pregnancy, so my OB/GYN referred me for pelvic floor therapy."

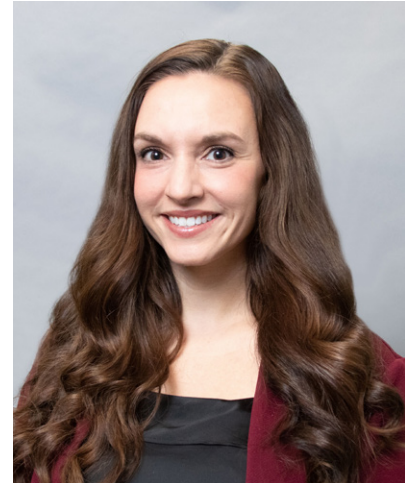
Marine was referred to Ashley Weiner, PT, DPT, physical therapist with Community Healthcare System. Weiner worked with her to create an individualized treatment plan to safely alleviate her pain, not only getting her back to normal life activities, but preparing her for childbirth as well.

"My first delivery left me with multiple tears and a lengthy recovery," Marine says. "Thanks to Ashley's knowledge and applied skill, I delivered my second baby without a single tear, feeling better two days after delivery than I did after two months with the first."

Often associated as a treatment for incontinence



Above: Maria Liberio demonstrates a pelvic floor exercise used during a therapy session.



Above: Ashley Weiner, PT, DPT; Maria Liberio, PT, DPT; Allison Amptmeyer, PT, DPT

issues, pelvic floor therapy is a recognized service for a variety of conditions.

“Medical journals now list this therapy as the first line of treatment for incontinence, constipation and pelvic pain,” says Maria Liberio, PT, DPT, therapist with Community Healthcare System. “The pelvic floor muscles support the bladder, rectum, uterus and prostate. Any imbalance or dysfunction of those muscles can lead to a long list of debilitating issues.”

Such was the case for Liberio’s patient, Lana Kaptur. A diagnosis of stage four endometriosis, chronic pelvic pain and resulting sudden bladder issues led Kaptur to Liberio for help.

“When my doctor told me I needed physical therapy, I honestly thought she was joking,” says Kaptur. “However, my experience has been life changing. Maria taught me useful tools on how to manage my chronic pain including exercises I can do at home.”

Education key to therapy

“While treating our patients, we also teach proper body mechanics, mobility and coordination and healthy diet habits,” says Weiner. “Patients learn how their pelvic floor muscles coordinate, how to properly release tension and bear down such as during a bowel movement. There is a right way to perform these functions and learning correct posture and movements is essential to finding relief from symptoms.”

Pelvic floor therapists at Community Healthcare System are seeing a trend in physician referrals for the therapy prior to the development of pain and weakness. Marine’s experience, while initially used to treat her back pain, resulted in positive preparation for childbirth and a shortened postpartum recovery.

Will Glaros, a patient of Allison Amptmeyer, PT, DPT — another Community Healthcare System therapist — also

sought treatment prior to undergoing prostate surgery.

“My surgeon recommended pelvic floor therapy before surgery in order to speed up the recovery process and limit the time experiencing incontinence,” states Glaros.

“Therapy reduced my recovery time and enabled me to regain full continence well ahead of the norm. In fact, where normally 20 percent of patients are pad free at 90 days, I was pad free at two months.”

Therapists stress the importance of working with a qualified professional to address their issues versus branching out on their own.

“We have seen people purchase programs that promise results, but make matters worse,” states Amptmeyer. “An individualized treatment plan is important. Each patient’s situation is unique, so customizing treatment to address their needs is critical in addition to empowering them with the tools to continue on their own.”

Another patient of Liberio, Amy Monesmith, has found real life applications to be helpful in the therapy process. After delivering her baby last August, Monesmith struggled with bladder control and turned to pelvic floor therapy for help.

“We focus on functional things that I encounter every day,” she says. “For example, we have practiced strategies for contracting my pelvic floor when I stand up from sitting while holding a 10 pound weight, to simulate a situation at home when I leak while standing and holding my sleeping infant.”

Pelvic Floor Therapy



To learn more about pelvic floor therapy services at Community Healthcare System, visit COMHS.org

A kinder, gentler approach to surgery

Enhanced Recovery After Surgery aims to give patients a better experience

by Elise Sims



Left: Enhanced Recovery After Surgery or ERAS care pathways create an integrated continuum as the patient moves from home through the pre-hospital/ preadmission, preoperative, intraoperative and postoperative phases of surgery and home again. A key element of ERAS includes minimal fasting with a carbohydrate beverage two hours before anesthesia.

Enhanced Recovery After Surgery or ERAS care pathways create an integrated continuum as the patient moves from home through the pre-hospital/preadmission, preoperative, intraoperative and postoperative phases of surgery and home again. This process is being used by metropolitan university medical centers across the country.

If you have ever had a major surgery, you know that it can include pain at the incision site, a large scar, spending several days in the hospital and time off of work while you recover at home. Physicians on staff at the hospitals of Community Healthcare System are using new approaches to pain management and evidenced-based care to change the surgical experience and greatly reduce recovery time.

The hospitals of Community Healthcare System: Community Hospital, Munster; St. Mary Medical Center, Hobart, and St. Catherine Hospital, East Chicago, began using ERAS four years ago for colorectal surgeries, total joint surgeries (hip, knee and shoulder), bariatric surgeries, gynecologic oncology surgeries and spine surgeries. ERAS has shown to reduce post-surgical complications, length of hospital stay and overall costs.

“ERAS involves collaboration between surgeons, anesthesiologists, the patient’s primary care and specialist



Richard Berkowitz, MD



Kunal Bhatti, MD



Sarah Clark, MD



Rahul Reddy, MD



Alexander Young, MD

physicians to better optimize patients for their surgical procedures, especially more complex surgical procedures to mitigate the risks we know are associated with such surgeries,” says Richard Berkowitz, MD, medical director, Department of Anesthesiology, Pain and Perioperative Medicine at Community Hospital.

Key elements of ERAS include patient/family education, patient optimization prior to admission, minimal fasting that includes a carbohydrate beverage two hours before anesthesia, combining the right pain relief medications with appropriate use of opioids when indicated, a return to normal diet and activities the day of surgery and then return home. The anesthesiologists who participate in this care approach have completed fellowship training in nerve block anesthesia which is an important component of this program.

“ERAS is a patient-centered process with shared decision making where the patient is an active participant in the surgical plan,” says Kunal Bhatti, MD, vice chairman of Anesthesiology at St. Mary Medical Center. “While not every patient is a candidate for the full ERAS pathway, some components of the process may still be incorporated into the plan.”

Anesthesiologist Sarah Clark, MD, Community Hospital, says benefits of the ERAS approach can include:

- a reduction in the length of stay by one or two days
- a reduction in pain scores by up to 30 percent
- a reduction in opioid use by up to 70 percent
- a reduction in post-operative nausea/vomiting by up to 25 percent
- quicker return of bowel function up to one day sooner
- earlier effective ambulation (up to one day sooner)
- a decrease in respiratory complications by up to 30 percent
- psychological benefits that include patient sense of empowerment and increased satisfaction

Scheduling the patient is done a couple of weeks before the procedure, says anesthesiologist Alexander Young, MD, Community Hospital and St. Catherine Hospital.

After scheduling, the patient prepares for their surgical procedure by incorporating recommendations that may include smoking cessation, assessment of anemia (hemoglobin levels), pre-habilitation prior to surgery to help prevent frailty, improving their nutritional status and improving glycemic control in diabetic patients, he says.

During the procedure itself, medicines are administered such as antibiotics to help prevent infection; drugs for blood loss in cases of joint replacement and regional anesthesia techniques are utilized as well as lung protective ventilation strategies.

Community Hospital and St. Catherine Hospital anesthesiologist Rahul Reddy, MD, explains among the major elements to the program that patient education is the key.

“When patients know what to expect, they tend to do better” Reddy says. “They also understand that their providers are paying attention to their concerns primarily which include pain and recovery after surgery. We use various analgesia medicines (acetaminophen, NSAIDs, gabapentinoids, lidocaine, ketamine and tramadol) to not only reduce their pain, but to help to reduce their side effects. We also use regional anesthetic techniques such as nerve blocks, TAP blocks and epidurals.”

“We do this to help get patients up and moving about earlier, removing IV lines and advancing their diet from liquid to soft to regular as soon as possible,” he says. “We want to be proactive as opposed to reactive, addressing issues prior to them occurring or trying to prevent them from happening.”

Enhanced Recovery After Surgery



For more information about surgical procedures at the hospitals of Community Healthcare System, visit COMHS.org.

INSIDE THIS ISSUE



Deborah Norville



Your Thyroid 101



Stand Up for Yourself!



Don't Wait on These 8

Women's Health Quiz

1.
Cancer is the leading cause of death in women.
T or F?

2.
Women often experience symptoms a month or more before having a heart attack.
T or F?

3.
Getting older increases the risk of breast cancer.
T or F?

6.
Most women can reverse hair loss due to menopause.
T or F?

5.
Men are more likely than women to die of a stroke.
T or F?

4.
Breast cancer is the deadliest cancer among women.
T or F?

Test your knowledge about women's health.

ANSWERS:

- 1) FALSE.** Heart disease is the leading cause of death for both men AND women.
- 2) TRUE.** Many women experience subtle symptoms of a heart attack, such as fatigue, vague discomfort and back pain months before a heart attack.
- 3) TRUE.** Most cases of breast cancer are diagnosed after age 50.
- 4) FALSE.** The correct answer is lung cancer.
- 5) FALSE.** 60 percent of strokes in women are fatal, compared to 40 percent of men.
- 6) TRUE.** Eating healthy, exercising, reducing stress and drinking plenty of water can keep your hair healthy.

Source: MDVIP